DCRS SURVEY MONKEY RESULTS SUMMARY 2016-2017

522 survey monkey responses were received between 1st November 2016 and 31st January 2017, slightly lower than responses received in 2015-2016 (590). The 2016-2017 survey monkey results report exceptionally high levels of satisfaction. No significant change on 2015-2016 survey monkey responses noted.

Question 1: I am ....

![Circle diagram showing percentage of respondents answering different options]

Question 2: Name of the medical reviewer dealing with the case

<table>
<thead>
<tr>
<th>Name of the medical reviewer dealing with the case.</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. David Carson</td>
<td>4.2%</td>
<td>22</td>
</tr>
<tr>
<td>2. Sarah Couper</td>
<td>4.2%</td>
<td>22</td>
</tr>
<tr>
<td>3. Peter Curry</td>
<td>9.6%</td>
<td>50</td>
</tr>
<tr>
<td>4. Fiona Down</td>
<td>7.1%</td>
<td>37</td>
</tr>
<tr>
<td>5. Liz Junor</td>
<td>4.4%</td>
<td>23</td>
</tr>
<tr>
<td>6. Andrew Manchip</td>
<td>10.5%</td>
<td>55</td>
</tr>
<tr>
<td>7. David McLaughlin</td>
<td>5.7%</td>
<td>30</td>
</tr>
<tr>
<td>8. Ruth Stevenson</td>
<td>3.3%</td>
<td>17</td>
</tr>
<tr>
<td>9. Ivan Weir</td>
<td>21.1%</td>
<td>110</td>
</tr>
<tr>
<td>10. Peter Wiggins</td>
<td>13.8%</td>
<td>72</td>
</tr>
<tr>
<td>11. Don’t know</td>
<td>16.1%</td>
<td>84</td>
</tr>
</tbody>
</table>

answered 522
skipped 0
Question 3: The medical reviewer was friendly and courteous
Question 4: The medical reviewer clearly described the death certification review process

Question 5: The medical reviewer understood the case
Question 6: The conversation was educationally focused

The conversation was educationally focused.

![Bar Chart](image1)

Question 7: The duration of the conversation was...

The duration of the conversation was...

![Pie Chart](image2)
Question 8: My experience of the death certification review process has highlighted the importance of getting the medical certificate of cause of death accurate.
**Question 7: How could we improve the service?**

190 responses received.

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very useful discussion. Reviewer clearly familiar with the case and records kept allowing for a focussed discussion around its salient points. Useful to learn about occupational acquired pulmonary fibrosis requiring fiscal involvement and the importance of specifying idiopathic cases.</td>
</tr>
<tr>
<td>Have been through the process previously and with time likely to have further interviews.</td>
</tr>
<tr>
<td>There have been changes to the way that Death Certificates are completed over the past couple of years and as Secondary Care Physicians we are committed to getting the details as accurately as we can.</td>
</tr>
<tr>
<td>Revert to the old system and remove the need for electronics and continual password changes. I could not even begin to complete the form without secretarial support! Our senior secretary, an IT expert, breathes a sigh of relief each time she manages to access the cumbersome system. Pay us for the extra time involved. Allow commonly used abbreviations such as MI and COPD on the MCCD! The micromanagement of General Practice and the expectation that we will find the time necessary to complete electronic proformas at other peoples request with no additional resource is quite simply draining our morale. To cap it all I am then advised I can download this form and sent it to SOAR so that I can waste even more time discussing it at my annual appraisal!!! I rest my case. The world of General Practice is not one I care to inhabit these days - turn back the clock when doctors were doctors, patients were patients and administrators minded their own business.</td>
</tr>
<tr>
<td>I am happy with current review system. The conversations are brief and to the point. It is beneficial to get feedback to let you know you are getting it right.</td>
</tr>
<tr>
<td>PS- whoever made this survey did not use a spell checker on the 6th questions. Conversation is missing a &quot;t&quot;</td>
</tr>
<tr>
<td>This phone call from Dr xxxxx, the guidance, sympathetic understanding of us, as clinician was absolutely brilliant. Very instrumental and positive in difficult situation where the parents, the whole team of intensive care including nursing and medical staff is affected by the loss of the patient. Thank you again.</td>
</tr>
</tbody>
</table>
The conversation was simple and straightforward. However, I was asked to go through the notes in some detail for a Level 2 review. I feel it would be more beneficial if the medical reviewer had access to our PACS system and could more efficiently answer the image related question.

I found the service very effective and user-friendly.

Fewer random reviews? Can the interview be made shorter? Probably not. But it just takes up so much time in our already busy lives when we are still trying to look after the living...

