



# Summary: Analysis & Evidence

# Policy Option 2

**Description:** Introduce statutory guidance stating that the police should not grant certificates in the absence of medical information.

## FULL ECONOMIC ASSESSMENT

Price Base Year 2019	PV Base Year 2019	Time Period Years 10	Net Benefit (Present Value (PV)) (£m)		
			Low: -38.3	High: -48.0	Best Estimate: - <b>43.1</b>

COSTS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	0.0	1	4.4	<b>38.3</b>
High	0.0		5.6	<b>48.0</b>
Best Estimate	0.0		5.0	<b>43.1</b>

### Description and scale of key monetised costs by 'main affected groups'

Firearms applicants may incur an estimated cost of approximately £43.1 million over 10 years (PV) from the fees charged by GPs to provide medical information. It is estimated that £37.9 million (88%) will fall to individuals and £5.1 million (12%) will fall to businesses (both over 10 years, PV).

### Other key non-monetised costs by 'main affected groups'

There will be a potential cost to police forces in sending an increased number of reminders to GPs for applicants medical information.

BENEFITS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low		1		
High				
Best Estimate				

### Description and scale of key monetised benefits by 'main affected groups'

This policy may prevent a homicide or a death due to deliberate self harm. In addition to preventing the human costs of such a tragedy, it is estimated that the financial cost of a homicide is £3.4 million and that the financial cost of a death due to deliberate self-harm is £2.4 million.

### Other key non-monetised benefits by 'main affected groups'

Public safety may be improved by reducing the risk that medically unsuitable people possess firearms. This increase in public safety could bring about a perception of feeling safer. Ensuring all firearm applicants pass medical checks could also increase public confidence in the system.

### Key assumptions/sensitivities/risks

Discount rate (%) 3.5

It is assumed that this change will have no impact in Scotland as Police Scotland have already implemented an approach with a similar effect. It is possible that the increased provision of medical information to the police may result in an increased number of refusals and revocations.

## BUSINESS ASSESSMENT (Option 2)

Direct impact on business (Equivalent Annual) £m:			Score for Business Impact Target (qualifying provisions only) N/A
Costs: 0.5	Benefits: 0.0	Net: -0.5	
			N/A

# Evidence Base (for summary sheets)

## A. Strategic Overview

### A.1 Background

1. Section 27 of the Firearms Act 1968 (the 1968 Act) states that: “A firearm certificate shall be granted where the chief officer of police is satisfied that: (a) the applicant is fit to be entrusted with a firearm to which section 1 of this Act applies and is not a person prohibited by this Act from possessing such as firearm; (b) that he has a good reason for having in his possession, or for purchasing or acquiring, the firearm or ammunition in respect of which the application is made; and (c) that in all the circumstances the applicant can be permitted to have the firearm or ammunition in his possession without danger to the public safety or to the peace”.
2. Section 28(1) of the 1968 Act states that “...a shotgun certificate shall be granted or, as the case may be, renewed by the chief officer of police if he is satisfied that the applicant can be permitted to possess a shotgun without danger to the public safety or to the peace”.
3. New arrangements were put in place in 2016 regarding information sharing between GPs and police for the assessment of an applicant’s medical suitability. This followed extensive negotiations involving the police, medical representatives, shooting organisations, government departments and other interested parties. Prior to these arrangements the firearm and shotgun application form required applicants to declare any relevant medical conditions on the firearm or shotgun application form, in light of which the police might require sight of a medical report providing further detail about the medical condition. There was variation across forces over whether the applicant or the police would pay for the medical report. HM Inspectorate of Constabulary, taking account of coroners’ reports, had found that there were weaknesses in the existing approach<sup>1</sup>. For example, applicants could avoid medical scrutiny by failing to declare a relevant medical condition. They recommended that the medical arrangements needed to be strengthened to protect the public.
4. Implementation of the new arrangements took place between April and August 2016, and by August 2016 all police forces in England, Wales and Scotland were contacting every applicant’s GP on grant or renewal to ask if the applicant had been diagnosed with a relevant medical condition, for example, depression or dementia. Under these new arrangements police forces also asked GPs to place a firearms marker on the patient’s records to enable them to flag up with the police any new medical issues which emerged following the grant of the certificate. The marker is a code on the electronic patient records system which reminds the GP that the patient is a firearms certificate holder.
5. Following implementation, significant variation has arisen in the response from GPs to the police request: some do not charge fees to applicants for providing the medical information, others charge fees of variable amounts, and some do not comply with the request. Reasons for not complying are reported to include a lack of expertise in mental health or a conscientious objection to private gun ownership. There is also inconsistency in how the police react if they do not receive the medical information requested. Some forces proceed to grant the certificate, while others do not grant certificates unless they have received a response from the GP.
6. Therefore, the Home Office has been considering what can be done to achieve greater consistency to ensure that police have the medical information they need to assist with their licensing decisions. The Government’s view is that it is important to ensure, as far as possible, that those who are in possession of firearms are medically fit, to safeguard themselves and the public. Option 2, the preferred option, is to introduce statutory guidance stating that the police should not grant certificates in the absence of medical information. Police Scotland have already taken this approach since the introduction of the new arrangements in 2016. In Scotland, police have found that the vast majority of GPs provide the information requested, and in a large proportion of instances, GPs charge the applicant a fee to carry out the initial records check.

