

What we know about occupational health and safety support provision

(i) From our baseline research on OH provision¹

Only 2% of micro companies provide comprehensive² OH support, 6% of small companies, 21% of medium sized companies and 44% of large companies. Agriculture, construction and health services, with their high proportion of small companies, are generally poorly serviced. Micro and small companies are keener to consider sharing occupational support services than companies of other sizes.

(ii) From consultation with stakeholders on the development of HSE's strategy:

Hard to reach groups want support and help but many are wary about approaching enforcers. Fear of enforcement is the prime motivator for taking action on health and safety. There is evidence that SME's in particular are reluctant to contact HSE for advice, as they fear this is likely to trigger enforcement action. Despite this desire for information and advice, we have very good evidence from a variety of sources that there is very low awareness of existing confidential advice services, such as HSE's infoline

(iii) From other statistical sources

A European survey reported that the UK had the lowest level of Occupational health provision in the developed EU at 34% of workers. The Labour Force Survey confirmed that 6% of workers have had health problems caused by or made worse by work in the past year. A European survey reported that the UK had the lowest level of Occupational health provision in the developed EU at 34% of workers. The Lothian Occupational Health Project showed that up to 24% of GP consultations were due to work related problems.

(iv) From current work to develop occupational health support:

There are a range of initiatives, which on completion, will contribute to the body of evidence on occupational health and safety. Although for some of these, the evaluations are not yet complete, a number of learning points have started to emerge.

- Constructing Better Health – see HSC/03/140
- Safe and Healthy Working (Scotland) – see HSC/03/142

¹ Survey of use of occupational health support, prepared by the Institute of Occupational Medicine for HSE, RR 445/2002, published 2002.

² Includes hazard identification, risk management, provision of information, modifying of work activities, providing training on occupational health related issues, measuring workplace hazards and monitoring trends in health.

- In the Agriculture sector, the Cumbria Farmer's Health Project and the High Peak Farm Out Health Project have found significant levels of occupationally related ill health amongst agricultural workers. Lessons emerging are;
 - a. agricultural workers made little distinction between occupational ill health and non-occupational ill health,
 - b. outreach is essential for engagement with the agricultural population.
 - c. 'trust' and 'an understanding of farm life' are important factors in the acceptability of the advice given. Nurse Practitioners/Health Visitors involved have avoided any association with HSE as our enforcing role is seen as a significant barrier to that engagement.
- The Higher and Further Education Advisory Committee's Occupational Health Working Group are in the early stages of developing an OH strategy for higher education. Baseline information is being collected and guidance developed.
- On 1st October 2003, an Infoline pilot was started in Job Centre Plus offices in Lowestoft, Ipswich and Bury St. Edmonds. HSE has persuaded them to program HSE's Infoline number into the telephone available for use by their clients. Infoline has systems in place to monitor the number of calls received from this source.

(v) From HSE regional initiatives

Scotland

- The Scottish Minister for Health recently launched its "Health Improvement Challenge" which includes the workplace as one of the four main themes in the challenge. Emerging lessons for HSE to consider are;
 - a. Ministerial interest and commitment is an important driver in getting the key partners together,
 - b. Getting occupational health and safety into the wider health improvement agenda of the government helps to get the messages reflected in projects at community level,
 - c. Getting a wide range of stakeholders working together in the early planning stages helps to develop a more coordinated and holistic approach to stopping people being made ill by their work, and if they are ill, getting them back to employment.

Wales and the South West

- Already there are lessons emerging from the development of OH schemes in manufacturing industry and the attempt to improve OH provision in NHS Wales:

- a. GPs need to develop an understanding of the care and support a company could offer an employee returning to work
- b. It is not enough to make services available -employers need to understand their legal duties in relation to controlling OH risks. Moreover, OH professionals must keep up to date with new developments to be proactive in recommending solutions to problems identified.
- c. Even though funding might be available and flexible training courses are possible, there are insufficient OH professionals to meet the Trust's needs.

(vi) From DWP/DH Job Retention and Rehabilitation Pilots

This is an evaluation led research pilot which, with the participation of 7,500 volunteers, will test three different intervention strategies for offering early additional help to people at risk of job loss through illness or disability. DWP and DH lead, with an active contribution from HSE and participation by Scottish Executive.

The pilot started in April 2002, with planning spanning the previous three years, and will end in 2005 with results then becoming available. As well as providing an evidence base of what works and costs and benefits, the planning and live management has provided a unique store of knowledge, which will be invaluable in delivering a voluntary OHS provision in GB. The emerging lessons reinforce those learnt elsewhere on the risks associated with a programme of this type.

(vii) From the Workers Safety Advisors Pilot

Examples of lessons emerging from this initiative (see HSC/03/64 and HSC/03/143) are identified below.

