

Impact Assessment, The Home Office

Title: Medical checks in the statutory guidance for firearms

Date: 29 September 2021

IA No: HO0399

RPC Reference No: N/A

Stage: FINAL

Other departments or agencies:

Intervention: Domestic

Measure: Other

Enquiries: Serious Violence Unit
(public.enquiries@homeoffice.gov.uk)

RPC Opinion: Not Applicable

Business Impact Target: Non qualifying provision

Cost of Preferred (or more likely) Option (in 2021 prices)

Net Present Social Value NPSV (£m)	-58.8	Business Net Present Value BNPV (£m)	7.1	Net cost to business per year EANDCB (£m)	0.8
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What is the problem under consideration? Why is government intervention necessary?

The Firearms Act 1968 (the 1968 Act) requires those wishing to possess section 1 firearms and section 2 shotguns to apply to the police for a certificate. The police must be satisfied that granting the certificate would not endanger public safety of the peace, and this assessment includes the medical suitability of the applicant. Currently, there is significant variation in how and whether GPs respond to the request for information and how the police act in the absence of medical information, with the police often assuming there is no relevant medical condition and issuing the certificate. The new statutory guidance, which police must have regard to, states that the police must receive the medical information before issuing the certificate. The Government must intervene to strengthen guidance on information sharing arrangements (2016) under the 1968 Act.

What is the strategic objective? What are the main policy objectives and intended effects?

The policy objective is that the police will grant firearm certificates only after consideration of medical information relating to the applicant. This will reduce the risk that unsuitable persons could possess firearms, with the intended effect being the strengthening of public safety.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

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

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

Option 2 is the Government's preferred option.

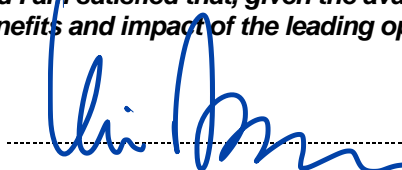
Main assumptions/sensitivities and economic/analytical risks	Discount rate (%)	3.5
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1. Main assumptions are: 1) numbers of applicants/renewals will stay roughly constant: latest figure: 130,719 for 2021/22, 2) GP cost per application is £55 and 3) 65 per cent of applications are assessed without medical certification.
2. The main analytical risk is the uncertainty around the assumptions above.
3. The main economic risk is an increase in application refusals as medical information comes to light. This could lead to unemployment in a small number of cases.

Will the policy be reviewed? It will be reviewed. **If applicable, set review date:** 10/2023

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: _____



Date: 5 October 2021

Summary: Analysis & Evidence

Policy Option 1

Description:

FULL ECONOMIC ASSESSMENT

Year(s):	Price Base	2021	PV Base	2021	Appraisal	10	Transition	1
Estimate of Net Present Social Value NPSV (£m)						Estimate of BNPV (£m)		
Low:	-44.7	High:	-72.9	Best:	-58.8	Best BNPV	7.1	

COSTS, £m	Transition Constant Price	Ongoing Present Value	Total Present Value	Average/year Constant Price	To Business Present Value
Low	0.01	5.2	44.7	5.2	0.6
High	0.01	8.5	72.9	8.5	1.0
Best Estimate	0.01	6.8	58.8	6.8	0.8

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

Firearms applicants may incur an estimated cost of £58.8 million over 10 years (PV) for fees charged by doctors to provide medical information. It is estimated that £51.7 million (88%) will fall to individuals and £7.1 million (12%) to businesses (both over 10 years, PV). Police will have a small familiarisation cost.

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

There may be a potential cost to applicants to regularly check with their doctor to ensure the required medical information has been supplied.

BENEFITS, £m	Transition Constant Price	Ongoing Present Value	Total Present Value	Average/year Constant Price	To Business Present Value
Low					
High					
Best Estimate					

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

This policy may prevent homicide, or death due to deliberate self-harm. As well as preventing the human costs of such a tragedy, it is estimated that the economic cost of a homicide is £3.7 million and that the economic cost of a death due to deliberate self-harm is £2.7 million. It has not been possible to monetise specific benefits.

