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Carlisle and District



Primary Care Trust

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Dear Mr Mallinson

COMMUNITY OVERVIEW AND SCRUTINY COMMITTEE INQUIRY INTO ENVIRONMENTAL AND HEALTH IMPACTS OF FOOT AND MOUTH DISEASE – FINAL REPORT

Thank you for your letter of 31st March 2004 giving North Cumbria Primary Care Trusts the opportunity to comment on this final report, in particular on recommendations numbered 15 to 28 which are relevant to the Primary Care Trusts. I have considered the recommendations individually below:

Recommendation 15

The committee noted that local NHS services had anticipated increased demands at the start of the outbreak and planned accordingly. In addition to general preparation and training there were a number of specific responses aimed at both support to individuals and to help access to appropriate services. These specific initiatives had largely been conceived as responses to the outbreak itself and most ceased at or before the outbreak ended.

We welcome the acknowledgement of the steps the NHS took locally through the Foot and Mouth outbreak to support our residents and to help access to appropriate services. The three North Cumbria Primary Care Trusts have recently undertaken a survey of 10% of the adult population we serve. This survey will be used to inform the planning of future health services, including those services available to our rural communities, to ensure we are meeting the needs of our residents.

Recommendation 16

The committee was disappointed that there were no arrangements made to separately record illness attributable to the outbreak, any effects were, therefore, largely hidden within the general health statistics.

CHAIR: Ruth Popple

CHIEF EXECUTIVE: Nigel Woodcock



Following the Foot and Mouth outbreak there was a nationwide search for cases of diseases that might affect people as a result of activities associated with the handling and culling of animals and the disposal of carcasses. Enhanced surveillance of human gastro-intestinal infection was established at the time of the outbreak in affected areas and surveillance continues. No gastro-intestinal infection associated with the outbreak has been identified.

Air pollution monitoring was carried out around pyres and the results have been published by the Department of Health, Department for Environment, Food and Rural Affairs, Food Standards Agency, Environment Agency and AEA Technology. This monitoring demonstrated that levels of pollutants in the area were either within air quality standards or within the range of urban background levels. The Primary Care Trusts do not therefore anticipate that our residents will suffer any long term adverse effects to health as a result of any changes in air quality.

At the time the pyres were burning, information was sought from General Practitioners to identify any increase in immediate respiratory problems resulting from the pyres. No increase was identified. This reflects experience in North and East Devon. There, a detailed examination of consultations and prescriptions for asthma shows that pyres did not appear to have any effect on consultations or prescriptions for asthma.

The Cumberland Infirmary Diabetes Centre set up a study at the time of the outbreak to evaluate possible changes in blood glucose control in individuals affected by the outbreak. Those individuals affected by the outbreak showed worse glucose control during and just after the outbreak.

To gain some further insight into health problems that may occur the Institute of Health Research, Lancaster University, established a project on the health and social consequences of the outbreak. This work was funded following a bid to the Department of Health from the NHS and Lancaster University.

Dr Peter Tiplady has also worked with Westlakes to analyse mortality rates locally. This work has demonstrated an increase in mortality from heart disease and stroke in the spring of 2001. However, such increases were also seen in previous years. Further analysis is being carried out and the Primary Care Trusts will keep informed of this work.

Recommendation 17

The committee noted that in the most likely areas of impact namely respiratory problems, cardiovascular conditions, mental health problems and also mortality there were little if any statistical changes which could be attributed to the outbreak. Prescribing data similarly showed no particular trends that could be related to the outbreak.

The Primary Care Trusts have no evidence of the outbreak leading to respiratory or cardiovascular problems. Mortality rates in Carlisle continue to fall. Information from our mental health services has not identified an increase in the diagnosis of mental health problems in either adults or children

following the outbreak. We are, however, aware of the work Dr Tiplady is carrying out with Westlakes and will keep ourselves informed of this.

Recommendation 18

The committee recognised that there were difficulties in relation to increasing take up of certain NHS services particularly mental health. This being due to patients failing to appreciate their need for help and/or a common reluctance to openly admit to this type of health problem. This reinforces the need for outreach and voluntary sector support to those suffering in a disaster.

The North Cumbria Primary Care Trusts are committed to improving access to services for those who need them. We will use the Health Survey results, which have been referred to previously, to help us identify how we can better meet the needs of our communities.

Recommendation 19

The committee accepted that the local NHS service providers recognised the outbreak as having significant health impacts and that there were often difficulties in making direct attributions of illness to the outbreak.

The impact of Foot and Mouth disease on the communities of Cumbria was enormous. Social activities were curtailed. Family life was disrupted and livelihoods were under threat. The study carried out by the Institute of Health Research at Lancaster University has identified feelings of anxiety or stress. However, as has been noted above the Primary Care Trusts have no evidence of the outbreak leading to respiratory or cardiovascular problems. Mortality rates in Carlisle continue to fall. Information from our mental health services has not identified an increase in the diagnosis of mental health problems in either adults or children following the outbreak.

Recommendation 20

The committee was convinced, by compelling evidence, that there are still significant, on-going health problems resulting from the outbreak. In common with other natural and man-made disasters the consequences of the outbreak, particularly in relation to stress, will endure and require supportive action for a considerable time.

Please see my comments in relation to recommendation 19.

Recommendation 21

The committee recognised the value of Eden Mind's project working in and with rural communities. It supported the approach adopted and welcomed its success in reaching people who would otherwise not have accessed help. It hoped that the project was able to attract funding to enable it to continue and urged funding bodies to give it support.

