

MEDICAL EXAMINER SCHEME

To: Highways and Community Infrastructure Committee

Meeting Date: 7th December 2016

From: Graham Hughes, Executive Director: Economy, Transport and Environment Services,

Electoral division(s): All

Forward Plan ref: 2016/041 **Key decision:** Yes

Purpose: To consider the approach to implement a Medical Examiner Scheme for Cambridgeshire.

Recommendation: a)To agree the proposed approach;
b)To continue to pre-fund the set up of the Medical Examiner Scheme on the expectation that the Ministry of Justice (MOJ)/ Department of Health (DOH) will cover these costs when the national scheme formally launches;
c)To delegate the necessary decisions to implement the Medical Examiner Scheme to the Executive Director for Economy, Transport and Environment in consultation with the Chair and Vice Chair of the Committee.

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1. BACKGROUND

- 1.1. The Coroner and Justice Act 2009 (CJA2009) placed a new statutory duty on all local authorities to introduce a Medical Examiners Scheme (ME). This legislation was considered necessary to address risks identified through the Harold Shipman inquiry and the Mid Staffs Public Inquiry by Sir Robert Francis QC. The later Morecambe Bay Investigations by Dr Bill Kirkup in 2015 confirmed that the implementation of ME must not be further delayed. In March 2016 the Secretary of State for Health launched a national consultation on the introduction of ME, which closed in July 2016. The consultation sought feedback on how specific elements of the scheme will operate including the role of the ME in relation to HM Coroners; the level of any charge; and how such charges will be applied and collected. The conclusions of the consultation are expected in November 2016. The Secretary of State for Health has set an implementation date of April 2018. The delay between the setting of the Act and the planned implementation reflects the complexity and potentially contentious nature of this area of work.
- 1.2. Medical Examiners will be required to investigate all deaths including many deaths currently referred directly to HM Coroner. Therefore it is sensible to consider the new ME scheme alongside our existing coronial arrangements which include the administrative areas of Cambridgeshire and Peterborough. In 2015, 7,834 deaths were registered in Cambridgeshire and Peterborough. 3,964 of these were referred to HM Coroner for Cambridgeshire and Peterborough. Therefore an additional 3,870 deaths will need to be investigated under the new scheme.
- 1.3. It is intended that the ME scheme will be cost neutral to Local Authorities. The current cremation form fees will be abolished and replaced by a statutory charge of between £80 and £100, which will be levied on the deceased's next of kin in the place where the death is referred to the ME. All deaths, with the exception of sudden deaths, will be referred to an ME in the first instance. In 2015, 876 sudden deaths were referred to HM Coroner. If this number is deducted from the total number of deaths in that year (7,834) it leaves 6,958 deaths that in future would be referred to the ME and chargeable. Therefore it appears a maximum income of around £700,000 (£695,800) pa could be collected to fund the ME duty. The Government has indicated that separate funding will be available to cover the initial costs of setting up ME schemes.

2. MAIN ISSUES

- 2.1. There is a risk that the new ME scheme could introduce additional delays in the 'death process' that will have a detrimental impact on the bereaved. Successful schemes will require a seamless process between the Medical Examiner and HM Coroner to avoid any additional delays. Therefore a reliable and capable case management IT system is critical. The current Coroner IT system is dated and does not have the functionality to achieve the information flows between partners that are necessary to introduce electronic referral portals, paperless sign offs and efficient case management. A replacement system will need to be sourced and implemented.
- 2.2. The development of the ME scheme at a national level is complex and will need to be well communicated at both local and national levels. A dedicated resource to ensure that Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) are fully informed of national decisions and guidance is critical to the development of a timely and

cost effective scheme. We must undertake comprehensive engagement activities to establish a strong partner base on which to build a successful ME scheme. This base will also allow us to achieve interim benefits for the Coroner Service and therefore, CCC and PCC. Key partners include a range of services across our 4 hospitals at Peterborough, Addenbrookes, Hinchingbrooke and Papworth, (Mortuary, Bereavement and Senior Management); the Local Medical Committee, GPs and Public Health; Funeral Directors; HM Coroner; Cremation Services; as well as Members and Senior Officers at the local authorities. It takes time and considerable resource to identify appropriate partner representatives and work together with them to plan and create an efficient scheme. There is not enough capacity or expertise in the Coroner Service Team to undertake this additional work. Therefore we have engaged an external resource to lead and develop this critical work. The implementation of a well prepared and efficient scheme will ensure that we avoid a costly and less engaged scheme in the future.

- 2.3. A successful ME scheme will impact existing staff from HM Coroners and Hospital Bereavement Services who undertake similar tasks to those required by the planned ME scheme. Although some additional staff will be required to cope with increasing workloads, the work areas and role descriptions need to be considered as part of the scheme development to avoid duplication and achieve a collaborative joined up service going forward.
 - 2.4. Replacing the current Coroner Case Management IT system and introducing processes that maximise its benefits will also achieve operational improvements in the Coroner Service immediately and facilitate a smooth introduction of the ME scheme in 2018. Early market engagement indicates that purchase and implementation costs in year 1 range from £28K to £56K. Annual maintenance costs range from £4K to £6.5K. The annual costs will be covered from the existing Coroner budget. The implementation costs may be a short term pressure with a view to a minimum of 50% being claimed from Government as ME implementation costs in the longer term. The outstanding cost to CCC will be relatively low, met from service budget as much as possible, or from ETE funding generally. If costs were to be higher than anticipated the issue would be raised as a pressure
 - 2.5. The work of the external specialist support to provide the necessary skills and capacity to prepare and implement the ME scheme is being delivered in 3 specific stages:
 - Stage 1: October 2016 – December 2016.
 - Partnership Engagement and Environment Development
 - 10 days @ £350 = £3500
 - This work has begun and significant partners are already on board.
 - Stage 2: January 2016 – March 2017.
 - Cambridgeshire and Peterborough Scheme Development
 - 10 days @ £350 = £3500
 - Stage 3: Implementation and Delivery.
 - This will require a minimum 6 month period. 15 days @ £350 = £5250
- Total costs: £12,250

The initial charges are being met by the existing Coroner budget. These and the longer term costs will be claimed from Government as ME implementation costs.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1. Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2. Helping people live healthy and independent lives

There are no significant implications for this priority.

