

Best Practice when Procuring Occupational Health

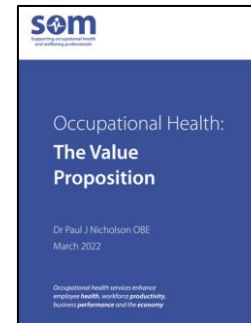
A supplier's view



✚ What is being procured – what is OH – how it should be perceived?

- Occupational Health is a professional advisory service linking the impact or work on health and..... more importantly health on work.
- Seeks to promote and maintain the health and wellbeing of employees, with the aim of ensuring a positive relationship between an employee's work and health

- SOM value proposition -

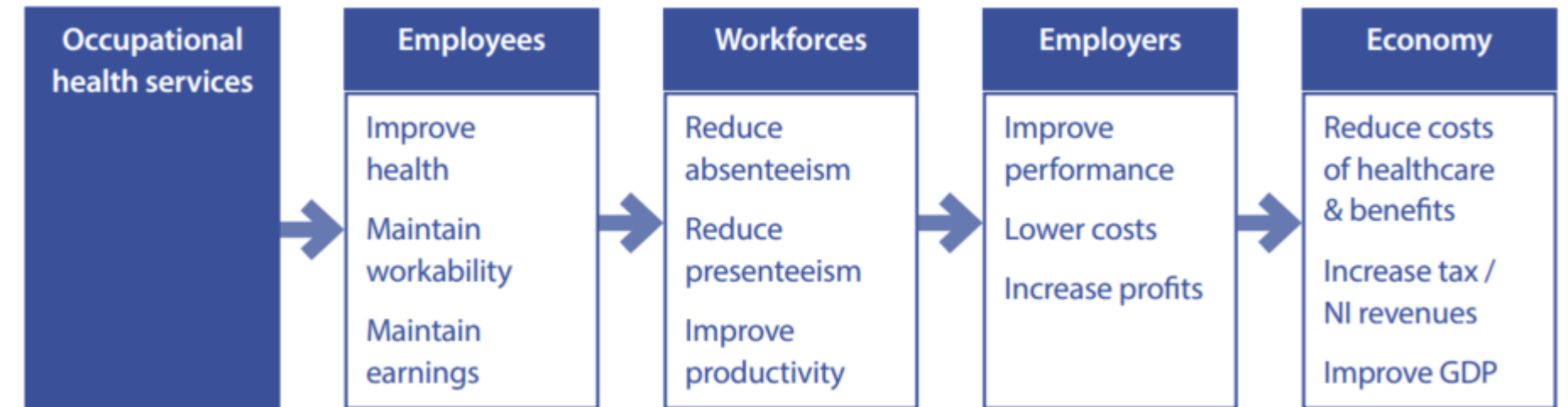


- Key services:

- Health risk management – pre employment / compliance, Hygiene, etc
- Health management support – referrals, etc
- Health & wellbeing – prevention.

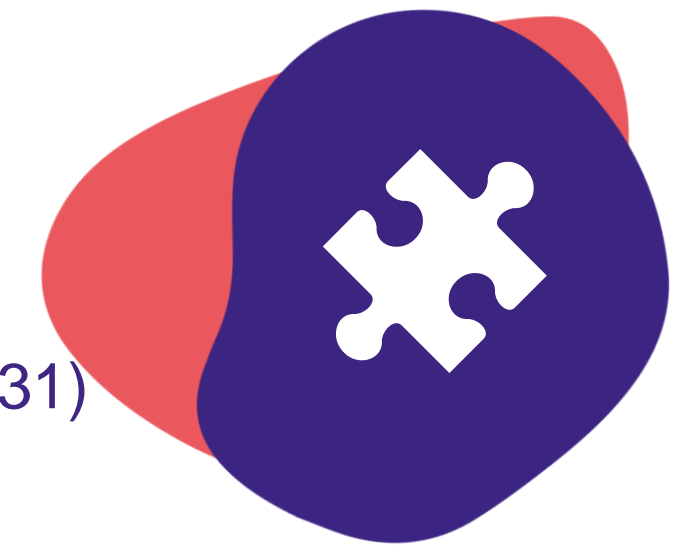
- Increasing supporting organisations with wider health services

