

Table of preferred sources for injuries and ill health

Preferred data sources for different categories of work related injuries and ill health

These ratings provide a general indication of the sources' strength for most purposes. Please note that there may be a preferred source for a particular item, but another source may be more appropriate for a particular data breakdown of that item.

Strength of source: Strong  Weak 

Nature of harm	Preferred Source	Other source(s)
Injuries	LFS 	RIDDOR 
<i>Common conditions arising in a wide range of occupational settings</i>		
Stress	LFS 	THOR-GP 
Musculoskeletal Disorders	LFS 	THOR-GP 
<i>Common conditions arising in a limited range of occupational settings</i>		
Asthma	SWORD 	IIDB  LFS 
COPD	AF 	IIDB  SWORD 
Cancer	AF 	IIDB  SWORD  EPIDERM 
Noise induced hearing loss	LFS 	IIDB 
Skin disorders / dermatitis	EPIDERM 	LFS  IIDB 
<i>Specific or rare conditions arising in a limited range of occupational settings</i>		
Asbestos-related lung cancer	AF 	SWORD  IIDB 
Diffuse pleural thickening	IIDB 	SWORD 
Hand-arm vibration	IIDB 	
Mesothelioma	DC 	IIDB 
Pneumoconiosis & silicosis	IIDB 	SWORD  DC 
Other respiratory disease	SWORD 	IIDB  DC 

For more detailed information about each condition, please see below

Acronym Key

- **RIDDOR**- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- **LFS**- Labour Force Survey
- **THOR**- The Health and Occupation Reporting network
- **SWORD**- Surveillance or Work-related and Occupational Respiratory Disease
- **EPIDERM**- Skin specialist surveillance scheme
- **IIDB**- Industrial Disablement Benefit
- **DC**- Death certificates
- **AF**- Attributable Fraction- This is the proportion of the total number of cases of the disease that are caused by occupational exposure. The AF is either measured directly from a bespoke study or estimated by combining and comparing relevant epidemiological studies from around the world.

Preferred data sources for different categories of work-related injuries and ill health		
Nature of harm*	Preferred data source	Reason for preference
1. Injuries occurring in a wide range of occupational settings		
Injuries	LFS	<p>The Labour Force Survey (LFS) is the preferred data source for estimating the scale of workplace injuries in Great Britain. Annual data have been collected on a consistent basis since 1993/94, providing the best source for trend information, as well as demographic and job-related factors about injured workers. Data from the LFS represents the views of workers, providing a more complete view than RIDDOR, as it is not subject to changes in legislation or operational activity, nor subject to substantial levels of under reporting.</p> <p>As RIDDOR is collected for administrative purposes and is available at individual record-level. In some situations such as specific research, it may therefore be possible to obtain finer levels of certain information not available through the LFS, for example specific geographical locations.</p>

2. Common conditions arising in a wide range of occupational settings

<p>Stress, depression or anxiety</p>	<p>LFS</p>	<p>The Labour Force Survey provides our preferred estimate of the scale of work-related stress, depression or anxiety in Great Britain. The Labour Force Survey is a large, nationally representative survey of households run by the Office for National Statistics. HSE commissions questions in the LFS to gain a view of work-related ill health based on individual's perceptions. Analysis of this data is the sole responsibility of HSE.</p> <p>The large sample size provides a comprehensive picture of work-related ill health by a range of demographic and job-related factors. The self-reported nature of the LFS is an advantage as individuals are uniquely well-placed to assess the role that work factors play in their ill health. The relatively consistent time series (there was no ill health data collected in 2002/03 or 2012/13) means that the LFS is our best source for trend information.</p> <p>THOR-GP is the source which can best capture likely causes of work-related mental ill health by asking patients about the events leading to the diagnoses of the condition at the general practitioner level to indicate probable/likely cause.</p>
<p>Musculoskeletal disorders</p>	<p>LFS</p>	<p>The Labour Force Survey provides our preferred estimate of the scale of musculoskeletal disorders in Great Britain. The Labour Force Survey is a large, nationally representative survey of households run by the Office for National Statistics. HSE commissions questions in the LFS to gain a view of work-related ill health based on individual's perceptions. Analysis of this data is the sole responsibility of HSE.</p> <p>The large sample size provides a comprehensive picture of work-related ill health by a range of demographic and job-related factors. The self-reported nature of the LFS is an advantage as individuals are uniquely well-placed to assess the role that work factors play in their ill health. The relatively consistent time series (there was no ill health data collected in 2002/03 or 2012/13) means that the LFS is our best source for trend information.</p> <p>Musculoskeletal disorders can occur as chronic or acute conditions and are often episodic in nature and severity. Our current research suggests that</p>

