ANCILLARY HEALTH SERVICES IN INDUSTRY *

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The wisdom of providing medical services in industry is now generally recognized. The service may be regarded as being largely preventive and educational. The ancillary services with which this paper deals are subordinate to such a medical service, and differ from it in that they exist to provide individual treatment. There is this further difference that while there can be no substitute for an industrial medical service the treatment provided under the ancillary schemes can, for the most part, be obtained elsewhere; however, it is often not readily available, and for this reason is often neglected. The provision of these facilities in industry represents an attempt to overcome this difficulty. Even though it be admitted that existing provisions for treatment of dental, eye and foot conditions is inadequate, the case for asking industry to provide this treatment directly for its workpeople is not a good one; such treatment should, ideally, be readily available to all, and should, moreover, be used by every person who is in need of it. This is obviously envisaged in the recent white paper on a national health service. It is there admitted, however, that it will not be a practical proposition for a number of years. But we have in this country a long tradition of independent action by far-sighted individuals, resulting in advances upon which have been built at a later date schemes of nation-wide application. It is not unreasonable, therefore, to expect certain progressive employers to provide these services. In fact, even before the outbreak of war, services of this type were not infrequently provided in industry.

In discussing any ancillary health service two vitally interested parties must be considered: the employer, who has to organize it and in part to pay for it, and the employee who is to use it. The employer may wish to justify his action on economic grounds, and though this may not be easy it should be possible in many cases. Other employers are less concerned with the economic aspect in its narrower interpretation, and are prompted by their sense of social responsibility to do all in their power to promote the health of their employees. The employee, on his part, demands that any services set up are efficient and scientifically sound.

Rules for Planning

There are a few simple and fundamental rules which should guide the planning of the three main ancillary health services—foot, eye and dental clinics—and it is the purpose of this paper to indi-

cate briefly the lines along which such departments may be organized.

(1) No scheme will succeed unless it has the support of the employees concerned. It is more important that the worker should retain his sense of independence and freedom than that he should have his corns or his teeth treated—though it is recognized that the comfort this treatment will bring may help to achieve an equanimity otherwise impossible. The service, therefore, must be optional.

(2) The next essential is that the treatment provided should be of a high order. Well qualified men and women should be employed, and adequate equipment must be provided. Those appointed should be temperamentally suited to the work so that they will inspire confidence, and they must also be fully alive to the educational opportunities afforded them.

(3) The service should not be provided free, but should be paid for, at least in part, by the workman. He should, however, be able to receive treatment in the employer's time, and should, if necessary, be allowed to pay for it by weekly deductions from wages, extending over a reasonable period. The services are thus made easily available and are officially encouraged by the firm.

Ancillary Services in 42 Firms

Information regarding the nature of the different services, and how they are best provided, is based on answers to a questionnaire sent by the writer to 42 firms of varying size. In these firms three main services are in operation, foot, eye and dental; one firm has an ante-natal clinic;† and 31 of the firms use one or other form of physiotherapy—itsself not a true ancillary service, but an essential adjunct to any factory clinic.‡

† Ante-natal services have no place in industry in peace-time. In war-time, however, it is a convenience both to mother and to employer to have an ante-natal clinic readily accessible at the place of work; ante-natal advice is more likely to be sought, and considerable working time may be saved. It is also of value in enabling modifications of hours and job to be made for the expectant mother; and also for making certain that she obtains the additional foods to which she is entitled. The service can only be instituted in large firms employing many women. It must be closely linked with public health authorities and the general practitioner, and should be approved by the local Medical Officer of Health. Such a service has been described by O'Sullivan and Bourne (1944).

‡ Physiotherapy is the most frequently installed of the 'ancillary services,' although wrongly so called. It is, in fact, such an essential part of equipment that it cannot be regarded as coming within the scope of this paper. Infra-red ray equipment is useful in a factory clinic in the treatment of strains and sprains, fibrositis and similar affections, and septic conditions, and the provision of facilities for giving this treatment in the works save a great deal of time lost by visiting hospital. Ultra-violet light is the most widely provided 'ancillary service' in industry, though its value in the prevention or treatment of disease in adults is not established. Further installations in industry are therefore better avoided until its value has been proved by a scientific body of repute.

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Foot Clinics

This service can be justified both in peace and war. In war-time the extra stresses, longer hours, poor shoes and the employment of a large number of people quite unused to long standing, render it particularly necessary. Even in peace-time inadequate facilities are provided for foot care, and there is an ignorance on the part of the working-class population of the relief to be gained from such treatment. Poor foot health frequently leads to faulty function, excessive fatigue, pain and discomfort. There can be no question therefore that chiropody takes a high priority among ancillary services.