- Primary Care / Health Trusts
- Neurodiverse



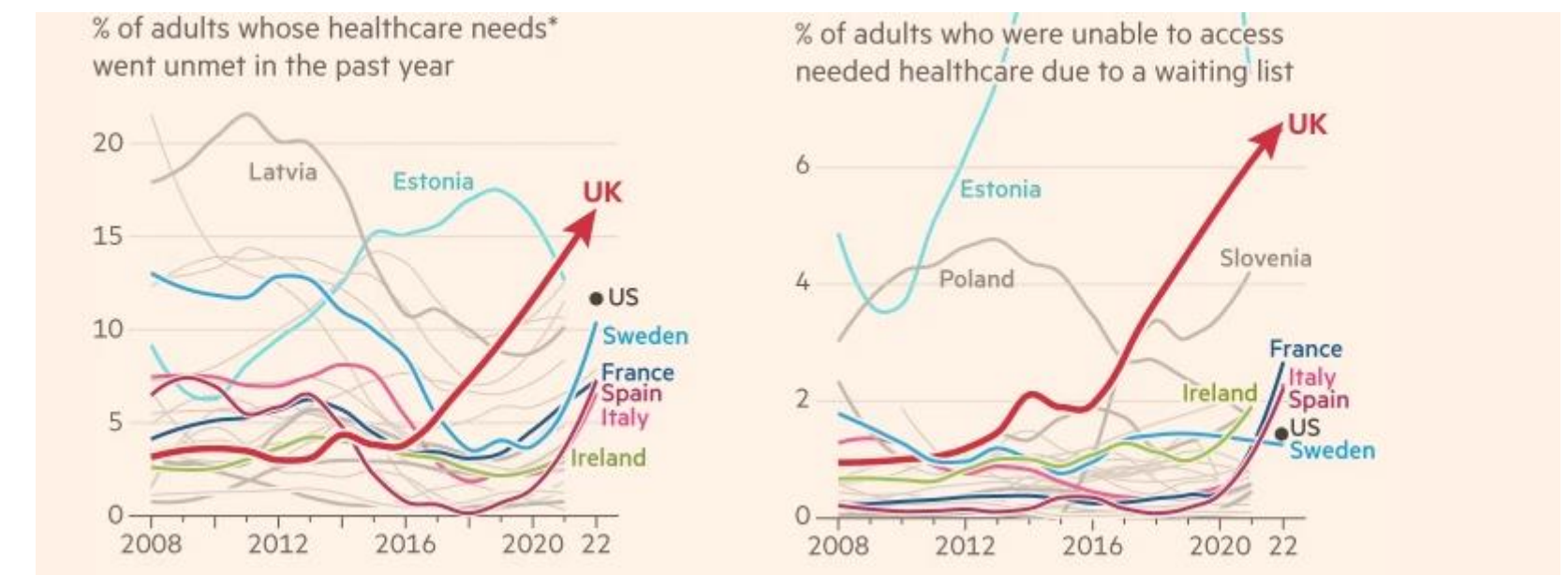
Evidenced- based workplace interventions – helping employers to become informed managers – IES 2022

