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# COMMISSIONING OCCUPATIONAL HEALTH SERVICES

Occupational health (OH) is a specialised clinical service that provides clear benefits to staff and patients as well as contributing to the productivity of an organisation. NHS organisations need to ensure that they have OH services in place to support the health and wellbeing of their staff so that they can deliver better performance, better productivity and better patient outcomes.

Where NHS organisations prioritise staff health and wellbeing, performance is enhanced, patient care improves, staff retention is higher and sickness absence is lower. There is also good evidence that access to good OH support improves staff engagement and can contribute to cultural change – factors that were highlighted as essential in the Francis report following the events in Mid Staffordshire.

Quality OH services are more likely to arise from organisations coming together in networks to form commissioning teams that procure services from multi-disciplinary OH providers offering a range of skills and expertise. This guidance will support commissioning teams in procuring these services.

## What principles underpin OH provision?

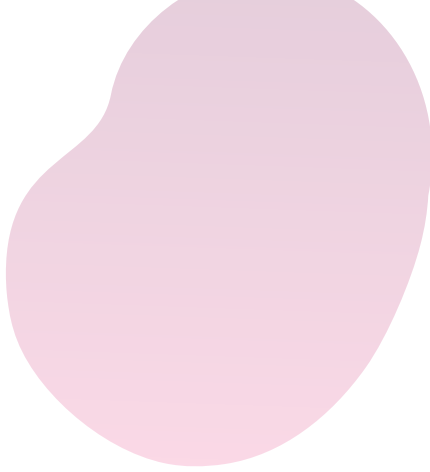
The model adopted should adhere to a set of principles, these are:

- strong focus on a high-quality, clinically-led, evidence-based service
- an equitable and accessible service
- impartial, approachable and receptive to both clients and employer
- contribute to improved organisational productivity
- work in partnership with all NHS organisations and within the community
- underpinned by innovation
- offer diversity and depth of specialisation and training opportunities.

The national standards for occupational health (SEQOHS)<sup>1</sup>, which all providers of OH support to any organisation must meet, place expectations around six domains.

The six domains applicable to all OH services are:

<b>Business probity</b>	Business integrity and financial propriety
<b>Information governance</b>	Adequacy and confidentiality of records
<b>People</b>	Competency and supervision of OH staff
<b>Facilities and equipment</b>	Safe, accessible and appropriate
<b>Relationships with purchasers</b>	Fair dealing and customer focus
<b>Relationships with workers</b>	Fair treatment, respect and involvement



For OH services delivering to the NHS, a seventh domain (Domain G) of six core services is required. This domain consists of:

<b>Prevention</b>	The prevention of ill health caused or exacerbated by work
<b>Timely intervention</b>	Early treatment of the main causes of absence in the NHS
<b>Rehabilitation</b>	A process to help staff stay in or return to work after illness
<b>Health assessments for work</b>	Supporting organisations to manage attendance and retirement
<b>Promotion of health and wellbeing</b>	Using the workplace to promote improved health and wellbeing
<b>Teaching and training</b>	Promoting the health and wellbeing approach amongst all staff and ensuring the availability of future OH staff

Staff employed directly by the organisation's OH services will not necessarily provide all the services. Organisations are responsible for ensuring that a full range of services are provided and that there is clarity about which elements of this the OH team is responsible for. It is the responsibility of commissioning teams to make sure all these services are available for NHS staff.

The NHS Health at Work document [\[2\] A Short Guide to the Future Consolidation of NHS Occupational Health Services](#) describes how OH services could be consolidated to provide an improved and more comprehensive service in line with the standards outlined here.

**Key question:** Does the OH service at least meet the minimum specification?

## Accreditation

OH providers supporting NHS staff must have SEQOHS accreditation or have completed the preparation for accreditation and be awaiting for a date for an accreditation visit from the SEQOHS assessment team.

