

To: CEOs at foundation trusts and NHS trusts  
GP practices  
Clinical commissioning groups  
Integrated care systems

NHS England and NHS Improvement  
Skipton House  
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**08 June 2021**

Dear colleagues,

## **System letter: extending medical examiner scrutiny to non-acute settings**

This letter sets out what local health systems now need to do to implement the [national medical examiner system](#) for scrutiny of non-coronial deaths across all health settings.

The National Medical Examiner's team has been supporting acute trusts to set up medical examiner offices since 2019. The progress made at local and national levels mean we are now in a position to begin work on the next phase of implementation which will extend medical examiner scrutiny to non-acute settings.

We recognise the challenges in doing this. The National Medical Examiner advocates that medical examiner offices take an ambitious but incremental approach to build skills and capacity as they extend their scope.

The government's white paper, [Integration and innovation: working together to improve health and social care for all](#), confirms the intention to put medical examiners on a statutory footing; the Royal College of Pathologists has now trained more than 1,200 medical examiners; and the National Medical Examiner's office has established the legal basis for providers to share records of deceased patients for medical examiner scrutiny, and the [order](#) confirms NHS trusts' legal basis for scrutinising any relevant deaths.

Medical examiners provide independent scrutiny of the causes of death in cases not investigated by a coroner, and give the bereaved a voice by asking them whether they have questions or concerns about the care of a patient before they died.

### **Acute trusts**

Medical examiner offices should be putting measures in place to extend medical examiner scrutiny of non-coronial deaths across all non-acute sectors as early as possible in 2021/22, so that all deaths are scrutinised by the end of March 2022.

Medical examiner offices should engage with local partners if they have not already done so. Regional medical examiners will support trusts on matters such as geographical boundaries, networks and how best to work incrementally towards a comprehensive medical examiner system. As they expand their medical examiner workforce, acute trusts should also consider whether their recruitment processes will encourage representation across medical specialties, including GPs.

### **Specialist, mental health and community trusts, and GP practices**

Established medical examiner offices will need to work with GP practices and chief executives and medical directors at specialist, mental health and community trusts to plan how they will facilitate medical examiner scrutiny of deaths of their patients. Each organisation will need to work with one established medical examiner office. [Regional medical examiners](#) will help guide medical examiner offices and health providers through implementation. Annexes A and B set out suggested processes for GP practices, and specialist, mental health and community trusts, respectively.

### **ICSSs and CCGs**

ICSSs and CCGs will be important partners in the implementation of independent scrutiny by medical examiners. They should facilitate partnership working across systems, and respond positively to requests for support from local and regional medical examiners.

We are grateful to all colleagues who have already made significant progress, both in establishing medical examiner offices and in starting to extend their scope. There is much still to do. To help you, the National Medical Examiner's office has made resources and support available, including advice about legal and information governance considerations for medical examiners, and [information for GPs](#). We anticipate that colleagues in health systems across all regions will be eager to embrace this work and the opportunities it presents.

Yours sincerely,



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National Medical  
Examiner



Dr Aidan Fowler  
NHS National Director  
of Patient Safety and  
Deputy Chief Medical  
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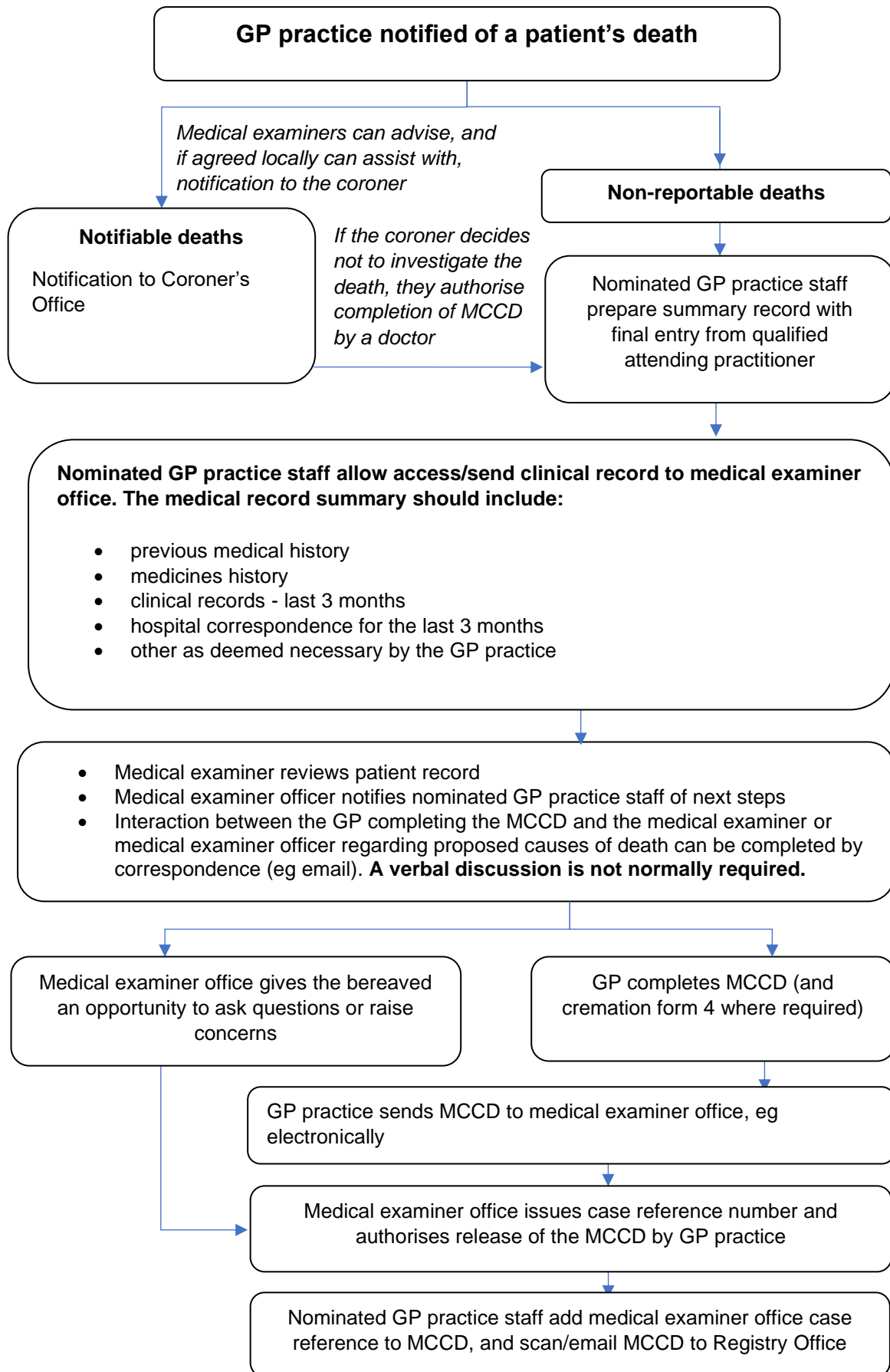


Professor Steve Powis  
National Medical  
Director



Dr Nikita Kanani  
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# Annex A: Medical examiners and GPs – example process



## Annex B: Example process for trusts without medical examiner offices

