**Hull & ERY Place - SYSTMONE MEDICAL EXAMINER FLOWCHART – GP SURGERY**

GP learns of patient death.

Did GP attend patient in last 28 days? If not, did they see in the last illness and after death?

NO

Refer to HMC.

YES

Is the cause of death known and natural?

NO

YES

GP completes Ardens template in death documentation on S1 and completes MCCD to send to ME.

GP surgery to speak with family if usual practice.

YES

The Ardens template is an example. If the surgery / organisation does not have access to the template, please use the ME referral form illustrated below.

GP refers death via eRef / email to HUTH MEs attaching a completed Ardens template (or below template example), completed MCCD, Zip file with last 3 months of consultations, significant problems, and medication.

[hyp-tr.medicalexaminers@nhs.net](mailto:hyp-tr.medicalexaminers@nhs.net)

Scrutiny undertaken. Is cause of death agreed by the ME?

NO

ME contacts surgery and agrees change to cause of death or suggests referral to HMC. GP resends amended MCCD.

YES

MEO contacts family to discuss any concerns and inform of cause of death.

**ME - Medical Examiner**

**MEO - Medical Examiner Officer**

**HMC - His Majesty’s Coroner**

**ME Office contact details**

[Hyp-tr.medicalexaminers@nhs.net](mailto:Hyp-tr.medicalexaminers@nhs.net)

01482 482157 / 482158 – HRI office

01482 482156 – CHH Office

MCCD forwarded to the registrar office by ME, Cc in GP practice.

|  |
| --- |
| Reference number: |
| *(To be completed by medical examiner’s office.)* |

**Medical Examiner Referral Form**

This form is to be completed for the Medical Examiner Service as soon as possible following a death.

|  |  |  |  |
| --- | --- | --- | --- |
| **Key information about the deceased person** | | | |
| Name |  | Gender |  |
| NHS Number |  |  |  |
| Date of Birth  Age | |  | | --- | |  | | GP Practice |  |
| Address |  | GP Address  GP Practice email |  |
| Practice admin contact name |  | Practice bypass telephone no. |  |

|  |
| --- |
| **Occupation if known or last occupation if retired or not in work at the date of death** |
|  |

|  |  |
| --- | --- |
| **Details of death** | |
| Date & time of death |  |
| Death expected |  |
| Place of death |  |
| Persons present |  |

|  |  |
| --- | --- |
| **Proposed cause of death** | |
| **1a** |  |
| **1b** |  |
| **1c** |  |
| **2** |  |

|  |
| --- |
| **Reasons for concluding cause of death** |
|  |
| *(From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased’s death, please describe the symptoms and other conditions which led to your conclusions about the cause of death)* |

|  |
| --- |
| **Any problems identified with care given? Any suggested learning?** |
|  |
| **Has there been any discussion with a coroner’s office about the death of the deceased?** |
| **Yes  No**  *If yes, please state the coroner’s office that was contacted and the outcome of the discussions:* |

|  |  |
| --- | --- |
| **Relevant contact details (including phone numbers)** | |
| **Attending Doctor(s) able to write a MCCD**  *(Must be qualified to certify)* | Dr …………  **Last seen alive by certifying doctor:**  Date……….  **GMC no. of certifying doctor:** |
| **Usual GP**  *(or alternative GP at practice)* |  |
| **Next of kin**  *(preferred contact expecting call from Medical examiner and relationship to deceased)* | **Aware of death?**  **Yes  No**  **Name**  **Contact details of NoK** |
| **Person responsible for nursing or care before death** | (If applicable) |
| **Person who verified fact of death**  **(Full name and occupation)** |  |
| **Hospital consultant responsible for care**  *(if patient died within a community inpatient unit)* |  |

|  |
| --- |
| **Medical problems** |
|  |

|  |
| --- |
| **Social History** *(If relevant, including information about NoK expecting call from Medical Examiner)* |
|  |