

# Commissioning occupational health services

September 2023

# About us

NHS Employers is the employers' organisation for the NHS in England. We support workforce leaders and represent employers to develop a sustainable workforce and be the best employers they can be. We also manage the relationships with NHS trade unions on behalf of the Secretary of State for Health and Social Care.

# Introduction

Occupational health (OH) is a specialist clinical service that provides clear benefits to staff and patients and contributes to the productivity of an organisation. NHS organisations need to ensure that they have OH services in place to support the health and wellbeing of their staff so that they can deliver better performance, better productivity, and better patient outcomes.

Where NHS organisations prioritise staff health and wellbeing, performance is enhanced, patient care improves, staff retention is higher and sickness absence is lower. There is also good evidence that access to good OH support improves staff engagement and can contribute to cultural change.

# Principles and standards

The OH service adopted by NHS organisations should adhere to a robust set of principles, these are:

- a high-quality, clinically-led, evidence-based service
- an equitable and accessible service
- impartial, approachable and receptive to both clients and employer
- contributes to improved organisational productivity
- works in partnership with NHS organisations and with organisations in the community
- underpinned by innovation
- offers diversity and depth of specialisation and training opportunities.

The national standards for occupational health ([SEQOHS](#)), which all providers of OH support to any organisation must meet, have recently been updated and will come into effect in November 2023. These standards place expectations around six domains, listed below.

## The six domains applicable to all OH services

1. Governance and finance
2. Resources and processes
3. Outputs and outcomes

4. Information and communication
5. Quality assurance and improvement
6. Sector specific standards (optional)

## Additional standards for OH in the NHS

OH providers delivering services to the NHS must have SEQOHS accreditation or be working towards it.

They are also required to meet additional standards relating to their ability to deliver six 'core services', detailed below.

### Prevention

The prevention of ill health caused or exacerbated by work.

### Timely intervention

Early treatment of the main causes of absence in the NHS.

### Rehabilitation

A process to help staff stay in or return to work after illness.

### Health assessments for work

Supporting organisations to manage attendance and retirement.

### Promotion of health and wellbeing

Using the workplace to promote improved health and wellbeing.

### Teaching and training

Promoting the health and wellbeing approach amongst all staff and ensuring the availability of future OH staff.

Staff employed directly by the organisation's OH services will not necessarily provide all OH services. Organisations are responsible for ensuring a full range of services are available to staff and there is clarity about which elements of this the OH team is responsible for.

It is the responsibility of commissioning teams to make sure all these services are available for NHS staff.

The NHS Health at Work Network represents in-house NHS OH services in England, and is a useful source of help, support and advice.



## Key questions

- Does the OH service have, or is it working towards, SEQOHS accreditation?
- Does the OH service provider meet the minimum principles and standards?

# Clinical governance and auditing

OH providers supporting NHS staff must demonstrate they have comprehensive systems in place for clinical governance.

OH Services should participate in the Faculty of Occupational Medicine's clinical audit and benchmarking system for OH known as MoHaWK2 and collate the necessary information to participate with this system. Relevant evidence-based guidelines on health at work support include those produced by the National Institute for Health and Care Excellence (NICE) and NHS Health at Work, and others.

OH providers supporting NHS staff should produce an annual quality report which offers an opportunity to demonstrate how well commitments to staff in the NHS Constitution are met and describes plans to support improvements and measure the impact. This includes meeting the pledge to provide support and opportunities for staff to maintain their health, wellbeing and safety.

# Service audit

OH providers supporting NHS staff should produce an annual audit plan and provide periodic reports demonstrating the actions that have been taken as a result of the audit. This plan should normally be included within and monitored alongside the trust's overall audit plans across all clinical services.

Providers should undertake systematic audit of their clinical practices and participate in national clinical benchmarking/audits of OH.

The main recommended source of audit support is the Faculty of Occupational Medicine's clinical audit and benchmarking tool, [MoHaWK2](#).



# Contributing to the evidence base

The need for an improved evidence base in OH and health and wellbeing as a whole has been widely acknowledged. Our [evidence-based](#) page details evidence base approach to workforce wellbeing and provides a useful basis for reviewing your approach.

