Occupational health services

Introduction

In his introduction to the first edition of this guidance in 1998, Dr Kit Harling, then President of the Faculty of Occupational Medicine, wrote:

“An occupational health service (OHS) addresses the impact of work on health and of health on work. It seeks to reduce the incidence of illness and injury caused by work in the NHS. It also has the objectives of ensuring that work in the NHS fits the worker and that all staff are able to achieve their full capabilities at work.”

With the developments that have taken place in the last decade, including attendance management, productivity demands, risk management, staff turnover and the apparent increase in work stressors, the need for efficient, effective occupational health services in the NHS is greater than ever.

The need for change in the way that the NHS in particular provides occupational health services is increasingly being recognised at a national level and recent reports by Dame Carol Black and Dr Steve Boorman have made recommendations about the future direction and format of occupational health provision in the service.

Working for a Healthier Tomorrow

The importance of occupational health provision in the workplace was recognised by Dame Carol Black, National Director for Health and Work in her report on the health of the working age population: Working for a Healthier Tomorrow.

In the report, Dame Carol made the case that the detachment of occupational health from mainstream healthcare undermined holistic patient care. She also noted that the lack of formal accreditation and a dwindling occupational health workforce, together with a weak and declining academic base, meant that occupational health services as they currently stand are not able to provide the wide-ranging holistic approach to health and well-being needed.

In her recommendations to the Government, Dame Carol called for:

- clear standards of practice and formal accreditation
- clear professional leadership
- a revitalised workforce
- a sound academic base
• systematic gathering and analysis of data to underpin future development of the work.

**NHS Health and Well-being Review**

In the interim report of the NHS Health and Well-being Review published in August 2009, Dr Steve Boorman examined the provision of health and well-being services (including occupational health) for NHS staff. His conclusion was that “there is a long way to go to deliver high quality staff health and well-being services consistently and comprehensively across the NHS”.

The recommendations for improving the provision of occupational health services in the NHS were as follows.

• Recommend that continued priority is given to attracting doctors to pursue careers in occupational health medicine so as to ensure that sufficient consultant resource is available to enable all NHS employers to access specialist advice when needed. In the meantime, consideration should be given to establishing regional specialists in occupational health medicine who could provide input to units without access to consultant support.

• Recommend that there should be a regional consultant nurse in occupational health in each region to provide leadership to the function and advice to individual units.

• Recommend that management training and induction should include material to ensure that managers are aware of the role of occupational health services, referral routes, information required for referral and the confidentiality issues involved.

**The role of occupational health services**

Occupational health services exist to:

• help trusts to protect employees and others affected by the work of the trust (patients, visitors, contractors, students, and so on) from health hazards arising from work activities or the work environment

• contribute to increasing the effectiveness of the organisation

• maximise the opportunities for working-age people to access, retain or regain work with the trust

• help ensure that work is fitted to the applicant and that an employee does not pose a risk to others, by for example screening for infectious disease.

The relationship between the OHS and the HR department is vital for an effective OH policy, which should deliver:

• effective strategic management of all staff

• a safer, healthier environment for staff, patients and visitors

• reliable advice on employment issues relating to individual members of staff.
Difficulty may arise where the HR department is both the owner/manager of the OHS and its principal customer. This can lead to irresolvable conflict and care must be taken to separate the two functions. It is preferable that there is sufficient management expertise within the OHS to allow it to manage itself rather than HR staff managing day-to-day.

HR departments should ensure there is a formal written agreement with the OHS setting out what services are expected and to what standard. This will help with the normal management accountability.

**Planning and organising occupational health services**

The provision of occupational health services for staff within the NHS has varied widely across the country. Employers should ensure that:

- all their staff are provided with access to a competent, confidential OHS, staffed by appropriately-trained medical, nursing and other staff
- the OHS is appropriate to the needs of the organisation
- the size and mix of the OH team is appropriate to the level of risks. The size of the OH team should not be allocated on the number of employees alone, but should take into account other factors such as the number of units and their locations and the types of work being carried out
- staff representatives are consulted over setting up and reviewing the running of the OHS. Arrangements should also be made for continuing discussions, for example a user’s committee.

