



Home Office

**A Summary of the Responses to
Consultation on the Guidance Document:**

***Planning for a Possible Influenza
Pandemic: A Framework for Planners
Preparing to Manage Deaths***

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1.0 Introduction

- 1.1 On 30th August 2007, the Home Office published the draft guidance paper *Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths* (henceforth “the *Framework for Planners*”) for consultation. The document was prepared by the Home Office, in consultation with representatives of the funeral industry, the Faith Communities Consultative Council, the Coroners’ Society of England and Wales, the Local Government Association, LACORS and the Federation of Burial and Cremation Authorities as well as with relevant Government Departments. The *Framework* aims to give local authority planners guidance on which to base their preparations for dealing with the large numbers of fatalities that may arise from an outbreak of pandemic influenza.
- 1.2 The *Framework* is one of a series of documents produced by Government Departments offering guidance for contingency planning. On 22nd November 2007, the Cabinet Office and the Department of Health released *Pandemic Flu: A national framework for responding to an influenza pandemic* - the Government’s overarching strategic approach to planning for an influenza pandemic, which also contains planning advice for public and private sector organisations. In addition, the Cabinet Office published *Preparing for Pandemic Influenza: Guidance to Local Planners* on 12th December 2007, which offers guidance to local and regional planners on the required content of local level multi-agency plans in the form of a checklist.
- 1.3 Having brought together a working group with a wide range of interests to advise on production of the *Framework for Planners*, the Home Office nevertheless wished to seek the views the wider community of professionals and faith groups on its operational practicality. Respondents were also invited to comment on the clarity of the guidance given to local planners. Finally, respondents were asked whether additional or different measures would be helpful and, if so, what additional or different guidance would be required. Responses were required by 30th November 2007.
- 1.4 This document summarises the views of those who responded to the consultation on the *Framework for Planners*. The responses are grouped into ten categories, each covering a specific stage in the death management process. A revised version of the *Framework for Planners* will be published, taking into account the public’s responses and seeking to provide additional clarity in light of their comments.

2.0 Analysis of Respondents

The following table and pie chart indicate the range of responses the Government received during the course of the consultation.

Responses from the primary audience for the consultation (Local and Regional Government bodies and other Local Authority employees) comprised just over a third (36%) of the total number of contributions.

The apparently surprisingly small number of responses from some of the professions which are most central to this consultation can be explained by the fact that several Professional Bodies such as, for example, the Coroners Society, collated a response on behalf of their members. Professional bodies, medical professionals and NHS responses account for a further 25% of responses.

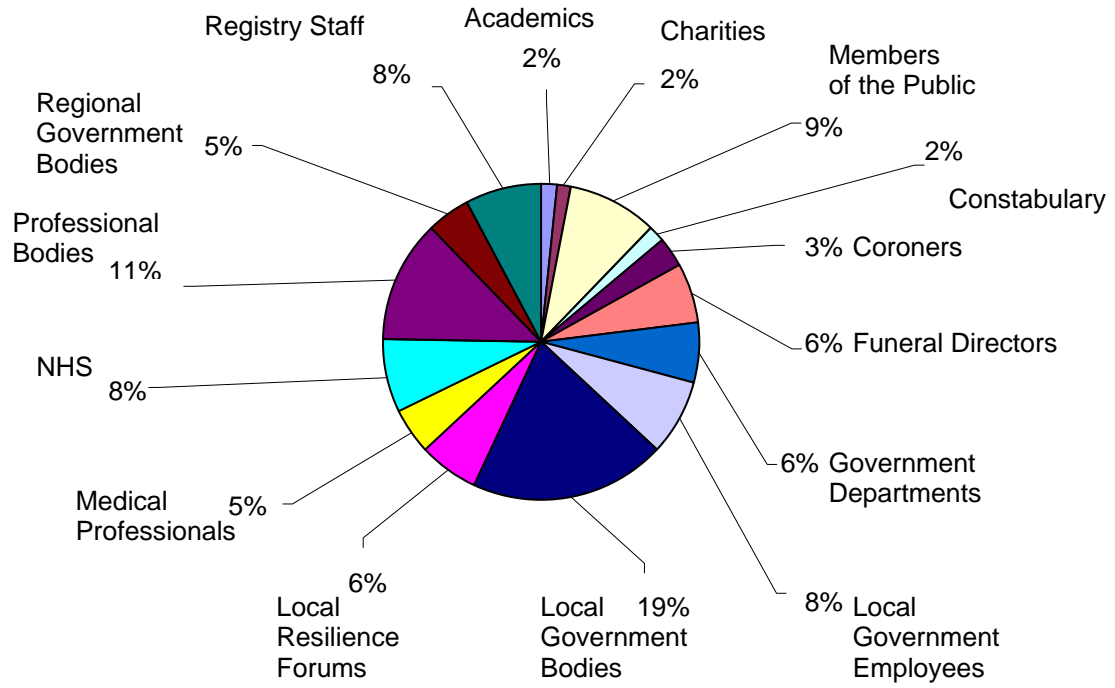
Registry staff formed a significant minority of Local Government employees and so, together with those coroners and their staff who responded on an individual basis, have been disaggregated from Local Government employees. Together they formed 11% of respondents.

