

Why Universal Access to Occupational Health



Professor Ewan B Macdonald OBE
Healthy Working Lives Group
University of Glasgow

CURRENT PROVISION OF OCCUPATIONAL HEALTH IN UK

- **DWP study ~ 50%**
- **2021 SOM Blog review– 30-34% (Paul Nicholson)**

Society needs the maximum number of productive years from as many people as possible. Those not working depend on others.

We need the ratio of earners and wealth-generators to dependants (children, pensioners, unemployed) to be as high as possible.



Being sufficiently healthy is a condition for work, and maximising healthy life as a proportion of total life is therefore a desirable goal for individuals and society.

The future population will be composed of longer survivors, many with several long-term health conditions. **The first challenge: minimise ill-health and mitigate its effects on function, enabling participation in work and extended working life.**



- Contractor
- Minimal Health & Safety
- No eye protection/ear muffs
- Early noise induced hearing loss
- Vibration white finger
- Several Eye injuries in past



- Irritant dermatitis
- Back injury in past
- Osteoarthritis of spine, shoulders, elbows and knees
- 6 visits to accident and emergency
- One hand fracture
- Getting a bit past it

- Old housing
- Poor diet, not much fruit, veg or fish
- 4 pints of beer a night (occasional drink at lunchtime)
- 20 Cigarettes a day
- No leisure exercise
- Left school with no qualifications
- Jobs on building sites
- Frequently does overtime
- Sometimes in informal economy
- Few of his employers have occupational Health & Safety resource


- Separated lives with partner and two stepchildren
- Two children by ex wife
- Financial problems
- Child care issues
- Has been on courses to use power tools
- No other education
- Reads paper occasionally
- Has home computer - on internet



- He has an accident - pipe rolled on leg fracture of right tibia and fibula
- Taken to hospital –transferred to orthopaedics – surgery, plated, discharged on crutches after two days (superb treatment)
- No record of job in the hospital notes
- No physiotherapy
- Attends GP given certificate (“Fit Note”)
- No guidance about rehabilitation

- Rests at home, watches TV (gets depressed)
- Progresses to walking with a stick
- Wasting of quadriceps (50%) and reduction in power both legs, pain at fracture site
- After 2 months GP organises physio - once per week for six weeks
- Pain and weakness still a problem, GP says job will be too much for him
- Follow up hospital appointment- no discussion about work





