THE MEDICAL EXAMINER SYSTEM IS COMING TO THE COMMUNITY…..

What does the Medical Examiner do?

How do we do it?

How WILL it affect YOUR GP Practice?

An opportunity to get to know us & ask questions.

Dr. Mel King - Lead ME Barnsley Borough

What I'll cover…

- What is the Medical Examiner Service – the history behind it.
- What it does currently in Acute Trusts.
- What is happening in the community this year.
- How it will affect you……

What is it?

- Non-statutory for ‘Acute’ deaths since April 2019.
- Statutory from April 2023.
- Result of high profile ‘horror’ cases – Mid-Staffs, Morecambe Bay, Shipman.
- Public enquiries demanded better controls.
- ME Service in place – detection of problems at an earlier stage.

Purpose.

- Provide greater safeguards for the public by ensuring independent scrutiny of all non-coronial deaths.
- Ensure the appropriate direction of deaths to the coroner.
- Provide a better service for the bereaved allowing them to raise concerns.
- Improve the quality of death certification.
- Improve quality of mortality data.

Structure of ME Service.

- 130 Medical Examiner Offices in acute trusts in England; 4 regional hubs in Wales.
- 7 Regional Medical Examiners – Dr. Graham Cooper (Yorkshire)
- National Medical Examiner – Dr. Alan Fletcher

Medical Examiner Office

- Staffed by Medical Examiners (ME) & Medical Examiner Officers (MEO).
- MEs are senior doctors.
- MEOs are from allied health professional backgrounds.
- E-learning, face-to-face, RCPath, Good Practice Guidelines.
- ME is **independent**
  - Funded by NHS England
  - Reporting lines are external & within NHSI.

How does it work?

- ME scrutinises the notes.
- ME & Qualified Attending Practitioner (QAP) discuss & agree the proposed cause of death for Medical Certificate Cause of Death (MCCD).
- MEO – will discuss the cause of death with the N.O.K./informant & establish if they have any concerns with care (but also any compliments too!).

Governance

- Positive & negative feedback.
- Safeguarding concerns.
- Improvements in awareness, training & process.

The Future - How will this affect me?

- Initially focused on deaths occurring within the Acute Trust.
- Increase the service to cover the certification of ALL deaths within a specified geographical area:
  - Other NHS & independent settings (care homes, hospices etc).
  - Deaths in the community.

