Occupational health in primary care

Introduction

It is one of the goals of the NHS that all NHS staff should have access to competent and confidential occupational health services (OHS). They should also have a safe environment to work in.

A healthy workplace is:

- a place where health risks are recognised, and controlled if they cannot be removed
- a place where work design is compatible with people’s health needs and limitations
- an environment that supports the promotion of healthy lifestyles
- a place where employees and employers recognise their responsibility for their health and the health of colleagues.

This chapter assumes that GPs and their staff are an integral part of the wider NHS family and should be treated in the same way as all other staff.

Evidence of the need for occupational health services

Currently GPs tend to treat their own illnesses. However, their knowledge of good occupational health practices is patchy and the implementation of this knowledge is generally poor. Studies in the late 1990s found high levels of psychological disturbance in 21 per cent to 50 per cent of GPs. These levels are significantly higher than those for equivalent professional occupations.

In doctors, disturbance ranges from anxiety, through emotional exhaustion, to clinical depression and suicide. In many cases problems are associated with unhealthy lifestyles, for example, excessive alcohol consumption.

Doctors report frequent minor illnesses and self-prescription but most do not take time off work and large numbers of junior doctors are not registered with a GP. Work-related stress and depression in UK doctors is higher than in US and Australian doctors.

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2. ibid.
3. ibid.
4. ibid.
A better understanding among GPs and their staff of the occupational health function will translate into a greater understanding of the occupational health needs of patients.

**The need for different types of provision**

In enabling those who work in primary care to have access to a comprehensive OHS, it is important to ensure this service meets the needs of primary care, both as a community and an organisation. It should not be a scaled-down model of the service available to those working in NHS trusts.

Primary care is a very different system, which requires a different style of OHS delivery and provision more appropriate to the needs of small and medium-sized enterprises. Continuing changes in the way primary care delivers its services will have an ongoing effect on the way in which occupational health and safety services can be delivered to staff.

An OHS can help with risk management in terms of providing competent advice, although other practitioners such as hygienists, safety advisers and others may also be needed.

One specific competence that the OHS should be able to provide is the ability to identify, for the primary care employer, whether or not health surveillance is required where employees are exposed to a specific hazard. Examples include:

- exposure to a respiratory sensitiser, which despite all controls would probably generate a need for regular health surveillance to identify the development of occupational asthma
- certain sterilising fluids, which may give rise to occupational asthma in staff who handle them.

The OHS can advise on safe systems of work in these cases, and in some circumstances it will be necessary to establish health surveillance for exposed staff.

Such a programme would be run in accordance with the requirements of the Control of Substances Hazardous to Health Regulations 1994.

**Services that will be required**

**Needlesticks/sharps injuries**

Injuries can arise before or during the use of a needle or sharp instrument, while the instrument is being prepared for disposal, and during or after disposal. Many of these injuries can be prevented through training and adherence to good practice, based on use and disposal methods. If, however, accidents do occur and staff are exposed to blood, immediate access to a treatment programme, including the provision of post-exposure prophylaxis, must be provided for healthcare workers. See the chapter on needlestick injury.
Manual handling

Injuries caused by lifting and handling are the most frequently reported type of accident faced by health staff at work. The correct aids and training are therefore essential to assist these processes.

There is a statutory requirement covering the lifting, lowering, pushing, pulling, carrying or moving of loads, whether by hand or bodily force, which is set out in the Manual Handling Operations Regulations 1992. See the chapter on manual handling.

Slips, trips and falls

These are among the most common causes of injury to staff. Many injuries will be minor but more serious injuries, such as cuts to the head or broken bones, can occur. See the chapter on slips, trips and falls.

Stress at work

Work-induced stress is now widely recognised as a significant problem in the health service. The costs of stress can involve high levels of sickness absence in staff, accidents, errors, low morale and poor performance. See the chapter on stress management.

Pre-appointment checks

All staff should have a pre-appointment health assessment carried out fairly, objectively and in accordance with equal opportunities legislation and good occupational health practice.

The assessment aims to ensure, as far as is possible, that the following are achieved:

- the prospective employee does not represent a risk to patients
- the work is suitable and safe for the prospective employee
- prospective staff are physically and psychologically capable of carrying out the work proposed.

This should take into account any current or previous illnesses experienced by anyone likely to be at excessive risk of developing work-related diseases from hazardous agents present in the workplace. See the chapter on health assessments.

