SHEFFIELD
LMC

MEDICAL EXAMINER (ME) PILOT

RESPONSE TO COMMENTS FROM SHEFFIELD GPS/PRACTICES

POSITIVE COMMENTS

Several respondents have found the process fine (with some suggesting it has been much better than originally thought), and have had no specific/major concerns (4 individual GPs, 1 practice).

✓ ***This positive feedback is welcome considering the need for the new process to co-exist with existing legislative requirement.***

THE MEDICAL EXAMINERS:
- are usually pleasant and helpful. (1 GP)
- have been polite and agreeable in their discussions. (1 GP)

EDUCATION
- The scrutiny of recent records may add some rigour to the process. (1 GP)
- Discussion with the ME has been seen to help improve the quality of my death certificate completion. (1 GP)

SYSTEM/PROCESS
- MEs are thorough and I have no concerns about the robustness of the system. (1 GP)
- The opportunity to discuss a death with a truly 'independent' GP, rather than someone selected by me, feels less risky / open to potential criticism. (1 GP)
- It is advantageous to not have to find a colleague to complete the second part of cremation forms. (2 GPs)
- This has improved now that practices no longer have to ring family of deceased. (1 practice)
- It is helpful to have the facility to produce the report by computer then add rest of the information required. (2 GPs)
- There is usually a rapid turnaround with paperwork / call-back / certificate agreement. (4 GPs)
- Most families usually appreciate the process when it is explained and tend not to mind any slight delay. (2 GPs)

NEGATIVE COMMENTS

Some practices had significant concerns about the pilot. Overall, those with a more negative view of the pilot felt it was 'heavy handed', 'lacked sympathy and compassion' and expressed the following concerns:

- Some practices have considered not continuing with this pilot, but have persevered. (1 practice)

✓ ***We are pleased that practices have persevered: this feedback and their forbearance allow the pilot to modify, test again and hopefully improve.***

- There is uncertainty as to what problem it is addressing, or how it improves the chance of picking up Shipman like behaviour. (2 GPs)

✓ ***This is not a specific concern of the pilot: this is Department of Health policy and the discussions are well documented elsewhere at www.dh.gov.uk/deathcertification. Locally, there is no reason to suspect any concern with participating practices and the invitation extended to North Sheffield practices was situational because of the hospital arm being located in the Northern General Hospital.***

- Some believe that the increased bureaucracy distracts GPs from more pressing work, and believe this time could be more productively used elsewhere in general practice. (3 GPs)

✓ ***This point is well made. After careful consideration, it is clear that a large proportion of the distraction relates to the well-intentioned attempt to link the medical examiner work to Form C cremation form completion, and the requirement to involve the attending GP's time that this entails. We propose to make significant changes to ameliorate this situation (see below). We recognise there was also initial concern about the time taken for the GP to complete the paper ME referral form and prepare the summary record. Therefore an alternative system was developed to allow the GP to enter the suggested cause of death to the medical record as a final consultation – the electronic record can then either be emailed or faxed by another member of staff at the practice to minimise disruption. We hope that more GPs will adopt this less bureaucratic method.***

ACCESS TO THE ME

- Due to the different working arrangements, there is only a small window of opportunity for MEs and GPs to communicate on the day as MEs are usually only present over lunch period, and the GP may be back in afternoon surgery by the time the ME calls, leading to a delay in issuing death certificate. (2 practices)
- If the GP is not working in the afternoon, either due to leave or because they work part time, there can be an additional delay, sometimes of several days, to issuing the certificate. (2 practices, 1 GP)

✓ ***Access is clearly an issue. The problem arises because GP MEs have reviewed GP cases (this is not a specific requirement of the proposed service) and GP MEs are less flexible in their working arrangements despite best efforts. Furthermore, the requirement to interrupt busy GPs to discuss a case is obviously a difficult step. In fact, such a discussion is not a requirement of the new process but a product of running the cremation form discussion in parallel. The following changes are therefore planned:***

- ***Dispense with the linkage to cremation form C completion by GP MEs (allowing certifying GPs to use their discretion and convenience to whom and when this duty can be passed)***
- ***Schedule additional ME time throughout the day to enable timely review of documents, proposed cause of death, and certificates, allowing almost immediate feedback to the attending doctor (see below)***
- ***Achieve economy by combining cases for ME review (currently GP ME time is considerably more expensive than hospital ME time per case). A 'duty ME' will therefore be available to extinguish worries about delays. This is much more in line with the way an operational service will look in future***
- ***Remove the need to discuss cases with the attending GP (unless this is requested by either party). It is now clear that the large majority of community cases not investigated by the coroner are straightforward and expected deaths: certification is not controversial and these deaths are most unlikely to be 'unnatural'. This will free the GP considerably. The only action will therefore be to provide a suggested cause of death and ask a receptionist or administrator to transmit a short summary of the record and last consultations to the ME office (see below).***
- ***The ME office can still be contacted during normal working hours for advice on the process, coroner referral or certain concerns or issues or a case – The MEO will then pass any information on the ME***
- ***On receipt of the clinical summary, an ME will review the information and a message to proceed to certificate completion will be passed by return. If the ME or MEO needs to discuss the case further with the GP and contact number will be left for the GP to return the call at their convenience.***
- ***A fax of the certificate will still be required to enable release to the informant following discussion with the next of kin, the authority to release the MCCD will be co-ordinated by resident medical examiner officers who are available throughout practice opening hours.***
- ***If the attending GP wishes a GP ME to undertake cremation form C duties, then this option may be available and the ME office will do their very best to accommodate such a request. There is no reason why a different form C doctor cannot discuss the case with the medical examiner reviewing the case (via the ME office) to simplify his/her work***

