HUMAN TISSUE (AUTHORISATION) (SCOTLAND) BILL

FINANCIAL MEMORANDUM

INTRODUCTION

1. As required under Rule 9.3.2 of the Parliament's Standing Orders, this Financial Memorandum is published to accompany the Human Tissue (Authorisation) (Scotland) Bill, introduced in the Scottish Parliament on 8 June 2018.

2. The following other accompanying documents are published separately:

- Explanatory Notes (SP Bill 32–EN);
- a Policy Memorandum (SP Bill 32–PM);
- statements on legislative competence by the Presiding Officer and the Scottish Government (SP Bill 32–LC).

3. This Financial Memorandum has been prepared by the Scottish Government to set out the costs associated with the measures introduced by the Human Tissue (Authorisation) (Scotland) Bill ("the Bill"). It does not form part of the Bill and has not been endorsed by the Parliament. The Financial Memorandum should be read in conjunction with the Policy Memorandum which is published separately and explains in detail the background to the Bill and the policy intention behind the Bill.

4. The primary purpose of the Bill is to introduce a soft opt - out system of deceased organ and tissue donation for the purposes of transplantation. In addition to express authorisation which is provided for under the current opt in system in the Human Tissue (Scotland) Act 2006 (the 2006 Act), the Bill will provide a new category of "deemed authorisation" to apply to most adults aged 16 years of age or over who have not provided express authorisation for, or opted out of, donation for the purposes of transplantation. This means that where a person was not known to have objected to donation, the donation could proceed. Persons who do not have the capacity to understand that authorisation of donation may be deemed, or who have been resident in Scotland for less than 12 months, would not be subject to deemed authorisation.

5. Deemed authorisation will not apply to children under the age of 16. However, the Bill makes provision to update some aspects of the existing authorisation system relating to potential donors who are children and includes the removal of the current exclusion in the 2006 Act which prevents a local authority that holds parental responsibilities and rights for a child, from authorising organ or tissue donation.

BACKGROUND

6. The Scottish Government policy is to increase the number of ways in which donation can be authorised, with the aim of increasing the number of organ and tissue donors. The aim is for the opt-out system to be part of a long term culture change to encourage people to support donation.

7. Through the plan *A Donation and Transplantation Plan for Scotland 2013-2020*[1] and the work of the Scottish Donation and Transplant Group good progress has been made in Scotland in recent years with the proportion of the Scottish population who have joined the NHS Organ Donor Register increasing from 29% in 2007/08 to 46% as at 4 January 2018. In addition there was an 83% increase between 2007-08 and 2015-16 in the number of people who donated organs after death. However, despite this marked increase in organ donors and the increase in the number of lifesaving transplants over the last decade, more needs to be done.

8. Organ donation is sensitive to a number of factors. Less than 1% of the population will die in circumstances where it is possible for them to be an organ donor. That is largely because it is only possible to donate if a person is in hospital, normally in an intensive care unit, although sometimes in another critical care unit. Whilst the overall trend shows an increase, organ donation rates fluctuate. Despite significant improvements in the process and pathways in recent years, 2017-18 has seen a decrease in numbers of deceased organ donors, compared with exceptionally high numbers in 2016-17. This reflects the many factors which impact on donor numbers such as the number of individuals dying in circumstances suitable for donation, co-morbidities of potential donors, and the timing of death – either in advance of a donation discussion taking place, or after the permitted timeframe for donation to proceed. These constraints also affect the number of people who can donate tissue after they die, although tissue donors do not need to die in a critical care unit in order to donate.

Public information

9. The Bill will also extend the current requirement on Scottish Ministers under the 2006 Act to promote public awareness of the implications of the circumstances in which authorisation might be deemed. This consultation envisaged a 12 month period of public information before commencement of the legislation.

Children

10. The current system for authorisation for donation for children under the 2006 Act will continue, meaning that, for a child under 12, authorisation will remain the responsibility of the person with parental responsibilities and rights for the child. Children aged 12 to 15 will also still be able to authorise donation; and the Bill will provide for children to be able to make a declaration to opt-out. Where there is neither an opt in authorisation or an opt-out declaration for a child, a decision on authorisation will fall to the person with parental responsibilities and rights. There are no resource implications associated with these changes.

