

Research report

# Occupational Health Advice Lines evaluation: Final report

by Alice Sinclair, Rose Martin and Claire Tyers

Department for Work and Pensions

Research Report No 793

# **Occupational Health Advice Lines evaluation: Final report**

Alice Sinclair, Rose Martin, Claire Tyers

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# Abbreviations

Acas	Advisory, Conciliation and Arbitration Service
CATI	Computerised Assisted Telephone Interviewing
CIPD	Chartered Institute of Personnel and Development
DWP	Department for Work and Pensions
FSB	Federation of Small Businesses
GP	General Practitioner
HR	Human Resources
HSE	Health and Safety Executive
IES	Institute for Employment Studies
ILO	International Labour Organisation
IES	Institute for Employment Studies
NHS	National Health Service
NIESR	National Institute of Economic and Social Research
OH	Occupational Health
PCT	Primary Care Trust
RCGP	Royal College of General Practitioners
RCT	Randomised Control Trial
SCC	Scottish Chambers of Commerce
SCDI	Scottish Council for Development and Industry
SCHWL	Scottish Centre for Healthy Working Lives
SME	Small and medium-sized enterprises
SPRU	Social Policy Research Unit
TUC	Trades Union Congress
WHC	Workplace Health Connect
WHO	World Health Organisation

# Glossary of terms

Occupational health	The physical, mental and social well-being of workers in the workplace.
Occupational health advice	The advice, guidance and signposting to other services to help employers and employees promote and maintain the highest degree of physical, mental and social well-being of workers by preventing departures from health, controlling risks and the adaptation of work to people and people to their jobs (definition given by World Health Organisation (WHO) and International Labour Organisation (ILO)) <sup>1</sup> .
Small and medium-sized employers	Employers with fewer than 250 employees.
Micro employer	Employer with 0 to 9 employees.
Small employer	Employer with 10 to 49 employees.
Medium-sized employer	Employer with 50 to 249 employees.
In-target caller	An employer with fewer than 250 employees calling about an OH issue, or a GP calling about a patient (these callers were eligible for the service and the primary focus of the evaluation).
In-scope caller	An employee from a firm with fewer than 250 employees calling about an OH issue (these callers were eligible for the service but were not the primary focus so were not included in the evaluation research).

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<sup>1</sup> Since 1950, the ILO and WHO have shared a common definition of occupational health. It was adopted by the Joint ILO/WHO Committee on Occupational Health at its first session in 1950 and revised at its twelfth session in 1995.

# Key messages

- From late 2009 to March 2011, an Occupational Health (OH) Advice Lines service was piloted by the Department for Work and Pensions (DWP) to provide small and medium sized enterprises (SMEs) in Great Britain with early and easy access to high quality, professional advice in response to individual employee health issues.
- The pilot was successful in targeting SME employers who needed help to manage an employee's health problem in the workplace.
- Employers often sought reassurance for actions they had taken or were about to take, implying that the OH Advice Lines are an important and legitimate source of confirmation for employers who might be considering a range of options.
- The majority of users called the service with questions about sickness absence, attendance management issues or advice on the fit note. In addition to OH issues, they often presented problems which were multifaceted, sometimes needing legal advice. This provided the service with an opportunity to act as a gateway to other services such as Advisory, Conciliation and Arbitration Service (Acas). Similarly, these services also referred users to the OH Advice Lines. Further co-operation with intermediaries could increase volumes of calls to ensure that employers are assisted on all aspects of their queries.
- The service was highly valued by users and appeared to be addressing a genuine desire for professional OH support among SMEs. The overwhelming majority (more than 90 per cent) found it useful and stated that they would recommend it to others.
- Employers particularly liked that the service provided fast access to professional advice. This enabled more timely action to be taken and provided employers with reassurance and confidence that they were taking the right approach. Users were also attracted to the service because it was free, appeared to be a one-stop shop, and provided government sponsored support, which added to the credibility of the offer through its links with the National Health Service (NHS) brand.
- The volume of calls to the service was below expectation. This is probably an indication of the difficulty in promoting a service to employers that is needed only when the employer faces an employee health problem. For very small businesses, this may happen relatively infrequently, although the impact at that point may be significant. More time is necessary to increase the visibility of the service among SMEs in Great Britain and to refine marketing activities to encourage take-up.
- Of the marketing strategies employed, online activity and the use of Acas as an intermediary proved effective methods of driving up call volumes. Employer events were resource-intensive and resulted in fewer calls. Regional efforts to market the service in England were also less effective than the national centralised approach.
- Lessons learned from the pilot have fed into design of the continuing service (an extension of the pilot to March 2013) to further develop understanding of how to engage SMEs at the point of need, educate SMEs about the benefits of good OH practice and address the question of sustainability in taking forward the service into the future.