ADDITIONAL WORKLOAD

- There is inevitably more work involved for the GPs and admin staff with the new process, and this impacts on the amount of time for dealing with clinical work (4 GPs, 1 practice):
  - Trying to contact the ME. (4 GPs, 1 practice)
  - ***Please see proposed new working arrangements above***

- collecting the relevant data from the last 6 months of the patient's life. (1 practice)
- ***This highlights another important learning point for the pilot. 6 months data is certainly too much detail for the great majority of cases. Instead, the following changes are proposed:***
  - ***Summary record and last 6 consultations only to be transmitted if desired***
  - ***If more information is required, the ME office will specifically request this***
  - ***Electronic transmission of information through the established secure route used by some practices is encouraged: The MEOs are very willing to demonstrate how this can be done very quickly.***
  - ***The ME office will have access to System1 very soon, so enabling permission for remote access to the record will be easier and simpler.***
- Having to return to the undertaker once the form is completed, or requesting the undertaker collects it. (1 GP)
- ***The removal of the cremation form from the process and improvement in speed should dissolve this problem.***

- I have to say that we now fear death in our practice, not because of what we may have done wrong, but because of the hoops that we have to jump through for no perceived benefit. (1 GP)

✓ ***We are genuinely sorry about this. We hope that the improvement to the process will improve this concern.***

DELAYS

- The death certificate is not issued as quickly as before, and it is now unlikely that they are produced on the same day. (6 GPs)
- The delay may become a problem for patients who require a rapid turnaround eg Muslims. (1 GP)
- There is a potential for stifling the production of certificates urgently over weekends. (1 GP)

✓ ***We believe the improvements in process will minimise delays. Of course further review and feedback will be required in due course. To our knowledge there have not been any faith consideration or urgent request delays. Weekend certificate issue may be a problem for GPs if practices are closed, but as we proceed, an 'on call' medical examiner will be available for such cases provided GPs enable prior access to summary information and the last consultations of course.***

AWARENESS OF THE PILOT / INFORMATION PROVIDED TO FAMILIES / IMPACT ON PATIENTS / FAMILIES

- As families are often receiving the certificate later than previously, this has caused some upset. (5 GPs)
- If the families are counselled by a different organisation, eg District Nurses, GP Collaborative, Emergency Care Practitioner, Funeral Homes etc they are often advised to attend the GP surgery for the certificate that morning, so more education needed. (1 GP, 1 practice)
- The deceased patient's next of kin is supplied with a list of 'to do' things after the loss. Top of this list is that they have to book an appointment to register the death which they are unable to do without a certificate. (1 practice)

✓ ***Please note that families can book a Register office appointment without having the medical certificate of cause of death (to be collected later).***

- The patient's next of kin are being informed to pick up the death certificate before we have been informed by the Medical Examiner of the STH number. This is after the notes have been sent and the cause of death decided. This is distressful to the relative and has led to some practices providing the certificate without the number. (1 practice)

✓ ***This was an issue with cases being dealt with both the ME and the coroner's office, working process have now been adjusted and will hopefully prevent this from re-occurring.***

- Anecdotally, over the festive period the funeral directors seemed flustered by the delays saying that everyone always (understandably) wanted their funeral pre-Christmas so any delays were more difficult at this time of year. (1 GP)

✓ ***The above concerns are noted and acknowledged. It is hoped that the improvements in the process described above will remove the concerns. Throughout the system, funeral delays were considerable over Christmas: large numbers of deaths, one of the crematoria out of order, and full mortuaries and funeral parlours. These factors are beyond the control of the ME service***

- On a specific occasion, when a mistake was made by the GP, and the part two of a cremation form was completed by another GP not the ME, the ME was found to be quite offensive on the phone and not understanding of the circumstances that had led to the situation, despite apologies being given. (1 GP)

✓ ***We are sorry about this. Such a ME response is unacceptable. The removal of cremation form matters will remove this possibility in future and all GP MEs have been passed all this feedback.***

SYSTEM/PROCESS

- Some discussions with the ME as to what to put on the death certificate were felt to be a little too pedantic and it was felt the ME was pressuring the GP to put a specific cause. (1 GP)

✓ ***This is unacceptable and we are sorry about this. All GP MEs have been passed this feedback to reflect on.***

- It is not clear how malevolent intent can be seen via the notes. (1 GP)

✓ ***Fair point, but please remember that in every case, there is also an independent discussion with the relatives to ask what has been referred to as 'the Shipman question'.***

- It disproportionately affects those with expected high death rates eg GPs with responsibilities to Nursing Homes etc. (1 GP)

✓ ***In the new process there will be no need for the attending practitioner to examine the body of the deceased. Nor will there be a requirement to discuss the case with the ME unless there is a specific need. Contrast that with the present cremation regulations that affect 70% of cases and require both examination and discussion. Could it be that the bureaucratic requirement will actually diminish?***

SUGGESTIONS

- Would it be possible for the ME to be employed to reconcile death certificates with clinical notes after the event, but before the cremation, liaising with the Home Office Part 3 doctors as necessary? This would save so much time and grief. (1 GP)

✓ ***Sadly no. The new legislation and process (being tested in this pilot) requires the reconciliation to occur before the death is registered.***