[1] A Donation and Transplant Plan for Scotland

11. Under the 2006 Act, local authorities who hold parental rights and responsibilities (PRRs) in respect of a child are currently excluded from authorising the removal of organs and tissue. The Bill proposes to remove the exclusion to provide that, in the absence of another person with PRRs, the local authority may authorise the removal of organs and tissue for donation. The local authority will be required to consult the child's relatives, where possible, before reaching a decision.

12. Removal of this exclusion would provide equity between looked after children and non-looked after children by giving the local authority the power in certain circumstances to authorise or not to authorise donation in the event that a child in its care was about to die or had died in circumstances where the child could be a donor.

COSTS ON THE SCOTTISH ADMINISTRATION

Scottish Government

13. The financial cost of the Bill will fall mostly to the Scottish Government through direct funding of public information across the population and costs of evaluation of the opt-out system. Other costs will fall to bodies funded indirectly or directly by the Scottish Government i.e. NHS Blood and Transplant (NHSBT), which is responsible for the NHS Organ Donor Register, for Specialist Nurses for Organ Donation, for retrieval services across the UK and for eye donation, Scottish National Blood Transfusion Service (SNBTS), which is responsible for tissue services (excluding eye donation) and NHS National Services Scotland's National Services Division (NSD), which commissions transplant services for Scottish patients.

14. The costs of the Bill are predicated on the costs of preparation for implementation of the soft opt-out system and are set out in the tables below. As such year 1 (2019-20) will consist of a preparation and implementation phase for training, public awareness, etc. with implementation at some point during year 2 (2020-21). Please note that for costings purposes, a start date for the implementation of opt-out of 1 April 2020 has been assumed, although implementation may well start later in that year (in which case there would be a proportionate reduction in the recurring costs for 2020-21).

Estimating the cost of the implementation of the opt-out system

15. It is not possible to identify with any certainty the impact on organ donor numbers and transplants as a result of the opt - out system. International evidence[2] suggests that, as part of a range of measures, opt-out systems can over time lead to an increase in deceased organ donation and a greater willingness to donate. However, there is little robust evidence that demonstrates that opt–out alone is the panacea which will increase deceased organ donation and transplant. Recent evidence from the introduction of the soft opt-out system in Wales in 2015 shows that there was initially a slight decrease in organ donor numbers, although donor numbers have since improved and the percentage of cases where consent has been provided for donation (deemed or otherwise) has increased overall. Therefore, it is unlikely that there will be a significant increase (if any) in organ and tissue donor numbers in the initial period following the introduction of the new system. Whilst the opt-out system should lead to some increase in deceased donation in

[2] Welsh Government, Opt out organ donation: An international review," Welsh Government, 2012

Scotland, which will in turn increase the number of transplants which can be carried out across the UK, it is not possible to estimate with any certainty how many additional transplants would be carried out on Scottish residents as a result of the new system as a significant proportion of organs from donors in Scotland are allocated to recipients in other parts of the UK.

16. However, a cost benefit analysis has been undertaken as part of the Business and Regulatory Impact Assessment (BRIA)[3] for the Bill, which estimates the number of additional donors and transplants which may be attributed to an opt-out system. The analysis has a best estimate scenario, and baseline and upper scenarios. An extract from the analysis is contained in this memorandum. The Bill costs that follow are extracted from the best estimate scenario.

17. The total cost of the Bill over five years is estimated as follows:

	£ (m)
Public Information	3.09
Evaluation	0.0915
NHSBT	2.465
SNBTS	0.875
Total	6.522

Public information

18. Section 1 of the 2006 Act places a statutory requirement on the Scottish Ministers to promote, support and develop programmes of transplantation and promote information and awareness about donation. This information requirement is currently met in a number of ways, including through high profile public information media campaigns held each year. These campaigns have been instrumental in increasing registrations on the Organ Donor Register. The campaigns are supplemented throughout the year by targeted information, for example for students, ongoing social media activity, an internationally-recognised schools educational pack and work undertaken by Kidney Research UK peer educators to raise awareness of organ donation among South Asian communities, as well as information being provided at public events.

