

Gateway Reference: 17525

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Dear member,

11 April 2012

Death certification reforms

I wrote to you in April last year to update you on progress and the timetable for implementing the death certification reforms.

As you know, the Health and Social Care Act 2012 has completed its Parliamentary stages and received Royal Assent on 27 March. It includes provision for responsibility for the new medical examiner (ME) service to sit with local authorities, following the changes to the NHS architecture which will remove Primary Care Trusts from April 2013.

As LAs are responsible for associated areas, notably the Coroners services and registrars, there is already a good policy fit, complemented by their new role in public health.

However, as this is a new service as well as a new LA responsibility, we have been very concerned to make the introduction as smooth as possible and to ensure that there will be no adverse effects, either in terms of new and unfunded burdens on LAs or damage to their reputations.

On funding, we have been very clear that we need to work closely with LA colleagues as we develop the Impact Assessment for the ME service. I am happy to say that this is going well, and that we now have a comprehensive cost basis from which to complete this work.

The issue of reputation is rather more subtle. I have received representations expressing concern that LAs' reputations will be at risk if the public perceives them as imposing a new "death tax" and, in particular, if they have to use debt collectors and bailiffs to pursue non-payment.

I agree that it would be unfortunate if this were to happen. I am therefore looking seriously at ways in which we can minimise or eliminate this

risk. Since the issue centres on the funding arrangements for the service I have asked my officials to reconsider all the possible options for this.

At present the cremation forms which provide the safeguards in the system are paid for by the public. The new ME system removes these forms and the intention has been that we would transfer the payment from the old system to the new, simply adding burials into the process. Any other funding mechanism would, therefore, involve not only a new charge on the public purse but be a case of replacing private with public money. It is important to be clear that in the current economic climate it is especially challenging to find new public money.

Nonetheless we shall explore the options to see what viable cases there may be for alternatives to the current proposals.

This does also mean that we need longer than I had hoped before we can implement in full. Instead of October 2013, we are now looking to April 2014.

However, there are other advantages to extending the timetable. Our pilots have demonstrated that the new system operates effectively in a range of settings, in hospital and in the community, in urban and in rural areas. But we are now able to extend the work on two sites to show that it can also work at scale, and that it can accommodate the particular complexities and sensitivities of neonatal and child deaths.

In the meantime, I am delighted to learn that in some areas people are already so convinced of the merits of the ME system that they are introducing it on a self-funded basis.

Thank you for your continuing work and commitment to bringing these reforms to fruition, and for your patience in accommodating the new timetable.

Yours ever,

A handwritten signature in black ink, appearing to read 'Andrew Lansley', written in a cursive style.

ANDREW LANSLEY CBE