OH providers supporting NHS staff should be able to demonstrate how they have contributed to research and development. They should have a plan for future contributions.



## Key questions

- What arrangements does the service provider have for clinical governance?
- How will the OH service contribute to the provision of evidence demonstrating compliance with clinical and organisational governance?
- What is the plan for auditing its practice?

# Staffing requirements

The foundation for quality OH provision is a rich mix of skills and expertise drawn from different specialist disciplines. OH providers supporting NHS staff must comprise a skilled multidisciplinary team of specialists in occupational medicine, OH nursing and others.

Providers must be capable of providing the widest range of services either directly or by coordinating services and expertise from other specialists and must have contingency plans in place to deal with the loss or unavailability of key members of the occupational team.

If an organisational or public health need is identified, OH Service providers should be flexible to reflect this need in their staffing. For example, if it is identified that there is a particularly high incidence of obesity in an area, it is reasonable to expect there would also be a high incidence of obesity in NHS staff living and working there, and the OH teams should reflect this in the services and specialists they provide and employ.

OH providers should demonstrate that specialist practitioners meet recommendations for continuing professional development (CPD). Registered specialists in occupational medicine should have the personal qualities and clinical expertise to act as a consultant for the NHS. Any doctor applying for a consultant post must hold either a Certificate of Completion of Training (CCT) or a Certificate of Eligibility for Specialist Registration (CESR) in the specialty.

# Specialist training and education

OH providers supporting NHS staff should contribute to the development of a sustainable specialist medical and nursing workforce.

All OH providers must have a plan for the training of new specialists either directly or through formal arrangements agreed with other providers. It is good practice for OH providers to have a specialist workforce development plan that describes career pathways.

In addition, OH providers should offer trainee doctors in key specialties the opportunity of a clinical attachment to an OH department as part of their training, where appropriate.



## Key questions

- Have you identified and agreed the key clinical staff who will provide the service?
- What evidence is there that the OH professionals are suitable and appropriately qualified?
- What evidence is there of CPD for the OH staff?
- Who is the Responsible Officer for the doctors involved?

- How many nursing practice teachers are there?
- How many StR posts are there?
- What is the development plan for the OH staff?

# Sub-specialisation

OH providers supporting NHS staff must have arrangements in place to offer a range of special expertise when it is needed within the NHS. These sub-specialist areas include:

- blood-borne viruses
- tuberculosis
- occupational asthma
- sick senior health professionals
- radiation
- genetically modified organisms (and genetherapy)
- outbreaks and disaster preparedness
- research
- ergonomics
- cytotoxics.

# Clinical information exchange

OH providers supporting NHS staff should have arrangements in place:

- To share information with other providers. This should include the exchange of information concerning the immunisation status of staff.
- To use the bi-directional information exchange systems developed for ESR (the HR database) where available. This is essential for OH providers supporting trusts that are host employers for medical trainees.

# OH service development

OH providers supporting NHS staff should have a plan for making the business case for service development.

It is important that OH teams work with HR teams and managers within the NHS organisation to continue development and delivery of the best services possible to improve staff health and wellbeing.



## Key questions

- Does the service cover all relevant specialist areas?
- Is the information system used by the provider interfaced with the Electronic Staff Record (ESR)?
- Does the provider have a plan for service development?

# Supporting early return to work

OH providers should have an agreed process that supports NHS staff whose capability is limited by an acute health issue to receive interventions that will allow them to resume work activities more quickly for the benefit of their patients.

This could mean returning to their normal duties, returning to an adjusted form of their position or redeployment to an alternative post.



# Working with the organisation

It is important that OH service providers work with HR teams and managers within the NHS organisation to continue the development and delivery of the best OH services possible to improve staff health and wellbeing.



## Key questions

- What are the plans to provide rapid access to interventions that support early return to work?
- How will you ensure good communication links between OH service providers, HR and managers?

# Conclusion

The information and questions provided in this document should provide comprehensive support to NHS organisations in their commissioning and procurement of OH services for staff.

An improved OH service for NHS staff is a step towards a healthy workforce that can remain in work and deliver the best possible care to patients.

For further information about occupational health services more generally, please see our [dedicated web page](#) or the [NHS Health at Work](#) website.



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