Respondents were classified as members of the public unless they explicitly stated they were responding on behalf of an organisation, or that they were members of a particular profession or discipline. Even taking this into account, there was a relatively small response from members of the public (9%) and, in particular, from the faith communities and individuals raising faith issues (one response).

In addition, a range of Government Departments and other stakeholders offered a wide variety of perspectives.

Category of Respondent	Number	Percentage (rounded)
Local Government Bodies	13	20
Professional Bodies	8	12
Members of the Public	6	9
Registry Staff	5	8
NHS	5	8
Local Government Employees	5	8
Local Resilience Forums	4	6
Government Departments	4	6
Funeral Directors	4	6
Regional Government Bodies	3	5
Medical Professionals	3	5
Coroners	2	3
Constabulary	1	2
Charities	1	2
Academics	1	2
Total	65	100

Respondents by Category



A full list of the respondents to this consultation is attached at Annex A.

3.0 Summary of responses

3.1 *Death Certification*

- 3.1.1 Numerous correspondents were concerned about the issue of Medical Certificates of Cause of Death (MCCD). On the one hand, respondents agreed that requirements must be relaxed, and that the pool of staff able to sign an MCCD should be widened to include retired or non-practising doctors, otherwise the death management process would slow dramatically at the outset. On the other hand, any relaxation in legislation should include safeguards to ensure that death registration is secure and cannot be exploited.
- 3.1.2 A small number of contributors suggested that any changes to the certification procedure should be made with reference to the proposed system of Medical Examiners, although one respondent believed that this proposed system would not be able to function under the pressure of a pandemic.
- 3.1.3 One correspondent noted that the police constitute an important part in the initial stages of managing an unexpected death, and must be informed of any proposed changes to the established procedure of death registration.
- 3.1.4 Respondents agreed that there would be significant strain on GPs during a pandemic, and that they were as vulnerable as others to the influenza virus. Respondents felt that NHS planners and Primary Care Trusts should work closely with local medical staff to ensure that current and retired GPs are kept informed of planning developments, and that their contact details are kept up-to-date. In addition, one correspondent believed that the training needs of designated additional medical staff should be considered, with appropriate training packages to be made available as necessary.

3.2 *Death Registration*

- 3.2.1 Many respondents felt that the ability to register deaths from a remote location was a potential benefit. However, one respondent asserted that the 1953 Registration of Births and Deaths Act would prohibit such a move.
- 3.2.2 Respondents believed that electronic registration was an important factor in ensuring the continuity of business during a pandemic, as it would minimise contact between coronial/registry staff and the population at large, and also allow registrars to operate in a remote location. However, numerous responses suggested that the RON web-based registration system was not yet reliable or available in all regions. Respondents also pointed to the training required to operate RON as another potential constraint on its use during an emergency. One respondent suggested that there was a need for a back-up registration system, such as the old Registration Service Software (RSS).
- 3.2.3 Some respondents believed that telephone-based registration was insecure and undesirable. They believed that the opportunity for fraudulent registrations would increase, and objected that the informant would not be able to have sight of the record until the pandemic had passed.

