British Occupational Hygiene Society (BOHS) Response

The British Occupational Hygiene Society welcomes the consultation on Proposals to reduce ill health-related job loss. We are pleased to provide our views on the questions to which we can usefully contribute.

As the Chartered Society for the protection of Workers’ Health we support every initiative aiming to achieve healthy workplaces and reduce the burden of preventable diseases caused by exposure to workplace hazards.

Occupational hygiene is the discipline of anticipating, recognising, evaluating and controlling health hazards in the working environment with the objective of protecting and maintaining worker health and well-being, and safeguarding the community at large. Our activity has direct relevance to building and sustaining workplaces in which everyone can thrive.

We firmly believe that our contribution will help the government and decision makers to further understand aspects of occupational health delivery that focus on workplace environment issues that affect disabled people and return to work for those suffering a long-term health condition. Staff with health conditions are less likely to be resilient, for example, to dusty environments or situations where there is poor control over airborne concentrations of solvent vapours, irritant chemicals and the like.

There is a risk of re-introducing staff with health conditions to a work environment that exacerbates their condition, which would defeat the object.

For further information, please contact Alison Margary, member of BOHS Board and BOHS Policy and Technical Committee - email: alisonm@margary-wade.com

Chapter one: what needs to change

Question 1:
Do you agree that, in addition to government support, there is a role for employers to support employees with health conditions, who are not already covered by disability legislation, to support them to stay in work?

Response:
Strongly agree.

Question 2:
Why do you think employers might not provide support to employees with health conditions not already covered by disability legislation to help them stay in work?

We are conscious that the most frequently cited reasons for not supporting employees with health conditions relate to costs. We suspect that lack of access to occupational health advice plays a
significant part, however this is also related to cost and availability of suitable expertise. In addition, the lack of understanding in relation to the work-related cause of some chronic health conditions mean that some employers may dismiss the illness as an issue for the individual, rather than something that they may be actively contributing to via the nature of the work or the workplace itself and its associated working practices.

Chapter three: occupational health market reforms

Question 27:
In your view, would targeted subsidies or vouchers be effective in supporting SMEs and the self-employed to overcome the barriers they face in accessing OH?

Response:
Yes.

Given the most frequently cited reasons for not supporting employees with health conditions relate to cost and service availability we think it is reasonable to anticipate that a pipeline for subsidised OH services would be effective in improving SME access to OH. Moreover, emphasis on completing a systematic review by a competent OH specialist of the health risks in a workplace will help employers to understand the risks and controls necessary to safeguard their employees and better appreciate the link between an ill health condition and the workplace should this occur. It may also be necessary to demonstrate that subsidies are resulting in genuine improvements in health care.

Question 29:
In your view, would potentially giving the smallest SMEs or self employed people the largest subsidy per employee be the fairest way of ensuring OH is affordable for all?

Response:
Don’t know.

We suggest a range of factors should be considered, to include the type of activity carried out and the health risk associated with that activity. For example, OH costs are likely to be much higher for an organisation carrying out a noisy or dusty activity than an organisation where staff are engaged in sedentary office work. The level of subsidy may have to be contingent upon an assessment of needs.

Question 30:
All respondents: what type of support should be prioritised by any potential targeted OH subsidy for SMEs and/or self-employed people?

Response
OH assessments and advice should include those related to the workplace, and not only the individual. Refer also to response for Question 29.
Question 31:
Please give reasons and details of any other categories of support you think should be included.

We think support that addresses the specific challenges within the workplace environment should be included. The successful re-introduction of staff with ongoing health conditions to the workplace will be contingent on the workplace meeting regulatory occupational hygiene standards - for example those relating to the quality of air that staff breathe in and being able to deliver tangible health dividends. Staff with ongoing health conditions are frequently impaired in one way or another and are therefore less likely to be resilient to, say, dusty environments or situations where there is poor control over airborne concentrations of solvent vapours, irritant chemicals and the like.

