

Extending The Medical Examiner System for Community Deaths

OVERVIEW

Medical Examiners provide independent scrutiny of the causes of death in cases not investigated by a coroner. They agree a cause of death with the Qualified Attending Physician (QAP) and refer any concerns about care to the appropriate body. In addition, they have a conversation with the bereaved to explain the cause of death and identify any questions or concerns about the care of a patient before they died. Medical Examiner Offices are also happy to discuss if a coronial referral is required.

From April 2024 it will be a statutory requirement for all deaths to be scrutinised by a medical examiner.

WHAT THE PROCESS INVOLVES

Each Acute Trust hosts a Medical Examiner Office. Practices will refer deaths to their nearest office or if they sit close to more than one office, ME offices will be happy to discuss which is the most appropriate for referral.

The precise nature of the process varies from office to office depending on the resources that the Acute Trust has available. Essentially when notified of a death a referral should be made to the ME Office either through System One or EMIS, the NHS e-referral Service or by emailing a template. The referral should contain demographic details and next of kin¹, (these are auto-populated) and a proposed cause of death. If referral is through System One or EMIS this will provide access to the deceased's records, if via a template the last 3 months of records are attached.

The Medical Examiner will scrutinise the records and agree with the proposed cause of death or suggest an alternative wording. This can be carried out by email, very rarely is a telephone conversation required. Once the cause of death is agreed the MCCD can be issued.

WHAT NEEDS TO BE DONE

If you have not been contacted by your local ME Office get in touch with them. They will explain in detail how the process works, answer any questions and establish the process for you to refer deceased patients to the office. We aim to make this as simple and straightforward as possible.

We aim to have a referral process for all GP practices by 31st October. This does not mean that all deaths have to be referred by this date but just that the process is established. This date is chosen because beyond this, winter, the need to establish an extended service for faith deaths and transplantation, implement the upcoming electronic MCCD and a new national case management system means that ME Offices will not have capacity.

¹ The ME programme made application, S251, to the Secretary of State's Confidentiality Advisory Group for sharing of patient records and within this specifically noted that next of kin information would be shared with medical examiner offices. This has been approved.

CONTACT DETAILS

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