Report of a conference on occupational health in agriculture

Organised by the Health and Safety Commission and the Royal Agricultural Society of England at Stoneleigh on Thursday 11th October 2001

Introduction

Linda Williams, Chief Inspector of Agriculture and Chair of the Health and Safety Commission's (HSC) Agriculture Industry Advisory Committee (AIAC)

The Chairman explained that delegates had been invited to explore the provision and uptake of occupational health (OH) and rehabilitation services by farmers and to discuss what could be done to increase their use.

The organisers had been prompted by government's desire to inject new impetus into the health and safety agenda and to improve OH in agriculture by a broader, more inclusive approach i.e. by improving networking between all those involved.

The Revitalising Health and Safety Strategy launched in June 2000 set out the government's plan for health and safety in the UK. Central to the strategy was the idea that the health and safety system must promote a better working environment as well as prevent harm.

In response to the priority being given to OH, the Health and Safety Commission working with government departments had developed a long-term OH strategy - 'Securing Health Together'.

The strategy aims to:

- reduce ill health caused or made worse by work;
- help people who have been ill, whether caused by work or not, to return to work;
- improve work opportunities for people currently not in employment due to ill health or disability; and
- use the work environment to help people maintain or improve their health.

Apart from costing the British economy ~£18bn, work related accidents and ill health had immeasurable deleterious effects on peoples' quality of life. The challenge was to find ways of reducing the burden of ill health created by work in agriculture through prevention and rehabilitation.

'Securing health together' targets to be achieved by 2010:

- 20% reduction in the incidence of work-related ill health;
- 20% reduction in ill health to members of the public caused by work activity
  taken together this means 80,000 fewer new cases on current estimates.
- 30% reduction in working days lost from work- related ill health;
  a decrease of 7.5 million working days on current estimates
- Half these improvements by 2004.

To meet these targets the commitment of everyone involved will be needed - employers, workers, employers' associations and trades unions, government, local and health authorities, trade and professional bodies and their members,

health care professionals working in primary and secondary care and many others.

There are 5 key programmes of work to achieve these targets and new partnerships are needed to tackle them:

- Compliance - improving the law relating to OH and compliance with it.
- Continuous improvement – striving for excellence through continuous improvement in occupational
- Knowledge – obtaining essential knowledge on occupational
- Skills - ensuring that all interested parties have the necessary knowledge, competence and skills.
- Support – ensuring that appropriate mechanisms are in place to deliver information, advice and other support on occupational health

To achieve maximum impact the 'Securing Health Together' strategy links with other government programmes including 'Welfare to Work', 'the New Deal', 'New Deal for Disabled People' and public health initiatives in England, Scotland and Wales.

There is a need for much better data about work-related illness in agriculture but the lack of data should not be allowed to limit resources directly aimed at producing improvement.

Agriculture has historically had high incidence rates for accidents and ill health and the Health and Safety Commission had identified it as a priority industry.

Consultation and policy-making after the Foot and Mouth outbreak may provide opportunities to integrate initiatives to improve OH and safety within a wider policy framework.

The aim of the conference was to start to bring together interested parties who can contribute to the identification of problems and to the delivery of solutions. In particular:

- To assist in establishing baseline performance for the industry.
- To map the difficulties faced by stakeholders.
- To identify best current practice.
- To identify opportunities from current and planned reorganisation of primary care provision; and
- To identify future initiatives.

Occupational health priorities in agriculture
Graeme Walker, HM Principal Inspector HSE

Graeme Walker sought to outline the best available data on accidents and ill health and to explain the Commission's current health priorities within the agricultural sector.

The Industry. Based on historic data, it was estimated that approximately 675,000 people work in agriculture and related industries (including veterinary surgery, land management, horticulture, forestry, fish farming). Of these, 555,00 work directly in agriculture. 88% of people working in the industry work in units employing less than 4 people.