There is also an ever present risk of re-introducing staff with health conditions to an unsatisfactory work environment that exacerbates their condition, which would eventually defeat the object. Therefore, SMEs should be supported in obtaining occupational hygiene expertise to address this crucial issue.

Question 32:
How could the government ensure that the OH services purchased using a subsidy are of sufficient quality?

Competency of OH services would be paramount. The Faculty of Occupational Hygiene serves to maintain and improve professional standards in the practice of occupational hygiene. The Faculty maintains a Directory of Consultants to which reference can be made to ensure advice is obtained from occupational hygienists with a defined level of qualification and competency. We are aware that other organisations, for example such as the Society of Occupational Medicine, have similar arrangements.

The government could insist that OH services must be purchased from providers who are accredited by their professional bodies and feature on registers of competent practitioners. In addition, due consideration should be given to verification processes to ensure that subsidies result in measurably beneficial health outcomes, however assessed.

Question 33:
As an OH provider, would you be willing to submit information about the make-up of your workforce to a coordinating body?

Response:
Yes

We are a professional body rather than a commercial OH provider, however we recognise the current challenges in defining the form and extent of the OH workforce in its various professional guises e.g. occupational hygienists, ergonomists, psychologists, vocational rehabilitation specialists etc. Re-defining the delivery of OH is being examined by several parties with a view to reducing the burden on the doctor / nurse resource. BOHS recognises the importance of this work and would be
pleased to assist with any enquiries relating to the size and activities of the occupational hygiene workforce.

Question 35:
As an OH provider, expert or interested party, what are your views on private OH providers’ involvement in the training of the clinical workforce?

Response:
Private providers should be more involved but with additional support

Question 36:
If providers should be more involved but will need support, what additional support would be needed?

Response:
Providers would obviously benefit from a market supported by subsidised training. In addition, the provision of grants to develop new methods of training delivery (new forms of on-line training / examination) would help. Also access to best practices, technologies and learnings taken from other reputable institutions focused on occupational health excellence.

Question 37:
As an OH provider, expert or interested party, what changes to the training and development of the OH workforce could support the delivery of quality and cost-effective services.

Response:
The BOHS, and others, have concerns that OH delivery is too narrowly defined into clinical practice, ‘fitness for work’, health surveillance and generic wellness programmes. A broader approach, for example one that looks at workplaces, the broad nature of adverse exposures to ‘stressor’ agents and their immediate effect on health, will help ensure that OH priorities are correctly identified and resources properly directed. This is the premise of occupational hygiene. The development of the OH workforce should acknowledge the role that various other OH professionals play in effective OH delivery.

It seems obvious that the principles of good occupational hygiene practice are an essential element of a quality and cost-effective OH delivery that not only protects and maintains health but also ensures OH resources are not misdirected. Despite this it remains true in many cases that the fundamental principles of occupational hygiene rarely feature in OH training and in any case are poorly understood by many OH professionals in clinical practice.

Recent research has clearly and unequivocally underscored the vital role that occupational hygiene plays in the delivery of effective occupational health programmes (reference 1 and 2). Training needs to be improved to ensure OH providers understand occupational hygiene and its importance and when there is a need to refer to occupational hygiene professionals.


Question 38:
As an OH provider, should there be a single body to coordinate the development of the OH workforce in the commercial market?

Response:
Yes

Please give reasons for your answer:
A single body could provide a means to oversee OH service providers and support that such services are purchased from providers with practitioners accredited by their relevant professional body and feature on registers of competent practitioners.

Question 39:
If yes, what should its role be?

Response:
Competence and the maintenance of standards would form a key part of the role expected of such a body. We suggest the single body comprise representatives from the range of professions engaged in OH delivery. The single body should be a broad church capable of recognising the complementary roles each professional group play and to develop models of OH delivery that account for the diversity of OH delivery, and in turn ease some of the immediate burden on the doctor / nurse professions.

Question 41:
What approaches do you think would be most effective in terms of increasing access to OH services for self-employed people and small employers through the market? Please order in terms of priority.