Managers may also wish to consider the setting up or purchasing of other complementary support services to work alongside and with OHS in the provision of counselling and support to staff, for example, chaplaincy and employee assistance programmes.

**The business impact of occupational health investment**

Research shows\(^1\) that occupational health services can be very cost effective, and make a positive impact on the probability and frequency of accidents, sickness absence and ill health in the workplace. It has also been demonstrated that a pro-active occupational health service can help to improve the overall morale of staff. An exemplar service, which promotes well-being as well as providing what is regarded as the basic functions of an OHS, would comprise of:

- identification and assessment of health risk in the workplace
- surveillance of work environment factors and work practices that affect the health of the workforce
- surveillance of workers’ health in relation to work

---

\(^1\) See More information
• advice on health, safety and hygiene
• advice on the adaptation of work, when appropriate
• assistance with the analysis of occupational accidents and occupational diseases.

A good OHS can be seen as contributing to a perceived culture of partnership, where the organisation is seen to accept responsibility for the welfare of its staff. Of the many benefits that arise from the provision of an OHS, the economic impact is often overlooked. Investment in staff health impacts on sickness absence levels, production levels and agency staff costs.

**Making the business case for an OHS**

Typically occupational health ‘income’ takes the form of cost savings rather than actual revenue. This can be difficult to monitor and is not often visible on an organisation’s balance sheet. Many of the benefits of an OHS are intangible and may be difficult to justify on a conventional cost/benefit analysis.

However, a thorough approach to managing costs and monitoring results will enable an OHS to demonstrate good governance and to make the case for development and expansion of its services, while also protecting its business from other prospective providers.

In general, the purpose of the OHS is to deliver performance results to the employer, for example reduced sickness absence, rehabilitation and re-deployment and so on. However, increasingly OHSs are sold on the basis of the financial benefits they can deliver to employers. For some services, there will be a real income that the service can generate, usually from the sale of their service to other employers.

The key ingredient for the successful provision of an OHS is to closely look at and monitor what type of service delivery suits the organisation it is serving. The type of business, its workforce and their roles will all influence the core business of the service to be provided. Budgeting for and financial monitoring of an OHS is an imprecise science, involving balancing hard financial criteria against relatively soft areas of impact. This will require some subjective judgement of the relative importance of a range of healthcare issues.

More in-depth information about making the business case for an OHS can be found in the following articles and publications:

*Healthy Workplace, Healthy Workforce, Better Business Delivery* (2006), HSE

*One Year On* (2005), Cabinet Office Ministerial Taskforce for Health, Safety and Productivity; DWP and HSE


Providing OHSs to other employers

OHSs in the NHS are set up to care for NHS employees. Their prime responsibility is to provide a service for the staff or the trust or health authority with whom they work. An OHS should actively seek to provide services to other parts of the NHS where such contractual arrangements do not presently exist. This may involve negotiations with health authorities to provide a service to groups of GP practices contracted to the health authority. The purpose of these arrangements is to ensure equity of access to the Occupational Health Smart Card (OHSC) for all NHS employees wherever they are employed with the service.

A competent OHS may also wish to provide occupational health services to other employers in the community. The small and medium-sized enterprise (SME) sector, in particular, has very low access to OHSs and government policy is to increase access to these services for this sector.

External trading may also provide an opportunity to raise money for the OHS, as such external services can only be provided where a normal commercial profit can be made. However, it must be emphasised that income generation should never be the prime purpose for an OHS undertaking external work in the community. The services provided to NHS staff should be adequately resourced as a first priority.

Employing authorities will need to remember their duty to ensure that the services provided to external customers are competent and meet the needs of the external employer. They must also ensure that adequate insurance is in place to cover the professional liability that such services take on.

NHS Plus

NHS Plus was established at the end of 2001 to sell OHSs from NHS occupational health departments to non-NHS employers, particularly to SMEs. It comprises a network of NHS occupational health departments who meet specified standards. Further information may be found at www.nhsplus.nhs.uk

In creating NHS Plus there were two prerequisites. Firstly, the provision of NHS Plus services should not adversely affect the level of service provided to the NHS workforce. Secondly, services provided by NHS Plus units would be of high quality and explicit quality standards were set for those who wished to be part of the NHS Plus network.

