Strategic paper 'Scale up of OH services' - July 2020 for SOM

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Covid-19 is likely to lead to a changing economy and new health at work issues that will need to be dealt with competently. Disabilities affecting work and workplace risks have not disappeared, only transmuted into different presentations and challenges. This will also drive the need for research and innovation within occupational health (OH). Musculoskeletal and mental health problems remain prevalent within our society (1, 2) and therefore there remains a need for strong evidence-based treatment and management options.

OH professionals advise businesses and organisations on when and how-to bring workers back safely, providing medical input on risk assessments, giving guidance for at-risk groups and of course, assessing individuals when necessary to advise their managers on safe return to work.

Currently only half the UK's workforce has access to OH (3). This paper aims to outline the strategy required to ensure that occupational health has the necessary resources to scale up to meet this rising demand. A major challenge is attracting new OH workforce entrants and then providing relevant training. This paper also aims to identify how to use technology to provide much needed occupational health advice in the short-term and the role of the Government to support this. SOM has already produced a paper on '*The Future of Occupational Health Workforce'* (4) that has made recommendations on how to address this issue in the future and it is important that focus remains on this, as scale up is unlikely to function in the medium-long term without adequate resources .

OH is critical in helping to reopen the economy using available guidance and best practice, and its value has never been more evident than at the present time. It is possible that demand for OH services will increase significantly as employers and employees seek to return to work and advice is needed on whether it is safe to do so and how. Furthermore, as we have already seen, workplaces such as meat processing plants and clothing factories are hotbeds for localised outbreaks and rapid infection spread, making it essential that occupational health are involved to mitigate against these risks (5,6). It is important that the Government recognises that this function cannot be carried out effectively by health professionals from other specialties. GPs and other physicians are well placed to advise on testing and treatment, but it is occupational clinicians who are specifically trained to understand workplaces, the associated risks, and how that impacts on individuals, at risk groups and the rest of the population. They are uniquely placed to give evidence-based advice on what actions employers and managers should take to make their workplaces safer, in addition to being able to frankly discuss with employees the risks that may remain following interventions and how to manage them. It also important that managers, companies, government, and affiliated professionals such as Human Resource Professionals and the Health and Safety Executive understand the value of OH and ensure that the people with the right experience and knowledge are the ones giving advice.

Prevention is also critical - everyone should have the opportunity to live, work and age in the conditions that support good health. Good quality work is part of this, and evidence-based interventions targeted at individuals in workplaces need to be complemented by workplace level policies across government.

Scale up challenge 1: **Greater use of technology by occupational health**

Many OH providers and clinicians are already carrying out telephone consultations, and this has increased during the lockdown (7). Video consultations can be used where it is

important to develop rapport or use visual cues as part of the assessment, saving the clinician and client time and money by eliminating travel. Future services will offer a more personalised wellbeing solution to employees and using technology, will be scalable and affordable. For example, online delivery of 1-1 and group coaching offering personalised wellbeing services linked to health screening which can help to coach people to change behaviour. For simpler cases, it may be that competent persons and managers use algorithms or guidance documents such as the SOM return to work toolkits to make decisions and advise employers accordingly (8). Any issues arising from this that are more complex or needing individual assessment can then go to Occupational Health Advisers and Physicians, who have the expertise to deal with them.

Action

- The Work and Health unit of the Department of Health and Social Care and Work and Pensions engage with SOM and the OH industry re technology innovation – possibly offering innovation grants
- Government to provide guidance on the role of OH, where specific advice can be obtained and who to refer to in cases of doubt, using an OH accredited specialist.
- Government with industry build an online purchasing platform e.g. via the SOM *find an OH professional* and *find an OH corporate*
- Government with the OH industry launch a national OH data set

Scale up challenge - 2 The role of Government to support occupational health

The recent government paper '*Health is everyone's business'* published in July 2019 emphasises the need for employers and self-employed to be able to access high-quality, cost-effective OH services (9). OH will also contribute towards the government's ambition for everyone to have 5 extra years of healthy, independent life by 2035 and to narrow the gap between the richest and poorest. It is imperative that the government incentivise OH provision and access by making it more cost-effective for small and medium enterprises. At present, there does not appear to be any clear incentive or advantage for employers to consider OH as essential and this may worsen as businesses seek to cut their costs or become more 'lean'; especially since it has been shown that the majority of the costs of employees with disabilities (especially those who end up out of work) are borne by the government (and eventually taxpayers) (10).

