

Death Certification Programme – National Steering Group

Note of meeting held on 27th July 2011

Department of Health, Wellington House, London

Present:

Prof. John Newton - Chair, Regional Director of Public Health - NHS South Central & Lead RDPH on death certification reforms

Tessa Ing - DH Head of End of Life Care & Death Certification Programme

Catherine Betley - Cruse Bereavement Care

Sally Bye - Local Government Group

Lois Cook - Office for National Statistics

Dr Martin Donnelly – DHSSPS Northern Ireland

Chris Dorries - Coroners' Society

Dr Alan Fletcher - Death Certification Pilots (medical examiners)

Prof. Peter Furness – Royal College of Pathologists

Mark Green – Bereavement Service Association

Rosie Hogwood-Helm – British Medical Association Secretariat

Geraldine Hughes – Local Government Group

Christine Hurst – Coroners' Officers Association

Debbie Large - Coroners' Officers Association

John Lee – General Register Office

Nigel Lymn Rose - National Association of Funeral Directors

Marguerita McNally – Department of Communities and Local Government

Tim Morris – Institute of Cemetery & Crematorium Management

Richard Powell – The Federation of Burial & Cremation Authorities

Daisy Shale – Death Certification Pilots (medical examiner's officers)

Dominic Smales – Ministry of Justice

Anne Wadey – Bereavement Advice Centre

Stephen White – Cremation Society of Great Britain

Dr Michael Wilks – BMA Forensic Medicine Committee

Meena Paterson – DH Death Certification Programme

Paul Ader – DH Death Certification Programme

Apologies:

Jasna Begum – Department of Communities and Local Government

Prof. Sebastian Lucas – Royal College of Pathologists

Peter O'Neill – The National Society of Allied & Independent Funeral Directors

Nick Littlewood – Department of Communities and Local Government

James Lowell – Association of Anatomical Pathology Technologists

John Pollard - HM Coroner South Manchester (Coroners' Society)

Lucy Vickers – Office for National Statistics

Alan Starkey – Welsh Government

Frauke Sinclair – Scottish Government

Glenn Taylor – Local Government Group

1. Welcome and Introductions

Tessa Ing welcomed members to the meeting on behalf of Professor John Newton who had a prior commitment but would join the Steering Group later. She introduced herself as Head of End of Life Care for the Department of Health and Simon Bennett's replacement as new head of the Death Certification Programme.

2. Minutes of 27th January 2011

The previous meeting's notes were reviewed and agreed as accurate.

2.1 Matters arising

Key actions for members arising from discussions on papers DCNSG01 and DCSNSG03 at the January meeting would be discussed under agenda item 5. This would provide members with a further opportunity to identify issues the new process may create for their individual groups. The secretariat had sent a reminder as well for information about a communications contact lead and mechanisms, which could be utilised to disseminate information about the death certification programme.

The secretariat agreed to resend the two past papers.

ACTION: Secretariat

3. Programme Manager's update

- 3.1 Tessa Ing confirmed the timetable for public consultation on the draft regulations and policy as October. She reported a change in the legislative timetable with regulations being laid in Parliament in May/June 2012 and coming into force in April 2013. The timetable is subject to the Health and Social Care Bill getting Royal Assent by June.

The following papers had been circulated for information and noted by members:

Paper: DCNSG07 Headline news from pilot areas

Paper: DCNSG08 Initial feedback on analysis by ONS

Paper: DCNSG09 Update from Scotland and Northern Ireland

Paper: DCSNG10 Response to FAQs on death certification from coroners' officers and coroners' staff

Paper: DCNSG11 Response to Local Registration Service feedback

- 3.2 The Chairman invited any observations on the papers but suggested that members could send additional comments to the secretariat. It was noted that the response to Q.1, Q.29, and Q.40 in paper

DCNSG11 should be reviewed and that changes would be made on the basis of comments sent by members.

- 3.3 Paul Ader said that papers DCNSG10 and DCNSG11 (and subsequent updates) would probably be disseminated widely and welcomed any comments to ensure that they were clear and accurate. Members were asked for urgent comments by the end of August.

ACTION: All members

4. Verbal Update from MoJ – including s.18 regulations

- 4.1 Dominic Smales reported that on 14 June the Government had announced revised plans for coroner reform. The intention now was to include the office of the Chief Coroner in Schedule 5 to the Public Bodies Bill, which would mean that the office would be retained in statute but the majority of its functions would be transferred to either the Lord Chancellor or Lord Chief Justice. The Chief Coroner amendment should be debated in September and the Bill is expected to receive Royal Assent in the autumn.

- 4.2 Dominic confirmed that the MOJ would consult on section 18 regulations for notification of deaths to coroners and amendments to the Cremation Regulations in October, jointly with DH. The amendments that are required to the Cremation Regulations to facilitate the introduction of medical examiners will cover, for the most part, the removal of the role of medical referees and the relevant forms; however, MoJ will consider any other amendments that seem necessary. Responses to these questions will inform the drafting of a new set of regulations, which will be consulted on fully in summer 2012.

