**Death of a Patient Policy and Bereavement Guidance (England and Wales)**

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# Introduction

## Policy statement

The purpose of this document is to detail the process following the death of a patient and to provide guidance for patients on what to do following the death of a member of the family, partner, friend or significant other.

This document provides the necessary information to enable staff to manage the death of a patient appropriately, ensuring that the required information is recorded and, where necessary, external agencies are contacted and information is shared.

It is imperative that personnel understand the actions necessary following a death including reporting deaths, liaising with the coroner’s office when necessary and assistance that can be given to the next of kin.

This policy should be read in conjunction with CQC [GP Mythbuster 13: Verification and certification of death](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-13-verification-certification-death) and CQC [GP Mythbuster 21: Statutory notifications to CQC](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-21-statutory-notifications-cqc).

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors.

# Recording of death of a patient in medical record

## Information to be recorded on deaths notified to general practices

The death of a patient is not an uncommon occurrence in general practice and all staff at Sheerwater Health Centre are to be aware of their responsibilities in such circumstances. Patient deaths can occur in a number of settings such as:

* The patient’s own home
* In a residential/nursing home
* In a secondary care facility

It is therefore highly likely that the death of a patient will be communicated to the organisation by either:

* A family member
* A member of staff from the residential/nursing home
* A nurse or clinician from the secondary care facility
* The police
* The coroner’s office

Staff receiving this information must ensure that the details are accurate including (but not limited to):

* The full name of the deceased
* Address
* Date of birth
* NHS number (where available)
* Details of the caller
* Date of death and location
* Arrangements/funeral director (if known)
* Location of body
* Next of kin

All the above information is to be noted in the deceased patient’s healthcare record.

## Patient records

To prevent any further distress to relatives of the deceased, the clinical system must be updated at the earliest opportunity to reflect the death of a patient. The initial notification is to be communicated with the patient’s named GP and the last clinician who had an interaction with the patient.

When recording the death on the patient’s healthcare record, the appropriate [SNOMED CT](https://termbrowser.nhs.uk/) code is to be used as per the cause of death, using any template provided to ensure consistency of recording.

To prevent unnecessary correspondence to any relatives, the organisation will ensure appropriate internal communication between staff to advise them of the death of a patient. In any communication, the subject heading will only refer to the deceased’s identifying number from the clinical system.

A review of the deceased’s healthcare record is to be undertaken to determine if he/she was:

* Referred to secondary care or was in the process of being referred
* Receiving support from community services, e.g., district nurse, CPN, etc.
* A child (health visitor team must be informed)

Should this be the case, Sheerwater Health Centre is to contact the relevant team and advise them that the patient is deceased. Following this action, this information is to be recorded on the deceased’s healthcare record.

For access to medical records of a deceased patient, refer to both the [Access to Deceased Patients’ Records Policy](https://practiceindex.co.uk/gp/forum/resources/access-to-deceased-patients-records-policy.1866/) and the [Access to Medical Records Policy](https://practiceindex.co.uk/gp/forum/resources/access-to-medical-records-policy.1702/).

# Verification and certification of death

## Verification of death

[BMA](https://www.bma.org.uk/media/2843/bma-verification-of-death-vod-july-2020.pdf) advise that verification of death is the process of identifying that a person has died. It has nothing to do with providing a death certificate or identifying the cause of death. English and Welsh law allows that any competent adult may verify that someone has died but it does not place them under a legal obligation to do so.

There is no requirement for a doctor to:

* Confirm that death has occurred or that “life is extinct”
* View the body of a deceased person
* Report the fact that death has occurred

## Certification of death – Medical Certificate of Cause of Death (MCCD)

In all cases, without exception, only a medical practitioner who has attended the deceased for their last illness and can state the cause of death to the best of their knowledge and belief will be allowed to complete an MCCD. This is as detailed within the NHS E document titled [Death certification process](https://www.england.nhs.uk/coronavirus/documents/death-certification-processes-information-for-medical-practitioners-after-the-coronavirus-act-2020-expires/).

If the attending medical practitioner did not see the deceased in the 28 days before death, or the deceased was not seen after death, they can still complete the MCCD but should notify the coroner of the death.

In general practice, more than one GP may have been involved in the patient’s care and will be able to certify the death. If no doctor who cared for the patient can be found, the death must be referred to the coroner to investigate and certify the cause. The wisest course of action in cases where the GP is unavailable is for one of the partners to notify the coroner who will issue the necessary instructions to allow the funeral arrangements to take place without any undue delay.

Further information can be found in the Gov.uk document titled [Guidance for doctors completing medical certificates of cause of death in England and Wales](https://www.gov.uk/government/publications/guidance-notes-for-completing-a-medical-certificate-of-cause-of-death/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-in-england-and-wales-accessible-version).

## Issue of MCCD – expected death of a patient

If the death occurs in the patient’s own home, it is expected that the GP dealing with the patient attends as soon as is reasonably practicable (i.e., between sessions). Should the death have occurred in a residential/nursing home, the same applies and the GP is to issue a MCCD.

## Unexpected death of a patient

It is advised by the BMA that if an unexpected or “sudden” death occurs in a patient’s home, the patient’s named GP attends, examines the body and confirms death (this is not a statutory requirement). The GP is to report the death to the coroner via the local police.

There may be, on occasion, a request to attend a patient’s home by the police or ambulance services and it is acceptable (but not obligatory) to respond to such requests. However, it may be more appropriate for a forensic medical examiner to attend. This should be discussed with the police and a decision made based on the facts provided.

It is essential that it is clearly understood that the GP does not certify that death has occurred only what, in his or her opinion, was the cause.

