

Annexe to 11 September 2019 letter to NHS medical directors re: medical examiner system

The medical examiner system structure:

Medical examiners will be employed by NHS trusts and foundation trusts (referred to as host sites for the remainder of this annex), with a separate professional line of accountability. This is to allow for access to information in the sensitive and urgent timescales surrounding death registration, but with independence necessary for the credibility of the scrutiny process. We are currently recruiting regional lead medical examiners to NHS England and NHS Improvement, who will provide the line of accountability. We will soon commence recruiting regional medical examiner officers to support the set-up and long-term management of the system. We will continue to work with coroners, registrars, funeral directors, faith leaders and other partners to ensure the system is fit for purpose and serves the bereaved, and will encourage the same approach locally.

Introduction and operation of the system:

In advance of the changes to the law that will fully implement sections relating to medical examiners of the Coroners and Justice Act 2009, the flexibility of a non-statutory process will be used to deliver a system that will provide proportionate scrutiny to all non-coronial deaths. This will be delivered in a phased roll out for deaths in secondary care by the end of March 2020, and for all deaths by the end of March 2021.

Not all NHS trusts and foundation trusts need to host an individual medical examiner office. Depending on the average number of deaths, it may be more practical to enter into an agreement with a neighbouring organisation. We expect host sites to be predominantly acute trusts, with, potentially, services at certain specialist providers.

Digital solution:

A digital tool is under development to support the work of the medical examiners, and to inform the death certification process in the future statutory system. The digital tool has passed the first phase of testing and is ready to expand and develop as systems are set up. There will be a central process to bring offices onboard. For those host sites which had been proactive and set up well-established medical examiner systems, but are not onboarded to the digital tool until later in the year, this will not affect financial reimbursement.

Funding the service:

Each host site will fund the medical examiner system through a combination of the fee paid for cremation form 5, and a top-up provided by the DHSC via NHS England



and NHS Improvement. For non-coronial deaths which occur in host sites, a medical examiner will take on the role of completing cremation form 5, and the fee for completing this form will need to be directed to the host site organisation, rather than to the individual medical practitioner.

In the non-statutory system there continues to be a requirement to view the body and to complete relevant cremation forms where the disposal is by means of cremation. Where the death does not occur at a host site, the qualified attending practitioner will complete cremation form 4 and a second, independent medical practitioner will complete cremation form 5 and receive the cremation form fees, as has been the case historically. In addition, medical examiners will review records, complete the interaction with the qualified attending practitioner and with the bereaved, for disposal by means of cremation or burial of non-coronial cases. These activities are the three key elements of medical examiner scrutiny.

As part of the set-up and on-boarding process for each medical examiner office, the expected costs and funding requirement will be agreed with the host site. The number of medical examiners and medical examiner officers will be based on data from pilot sites and the number of expected deaths. The funding requirement will consider the expected income from cremation form 5 fees, and the additional DHSC funding to cover cases where a cremation form 5 fee is not charged, including child deaths, burials and cases referred by the medical examiner to the coroner. When the medical examiner service extends to deaths not at host sites, the medical examiner will not complete cremation form 5 and the fee will not be payable to the medical examiner office. The reimbursement from the DHSC will also cover the medical examiner costs in these cases.

A series of quarterly payments, commencing the quarter after a medical examiner office is established, will then be made throughout the year, based on expected costs of the system. A reconciliation will take place at year end, adjusting the fourth quarter payment, to ensure the actual costs are correctly reimbursed. For those organisations which have been proactive and set up well-established medical examiner systems, there may be some adaptations required to meet a national model. Some standardisation of the system is necessary to deliver a proportionate and affordable scrutiny process.

To support setting up services, DHSC have agreed to pay up to £750 per post towards recruitment costs for agreed medical examiner and medical examiner officer posts during 2019/20.

All funding will be made available via NHS England and NHS Improvement. It is important that host sites work with the office of the National Medical Examiner to consider set-up, so that expected costs are understood and agreed by all parties to avoid the risk of a medical examiner office cost exceeding its funding.