

Gateway Reference: 17931

To: Directors of Public Health

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Regional Directors of Public Health
President, Association of Directors of Public Health
President, Faculty of Public Health

8th August 2012

Dear Colleague

Improving the Process of Death Certification

I wrote to you last August to update you on progress of and the timetable for implementing the death certification reforms. Much has happened since then.

Of importance is the extension to the timetable for implementation of the reforms and establishing the new local medical examiner service. Instead of October 2013, we are now looking to April 2014 to allow officials to explore all the funding options and continue working with local authority representatives on costing of the new service. The Programme Team expects to publish the public consultation in the autumn.

As you may be aware, Part 1, Miscellaneous 54 of the Health and Social Care Act 2012 transfers responsibility for the new medical examiner (ME) service to sit with local authorities to reflect the changes to the NHS architecture, and the abolition of Primary Care Trusts from April 2013.

Piloting the new service, has demonstrated that the new system can work in a range of settings, in hospital, in the community, in urban and in rural areas. The majority of piloting has completed across England and Wales. The work of the two flagship pilots in Gloucestershire and Sheffield has now been extended to enable the pilots to operate on a city and countywide basis to test the new medical examiner service at a scale that will be required for implementation by local authorities.

A number of important, unresolved issues around the reforms were discussed at the recent Death Certification National Steering Group meeting, which I Chair and I thought it might be helpful to give you a brief update of the three main issues.

- The collection of the medical examiner fee continues to be a challenge. The costs associated with collecting the fee have a direct bearing on the fee that the public may need to pay if the funding option for the medical examiner service continues to be funds generated by the medical examiner fee. The programme team have been made aware of some options, namely on-line payment, billing by local authorities, payment at the register office and arrangements between local funeral services and

local authorities. The decision on the options will be entirely a local matter but the consultation document will need to set out the options and costs so that local authorities can make an informed choice. All the options have raised issues for further consideration.

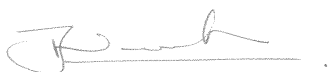
- On the non-forensic external examination of the body, the Death Certification Steering Group recently endorsed a proposal that someone with suitable expertise other than a medical practitioner can undertake the examination and provide assurances for families that anything untoward will come to light, including neglect and poor standards of care. I should add that certifying doctors completing a MCCD will continue to have the option to examine a body.
- The third issue is about developing appropriate medical examiner's service standards and medical examiner's performance standards and procedures. We want to avoid unnecessary burden on local authorities and as such, the service standards must be appropriate and have measurable indicators. Similarly, standards and procedures for medical examiners should enable peer-review and self-audit by medical examiners. Worth noting, is that local authorities will have no role in assessing medical examiners in their professional capacity, in fact primary legislation prohibits it. The consultation document will explore broad headings for both sets of standards.

In relation to service standards and the appropriate use of data on local trends and unusual patterns, further work will be required to enable the standards to be applied in a consistent way. I hope some of you might be interested in helping with a small project with ONS to look into this further.

Finally, I want to take this opportunity to remind you that all doctors with an NHS email address with an interest in the medical examiner role can now log on to the e-Learning for Healthcare Website at http://www.e-lfh.org.uk/projects/medical_examiner/index.html and register their details for access to the medical examiner e-learning training modules. Please be aware that some of the material will need to be updated once the consultation has taken place, but if you want to learn more about what aspects of death certification will change, then the e-learning website is a good place to start.

I do hope you find this update helpful, please let me know if you have further questions.

Yours sincerely



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