BMA guidance defines two types of unexpected death:

* Deaths where there is prima facie evidence of violence or other unnatural causes, including deaths in road traffic accidents, falls from high places, suicides and those apparently involving criminal violence
* Sudden or unexpected death where there is no prima facie evidence of violence or unnatural causes

GPs must avoid trying to make the distinction between the two as it is very easy to wrongly classify the unexpected death. The services of a specialist trained in clinical forensic medicine should be considered in some cases.

## Reporting a child death in England

In England, when a child dies, child death review (CDR) partners (Integrated Care Boards and local authorities) must plan:

* To conduct a child death review to investigate the reasons for the death
* For the analysis of information about deaths to be reviewed

Comprehensive advice and guidance, including the immediate actions required and support from bereavement services, can be found in the [Child death review: statutory and operational guidance (England) 2018](https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england).

Deaths of all children normally resident in the area covered by this organisation will be reviewed by the Child Death Overview Panel (CDOP) in that local authority area and, if appropriate and agreed between partners, the deaths in that area of non-resident children.

Once established, the CDOP will be required to complete the following forms to support the CDR process with the investigation:

* [Child death notification](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877287/child_death_notification_form.odt)
* [Child death reporting](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/883061/child_death_reporting_form.odt)
* [Child death analysis](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/883063/child_death_analysis_form.odt)

Having this information, the CDOP will be able to:

* Collect information regarding the child deaths in its area in a consistent way
* Assess the causes of child deaths in its area
* Consider any significant similarities between child deaths in its area and trends nationally, making recommendations to prevent similar deaths in future
* Decide to share the results of local CDRs with the National Child Mortality Database from 1 April 2019

Further information on the responsibilities of CDOPs regarding child death notifications can be sought within:

* [Working together to safeguard children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)
* [Child Death Review - Operational Guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859302/child-death-review-statutory-and-operational-guidance-england.pdf)

Notifying the CQC should be considered for a child death provided it meets the requirement as detailed within [Section 4.4](#_Notifying_the_CQC_1).

## Child death in Wales

Should a child die unexpectedly in Wales, procedures as detailed within the [Procedural Response to Unexpected Deaths in Childhood (PRUDiC) 2018](https://www.northwalessafeguardingboard.wales/wp-content/uploads/2018/10/PRUDiC-2018-Procedures.pdf) should be commenced as this is the minimum expected standard for any response to an unexpected death in infancy and childhood within Wales. This document describes the process of communication, collaborative actions and information sharing that is required.

To commence the process of reporting a child death, the [Notification of a Child Death Form (Wales)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fphw.nhs.wales%2Fservices-and-teams%2Fchild-death-review%2Fchild-death-review-publications%2Fcdr-notification-form-updated-august-2020%2F%3Fmsclkid%3D9b864fc2c48a11ecbb7ec9a283254afd&wdOrigin=BROWSELINK) is to be completed and forwarded to the Child Death Review team at:

Child Death Review Programme Team

Public Health Wales

5th Floor Capital Quarter 2

Tyndall Street

CARDIFF

CF10 4BQ

E-mail: ChildDeath.Review@wales.nhs.uk

# Guidance

## Cremations

Cremations can be authorised based on [form Cremation 4](https://www.gov.uk/government/publications/cremation-medical-certificate). An attending medical practitioner will be able to complete form Cremation 4 if they saw the deceased (including visual/video consultation) within 28 days before death or viewed the body in person after death (including for verification).

Form Cremation 4 can be completed and submitted electronically. Electronic signature includes being sent from the secure email account of the person completing the form Cremation 4.

## Referring patient death to the coroner

The [Coroners’ Society for England and Wales](https://www.coronersociety.org.uk/faqs/?msclkid=ebaf6aa6c48b11ec9d829cec8c9f021d) details when a death should be referred to the coroner. The registrar of births and deaths is required to report to the coroner any death for which a MCCD is not obtained.

## DoLS and LPS

Under the [Mental Capacity Act (MCA) 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents), a person who lacks capacity and is residing in either a care home or in a hospital to enable treatment to be given may be detained in conditions that amount to deprivation of liberty. This will not be permitted without the authorisation given under the statutory scheme otherwise it would be classed as false imprisonment.

The Chief Coroner issued [Guidance No 16a](https://www.judiciary.uk/guidance-and-resources/chief-coroner-guidance-no-16a-deprivation-of-liberty-safeguards-dols-3rd-april-2017-onwards/#:~:text=Accordingly%2C%20for%20deaths%20to%20which,authorised%20under%20the%20MCA%202005.) in relation to Deprivation of Liberty Safeguards (DoLS) which came into effect on 3 April 2017. Accordingly, for deaths to which section 48(2A) applies, there is no mandatory and automatic requirement for a coroner’s investigation on “state detention” grounds if the person was subject to a deprivation of liberty authorised under the MCA 2005.

Currently, in accordance with the [Coroners and Justice Act 2009](https://www.legislation.gov.uk/ukpga/2009/25/contents), any person subject to a DoLS is deemed to be in “state detention”.

The GP still has a responsibility to issue a MCCD.

DoLS was scheduled to be replaced with the Liberty Protection Safeguards (LPS) on 1October 2020 although this was deferred until April 2022.

Note: a consultation for the draft Code of Practice for the MCA and LPS was officially launched on 17 March 2022 and closed on 14 July 2022. The Government is now considering the responses and the text of the Code will go to Parliament for ratification.