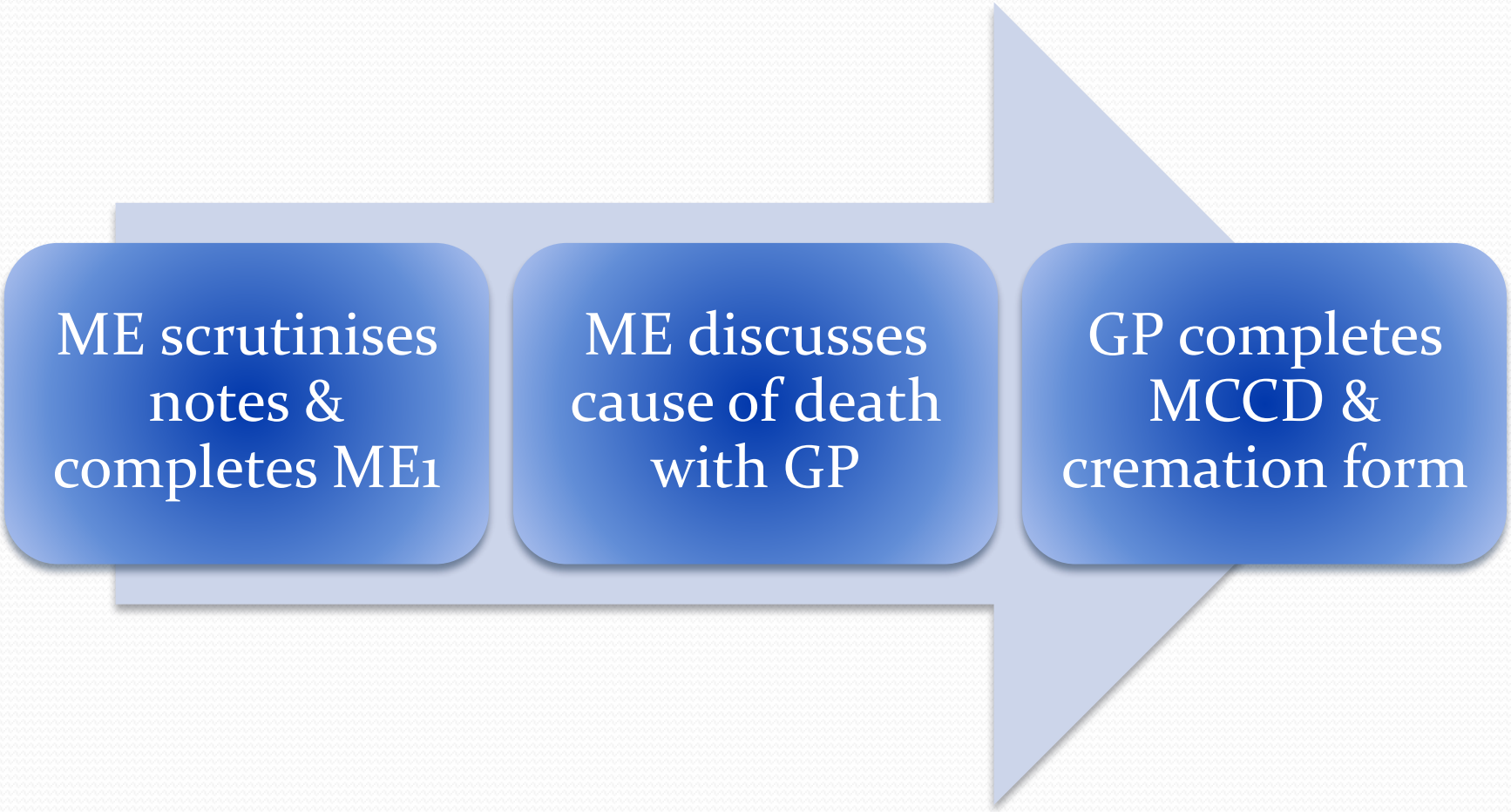
Barnsley GPs

- Penistone Group Practice - November 2021
- The Grove & Apollo Court - January 2022
- Darton Medical Centre – October 2022
- Woodlands Drive Medical Centre – November 2022
- Wombwell Medical Centre – November 2022
- Ashville/ Oaks Park – January 2023
- Dearne Valley group – January 2023
- Hollygreen Practice/ Lakeside – January 2023

