

Written evidence submitted by The Society of Occupational Medicine (SOM) (EPW0036)

This submission sets out our response to the following three commitments being evaluated by the Panel:

- **Planning for the workforce –**
 1. Ensure that the NHS and social care system have the nurses, midwives, doctors, carers, and other health professionals that it needs.
- **Building a skilled workforce –**
 2. Help the million and more NHS clinicians and support staff develop the skills they need, and the NHS requires in the decades ahead.
- **Wellbeing at work –**
 5. Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.

1. Ensure that the NHS and social care system have the nurses, midwives, doctors, carers, and other health professionals that it needs.

Role of Occupational Health professionals

Occupational health (OH) professionals within the NHS and social care system are often overlooked, yet they play a vital part to a thriving health system. OH is a multi-disciplinary approach to maintaining the well-being of those employed in a workplace, preventing, and removing ill-health and developing solutions to keep staff with health issues at work. Among many other duties, OH professionals provide independent advice on NHS staff unable to work due to long-term or short-term intermittent health problems, and organisation wide steps to reduce sickness absence or presenteeism (see https://www.som.org.uk/sites/som.org.uk/files/Presenteeism_during_the_COVID-19_pandemic_May_2021.pdf) This includes advising employees and their managers on any adaptations they may need to their workplace or routine to enable them to continue at work. They also:

- Develop NHS health and well-being related strategy and policies and can provide health advice to employees.
- Conduct pre-employment or pre-placement health assessments.
- Conduct statutory health surveillance (e.g., when workers may be exposed to hazardous substances or noise).
- Assess fitness to work regarding ill-health capability dismissal or ill-health retirement.
- Advise on compliance under the Equality Act 2010 (including disability or age discrimination) and temporary or permanent changes to the work or workplace ('reasonable adjustments').

Studies have found that £1 investment in OH leads to £1.93 saving in absenteeism costs or a £2.35 saving in medical costs.¹ OH benefits not only NHS employees but also NHS employers. See https://www.som.org.uk/sites/som.org.uk/files/Occupational_Health_The_Value_Proposition_March_2022_0.pdf

¹ <http://nrs.harvard.edu/urn-3:HUL.InstRepos:5345879>

Under-provision of OH professionals in NHS

However, current levels of staffing are inadequate, with less than 60 Occupational Medicine Consultants in the NHS in the UK. This can result in mental or physical health conditions of staff worsening while waiting for advice on appropriate adjustments to support them. Delays in seeing an OH professional, or the absence of these services, can result in an increase in sickness absence or ill-health early retirement.

SOM welcomes the *Growing OH programme* of NHS England and asks this be invested in over the long term to support increase in the capacity of OH teams.

Recommendation: *The number of OH professionals supporting NHS and social care staff needs to increase to ensure that health workers can access OH services promptly when they need them. This will reduce sickness absence and ill-health early retirement.*

Lack of access to OH services for some NHS staff

OH provision does not currently cover all NHS staff and social care staff. The NHS provides access to occupational health services for most staff in acute trusts, however, the range and quality are not consistent. There is far less provision in primary and community care settings. This means that key parts of the NHS workforce, such as GPs, practice nurses and pharmacists, lack full access to OH services.

The existing provision of OH services in secondary care are in part due to legal requirements around safety, for example checking for blood borne viruses in advance of performing surgical or other procedures which could potentially pose a risk to patients from an infected clinician. This is important, but full occupational health provision is needed to ensure staff have the support they need to continue at work, with accommodations made as necessary, in the case of physical or mental ill health.

Prior to the Health and Social Care Act 2012 Primary Care Trusts had a significant role in supporting the provision of OH. However, coordination of OH services in primary care has suffered since the abolition of PCTs. Some funds previously allocated by PCTs in support of OH services were diverted to the Practitioner Health Programme (PHP)² which provides mental health support for NHS staff. While a valuable service, the PHP is not a replacement for specialist OH services which are able to work with both the employer and the employee and so have a greater focus on supporting staff retention.

Recommendation: *All NHS and social care workers must be given access to OH services when they need them, regardless of setting. GPs, practice nurses and pharmacists should be included.*

Need to develop NHS England programme: 'Growing Occupational Health'

There is a new, positive focus on increasing the provision and quality of OH in the NHS with the rolling out of the 'Growing Occupational Health' programme. Growing Occupational Health is a new, national, five-year initiative by NHS England and NHS Improvement designed to grow all NHS delivered OH services and NHS OH staff to reach their potential and to better support the health and wellbeing of those who work in the NHS. Its aims include an increased focus on proactive and preventative care.

² www.practitionerhealth.nhs.uk/

This programme is strongly welcomed by SOM; however it does not include rolling out OH services across the whole NHS workforce and it is not clear whether the programme will continue to be funded beyond the first year.

Recommendation: *The 'Growing Occupational Health' programme must continue to be funded so that it provides the much-needed strategic development of OH within the NHS to support its workforce. The programme should also include within its objectives a commitment to ensure that all NHS workers have access to OH services by the end of the programme.*

2. Help the million and more NHS clinicians and support staff develop the skills they need, and the NHS requires in the decades ahead.

Lack of occupational medicine training posts

SOM is concerned about the longstanding reduction in training posts in occupational medicine and the attrition in training numbers of other multidisciplinary roles such as occupational health nurses.

