

Briefing from the Society of Occupational Medicine (SOM)

There is a key role for employers to improve health at work and support retention and recruitment^{1,2}. Occupational health (OH) helps address economic inactivity and support people stay and return to work³. OH should be part of the offer from employers. Being in appropriate work is generally good for the individual, their employer and the nation
<https://www.aomrc.org.uk/publication/2025-healthcare-professionals-consensus-statement-for-action-on-health-and-work/>

The previous Government started an OH for small and medium enterprise Ministerial task force led by Dame Carol Black. due to report in July 2024. It has not continued into this parliament. See: <https://www.gov.uk/government/news/new-occupational-health-taskforce-to-tackle-in-work-sickness-and-drive-down-inactivity> An Occupational Health incentive pilot occurred in 2025 in North West England.

For the past three years, investment has occurred into the National School of Occupational Health for 200+ doctors and nurses to be trained in the short Diploma in Occupational Medicine to assist with OH capacity. This has not continued. See <https://eastmidlandsdeanery.nhs.uk/occupational-health/national-school-occupational-health>

There needs to be a systematic, preventative and evidence-based approach to managing health risks and promoting good work and good health outcomes (including expanding access to quality Occupational Health provision and early intervention etc). There should be particular considerations/approaches to support different demographic groups which could face particular health and life challenges at certain stages (e.g. menopause transition)

A Universal Access to Occupational Health

SOM with Occupational Health partners have developed a Universal Access to Occupational Health briefing, shared with Chief Medical Officers. Cost estimates for universal provision is £410m to support 200k return to work. Steps are:

- Embed an Occupational Health clinician in every NHS locality and implement a referral pathway for SMEs including Work Well and existing NHS mental health and musculoskeletal services.
- Require all large businesses to fund occupational health provision (at least 80% already do this)
- Reform the fit note to support people quickly back to work at the start of the sickness absence journey, including workers in the growth-driving sectors. [Research](#) by the Policy Exchange found that fit notes are not being used effectively.

SOM can send details and costings if required and see attached an implementation guide in localities.

OH should be included within local work and health trailblazer sites to support people living with ill health return to work and stay in work by:

- Providing clinical input to NHS primary care, DWP staff and community assets to encourage work and health conversations to occur by staff who up to now do not do so.
- Supporting review of fit notes – see below.

¹ [Keep Britain Working: Terms of Reference - GOV.UK](#)

² [Wes Streeting to ask employers to pay for more staff medical checks](#)

³

https://www.som.org.uk/sites/som.org.uk/files/Occupational_Health_The_Value_Proposition_March_2022_0.pdf

B Making Fit notes more effective

Background - GPs provide high quality occupational advice in fit notes on non-complex cases e.g. stating that someone with a fractured leg can work from home or that someone with a newly diagnosed aggressive cancer is unfit for work whilst they commence their treatment. However, in complex cases, fit notes issued by treating clinicians cannot deliver the degree of nuanced work and health advice as can be achieved with occupational health input. In some situations, signing people off from work may exacerbate problems, such as for individuals who conflict with their managers or where work is causing musculoskeletal problems which will simply recur when an individual returns to work. Occupational health can assist in this and complex areas. It is important to note that whilst OH professionals are employed by employers, their decision making in relation to whether an individual is fit to work or not has to be made independently to consider what the best outcome is for the person and their employer.

Support from Occupational Health - Occupational Health professionals have expertise in the work and health and can improve decisions on fitness to work in any situation when a GP is unable to make a well-informed occupational decision. Such situations may occur because:

- the GP is not well acquainted with the pressures/challenges of the workplace that an individual does or
- because it appears that organisations will need to make adjustments to work roles that a GP is not sure if they are possible or not.

Recommendations:

- A stakeholder meeting is held to put in place a communications plan to support effective use of the current fit note as part of the work and health agenda, linked to the Sir Charlie Mayfield review
- DHSC take forward an edit to the fit note which states *“individual may be fit to return to some form of work after having consulted with an occupational health professional”* - allowing GPs to tap into OH expertise and helping individual resolve health related problems which will not otherwise be fixed by them simply being off work
- A plan is put in place e.g. via LMCs and with RCGP to facilitate systematic roll out of fit note reviews e.g. after 3 months, with an occupationally trained clinician

C Support to public health outcomes via employers

There is an opportunity to engage with employers on vaccines and immunisations and mid-life health checks. Employers see it as a positive offer to staff and public health benefits to engage with people who are poor health seekers (so a health inequalities aspect). OH providers working with employers they contract with can play a key role in administering vaccinations for employees. Jaguar Land Rover worked with local public health teams on Covid and flu vaccination. Professor Sir Chris Whitty visited JLR in 2023 to hear more about this. There was a discussion with Kate Woolley (Director of Immunisation and Vaccination for Birmingham and Solihull) on how to strengthen partnerships between employers like JLR, public health and the NHS.

Evidence

1. Policy Exchange report – attached.
2. Occupational Health value proposition document at https://www.som.org.uk/sites/som.org.uk/files/Occupational_Health_The_Value_Proposition_March_2022_0.pdf and updated at <https://academic.oup.com/occmed/advance-article-abstract/doi/10.1093/occmed/kgae098/7905736>

3. Legal case at <https://www.som.org.uk/employers-should-ignore-occupational-health-their-peril>.
4. SOM publications, covering key guidelines and reports on Occupational and Workplace Health such as Neurodiversity can be found in the SOM Publications Catalogue [here](#).
5. Occupational Health incentive pilot. Blog at: <https://www.som.org.uk/lancashire-and-cumbria-sme-occupational-health-pilot-experience-oh-one>
6. WHISPA research study on wellbeing for SMEs: <https://www.som.org.uk/supporting-employee-wellbeing-smes-addressing-barriers-and-taking-action>
7. Prevention working with HR and managers – see [https://www.som.org.uk/sites/som.org.uk/files/The Value of OH and HR in supporting mental health and wellbeing in the workplace Nov23 0.pdf](https://www.som.org.uk/sites/som.org.uk/files/The_Value_of_OH_and_HR_in_supporting_mental_health_and_wellbeing_in_the_workplace_Nov23_0.pdf)

Do look at a new Evidence report entitled: [The case for creating healthy jobs: A review of the evidence](#), the paper is also supported by a Policy Brief: [Creating Healthy Jobs](#). A YouGov survey around the views of the public regarding occupational and workplace health is attached.

SOM are concerned about the poor evidence base for workplace wellbeing products and services (as opposed to Occupational Health). A guide is at <https://www.som.org.uk/som-buyers-guide-wellbeing-products-or-services> and we are now exploring with the Royal College of Psychiatrists, a quality mark for this area.

Increasing access to Occupational Health - case study

Without Occupational Health services available, employers lose out of many benefits. Evidence provided to SOM from Jaguar Land Rover showed that:

- 57% of workers who were absent from work and referred to OH for mental health reasons had returned to work by the time they were discharged.
- 68% of workers who were absent from work and referred to OH due to MSK were fit for duty by their final assessment.
- OH interventions led to an 80% improvement in anxiety levels and a 81% improvement in depression levels.
- Only 7% of workers referred to OH for mental health reasons required onward referral to a GP or other health professional.
- There is an average of 6 days wait for first appointment, much faster than NHS waiting times.

In another example, an energy company which used Occupational Health professionals to train their mobile technicians on how to look after their health, found this led to a 70% reduction in long-term injuries due to MSK and a reduction in sickness absence due to MSK by 80% within 1 year. Also see <https://www.som.org.uk/occupational-health-case-study-smart-clinic>

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