

20 April 2022

Dear General Practice colleagues

Medical Examiner Scrutiny of community deaths - new changes pending

You may be aware that, for some time now, all deaths that have taken place in acute Hospital Trusts have been scrutinised by a Medical Examiner. The role of these officers is now being extended to also cover deaths occurring in the community.

Later this year, currently expected for late summer, it will become a statutory requirement for all deaths not requiring notification to the Coroner, wherever they occur, to be scrutinised by a Medical Examiner before they can be certified and registered. This means that deaths occurring in primary care will be scrutinised in the same way as those occurring in acute Trusts.

It is anticipated that Medical Examiners will offer GPs several areas of support including at times when a death does need referral to the Coroner. In general, their input will aim to reduce, not increase, the administrative burden of paperwork following the death of a patient.

Benefits to General Practice

- **Supporting the bereaved:** For GPs, this can reduce workload by taking care of enquiries and follow-ups. This does not replace GPs speaking with families or next of kin and providing the support they wish to give.
- **Support with MCCD completion:** specialist training and understanding of the MCCD and death certification processes means medical examiners can reduce the burden associated with coroner notifications from GP practices.
- **Supporting work with coroners' offices:** medical examiners are a source of medical advice for coroners, which should reduce requests from coroners for GPs to discuss cases or to advise on wording.
- **Timely completion of scrutiny:** medical examiners complete their scrutiny in a timely manner to facilitate registration within five days.
- **Examination of the deceased:** the Coronavirus Act introduced easements to the process of certifying deaths. There is no new mandatory requirement for examination of the deceased by GPs in the medical examiner system.
- **Complex cases:** Medical examiners will support the doctor completing the MCCD, drawing on their extensive knowledge gained through training and regular exposure to more complex scenarios to support and advise. This will assist GPs in completing MCCDs accurately in more complex cases.
- **Urgent release of the body:** medical examiners will develop positive relationships with contacts in faith communities and will be able to support GPs if there are requests for urgent issue of the MCCD.

- **Clinical governance:** where issues are detected, medical examiners will offer non-judgmental feedback. Their aim is not to find fault or review in unnecessary detail.
- **Concerns and learning:** a key objective for the medical examiner system is to identify constructive learning to improve care for patients.

Attached is a paper that includes links to further information, as well as a list of General Practices and their associated Medical Examiner Offices.

The CCG is working closely with Wessex LMC and the three Medical Examiner Offices in BSW to develop a process that will work well for primary care. It is important that practices look to engage as early as possible and help design a process that fits with their practice systems.

We are already working with some volunteer practices in BSW, to look at making the process as straightforward as possible, before we roll this out to all practices once we are advised of the mandated timeline later in the summer.

We look forward to working with you over the coming weeks and months but if you have any questions, please do not hesitate to contact us.

Kind regards

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