

CITY OF
WOLVERHAMPTON
COUNCIL

Health Scrutiny Panel

25 October 2018

Time 9.00 am **Public Meeting?** YES **Type of meeting** Scrutiny
Venue Committee Room 3 - Civic Centre

Membership

Chair Cllr Jasbir Jaspal (Lab)
Vice-chair Cllr Paul Singh (Con)

Labour

Cllr Obaida Ahmed
Cllr Milkinderpal Jaspal
Cllr Asha Mattu
Cllr Phil Page
Cllr Martin Waite

Sheila Gill Healthwatch Wolverhampton
Dana Tooby Healthwatch Wolverhampton
Tracey Creswell Healthwatch Wolverhampton

Quorum for this meeting is three voting members.

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

Contact Martin Stevens
Tel/Email Tel: 01902 550947 or martin.stevens@wolverhampton.gov.uk
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Agenda

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**

2 **Declarations of Interest**

WITNESS EVIDENCE

3 **GP Experience** (Pages 3 - 6)

[Dr Julian Parkes will be discussing the role of GPs in the community and the certification process. Note attached].

4 **Internal process for issuing Medical Certificate Cause of Death (MCCD) - Royal Wolverhampton Health Trust (RWHT)** (Pages 7 - 8)

[Elaine Roberts, Patient Services Manager, The Royal Wolverhampton Hospital Trust]

5 **Registrar's Experience** (Pages 9 - 18)

[Julia Goudman (Business Development Manager – Registrar's) and Martyn Sargeant (Head of Public Service Reform) will be present. Briefing Note Attached].

6 **Coroner Office Experience**

[Margaret Collins (Coroner's Lead – Black Country) will be present].

7 **Al-Mu'min Muslim Funeral Services**

[Al-Mu'min Muslim Funeral Services - Ash Khan and Mohammed Ishtiaq to present verbal report]

8 **Sandersons Funeral Services**

[Verbal Report - TBC]

9 **Next steps - Recommendations and Agreed Actions**

Notes for meeting with Wolverhampton City Council 25.10.18
Agenda Item No: 3

Dr Julian Parkes GP Alfred Squire Rd Health Centre.

Employed by Royal Wolverhampton Trust

Confirmation of Death

Clinical diagnosis of death in law does not require a Doctor to confirm death or view the body

In practice a GP would usually visit in hours, may be a paramedic or on call Doctor out of hours

Numbers of deaths in Primary Care

Primary Care is a list based system – patients are registered with the practice and the practice is responsible for their list of patients

Alfred Squire Rd – 8400 patients (average per GP in England approx 1850 patients)

Approximately 100 deaths per year

Deaths in Primary Care tend to fall into 4 categories

1. Sudden deaths where the patient has not been recently seen. This may result in the patient being found dead at home or being conveyed as an emergency to ED
2. Deaths in hospital – the patient may have been admitted as an emergency and subsequently died as an inpatient
3. Deaths at home but expected – these patients are often receiving palliative care, usually for cancer
4. Deaths in Compton Hospice or following discharge from hospital to a nursing home which is not their usual residence

Audit of Deaths September 2017

Out of 26 deaths occurring in 3 months, 4 deaths were sudden and unexpected.

12 deaths occurred in A+E or as inpatients at Newcross and one at another hospital.

2 deaths occurred at Compton Hospice. 3 deaths were in a residential or nursing home

Of the 8 deaths occurring in the patient's home, 3 were sudden and unexpected and the remaining 5 were on the palliative register and expected to die

Certification of Death

Process by which the cause of death is notified to Registrar of Births and Deaths

Required by law that Doctor notifies the cause of death (not the fact of death)

Circumstances around the death will affect whether a GP can issue a Death Certificate, formally known as a MCCD (Medical Certificate of Cause of Death)

Generally a patient will need to have been cared for during the last 14 days of their life and be able to give a cause of death. If the GP are unable to do this, then the coroner should be informed.