# Summary

The Department for Work and Pensions (DWP) launched the Occupational Health (OH) Advice Lines service in winter 2009. The service was one of a number of initiatives trialled to address the issues raised by Dame Carol Black in her review of the health of Britain's working population<sup>2</sup> and operated nationally across England (from seven service sites), Scotland (one site) and Wales (one site). The Institute for Employment Studies (IES) was contracted to run the evaluation of the service, and this report presents the findings of that evaluation.

## The Occupational Health Advice Lines service

Dame Carol Black's review identified that small and medium-sized enterprises (SMEs) with fewer than 250 employees generally have little or no access to OH support to help them deal with employee sickness absence or employee health issues at work. The OH Advice Lines service was designed to both test and promote the demand for OH services among this group. Specifically the service aimed to provide SMEs with early and easy access to high quality advice concerning employee health issues. After the launch of the fit note in April 2010, the service was also made available to General Practitioners (GPs) to assist with any professional queries they had about the fit note or other OH issues related to their patients. The pilot is now complete. The continuing service to March 2013 has drawn on lessons from the pilot.

The evaluation aimed to understand who used the OH Advice Lines and why, examine the nature of different delivery models, and explore the perceived impact of the service. Data were collected using a variety of techniques including:

- management information collected by the service sites (this provided details of the call and the caller, and was used for internal monitoring and evaluation purposes);
- a telephone survey of employers who used the service (505 responses were collected, a response rate of 79 per cent) conducted by IES and the survey house TNS-BMRB, the results from which were weighted to be representative of the user population;
- 50 in-depth qualitative telephone interviews with employers who used the OH Advice Lines service conducted by IES;
- regular contact between the evaluation team and service staff across the nine sites.

## Set-up and call volumes

The OH Advice Lines service was delivered by separate teams with different infrastructures in England, Scotland and Wales. During the pilot period, which ran from December 2009 (November 2009 in Scotland) to the end of March 2011:

- the service took calls from 1,700 SMEs and GPs (1,321 in England, 248 in Scotland and 131 in Wales);
- some of these were repeat calls from previous users so the total number of calls received was 1,875 (1,432 in England, 300 in Scotland and 143 in Wales);

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<sup>2</sup> DWP (2008). *Working for a Healthier Tomorrow: Dame Carol Black's Review of the Health of Britain's Working Age Population*.

- GPs made relatively limited use of the service, making up six per cent of all calls;
- the OH Advice Lines in Scotland and Wales achieved a higher penetration of SMEs, despite higher call volumes in England;
- in addition to calls from SMEs and GPs the service received 551 calls about OH issues from employees in SME firms (254 in England, 246 in Scotland and 51 in Wales).

Organisations with fewer than ten employees (micro businesses) made up around a quarter of all the calls from SMEs and were under-represented among service users compared to the population of SMEs in Great Britain. This reflects the lower incidence of sickness absence in small as opposed to medium-sized firms<sup>3</sup>, and/or difficulties in reaching this group. Calls to the OH Advice Lines were received from SMEs covering a range of employment sectors but the most common was the health and social care sector, which was over-represented in the service population compared to the total Great Britain population of SMEs. This is likely to reflect the relatively high levels of sickness absence in this sector<sup>4</sup>, although it also suggests greater awareness of the initiative among these organisations.

### Reasons for using the service

Users of the OH Advice Lines fitted the profile of the intended target group; they were mainly SMEs dealing reactively with an employee health problem. The employer survey found that there were often multiple reasons for using the service. The main reasons were to access OH services, for example for an OH assessment, and because of an individual employee's sickness absence (each given by around two-thirds of respondents). In addition, a third of respondents called because of an employee's mental health condition, and work-related stress was the most common health problem leading to the call. Management data showed that 21 per cent of all calls concerned fit note queries.