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

It is assumed that there is an impact in England and Wales which will not apply in Scotland, because Police Scotland have already implemented an approach with a similar effect. It is possible that the requirement to supply medical information for all applications may result in an increased number of refusals.

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:										
Cost, £m	0.8	Benefit, £m	0.0	Net, £m	-0.8					
Score for Business Impact Target (qualifying provisions only) £m:					N/A					
Is this measure likely to impact on trade and investment?					N					
Are any of these organisations in scope?			Micro	Y	Small	Y	Medium	Y	Large	Y
What is the CO ₂ equivalent change in greenhouse gas emissions? (Million tonnes CO ₂ equivalent)					Traded:	N/A	Non-Traded:	N/A		

PEOPLE AND SPECIFIC IMPACTS ASSESSMENT (Option 2)

Are all relevant Specific Impacts included?	Y	Are there any impacts on particular groups?	Y
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Evidence Base (for summary sheets)

A. Strategic Objective and Overview

A.1 Strategic objective

The Policing and Crime Act 2017 introduced a power to issue statutory firearms guidance, which will help ensure greater consistency and higher standards of decision-making for police, when considering firearms licensing applications, and will ensure the guidance is given greater weight by the courts.

The objective of the guidance is to ensure greater consistency for police firearms licensing, including in relation to medical checks. While the granting of firearm certificates is an operational matter for the police, they will be required to have regard to the statutory guidance when issued.

The guidance will apply to existing safeguards relating to firearms ownership, such as police background checks or the criteria around applicants with a history of domestic violence. It also contains new proposals on the arrangements for assessing the medical suitability of applicants which will mean that no one is given a firearms licence unless their doctor has confirmed to the police whether or not they have any relevant medical conditions, including an assessment of their mental health.

Doctors already provide information on relevant medical conditions to police based on the applicant's GP record. The new guidance will provide a list of relevant medical conditions that the doctor should take into consideration when a person is applying for a firearms certificate. The decision on whether to grant a firearms licence, however, is ultimately taken by the relevant police force.

A.2 Background

Section 27 of the Firearms Act 1968 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".

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".

Information sharing arrangements were put in place in 2016 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 application form, in light of which the police might require sight of a medical report providing further detail about the medical condition. HM Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS), taking account of coroners' reports, had found that there were weaknesses in the existing approach in their 2015 report, 'Targeting the Risk'¹. For example, applicants could avoid medical scrutiny by failing to declare a relevant medical condition. HMICFRS recommended that the medical arrangements needed to be strengthened to protect the public.

Implementation of 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,

¹ HMICFRS (2015) *Targeting the Risk*, September, London. See: [Targeting the risk - HMICFRS \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmicfrs/reports-and-publications/targeting-the-risk/)

depression or dementia. Under these new arrangements police forces also asked GPs to place a firearms marker on the patient's record to enable the doctor 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 firearm certificate holder.

Following implementation in 2016, 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. Independent doctors now offer to provide the medical information for police, based on the applicant's medical record, for a standard fee. 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 the certificate unless they have received a response from the GP. There have been concerns raised by law enforcement leads, medical representatives and others about the continuing grant of certificates in the absence of medical information, in view of the public safety risk this raises.

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 the certificate holder themselves and the public. **Option 2, the Government's preferred option**, is to introduce statutory guidance stating that the police should not grant certificates in the absence of medical information. This policy was tested in the consultation on the introduction of statutory guidance for firearms, which ran from 15 July 2019 to 17 September 2019.

A.3 Groups Affected

- Law enforcement – police forces in England, Wales and Scotland.
- Individuals – applicants for firearm and shotgun certificates.
- Businesses – applicants who use the firearms in the course of their business (for example, pest control or gamekeepers) and doctors who provide the medical information.

A.4 Consultation

Within Government

Government departments have been consulted as part of the cross-government clearance process prior to the consultation on the introduction of statutory guidance and new medical requirements, and also in advance of publication of the statutory guidance. In particular, the Home Office and the Department of Health and Social Care (DHSC) have liaised closely over the medical arrangements to ensure that the system set out in the statutory guidance will operate effectively.