Reporting to the Coroner

The registrar, a doctor or the police can report deaths to the coroner in certain circumstances, such as where:

- no doctor attended the deceased during their last illness
- although a doctor attended during the last illness, the deceased was not seen either within 14 days before death nor after death
- the cause of death appears to be unknown
- the death occurred during an operation or before recovery from the effects of an anaesthetic
- the death occurred at work or was due to industrial disease or poisoning
- the death was sudden or unexpected
- the death was unnatural
- the death was due to violence or neglect
- the death was in other suspicious circumstances
- the death occurred in prison, police custody or other state detention.

Cremation Forms

If a patient is to be cremated, there is a system which requires two Doctors to sign the form

To sign the first part of the cremation form – Cremation 4

- The Doctor must be registered (provisional or temporary is acceptable) with a licence to practise from the GMC.
- They should also have treated the deceased during their last illness and have seen the deceased within 14 days of death.
- They should have cared for the patient before death or be present at the death. If that GP is unavailable, the coroner may agree to authorise a partner to sign the form.
- They must also have examined the body after death.

To sign the second part of the cremation form – Cremation 5

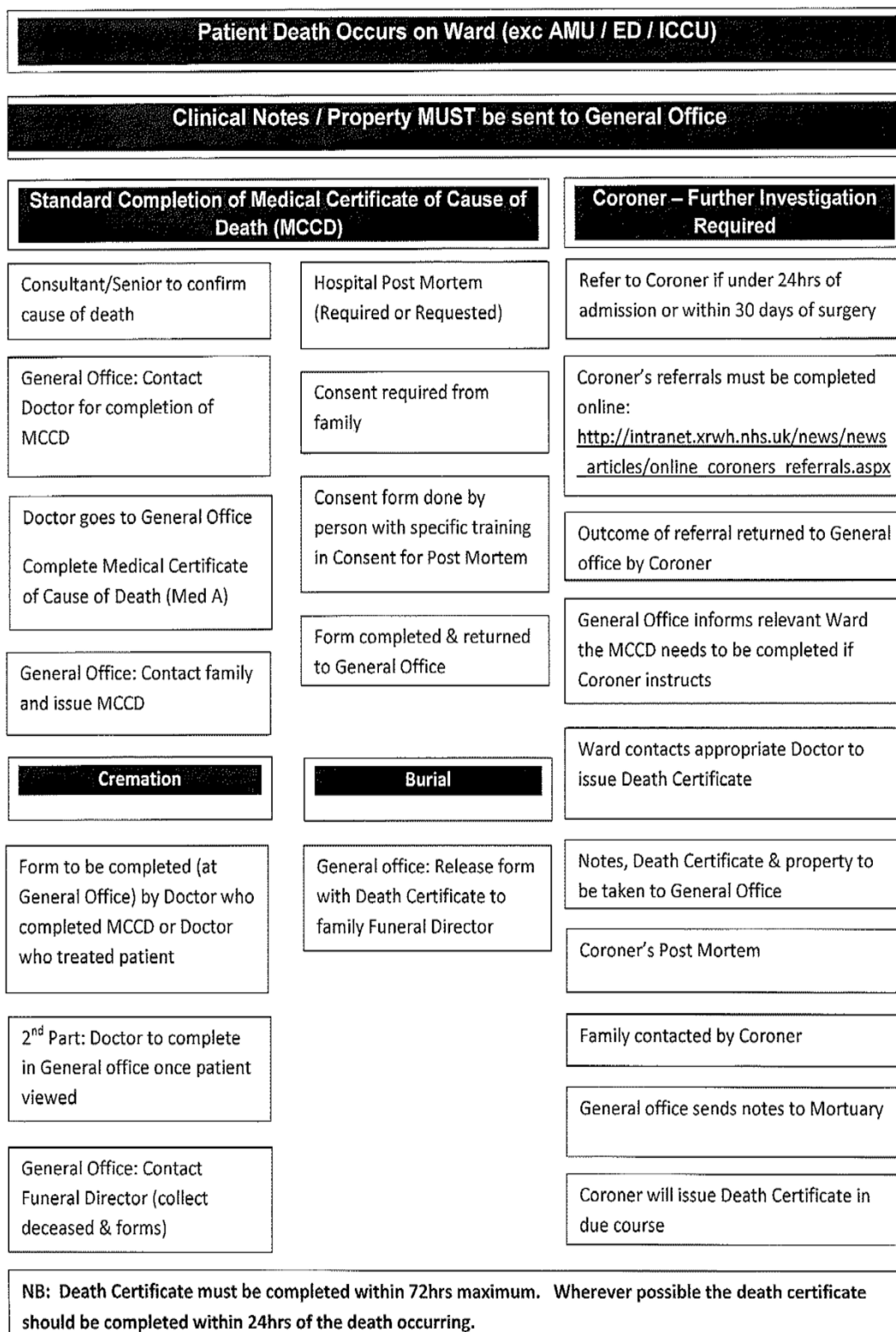
- The Doctor is responsible for checking form Cremation 4 and querying any inconsistencies.
- They must be fully registered **for at least five years** with a licence to practise.
- They must be fully independent of the doctor signing Cremation 4, and not involved in the care of the deceased, or be a relative of the deceased. They cannot be a partner of the GP signing form Cremation 4 or work in the same surgery, even as a locum.
- They are expected to speak to the doctor who signed form 4, except in exceptional circumstances (for example, if that doctor is seriously ill).
- There is an expectation that they will also discuss the case with another medical practitioner who attended the deceased, or a nurse or relative who was involved in their care
- They have to see the body