I was pleased to learn today that if we are having problems we can phone the review service for advice. I didn't know that. I'm not sure that I would know where to look for the phone number though. I googled Death certification review service and found Health Improvement Scotland website - no number for the review service.

Most discussions I have had with medical reviewers have mentioned "that is what the government are looking for" - is that most appropriate? The medical causes of death are the most appropriate and the certification process is now MUCH more complicated and time-consuming and causes some anxiety. There is not enough space on the form to list all the contributing causes of death in most cases - we have a very high multiple morbidity population.

Was not clear initially re reissuing certificate and how this would be done. Changes made were quite subjective and ie changing cerebrovascular disease to stroke. Generally a helpful experience - I had been a little nervous of what it would involve.

I have now done numerous level 1 reviews. All reviewers are helpful and informative, whether it is at level 1 review, or if I have phoned for advice. Dr xxxxxx is also helpful and polite, however when pointing out small points that 'could be perfect', I somehow find myself more irritated by Dr xxxxxx than other reviewers. Perhaps they manage to seem more collaborative and I don't then feel like I'm being told off? Probably just a personality clash, so please don't take it to heart. Good service.

For level 1 review always make clear to the doctor being reviewed, before starting to discuss the case, which clinical information of the patient the reviewer has in front of him: ECS, KIS, Palliative care Summary, Clinical notes (electronic), Docman documents.

During a recent level 1 review of myself (December 2015) I did not realise that the reviewer had not the clinical notes in front of him, but only the ECS, which caused unnecessary misunderstandings and led to a referral to the PF with an investigation by the police. Among other issues, the initial misunderstandings could maybe have been avoided if it had been clear to me which patient documentation the reviewer had and maybe a referral to the PF could have been avoided. The whole process lasted for 6 months and was quite stressful for me.

I am happy to give constructive feedback specifically concerning to that previous case. N/A - good educational experience with this review.
Today's review was a positive experience. If all reviews were like this I don't see any need for further improvement.

Recent teaching in forth valley helped

I have issues with reviewers (not in this particular case) asking for 'smoking' to be put down as the antecedent cause for lung cancer. It is a significant risk factor, but whether it caused cancer in that particular patient is hard to say - if the Scottish Office wishes to collect information on smoking, alcohol, obesity etc then there should be a separate box for 'risk factors' on the death certificate.

I have always strived to put the correct cause of death onto the death certificate. I don't think this process aids this in any way.

This process is an extra burden on time but will hopefully in the fullness of time lead to a better understanding of the process.

On this occasion the patient died at Noon. I phoned for advice at 1pm and received it from Dr xxxxx promptly. I was then phoned by Dr xxxxx at 3pm as it had been selected for review. If it always works as smoothly as this it doesn't need improved.

I trust all the Medical Reviewers are so helpful.

If possible ensure the doctor spoken to is the one who completes the death certificate, even if this means a day or two delay.

The link from EMIS was not easy to access. This meant that I had to phone the service and fax information across for certification. This took some time to complete and in the mean time I had to perform calls, do paperwork and also start a clinic. When IT links do not work a very simple system can become very difficult to navigate. The service were very helpful on the phone and tried to help me as much as possible.

The reviewer was very thoughtful and phoned during a lunchtime when I was more able to take the call and engage more meaningfully in conversation.

Have only been involved in Level 1 random review process. The review process is useful as it can be difficult to list causes of death especially with ageing population and increasing medical complexity. Very efficient process. No recommendations for improvement.

I have found the process to date very helpful and straightforward. Having taken on 3 nursing homes in the past 18 Months I now do a lot of certificates whereas previously I rarely did any.

Everyone who has phoned has always been professional, helpful and the education element is always shared in our MDT meetings so all partners benefit.

I feel that adequate explanations were given and advice for completing future death certification which was helpful.

Difficulty initially getting through to the service and had to call a few times. This can be a bit difficult when the ward is busy.

However, the team kindly found me another reviewer to speak to when I managed to get through and my reviewer was busy, which was much appreciated.
be more understandable that the certificate is given on behalf of consultant. Some time it takes long time to come to a conclusion.

No points for improvement. Ivan was extremely helpful and pointed out mistakes in a clear way without being patronising. It was a good learning exercise for me.

I have now done at least 12. I am finding that there is little added to them now and it may be that there should be a recommended number then go down to a reduced frequency.

The current process appears to work well, I have had no issues with the reviews I have been involved in so far.

Not in relation to this review, but sometimes the tone of reviews can feel accusatory in terms of querying what the senior doctor had agreed to include on the certificate.

There have also been instances of the checking of GMC details being important to make sure ‘you have not been naughty’ or similar potentially patronising terms. I feel this is slightly inappropriate for something of such great importance.

