

Procedure for expected deaths in the community & in care homes

The four Greater Manchester Coroners have issued revised guidance for the procedure following expected deaths in the community and care homes, taking effect from August 2011. This documents sets out the recommended handover procedure between in-hours and out-of-hours medical services. The aim is to prevent the unnecessary attendance of police in circumstances when a death has been anticipated but occurs at a time when the patient's regular GP is not immediately available to issue a Medical Certificate of Cause of Death (MCCD).

The following 2-step procedure has been agreed:

1. The patient's own GP completes a Statement of Intent and circulates this to out-of-hours GP services, out-of-hours district nursing teams and North West Ambulance Services (NWAS). A copy is left with the patient-held record in a sealed and dated envelope labelled "STATEMENT OF INTENT. For the attention of doctors, nurses and ambulance staff only". This document is valid for a maximum of 14 days from last having seen the patient and must be updated after this. The GP signing the Statement takes on personal responsibility that an MCCD can be issued after death – either by him- or herself or by another GP who fulfils the criteria for issuing the MCCD. In particular, GPs working part-time and those with imminent planned leave must ensure that suitable arrangements are in place. If the deputy GP is unavailable, the GP who issued the Statement must personally issue the MCCD on the same day.
2. The clinician verifying death (GP / District Nurse / Paramedic) follows the enclosed protocol to ensure that there are no new circumstances to raise any doubts as to the expected nature of the death. If satisfied that the criteria for expect death are still met, he/she may then authorise the Funeral Director to remove the body to the Chapel of Rest.

If a copy of the Statement of Intent cannot be located in the patient's residence but a valid Statement of Intent is held in another location e.g. at the base of the attending service, the protocol may still be followed. If a Statement of Intent has not been issued, or if a Statement of Intent is invalid or expired, the usual procedure applies, requiring either

- a) the body to remain in the place of death overnight provided that family / carer / care home manager agree AND the patient's own GP surgery reopens within 24 hours (the MCCD must be issued before 12pm on the day the surgery reopens), or
- b) Greater Manchester Police to be called.

Outdated or invalid Statements of Intent can be destroyed without further consultation.

Statement of Intent to issue a Medical Certificate of Cause of Death

Insert an 'X' where applicable

	email to out-of-hours GP services gp.ooh@nhs.net
	email to out-of-hours District Nurses evening.service@nhs.net
	email to NW Ambulance Services nwasnt.EOLCGMM@nhs.net

Name of terminally ill patient:	«PATIENT_Title» «PATIENT_Forename1» «PATIENT_Surname»
Date of birth:	«PATIENT_Date_of_Birth»
Place of care:	enter details here
NHS number:	«PATIENT_Current_NHS_Number»

This patient is expected to die within the next few days. I am a Registered Medical Practitioner and have been in attendance during the illness that is expected to lead to the person's death.

I hereby certify that I:

- have last seen this patient on: **enter date here**.
- have no reason to believe that either a post-mortem examination or reporting to / discussion with the Coroner will be required or desirable.
- have no reason to believe that any third party might wish to request further examination of the body, for whatever reason.
- have no reason to believe that the expected death might have been due to or contributed to by the employment followed at some time by the patient.
- will be personally available to issue the Medical Certificate of Cause of Death (MCCD) on the next working day after the patient has deceased, or have made arrangements for another GP (who fulfils the requirements) to issue an MCCD in my absence.
- anticipate the following advanced and irreversible illness to lead to the patient's death:
enter details here