19. In addition to the current duty, the Bill will also require the Scottish Ministers to promote public awareness of the implications of the circumstances in which authorisation may be deemed. This will necessitate the development of new public information and changes to current messages around organ and tissue donation to ensure that the public understands the implications of the system. The consultation[4] on increasing organ and tissue donation envisaged a high profile public information campaign for at least 12 months before commencement of the system and on a regular basis after implementation of the legislation.

[3] http://www.gov.scot/Publications/Recent
[4] http://www.gov.scot/Publications/2016/12/3657

20. In developing public information, research will be undertaken to gauge people's understanding of the opt-out system and to ensure accessibility for different groups, for example people with disabilities, to develop materials which meet different needs. In addition to the regular public information activity and awareness raising, a direct mailing is proposed to all households in the lead up to implementation. A small number of focus groups held with school pupils, people with learning disabilities and young people with experience of being looked after by a local authority as part of the consultation process identified clear and accessible information as a priority so that members of the public could make an informed decision.

21. For children about to reach the age of 16 there will also be a need to provide information on an on-going basis about the organ and tissue donation system e.g. through direct mailing so that they are aware of the implications. Feedback from focus groups with young people identified individual mailing as one of the preferred methods of communication.

22. Costs on the Scottish Government for public information and awareness raising for the new system, including pre commencement awareness (Year 1 and 2), are estimated in Table 1.

Table 1	**Year 1 2019-20 £ (m)**	**Year 2 2020-21 £ (m)**	**Year 3 2021-22 £ (m)**	**Year 4 2022-23 £ (m)**	**Year 5 2023-24 £ (m)**	**Total £ (m)**
*Public information: development and delivery	0.45	1.405	0.535	0.425	0.275	**3.09**

- *These figures are additional to the £250,000 already allocated annually for public information under the current system. Year 6 costs are estimated at £275,000. From year 7 recurring costs will be approximately £425,000 which includes the £250,000 already allocated under the present system.
- Year 1 includes - research, evaluation and design of materials, including engagement with organisations to develop and test materials for the general public and specific groups, and production of all materials required for campaign delivery.
- Year 2 includes - direct mailing to all households at a cost of approximately £800,000, and additional media for public information at a cost of approximately £400,000.
- Year 3 includes - public information campaign and direct mailings to those about to reach their 16th birthday at an approximate cost of £200,000 for around 50,000 people and additional media for public information at a cost of approximately £300,000.
- Years 4 and 5 - includes additional media (approximately £200,000 and £100,000 respectively).

Evaluation

23. Organ donation and transplantation rates are subject to ongoing monitoring. Information gathered and published by NHSBT is used to identify trends in authorisation and qualitative information. For example, analysis of approaches by Specialist Nurses for organ donation will be used to gauge understanding by donor families of the system, as well as being used to inform training and improvement.

24. In addition, representative surveys to track public understanding and attitudes toward donation will be undertaken, including using information currently gathered as part of the evaluation of public information campaigns. The effectiveness of the processes in place as a result of the legislation will be evaluated through a process evaluation, used to improve implementation. The additional costs associated with evaluating the impact of the legislation will fall on the Scottish Government and have been estimated as £91,500 spread over five years. An impact evaluation will be conducted over a 10-year period to establish the impact of the new system.

COSTS ON OTHER BODIES, INDIVIDUALS AND BUSINESSES

NHS Blood and Transplant

25. While Scotland has its own legislation governing organ and tissue donation and transplantation, the Organ Donor Register, organ donation and the allocation of organs to transplant recipients is managed across the UK by NHS Blood and Transplant (NHSBT). Organs need to be carefully matched to a recipient, taking into account things like the blood group, age, weight and tissue type of the donor and potential recipient. This is important to give the best possible chance for a transplant to be successful. If an organ is not a good match with the recipient, there is a significant risk that it will not function effectively. NHSBT is responsible for managing the UK's national transplant waiting list and for matching, offering, acceptance and retrieval of organs for transplantation on a UK-wide basis. While this means that some organs from donors in Scotland go to people in other parts of the UK, it also means that people in Scotland receive organs from elsewhere in the UK. In the three years from April 2014 to March 2017, 44% of organs from deceased donors in Scottish hospitals went to transplant units in Scotland.

