→ Mrs Barnett Noon 2/10

WESTERN
HEALTH AND SOCIAL SERVICES BOARD

AREA BOARD HEADQUARTERS

- 2 OCT 1998
Dal/10

28 SEP 1998

175/0419/01

TJF/cm

24 September 1998

Mr P Simpson
Chief Executive
HSSE
Dundonald House
Upper Newtownards Road
BELFAST
BT4 3SF

N McGrath
We need to process this quickly.
28/9

Mr Simpson. I assume that you will take this into the consideration already being given to the Sperrin Lakeland document. We will need to form an early view of the needs to bid for resources from DFP both in year + in the PE round of the CSR.
28/9/98

Dear ~~Mr Simpson~~ Paul,

REPORT ON COSTS ASSOCIATED WITH THE OMAGH BOMB

You will be aware that on a visit following the Omagh bomb, the Secretary of State, when being briefed on the background to the incident, requested Mr Mills, Chief Executive of the Sperrin Lakeland Health and Social Care Trust, to prepare a report on the aftermath of the bomb, particularly its impact for the injured, the bereaved and the wider community.

Mr Mills contacted the Board and a working group was established to develop the attached response 'Road to Recovery'. There has been extensive involvement of Health and Social Services agencies and voluntary/community bodies in the development of the paper. The work of the group has now been completed and, consistent with the wishes of the Secretary of State, the report has been sent to Dr Mowlam and been copied to Mr Gowdy.

In order to formally seek agreement to the funding of the costs associated with the incident, I, as General Manager of the relevant Board, am submitting the document in order to agree how these matters can be taken forward.

You will note that we have built the analysis around the direct costs incurred in the immediate and short-term, medium-term and long-term timeframes. The tables detail not only the costs incurred by the Trust but by other Providers outside Sperrin Lakeland and you advice on how these will be addressed would be important.

The impact of the incident on the Family Practitioner services will be reflected, not only with increased attendances at surgery, but also in terms of increased prescribing. Costs in this area have had to be projections as the effect of the bomb on the community continues to emerge literally on a daily basis.

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One final issue which may need to be drawn to the Minister's attention relates to the effect on our Waiting List Initiative as inevitably we have had to direct significant resources to the immediate aftermath of the bomb.

I trust you find the report 'Road to Recovery', a basis on which we can open discussion but should you wish any clarification, do not hesitate to contact me.

Yours sincerely

T J FRAWLEY
GENERAL MANAGER

cc Mr H Mills, Chief Executive
Executive Directors, WHSSB
Mr C Gowdy, Permanent Secretary

Report on costs associated with the Omagh bomb

September 1998

CONTENTS

INTRODUCTION

INTRODUCTION

Sperrin Lakeland Health and Social Services Trust and the Western Health & Social Services Board have prepared a paper on the Health and Social Care Services response to the bomb in Omagh on Saturday 15th August 1998. That paper describes the resources required in the short to medium term.

The purpose of this paper is to analyse the identified costs by financial year and provide an estimate of the financial implications in the longer term in relation to supporting victims of the bomb.

EXECUTIVE SUMMARY

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A bomb in Market Street Omagh on Saturday, 15 August 1998 led to the deaths of 29 people and 2 unborn children. 25 families have been bereaved, 3 in Buncrana, 2 in Spain and 20 locally.

Over 380 people were affected. Of that number about 60 have been significantly injured and at the time of writing 6 remain critically ill. Many other people in the wider community have also been affected.

The financial impact of the Omagh bomb incident on the acute hospital and community health and social care services has been estimated in the immediate/short (within 2 weeks), medium (within 6 months) and long term (greater than 6 months).

1 Acute and Community Health Care

382 attendances at A&E by 25 August 1998

128 patients admitted to hospitals

84 patients had a short inpatient stay

Requirement for community care packages for 73 of these of £100 per package for 8 weeks

23 patients were still in hospital at the time of writing and were estimated to require further medium term inpatient care

23 patients need community care packages of on average £800 for 1 year after hospital inpatient discharge

10 patients were either seriously or critically ill and were estimated to need long term hospital care

10 patients are estimated to need community care packages of on average £1,000 each for a period of at least 2 years after discharge from hospital inpatient care

2 Psychological & Social Care Support To The Community

The psychological and social care needs of the community will be dealt with in a structured framework as detailed in research.

