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Notification of Death SOP

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Purpose

To provide a consistent, sensitive and safe process for managing notifications of patient deaths within Practice Services, including communication with relatives, Medical Examiner and Coroner processes, death registration, record deduction, appointment cancellation and clinical governance.

Scope

This SOP applies to Health Navigators/Receptionists, Admin and Deductions staff, Secretaries, GPs and the After Death team when the practice is notified of a patient death, including deaths in the community, hospital, out of area or abroad.

Policy and Regulatory Requirements

This SOP sets out the practice's responsibilities for managing death notifications in line with the statutory, regulatory and local processes referenced in this document.

- Under CQC Regulation 16, the Registered Manager and governance team must notify the CQC without delay when a death occurs during, or may have resulted from, the carrying on of a regulated activity, using the approved CQC notification process.
- The Notification of Deaths Regulations set out circumstances in which deaths must be reported to the Coroner and the information required with those notifications.
- The Medical Examiner system provides independent scrutiny of non-coronial deaths and supports communication with bereaved families.
- Deaths occurring within Charlotte Keel Medical Practice or the health centre must be escalated promptly to the Registered Manager and governance team so that CQC notification requirements can be considered.

Following this SOP supports timely reporting, accurate documentation, regulatory compliance and a sensitive, professional response following a patient's death.

Responsibilities

- **Health Navigators/Receptionists:** Receive notifications sensitively, gather the required information, provide bereavement information, arrange GP triage where required and notify the Deductions team.

- **Admin / After Death Team:** Confirm written notification, maintain the death register, support the Medical Examiner process, communicate with relevant services, scan and retain MCCD documentation and coordinate record deduction.
- **Secretaries/Appropriate Admin Team:** Cancel future appointments and check other services for outstanding appointments once the death has been confirmed.
- **GPs:** Provide bereavement support where appropriate, establish the circumstances of death, refer to the Medical Examiner Service or Coroner as required, and complete the MCCD when authorised and eligible to do so.
- **Registered Manager / Governance Team:** Consider and complete any required CQC death notification.
- **Lead GP:** Review deaths in the practice and present findings to the team.

Key Contacts and Guidance

Contact / Resource	Details
BNSSG Remedy Guidance	Death Certification and Medical Examiner - From Monday 9th September (Remedy BNSSG ICB)
Medical Examiner's Officer	0117 414 0074 or nbn-tr.medicalexaminer@nhs.net
Avon Coroner's Office	01275 461920 and press option 1 or avoncoronersteam@bristol.gov.uk
Bristol Registry Office	0117 922 2800 or https://www.bristol.gov.uk/births-deaths-marriages/register-a-death
PCSE	0333 0142884

1.Health Navigation/Receptionist Protocol


BNSSG ME Service NoK leaflet.pdf


ME Service Public Poster.docx

1.1 Receiving notification of a death

When a caller notifies the practice of a death, gather the following information sensitively, where possible. Use the Ardens template: Death documentation, non-clinical information, Ardens v26.05.05.

- Identify the caller and their relationship to the deceased.
- Express condolences to the NOK and advise them that the doctor will be informed.
- Record the time and location of death.
- Establish whether a healthcare professional has already verified the death.

- Record the type of funeral chosen and any special requirements, where known.
- Record the funeral director, if chosen.• Funeral director, if chosen.

1.2 Information for next of kin

Send the relative the "After Death info for relatives" Accurx text template message with information about the Medical Examiner's Service, including the NOK printable leaflet or Information for the public on the ICB website. (NoK printable leaflet or Information for the public on the ICB website)

- Advise the relative/informant not to make an appointment with the Registrar until they have had contact from the Medical Examiner Office.
- Advise that they may contact the funeral director of their choice, who can provide guidance on making the necessary arrangements.
- Explain that the 5-day statutory timeframe begins once the Medical Examiner or Coroner informs the Registrar.