✚ Current / forthcoming challenges – increasing pressures on employers

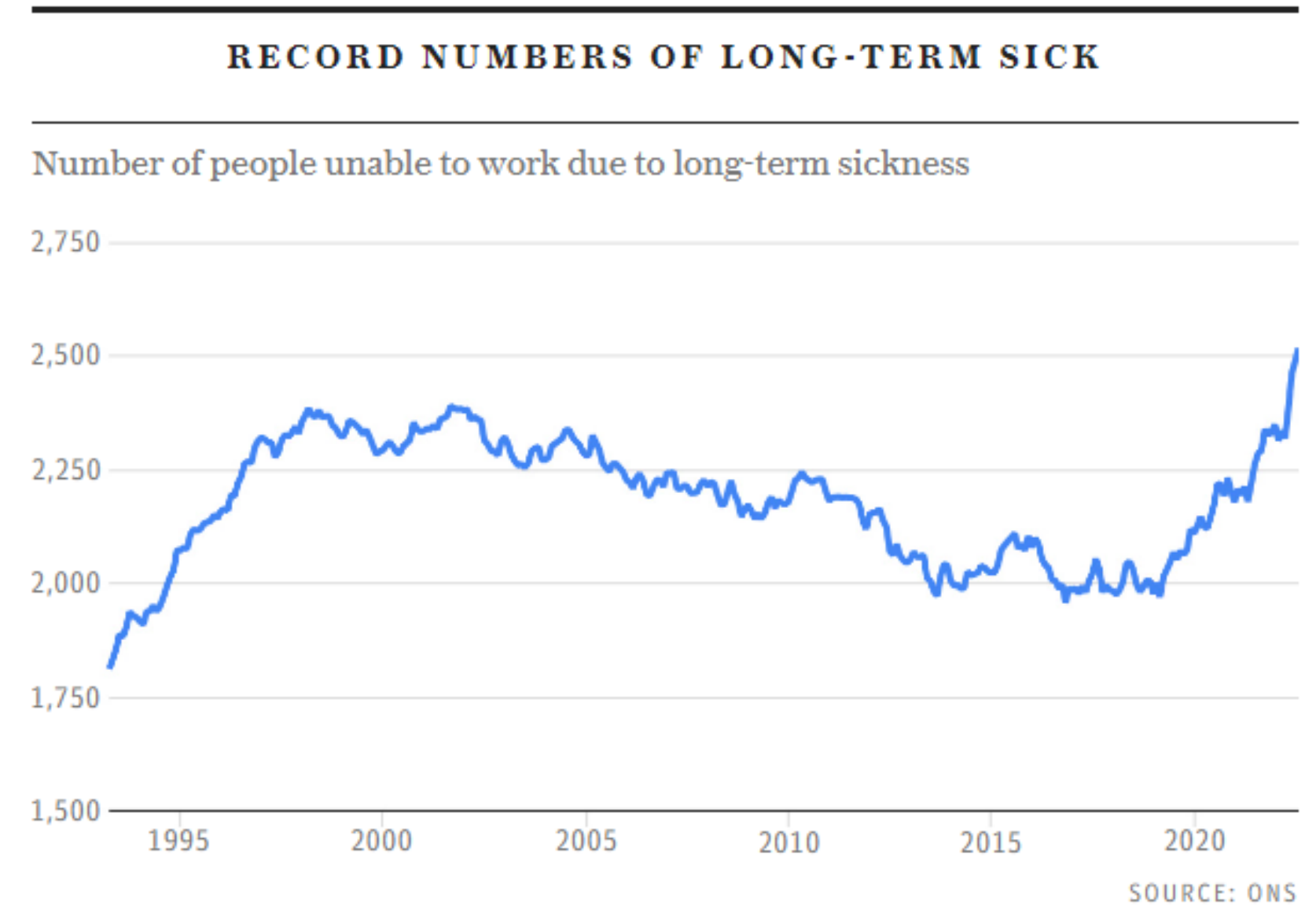
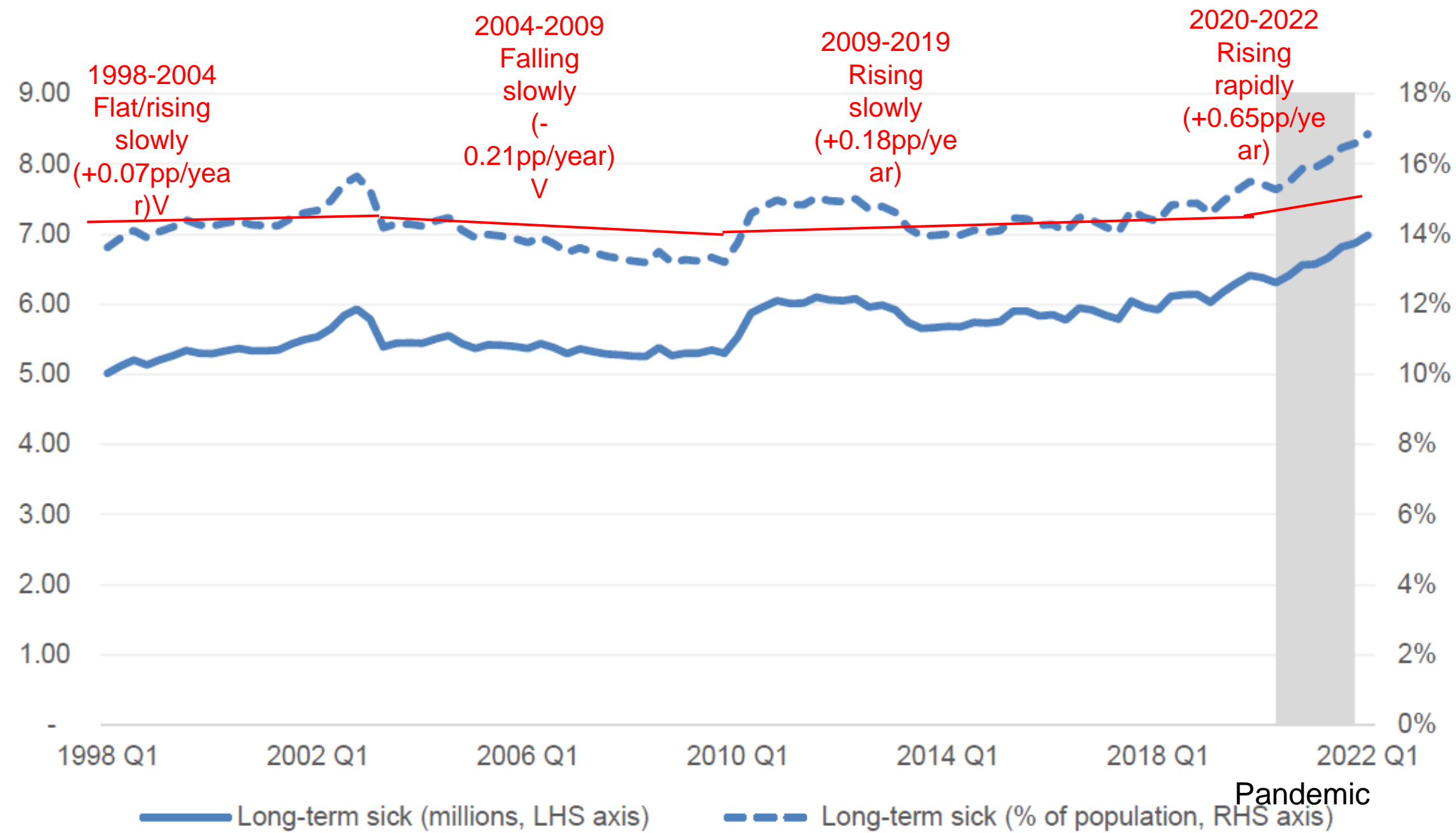