**Key question:** Does the OH service have SEQOHS accreditation?

## Clinical governance

OH providers supporting NHS staff must demonstrate they have comprehensive systems in place for clinical governance, and should be able to demonstrate processes that allow NHS organisations to achieve or maintain conformance with NHSLA Level 3 requirements.<sup>2</sup> These include standards for a competent and capable workforce, a safe environment, and learning from experience. For example:

- Standard 1(9): Professional Clinical Registration
- Standard 1(10): Employment Checks
- Standard 3(5): Inoculation Incidents
- Standard 3(9): Supporting Staff Involved in an Incident, Complaint or Claim
- Standard 3(10): Stress
- Standard 5(1): Clinical Audit
- Standard 5(8): Best Practice – NICE

They must agree to participate in the national clinical governance for OH system and to collate the necessary information to comply with this system once in place and as it develops.

Relevant evidence-based guidelines on health at work support include those produced by the National Institute for Health and Care Excellence (NICE) and NHS Health at Work (formerly NHS Plus), and others. Some of the current guidance of relevance to NHS workforce is listed in the table below.

### NHS Health at Work guidelines

- Chronic fatigue syndrome
- Latex allergy
- Infected food handlers
- Physical/shift work in pregnancy
- Dermatitis
- Upper limb disorders
- Varicella zoster virus

### NICE workplace guidance

- CG43 Obesity
- CG88 Low back pain
- CG117 Tuberculosis
- PH5 Smoking cessation
- PH13 Promoting physical activity
- PH19 Management of long-term sickness
- PH22 Promoting mental wellbeing at work

OH providers supporting NHS staff should comply with the requirements for their organisation to produce an annual quality account, which offers an opportunity to demonstrate how well commitments to staff in the NHS Constitution are met and describes plans to support improvements and measure the impact.<sup>3</sup> This includes meeting the pledge to provide support and opportunities for staff to maintain their health, wellbeing and safety.

**Key questions:** What arrangements are there for clinical governance? How will the OH service contribute to the provision of evidence demonstrating compliance with clinical and organisational governance?

## Audit

OH providers supporting NHS staff should produce an annual audit plan and provide periodic reports demonstrating the actions that have been taken as a result of audit. This plan should normally be included in and monitored with trusts' complete plans for audit in all clinical services. OH providers supporting NHS staff should undertake systematic audit of their clinical practice and participate in national clinical benchmarking/audits of OH.

Sources of audit support include:

☑ *MOHAWK* – the occupational health clinical benchmarking tool

☑ *HWDU National Audit tool*

**Key question:** What is the plan for auditing their practice?

## Contributing to the evidence base

The need for an improved evidence base in OH has been widely acknowledged.<sup>4</sup> OH providers supporting NHS staff should be able to demonstrate how they have contributed to research and development. They should have a plan for future contributions.

**Key question:** What research plans does the provider have?

## Staffing

The foundation for quality OH provision is a rich mix of skills and expertise drawn from different specialist disciplines; OH providers supporting NHS staff must comprise a skilled multi-disciplinary team of specialists in occupational medicine, OH nursing and others. Providers must be capable of providing the widest range of services either directly or by coordinating services and expertise from other specialists, and must have contingency plans in place to deal with the loss or unavailability of key members of the occupational team.

If a particular organisational or public health need is identified, OH service providers should be flexible to reflect this need in their staffing. For example, if it is identified that there is a particularly high incidence of obesity in a city, it is reasonable to expect that there would also be a high incidence of obesity in NHS staff living and working in that city, and the OH teams should reflect this in the services and specialists they provide and employ.

OH providers should demonstrate that specialist practitioners meet recommendations for continuing professional development (CPD).

Registered specialists in occupational medicine should have the personal qualities and clinical expertise to act as a consultant for the NHS. (Any doctor applying for a consultancy post must hold either a Certificate of Completion of Training (CCT) or a Certificate of Eligibility for Specialist Registration (CESR) in the specialty).

