



National Review of Asthma Deaths (NRAD) Form 1 – Asthma death notification summary

V10 300312

ABOUT THE NRAD

The NRAD team at the Royal College of Physicians (RCP) will collect data on all people who have died from asthma in the UK between 1 February 2012 and 31 January 2013.

The aim of the NRAD is to understand why people of all ages die from asthma so that recommendations can be made to prevent deaths from asthma in the future.

Please note – the NRAD project has approval from the National Information Governance Board (NIGB) under Section 251 of the NHS Act (2006) to collect patient-identifiable information without consent (ref ECC 8-02(FT2)2011).

HOW TO COMPLETE AND RETURN THIS FORM

- Please read the 'Frequently Asked Questions' section on the back of this form before completing.
Please complete the form using the information available in the patient's notes or hospital/GP practice computer system.
Some questions may have already been populated for you from information obtained elsewhere. Please complete all unanswered questions.
Please keep a copy of this form for your records and return this form to the NRAD team:

By email: rachael.davey@nhs.net OR
By mail: NRAD, House 1, Royal College of Physicians, 11 St Andrews Place, London NW1 4LE

Please mark this CONFIDENTIAL

If you have any queries about completing or returning this form, please contact the NRAD team via nrad@rcplondon.ac.uk or telephone 020 3075 1500 or 020 3075 1522

DETAILS OF PERSON COMPLETING THIS FORM

Name: Specialty:
Job title/role: Telephone:
Hospital/practice: Email:
Involvement with patient:

i. SUMMARY OF CASE – Please provide a brief summary of this case, in particular the events leading up to death. Please add any comments or information that you feel are relevant. Please write clearly on page 3 or type on a separate sheet.

ii. TYPE OF CASE

Please tick type of case (select one option only)

- Patient had treated or untreated asthma
The fatal attack was the first attack of asthma

PLEASE REFER TO Q4.1 ON PAGE 3 FOR DEATH CERTIFICATE INFORMATION WE HAVE OBTAINED FROM THE OFFICE FOR NATIONAL STATISTICS

AND Any of the following (tick all that apply)

- Death certified as being due to asthma (ICD-10 J45-J46) in Part I of the Medical Certificate of Cause of Death (MCCD)
Post-mortem diagnosis of asthma as cause of death
Clinician diagnosis of asthma as the probable cause of death
Death classified as being due to anaphylaxis (ICD-10 T78.2)
ONS/NRS classification of asthma as underlying cause of death
ONS/NRS classification of anaphylaxis as underlying cause of death

iii. Please comment on the likelihood of asthma as the cause of death (Please also consider whether, in your opinion, the management of asthma contributed to the cause of death; for example, where steroid treatment may have resulted in adrenal suppression)

Highly likely Moderately/quite likely Difficult to define Highly unlikely -> Please explain in Section 5 and see FAQ 3 on the back of the form
I am not sufficiently qualified to answer this question -> Please provide us with the name and contact details of the clinician involved in this patient's case so that we can obtain further information from them:
Name: Job title/role: Email: Telephone:

SECTION 1: PATIENT DETAILS

(Affix patient label if preferred)

1.1 Surname/family name: _____

1.2 First name: _____

1.3 Hospital number: _____

1.4 NHS number/healthcare number/CHI number: _____/_____/_____

1.5 Date of birth: _____/_____/_____ (DD/MM/YYYY) Not known
If no full date of birth is known, enter month and year

1.6 Sex: Male Female Not known

1.7 Address of patient's normal residence: _____ Not known

1.8 Postcode of patient's normal residence: _____/_____ Not known

1.9 Ethnic group: Not known

| | | | | |
|---|---|---|---|---|
| White: | Mixed: | Asian or Asian British: | Black or black British: | Other ethnic groups: |
| <input type="checkbox"/> English | <input type="checkbox"/> White and black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Other British | <input type="checkbox"/> White and black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African | <input type="checkbox"/> Gypsy/Romany/Irish traveller |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other black background | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Chinese | | |
| | | <input type="checkbox"/> Any other Asian background | | |

If other, please specify _____

1.10 Education/employment status of patient prior to death

| | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Employed → <i>Go to 1.10.1</i> | <input type="checkbox"/> Not known |
| <input type="checkbox"/> School/college | <input type="checkbox"/> Retired → <i>Go to 1.10.1</i> | |
| <input type="checkbox"/> University | <input type="checkbox"/> Unemployed → <i>Go to 1.10.1</i> | |
| <input type="checkbox"/> Not in education | <input type="checkbox"/> Other, please specify _____ | |

