Partnership on Health And Safety in Scotland

PHASS/10/03

Scottish Action Plan on Health and Safety
Development of Occupational Health support services through the Scottish Centre for Healthy Working Lives
– an update

Issue

1. To be aware of the intended direction of development of services provided by SCHWL in relation to Occupational Health provision to SMEs in Scotland, through the development of existing staff resource and improved links to NHS and private providers.

Recommendations

2. That the committee:
   - notes the intended route of development of services
   - considers avenues to assist in facilitating this development

Background

3. Research by Pilkington (2003) carried out on behalf of the HSE showed that only 3-15% of UK business had some form of occupational health provision. However, when a strict definition of occupational health was applied the research showed that only 3% of UK organisations had provision. These tend to be public sector or larger organisations. Further research in a smaller study carried out by Jane Duffy (HWL 2005) reviewing provision of OH among a sample of SME's in Scotland showed that the larger the organisation the higher the likelihood of having OH provision. This dearth of OH provision was more profound among the smaller organisations. Suggested reasons for this include, lack of information and knowledge on the subject, failure to identify OH as a health and safety issue, lack of resource (money, time, personnel), inability to identify issues and source competent assistance, lack of OH provider, possible inability to absorb the costs of paying for OH services in the current tax system. This may therefore present a case for Healthy Working Lives to provide elements of an OH service for smaller businesses within Scotland.

4. Following initial discussions on the direction of OH development with SCHWL, a proposal document was produced and a steering group asked to comment on its content. This steering group met in February and an amended proposal and action plan were produced. There was consensus that the role of the steering group in future would be to oversee action to implement the development phase through provision of knowledge and facilitation where necessary. The group would be given further opportunity to comment and feedback on work as it develops. Work to develop the services and tools will be carried out by staff within Healthy Working Lives with the Steering Group having an advisory and overseeing role in this process, the group would also help facilitate access to providers such as the NHS. Staff and capacity were among the specific issues that must be further addressed in the development process.

Proposed Model

5. With the current level of specialist and financial resource, HWL's ability to provide hands on OH services is limited. It is therefore proposed that, as we look towards expansion of OH services, we concentrate on advice and information provision and where possible ensure that the techniques adopted can be delivered by all advisers, again using the specialist advice as and where needed to support the knowledge and skills already in place. Therefore, the thrust of the development will be around tools to assist our existing advisers, from whichever discipline, to be better equipped to help their clients identify and deal with Occupational Health issues within their workplaces. The emphasis will be on practical, workable tools with specialist support for advisers and clients coming from our limited OH resource, in particular the centrally located advice line function.

6. The focus of its work is on the delivery of practical assistance and solutions for business to improve the Health and Wellbeing of workers and therefore improve business and economic outcome. It is proposed that building on information provision will utilise a series of models to identify where occupational health problems exist or have the potential to exist within a workplace as part of the overall health and safety management system. Advisers will give specific advice and information to assist the organisations to manage the occupational health issues identified and "lead" the organisations through the processes of occupational health management as appropriate to the issues identified.

7. It will inevitably be necessary for a number of the organisations with which our advisers work, to receive hands on assistance in the form of screening, referral and monitoring processes within the workplace. In such instances, where HWL can provide these services in some form, they shall continue to do so for the organisation. Where the assistance necessary is beyond the resource of HWL then direct referrals will be made to local NHS or private occupational health services. It will be made clear to any clients that these services are provided outwith HWL and are therefore chargeable, but HWL staff will facilitate this referral process and act as an intermediary to ensure that the correct services are provided, results are interpreted correctly and workplace action follows from the consultations or interventions. This process should reduce costs for the employer so that the limited available resource is directly placed where it is needed. Initially these referrals are likely to be to NHS providers but it is recognised that neither HWL, nor the NHS have a monopoly on provision and that a single provider model will not be the solution to the problem of health at work. Private providers should be approached to provide some services and this will ensure that a fair market value is achieved for the services required. Links should be formed between HWL and providers in NHS and bodies such as the Commercial Occupational Health Providers Association (COHPA), although their coverage in Scotland may be small.

8. This development focuses on the practical delivery of assistance to clients, and is based on the stance that SCHWL has a strategic position at this stage in the development. There is most likely scope for HWL advisers to assist clients in becoming "smarter customers" in terms of knowing what to ask for, and the

standards expected, from service providers in terms of output and identifying clear markers of competency in service provision. This in turn would encourage market driven improvements in service delivery without placing HWL in a position of auditor, regulator or inspector.

9. SCHWL is currently developing a rehabilitation service model and this captures individuals of working age who have already become ill for reasons that may be work-related. There is still a strong argument for a proactive surveillance and preventative intervention element to the HWL stable in order to help monitor and detect illness at an early stage and allowing access to quicker treatment which may help employees remain at work. It is in this area that we may find the first piloting of an OH service where organisations involved in the rehabilitation service allow advisers access and work with HWL staff to identify and resolve OH issues. Where these issues can be resolved through the H&S management systems then assistance will be given and where a medical intervention is required, referrals may be to the existing resource within the rehabilitation service.

