GMB working together

Enhancing Life not Endangering Health

GMB Occupational Health Strategy

INTRODUCTION

To the GMB, the health of our members is as important as their safety at work. Being in employment is generally accepted as being beneficial to health, and the health effects of being out of work and the subsequent poverty and social deprivation are well documented. However, for some people work can seriously damage their health. In addition, chronic illness and disability caused by work can exclude people from work opportunities. Therefore the GMB's position on occupational health is threefold:

1. Prevention of work related ill health

2. Promotion of physical, mental and social well-being of workers

3. Work opportunities for those who have health conditions, who are impaired or disabled.

Helping members obtain compensation when they have been made ill or injured by work will still form an important part of the GMB's work. However our primary aim is to keep people in safe and healthy jobs. In the words of John Edmonds, GMB General Secretary; "Work should enhance life. Work should never endanger health".

BACKGROUND

The GMB and the Trade Union movement as a whole has a history of campaigning on work related ill health. Early campaign work included raising awareness and campaigning for compensation for victims of asbestos related disease and industrial deafness. The Trade Union movement has also been at the forefront in raising concerns on issues such as stress, Repetitive Strain Injury (RSI) and the health effects of work with VDUs.

Unfortunately many workers are still suffering from diseases such as asbestosis, industrial deafness and an increasing number from stress and RSI and as the world of work changes there are new and emerging illnesses that need to be tackled. The varying reasons for this failure to prevent occupational ill health are outlined below.

What is Occupational Health?

There are varying definitions of occupational health the most authoritative is one adopted by the Joint International Labour Organisation (ILO) and the World Health Organisation (WHO) Committee (see Table 1). Although it dates back to 1950 it is still widely used and relevant to today's society.

TABLE 1

Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities and; to summarise: the adaptation of work to man and of each man to his job.

The main focus in occupational health is on three different objectives: (i) the maintenance and promotion of workers' health and working capacity, (ii) the improvement of working environment and work to become conductive to safety and health and (iii) development of work organisations and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings. The concept of working culture is intended in this context to mean a reflection of the essential value systems adopted by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation and quality management of the undertaking.

ILO/WHO

The GMB supports the ILO/WHO definition of Occupational Health which goes beyond just preventing work-related ill health by promoting the well-being of workers. It also recognises the organisational and economic benefits of good occupational health in enhancing productivity. This latter point is important to bear in mind as we continue our partnership approach on health and safety in the workplace.

The Extent of the Problem

The extent of occupational ill health is hard to quantify. Collection of data on occupational ill health has been relatively haphazard compared to data on accidents at work. However the most comprehensive survey of work related ill health was the 1995 Labour Force Survey on self reporting of work related ill health[1] found that an estimated 2 million people in Great Britain are affected by work related ill health. The main conditions affecting people are musculoskeletal disorders (1.2 million) and stress (0.5 million). Other conditions reported include respiratory disorders, skin disorders, noise induced hearing loss and vibration white finger. Previous surveys have been open to criticism due to the self-reported nature of the survey, however the reports from this latest survey were verified with the individual's General Practitioner (GP).

The Government have also reported, in their document "Revitalising Health and Safety"[2], that each year an estimated 25, 000 people leave employment as a result of work-related injury and illness and over 25 million working days are lost each year as a result of such injury and ill health.

Costs of Work Related Ill Health

In addition to the obvious human costs to injured and sick workers of pain, suffering and loss of income, there are costs to businesses and the economy as a whole. The cost to employers of work-related ill health is estimated to be around £1.6 billion a year[3]. The total cost to society of occupational ill health and work related injury is estimated as high as £18 billion[3]. Highlighting the costs of work related ill health to business has been the main thrust of the Health and Safety Executives "Good Health is Good Business" campaign to get employers to act to prevent ill health.