The following provides greater details for [England](https://www.gov.uk/government/consultations/changes-to-the-mca-code-of-practice-and-implementation-of-the-lps?utm_campaign=Liberty+Protection+Safeguards+Newsletter+-+Consultation+Announcement+&utm_content=dhsc-mail.co.uk&utm_medium=email&utm_source=Department+of+Health+and+Social+Care&wp-linkindex=0) and [Wales](https://gov.wales/liberty-protection-safeguards).

While there was a DHSC document titled [Liberty Protection Safeguards: what they are](https://www.gov.uk/government/publications/liberty-protection-safeguards-factsheets/liberty-protection-safeguards-what-they-are) released in August 2021 advising that this is still to be implemented, at the time of this update nothing further has been added that provides any details or timescales of LPS. Further information about the transition can be found in this NHS E guidance [here](https://www.e-lfh.org.uk/programmes/liberty-protection-safeguards/).

Further reading on DoLS and LPS can be found in the [Mental Capacity Act Policy](https://practiceindex.co.uk/gp/forum/resources/mental-capacity-act-policy.1105/) and a Governmental easy read guide can be found [here](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061434/LPS-easy-read-summary-booklet.pdf).

## Notifying the CQC

Although it is not a requirement to report the death of every patient to the CQC, deaths in the following circumstances are to be reported to CQC and as detailed within its [GP Mythbuster 21: Statutory notifications to CQC](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-21-statutory-notifications-cqc).

[CQC (Registration) Regulations 2009: Regulation 16](https://www.cqc.org.uk/guidance-providers/regulations/regulation-16-notification-death-service-user#legislation-links) states that the CQC should be informed *“without delay”* for a number of notifications including patients who have died. Without delay means as quickly as possible after the event has happened.

Furthermore, the directive states that providers and managers of NHS GP and other primary medical services do not need to notify the CQC about every death of a person using the service. However, deaths must be notified when:

* The death occurred while regulated activity was being provided. For example, while a patient was in consultation with their GP while at their health centre or surgery or during a home visit, or
* The death occurred within two weeks of regulated activity being provided, and
* The death was or may have been the result of the regulated activity or how it was provided, and
* In the clinician’s reasonable opinion, the death could not be attributed to the course which the illness or medical condition would naturally have taken if the deceased had been receiving appropriate care and treatment

Statutory notifications are to be submitted to the CQC in accordance with Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. Guidance can be found at [Primary Medical Services – Guidance on statutory notifications](https://www.cqc.org.uk/guidance-providers/notifications/notification-finder).

## Suicides

When the cause of death is suicide, the coroner will have to be informed. Furthermore, should the patient have been seen within the previous two weeks by a practice in England then the practice should notify the CQC as this meets the statutory requirements as detailed in [Section 6.3](#_Notifying_the_CQC).

## Suicide and self-harm reduction planning

This organisation supports suicide and self-harm prevention initiatives and follows the [[NHS England](https://www.england.nhs.uk/2018/05/suicide-prevention-and-reduction/)/[NHS Wales](https://gov.wales/sites/default/files/publications/2019-06/talk-to-me-2-suicide-and-self-harm-prevention-action-plan-for-wales-2015-2020.pdf)] suicide and self-harm reduction programme.

A suicide and self-help poster is available [here](https://practiceindex.co.uk/gp/forum/resources/poster-to-educate-on-suicide-risks.1523/?fromcat=41).

## Bereavement support

Guidance for relatives and carers can be found at [Annex A](#_Annex_A_–).

## Religious requirements

Information for the main religions and their specific requirements can be found at [Annex B](#_Annex_B_–_1).

# Annex A – Helping those who are bereaved

## Helping families and carers

Relatives and carers will understandably be distressed following a death and staff are to ensure that no unnecessary contact is made although empathy and support must be offered to relatives and carers of the deceased when the opportunity presents itself.

A bereavement letter template can be found at [Annex C.](#_Annex_C_–_1)

When a member of a family asks their GP or a member of staff as to what to do when someone dies, governmental [guidance and support](https://www.gov.uk/when-someone-dies) is available to assist with any advice including:

* Registering the death (the MCCD in respect of the deceased will be required)
* Arranging a funeral
* Telling the relevant government departments about the death (one notification)
* Checking if there are bereavement benefits and:
	+ Dealing with their own benefits, pension and taxes
	+ Checking if an application must be made to stay in the UK
* Dealing with the estate of the deceased

A bereavement guide can be found at [Annex D](#_Annex_D_–).

**Bereavement support**

In England, there are several organisations supporting bereavement including some that offer specific support dependent on the nature of the loss.

* [www.childbereavementuk.org](https://www.childbereavementuk.org/)
* [www.ataloss.org](https://www.ataloss.org/)
* [www.cruse.org.uk](https://www.cruse.org.uk/)
* [www.suicidebereavementuk.com](https://suicidebereavementuk.com/)
* [www.ssafa.org.uk](https://www.ssafa.org.uk/get-help/military-families/bereavement-support-groups)

Wales:

* [111.wales.nhs.uk/encyclopaedia/b/article/bereavement](https://111.wales.nhs.uk/encyclopaedia/b/article/bereavement)
* [www.cruse.org.uk/wales](https://www.cruse.org.uk/get-help/local-services/wales/wales)
* [www.samaritans.org/samaritans-cymru](https://www.samaritans.org/samaritans-cymru/)

[List any other appropriate organisations for your demographic/area]

# Annex B – Religious beliefs, practices and rituals after death

The following section outlines the religious beliefs, practices and rituals after death relating to the six major faiths in England and Wales.

This information is provided as a guide and should not be used to make assumptions about any individual’s needs and wishes. It is important that healthcare professionals explore the religious needs and wishes of each individual for whom they care.