In the absence of OH, it usually falls to the GP who will provide fit notes for the employer. It is unreasonable to expect GPs to provide any meaningful advice on occupational health as many do not have the training or the time to address this (11). The fit note is not OH advice and GPs cannot be expected to have the understanding, time, or experience to provide detailed occupational advice. However, GPs are well placed to identify when someone may need occupational health input and provide a gateway for appropriate support. To do so, there needs to be a clear referral pathway for them to access which currently does not exist.

Previously, the Government has implemented or proposed measures such as tax incentives on health-related benefits but without clear occupational health input, it is difficult to determine whether this is likely to deliver return on investment or be cost-effective. OH is central in advising employers on sickness absence, workplace modifications, reasonable adjustments, and medical fitness for work. Therefore, it is important that the government focuses on initiatives that will improve OH access within the workforce.

Perhaps, most importantly, key organisations such as DWP/ HSE and bigger companies should consider consulting or even employing occupational health clinicians in strategic roles to ensure their voices are heard and they can influence policy at the highest levels.

Action

- All stakeholders - communicate the role of OH as a core part of employer services to employees. Encourage OH clinicians and organisations to ensure the voice of OH is heard and can influence policy at the highest levels
- HM Treasury – facilitate tax incentives on health-related benefits for occupational health input
- Investment into a centre for work and health to ensure evidence is turned into action and advice on initiatives that will improve OH access within the workforce.
- NHS England, Scotland, Wales, and Northern Ireland facilitate referral for GPs into Occupational Health
- To consider funding a value paper on companies/organisations having CMOs/OH clinicians in strategic roles.

Scale up challenge – 3: **Training of occupational health professionals by Government and Industry**

Occupational health and medicine have experienced a decline in training posts over the last two decades (12), however the demand for it not only remains, but with an ageing population and government drive to keep people working longer, is stronger than ever. Therefore, there is an urgent need for training of clinicians within the field.

Action

- HEE and training organisations in devolved administrations to facilitate training places for OH clinicians
- GMC and NMC to ensure that Occupational health is incorporated in undergraduate medical and nursing curriculums
- Universities - investment in post graduate training of clinicians in occupational health
- The NSOH, FOM and SOM facilitate OH training posts in the NHS, Military and Commercial sector
- The OH Commercial industry to encourage in-house and outsourced OH providers to provide speciality training - consider value paper on benefits of having a training post.

Scale up challenge – 4: Information

Many allied professionals have a limited understanding of occupational health professionals and what the speciality can offer. Often, businesses focus on direct costs and return to investment but there are other benefits that are likely to lead to indirect savings and reduced costs in the longer term. SOM has produced a comprehensive paper on Occupational Health: A value proposition in 2017 that outlines not just the financial case, but the legal and moral imperative too (13).

In view of the pandemic, information can be tailored and disseminated so that it is up-to-date and relevant e.g. OH can provide input on risk assessments for staff, give advice on continuing home working or arranging return to work and where appropriate, advice on testing staff for COVID-19 or providing vaccinations (when available). They are well placed to provide companies, managers and employees with the latest advice and guidance, and where there is lack of data or sufficient evidence, to ensure that best practice is followed.

Scale up challenge – 5: New Pricing models by occupational health

New models are required, especially for SMEs, to improve OH provision and access so they can obtain general advice and have a system for escalating complex issues and requesting individual assessments. This could follow an 'EAP' type model or be based on insurance policy but needs to be developed in a way that is cost-effective for the business. Commercial OH providers may have the right expertise and resources to be able to lead on this but will need to ensure that quality and safety are not compromised.

Conclusion

Occupational Health has contributed to health and safety at work, improved productivity, and prevention of disablement. Longer lives are one of society's greatest achievements and we should take pride in occupational health's contribution to this.

But, currently, too many people spend a significant proportion of their later life in poor health or disability which can force them to drop out of work prematurely and with the right input, might have been preventable. There are also huge inequalities in healthy and disability-free life expectancy across the country. Their impact, certainly in the workplace, can be minimised with the right occupational health intervention and support.

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