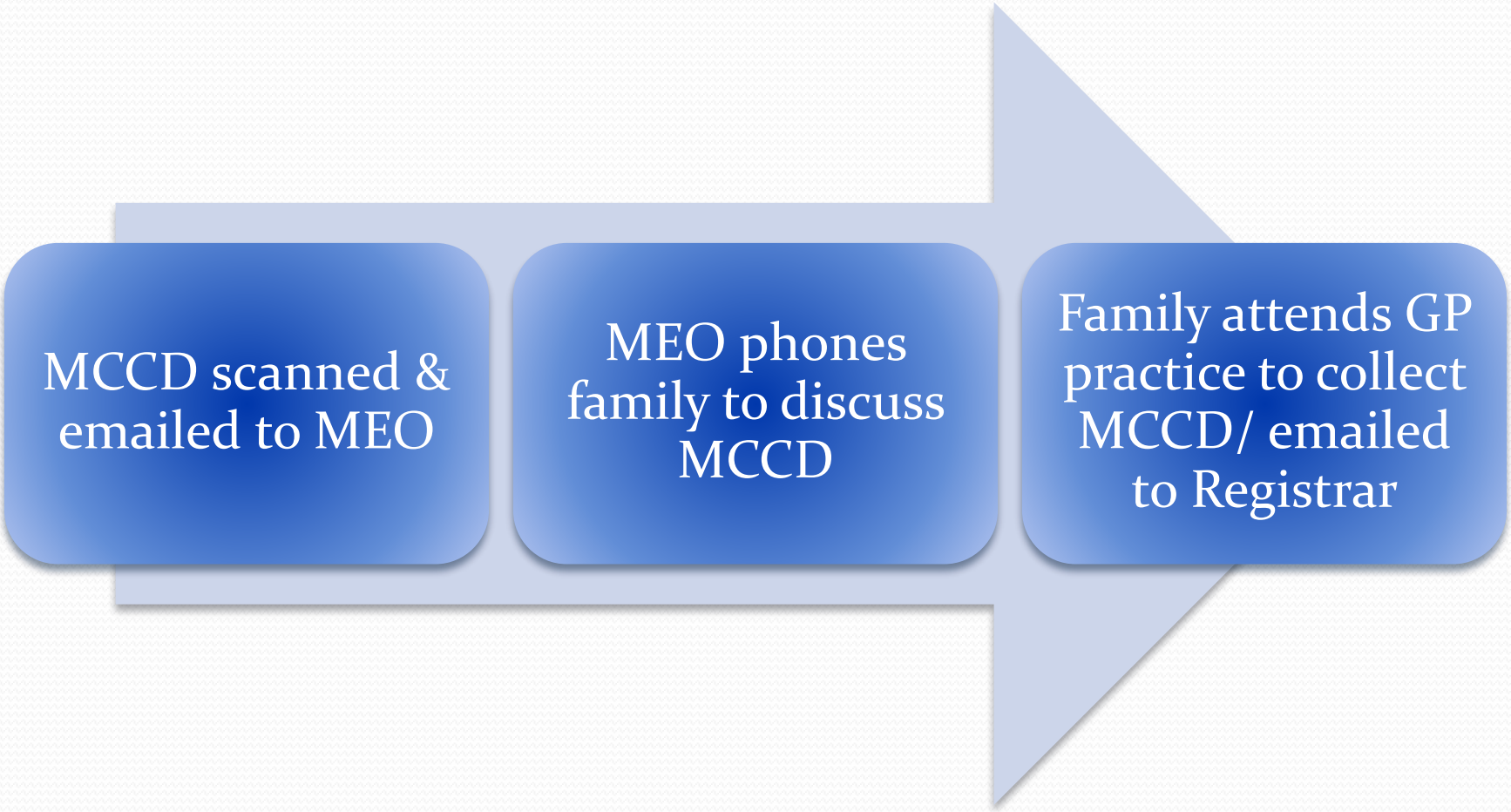
The Process


Patient dies in the community
Verification of death form completed by attending practitioner
Medical Examiner Service informed of death & location of body

The Process 2



The Process 3



Governance

- 123 scrutinies completed
- Compliments – 26
- Concerns/complaints – 2

Positive Feedback

- GP feedback
  - I like the fact that the ME can access the notes and get their own picture of what went on and the cause of death. The communication has always been good and timely. I feel likes it's actually made our job a bit easier.
  - really helpful overall
  - in cases where cause of death clear, as we have been involved not changed much, but where unclear nice to have it looked over

Positive feedback 2

- Coroner
  - Decreased number of referrals - more appropriate notification of deaths to coroners.
  - Improved quality of referrals.
  - ME good medical resource.
- Registrar
  - Fewer MCCDs rejected.
  - More accurate MCCD.

Conclusions

- Its coming, whether we like it or not….
- It will be statutory April 2023.
- It sounds complicated but its not…
- It will make things easier – coroners referrals/speaking to relatives/someone else to discuss MCCD with.

Questions