In qualitative interviews, many employers explained that they called the service to check that the steps they had taken (or planned to take) to deal with the individual employee health issue were appropriate, implying that the OH Advice Lines are an important and legitimate source of confirmation for employers who might be considering a range of options. Other queries relating to individual employee health issues concerned the following:

- dealing with long-term absence where return to work looked unlikely;
- addressing absence believed to be non-genuine;
- dealing with health conditions that are perceived to be difficult such as mental health conditions and cancer.

The main rationale for the service was that it would provide OH support to SMEs when they needed it – that is, when they were faced with a problem. As it happened, most employers found out about the service when they began seeking help for a specific problem, often finding it through internet search engines, sites such as HSE's website or through an intermediary like Advisory, Conciliation and Arbitration Service (Acas) or Business Link. Employers were attracted to the service because it was free, appeared to be a one-stop shop, and offered immediate access to support. Links to Acas and being a government sponsored service added to the credibility of the OH Advice Lines.

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<sup>3</sup> Young, V. and Bhaumik, C. (2011). *Health and well-being at work: a survey of employees*. DWP Research Report No. 751.

<sup>4</sup> Black, C. and Frost, D. (2011). *An independent review of sickness absence*.

Around half of the employers had used some other kind of support for staff health, well-being or sickness absence issues in the previous 12 months, although only a third of micro businesses had done so. The most common source of support used was Acas. It is likely that some of these organisations served as referral routes onto the OH Advice Lines (data showed, for example, that many who had used Acas in the past had also found out about the service through this route). Only 11 per cent of the survey respondents had used an OH provider in the previous 12 months. For the great majority of interviewees, contact with the OH Advice Lines was part of their first attempt to deal with an OH issue in their organisation, mostly because they had not encountered such a problem before.

## Experiences of the call

Most employers that took part in interviews were very satisfied with the way in which their calls were handled. Getting through to advisers worked smoothly and call backs were promptly received. The level of professionalism and approach of the advisers was also viewed positively.

The nature of the advice received tended to reflect the interests of callers in dealing with individual cases of absence. Examples of the type of advice provided included:

- keeping in contact with the absent employee;
- making contact with the employee's GP (and some employers were advised on how to do this);
- considering the processes required to deal with staff who were off sick long-term and unlikely to return to work;
- working out how to carry out a return to work plan.

Half of the calls to the Advice Lines resulted in a signpost onto another service for further support. A small minority of callers reported some dissatisfaction with the service but this was often because their expectations went beyond the service remit (for example, they required legal or Human Resources (HR) advice in addition to OH advice).

## Actions taken following the call

A few weeks after using the OH Advice Lines, 54 per cent of SMEs had taken action in their workplace as a result of the call, with a few still planning to do so. However, when presented with a list of all possible actions (for example contacting the employee, making return to work plans, amending work duties) and asked to also include any changes made following use of other services and websites recommended by the OH Advice Lines, the proportion reporting action rose to 90 per cent.

Over one-third of employers reported that they did not take any additional action following their call to the service. The reasons for inaction included:

- no action was required at the time;
- the call to the Advice Lines confirmed that what they were already doing was correct;
- the organisation planned to use another service or organisation (which may have included services suggested by the Advice Lines).

There were a small number of cases (30 in total) where employers felt that the advice they received did not help them to make changes either because it was not relevant (for example, the suggested OH provider was located too far from the employer to be useful) or because it was not reliable or sufficient.

The most common action taken following the call to the OH Advice Lines, which reflects its role as a source of referral information, was to consult a third party (including face-to-face or local OH services) for further support or advice. More direct actions included: contacting the employee who was off sick; changing the employee's role or working conditions; putting together a return to work plan, and; conducting a risk assessment.

Since the actions discussed were evidence of good absence management practice, over time these may contribute to reductions in staff absence and improvements in staff retention. In the great majority of cases the changes that employers made related to a particular individual, but there were a small number of examples of wider changes affecting organisational policies and procedures.

Around half of those receiving a suggestion to use another service or organisation for help with their issue went on to use it, and in most cases this was another OH service.

### Impact of the service

The objective of the pilot, from the outset, was that it should be made available to as many SMEs as possible. As data for a plausible comparison group could not be collected at a proportionate cost, it was not possible to formally assess the impact of the OH Advice Lines. Instead, the evaluation focused on the perceived impact of the service and the value placed upon it by those who used it.

