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Doohan S (Sean)

From: Helen Zealley [helenzealley@hotmail.co.uk]
Sent: 12 January 2007 01:12
To: Public Health Consultation
Subject: Public Health Consultation Response

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Dear Ms Robertson

Attached please find my response to this consultation.

A hard copy will follow with a completed Respondent Information Form

Regards

Dr Helen Zealley

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Public Health Legislation in Scotland: A Consultation

Comment from Dr Helen Zealley OBE MD FRCPE FFPH

Introduction to this response

Thank you for providing an opportunity to comment on this important draft legislation. I do so as a former Director of Public Health and as a member of the initial group established to review and update the 1897 Act. Because of this earlier involvement and detailed study of the 1897 Act I hope you will allow me to make a few additional comments as well as responding to your specific questions. I will submit my comments under the Headings in the Consultation paper.

Forword

At the end of the second para it would have been appropriate for the Minister to make specific reference to '...*the impact of climate change...*' in his list of threats to health and well-being.

Chapter 1: Introduction

Para 1.5 needs an additional bullet point:
'environmental degradation and hazards – multiple incivilities, climate change

Para 1.7 could usefully have an additional sentence
'Similarly there is now wide recognition that climate change is inevitable, although the extent of change within the UK and its impact on health remain uncertain'.

Chapter 2: Public Health Legislation

In para 2.5 it would be useful to add a further bullet:
'The continuing risk of HIV particularly among new arrivals to Scotland who may be less aware of their rights and responsibilities'

The first bullet in para 2.6 could usefully add '...*and respect...*' after 'privacy and care'

Chapter 3: Organisational Authority

Comment re Para 3.2: Organisational authority has only been divided between health and local authorities since 1974.

Re para 3.13 and following. Why does this refer only to 'an <u>acute</u> risk ...'?

Re para 3.14 The first and last sentences are inconsistent in respect of the 'deliberate release of a hazard'.

Your questions:

1.1 With clarity of respective responsibilities AND goodwill this could work. Need to ensure reference to clinicians in a number of the NHS responsibility boxes as well as public health

1.2 Section 66 might be worth retaining if premises need to be decontaminated
Section 96 Does the term 'lodging house' extend to cover 'hotels'?

1.3 Yes

1.4 Yes – with the addition of a section on responsibility for 'communications'.

1.5 Not at present with the increase of people movement into Scotland

1.6 (a) Yes: There is great value in having an identified person known to the public to have professional responsibility for the public's health who may, very occasionally, have to speak out about his/her concerns about the NHS or LA for whom (s)he works. Such a person will be viewed with greater trust by the public than any 'organisation'
(b) Yes
(c) Yes; The Diploma in Public Health was always a requirement for appointment as an MOH and current DsPH and Consultants in CD/EH are expected to have had a formal public health training.

1.7 Yes: This could be a Consultant in Infectious Disease.

1.8 Yes: But in broad terms eg *medical practitioner on the GMC specialist register*

1.9 Yes

Chapter 4: Information and Management

In para 4.4 it might have been useful to add '...*(.now more commonly known as the Director of Public Health) ...* ' after the reference to the Chief Administrative Medical Officer.

Your questions:

2.1 In para (b) (and para 4.9) (last bullet) there is one of the many references to SARS which tends to 'date' the text. Ironically I was reading this consultation paper when the news was all about Pollonium 210 which could equally have been used as an exemplar (but would also have been inappropriately specific). I would suggest that this reference to SARS be replaced with '*high risk of exposure to serious infection or hazard'*

2.1 In relation to para (f) it would also be important to report on the total numbers of tests undertaken. For instance part of the 'massive increase in MRSA cases' is because of much higher rates to testing

2.1 In relation to para (i) there should be a defined time period for reporting.

2.2 In relation to para (a) there should be a minimum number of such conditions strictly defined by their public health relevance

2.3 Public health significance should be the overriding criterion for a condition or hazard to be reportable

2.4 STIs should be included in a notifiable system. Had Chlamydia been notifiable we might have identified this epidemic at an earlier stage.

Chapter 5: Public Health Investigation

In para 5.1 the example for the environmental investigation is too restrictive. It would be better to say *eg tracing the origin and dispersion of a hazard.*

Re Para 5.2, I think that it was acute infections, like typhus and smallpox, that were the main drivers for the 1897 Act, rather than TB.

Your questions:

3.1 Para 5.5 is critically important. But there is also a need for investigators to be required to ensure the confidentiality of information (especially from the media) unless there is a need to alert the public to a potential hazard.