3.2.4 Respondents suggested that although it may be preferable to defer other registry office activity (i.e. births and marriages) during a pandemic, it would be unwise to do so. History suggests that the number of marriages will increase during a pandemic. It was also stated that registrars have a statutory duty to carry out arranged functions and that a failure to do so could result in litigation.

3.2.5 Many respondents noted that, with half the UK population expected to fall ill, absenteeism during a pandemic would cause difficulties for the staffing of registry offices. Registry office staff are trained officials who cannot readily be replaced by unqualified people. Proxy staff would therefore require training, possibly with refresher courses at regular intervals. Moreover, even if sufficient staff were available, there could still be a backlog of registrations if large numbers of the dead lacked MCCDs.

3.3 *Transport of the Dead*

3.3.1 Several respondents requested further detail in future versions of the *Framework for Planners* on repatriation of the dead. All who mentioned the repatriation of bodies agreed that repatriation would entail logistical consequences, both in transporting them by land or air, and in storing the body until such transport were available. One correspondent wanted a clearer explanation of who was responsible for the costs and liabilities associated with the repatriation of corpses.

3.4 *Storage of the Dead*

3.4.1 A large number of correspondents stated that additional body storage capacity would be required as a consequence of the increased number of deaths arising during a pandemic, and commented that the draft *Framework* dismissed this important consideration out of hand. Some respondents felt that cold storage facilities would be necessary if the normal procedure for body disposal was to be sustained, and suggested storing cadavers in portable chillers in pre-designated warehouses, or else using refrigerated trailers.

3.4.2 A number of respondents averred that efforts should be made to ascertain existing capacity. One suggested that LRF areas should have a 'capacity management database' that would detail the current available storage capacity. Another reported that discussions had revealed that a number of local NHS trusts had already experienced shortfalls in body-holding capacity at times of peak demand.

3.4.3 Several respondents requested that the draft *Framework for Planners* should distinguish between 'mortuaries' and 'body storage' rather than use the terms interchangeably. It was suggested, incorrectly, that the former refers specifically to a facility where a pathologist carries out post-mortem examinations.

3.4.4 One contributor noted that, as in other sectors, the numbers of available mortuary staff will be limited through illness during a pandemic.

3.4.5 In light of current limitations in capacity, a small number of respondents asked who was legally and financially responsible for body storage in the event of a pandemic. One asked for clarification as to whether funeral directors will be charged for the use of additional body storage facilities. Another averred that in law, the cost for the storage of the deceased lies with the family, and asked what the Government

position would be if different procedures for body storage were to be adopted. Finally, one contributor asked whether planning permission was required in order to designate or convert buildings into temporary mortuary or body storage sites.

3.5 *Coroners' issues*

- 3.5.1 Respondents agreed that a pandemic would imperil the effective operations of coronial staff. Few believed the pooling of staff resources across multiple jurisdictions to constitute a viable form of insurance. Although coroners can appoint Deputies and Assistant Deputies, such posts would require funding, and would need potential candidates to possess the requisite qualifications. In addition, a pandemic would present coronial staff with an enormous workload, the effect of which would continue to be felt for some time after the end of the pandemic. Measures such as the deferring of inquests and the prioritisation of issuing disposal certificates were thought unlikely to prevent coronial staff from coming under pressure.
- 3.5.2 Several respondents asserted that the number of cases arising from an influenza pandemic would quickly overwhelm normal post-mortem operations. Respondents recommended the adoption of alternative post-mortem investigative procedures to ascertain the cause of death with minimal delay. These included external examination of the body, and the use of non-invasive examination equipment (fluoroscopy, digital radiography and/or mobile CT scanners) to determine the cause of death. One respondent cited the Scottish 'view and grant system' (where a Medical Certificate of Cause of Death is issued after careful external examination and consideration of relevant medical history) as an example that could be followed in order to limit the number of post-mortems.
- 3.5.3 Some respondents stressed the need to keep coroners closely involved when proposing any changes to existing ways of working when managing deaths. These correspondents believed that the Ministry of Justice should inform all affected parties of any possible changes in legislation

