

Summary: Intervention & Options

Department /Agency: Health	Title: Impact Assessment of Proposals for Improving the Process of Death Certification	
Stage: Consultation	Version:	Date: 24 July 2007
Related Publications: Consultation on Improving the Process of Death Certification		

Available to view or download at:

<http://www.dh.gov.uk/consultations>

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What is the problem under consideration? Why is government intervention necessary?

The current arrangements for scrutinising death certificates, which have remained largely unchanged for over 50 years, were criticised by the Shipman Inquiry as confusing and inadequate. In particular, the Inquiry concluded that it was no longer sensible to have different certification processes for cremation and burial and that all death certificates should be subject to independent medical scrutiny. Government proposals for creating a rigorous, proportionate and unified system of scrutiny were outlined in Learning from tragedy, keeping patients safe in February 2007.

What are the policy objectives and the intended effects?

To ensure that the system for certifying and investigating deaths provides adequate scrutiny to identify and deter criminal activity or poor practice, without imposing undue delays on bereaved families or undue burdens on medical practitioners and others involved in the process.

What policy options have been considered? Please justify any preferred option

Two policy options have been considered: "do nothing" or introduce a universal check. Doing nothing was not considered a viable option as the Shipman case exposed the failure of the cremation system to identify criminal activity over a long period, and the lack of any effective scrutiny in the case of burials.

When will the policy be reviewed to establish the actual costs and benefits and the achievement of the desired effects? Following piloting in July 2008.

Ministerial Sign-off For consultation stage Impact Assessment:

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options. Signed by the responsible Minister:



Ben Bradshaw MP, Minister of State for Health Services

Date: 23 July 2007

Summary: Analysis & Evidence

Policy Option: 1

Description: Single process for burials and cremations through scrutiny by a fully trained Medical Examiner. Costs and benefits are relative to a baseline of a “Do Nothing” scenario.

COSTS	ANNUAL COSTS		Description and scale of key monetised costs by ‘main affected groups’ The public fees in the new system are estimated to total less than the current fees paid for Forms B, C and F in cremations. The new fee per case is estimated to be substantially less than the £148.50 currently paid in the case of cremations, but those paying for burials will now incur this as an additional fee.
	One-off (Transition)	Yrs	
	£ 1M	2009	
	Average Annual Cost (excluding one-off)		
	£ -3M	2010-2020	Total Cost (PV) £ -20M (2009-2020)
Other key non-monetised costs by ‘main affected groups’ There may be some cost to funeral directors for collecting certification for burials, and for preparing new material on fees for customers. This is currently assumed to be negligible.			

BENEFITS	ANNUAL BENEFITS		Description and scale of key monetised benefits by ‘main affected groups’ No monetised benefits are included
	One-off	Yrs	
	£ 0		
	Average Annual Benefit (excluding one-off)		
	£ 0		Total Benefit (PV) £ 0
Other key non-monetised benefits by ‘main affected groups’ The new process is expected to reduce and prevent cases of grave malpractice, improve accuracy and completion of MCCDs and improve surveillance of data on deaths. It may also reduce the number of referrals to coroners.			

Key Assumptions/Sensitivities/Risks

Key assumptions which need to be established in the consultation period are: throughput of cases per Medical Examiner, requirements on clinical governance teams, feasibility of recruitment and retention, training/CPD requirements, IT system requirements, processes for monitoring and review. Risks include: potential delays, need for national enforcement.