Barriers to improving Occupational Health

The main barriers to achieving improvements in occupational health and reduction in the number of people suffering from work related ill health are listed below:

*** Lack of Provision of Services**

The UK is in the minority in the EU in not prescribing the provision of some level of occupational health support. Much of European occupational health legislation was made in response to the requirements in Article 7 of the Framework Directive on competent advice and influenced by the somewhat prescriptive requirements of ILO Convention 161 and Recommendation 171 (see Appendix). ILO Convention 161, amongst other things, calls for "the progressive development of occupational health services for ALL workers". Although the Framework Directive does not specify the nature of the competent advice required our European partners have interpreted this as meaning advice from occupational health specialists.

In Britain, there is no legislation requiring a minimum level of provision of occupational health support; the Management of Health and Safety at Work Regulations 1999 require every employer to ensure that his employees are provided with such health surveillance as is appropriate having regard to the risks to their health and safety by the risk assessment. In most cases this means that an employer should seek competent occupational health advice albeit on a periodic basis. The UK has not ratified ILO Convention 161.

Consequently, there are big gaps in the provision of occupational health advice to many workers and organisations. Our members working for larger organisations, such as Nestles, or for the public sector, such as NHS Trusts, will usually have an in-house occupational health service. A small number of these in-house services will consist of multi-disciplinary teams i.e. occupational health doctors, nurses, physiotherapists, ergonomists and counsellors. However some services consist of a nurse and a part time doctor, often without specialist occupational health qualifications. In addition many in-house services have been contracted out which in some cases has resulted in a decline in service.

For members working in smaller organisations or for contractors, access to occupational health advice can be severely limited and often their only source of advice is through the primary health care system i.e. when they visit their GP. However many GP's have a limited knowledge of Occupational Health issues - which is a problem for all workers regardless of what provision they have at work as their GP is the first line on contact.

An innovative project to improve occupational health advice to workers in small industries are Occupational Health Projects. Initially set up by Trades Union Councils and now funded by local authorities, Occupational Health Projects work within GP surgeries raising awareness of and giving advice on occupational health and assessing whether an illness could be work related.

The Government and the Health and Safety Executive are currently looking at ways of improving access to occupational health advice for small and medium sized enterprises (SMEs). Their work has recognised the value and benefit of Occupational Health Projects. The concept of "NHS Plus" is also being explored; this is where NHS Occupational Health Services sell their services to local businesses.

*** The Workers Perspective**

Many workers have a negative view of occupational health services that are paid and provided by their employer. Workers do not trust these service providers, essentially because they are paid for by the employer; in some instances this lack of trust is warranted. The benefit of occupational health from a workers perspective is often hard to see, in particular when occupational health services are seen as "policing" punitive sickness absence procedures. Occupational Health services also give advice to the employer regarding a worker's fitness and whether someone can continue working in the same job. Rather than being seen as independent, in house or contracted in occupational health services are seen as part of management. Many workers will not approach occupational health services to, for example, report health problems because of this lack of trust, worry that confidences may be broken and fear of losing their jobs.

Recent Government reports and action[4] to reduce the amount of ill health retirement and sickness absence in the public sector will only make workers within these sectors more cynical of the motives of occupational health services who do not focus primarily on prevention.

*** Reactive Services**

As mentioned above, it is fair to say that there are some occupational health services that are too reactive, concentrating on sickness absence, health surveillance, drug and alcohol testing and first aid treatment. Others are more proactive taking a preventative approach, working closely with health and safety officers and safety representatives to look at issues such as stress and manual handling risk assessments. The increase in contracting out of services and private providers has also led to organisations, as clients - dictating the type of service that is provided. This is often someone who can manage their sickness absence or carry out health surveillance or health checks.

*** Medical Model**

Many occupational health services in the UK are doctor led and subsequently follow a medical model. Some occupational health doctors and even nurses, especially those without a qualification in occupational health, tend to focus on the individual factors that could lead to someone suffering from work related ill health rather than the work related factors. In addition GPs and hospital consultants often have little awareness on the work related factors which cause of exacerbate ill health. High profile cases of the diagnosis of RSI are a prime example of how work factors are seen as unrelated.

