POST-SHIPMAN ‘MEDICAL EXAMINER’ PLANS WATERED DOWN …

By Shaun Lintern    5 April 2018

Ministers are planning to significantly water down a planned new service designed to stop a repeat of the serial killer GP Harold Shipman, HSJ can reveal.

The Department for Health and Social Care is planning to limit the rollout of a new medical examiner service to review all deaths not referred to a coroner.

HSJ has learned the latest DHSC proposals are for the service to only cover acute services and for medical examiners to be directly employed by hospitals.

The original proposal, made by the Shipman inquiry more than a decade ago, and later supported by the Mid Staffordshire and Morecambe Bay inquiries, was for a national independent medical examiner service covering all sectors of care, and employed by local authorities.

Legislation to enable medical examiners was passed in the Coroners and Justice Act 2009 but has never been implemented. It requires medical examiners to speak to relatives and where the examiner has concerns, refer a case for investigation by a coroner.

The service was due to launch this month but was delayed to April 2019 amid concerns over funding and the readiness of local authorities. Since then sources say the 2017 general election, cabinet reshuffles and Brexit’s impact on parliamentary time has meant further delays.

In an announcement next month, the government will say acute trusts should deliver an internal service from next year. **Primary care, nursing homes, mental health and community services will not be included and no timetable will be set for them to be covered.**A national medical examiner will be appointed to oversee the local services.

One source said the policy had been beset with delays and changing priorities. They said: “Every time there has been a reshuffle or a general election this has had to start again with getting ministerial approval from three departments while Brexit is going on and the government has lost its majority.

“The decision was either to delay it for another two years at least and then try to implement it as a big bang, or start it in secondary care and then expand it from there.

“We have to accept what will be introduced from next April has an element of watering down compared to the original plan. It won’t be full implementation but it is a pragmatic solution and a way of getting something to happen. It’s not perfect but considerably better than what there is now and a step in the right direction.”

Former national medical examiner Peter Furness, who runs an internal medical examiner service at University Hospitals of Leicester Trust, said: “It’s very regrettable that the proposals in the Coroners and Justice Act have not been implemented in full. If they are not going to be, what we are doing is a good second best option.”

An email to local councils from the Local Government Association and the National Panel for Registrations, seen by HSJ, said councils were being advised to “pause” their preparations. It said: “Until there is more certainty about the plans and timescales for implementation it would seem sensible for councils not to invest any further resource at this stage pending further updates.”

Professor Jo Martin, president of the Royal College of Pathologists, said: “We understand there are discussions taking place which may see medical examiners based in the NHS.

“There is real commitment and eagerness to make sure this vital patient safety initiative is implemented and many trusts are already taking steps to make this happen.”

A DHSC spokesman said the government was “fully committed” to introducing medical examiners by April 2019.