Price Base Year 2007	Time Period Years 11	Net Benefit Range (NPV) £ -133M to 172M	NET BENEFIT (NPV Best estimate) £ 20M
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What is the geographic coverage of the policy/option?	England and Wales			
On what date will the policy be implemented?	2010			
Which organisation(s) will enforce the policy?	PCTs (or equivalent in Wales)			
What is the total annual cost of enforcement for these organisations?	£ 0			
Does enforcement comply with Hampton principles?	Yes			
Will implementation go beyond minimum EU requirements?	No			
What is the value of the proposed offsetting measure per year?	£ 0			
What is the value of changes in greenhouse gas emissions?	£ 0			
Will the proposal have a significant impact on competition?	No			
Annual cost (£-£) per organisation (excluding one-off) (estimated as average cost per PCT population)	Micro -	Small -	Medium -	Large £250,000
Are any of these organisations exempt?	No	No	N/A	N/A

Impact on Admin Burdens Baseline (2005 Prices)			(Increase - Decrease)
Increase of £ 0	Decrease of £ 0	Net Impact	£ 0

Key: Annual costs and benefits: Constant Prices (Net) Present Value

Evidence Base (for summary sheets)

[Use this space (with a recommended maximum of 30 pages) to set out the evidence, analysis and detailed narrative from which you have generated your policy options or proposal. Ensure that the information is organised in such a way as to explain clearly the summary information on the preceding pages of this form.]

Introduction

This is a consultation stage Impact Assessment (IA) based on initial estimates of costs and impact of the proposals set out in the consultation paper. The IA will continue to be reviewed in the light of the consultation and piloting of certain elements (such as the role of the Medical Examiner) to see how they work in practice.

Purpose and intended effect

Objective

The objective of the Government's proposals in respect of death certification is to ensure that the system for certifying and investigating deaths provides adequate scrutiny to identify and deter criminal activity or poor practice, without imposing undue delays on bereaved families or undue burdens on medical practitioners and others involved in the process.

Background

The *Third Report*¹ of the Shipman Inquiry examined the processes for death certification and the Coroners' system, and asked whether more clues could have been found by better scrutiny either of individual deaths or of the pattern of deaths in Shipman's patients.

The Inquiry concluded that the current system provided inadequate safeguards, particularly against the very unlikely (but sadly not unthinkable) possibility that the doctor completing the MCCD was himself responsible for the patient's death.

The Inquiry's report called for one system of death certification applicable to all deaths, whether the death is to be followed by burial or cremation.

The Report envisaged that all deaths would be referred to a new Coroner service, and be subject to scrutiny by a Medical Examiner working alongside the Coroner as part of the same service. The draft Coroners' Bill², published by the Department of Constitutional Affairs (now Ministry of Justice) in June 2006, set out the Government's proposals for reforming the Coroner Service. The proposals to which this IA applies are designed to complement the Coroner reform, and address the shortcomings in the death certification process.

Options

For reasons set out in the Draft Coroner Bill, the Government is not proposing that all deaths should be referred to the Coroners' service. The options considered here are those for improving the certification of deaths by other means.

¹ Shipman Inquiry *Death certification and the investigation of deaths by coroners* (TSO, July 2003)

² Coroner Reform: The Government's Draft bill *Improving death investigation in England and Wales*

“Do nothing”

The current process has some advantages in that it is quick and convenient for burials. Some 70% of deaths result in cremation, and so are already subject to additional scrutiny before the body is disposed of.

However, the Shipman case exposed the failure of the cremation system to identify criminal activity over a long period, and the lack of any effective scrutiny in the case of burials.

We believe that there is a need to strengthen the existing system to bring it under more effective scrutiny linked to clinical governance, to provide a greater deterrent to malpractice and a means of driving up quality and accuracy across the board.

Universal check

The consultation paper sets out proposals for a unified system applying to both burials and cremations that can be delivered at a reduced cost (baseline scenario) and provides additional protection for the public against criminal activity of the sort exposed in the Shipman case. A full description of the new process is given in the Consultation document.

Impact

Private and voluntary sector

The procedure would apply to doctors completing MCCDs regardless of whether they are employed in the NHS or the private sector. We are not proposing changes to the MCCD itself, so the impact for doctors completing the MCCDs is likely to be essentially the short-term need to get to know the new procedures and establish key contacts with Medical Examiners. The impact overall should be negligible.