Public Consultation

A public consultation on the introduction of statutory guidance and new medical requirements ran from 15 July to 17 September 2019. The majority of those responding commented on the medical proposals, in particular regarding the variable fees being charged by GPs and the ability of GPs to refuse to provide the information even though the supply of medical information would become a mandatory requirement prior to grant of a certificate. Although the average fee charged by doctors is around £50, there was concern that some doctors charge much higher fees.

As a result of the responses to the consultation further discussions took place with the police, medical representatives, shooting organisations, DHSC and the Home Office. While all parties did not share the same views on some aspects of the licensing process – for example, whether the medical information would have to be supplied by the applicant's GP or could be provided by an independent doctor – there was agreement that the applicant would request the medical information from the doctor rather than the police doing this. This change was linked to the work underway by DHSC to

bring in national IT support to assist GPs in using the firearms marker. Once implemented and tested, the IT solution for the marker would underpin police continuous assessment of certificate holders and help move towards the ambition of increasing the duration of the firearm and shotgun certificate.

B. Rationale for intervention

Applicants are required to declare any relevant medical condition on their application form. However, it is not currently 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 firearm certificates are thought to rarely use their firearms in crimes, such incidents where they do occur can be devastating. Between April 2009 and March 2020, there were 52 homicides with licensed firearms in England and Wales. In addition to crimes, around 80 people per year die due to deliberate self-harm with firearms in England and Wales².

C. Policy objective and intended effects

The objective is to improve public safety by strengthening the firearms licensing system in relation to medical suitability. This will be achieved by ensuring that the police have sight of relevant medical information about the applicant before they proceed to issue the firearm certificate.

The intended effects will be to ensure greater consistency for police firearms licensing, including in relation to medical checks. While the granting of firearm certificates is an operational matter for the police, they will be required to have regard to the statutory guidance when issued.

The guidance will apply to existing safeguards relating to firearms ownership, such as police background checks or the criteria around applicants with a history of domestic violence. The guidance also contains arrangements for assessing the medical suitability of applicants and will mean that no one is given a firearms licence unless their doctor has confirmed to the police whether or not they have any relevant medical conditions, including an assessment of their mental health.

D. Options considered and implementation

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.

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

This consultation was in 2019, which was before the Windrush changes to impact assessments (IAs) requiring further options to be examined.

² Office for National Statistics – ‘Deaths Registered in England and Wales – 21st century mortality: 2017.’
<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/the21stcenturymortalityfilesdeathsdataset>

Preferred option and implementation plan

Option 2 is the Government's preferred option as it meets the policy objectives.

The revised guidance to the police on medical suitability will be issued as part of the statutory guidance for firearms which is being issued following consideration of the consultation responses and further discussions with stakeholders. The police will be under a duty to have regard to the guidance. Revised application forms setting out the new process will be published when the statutory guidance is published. The application forms will be brought in by statutory instrument which is not subject to any Parliamentary procedure. The Government plans to implement these changes shortly.

The new statutory guidance will formally come into effect in the coming weeks (planned for 1 November). However, it is being published now (18 October) to allow the police to make the necessary preparations for it to come into effect.

E. Appraisal

GENERAL ASSUMPTIONS & DATA

- a. The average fee charged by GP surgeries to applicants is assumed to be £55, with a lower and upper bound of £48 and £61 respectively. The upper bound is derived by a weighted average of the fees provided by 26 police firearms teams in England and Wales. 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 forces 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 a considerable majority of GPs either charged a fee or refused to comply without payment. For this 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. A number of organisations comprising of independent doctors now offer to provide the medical information based on the applicant's medical record, obtained through a subject access request. It is assumed that the fees being charged by independent doctors are broadly consistent with the average fees being charged by GPs. The standard fee being charged by independent doctors ranges from £50 to £60, with an additional discount often provided for members of shooting organisations. In addition, only a relatively small proportion of responses are thought to be being provided in this way, with the applicant's GP providing the medical information to police in most cases.
- c. It is assumed that approximately 65 per cent of applications 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).
- d. It is assumed that the requirement for police to receive the medical information before grant will have no impact in Scotland, as Police Scotland have already implemented a similar approach which has been in place since 2016.
- e. At present some GPs may be providing the applicant's medical information 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.
- f. Whilst this policy may prevent deaths due to deliberate self-harm, a standardised cost to society resulting from 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 (appraisal and evaluation in central government) to obtain present value costs. The price base year is 2019 and the present value base year is 2019.