NHSBT Implementation costs (Table 2)

26. The Scottish Government provides funding to NHSBT for these services via funding provided to NHS National Services Scotland's National Services Division. It is estimated that NHSBT will incur additional costs for implementation of the soft opt-out system of £376,000 across year 1 and 2. The costs include £163,000 for development and delivery of training; including a half-time project management/training and development post in the lead up to and for one year following implementation of the soft opt-out system. This position will ensure that clinical staff directly involved in the donation and transplantation process are trained and understand the soft opt-out system. It will also be responsible for wider engagement with Organ Donation Committees and clinical teams across NHS Boards not directly involved in organ or tissue donation to raise awareness of the opt-out system, ensuring consistent messages and information. Additional costs of £213,000 have been factored in for training of the Organ Donor Register call centre staff and additional mailing, based on experience from the introduction of the

system in Wales associated with increased registrations on the Organ Donor Register (both from those opting in and those opting out).

NHSBT Recurring costs (Table 2)

27. To reflect lessons from the introduction of the soft opt-out system in Wales, NHSBT intends to introduce the role of Specialist Requester to support the introduction of opt-out. This is with the intention of maximising authorisation from the start and will lead to an adjustment to existing costs as four additional staff would be required to provide sufficient specialist requester cover 24 hours per day across Scotland (with some specialist requesters likely to be existing SNODs). Currently Specialist Nurses for Organ Donation (SNOD) lead on the whole organ donation process from solid organ donors, from the approach to the family to the point of the dispatch of organs to transplant units. The Specialist Requester (who would also be a SNOD) would assume the role of navigating and supporting the family through the authorisation process. Doing so would allow the SNOD to focus on the clinical side of the process where donation is authorised, for example: arranging the appropriate tests and donor characterisation, liaising with transplant centres and co-ordinating the organ retrieval process. Specialist requester resource would be expected to start in 2019-20 in order to allow for training and development of experience prior to the introduction of an opt-out system, with an anticipated recurring cost of up to approximately £257,000 per annum.

28. Recurring costs of £40,000 for additional ODR team staff to process registrations and answer enquiries and to provide for additional mailing costs which will be incurred as a result of an increase in registrations have been factored in on the Organ Donor Register. £37,000 per annum is also included to cover any additional costs which may arise from a potential increase in non-proceeding donors (where the donation is authorised and the retrieval team travel to the hospital, but unfortunately it is unable to proceed).

29. Recurring costs of up to £114,000 per annum from 2020-21 have been included for increased retrieval team and SNOD activity.

30. The phasing of costs reflect the need to be prepared in advance of commencement of the soft opt-out system.

Table 2	**Year 1 2019-20 £ (m)**	**Year 2 2020- 21 £ (m)**	**Year 3 2021-22 £ (m)**	**Year 4 2022-23 £ (m)**	**Year 5 2023-24 £ (m)**	**Total £ (m)**
Non recurring costs						
Implementation (one off)	0.330	0.046	0	0		0.376
Total	**0.330**	**0.046**	**0**	0		**0.376**
Recurring costs						
Specialist requestors	0.257	0.257	0.257	0.257	0.257	1.285
ODR team - additional staff & mailing costs	0.040	0.040	0.040	0.040	0.040	0.2

Retrieval team costs - transport & consumables (up to)	0	0.085	0.085	0.085	0.085	0.340
SNOD costs (extra on call & transport costs) (up to)	0	0.029	0.029	0.029	0.029	0.116
Additional Retrieval & SNOD costs for non-proceeding donors (up to)	0	0.037	0.037	0.037	0.037	0.148
Total recurring	**0.297**	**0.448**	**0.448**	**0.448**	**0.448**	**2.089**
Grand total	**0.627**	**0.494**	**0.448**	**0.448**	**0.448**	**2.465**

31. Recurring costs are subject to a number of uncertainties and therefore are estimates only. In particular, the additional costs of £114,000 for retrieval teams and SNOD on call and transport costs, along with the additional costs of £37,000 for non-proceeding donors, will be subject to negotiation with NHSBT and the other UK health departments. It should be possible for NHSBT to absorb some or all of these costs from existing resources, since current funding is based on target levels of activity which are greater than actual levels of activity.