Otherwise, the service is often very helpful, and it has been useful educationally to discuss natural history, use of the service from a professional development perspective and how to interact with the registrar and procurator fiscal. Overall I have had a positive experience with the service.

No particular suggestions to make as review was courteous and informative.

My experience with the review service has been entirely positive. It has been hugely educational for me and I now feel much more comfortable completing MCCDs than I did before.

Dr xxxxxx was polite, helpful and took the time to answer some of my questions (for my education) at the end.

On 2 prior occasions I have contacted the service and received advice from Dr xxxxxxx prior to issuing a MCCD and these have been immensely helpful.

I fully support the review service’s goal of increasing the quality of the death certificate information.

I found it very stressful trying to call back as I was kept on hold then had to leave a message twice - I was oncall and very busy so really didn't need the hassle of calling back and holding on etc - once I got to speak to the doctor he was very nice and very efficient.

Nil to add.

I like the idea of having the death certificates I complete being reviewed. I think their completion can be far from easy at times. This particular death certificate - that I was reviewed on - was perhaps more straightforward so there was less education on this occasion I think. The education here for me was that this was a routine review - and that this is a new thing.
not sure which xxxxxxx i spoke to sorry
Depending on nos needing correction- ie if this is falling consider reducing rate of reviews?
Speedy review after electronic cert is best and is being achieved so families are not held up/inconvenienced- role out to secondary sector asap

I think the number of potential annotations used on the MCCD are not obvious. I was advised very politely to consider saying "type 2 diabetes mellitus" and then adding the words: "not controlled by insulin" It is difficult to know when to stop giving further and further detail on MCCD forms about medical conditions.

I'm not entirely sure what this process achieves. As I did not have the notes I was unable to confirm any details e.g DOB, CHI, previous treatment for the disease process. Questions were very leading in this respect and I ended up not really being able to confirm much apart from what happened at the time of death.

The ability to easily link to foundation programe as a reflective exercise

I was glad I was chosen for the review because I had questions I wanted to ask. xxxxxxx was very willing to answer my questions.

Thanks xxxxxx

I was explaining to Peter about the difficulties in certifying in a community hospital where you are neither the supervising consultant, nor the patient's regular GP. I think that in some cases like this the patient's own GP might be better placed to do the death certificate.

I think it works well as it is.

I felt the balance of the discussion appropriate and also informative regarding simple ways to improve the information provided to aid statistical gathering. I was happy with the review service. My only issue was the time constraint as I had to take time out of a very busy surgery to contact the service in order to respond within the 24 hours timeframe.

time consuming in the middle of a busy surgery.
The Dr I spoke to was very friendly and helpful.

Not sure if you can!

I said too long, perhaps that was unfair. But on a busy on-call day it can seem like time that you don't really have to have an educational/polite chat.

considerable delay waiting on phone to speak to Dr xxxxx/problems with connection. Process itself fine but change in cause of death from advanced old age to non-specific dementia with frailty of old age in part 2 seems slightly pedantic when her dementia was not of an advanced degree.

Access to service delayed. I phoned telephone number given and was put through to an answer machine after holding on for 2 minutes. I was phoned back rapidly but was exiting building at time and had to go back to consultation room and restart computer.

Whilst I respect the need to put Right rather than R on a death certificate, I would hardly call this educational!

If a doctor has recently been through a detailed review eg if it leads to referral to SFIU then could that doctor be exempt from random review for a period of time? Sorry - although the doctors are all great - very friendly and supportive it does take time. Time away from patient care. thank you
It was good and educational, ideally a quicker process but if wanting to do it properly this is probably too difficult to do quickly hence the time it took us to go through

Thanks

The review process was fine but it may be useful to have access to the 'codes' available to ensure what is written as cause of death is a 'codeable' condition

Very helpful in sorting out a death certificate related issue. Friendly and approachable manner.

The timescales impressed upon us often mean that we are being pressured into taking/returning calls for discussions at times when we have significant pressure of patient demand e.g Monday ams.

The "threat" of delaying someone's funeral is often used, when the delay is not due to the completing GP, it is due to the requirement of the review service.

Monitor how many times a doctor has been reviewed before conducting a random review

This was a complicated case that had to be passed onto the Procurator Fiscal. Dr xxxxx was excellent at guiding me on the process to do so and was patient with me as I did not know the deceased patient.

nothing specific- about review but I wonder if you might consider liaising with NES’s PBSGL group to formulate a module for GP’s to work with- for me it would help us to deal with some of the issues I’ve picked up from Peter over the last 3 contacts.

Specifically for me,

1-dealing with the uncertainty of where to place smoking in a hierarchy of causes/contributing factors
2- how to deal with uncertain timing
3- what to do if no NoK or known executor when guidance suggests to discuss with them.
I now have the answer to these but can guarantee that many of my colleagues will share the uncertainties I had prior to this morning.

