

Better Health at Work - How Primary Care Can Help

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- Understand Health at Work
 - The 'Sickness Journey'
 - Primary Prevention
 - Secondary Prevention
 - Rehabilitation
- What does Primary Care Need?

■ Work affecting health

- physical
 - ergonomic
 - chemical
 - radiation
- social
 - shifts
- psychological
 - violence
 - organisational

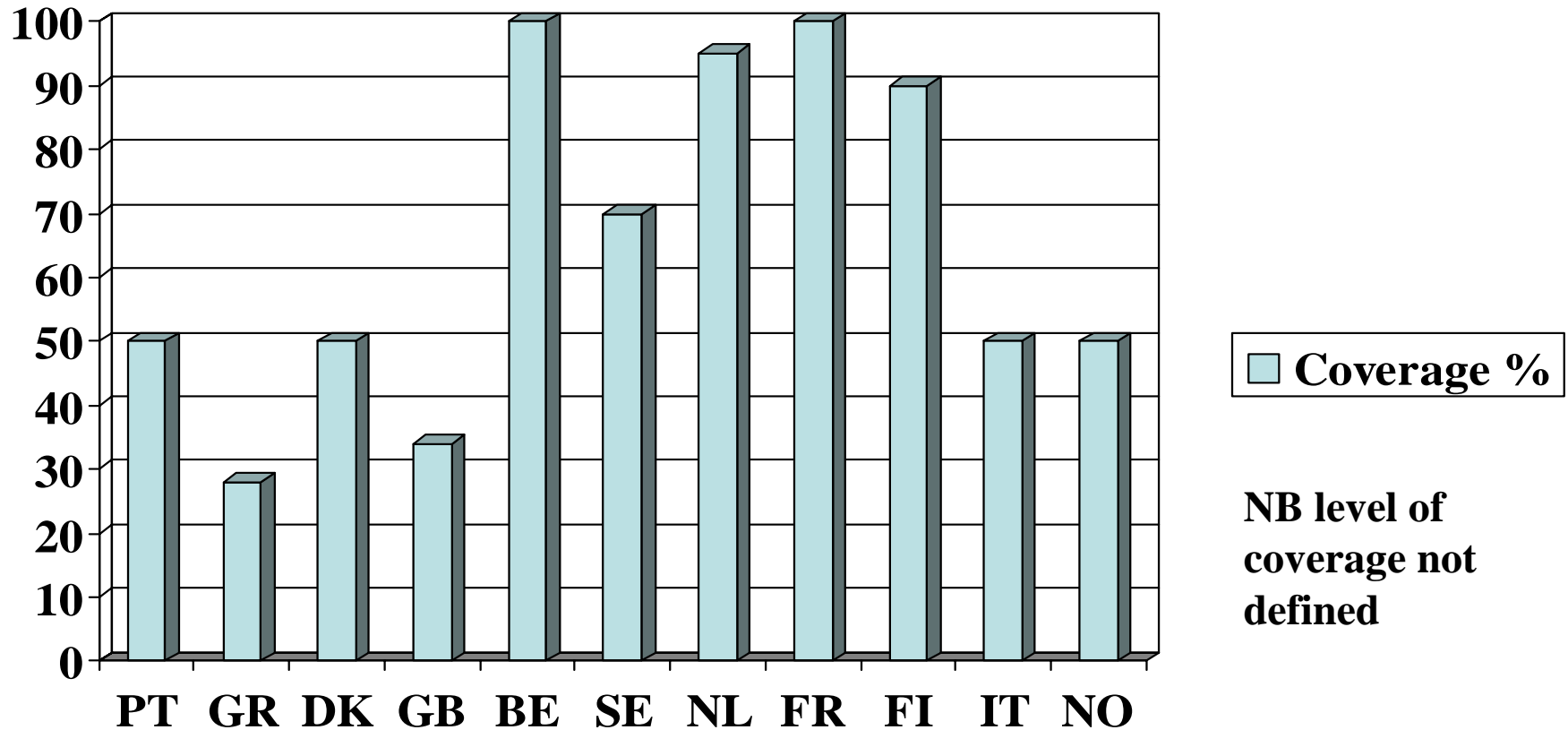
■ Health affecting ability to work

- physical
 - heart disease
 - back pain
 - asthma
- social
 - child / elderly care
- psychological
 - bereavement
 - mental ill health