		there is high correlation between self-reported and medically diagnosed musculoskeletal disorders in respect of attribution to work. The question relating to work-related musculoskeletal disorders has been asked in the LFS annually for the last decade and hence the LFS is the best source for ten
3. Common conditions arising in a limited range of occupational settings		
Asthma	SWORD	SWORD identifies cases of occupational asthma referred to consultants. While this means it underestimates the overall scale of the disease, it provides a good basis for more detailed analyses.
Chronic Obstructive Pulmonary Disorder (COPD)	AF	A/F estimates are preferred since they do not rely on the correct occupational attribution of individual cases, which is particularly difficult for COPD since smoking is the predominant cause. The epidemiological data on which A/F estimates of the overall scale are based provide information about the contribution of different exposures, occupations and industries.
Cancer	AF	Due to the long latency and multifactorial nature of cancer development, there are considerable uncertainties and variation in the assessment of work attribution on individual cases. The data generated using AF do not require the assessment of work attribution in individual cases and has the advantage over other sources of data, where the numbers of occupational cancer cases were counted based on self-assessment or assessment by physicians for disease surveillance or compensation purposes.
Noise induced hearing loss		There is no current, comprehensive source of data on work-related hearing loss. The LFS is able to provide estimates of the scale of work-related hearing problems. The IIDB provides numbers of new claims assessed for work-related deafness which is a measure of those most severely affected.
Skin disorders/ dermatitis	EPIDERM	EPIDERM identifies cases of occupational skin disease referred to consultants. While this means it underestimates the overall scale of the disease, it provides a good basis for more detailed analyses.

4. Specific or rare conditions arising in a limited range of occupational settings		
Asbestos-related lung cancer	AF	AF estimates are preferred since they do not rely on the correct occupational attribution of individual cases, which is particularly difficult for asbestos-related lung cancer since smoking is the predominant cause. Temporal trends and the past sources of risk are likely to mirror those of mesothelioma to some extent, for which detailed information is available from DC's and epidemiological studies.
Diffuse pleural thickening	IIDB	This is a serious lung disease with well-established arrangements for state compensation and as such IIDB provides the best indication of scale.
Hand-arm vibration disorders	IIDB	The IIDB provides numbers of new claims assessed for Hand-arm vibration disorders and Carpal Tunnel Syndrome. This is a measure of the most severely affected by Hand-arm vibration disorders.
Mesothelioma	DC	Most mesothelioma deaths in GB can be readily identified via the death certificate. Since the disease is rapidly fatal following diagnosis, mortality approximates to total new cases. National mesothelioma mortality statistics have been collected on a consistent basis since 1968 so it is the best source of information on trends.
Pneumoconiosis, asbestosis and silicosis	IIDB	These are serious lung diseases with well-established arrangements for state compensation and, as such, IIDB provides the best indication of the scale.
Other respiratory disease	SWORD	The specialist reporting scheme includes non-fatal cases and those who have not claimed for IIDB.

*There are a number of conditions for which a proportion of cases are likely to be caused or made worse by work but for which HSE does not currently have a preferred data source, including cardiovascular, neurological and reproductive disease. HSE continues to monitor the epidemiological evidence about the causes of such diseases and will produce statistical estimates in future where it is feasible to do so.