Keeping and transferring occupational health records

Information given by the applicant or obtained from previous employers or education providers (with the applicant’s consent) about medical history including sickness absence, relevant hospital admissions and medications should be recorded. This information should, if the person is recruited, form part of his or her occupational health records.
To ensure confidentiality, clinical OH records should be markedly differently from other hospital records and should be stored separately in a secure place, within the OH department. Each employee should have an individual record which includes immunisation history, responses to vaccination, health monitoring activities and referrals.

Statutory health surveillance may give rise to a ‘health record’ which is simply a record of the results of the health surveillance and does not contain clinical detail. This is a management record and is not part of the clinical record. Regulations often set a minimum retention period which may be up to 50 years, for example Ionising Radiation Regulations.

It is also recommended that copies of clinical OH records held by a previous employer or institution are, when necessary, obtained by the OH department with the written consent of the new employee.

Confidentiality

The assurance of confidentiality is essential for an occupational health service to be effective, and the same principles should also apply to the personnel or human resources function within an organisation.

OH staff will find it beneficial to work with their colleagues in personnel/human resources to develop an OH policy that should be made widely available throughout the organisation.

Local policies should include explicit references to the guidance relating to confidentiality set out by the General Medical Council (GMC) and the United Kingdom Central Council for Nursing, Midwifery and Health Visiting and be consistent with the guidance published by the Department of Health.

OHSs will find it useful to include the following principles (published by the GMC) in their policy statement so that staff and colleagues are aware of the constraints placed upon the service. These principles apply in all circumstances.

- Patients have a right to expect that OH professionals will not disclose any personal information they learn during the course of their professional duties, unless granted permission.
- Those responsible for confidential information must make sure that the information is effectively protected against improper disclosure when it is disposed of, stored, transmitted or received.
- When patients give consent to disclosure of information about them, make sure they understand what will be disclosed, the reasons for disclosure and the likely consequences.
- Patients’ requests that information should not be disclosed to third parties must be respected, apart from in exceptional circumstances (for example, where the health or safety of others would otherwise be at serious risk).
- When disclosing confidential information, release only as much as is necessary for the purposes.
• Make sure that those receiving information understand that it is given to them in confidence, which they should respect.

• OH professionals who decide to disclose confidential information must be prepared to explain and justify their decision.

In certain circumstances it may be necessary to disclose information in the interests of others. The GMC guidelines state that disclosure may be necessary in the public interest where a failure to disclose information may expose a patient, or others, to risk of death or serious harm. In such circumstances information should be disclosed promptly, to an appropriate person or authority.

These circumstances may arise, for example, where:

• a colleague who is also a patient is placing patients at risk as a result of illness or other medical condition

• disclosure is necessary for the prevention or detection of a serious crime.

Every effort should be made to try to persuade the individual to be honest about their medical condition or whatever matter is causing the concern, or at least to give the occupational health professional permission to speak about it.

If the individual cannot be persuaded to give permission, where there is a foreseeable risk of serious harm or death, it will be necessary to breach confidentiality. In all such cases a consultant occupational physician should be involved in making the decision and the reasons for reaching it should be fully documented. Employers should have in place agreed processes for dealing with such circumstances.

Relationships with other professionals

OH is primarily a preventative, not a treatment, service. Liaison with general practitioners is vital to ensure that health problems identified at work are properly managed and that consistent messages about work and health are given to the employee.

Employers should take every opportunity to encourage closer working between OHS staff and colleagues involved in health and safety, health promotion and personnel to develop and take forward improvements in the organisational development of integrated staff health and welfare policies.

More information

Health Work Well-being website – www.workingforhealth.gov.uk


World Health Organisation - Good Practice in Occupational Health Services: A contribution to workplace health
Health and Safety Executive (HSE) – *Tax rules and the purchase of occupational health support*

Health and Safety Executive (HSE) – *Securing health together: a long term occupational health strategy for England, Scotland and Wales*

Department of Health – *Taking a public health approach in the workplace: A guide for occupational health nurses*

Royal College of Nursing – *Competencies: an integrated career and competency framework for occupational health nursing*

Further guidance on Confidentiality can be obtained in *Duties of a Doctor: Guidance from the General Medical Council* published by the GMC and in the Faculty of Occupational Medicine Guidance on Ethics.