Further reading can be sought within the following links:

* PHE publication titled [Faith at end of life: public health approach resource for professionals](https://www.gov.uk/government/publications/faith-at-end-of-life-public-health-approach-resource-for-professionals)
* Religion Media Centre factsheet: [Death and funerals in world religions](https://religionmediacentre.org.uk/factsheets/death-funeral-rituals-in-world-religions/)

**Buddhism**

Family members may request that the body is not touched during this time and that it is available to them to perform religious rites. All requests should be negotiated carefully to fully support the bereaved family members.

Following death, Buddhists normally cremate the body, but funeral traditions may vary across the different types of Buddhists.

In particular, funeral services may include a picture of the deceased, chanting and praising their qualities. There are unlikely to be objections to post-mortems and organ donation although some Far Eastern Buddhists may object.

**Christianity**

Patients are likely to request support from their own local church community and those who belong to a church or are religious may have their own needs appropriate to their religious beliefs.

Christians do not usually have any religious objection to a post-mortem.

Funeral services will vary according to the patient’s beliefs and both the family and church ministers will need to be approached regarding the patient’s wishes.

Disposal of the body is by burial or cremation.

**Hinduism**

Following death, family members may congregate where the body is to pay their respects, offer prayers and chant the name of God. It is important the family is consulted to ascertain if they wish to carry out last rites as distress can be caused if the body is touched by non-Hindus.

When the family is unavailable, it is important that the eyes of the deceased are closed and their limbs straightened, ensuring that jewellery and religious objects are not removed. The body should also be wrapped in a plain sheet without religious emblems.

Cremations are usual for Hindus except for children (in some traditions under the age of 27 months and in others under the age of five years) when burials may be preferred.

**Islam**

After death, Muslims may request that the deceased body faces Mecca with their eyes and mouth closed and the limbs straightened.

Religious requirements dictate that the body should be buried as soon as possible and therefore those involved in processing the death certificate should be sensitive to this and do so as soon as possible.

Islam directs that the body of the deceased should be handled as gently as possible. The body will commonly be washed by family or friends. A white shroud will be used to wrap the body and prayers will be recited. Family members may feel uncomfortable for the body to be touched by professionals so contact should be kept to a minimum and ideally handled by professionals of the same sex as the deceased person.

The majority of Muslims would not want a post-mortem to be performed on the deceased unless required by law.

Muslims are always buried and a quick burial is usual although it needs to be recognised that it is not always possible, e.g., there may be a delay in being able to register the death and the death certificate being issued, a post-mortem requirement and difficulties with burials at the weekend and over public holidays.

**Judaism**

After death is confirmed, the eyes are to be closed and the body should be covered with a

white sheet as a sign of respect. Some families may wish to practice certain customs such as placing the body face up and positioning the feet to face the door.

Depending on the sex of the deceased, fellow men or women will prepare the body for burial and three members of the community will be present. The body is washed and shrouded before being placed in a coffin for burial.

Cremation is forbidden in orthodox Judaism. It is customary for Jewish families to arrange a ‘watcher’ to guard the body after death as it is not permitted for the body to be left until the burial.

**Sikhism**

At the time of death, Sikhs may wish to repeat the word ‘Waheguru’, meaning the Wonderful Lord. In Sikh tradition, wailing and howling is discouraged. If the patient passes away when family is not present it is important for professionals to contact the family immediately because they may wish to perform recitations and prayers. These prayers are important in accepting that death is an act of God.

Cremation is the norm for most Sikhs. It is important that this takes place as soon as possible so professionals should aim to release the body promptly.

**Health and care professionals**

Health and care professionals are recommended to:

* Be sensitive to any spiritual and faith needs and whether this needs to be reflected in their end-of-life care
* Understand and record any spiritual needs related to end-of-life care
* Determine whether a visit from the patient’s local religious leader or a faith representative would be appropriate
* Signpost the patient and their family to appropriate spiritual and faith support
* Identify the role of the family in the decision-making process of the end-of-life care plan
* Ensure all end-of-life care and support services information are provided in the language of choice for the patient and their family
* Seek advice and support, as required, from the patient’s local religious leader or faith representative to ensure a positive encounter

**Organisations**

This organisation will:

* Ensure all staff involved in bereavement support are trained in faith sensitivity and effective communication
* Ensure care plans record faith and the individual’s specific requirements
* Understand what support is available within local communities
* Ensure there is collaboration with local places of worship and faith when recognising community development approaches to end-of-life care

# Annex C – Example of a bereavement letter

Dear [insert name],

I am so sorry to hear that [insert patient’s name] has passed away. I would like to extend my deepest sympathies to you and your family at this time.

The team at the Sheerwater Health Centre would also like to offer their sincere and heartfelt condolences at this most difficult of times. We have so many fond memories of [insert name] [who always made us laugh] which we will always remember.

I have enclosed a guide on bereavement which I do hope you will find of assistance.

I will call you next week on [insert day] at [insert time] for a chat and to answer any questions you may have.

With my sincere condolences,

[Signed]

[Insert name]

Enclosure: Bereavement Guide [Annex D]

# Annex D – Bereavement guide

[Insert organisation name and address details/logo as a header]

**Guidance on what to do following a death**

**Part 1 – Practical matters**

**Introduction**

Following a death, it is often the person who was closest to the deceased who is responsible for organising matters. As they will also be very emotionally distressed it is advised that they have a relative or friend to help them to make the necessary arrangements.

Notes:

In this leaflet, the term “relative” is used to refer to those close to the deceased, be they a member of the family, partner, friend or significant other.