1.10.1 Occupation (please describe what the patient did in their most recent job) _____ Not known

SECTION 2: PATIENT GP DETAILS Not known → *Skip to section 4*

2.1 GP name: _____

2.2 GP practice: _____

2.3 GP practice address: _____

2.4 GP practice postcode: _____/_____ Not known

2.5 GP email: _____ Not known

3.6 GP telephone: _____ Not known

SECTION 3: HEALTH VISITOR/SCHOOL or COMMUNITY or PRACTICE NURSE Not applicable → *Skip to section 5*

3.1 Name: _____

3.2 Organisation: _____

3.3 Address: _____

3.4 Postcode: _____/_____ Not known

3.5 Email: _____ Not known

3.6 Telephone: _____ Not known

SECTION 4: DETAILS OF DEATH *(if a diagnosis of brainstem death is made, then the date and time of this diagnosis equal the date and time of death)*

4.1 Date of death: / / (DD/MM/YYYY) Not recorded

4.2 Time of death: : (24 h clock) Not recorded

4.3 Location where patient died:

Home/private address School

Nursing/residential home Hospital

Other, specify _____ Not known

4.4 Name/address of location where death was **confirmed**: _____

4.5 Medical Certificate of Cause of Death (MCCD) issued: Yes → Go to 4.5.1 No → Go to 4.6 Not known → Go to 4.6

4.5.1 Name of certifying doctor: _____ Not known

4.5.2 Qualification of certifying doctor: _____ Not known

4.5.3 Cause of death as stated on Medical Certificate of Cause of Death (MCCD):

1a. _____ 2. _____

1b. _____

1c. _____

4.6 ONS underlying cause of death ICD-10 code: *(See FAQ 2)* J450

4.7 Death reported to coroner/*procurator fiscal: *(*Scotland)* Yes → Go to 4.7.1 No → Go to 4.8 Not known → Go to 4.8

4.7.1 Name of coroner/procurator fiscal: _____ Not known

4.7.2 Address of coroner/procurator fiscal: _____ Not known

4.7.3 Date death reported to coroner/procurator fiscal: / / (DD/MM/YYYY) Not recorded

4.8 Post-mortem examination carried out: Yes → Go to 4.8.1 No → Go to 4.9 Not known → Go to 4.9

4.8.1 Date of post-mortem: / / (DD/MM/YYYY) Not recorded

4.8.2 Post-mortem cause of death: _____

4.9 Inquest held: Yes → Go to 4.9.1 No Not known

4.9.1 Date of inquest: / / (DD/MM/YYYY) Not recorded

SECTION 5: SUMMARY OF CASE & ADDITIONAL INFORMATION

Please provide a brief summary of this case, in particular the events leading up to death. Please add any comments or information you feel relevant. In particular please inform us if there is a possibility that asthma treatment may have contributed to the death of this patient (for example, steroid induced infection, or steroid induced adrenal suppression, or as a result of other adverse effects of steroid treatment such as osteoporosis).

Please also include any forms or reports generated as a result of this death.

Thank you for completing this form.

Please photocopy this form and keep a copy for your records before returning other forms (if applicable) by email to: rachael.davey@nhs.net or by mail (marked **CONFIDENTIAL**) to:

NRAD, House 1, Royal College of Physicians, 11 St Andrews Place, London NW1 4LE

FREQUENTLY ASKED QUESTIONS

1. What are the case-inclusion criteria?

The NRAD is being notified by clinicians and by the Office for National Statistics (ONS) and the National Records of Scotland (NRS) as per the inclusion criteria below. Every death from asthma in the UK meeting the inclusion criteria below during the 1-year study period (1 February 2012 to 31 January 2013) will be included:

- Death certified as being due to asthma (ICD-10 J45–J46) in **Part I** of the Medical Certificate of Cause of Death (MCCD)
- Post-mortem diagnosis of asthma as cause of death
- Clinical diagnosis of asthma as the probable cause of death
- Death certified as being due to anaphylaxis (ICD-10 T78.2)

Additional inclusion criteria (data obtained from the ONS or NRS):

- ONS classification of asthma as underlying cause of death (ICD-10 J45–J46) OR
- ONS classification of anaphylaxis as underlying cause of death

2. Why have I been asked to complete information on this patient when asthma only appeared in Part II of the death certificate?

ONS/NRS use information from both Parts I and II of the death certificate to assign the underlying cause of death code (ICD-10U) (see examples below), as per the WHO mortality coding rules set out in volume 2 of the ICD-10 instruction manual. A pdf version of the 2010 manual is available at http://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf.

As the underlying cause of death has been coded as asthma (J459), this patient has met one of the inclusion criteria for the project and therefore further information is required.