3.6 *Burial*

- 3.6.1 Correspondents were uncertain over what was meant by 'provision of common graves'. Many respondents believed that the term should be clearly explained to avoid any misunderstanding, especially as common burial is a sensitive subject of particular public interest. One correspondent requested that the *Framework* stipulate the dimensions of a common grave as part of the definition of the term. Respondents also asked which authority would be responsible for authorising common burial, while another questioned to what extent common burial could be enforced in a community, and whether enforced common burial would be contrary to the dictates of particular faiths.
- 3.6.2 Respondents suggested that numerous factors must be considered for any possible common burial to be implemented successfully. Obtaining land that has the potential to be used as a common grave would require careful thought on the suitability of the land and the environmental consequences of large-scale burial. The use of soil and geological databases and the stipulation of basic criteria for common burial sites would be important early steps in this process. Respondents placed equal emphasis on the need to advise and counsel the bereaved, and

maintain dignity in re-interment. All contributors who wrote on the subject of common burial intimated that it was fraught with social, ethical, economical and environmental problems.

- 3.6.3 Many respondents doubted that there would be sufficient supplies of coffins available during a pandemic. Respondents put forward various suggestions as to how to rectify the anticipated shortfall in coffin supply. A small number suggested that Government procure a stockpile of coffins for use in an emergency. Others suggested that cardboard coffins be used as a replacement for conventional coffins. However, respondents were unanimous in dismissing the possibility of re-using coffins on practical and ethical grounds. One contributor noted that frames for burial would be unlikely to be readily obtainable during a pandemic.
- 3.6.4 Some correspondents drew attention to the procedural difficulty and ambiguous financial consequences of re-interment. Respondents asked who would meet the cost of re-interment, considering that the charges for burial, disinterment and reburial are the legal responsibility of families. One respondent was concerned that burial authorities might decide to only accept bodies for interment from within their own geographical areas.
- 3.6.5 Respondents believed that the draft *Framework for Planners* should pay more attention to the staffing of burial grounds and crematoria. Staff are trained for their job, and cannot be replaced easily. Similarly, the workload arising from a pandemic may cause difficulties with existing work directive agreements and employment law, as different ways of working in an emergency may infringe contracts and job descriptions.
- 3.6.6 Two respondents felt that the burial or cremation of children should take precedence over other cases, as it would help the grieving process of the adults concerned.
- 3.6.7 One respondent drew attention to religious issues connected with burial. The temporary subterranean storage of bodies (with reburial at a later stage) was said to be in direct conflict to both the Roman Catholic Church and Church of England teachings on exhumation. Both Churches hold that once a body is buried, it cannot be exhumed just to satisfy the wishes of relatives and friends. It is only in exceptional cases that exhumation is allowed by the Churches. In addition, the respondent's consultations with local clergy suggested that subterranean storage is tantamount to burial.

3.7 *Cremation*

- 3.7.1 Respondents expressed general concern over the current capacity of crematoria and the ability of cremation facilities to expand to meet the demands of an influenza pandemic. Correspondents noted that crematoria operations are constrained by the need for qualified staff (to run and maintain cremators) and adequate supplies of gas and spare parts. In addition, a number of cremators are currently inactive due to non-compliance with Part 1 of the Environmental Protection Act 1990.
- 3.7.2 However, respondents had differing opinions on the maximum capacity of crematoria – one suggested that 24/7 cremator operation would be beneficial, another thought the notion completely unworkable. All agreed that, irrespective of

capacity, the large-scale use of cremators raises a number of technical, supply and environmental concerns.

- 3.7.3 Respondents asserted that the *Framework for Planners* does not take account of the different procedures for burial and cremation, with particular reference to the diagram on p.10 of the draft *Framework for Planners*. A small number of contributors thought that the *Framework for Planners* should place a greater emphasis on cremation than on burial. They justified this opinion with the observation that the ratio nationally between cremation and burial of the dead is 70:30, and that cremation could continue day and night, and in all weather.
- 3.7.4 One correspondent sought a Ministry of Justice explanation on plans to streamline the three forms that needed to be signed by doctor, medical referees and coroner in order for a cremation to take place.