Friendly with the boss- given job driving the dump truck



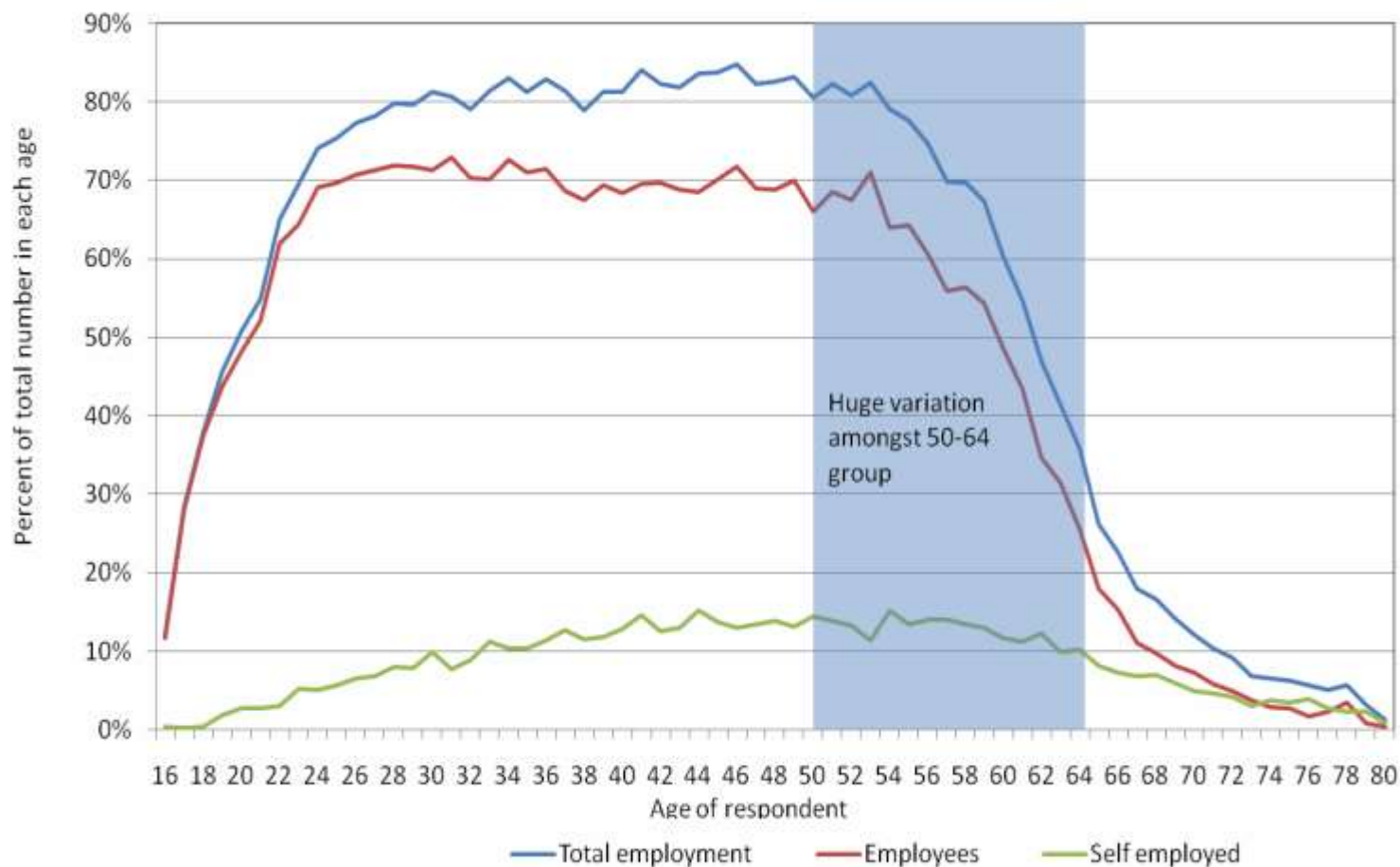
Sacked – goes on to benefits after 6 months

- **Long term unemployment**
- **On benefits**
- **Increased health utilisation**
- **Depression and social isolation**
- **Increased inflammatory markers**
- **Telomere shortening**
- **Reduced life expectancy**
- **Adverse effect on family**

13321 People going through the Work Programme

Number of health conditions disclosed	Number of clients	% Returned to Work
0	6486	68.4
1	2899	57
2	2004	27
3	1086	16
4	493	11
5+	353	8.5