Foot treatments are provided in the factory. Some cases may be referred to a doctor, but by no means all. Very little special equipment is required, so long as a small room is available for the chiropodist. This should be equipped with a stool and chair. It is essential that the chiropodist engaged should be a registered medical auxiliary. She should attend on a sessional basis and should provide her own instruments, but the material required (felt, strapping, etc.) should be provided by the factory.

During a session of 2-3 hours some 10-12 patients can be treated. Appointments should not exceed 10 minutes in duration, and if the service is to be self-supporting fees must be regulated accordingly. Experience, however, shows it to be wise to subsidize this service slightly. Foot clinics can well be provided by the small firm; one session per week is usually adequate for 1000 employees.

Ophthalmic Clinics

It has been said that the care of the teeth of the nation is satisfactory when it is compared with that of the eyes. This is due to the scarcity of men specially trained for this work. The general practitioner is not competent to treat ocular defects unless he has some special training, and the medical profession has repeatedly and rightly opposed the attempt of opticians to secure state recognition. Despite this, however, a large proportion of the public choose to go direct to an optician when troubled by their eyes, and in view of the present scarcity of suitably trained oculists this is not surprising. We have then a working population in whom eye defects are common, with inadequate facilities for their treatment. It is recognized that the correction of defective vision frequently leads to better work, more work and less spoilt work. This is particularly noticeable in fine repetition processes and in precision work generally. Furthermore, the added comfort which follows such treatment is a matter of considerable importance to the worker, and results in less lost time and fewer accidents. There is an ample case, therefore, for the provision of an ophthalmic service in industry, both in peace and war, until such time as this is made on a national scale.

The method of choice is to secure the services of an ophthalmic surgeon who would visit the factory as occasion demanded. When he did so he would not only concern himself with refractions (6 to 8 cases per session) and eye injuries, but with the various visual problems, including lighting, upon which the industrial medical officer may wish to secure his views. These visits will probably con-

sist of a session of about 2 hours, paid for, at an agreed rate, by the employer. Glasses may be obtained through a visiting dispensing optician, or one chosen by the patient. Grants for glasses can be obtained through Approved Societies, and a similar arrangement regarding payment from wages can be made, as with the dental scheme. Alternatively the National Eye Service can be brought before the notice of the workers, and facilities granted for appointments during working hours. This scheme can be applied to the smallest factory. A third and less satisfactory method provides for sight testing to be done by an optician, usually through the Approved Society, but this is not satisfactory. National Health Insurance fees are charged and the employer is called upon to pay nothing. This, of course, is no more than a glasses service, and is inferior to the previous schemes. When such a service is installed the optician should be paid a standing fee, and should not have to depend for his remuneration upon the sale of glasses. With this safeguard it can be made into a useful makeshift while shortage of medical personnel persists.

Dental Service

The provision of a dental service in industry raises several difficult problems. In 1921 dental benefit first became available under the National Health Insurance scheme. In 1922 the British Dental Association urged the extension of dental facilities in industry. In 1937, however, it changed its policy and recommended 'that it is no longer necessary or desirable to advise employers to establish dental treatment centres, other than for the purpose of treatment of emergency cases and inspection,' since it was felt that 'any considerable extension of the system of factory clinics would place the ultimate control of the dental treatment of every worker in the hands of the big employers of labour.' It further maintained that rapid progress had been made in recent years towards the provision of adequate dental treatment for the industrial population. While there is something to be said for the present policy of the B.D.A., particularly in the provision of advisory clinics, the suggestion that adequate treatment is available, for the industrial population, cannot be maintained. In 1939 there were 18 million insured persons in the country, and of these 13 million were eligible for dental benefit (81 per cent. men, and 63 per cent. women). Only 6 per cent. applied for benefit, and 80 per cent. of the funds available were spent on extractions and the provision of dentures, because by the time application was made that was the only treatment of any avail.

Such are the conditions among the adult insured persons, but adolescents between 14-18½ are not eligible for dental benefit. Moreover, this group forms a small but important section of the industrial population. It is submitted, therefore, that the dental care available for the industrial worker is not adequate. Though this be accepted, however, there seems no reason to suggest that it is the duty of the employer to make good the deficiency.