Half of the employers that had taken action following the call to the service believed that they would have taken some of the actions mentioned even without the support of the OH Advice Lines service, for example by finding the information elsewhere or by going ahead with the changes they already had in mind. This is likely to reflect the fact that these employers were already looking for some kind of help and committed to dealing with the issues they were facing. In interviews, some employers reported examples where they perceived the OH Advice Lines service to have been instrumental in assisting return to work and staff retention in their organisations. There were also examples where the OH Advice Lines assisted with a properly managed resignation, early retirement or dismissal.

The great majority of the interviewees were keen to point out a number of benefits to using the service over and above the internet or other sources of information:

- it is free;
- it can be immediately accessed and provides a 'one-stop shop' allowing them to deal with the situation quickly;
- it provides an expert opinion and reassurance that they are taking the right approach.

This echoes findings from the employer survey; 92 per cent of users felt that the OH Advice Lines service was very or fairly useful and around the same proportion would recommend it to others. Employers felt that the Advice Lines offered someone professional to talk to, a free service, a way to help them better understand the issues and impartial, trusted advice.

### Views on paying for the service and its format

The telephone-based delivery model was popular, and seen to have many benefits over the use of the internet alone. It is important to note, however, that this was a sample of employers who had contacted the Advice Lines by telephone so their preference for this format may not be indicative of all SMEs. Employers felt that more extensive marketing efforts could draw in more users, and suggested using intermediaries as a way to access other SMEs.

Around a third of employers stated that they would not pay to use the service; another third said that they would pay, while one-quarter said they might or it would depend on circumstances (with the remainder unsure). The qualitative interviews revealed that many respondents did not hold financial positions in their organisations, so the assessment of the extent to which SMEs would be prepared to pay should be treated with some caution. Callers from Wales and those with fewer than ten employees were less willing to pay for the service than those from England or Scotland, despite being just as likely to find it useful. Among those who would not pay, 24 per cent (eight per cent of the total sample) stated that this was because they did not have the budget available while 36 per cent (13 per cent of the total sample) believed they could have found the information they needed elsewhere. Overall, a pay-per-use model was preferred over a subscription service, reflecting the fact that frequency of demand is low.

## Marketing and delivery issues

The services in England, Scotland and Wales each had their own budgets for marketing and arrangements varied. A range of marketing methods were used but those that proved most effective were online efforts (these are also relatively cheap<sup>5</sup>) and work with Acas. Running events for employers was less productive so most sites ceased this activity towards the end of the pilot. Direct marketing had some value in Scotland and Wales, but overall was not effective at increasing the number of callers to the service. There was no evidence to suggest that marketing is more effective when conducted at a local level; activities carried out centrally in England proved more effective than those carried out by the regional sites and there was no clear link between the amount of marketing activity carried out at each site and subsequent volumes of calls. Some regional staff (who were mostly OH nurses) found working on marketing activities resource-intensive and outside of their comfort zones.

Some of the challenges in marketing the service that staff described included insufficient time during the pilot period for the marketing to translate into calls; a lack of understanding of the importance of OH among SMEs and difficulties in attracting press attention. Service staff felt that not linking the service more directly with the launch of the fit note was a missed marketing opportunity. Despite these challenges, the marketing was successful at targeting the intended audience of SMEs dealing with an individual employee's health issue.

On the whole, service staff were positive about the impact of the pilot on future capability to deliver OH support to SMEs. Staff felt that working on the pilot had improved their skills and, in some areas, had led to partnerships with other organisations which would continue to support the service in the future. There were some teething problems with the technology used in running the service, including difficulties in using the management information system and glitches with the routing of calls to particular centres in England. Staff turnover and absence caused difficulties in some service sites, and these were exacerbated by concerns in England over the reforms to the NHS.

## Conclusions and policy implications

The key themes emerging from this evaluation were that the OH Advice Lines service:

- successfully targeted smaller businesses, and was able to assist them in dealing with ongoing health problems among their workforce;
- was helpful in both offering reassurance to employers considering a range of options and providing guidance for those who had no idea what to do. It was seen as offering something more and different from existing sources of support;

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<sup>5</sup> There were costs attached to pay-per-click advertising on Google.

- was very well received, with callers appreciating free access to a ‘one-stop shop’ where professional advisers could assist with a broad range of OH issues or a signposting onto other specialist support;
- ran smoothly across all nine service sites (notwithstanding initial teething problems) although a range of operational learning points have been taken on board to ensure future service delivery is more cost effective;
- faced significant challenges marketing the OH Advice Lines to SMEs although online efforts and working with intermediaries such as Acas to cross-refer appear to have worked well;
- received lower call volumes than service providers had envisaged, demonstrating the difficulties in engaging smaller businesses with government services and with OH issues in particular;
- resulted in the vast majority of service users taking action. In particular, use of the service reduced management time required to search for and implement solutions.