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<sup>1</sup> “Targeting the Risk”, HMIC 2015, available at the following link:  
<https://www.justiceinspectors.gov.uk/hmicfrs/publications/targeting-the-risk/>

## A.2 Groups Affected

- Law enforcement – police forces in England and Wales and Police Scotland.
- Individuals – holders of firearm and shotgun certificates.
- Businesses – holders of firearm and shotgun certificates who use the firearms in the course of their business (for example, pest control or game keeping) and GP surgeries.

## A.3 Consultation

7. The Minister for Policing and the Fire Service and Home Office officials have met representatives of shooting organisations and the medical profession to discuss firearms issues, including medical arrangements, and to listen to their views. Home Office Officials have discussed the arrangements with officials from the Department of Health and Social Care. The Government has discussed the proposed medical arrangements with the police and will conduct a consultation with the National Police Chief's Council and the Chief Constable of Police Scotland on the guidance as a whole, as required by the legislation, alongside this consultation.
8. The Government has issued a public consultation on the consultation text alongside this impact assessment. The consultation is available on gov.uk and will be open for eight weeks.

## B. Rationale for intervention

9. Applicants are required to declare any relevant medical condition on their application form, however, it is not a mandatory requirement for police to confirm this information with GPs. Because of the variable response from GPs, a significant proportion of firearm and shotgun certificates are granted without the police having seen any medical information other than this declaration. The Government is seeking to address the risk that this may result in unsuitable people holding firearms. Although holders of firearms certificates are thought to rarely use their firearms in crimes, such incidents where they do occur can be devastating. Between April 2009 and March 2018, there were 43 homicides with licensed firearms in England and Wales<sup>2</sup>. In addition to crimes, around 80 people per year die due to deliberate self-harm with firearms in England and Wales<sup>3</sup>.

## C. Policy objective

10. The objective is to improve public safety by strengthening the firearms licensing regime in relation to medical suitability.

## D. Description of options considered

11. The options are:

**Option 1:** Do nothing and continue with inconsistent assessment of medical suitability.

**Option 2:** Introduce statutory guidance stating that the police should not grant certificates in the absence of medical information.

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<sup>2</sup> "Homicide in England and Wales" (Appendix Tables, Table 6).

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtableshomicideinenglandandwales>

<sup>3</sup> Office for National Statistics – "Deaths registered in England and Wales – 21st century mortality: 2017":

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/the21stcenturymortalityfilesdeathsdataset>

As this is a regulated environment, no non-regulatory options are suitable to achieve the objectives. However, non-regulatory options that would have met the objectives would have been considered but no such option was found.