Hope this is helpful and happy to discuss further

xxxxxxx@nhs.net

Publicise the advice aspect more.
I was unaware that there was an advice telephone line - was just aware of the random review aspect. I am the Clinical Director so if I don't know then most of my department would not either - I have now informed them.
Overall i was very impressed with the service - much more educationally based than I expected
If possible perhaps phone calls should be out with working hours

Found this very helpful indeed.
I was asked to email a change of cause of death and to include the patient’s name and DOB. I wasn't happy to put such identifiable information in an email (and we have received guidance to that effect). Eventually we agreed that CHI + initials would suffice but I think you should look at changing the policy - if I was less assertive / more junior I would have felt I had to put this information in the email which would be inappropriate.

Fine. Have now had three routine reviews as I look after a large nursing home. not sure I am getting much new education now. Maybe reduce the frequency of reviews?

I'd heard that 1 in 10 certificates get a level one review but it certainly seems rather more frequent than that.

On one occasion (not this one) I had to call the interviewer back once I had accessed the notes. It was very difficult to contact the interviewer by phone.

...however I found some of the changes that I had to make were very academic and were based upon radiological suspicion of cancer primary following widespread metastatic disease. I do understand though that this is probably important for public health/auditing purposes.

Remotely access patient records and just check what we have done seems correct.

Some of the "examiners" are very long winded and spend ages going through a level1 review and this can be time consuming and a hassle. Todays doctor was by comparison short and sweet and to the point so it was completed in a very timely way with some good educational discussion.

Seems ok to me. Managed to fit in to a 14 hr GP Monday without too much pain.

Nil - very friendly and competent service. Would only advertise service more to GPs as an advisory service with tel / email contact, providing you can cope with demand!

They often ring in the morning, which is a really difficult time to get in touch with the reviewer as there isn't a great deal of time to call with ward rounds.

Nosuggestions as yet.

already running very smoothly.

Our job is extremely busy and stressful. The change in the certification process which requires the necessity of these review interviews add pressure to an already busy and long working day. These calls are unpredictable which does not help.

No improvements required

continue with educational, non-blame focus

DR xxxxxxxx was very courteous and made me feel at ease throughout the discussion.

Very helpful and overall I found it educational and supportive.

Reduce number of random ones unless results indicate a significant amount of issues
I was informed that the certificate was randomly selected, so I'm not sure how this could be improved?! I was contacted very quickly after I submitted the electronic death certificate and spoke to the reviewer there and then, as that was convenient to me, and the whole process seemed very swift and efficient.

It would be useful to have clarity on the purpose of these reviews. Even though the conversation was not long it did take a minute or two to get connected and maybe a total of about 10mins. Not a lot - but when you have 150 patients to speak to in a day it is important that the benefits of the system are made clear to those on the frontline. The other unforeseen impact of the new system is that it took me about 45 minutes to read through the patients' notes to find out if the specific subtype of dementia had been recorded previously - it had not and so I could only record it as 'senile dementia'. The reason for spending so long doing this is because during other reviews this sort of information has been requested as has including lifestyle factors as secondary causes. Any evaluation of this new systems need to consider the benefits of having this level of detail versus the effect of nearly an hour of GP time completing the document and speaking to the reviewer.

I can't flaw it, great service. Very helpful.

I work in a hospice and we were initially concerned that the review process might cause considerable upset for families of deceased patients. Our experience has actually been very favourable - the review process has been quick and streamlined and families have rarely been inconvenienced. Our only remaining concern is the pressure to include smoking history on the certificates. We rarely take a smoking history as it is rarely relevant to our care and believe there may be better ways for the government to try to capture such demographic information.

This review was conducted because the supervising consultant could not be contactable. I was contacted as an alternative having been the deceased patient's continuity consultant. The quality of death certification in this case was very poor and merited review. While completing death certificates is of educational value, it has to be properly supervised. Should a counter-signature of a senior clinician be sought where a trainee has completed the death certificate, much in the same way that a Cremation Form is completed?

I have no criticism of the process.
The only other comment that I would make is that there could be scope to utilise E-mail to good effect in the review process.

Consider excluding doctors for a period after a review? I have had 3 out of 5 MCCDs selected for level 1 review since the process started, and I suspect this means there will be other docs who have done several certificates and not had any reviewed. This would broaden the reach of the educational content.

Overall I think this is very well run and informative service, I have no suggestions at this time.

This was my first review and I found it to be very straightforward . I was unsure what a review entailed and it was easier than I expected . It was educational and constructive advice was given by Dr xxxxx. We were able to chat in a relaxed manner about the case which is important. Often we have back round information such as CT scan reports which help us with probable diagnosis when a tissue diagnosis is unavailable.

