

National Medical Examiner update

June 2020

Welcome

I am extremely proud of the flexibility and commitment demonstrated by medical examiners and medical examiner officers in England and Wales to support the response to COVID-19. Despite the pressures of COVID-19 we are continuing to see significant momentum, enthusiasm and progress being made in implementing the medical examiner system in acute trusts in England, and with NHS Wales Shared Services Partnership (NWSSP).

In response to the COVID-19 pandemic, I was asked to advise government departments including the Ministry of Justice, General Register Office and DHSC while they considered excess deaths easements which would finally be adopted in the Coronavirus Act. These measures provided flexibility for healthcare providers to maximise the time available for doctors to care for patients during periods of pressure caused by COVID-19. The National Medical Examiner team worked with stakeholders across government departments to develop [guidance on](#) new death certification processes which was published on 31 March 2020. We are learning how the impact of the easements can feed into future policy development.

I have heard of many examples where medical examiners and medical examiner officers made a significant contribution to the coronavirus response, either by spending more time treating patients, or by taking over certification responsibilities so that others could devote more time to patient care. I would like to thank everyone for this contribution, which has been recognised across disciplines and in many areas. In just one example I'd like to share, Dr Nigel Kennea, lead medical examiner at St. George's University Hospitals Trust, speaks about [how his role has changed as a result of COVID-19](#).

Dr Alan Fletcher, National Medical Examiner

What's included in this update

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Recommencing medical examiner scrutiny and implementation

As mentioned above, there have been many examples where medical examiners have helped trusts in response to the coronavirus pandemic. There is also an increasing focus on lessons we can learn from the experience of caring for patients infected with COVID-19, and medical examiners will have an important role to play in coming weeks and months.

As we start to move past the peak of COVID-19 cases, all acute trusts in England should resume their work on Medical Examiner implementation as soon as possible as this is a priority for NHS England and NHS Improvement. Where medical examiner scrutiny was suspended to support the coronavirus response, medical examiners should return to their normal duties as soon as practicable. We recognise there may be local considerations for trusts still affected by excess deaths, and this may affect timing, but where a return to medical examiner scrutiny/implementation is feasible, this should take place by 1 July 2020 or earlier if possible.

While it was entirely appropriate for medical examiners to adopt different practices to respond to the coronavirus emergency, when medical examiners return to their normal duties they should follow all the principles and processes in the [good practice guidelines](#). Medical examiners' scrutiny must comprise medical record review; reviewing the proposed causes of death and whether the coroner needs to be notified, with the medical practitioner completing the MCCD; and where cases are not notified to the coroner at the outset, asking the bereaved whether they have questions about the cause or circumstances of death or concerns about the care before death.

Some of you have asked about the extension of medical examiner scrutiny to non-acute deaths, and it has been good to hear that some areas are already thinking about this next phase. We are developing further guidance which we will publish in coming weeks and months to provide appropriate support for this important step. In the meantime, if you

have specific questions about this in your area, please ensure you liaise with your regional medical examiner and regional medical examiner officer (contact details are at the end of this update).

Implementation in Wales

Scrutiny of deaths in Wales began in January, with medical examiners in three acute hospitals scrutinising deaths, delegating appropriate tasks to the medical examiner officer. The value of this approach has been demonstrated to date with improved death certification accuracy and completeness, and patient safety/quality of care issues being identified from both scrutiny of the clinical notes and from discussions with the bereaved. In addition, the bereaved were able to discuss concerns with a medical examiner officer which in some cases may have avoided escalation to the formal concerns system.

Following a very successful recruitment day in March, a further six medical examiners and four medical examiner officers were appointed. Given the serious escalation of the COVID-19 situation in March and increased demand on frontline health and care services, the Medical Examiner Service for Wales has delayed further recruitment until July.

During April and May the Medical Examiner Service in Wales provided expert guidance and advice to health boards and trusts via a Central Death Certification Hub. This helped reduce the time front line clinicians spend away from direct patient care and will continue, in parallel with the build-up of the service, until the full medical examiner service is established.

When implementation resumes in July, we will be recruiting to the South Central Region, followed by North Wales in August and South East Wales in September. Recruitment in each region will be in two waves, firstly to recruit a WTE medical examiner and three WTE medical examiner officers to establish the regional office, followed by additional staff to bring the region up to full establishment. It is anticipated there will be one month between recruitment and the service being fully operational for staff induction.

To support the implementation process, and building on the engagement work undertaken so far, local implementation groups will be established in each region that will include representation from health boards, coroners' offices, general register offices and faith groups.

