

FACULTY OF OCCUPATIONAL MEDICINE

of the Royal College of Physicians

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Position Statement

Provision of Occupational Health Services to Small and Medium Sized Enterprises (SMEs)

Definitions and demographics

- SMEs are defined as small (less than 50 employees) and medium (50-249 employees) sized enterprises. At the start of 2002 there were an estimated 3.8 million business enterprises in the UK, of which 99.1% were small.
- Only 27000 were medium sized and 7000 were large (over 250 employees). Of the 3.8 million businesses, 69.3% had no employees, that is they had a sole proprietor or owner-manager, leaving **1.16 million** small and medium sized businesses with more than one employee.
- UK business enterprises employed an estimated 22.7 million people of whom 55.6% worked in SMEs. Occupational health services are less easy to define: they range from ad hoc advice to regular in-house or contracted on site nurse or physician sessions.
- Often, SMEs will contract occupational health providers for items of service such as training or health surveillance which may be driven by legislative requirements.

Access to occupational health services

- It is estimated that 34% of the UK workforce has occupational health service coverage. Comparative figures for other EU states show that some member states achieve 90% coverage or greater (Belgium, France, Netherlands, Finland).
- Only Greece, at 28%, had lower coverage than the UK, though the nature of the services in different EU states may differ considerably.

Occupational health resource

- *Securing Health Together*, the occupational health strategy for England, Scotland and Wales, set out five programmes of action, one of which is the Support Programme Action Group (PAG 5).
- This group carried out a mapping exercise that estimated the occupational health resource in the UK. The table below is derived from its data and equates numbers of nurses, occupational physicians and accredited specialists with the denominator 1.16 million SMEs with more than one employee.



Occupational health discipline	Ratio of practitioner to SMEs(greater than 2 employees)	Ratio of practitioner to Medium enterprises (50-250 employees)
Occupational health nurse	1:155	1:3.6
Accredited specialist	1:1506	1:35
Occupational physicians with some training	1:595	1:13.8

UK Health and Safety Strategy for SMEs

- In 2000, HSC's **Occupational Health Advisory Committee (OHAC)** published *Report and Recommendations on Improving Access to Occupational Health Support*.
- This made a series of 30 recommendations and endorsed the view that SMEs did not necessarily require traditional doctor and nurse based services but could benefit from simple, sector specific guidance on practical measures to improve health and safety.
- Subsequently, the **Improving Access to Occupational Health Support Project Board** was formed and succeeded by PAG5. HSC/HSE has set out its strategy for small firms, which is available online at: <http://www.hse.gov.uk/aboutus/hse/policy/strategy.htm#ST1>.
- The strategy has six main aims, the second of which is to: *ensure that small firms have the information and support they require, either from HSE, Local Authorities, Trade Unions or from others, to assess and control risks appropriately.*
- The first objective arising from this aim is to implement the recommendations of the OHAC report.

UK models of provision

The traditional occupational health service provision to SMEs has either been occasional use of local general practitioners(GPs) or advice from HSE medical inspectors. Newer developments and innovations in recent years have included :

a) Workplace Health Connect

This is a confidential free service run by HSE, designed to give practical advice on workplace health, safety and return to work issues, to smaller businesses in England and Wales. It consists of an advice line and supporting website, and, initially, the offer of problem solving visits to workplaces in five separate areas across England and Wales. Further information is available from:

<http://www.hse.gov.uk/workplacehealth/index.htm>

b) Projects to promote awareness in NHS primary care

- e.g. Sheffield, Liverpool, East London, Bradford, Leeds, Birmingham and Lothian; the model was essentially one of project workers or occupational health advisors

visiting participating GP surgeries, interviewing patients as they waited to see GPs, gathering information about work histories and workplace hazards and giving advice.

- A different model, the Lanarkshire HOPE project, asked participating GPs to refer patients with possible work related problems to the project team, who used telephone interviews, postal literature and access to an occupational health advisor or occasionally, a consultant occupational physician.

c) Projects to give free access to basic advice (e.g. Lanarkshire, Sandwell)

The model is to offer local businesses a free assessment by a health and safety advisor and health promotion advisor, with rationed follow up visits, then signposting to service providers both NHS and private if ongoing services are required.

d) NHS Based services

Some NHS based occupational health services provide significant services for the commercial sector and this has included services to SMEs. Within England and Wales, NHSPlus was launched, which set up a network of partners within NHS occupational health services, each of whom committed to quality standards, to provide commercial occupational health services.

e) Hub and Spoke services

- In Scotland, the Scottish Executive has funded a project, *Safe and Healthy Working*, which provides occupational health nurse and safety practitioner advice to SMEs within geographical sectors, based on a "hub and spoke" principle.
- Each area of Scotland has a "hub" based within a NHS service which is funded to employ the nurse/safety practitioners. The service delivers an initial workplace needs assessment with signposting to additional services where appropriate. Medical backup is provided via NHS consultant occupational physicians. Initial access is via telephone helplines or internet contact.

f) Commercial OH providers

- There are now large commercial occupational health providers with near national coverage which provide services to a range of industries and businesses. In addition, there has been an increase in the number of smaller independent privately owned and operated occupational health services.
- Economics dictate that work for SMEs may not be particularly attractive commercially for such providers however and it is not known what proportion of such business is accounted for by SMEs.