I cannot think of any changes to suggest as my review was very helpful.
Nil to suggest.

I have felt the process to be very supportive and educational over the last 18 months.
I am happy with the Process.

No reflection on my experience this time, but I would suggest to review a smaller percentage of cases to lessen the burden on grieving families awaiting an altered certificate. Changing minor details on a death certificate may sometimes undermine the issuing doctor/family relations ship and change the families regard of their relatives healthcare, in which they may feel that a "mistake" was made by the issuing doctor who is often also the staff member caring for their relative at the end of their life.

I work in a hospice and have lots of certificates reviewed. I always find the process quick and efficient. I do not find it obstructive for myself or patient’s families. Whenever I have needed to make ammendments it has been quick and easy to do. Additionally I have found the service very helpful when giving advice, and have contacted them prior to issuing certificates on more than one occasion - this has always been a very worth while conversation and wouldn't hesitate to do it again in the future.

Phones were too busy when I rang back so I had to be called again.

I have experienced a few certificates’ reviews so far and I found them very helpful, educational and there was no stress involved.

Good to get feedback on how we could complete the forms better in terms of cause of death. Good if can be kept as streamlined as possible as especially when on call etc there are many pressures on time.

Excellent conversation. Really useful for my future learning

Better education during medical school so less mistakes occur.
Conduct review once the process is actually completed as opposed to before.

Ensuring phones are answered as promptly as possible. I was kept on hold for at least 20 minutes which is feels like a long time out of your day when you are busy on the wards! Once I was through to the reviewed all went smoothly though and was a quick sensible and educational conversation.

I think if there are terms like "acute kidney injury" which you would rather us not use then these should be widely publicised.

It was a great experince to talk to Dr xxxxx as he showed a right attitude to eke out information, understood how we reached the diagnosis and that attitude is highly pro-active and beneficial.

Satisfied with same!
I think the questions in this survey are a bit inappropriate, for instance she didn't explain the process, she established I'd done it before so already knew, which is much better.

Phoning back was a complete pain, the first time I had to listen to someone saying "your call is important to us" over and over again which is deeply irritating as it seems so insincere, before asking me to leave a message, which also isn't helpful as I've still got to ring back. The second time was a bit quicker. So all in all quite a bit of time consumed, I'd checked several discharges and started correcting my letters while waiting.

Accurate death certificates are a good thing of course.

The e form does not cater for" sudden "deaths which seems a strange omission

I was asked to call back and did so in between patients and was on hold for 10 minutes then it went to answerphone, the next time I called back I was on hold for another 6 minutes. I we try and call the service as promptly as possible so that there is no delay for the family, It would be helpful if the service answered the calls.

No additional comments really. From a Consultant perspective I was happy that I understood the process and why it's needed.

In the case reviewed, we did not make any changes to the death certificate and the cause of death was clear. I'm not sure the review made any difference here. However, I'm aware there are cases which are more complex and less clear-cut and it would be interesting to see how this would change the information on the form. No changes recommended in my experience.

Nothing. It was succinct, educational and helpful. Thank you!

During the process the date of diagnosis of the cause of death was clarified but in fact on the death cert it requests the date of onset. It would be helpful to know exactly what is required as diagnosis can take some time between onset of symptoms and definitive diagnosis.

Answer the phone more quickly. I had to ring in 3 times and wait for minutes before being told to try later. When the call was answered I was put through straight away.

It is important to give accurate death certificate information, but I don't consider the review process is a good one.

To properly achieve what you aspire to do we would need protected time and to get everyone involved in the patients final illness care in a room at the same time with the examiners and with access to primary and secondary care records. What we do falls so far short of that I feel is fairly pointless. Sorry.

Nothing specific

I feel that this service is very well run. Certainly today was a positive experience.

don't know

I find the process useful and supportive. I have heard some negative things about the process from other GPs but this has not been my experience. I think this is my 2nd or 3rd review and there has always been some constructive feedback which is helpful for the future but I have never had the feeling of being judged or criticised.
I found Dr xxxxxxx very helpful in explaining the death certification review service and how I can better improve upon my clinical practice in regards to completing death certificates. I have received a number of calls from him before to discuss reviews and I have found them all a pleasure to engage with and have all been most educational. No recommendations for change.

I found xxxxxxx exceptionally pleasant and helpful while he talked through the death certificate with me. This was my first time being audited and I was very nervous but he quickly put me at ease. He was never condescending yet taught me a lot about the process. He gave me tips for writing future certificates which was really helpful as I find writing them very daunting.

I can’t think of anything to improve the service you provide, I just wanted to thank Dr xxxxxxx and wish him a happy new year in Fife when it comes!