32. Over the longer term, opt-out is expected to increase numbers of eye donors in Scotland in order to help meet demand. Currently Scotland imports more corneas from the rest of the UK for patients in Scotland than are provided by Scottish deceased donors - for example in, 2016/17, 282 corneas were donated in Scotland, but 338 corneal transplants were performed for patients resident in Scotland. However, other than training for staff (which is covered in the overall training costs for NHSBT) there are not expected to be additional costs associated with this as NHSBT charges hospitals for providing corneas for transplant on a cost recovery basis.

Scottish National Blood Transfusion Service (SNBTS) (Table 3)

33. SNBTS, part of NHS National Services Scotland, is responsible for retrieval, processing and storage of tissue in Scotland (excluding eyes for which donation processes are currently managed by NHSBT). The main tissue retrieved from deceased donors in Scotland by SNBTS is tendons and heart valves. SNBTS also receives deceased donor pancreata for processing into islet cells for transplant. The current supply of tendons is largely sufficient to meet demand in Scotland and therefore there are no plans to increase current rates of tendon retrieval. However, there is strong demand for heart valves, in particular pulmonary valves, and demand in Scotland is likely to increase in future. Therefore SNBTS would hope to work with NHSBT (as many tissue donors are also organ donors) to increase heart valve retrieval in Scotland.

34. Costs identified reflect the need for preparation for implementation.

Table 3	**Year 1 2019-20 £ m**	**Year 2 2020-21 £ m**	**Year 3 2021-22 £ m**	**Year 4 2022 -23 £ m**	**Year 5 2023-24 £ m**	**Total £ m**
*Staff costs and training - up to	0.062	0.118	0.118	0.231	0.231	0.76
*Test & Consumables - up to	0.009	0.018	0.018	0.036	0.036	0.117
Total	**0.071**	**0.136**	**0.136**	**0.266**	**0.266**	**0.875**

Assumptions

- Year 1- Staff costs - funding at 50% (assumes staff would be appointed mid-way through the year to allow for training and getting up to speed).
- Year 1-3 – 1.0 whole time equivalent (WTE) Nurse band 6, increasing to 2.0 WTE in Year 4
- Year 1-3 - 1.5 WTE Scientist band 6, increasing to 3.0 WTE in Year 4
- *Staffing and consumables costs will increase in accordance with activity and the proportion of costs spent on nurses and that on laboratory staff may vary depending on demand.

Costs of transplantation

35. All solid organ transplant services in Scotland are nationally commissioned through NHS National Services Scotland's National Services Division (NSD). Indicative targets for deceased and living organ donation were agreed between NHSBT and the four UK Health Departments until 2019/20. The indicative forecast for 2020 was 606 transplants for Scottish patients[5], for which funding is nominally allocated to Scottish units (funding for paediatric or more rare types of transplants carried out outside Scotland is normally paid on a one-off basis to the unit carrying out the transplant). As noted in paragraph 25, organs from deceased donors are allocated on a UK-wide basis. Therefore, while some organs from Scottish donors are allocated to patients living in Scotland, any increase in Scottish deceased donor numbers would not lead to a proportionate increase in Scottish transplant numbers as Scottish transplant numbers depend on deceased donor numbers across the UK as a whole. It is therefore unlikely that the introduction of a soft opt-out system in Scotland would in the first few years result in transplant units exceeding 606 transplants for Scottish patients as this would require both a significant increase in deceased donors and the number of organs per donor which could be used. For example in 2017-18 there were 469 patients in Scotland who received transplants (375 of which were from deceased donors), although for planning purposes units were nominally resourced to meet an estimated forecast of 562 transplants for Scottish patients (432 of which were anticipated to be from deceased donors). Therefore, while there is still significant work for units in preparing for deceased donor transplants which unfortunately do not proceed for a range of reasons, there

[5] See Commissioning Transplantation to 2020 (Table 12) - http://www.nsd.scot.nhs.uk/publications/Servicereviews/CTT2020%20final%20report.pdf

should still be some capacity for units to increase the number of transplants carried out based on current planned resourcing levels.

36. This will be reviewed in planning future transplant number forecasts and resource requirements beyond 2020 in preparing a successor to NSD's commissioning strategy 'Commissioning Transplantation to 2020'[6], particularly as other developments e.g. in other parts of the UK or in the use of novel technologies, have the potential to increase transplant numbers beyond the estimated additional transplant numbers due to the opt-out system.