- Need to have a suitable skill base from which to recruit
- Need strong incentives and benefits for employers to participate.
- Provision of management and support for those who are delivering the service.

(viii) From the Small Firms Grant Scheme

Some initial lessons emerging from the evaluation of the Small Firms Grant Scheme will need to be considered in the development of a national occupational health and safety support system.

- Need to be clear about the rationale of the service being provided and how it can meet the challenges faced by small businesses.
- Motivation for uptake by small businesses seemed to be accreditation to improve their chances of work, not the grant itself.
- Identify the level of competence needed by intermediaries to deliver the service

- Need to manage expectation against demand
- Need to consider how and to whom the scheme should be marketed

(ix) From Health Action Zone (HAZ) Pilots

Health Action Zones (HAZs) are partnerships between the NHS, local authorities, the voluntary and private sectors and local communities. Launched by the Government in 1997, the HAZ initiative was concerned with new ways of tackling health inequalities in some of the most deprived areas in England. Some of the learning points coming out of the national evaluation of the HAZ pilots (see www.haznet.org.uk/hazs/evidence/national.asp) which would need to be considered during the development of an occupational health and safety support system

- There is greater ownership of an initiative when all the partners, including the 'community', are involved in the early stages of planning
- Ensure that resources are set aside for the evaluation at the outset so that evaluation can be built into planning
- Mechanisms for dissemination and sharing learning should be developed, not only within initiatives but also with wider audiences

(x) About the scope for links with existing primary care provision

HSE is sponsoring research, due to report this December, to evaluate the effects of a number of Occupational Health Projects (OHPs). These test different models (based in Sheffield and Newham) for providing access to OH support through the primary care route. Early (unconfirmed) findings imply that

- a. patients in primary care surgeries who accepted advice, prefer to be given OH advice on the spot rather than having to return for later appointments, possibly at other locations
- b. some patients given advice have taken low level action such as reading leaflets, or telling a family member or friend about the service
- c. attempts to follow up patients after their advice would be best made via the telephone, and were most successful and productive in the evenings.

Separate HSE research into GP's attitudes to occupational health suggests that they simply do not have the time or resources to devote to occupational health³, even where they would like to do so. However the same research showed that practice nurses were keen to get more information on occupational health, as patients were more likely to talk to them about their work.

³ *The Profile of Patients' Occupational Health in Primary Care, draft report prepared by HSL for HSE.*

A short HSE mapping exercise on the scope for progressing OH provision within primary care trusts (see OHAC/14/03) concluded that the new English NHS structure is too immature at this stage to provide a single route to influence primary care to provide OH support. However, HSE should keep in contact with Department of Health (DoH) activity in England, Scotland and Wales, as this is where the resource for influencing primary care sits. Any DoH initiative that could be used to promote the OH agenda must be exploited.

(xi) About the scope for links with NHS Plus

NHS Plus was launched as a network to sell services to non-NHS employers, in particular SMEs: the network comprises about 50% of NHS OH departments. Although most NHS Plus providers do provide services to SMEs, the continued development of the service has plateaued due to constraints caused by the shortage of occupational health staff and the lack of available capacity to meet the needs of NHS staff. Work is currently underway in DH to increase capacity, which may result in a reorganisation of the way their services are delivered.

NHS Plus has just announced funding is available for the development of evidence-based guidelines relevant to occupational health. The aim of this project is:

- a. to develop new evidence-based guidelines, which can be endorsed by NHS Plus to assist Occupational Units in raising the evidence base of their work
- b. to review and collate existing guidelines relevant to occupational health practice in the UK.

(xii) About the supply of occupational health related professionals

Crude estimates based on a working population of 28 million.

Professional group	2001 estimates ⁴	Per 100,000 population
Occupational health nurse	7500	27
Health and Safety Practitioner (based on corporate membership of IOSH)	11048	39
Ergonomists	1000	4
Occupational Hygienists	727	3
Occupational Physicians - trained	1950	7

⁴ Mapping Exercise of Occupational Health Resources in the UK – quick and crude exercise undertaken by the Support PAG to identify the extent of existing occupational health and safety and related resources within the UK.

(xiii) From experience in other countries

We are aware of schemes in other countries, such as the Finnish Institute of Occupational Health (FIOH) and New Zealand's Accident Compensation Scheme. The Finnish Scheme includes comprehensive occupational health care within primary care. The New Zealand Scheme provides accident insurance cover, injury prevention services, case management, medical and other care and rehabilitation services to all its residents. However, there is a gap in our knowledge here and we need to learn more about how the schemes are funded, managed and what are their impacts on work-related ill health and injuries.

(xiv) From Case Studies

Research is currently being undertaken to produce 20 case studies, which show business benefit of well managed occupational health and safety, across a range of initiatives will form the basis for HSC guidance. Publication expected early 2004.