- People working past 65 increasing (with people over 85 across the UK increasing from 1.35m - 2m by 2031)
- Obesity continues to rise - 26% of adults obese / diabetics with a rise from 4m to 5m by 2035
- Common mental health conditions increasing - 20% female & 13% male
- People living with chronic ill-health increasing – Around 50% of those defined as long term sick are working
- Emergent health risks – Long COVID/further pandemics? About 2.3m people living with Long Covid
- Pandemic crisis has exacerbated the challenges - **NHS struggling to cope**
- ‘Other’ conditions rising due to lack of treatments – NHS waiting list +7m

This all combined with new (post-pandemic) working practices

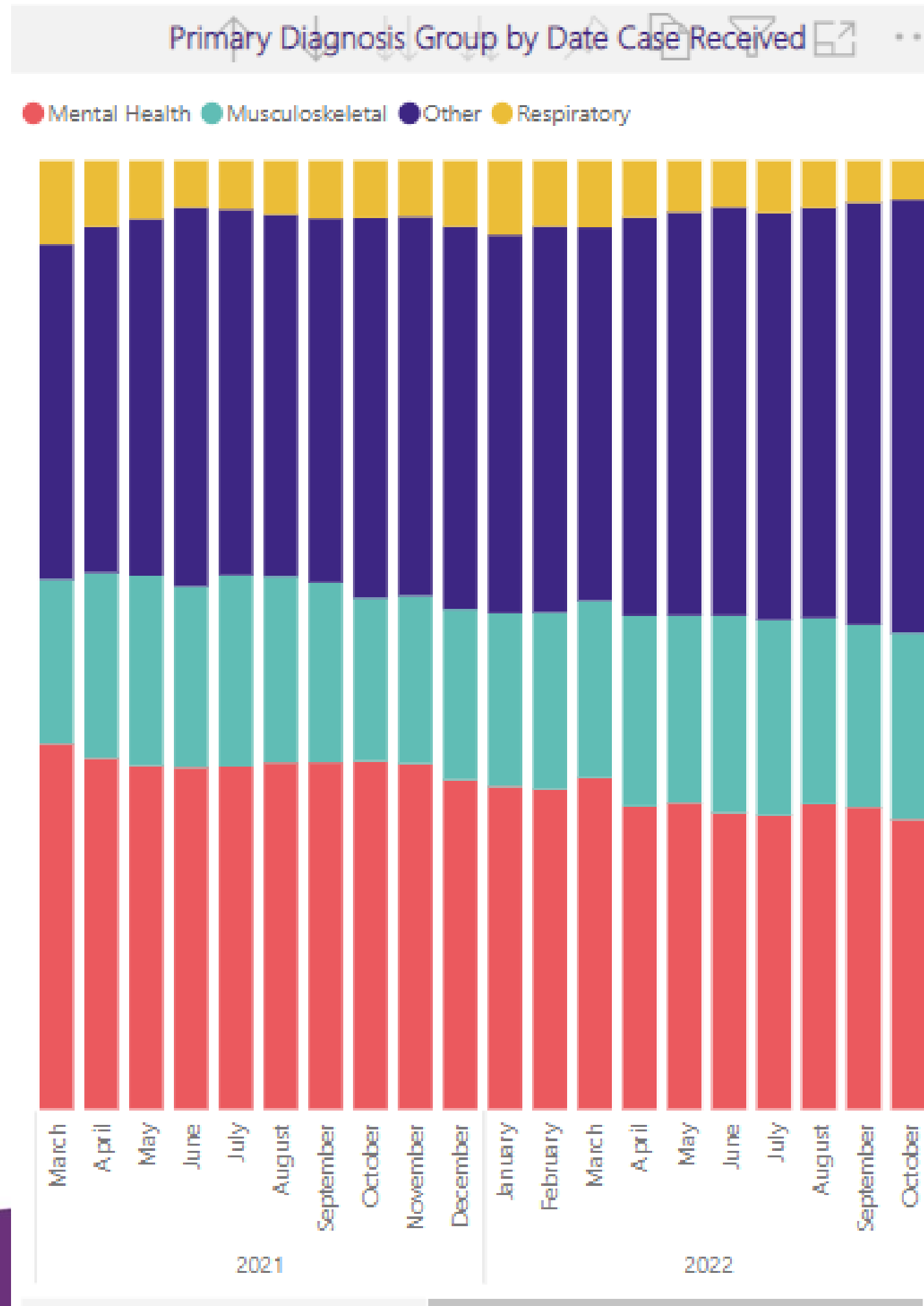


Long-term sick in the working age population



Number of working age on long term sick increasing

Current / forthcoming challenges – expected increasing pressures on employers



The UK occupational health market

- Ongoing market consolidation
- National providers (with directly employed clinical teams)
- Regional providers
- Specialist providers (mental health, musculoskeletal, Neurodiversity, health promotion, Occ Hygiene)
- Wide range of independent clinicians supporting all providers as network contractors
- Changing models – online / remote delivery. National network less relevant
- Limited pool of OH clinicians



Defining requirements – Focus on what do you need

- Differs based on each organisation (size / health risk / service requirements)
- Opportunity to procure services to fit future rather than historic needs – the coming storm!!
- Understanding health risks / profile of your organisation – Occ Hygiene
- Seek partnership working / professional medical advice with focus on:
 - Health risk management – pre employment / compliance, etc
 - Health management support – management referrals, etc
 - Health & wellbeing – prevention.
- Specialist services such as Occ Hygiene, neurodiverse, D&A, vaccinations, primary care, travel health, etc
- Service relationship (clinical / operational) – measurements of success



Key information required for informed responses

- As much as possible on your organisation – your culture, mission, objectives, structure
- Demographics of workforce / locations
- Health profile / Health risks (if known)
- Service requirements – be clear and consistent
- Volumes per service line (ideally last two years) i.e. absence / referrals etc - data
- Service objectives / your vision – but don't stifle innovation!
- SLAs - ensure they are achievable in current climate
- Understand if TUPE applies (and either provide detailed info or accept caveats)
- Sensible clarification windows for additional information (providers need time to review / solution / identify issues to discuss)



