National Medical Examiner update

August 2020

Welcome

Medical examiners have started providing independent scrutiny of the deaths of health service and adult social care workers from COVID-19 in England. They have been speaking to relatives, providing an opportunity for them to give their views, and have already identified deaths which need consideration of further action, for example by coroners. This is very much the start of the process, but in my view we are already beginning to see the benefits of medical examiner involvement.

I am grateful to Dr Roger Banks, NHS England's National Clinical Director, Learning Disability and Autism; he and his team contributed a very useful insight into how medical examiners can help to improve the health of people with a learning disability and reduce health inequalities. This is obviously an important matter, and I am very keen that medical examiners consider the implications of the fourth LeDeR report and how they can support this work at a local level.

Despite the challenges presented by the pandemic response, work on wider medical examiner objectives continues. This includes preparing legislative proposals for the statutory phase. We will also start releasing a series of topical good practice papers, developed with key stakeholders, so we can add to our medical examiner resources. We expect to make a start in September and will circulate details in due course.

Dr Alan Fletcher, National Medical Examiner

What's included in this update

- Deaths of people with a learning disability in England
- Medical examiner funding and reporting in England
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Deaths of people with a learning disability

People with learning disability experience significant inequalities in health and have higher rates of morbidity and mortality than the general population.

The LeDeR programme captures the largest body of evidence of the deaths of people with a learning disability at an individual level, anywhere in the world. The latest LeDeR annual report in England, published by the University of Bristol, notes that only 37% of people with a learning disability live beyond the age of 65 (85% for the rest of the population); 44% of people with a learning disability had a medical cause of death considered avoidable (versus 22%); men with learning disability die on average 22 years younger and women 27 years younger than the general population, and both are significantly more likely to die in hospital.

Respiratory and cardiovascular disease are the main certified causes, but congenital and chromosomal disorders are frequently listed. The COVID-19 pandemic has raised concerns, and reported examples, about the inappropriate application of "do not resuscitate" as 'blanket decisions' for groups in care settings, or without adequate discussion with individuals and their family or carers. A national DNACPR policy has sought to address this issue in Wales.

NHS leaders and clinical guidance in relation to COVID-19 have emphasised that learning disability and autism are not health conditions, identifying "*diagnostic overshadowing,*" where symptoms of physical ill health are mistakenly either attributed to a mental health/ behavioural problems, or considered inherent to the person's learning disability or autism diagnosis.

It is important that medical examiners engage with local LeDeR colleagues in England and equivalent processes in Wales, providing information about the causes of death and quality

of care provided. By working together, we can make progress to address the disproportionate number of avoidable deaths of people with a learning disability.

Medical examiners can play a unique role, enabling greater scrutiny and clarity of the reasons for a person's death, and also as a contact point for the bereaved; providing an opportunity for families and carers to raise any concerns, such as unsatisfactory interactions with health services. These sensitivities need to be understood and addressed with understanding and compassion following a death.

Useful resources include the second Action From Learning report and Ask Listen Do, published by NHS England and NHS Improvement to support organisations to learn from and improve the experiences of people with a learning disability and autism. Learning from the LeDeR programme provides an important opportunity to improve the care and outcomes for people with a learning disability.

Medical examiner funding in England – action needed

2021/22 funding: You have been asking about the arrangements for reimbursing medical examiner work in 2021/22. We can confirm the following:

- If the non-statutory phase extends into 2021/22, the top-up funding for that period will be on the same basis as 2020/21.

- Further information on the statutory phase is expected to be communicated later in the year; however, as noted in the 2018 Impact Assessment, DHSC intends to cover the salary costs of medical examiners and medical examiner officers not covered by the proposed fee for adult cremations and burials. As with the non-statutory phase, it is expected that medical examiner offices will need to be compliant with any applicable guidance at the time in order to access this funding, including any requirements around full-time equivalents.

Reimbursement arrangements for costs incurred from April 2020 to September 2020: COVID-19 temporary financial arrangements are in place from April 2020 to September 2020. For this period, invoicing by trusts for services has been suspended. Reimbursement for medical examiner offices will instead be made through the trust-level block and retrospective top-up process. The national model and funding principles remain unchanged, and there should be no financial impact to trusts arising from the change of payment route.

Further information has been cascaded to trusts through our regional medical examiners and regional medical examiner officers.

If you have not received this, contact funding.nme@nhs.net urgently. We will not be able to reimburse any April to September costs through invoicing when this resumes from October. Therefore, April to September costs **must** be claimed via the trust-level block and retrospective top-up process.

