

NHS Health at Work Network Response

Work, health and disability green paper: improving lives

Background

The Network includes 125 members, nearly 90% of NHS occupational health (OH) services in England, with Board representation from all regions. They provide OH care for the majority of NHS staff; most services also have contracts for provision to other organisations in the public and private sectors.

The Network drives improved OH practice, development of common standards and represents NHS occupational health to stakeholders and others.

Our Response

1. The Network welcomes the Green paper, in particular its recognition of the need for OH advice to be made available to a wider population, beyond those for whom OH services are provided/purchased by their employers.
2. Alongside our professional colleagues in the Faculty and Society of Occupational Medicine and the Council for Work and Health we strongly support the development of systems which ensure that all workers have timely access to safe, effective and quality assured occupational health support, which puts the individual and their health circumstances at the heart of a support tailored programme.
3. We agree with the paper's proposals (*Para 264*) that access to occupational health assessments and advice should be increased. We believe that NHS OH services are in a strong position to act as a focus for this because of their existing links with NHS secondary and primary care.
4. We support the suggestion of an NHS-led integrated national service for provision of OH advice. However NHS OH services will only be in a position to extend their reach if:
 - their own funding and establishment within the NHS is secure
 - funding streams are made available to support the extension of advice and assessments to patient groups beyond NHS employed staff.
5. It would be unrealistic to think that NHS OH services alone could provide all the assessments which are required but possible models for their role as a focus of the new services are:
 - support for OH clinicians, including nurses and GPs trained and certificated to diploma level in Occupational Medicine, (at least 1 or 2 per confederation of practices nationally) working in primary care
 - provision of a system of onward referral for specialist OH assessment and advice in parallel with that commissioned by CMGs for other specialties
 - influencing clinical practice within their organisations, including links between the OHS and clinical departments, particularly MSK and MH services

6. The Fit for Work Service has offered a limited experiment in extending some degree of advice about work and health to a wider population.

Some NHS OH services, via the Network, have been part of a contract with Maximus/HML to deliver occupational health assessments where required, following preliminary assessment by the Fit for Work Service. In practice these have not happened. As we know uptake of the Fit for Work Service, by GPs and others, has been extremely poor and the number of onward referrals of complex cases to NHS OH services negligible.

7. In principle the core model of FFW service remains a good one and could be the basis for an agreed national clinical pathway, eg.
 - self-certification (for up to 2 weeks), followed by
 - GP Fit Note which triggers automatic referral to Fit for Work Service
 - option to refer to trained OH professional (nurse or doctor) directly by the assessor if there are complex health issues, work hazards or return to work has not occurred in a specified time (eg. 12 weeks)
8. A national service would require country wide resources of trained occupational health nurses and doctors who could come from the NHS and private sector.
9. Previous/current examples of good practice, where NHS OH services link with other local health and employment services include:
 - collaboration with employment advisors located in some local mental health teams
 - return to work partnerships in mental health or musculoskeletal services
 - development within some NHS Trusts and OH services of defined pathways to support return to work (including use of case managers within an NHS OH service)
 - delivery of occupational health advice within a primary care setting
 - high return to work rates in NHS staff following a diagnosis of breast cancer
10. Many Network services would be willing to take part in pilot programmes to assist in the development of new pathways for referral and for provision of OH advice and support to a wider population.

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