Supporting occupational health and wellbeing professionals

Universal access to OH - position statement

Key points

- 50% of UK workers do not have access to OH services.
- This brief outlines a universal offer that combines online/telephone assessment and a comprehensive NHS clinical service - costing **£280m per year/** UK, **£236m** / England. Greater support for SMEs and greater powers for HSE should accompany such an offer to ensure medium and larger employers provide OH services (or increase their provision).

Occupational health maintains the wellbeing of workers, preventing and removing ill-health and developing solutions to assist with health issues at work. OH professionals provide independent advice on workers unable to work due to long-term or short-term intermittent health problems, and organisational wide steps to reduce sickness absence.

The need for OH services

Occupational health (OH) interventions help people with disabilities and long-term conditions **stay in work** and increase **productivity across the workforce**. A **£1** investment in OH services lead to **£1.93** saving in absenteeism costs or a **£2.35** saving in medical costs[1].

Increasing access to occupational health:

- Reduces the economic costs of sickness absence / worklessness.
- Reduces the gap between work participation and pension age.
- Increase the number of people with disabilities and long-term health conditions in work including supporting people with Long Covid back to work.
- Improves the UK's comparatively low productivity.
- Provides services for people with multi-morbidities, such as Long Covid.

There is clear evidence for OH. 1 in 8 employees report suffering from a mental health condition, 1 in 10 reports suffering from a muscular skeletal condition[2]. In total 1.6 million UK employees report work-related ill health[3].

This comes at a huge cost both to employers and the state – the total economic costs of sickness absence / worklessness was estimated at £100bn per year in 2008. In addition, the UK faces significant additional challenges, including a large gap between work participation and pension age, the highest proportion of people on disability benefits in the OECD and around 30m working days lost each year due to work-related illness or workplace injuries.

Current provision.

There is no comprehensive offer which is designed to improve health at work. **Only half of the UK workforce has access to occupational health service.** The NHS currently does not provide free at the point of use OH services. GPs provide fit notes to those who need to take time off work due to health reasons, but GPs are not universally trained in how to manage workplace health issues.

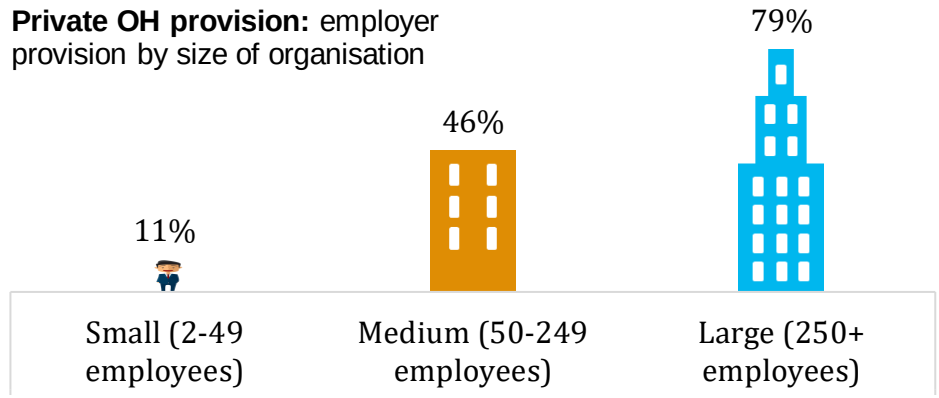
OH professionals provide independent advice to staff unable to work due to long-term or short-term intermittent health problems, and on organisation wide steps to reduce sickness absence.

[1] Occupational Health: The Global Evidence and Value. April 2019.

[2] Department for Work and Pensions (2015) Health and wellbeing at work: survey of employees.

[3] Labour Force Survey 2019/20.

OH services are mostly provided by private suppliers paid for by employers. Access is higher in large employers compared to small and medium size employers. Self-employed and so called 'gig economy' workers have little/no access to occupational health.



Proposal detail

SOM is calling for universal access to occupational health. Access in this context means having an assessment of occupational health needs, follow up case management and, if necessary, clinical care. Reaching this will require a two-pronged approach.

1) increasing the proportion of employers providing access to OH, and

2) providing an NHS offer to 'mop up' those who do not have access through smaller employers (16m) and self-employed workers (4.4million)

1) Increasing the proportion of employers offering OH

Achieving this will require both greater support for employers and a clear obligation on larger employers to provider occupational health services for their staff.