Once these have been completed, the medical referee can complete cremation 10, a form giving authority for the remains to be cremated at a specified crematorium

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OP89 – Appendix 1

Flow Chart - Internal Process for Death Certification (exc AMU / ED / ICCU)



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Briefing Note

CITY OF
WOLVERHAMPTON
COUNCIL
Agenda Item No: 5

Title: Registering a death

Prepared by: Julia Goudman Business Development Manager

Date: 26th September 2018

Intended audience: Internal ☒ Partner organisation ☒ Public ☒ Confidential ☐

Purpose or recommendation

The purpose of this briefing note is to provide information about the key stages in registering a death, and the associated documents that are either required by, or issued to informants.

Overview

Following complaints made to Councillors about the delay in the issue of death certificates, the Register Office has been asked to provide information on the following:

- The documents that are required to enable a Registrar to complete a death registration
- The documents that are issued by the Registrar
- The legal requirements for the timely issue of documentation
- Statistics for Wolverhampton relating to the number of registrations completed
- Statistics for Wolverhampton relating to national key performance targets for the Registration Service
- The reasons for delays in the completing of the registration.

Background and context

According to law, where there is no Coronial involvement, a death should be registered by a qualified informant within five calendar days of the death occurring. A qualified informant is either a relative of the deceased, or where there is no relative available someone who was either present at the death, the occupier of the building where the death occurred, or the person instructing and paying for the funeral.

The death must be registered within the registration district where the death took place. Deaths that take place within the City of Wolverhampton, must be registered at Wolverhampton Register Office, based with the Civic Centre Council building.

Where the Coroner opens an inquest into someone's death, there is no requirement for a family member or other informant to register the death. The death will be registered upon receipt of information provided by the Coroner following the inquest.

To enable the burial or cremation of a deceased person, the family or other informant must obtain a form from the Registrar which will allow this to proceed. This form is usually issued at the point that the death is registered, along with certified copies of the entry in the death register, which the family or other informant will require to deal with any financial matters of the deceased. Any delay in the death being registered will therefore result in delays with the funeral and dealing with the deceased person's estate. Where the Coroner opens an inquest into to someone's death, the

Coroner will issue the form for burial or cremation, and an interim death certificate which will allow for the deceased's financial matters to be dealt with.