[GMC SOMEP 2020](#) notes "most specialties have the same trend of steady growth in licensed specialists. The exceptions are pathology, public health, and occupational medicine, which have all continued to steadily decline since 2012".

An increase in training posts will not only help to ensure the NHS and social care workforces have enough OH professionals to support them in leading healthy working lives, but it will also contribute significantly to wider public health efforts, since trained OH professionals play a preventative role in protecting workers' health wherever they are practicing (i.e. whether inside the NHS or elsewhere).

Occupational physicians and nurses play a significant role in ensuring that people with mental or physical health conditions have appropriate adjustments in their working lives to avoid problems getting worse, or to stay in or re-enter the workforce after a period of sickness. Research shows that being in work is good for people's health, reducing the burden on the NHS, and extends length of life.

Recommendation: *A commitment to increase the number of occupational medicine training posts within the NHS for new trainees in occupational medicine is essential to meet the need for additional OH professionals within the NHS and social care sectors and more widely to support public health.*

5. Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.

Importance of OH services for NHS employees

Occupational Health is a key part of promoting MSK and mental health among NHS employees, as well as supporting staff with disabilities and other health conditions. OH advice and support can help keep staff in work, prevent early retirement due to ill-health and reduce sickness absence.

Therefore it is critical that the recommendations above – to widen access to OH services to all NHS and social care staff, increase OH provision and training placements – are essential to give workers the support they need. It is also why the *Growing OH programme* must be continued to ensure it delivers the long-term change and capacity building that is needed to support the NHS in the future.

Mental Health

NHS employees were already facing extraordinary levels of work-related stress prior to the Covid19 pandemic and have had the highest stress levels during it. Action is needed to improve the mental health and wellbeing of NHS employees via evidence-informed, systemic interventions to tackle the causes of work-related stress in the sector.

There is a lack of knowledge and training of managers to deal with the elevated level of stress experienced by NHS staff. For example, many ward managers receive minimal, if any, training regarding the impact of shift work on the health of staff. This knowledge is essential when planning rotas. Other action includes:

- Creating safe spaces for staff so discussions of mental health are not stigmatised
- Offering information about support that is easy to access
- Avoiding a culture of 'presenteeism.'
- Creating flexible work options to improve work-life balance

OH professionals can advise both employees and employers on how to improve and protect the mental health of staff.

SOM produced a report on the mental health of doctors: [What could make a difference to the mental health of UK doctors?](#) and for nurses: [The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom](#). These contain recommendations which should be taken forward.

Musculoskeletal (MSK) health

OH can also play a critical role in protecting staff from MSK ill-health. Early intervention advice/management for staff with MSK problems is key to helping reduce the rate of absence & facilitating a quicker return to work, as well as reducing the rate of reoccurrence and the risk of the condition worsening or leading to other health problems such as depression. As a result it also leads to cost savings.

One example of a successful intervention by OH professionals comes from the OH physiotherapy team at Sherwood Forest Hospitals NHS Foundation Trust. They piloted a new scheme to improve the MSK health of staff and found that among those participating in the pilot, the scheme saved a visit to the GP in 95% of cases; reduced time off work in 86% of cases (if off work); and prevented time off work in 84% of cases. This represented a cost saving of approximately £76,000. Click [here](#) to view their presentation.

There is a briefing pack [here](#) from Leeds and York Partnership NHS Trust for managers so they are educated regarding managing MSK issues. The SOM and the Association of Anaesthetists have produced guidelines on better musculoskeletal health for anaesthetists ([here](#)). Occupational health professionals work with managers to advise on appropriate guidance and support employees to put it into practice.

Long Covid

A growing number of NHS and social care employees are struggling to return to work because of Long Covid and are facing, or have faced, losing their job due to being unable to work at their full capacity. Losing their job, or even the threat of it, can set people recovering from Long Covid back significantly and lead to long-term unemployment.

There is a lack of expertise among health and social care employers on how to manage Long Covid in the workplace, resulting in short term decision-making which may have a long-term negative impact on staff, employer, and the public purse.

This situation could be mitigated by ensuring that people with Long Covid have access to OH advice and support as part of the services offered at Long Covid clinics in England or through GPs in other parts of the UK. See <https://www.som.org.uk/supporting-staff-long-covid-workplace>

Recommendation: *Improving and extending access to OH services for NHS employees is a key way of supporting their mental and physical wellbeing. There is unambiguous evidence that these interventions work.*

SOM - Background

The Society of Occupational Medicine (SOM) is the largest and oldest national professional organisation of individuals with an interest in occupational health (OH). SOM's Patrons are Lord Blunkett, Dame Carol Black, Lord Popat and Rt Hon Sir Norman Lamb. Membership is for anyone working in and with an interest in OH and supports professional development. Its 1875 members are part of a multidisciplinary community – including doctors, technicians, nurses, health specialists and other professionals.

A registered charity, SOM recently launched a £50k Scholarship fund to train in OH and increases awareness through an annual awareness week (June 18-24th 2022). SOM is a member of the Government's OH expert group and hosts an Academic Forum – a network of Universities, think tanks and researchers – which aims to inform government and support the health of the UK workforce.

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