National Medical Examiner System roll out to Somerset County

As a result of several high-profile public inquiries, acute trusts in England were asked to start setting up medical examiner offices through 2019/20, initially to provide an independent review of non-coronial deaths that occur in their own organisation.

The aim of the Medical Examiner Service is to:

- Provide bereaved people with an opportunity to give feedback about the care their loved one received, ask questions and raise concerns
- Enhance safeguards for the public and healthcare providers through improved and consistent review of non-coronial deaths
- Improve the quality and accuracy of medical certificates of cause of death and, ensure that coronial referrals are appropriate and accurate
- Support local learning and improvement by identifying matters for clinical governance and related processes
- Align with initiatives such as Learning from Deaths

The role of the Medical Examiner is to review non-coronial deaths in order to:

- Agree the proposed cause of death with the attending doctor and ensure the accuracy of the medical certificate of cause of death (MCCD)
- Discuss the cause of death with bereaved people or informant in lay terms and establish if they have feedback they would like to give about the care, that could have impacted or led to the death. These conversations can be allocated to the MEO at the Lead ME's discretion
- A medical advice source to the local HM Coroner
- Highlight a selection of cases where concern has been raised by either family, healthcare staff or the ME, for further review under local mortality arrangements and other clinical governance procedures

Since September 2020, Somerset NHS Foundation Trust (SFT) have been running a Medical Examiner Service. We initially concentrated on those deaths occurring within Musgrove Park Hospital and then, in June 2021, the service was rolled out to cover all Community & Psychiatric inpatient areas within SFT. The Medical Examiner Service at Yeovil District Hospital has been running since July 2020. Both services have a team of Medical Examiners (ME), who include consultants from varying specialities & GPs and, Medical Examiner Officers (MEO) who support the MEs in their roles and carry out a lot of the background work including liaising with families. Although in some areas of the UK, Medical Examiner Offices are separate to Bereavement Offices, the service at SFT is hybrid and therefore their MEOs are 'Bereavement & Medical Examiner Officers'. This is acceptable to the National ME team and works well currently, as it is felt it provides a more consistent service for the families.

Now services have been established in the acute settings, NHS England & NHS Improvement have asked that acute Trusts work towards extending the service out to include deaths which occur in their wider community, not including those that are dealt with directly by HM Coroner eg sudden unexplained deaths. The expectation was originally to have a complete roll out nationally by August 2022, however due to a delay in the legislation being passed, that deadline has now changed to April 2023 when it will be a statutory requirement for all deaths to be reviewed by an ME. This shift has given us the opportunity to be able to introduce the service at a slower pace to ensure we are developing processes that work for all.

In January 2022 we began planning and developing the Somerset Medical Examiner Service (SMES), a combined service between SFT & YDH covering the whole of Somerset County. Following liaison with Somerset LMC, HM Coroner, and various other stakeholders, we began the process of developing a suitable referral pathway along with a governance structure in preparation for the first phase of the roll out. An early adopter of the process was identified as Mendip PCN and since May this year, all 5 practices within the PCN have been using the pathways developed. Since then, we have been able to adapt and develop the processes based on the feedback of those practices. So far things have worked well, and all practices have been happy to engage with us thus far. Our turnaround times for cases referred are within the same day as referral unless the referral is made late in the day. We cannot guarantee cases referred after 3.30pm will be reviewed the same day however we will always endeavour to get them through if we know a GP is not going to be available to complete the paperwork the following day due to annual leave etc.

Our staffing is increasing as we are expecting an increase of cases referred to SMES by approximately 3000 deaths per year. The national ME System has provided enough funding to ensure there are enough ME's and MEO's to accommodate this increase. Our previous opening hours were 8-4 Monday – Friday, excluding Bank Holidays and we are now staffing the office with MEOs 8-5. The Lead MEs for both SFT & YDH are currently working on a joint rota to enable full coverage and there is an expectation that we should have ME cover until 4.30pm.

Our aim was to begin the second phase of the roll out by the end of August however due to specific queries around the recent changes to coronial processes, specifically the need for referral to SMES *before* referring on to HM Coroner, we delayed it until we were able to gain more clarity from Somerset's Acting Senior Coroner. Now we have that clarity, we are now able to plan the next stage of the roll out.

Ideally, we would like to roll out in stages to include the PCNs covered by each Locality Lead and work geographically around the county, rolling out to each group of PCNs. As there are 4 Locality Leads in Somerset, we would have 4 phases to our roll out following on from the early adopter. Prior to each phase Implementation Lead, Helen Gilliland, will be in touch with the Locality Lead and the Clinical Directors for the PCNs who will be included in that stage of the roll out to discuss the planning and implementation of the system within their practices.