Statistics about OH problems are flawed because of gross under-reporting but best estimates are that 900,000 working days are lost per annum, equivalent to 1.48 days per worker. The incidence of ill health is variable across the industry:

- 80% of workers have or have at some time had a musculo-skeletal disorder (MSD).
- There are 70-80 pesticide incidents every year (but those reported are mainly to members of the public). The number of incidents affecting people working on farms is not known.
- 20,000 reported cases of zoonoses per annum (mainly food hygiene related)
- Respiratory problems are double the average for the general population.
- Approximately 40% of workers in agriculture suffer from noise induced hearing loss.
- The number of workers with problems arising from hand-arm and whole body vibration are not known.
- The incidence of dermatitis across the industry as a whole is not known but there are about 450 cases per annum in horticulture alone.
- Levels of stress in the industry are believed to be high, but whether this is work related as defined by HSC/E or a consequence of the economics is unclear. There is good information about suicide rates amongst farmers, but poor data about the incidence amongst agricultural workers, about geographical and sectoral variations and about the other physical and psychological and behavioural effects. Given the structure and organisation of the industry it is doubtful that stress management approaches applied in other industrial sectors would be applicable within agriculture.

In a review carried out in 1997/98, the Health in Agriculture Sub-Committee (HIAG) to the AIAC concluded that **the main OH priorities** within the industry were MSD, vibration, noise, and respiratory disease. Other priorities, were zoonoses, heat stress, exposure to chemicals and work-related stress.

A self-reliant approach to health in the farming community.

Dr Jenny Deaville, Institute of Rural Health.

IRH is an academic charity based in North Powys concerned with the health of farming communities.

The paper considered some of the more global aspects of farming communities and their attitudes to health and health care.

There is a clear unmet need - eg of a sample 75 farmers in Yorkshire 11 had clinical depression. For H&S work-related symptoms 65% of farmers reported backache, 53 % reported stress.

Farmers' lifestyle is a problem with higher proportions of stress, (46% in a recent Welsh study) along with higher levels of smoking, obesity and alcohol abuse than in the general population (20% of farmers admitted binge drinking).

Mental health
Farmers are twice as likely to commit suicide as the average member of the public. It is the second most common cause of death of farmers under 45 (after accidents).

General patterns for rural patients:

- Distance decay - less use with increasing distance to health centres.
- Farmers are more likely to present at primary care with injuries because the local casualty department is often some distance away.
- Rural patients are stoical and self-reliant and generally are less likely to consult their GP than urban patients. This is especially true for men and young men even more.
- Rural patients also tend to delay consulting until a condition is more serious especially for cancer, diabetes and asthma.

Barriers to access:

Health service delivery issues
- Location of surgery and office hours
- Lack of awareness of farm-related health problems
- Farmers are more likely to seek advice from the vet (especially on zoonoses), accountant or other professional they know and trust.

Barriers from within the farming community
- Farmers' characters - good at coping, little time for themselves, have a mechanistic attitude to their bodies, little self worry, are self reliant, and stoical and secretive.

- Visiting the GP is seen as a last resort.

Characteristics of farming communities

- There are social and cultural pressures which hinder them from asking for help. In particular, the stigma of mental ill health is huge.
- There is a fear of not living up to cultural expectations - they need to show that they can cope through physical and mental illness.
- They also worry about confidentiality in small communities.

GPs need to:

- Take farmers very seriously when they do ask for help.
- Respect their need for a quick fix.
- Provide easy access to the GP at all times especially for patients thought to be at risk.
- Not explore their emotions without being asked

It tends to be wives who seek help. 70% of farmers' wives were concerned about their husbands' mental health.

Farmers and zoonoses - a personal view

Dr Marina Morgan, Public Health Laboratory Service

A lot of doctors don't know about zoonoses. Farming is 'vanishingly small' in the experience of GPs.

Children on farms - may be at risk but they recover from most things and their general health is better than that of the urban population eg they have less asthma.

There are lots of risks in farming but farms are healthy places with a few sensible precautions.