Target audience

10. The target audience is SME's, tools may need to be sectorised and targeted. HWL would also be keen to work with the enforcing authorities to develop tools and target groups in line with inspection proprieties and initiatives.

Other routes to encourage use of services

11. The need for referral into the services available goes beyond advisers dealing with individual organisations at workplace visits. Our services need to be available to all. This creates potential resource issues and focuses on the development of a single point of resource within the advice line being able to offer individuals services beyond basic phone advice such as access to national rehabilitation services. Routes into the service for other service users could include:

- Promotion of self referral – most likely to Advice line and therefore need to look at resources and OH capacity to deal specifically with this type of call - where do we go beyond advice to individual?
- Provision of GP support for suspected occupational health conditions, promoting the advice line to GPs and health professionals as an avenue for them to discuss issues that may be occupationally related with a specialist nurse adviser who is supported by OH physician. This could be during the patient consultation or at another time.
- Promotion of GP referral. Services offered to GPs and Allied Health Professionals to assist in their identification and referral of work related conditions.

Where specific problems are identified either by sector or localised referral, HWL could become proactive in engaging local GPs on the issues and providing specific guidance. Talking to GPs or sending appropriate materials. Expansion of involvement with other projects eg pathways – will need Government and Departmental buy in.

- Management referral for individuals or organisations.

- Referral and recommendation from business leaders and community, especially from formal links with Chambers of Commerce, enterprise organisations and sectoral business bodies.
- Possibly encourage future setting up of “co-operative” Occupational Health services through trade sector bodies.

There is a more formal role to be investigated here around the involvement of, and relationship between business and government and where individuals and organisations are pointed to for advice both at the early stages of development of the business and in business growth. More formalised links with development bodies, promoted by government would assist organisations in being signposted to the correct source of assistance.

Costs

12. Funding to secure a three year post within SCHWL has been agreed, this post would be dedicated to developing suitable tools, negotiating with suppliers for services standards, piloting and role out of services, engagement with GPs, developing adviser and advice line systems and ensuring parity with Black report developments. OH advisers are already employed within the HWL team and these skills can be utilised for the development of and undertaking of such functions although there is not nationwide capacity for this work.

13. Employers regardless of size however still have a responsibility for the Health and Safety of their staff and therefore should bear some of the cost of this service. For example, if HWL were to provide actual services then testing and laboratory services etc would need to be passed back to the employer. If HWL is referring to a suppler for service then it should be clear that these are chargeable services and while HWL may look to secure standard and preferential rates for clients, the financial contact would be between supplier and client.

14. Any individuals who require further intervention should be referred to the existing Rehabilitation Service currently being developed by HWL, where suitable services are available in their areas.

15. Given that lack of OH services within SME’s, employees who are ill tend to refer themselves to their GP’s and many cases where no specific occupational consideration will be given to the ailment or treatment and the individual may end up on timely NHS waiting lists for either consultants appointments or diagnostic testing. In the longer term, work focused on determining and evaluating the provision of additional funding to NHS providers and investing in a proactive surveillance programme for such groups could help reduce:

- GP referrals
- NHS referrals
- Work related ill health statistics
- Workplace sickness absence
- The number on incapacity benefits

16. Health surveillance should not be viewed as a specific control measure and any intervention by HWL staff should follow the process of hierarchy of

controls ahead of any OH intervention. Following a Safety Management System, provision of advice, tools to ID and prevent conditions, training and assistance to clients to ensure a process of

- Elimination
- Substitution
- Modification
- Enclosure
- Engineering controls
- Administrative controls
- Personal Protective Equipment (which should always be used as a last resort)
- Health Surveillance where appropriate

17. This could lead to sector specific standards and training in appropriate health management systems. A focus may be to identify tools for high risk clientele in the first instance and to work with other strands of HWL activity to ensure a joined up service is available, for example, picking up the strand of work on occupational cancers and identifying sector specific implications, for example, Silica exposure to stone masons and working with specialists to utilise and promote existing guidance, provide practical assistance for advisers, workers and employers in this area.

Competence

18. A responsible person can be trained to make basic checks such as skin inspections; this could be a supervisor, employee representative or first aider. HWL staff are likely to become involved in such knowledge and skills transfer. For slightly more complicated assessments, an occupational health nurse can ask about symptoms or carry out an examination. Use of the advice line, tele-conferencing and electronic questionnaires through a secure website may be a future option in terms of OH delivery, with central OH lead assessments and feedback to our clients. There will still be a need to oversee or have access to an OH Physician to ensure standards are maintained.

19. For certain hazards, clinical examinations may need to be carried out by an OH nurse or Physician, preferably one trained in occupational medicine. HWL may broker these services but are unlikely to deliver them with current resource.

20. Caution must be noted regarding supervisor / employee management of health surveillance. Some employers may use health surveillance as a tool to discriminate against workers. Also, many conditions can be similar and such individuals are not suitably qualified to assess for differential diagnosis.

Action

21. PHASS members are invited to note and comment on these proposals.

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