Employment rate by type of employment and by age

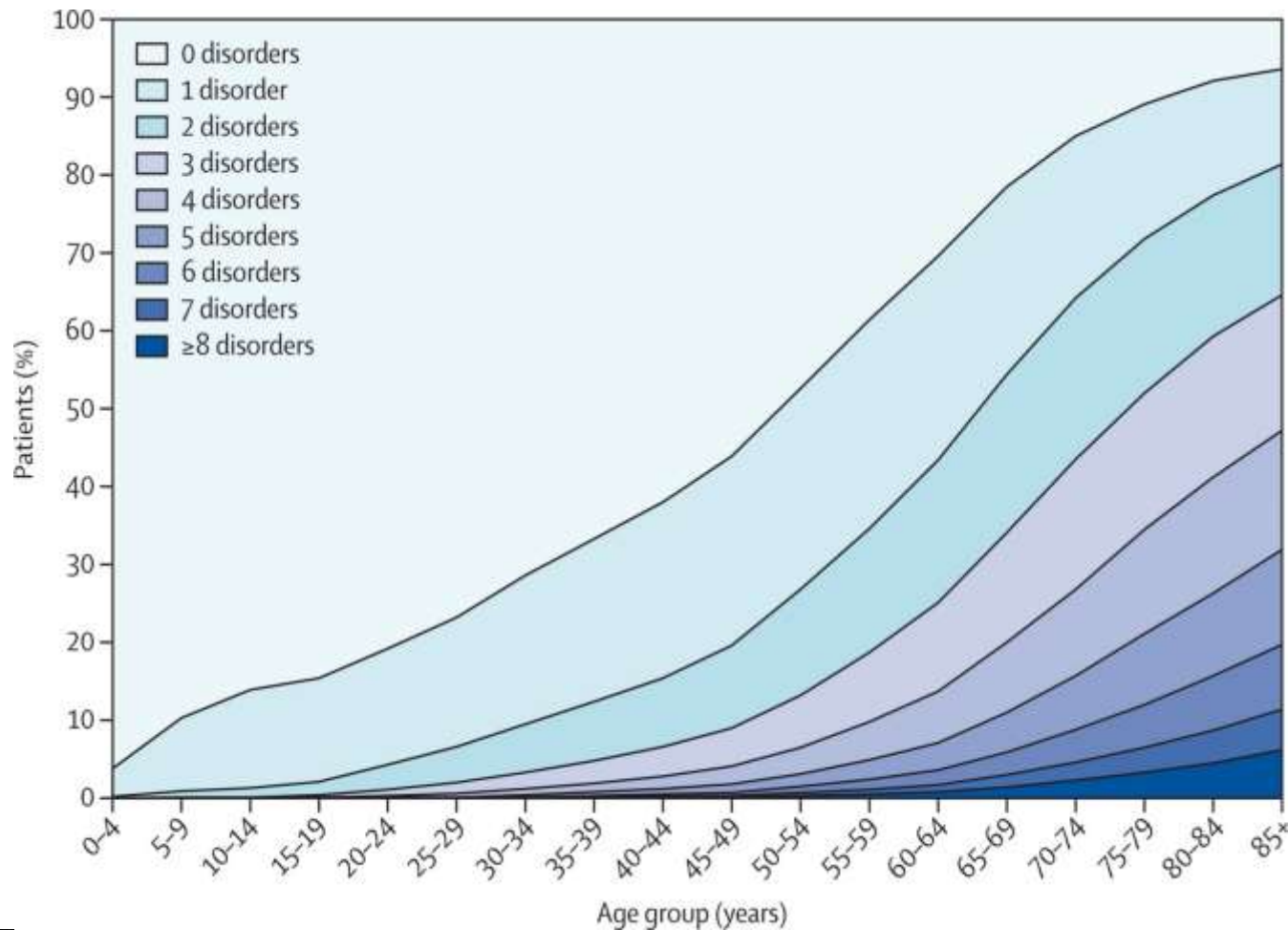


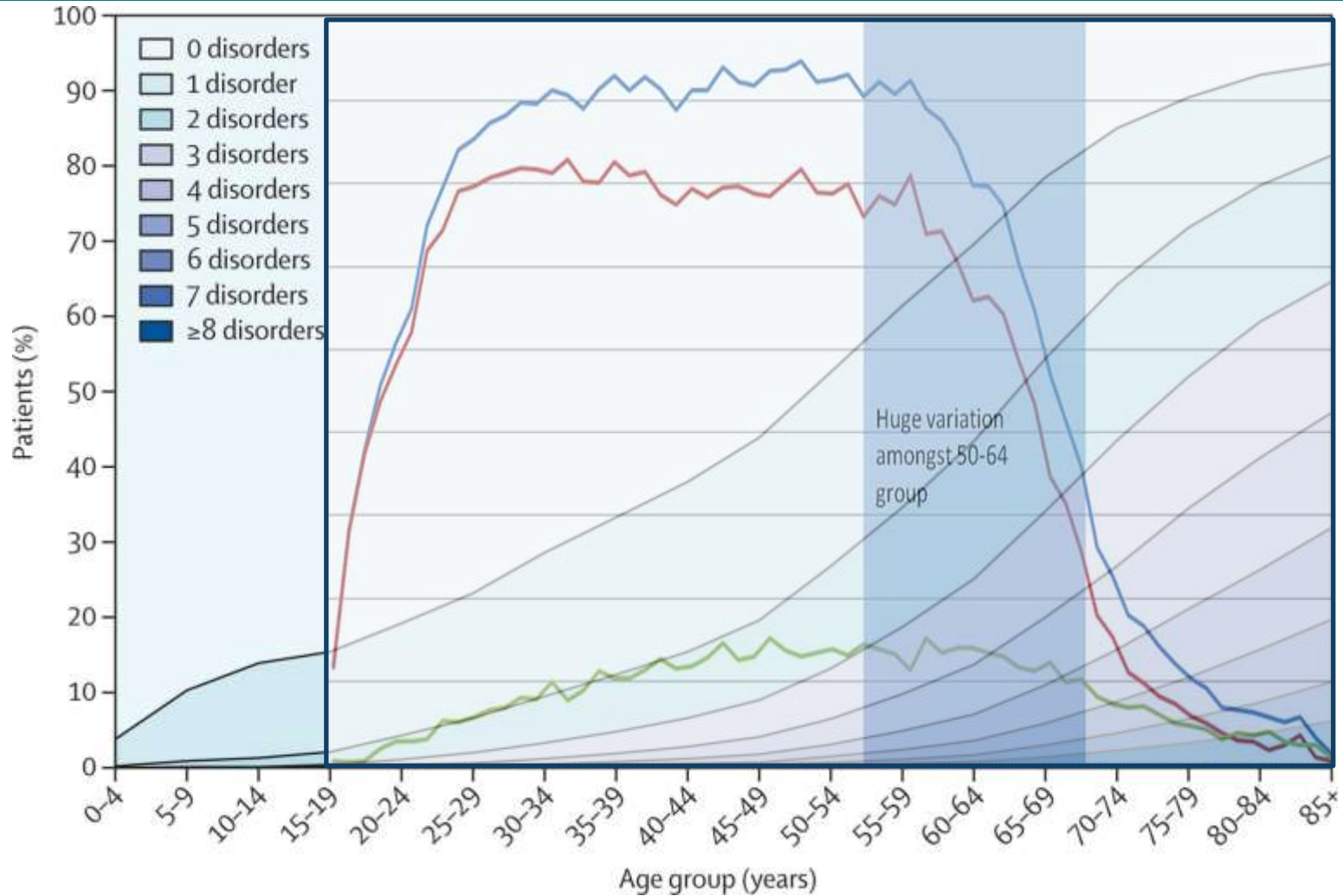


- **Prevalence -33% of the population**
 - **Nguyen et al J. Comorbidity 2019**