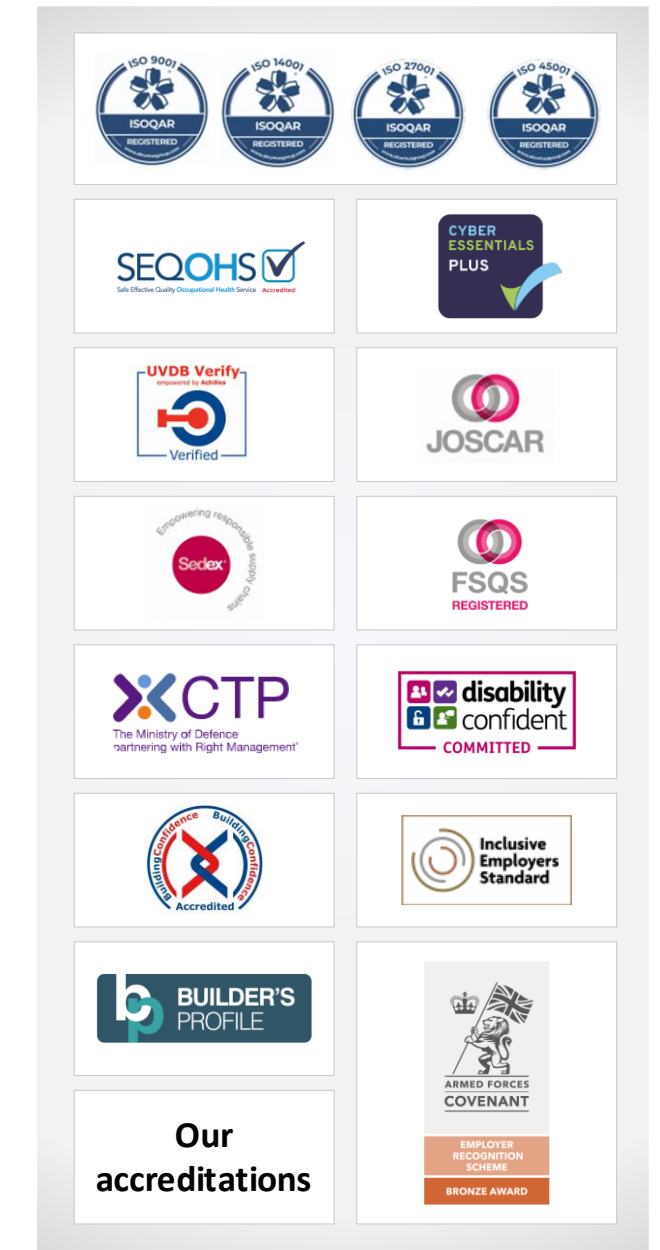
Issues to avoid

- Use established accreditations to validate information (ISO27001, Cyber Essentials Plus, SEQOHS, etc). Reduces question requirements
- Duplications. Be clear in requirements
- Excel! / word limits. The market is keen to demonstrate what they can offer.
- Allow graphics (i.e. process flows etc) they can clearly demonstrate solutions
- Duplicating previous services – look to the future
- Contract – Controller to controller / appropriate to services delivery



Key criteria to measure

- Credibility / financial security / accreditations (use - SEQOHS / ISO9001 / data protection - ISO27001 / Cyber Essentials Plus etc)
- Organisational structure and in particular Clinical strength (employed / contracted)
– this is, after all, a clinical requirement
- Resourcing capabilities - clinical recruitment and retention in challenging market.
Good OH is driven by the quality of its clinicians!
- IT platforms – own / off the shelf - bespokeability
- Governance / training / CPD / audit
- Social / environmental footprints
- Service provision – clear practical service processes to fit service lines
- Cost



Recommended process / timelines

- Pre-market engagement to understand best practice
- Sensible time for clarifications (at least 10 days) and response (minimum three weeks)
- Be clear on evaluation criteria i.e. 70:30 etc
- Shortlisted presentations. You don't need to see all. Book time at time of RFP launch
- Award date
- Go live. Ideally leave min 8 – 12 weeks



Post award

- Give time for clear feedback. Providers have put time in and is keen to learn
- Set up implementation launch project meeting
- End of Q1 review of progress / planned objectives
- Work as partnership to ensure ongoing improvement – what you buy at day one should not be the same as day 365.