Response:
• New ways of buying OH including targeted government sponsored subsidies
• New OH service models
• The use of technology to support OH service provision
• Targeted guidance for self-employed and SMEs with a low barrier to access.

Question 43:
As an OH provider, expert or interested party, what more could be done to increase the pace of innovation in the market?
Response:
- Co-funding
- Access to finance
- Help with innovation of evaluation
- Commercial advice
- Sponsorship for new best practice models aimed directly at key areas of need. This sponsorship may be derived from both public and private sectors.
- Greater involvement with universities and colleges of education with the capability of developing ‘blue sky’ exposure reduction technologies, risk control engineering etc via funded research projects.

Question 44:
As an OH provider, expert, interested party, what methods would you find most helpful for finding out about new evidence and approaches that could improve your service?

Response:
Question 51 refers to the best source of such advice/information. A coordinating body would be well placed to collate relevant information on new evidence and approaches and make this available in a bulletin which could be automatically issued to all those who sign up. In addition, it could be ‘pushed’ to all OH professional bodies for their review and onward issue to their members and interested parties.
In addition, communications could be achieved via trade publications, HSE exhibitions, trade media outlets and targeted conferences/symposia.

Question 46:
As a provider, what indicators of quality could help improve the standard of services in the OH market?
- Work outcomes
- Quality Marks
- Process Times
- Customer reviews
- Other – please state
- Don’t know
- Indicators won’t help

Response:
Don’t know.

Question 47:
All respondents: How could work outcomes be measured in a robust way?

Response:
Presuming that the form and extent of the OH workforce will indeed be re-defined e.g. to include occupational hygienists, ergonomists, psychologists, vocational rehabilitation specialists then the
above question becomes extremely complex. However, there would need to be an attempt to assess health outcomes and indicators of progress as a means of verifying the extent and effectiveness of progress. With this in mind, it may be possible to develop health indices which are both practical and meaningful.

**Question 48:**
*All respondents, do you have suggestions for actions not proposed here which could improve capacity, quality and cost effectiveness in the OH market?*

**Response:**
We would suggest that addressing the lack of formal accredited training pathways and research opportunities, particularly in higher education, should be a priority. As far as we are aware, all occupational health disciplines would report concerns over a dearth of formal accredited training pathways.

BOHS is currently carrying out a review of the availability of Higher Education opportunities for further education in occupational hygiene within the UK. Initial findings indicate that this is under significant duress. Support for courses and research by universities is subject to close scrutiny on cost effectiveness. If this cannot be demonstrated, e.g. due to dwindling numbers of fee-paying students, lack of financial support for research projects, then the course is likely to fold (as have a number already over the past 10 – 15 years), and research not pursued. This in turn is contributing to a number of challenges including a progressive lack of occupational hygiene specialists capable of acting in senior academic roles and as leaders, ongoing funding and financing gaps, limited awareness of occupational hygiene as a subject that can be studied at a higher level, and the vagaries of market forces. Academics in the field have commented that there appears to be a lack of interest from industry and regulators in working with them to ensure provision of suitably trained professionals capable of meeting needs on a national and international level.

**Chapter four: advice and support for employers**

**Question 49:**
*Do you need more information, advice and guidance?*

**Response:**
Yes
Question 50:
If so what content is missing?

- Legal obligations and responsibilities/employment law
- Recruiting disabled people and people with health conditions
- Workplace adjustments, such as Access to Work
- Managing sickness absence
- Managing specific health conditions
- Promoting healthier workplaces
- Occupational health and health insurance
- Best practice and case studies
- Links to other organisations, campaigns and networks
- Local providers of services and advice
- Other – please state.

Response:
With respect to occupational hygiene, we are conscious that a great deal of excellent information, advice and guidance is readily available to SMEs and the self-employed via the Health & Safety Executive.