Quarterly reporting update: we have previously written about the change to the quarterly reporting dataset and method from the 2020/21 Quarter 2 collection. Further information on this was cascaded to trusts at the end of June 2020. A draft Excel template for offline completion (if required) is available on request by emailing reporting.nme@nhs.net. Piloting of the web form has now been completed, and we are grateful to the trusts that supported us with this. The updated guidance – including information on how to register as a user and get access to the form – will be circulated in September; the final version of the Excel template will also be available.

Implementation in Wales

Despite the impact of COVID-19 over the last few months, the medical examiner service for Wales opened its first hub office in Mid & West Wales in July.

The first round of recruitment to medical examiner and medical examiner officer posts for the other three regions is complete. We have been delighted at the interest shown and the quality and diverse skills of applicants, and have recruited 16 WTE medical examiner officers and 4 WTE medical examiners in total. Recruitment to remaining posts will take place in the second half of the year, and will be in line with the model of 1.00 WTE medical examiner and 3.0 WTE medical examiner officers per 3,000 deaths scrutinised.

The remaining three hub offices will open in August (North Wales), September (South Wales Central) and October (South East Wales), at which point the medical examiner service will be operational across the whole of Wales. We are on target to scrutinise all deaths in Wales from 1st April 2021.

The medical examiner service for Wales has developed systems to underpin standard processes and procedures across Wales, meet the National Medical Examiner's reporting requirements, and provide seamless links to other NHS Wales systems. These include the

Master Patient Index to pre-populate fields, and the patient safety system to allow direct reporting to care providers. This will be implemented in August with ongoing review and development.

Role of the medical examiner officer

A number of acute providers asked whether it is possible to combine existing bereavement officer roles with the medical examiner officers (MEO) role. There is guidance about the role of MEOs in the National Medical Examiner's Good Practice Guidelines and a model job description. Bereavement officers often have excellent knowledge of death certification and causes of death. They are likely to have transferable skills such as working sensitively with bereaved people, and may be suited to becoming MEOs, but it is suggested the roles of bereavement officer and MEO should be kept distinct for a number of reasons.

Medical examiners provide independent scrutiny of deaths, and MEOs need to be able to support this. A combined post makes it more difficult to maintain that independence. This is likely to become a more significant problem in the statutory system, and when medical examiners start to scrutinise deaths in other providers. Similarly, DHSC reimbursement is dependent on compliance with the national model, and it will be more difficult for providers to confirm compliance with the model if MEOs have other duties.

It is certainly the case that bereavement officers and MEOs have complementary roles and both work with bereaved people, but the roles are distinct. Bereavement officers provide advice and support to bereaved people, and ensure correct procedures are followed. The MEO manages scrutiny of cases from initial notification through to completion, and may provide pre-scrutiny of patient records and tasks delegated by a medical examiner. The MEO role is recognised by the Royal College of Pathologists.

Finally, a key benefit of MEOs is to provide the constant presence in the medical examiner office. MEOs are ideally placed to note concerns and trends. An MEO who also has another role will be less able to provide continuity and identify learning.

Training and events

We are very grateful to Dr Suzy Lishman and colleagues at the Royal College of Pathologists for designing and delivering medical examiner face-to-face training by

teleconference for the first time, after original meetings were cancelled in response to the coronavirus emergency.

More than 60 delegates completed medical examiner training via Zoom on 30 July 2020, bringing the total number of fully qualified medical examiners to over 630. There were presentations from representatives of patient and faith communities, a coroner and a medical examiner officer, and eight experienced facilitators helped delegates navigate a series of challenging scenarios. Initial feedback was extremely positive – training retained most benefits of the 'in person' events without the need to travel.

Medical examiner training days will continue via Zoom for the foreseeable future. An additional day has been added on 8 October 2020, and additional places for 10 November 2020 may be released. The next medical examiner officer training event on 16 September 2020 will also be delivered by Zoom.

Further details can be found on the Royal College of Pathologists' website. The Royal College of Pathologists has also published the next collection of non-core e-learning modules to support ongoing development for medical examiners and medical examiner officers.

Contact details

We encourage you to continue to raise queries and share your thoughts on the introduction of medical examiners with the national and regional medical examiner teams. Our contacts page contains contact details for the national medical examiner's office, the medical examiner team in Wales, and regional medical examiners in England.

Further information

Further information about the programme, including previous editions of this bulletin, can be found on the national examiner webpage.

NHS Wales Shared Services Partnership also has a web page for the medical examiner system in Wales.