3.3 Supporting and protecting vulnerable people

It is anticipated that the Medical Examiner duty will benefit the public, the health service and local authorities in a number of significant ways:

- *It will be fair* – all deaths will be scrutinised in a robust, and proportionate way regardless of whether they are followed by burial or cremation;
- *It will be independent* – a medical examiner will scrutinise all medical certificates of cause of death (MCCD) prepared by the attending doctor;
- *It will be transparent* – families will have the cause of death explained to them, including clarification of medical terms, and be able to ask questions or raise concerns;
- *It will be robust* – there will be a protocol that recognises different levels of risk depending on circumstances and stated cause of death;
- *It will be accurate* – the medical examiner will be an experienced doctor, capable of ensuring that the MCCD is completed fully and accurately, providing the NHS, the Office of National Statistics, local authorities and a wide range of other users with better quality cause of death statistics to inform health policy, the planning and evaluation of health services and international comparisons
- *It will be efficient* – it will help to make sure that the right cases are reported to coroners; and
- *It will improve safety* – the new scheme will allow easier identification of trends, unusual patterns and local clinical governance issues and make malpractice easier to detect.

(Dept of Health, Introduction of Medical Examiners and Reforms to Death Certification in England and Wales, policy and draft Regulations)

4. SIGNIFICANT IMPLICATIONS

4.1. Resources

4.1.1. Any new scheme will need to include the administrative areas of both Cambridgeshire County Council and Peterborough City Council to reflect the current HM Coroner arrangements.

4.1.2. Implementation costs include:

- Replacement of existing Coroner system to include ME capability. Up to £56k*
- Continued engagement of Specialist ME Consultant £12,500*

*ME implementations will be claimed from central government including 50% of new coroner system costs

4.1.3 The annual system costs will be covered by existing budgets.

4.1.4 Bereaved families will be charged under the new scheme. The charge will be between £80 and £100. There are various options for how the charge may be collected. Depending upon

the agreed solution the authority will need to implement new collection arrangements. An initial estimate of £34k would be set aside for this. Income created should be in the region of £700K and this will fund the ME operational costs.

- 4.1.5 The ME scheme will require the appointment of additional staff, however, our approach will seek to minimise the number of additional staff by aligning services with Coroners, Bereavement Services in Hospitals and any ME requirements. Additional staff costs will be covered from the income created. HR advice and support will be sought throughout the planning, development and implementation phases.
- 4.1.6 Any non-payment or non-recovery of the charge would result in the authority incurring costs that would not be covered. This would introduce a budget pressure.

4.2 Statutory, Legal and Risk

- 4.2.1 The Medical Examiner Scheme is a new Statutory Duty. The legal basis for the new system is set out in Part 1 Chapter 2 of the Coroners and Justice Act 2009 (not yet in force) which will require medical examiners to be appointed and monitored by upper tier and unitary local authorities in England. Further legislation may be needed in terms of data protection issues as there are currently legal barriers to Clinical Commissioning Groups sharing information with hospitals, local authorities and Coroners. Further regulations to clarify who will be liable to pay the fee, at what time and the process for payment will also be necessary.
- 4.2.2 The legislation for Medical Examiners has already attracted significant political and press interest. A well planned scheme will reduce any negative impact on the authority.

4.3 Equality and Diversity

- 4.3.1 There is a potential delay for bereaved families. This would be particularly difficult for specific religious groups. Any new process will try and minimise this impact, however the proper investigations must be completed and at time delays are unavoidable.
- 4.3.2 A Community (Equality) Impact Assessment will be completed as part of the scheme development.

4.4 Engagement and Communications

- 4.4.1 A national consultation was launched in March 2016 and closed in July 2016. The outcomes have yet to be published.
- 4.4.2 A full communication plan will be developed as part of the scheme implementation
- 4.4.3 Staff will be involved in the scheme development and necessary consultations will be completed should the developing scheme impact staff to any significant extent.

4.5 Localism and Local Member

There are no significant implications.

4.6 Public Health

4.6.1 The Public Health Team will be directly involved in the development of the scheme

4.6.2 The Medical Examiner scheme and death certification reforms will improve the information and data available to public health teams

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Sarah Heywood
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes. Name of Legal Officer: Fiona McMillan
Are there any Equality and Diversity implications?	Yes Name of Officer: Tamar Oviatt-Ham
Have any engagement and communication implications been cleared by Communications?	Yes. Name of Officer: Ed Strangeways
Are there any Localism and Local Member involvement issues?	None Name of Officer: Paul Tadd
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Dr L Robin

Source Documents	Location
Department of Health, changes to the death certification process	https://www.gov.uk/government/publications/changes-to-the-death-certification-process