

Advice for GPs regarding Urgent Release for expected community deaths

(from 09 September 2024 onwards (In hours, weekend and Bank Holidays))

Dear Colleague,

You will be aware that from 09 September 2024, all non-coronial community deaths will have to be reviewed by the Medical Examiner (ME) service prior to the issuing of a death certificate (MCCD). The legislation expects a layer of scrutiny in the “after death” process, where information must be sent to the ME service (usually in the form of a 12-month record summary plus a **proposed** cause of death). The ME service will review the records and, if necessary, contact the GP practice back to (usually) agree the proposed cause of death. This then allows the ME to countersign the MCCD and send it to the Registrar’s office.

Clearly there are certain cases where an “urgent release” is desirable. GPs may be aware of such patients prior to death. From 09 September 2024, the legislated ME process will need to also apply to urgent release cases.

Deaths in hours or in routine weekdays

If a death occurs in routine core GP hours or overnight in a normal working week (i.e. Monday at 22.00hrs), then the practice should prioritise the process of dealing with an “urgent burial” request and ensure that their local ME office is aware of the high priority nature of the case. As with all deaths, the practice will need to ensure that an appropriate GP is available to refer the MCCD to the ME.

Deaths during out of hours (weekends)

It is acknowledged that this work is non-contractual, and as such, is not mandatory. For many years GPs in Greater Manchester have been responsive to such cases and been able to offer innovative solutions to support families with urgent burials. Such innovations included being contactable by the OOH service (so the GP could be informed of a death at a weekend – this may have meant leaving a mobile number with OOH or family), plus having access to a MCCD to complete – this may be simply by taking a MCCD book home with you, or having access to a central stock (i.e. at local OOH service for example). It is impossible to describe all the efforts made by practitioners and their communities to support this (i.e. there were bespoke solutions developed). This was all done on a goodwill basis by the practitioner and was also dependant on the opening times of registry offices.

From 09 September there will need to be further solutions in place to support the urgent burial of such cases due to the change in law. This will involve some preparation pre death and additional work after death.

THE GUIDANCE OVERLEAF IS A GENERAL SET OF PRINIPLES, BUT GPs ARE ENCOURAGED TO MAKE THEMSELVES AWARE OF THEIR OWN LOCAL ARRANGEMENTS (THIS SHOULD BE COMMUNICATED LOCALLY AND SHOULD INCLUDE OPENING TIMES OF ME SERVICE AND REGISTRY OFFICE)

Pre death (possible urgent release case)

- GP to agree the requirements / wishes for urgent burial over a weekend.
- In cases, **where imminent death is** expected and may occur over the weekend and requires an urgent burial (e.g. Faith deaths). The GP can complete a “pre referral” to local ME service.
- Local ME referral templates may need to be amended to include an additional box to highlight a PRE-REFERRAL. The information sent is no different to the usual process post death.
- If making a pre-referral, the GP should gain consent from the family that in the event of death they will be contacted by the ME office and that they are sending details pre death to facilitate the “urgent burial” and will be available to be contacted in an OOH setting.
- PRE-REFERRALS are sent to the usual ME email with contact details of the GP who has agreed to be contacted in an OOH setting. This referral could also be cc to the OOH service, so they are informed and have access to the GP contact details.
- PRE-REFERRALS will only be valid until the next working day at which point usual process is followed should death not have occurred. If a pre-referral was done on Friday then this will only be valid until the next working day, i.e. Monday morning or Tuesday morning if a bank holiday
- GPs can consider any appropriate and practical alternatives if they are not available over a weekend. For example, if another colleague has seen the patient alive and is available, or arranging a joint video call with a colleague and the patient would be acceptable to ensure the colleague has seen the patient
- Statement of Intent / Special patient notes will be reviewed imminently across GM so please continue to follow your local processes)

Preparation for weekend

- GPs should consider whether they will be available to issue a MCCD.
- GPs will need a MCCD AT HOME to complete – either take a small supply home or have access to a supply locally (should such arrangements be in place)
- Have contact details for your Local ME service and registrar (e-mail and phone number if possible)

When death occurs

- OOH service (or appropriate service) will verify death and the GP who has identified themselves to be available will then be contacted. The GP can ask the OOH service whether there had there been any further developments prior to death.
- GP should then contact ME office and confirm that the pre-referral is still accurate (local procedures will differ – the process of review may be able to take place in one phone call usually)
- GP should then complete the MCCD and e mail to ME office.

A fee of £80 can be claimed and is payable should a death take place over a weekend and a GP is called to provide a MCCD. This should be claimed through the regular invoicing/ claims process using reference: **‘UR MCCD OOH’**

NB: we will look to audit patterns of demand to ensure the model is working well and adopt a quality improvement approach if any changes are required.

The enclosed flowchart may also be helpful:

Proposed process for urgent release of community expected deaths