OPTION 2 – Introduce statutory guidance stating that the police should not grant certificates in the absence of medical information

SET-UP COSTS

Police forces

Familiarisation costs

The police will need to read and understand the new guidance, which will take up police time. Police forces have indicated that about six officers or staff from each force will need to familiarise themselves with the guidance, which implies 258 people in total. The guidance is 14,476 words long. Assuming that the document is read at 240 words per minute, a normal average speed according to Readingsoft.com, and that the average hourly salary plus overheads cost for the officers/staff is £41 in 2021 prices, this gives a total familiarisation cost for police of £10,500.

ONGOING COSTS

Firearm certificate applicants

Like police, applicants will need to familiarise themselves with the new guidance. In 2020/21 there were 130,719 applicants for new or renewed licenses. The IA assumes that renewals will require a re-reading of the guidance on each occasion. It is not expected that applicants will remember it from application to renewal. Hence, these familiarisation costs accrue each year rather than just in year 1 and are therefore ongoing costs. The average salary – and time costs – of the applicants is unknown, so the national average of £2,622 is used, according to National Statistics on employee earnings in the UK³. Given the guidance is 14,476 words long and will be read at a speed of about 240 words per hour (as above), this implies a total annual familiarisation cost of £2.2 million. The proportion of total firearm and/or shotgun certificates used in the course of employment is estimated at 12 per cent (information about certificate holders' occupations is extracted from a live database, the National Firearms Licensing Management System). Therefore, **£1.9 million of the annual familiarisation costs** are for individual applicants and **£0.3 million** are for business applicants.

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 130,719 applications for grant or renewal of firearms and shotgun certificates in 2020-21⁴.

When fees are paid to GP surgeries, the average fee is estimated to be £55, with low and high estimates of £48 and £61 respectively. It is assumed that this average cost is not materially affected by the smaller number of cases where fees are paid to independent doctors, with set fees ranging from £50-£60 with a discount applied to some of these applications. As set out above, 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 £5.3 million in additional fees will be paid to doctors each year, resulting in costs across the 10-year period of **£39.9 million (PV)**, with a low estimate of **£35.2 million (PV)** and a high estimate of **£44.6 million (PV)**.

³ *Employee earnings in the UK - Office for National Statistics (ons.gov.uk)*

⁴ *(Firearm and shotgun certificates in England and Wales; financial year ending March 2021)*

Including familiarisation and police costs results in a total best estimate across the 10-year period of **£58.8 million (PV)** with a low estimate of **£44.7 million (PV)** and a high estimate of **£72.9 million (PV)**.

The proportion of total firearm and/or shotgun certificates used in the course of employment is estimated at 12 per cent (information about certificate holders' occupations is extracted from a live database, the National Firearms Licensing Management System). It is therefore estimated that, the best estimated cost across the 10-year period (see Table 1) to businesses will be **£7.1 million (PV)**, with lower and upper bounds of **£5.4 million and £8.8 million (PV)** respectively.

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 **£51.7 million (PV)**, with lower and upper bounds of **£39.3 million (PV) and £64.2 million (PV)** respectively.

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

	Year 1 cost, £m				Annual cost, £m			10-year PV cost, £m		
	Business	Individual	Police	Total	Business	Individual	Total	Business	Individual	Total
Best	0.8	6.0	0.01	6.8	0.8	6.0	6.8	7.1	51.7	58.8
Upper	1.0	7.5	0.01	8.5	1.0	7.5	8.5	8.8	64.2	72.9
Lower	0.6	4.6	0.01	5.2	0.6	4.6	5.2	5.4	39.3	44.7

Sources: Police estimates for medical fees; Readingsoft for familiarisation costs; NLFMS for number of applicants.

