

## **Some Specific Checks Carried Out on Deaths Data**

This page provides information about some specific checks which are performed on the National Records of Scotland (NRS)'s statistical data on deaths.

### **Allocation of ICD-10 Codes**

Each death registered in Scotland is allocated cause of death codes, taken from the International Statistical Classification of Diseases and Related Health Problems (Tenth Revision) (ICD-10), by computer software which was developed by the United States National Centre for Health Statistics. The software produces the codes by analysing the textual information which was entered on the medical certificate of the cause of death by the certifying doctor. The codes for each death are checked by a NRS Vital Events Medical Coder to ensure that the software has allocated the correct codes, and taken proper account of the details of the cause of death.

Subsequently, additional information about a particular death may be received from e.g., GPs, consultants and Procurators Fiscal. This may result in changes to the cause of death codes. The software is used to allocate revised codes, based on the amended details of the cause of death, which are then checked and, if necessary, amended by a Medical Coder.

Double-coding is a process where an experienced Medical Coder reviews all the information received in relation to a particular death, and checks that the correct cause of death codes have been allocated. Where there is a difference of opinion, the person double-coding the death record discusses the case with the original Coder and they come to an agreement on the final cause of death codes. All deaths registered in 2009 were double coded.

### **Procurator Fiscal returns**

Where a Procurator Fiscal (PF) considers that there should be a change to a cause of death (even if it is only deleting wording such as Pending investigation from the text), an F49B form is completed and submitted to NRS Vital Events. As well as being used by the Medical Coders to allocate accurate causes of death, the amended cause of death details are recorded on the Register of Corrections Etc, which is part of the public record. During 2009, the F49B form was amended to include the PF's view as to the nature of death, in cases where the death was considered to be of a traumatic or suspicious nature: the PF indicates whether it was believed to be the result of an accident, intentional self-harm, assault or an act of undetermined intent (the last category applies when the evidence is insufficient for the PF to form a view, on the balance of probabilities, as to which of the other categories is appropriate). This information, together with the details relating to the changes to the cause of death (where applicable), helps the Medical Coders to allocate more accurate cause of death codes and so increases the accuracy of the statistical information.

### **Homicide return forms**

NRS Vital Events receives from the Scottish Government (SG) Justice Statistics Unit copies of the data from the annual Homicide Return forms. These are completed by the police forces throughout Scotland for every death classified by the police as a murder or culpable homicide. An experienced Medical Coder checks the details recorded on each Homicide Return against the details of the corresponding deaths that are held in the NRS Vital Events statistical database. Where the nature of death recorded in the Homicide Return differs from the details that NRS has already received relating to the death, the Medical Coder may update the death details on the NRS Vital Events database, and allocate more accurate codes for the cause of death, to take account of this additional information.

There are differences between the ICD-10 definition of assault and the SG/police definition of homicide. Therefore, for example, there will be cases where a death is classed as a homicide on the Homicide Return but, having reviewed the information available, the Medical Coder will decide that it does not meet the ICD-10 criteria for being counted as assault.

### **Road Traffic Accident (RTA) data**

The SG Transport Statistics branch provides NRS Vital Events with details of all fatal road traffic accidents in Scotland each year, which come from the 'Stats 19' road accident statistical returns that are submitted to SG by the police. A Medical Coder compares the data from the 'Stats 19' returns and the information which is held on the NRS Vital Events statistical database, and adds to the latter details from the former, such as the type(s) of the vehicle(s) involved and the deceased's involvement in the accident (e.g. driver, passenger). Then, more accurate codes for the causes of death may be allocated, taking account of the information provided by SG Transport Statistics.

The SG and NRS figures may not agree completely, because of differences between the definitions used by SG and NRS. For example, SG's 'Stats 19' data cover accidents occurring, in the specified year, on public roads in Scotland; whereas the NRS figures cover deaths, registered in Scotland in the specified year, as a result of road transport accidents (which may have occurred on private roads or outwith Scotland).

### **Deaths involving or resulting from use of controlled substances: drug-deaths form ME4**

NRS Vital Events obtains further information about most drug-related deaths from Forensic Medicine Units throughout Scotland. The 'ME4' form, which is completed by the pathologist, informs NRS of: whether the deceased was a known or suspected habitual drug abuser; the drugs or solvents which were implicated in, or potentially contributed to, the cause of death; any other drugs or solvents which were present but which were not considered to have had any direct contribution to the cause of death; whether alcohol was present and, if so, implicated; and the pathologist's view of the cause of death. The information provided by the pathologists is added to the NRS Vital Events statistical database, and used to allocate more accurate codes for the causes of death and as the basis for additional analyses (e.g., of the drugs involved in deaths).