

# National Medical Examiner update

June 2021

## Welcome

I know that recent months have been particularly busy and a stretching period for many colleagues, and I hope that the reduction in demand due to COVID-19 infections is bringing some relief. However my own experience is that workload remains challenging as patients and the NHS returns to normal operations.

The period since the previous bulletin has also been busy – but productive – for the national medical examiner team. We were delighted to be able to publish the first National Medical Examiner report 2020 at the Royal College of Pathologists’ annual conference for medical examiners. You can read more below. I was particularly pleased that we could report examples where medical examiners are already having a positive impact in Wales and in England, both on improving care for future patients, and on the experience of those who are bereaved. The fact we could do this is down to medical examiners and medical examiner officers reporting their successes and feedback to us, for which I am very grateful.

I am also delighted that we are now in a position to start extending medical examiner scrutiny to all non-coronial deaths in England, and that medical examiners have already started this process in Wales. We have provided brief details in this bulletin, and regional medical examiners in England will be contacting lead medical examiners about next steps.

**Dr Alan Fletcher, National Medical Examiner**

## What's included in this update

- First medical examiner annual conference
- Extending medical examiner scrutiny to all non-coronial deaths in England
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### First medical examiner annual conference

The first medical examiner annual conference was held on 27 April 2021. More than 350 delegates attended this virtual event, and were present to witness the launch of the first [national medical examiner report](#) for 2020.

It was an inspiring day with several high-profile speakers including Minister of State for Patient Safety, Suicide Prevention and Mental Health, Nadine Dorries MP; the Chief Coroner, His Honour Judge Thomas Teague QC; and Sir Robert Francis QC, Chair of Healthwatch England. [AtaLoss.org](#) provided a helpful insight for signposting those who are bereaved to support.

I would like to extend my thanks and appreciation to Dr Suzy Lishman and the team at the Royal College of Pathologists, and congratulations for organising such a successful first conference for medical examiners.

### Extending medical examiner scrutiny to all non-coronial deaths in England

We are now at a stage where it is appropriate for all medical examiner offices in England to begin a process to extend medical examiner scrutiny to all non-coronial deaths wherever they occur. A [letter](#) confirming this to NHS organisations was sent to primary and secondary care providers on 8 June 2021. We discussed this in advance with representatives of the BMA and Royal College of GPs, and would like to thank them for their helpful advice. Medical examiners in Wales have started providing independent scrutiny to some deaths in non-acute settings, and I am aware a number of medical examiner offices in England have commenced discussions with other healthcare providers in their locality.

We do not underestimate the complexity of this next phase of implementation, nor the challenges it will present. The health system context in each area will be unique, and

medical examiner offices are at differing stages of readiness. The steps towards scrutiny of all deaths need to be tailored carefully for each area, and it is likely to be appropriate to commence scrutiny of deaths from different sectors or localities at different times. We recommend an incremental approach reflecting local circumstances, while considering how to work towards a position where all non-coronial deaths can be scrutinised from April 2022. For example, in some places, it may be appropriate to begin work with partner organisations in a particular sector, such as hospices. In others, working with all providers in a geographical area, where integrated working is already advanced, may be favoured. In the *Finance and quarterly reporting for England* section below, we also address questions you may have about workforce capacity and funding to reflect extending medical examiner scrutiny.

We have been working to prepare materials to support medical examiner offices to extend scrutiny while medical examiners remain a non-statutory function. The national team worked with the Department of Health and Social Care to ensure there is a clear legal basis for health organisations to share patient records for medical examiner scrutiny. Our submission to the Confidentiality Advisory Group has been approved, which means that health organisations can share confidential patient information with medical examiners. In addition, a new [statutory instrument](#) ensures NHS trusts have a clear legal basis for extending scrutiny to other healthcare providers. Information about this and other support material is available to medical examiner offices. Regional medical examiners have contacted lead medical examiners about the information available.

I have previously noted that medical examiner offices benefit from employing medical examiners from a range of specialties. This will be particularly important as more medical examiners are recruited to increase capacity for extending scrutiny. Medical examiner offices should ensure their recruitment processes encourage applications from a wide range of specialties, including general practice.

