LETTERS TO THE EDITOR

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Re: Evaluation of an occupational health service for general practitioners and their staff in a primary care trust

Dear Sir,

Having read Paul Grime’s useful article [1], we thought that it might be helpful to offer some of our own observations based upon experiences within Sandwell.

Service specification/finance

Grime rightly states that current government funding equates to £267 per general practitioner (GP) [2] and suggests that the Sandwell service costs five times more than his current service. However, it is important to clarify that the Sandwell service costings for GP and Dental Occupational Health and Safety services match current government funding [2,3].

A team of two occupational health (OH) nurses and a safety advisor provide the Sandwell service. Core services provided include, pre-employment screening, immunizations, vision screening, sickness absence management, management/self referral, advice on rehabilitation and redeployment, practice-held clinics, health and safety advice, health and safety assessments, telephone/e-mail support, assistance with health and safety and OH planning, health and safety policy development and risk assessment training.

Grime makes no reference to the amount that his own service costs the primary care trust (PCT). Such a reference would be useful especially in relation to benchmarking the service.

Accessibility/practicality

We would agree that accessibility of the service and practicality of advice offered is the key in the development of any service. The success of our own service is reflected in the uptake of the service across the five PCTs we currently serve. After 6 years of operation, we have achieved an overall service uptake of 75%. We feel that this is largely due to our taking clinics into the practices themselves.

Grime makes a valuable point when he states that OH provision to GPs and their staff should not be an extension of the service provided to the local acute trust. We would echo that, and our own approach in Sandwell is needs assessment and customer led.

As to the question of practicality of advice, the Sandwell service recognizes that this is an issue that needs to be addressed, preferably before the service launch. We redesigned our own service in 2004 in response to guidance set out in the current General Medical Services (GMS) contract [5]. Our literature and documentation reflect the goals and targets set out in that document and our aim is to chart a path for practices to follow to ensure compliance with both current employment and health and safety legislation.

Health and safety

Grime makes no mention of health and safety advice in his paper. Our own experience in visiting GP and dental surgeries suggests that many require assistance with health and safety issues of the most basic kind and this is supported by the literature [4–7]. We also feel that health and safety and OH should combine their efforts in order to maximize impact. At Sandwell, we have a health and safety professional who also visits practices; his efforts are directed toward facilitating health and safety development within the practices we serve. This has proved to be a successful approach that we rationalize through reference to the requirements of the GMS contract [8].

Clearly, as Grime suggests, the provision of services to GPs and their staff set us, as professionals, a series of difficult problems as we are delivering services to 70–80 individual small businesses within each of the PCT areas that we work. As Grime quite rightly states benchmarking with other services would appear to be the way forward, and we would welcome an opportunity to compare data with him in the future.

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References


