

National Medical Examiner update

June 2022

Welcome

In May, the Royal College of Pathologists hosted the annual medical examiner conference, at which I launched my [National Medical Examiner's report for 2021](#). I would like to thank Suzy Lishman and everyone that contributed to making it a great success. In addition to this excellent conference, a number of significant milestones have been passed since my last update. The Health and Care Act 2022 received Royal Assent on 28 April 2022 and a written [ministerial statement](#) was recently made on 9 June 2022 referencing timing and funding of the statutory medical examiner system.

Medical examiner offices must now focus on three key areas to ensure we are ready for a statutory system in advance of April 2023. Firstly, medical examiner offices must ensure they have adequate workforce to provide independent scrutiny of non-coronial deaths in all healthcare settings. Secondly, they need to identify options for all local healthcare providers to share patient records efficiently with them (there is more information in this edition). And finally, medical examiner offices must build relationships with all healthcare providers and stakeholders in their area, and agree local processes. To support this, in the coming weeks we plan to write to all NHS organisations about the statutory medical examiner system.

I am delighted that Maxine Anderson has joined the National Medical Examiner team as senior project manager, she is already providing further support in a number of these areas.

These are exciting times, and I am confident that together we will make rapid progress to deliver a comprehensive statutory medical examiner system in England and Wales.

Dr Alan Fletcher, National Medical Examiner

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Health and Care Act 2022

As mentioned in the foreword, the DHSC has made clear its intention to work towards commencing implementation plans for the statutory medical examiner system from April 2023.

In the coming weeks and months we will provide further information and guidance about the statutory system, particularly once secondary legislation is finalised. We will also write to organisations across the healthcare system to raise awareness of the statutory medical examiner system, and the roles and responsibilities of providers and commissioners.

Second annual medical examiner conference

The second annual medical examiner conference took place on 18 May 2022 with 225 delegates joining. Keynote speakers included His Honour Judge Thomas Teague QC, Chief Coroner and William Vineall, Director of NHS Quality, Safety and Investigations, DHSC.

The [National Medical Examiner's report for 2021](#) was also launched at the event. The report provides a summary of the excellent progress made in 2021. The report notes that medical examiners provided independent scrutiny of more than 200,000 deaths, and provides further information about outcomes arising from medical examiner intervention. There are many excellent examples, including many instances where bereaved people and stakeholders thanked local medical examiners for their work.

Good Practice Series – Mental health and eating disorders

The Royal College of Pathologists has published the next of the National Medical Examiner's Good Practice Series, [Mental Health and Eating Disorders](#).

Quarterly reporting in England

Thank you to the many medical examiner offices that submitted 2021/22 returns, particularly given the considerable pressure trusts have been under.

The 2022/23 Quarter 1 data return is due between 1 July and 22 July 2022, via the online portal. Information on how to access the portal has been shared previously. We hope to reduce the workload by reducing the required fields for completion. Medical examiner offices will be sent more information when this has been agreed. Please contact reporting.nme@nhs.net if you have queries.

Implementation in Wales

As there has now been confirmation of the timeline for statutory implementation, the implementation plan in Wales is proceeding on that basis. The final round of recruitment of medical examiners and medical examiner officers is now taking place to reflect the expected implementation of the statutory system. Other key priorities are ensuring that relevant patient records can be accessed electronically, and rolling the service out to include around 400 GP Practices in time for statutory implementation. A Stakeholder Reference Group will be established in coming months to engage with key partners and ensure feedback is considered.

The single service model in Wales is now able to triangulate data from different wards, departments, hospitals, and health board areas. This supports identification of issues, on both local and national levels, that would not be easily derived from other sources. It is equally evident that bereaved people really value the ability to discuss concerns with staff who are independent of the care organisation, and who can provide clarity around events and actions based on the systematic application of the three-stage scrutiny process. This consistency is also enabling the development of high trust relationships with care providers and coroners who are increasingly confident that any issues raised are appropriate and relevant, and will be acted on accordingly.

Access to GP records in England

Many medical examiner offices in England have started to provide independent scrutiny of non-coronial deaths in non-acute healthcare settings. This work needs to accelerate rapidly

so that systems are in place well in advance of April 2023. We have received a number of questions about the basis for other healthcare providers to share the records of deceased patients with medical examiners, and also about practical obstacles to sharing patient records efficiently.

In March 2021, NHS England obtained S.251 approval for healthcare providers to share patient records with medical examiners in the period before the system becomes statutory. Details can be found on the [Health Research Authority's website](#) (ref: 21/CAG/0032). Medical examiner offices have been provided with templates, drafted by NHS England's information governance and legal teams, setting out the basis for sharing patient records. When the statutory medical examiner system commences, we expect the provisions to add medical examiners to the list of persons with a right of access to patient records in the Access to Health Records Act 1990.

We also recognise the practical difficulties that can arise when trying to share patient records, given the wide range of different systems operated by healthcare providers. The National Medical Examiner's team does not prescribe or support a particular approach, as success will depend on the existing arrangements and digital transformation projects in each area. We will continue to work with DHSC and NHS Digital to identify options for medical examiner offices, and will provide medical examiner offices with more information as this becomes available. Each medical examiner office should explore solutions that will work for them and their local healthcare providers.

Training and events

Currently, more than 1,600 senior doctors have completed medical examiner training with the Royal College of Pathologists, and 371 staff have completed medical examiner officer training. Further [sessions](#) are planned and will continue to be held virtually via Zoom.

Contact details

We encourage you to continue to raise queries with us and share your thoughts on the introduction of medical examiners, through the [contacts list](#).

The page 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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