Whilst this leaflet is easiest to use in its electronic format since it has links to webpages that contain relevant and useful information, it can still be used as a guidance booklet as it covers the main points contained in those relevant webpages.

Throughout this bereavement guidance, all information has been extracted from the UK Government Guidance: [*What to do when someone dies*](https://www.gov.uk/when-someone-dies)*.*

This guidance outlines how to register the death, notify government departments and manage financial matters.

**Step 1**

[**Register the death**](https://www.gov.uk/after-a-death?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)

In England and Wales, the death must be registered within five days. This is the total number of days inclusive of bank holidays and weekends.

To find the nearest register office, use the webpage [Find a register office](https://www.gov.uk/register-offices) and enter your postcode.

To register the death *a Medical Certificate of Cause of Death (MCCD)* is required and the doctor who attended during the last illness will issue this. More than one GP may have been involved in the care of the patient and therefore any one of them is able to certify the death.

If the GP(s) is/are unable to be found, the death may be referred to the coroner.

When a death is reported to a coroner, different documents may be needed to register the death and the coroner will decide either one of the following:

* 1. Should the **cause(s) of death** be clear, the coroner will:
		+ Request the doctor signs the MCCD
		+ Direct you to take the MCCD to the registrar to register the death
		+ Issues a certificate to the registrar stating that a post-mortem is not needed
	2. Should a **post-mortem** be required to find out how the deceased died, this will be conducted at a hospital or a mortuary. Please be advised that you cannot object to a post-mortem but, if asked, the coroner must inform you and the deceased’s GP where the examination will take place

Once the post-mortem has been completed and no further examinations are required, the coroner will release the body for a funeral.

If there is no inquest required, then the body will be released, and the coroner will send the following:

* *Form100B (or the Pink Form)* to the registrar stating the cause of death
* *Certificate of Coroner – Form Cremation 6* if the body is to be cremated
	1. The coroner must hold an **inquest** if:
* The cause of death is unknown
* The person may have died a violent or unnatural death
* The person might have died in prison or police custody

If an inquest is to be held, to enable you to inform the registrar, you will need to request an *interim death certificate*from the coroner**.** The interim death certificate can also be used to apply for [probate](https://www.gov.uk/applying-for-probate/apply-for-probate) either yourself or using a solicitor to enable the deceased’s estate to be administered.

Once the inquest has been completed, you can request a *final death certificate* from the registrar. The registrar will be able to advise you if the Government’s [Tell Us Once Service](https://www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once) is available in your area.

**Step 2**

[**Arrange the funeral**](https://www.gov.uk/after-a-death/arrange-the-funeral?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)

The funeral can only take place once the death has been registered and the registrar has issued the certificate stating that no post-mortem or inquest is required.

If you wish to organise a funeral yourself then contact your local council’s *Cemeteries and Crematorium Department* [add].

Some local councils also run their own funeral services, although these are usually non-religious.

A [funeral expenses payment](https://www.gov.uk/funeral-payments) is available if you are on certain benefits and need help to pay for a funeral you are arranging. [Funeral expenses claimant forms and notes](https://www.gov.uk/government/publications/funeral-payment-claim-form) are available to download and all claims must be made within six months of the funeral.

Should any assistance be required to complete the forms, the Bereavement Service helpline, 0800 731 0469, may help. Alternatively, should you not be able to hear or speak on the phone then use [Relay UK](https://www.relayuk.bt.com/).

Most people use a funeral director’s services who is a member of either:

* [National Association of Funeral Directors](https://nafd.org.uk/funeral-advice/find-a-member/) or
* [The National Society of Allied and Independent Funeral Directors](http://saif.org.uk/members-search/)

**Step 3**

**Tell the government about the death**

The [Tell Us Once](https://www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once)service allows you to report a death to most government departments with one communication.

These are:

* HM Revenue and Customs (HMRC) to deal with personal tax (you need to [contact HMRC](https://www.gov.uk/government/organisations/hm-revenue-customs/contact/bereavement-and-deceased-estate) separately for business taxes such as VAT)
* The Department for Work and Pensions (DWP) to cancel benefits and entitlements, for example universal credit or state pension
* The Passport Office to cancel a British passport
* The Driver and Vehicle Licensing Agency (DVLA) to cancel a licence and remove the person as the keeper of up to five vehicles ([contact DVLA separately if you keep or sell](https://www.gov.uk/tell-dvla-about-bereavement) a vehicle or keep a personalised number plate)
* The local council to cancel housing benefit, council tax reduction (sometimes called council tax support) or a blue badge, to inform council housing services and to remove the person from the electoral register
* Veterans UK to cancel Armed Forces Compensation Scheme payments

If the registrar confirms that the service is available, then you will be given the contact telephone number and a unique reference code which must be used within 84 days.

Before contacting the Tell Us Once service, you will need the following details of the person who died:

* Date of birth
* National Insurance number
* Driving licence number
* Vehicle registration number
* Passport number

and any:

* Benefits or entitlements they were receiving – for example, a state pension
* Local council services they were receiving – for example, a blue badge
* Details of any public sector or armed forces pension schemes they were receiving or paying into

as well as:

* The name, address, telephone number and the National Insurance number or date of birth of any surviving spouse or civil partner
* The name and address of their next of kin – if there is no surviving spouse or civil partner or their spouse or civil partner is not able to deal with their affairs
* The name, address and contact details of the person or company dealing with their estate (property, belongings, and money), known as their ‘executor’ or ‘administrator’

Should the Tell Us Once service not be available in your area or you do not wish to use it then you will have to inform the various government departments yourself. This is in addition to banks, building societies, insurance companies, television companies, utility companies and landlords or housing associations.