**Key questions:** Have you identified and agreed the key clinical staff? What evidence can be presented that the OH professionals are suitable and appropriately qualified? What is the evidence of CPD for OH professional staff? Who is the Responsible Officer for the doctors?

## Specialist training/education

OH providers supporting NHS staff should be training providers and must contribute to the development of a sustainable specialist medical and nursing workforce. All OH providers must have a plan for the training of new specialists either directly or through formal arrangements agreed with other providers.

It is good practice for OH providers to have a specialist workforce development plan that describes career pathways. In addition, OH providers supporting NHS staff should offer trainee doctors in key specialties the opportunity of a clinical attachment to an OH department as part of their training.

**Key questions:** How many nursing practice teachers are there? How many StR posts are there? What is the development plan for the OH staff?

## Sub-specialisation

OH providers supporting NHS staff must have arrangements in place to offer special expertise when it is needed within the NHS. These sub-specialist areas include:

- blood borne viruses
- tuberculosis
- occupational asthma
- sick senior health professionals<sup>5</sup>
- radiation
- genetically modified organisms (and gene therapy)
- outbreaks and disaster preparedness
- research
- ergonomics
- cytotoxics.

**Key question:** Does the service cover all relevant specialist areas?

## Clinical information exchange

OH providers supporting NHS staff should have arrangements in place:

- to share information with other providers. In particular, this should include the exchange of information concerning the immunisation status of staff.
- to use the bi-directional information exchange systems developed for ESR (the HR database). This is essential for OH providers supporting trusts that are host employers for medical trainees.

**Key question:** Is the information system used by the provider interfaced with the Electronic Staff Record (ESR)?

## Service development

OH providers supporting NHS staff should have a plan for making the business case for service development. It is desirable for OH health providers to have a plan for how they can support local businesses especially small and medium-sized enterprises.

**Key question:** Does the provider have a plan to develop the service to deliver to other external provider?

## Intervention to enable early return to work

OH providers supporting NHS staff should have an agreed process that enables staff whose capability is limited by an acute health issue to receive interventions that will allow them to resume work activities more quickly for the benefit of their patients. This could mean returning to their normal duties, returning to an adjusted form of their position, or redeployment to an alternative post.

**Key question:** What are the plans to facilitate rapid access to intervention that enables early return to work?

## Working with the organisation

It is important that OH teams work with HR teams and managers within the NHS organisation to continue development and delivery of the best services possible to improve staff health and wellbeing.

**Key question:** How will you ensure good communication links between OH, HR and managers?

## Conclusion

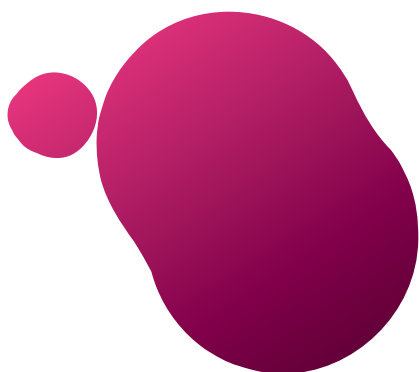
The information and questions provided in this document should help teams planning the commissioning and procurement of OH services. An improved OH service for NHS staff is a step towards a healthy workforce that can deliver the best possible care to patients.

For any further information about occupational health services, please see the [NHS Employers website](#) or the [NHS Health at Work website](#).

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## References

1. SEQOHS (Occupational Health Service Standards for Accreditation). Faculty of Occupational Medicine, 2010.
  2. NHSLA Risk Management Standards for NHS Trusts providing Acute, Community, or Mental Health & Learning Disability Services and Independent Sector Providers of NHS Care 2011/12.
  3. The National Health Service (Quality Accounts) Regulations 2010; Quality Accounts toolkit 2010/11. DH, 2010.
  4. Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population. The Stationery Office, 2008.
  5. FOM/ANHOPS (2010) Enhanced competencies for Occupational Physicians caring for Healthcare Practitioners.
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## NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

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