Prioritisation will be as follows:

1 The bereaved and physically injured

2 Witnesses - both rescuers and non-rescuers

3 Professional personnel

4 Dispersed victims

5 General community

There is evidence that 10%-30% of those directly affected by the bomb will require further treatment for conditions such as Post Traumatic Stress Disorder for up to 2 years after the incident.

3 Family Practitioner Services

General Medical Practitioners in the Omagh area will find an increase in activity over the next year. There will also be a change in drug prescribing patterns over the year following the atrocity.

Further background information on the build up of costs is available through Sperrin Lakeland Trust and WHSSB.

SUMMARY OF COSTS

SUMMARY OF COSTS

1 Direct costs to Sperrin Lakeland Trust

	Total £'000	1998/99 £'000	1999/00 £'000	2000/01 £'000	2001/02 £'000
Immediate/Short Term	522	522			
Medium Term	645	645			
Long Term	3,959		1,879	1,040	1,040
Other Costs	330	165	165		
TOTAL	**5,456**	**1,332**	**2,044**	**1,040**	**1,040**

2 Cost incurred by providers other than Sperrin Lakeland Trust

	Total £'000	1998/99 £'000	1999/00 £'000	2000/01 £'000	2001/02 £'000
Short Term	559	559			
Medium Term	233	233			
Long Term	264		88	88	88
TOTAL	**1,056**	**792**	**88**	**88**	**88**

3 Effects on Family Practitioner Services

Increased attendances at medical practices and changed drug prescribing profile are likely as a result of this incident. However, costs resulting from these changes are not included in this document.

4 Summary of Overall Costs

	Total £'000	1998/99 £'000	1999/00 £'000	2000/01 £'000	2001/02 £'000
Sperrin Lakeland	5,456	1,332	2,044	1,040	1,040
Other Providers	1,056	792	88	88	88
TOTAL	**6,512**	**2,124**	**2,132**	**1,128**	**1,128**

DIRECT COSTS TO SPERRIN LAKELAND TRUST

DIRECT COSTS TO SPERRIN LAKELAND TRUST

Immediate and Short Term Expenses

		£000
1	Salaries and Wages during the "Emergency Period"	116
	Goods and Services during the "Emergency Period"	40
	Equipment	75
	Total Anticipated Cost	231

2 **Trauma Team**

Within days of the bomb the Trust established a multidisciplinary community Trauma Team, which includes social workers, a nurse, a psychologist, a cognitive behaviour therapist and an occupational therapist and includes appropriate support mechanisms.

Total Anticipated Cost	291
TOTAL	522

Loss of Scheduled Work

In the immediate period after the bomb, Sperrin Lakeland Trust cancelled the following hospital elective work:

Outpatients	193
Day Cases	28
Inpatients	26

Research states that staff performance can drop to 80% or less in the following weeks and months.

It is difficult to predict at this stage what impact a loss of productivity will have on the Trust's capacity to deliver on its original service and waiting list targets.

Medium Term Costs

		£000
1	**Hospital and Community Health Care**	
	• 150 occupied bed days at an average cost of £1,200/week	26
	• 248 patients who received A&E treatment will require outpatient and community health services (at a marginal rate)	25
	• 73 of the patients who were short term inpatients will require community health care packages of £100 per week for 8 weeks	58
	Total Anticipated Cost	109
2	**Social and Psychological Care**	
	• Resources to address community psychological needs	48
	• Secondary Mental Health Services	68
	• Children's Services	51
	• Voluntary Sector Support	200
	• Staff support from Occupational Health	47
	• Training at various levels for health and social care staff, and personnel from other agencies and bodies	22
	Total Anticipated Cost	436

Rehabilitation Facility

The refurbished facility would act as an essential focus for the Professions Allied to Medicine. It would represent the quickest and most cost effective means of increasing capacity and optimising delivery of high quality rehabilitative services to ensure effective early rehabilitation and best outcomes.