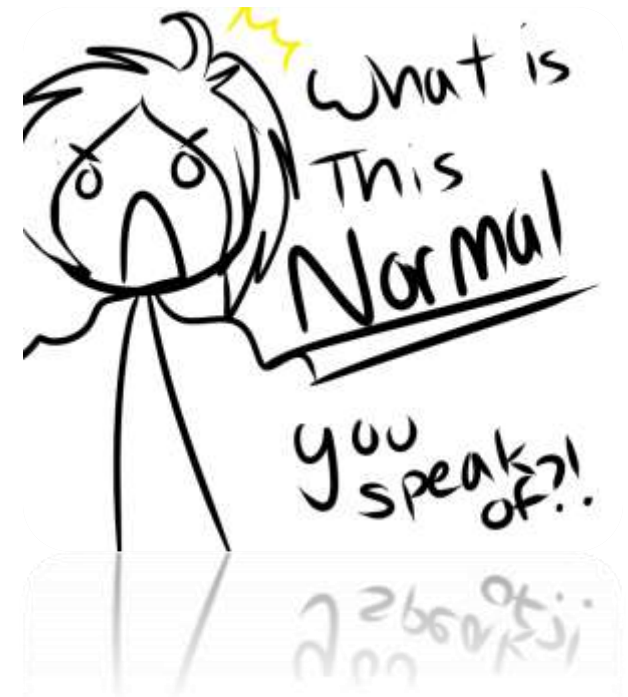
- **Over 65s- 55% of the population**
 - **Kingston et al –Age and Ageing,47,3,374-380. 2018**

Multimorbidity – Barnett, Lancet 2012





“It’s not normal to be normal”