37. Similarly NHSBT, which co-ordinates organ retrieval for Scotland is funded to carry out more retrievals than currently take place, in line with the 2020 deceased donor targets. Therefore, it is unlikely in the short term that retrievals will increase beyond the level currently funded and, whilst these have been estimated in Table 2 from year 2, they will be subject to negotiation.

Five-year discounted cost projections based on potential impact of an opt-out system of donation

38. This analysis utilises three main scenarios–

- Baseline estimate: which sees no increase in donors or transplants compared to an estimated baseline of 110 deceased organ donors in 2019-20.
- Best estimate: the central estimate of NHSBT's modelling, in which the authorisation rate in Scotland increases to an average of 65%, with an estimated 12 additional deceased donors, and 28 organ transplants per annum.
- Upper estimate: also based on NHSBT's estimate under a 65% authorisation rate, but utilising the upper end of the possible range of eligible donors, with an estimated 24 additional donors and 59 organ transplants per annum.

39. The main costs surrounding the implementation of the soft opt-out system are derived from the need for awareness raising and education, and from increases in resourcing costs for NHSBT and SNBTS.

40. It is assumed that, even for the baseline scenario, there would be an associated increase in costs from current activity, due to the fact that provisions in staffing would be made for implementation, even though these would result in no additional transplants (worst case scenario). The best estimate and higher estimate scenarios assume higher staffing and non-staffing recurring cost requirements associated with increased activity.

41. Total transplant costs were based on estimates on average costs per case provided by NSD of £61,956 per transplant. For the reasons set out above, it is assumed that no additional costs for transplantation will result from the opt-out system alone. However, taking account of the fact that there are likely to be additional transplants not relating to opt-out in addition to approximately 28 per year attributed to the opt-out system, it is estimated that additional real terms funding may be needed from year 4 onwards to account for units being unable to increase transplantation further without additional resources. This will be discussed further with

[6] See http://www.nsd.scot.nhs.uk/publications/Servicereviews/CTT2020%20final%20report.pdf

transplant units, and is explored in more detail in the Business and Regulatory Impact Assessment,[7] which does make some assumptions about the costs and benefits if costs for transplantation are assumed to increase.

42. Future projections of costs were discounted at 3.5%[8] to derive an overall estimate of Present Cost in years one to five. These range from £5.27 m for the baseline, to £13.74 m for the best estimate, up to £22.54m for the high estimate scenarios.

BASELINE – NO INCREMENTAL CHANGE

Baseline estimate (low/now incremental change in transplants) £m	**yr1**	**yr2**	**yr3**	**yr4**	**yr5**	**total non-discounted**
	2019-2020	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**yr1-yr5**
NHSBT - Total Non-Recurring Costs	£0.33	£0.05	£0.00	£0.00	£0.00	£0.38
NHSBT - Total Recurring Costs	£0.30	£0.30	£0.30	£0.30	£0.30	£1.48
NHSBT - Total	**£0.63**	**£0.34**	**£0.30**	**£0.30**	**£0.30**	**£1.86**
SNBTS - Staff total	£0.06	£0.12	£0.12	£0.12	£0.12	£0.53
SNBTS - Non-staff total	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
SNBTS - Total	**£0.06**	**£0.12**	**£0.12**	**£0.12**	**£0.12**	**£0.53**
Total transplant cost	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**
Total awareness raising campaigns costs	**£0.45**	**£1.41**	**£0.54**	**£0.43**	**£0.28**	**£3.09**
Total evaluation costs	**£0.02**	**£0.04**	**£0.03**	**£0.01**	**£0.00**	**£0.09**
Annual total, non-discounted	**£1.16**	**£1.90**	**£0.98**	**£0.85**	**£0.69**	**£5.57**
Annual total, discounted at 3.5%	**£1.16**	**£1.84**	**£0.91**	**£0.76**	**£0.60**	
Present Cost years 1-5						**£5.27**

