

# HIGH IMPACT CHANGES FOR HEALTH AND WELLBEING: 4 ACCESS TO BETTER, LOCAL, HIGH-QUALITY, ACCREDITED OCCUPATIONAL HEALTH SERVICES

## INTRODUCTION

The NHS faces a huge challenge to reduce its sickness absence rate to an average of 3.4% over the year 2013/14 and all NHS organisations have a part to play to help meet this. To achieve this goal each Trust needs to develop a clear focus on staff health and well-being, as outlined in the Department of Health's [NHS Health and Well-Being Improvement Framework](#).

This hot topic is the fourth of a series of five documents, linked to the high impact changes:

1. Strong visible leadership
2. Local evidence-based improvement plans
3. Supported by improved management capability
4. Access to better, local high quality accredited occupational health services
5. Staff are encouraged, and enabled, to take more personal responsibility

## ACCESS TO OCCUPATIONAL HEALTH SERVICES

Timely access to appropriate health services that meet the health needs of NHS staff is a key component in reducing the burden of ill health amongst staff and in increasing staff attendance. Rapid interventions can reduce the length of an absence and prevent some conditions from becoming chronic.

## SUPPORT/GUIDANCE

In July 2011, the Department of Health published a piece of guidance titled '[Healthy Staff, Better Care for Patients: Realignment of Occupational Health Services to the NHS in England](#)'. This guidance outlined a set of recommendations

aimed to help achieve the vision that suppliers of occupational health services to NHS should play a key role in the delivery of safe, effective and efficient patient care through promoting and protecting the health of staff. Following this the [Guide to the future consolidation of NHS occupational health services](#), aimed at NHS Occupational health leaders and HR directors was re-published. This sets out the case for change, and describes two potential delivery models e.g. Managed Clinical Networks and Area Collaborative Services.

NHS NW still continues to support the collaboration of services and there are a number of area specific projects currently ongoing in the region. The Cheshire Collaborative took part in an NHS Employers webinar looking at reconfiguration, which can be accessed via this link: <http://www.nhsemployers.org/HealthyWorkplaces/ToolsAndResources/EventsArchive/Pages/Realigningoccupationalhealthwebinar.aspx>

NHS Employers has published two further resources to assist occupational health leaders, HR directors and Boards in commissioning OH Services and understanding what commissioned OH services should be delivering for the organisation.

NHS Employers' [Commissioning OH Services](#) document will support commissioning teams in procuring services from multi-disciplinary occupational health providers that offer a range of skills and expertise. Whilst '[Your Occupational Health Services](#)' aims to ensure that NHS organisations are clear about what to expect from their OH service. It also provides guidance on how to monitor that service, and what to do with the information to ensure the service delivers the best support to staff.

NHS Health at Work has launched a Service Level Agreement ([SLA](#)) template, which can be adapted locally for occupational health units to use with their providers.





# HOT TOPIC

## SEQOHS ACCREDITATION

**Safe Effective Quality Occupational Health Services (SEQOHS)** accreditation is the formal recognition that an occupational health service provider has demonstrated its competence to deliver against the SEQOHS Standards. Providers of occupational health services to NHS organisations are required to meet some extra NHS specific standards detailed in Domain G. As part of the NHS Plus Quality Strategy and Department of Health requirements, all NHS OH providers were to be fully accredited, or ready for accreditation, by 31 March 2012 although in reality this has extended to March 2013.

**NHS OH providers are required to provide 6 core services:**

- **Prevention** – of ill health caused or exacerbated by work
- **Timely intervention** – easy and early treatment of the main causes of sickness absence in the NHS
- **Rehabilitation** – processes to help staff stay at work or return to work after illness
- **Health assessments for work** – to support organisations in managing attendance, retirement and related matters

- **Promotion of health and well-being** – using work as a means of improving health and wellbeing and using the workplace to promote health
- **Teaching and training** – promoting the health and wellbeing approach amongst staff and managers

It is envisaged that services will be based upon staff health needs and reflect the priorities identified with staff in the organisation's Health and Wellbeing Strategy. For further guidance on how to develop evidence-based plans see the previous ["Local evidence-based Improvement plans"](#) hot topic.

### CONTACT FOR FURTHER INFORMATION

- Libby Sedgley  
Senior Programme Manager

**Email:**  
[Libby.sedgley@northwest.nhs.uk](mailto:Libby.sedgley@northwest.nhs.uk)  
**Telephone:** 0161 625 7772

- Liz Thomas  
Senior Workforce Analyst

**Email:** [Liz.thomas@northwest.nhs.uk](mailto:Liz.thomas@northwest.nhs.uk)  
**Telephone:** 0161 625 7793

## RAPID ACCESS TO TREATMENT AND REHABILITATION FOR NHS STAFF

Rapid access is a system that will secure rehabilitation and occupational health treatment for NHS employees with a view to facilitating a return to work which is as fast as practicable and reasonable. The evidence of beneficial outcomes for both organisations and individuals is compelling. NHS Employers has published [Rapid Access Guidance](#) for Trusts Boards making decisions about how to implement rapid access services for staff in their organisation, including case studies from Trusts already gaining the available cost savings.

## OCCUPATIONAL HEALTH WORKFORCE STRATEGY

NHS NW has commissioned work on developing a workforce strategy for OH services. The process will take a Population Centric approach and look to evidence on measurements of staff health to determine how services should be configured to meet both current and future staff health needs. Key stakeholders will be involved throughout the process, which aims to be completed by March 2013.