**Step 4**

**Check if you can receive bereavement benefits**

The following financial assistance may be available:

1. Bereavement Support Payment (BSP) claims must be made within three months of a partner’s death to receive the full amount. Claims may be made up to 21 months after their death, but fewer monthly payments will be made.

To be eligible, your partner must:

* Have paid National Insurance contributions for a least 25 weeks in any one tax year
* Died because of an accident or a disease caused at work, e.g., asbestosis
* Be under state pension age
* Be living in the UK or a country that pays bereavement benefits

However, there are exceptions to the 21 months rule, e.g., the cause of death was confirmed more than 21 months after the death. Speak to the Bereavement Service helpline on 0800 731 0469

You cannot claim BSP if you are in prison.

Bereavement claim [forms](https://www.gov.uk/government/publications/bereavement-support-payment-claim-form) are available on line along with BSP [notes](https://www.gov.uk/government/publications/bereavement-support-payment-claim-form). Alternatively, applications can be made by phone on 0800 731 0469 or forms can be collected from the nearest [Jobcentre Plus](https://find-your-nearest-jobcentre.dwp.gov.uk/search.php)

1. Guardian’s Allowanceif you are bringing up a child whose parents or one of whose parents have died.

To receive Guardian’s Allowance all the following must apply:

* You are bringing up someone else’s child
* The child’s parents are dead (see conditions for one surviving parent below)
* You qualify for [Child Benefit](https://www.gov.uk/child-benefit)
* One of the parents was born in the UK (or was living in the UK since the age of 16 for at least 52 weeks in any two-year period)
* If you adopt a child, you may still receive Guardian’s Allowance if you were receiving it before you adopted the child

If there is one surviving parent, you could receive Guardian’s Allowance if one of the following is true:

* You don’t know where the surviving parent is
* The parents were divorced, or their civil partnership has been dissolved
* The surviving parent does not have custody and is not maintaining the child and there is not a court order in place saying that they should
* The parents were not married, the mother has died, and the father is unknown
* The surviving parent will be in prison for at least two years from the date of the death of the other parent
* The surviving parent is in a hospital by court order

**Deal with your own benefits, pension and taxes**

Depending on your relationship with the person who died, your tax benefit claims and tax may change.

For details see [Your benefits, tax and pension after the death of a spouse](https://www.gov.uk/death-spouse-benefits-tax-pension?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)

**Check if you need to apply to stay in the UK**

If your right to live in the UK depended on your relationship with someone who has died, you may have to apply for a new visa. You should check the rules if:

* You are in UK as the partner of a British citizen or someone with indefinite leave to remain. You may be eligible [to apply](https://www.gov.uk/visas-partner-dies?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a) for settlement
* Your partner who died served as a member of the HM Forces. See [guidance HM forces: partners and children](https://www.gov.uk/government/publications/hm-forces-partners-and-children?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)

For other rules on visas, check [UK Visas and Immigration.](https://www.gov.uk/contact-ukvi-inside-outside-uk)

**Step 5**

**Deal with their estate**

You may have to deal with the will, money and property of the person who died if you are a close friend or relative or the executor of the person’s will.

**Check if you need to apply for probate**

By [applying for probate](https://www.gov.uk/applying-for-probate?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a) you are applying to acquire the legal right to deal with someone’s estate, i.e., their property, money and possessions. If the person:

* Left a will you will receive a *“grant of probate”*
* Did not leave a will, you will be given a *“letter of administration”*

**Value the estate**

To [value the person’s estate](https://www.gov.uk/valuing-estate-of-someone-who-died?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a) involves three main tasks:

1. Contact organisations

Contact banks, building societies and/or utility providers about the person’s assets and debts. Follow this link to find out [which organisations to contact](https://www.gov.uk/valuing-estate-of-someone-who-died/tell-organisations) and what letters to write.

1. Deal with the estate

If you already have the right to deal with the person’s estate, i.e., you have been granted probate, you can begin dealing with their estate. You may wish to hire the services of a professional to help with some or all the tasks of dealing with the estate.

See [Money Advice Service on how and when to use a solicitor or probate specialist](https://www.moneyadviceservice.org.uk/en/articles/when-to-use-a-probate-specialist)

Many who have dealt with an estate themselves find that it is not as complicated as they imagined and they may save many thousands of pounds by so doing. The table below shows examples of charges of 1% and 5% of an estate valued at £100,000.

|  |  |  |  |
| --- | --- | --- | --- |
| **Value of estate** | **Fees**  | **VAT** | **Total payable** |
| £100,000 | £1,000 (1% of estate value) | £200 | £1,200 |
| £100,000 | £5,000 (5% of estate value) | £1,000 | £6,000 |

1. Update property records

How you update the property records when someone dies depends on whether they were the joint or sole owner of a property.

This [guidance](https://www.gov.uk/update-property-records-someone-dies?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a) will help you to do this.

**Part 2 – Emotional matters**

This section offers some support which we hope will help you to come to terms with the emotions of losing a loved one.

**Grief and other difficult feelings**

Whoever has died, your loss is unique to you and you will cope with it in your own way. However, although bereavement is a highly personal and often traumatic event, many people go through a range of recognisable reactions and emotions when someone they are close to dies.

Sometimes people are shocked and upset by their changing and violent emotions when they are bereaved. Realising that these feelings are quite normal may help.

**Grief**

Grief knocks you off balance emotionally, physically, and mentally.

