



Press release

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For immediate release

Framework for national occupational health service suggested by Dr John Ballard

An online poll conducted by the journal *Occupational Health [at Work]* found little support for integrating OH fully into the NHS. The editor of *Occupational Health [at Work]*, Dr John Ballard, proposes another way to improve access to OH services.

“Arguably, it was a mistake to exclude occupational health (OH) from the NHS when it was formed in 1948, but that does not mean it would be right to integrate it now ... if the proposal cannot gain support in a poll of the OH community, it seems unlikely it could gain traction with the government, which would have to pay for it”, Dr John Ballard comments in his editorial of the August/September 2017 issue of *Occupational Health [at Work]*¹

An overwhelming majority (76%) of respondents to *Occupational Health [at Work]*'s online Tea-breaker poll disagreed that OH should be fully integrated into the NHS², a proposition put forward in a BMJ editorial by OH physician Ian Torrance and Faculty of Occupational Medicine president Richard Heron³. A challenge for government and business is to address the lack of access to OH services for many workers in the UK. Government figures suggest that just 38% of the UK workforce has access to OH provision – with even less (26%) in the private sector. Just 13% of employers provide access either to an in-house or outsourced service. OH services play a vital role in supporting the health of workers, and in helping those off sick return to work in a timely manner.

But Dr Ballard does not believe that this poor access can readily be solved by providing OH through the NHS. “An alternative strategy would be a framework whereby employers shared the responsibility with government – thus underscoring the link between work and health. The framework, phased in over several years to allow time to train specialists, could comprise: a requirement that all employers above a certain size, and all those in specified hazardous sectors, appoint or retain a SEQOHS-accredited OH service (in-house or outsourced), with fiscal incentives to reinforce this obligation; the creation of OH centres of excellence in NHS teaching hospitals to provide expert referrals, with accredited specialists in work related lung disease, dermatitis, mental health and musculoskeletal disorders; and all larger GP services and health centres to have a nominated practitioner (GP, practice nurse or other therapist) with training in OH – visiting OH-trained practitioners could provide regular surgeries at smaller practices.

The government has declared its commitment to reducing the huge gap between the employment rates of disabled and non-disabled people, and to providing support for working-age people with long-term health conditions. A framework approach would have greater chances of success than trying to solve all the problems through the NHS. It would require major investment – but the cost of doing nothing is the £100 billion a year that working-age ill health already costs the economy⁴.”

The online poll was carried out between 19 June and 12 July 2017; 225 people responded.

1. Ballard J, A framework for national OH, *Occupational Health [at Work]* 2017; 14(2): 3.
2. OH and the NHS: Tea-breaker: should OH be a fully integrated part of the NHS. *Occupational Health [at Work]* 2017; 14(2): 6–7.
3. [Torrance I, Heron R. Occupational health should be part of the NHS. Integration would benefit people in and out of work, and the UK economy. *BMJ* 2017; 357: j2334. doi: 10.1136/bmj.j2334](#)
4. *Work, health and disability greenpaper data pack*, London: DWP2016 ohaw.co/GreenDatapack

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Notes for editors

1. The results of the online poll are published in the August/September 2017 edition of the journal *Occupational Health [at Work]*. The journal is published by The At Work Partnership, London, an independent occupational health publishing, research and training organisation. www.atworkpartnership.co.uk/occupationalhealthatwork
2. Suggested citation: *Ballard J, A framework for national OH, Occupational Health [at Work]* 2017; 14(2): 3

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