Under the proposed system, doctors currently completing Forms B and C and Medical Referees will not carry out these functions and therefore no longer receive fees for this activity. However, the Medical Examiner function will result in remunerated work of a similar nature. We will work with the profession to ensure the Medical Examiner role is properly remunerated.

Apart from doctors working in a private capacity, the only businesses likely to be affected by the proposals will be funeral directors. Traditionally, funeral directors have arranged for the completion of cremation forms and have collected the doctors' fees from bereaved families as part of the bill for the funeral. Under the new proposals, a lower fee will be paid for the Medical Examiner function in all cases instead of just for cremation cases as at present. Therefore, there will be additional activity for funeral directors. Currently about 70% of deaths result in cremation so there is likely to be approximately a 30% increase in this activity. However, so long as the new system does not introduce additional delays for the forms to be completed, it is unlikely that the additional costs will be significant, and the assumption is they will be negligible. There may also be one-off costs to funeral directors e.g. in preparing revised information for bereaved families, which we have also assumed to be negligible but, as the proposal is developed in more detail, we will work with funeral directors to refine these assumptions if required.

Public sector

NHS

The proposal is that Medical Examiners and their support officers will join clinical governance teams in Primary Care Trusts, and will have training needs and overheads. Medical Examiners will be managed and held accountable in the same way as other trust staff. Systems for

recruiting and training Medical Examiners will also be required. PCTs may also need to develop systems for recording and analysing data arising from MCCDs and Medical Examiners' findings.

While these costs will be initially borne by the PCT, a flat fee will be paid per case by the public which will be of a value to cover all the costs incurred, so in financial terms to net impact on the NHS will be zero.

Registrars

Registrars play a key role in the process, in particular in the release of the body for burial following registration. We do not believe that the new proposals will impose additional burdens on Registrars. On the contrary, the role proposed for Medical Examiners in certifying that the body can be released for burial or cremation will remove from Registrars some of the burden of trying to make judgements about the content of MCCDs for which they are poorly qualified. We will work with the General Register Office to ensure that the Medical Examiner function dovetails smoothly with registration procedures.

Coroners

Similarly, we would not expect the new proposals to have a significant impact on the workload of Coroners. We anticipate that by exposing MCCDs to medical scrutiny at an early stage in the process, referrals to Coroners will be better targeted and therefore more efficient use will be made of Coroners' resources. Again, we will work with Coroners and the Ministry of Justice to ensure that the interface between the Medical Examiner and Coroner functions works smoothly.

The public

Currently some 70% of deaths result in cremation. Medical certification fees totalling £148.50 are paid by the public to doctors for completing the necessary forms. Of these, a proportion will be referred to the Coroner, in which case Forms B and C are not completed, but the medical referee's fee is still paid. We estimate that the total annual expenditure on cremation fees is about £42 million.

In the proposed system, a flat fee would be payable irrespective of whether a body is buried or cremated, instead of the current situation where those who choose to bury their relatives pay nothing and those who choose to cremate pay £148.50. We estimate that the cost of the new system will be less than the current one, so the total amount paid by the public should be less than at present; and the flat fee should be less than the current fee for cremation. We will be refining the assumptions (for example about the average time per case a Medical Examiner will take) in the light of the consultation and discussions with stakeholders, and piloting exercises.

Local Authorities

In certain cases, for example where there is no next of kin or a person dies with no estate, the Local Authority may arrange for a funeral (this is generally referred to as "welfare burials"). LAs are empowered to recover costs from any estate of the deceased person, in which case the impact of the new proposals will be neutral. However, where there is no estate the LA will need to meet the full costs. We will work with Local Authorities on this, but we do not anticipate a significant impact.

Department for Work and Pensions

The impact on benefits payable to people unable to afford funeral costs needs to be considered. Overall, the impact should be neutral or positive since cremations (the bulk of funerals) will attract a lower fee, which should counteract the new fee for burial cases.