Rehabilitation

For staff who have been on long-term sick leave, the occupational health service may recommend rehabilitation to enable them to return to work and fulfil their full range of duties. This may include staff returning to work on a staged basis to carry out part of their normal duties while colleagues cover the rest. See the section on Rehabilitation (page 4) in the chapter on managing sickness absence.
**Immunisation**

Employers are responsible for ensuring that appropriate immunisations are carried out on employees and they should satisfy themselves of the immunisation status of any locum staff. An occupational health service will keep accurate health and medical records. Diseases of particular concern are tuberculosis, polio, rubella, hepatitis B and HIV. See the chapter on protecting staff from infection.

**Health monitoring**

An OHS is a pro-active and preventative service rather than a treatment service. It aims to prevent occupational ill health and injury, through hazard identification, risk assessment, elimination or control, followed by an audit of effectiveness. Staff should expect the service to assist in identifying risks and encouraging better health promotion. See the chapter on occupational health services.

**Health promotion, education and training**

An OHS can play an important role in alerting GPs and their staff to the importance of addressing occupational causes of poor mental and physical health by, for example, providing advice on altering work organisation and jobs to alleviate stress.

The OHS should be aware of the organisational and individual causes of work-related stress. It will be able to advise GPs on the drawing up, implementation and monitoring of strategies for dealing with them.

Health promotion through health education should include mental as well as physical health. It should include topics such as stress management and the production of strategies, and be designed with colleagues to:

- reduce the incidence of violence
- provide or arrange counselling for those who have been abused
- provide services to those who are involved in untoward situations such as patient suicide and frequent incidence of death.

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**Substance misuse**

The working group on the misuse of alcohol and other drugs published a report in February 1998\(^5\) making recommendations for all doctors working directly or indirectly with patients. Both the Chief Medical Officer and the Association of Directors of Medicine, who recommended the setting up of appropriate systems for managing substance abuse, endorsed these recommendations. See also the Academy of Medical Royal Colleges report on drug and alcohol abuse, published in January 1998\(^6\).

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\(^5\) *Working group on the misuse of alcohol and other drugs by doctors (1998)*, BMA

\(^6\) *Report on drug and alcohol abuse (1998)*, Academy of Medical Royal Colleges
Models of delivery

The delivery of a primary care model of occupational health may be very different from an NHS trust model. The structure of the primary care sector is based around relatively independent, small and widely-dispersed units.

Occupational health hazards associated with working in primary care are also quite specific. Both these factors will have an effect on the style of OHS delivery.

Occupational health services for primary care may benefit from having a personal identity. They might be situated in a neutral location and not obviously attached to another organisation, like an NHS trust or health authority. Along with a small, competent and permanent staff, this would convey an atmosphere of confidentiality and accessibility, but backed up by a network of specialists.

However, there will be an opportunity cost involved in options for service delivery involving sites and structures separate from existing NHS trust services. Local planners and policymakers will need to consider this with professional representatives when considering cost-effective and accessible models.

Referral to service

Self-referral facility for employees

Access to occupational health staff must be available to employees on a self-referral basis. This fact should be published within the employing authority and the confidential nature of the service should be stressed. In particular, staff should be encouraged to refer themselves if they are concerned about their own physical or mental occupational ill health. Early referral is likely to be of maximum benefit to employees.

Provision of an OHS must not replace the need for GPs or their staff to register with an external general practice. Any employee should have access to an OHS for telephone advice or for an appointment to see an occupational health professional. This facility should be available for services such as:

- pregnancy at work
- work-related ill health
- psychological support.

An OHS should supply an appropriate action plan or prophylaxis treatment following contamination from blood-borne viruses, including hepatitis B, hepatitis C and HIV.

Management referral

A GP or other primary care employer can seek an independent medical opinion from a qualified occupational health physician to assist with health-related management problems. These may include:
• frequent short-spell absences attributed to sickness or injury
• long-term sickness absence
• altered or impaired work performance without absence, including behavioural problems
• concern by management about an employee’s ability to work before his or her return to work
• the monitoring of a member of staff who is suspected of drug or alcohol misuse
• concern regarding an infection control issue
• ill health retirement.

