## **CERTIFICATION OF DEATH (SCOTLAND) BILL**

## **Medical Reviewer System - Update**

This note provides an update on recent developments on the Certification of Death (Scotland) Bill. Following scrutiny of the evidence submitted by stakeholders to the Health & Sport Committee and evidence sessions on 24 November and 1 December 2010, the Minister for Public Health & Sport gave evidence on 15 December. At that session, the Minister outlined the following proposals for the Committee's consideration:

- the introduction of a new level of real-time scrutiny to be called Level 1 reviews to be applied to 25% of deaths in Scotland<sup>1</sup>, selected randomly by the GROS computer system;
- an increase of random real-time **Level 2 reviews** i.e. the comprehensive reviews from 500 to 1,000 cases annually.

These enhancements will be complemented by targeted reviews initiated by medical reviewers (MRs) and interested person reviews (the sum of targeted and interested person reviews is estimated at around 1,000 cases annually).

#### Level 1 reviews

- Level 1 reviews will be conducted by MRs and will involve checking the Medical Certificate of Cause of Death (MCCD) form and speaking to the certifying doctor to obtain background clinical information.
- The MR will discuss any concerns with the certifying doctor (or another doctor in the team) by phone and any disagreements will be covered by the same procedure as currently set out in the Bill (sections 10 and 11).
- This will allow the MR to check quality and cause of death and to query anything unusual. It will allow discrepancies to be picked up and can act as a trigger for a comprehensive Level 2 review if considered necessary or where there is any disagreement.

#### **Level 2 reviews**

- The random sample of Level 2 reviews will be increased to 1,000 cases and this
  increased sample size will provide a benchmark for the proportion of queried MCCDs
  to within a 2% margin of error; the key purpose of this sample is to provide a quality
  benchmark at an all Scotland level and to measure improvements.
- Level 2 reviews involve the MR checking the MCCD and relevant medical records and any other appropriate documents associated with the death such as results of investigations; discussing the death with the certifying doctor and other relevant clinical and healthcare staff, as required; discussing the death with the family of the

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<sup>&</sup>lt;sup>1</sup> 13,464 deaths based on 2009 figures.

- deceased or an informal carer, as required; and considering any other relevant evidence such as (arranging) to view the body, if necessary.
- Data from reviews (random Level 1 and Level 2 reviews, targeted reviews and interested person reviews) will feed into a comprehensive audit and quality improvement programme based on triangulating a number of data sources - including Hospital Standardised Mortality Ratios, coding checks from GROS and statistical analysis from the national statistician.

# **Delays**

- Level 1 reviews are expected to take no more than 30 minutes (this may stretch over several hours / overnight, depending on how quickly the MR can speak to the certifying doctor or team member). Level 2 reviews are expected to take around 3 hours and to complete on average within one or two days.
- The Bill's expedited procedure (included for circumstances requiring an accelerated process, including for reasons of faith) can be applied for in relation to both Level 1 and 2 reviews.
- Administrative implementation issues will be tested in test sites including any specific issues related to faith groups and rural communities.

#### Costs and numbers of MRs

- These proposals will cost an additional c. £640k pa (plus marginal additional start-up costs) and involve a total of 10 medical reviewers and a senior medical reviewer with assistants. Any additional Level 2 reviews arising from Level 1 reviews will require further staff capacity and involve further additional resource costs. These will be identified during the test site phase.
- The additional costs will be borne by the Scottish Government and not be added to the proposed public fee of around £30.

## **Benefits**

- The additional Level 1 reviews and the 50% increase in random Level 2 reviews will provide a greater degree of deterrence and reassurance to the public and a greater level of independent scrutiny. These additional reviews will also enhance the quality assurance aspects of our approach via the links in the new system to education and training and clinical governance.
- We believe these proposals maintain the balance between the need to keep costs to the public purse and families proportionate, the need to minimise undue delay for bereaved families, while providing a death certification system which offers independent, effective scrutiny.

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