



Health at Work Network



#WhyOccupationalHealth

## 1 Introduction

Our submission focusses on section 3 of the discussion paper, '**Enablers of improvement: Workforce**' but is also relevant for:

- Enablers of improvement – primary care
- Enablers of improvement – workforce
- Life stage programmes: staying healthy
- Clinical Priorities – cancer, mental health and learning disability and autism

### ***Ref 3.3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?***

The cost of ill health and absence from work are unsustainable for individuals, the NHS and the government as a whole. The NHS workforce in primary and acute care should have access to good occupational health support.

Occupational health teams help people stay in work and live full and healthy lives. This includes helping employers by reducing sickness absence and helping to rehabilitate those who have suffered injury or sickness back into work.

Occupational health also plays a crucial role in health promotion and health surveillance – helping keep employee's healthy.

For more information on the value proposition for occupational health see [Occupational Health: The Global Evidence and Value](#)

## 2a NHS Occupational Health Services

### ***Background***

The Total NHS workforce includes 1.2 million directly employed staff, 7,454 GP practices in England, 174, 000 GPs and employed staff and 24,000 dentists plus dental nurses and other employed staff. All these staff should have access to OH (Occupational Health) services and current provision is not uniform and standards are not mandated. The majority of NHS OH services are in house, based in one NHS Trust but often provide to other Trusts and to primary care and dental practices.

There are 135 in house NHS OH services in England, most (120) belong to the NHS Health at Work Network which seeks to raise standards and share best practice. 39 NHS Trusts outsource their OH provision to external, non-NHS, providers.

OH has a significant return on investment - the X4 ROI refers to Dr Julia Smedley's peer reviewed work, at University Hospitals Southampton, of a case management approach in

OH to facilitate rehabilitation and early return to work. Dr Steve Boorman in the Boorman Report 2009 indicated an overall similar figure i.e. approximately a £2.5-5 ROI for each £1 spent on OH.

NHS figures suggest an average per capita spend of £93 on OH but this figure is neither accurate nor optimal. Comparisons are difficult because investment in related services e.g. Access to physiotherapy and counselling is not included in all Trusts OH budgets. An average per capita spend does not necessarily indicate that the level of investment is optimal.

## **2b What is being provided to NHS staff through NHS OH services?**

Core functions of an NHS OH service are:

- Prevention of ill health caused or exacerbated by work
- Timely intervention, facilitating easy and early treatment of the main causes of sickness absence in the NHS
- Rehabilitation to help staff stay at work or return to work after illness
- Health assessments for work supporting organisations to manage attendance, retirement and related matters
- Promotion of health and wellbeing using work as a means of improving health and wellbeing and using the workplace to promote health
- Teaching and training promoting the health and wellbeing approach amongst staff and managers

Delivered by:

- **Organisational involvement** e.g. Infection Prevention and Control, Health and Safety, Workforce and Organisational Development, contributing to policies, research and practice which maximise staff health, wellbeing and 'good' work
- **Direct clinical contacts** between OH team and individual members of staff or students

Standards for NHS OH services are included in the Faculty of Occupational Medicine, Royal College of Physicians, and accreditation system for SEQOHS - Safe Effective and Quality Occupational Health Services. Currently 86 NHS in-house services have SEQOHS accreditation and we believe all NHS Trusts should access their support from fully accredited Services.

## **2c Recommendations - What should be provided to NHS staff through NHS OH services?**

Continual reduction in NHS OH budgets within Trusts is reducing staff health and wellbeing.

We call for investment in OH services with all NHS services having access to OH delivered by a multidisciplinary team, ideally with clinical leadership from an accredited specialist in occupational medicine.

There is a serious shortage of specialists in occupational medicine – numbers of NHS consultants have declined from 80 to 60 over the past two years.

OH services to NHS staff cannot be sustained against a background of annual reductions in funding, top sliced for cost improvement.

## **2d Investment in quality of OH services**

We call for core OH functions to be provided to all NHS staff to a standard which meets SEQOHS accreditation, as recommended by NHS Employers but never enforced by NHS England.

We call for a fuller workforce survey across NHS OH to identify and understand the current skill mix and an academic study to look at the optimal funding for OH to give the best ROI

## **3 Life stage programmes: staying healthy**

As the Work, health and disability green paper said “We know that the right type of work is good for our physical and mental health and good health and support helps us in the workplace.” And, as The Five Year Forward View for Mental Health also states; “Employment and health form a virtuous circle: suitable work can be good for your health, and good health means that you are more likely to be employed.”

Yet, despite the evidence that keeping your patient in work is best for their health, 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions. (The Five Year Forward View for Mental Health". A report from the independent Mental Health Taskforce to the NHS in England, February 2016).

We need to ensure that all healthcare professionals recognise the value of occupational medicine and consider the interplay work has with health during consultations with working-age patients. A knowledge of Occupational Health enriches patient consultation allowing GPs a better understanding on how to meet the needs of their patients.

We believe that the importance of work and understanding the positive impact of it on an individual's health needs should be built into every stage of medical education and training, and to be fundamental in the curriculum delivered to all student health and social care professionals.

Ultimately this again comes back to recognition of return to work as a clinical end point, with measures of performance. Keeping people in well-designed jobs, promoting good physical activity and mental health, has a positive impact and enhances the health of the workforce and the general population.

### **3a Primary care**

We acknowledge that the GP surgery is often the first point of call when an employee is unwell and we have stated it doesn't necessarily need to be a GP who goes through the fit note with the patient. We agree that a range of health practitioners, not just GPs, could take on filling in fit notes – but the crucial factor is whether they have undertaken training or a qualification in OH.

We feel a best practice model would include having a health professional with training in OH, such as the Diploma in Occupational Medicine, linked to every GP surgery/confederation.

#### **Further background:**

[www.nhsemployers.org](http://www.nhsemployers.org) Your Occupational Service 2013, Podcast 2017

Ends.

For further information, please contact the Head of Communications and Policy, Jane Edbrooke, on 020 3116 6910 Jane.Edbrooke@FOM.ac.uk

**The Faculty of Occupational Medicine** is the professional and educational body for occupational medicine in the United Kingdom. It seeks to ensure the highest standards in the practice of occupational medicine, overseeing the continuing professional development and revalidation of its members. It is also focused on promoting and supporting health at work, with its mission statement being 'to drive improvement in the health of the working age population.

**The Society of Occupational Medicine** is the UK organisation for all healthcare professionals working in or with an interest in occupational health. It is concerned with the protection of the health of people in the workplace, the prevention of occupational injuries and disease and related environmental issues.

**NHS Health at Work** is the network of occupational health teams dedicated to ensuring that the NHS has a healthy, motivated workforce that is able to provide the best possible patient care. The NHS is the largest employer in the UK and aims to provide an exemplary occupational health service that is improving the health and well-being of over 1.3 million NHS staff. We are working together to drive up the quality of our services in the NHS. NHS Health at Work influences and advises Government and other bodies about occupational health in the NHS. We also provide a gateway for businesses in the broader community who are seeking occupational health advice and support.