If the death had been expected, you tell yourself you should be able to cope, but you can’t. You think you’re over it, and you’re not. You think you should feel all right because you have family and friends looking out for you, but you don’t feel all right because no one can replace the person who has died.

When you are bereaved, you have to cope with a world that seems to have fallen apart. In practical terms, your life may have changed dramatically. You may have much less money, or you may be better off financially. You may be eating and sleeping alone for the first time or be faced with household jobs that you used to share with the person who died. Losing a close family member or an old friend can mean that you have no one who shares your childhood memories or family jokes.

Yet the biggest changes are probably inside you. When someone close to you dies, it can seem as though everything you took for granted has gone, that you have lost your sense of identity and self-worth. You may feel you have lost almost everything and haven’t much left to fall back on or to look forward to. And you may feel like this even if you have loving friends and family around you.

**Your feelings**

At first you may be too shocked to feel anything much, even if the death had been expected. Many bereaved people say that, in their initial shock, they felt a sense of numbness and disbelief.

As you get over the shock and begin to grasp the reality of what has happened you may go through some of the most powerful feelings you have ever had, feeling high or excitable one minute, in despair the next. You may think you are going mad because you can’t control your emotions, can’t concentrate, can’t organise yourself to make a phone call or make a cup of tea. It may seem as though everything you knew has gone and that nothing will ever make sense again.

You may feel that you don’t care whether you live or die because the person who died was so important to you that you cannot imagine existing without them. Your loss may feel overwhelming, and you are likely to be reminded of it constantly. You are likely to miss the person who died in all sorts of ways, physically as well as emotionally.

**Your thoughts**

You are likely to find it hard to concentrate and may feel confused and forgetful. Your thoughts may constantly return to the person who died, with painful questions and fears running through your mind. Alongside this, you may have a sense of relief if they died at what seemed the right time for them.

As you think more about the person and your relationship with them, as you talk about them and listen to what relatives, friends and acquaintances say, you are likely to start building a fuller picture of them than you had before. As it grows, you will probably find this picture becomes a part of your life, a source of comfort which is more than just a memory.

**Your body**

You will probably notice physical changes. You may have difficulty getting to sleep and your sleep may be disturbed by vivid dreams and long periods of wakefulness. You may lose your appetite.

People react physically in many ways, some feel tense and short of breath, others feel edgy and restless, others feel very slow and lethargic.

You are likely to feel exhausted, especially if you had been providing care for the person who died or had been through an anxious time before they died. Strong emotions and dealing with all the things that need to be done after a death can also make you feel tired and drained.

The stress of grief makes enormous physical demands upon you. You may be more susceptible to colds or other infections or become more accident-prone. It is very important to take extra care of yourself, so try to eat well and take extra rest even if you can’t sleep. Take some gentle exercise if you can.

Be kind to yourself and do not try to do too much while you are grieving.

**Getting used to the death**

Getting used to a death seems to happen in fits and starts and is often not as simple as it sounds, especially if you had shared your life with the person who died or had known them since childhood. Or you may have lost a younger relative, perhaps your daughter or son, or grandchild. When a young person dies it reverses the natural order of life and death and can seem particularly unjust.

You may switch between talking rationally about the death, the illness, the will, then have a surge of hope as you think you see the person who has died in the street or hear them whistling their favourite song.

Allowing your feelings to come out can help you to get used to your loss. Talking about the death and about the person who died, dealing with the practicalities of your new situation, and trying to think of the present as well as the past can all help you get used to the reality of the death and get through some of the anguish you may feel.

As you do this you will probably, slowly, begin to find a way of living without the person alongside you but very much with you in your thoughts and memories.

**Emptiness and depression**

Feelings of depression and meaninglessness can hit you when the reality of the death begins to bite, and you realise that the person who has died will not come back. And just when you think you have started to move on and are feeling better, you may hit rock bottom and life can seem endlessly bleak and empty.

Surprisingly, although it may feel almost unbearable at the time, this seems to be a period when some inner healing takes place. Afterwards, people generally say they feel lighter, more in control of their lives and better able to look forward.

Depression is a natural response to a bereavement, and usually lifts of its own accord. But if it doesn’t, and life seems an endless, pointless struggle, you could be clinically depressed. Clinical depression can be treated and there are different ways of getting through periods of depression, both with and without antidepressant medication.

Ask your doctor for help and advice.

If you have any thoughts of suicide, do talk to your doctor or someone you trust. Remember you can phone [The Samaritans](https://www.samaritans.org/how-we-can-help/contact-samaritan/), day or night, on 0845 790 9090.

**Anger**

Some people don’t feel angry after a bereavement, but if you do it can be the hardest feeling to cope with. You may feel anger at the injustice of your loss; anger at the lack of understanding in others; anger at the person who died because of what they are putting you through.

Bereaved people are usually angry because they feel hurt and unhappy. You probably feel angry at yourself and at the person who died i.e., the person you need most, who has left you to feel abandoned, frightened, and alone.

These feelings are normal, and you can probably get rid of your anger in a way which doesn’t hurt you or someone else. Some people have a shouting session, dig the garden, or write their thoughts on paper and then destroy the pages.

Try not to bottle up your feelings, think about the reasons for your anger. If you do not do this, whatever is upsetting you will almost certainly continue to trouble you and will not disappear. It can help to talk about your feelings with someone who is not emotionally involved in your own loss.

**Fear**

You are likely to feel fearful and anxious. This is very natural as your familiar world has been turned upside down and you are likely to feel you have little control over your life or over the thoughts and feelings churning inside you. Feeling out of control is likely to leave you feeling vulnerable and afraid. But you will probably notice that as you get used to coping, and start to get on top of life again, you will become more confident and less afraid.