Registering the death

Before a Registrar can register a death, the Registrar must have in their possession details of the cause of the death provided by a qualified medical practitioner, this is provided in the form of a medical certificate cause of death (MCCD) which is given to the informant to bring to their appointment to register.

The medical practitioner signing the MCCD must have treated the person during their last illness to be qualified to sign the certificate. If the same medical practitioner then didn't see the person again either within 14 days before their death, or afterwards, the medical practitioner will need to ensure that Coroner does not wish to conduct any further investigation into the death, before the MCCD is issued to the informant.

If the death was unexpected, or the cause of the death isn't certain, the Coroner will arrange for a post mortem to be carried out. In this circumstance the MCCD will not be issued, but the cause of death will be sent direct to the Registrar on a prescribed form, which they will need to have before the informant can attend to register the death.

Once the MCCD or Coroner's form is issued, the informant books an appointment to attend the Register Office, where they will also be asked to provide other information relating to the deceased if known.

Information provided by the informant, as well as the cause of the death will be entered into a page in the register, then signed by both the informant and the Registrar. Once this is complete and signed, the Registrar can then issue the form for burial or cremation, and any amount of certified copies of the signed register page that the informants require to deal with financial matters.

Burial or cremation of the body before registration

It is possible for a form for burial or cremation to be issued before the registration takes place. This is usually for religious reasons outside of the normal Register Office opening hours.

Members of staff from Registration and Bereavement Services are on call between 8-9am on Saturdays, Sundays and Bank Holidays to be able to make the necessary arrangements for burial.

Provided that the MCCD has been issued, and that there would be no requirement for the Coroner to investigate the cause or circumstances surrounding the death, the Registrar would issue the form to family or other informant and ask them to come back within the usual opening hours to complete the registration.

This service began on April 1st 2011 and has been used no more than ten times since then.

Delays in registering

The Register Office performance is measured against a number of national performance targets set by the Registrar General. The two key targets relating to death registrations are:

- 90% of deaths (non Coronial) should be registered within 5 calendar days
- 95% of informants should be offered an appointment to register within two days of contacting the Register Office to make an appointment.

Appendix D shows Wolverhampton's performance in relation to these two targets compared to other districts in the West Midlands region. Whilst the service now consistently offers customers an appointment within two days, it is quite far from reaching the target of 90% being registered on time. Wolverhampton is one of the lowest performing districts in the West Midlands region with only 72% of deaths registered on time in this financial year to date.

The Register Office has periodically carried out an analysis of all deaths registered within a month (Appendix E), to establish the causes of the delay in registering. Results of these have highlighted delays in the signing of the MCCD by the medical practitioner, and informants not being made aware of the legal timeframe when making their booking to register.

Customer satisfaction

The Register Office collects customer feedback regularly by asking users of the service to complete a questionnaire; corporate feedback and complaints are also monitored. The results of the questionnaires show consistently high rates of customer satisfaction, and only one complaint has been received through the corporate feedback team, relating to a delay in registering.

Customers are now being specifically asked how they would rate the speed of the process, and although the sample asked so far is small, the satisfaction rates remain high. (Appendix F)

Proposal/Options

From the 1st December 2018, the Registration Service will offer death registration appointments from New Cross Hospital, with the aim of easing the customer journey, by enabling the informant to collect the MCCD from the bereavement centre and register death immediately afterwards.

The timeliness of the issue of MCCDs, and completion of the registration process will continue to be monitored.

The Registration Service welcomes further discussion, and any suggestions from the group which could contribute to performance improvement.

Appendix A – Medical Certificate Cause of Death (MCCD)

MED A 212803
31BIRTHS AND DEATHS REGISTRATION ACT 1953
(Form prescribed by the Registration of Births and Deaths Regulations 1987)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

For use only by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the deceased's last illness, and to be delivered by him forthwith to the Registrar of Births and Deaths.