BEST ESTIMATE

Best estimate £m	**yr1**	**yr2**	**yr3**	**yr4**	**yr5**	**total non-discounted**
	2019-2020	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**yr1-yr5**
NHSBT - Total Non-Recurring Costs	£0.33	£0.05	£0.00	£0.00	£0.00	£0.38
NHSBT - Total Recurring Costs	£0.30	£0.45	£0.45	£0.45	£0.45	£2.09
NHSBT - Total	**£0.63**	**£0.49**	**£0.45**	**£0.45**	**£0.45**	**£2.46**
SNBTS - Staff total	£0.06	£0.12	£0.12	£0.23	£0.23	£0.76
SNBTS - Non-staff total	£0.01	£0.02	£0.02	£0.04	£0.04	£0.12
SNBTS - Total	**£0.07**	**£0.14**	**£0.14**	**£0.27**	**£0.27**	**£0.87**
Total transplant cost	**£0.00**	**£0.00**	**£0.00**	**£1.73**	**£6.94**	**£8.67**
Total awareness raising campaigns costs	**£0.45**	**£1.41**	**£0.54**	**£0.43**	**£0.28**	**£3.09**
Total evaluation costs	**£0.02**	**£0.04**	**£0.03**	**£0.01**	**£0.00**	**£0.09**
Annual total, non-discounted	**£1.17**	**£2.07**	**£1.15**	**£2.88**	**£7.93**	**£15.19**
Annual total, discounted at 3.5%	**£1.17**	**£2.00**	**£1.07**	**£2.60**	**£6.91**	
Present Cost years 1-5						**£13.74**

[7] http://www.gov.scot/Publications/Recent
[8] as per Treasury Green book guidance

HIGHER ESTIMATE

High estimate £m	yr1	yr2	yr3	yr4	yr5	total non-discounted
	2019-2020	2020-21	2021-22	2022-23	2023-24	yr1-yr5
NHSBT - Total Non-Recurring Costs	£0.33	£0.05	£0.00	£0.00	£0.00	£0.38
NHSBT - Total Recurring Costs	£0.30	£0.51	£0.51	£0.51	£0.51	£2.35
NHSBT - Total	**£0.63**	**£0.56**	**£0.51**	**£0.51**	**£0.51**	**£2.73**
SNBTS - Staff total	£0.06	£0.12	£0.23	£0.23	£0.23	£0.87
SNBTS - Non-staff total	£0.01	£0.02	£0.04	£0.04	£0.04	£0.13
SNBTS - Total	**£0.07**	**£0.14**	**£0.27**	**£0.27**	**£0.27**	**£1.01**
Total transplant cost	**£0.00**	**£0.00**	**£0.00**	**£3.66**	**£14.62**	**£18.28**
Total awareness raising campaigns costs	**£0.45**	**£1.41**	**£0.54**	**£0.43**	**£0.28**	**£3.09**
Total evaluation costs	**£0.02**	**£0.04**	**£0.03**	**£0.01**	**£0.00**	**£0.09**
Annual total, non-discounted	**£1.17**	**£2.14**	**£1.35**	**£4.87**	**£15.68**	**£25.19**
Annual total, discounted at 3.5%	**£1.17**	**£2.07**	**£1.26**	**£4.39**	**£13.66**	
Present Cost years 1-5						**£22.54**

COSTS ON LOCAL AUTHORITIES

Children

43. Local authorities have no involvement in the opt-out system of organ and tissue donation. Costs on local authorities will be limited to the few cases which may arise if a local authority is called on to consider authorisation for a child for whom they solely hold PRRs. In practice, the local authority would be actively involved in the end of life care pathway for the child and facilitating a donation decision would be part of that pathway. Any additional time staff were required to spend answering questions, consulting parents or providing authorisation would be fairly small. The Bill confers no obligation on local authorities to keep a record of the donation views of a child for whom they hold PRRs.

44. The number of deceased donors in Scotland who were children or babies is low, with a total of 34 across Scotland since the introduction of the 2006 Act.[9] It is expected that the proportion of those children for whom a local authority will hold PRRs, and therefore cases where there is local authority involvement, will be infrequent. Data on the number of potential child donors where the local authority holds PRRs is not collected; however NHSBT estimates that since the 2006 Act came into force there have been fewer than 10 such potential donors – fewer than one a year across Scotland. The impact on local authorities is therefore expected to be minimal.

[9] Data provided by NHSBT

This document relates to the Human Tissue (Authorisation) (Scotland) Bill (SP Bill 32) as introduced in the Scottish Parliament on 8 June 2018

HUMAN TISSUE (AUTHORISATION) (SCOTLAND) BILL

FINANCIAL MEMORANDUM

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