SHORT REPORT

Provision and staffing of NHS occupational health services in England and Wales

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Abstract

Objectives—To establish the extent of Occupational Health (OH) service provision in the National Health Service (NHS).

Methods—Two postal questionnaires were used to obtain information from purchasers and providers in the NHS in England and Wales.

Results—99.6% of trust and health authority employers claim to provide some form of OH service to their employees indicating widespread recognition of need, but virtually no service is provided to other staff such as general practitioners (GPs), general dental practitioners (GDPs), and their staff. There is a wide variability in the range and quality of OH services, suggested by the enormous differences in medical staffing levels, and the contractual restrictions where the OH service is provided by another NHS employer. Only about a third (highest estimate) to a quarter (lowest estimate) of NHS staff have access to a specialist occupational physician.

Conclusions—Substantial inequality of access to OH services exists for the NHS workforce, despite previous guidance. There is no real evidence to suggest why the extent of provision of OH services varies so greatly between institutions.

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Keywords: NHS; staff; occupational health

The basic principle of the National Health Service (NHS) is that "comprehensive, high quality medical care should be available to all citizens on the basis of professionally judged medical need without financial barriers to access".¹ However, there are ongoing concerns about the wellbeing of NHS staff² and the clinical problems caused by work.³ Furthermore, it has been suggested recently that the health of NHS staff is poor when compared with other working populations.⁴

The Department of Health (DoH) has stated that "a healthy workforce is essential for the NHS to provide high-quality health care and to improve the health of the population".⁵ It considered that OH services should "have inde-

pendent professional status and report to senior management".³ The British Medical Association, at the annual representatives' meeting, and the Nuffield Trust have also called for the provision of a comprehensive occupational health (OH) service for NHS staff.^{4,5}

Recent guidance from the NHS Executive (NHSE) has again emphasised the need for all staff to have access to specialist consultant led OH services.⁶ This study was undertaken in early 1998 for the NHSE to determine the then current level of provision of OH services in the NHS in England and Wales.

Method

Initially a purchaser questionnaire was sent to all directors of personnel or human resources of the 618 NHS organisations identified from the electronic listing of Binley's directory.⁷ These 618 organisations comprised 455 NHS trusts, 105 health authorities and 58 other NHS sites. The questionnaire sought information about the role and size of the organisation, the number of employees and, if an OH service was provided for staff, whether the service was in house, provided by another NHS trust, or purchased from the private sector. Health authorities were asked whether they provided OH services to local general practitioners (GPs).

The replies to the purchaser questionnaire allowed identification of 259 NHS OH departments. These could be either a department run by the responding organisation, or a department run by some other organisation from whom OH services were purchased. The OH departments were mainly accommodated within NHS trusts. A provider questionnaire was sent to these departments seeking details of their clients, numbers, qualifications, and contracted hours of medical and nursing staff.

Reminders were not sent to any non-responders, either purchasers or providers, as the NHSE could only allow 2 months for the study to be completed. The four purchaser and 10 provider questionnaires received after the original closing date have been incorporated in the results.

Results

The response rates to the initial questionnaire were 94% for NHS trusts, 86% for health

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Table 1 Medical manpower in occupational health departments

	n (%)
Doctors in the service:	
Total doctors	362
Grade of doctor:	
Consultants	96 (27)
Locum consultant	26 (7)
Specialist registrars	35 (10)
Clinical assistants	112 (31)
Other hospital posts	51 (14)
Non-NHS posts	42 (12)
With qualifications:	
FFOM	55 (15)
MFOM	66 (18)
AFOM	67 (19)
Other OH	54 (15)
No OH	120 (33)
Working hours:	
Full time	51 (14)
Part time	311 (86)
Total sessions/week	1285.7
Average sessions/week	3.55
Occupational health departments:	
Total departments	198
Doctors employed:	
1	107 (54)
2	51 (26)
≥3	40 (21)
Highest qualified doctor:	
≥1 Consultants	87 (44)
FFOM/MFOM	102 (51)
AFOM or Occ Dip	61 (31)
Without OH qualification	35 (18)
At least 1 full time doctor	76 (38)
Sessions of doctor time/week:	
≤2	76 (38)
2–5	52 (26)
5–10	29 (15)
>10	41 (21)

authorities, and 53% for other NHS organisations giving an overall response rate of 89% (550/618). The 429 responding trusts employed 96% (723 000 whole time equivalents (WTEs)) of the workforce within this sector of the service. These trusts reported a total of 905 000 employees, an inflation of 25% over WTE figures.