Next of kin may also use:

- "Tell Us Once", What to do after someone dies: Tell Us Once, GOV.UK, to notify relevant Government departments. What to do after someone dies: Tell Us Once - GOV.UK (www.gov.uk)
- The Bereavement Register or Stop Mail, Stop Unwanted Mail To The Deceased, to help reduce unsolicited mail. The Bereavement Register or Stop Mail | Stop Unwanted Mail To The Deceased
- Life Ledger, a free, easy-to-use death notification service to help notify other institutions such as banks and mobile phone services. Life Ledger is a free, easy-to-use death notification service

Deaths will not be registered until the Registrar receives notification of the cause of death from the Medical Examiner or the Coroner. This notification will also start the 5-day statutory time frame to **register a death**. This replaces the previous 5-day time frame which started with the date of death.

1.3 GP triage and practice communication

- Add to the GP triage list. Mark urgent if there is distress or special cultural requirements.

- For a community death occurring outside hospital, ensure the patient is added to GP CAS triage for review of the need for death certification.

- Send an urgent task to the Deductions team. Once the death has been verified by a healthcare professional or valid document, Admin / Deductions will notify the whole practice team.

1.4 Suggested Health Navigation / Receptionist wording

• Caller informs the practice there has been a death of a relative / friend.

"I am sorry to hear this sad news. I will let the doctor know. Please may I ask you some questions to ensure I can arrange the right help? Has this happened today or within the last few days? Try to find out the date and, if within the last 24hrs, the approximate time. Could you tell me whether <xxx> has died at home, in hospital or somewhere else? If somewhere else, where?"

• If at home, *has a healthcare professional seen them since they died?*

Tell me what you need today.

• If funeral type and funeral director have not been shared

I have a couple more questions for you:

• *Do you know what type of funeral has been decided? Burial or cremation? Are there any cultural requirements regarding timing?* (*e.g*. the Muslim faith requires burial within 1-3 days.)

• *Has a funeral director been contacted?* Name and contact details, if known.

• *Thank you for answering these questions. I am sorry for your loss. I have let the doctor know. You will be contacted today with the doctor's response.*

• Now send an urgent task to Deductions to notify the practice team about the death.

2. Admin / Deductions Protocol

2.1 Notification and confirmation

Notification may be received from NOK, a healthcare professional, hospital discharge letter, Ambulance service, Police or Coroner.

• Ensure written confirmation is received from a healthcare professional or authority.

• Add the patient to the Death Register: Y:\Registers\Death Register\DEATH REG.xlsx.

• Check the cause of death. Contact the hospital or Coroner if this is not forthcoming.

• For deaths in the community occurring outside hospital, pass the information to Health Navigation to add the patient to GP CAS triage for review of the need for death certification.

2.2 Practice communication

Once the death has been verified by a healthcare professional or valid document:

• Send an urgent task to the whole practice team, using All Recipients to action the task.

• Confirm whether Horizons/BDP has been actively involved with the patient, for example a named key worker, recent notes or appointments with Horizons staff.

If Horizons involvement is confirmed:

• Email the Horizons Team Leader, Tess Ciriello, tess.ciriello@horizonsbristol.co.uk.

• Copy in the identified Horizons key worker, if named in the notes.

• Record in EMIS that Horizons have been notified, including date/time and by whom.

• File a copy of the sent email in the patient's electronic record if applicable.

• Always use secure email.

Suggested email:

"Subject: Notification of Patient Death, [Patient Initials / NHS No.]
Dear Tess,
This is to notify you that the following patient, known to Horizons, has sadly passed away:
Name: [Patient Full Name]
DOB: [DD/MM/YYYY]
NHS Number: [XXXXXXXXXX]
Patient notes indicate they were supported by Horizons, Key Worker: [Name if known].
This notification is to support record updates and staff awareness.
Best regards,"

2.3 Appointments and other services

• Cancel future appointments in the practice, except a GP telephone consultation regarding the MCCD where still required.

• Check Connecting Care, Sirona and Hospice EMIS for outstanding appointments in other services.

• Inform other services currently involved.