Registrar to enter
No. of Death Entry

Name of deceased.....

Date of death as stated to me..... day of Age as stated to me.....

Place of death.....

Last seen alive by me..... day of

- | | | |
|--|---|---|
| 1 The certified cause of death takes account of information obtained from post-mortem.
2 Information from post-mortem may be available later.
3 Post-mortem not being held.
4 I have reported this death to the Coroner for further action.
[See overleaf] | } Please ring appropriate digit(s) and letter | a Seen after death by me.
b Seen after death by another medical practitioner but not by me.
c Not seen after death by a medical practitioner. |
|--|---|---|

CAUSE OF DEATH

The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.

- I (a) Disease or condition directly leading to death†.....
- (b) Other disease or condition, if any, leading to I(a).....
- (c) Other disease or condition, if any, leading to I(b).....
- II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it.

These particulars not to be entered in death register

Approximate interval between onset and death

The death might have been due to or contributed to by the employment followed at some time by the deceased.

☐

Please tick where applicable

†This does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death.

I hereby certify that I was in medical attendance during the above named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature.....

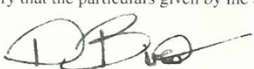
Qualifications as registered by General Medical Council }

Residence.....

Date.....

For deaths in hospital: Please give the name of the consultant responsible for the above-named as a patient

Appendix B – Example of a certified copy of an entry in the register of deaths.

DEATH		Entry No.
Registration district	Wolverhampton	Administrative area
Sub-district	Wolverhampton	City of Wolverhampton
1. Date and place of death Third September 2018 New Cross Hospital, Wolverhampton		
2. Name and surname Tracey BIRD	3. Sex Female	4. Maiden surname of woman who has married JONES
5. Date and place of birth Twenty sixth August 1978 Lichfield, Staffordshire		
6. Occupation and usual address Administration Assistant, Wife of Daniel BIRD Office Manager 16 Newtown Road, Wolverhampton, West Midlands		
7.(a) Name and surname of informant Daniel BIRD	(b) Qualification Widower of Deceased	
(c) Usual address 16 Newtown Road, Wolverhampton, West Midlands		
8. I certify that the particulars given by me above are true to the best of my knowledge and belief 		
9. Cause of death 1a. Metastatic Carcinoma of Large Bowel Certified by S V Strange		
10. Date of registration Fifth September 2018	11. Signature of registrar B Widow	

Certified to be a true copy of an entry in a register in my custody.

..... {

*Superintendent Registrar Date

*Registrar

**Strike out whichever does not apply*

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE. ©CROWN COPYRIGHT

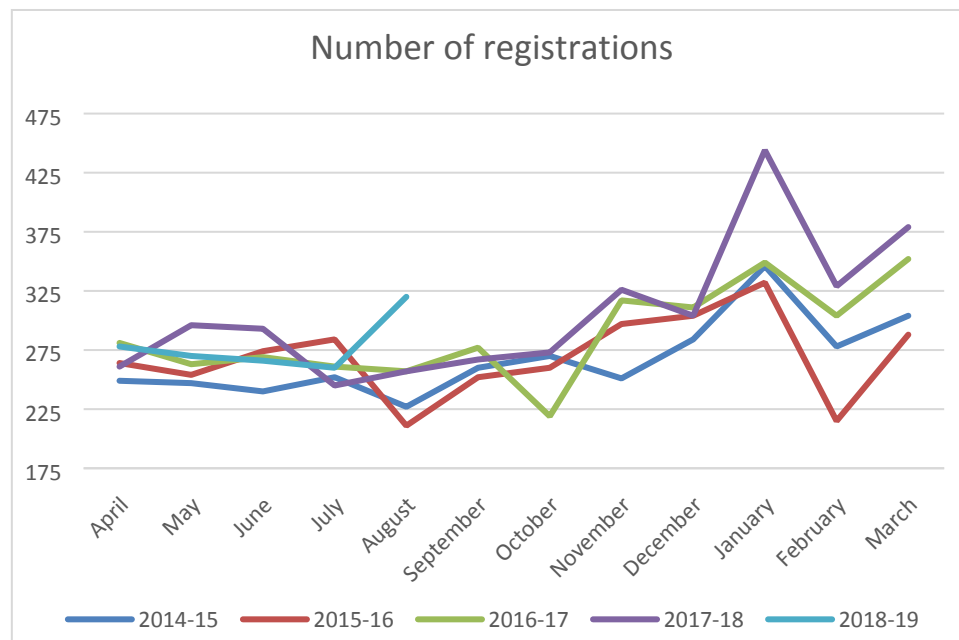
WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.