- Brucellosis - there has not been a home-produced case for 5 years but many doctors think its still around.
- Orf - very nasty, especially for children. Beware pet lambs. There is a homeopathic cure - extract of thulia, also sulphur tablets can help.
- Cow pox - mainly from cats nowadays.
- Ringworm - doctors are missing it.
- Cryptosporidium from feeding calves.
- Ticks may inject lime disease, symptoms are a red rash - weather this year has produced a lot of ticks.
- Hydadtids
- Leptospirosis from inhaling droplets from cattle urine splashes.
- TB from tuberculous milk.
- Anthrax spores live in ground for many years.
- Foot and Mouth disease -at one stage during the 2001 outbreak Dr Morgan had 20 calls a day from people who thought they had contracted

the disease. But it is very rare in humans and she knew of only one confirmed case during the current epidemic. Q fever is a bigger risk for people handling F&M carcases.

Stress in farming families- the challenge.

Caroline Davies, Rural Stress Information Network, (RSIN)

Physical and social isolation of farmers is an important factor to be considered, as is access to information, their low self-image, and lack of time. Data on stress among farmers is poor but even suicide is under-reported because of coroners' reluctance to attribute deaths to it.

- People don't recognise their own stress levels
- Farmers and their families losing stock from F&M show symptoms akin to bereavement.
- The RSIN aim is to network and facilitate - a bottom up approach.
- Farmers often do not want to talk to someone local.
- Farmers in deep crisis can just totally close up, stop milking cows etc. They need someone to come in and support them eg agricultural chaplains and sometimes someone to do the farm work when they are not able.

The Challenge

- Workers handling rural stress are under great stress themselves. Women help by communicating the problems of their partners (but the increasing trend for wives to work off-farm adds to the isolation of farmers). Women can help to get information back.
- There is a need to multiply the routes of access to farmers under stress.
- Suicide among farmers is not just because they have easy access to the means, they are also independent (so they don't talk about it) and decisive (they just get on with it).
- Debt, family rows, and children can all be causes.
- Need to boost the role of OH teams.
- Knowing about farming is important in getting effective access.
- There is a second rural stress action plan already under way.

NHS Plus - a new role of the NHS in occupational health

Elizabeth Johnson, Department of Health

The Minister has recently made a statement about his enthusiasm for OH.

NHS Plus is not a new service; it aims to get as many OH Departments as possible signed up to it to sell OH services to private or other parts of the public sector.

NHS Plus will allow participating departments to network to share ideas and raise the profile of the scheme. There will be a website to help this to happen. Information and training in new OH developments and business management will be available.

The aim is to discourage the perception that OH is solely the concern of large companies and to encourage small companies, including agricultural businesses to take a more proactive role.

The Department of Health is developing a portfolio of OH services which businesses can buy into and is working with NHS Trusts who have OH expertise to promote a more accessible service. There has been a good response from Trusts who want to be involved. There is a lot experience and knowledge out there, which can be tapped.

The Department of Health is keen to be involved in agricultural OH initiatives but funds are short. One idea might be for larger businesses to help with the OH of smaller businesses.

Pioneering a health service for farmers

Dr Tim Burnett and Dee Howkins, the Cumbria Health Project.

The project's aim was to provide a nurse practitioner-led health service to the farming community of North Lancashire and South Cumbria. This was achieved via a mobile clinic in a customised van, which regularly visited auction marts and made some home visits.

- All patient consultations were reported to their GP.
- In north Lancashire there were over 500 consultations from 211 registered patients before Foot and Mouth disease intervened. 85 had a specific complaint, 126 'just wanted a check up'. 70% were aged 50 and over.
- All were given a general health screen and their medical history was taken. 56 patients had no abnormal findings. The remaining 70 had significant health problems of which only 17 were being managed by their GP at the time of the consultation. 85 patients presented with a specific complaint, 59 who were not being seen by their GP for the problem.
- 43% of those with problems had been suffering for 31 days or more.
- All patients were given lifestyle advice relevant to their problems.
- There was immediate referral to GPs in urgent cases.
- They were also advised how to make the best use of their GP to discuss medication and the implications of diagnosis.
- 47% of patients with specific presenting conditions showed improvement after consultation.

