

# BRIEFING PA-

Exeter Policy Research Programme Evidence Review Facility: February 2022

## Multi-disciplinary models for Occupational Health services: what works for whom?

**T**he combination of an ageing population, increasing levels of chronic illness, mental health difficulties and disability, and the removal of the default retirement age, means that the demand for occupational health (OH) services is increasing. OH providers have traditionally relied on a clinical workforce to deliver these services, particularly doctors and nurses with OH qualifications.<sup>1</sup> However, the increasing demand for OH services is unlikely to be met in future, as the number of OH-trained doctors and nurses in the UK is declining.<sup>2</sup> Moving to a more multidisciplinary workforce could enable OH market capacity to significantly increase to meet new demand with less reliance on OH-trained doctors and nurses.

**This is an umbrella review which includes effectiveness and cost-effectiveness systematic review evidence evaluating multi-disciplinary OH interventions aiming to improve return to work outcomes.**

The review was commissioned by the Department of Health and Social Care and the Department of Work and Pensions. The findings highlight:

- ◆ **The heterogeneity of systematic review evidence.** Eligible systematic reviews focused on an array of health conditions and intervention types;
- ◆ **The highest quantity** of systematic review evidence was for interventions targeting employees with musculoskeletal conditions;
- ◆ **No clear link** between the professional groups working together and the reported effectiveness of the intervention.
- ◆ **Cost-effectiveness outcomes** were limited and findings varied, making it difficult to generate firm conclusions. Interventions provided by care managers alongside 2-3 other professional groups may be value for money.

*In the UK, around 19.5% of working age adults have a disability<sup>3</sup> and approximately 42 percent of the 50-64 year olds within the UK living with a chronic condition.<sup>4</sup>*

*Overall in the UK during 2017/18, over 38 million working days were lost due to work-related ill health, with nearly £10 billion annual costs attributable to new cases in 2019/20.<sup>5</sup>*



QR code; map of review evidence

## Why did we do this review?

Whilst there is an abundance of systematic review evidence which seeks to evaluate single and multi-component OH interventions which aim to improve work and health based outcomes, it is difficult to identify which aspects of the content and/or delivery of these interventions may be associated with success.

We sought to identify, critically appraise, and narratively summarise systematic review evidence regarding:

1. The effectiveness of multi-disciplinary interventions intended to improve work outcomes following illness or injury, such as return to work and reduced sickness absence;
2. The cost-effectiveness of multi-disciplinary I interventions intended to improve work outcomes following illness or injury.

## How did we do this review?

### Finding the literature:

We searched 12 health and non-health care bibliographic databases to identify systematic review evidence from a variety of sectors of employment. We also searched Google Search, Google Scholar and topically relevant websites.

### Eligibility criteria:

Evidence was included relating to people 16 years or older, who were in employment who have had an absence from work for any medical reason and received a multi-disciplinary, work-place based intervention intended to improve any return-to-work outcome.

### Study selection, data extraction and study quality appraisal:

All stages were completed independently by two reviewers. To understand the characteristics of the interventions evaluated we included a prioritised set of systematic reviews in an evidence and gap map and examined the primary studies included within them in the approach detailed in Figure 1.

Prioritised reviews: data was extracted from the systematic reviews most relevant to our research aims and objectives.

These systematic reviews were displayed according to their key characteristics in an evidence and gap map and described using narrative synthesis.

Primary studies relevant to our research aims were identified from the prioritised reviews by two reviewers.

Key characteristics of the interventions evaluated within these primary studies were extracted.

Using narrative synthesis, we examined the relationship between the groups of professional delivering the intervention and reported effectiveness and cost-effectiveness outcomes.

Figure 1: Main stages of data extraction and synthesis

## Overview of the evidence

89 systematic reviews met our inclusion criteria. Of these, 24 were prioritised for full data extraction (Quality: High (n=10), Moderate (n=2), Low/Critically Low quality (n=12)), and included in

the evidence and gap map. 62 primary studies (73 articles) were identified from the list of included studies within the prioritised reviews.

## What did we find?

### Systematic Review Evidence

The evidence and gap map is structured by the reason for sick leave and reported impact on RTW outcomes as reported at the level of the review, with links to the primary studies which contain descriptions of individual interventions provided within each segment. Due to the heterogeneity of the interventions evaluated within the systematic reviews, it was **not possible to structure the map according to condition and types of intervention being evaluated**.

The evidence and gap map can be found by clicking: [here](#)

### Primary studies: Professionals delivering the intervention

Professionals delivering the interventions within the 62 relevant primary studies included in prioritised systematic reviews were grouped into 5 categories:

- 1) **Case management:** staff explicitly names as being case-managers or described as nurses, GPs or other primary care clinicians;
- 2) **Musculoskeletal:** supporting the musculoskeletal health of employees;
- 3) **Mental Health:** supporting the mental health of employees;
- 4) **Industrial Hygiene:** supporting health of employee within the workplace;
- 5) **Social care:** supporting employees with social care needs.

Based on these five categories of professionals, there were 19 possible groupings of the primary studies. In terms of the number of primary studies contributing to each grouping, **no predominant delivery model** of multi-disciplinary occupational health services was evident

### Intervention deliverers: Case managers and staff from two or more other categories

We were unable to identify any clear patterns in staff groupings relating to the reported effectiveness of the intervention, although there is tentative evidence to suggest that these types of interventions represent value for money;

### Intervention deliverers: Case managers and staff from one other professional category

There was no clear relationship between the profession of the Care Manager, professional groups who worked with the Care Manager or the composition of these professional groups and the reported effectiveness or cost-effectiveness of the intervention with regard to RTW outcomes;

### Intervention deliverers: No Case Management—two or more professional groups

For interventions which did not explicitly include case management professionals, the predominant staff category grouping was 'Musculoskeletal' which reflects the main reason for sick leave for the employees within the studies in this group. It was most common for staff from the 'Musculoskeletal' category to work with those from the 'Mental Health' or 'Industrial Hygiene' categories. However, it was again not possible to establish a clear link between different staff groupings and reported intervention effectiveness/cost-effectiveness.

## What are the implications of this review?

This umbrella review provides an overview of the systematic review evidence regarding the effectiveness and cost-effectiveness of occupational health interventions to support employed adults to return to work. This evidence is presented in an interactive evidence-and-gap map to allow users to access and view the evidence most suited to their needs.

Implications for different stakeholder groups are as follows:

### ◆ **Policy makers and commissioners:**

This evidence may help to determine which OH interventions could be most useful for supporting different population groups within different contexts;

The evidence-and-gap may help identify priority areas for future primary research;

### ◆ **Clinicians:**

OH professionals may find the content of the evidence and gap map useful in identifying systematic review evidence to support their practice;

### ◆ **Researchers:**

The primary included in this review could be used as a starting point to conduct a series of smaller, more specific, systematic reviews focusing on the needs of particular population groups or effectiveness of certain types of intervention.

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[Link to full report:](#)

## Exeter PRP Evidence Review Facility

We are one of two research groups in the UK commissioned by the National Institute of Health Research Policy Research Programme to conduct syntheses of evidence to inform policy development and evaluation across the full policy remit of the Department of Health and Social Care. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR, the Department of Health and Social Care or the Department of Work and Pensions.

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