

To: Professor Martin Marshall CBE,
Chair of Council, RCGP

Dr Richard Vautrey, Chair, BMA GP
Committee

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

20 October 2021

Dear Martin & Richard,

Medical examiners evaluating deaths in community settings

Thank you for your letter of 13 October 2021.

As you know it is the Government's intention that all deaths will be independently reviewed, either by a medical examiner or a coroner. Clauses in the Health and Care Bill currently proceeding through Parliament mean recommendations in the report following the murders committed by Dr Harold Shipman, and several independent investigations since, will be addressed, and medical examiners will become a statutory part of death certification processes. All bereaved families will benefit from an opportunity to discuss causes of death, and any concerns about the care of their loved one before death, with someone independent.

This is an important safeguard which will help to reassure families about the safety of NHS services and there is no reasonable case for delay.

Since NHS England and NHS Improvement started actively implementing medical examiners in acute trusts in 2020, we have been mindful of the pressures faced by the whole healthcare system, including GPs, and that medical examiner offices and health systems across England are at different stages of readiness. We made clear in our letter of 8 June 2021 that we expect a gradual extension of medical examiners' scrutiny once local medical examiner offices are in a position to agree plans with colleagues in primary care and other non-acute providers. GP practices are key partners who will have the opportunity to actively shape processes and implementation plans, rather than being presented with a hard deadline to align with statutory arrangements. We anticipate the statutory system will not be in place before summer 2022, and expect Ministers to decide the precise time the statutory system will commence. In coming months, it is important that all healthcare organisations, including GPs, get ready for statutory arrangements, using the flexibility of the current non-statutory system.

We would be interested to understand what evidence of workload issues has arisen. Alan Fletcher's letter to Peter Holden on 24 August 2021 explained that medical examiners offer many benefits and opportunities for GPs. We are not convinced that altering the arrangements around completion of MCCDs will cause significant workload difficulties for GPs. ONS data suggests that on average, GP practices might expect 3 deaths per month, and the reality is likely to be lower. We have emphasised there is no new requirement to view bodies as a result of medical

examiner scrutiny, and in the majority of cases the interaction between the medical examiner and the GP will take place by correspondence (e.g. email) and with nominated practice staff.

We continue to support the appointment of medical examiners from all specialties, including GPs, and have referenced this publicly a number of times. This is a strength of the system, as medical examiners represent the range of specialties in secondary care, as well as primary care. All are expected to scrutinise deaths outside their specialty, and the diverse nature of the medical examiner workforce builds understanding across specialties. We are pleased that GPs were well represented in the most recent medical examiner training day. While we cannot dictate employment terms and conditions offered by trusts, we have made clear that equivalent seniority and experience should be recognised.

As you know we arranged a number of meetings with representatives from the BMA and RCGPs. We have provided dedicated information for GPs, and We expect local discussions to identify appropriate arrangements in the local context.

Our experience where medical examiners have been implemented is their insights are welcomed by fellow clinicians; lead to improvements in care for patients; feedback from families to medical examiner officers is overwhelmingly positive; and in cases where families have concerns, medical examiners' early intervention can prevent prolonged and difficult complaint processes. We are confident this experience will be repeated in primary care.

We will be happy to meet with you again to discuss these matters further. We trust this response is helpful and hope we can continue to work cooperatively to use the coming months to prepare for the statutory medical examiner system.

Yours sincerely,



Dr Alan Fletcher
National Medical Examiner



Dr Aidan Fowler
National Director for Patient Safety