More time is needed to embed the service and the priorities for future delivery are, therefore, to raise the visibility of the service among the targeted employers, although this is likely to be a continuing challenge. Other challenging aims include educating employers from smaller businesses about the benefits of good OH practice and encouraging them to have effective absence management policies in place, both for the benefit of themselves, their employees and the economy as a whole. In designing an appropriate marketing strategy it will be necessary to recognise that this service is designed to offer value to employers at a point of need, so even when they do hear about it, managers may not need to call. The pilot has been extended to allow further market testing to occur and a number of operational efficiencies have been introduced.

Broader policy implications can also be drawn from the service:

- Web based marketing proved to be most effective for SMEs and should be used where possible in preference to more expensive methods such as regional events as these have not been shown to be as effective in generating demand.
- Fostering mutually beneficial relationships with intermediaries, drawing on the specialisms of each, enables handling of multi-faceted problems that might be faced by employers. Efficient referrals between services can also help to attract SMEs to an OH service.
- The strategy for promoting services such as this should focus on ensuring information about the service is high profile enough for users to find it when they need it. Establishing broader brand awareness may come with time, but is likely to be too costly to generate in the short-term.
- Some form of ongoing promotion will be necessary to promote the service and ensure that new users can find it – continued efforts to ensure that any websites do well in internet search engines, for example.
- Front-line staff should not be expected to develop and implement successful marketing strategies unless they have specific experience or training in this area.

# 1 Introduction

The Occupational Health (OH) Advice Lines pilot was launched at the end of 2009 as one of a number of initiatives trialled to address the issues raised by Dame Carol Black in her review of the health of the working population, ‘Working for a Healthier Tomorrow’<sup>6</sup>. This report presents the findings from the evaluation of the pilot, looking at both the nature of the delivery models and the perceived impact. This section of the report sets out the background to the pilot and the policy proposition underpinning it, before describing the different set-ups in England, Scotland and Wales.

## 1.1 Review of the health of the working age population

In 2008 Dame Carol Black, National Director for Health and Work, published the results of her review of the health of Britain’s working age population. This Review was commissioned by government through the cross-government Health Work and Well-being Executive, which links Great Britain governments and departments with policy interests in health and work<sup>7</sup>.

*‘At the heart of this Review is a recognition of, and a concern to remedy, the human, social and economic costs of impaired health and well-being in relation to working life in Britain.’*

(Working for a Healthier Tomorrow, 2008, Foreword)

The Government responded to the Review with a programme of work including support for General Practitioners (GPs) through a new Statement of Fitness for Work (fit note) in April 2010 which replaced the ‘sick note’, and support for employees through the Fit for Work Service programme of piloting, which tests a variety of case-managed, multidisciplinary approaches to help people in the early stages of sickness absence return to work.

The Review also recognised the key role of employers, line managers and work places and recommended that more be done to improve the help available to smaller businesses in particular.

## 1.2 The Occupational Health Advice Lines service

The Government’s proposal to test assistance to smaller businesses in England, Scotland and Wales resulted in the OH Advice Lines being piloted by Department for Work and Pensions (DWP) from December 2009 to the end of March 2011. The aim of the pilot was to test both demand and appropriate delivery models for a new service that would provide small and medium-sized enterprises (SMEs) with early and easy access to high quality, professional advice tailored to their needs, in response to individual employee occupational health issues. The concept of early intervention is central to vocational <sup>8</sup>rehabilitation because evidence suggests that the greater the length of absence from work, the more difficult the return to work becomes.

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<sup>6</sup> DWP (2008). *Working for a Healthier Tomorrow: Dame Carol Black’s Review of the Health of Britain’s Working Age Population*.

<sup>7</sup> Members include the Department of Health, Department for Work and Pensions (DWP), Health and Safety Executive, Welsh Government and Scottish Executive.

<sup>8</sup> Actions to help someone with a health problem to stay at, return to and remain in work.