Other Barriers include:

*** Lack of Enforcement on Occupational Health**

Health and Safety Executive Inspectors and Environmental Health Officers (EHOs) are responsible for enforcing legislation which has been put into place to prevent work related ill health. The GMB believes that there is reluctance on behalf of some inspectors to enforce legislation relating to ill health, in particular legislation relating to stress. Occupational health issues are seen as "soft" issue and perceived to be of low risk. There is also increasing pressure on Environmental Health Officers from the Foods Standards Agency to focus on Food Safety which could have the potential of pushing occupational health issues into the background.

*** Lack of Rehabilitation Opportunities**

Unfortunately, many people who are injured or made ill by work will leave the labour market. In many instances this is due to a lack of rehabilitation opportunities. For example, if someone has suffered from a serious back injury at work and is off sick they may have to wait several weeks before they are given any treatment such as physiotherapy. In addition their employer may be reluctant to allow them back into the workplace or adapt their job.

There is a strong body of evidence to prove that early intervention and rehabilitation (including treatment and support/adaptations on return to work) can increase someone's chances of making a good, if not, full recovery. Being off long term sick from work can also cause mental health problems, such as depression. The worry of whether the injured or sick person will be sacked, whether they will be able to return to their original job, isolation from their work colleagues and financial worries can lead to such mental health problems.

Rehabilitation provision within the NHS is sporadic, if you have suffered from a serious accident which has resulted in serious spinal or brain injury - intensive rehabilitation through specialist units is usually provided. However, if you have suffered a back injury, such as a slipped disc, RSI or work-related stress which has led to depression your access to rehabilitation services may be severely limited. Some organisations provide rehabilitation for their employees, such as in-house physiotherapists, others provide permanent health insurance (PHI) - often exclusive to senior managers, and in some instances company insurers will provide rehabilitation. However there are a great number of workers with poor access to rehabilitation services leading to inequalities.

*** Attitudes to Occupational Health**

There is a general lack of awareness surrounding the issue of occupational health. It isn't just employers and employees but GPs and other related professions who have this lack of knowledge - work is often the last thing to be considered as causing someone's ill health.

Even some employers who do have an awareness of the causes of occupational health do little about it. Work related ill health is different to accidents which occur instantly. Ill health can take several months or even years to develop by which time the employee may have moved on to another employer. Another problem is that employers will often blame activities outside work as the cause of the ill health e.g. marital problems as the cause of stress or DIY as the cause of a back injury.

KEY DRIVERS

Members and Safety Reps

Preventing our members from developing a work related illness is obviously a key priority for the GMB, as is keeping our members in employment. The number of people that have to leave work due to ill health is unacceptable. We also have to make sure that this employment is healthy and promotes well being. In order to do this we have to make sure that our Safety Representatives are well informed and trained in occupational health issues, in particular measures to prevent work related ill health, as they are on safety. Our Safety Representatives training needs to reflect the importance of preventing ill health, as well as accidents.

Governments' Occupational Health Strategy

The Government has recently launched the Occupational Health Strategy for Great Britain[5]. The strategy entitled Securing Health Together brings together key Government Bodies and other interested parties to address occupational health issues, with the aim to:

* Reduce ill health both in workers and the public cause, or made worse, by work;

* Help people who have been ill, whether caused by work or not, to return to work;

* Improve work opportunities for people currently not in employment due to ill health or disability; and

* Use the work environment to help people maintain or improve their health.

Interested parties will work together through a Partnership board to achieve the following targets:

* A 20% reduction in the incidence of work-related ill health;

* A 20% reduction in ill health to members of the public caused by work activity;

* A 30% reduction in the number of work days lost due to work related ill health

* Everyone currently in employment but off work due to ill health or disability is, where necessary and appropriate made aware of opportunities for rehabilitation back into work as early as possible;

* Everyone currently not in employment due to ill health or disability is, where necessary and appropriate, made aware of and offered opportunities to prepare for and find work.