2.4 Deduction of the medical record

The Medical Examiner Office can view deceased patients' records for up to 28 days after deduction. There is therefore no longer a requirement to delay deduction until the Medical Examiner process is complete.

• For deaths in hospital or out of area, deduct once written confirmation has been received from an authorised source, for example hospital, Ambulance service, Police or Coroner.

• For community deaths, once the death has been verified / confirmed, the record can be deducted without waiting for Medical Examiner completion.

• For deaths abroad, follow section 4. Do not deduct without appropriate confirmation.

2.5 MCCD administration

• Scan the completed paper MCCD to the patient's medical record.

• Notify the Medical Examiner Service via "Patient Note" to the "BNSSG Medical Examiner Service referrals" team where required by the local Medical Examiner workflow.

• Do not give the paper MCCD to next of kin or email a scanned copy to the Registrar where the document is required to be transmitted electronically through the Medical Examiner process.

• Keep the paper MCCD for one month, then destroy it.

2.6 Coroner administration

• Send the Coroner referral form, EMIS document, once completed by the GP.

• On receipt of a reply, send an urgent task to the GP who completed the form and the named GP.

• Liaise with the Coroner's Office for the cause of death when required.

3. GP Protocol

3.1 Deaths in the community

For deaths in the community only, a GP telephone consultation with NOK should take place the same day or next day.

• Offer condolences and care for the bereaved.

• Establish whether the death has been verified. If not verified by a healthcare professional, a same-day GP telephone consultation is required.

• If there are concerns about the nature of the death, report to Police.

• Community Nurses will retrieve any equipment in the home.

• Provide or direct NOK to the relevant Remedy / After Death information.

3.2 Medical Examiner Service

• Refer to the Medical Examiner Service by completing the BNSSG ICB F12 protocol.

• Follow Death Certification and Medical Examiner guidance on Remedy BNSSG ICB.

3.3 Medical Certificate of Cause of Death, MCCD

On receipt of authorisation from the Medical Examiner Service, the GP completes the MCCD.

Internal protocol:

• Only the GP who attended the patient in person or by video, not telephone, in their lifetime, the 28-day rule no longer applies, AND knows the cause of death can complete the Medical Certificate of Cause of Death.

• If GP not available or no GP involvement, refer the case to the Coroner.

• Follow Medical Examiner Service F12 protocol ..\..\Operational - GP\Death notification\CKMP Medical Examiner Service protocol.docx

• **When authorised by the Medical Examiner Service**, handwrite the paper MCCD, pass to Admin to scan to the EMIS record and Admin sends a Patient Task to the Medical Examiner Service. Blank MCCD book is in the safe in reception back office, ask Health Navigation for the code.

• GP to send "MCCD completed" Accurx text template to notify relatives that MCCD has been completed. This starts the statutory 5-day deadline for NOK to register the death.

• MCCD to include the Medical Examiner's name, the patient's ethnicity if stated, if it is a maternal death, medical device or implant to be confirmed, and a new line, 1d, for the cause of death.

• Medical Examiner MCCD to be completed in exceptional cases at Coroner's request to avoid non-registered deaths, where a qualified attending practitioner is not available in a reasonable timeframe.

• Refer to Guidance for doctors completing medical certificates of cause of death in England and Wales (accessible version) - GOV.UK (www.gov.uk) for doctors completing medical certificates of cause of death in England and Wales, accessible version.

• Refer to Remedy advice on Cause of Death.

Admin actions:

• Scan MCCD into EMIS record, and notify the Medical Examiner Service via "Patient Note" to the "BNSSG Medical Examiner Service referrals" team.

• The Medical Examiner Service will send a Patient Note task to both the referring GP and the Practice's After Death Documentation Team to advise that all actions are complete. The practice can deduct the patient record from EMIS.

• Admin to keep the paper MCCD for one month, then destroy.

3.4 Referral to the Coroner

• Use Avon Coroner guidance and the Notification of Deaths Regulations 2019 guidance to determine when a referral is required.