3.8 *Funeral Arrangements*

- 3.8.1 There was a widely held view amongst correspondents that the presumption that funeral services could continue as normal was unrealistic. The sheer number of funerals, together with the potential for cross-infection, would make 'business as usual' untenable. The possibility of curtailed services should be investigated, with faith groups consulted at national level to set out clear guidelines for what could be acceptable in extreme circumstances.
- 3.8.2 Finance concerned a number of correspondents. One asked whether the government would pay for non-standard funeral services, or whether the costs would fall to families who were potentially hostile to such services.
- 3.8.3 A small number of respondents outlined the possible financial consequences of an influenza pandemic for undertakers. One respondent requested clarity on the likely financial impact of a pandemic for undertakers with regard to possible delays in settling personal estates and probate following 'multiple family' and 'lone' deaths. Another believed that the pandemic would be likely to delay the settling of personal estates and probate, and thereby put the Department of Work and Pensions under pressure at a time when many people would seek to fund funerals for their next of kin through the Social Fund. It was felt likely that the distribution of these funeral payments would be subject to delays. As a consequence, funeral directors based in areas where a high percentage of clients will be seeking to finance or part-finance the funeral through the Social Fund might incur heavy debts, threatening their business. The respondent asked what procedures would be adopted to address this issue and thus avoid hardship to both the bereaved and funeral directors.
- 3.8.4 A small number of respondents doubted that the funeral industry had the resources or infrastructure to cope with the number of deaths likely to occur during an influenza pandemic.
- 3.8.5 Some responders believed that NAFD and SAIF would be able to encourage their members to conform to nationally-agreed 'pandemic guidelines.' Conversely, others complained that local funeral directors were too focused on the competition for business within their area to seriously discuss contingency measures, and that the national organisations did little to aid the discussion of local arrangements.

3.8.6 Correspondents generally agreed that although the Local Authority was responsible for planning, the funeral industry would be in the vanguard of carrying out operations during a pandemic.

3.8.7 A few contributors felt that Local Authorities should consider in conjunction with local service providers the point at which they might intervene in standard funeral arrangements (e.g.: to curtail services or limit public gatherings), and ensure that such plans are clearly set out and communicated to all relevant parties

3.9 *Communications*

3.9.1 A high number of correspondents expressed the view that clear communication was vital to ensure national and local agencies work in harmony. Respondents felt that a co-ordinated media strategy would provide consistency in public messages, and thus play a large part in maintaining public confidence. A small number of correspondents believed that Local Resilience Forums should direct communications at a local level.

3.9.2 Some respondents pointed out that liaison with community groups may be critical to reach those who cannot understand written or spoken English. These respondents suggested that in the midst of an emergency, it would be impracticable to use professional translation or interpretation services to communicate with these individuals.

3.9.3 A response submitted on behalf of the National Society of Allied and Independent Funeral Directors and the National Association of Funeral Directors advanced the view that the role of funeral directors as the 'public face' of the death management process was under-appreciated. The respondent felt that during an influenza pandemic, the funeral director would be perceived by the public as an agent of the government, with the consequent responsibility to convey its contingency plans including potentially distressing changes to the normal death management process.

3.10 *General*

Legal Issues

3.10.1 A small number of correspondents commented that the *Framework for Planners* was largely silent on the legal basis of contingency measures – for example, that there is a legal duty for the Local Authority to promote business continuity planning under the Civil Contingencies Act. Similarly, contributors believed that some attention should be given to employers' liability and health and safety. One respondent felt that steps should be taken to ensure that professional indemnity would be provided for all medical practitioners required to deliver care during a pandemic.

3.10.2 A number of respondents believed the *Framework for Planners* was unsound insofar as it referred to, or was reliant on, legislation (for example, the Coroners' Bill, omitted from the Queen's Speech last year) which had not yet been passed into law.

Financial Issues

- 3.10.3 A number of correspondents were concerned that the document did not mention the issue of finance. Correspondents believed finance should be discussed in future documents. Specific points enquired about the possibility of central assistance for local authorities, including central government underwriting unrecovered local costs. One respondent felt that national contracts should be negotiated in order to obtain stockpiles of equipment such as body-bags or coffins.

