

**Summary note of the meeting held on 19 November 2015 between George Eustice, Minister of State, Defra and representatives of the Sheep Dip Sufferers Support Group, Jessica Morden MP and Andy Burnham MP**

On 19 November 2015 George Eustice MP met representatives from the Sheep Dip Sufferers Support Group, Jessica Morden MP and Andy Burnham MP. The meeting was agreed following the Westminster Hall Debate in June 2015. During the debate in June Jessica Morden MP had asked the government to address the concerns of a constituent regarding organophosphate sheep dips.

At the meeting in November members of the group expressed a number of concerns. Representatives from the group explained that they had suffered ill effects for a number of years which they attributed to their use of organophosphate sheep dips. They also shared experiences of blood test results that they said had been lost from GPs and from Guys Hospital in the 90s. The group asked that Defra disclose papers relating to the decision to end compulsory dipping which was taken in 1992.

The Minister discussed these issues with members of the group and listened to their concerns. He committed to the following actions:

- To disclose the reasons for the decision to end compulsory dipping and share these with the group
- To find out what benefits may be available to those who believe they have suffered an organophosphate poisoning
- To discuss with the Department of Health how people can get access to lost records and what may have happened to them

## **Responses to the questions raised at the 19 November meeting**

### 1. The rationale for the ending of compulsory sheep dipping

#### **Sheep Scab – Ending of compulsory dipping 1992**

MAFF's Animal Health (Disease Control) Division provided a briefing for the Parliamentary Secretary (Mr Soames) in April 1992 (attached). This set out the reasons why compulsory dipping should be stopped and covered issues such as disease control, intra-community trade, public health considerations and stakeholder views.

It concluded that eradication of the disease was not a realistic objective and was placing unnecessary burdens on farmers and authorities. Therefore the recommendation was for compulsory dipping to be completely deregulated. It also stated that the Veterinary Products Committee (VPC) would consider an Appraisal Panel summary report of suspected adverse reactions between 1991 and 1992. This was considered along with a number of other papers as the VPC conducted a full review of OP sheep dips to determine whether or not they should continue to be authorised.

On 8 June 1992 the Government announced that the dipping of sheep would no longer be compulsory.

#### **MAFF and VPC News Releases 1993**

At the March 1993 VPC meeting the Committee concluded that the products should continue to be authorised but that this would be considered further.

At the VPC meetings in October and November 1993 the findings of the OP sheep dip review were presented and discussed. The conclusions from the review were included in the MAFF News Release of 1 December 1993. The key points were:

- there is no scientific justification for banning OP dips, but they must be used correctly
- sale and supply of OP dips will be restricted to those holding a new certificate of competence
- a new medical panel will be set up to evaluate research on OP dips in relation to possible human exposure
- procedures for the safe disposal of sheep dips will be reviewed
- the VPC concluded that serious sheep health and welfare problems would be likely if OP dips were withdrawn

The following relevant press releases linked to the discussions are attached:

- MAFF News Release 28/92 – Review of Sheep Dip Products – January 1992
- VPC News Release – VPC Meeting 25 March 1993
- MAFF News Release 112/93 - Organophosphorus Sheep Dips - 1 April 1993
- MAFF News Release 159/93 – Detailed Guidance on the use of Organophosphorus Sheep Dips – 18 May 1993
- MAFF News Release 424/93 – Government announces new safety measures on OP Sheep Dips – 1 December 1993

## 2. What benefits may be available to those who believe they have suffered an organophosphate poisoning

The Department for Work and Pensions have given the following advice on benefits which may be available. Each claim would be dealt with on a case by case basis. Links to further information are also included.

### Industrial Injuries Disablement Benefit (IIDB)

You may get Industrial Injuries Disablement Benefit (IIDB) if you're ill or disabled from an accident or disease:

- caused by work
- while you were on an approved employment training scheme or course

The Department for Work and Pensions has produced a list of diseases covered by IIDB. The full list is available at the following link:

<https://www.gov.uk/government/publications/industrial-injuries-disablement-benefits-technical-guidance/industrial-injuries-disablement-benefits-technical-guidance#appendix-1-list-of-diseases-covered-by-industrial-injuries-disablement-benefit>

Work involving the use or handling of, or exposure to, organic compounds of phosphorous is covered by section C3. For organophosphate poisoning a person would have to develop the specified neurological effects (peripheral polyneuropathy).

The eligibility for IIDB may be established because the illness meets the terms described and the assessed disability is at a level which qualifies them for a benefit payment. The decision is based on the level of disablement rather than whether a person is able to work in the future. Some recipients of IIDB will not be able to work but some will.

A person only has entitlement under the IIDB scheme if they have residual disabling effects many weeks after the exposure. A person could not receive a payment for acute poisoning where the symptoms are entirely resolved within a few days or weeks.

The amount you may get depends on your individual circumstances. However, it should be noted that you cannot claim Industrial Injuries Disablement Benefit if you were self-employed.

<https://www.gov.uk/industrial-injuries-disablement-benefit>

### Jobseeker's Allowance

Jobseeker's Allowance may also be available for people who are looking for work (there are flexibilities for people with disabilities in terms of the work they are expected to seek)

<https://www.gov.uk/jobseekers-allowance>

### Employment and Support Allowance (ESA)

Employment and Support Allowance is for people who want to claim benefits because of an illness or disability. If you're ill or disabled, Employment and Support Allowance (ESA) offers you:

- financial support if you're unable to work
- personalised help so that you can work if you're able to

You can apply for ESA if you're employed, self-employed or unemployed. You might be transferred to ESA if you've been claiming other benefits like Income Support or Incapacity Benefit.

You must have a Work Capability Assessment while your ESA claim is being assessed. This is to see to what extent your illness or disability affects your ability to work. You'll then be placed in one of 2 groups if you're entitled to ESA:

- work-related activity group, where you'll have regular interviews with an adviser
- support group, where you don't have interviews

<https://www.gov.uk/employment-support-allowance/overview>

### Personal Independence Payment (PIP)

Personal Independence Payment may also be available for people with care or mobility needs. Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability if you're aged 16 to 64.

You could get between £21.80 and £139.75 a week. The rate depends on how your condition affects you, not the condition itself.

You'll need an assessment to work out the level of help you get. Your rate will be regularly reassessed to make sure you're getting the right support.

Your carer may also be entitled to a Carer's Allowance if you have substantial caring needs.

<https://www.gov.uk/pip>

### 3. How people can get access to lost records and what may have happened to them

The Department of Health has provided the following information.

As the records in question were unfortunately lost before the formation of NHS England (London) in 2012, we have no way of identifying what happened to them.

In these circumstances, it is incumbent on GPs to apologise to patients when they are made aware of the loss and endeavour to replace the record as far as is practical.

Since April 2015 all GPs should offer their patients online access to summary information of their GP records. GP records should be retained until 10 years after the patient's death. Concerns about lost records can be brought to the attention of the Information Commissioners Office (ICO). The ICO is the UK's independent body set up to uphold information rights. Further information is available on the ICO website: <https://ico.org.uk/for-the-public/>.