- Referral to Coroner has been replaced by Medical Examiner Service.
- However, for clear-cut cases the GP may refer directly to the Coroner via portal.
- If patient has not been seen by a GP in their lifetime OR that GP is on leave OR cause of death is unknown, the 5-day deadline is waived.
- Any practice GP can complete the referral, EMIS referral form, task to After Death team, task to self or buddy to follow up 2 days later.
- If the Coroner decides no further investigation is required, any GP can refer to the Medical Examiner Service.

4. Deaths Abroad

- Ask for the death certificate issued by the authorities in the country where the person died.
- If confirmation is not available, escalate to the Operations Manager or Admin Team Leader.
- If a patient dies abroad and no death certificate is available, the Deductions team should contact Bristol Register Office to seek confirmation. If confirmation cannot be obtained, contact PCSE on 0333 0142884 for advice.
- Do not deduct the patient until appropriate confirmation / authorisation has been obtained.
- Keep a copy of the overseas death certificate on the patient record.
- Refer to GOV.UK guidance, What to do if someone dies abroad.

5. Registration of Death

5.1 NOK available

- It is a legal requirement for the NOK to register the death in person with the Bristol Registry Office within 5 calendar days of certification.
- Advise the relative/informant not to make an appointment with the Registrar until they have had contact from the Medical Examiner Office.
- The bereaved may contact the funeral director of their choice for guidance on arrangements.
- The 5-day statutory timeframe begins once the Medical Examiner or Coroner informs the Registrar. Explain this to NOK to alleviate stress.
- Relatives do not need the paper MCCD.
- NOK can call Bristol Registry Office on 0117 922 2800 or book online at https://www.bristol.gov.uk/births-deaths-marriages/register-a-death.

5.2 Deceased has no NOK

- GP to refer to the Medical Examiner Service, stating that there is no NOK.
- Admin must ensure the GP is informed so the referral can be made.

6. Cremation forms

Referral to the Medical Examiner Service has replaced the previous cremation forms process.

No separate cremation form is required.

7. Clinical Governance

- GP who issues the MCCD or named GP: add the cause of death to Y:\Registers\Death Register\DEATH REG.xlsx once known.
- Admin: liaise with the Coroner's Office for cause of death when needed.
- Admin: inform the relevant GP / named GP of the outcome of an inquiry when received.
- Admin: inform the GP Lead of the outcome of a Coroner inquiry.
- GP Lead: review deaths in the practice and present findings to the team.
- Registered Manager / governance team: ensure any required CQC Regulation 16 notification has been completed.
- After Death team CKMP: KLH, GXF, RXF.

8. Related Documents and Resources

- Death Certification and Medical Examiner, Remedy BNSSG ICB.
- Medical Examiner Service, NOK printable leaflet / Information for the public on the ICB website.
- Medical certificate of cause of death, MCCD, guidance for medical practitioners, GOV.UK.
- Notification of Deaths Regulations 2019 guidance, GOV.UK.
- Avon Coroner guidance.
- Bristol Registry Office, Register a death.
- GOV.UK, What to do if someone dies abroad.
- GOV.UK, Tell Us Once.
- The Bereavement Register / Stop Mail.
- Life Ledger.
- BMA guidelines for remote verification of expected death, April 2020.

- CKMP Medical Examiner Service protocol: ..\..\Operational - GP\Death notification\CKMP Medical Examiner Service protocol.docx.

9. Review

Review due June 2027, or sooner if national death certification requirements, CQC requirements, Medical Examiner processes, EMIS functionality or local organisational procedures change.

10. Version Control

Date	Version	Author	Change Details
September 23	1.0	AXP	Initial Version
November 23		AXP	Updated
October 24		AXP	Updated
June 25	1.8	AXP	Updated
September 26	1.9	Claudia Filipe	Added BDP/Horizons notification process and guidance on Medical Examiner access to patient records for up to 28 days after deduction. Added CQC Regulation 16 and Registered Manager responsibilities, Ardens template details, community death CAS process, Coroner guidance and overseas death process. Clarified the cremation forms process and consolidated duplicated information throughout the SOP.