## E. Appraisal

### General assumptions and data

12. The main assumptions used in this analysis have been shared with a number of firearms stakeholders and refined in light of their input:
  - a. The average fee charged by GP surgeries to applicants is assumed to be £51, with a lower and upper bound of £45 and £57 respectively. The upper bound is derived by a weighted average of the fees provided by 26 police firearms teams in England and Wales<sup>4</sup>. The lower bound is the average fee GPs in Scotland charge applicants, as reported by Police Scotland. The best estimate is the mid-point between the upper and lower bounds. Estimates from individual police services, only relate to GPs who provided information and applied a charge. It is not known what proportion of GPs apply a charge, but police said that the vast majority of GPs either charged a fee or refused to comply without payment. For this impact assessment (IA), it is assumed that all GPs who do not currently provide medical information will charge a fee for doing so when the policy is implemented.
  - b. It is assumed that approximately 65 per cent of all applications currently are assessed without the police having had sight of medical information. This estimate is based on data provided by five police forces (who are responsible for approximately 9% of all applications).
  - c. It is assumed that this change will have no impact in Scotland, as Police Scotland have already implemented a similar approach since 2016.
  - d. At present some GPs may be providing patients' medical records without charging a fee. When the policy is implemented these GPs may start charging for providing the medical information, if they are aware that other GPs are doing so. It is not known how many GPs may begin to charge, so this potential additional cost has not been quantified.
  - e. Some GPs who do not currently add the firearms marker to patients' medical records may begin to do so, however this is not mandatory so the cost of doing so has not been quantified.
  - f. Whilst this policy may prevent deaths due to deliberate self-harm, a standardised cost to society of such a death is not publicly available. Therefore, the cost of a homicide is used to estimate the benefit of prevented suicides, after excluding costs that would not be associated with a death due to deliberate self-harm, such as: defensive expenditure; insurance administration; health services; victim services; police costs; and other CJS costs. The cost of death due to deliberate self-harm is estimated as only the costs of physical and emotional harm and lost output.
  - g. The period of appraisal is 10 years. A social discount rate of 3.5 per cent has been applied, in line with HM Treasury (2018) Green Book guidance<sup>5</sup> to obtain present value costs. The price base year is 2019 and the present value base year is 2019.

### SET-UP COSTS

#### Police forces

#### Familiarisation costs

13. The police will need to read the new guidance on medical arrangements and implement it which may take up police time. However, the time spent reading the new guidance and implementing it

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<sup>4</sup> Most of these responses were on behalf of an individual force, but in some cases the firearms team is part of a service which is merged across multiple forces.

<sup>5</sup> HM Treasury (2018) The Green Book: appraisal and evaluation in central government, March, London. See: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/685903/The\\_Green\\_Book.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685903/The_Green_Book.pdf)

will likely be negligible as the police have been pushing for this policy change and are expecting it to take place.

14. The police will also need to send automated emails to GP's requesting the medical information of firearms applicants. However this cost is likely to be negligible because the police already send automated letters to GP's surgeries on the receipt of application and are already familiar with the process.

### Firearms licence applicants

15. It is unlikely that there will be any set-up costs for applicants, as the process of applying or renewing for a firearms licence will remain the same.

## ONGOING COSTS

### Firearms licence applicants

16. With the introduction of a requirement for police to have sight of GP information prior to grant or renewal, it is likely that more applicants will be required to pay a fee to GPs to ensure that the medical information is supplied. There were 151,508 applications for grant or renewal of firearms and shotgun certificates in 2017-18<sup>6</sup>.
17. When fees are paid to GP surgeries, the average fee is estimated to be £51, with low and high estimates of £45 and £57 respectively. As set out above (paragraph 11), it is assumed that 65 per cent of applications are currently resolved without the police having sight of medical information. If in future, all of these applications are accompanied by medical information this implies that around 98,750 additional fees will be paid to GP surgeries per year, resulting in a total best estimate cost across the 10-year period of £43.1 million (PV), with high and low estimates of £48.0 million (PV) and £38.3 million (PV) respectively.
18. The proportion of total firearm and/or shotgun certificates used in the course of employment is estimated at 12 per cent<sup>7</sup>. It is therefore estimated that the best estimated cost across the 10-year period (see Table 1) to businesses will be £5.1 million, with upper and lower bounds of £5.7million and £4.5 million respectively.
19. The proportion of total firearm and/or shotgun certificates held by individuals is estimated at 88 per cent. It is estimated that the proportion of the total best estimated cost across the 10-year period (see Table 1) to individuals will be £38.0 million (PV), with upper and lower bounds of £42.3 million (PV) and £33.7 million (PV) respectively.