- >28,000,000 workers (highest ever)
- 3.5m businesses in UK
- 90% employ fewer than 10 people
- 50% workforce employed in large organisations
- Access to and understanding of specialist occupational health support is limited in UK
- Only 3% of employers in the UK use an occupational health risk assessment approach
- Big business over represented at 15%

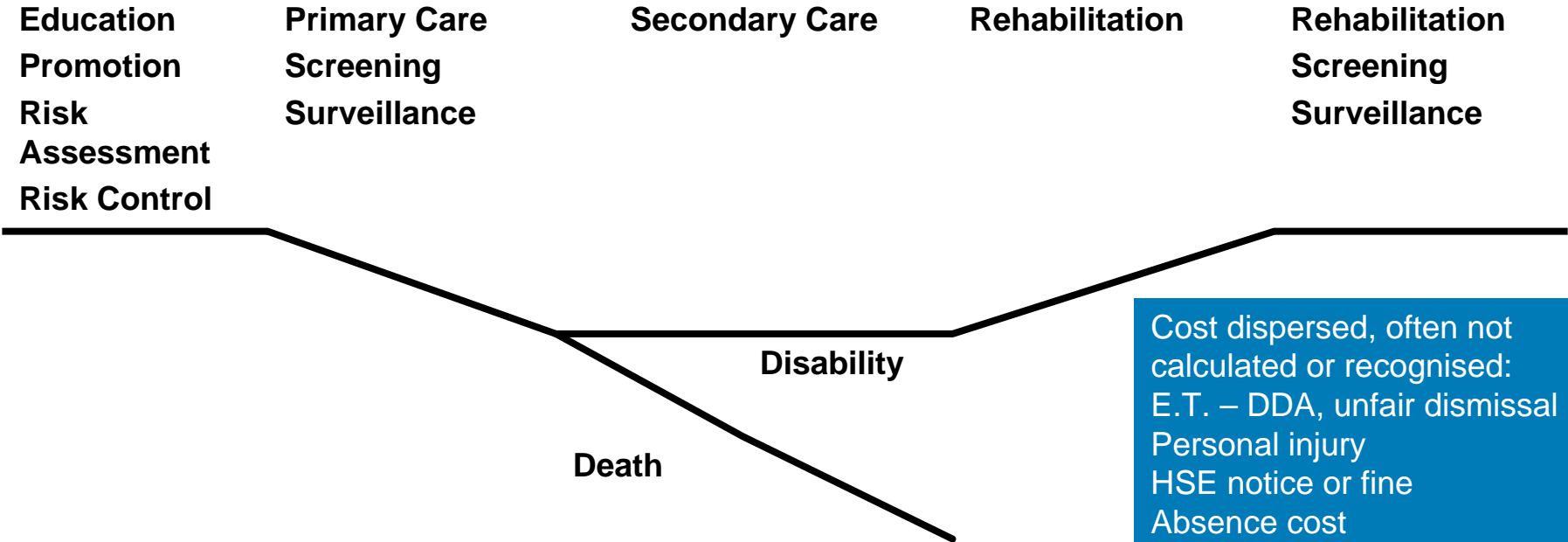
- HSE contract research 2002
- Institute of Occupational Medicine (IOM) in Edinburgh
- Telephone survey

European Workers Covered by an Occupational Health Service



Health Risk Management Process

Benefits include:
Retain trained staff
Improve performance



Cost dispersed, often not calculated or recognised:
E.T. – DDA, unfair dismissal
Personal injury
HSE notice or fine
Absence cost
Sub Optimal Performance
Ill Health Retirement Pension
Insurance
Incapacity Benefits



Health Risk Management Process

Benefits include:
Retain trained staff
Improve performance

Occupational Health Service - end to end process management in a job

Education
Promotion
Risk
Assessment
Risk Control

Primary Care
Screening
Surveillance

Secondary Care

Rehabilitation

Rehabilitation
Screening
Surveillance

Gap

Gap

Disability

Death

Cost dispersed and not often
calculated or recognised

Heavy and disproportionate
burden on worker and their
family

HSE / Safety
Department in
Organisation

DWP / insurer / pension fund

Primary NHS Secondary



Can Primary Care Help Keep You Safe at Work?