Costs

The baseline assumption is that Medical Examiners will scrutinise on average 8 cases a day. Using standard PSSRU³ assumptions for sick leave, training requirements etc, this equates to c.240 WTEs required for England and Wales. It is assumed that the average ratio of WTE:headcount for Medical Examiners will be 1:2 and for Supporting Officers will be 1:1.25. There will be one WTE ME Support Officer to each WTE Medical Examiner. Overheads are included at £5,000 per WTE, which will cover facilities overheads and standard IT requirements but would not cover any additional specialist IT requirements. On-going training requirements in the specific ME or supporting officer function are estimated at one three day course every 2 years for MEs and supporting officers. The minimum cost scenario is estimated based on double throughput of cases, resulting in half the number of Medical Examiners and Supporting Officers, and hence half the total costs. The maximum cost scenario is estimated based on reducing throughput to around 5 cases per day (equivalent to spending an extra 50% of time on each case). This increases costs by 50%. A 20% contingency factor has been included in all scenarios. It is likely that, because of the low numbers of MEs required per PCT, more posts will be required than are strictly necessary when considered against national level volumes of work.

These costs are offset by the cost of the current system that is estimated at £42M from raised fees.

The principal start-up cost, is considered to be the training requirements for all newly appointed Medical Examiners and Supporting Officers. This is based on 3 days of professional training.

There is expected to be a reduction in NHS admin burden as a result of these changes. As the old process for cremations required Forms B, C and F to be filled out by separate professionals, there will be a saving in form-filling as a single form will be completed by the Medical Examiner in their place. Although Medical Examiners will now have an equivalent form for burials, the total number of forms required is reduced, and assuming this saves 10 minutes per form, this results in a net saving of £3M p.a. This fits well with the ambitions of the Better Regulation Executive to reduce bureaucratic burden in the public sector. Note this £3M is not in addition to the £3M annual saving estimated in the base case, but is a different way of estimating the value of this saving.

We anticipate, although some overheads have been factored into the costing, there may be a need for specialised IT equipment and software to enable the collection and analysis of data. The extent to which these functions could be added on to existing systems will have an impact on these costs, which will be addressed following further consultation and piloting in the full IA. Currently no estimate of specialised IT requirements has been included in the costs.

As shown above, we estimate that overall cost of running the proposed system are likely to be net saving to the public and neutral to the exchequer

Benefits

The new system should provide a much more robust and independent check for all deaths than is possible with current arrangements. The key benefit is to reduce grave malpractice, both by acting as a deterrent and by identifying suspicious cases and trends which could lead to earlier identification of criminal activity. The scrutiny of MCCDs by a Medical Examiner should help drive up standards of quality and accuracy in the completion of MCCDs. No attempt has been made to monetise these benefits as the rarity of events would make any estimates too spurious and the impact on the quality of MCCDs is currently unknown.

³ <http://www.pssru.ac.uk/uc/uc2006contents.htm>

There may also be some impact on the number of cases referred to the coroner (currently about 44% in England and Wales). Once the new system has bedded in properly, one might expect a net reduction in the number of referrals (Medical Examiners may pick up a higher proportion of the cases in which there is genuine cause for concern, but conversely the number of “false positives” should fall as Medical Examiners will have more information to help them validate what is on the MCCD). No estimate of the magnitude of this has been included but if there is evidence of this following the pilots and consultation period, an estimate will be included in the final IA.

Equity and fairness

An Initial Equality Impact Assessment has been undertaken to consider the possible impact of these proposals on people according to their age, disability, race, religion and beliefs, gender and sexual orientation. Religion and beliefs are clearly very important considerations in the processes surrounding certification of death and the release of bodies for burial or cremation. There are no obvious issues concerning age, disability, race, gender or sexual orientation.

The introduction of these proposals will address three potential areas of discrimination:

- there will be a common level of assurance for the certification of all deaths;
- certification will be carried out to a common timetable;
- a single (lower) fee will be charged for certification removing the differential in charges between certificates for cremation and burial.

