

encourage the greater adoption of non-invasive breath meters for carrying out tests on patients who may be suffering from CO poisoning; and to develop arrangements for the automatic notification of the ESP when CO poisoning has been diagnosed.

71. We believe that establishing levels of ill-health through carbon monoxide exposure in the general population through an epidemiological survey might offer the best way forward, for those concerned about chronic low level exposure. Any such research proposal would need to be considered alongside other health research priorities.

Analysis of Responses

72. Most (36) of the 56 respondents who considered this issue highlighted the importance of raising the awareness of the medical profession, and suggested a number of ways of achieving this, including: regular articles in the Lancet/BMJ, seminars hosted by HSE or jointly by local authorities/academics, including data on fatalities with the Chief Medical Officers letter to GPs, prompting GPs to ask specific questions, particularly of patients in vulnerable groups, and generally raising awareness in the population as a whole, as in the case of meningitis, which could feed through to GPs.

73. Fourteen respondents commented on ways to improve patient testing; of these most asked for greater take-up of non-invasive breath test meters, which were assumed to cost c. £500 each, and could, it was argued, be used by all A&E departments. Results from breath meters seem to correlate closely with blood test results. On the need for rapid blood tests, it was pointed out by four respondents that we were not correct in saying that CO is not detectable in the bloodstream after four hours; the concentration of carboxyhaemoglobin in blood falls by half every 4/5 hours, so after 8 hours the poison is still detectable but at a lower concentration (which may contribute to misdiagnosis).

74. Some respondents also made suggestions about what should happen when a diagnosis of CO poisoning has been made; some thought that GPs should notify the local authority, whilst others suggested the emergency service provider. This seems an appropriate role for the ESP (where gas is used in the home).

Resources

Question 7. Is the level of resource expended by HSE on enforcing the Regulations appropriate, or is some other level more appropriate? Is spending on publicity adequate? If not, how much more should be spent? (DD Page 21)

Recommendation 11

75. There is a good case for spending more on publicity, particularly to raise public awareness, to lower the current incident toll still further. Sustained annual campaigns would be required to influence the behaviour of the public, and others

with a role to play in improving safety (using the experience gained from trespass and vandalism and child safety campaigns). Forecasting costs and benefits is a difficult matter, given that sustained campaigns are unknown in this area; the high level of incidents caused by behavioural factors suggests that expenditure of £5/10m might prevent 5 or more incidents per year.

76. A professional approach to this important topic will require new funding, and the input of industry and consumers. As for research, we propose that HSC should agree a strategic plan for gas safety promotion, relevant to the backgrounds of diverse risk groups, and making effective use of the personal insights to be gained from incident victims and bereaved relatives, several of whom have made public-minded efforts to contribute to this review to prevent others from sharing their misfortune. The plan would consist of an industry managed element, with the capability for an HSC managed element, funded by a levy, applied principally to the gas suppliers. Plans should be scrutinised by an HSC advisory committee and agreed between HSE/DTI.

Analysis of Responses

77. There were 77 responses dealing with different elements of this question. Of the 52 who considered enforcement specifically, 18 thought provision was about right, whilst 34 expressed views ranging from some room for improvement to wholly inadequate. The creation of a new Gas Safety Inspectorate, within or answerable to HSE, was mentioned by three; moving gas safety to the DTI or Department of Social Security (DSS) was mentioned by two; transferring some responsibility to local authorities who might be in a position to do more proactive inspection was raised by some at this point (considered fully under Q10). On the other side of the argument some feel that the fatal incident figures indicate the success of the current regime, or are concerned that the law of diminishing returns might now apply to gas safety improvements.

78. Of the 60 who dealt with the publicity aspect of the question, 15 thought current provision about right, 41 ranged from some room for improvement to wholly inadequate, and 4 were unclear. Of these, 17 called for a levy to finance better campaigns (with 2 against), 5 asked for co-ordination of campaigns within Government, and some made specific suggestions for improvement, including the development of a coherent PR strategy, greater use of television advertising, targeting on higher risk groups, the production of regular updates and good practice notes by HSE, and more consideration of how the citizen finds out about gas safety (feeling being that useful information may be tucked away in libraries and is not prominent enough).

79. Responses (64) to a broadly equivalent question in the consumer document ('Do you think that more needs to be done to improve gas safety?'), showed 6 opposed and 58 in favour, with 61 out of 67 saying that more should be done to publicise gas safety risks. The Glasgow and Lambeth cohorts provided another opportunity to consider what mechanisms people favoured for making improvements: of 374 respondents, 57 asked for more to be done to raise