**Table 1. Profile of estimated annual and 10-years (PV) costs, £ million.**

	Annual cost, £m			10-year PV cost, £m		
	Businesses	Individuals	Total	Businesses	Individuals	Total
Best	0.6	4.4	<b>5.0</b>	5.1	38.0	<b>43.1</b>
Upper	0.7	4.9	<b>5.6</b>	5.7	42.3	<b>48.0</b>
Lower	0.5	3.9	<b>4.4</b>	4.5	33.7	<b>38.3</b>

### Police

20. Police will request the information from the GP as they do now, but they are more likely to have to send a reminder to the GP if they do not receive a reply as they will be unable to proceed to grant without sight of the medical information. The draft statutory guidance indicates that police will send a reminder to the GP if they do not receive a response to their initial request after which, if there is

<sup>6</sup>Firearm and shotgun certificates in England and Wales: financial year ending March 2018: data tables <https://www.gov.uk/government/statistics/firearm-and-shotgun-certificates-in-england-and-wales-financial-year-ending-31-march-2018>

<sup>7</sup> Information about certificate holders' occupations extracted from a live database, the National Firearms Licensing Management System (NFLMS).

still no reply, the police will contact the applicant who will be able to follow up the matter with their GP.

21. In Scotland, where this approach has been in place for some time, officials report that 97 per cent of GPs comply and that the police have very little follow-up activity. However, other police services have suggested that similar procedures have resulted in follow-up activity to GPs in a significant proportion of cases. Due to the uncertainty over whether police forces would face additional costs, and the potential size of these costs, they have therefore not been quantified, and are instead recognised in the risks section.

## **GPs**

22. GPs will continue to be asked to provide the required medical information to the police, and it will be open to the GP to charge applicants to cover the cost of their time. It is assumed that there are no net ongoing costs incurred by GPs, as any costs will be offset by fee income.

## **TOTAL COSTS**

23. The total estimated costs of this policy over the 10-year appraisal period are estimated at £43.1 million (PV) for applicants, with high and low estimates of £48 million and £38.3 million (both PV) respectively. The respective split between business and individuals is 12 per cent and 88 per cent; the central estimate for business is estimated at £5.1 million (PV), with high and low estimates of £5.7 million and £4.5 million (both PV) respectively. The central estimates for individuals is estimated at £38.3 million (PV), with high and low estimates of £42.3 million and £33.7 million respectively (both PV).

## **BENEFITS**

### **Society**

24. There is a likely benefit to the public and law enforcement from improved public safety, as Option 2 may reduce the risk of firearms being handled by unsuitable persons and potentially reduces the risk of injuries and fatalities from firearms. There may be a benefit to applicants and holders of firearm and shotgun certificates, and their families, if they are not granted certificates if they are medically unfit to possess firearms.
25. This benefit cannot be robustly estimated due to a lack of evidence on how many firearms-related injuries or fatalities are likely to be avoided following the changes. However, a breakeven analysis has been undertaken to illustrate the magnitude of benefits required in order for this policy to have a positive NPV.
26. The cost to society of a homicide is estimated at £3.4 million. The cost of a death due to deliberate self-harm is estimated to be £2.4 million<sup>8</sup>. The total PV costs of the policy are approximately £43.1 million, so there will be an overall positive NPV if the policy leads to a reduction in 18 such deaths over the 10-year appraisal period, or a reduction in 13 homicides.