Thirty eight per cent of trusts provide the service in house, 57% purchase from some other trust, 4% purchase privately, and 0.4% make no provision. From these figures we estimate that about 70% of employees will have a service based with their employer, a further 27% from some other local trust, and about 3% consult in the private sector. In the case of dispersed organisations—for example, NHS Supplies, National Blood Authority—provision was established either in house or with different trusts dependent on the locality of the workers.

The responses of the health authorities suggested that most (79 out of 90) have no formal arrangement to provide OH services to their GPs or their staff. Six authorities reported a full OH service for GPs, two had a partial service—a counselling service—and three failed to provide any information on GP services. A few health authorities indicated that this matter was presently under review and may be included in a future financial year.

One hundred and ninety eight OH departments returned details of their services, giving a response rate of 76% to the provider questionnaire. These departments provide services to 75% of the 618 NHS organisations. Seventy three per cent of organisations select to purchase a full OH provision, although the

Table 2 Nursing manpower in occupational health departments

	n (%)
Nurses in the service:	
Total nurses	735
Grade of nurse:	
RGN	711 (97)
EN	22 (3)
Other basic qualification	2 (–)
Specialist qualification:	
OH degree	64 (9)
OHND	193 (26)
OHNC	195 (27)
trainee for OHNC/D	108 (15)
No OH certificate	175 (24)
Working hours:	
Full time	507 (69)
Part time	228 (31)
Total hours/week	22835.6
Average hours/week	31
Occupational health departments:	
Total departments	198
Nurses employed	
1	29 (15)
2	47 (24)
3	37 (19)
4	27 (14)
≥5	58 (29)
Highest qualified nurse:	
OH degree/OHND	136 (69)
OHNC/trainee	57 (29)
No OH qualification	5 (2)
At least 1 full time nurse	189 (96)
Total nursing hours/week:	
<36	9 (4)
37–74	60 (33)
75–112	46 (23)
112.5–150	25 (13)
>150	53 (27)

remainder have specific service level (restricted) agreements.

The questionnaire established the medical staffing of these departments. Details are shown in table 1. Although all departments had at least one medically qualified staff member, a full time doctor was appointed in only 38%. In two thirds of departments there was medical cover for less than half the working week. There is the potential for full time medical cover in about one in five OH departments. Forty per cent of departments have an established consultant with appropriate specialist qualifications—membership or fellowship of the Faculty of Occupational Medicine (F/MFOM). A further 12% of departments have a qualified MFOM but not in an established consultant post. In 18% of departments no doctor holds any recognised qualifications in occupational medicine.

The qualifications and time cover of nurse manpower are shown in table 2. At least half the departments employ three or fewer nurses. Sixty one per cent of nurses hold a recognised OH qualification and a further 15% are in OH training positions. Sixty nine per cent of departments have one or more nurses with a degree in OH or an occupational health nursing diploma (OHND). Sixty nine per cent of nurses work full time, and 96% of departments have at least one full time nurse.

There was an enormous variation in the size of the NHS population served by OH departments (table 3). For the purpose of these comparisons, it was assumed that a restricted provision equated to half the workload of a full service. The smallest department served 450 employees, and the largest had almost 15 000.

Table 3 Occupational health department's provision for employees

	Employees/ doctor session*	Employees/ WTE nurse
Mean	1467	1838
Minimum	43	436
Percentile:		
10	370	757
20	617	974
30	735	1069
40	868	1240
Median	1040	1441
Percentile:		
60	1196	1617
70	1503	1795
80	2021	2269
90	2534	3048
Maximum	8198	5806

*Session is taken to be one half day.

The average was just under 3700 employees, with the median at about 3200. When the number of sessions a week of doctor time was considered, extremely wide variation was again found. The average number of potential clients per doctor session was 1467 (median 1040, range 43–8198 employees).