To take forward the strategy there will be five key work programmes:

1. Compliance
2. Continuous Improvement
3. Knowledge
4. Skills
5. Support

Project Action Groups will be set up to develop the key work programmes.

The GMB has an important role to play in developing and influencing this strategy as the General Secretary is a member of the Partnership Board, which is chaired by Bill Callaghan, Chair of the Health and Safety Commission.

Partnership

As mentioned above the Health and Safety Commission's Strategy centres around partnership involving government departments, industry, trade unions, occupational health professionals and other interested parties. The GMB needs to continue with the partnership theme at a workplace level. We have had many successes in reducing accidents working at a partnership level, we now need to look at how this model can be used not only to reduce work related ill health but also to promote well being in the workplace. It may be more difficult to evaluate success, but looking at reductions in sickness absence and reductions in people leaving employment could be used to monitor progress and improvements.

Sustainability

The aim of the GMB's Health, Safety and Environmental Policy is

"To improve the quality of life of all GMB members and their families both inside the workplace and in the wider community through sustainable development, encompassing environmental, social and economic goals. At a workplace level this can be achieved by encouraging best practice on health, safety and environmental systems and standards at work and working together with employers to reduce risks and continuously raise standards."

If we are to meet this aim we have to address occupational health issues which include prevention, rehabilitation and job opportunities for workers who have health conditions or are impaired or disabled.

GMB STRATEGY

The GMB's key occupational health aims are as follows:

* Prevention of work related ill health

* Promotion of physical, mental and social well-being of workers

* Work opportunities for those who have health conditions, who are impaired or disabled.

To meet these aims the GMB's strategy will run the same themes as the work programmes outlined in the Health and Safety Commissions Securing Health Together Document. Within each of the strategic themes there will be a list of actions, campaigning and work needed to achieve our aim. Detailed below are the aims and actions in each strategic theme.

Strategic Themes

1. Compliance

Aims

In common with the Health and Safety Commission this work area will look at how the GMB can work to improve the law relating to occupational health and improve compliance with current legislation.

Actions

* Looking at the role of Safety Representatives in promotion of compliance including extension of Safety Representatives rights to issue Provisional Improvement Notices and extension of Safety Representatives to cover SMEs (i.e. Roving Safety Representatives).

* Campaigning for new and improved legislation e.g. on work-related stress, occupational asthma and RSI; in particular.

* Working with enforcement authorities to improve their knowledge of the role of Safety Representatives.

* Campaigning for improvements in fines and sentences for employers who breach legislation in place to protect workers from work related ill health.

* Assisting Safety Representatives in using their statutory rights to address and prevent work related ill health e.g. through provision of information and training.

* Campaign for legislation which gives a legal right of access to occupational health support for ALL workers.

2. Continuous Improvement

Aims

The GMB will continue it's "Working Well Together" theme to develop continuous improvements in work related health. Much of the work thus far has focussed on preventing accidents e.g. the Nestle's slips trips and falls initiative, but we also need to look at preventing ill health in partnership with employers and health professionals. Continuous improvements should go beyond minimum requirements and actively promote a healthy working environment.

Actions

* Seek further partnerships with employers who want to reduce occupational ill health such as the SITA/GMB Back in Work Project.

* Publicise work that has resulted in improvements and promote best practice.

* Research and develop successful models used by Trade Unions at a European and International level e.g. the Canadian Body Mapping initiative.

* Develop GMB policy on Rehabilitation promoting best practice and press for implementation in workplaces where we have members.

* Look at the occupational health needs and develop policies and areas of work for specific groups of workers such as disabled, aged and women workers.

* Use links with Health and Safety Commission through membership of Industry Advisory Committees and Subject Advisory Committees e.g. Occupational Health Advisory Committee, Health Service Advisory Committee and Construction Industry Advisory Committee to press for continuous improvements in occupational health and develop partnerships with industry bodies represented at these levels.