However, as stated elsewhere the BOHS, and others, have concerns that OH delivery is too narrowly defined into clinical practice and health surveillance. A broader approach, for example one that looks at workplaces and their effect on health, will help ensure that OH priorities are correctly identified, and resources properly directed. Despite this it remains that principles of occupational hygiene are poorly understood by many OH professionals in clinical practice.

We suggest that the missing content in information, advice and guidance (that relates to clinical practice) is with regard to sufficient cross referral to other OH disciplines. This would be helped by the suggestion for further defining OH Models as mentioned under Q.39.

Question 51:
What would you recommend as the best source of such new advice and information?

- The main government portal (GOV.UK)
- The Health and Safety Executive
- Jobcentre Plus; or
- Other – please state

Response:
Potentially the Health & Safety Executive as the core source, with references and links available to direct all interested parties (employers, employees, self-employed) from other ‘entry’ websites. The challenge is always to ensure that not only is the appropriate advice/information available but that it is easily found by their target audience in a readily digestible form.
Question 53:
As an employer, what additional information would you find useful when purchasing, or considering purchasing, OH services?

- Evidence of competency and professional capability.
- Online questionnaire to help you identify what type of services you could benefit from.
- Toolkit that could include information on OH referral and assessment process.
- Basic online information on the process of buying OH services.
- Provider database.
- Comparison website.
- Information on the value of OH services.
- Markers for success based on prior interventions.

Response:
The BOHS has recently considered this issue. The BOHS has maintained a publicly available directory of professionally qualified practitioners for many years. This has recently been supplemented by a Consultancy Good Practice Guide which will shortly be accompanied by a Buyer’s Guide. We will review the effectiveness of these measures in due course.

We would actively support the development of an on-line questionnaire to help employers identify what type of services they would benefit from.

Of note, employers need to be aware that not all health and safety practitioners are competent in occupational health risk management or consistently meet professional expectations. General safety training does not typically cover the necessary detail to address health risks and, as health risks are not always readily apparent, practitioners without the necessary competence and expertise in occupational hygiene can inadvertently overlook risks and/or provide inappropriate control advice.

Next Steps

Question 56:
Do you think this overall package of measures being explored in this consultation provides the right balance between supporting employees who are managing a health condition or disability, or on sickness absence, and setting expectations support for employers?

Yes – no – maybe – don’t know. Please give reasons for your response.

Response:
Maybe

The adage ‘prevention is better than cure’ should be given equal weight to managing a health condition or disability. Although ‘prevention’ is mentioned in the consultation, we believe it is not sufficiently transparent that this is the case. In our response, we have provided comments to help redress the balance. Moreover, the level of effort required to help employers manage chronic health conditions within a diverse population spanning different age ranges and health needs presents long term challenges for employers as well as employees. Only by fully engaging with...
employers of both large and small entities and establishing sustained programmes of support in tandem with clear expectations for outcomes will overall standards be improved.

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About Occupational Hygiene
Occupational hygiene is the discipline of anticipating, recognising, evaluating and controlling health hazards in the working environment with the objective of protecting worker health and well-being.

Occupational hygienists aim to increase understanding of health risks in the working environment and advise on appropriate strategies to protect workers from serious illnesses like cancer, asthma, skin diseases and hearing loss.

About BOHS
The British Occupational Hygiene Society (BOHS) is a science-led, charitable body and the UK’s leading authority that works to protect everyone’s right to a healthy working environment. Founded in 1953, it’s one of the largest occupational hygiene societies in Europe and the only professional society representing qualified occupational hygienists in the UK. BOHS provides internationally recognised qualifications, scientific conferences and membership services, and has over 1400 members across 57 countries and the numerous fields of worker health.

By promoting scientific expertise and professional standards, we help our members achieve our vision of a healthy working environment for everyone.

As part of our mission, BOHS offers expert information and publications on issues critical to worker health protection. Through targeted campaigns, including our popular Breathe Freely initiative to reduce occupational lung disease, we help to raise awareness among employers about how they can better protect their workforce from serious illnesses.

Website: www.bohs.org

Submitted to Consultation website on 4th October 2019