An advice service for smaller employers would be provided centrally to improve their overall work performance through better working practices/conditions which support health and prevent occupational illness. This would include email and telephone advice services, downloadable resources, and workplace visits – based on the Health Working Lives Scotland model.

Medium and Large employers would be required to provide OH services, with penalties from the Health and Safety Executive if they do not. Existing regulations require that employers should have a 'competent person or people' to provide advice on meeting legal health and safety duties[4]. New regulation/legislation may be required for HSE to enforce provision of OH.

2) Developing the NHS OH offer

Core OH services would be funded regionally, and provided by NHS Hospital OH departments, to provide a local direct referral offer via GPs. This could be coordinated by regional Integrated Care Systems in England or equivalent bodies in the Devolved Nations (such as Health Boards in Scotland).

The offer would build on current NHS capacity and expertise – many who already sell OH services to employers.

Scaling up of NHS provision would require investment in a multidisciplinary OH workforce, particularly medical and nursing training, and the recruitment of Case Managers, as well as in the use of technology e.g. for remote consultations. There would also be a need to engage

[4] The Management of Health and Safety at Work Regulations 1999: Regulation 7: Health and safety assistance and https://www.hse.gov.uk/simple-health-safety/gettinghelp/index.htm

with the whole medical profession to encourage referrals onto the programme, supported by marketing.

We estimate that around 3,500 case managers and around 350 clinical professionals – including a mix of occupational physicians, OH nurses and associated health professionals – would be required to serve the unmet needs of the UK population. The need for training and recruitment of staff and the need to build up demand for the programme would mean a phased delivery would be required over a 3–4-year timeline.

Universal OH offer:
A practical, realistic, pragmatic, low-cost offer to meet the basic occupational health requirements for ill health, plus preventing disability agenda.

- Lighter touch online and telephone assessment. Referral via employer, Job Centre Plus or self-referral – with measures in place to determine whether clinical intervention is needed (such as through Generalised Anxiety Disorder questionaries).
- Case management and advice via a confidential telephone service with access to online physiotherapy and mental health support.
- Comprehensive NHS Occupational health and safety service – referral from a GPs and other clinicians into NHS Acute Trust Occupational Health departments – based on payment by person treated.

Ongoing research and service improvement
To support the ongoing improvement of OH provision, both via the NHS and in the private sector, SOM recommends the creation of a new **Centre for Work and Health**[5]. The new centre would commission new cutting-edge research that meets the UK's bespoke priorities and translate research into practice, among other functions.

Organisations that would need to be involved.
The lead Government departments would be DWP and the DHSC working with NHS bodies and Job Centre Plus. In England, NHS England would be expected to work through local hospital trusts / Integrated Care Systems to set up the provision of local expert OH advice. Online assessments, email contact and advice and support for employers would be organised centrally under the umbrella of the new programme.

For Scotland, Wales and Northern Ireland similar programmes could be put in place run through devolved administrations. Coordination would be required between devolved governments and DWP on Job Centre Plus referrals.

Costing

- ***Total – circa £280m/yr.*** *to meet estimated UK population need.*

Explanation

- The Labour Force Survey indicates that 1.6 million workers across the UK suffer from work related conditions. Assuming an even spread across the populations who have and do not have access to OH services, that indicates 800,000 people with unmet need.
- Based on the cost of provision of similar programmes, we estimate that all 800,000 could be provided for at a cost not exceeding £280m per year.
- This represents a maximum cost. If the service is successful in reducing need or if employers increase their provision the cost could be reduced.
- The current turnover of the private Occupational Health industry is approximately £950m. Illustrating the value for money of this proposal.

[5] Detailed proposals can be provided separately.

Breakdown

- Lighter touch online and telephone assessment. £100 per client. **Est £80m/yr.**
- Comprehensive NHS Occupational health and safety service – provided by NHS Trusts. **Est £200m/yr**.
- Based on the Barnet Formula, the breakdown across the UK would be circa*:* England **£236m**, Scotland **£23m**, Wales **£13m** and Northern Ireland **£9.5m**.

