

Sickle Cell and Thalassaemia Study
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ASSESSMENT FORM

CONFIDENTIAL

Qı	uestionnaire number					
Th qu	Instructions for completion The data presented in this questionaire have been extracted by a NCEPOD researcher from the questionnaires and casenotes provided for each patient. Please complete the sections entitled 'To be completed by Advisor'					
yo	Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.					
	ease cross ' Insufficient data ' where the senotes are missing. Definitions are provi	e information is not available from casenotes or if the ded on the back of the assessment form.				
Α	– THE PATIENT					
1	Month and year of birth	m m y y y y				
2	Sex	Male Female				
3	Patient's haemoglobinopathy					
	Sickle cell anaemia (HbSS)	⁵ β-thalassaemia major				
	Sickle heamoglobin C (HbSC)	⁶ β-thalassaemia intermedia				
	³ Sickle haemoglobin D (HbSD)	Other, please specify				
	⁴ Sickle β-thalassaemia (HbSβ-Thal)	8 Insufficient information				
4	Age at time of death	years				
5	Place of death	¹ Hospital death ^{def}				
		² Community death ^{def}				
		Died in the community following discharge from hospital def				

		DMISSION DETAILS section only needs to be completed for pa	tients who died in hospital)
6		Date of admission	
			Insufficient data
7		Time of admission	: (24 hour clock)
8		Number of days spent in hospital	Insufficient data days
C.	- L(ONG-TERM MANAGEMENT (Specialist c	entre/GP management)
9		Number of visits in the 6 months prior to date	te of death
		GP surgery visits	Insufficient data
		Specialist centre def visits	Insufficient data
		Non-specialist unit visits	Insufficient data
То	be	completed by Advisor	
10	а	Did the patient refuse to accept medical	Yes No Insufficient
		advice or treatment?	data
	b	If yes, in your opinion could this have had any impact on the patient's outcome?	Yes No Insufficient data
	С	If yes, please give details	
11	a	Did the patient show any reluctance to attend appointments/hospital?	Yes No Insufficient data
	b	If yes, in your opinion could this have had any impact on the patient's outcome?	Yes No Insufficient data
	С	If yes, please give details	

12	а	Wa	as the patient receiving analgesia for thei	r long term care?		
				Yes	No	Insufficient data
	b	lf y	es, please specify medication taken			
	С	Wa	as this a regular prescription?	Yes	No	Insufficient data
То	be	con	ppleted by Advisor			
(Tł	nis s	ect	ion only needs to be completed for pa	tients receiving an	algesia for their lo	ng-term care)
13		me	here any evidence that the patient's dication was being dispensed from ltiple sources?	Yes	No	Insufficient data
14	а	İ	In your opinion, is there any evidence that the patient was experiencing dependency issues?	Yes	No	Insufficient data
		ii	If yes, please give details			
	b	i	If yes, is there any evidence that the clinician explored this aspect of care? If yes, please give details	Yes	□ No	Insufficient data
15	а	pat	I the quantity/frequency of the cient's analgesia increase in the last 6 inths?	Yes	No	Insufficient data
	b	i	In your opinion, is there any evidence that the patient was developing a tolerance to opioids?	Yes	No	Insufficient data
		ii	If yes, please give reasons			

16 Please indicate if a	ny of the following complication	ons were a feature of patient'	s final episode
Acute chest syr	ndrome	Stroke - haemorrhage	
Pnemococcal b	pacteraemia	Hip surgery	
Splenic seques	tration	Hepato-biliary surgery	
Stroke - infarcti	on	Seizures	
None			
17 If the patient died in	n hospital please give details	of reviews in (a) first 24 hours	s and (b) final 24 hours
	Г	No evidence of patient being	ng reviewed
	Ē	Not applicable	
	Ē	Insufficient data	
a First 24 hours foll	owing admission	_	
Date (day and month)	Time (24-hour clock)	Grade of reviewer (see definitions)	Specialty of reviewer
b Final 24 hours			

D – FINAL EPISODE

То	be	completed by Advisor			
18	а	Was the frequency of reviews acceptable for the severity of this patient's condition?	Yes	No	Insufficient data
	b	If no, please give details			
19		Is there evidence of combined care def?	Yes	No	Insufficient data
20		Did the first hospital at which the patient			
		was admitted in their final episode have a dedicated haemoglobinopathy team?	Yes	No	Insufficient data
То	be	completed by Advisor			
21	а	Was the first hospital at which the patient was admitted suitable to manage the patient's haemoglobinopathy?	Yes	No	Insufficient data
	b	If no, was the patient transferred to a more	Yes	No	Insufficient
		appropriate hospital?		□	data
	С	If no, in your opinion could this have had any impact on the patient's outcome?	Yes	No	Insufficient data
	d	If yes, please gives details			
22		What consultant specialty was the patient admitted under?			
_		(Please refer to Q 19 on questionnaire)	Insufficient da	ata	
23		What consultant speciality was the patient under at time of death?			
			Insufficient da	ata	

