



Health at Work Network



DEVELOPING THE LONG TERM PLAN FOR THE NHS, discussion paper, NHSE 2018

1.0 Introduction

Our submission focusses on Section 3 **Enablers of improvement: Workforce**, but is also relevant to:

- Life stage programmes: Staying Healthy, Ageing Well
- Clinical Priorities: Cancer, Cardiovascular and Respiratory, Learning Disability and Autism and Mental Health
- Enablers of improvement: Primary Care

2.0 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country? (Question 3.3)

The entire NHS workforce in primary and secondary care should have access to good occupational health support. This would benefit the health and well-being of NHS staff and their patients. It would also demonstrate good practice to employers across the country.

Occupational health teams help people to stay in work and live full and healthy lives. This includes helping employers by reducing sickness absence and helping to rehabilitate back into work those who have suffered injury or sickness. The costs of ill health and absence from work are unsustainable for individuals, the NHS and the UK economy.

Occupational health also plays a crucial role in health surveillance and health promotion - helping to keep staff healthy.

2.1 NHS Occupational Health Services

2.1 (a) Current Situation

The NHS workforce includes:

- 1.2 million directly employed staff,
- 7,454 GP practices in England, 174, 000 GPs and employed staff
- 24,000 dentists plus dental nurses and other employed staff.

All these staff should have access to Occupational Health (OH) services, as recommended by NHS Employers, but 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 providing 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 services provide a significant return on investment. Dr J Smedley demonstrated a x4 ROI in a peer reviewed account of a case management approach to facilitate rehabilitation and early return to work in the OH department at University Hospitals Southampton,. The Boorman Report in 2009 indicated a similar overall figure i.e. approximately a £2.5 - £5 ROI for each £1 spent on OH services for NHS staff.

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 as part of the reported OH budget in all Trusts. An average per capita spend does not necessarily indicate that the level of investment is optimal.

2.1 (b) What should be 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 the OH team and individual members of staff or students

Quality Assurance:

The standards above for NHS OH services are included in the Faculty of Occupational Medicine, Royal College of Physicians' accreditation system SEQOHS - Safe Effective Quality Occupational Health Services. Currently 86 NHS in-house services have SEQOHS accreditation.

We believe that all NHS Trusts should access their OH support from fully accredited Services.

2.1 (c) Recommendations

Investment : We call for investment in OH services, ensuring that all NHS staff and organisations have access to OH delivered by a multidisciplinary team, ideally with clinical leadership from an accredited specialist in occupational medicine.

OH services to NHS staff cannot be sustained against a background of annual reductions in funding, top sliced for cost improvement. Continual reduction in NHS OH budgets within Trusts is reducing staff health and wellbeing.

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.

Quality Assurance: 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.

Further Investigation: 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.

3.0 Life stage programmes and Clinical Priorities

In 2016 and 17 the Work, Health and Disability green and command papers noted:

“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.”

In 2016 The Five Year Forward View for Mental Health, a report from the independent mental health task force to the NHS in England also stated:

“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 people in work is good for health, only 43% cent of all people with mental health problems are in employment, compared with 65% of people with other long term health problems and 74% of the general population

We need to ensure that all healthcare professionals recognise the value of occupational medicine and consider the interrelationship between work and health during consultations with working-age patients. Knowledge of occupational health enriches these consultations giving GPs, other doctors and health professionals a better understanding of how to meet the needs of their patients.

We believe that the importance of work and an understanding of the relationship between work and health should be built into every stage of medical education and training, and be a fundamental in the curriculum delivered to all student health and social care professionals.

Work should be recognised as a positive clinical outcome, with return to work recorded as a clinical end point and included in measures of performance. Keeping people in well-designed jobs, promoting good physical activity and mental health, has a positive impact, enhancing the health of the NHS workforce and also the general population.

We welcome the support of Public Health England and of the Work and Health Unit at DH and DWP in promoting the recognition by all health professionals of work as a health outcome, including the commissioning of undergraduate teaching materials to facilitate this learning.

4. Enablers of Improvement: Primary care

We acknowledge that the GP surgery is often the first point of call when an employee is unwell. We recognise that 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 potentially take on a role in certification.

The crucial requirement is that they should first have undertaken training and demonstrated the competencies required for this role, including an understanding of the principles of assessment of fitness for work and facilitating return to work, with reasonable adjustments if appropriate. We support the work of the joint WHU at DH and DWP in exploring a competency framework for the extension of fit note certification.

We consider that a best practice model would include a health professional with training in OH, such as the Diploma in Occupational Medicine, linked to every GP surgery/confederation. There should be a stepped system of access to further specialist OH assessment and advice, including referral to accredited specialists in occupational medicine for those with complex problems.

Additional Background

www.nhsemployers.org Your Occupational Service 2013, Podcast 2017

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

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.