European Models of Provision

- There is a wide range of occupational health law, regulation, enforcement and service provision across the Member States of the European Union. Service provision is rare from the state sector with outsourcing common.
- In Belgium, Germany, Finland, France and the Netherlands provision of occupational health services is mandatory.

- Even there with legislation, 100% coverage for employees in SMEs is not achieved in any of the Member States, so legislation alone is insufficient, but is effective in increasing coverage.
- Further incentives are in place in the form of tax benefits and reduction in insurance premiums.
- A range of the above with direction from Government and professional leadership is also necessary.

Physician competencies valued by SMEs

HSE research has identified that employers value specific competencies highly (eg law and ethics, assessment of hazards, assessment of disability and fitness, communication) and that their ranking of competencies differed from that of occupational physicians. (<http://www.hse.gov.uk/research/rrpdf/rr247.pdf>)

The Way Forward

1. It is reasonable to aspire to the goal of access and information for all employers and employees, though the barriers to this are recognised.
2. Occupational health services to SMEs cannot adopt the same model or level of service that has been adopted by large industries and employers.
3. There are insufficient numbers of trained practitioners in the various occupational health and safety related disciplines to provide traditional blue chip occupational health services to all employers.
4. The market system, whether via NHS or commercial providers, has previously been beyond the reach of most SMEs for economic reasons.
5. Central taxation is a possible means of funding a National Occupational Health Service for all employers, though would remain limited practically by lack of specialists to deliver the service.
6. The recently established Workplace Health Connect is an encouraging innovation and its progress should be monitored and its successful aspects developed.
7. One method of providing access to occupational health advice for individuals is through existing primary care structures. To be provided equitably and consistently, this would require greater integration of occupational medicine into the training curriculum for GPs, practice nurses and other primary care professionals.
8. Leadership and consultant advice could be provided from tertiary care as in other specialities.
9. Development of foundation programme training may offer the opportunity for mandatory introductory level training for all medical practitioners.
10. However, primary care-based services may miss out on a crucial aspect of preventive medicine – access to the workplace and the employer.

11. The Hub and Spoke model may have the potential to provide an equitable, regionally based framework for initial access to advice and information for SMEs and their employees. Involving employers critically gives potential access to the workplace and ensures the best chance of influencing systems of work.
12. This model, as espoused in the PAG5 report, would see a telephone helpline as a basic service, backed up with regional OH and safety advisors, while other stepped services which could be made available to SMEs dependent on needs assessment.
13. Ongoing or more sophisticated services could be provided at cost or by signposting to other local occupational health providers. The parallel route of referral to such a service could be via the GP, seeking access to advice for individual patients. Advice would not necessarily be from a physician, but could follow the principle of stepped care, with initial assessment and advice from an occupational health nurse.
14. How would such a service be funded?

In Scotland, the government has committed short-term monies from central funding. Other alternatives include:

- Funding by a combination of central government, local government and employers' groups.
- An annual subscription fee for SMEs topped up with central government subsidies
- At cost service delivery via NHS occupational health services, which would essentially be a subsidy from central taxation and would require a change in thinking towards a form of National Occupational Health service.

Key External Actions

- HSC, HSE and the UK Government should continue to examine differing models of service provision and invest in those with successful track records.
- There should be a national review of the numbers of trained occupational health professionals that would be required to provide an adequate SME service.

Key Actions for the Faculty

The Faculty of Occupational Medicine will:

- Actively lobby for an increase in the provision of occupational health advice to a greater proportion of the UK workforce
- Keep abreast of the progress and effectiveness of Workplace Health Connect
- Seek opportunities to convey advice and information directly to SMEs. In January 2006, the Faculty launched, along with the Faculty of Public Health, *Creating a Healthy Workplace*, with advice for employers on reducing absence, employee turnover and legal risk. This is available at:

http://www.fph.org.uk/policy_communication/publications/leaflets/healthy_workplaces.asp

- Further examine the model of SME service provision piloted in Scotland as Safe and Healthy Working to determine its success and whether it should be promulgated further
- Form an ongoing project group that reports to the Faculty Board on the development of SME services and drives the issue forward within the Faculty
- Liaise with CBI, TUC, UK Departments of Health and the Department for Work and Pensions to lobby for development of consistent equitable basic occupational health advice to SMEs on a national basis
- Work with the Royal College of General Practitioners and the Society of Occupational Medicine to encourage further education of GPs in occupational medicine. The joint Faculty/Society/RCGP *Health and Work Handbook* and associated conference in December 2005 was undertaken to further this aim. (Summary of book available at: http://www.facocmed.ac.uk/library/docs/h&w_sum.pdf) Foundation programme training may provide new opportunities for this. The Faculty will be working with the RCGP to create GPs with a Special Interest in Occupational Health during 2007.
- Ensure that occupational physician competencies valued by SMEs are included in the curriculum for specialist registrars and in CPD for Faculty Associates, Members and Fellows.
- Promote an awareness of occupational health in all specialties. Progress on this is being made with discussions now underway about embedding occupational health awareness into postgraduate training for all specialties.

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