

Notes for meeting with Wolverhampton City Council 25.10.18

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