Healthcare use by primary care personnel

The Nuffield Hospital Provincial Trust\(^7\) summarised the need for doctors and staff to have ready access to confidential and appropriate healthcare, and encouragement by the Medical Colleges for doctors to obtain medical help from independent GPs. Despite this, many doctors continue to self-diagnose and self-medicate or use partners or close working colleagues. The same is true for GPs’ staff, where failure to register with a doctor who is external to their practice can lead to conflicts over line management and confidentiality during sickness.

Every care should be taken to ensure that staff are encouraged to register with GPs away from their place of work, even though this may be less convenient.

Confidentiality

One reason why primary care practitioners are reluctant to use independent GPs and local occupational health services is concern about confidentiality. GPs are few in number and well known in their local healthcare community, so attendance by a local GP at a surgery or clinic will not go unnoticed. GPs will already be familiar with their ethical obligations to patients concerning confidentiality in Duties of a doctor: Guidance from the General Medical Council\(^8\) published by the GMC. However, they may know less about the more detailed additional guidelines for occupational physicians detailed in the Faculty of Occupational Medicine Guidance on ethics for occupational health physicians\(^9\).

This handbook details procedures and processes for an ethical approach to confidentiality. See the section on confidentiality in the previous chapter. This should reassure GPs that knowledge and details of their attendance will not pass informally among colleagues or inappropriately to managers.

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\(^7\) Improving the health of the NHS workforce (1998), Nuffield Trust
\(^8\) Duties of a doctor: guidance from the General Medical Council (1998), GMC
\(^9\) Guidance on ethics, Faculty of Occupational Medicine
Confidentiality of an occupational health service available to GPs and their staff must be ensured if it is to be accepted and used. Ideally, the service supplier should be unknown and not a colleague of the user.

The discretion of exchange arrangements with neighbouring occupational health services should be considered as one means of securing this. Alternatively (where possible) the OHS should be located outside the user’s area.

**Service delivery – function list**

The OHS will identify the correct elements that are required to produce the appropriate services. It will maintain a way of working and a record keeping system. This means that staff should be able to discuss work-related health problems, confident in the knowledge that information about them will not be given to colleagues or employers, unless they wish to share such details.

A comprehensive occupational health service will include at least:

- **advice on managing occupational health in the workplace:**
  - health and safety policy
  - needs assessment
  - compliance with statute and common law
  - appropriate systems for size of the organisation.

- **advice on health policies:**
  - risk assessment
  - information, instruction and training for health risks at work
  - psychological health management
  - managing attendance at work
  - drug/alcohol abuse
  - use of personal protective equipment.

- **clinical services:**
  - self-referrals
  - management referrals
  - pre-employment health assessments.

- **return to work assessments:**
  - ill health early retirement assessment
  - accidental blood exposure treatment programme
  - immunisation
- health surveillance programmes (statutory and voluntary).

- non-clinical services:
  - workstation assessments
  - safety audit
  - specific risk assessments for physical, chemical, biological, ergonomic and psychological hazards.

**Responsibility of GPs as employers**

All employers have general duties under Section 2(1) of the Health and Safety at Work etc Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of all their employees.

Under Section 2(3) employers who have five or more employees have to prepare a written statement of their general policy with respect to the health and safety at work of their employees and the organisation, and the arrangements for carrying out that policy. The policy statement and any revisions that are made must be brought to the attention of the employees.

It is recommended that employers with less than five employees follow the same principles.

The policy should contain:

- a general statement of the employer’s intention to:
  - provide and maintain safe and healthy working conditions for all employees
  - ensure that the health and safety of contractors, members of the public and other visitors to the premises, are not put at risk

- a clear statement of who has responsibility for health and safety in the practice and what responsibilities other individuals, including employees, have for ensuring that the policy is implemented

- arrangements for ensuring the health and safety of employees and others on the premises. To enable this section to be completed the employer will have to carry out risk assessments as required, for example, by:
  - Management of Health and Safety at Work Regulations 1992
  - Display Screen Equipment Regulations 1992
  - Control of Substances Hazardous to Health Regulations 1999.

These risk assessments will identify the hazards to which employees and others may be exposed and any remedial action the employer may have to take. Any training requirements for managers or employees may form an appendix to the main policy documents.
Occupational health services can advise on:

- carrying out risk assessments, staff training and any necessary health surveillance/screening
- details of the arrangements for complying with other relevant health and safety legislation, for example, The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- details of the procedures in place to ensure appropriate revision of the policy, for example annually, or after a significant change in working practices or substances used.

More information

*Improving the health of the NHS workforce* (1998), Nuffield Trust

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