The policy objectives were to:

- deliver a national OH Advice Lines service for small businesses in England, Scotland and Wales for the duration of the pilot and to test this new service<sup>9</sup>;
- provide SME managers with easy access to advice and information about individual employee health conditions in order to help them reduce sickness absence, retain the services of that employee and, where appropriate, assist the employee back to the workplace as soon as possible following a period of sickness absence;
- provide professional occupational health advice about all health conditions with a specific focus on mental health;
- signpost employers to relevant, professional specialist advice and services (where the employer or their employee needs additional or ongoing support that the Advice Lines are not designed to provide);
- build capacity in local partnerships to provide self-sustaining OH services to local small and micro businesses in the medium term;
- encourage small businesses to use the Advice Lines via marketing delivered by local partnerships according to local business needs;
- extend the understanding among businesses of the scope of OH to add value to their businesses.

After the launch of the fit note in April 2010, the service was also made available to GPs to assist with any professional queries they had about the fit note or other OH issues related to their patients.

The service was delivered and project managed by different teams in England, Scotland and Wales, with separate budgets in each country, and a separate initial telephone number to gain access. It was decided that a local angle to the service would make better use of existing services and infrastructure (and thereby ensure value for money) and develop local capacity. It was also felt that local partnerships would have better know-how about businesses in their area, and thereby be more effective at targeting the marketing and offering advice on local services. The variations in service delivery at a local level also enabled the testing of slightly different models.

The continuation of the service, which draws on the lessons learnt during the pilot, will end in March 2013. During this time providers across Great Britain will aim to increase the visibility of the service, refine the delivery models and improve penetration rates among SME users.

### 1.3 Service set-up

The set-up for the pilot differed in each of the three countries:

- In **England**, calls were triaged by NHS Direct (using a telephone number dedicated to the service) through to seven NHS Plus sites where they were dealt with by a trained OH professional, usually an OH nurse.

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<sup>9</sup> The service in England was delivered from seven service sites. Initially, these sites took calls only from their regions, but in April 2010 the service was rolled out nationally so that out-of-area calls could also be taken.

- In **Scotland**, the service was incorporated into the Scottish Healthy Working Lives Adviceline which had been running for a number of years and provided both OH and health and safety support to employers and employees. With DWP funding, Scotland recruited two additional members of staff (one administrator and one OH adviser). These members of staff provided more focus on mental health and well-being and undertook awareness-raising activity about the OH-aspect of the advice line among SMEs.
- In **Wales**, the service was managed from within the Health Improvement Division of the Welsh Government (formerly known as the Welsh Assembly Government), under the Healthy Working Wales programme. Calls to the Welsh number were triaged through a call centre in Wrexham, based within an NHS Health Board to a private OH service.

In all three countries, OH advice was provided by OH professionals, mainly nurses with OH qualifications at Certificate, Diploma or Degree level<sup>10</sup>. Chapter 3 includes more detail on the service set up in each country.

## 1.4 Scope of the advice and target group

The primary focus of the service is SMEs with fewer than 250 employees calling about an OH issue (including GPs calling as an employer) and GPs calling about patients. These callers are referred to in this report as ‘in-target’ callers. However, the service is also available to employees from these SME organisations (referred to as ‘in-scope’ callers).

As stated, the OH Advice Lines service is designed to provide practical advice about health conditions affecting individual staff members. It is not designed to provide information about general health and safety issues, nor information about introducing new or amended current workplace policies, although signposting to the appropriate agency is part of the overall service.

## 1.5 This report

IES was contracted to run the evaluation of the pilot. The aim of this report is to look at the overall findings on the effectiveness of the OH Advice Lines service from the data collected by the evaluation team. The structure of the report is as follows:

- Chapter 2: Evaluation aims and methodology.
- Chapter 3: Set-up and call volumes.
- Chapter 4: Background to the call.
- Chapter 5: Experiences of the call.
- Chapter 6: Actions taken following the call.
- Chapter 7: Impact of the service.
- Chapter 8: Employer views on paying for the service and its format.
- Chapter 9: Marketing and service delivery.
- Chapter 10: Conclusions and recommendations.

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<sup>10</sup> Minimum competencies for occupational health providers, Health and Safety Executive.

## 2 Evaluation aims and methodology

### 2.1 Evaluation aims

The aims of the evaluation were to:

- understand usage of the Occupational Health (OH) Advice Lines in each area including take-up of the services, characteristics of users and the nature of the problems presented in order to explore demand and barriers to accessing OH advice;
- map the different delivery models and nature of the services and identify key lessons learned and best practice in order to inform future delivery of the OH Advice Lines and other OH services;
- explore the impact of the pilot in helping users to address specific employee health problems.