Additional/upfront costs

- Recruitment and training of 3,500 case managers and 350 clinical staff[6]. **Est £30m.**
- Marketing and engagement with employers and employees/ self-employed/ investment in education and training. Includes online information, advice, and support for employers – **£10m/yr.**
- GP fit note training and referral via GP contract – **Est £13m**.
- Centre for Work and Health Research – **£7m/yr**.

Invest to save

The programme has the potential to create cost savings for the DWP in low welfare spending, including on Statutory Sick Pay, due to better job retention and less sickness absence. It also has the potential to save the NHS money by providing more appropriate and lower cost per head services that divert pressure away from more cost intensive services. As noted above, £1 investment in OH services have been estimated to lead to £1.93 saving in absenteeism costs for employers or a £2.35 saving in medical costs[7].

Legislative requirements.

NHS provision would not need primary legislation. However, the upcoming NHS Bill provides an opportunity for an amendment to enshrine provision of OH in law to support both NHS workers and those unable to access OH commercially.

Mandating large employers to provide OH services would likely require legislation. Although as noted HSE does have some existing powers under The Management of Health and Safety at Work Regulations 1999.

[6] Includes full training costs.

[7] Occupational Health: The Global Evidence and Value. April 2019.

Q&A

- **OH is a nice to have, but surely the government/ NHS should be focusing on more important matters?**
  Occupational health is more important now than ever before. Even before the pandemic, the UK faced significant challenges including a large gap between work participation and pension age, the highest proportion of people on disability benefits in the OECD and over 30m working days lost each year due to work-related illness or workplace injuries. Following the pandemic, massive challenges now face our workforce, with the longer-term transition to working from home and the possibility of over 1 million people with long-Covid. Occupational health should become an immediate priority for government.

- **Is this not just a revamp of the Fit for Work programme? Won't it just fail again?**
  This proposal is very different compared to Fit for Work and, for example, also draws on the successful Healthy Working Lives programme in Scotland. Like many occupational health services, it would have similar principles to the Fit for Work programme – including a biopsychosocial approach, multidisciplinary teams, and case management.

  Fit for Work relied on a private provider to run the programme and promote referrals through GPs. This would be an NHS led programme which will work more cohesively with GPs and other clinicians to encourage referrals. Light touch support and an initial assessment would be available for self-referral, or through employers or Job Centre Plus with referral from those services onto clinical support where needed.

  The programme would also be supported by a focused marketing campaign to raise awareness across the health service and amongst employers and employees – with a focus on SMEs, self-employed and in the 'gig economy'.

- **Don't employees already have access to OH services? Is there evidence of additional demand?**
  1 in 8 employees report suffering from a mental health condition, 1 in 10 reports suffering from a muscular skeletal condition. In total 1.6 million UK employees report work-related ill health in the latest Labour Force Survey. At present only around 50% of the workforce have access. Across the workforce provision is skewed in favour of those working for large companies with only 11% of small employers providing access to OH services.

  There is no NHS offer of occupational health services. Many in SME and almost all job seekers, self-employed and gig-economy workers have no access to OH services. This is not equitable, and detriments both the health and economic productivity of the workforce.

- **Isn't this the responsibility of employers not the governments? Won't an NHS offer disincentivise employer from providing cover for their employees?**
  It is not feasible for all SMEs and for self-employed people to afford OH services. Job seekers do not have employers to afford it for them. That is why it is vital that government provides an offer on the NHS to ensure everyone who needs it can access occupational health services.

  One would expect responsible employers to play their part. However, we are also proposing for that the HSE enforce the provision of OH services in larger employers and a new programme of support for smaller employers to improve their overall work working practices and conditions.

  HSE would monitor the impact on gig economy workers and ensure that employers are not attempting to get round requirements to provide OH services. However, there is no

evidence from similar past programmes that NHS provision acts as a disincentive to employers providing OH services.

- **Will GPs be a bottleneck for referrals? And isn't this just creating work for them?**
  No. This would be NHS led offer with a well-funded marketing and awareness campaign. This means it would make sure GPs are aware of the services being rolled out. Rather than increasing their workload they would be able to move patients, including those with long term conditions, onto the new service taking burdens away from them. Other clinicians will also be encouraged to referrer to the programme

  Equally, the service would be free for self-referral or referral from employers. So GP's will only be one route to of access to the programme.