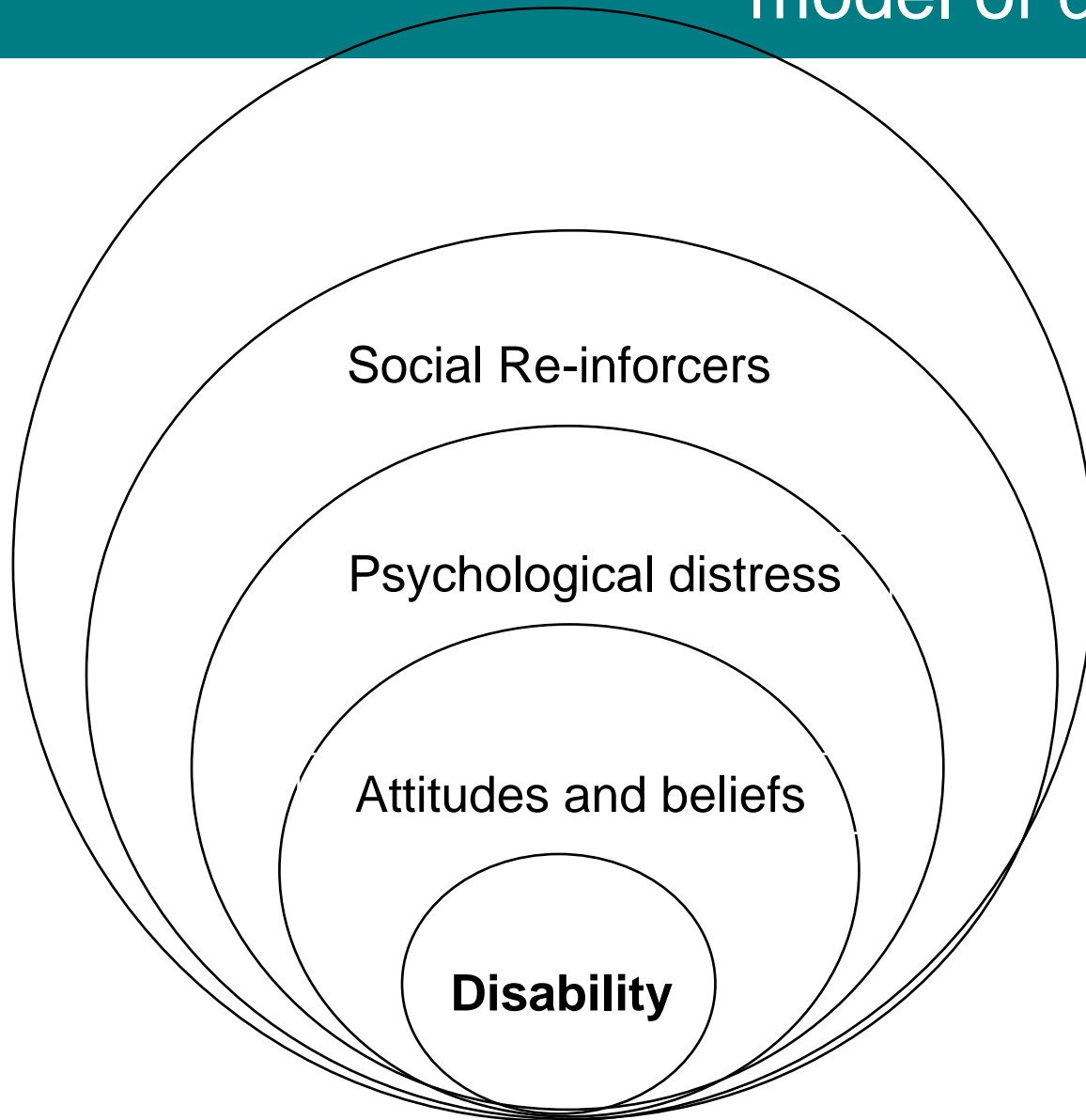


What is Health?

- Old Definition-“a complete state of physical , mental and social wellbeing and not merely the absence of disease and infirmity”
- Newer definitions-Healthy working Lives- “being able to do as much as possible for as long as possible in your working and non working lives” (HWL ,Macdonald 2004)
- **Health is about level of functioning, functional capacity or capability**







- Treatment medicine
- Operating in speciality silos
- Cardiac > cardiac rehab
- Respiratory > respiratory rehab
- Musculoskeletal > part of the body rehab
- Mental Health > mental health rehab
- Multimorbidity ??? Tourist round a disconnected system
- Vocational rehab - scarce



The OH role

- Knowledge of the work undertaken
- Identification of health issues
- Influencing clinical and employer management
- Understanding the prognosis
- Assessment of impact on functioning
- Assessing Fitness for work
- Are interventions, restrictions, adaptations, adjustments needed?