Total Anticipated Cost	100
TOTAL	**645**

Long Term Costs

		£000
1	**Hospital and Community Health Care**	
	• 23 patients are still in hospital and on discharge will require community health care packages at an average weekly cost of £800 for 1 year.	
	Total Anticipated Cost (**1999/00**)	957
	• 10 patients are still seriously or critically ill at the time of writing. It is estimated that on average they will have an estimated inpatient stay of 1 year at an average cost of £1,500 per week.	
	Total Anticipated Cost (**1999/00**)	780
	• These 10 patients will require community care packages on discharge from hospital, estimated to cost £1,000 per patient for 2 years after discharge.	
	Total Anticipated Annual Cost (**2000/01**)	1,040
	Total Anticipated Annual Cost (**2001/02**)	1,040
2	**Social and Psychological Care**	
	Continuing from Medium Term, this year effect:	
	• Community Psychological Needs	48
	• Secondary Mental Health Services	68
	• Children's Services	26
	• Total Anticipated Cost (**1999/00**)	142
TOTAL		3,959

SUMMARY OF ANNUAL COSTS

	£000
1999/00	1,879
2000/01	1,040
2001/02	1,040
TOTAL COST	**3,959**

Other Costs

	£000
Evaluation and Review	
It is vital that a comprehensive record of events from Saturday, 15 August is compiled. This should follow the incident from the immediate aftermath, to the medium and long term effects. This document should deal with all aspects of incidents including health, social care, voluntary agencies and other agencies involved in the care and recovery of patients and the community.	
Total Anticipated Cost	140
Increased Sickness Rate	
Total Anticipated cost of covering one third of increased sickness rate.	190
TOTAL	330

COSTS INCURRED BY PROVIDERS

OTHER THAN SPERRIN LAKELAND TRUST

COSTS INCURRED BY PROVIDERS OTHER THAN SPERRIN LAKELAND

	Short £000	Medium £000	Long (pa) £000	Total £000
Ulster Community & Hospitals HSS Trust	67	116		183
Royal HSS Trust	161			161
NI Ambulance Service HSS Trust	150			150
Greenpark HSS Trust		107		107
Altnagelvin HSS Trust	87			87
NI Blood Transfusion Service	45			45
Armagh & Dungannon HSS Trust	18	10	10	38
Belfast City Hospital HSS Trust	31			31
Foyle HSS Trust			78	78
TOTAL	559	233	88	880

- RVH has also made a bid for lost income due to cancelled elective surgery

	No of Cancelled Operations	Cost £000
Cardiac	17	110
Neuro	10	30
Plastics	8	16
TOTAL		156

- BCH have identified costs incurred when they took over the RVH take-in rota.

	£000
Total Anticipated Cost	15

Details of Other Elective Surgery Cancelled:

- **Altnagelvin HSS Trust**
  Orthopaedics 10 General Surgery 6

- **Ulster Community & Hospitals HSS Trust**
  1 Major Complex

- **Armagh and Dungannon HSS Trust**
  General Surgery 12

IMPACT ON LOCAL

FAMILY PRACTITIONER SERVICES

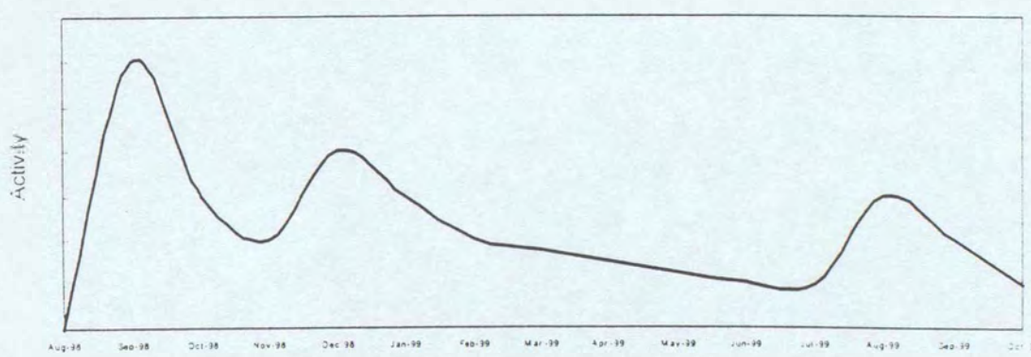
IMPACT ON LOCAL FAMILY PRACTITIONER SERVICES

Local General Medical Practitioners in Omagh and its surrounding areas have to date experienced increased attendances at their surgeries and in home visits since 15 August.

This has been quantified in the first two weeks as 2,000 extra attendances. Evidence suggests that there will be a gradual decrease and the number of people attending will approach the baseline. It should be noted that evidence also shows that there will be a rise in attendances again four to six months after the event (which coincides with the Christmas period) and again on the 1st anniversary of the event.

The graph below is a representation of the way activity is expected to vary over the next 12 months.

Illustration of anticipated impact of Omagh bomb on FPS Activity



It should be noted that the drug prescribing profile for practices within the Omagh area may vary significantly for specific drug types over the next 12 months also.

No costs are included in this document in relation to any of the above.