- The nurse practitioner also discussed health matters with members of the farming community at auction marts and shows. She also gave talks and presentations to groups associated with farmers and farming families.
- Telephone evaluation found that 100% of users had found the service useful and that 94% would recommend. 51% commented favourably on ease of access compared with a conventional GP consultation. Only 8% felt the service could be improved and 19% talked of the difficulty in making the first visit to the van in the mart.

Conclusions

- Large numbers of people who traditionally are reluctant to utilise NHS services used the auction mart service. The service revealed many physical and mental health problems, which were dealt with to the patient's satisfaction.
- There is too much haranguing of farmers about change - statements from on high do not help. There needs to be more engagement with those affected.
- It is important for farmers to know that the service is NHS linked and linked to their GPs. Local knowledge is also vital and partnerships were also very important especially during F&M.
- Getting to know you stage - it was months before people began to come into the caravan.
- It was important to make appointments for people and to try and get them at a time of day, which was convenient.
- The project will put on some social functions.

Notes on the afternoon workshops

A fuller account of workshop proceedings is given in the appendix

Workshop 1

Farmer’s attitudes to occupational ill health and accessing help and support.

Chaired by Michael Paske (Vice President, NFU)
Rapporteur: Neil Craig, HSE

Topics for discussion:

- What are the prevailing attitudes to occupational ill health in the farming community?
- What are the factors for and against the uptake of OH services by the farming community?
- What practical steps can be taken to alter those factors and so improve uptake?

Possible outcomes:

- Integration of OH advice with other services (and advantages/disadvantages of linkage to HSE).
- Additional information to students and trainees in agriculture about long-term effects of ignoring OH complaints.
- Enforcement to ensure compliance with, for example, the provision of health surveillance for those exposed to grain dust.
- Farmer to farmer discussion/publicity to promote understanding of the debilitating effects of occupational ill health.
- Mechanisms for the delivery of OH at a local level - markets? NFU? Agricultural Merchants? DEFRA? Small business advisors?
- A need for OH to have a more positive image.

Workshop 2

Primary Care Trusts and opportunities for the provision of Occupational Health Services in farming communities

Chaired by Linda Williams, HSE.
Rapporteur: Greg Bungay HSE

Topics for discussion

- Who do we need to access in DoH/NHS to carry forward the agenda of OH in agriculture?
- Once identified how do we influence their policies?
- What financial support is there within DoH/NHS?
- What support would be needed from HSE and DEFRA?

Possible outcomes:

- Small project team consisting of HSE, DoH and DEFRA to examine how to integrate OH issues into other policy initiatives across government.
- Specific linkage with new DEFRA aims and objectives and the Policy Commission on the future of farming and food.
- Report of the Conference and letter to Ministers at DTLR, DoH and DEFRA

Other points

- There is a general lack of knowledge about Primary Care Trusts (PCTs).
- The drop in centre approach fits the rural environment.
- Bankers, accountants, etc should be briefed to be primary spotters of patients for programmes.

Workshop 3

Problems Challenges and practical solutions for healthcare practitioners.

Chaired by Barry Leathwood, TGWU
Rapporteur:Graeme Walker HSE

Topics for discussion:

- What knowledge and skills are needed to deliver OH services to the farming community?

- How do we determine the best practice in the delivery of OH services to the farming community?
- How is the determination process to be funded?

Possible outcomes:

- Review of OH training for health professionals working in rural areas.
- Suggestion of 4/5 projects aimed at comparing different approaches to the provision of OH services to the farming community

Conclusions:

Outstanding Questions after the Conference

- **If RSIN is the model can it be expanded to cover OH?**
- **Conference was mainly about family, hill and stock farmers (and farmers in the west). Are bigger, eastern arable farmers different?**
- **Women's greater awareness and willingness to intervene with male health problems was discussed but not rural women's own and rural children's problems. Are they different?**

Overall outcomes from the conference

The following may be realistic and achievable:

- **Setting up 4/5 pilot projects to assess different approaches to providing OH and/or rehabilitation services to the farming community. Project proposals would be scrutinised by a small project board comprising relevant government departments and agencies (DoH, NHS, DEFRA, HSE)**
- **Issue a press notice setting out the outcomes of the conference.**
- **Send a report of the conference to Ministers at DEFRA, DoH and DTLR.**
- **Examine how aims of the Policy Commission on the Future of Farming and Food could be integrated with initiatives to improve OH in agriculture.**
- **Engage with DoH on how to promote the issue of OH in agriculture with GPs and other health service providers in rural communities**

Appendix – Detailed notes from workshops

Workshop 1 - Farmers attitudes to occupational ill health and accessing help and support.