Useful process, as we do these seldom the level of educational detail given and the accuracy this entails makes me realise that unless I were to phone each time before I filled in the certificate it is likely that there will always be minor differences between my perception and that of the reviewer. Suspect this is the case for most people.

Have a spell checker on the eMCCD to avoid spelling errors.

I think it is perfectly alright.

1. Getting a review on the morning after a 2-day bank holiday is unfortunate.
2. I have to say I still think that the whole process is overblown if purpose is just to review the accuracy of death certificates.
3. I understand the additional workload from these reviews is not much but bear in mind we have also had work from Police Scotland put our way re deaths in the community in the past year.

So, despite all the pressures we face, we have more avoidable hoops to jump through which is unfortunate.

The review itself, in fairness, was very well handled so thank-you for that. What I would expect from a fellow QUB graduate;) Happy New Year and best wishes to you all for 2017.

No issues

However, guidance could be provided re: correct completion of death certificates specifically cause of death 1A, 1B etc.

The review process was extremely useful and has improved my understanding of the MCCD.

I think it would be better if you allow us a period of time to answer your phone call like 24h for example as requiring to answer ASAP is not very pleasant and not always possible and can potentially add extra stress to our day.

I felt a bit like being lectured to and advised how I might better having filled in some information despite being told how well I had completed the certificate in the first place.
I work in a practice with a large nursing home population and therefore write a lot of death certificates and have been reviewed into double figures. The last 2 reviews I have had this week there has been an obligation to change the certificate. I feel there is a pressure to do this for statistical reasons and I also feel that education on death certificate content should be a generalised approach to the GP population, not done at the time of certification when workload is pressured. For example a chest infection needs to say community acquired pneumonia not bronchopneumonia, I am happy to comply but feel this information should be cascaded if change is expected. I have spoken to many of the reviewers on the phone and they are polite and helpful and a population of experienced GPs who do there job well. I do find the process tedious and invasive and I do feel that there is a better way of doing this.

I would like the phone number of reviewing services easily available prior to doing certificate to discuss the case. It will be nice to have this number added to the Sci Gateway screen, as I keep losing it.

Many thanks

Dr xxxxx

I'm happy with the reviews that I have been part of.

Reviewing different cases

ask dr to open up nhs mail earlier in the process when possible

Don't call at 5pm, as I was starting a busy on-call Lates shift and time was very short.

More flexibility regarding contacting the review service and the timeframe in which to do this - I was contacted during a busy on call shift where I was also covering for an absent member of staff, but was told it was essential to complete the process the same day. It was difficult to juggle admitting acutely unwell patients as well as obtaining notes for the deceased patient and repeatedly phoning/being placed on hold to speak to the reviewer.

I think it’s a good thing.

It is challenging though to have all the clinical notes at hand when you phone - we are often in a different ward area, or in clinic, or notes have been removed for scanning etc. Especially for juniors it's very hard to get notes back. It might be helpful for reviewers to ask when they phone is the doctor has case notes with them, and if not arrange for a time to phone them back when case notes are there, otherwise I think the doctor feels under pressure to recall things from memory.

I know a lot of junior colleagues still feel they have 'done something' wrong when their certificate is selected for review, and we need to work hard with them to emphasise the positives.

Is there an on line module about death certification, and review process for example?

need better IT system for doing the certificates, lack of support from help desk when cannot get system to work or print,
The review service was very useful. The box on the death certificate which says "can you provide additional information" is ambiguous. I was not sure what it means, perhaps it could be clarified to say "are there any investigations pending"? Regards.

Good review. no improvements I could detect on todays review. thanks

Happy with how review was conducted, no suggestions.

I found it validating to my decision-making process rather than being in any way controversial. It could be improving by arranging a date/time for conversation, ensuring case notes are available and anything more needed - in my case I was fortunate to be in a ward office and could find a new death certificate book promptly.

I felt sorry for the deceased's family, who had to drop everything to come to the hospital to collect a new death certificate and transport it to the local Registrar. However, despite the changes being (as we would consider them) "minor", this was a difficult family who wished to have another discussion with me as to what minor changes had been made. Their comment was "we didn't think we would be seeing the inside of this room again". Is there any way in which this could have been improved or avoided, by facilitating use of the electronic version of the certificate, or highlighting the differences to them without them needing me to give further explanations in person? Often the undertaker will collect paperwork from the hospital, but the local Registrar expected this to be a job for the family. I'd appreciate any feedback on this point - many thanks.

Maybe I haven't spent time familiarising myself enough, and this may already exist but a FAQ section via SCI would be useful. The education I get is sl different each time and I feel that with few and far between certificates its difficult to remember all the time

No suggestions. Very happy with service

Excellent service and quick response when I called with a query as well.

