

OH team summit – May 2019

OH teamwork in practice – presentations from TfL and the Met

There were two initial presentations regarding an in-house service from TfL and an outhouse service for the Metropolitan Police (attached). Discussion occurred as to:

- The extent of investment in different OH professional groups depends on the level of investment in contracts
- The role of different professional groups e.g. of doctors to assist with complex cases, strategic advice and clinical leadership. See overleaf for draft.
- The need for occupational health to focus on prevention
- Focus is currently being given by the government on work being good for health, but this should not overlook that work can be a cause ill health

A SOM document on commissioning OH was highlighted and the following figure highlighting the OH journey from the Council for Work and Health¹

Interface between work and health

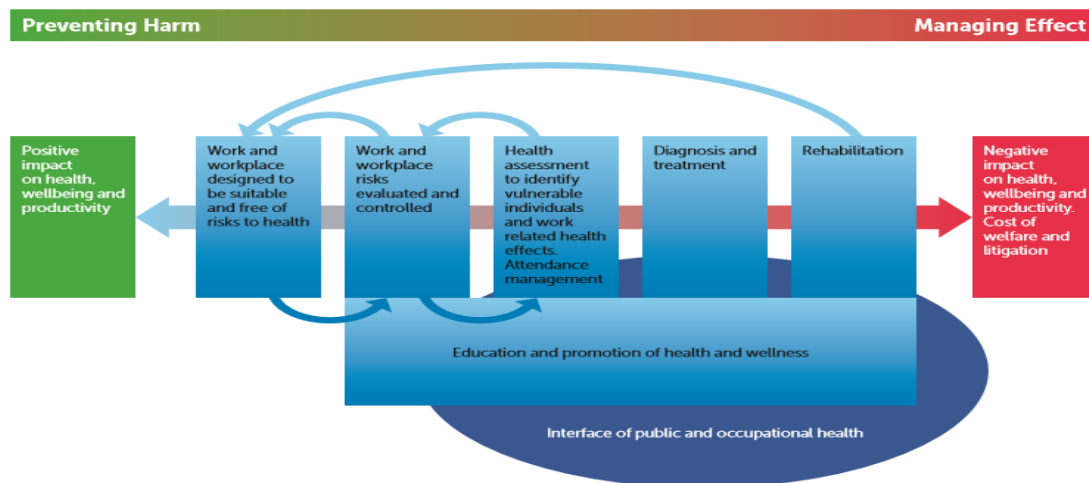


Figure 1: The occupational health role in the interface between work and health

Role of the OH Team

The group produced a summary as attached as to how the OH team should occur and the challenge of areas such as small teams, understanding each other’s role, knowing the limits of their competence/seeking input from other experts, consistent advice, GDPR, and designing systems to reduce human error and minimise risk.

OH Pathways

Two pathways were produced on OH in the NHS and OH in the private sector - attached.

¹ Council for Work and Health Final Report (2016) – Planning the future: Implications for Occupational Health, Delivery and Training

The need for designing out hazards in the first place and assuring workplace control improvements following cases of ill health were noted. Follow through is also dependent on employer initiative and engagement of relevant resource.

Next steps

- Clarity regarding approaches to risk assessment and workplace risk assessment and as to whether it is owned collectively or individually - to be drafted by Richard
- Repeat summit in one year e.g. with a focus on further clarity in skill definition
- Need for multidisciplinary peer support and training?

Physician	<ul style="list-style-type: none"> • Diagnosis of work-related ill health • Complex case management • Strategic advice on health and well-being to ill health and disability management • Development of health, and wellbeing policy and protocols • Ill health retirement
Nurse Specialist Practitioner / Senior OH Nurse	<ul style="list-style-type: none"> • Fitness to work assessment • Case management • Wellbeing in the workplace • Health assessments - develop health and risk management • Policy development
Physiotherapist	<ul style="list-style-type: none"> • Fitness for work assessment which incorporates job task analysis and advising on appropriate RTW plan using a biopsychosocial approach. This would include considering ergonomic and workplace factors. • Supporting individuals back into or keeping them in the workplace through structured rehabilitation programmes • Preventing ill health through health promotion and prevention
Psychologist	<ul style="list-style-type: none"> • Management of stress, anxiety, depression and mental health conditions which impact upon wellbeing and work • Organisational and behavioural factors analysis
Technician	<ul style="list-style-type: none"> • Screening and carrying out of tests • Mobile Health surveillance under guidance of OHP and OHA • Health promotion
Ergonomist	<ul style="list-style-type: none"> • Expertise in workplace design and application to prevention • Rehabilitation and prevention • Analyses of the interaction between people and the work environment including equipment or machinery in the workplace as well as the work organisation
Hygienist	<p>Protecting worker health by:</p> <ul style="list-style-type: none"> • Identifying potential exposures to health hazards in a workplace including those arising from chemical, physical, biological and ergonomic agents; • Assessing the risks and providing evidence based on science to determine whether there is a risk to health; • Controlling the risks by designing out the hazards or applying engineering or other control solutions to reduce exposures to the minimum.
Managers /Administrators	<ul style="list-style-type: none"> • Service management • Policy, strategy and leadership support • Administrators scheduling appointments and manage health records
OH, Occupational Therapists	<ul style="list-style-type: none"> • Functional assessment, treatment, prevention and wellbeing, including risk assessments and condition/rehabilitation management of any physical condition and mental health condition within core professional

	<p>training as an allied health professional, registered under HCPC using a bio psychosocial holistic approach. Some can deliver standardised assessments such as Functional Capacity Evaluation, Neuro-psychological, neurodiversity and Ergonomic assessments and complex hand/upper limb evaluation, with membership to the relevant bodies.</p> <ul style="list-style-type: none"> • Detailed job task demand/activity analysis at the worksite, review the environment, tools and equipment needs, posture, seating, wheelchairs, accessibility and ergonomics. Review individual abilities to identify a job match, fitness for work, adjustment requirements including return to work plans, behaviour change and support options, including future health/work input needs. • Complex problem solving/prioritisation and case management skills aided by good communication within the multidisciplinary professionals/stakeholders team whether verbally or detailed complex written reports, including the 'AHP Health and Work Report' targeted to the appropriate audience, whilst being sensitive to a diverse range of individual clients with appropriate time to listen and respond to their needs.
<p><i>Vocational Rehabilitation</i></p>	<ul style="list-style-type: none"> • Providing information to clients about the job market, the skills and experience necessary to obtain and work successfully at a job, and the types of stressors and rewards associated with different jobs • Assisting the client with developing a realistic view of her skills, abilities, and limitations • Teaching the client basic problem solving and coping skills • Helping the client to develop or maintain motivation for vocational services and employment • Aiding the client in obtaining educational services, skills training, or the necessary entitlements to obtain education and training (case management)
<p><i>Drug and Alcohol</i></p>	<ul style="list-style-type: none"> • Labs read and critic many more drug/alcohol policies than an individual will ever write so knowledge of what makes a balanced policy; making sure there is access to support, that testing, if appropriate, is done correctly. • Education of employees as part of the wellness programme. The labs are an external agency so may be viewed more approachable than management. Also, will be more knowledgeable or have better access to external material for training. • Labs can be accredited [UKAS, ISO17025], and some have been additionally accredited for breath alcohol and some for collections. No one laboratory has been accredited for breath, collections and laboratory work. To date no OH provider is accredited to the same degree however the new version of ISO17025:2017 has been written to accept ISO9001 as a starting point, then a gap analysis to meet the requirements of ISO17025:2017. This means that OH providers who collect and then subcontract the testing can be subject to the same scrutiny as the labs.