The North Cumbria PCTs have worked with the Eden Mind rural project. This project builds upon work initially undertaken during the FMD crisis by the Cumbria Stress Information Network and the Farming Women's Network, both of which received substantial funding from the PCTs via the Health Action

Zone. Whilst there is little research evidence that complementary therapies themselves provide long term benefit they have a role in helping to engage people who can then be given information and access to other forms of effective support e.g. financial advice, self help, social support etc.

The benefit of partnership working with the voluntary sector is valued highly by the PCTs. Both Eden and Carlisle Mind organisations are represented on a number of strategic mental health committees. Eden Mind are also working collaboratively with one of our local health visitors to develop mental health support in the Alston area.

Recommendation 22

The committee found strong evidence from several sources that rural, and particularly agricultural communities have difficulties with ready access to services coupled with a reluctance to seek help with their problems. This is particularly so with health services where the committee feel that there is a compelling case, clearly demonstrated by the outbreak, for outreach services tailored to increasing accessibility and hence treatment and support..

Please see my comments in relation to recommendation 18.

Recommendation 23

The committee was impressed by "The Farmers' Health Project" (as reported to NHS Executive North West under reference RDF/LSC/99/0037) which had taken place in north Lancashire and South Cumbria. They commend that model to NHS service providers and urge them to consider its adoption in rural Cumbria.

The Farmers Health Project in North Lancashire/South Cumbria is to be relaunched shortly. Public health staff here in North Cumbria work closely with our colleagues in the South and we have been invited to join the steering group of the project. Through this we would hope to identify issues arising from the project which could be used to inform sustainable ways of working which are suited to the rural geography and population needs of North Cumbria.

Recommendation 24

Whilst acknowledging that short-term pyres may have minimal enduring environmental or health impacts, the committee felt that there were certainly short-term health impacts. It believes that pyre burning was deeply disturbing psychologically and impacted widely, well beyond the actual burn sites. It urges that pyres should not be used in any future outbreak.

It has been widely recognised that every effort should be made to use rendering and incineration before considering other options.

Recommendation 25

The committee was pleased to note that there was further research on both diabetes and mortality underway or planned and supported this.

The Primary Care Trusts will ensure they are informed by the results of any further work.

Recommendation 26

The committee felt that whilst it was widely acknowledged that children had been badly affected during the outbreak in several ways, and the need for research into this had been acknowledged, such research had not been carried out. The committee believes that it is essential that research into the impacts on children should be expedited.

The PCTs' public health staff worked with Cumbria Healthy Schools to develop the successful Arts in Schools project which toured schools affected by the outbreak. Evaluation of this project from schools, participants and the artists involved has been extremely positive suggesting that it played a vital role in allowing pupils, teachers and parents to discuss the effects of outbreak on their communities and helped those affected to put the outbreak behind them. Cumbria Healthy Schools project has continued to support those schools affected. The general feeling from the Healthy School Co-ordinators is that most children have proven resilient to the crisis and that schools have successfully moved on.

The Local Education Authority has recently launched a crisis management guide for schools, influenced in part by the outbreak to ensure that schools have protocols in place to address a range of crises. The LEA along with Public Health staff and Child and Adolescent Mental Health Services have also recently co-ordinated two very successful related conferences focusing upon issues in schools around children, bereavement and loss.

It is essential that any child suffering from a mental health problem is identified and appropriate intervention is offered. Primary Care Trusts' commissioning processes exist to support this. We recognise the recommendation made by the Cumbria Foot and Mouth Disease Inquiry that research should be carried out into the emotional, social and mental health consequences of the outbreak in children, but we believe there will be significant ethical and practical difficulties in carrying out such a piece of research.

Recommendation 27

The committee found strong evidence of the value of the various support mechanisms, predominantly telephone help-lines, which various agencies opened during the outbreak. This largely unplanned initiative was one of the best aspects of the response and the committee urges DEFRA and others to include for it in future planning including immediate encouragement, support and funding to the voluntary sector.

We endorse the acknowledgement given to the value of the unplanned telephone helplines operated during the outbreak. Whilst the provision of funding to the voluntary sector might help to facilitate this in future, if helplines are expected to provide a single point of contact they need to be established on a partnership basis.

The helpline which Cumbria Stress Information Network (CSIN) provided during the outbreak was deemed to be successful largely because the CSIN partnership, funded via the Health Action Zone, had been set up prior to the outbreak. When the outbreak happened the network was able to capitalise upon the formal and informal relationships which had already been built up between partners. Consequently callers to the helpline were provided with information regarding a wide variety of issues and the helpline was able to act as a clearing house signposting callers to appropriate other agencies.

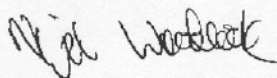
Recommendation 28

The committee was very concerned at the extent of continuing stress and anxiety, and consequential health impacts, in affected communities so clearly revealed in the evidence it received. It urges health planners and providers to initiate urgent action to address this, in part through the type of support mechanisms identified within this report.

Please see my comments in relation to recommendation 18.

My colleague, Dr Catherine Gregson, would be happy to discuss any of these comments further if that would be helpful.

Yours sincerely



Nigel Woodcock
Chief Executive

Cc: Dr R Wagstaff
Dr J Vickers
Dr P Tiplady
Mr P McGahon
Mr F Cant
Mrs T Long