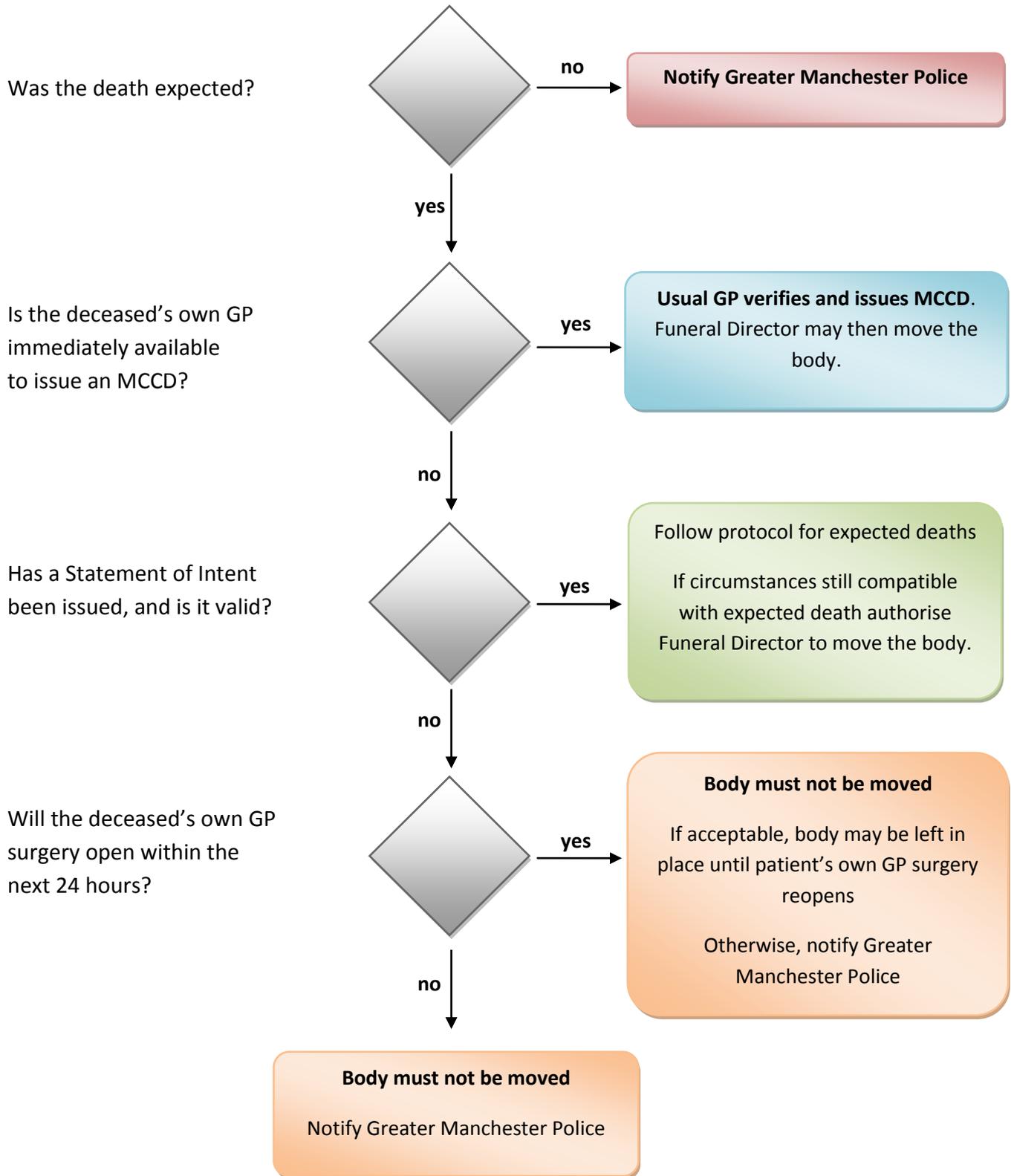
PLEASE INDICATE AS APPROPRIATE:

	I will not be on planned leave from my duties as a Medical Practitioner in the next 14 days, in which case this Statement of Intent remains valid for 14 days from the date indicated above.
	I will be on leave after enter date here (last day in work), in which case this Statement of Intent remains valid until 1830 hrs on this date (but no longer than 14 days from the date indicated above).

Name of Medical Practitioner (BLOCK CAPITALS)	GMC Number	Date
«REFERRAL_Clinician»	«REFERRAL_Referring_GP_GMP_code»	«SYSTEM_Date»
Signature of Medical Practitioner	Practice Details / Stamp	
	«PATIENT_Registered_GP», «PRACTICE_Name», «PRACTICE_House», «PRACTICE_Road», «PRACTICE_Locality», «PRACTICE_Town», «PRACTICE_Postcode», «PRACTICE_Main_Comm_No»	

Flowchart

illustrating after-death-procedure



Protocol

following an expected death

This protocol applies to expected deaths in community and care home settings. It is mandatory that prior notification of the terminal nature of the illness and the clinical expectation of impending death was given. The protocol is to be followed by the clinician performing the verification of death, at the time of verification.

1. Note any obvious signs of unusual circumstances in the place where the death has occurred e.g. signs of violence, injury etc. The clinician is not expected to search the residence for such signs. Skills or knowledge beyond their usual role are not expected.
2. Express your condolences to the bereaved and take a brief history of
 - a. the final hours of the deceased's life
 - b. persons present at the time of death
 - c. any significant changes in circumstances since the Statement of Intent was issued
 - d. any concerns regarding the cause of death
 - e. any concerns regarding the care received during their final illness
3. Review the documentation e.g. Statement of Intent, handover forms, Liverpool Care Pathway, to align the history with diagnosis, clinical features and the anticipated course of the final illness.
4. Ensure that the Statement of Intent is valid.
5. Verify death as usual:
 - a. Absence of a carotid pulse for 60 seconds
 - b. Absence of respiratory activity for 60 seconds
 - c. Pupils fixed, dilated and unresponsive to light
 - d. Absence of heart sounds for 60 seconds
6. Perform a physical examination of the deceased sufficiently detailed to ensure compatibility with the anticipated cause of death.
7. You must inform the police without delay if there are
 - a. any doubts whatever about the character of the disease or condition which led to the death
 - b. any reasons to suspect that the death was violent or unnatural, or due to employment related causes
 - c. any reasons to suppose a further examination of the body is desirable
8. Otherwise, you may instruct the Funeral Director to remove the body to the Chapel of Rest.
9. You have responsibility to ensure that suitable processes are in place to inform the patient's Registered Medical Practitioner without delay.