Example 1:

Information provided on death certificate:

Ia Severe bronchopneumonia
II Severe aortic stenosis, CCF (congestive cardiac failure), renal failure, asthma

ICD-10 coding from the ONS:

| ICD-10U | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 |
|---------|--------|--------|--------|--------|--------|
| J459 | J180 | I350 | I500 | N19 | J459 |

Example 2:

Information provided on death certificate:

Ia Old age
II Asthma, vascular dementia

ICD-10 coding from the ONS:

| ICD-10U | ICD-10 | ICD-10 | ICD-10 |
|---------|--------|--------|--------|
| J459 | R54 | J459 | F019 |

3. I really don't think asthma was the cause of death – do I still need to complete the forms?

Yes please – as one of the purposes of the project is to assess the reliability of diagnosis of asthma as cause of death, we'd like to be able to have as much information as possible for our confidential enquiry panel assessors to decide why the underlying cause of death code of asthma was assigned to this patient. Please therefore do the following:

- Indicate the likelihood of asthma being, or contributing to, the cause of death in the relevant sections of Form 1 and complete as much detail as you have on the forms we sent you, as is possible.
- Please *send copies of consultation records/correspondence/and all prescriptions* for the last year, and detail any medication that the patient was on at the time of death as per the enclosed '*checklist of documentation required*'. In particular, we are interested in whether the asthma treatment was modified as part of the treatment for other morbidities, such as pneumonia.

4. What if the patient did not have a ‘fatal attack’?

We have assumed that, if asthma has been determined as a possible underlying cause of death, then asthma was implicated in the death. Please detail the most recent asthma attack that the patient had before death. This may have been recorded as an exacerbation or an ‘episode of uncontrolled asthma’. For the purposes of this work, we are assuming that asthma attacks in the 4 weeks before death may be relevant to our enquiry. So please detail as much as you can on the forms and provide more in the free-text section at the end of the forms.

5. What if I don’t think the patient had asthma in the first place?

If asthma has been considered as a possible cause of death on the certificate, we assume that someone considered that the patient had asthma. We also assume that the person had been treated with asthma medication. So we will need details of *copies of consultation records/correspondence/and all prescriptions* for the 12 months leading up to the death, and as much detail on the forms as possible.

Many patients who are treated with asthma medication do not have a formal diagnosis entered in their records and this is clearly relevant to our work, so please do complete the forms in as much detail as you are able.

6. What if I am unable to complete certain sections of the form owing to lack of information?

Please complete as many sections as you can with the information that you have available to you. Please also return as much of the other information required as per the enclosed checklist of documentation required.

7. Do I need to anonymise the notes?

No, you do not need to anonymise the notes prior to returning them to us – the NRAD team will be anonymising all case notes returned. It is essential that, during the preparation of case notes, all staff identifiers are removed BUT the designation is retained or, where missing, added. Therefore please ensure that all staff identified in the notes are entered on this list with their designation at time of care given, where possible.

8. I am a clinician in a hospital - do I also have to contact the GP for any details I’m not sure of?

No, you do not need to contact the GP. We have made contact with the patient’s GP requesting the relevant information. In the event that we are unable to obtain details of who was the patient’s GP, we may contact you to ask for the contact details.

9. I am from a care home – what do I need to do with this information?

Please pass the enclosed information to the doctor(s) or (the relevant clinical staff member) who cared for this patient to complete the relevant data collection forms.

10. Is completion of these forms mandatory?

It is not mandatory; however:

- the NRAD is a National Audit and a National Confidential Enquiry.
- the NRAD is now part of the Quality Accounts (2012/2013) and therefore we encourage trusts to participate as part of this.
- participation in national audit and confidential enquiries is also detailed as one of the requirements by the General Medical Council in its document ‘Good Medical Practice’ (Para 14, items g and c) for maintaining and improving performance: *You must work collaboratively with colleagues and patients to maintain and improve the quality of your work and promote patient safety. In particular, you must contribute to confidential enquiries and adverse event recognition and reporting, to help reduce risk to patients.*
- The NRAD is a project commissioned by the Department of Health and has the support of a number of professional and lay organisations (including the RCGP). Please see the full list at www.rcplondon.ac.uk/nrad

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT US ON 020 3075 1522 or 020 3075 1500 or EMAIL NRAD@RCPLONDON.AC.UK

IF YOU ARE UNABLE OR UNWILLING TO PARTICIPATE, PLEASE PUT THIS IN WRITING TO DR MARK L LEVY FRCGP, NRAD CLINICAL LEAD, STATING YOUR REASONS.