



Healthcare
Improvement
Scotland

DEATH CERTIFICATION IN THE TIME OF COVID

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Supporting better quality health and
social care for everyone in Scotland





Healthcare Improvement Scotland

Many parts, one purpose -
better quality health and social care
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OVERVIEW

- A little background reminder
- How has COVID changed our thinking?
- Notifiable and reportable
- Describing COVID-19
- Derogation development
- Remote Registration
- Timeline

MEDICAL CERTIFICATE OF CAUSE OF DEATH (MCCD)

- Statutory legal document, recording the fact of death
- Doctor's signature attesting to a 'truthful and accurate account'
- Permits relatives to formally REGISTER the death & plan funeral
- Relatives require 'Extract of Registration of Death' to settle estates.
- PUBLIC HEALTH : Recording of MORTALITY DATA
 - Monitoring the health of the nation
 - Formulating public health policy
 - Assessing the effectiveness of health services
 - Designing healthcare programmes
 - Resource allocation & spending priorities

MEDICAL CERTIFICATE OF CAUSE OF DEATH (Form 11) *Serial number:*
(Section 24(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

The completed certificate should be taken to the Registrar of Births, Deaths and Marriages and will be retained by them.

GUIDANCE FOR COMPLETION OF THIS FORM IS AVAILABLE AT nrcotland.gov.uk/MCCDGuidance

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND DO NOT ABBREVIATE

PART A - DETAILS OF DECEASED

Name of deceased	
Date of death (dd/mm/yyyy)	
Time of death (24-hour clock – hh:mm)	
Place of death	
Health Board area in which death occurred	
Community Health Index (CHI) number	
Date of birth (dd/mm/yyyy)	

PART B - DETAILS OF CERTIFYING DOCTOR

Name	
GMC number	
Business address	
Business contact telephone number	
<i>For a death in hospital</i> Name of the consultant responsible for the deceased	

I hereby certify that to the best of my knowledge and belief the information contained in this Medical Certificate of Cause of Death is correct.

Signature of certifying doctor	
Date	



For registration office use	RD number	Year	Entry number
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PART C - CAUSE OF DEATH

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND DO NOT ABBREVIATE

	Approximate interval between onset and death		
	Years	Months	Days
I Disease or condition directly leading to death * (a)			
Antecedent causes – Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last			
due to (or as a consequence of) (b)			
due to (or as a consequence of) (c)			
due to (or as a consequence of) (d)			
II Other significant conditions contributing to the death, but not related to the disease or condition causing it			

* This does not mean mode of dying, such as heart or respiratory failure; it means the disease, injury or complication that caused death.

PART D - HAZARDS

To the best of your knowledge and belief:		Y	N
DH1	Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body "contaminated", immediately before death?		
DH2	Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?		
DH3	Is there radioactive material or other hazardous implant currently present in the deceased?		

PART E – ADDITIONAL INFORMATION

Post mortem examination by a pathologist (tick one)	
PM1	Post mortem has been done and information is included above
PM2	Post mortem information may be available later
PM3	No post mortem
Attendance on deceased (tick one)	
A1	I was in attendance upon the deceased during last illness
A2	I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate
A3	No doctor was in attendance on the deceased
Procurator Fiscal (tick if applicable)	
PF	This death has been reported to the procurator fiscal
Extra information for statistical purposes (tick if applicable)	
X	I may be able to supply the Registrar General with additional information
Maternal Deaths (tick if applicable)	
M1	Death during pregnancy or within 42 days of the pregnancy ending
M2	Death between 43 days and 12 months after the end of pregnancy

HOW HAS COVID-19 CHANGED OUR THINKING?

- COVID-19 became notifiable for the purposes of reporting 22nd February 2020.
[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)04.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)04.pdf)
- The Public Health etc. (Scotland) Act 2008 (Notifiable Disease and Notifiable Organism) Regulations 2020 amends the Public Health etc. (Scotland) Act 2008 (2008 Act) to
 - 1. add coronavirus disease 2019 to the list of notifiable diseases and to
 - 2. add severe acute respiratory syndrome coronavirus 2 to the list of notifiable organisms
- This regulation will require registered medical practitioners to share information with health boards where they have reasonable grounds to suspect that a person they are attending to has coronavirus disease 2019 (COVID-19).
- This information must then be shared onwards to the Common Services Agency.
- Deaths from Notifiable organisms require to be reported to PHS under legislation (2008 Act)
- The Regulations will also have the effect if severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) is identified by a diagnostic laboratory in Scotland.(2008 Act).