Primary Prevention



- Sees most of the population every year
- 1 in 30 or so patients very ill – but which ones? Very early presentation
- Chronic disease management
- Gatekeeper
- Advocate for the patient - partial
- Confidential
- Trusted
- Direct relationship with the patient, their family and the local community

- What is the diagnosis? e.g. asthma
- Is the problem neutral for work?
 - Caused by work? - sensitiser
 - Made worse by work? - irritant
 - Would return to work improve the patient?
 - Early treatment essential
 - Of the Patient
 - Or the workplace
 - Management
 - environment
 - all of the above?
- Do GP's have the competency to know?

- What if it were treated like a prescription?
- Work is good for you?
- Time matters – fast track for workers?
 - 1,000,000 people off work today
 - 3000 still off in six months with 80% chance will not work in five years (source DWP)
 - Regardless of diagnosis
 - 'Minor' and 'subjective' ailments
- Who manages that process?
 - Currently the employer or nobody
- Who decides that the note is issued?

- There is universal coverage by primary care
- Third party relationship between worker/employer
- The doctor/patient relationship is not the key
- Who does primary care deal with for:
 - Health and safety issues
 - Disability issues and fitness to work
 - Complex ethics and legal issues, balance of duties
- But - do they have knowledge, skills, time or access to the workplace?
- Where do they go for support?

- 'Healthy Worker Effect' - Workers usually or often troubled by 'minor' medical conditions
- Substantial disability but little risk to life
- Not urgent on the NHS - depression?
- Need for fast track – physiotherapy?
- What about NHS staff?
- GP's can help as purchasers of health care
- Time of the essence – contract time bomb ticking
- Not a medical model
- Access to occupational medicine?

Hospital Episode Statistics

Table 7. MAIN SPECIALTY
NHS Hospitals, England, 2002-03

	Finished Episodes	Adms.	Male	Emerg.	Wait. List	Waiting Time		Length of Stay		Age			Day Case	Bed days
						Mean	Median	Mean	Median	Mean	15-59	75+		
830 Immunopathology	2,788	100%	39%	1%	51%	13	7	1.2	0	48	69%	5%	96%	109
831 Medical Microbiology	55	87%	47%	75%	8%	2	1	9.3	4	39	87%	2%	0%	457
832 Neuropathology	80	99%	56%	0%	100%	54	41	1.0	1	59	49%	13%	96%	15
900 Community Medicine	1,965	99%	28%	1%	59%	148	183	23.3	14	59	24%	38%	40%	23,870
901 Occupational Medicine	1	100%	100%	0%	0%	-	-	-	-	78	0%	100%	0%	3
950 Nursing	3,093	51%	44%	2%	20%	24	23	14.2	7	43	45%	38%	15%	11,982

One recorded hospital Occupational Medicine episode, patient age 78 years, 3 days stay



- Starts at first contact - Work is good for you
- Long term unemployment is very unhealthy
- Keep people in work - link directly to employer
- If must leave work- link with other agencies for help into next job before they leave
- Must understand safe working, DDA v H&SAW
- Explore and manage barriers to work
- Not a medical model
- How?

- Disproportionate burden of ill health on
 - Employee and family
- Strategic Approach Needed
 - Structure
 - Process
 - Capability
 - Capacity
 - Focus in the NHS
- Therefore welcome strong Government lead between DoH and DWP

What does Primary Care Need to Become Part of the Solution?

- Education on 'Care of Working Age Population'
 - Faculty of Occupational Medicine is the authoritative body on occupational health training
 - Supports competency training
 - Conference tomorrow at RCP – health at work handbook for GP's (NB only 10% GP's in the audience)
 - Diploma and other courses for GP's
- Currently little training for doctors on work related issues including health and safety
- Knowledge, Skills, Attitudes to Work

What does Primary Care Need to Become Part of the Solution?

- Training away from 'medical model'
- Clinical outcome targets for return to work?
- Research methods and outcomes – current RAE system means research on these important areas not well supported
- Access to a consultant occupational physician - ?NHS referral system

- Whilst still in work – needs to move quickly
 - Access to secondary care for worker's ailments?
 - Capacity to cope with volumes?
- Can primary care perform this role?
 - Acceptable to patients?
 - To managers?
 - To the NHS currently based on 'clinical need'?
- By properly engaging with the employer we support the employee in work – can primary care deliver this in future?