3.4 Important to have a nominated deputy for the NHS Board Chair

Chapter 6: Statutory Powers for Health Protection

In para 6.3 (last bullet) it would be worth adding '*infection or* ' before 'physical illness' because the infection might be latent; also the statement should add '*..although compulsory detention may be necessary*'

Paras 6.4 and 6.7 should add '*..or equivalent place..*' after 'hospital'; and para 6.6 should add '*or isolated or detained in some other way.*' after 'hospital'.

In para 6.9 - using the pollonium 210 incident, would it be worth extending section(a) to cover '*environmental hazards*' as well. If so the two bullet points would need to add '*or affected*' after 'infected'. Similarly para 6.11 might add '*or environmental hazards..*' after ' new types of communicable disease'

The list in para 6.12 is confusing. I would suggest rewording the whole para:

A quarantine scheme might thus be used in circumstances where:

* *the disease has a high mortality rate*
* *the causative organism or environmental hazard is spread through casual contact*
* *the causative organism or hazard is highly infectious or toxic*
* *the disease cannot reasonably etc* etc as you have it

Para 6.13 add '*..or contaminated..*' after 'infected' in the 1st and 3rd lines; replace 'infectious' with '*a risk*' in the first line; and add at the end of the para '*or contamination with a specific radioactive isotope*

Para 6.17 1st bullet add '*and care*' after 'healthcare.

Para 6.17 3rd bullet. People are already excluded from giving blood for all sorts of reasons.

Para 6.20. As far as I know NHS Boards do not carry insurance against anything; and possible claims would not be 'relatively rare' when pandemic flu arrives !

Your questions

4.1 Yes

4.2 Yes – but please see comments above re paras 6.9 and 6.12

4.3 Yes – but presented in terms emphasising protection of the public's health

4.4 (i) Yes – but also with a 'catch-all' clause

4.5 Possibly

4.6 No – it is not relevant to compensate people who cannot give blood, or visit a relative in a nursing home etc

4.7 There is a need to clarify the NHS approach to insurance

4.8 (a and b) Yes

4.9 Agreed

Chapter 7: Environmental Concerns

This is a helpful section. In para 7.1 in the penultimate line it could be made stronger by referring to '*...directly injurious to health and that which is considered to be simply a nuisance'.*

There is a place here for an additional paragraph which highlights the adverse health impact of chronic environmental stressors as described so well by Harry Burns.

Your questions:

5.1 Yes

5.2 and 5.4 An excellent idea – but the incorporation of specific reference to '..of any premises..' is unhelpful. For instance an open-cast mine would not be covered; neither would the cumulative late night noise on the street as clubbers and pub-goers exit a number of premises. Similarly, I'm not sure how seagulls and pigeons are to be covered. Sorry I can't help with a better terminology

5.3 Possibly some additional supervision of the multiple HMOs (as being equivalent to Lodging Houses in the past) S 89 and S90

5.5 (a) Yes – with clear guidance how to make a report

5.5 (b) Yes – on the understanding that chronic exposure to environmental hazards acts as a stressor

5.5 (c) Yes – extend to light and insect pollution. Maybe this is where the seagulls, pigeons and foxes could come in.

Chapter 8: Mortuaries and Cremation

Your questions:

6.1 Agreed. But it should be borne in mind that, in the event of a pandemic – or even a significant epidemic or adverse weather event (hot or cold) – the NHS facilities could be swamped at a time when its resources should be directed at the sick rather than the dead.

6.2 Yes

6.3 Yes

Chapter 9:

Your questions:

7.1 In my experience they work well apart from the absence of information about the destination of travellers leaving aeroplanes / ships should they need to be traced..

Chapter 10: Safeguards

Your questions:

8.1 Agreed. It would be helpful if the last sentence of Para 10.3 explained that the DMO in Scotland is equivalent to the 'proper officer' in England and Wales.

8.2 Enforcement against one's own organisation should be handled by a separate health board or local authority AND / OR robust internal procedures

Chapter 11: Tasks, Offences and Penalties

9.1 Seems reasonable
9.2 -
9.3 Yes
9.4 List A – agreed
List B - rather than a specific penalty I would suggest referral to the Sheriff

9.5 Rather than being so specific why not something along the lines of '*such measures as are deemed suitable to the circumstances'*

Annex K: Areas for Discussion

S66 – don't restrict this requirement to emergencies

S96 – No longer LA

S97 – no longer relevant to all 'fevers'

S70 – inconsistent with Chapter 8 (see your comment re S68)

S194 – I hope that they are not exempted