There can be little doubt that general health is closely related to masticatory efficiency and freedom from disease of the teeth and gums, so that in any comprehensive health service the development of a national dental service should proceed side by side with that of the medical service. The white paper

on health services, in outlining this eventual development, states that 'there must be delay in reaching a stage at which general dental and ophthalmic services can be provided. . . .' In view of the shortage of dentists, and more serious, the shortage of training schools for them, there is no doubt that many years must elapse before this ideal is fully realized. This waiting period, however, may with advantage be used for experiment, and it is well that the place and value of the dental clinic in industry should be thoroughly tested. It is possible that dentists employed by an outside authority might eventually be located in a factory, just as at the present time teachers, paid by the education authority, are working in schools for 'young persons,' situated within the factory.

The white paper suggests that in view of the shortage of trained personnel priority should be given to certain sections of the community, and adolescents are specially mentioned as being one of them. Industrialists employing large numbers of juveniles may well consider that they have a social responsibility towards them and be prepared to help them to obtain dental treatment. The part to be played by the employer may vary from the provision of a clinic in the works to the granting of permission for treatment to be sought in works' time. The excellent results that have attended the Cambridge scheme, whereby dental treatment provided by the local authority has been made available to young people in industry, are very encouraging (Grandison, 1944). There young people are followed up after leaving school at 14, and are given an appointment at the dental clinic every 6 months, until they reach the age of 18. This treatment is given during working hours, and local employers have, without exception, co-operated by granting time off for these young people to keep their appointment. Extension of similar facilities to other areas would be welcome. The part of the employer here is not an onerous one, and there must surely be few who would refuse to co-operate in such a scheme. Reform in our educational system will doubtless eventually bridge the gap between the years of 14 and 18½, but until the whole of this important period is catered for, the adolescent can best be approached through his employer.

In general the position may be summed up thus:—

1. In war-time it is not justifiable to start up a full dental clinic in industry, unless the factory is isolated, or juveniles predominate, though an emergency service may be desirable.

2. In time of peace it will probably be a wise and welcome provision, particularly if there is a large juvenile section. If the labour turnover is small, and if juveniles are retained with the firm on reaching the adult state, definite benefits accrue to the employer.

The service provided may be of varying types:—

- (a) Full or part-time dental surgeon who undertakes all types of treatment for employees.

- (b) Emergency treatment and advice only.

- (c) Extension of National Health Insurance benefits to all employees, with arrangements for payments to be made by deduction from wages, with free treatment for all juveniles (under 18).

- (d) Arrangements for juveniles to receive dental treatment in works' time.

In the full service, prophylactic, conservative and

prosthetic treatment is offered. Stress is placed on the retention of teeth and education must be regarded as one of the most important functions of the service. Education of the worker should not be confined to his own personal requirements, but should emphasize his responsibility for the dental health of his children.

It has been suggested that in industry the dental service is not part of the industrial health service, and there are several instances in which a dental surgeon carries on a practice in the works, or among a section of the employees, and remains quite independent of any general health policy. This is a mistake. In industry the dental service is a true ancillary health service, and while the dentist is naturally left to decide all details of treatment and retains control of his department, the industrial medical officer must be consulted on matters of broad policy, and the dental surgeon should be administratively responsible to him. It is estimated that in a general factory of five thousand workers a whole-time dentist is required, whereas this total may be as low as three thousand if there is a special hazard, such as lead or phosphorus (Baron, 1944). Wherever possible the dental surgery should be in the works, situated centrally.

The small factory raises special problems. In this case inspections may be carried out on the site while operative work is done at an outside surgery, or arrangements can be made with a nearby dentist to set aside certain times for employees. The grouping of small industries might be considered, but experience shows that this is rarely satisfactory. It has been suggested that a mobile dental surgery sent out by the local dental hospital might have possibilities and that the experiment should be tried out, but experience with this method in rural districts for the school dental service would throw some doubt on its efficiency.

Conclusions

It is important that the opportunities for constructive health work offered in industry should be more widely realized. Here people are gathered together in groups, and it is here that health education can best be attempted. This should go on persistently and unobtrusively. Ancillary health services offer great scope for practical education of this type, and in this way can play an important part in promoting the health of the community.

In dealing with ancillary health services, as with all industrial welfare activities, we must retain a sense of proportion. It is no good providing the most comprehensive schemes if the basic relationship between employer and employee is wrong. Nor are these services likely to be of much avail unless the worker is well fed and well housed. These are the big things, and let no one install any or all of these ancillary schemes if it is likely to act as an excuse for the neglect of these major matters.

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