No issues - reviewer was amicable and helped enhance my own knowledge of the subject.

Clearer guidance on what to include, what not to include, when certain terms can be used, e.g. old age - criteria. I find the review chats with the DCS very helpful but I think I'd make fewer 'wrong' decisions if there was easier access to such rules and advice on SCI GW when producing the certificate.

Not in this particular case. There was inconsistency in the advice given by Medical Reviewers to myself and colleagues initially but this seems to have settled down. It was a shame that a programme of education around MCCD completion and the purpose of the medical review process did not happen prior to the introduction of this service (I know there were presentations about how it would work, number of records pulled etc but very little about the intended outcomes or any education to improve accuracy of completion). It seems to be a way of educating the person completing the MCCD after the event which is the wrong way around.

By ensuring that the work of the service is explained at a clinical level rather than just board / medical director level.
Please do not chew chewing gum while on the telephone. This is unprofessional.

A polite tone and manner would also be much more appreciated.

Often it’s the consultant who states what they would like put on the death certificate. Maybe the review would be better suited to be carried out on them. perhaps more teaching from the team to junior medical staff early in their careers to aid understanding of the process and pitfalls.

Thanks

I think this system is very helpful, and reduces anxiety about “getting it right” on the death certificate—this is the third review I have had [must be above average as pretty sure I have not signed 30 death certificates since the scheme started!]. Always helpful.

I am somewhat taken aback that we have recently been sent an email [not from your service] suggesting that we co-operate with the police and the PF in signing death certificates where a patient has been found dead, there are not thought to be suspicious circumstances adn even if we dont know cause of death and have not seen the patient recently. It would seem a) to contradict the efforts of the review process and b) to make it more likely that neglect or unlawful killing go undetected. I have mentioned this as I am uncomfortable with this advice and was not sure if you were aware of it.

Apologies this reply is very late, I had meant to do it at the time and was too busy then forgot.

It would be great if there could be a teaching session/online study material—giving various scenarios and appropriate ways to fill in the death certificate.

I am impressed with the way this is happening, (this was my third review), I have learnt from each review; the encounter is courteous but professional, and contrary to my original expectation has not made me feel defensive.

Clearly the one issue is the time needed in the middle of a busy day but I do not think that there is much that can be done about that!

I am not sure that we need 20% of cases reviewed, why not just pick out the poorly done ones and follow them up? GPs work to a very tight schedule—most of our working day is face to face at 10 minute intervals.

A call from your service can really disrupt the necessary patient flow.

Working in a palliative care setting I have had several contacts with the DCRS and have always had a good experience. I find it helpful to share my experiences with my colleagues as there is often good feedback about how detailed to make the certificates. I find the current guidelines a bit vague and the feedback from DCRS has definitely been helpful. I have also contacted DCRS prior to completing an MCCD when I was unsure whether what I wished to put was acceptable and I would suggest this is advertised as an option as it helped me to provide the most accurate diagnoses on the MCCD.
Completing the death certificate electronically is already time consuming and is unscheduled work by its very nature. To then have a review to follow adds to that and before you know it you're 30 minutes behind schedule in an already exceptionally time pressured job.

From other reviews that I have done, there is always something that I learn, eg
1) putting ex smoker as a cause of death in a death from lung cancer
2) putting hospital (or community) acquired pneumonia rather than bronchopneumonia as a cause of death

I'd find it handy to have a monthly or quarterly update on how best to improve the accuracy of certificates as I wouldn't have had this info unless I had done the review.

Excellent, right balance of time

Really friendly and helpful and gave the opportunity to ask questions at the end which was appreciated. Gave good feedback and talked me through the process.

I find the whole experience quite intimidating and would question the relevance of some of the clarifications I am being asked for. I think the basic problem is that you are trying to provide some education at a time when I am absolutely not receptive for it. On days I do death certificates, I am running late. That's part of dealing with a death, going out to see the body, talk to the family and then issue the certificate. That's an hour of unplanned work at the very least. Another 10 minute talk about how a condition might have contributed to the death and how this could be put better, is simply adding to my stress on the day. I am not sure how this could be rectified. Your work is important. It could be less challenging, I suppose.

Great service - nothing to change

Ensure review takes place as soon as possible to ensure details are fresh and if possible try and 'book a time' as these are often spring upon individuals mid day during busy ward work.

It was a little frustrating having quite a lengthy conversation about what seemed to be a straightforward case. Interesting, nonetheless, to have it reiterated as to the level of detail required on the certificate.

Impressed that spoke to me so quickly after I wrote the certificate as made it much easier and quicker and will not cause any delays for the family.

It was my first death certificate review and it was a much more pleasant process than I imagined. The educational aspect was useful as it will help me complete death certificates in the future.