Considerable variation in provision of nursing time was found, but not so large as with doctors. The average was 1838 clients per nurse (median 1441, range 436–5806 employees). The correlation between the measure of doctor and nurse input was poor (Spearman's $\rho = 0.16$) giving no indication that inadequate doctor cover is supplemented by additional nurse cover.

Discussion

In 1994 the NHS issued guidance that all health service staff should have access to a specialist OH service⁶. This study was undertaken as part of the NHSE review of provision in 1998. Previously, there was little information about the availability of OH services for the NHS workforce. The response rate for this study was high (89%). However, we have looked at the 26 non-responding NHS trusts. They showed no specific characteristics in terms of size, geographical setting, or type of activity. We do not, therefore, think that there is any significant non-responder bias.

The high response allows a confident assessment of the number of NHS employees. Scaling the results suggests an estimated NHS employee workforce in England and Wales of 1.05 million. This does not include about 30 000 GPs, their associated staff (estimated at 90 000), 20 000 general dental practitioners (GDPs), an unknown proportion of whom provide NHS services, and their associated staff (estimated at 60 000). This excluded group could total 200 000 people. Definitive manpower data are not available. This study would estimate a total workforce active in the NHS in England and Wales of 1.3 million people, for whom OH services need to be provided.

In our study, only 0.4% of NHS employers reported that they did not provide any service for their employees, suggesting wide recognition of the need for OH services. Furthermore, only 4% of employers contracted with the pri-

vate sector for their service provision. Although there are no data about why such choices were made, and the reasons could be financial, convenience, or quality, it is clear that provision of service from within the NHS is the preferred option.

Our study indicates that only 7% of health authorities provide a formal OH arrangement for their GPs; there were no instances of the OH services being available for staff employed by GPs. We found no examples of a service being provided to GDPs. This confirms anecdotal evidence of the lack of provision of a consistent service for GPs and GDPs.

Although all OH departments have the services of a doctor, only 38% employ a full time doctor and almost two thirds employ a doctor for half time or less. Forty four per cent of OH departments employ a consultant, but in only 40% of departments does this doctor hold a specialist OH qualification. From manpower data for the NHS workforce serviced by these departments we would estimate that only 27% of the total workforce receive specialist medical OH services. These findings are despite a DoH report in 1995 that identified that those people responsible for managing an OH service for NHS staff should have appropriate specialist qualifications.³ The difference between these two figures may be explained by the position which existed before 1996 when doctors appointed to consultant posts were not required to hold a specialist qualification. Alternatively, it may represent overreporting of the holding of a consultant appointment. Although we used a strict definition for the term consultant (substantive or honorary post conferred by a properly constituted advisory appointments committee), the term is widely used in occupational health outside the NHS. The holding of a specific qualification is less susceptible to overreporting and likely to represent a better measure of the proportion of specialist occupational physicians. This study shows that although 362 doctors are employed in NHS OH departments, this equates to 117 whole time equivalents of medical time for the care of an estimated 723 000 potential patients.

For the first time, we provide an evidence based estimate of the total medical and nursing resources for OH services in the NHS. Although the median number of NHS staff per doctor session is about 1040, this disguises a range of 43–8198 staff per doctor session—that is, a 200-fold variation. This must cause a huge variation in the availability of medical input to OH care and further emphasises the inequalities in provision of services among NHS staff. An unpublished report on OH services in Trent Region showed a lack of provision for staff employed by GPs and considerable variations in the levels of medical support to OH services.⁸ It also noted that many of the issues raised were likely to be generic to the NHS rather than peculiar to Trent. Our study confirms this conclusion.

Our study shows that the NHS has not yet met its 1994 self declared target of access to specialist OH services for all staff. Occupational health services are largely confined to

hospitals where there is wide variation in availability of consultant led services, the number and qualifications of doctors and nurses, and potential workload. Correcting these problems will require a substantial increase in recruitment and training of staff. However, in the short term, alternative and innovative strategies could include area rather than trust based services and wider supervisory and training responsibilities of OH staff.

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- 1 International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *JAMA* 1993;**269**:2282-6.
- 2 Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;**294**:687-90.
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