Police

Although the statutory guidance will require the applicant to request the medical information from the doctor rather than the police doing this, the police will still contact the applicant's GP to advise them whether the applicant has been issued with a firearms certificate, as this information is necessary so that the GP can take the necessary steps to place the firearms marker. Therefore, it is thought that there will be no significant change to the contact required between the police and the applicant's GP.

GPs

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 for providing the medical response for police, as any costs will be offset by fee income. In the minority of cases where the medical information is provided by an independent doctor, there may be a cost to GP surgeries who supply the medical record for use by the independent doctor as a result of a subject access request. As it is not known how often this will arise, or what the impact may be on GP practices providing the information, this potential cost is not quantified.

TOTAL COSTS

The total estimated costs of this policy over the 10-year appraisal period are estimated at **£58.8 million (PV)** for applicants, with low and high estimates of **£44.7 million (PV) and £72.9 million** respectively. The respective split between business and individuals is 12 and 88 per cent; the central estimate for business is estimated at **£7.1 million (PV)**, with low and high estimates of **£5.4 million (PV) and £8.8 million** respectively. The central estimates for individuals is estimated at **£51.7 million (PV)**, with low and high estimates of **£39.3 million (PV) and £64.2 million** respectively.

BENEFITS

Society

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.

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 NPSV.

The cost to society of a homicide is estimated at £3.7 million. The cost of a death due to deliberate self-harm is estimated to be £2.7 million. The cost of a homicide is 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 updated to 2021/22 using the GDP deflator⁵.

The **total costs** of the policy are approximately **£58.8 million (PV)**, so there will be an overall positive NPSV if the policy leads to a reduction in 22 such deaths over the 10-year appraisal period, or a reduction in 16 homicides.

Business Impact Target

This policy is exempt from the Business Impact Target.

Small and micro business assessment

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 will be in small (10 to 49 FTE employees) or micro-businesses (1 to 9 FTE employees). Business population data for 2020 shows that of the 7,770 businesses in the UK 'mixed farming' sector, 93.2 per cent were micro-businesses and 6.0 per cent were small businesses (Dept for Business, Energy and Industrial Strategy – Business Population Estimates (2020)).⁶ 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 the benefits of this policy, so excepting them would reduce the effectiveness of this policy.

NPSV, BNPV, EANDCB

As shown in Table 1, the Net Present Social Value (NPSV) is estimated at -£58.8 million over 10 years (PV). The Business Net Present Value is estimated at £7.1 million over 10 years (PV) and the net cost to business per year is estimated at £0.8 million.

Value for money (VfM)

Although the NPSV for the preferred option is estimated at -£58.8 million, this is because the expected benefits of the policy have not been monetised. Currently there are no robust UK studies that evaluate the effect on homicide or suicide of ensuring that medical checks take place before

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732110/the-economic-and-social-costs-of-crime-horr99.pdf

⁶ <https://www.gov.uk/government/statistics/business-population-estimates-2020>

firearms are licensed. However, the analysis in the Benefits section showed that only a small number of suicides or homicides would need to be prevented for benefits to exceed costs.

F. Proportionality

The analysis in this IA contains best estimates for the cost and benefits of the proposed policy. Every effort has been made to ensure the analysis presents the best possible estimate of the likely impact of the preferred option, given the time, resources and data available. Impacts have been quantified where possible and explained qualitatively where that was not possible. Therefore, this is a proportionate effort to appraise the proposed policy change.

G. Risks

There is a risk that the new guidance may lead to an increase in refusals as medical information comes to light. There is a risk that as applicants or certificate holders become aware of the new guidance they may deliberately not report health problems in order to avoid their certificate being refused or revoked. For those who use firearms in the course of their employment (for example, as a gamekeeper or in pest control), the risk of an increase in refusals 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 the activities themselves. However, this cost is likely to be outweighed by the gain to public safety from preventing unsuitable individuals from possessing firearms.

H. Enforcement

The new medical arrangements will not require enforcement action. The police will not grant firearms certificates in the absence of medical information

I. Direct costs and benefits to business calculations

Table I.1 outlines the costs and benefits of the proposed changes.

Table I.1 Costs and Benefits, £ million (PV)			
Option	Costs	Benefits	NPSV
1	0.0	0.0	0.0
2	58.8	0.0	-58.8
		Non-monetised benefit: reduced homicide and suicide from medical restrictions on firearms licences.	
Source: Police firearms teams; National Firearms Licensing Management System.			