## **F. Risks**

27. There is a risk that the new guidance may lead to an increase in refusals and revocations as medical information comes to light. For those who use firearms in the course of their employment (for example, as a gamekeeper or in pest control), this could lead to unemployment and/or costs to businesses (for example by having to hire contractors) if they are no longer able to carry out pest

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<sup>8</sup> The cost of a homicide taken from The Economic and Social Costs of Crime publication. The cost of a death from deliberate self-harm is this cost excluding defensive expenditure; insurance administration; health services; victim services; police costs; and other CJS costs, and uprated to 2017/18 using the GDP deflator. Source: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/732110/the-economic-and-social-costs-of-crime-horr99.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732110/the-economic-and-social-costs-of-crime-horr99.pdf)

control themselves. However, this cost is likely to be outweighed by the gain to public safety from preventing unsuitable individuals from possessing firearms.

28. There is a risk that GP surgeries will not respond to the request for medical information and/or charge an excessive fee. However, experience in Scotland shows that this is rarely the case.
29. There is a risk that police forces will face additional costs from sending a reminder to GPs who do not respond to the initial request to provide medical information.

## G. Direct costs and benefits to business calculations

30. **The Government's preferred option is Option 2**, as this has the greatest benefit in terms of public safety.
31. This policy is exempt from the Business Impact Target.

**Table 2, Summary of costs and benefits over 10-years (PV), £ million.**

<b>Costs</b>	<b>£m (PV)</b>	<b>Benefits</b>	<b>£m (PV)</b>
Businesses	5.1	Unmonetised benefits:	
Individuals	38.0	Public safety	
<b>Total cost</b>	<b>£43.1</b>	<b>Total benefit</b>	<b>£0.0</b>
<b>Net present value</b>	<b>-£43.1</b>		

## H. Small and Micro-Business Assessment

32. It has been estimated that around 12 per cent of shotgun and firearm certificate holders use their firearm in the course of their business, primarily in farming. It is likely that the majority of these certificate holders that use their firearm in the course of their business will be in small (up to 49 FTE employees) or micro (up to 10 FTE employees) businesses. Business population data for 2018 shows that of the 8,515 businesses in the UK 'mixed farming' sector, 93.7 per cent were micro-businesses and 5.7 per cent were small businesses<sup>9</sup>. Whilst this change may affect small and micro businesses, it would not be appropriate to exempt them from the changes to the guidance, as to do so would provide a mechanism for medically unsuitable people to possess firearms, potentially putting themselves and the wider public at risk. Small and Micro businesses are also likely to accrue most of the benefits of this policy, so exempting them would reduce the effectiveness of this policy.

## I. Implementation date, monitoring and evaluation and enforcement principles.

33. The revised guidance to the police on medical suitability will be issued as part of the new Statutory Guidance following consideration of the consultation responses. The police will be under a duty to have regard to the guidance. The intention is to bring the amended rules into effect when the new Statutory Guidance is issued.
34. The new medical arrangements will not require enforcement action. The police will not grant firearms certificates in the absence of medical information.
35. The Home Office will monitor the effectiveness of these measures through ongoing discussion and feedback from stakeholders and review the measures within three years of implementation.

<sup>9</sup> Department for Business, Energy & Industrial Strategy - Business Population Estimates (2018). Source: <https://www.gov.uk/government/statistics/business-population-estimates-2018>



## Economic Impact Tests

Does your policy option/proposal consider...?	Yes/No (page)
<b>Business Impact Target</b>  This policy is exempt from Business Impact Target.	Yes Page 8
<b>Small and Micro-business Assessment (SaMBA)</b>  It is estimated 12 per cent of shotgun and firearm certificate holders use their firearm in the course of their business, the majority of which being small and micro businesses. Whilst this policy may affect small and micro businesses disproportionately, they will not be exempt, as they will benefit from this policy change.	Yes Page 9

## Social Impact Tests

<b>Statutory Equalities Duties</b>  This change will ensure that the policy concerning the medical suitability of firearm and shotgun applicants will operate more effectively. While disability or age may be a factor in the physical or mental capacity of a firearms applicant, this potential discriminating factor has been assessed and the need to protect the applicant and others is considered paramount. Each application is considered on its individual merits.	In separate document
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