NOTIFIABLE AND REPORTABLE

- Deaths from Notifiable organisms also require to be reported to the Procurator Fiscal.
- Deaths from notifiable industrial/infectious diseases Any death:
- *3(d) 'which poses an acute and serious risk to public health due to either a Notifiable Infectious Disease or Organism in terms of Schedule 1 of the Public Health (Scotland) Act 2008 (see <http://www.legislation.gov.uk/asp/2008/5/schedule/1>) or any other infectious disease or syndrome',*
- <http://www.crownoffice.gov.uk/images/Documents/Deaths/Reporting%20Deaths%20to%20the%20Procurator%20Fiscal%202015.pdf>

DESCRIPTION OF COVID-19

- Standard of certification is to the 'best of knowledge and belief'
- CMO guidance [https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)08.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)08.pdf)
- If COVID-19 thought to be causal or contributory then
- The official name of the Virus by the International Committee on Taxonomy of Viruses (ICTV) is Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)
 - Covid-19 disease
 - SARS-CoV-2 infection
- If there is a lack of certainty but death is thought to be due to COVID-19, reasonable to qualify:
 - Presumed COVID-19 disease
 - Probable SARS-CoV-2 infection

DEROGATION DEVELOPMENTS

- Initial full derogation from reporting COVID deaths to the PF on 24th March
 - amid concerns that there were going to be very high numbers of COVID deaths. (Review date July 2020)
- Purpose of Initial derogation was in order to reduce the time required to provide an MCCD
- The PF box in the MCCD/Form 11 should not be ticked
- [https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)08.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)08.pdf)
- Note:

'Certifying doctors do require to report a death to the PF where a person has COVID-19 disease or presumed COVID-19 disease and the death falls under another category defined by section 3 of the guidance to medical practitioners e.g. death in prison.'

DEROGATION PARTIALLY RESCINDED

- Derogation updated 20th May 2020
- [https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)15.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)15.pdf)
- From 21 May 2020 in light of significant public anxiety around deaths in care home and disease contracted through work the following require to be reported to the PF:
 - (a) where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted or
 - (b) where to the best of the certifying doctor's knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation. Whilst not exhaustive, this may include deaths of care home workers, frontline NHS staff, emergency services personnel and public transport workers.
- Note that this also applies **retrospectively**

WHAT ABOUT THE HAZARD?

- DH1 - Does the body pose a risk to public health?
- CMO guidance and updates indicate that:
- As COVID-19 disease is a notifiable disease, the hazards box on the MCCD/Form 11 (DH1) as always, should be ticked.

BUT what about the a death where COVID -19 disease was contributory but it is thought there is no risk of infection?

DO I TICK THE HAZARD BOX?

- [https://www.sehd.scot.nhs.uk/cmo/CMO\(2018\)11.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2018)11.pdf) section 7(6) where it identifies:
- Notifiable Diseases, Notifiable Organisms and Health Risk States:
'A health risk state is categorised as infectious, a result of contamination (e.g. with radioactive material), or the result of a toxin or poison to which others may be exposed.'
- *Please note the advice in the guidance that if you have any doubts about whether to notify a condition, on the grounds of its seriousness or potential to affect others, you should discuss the condition with the local Health Protection Team or another senior colleague.'*
- *You are required to tick the relevant sections in boxes DH1, DH2 and DH3 on the MCCD confirming the presence or absence of any potentially hazardous implants to the best of your knowledge and belief.*

REMOTE REGISTRATION

- NRS have taken powers via the Coronavirus Act 2020 to allow for remote registration without face-to-face contact with the informant (in operation since March 26).
 - Certifying doctors will also need to stop face-to-face contact and the handing over a paper MCCD/Form 11 to whoever usually collects the MCCD/Form 11 (usually the next of kin/informant).
 - Instead the copy of the printed/paper MCCD/Form 11 produced and signed by the certifying doctor should be scanned and e-mailed to the registration office where the next of kin/informant says they would like to register the death, as well as to the informant themselves.
 - Certifying doctors should also put a hard copy in the post to the registration office designated by the informant.

TIMELINE OF EVENTS

- 22nd March Percentage of randomized reviews reduced to 4%
- 23rd March Suspension of the requirement to report deaths from Covid-19 to the Procurator Fiscal put in place.
- 26th March Remote Registration of MCCDs
- 27th March Random MCCD reviews suspended
- 11th May Random MCCD reviews reinstated at 4%. Hybrid review (access to electronic key information summary (eKIS))
- 21st May Requirement to report certain COVID-19 deaths to the PF
- 10th June Hybrid Random MCCD reviews reinstated at 8%.
- 20th July Hybrid review Random MCCD reviews reinstated at 10%.
- 3rd August Hybrid Random MCCD reviews reinstated at 12%.

THANK YOU....

- Any questions?

KEEP IN TOUCH

Death Certification Review Service

telephone: 0300 123 1898

dcrs@nhs24.scot.nhs.uk

REFERENCES:

Chief Medical Officer's Guidance

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2014\)27.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2014)27.pdf)

Reporting Deaths to the Procurator Fiscal : Information and Guidance for Medical Practitioners

<http://www.crownoffice.gov.uk/images/Documents/Deaths/Reporting%20Deaths%20to%20the%20Procurator%20Fiscal%202015.pdf>

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