The Roles of Central Government and Local Authorities

- 3.10.4 Some respondents wished to see more explicit guidance on the role of central government, with the suggestion that central government should reserve the authority to require uniform implementation of the 'different ways of working' proposed in the guidance, especially emergency regulations. National policy needed to be clear in order for it to form a starting point for other plans.
- 3.10.5 There was some uncertainty about the assumptions underlying references to the role of the 'Local Authority' in the *Framework for Planners*. Several correspondents requested that the *Framework for Planners* address the issue more rigorously, with specific reference to the different types of local authority, and the relationship between Local Authorities and Local Resilience Forums, the Civil Contingencies Act, and Regional Civil Contingencies Committee. A number of respondents felt that the draft *Framework for Planners* would be more appropriately targeted at Local Resilience Forums, as the Civil Contingencies Act charges these organisations with responsibility to lead multi-agency planning.

Other

- 3.10.6 A number of respondents thought that the document understated the likely impact of a pandemic upon the general public, and thus by implication, business continuity in all sectors of the workforce.
- 3.10.7 Many respondents made a number of suggestions for textual revisions, and some highlighted the need for a glossary.

4.0 Government Response

- 4.1 The Government values the contribution that members of the public and organisations have made to this consultation. As a result of the observations made by respondents, we will be able to re-examine, clarify and improve our guidance to local planners.
- 4.2 A revised edition of *Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths* will clarify the Government resilience structures outlined in this document, and link to policy and operational guidelines, such as those proposed in the consultations [*Pandemic Influenza: Guidance on the management of death certification and cremation certification*](#) and [*Pandemic Influenza: Guidance on Death Registration and associated Death Certification, Coroner and Burial/Cremation Processes*](#).
- 4.3 Government Departments will consider these responses to the consultation as part of the review of our guidance on dealing with managing pandemic-related deaths, which will be published in due course.

List of Respondents

Please note: respondents were classified as members of the public unless they explicitly stated they were responding on behalf of an organisation, or that they were members of a particular profession or discipline.

Ken Archbold
Sarah Armstrong
Dr. G Howard Barnes
Nicholas Bate
Dr. Lionel Cartwright
Alan Cort
David Dennison-Smith
Pamela Donovan
Janet Elliott
Bob Ellis
David Hayes
Charles Howlett
Ken Johnson
Ed P Langmaid
Stephen Nickles
R N Palmer, HM Coroner for the Southern District of Greater London
Dorothy Parker
Becky Robinson
Dr. Graham Sutton
Ingrid Thomas
Charles Thomas

Bedfordshire County Council
Bedfordshire and Luton Local Resilience Forum
Bracknell Forest Borough Council
British Medical Association
Buckinghamshire County Council
Cabinet Office
Cambridge University Hospitals
County Durham and Darlington Multi Agency Pandemic Flu Group
Department of Health
Epping Forest District Council
Faculty of Forensic & Legal Medicine of the Royal College of Physicians
Government Office for the North West
Government Office for the South East
Greater London Authority
Hampshire and Isle of Wight NHS
Harrogate Borough Council
Herefordshire Coroners' Officers
Hertfordshire Local Resilience Forum
Lancashire County Council Emergency Planning
Local Government Association
London Resilience Team
London Borough of Redbridge

National Soil Resources Institute at Cranfield University.
National Association of Schoolmasters Union of Women Teachers
National Association of Funeral Directors
Peterborough Register Office
Reading Borough Council
Royal College of Nursing
Royal Borough of Windsor & Maidenhead
Sheffield Pandemic Influenza Fatalities Group
Shropshire Excess Deaths Planning Group
Slough Borough Council
Society of Registration Officers
Surrey Community Action
Surrey Local Resilience Forum
The National Society of Allied & Independent Funeral Directors
The Coroners' Society of England and Wales
The Federation of Burial and Cremation Authorities
The Chartered Institute of Environmental Health
Wales Mass Fatalities Working Group
Welsh Assembly Government
West Mercia Constabulary
West Sussex County Council
West Sussex Primary Care Trust
West Berkshire District Council
Wokingham Borough Council
Worcestershire Acute Hospitals NHS Trust