Medical examiner activity reporting

We are currently working on activity and outcome reporting that will enable the National Medical Examiner, regional medical examiners in England and the lead medical examiner in Wales to understand the activity and outcomes of medical examiner offices. Reporting is

likely to start from July 2020 and will be combined with data required for reimbursement so there is the need for one submission. We aim to use user-friendly processes to streamline the reporting process, and will be contacting medical examiner offices with details as soon as possible.

Regional and national teams update

Shortly after the previous briefing, we made the remaining appointments to the national/regional medical examiner teams in England, which meant Wales and all regions in England were fully covered for the first time from February 2020. We welcome Debbie Peacock (North East & Yorkshire region), and Amanda Dooley (South East region). You can find their email addresses in the 'contacts' section below. The national and regional teams are now fully in place and will continue to support implementation of medical examiner systems throughout England and Wales.

Lay representation in England

The bereaved are a central focus of the medical examiners system, and it is vital that all organisations consider how the concerns of bereaved people and other patient interests are reflected in their arrangements. We are delighted to welcome two lay representatives who have agreed to join the Medical Examiner System Implementation Group in England. Graham Prestwich and Douglas Findlay have a wealth of experience, including work with other health initiatives and organisations, and will be an asset to the group helping to strengthen and improve our focus on areas of public interest including independence of medical examiners, accuracy of medical certification and good governance.

Reimbursement arrangements

The National Medical Examiner team is in the process of confirming annual funding envelopes for 2020/21 based on activity and cost estimates provided by trusts and foundation trusts in England. If a trust has not yet provided estimates, or they need to update estimates provided prior to the COVID-19 emergency period, they should contact funding.nme@nhs.net as a matter of priority.

All trusts and foundation trusts expecting reimbursement for recruitment and salary costs of medical examiners and medical examiner officers during 2020/21 Quarter 1 should provide their 2020/21 Quarter 1 actual data by 10 July 2020 at the latest. See [this note](#) for further information.

Provisions in the Coronavirus Act 2020 had an impact on [financial arrangements](#) in England during the COVID-19 emergency period. Separate reimbursement streams are in operation

for implementation and activity in Wales via the Department of Health and Social Care and Welsh Government.

Training and events

Obviously face-to-face training has had to be postponed due to social distancing requirements. However there has been a lot of progress since our previous bulletin.



We passed a significant milestone in February – Dr. Zaki Gaballa became the 500th trained medical examiner. Dr. Gaballa is pictured with (from left to right) Dr Suzy Lishman, Medical Examiners Training Lead, Dr Alan Fletcher, National Medical Examiner and Dr Jo Martin, President of the Royal College of Pathologists (RCPATH).

More than 570 senior doctors across England and Wales have now completed face-to-face medical examiner training; more than 1,100 individuals have completed the e-learning modules and 184 individuals have registered for forthcoming training days. RCPATH is looking at innovative ways to deliver the training in the current situation.

Other training updates are below:

- The 2020 joint training days developed by RCPATH and the Chief Coroner's Office for medical examiners and coroners have also had to be postponed due to COVID-19. The Chief Coroner's Office will provide new dates when available.
- At present, training for medical examiners and medical examiner officers is due to restart in late July – further details can be found on the [Royal College of Pathologists' website](#).
- The medical examiner event due to take place on 16 June, will be rescheduled for early 2021.

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 below:

National Medical Examiner's office based at NHS England and NHS Improvement

- For general enquiries: nme@nhs.net
- For enquiries about the National Medical Examiner's diary: Helen Hill, helen.hill6@nhs.net

In England

- For enquiries about implementation: Nick Day, nickday@nhs.net
- For funding enquiries: funding.nme@nhs.net

Region	Regional medical examiner	Regional medical examiner officer
East of England	Ellen Makings ellen.makings1@nhs.net	Siobhan Costello siobhan.costello@nhs.net
London	Mette Rodgers metterodgers@nhs.net	Laura O'Donoghue laura.odonoghue1@nhs.net
Midlands	Ben Lobo benjamin.lobo@nhs.net	Siobhan Costello siobhan.costello@nhs.net
North East & Yorkshire	Graham Cooper graham.cooper11@nhs.net	Debbie Peacock Debbie.Peacock2@nhs.net
North West	Huw Twamley huw.twamley@nhs.net	Margaret Butler margaret.butler2@nhs.net
South East	Zoe Hemsley zoe.hemsley1@nhs.net	Amanda Dooley Amanda.Dooley1@nhs.net
South West	Golda Shelley-Fraser Golda.shelley-fraser@nhs.net	Becky Protopsaltis rebecca.protopsaltis@nhs.net

In Wales

- Lead Medical Examiner for Wales – Jason Shannon
Jason.L.Shannon@wales.nhs.uk
- Lead Medical Examiner Officer in Wales – Daisy Shale
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- National Programme Manager – Andrew Evans
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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: www.nwssp.wales.nhs.uk/medical-examiner-service

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