Impact on small firms

We believe these proposals will not have a disproportionate impact on small businesses, but we will work with the funeral industry as the proposals go forward and will keep this IA under review pending the results of the consultation.

Competition assessment

We have applied the competition filter test and are satisfied that the Proposed system of death certification would:

- would have no differential effect between firms;
- would not affect market structure;
- would not discriminate against new entrants;
- would not impact on the range of services or location of private healthcare providers.

Enforcement and sanctions

Medical Examiners will be part of PCT clinical governance teams, and managed and held accountable in the same way as other trust staff. The consultation paper also seeks views on whether it would be appropriate and practical to establish a professional line of accountability between the National medical Advisor to the Chief Coroner and Medical Examiners in the NHS. The current assumption is that no additional costs will be incurred to the Chief Coroner’s office as a result of this, but this will be under consideration in the consultation process.

Monitoring and review

We propose to monitor implementation and the impact on NHS frontline staff, and private and voluntary organisations. For this purpose, we will be setting up an overarching implementation steering group with relevant stakeholders represented.

Risks

The following key risks have been identified:

- **Introduction of delays**
Currently, Form B and C are completed by a large pool of doctors, so there are no capacity constraints if an unusually high number of certifications are required. In the new system, there may be only 1-2 WTE Medical Examiners per PCT, so there may be issues of cover and availability, with limited flexibility to cope with peaks in workload. Although it should be possible for MEs from other PCTs to assist in peak times, even introducing delays of 1-2 days could cause difficulties to grieving families (especially those whose religions mandate immediate funerals) and incur additional costs to undertakers. There is therefore either a risk of delays occurring, or a risk that additional resources may be required; the latter risk is considered in the sensitivity analysis.
- **IT system costs**
The current proposal does not envisage or require new national IT systems. However, given experience in other policy areas, it is considered possible that the nature of the new system is such that new systems or new linkages to existing systems might over time become necessary. The consultation should provide more information on whether this possibility is a significant risk or not, allowing for further examination in the full IA.
- **Recruiting and retaining Medical Examiners and support officers**
The current proposal makes a clear and plausible estimate of staff requirements (see bullet on “introduction of delays” above). However, experience suggests that there is some risk attached to the recruitment and retention of Medical Examiners and support officers (both initially and over time). The sensitivity analysis allows for transitional and ongoing training costs to reflect the financial aspect of this risk. The consultation should provide further information on the attractiveness of Medical Examiner posts, to allow more detailed exploration of this risk in the full IA.

Summary

The *Third Report* of the Shipman Inquiry showed that the current arrangements for certifying deaths do not provide adequate safeguards and are inequitable. We believe the proposed system of death certification represents a proportionate and affordable response that will provide greater protection for the public, improve the quality and accuracy of death certification and remove current inequalities in the way burials and cremations are dealt with. It is likely to do so at no greater cost to the exchequer and with an estimated decrease in the amount paid by the public.

Specific Impact Tests: Checklist

Use the table below to demonstrate how broadly you have considered the potential impacts of your policy options.

Ensure that the results of any tests that impact on the cost-benefit analysis are contained within the main evidence base; other results may be annexed.

Type of testing undertaken	<i>Results in Evidence Base?</i>	<i>Results annexed?</i>
Competition Assessment	Yes/No	Yes/No
Small Firms Impact Test	Yes/No	Yes/No
Legal Aid	Yes/No	Yes/No
Sustainable Development	Yes/No	Yes/No
Carbon Assessment	Yes/No	Yes/No
Other Environment	Yes/No	Yes/No
Health Impact Assessment	Yes/No	Yes/No
Race Equality	Yes/No	Yes/No
Disability Equality	Yes/No	Yes/No
Gender Equality	Yes/No	Yes/No
Human Rights	Yes/No	Yes/No
Rural Proofing	Yes/No	Yes/No

Annexes

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