You may also have fears about important practical issues. How will you cope with less money coming in? How will you manage household tasks? If you have worries like this, it usually helps to get some practical advice. The organisations listed at the end of this leaflet may be able to help you.

**Mixed feelings**

It is usual to have mixed feelings when someone dies. You may find yourself thinking of times you wish had been different, or wondering what might have happened if you, or the person who died, had made different decisions. Mixed feelings of regret, guilt or anger are not easy to deal with.

The important thing is to try to reach a point where you are realistic about the past and can accept it for what it was. This can be hard if the relationship had turned sour or was always a mixture of good and bad.

When a difficult relationship ends with death the problem is that any chance of mutual understanding or reconciliation has gone. But if you try to avoid dealing with upsetting thoughts and feelings you run the risk of becoming angry, bitter, or depressed. In a situation like this it usually helps to get a better understanding of the relationship you had with the person who died, of what was good about it and what was not, to work out what each of you contributed to it.

Don’t be too hard on yourself or anyone else. No one is perfect and most people try to do the best they can with the situation they are in. Eventually you are likely to reach some acceptance of the past and move towards a more fruitful present.

**Memories of other losses**

A bereavement may trigger memories of earlier losses which you thought you had got over. Perhaps you did not realise at the time how much you were affected, or circumstances made it difficult for you to talk about your feelings. You may now remember these unhappy times with great clarity, and this can be extremely distressing.

For example, some people are only now beginning to grieve for losses that happened in the war years. Similarly, people who had a stillborn baby or a miscarriage, or a child who died, or whose brother or sister died young, may only now start to grieve openly.

In years past, it was often customary not to talk much about such deaths and children’s feelings were often overlooked, so you may have gone through life with an unspoken burden of sorrow. You may feel that you need to mourn for these losses, and talk about your experiences, before you can come to terms with your more recent loss.

**Grief in children and adolescents**

Most children do not understand the meaning of death until they are three or four years old. Even so, they feel the loss of a close friend or relative in much the same way as adults. Even in infancy it is known that children grieve and feel great distress.

Children experience the passage of time differently to adults and can therefore appear to overcome grief quite quickly. It is important that the grief of a young person is not overlooked

**Part 3 – Sources of help and support**

At the time of publication (April 2022) these contact details were correct. If you find any errors or you, please do let us know.

**Age UK**

Tel: 0800 678 1602

Web: [www.ageuk.org.uk](http://www.ageuk.org.uk)

Age UK is a national network of groups providing services for older people. Some Age UK groups offer bereavement counselling. Look in your phone book to find your local group, or ring the national office listed above.

**Bereavement Advice Centre**

Helpline: 0800 634 9494

Web: [www.bereavementadvice.org](http://www.bereavementadvice.org)

The Bereavement Advice Centre offers practical advice on what to do when someone dies.

**Citizens Advice Bureau**

Look in your phone book to find your nearest Citizens Advice Bureau, or go to their website: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

**The Compassionate Friends (For bereaved parents)**

Helpline: 0845 123 2304

Web: [www.tcf.org.uk](http://www.tcf.org.uk)

The Compassionate Friends is a charitable self-help organisation. Parents who have been bereaved themselves offer friendship and support to other bereaved parents, grandparents, and their families.

**Cruse Bereavement Care**

Helpline: 0808 808 1677

Web: [www.cruse.org.uk](http://www.cruse.org.uk)

Cruse Bereavement Care offers free information, advice, and support to bereaved people. Cruse runs a helpline, and can supply a wide range of books, leaflets, and a newsletter for bereaved people.

**Facing Bereavement**

Web: [www.facingbereavement.co.uk](http://www.facingbereavement.co.uk)

Facing Bereavement contains articles offering advice and guidance on facing and dealing with bereavement.

**Institute of Civil Funerals**

Tel: 01480 861411

Web: [www.iocf.org.uk](http://www.iocf.org.uk)

The Institute of Civil Funerals can help you find someone to conduct a non-religious funeral.

**Lullaby Trust**

Web: [www.lullabytrust.org.uk/bereavement-support/when-a-baby-dies/](https://www.lullabytrust.org.uk/bereavement-support/when-a-baby-dies/)

Support for parents and carers of a child under 18 who has died

**Natural Death Centre**

Tel: 01962 712 690

Web: [www.naturaldeath.org.uk](http://www.naturaldeath.org.uk)

The Natural Death Centre offers advice on arranging a funeral with or without using a funeral director.

**Probate and Inheritance Tax Helpline**

Tel: 0300 123 1072

Web: [www.gov.uk/government/organisations/hm-revenue-customs](https://www.gov.uk/government/organisations/hm-revenue-customs)

**Samaritans**

Tel: 116123

Email: jo@samaritans.org

Web: [www.samaritans.org](https://www.samaritans.org/)

Samaritans are ordinary people from all walks of life who offer a sympathetic listening ear to despairing and suicidal people of all ages. Lines are open 24 hours a day, 365 days a year; all calls are charged at the local rate.

**Service Personnel and Veterans Agency**

General Helpline: 0808 1914 218

Bereavement number and minicom line: 0800 169 3458

Web: [www.veterans-uk.info](http://www.veterans-uk.info)

The Service Personnel and Veterans Agency can offer support and advice to war pensioners, war widows, their dependants and carers.

**War Widows Association of Great Britain**

Tel: 0845 241 2189

Web: [www.warwidows.org.uk](http://www.warwidows.org.uk)

The War Widows Association gives advice, help and support to war widows and dependants.