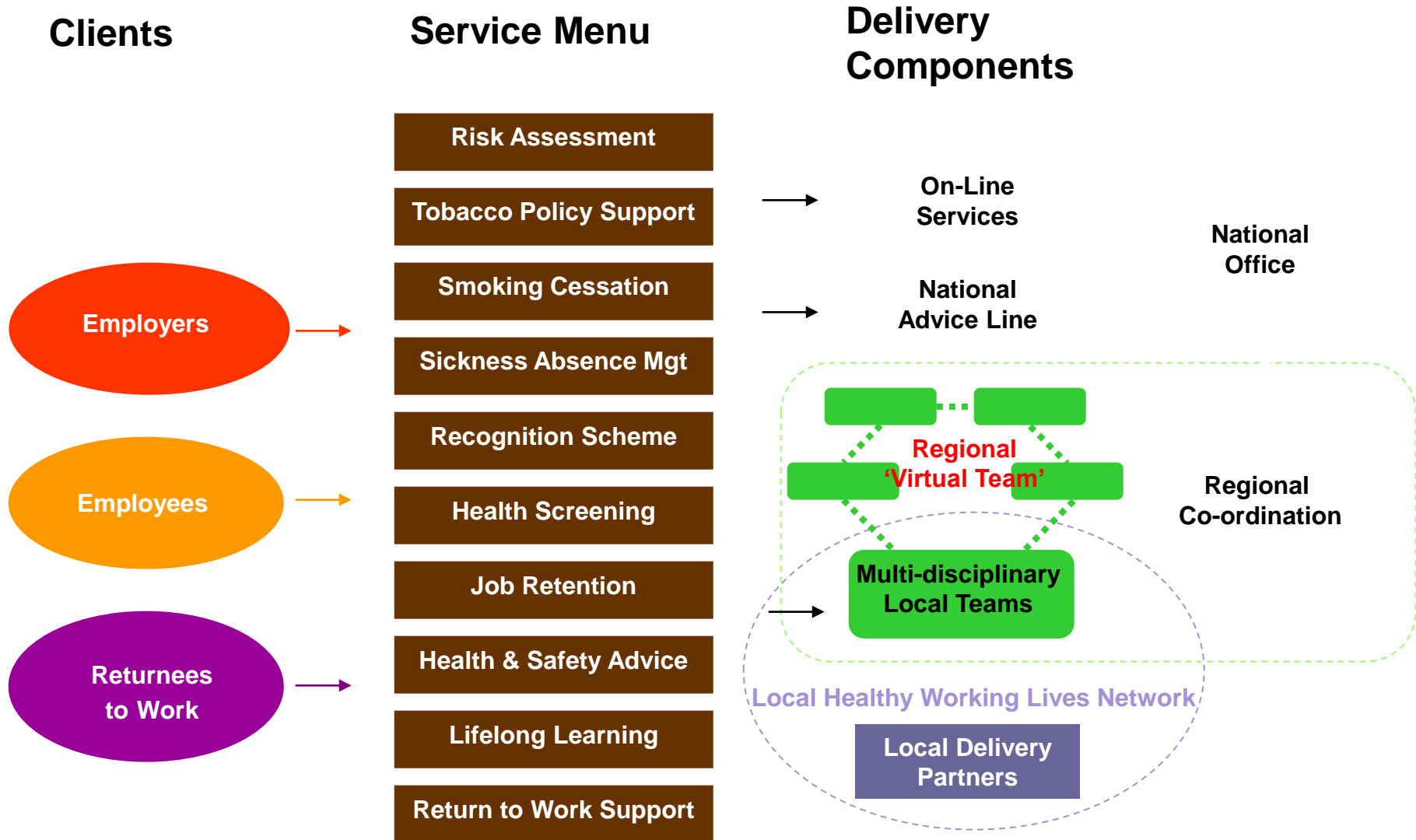
What would this mean for Jimmy Rehabilitation

- Regularly assess functional capacity
- Rehabilitation should be a mandatory part of all NHS care plans (max functional capacity)
- He would have been fit for work within three months
- He would have had employability advice early in the post injury period



- He would not have become depressed and demotivated
- He would have had employability & career advice before becoming worn out

- Increase opportunity and inclusion of the ageing population
- Keep key workers (everyone) contributing
- Cost effective for employers
- Cost effective for the country
- Business 4 Health
- Environment Social Governance
- Increase life expectancy
- Reduce inequalities



Why is Good Work Important?

- Good work prolongs life expectancy
- Defines who you are, what you earn, your socio-economic status
- Gives you a purpose
- Promotes well being
- Bad work damages health

Good work



Good health

GOOD HEALTH

Worklessness is the single most important cause of health inequality, social exclusion, deprivation, and mortality