Prevailing attitudes to health

- Farmers will be nonplussed by the idea of OH
- Farmers take illnesses for granted
- We don't know enough about what the problems are. Would insurers have any information that could help?
- Not just livestock but arable, not just farmers but farm workers too.
- Long hours impacts on the farmer but also on his family

Problems and possibilities for improving uptake of OH Problems

- Time
- Availability
- Decrease in worker numbers and collectivism
- Culture - male ethos as well as farmers' ethos.
- May have to go to see an urban GP who doesn't understand.
- Farmers don't like HSE because of its policing role.

Possibilities

- Need to target what is causing the problem not just tackle symptoms.
- Are regular 'MOT' check ups feasible? GPs present thought they would have time to do them.
- Need to work with people farmers trust.
- Encourage third party referral to doctor, by vets, accountant's etc. Third parties may even make the appointment.
- Produce a card to be carried by farmers explaining their occupational risks that can be used to brief doctors.
- GPs need access to computer databases of farmer OH risks. (but GPs have information overload now).
- Education - need to include it in something people are interested in. Don't call it health. 'Fitness' and 'Lifestyle' are more positive and more acceptable.
- Farmers have a focussed press compared to other industries so use it.
- Get into schools.

What practical steps?

- The RSIN way of working is a blueprint.
- Provide a stockman to substitute to give someone time to go to GP or whilst ill.
- Relatively small amounts of money to cover travel costs and treatment costs.
- Promote Health cards but need to educate GPs to use them.
- Surgeries are public places. There is a need for models to make help make them more accessible.

- Zoonoses are often depressive. Depression causes accidents.
- Identify risks for OH, seasonal factors etc. Promote them like HSE do accidents.
- Target practice nurses.

Conclusions

- A slogan ' Be fit to farm'
- Sectorise eg livestock - all year, arable - more seasonal
- Work substitutes eg NFU run a scheme.
- Utilise women's attitudes, (- women pick up the emotional flak,)
- Education - inform children of the risks.
- Wider access to support needed.
- Use the press more eg a health page with questions and answers, case studies.
- Encourage farmer-to-farmer recommendation of innovations.
- Take fitness to where farmers work.
- RSIN provides a good model to improve access to farmers.

Workshop 2 – Primary Care Trusts and opportunities for the provision of Occupational Health Services in farming communities

Topics for discussion:

- Who do we need to access in DoH/NHS to carry the agenda of OH in agriculture forward
- Once identified, how do we influence their policies
- What financial support is there within DoH/NHS
- What support would be needed from HSE and DEFRA.

Outcomes:

- Agreed OH should have the widest possible definition

Carrying the OH Agenda forward

- HSC to write to ministers responsible for health in E/S/W under banner of "securing health together" – conference results
- Find out more about PCG's and PCT's – their role
- Tap into 'drop-in centre' approach
- Need to make economic argument to PCGs, PCTs on the provision of OH
- Explore the use of the health/social and inequality fund to provide OH care
- Benefit's from persuading larger farming units to take up OH services from NHS plus
- Use of insurance companies to promote subsidised OH schemes
- Need to identify the right skills in OH provision
- Need to map out all the OH work that is going on – how to do this? Use of DoH web site or similar

- Use banks/accountant groups to provide initial advice on OH and link to existing groups
- Who funds rural development area policy? Is this an “area” to pursue?
- DEFRA Minister sill support initiatives by identifying groups/areas to target, and in influencing RDA policy. Include in their new aims and objectives
- Forthcoming rural task force and Lord Haskins reports might be used to raise profile on the health of the agricultural community
- Rehabilitation may be a way of introducing OH to the industry – does WP have funds?
- Need to publicise benefits of OH in the industry
- Need to set up project team to take forward OH in agriculture, the results from this conference, how to access funds and how to integrate OH in relevant government department policies.