5. Verbal reports from members representing organisations/groups in England and Wales based on key actions from last meeting (Paper: DCNSG06)

- 5.1 The Chairman thanked members who had responded to actions points from the January meeting (as noted in paragraph 2.1) and asked members who had not yet had an opportunity to respond to do so as soon as possible. It was agreed to carry these actions forward and ensure they are highlighted more clearly in the minutes and in an associated action list.

ACTION: Members

- 5.2 Members were invited to report on any activities they have been engaged in to promote the death certification programme. The Chairman reported that he had sent a letter to ADPHs and RDPHs about the reforms and would be doing so again to update them. He is

also keen that initial contacts with the health statistics user group are used to ensure appropriate links with surveillance and death certification data.

- 5.3 Alan Fletcher had concerns about recruiting and training the workforce for a medical examiner service, which will be a challenge for all.
- 5.4 Sally Bye expressed concerns about preparing local authorities (LAs) for implementation as LAs are set up in different ways. She reported that Paul Ader had been working with representatives from the Local Registration Services National Panel and the Local Government Group to look at different service models and costings for the Programme's impact assessment.
- 5.5 Dr Wilks reported that the contractual relationships between LAs and doctors acting as medical examiners would need to be considered. Paul mentioned that the Programme team were of the view that LAs may consider commissioning an NHS provider to establish part or all of their local medical examiner service, with NHS doctors as part-time medical examiners, retaining existing terms and conditions. The Chairman asked Dr Wilks to represent the Steering Group's interest with the public health transitional team who are looking at similar issues in relation to public health doctors and to provide a contribution to the consultation document.

ACTION: Dr Wilks

6. Review of requirement and options for external examination of the deceased (Paper: DCNSG12)

- 6.1 Paul Ader introduced a paper that outlined the current and proposed arrangements for external examination of the deceased, discussed issues that have emerged - including whether a fee should be paid to doctors to carry out this examination - and presented options for members to consider.
- 6.2 Members acknowledged that the current process involving an examination of the deceased before cremations is usually cursory and often limited to identification of the deceased. Nevertheless, members reaffirmed advice given in 2008 that removing existing checks purely because of monetary implications would almost certainly be unacceptable to Parliamentary Committees.
- 6.3 It was noted that currently doctors receive no fee for the requirement to carry out an examination of the deceased (or to arrange for another doctor to carry out this examination) in cases where they have not seen the deceased in the 14-days prior to the death.
- 6.4 It was suggested that the duty on doctors under section 18 regulations to notify coroners of apparently natural deaths in prescribed cases and

circumstances would require them to carry out an external examination of the deceased before reaching a decision.

- 6.5 Members considered the need for external examination of the deceased from a health and safety perspective involving cremations and, in particular, the potential damage to incinerators caused by implants or medical devices that have not been identified or removed from the deceased person. Whilst it is generally recognised that a physical examination on its own may not be able to identify the existence of implants, it was also acknowledged that it is becoming more common for people to travel abroad for some implants and that these are unlikely to be recorded in the health notes here.
- 6.6 It was agreed that the option for the external examination to be carried out by the health care professionals (doctor, nurse or paramedic) verifying the fact of death may not be feasible because it would require them to undress the deceased and where the bereaved are present, this is likely to be seen as inappropriate.
- 6.7 It was acknowledged that GPs are likely to be affected more than hospital doctors if they were required to travel to externally examine the deceased before preparing a MCCD. However, it was noted that BMA would like to see a fee for both hospital doctors and GPs. It was also suggested that any cost implications should be considered in the context of the number of deaths where additional travel is required and in proportion to overall workload.
- 6.8 It was suggested that anatomical pathology technicians (APTs) who work in mortuaries could be easily skilled up to carry out an external examination of the deceased as well as remove implants.
- 6.9 To summarise the discussion, the chairman said that the purpose of the external examination of the deceased was three fold; forensic, diagnosis and removal of implants. There was a general agreement that examination without specific training to detect signs of wrongdoing was of little value because health care professionals would not detect anything but the obvious. However, a checklist (previously mentioned by George Fernie, BMA) may be worth considering.
- 6.10 There was a consensus that an external examination/physical check should be retained but the Programme Team would explore further some of the suggestions to establish benefits and risks of options to be consulted on.

ACTION: Programme Team

- 6.11 Dr Wilks offered to consult his BMA colleagues on the paper.

ACTION: Dr Wilks

7. Any Other Business

None rose.

8. Date of next meeting

- 8.1 The date of the next meeting is 26th October as notified previously.
New members will need to note the date in their diaries.

The venue will be Wellington House, Room LG19/20, and usual timing of 11am to 1.30pm.