I know that many of you have been waiting eagerly to hear more about our plans. I am grateful for your patience, in the context of the coronavirus emergency, it was important we did not divert the NHS from the priorities of tackling the pandemic. We were also mindful of the significant pressures faced by colleagues in many parts of the NHS, particularly in primary care.

## Implementation in Wales

The medical examiner service for Wales has now provided independent scrutiny of 2,000 deaths in acute and non-acute settings. The service offers access in Welsh and English for the bereaved and professionals, and is able to provide a fast track service for deaths that

require time sensitive release of the body. The service has started to identify and report themes and trends at national, local, organisational or departmental level.

A new process for mortality reviews in primary care in Wales has been developed which formalises the link between medical examiner service scrutiny and significant event analysis in individual practices where required. This will support consistency between care sectors and align our processes with stage 2 mortality reviews, child death reviews and coroner investigations.

As health boards start to see a reduction in COVID-19 demand, we hope local implementation teams will be able to speed up “scan and send” agreements to remove the need for transferring physical medical records between sites. Local implementation teams include members from the coroners’ offices, registration services and the health boards. For deaths in the community, “once only” remote access to clinical notes in individual practice systems is underpinned by data sharing agreements. Medical examiners and medical examiner officers also have direct access to diagnostic information through the Welsh clinical portal.

## Finance and quarterly reporting in England

We would like to thank medical examiners for submitting quarter 4 returns for 2020/21. We are using these to inform funding envelopes for each medical examiner office in 2021/22. Using data provided about deaths in hospitals, and data from the Office for National Statistics, we will estimate the number of deaths each medical examiner office is likely to scrutinise each year.

We will also consider when each office expects to increase staffing capacity. During 2021/22, we recognise that medical examiner offices will need to increase staffing incrementally to ensure they have the capacity for the expected number of annual deaths, particularly following the expansion of the service. We also recognise that adding new staff will not instantly lead to a corresponding increase in the number of deaths scrutinised.

As has always been the case, the agreed funding envelope is not paid on a “per deaths” basis, but on the actual expenditure through the year for the posts which are agreed. We will contact you with proposed figures as soon as possible, and also review them with you mid-year to determine whether assumptions need revisiting. For example, if the assumed number of deaths proves too low or too high, and your recruitment plans need to be adjusted.

Funding arrangements for medical examiner offices in Wales is agreed separately with DHSC through the Welsh Government.

If you have queries please contact [funding.nme@nhs.net](mailto:funding.nme@nhs.net).

## Good communication with patients guidance

The challenge posed by the coronavirus pandemic means that clear, concise and timely communication is more critical than ever. This [guidance](#), published by NHS England and NHS Improvement includes core principles and is likely to be helpful to medical examiners and officers communicating with those who are bereaved.

## Resources from the Royal College of Pathologists

As the lead medical royal college for medical examiners, the [Royal College of Pathologists](#) have made available a range of helpful information for medical examiners. The college has recently updated its [frequently asked questions](#) relating to medical examiners.

Some time has passed since the Royal College of Pathologists published the revised [Cause of death list](#) in July 2020. If you have queries or comments regarding the list, please address your questions to [codlist@rcpath.org](mailto:codlist@rcpath.org).

## Training and events

Training continues to move forward at pace, and 1,216 medical examiners and 254 medical examiner officers have now been trained with further [sessions](#) planned. A Continuing Professional Development programme for medical examiners is being developed, which will offer a monthly programme of online teaching events. Details will follow in a later bulletin.

## Contact details

We encourage you to continue to raise queries with us and share your thoughts on the introduction of medical examiners.

Our [contacts list](#) contains contact details for the national medical examiner's office, the medical examiner team in Wales, and regional medical examiner contacts in England.

## Further information

Further information about the programme, including previous editions of this bulletin, can be found on the [national medical examiner](#) webpage.

NHS Wales Shared Services Partnership also has a web page for the [medical examiner system in Wales](#).

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