I have had 6 or 7 reviews already. Hardly 1:15. Take those doctors who have had more x reviews over y time period, off the randomisation list for z period of time. Happy for yourselves to decide numbers for x,y and z.
I think the certification review process is too often and quite regularly drags junior doctors away from performing essential duties on the ward. I do understand the importance of reviewing death certificates, but I think the whole process cumulatively takes up a lot of junior doctor time. Limiting the number of reviews done per ward would be more helpful.

Reviewer was really kind and put me at ease; I feel our conversation was very educational.

The process was well judged; I had made errors in my certificate but I was informed of these errors in a constructive manner that allowed me to reflect on my death certification completion.

Maybe written guidelines. Brief ones. Some things like not to write CVA instead of stroke or write end stage Alzheimer's ...days and Alzheimer's 3 years. Or what to write for presumed malignancies where investigation has not been done for various reasons

Make the 24 hour advice line more available as I was not aware of this service, and there have been many occasions where cases have been complex and advice from experts would have been useful.

Thanks

I have spoken to Dr xxxx on two occasions now and have found her to be really helpful and informative

My conversation with Drxxxxx this afternoon was very helpful. I felt it was non-threatening and supportive. The whole process was succinct and of benefit to me educationally. I have no specific suggestions for improvement of the service.

It is obviously important for certificates to be as accurate as possible - but the time required to trawl through historical patient records is often just not available.

Have less reviews. When you cover a large nursing home death certification is common place and reviews take time and cause surgeries to run over. It would be preferable to arrange an agreed time for review.

I was informed by my reception staff that the patient's relatives could not process the death registration until I had made contact with the review service. I would like to know that this is the case as I had to interrupt a surgery to phone back in order not to cause any distress to the relatives. This added to the pressure of the morning's work with running late.

Try and limit reviews on a Monday morning! - I am unsure of how other practices operate but if there has been a death of a patient over the weekend and the duty Dr in the practice is involved then that in itself can be time consuming - liaising with family (and possibly police) as well as Undertakers. Aside from that possibility, is the general level of work in GP on a Monday morning in any case.

It was my first review and the reviewer explained the process well. It also did not take too much time out of my day

If the aim of review process is accurate data on cause of death the e form should have drop down boxes with ICD 10 codes. That way there will be no variation in what people write ie. I wrote type 2 diabetes but was told it should be type 2 diabetes mellitus. This is trivial. but if a drop down box existed that forced people to pick type 2 diabetes mellitus it would eliminate any variability.

Some tutorials, even online modules about death certification for junior doctors - focused on what you write in each section and what is important.

Very impressed with xxxxxxx manner, making a potentially unpleasant experience one that was educational and beneficial.
I think it was done in an appropriate way (this was my first review however).
probably target the drs most at need and less frequent if we're doing a good job
Nil to add. Works well
I feel more informed now regarding the timescales we need to enter for the illnesses causing death. thank you
More detailed feedback to individual health boards/hospitals about reasons for MCCDs not being in order would be helpful to support improvement. At present, detailed feedback is only given to individual doctors which limits the ability to share learning and promote best practice.
no ideas
It seems to work quite well.

If you only review 1in 7 where cremation is involved then the chances of a Shipman have actually increased. Some reviewers have been too pedantic and one changed the cause of death to something which was simply wrong.
By their nature certificates are unplanned so done in the morning or between appointments so a review within a few minutes of sending it can be disruptive. The PF review by a SCI referral is very poor - doing a referral, waiting for a call back while a body is lying on the kitchen floor and the relatives anxious. The PF has always been happy for me to write a certificate and never asked for a PM in 30 years.
My view is that if we want to improve diagnostic accuracy and somehow influence health priorities then the best way is to collate diagnoses from living people. It does not greatly matter if it is CVA or IHD as it is all vascular.
worked very well, no delay in answering call or being put to the right person and the process was not overly time consuming. Thank you
No suggestions - my telephone conversation with Dr xxxxxx was very helpful.

Maybe more vigorously encourage clinicians to contact yourselves prior to issuing a death certificate where there is some uncertainty on the clinician's part.

I think the new process is a good one. I had the pleasure to be choosing for level 2 on at least 3 occasions. Everybody was very friendly and I think overall the long term statistically benefits will be benefit from it. Also I actual enjoy going over the death certificate once more with a neutral colleague. It's either a good learning opportunity or just reassure for doing it the right way. I have so far no negative feedback but also no recommendations since it works well.
One piece of advice was to be more accurate with dates regarding pre-existing conditions, while another piece of advice was to 'estimate' date of onset of contributing factors e.g. before formal imaging diagnosis. A somewhat conflicting viewpoint.