3. Knowledge

Aims

To the GMB this will mean collecting and collating data on the incidence of work related ill health and using this data to inform and develop GMB policy, then inform the Health and Safety Executive and other government departments. This data can take the form of formal research e.g. questionnaire based surveys at a National/ Industry or work base level or anecdotal evidence from our members, Safety Representatives and Officers.

The GMB also needs to collect evidence of programmes that are working and effectively reducing work related ill health.

Actions

* Carry out formal surveys in key sectors on occupational health issues e.g. bullying at work in the NHS.

* Use results to develop and inform GMB policies and campaign work on specific issues.

* Develop lines of communication with the HSE and other government bodies to feed in issues of concern to our members

* Monitor any work being carried out by European and International unions to assess levels of work related ill health

* Collate data on legal claims taken by the union for work related ill health.

* Evaluate initiatives to reduce work related ill health and publicise successes

* Monitor trends and changing ways of work to identify new and emerging work related illness.

4. Support

Aims

Work towards improvements in the level and quality of occupational health advice and support (including rehabilitation) for all members.

Provide Safety Representatives and Officers with information and advice on preventing work-related ill health.

Actions

* Campaign for the implementation of a National framework of Occupational Health Services to provide competent, independent occupational health advice and support for all workers.

* Press for improvements and more implementation of occupational health in primary care setting e.g. occupational health projects, occupational health to be part of Health Improvement Programmes, improved GP training on Occupational Health.

* Press for centres of excellence within the NHS for advice on preventing, diagnosing, treating and rehabilitating workers with specific occupational health issues e.g. vibration white finger; occupational asthma.

* Explore ways of funding such services e.g. levy on employers through insurance companies to fund occupational health services and centres of excellence

* Campaign for exemplary services for our members working in the NHS to ensure that their level and quality of occupational health support is not reduced by the implementation of NHS Plus.

* Press for a multidisciplinary approach which includes worker involvement

* Encourage Safety Representatives involvement in the work and quality of in-house or contracted out occupational health services.

* Develop links with occupational health projects in the community e.g. Newham Health Works and Sheffield Occupational Health project

* Ensure that Safety Representatives training includes Occupational Health issues

* Ensure that Officers and Safety Representatives are kept up to date with any changes in occupational health and given resources to support members and implement changes in the workplace.

5. Skills

Aims

To improve knowledge of occupational health for all members and their employers and raise awareness amongst the general public.

Actions

* Promote joint training through GMB Training Services e.g. manual handling, recognising bullying and stress and how to alleviate it.

* Pilot the use of Body Mapping as a tool to raise skills and awareness amongst our members.

* Ensure that Safety Representatives training includes Occupational Health issues

* Ensure that Officers and Safety Representatives are kept up to date with any changes in occupational health and given practical resources to support members and implement changes in the workplace.

APPENDIX

ILO Convention 161 and Recommendation 171 concerning Occupational Health Services

1. ILO Convention 161 was adopted by the International Labour Conference in June 1985. The main principles of the Convention require:

a) the formulation, implementation and periodic review of a coherent national policy on occupational health services;

b) the progressive development of occupational health services for all workers, whether in the public or private sector, in all undertakings with provisions that are adequate and appropriate to the specific risks of the undertakings.

2. Recommendation 171 defines occupational health services as services entrusted with essentially preventive functions and responsible for advising the employer, the workers, and their representatives in the undertaking on: the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work; and the adaptation of work to the capabilities of workers in light of their state of physical and mental health.

REFERENCES

1 1995 Labour Force Survey on Self Reported Work Related ill health

2 Department of Environment, Transport and the Regions; Revitalising Health and Safety - consultative document, July 1999

3 The Cost to Britain of Workplace Accidents and Work-Related Ill Health in 1995/96 - HSE Books.

4 Managing Attendance in the public sector: Putting Best Practice to work - Cabinet Office 1999 and Review of ill health retirement in the Public Sector, HM Treasury July 00.

5 Securing Health Together - an Occupational Health Strategy for Great Britain; Health and Safety Commission, MISC 225, July 00.

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