То	To be completed by Advisor						
24	а		the consultant that the under appropriate?		Yes	No	Insufficient data
	b	If no, was the patier appropriate speciali			Yes	No	Insufficient data
25	а	Did junior doctors se senior staff as requi			Yes	No	Insufficient data
	b	Please give details			Not applicable	le	
	J	r reade give details					
26	<u> </u>	If appropriate, was a	advice sought from		Yes	No	Insufficient
		external experts?			Not applicable		data
	b	Please give details			rvot applicabl		
27		If the patient was m managed	anaged in hospital in the	fina	l episode, pleas	se list wards w	here the patient was
	(E	Date Day and month)	Time (24-hour clock)		Туре о	f ward	Time on ward (<i>Days and hours</i>)
			:				
			:				
			:]_	<u> </u>		
			:				
]			
			:]			

То	be d	completed by Advisor				
28		Was the patient managed on a ward(s)?	n appropriate	Yes	No	Insufficient data
29	а	Did a lack of clarity about wher should be managed lead to de		Yes Not applied	No No	Insufficient data
	b	If yes, please give details		Not applicab	nie	
30	a	Was the patient's fluid balance		Yes	□ No	Insufficient
30	а	management appropriate?		Not applicab	<u> </u>	data
	b	If no, please give details				
31	а	Was the frequency of observat appropriate?	ions	Yes	No .	Insufficient data
	b	If no, please give details		Not applicab	lle	
32		List all investigations requested	d (including ha	ematology, bioche	emistry, x-ray)	

То	be	completed by Advisor			
33	а	Were all appropriate investigations carried out?	Yes	No	Insufficient data
	b	If no, please give details			
E-	- Sl	JRGERY (Please refer to Section H on q	uestionnaire)		
34	а	Did the patient undergo surgery?	Yes	No	Insufficient data
	b	If yes, please list surgical procedures perfor	med		
То	be	completed by Advisor			
35	а	Was the patient's pre-operative management appropriate for their haemoglobinopathy?	Yes	No	Insufficient data
	b	If no, please outline any deficiences			
36	а	Were appropriate investigations carried out pre-operatively?	Yes	No	Insufficient data
	b	If no, please indicate which investigations sl	hould have been und	dertaken and why	
37	а	Was the post-operative management	Yes	No	Insufficient
31		adequate?	165	No	data
	b	If no, please outline any deficiencies			

То	To be completed by Advisor				
38		Was the experience and seniority of the anaesthetist appropriate?	Yes	No	Insufficient data
39		Was the experience and seniority of the surgeon apppropriate?	Yes	No	Insufficient data
40		Was the surgery performed:			
	а	at an appropriate time?	Yes	No	Insufficient data
	b	in an appropriate hospital?	Yes	No	Insufficient data
	С	If no, please give details			data
41	а	Did the patient receive appropriate analgesia post-operatively?	Yes	No	Insufficient data
	b	If no, please give details			
42	а	Were there any peri-operative def complications?	Yes	No	Insufficient data
	b	If yes, please give details			
_					
43	а	Were any of these complications avoidable?	Yes	No	Insufficient data
	b	If yes, please explain reasons			

F- [F- DEATH (Please refer to section G on questionnaire)			
44		How was the cause of death recorded on the death certificate?		
		1 a		
		1 b		
		1 c		
		2		
		No cause of death recorded in notes		
		No cause of death recorded in hotes		
То	be	completed by Advisor		
45	а	Was the given cause of death correct? Yes No Unsure		
	b	If no, how should the cause of death been recorded?		
		1 a		
		1 b		
		1 c		
		2		
	С	Any additional comments		
	Ū			
46		Was a consented autopsy ^{def} performed? Yes No Insufficent		
_		data		
47		Was the patient referred to a coroner? Yes No Insufficient data		
48	а	Was a coronial autopsy def performed? Yes No Insufficient		
_		data		
То	be	completed by Advisor		
48	b	If a coronial autopsy was not performed, Yes No Insufficient		
		should the patient have been referred to a coroner? Not applicable		
	С	If yes, please give details		