Workshop 3 - Problems Challenges and practical solutions for healthcare practitioners.

The workshop considered that most of its outcomes would fall within the ‘Knowledge’, ‘Skills’ or 'Support programmes within the RHS/SHT strategies

- Knowledge skills need funding
- Need a project to decide how to best to disseminate information. Can Women's Food & Farming Union help?
- Prepare a module on agricultural issues for GPs (but can GPs cope with more information load?)
- Need to generally raise consciousness among farmers, farm workers, and the world at large.
- Immigrant workers need to be considered.
- Develop the listening skills of those working with farmers.
- Need to reach those who don't go to/use markets.
- Use children - get information into schools.
- HSE should run OH awareness days.

Medium-to-long term strategy:

- OH data presented by all the speakers characterised as ‘soft’ i.e. Anecdotal and/or flawed due to weaknesses in the mechanisms for collection
- Farmers perceive there to be an incentive in not reporting to HSE.
- Systems such as ODIN heavily reliant on goodwill of participating GPs/consultants etc.
- No enthusiasm for requiring GPs to record information on the occupational status of patients e.g. through NHSnet or similar - major problems with patient confidentiality
- Strategic need for better information to help define the baselines and determine medium-to-long term strategy. In particular, better information required to:
- Define the shape of the industry
- Establish the pattern of injury/ill-health.

- General consensus that the priorities identified by speakers (and HIAG) were the right ones though relative priorities/ranking could be the subject of a conference in its own right. In the absence of better information proceed on these topics/issues.

Recommendation:

Research project required to establish incidence of ill-health/ injury in the industry.

Information/Education:

- Over-reliance on the role of HSE and GPs. Better information and training required for rural GPs.

Recommendation:

Develop agriculture OH modules based on the priority topics for delivery through Continuous Professional Development.

- Possible role for a range of other partners, including:
  - Farmer's wives and representative organisations
  - Vets (but caution required already a busy/ 'stressed' profession before and after FMD, in many cases have close, personal relationships with farmers)
  - Agronomists/crop walkers/farm business advisers etc.
  - NFU and TGWU

Recommendation:

Project to develop 'listening skills' and 'signposting' approach for these and similar diverse groups.

Possibly further development of the 'Contact card' approach on OH issues for use by these groups?

- Current statutory mechanisms for reporting injury/ill-health impose duties on employers. Strong incentive not to report. Mechanisms required to capture information from employees, particularly in arable areas e.g. East Anglia/ Lincs etc. and in relation to non-organised, vulnerable groups e.g. migrant workers, gang labour etc.

Recommendation:

Project to encourage 'whistleblowing' in arable areas and amongst migrant workers and gang labour

- Current nurse practitioner and other schemes e.g. Cumbria Health Project have more to do with GP outreach than provision of OH and rehabilitation services. Notwithstanding, they provide a viable model and need to be encouraged, developed in terms of OH and rehabilitation services and thoroughly evaluated.

- Also a recognition that we need to reach those within the farming community who do not integrate via/take advantage of/use conventional opportunities for social mixing e.g. markets etc. and/or accessing primary care. Particular concern over male farmers <45/50 who do not access GPs and remote hill farmers.
- N.B. Major problems under the current NHS structure with patient 'ownership by GPs - we need to liase with NHS on this.

Recommendation:

Fund one or more similar 'outreach' projects but with greater focus on OH and rehabilitation service.

Fund one or more peripatetic 'outreach' projects focusing on general health and, if possible, provision of OH and rehabilitation services. Could establish criteria to target those within the target age groups who have not accessed primary care e.g. within past 5/10 years

- Children. Conventionally targeted in the context of their own health and safety. Widely acknowledge to be effective levers/a good influence on parental behaviours.

Recommendation:

Project to develop teacher/learning materials for integration within National Curriculum subjects e.g. English, Science, Humanities etc.

Project to develop professional standard interactive material/computer games e.g. "Lara Croft's Fitness to Farm" programme.