The Government’s preferred option is Option 2, as it is likely to have the greatest social value, given the unmonetised benefit.

J. Wider impacts

The wider public will benefit if crime involving licensed firearms is prevented because the safeguards and the decision making criteria are applied consistently as a result of the new statutory duty.

Forces and courts may benefit from clearer guidelines on which to base their decision as well as if there are fewer appeals of licensing decisions as a result of those clearer guidelines.

Licence holders will benefit from greater clarity over the process and the criteria by which they are assessed for firearms ownership.

K. Trade Impact.

This measure will have no impact on trade.

L. Monitoring and evaluation (PIR if necessary), enforcement principles.

The Home Office will monitor the effectiveness of these measures and will carry out a review in 2023.

The Home Office will seek feedback through ongoing discussions with stakeholders, including the police, shooting organisations and medical representatives.

M. Annexes.

Impact Assessment Checklist

Mandatory specific impact test - Statutory Equalities Duties	Complete
<p>Statutory Equalities Duties</p> <p>Home Office Ministers and officials have met representatives of certificate holders and applicants to discuss the topic and seek their views.</p> <p>Disability</p> <p>Disability may be a contributory factor in the reduced physical or mental capacity of a firearms applicant. This potential discriminating factor has been assessed and the need to protect the applicant and others from harm is considered paramount. Each case is considered on its individual merits.</p> <p>Age</p> <p>Firearm and shotgun certificate holders are disproportionately older. Around 28 per cent are 65 years and older, compared with around 18 per cent of the UK population. Around 36 per cent are 50-64 years, compared with around 18 per cent of the UK population . Therefore, this policy will affect these age groups disproportionately because it affects certificate holders. Ageing may also be a contributory factor in declining health, or the reduced physical or mental capacity of a firearms applicant. This potential discriminating factor has been assessed and the need to protect the applicant and others from harm is considered paramount. Each case is considered on its individual merits.</p> <p>Sex</p> <p>Firearm and shotgun certificate holders are much more likely to be male than female. 94 per cent of holders are male and the policy will therefore affect males more than females. This potential discriminating factor has been assessed and the need to protect the applicant and others from harm is considered paramount. Each case is considered on its individual merits.</p> <p>Equality of opportunity</p> <p>There is no detriment to equality of opportunity for this new procedure. The police will not automatically refuse a certificate where disability or age is a factor. The police will refuse or revoke a certificate where they consider this is necessary because of a danger to the public safety or to the peace.</p> <p>Fostering good relations</p> <p>This new guidance will foster good relations between individuals falling within the protected groups and others by ensuring that decisions are made on a fair and equitable basis.</p> <p>The SRO has agreed these summary findings.</p>	<p>Yes</p>

Any test not applied can be deleted except **the Equality Statement**, where the policy lead must provide a paragraph of summary information on this.

The Home Office requires the **Specific Impact Test on the Equality Statement** to have a summary paragraph, stating the main points. **You cannot delete this and it MUST be completed.**

Economic Impact Tests – *if these apply, insert a summary paragraph*

Does your policy option/proposal consider...?	Yes/No (page)
<p>Business Impact Target The Small Business, Enterprise and Employment Act 2015 (s. 21-23) creates a requirement to assess the economic impacts of qualifying regulatory provisions on the activities of business and civil society organisations. [Better Regulation Framework Manual] or [Check with the Home Office Better Regulation Unit]</p> <p>These measures have been assessed and do not meet the Business Impact target.</p>	<p>No</p>

<p>Small and Micro-business Assessment (SaMBA) The SaMBA is a Better Regulation requirement intended to ensure that all new regulatory proposals are designed and implemented so as to mitigate disproportionate burdens. The SaMBA must be applied to all domestic measures that regulate business and civil society organisations, unless they qualify for the fast track. [Better Regulation Framework Manual] or [Check with the Home Office Better Regulation Unit]</p> <p>This has been assessed and is presented in section E (see p9).</p>	<p>Yes</p>
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