Appendix C – Number of death registrations

1. Number of registrations completed annually.

Year	Total	% compared with baseline year
2011-12	2,924	n/a
2012-13	3,025	103%
2013-14	2,976	102%
2014-15	3,208	110%
2015-16	3,235	111%
2016-17	3,460	118%
2017-18	3,674	126%

2. Number of registrations completed by month.



Appendix D - Register Office performance statistics

1. Percentage of non-coronial deaths registered within five calendar days.

District	2016-17	2017-18	2018 (As of 31st August)
Birmingham	71%	57%	65%
Coventry	60%	61%	85%
Dudley	69%	77%	84%
Herefordshire	86%	90%	92%
Sandwell	84%	81%	81%
Shropshire	83%	83%	82%
Solihull	79%	79%	83%
Staffordshire	71%	74%	81%
Stoke-on-Trent	80%	65%	80%
Telford and Wrekin	76%	75%	86%
Walsall	87%	88%	89%
Warwickshire	80%	78%	83%
Wolverhampton	60%	72%	71%
Worcestershire	78%	79%	81%

2. Percentage of customers offered an appointment within two days

District	2017-18				2018-19
	Q1 (%)	Q2 (%)	Q3 (%)	Q4 (%)	Q1 (%)
Birmingham	91	94	84	46	86
Coventry	33	92	33	42	100
Dudley	98	100	100	100	98
Herefordshire	100	100	100	100	100
Sandwell	100	95	98	96	98
Shropshire	100	100	100	95	100
Solihull	95	96	91	94	100
Staffordshire	95	56	98	77	98
Stoke-on-Trent	100	100	100	100	100
Telford and Wrekin	83	90	93	81	100
Walsall	100	100	100	100	100
Warwickshire	100	100	99	99	99
Wolverhampton	100	100	100	81	100
Worcestershire	94	97	96	95	96

Appendix E – Delayed registration analysis results.

1. Time taken for the MCCD to be signed.

	Time taken for MCCD to be signed		
	Up to 2 days	3-4 days	5+ days
September 2016	43.00%	29%	28%
September 2017	57.60%	25.20%	17.20%
January 2018	63.98%	24.84%	11.18%
August 2018	67.90%	26.05%	6.05%

2. Further time taken for the informant to book an appointment

	Same day	1-2 days	3+ days
September 2016	41%	29%	30%
September 2017	43.3%	34.8%	21.9%
January 2018	42.1%	30.39%	15.62%
August 2018	44.8%	35.3%	19.9%

Appendix F Customer satisfaction results

1. Percentage of customers satisfied with the service they received.

	Number of surveys returned	% Satisfied
June 2016	45	95.60%
September 2016	78	97.40%
December 2016	105	96.20%
March 2017	83	100%
June 2017	98	100%
September 2017	111	99.10%
December 2017	27	99.20%
March 2018	68	98.70%

2. Percentage of customers satisfied with the speed at which they received the medical certificate of cause of death (MCCD).

	Number of surveys	% Satisfied
August 2018	25	88%
September 2018	34	94.11%

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