

YOU THINK YOU NEED AN OCCUPATIONAL HEALTH SERVICE – WHAT NOW!



I am often approached by potential clients who are willing to spend money on occupational health services which don't always fit the needs of their organisation. An example would be to provide 'wellness clinics' when there is a statutory health surveillance requirement such as audiometry or lung function testing. In these situations I see my job as guiding the client to the best use of their, usually limited, resources to provide a service which is going to be value added.

So where do you start to ensure that the service you have is fit for purpose? What are the current occupational health delivery models on the market and what do you need to consider? The following information is gained from the experience of helping organisations prioritise their needs and also from auditing existing occupational health provision.

Start with an occupational health needs analysis...

Breaking the needs down into three areas helps focus on where your resources need to be. This is to protect not only the health of the workforce but also your business. These can be seen simply as the must's, the should's and the nice to have's.

1. Must's

Any statutory requirements would be categorised as a 'must' and would be the priority of a needs analysis in order to protect your business and the health of your employees. It's worth remembering that improvement notices from the HSE can be issued for some occupational health activities under the Management of Health and Safety Regulations.

Examples:

- Statutory health surveillance eg, audiometry, lung function tests, fork lift truck medicals,
- Workplace risk assessments eg, COSHH, manual handling, stress
- Medical retirement eg, LG Pension Scheme Regulations

2. Should's

This category would include services which support business efficiency and employees with health problems. Data such as sickness absence trends and also trends identified by your occupational health service are useful to provide guidance in this area. It could also be that, due to the nature or risk of your business, services such as vaccinations and travel advice would need to be considered.

Examples:

- Pre-employment health screening
- Sickness absence case management
- Training in stress management, infectious diseases or back care

• Occupational rehabilitation

- Return to work plans/monitoring
- Work place adaptations
- Counselling
- Physiotherapy

3. 'Nice to have's'

This is a difficult area as the 'nice to have's' of an occupational health service are usually liked by the workforce and so become an easy sell to employees. However, if the must's and should's are not covered you could be wasting money and effort as the work related health issues are not addressed. Also, the question has to be asked about how effective they are anyway? The evidence is patchy in this area as it is very difficult to measure outcomes. Short-term there is certainly evidence that wellbeing initiatives can have a positive effect on health, long-term there is less evidence. Although on a pragmatic note I have used trend analysis data on 'lifestyle' assessments to contribute towards policy development subjects such as substance abuse and stress.

Examples:

- Health promotion initiatives
- Wellbeing initiatives
- Individual 'lifestyle' assessments

What type of service would fit best?

There are essentially three types of occupational health service on the market today. The pros and cons are summarised overleaf.

Inhouse – as an employed service

Pro's

- Thorough understanding of strategy/objectives/culture
- Can be a more strategic role
- Has specialist knowledge of your organisation
- Can be more flexible
- Can be more available
- Management of OH staff and ongoing professional development

Con's

- Outcomes can be more difficult to measure
- Can be over stretched with non-core activities and ineffective
- Difficult to set up a service from scratch
- Buoyant OH job market – high turnover of staff
- Can have a limited skill set
- Need facilities and on-going maintenance of equipment

Outsourced - Bringing in an occupational health provider is now the most popular way of providing occupational health services. They range from small/medium sized independent companies to major operators set up to service national contracts.

Pro's

- Can choose from a menu of services to suit your specification
- Pay for what you need
- Easier to measure outcomes and demonstration of value
- Management and professional development of the OH staff is transferred to the provider
- Need space rather than facilities
- You're not responsible for the management of medical notes/equipment etc

Con's

- Consistency & quality of the Occupational Health Specialist can be an issue (depends of the size of the Provider)
- Lack of understanding of your organisation/culture
- Can be conflict if the expectations are unrealistic or there is lack of understanding of the Service Level Agreement
- Can be inflexible – planning is necessary
- Can be expensive if specification of the services is not defined

Mixed Provision - This model of provision retains an individual or team of occupational health specialists for core business activities but contracts out routine or specialist services such as health surveillance

Pro's

- Retain strategic and core activities in house
- Can be more cost effective
- Not responsible for maintenance of equipment for contracted service
- Increased skill mix
- Flexible provision – target problem areas – scale up and down
- Pay as you go

Con's

- Need to plan and budget
- Can be a restricted OH role for the in-house specialist – less job variety
- Need to specify and manage contracts
- May still be responsible for the equipment/medical notes

And finally..

It's worth mentioning that experienced and qualified occupational health specialists are thin on the ground, particularly in the north of the UK. It is therefore advisable, if outsourcing, to ask upfront who is going to deliver the service. If you are asking an occupational health provider to help you assess your needs they should always ask questions related to the 'must's and should's before the 'nice to have's'. In addition a potential occupational health provider should ask to visit your workplace to actually see key jobs and understand the working environment and culture.

Just as there is no single model of OH customer there is no single model of OH provision. Ultimately the choice is likely to be made on cultural fit, cost and experience of what has and hasn't worked in the past. Using a needs based analysis will help provide some objectivity and guidance to the final decision.

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