G – OVERALL ASSESSMENT OF PATIENT CARE

, ,	To be completed by Advisor				
49	а	Overall assessment of ongoing management for this patient			
	1	Good practice - a standard that you would accept for yourself, your trainees and your institution			
	2	Room for improvement – aspects of clinical care that could have been better			
	3	Room for improvement – aspects of organisational care that could have been better			
	4	Room for improvement – aspects of both clinical and organisational care that could have been better			
	5	Less than satisfactory – several aspects of clinical and/or organisational care that were well below satisfactory			
	6	Insufficient information submittted to assess the quality of care			
	7	Not applicable			
	b	Please provide reasons for assigning this grade			
50 50	<u> </u>	Overall assessment of care in the final clinical enisode of care			
50	а 1	Overall assessment of care in the final clinical episode of care			
50	a 1 2	Good practice - a standard that you would accept for yourself, your trainees and your institution			
50	1	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better			
50	1 2	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better			
50	1 2 3 4	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better Room for improvement – aspects of both clinical and organisational care that could have been better			
50	1 2 3	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better Room for improvement – aspects of both clinical and organisational care that could have been			
50	1 2 3 4	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better Room for improvement – aspects of both clinical and organisational care that could have been better Less than satisfactory – several aspects of clinical and/or organisational care that were well			
50	1 2 3 4 5 5	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better Room for improvement – aspects of both clinical and organisational care that could have been better Less than satisfactory – several aspects of clinical and/or organisational care that were well below satisfactory			
50	1 2 3 4 5 6	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better Room for improvement – aspects of both clinical and organisational care that could have been better Less than satisfactory – several aspects of clinical and/or organisational care that were well below satisfactory Insufficient information submitted to assess the quality of care			
50	1 2 3 4 5 6 7 .	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better Room for improvement – aspects of both clinical and organisational care that could have been better Less than satisfactory – several aspects of clinical and/or organisational care that were well below satisfactory Insufficient information submitted to assess the quality of care Not applicable			
50	1 2 3 4 5 6 7 .	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better Room for improvement – aspects of both clinical and organisational care that could have been better Less than satisfactory – several aspects of clinical and/or organisational care that were well below satisfactory Insufficient information submitted to assess the quality of care Not applicable			
50	1 2 3 4 5 6 7 .	Good practice - a standard that you would accept for yourself, your trainees and your institution Room for improvement – aspects of clinical care that could have been better Room for improvement – aspects of organisational care that could have been better Room for improvement – aspects of both clinical and organisational care that could have been better Less than satisfactory – several aspects of clinical and/or organisational care that were well below satisfactory Insufficient information submitted to assess the quality of care Not applicable			

То	To be completed by Advisor		
51		Cause for concern cases Occasionally NCEPOD will refer cases that have been identified as 5 (Less than satisfactory) when it is felt that further feedback to the Trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of casenotes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk, if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for two years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.	
<u>-</u>		If you feel this case should be considered for such action please cross	
52	а	Are there any particular issues you feel should be highlighted in the main report?	
	b	If yes, please give details	

Advisor – please initial

Codes

CODES FOR GRADE	
CON = Consultant	SHO = Senior House Officer
SGR = Staff grade	NUR = Nurse
ASP = Associate specialist	OTH = Other
SPR = Specialist registrar	UNK = Unknown

Definitions

TERM	DEFINITION
Combined care	All appropriate medical specialties involved in the patient's care.
Consented autopsy	A consented autopsy may be requested by the doctor managing the patient to confirm the cause of death, investigate effects of treatment and investigate any possible abnormalities in other organs which may have been involved in the disease. In order for a consented autopsy to be performed the patient's relatives must give consent. http://www.wandsworth-pct.nhs.uk/policies/ClinicalGovernance/31336.frm.doc
Coronial autopsy	Coronial autopsies are mandatory and are required by the coroner to investigate sudden and unexpected deaths, deaths where the cause is unknown and the doctor therefore cannot issue a death certificate and death where the cause of death is known or suspected to be due to causes other than natural diseases (eg accidents and industrial diseases). http://www.wandsworth-pct.nhs.uk/policies/ClinicalGovernance/31336.frm.doc
Death in hospital	The deceased was clearly under the care of a hospital at the time of death.
Death in the community	The deceased was not under the care of a hospital at the time of death. Including: patients received by accident and emergency departments who are dead on arrival; and patients who are admitted to an accident and emergency department but are not under the active and ongoing care of a hospital for more than one hour prior to death.
Death in the community following discharge from hospital	The deceased died in the community within 14 days of being discharged as an in-patient at a hospital.
Peri-operative	The time before, during and after an operative procedure. The peri-operative period starts on first contact with an anaesthetist.
Specialist centre	A centre with a dedicated team specialising in the management of patients with haemoglobinopathies.