Specific objectives of the evaluation are provided in the box below.

#### **Understanding usage of the OH Advice Lines in each area**

- Volumes and types of calls.
- Characteristics of callers.
- How users heard about the service, how easy it was to access it.
- Reasons for calling the OH Advice Lines and issues raised during the calls.
- OH Advice Lines responses – advice, referrals to local partnerships or signposting to other services and resources.
- Use of local partnerships and specialist services following a referral by the national provider.
- User satisfaction (of small and medium-sized enterprises (SMEs)) with the service, including whether they used (or would use) the service again, and whether employers would recommend the service to other businesses.

#### **Mapping the delivery models and examining their effectiveness**

- Mapping the ways in which the models operated in each area, and the reasons why these models were chosen.
- Exploring the extent to which the delivery models were implemented as planned or whether changes were made, and the reasons behind such changes.
- Establishing the key similarities and differences between the models.
- Establishing the extent to which the models reflected existing infrastructure and business needs in each area.
- Effectiveness of the different delivery models, including the extent to which delivery was linked to overall project objectives.

- Marketing approaches taken and reasons for these, responsibility for marketing within the local partnerships, and the effectiveness of the different marketing approaches taken.
- Exploring the composition and effectiveness of the partnerships, the nature of the agreements between partners, and the extent to which these were new or built on existing arrangements.
- Determining the skills of the OH Advice Lines staff at national and local partnership levels, and whether these were sufficient to deal with the issues raised by callers.
- What worked, and what were the lessons learned for future development and rollout of an OH Advice Lines service for SMEs.
- Establishing any likely constraints to delivering an OH Advice Lines service in the future.

### Exploring impact

- The impact of the OH Advice Lines service on the SMEs that used it, and on the individual employees about whom advice was requested.
- Whether employers acted on advice received.
- Whether the advice and information received enabled line managers to resolve the issues that prompted their use of the service, and for example, improve retention, reduce sickness absence or decrease the time taken to return to work after a period of absence.
- The impact on local partnerships, including increased future capacity.

## 2.2 Methodology

In order to assess the ‘additionality’ of the OH Advice Lines a robust impact assessment would have needed to be conducted. After considering a range of options for this including using a Randomised Control Trial (RCT) or a non-random control group, it was decided that neither would be feasible for a number of reasons:

- establishing a suitable control group would have been difficult to achieve, particularly once the service achieved a national reach;
- an RCT would have involved denying advice to half of callers to the Advice Lines, which would have run contrary to policy priorities and ethics;
- different models of the service were operating in the various sites and it would have been necessary to assess these separately (which would have been difficult because the number of callers expected at each individual site was relatively low);
- the potential impact of using the service was likely to be difficult to quantify (and this together with low volumes of users would have made it unlikely that an observable effect could be identified);
- the pilot had a number of differing aims, some of which would have proved difficult to measure objectively.

Therefore, instead of conducting a full impact assessment, this evaluation focused on the perceived impact of the service and the value placed on it by those who used it.

Data were collected during the pilot period using a range of methodologies:

- a telephone survey of in-target employers, conducted four to eight weeks after using the service;
- in-depth qualitative interviews conducted by phone with service users (recruited through the survey) which took place some months after using the service;
- regular face-to-face and telephone contact with staff in the nine service sites to identify process issues and learn about the marketing.

In addition, an online survey of all users (in-target and in-scope) was conducted immediately after use of the service. The purpose of this was to provide DWP and service providers with indicative initial feedback from users as soon as possible after they had used the service. Given the low response rate of just 12 per cent, and the likely bias towards those with a strong view of the service, data from this element of the evaluation has not been included in this report.

In the remainder of this chapter, the approach used for the other research elements which generated findings for this report are outlined along with details regarding the achieved samples.

### 2.2.1 Telephone survey of employers

The Computer Assisted Telephone Interviewing (CATI) survey was conducted on a rolling monthly basis with interviews taking place four to eight weeks after the user had taken part in the service. The survey was undertaken by TNS-BMRB. It focused solely on employers (or General Practitioners (GPs)) seeking help with an OH problem relating to their staff. It did not include GPs calling the service with enquiries relating to their patients. A total of 505 responses were obtained. The response rate for the survey was 79 per cent once unobtainable numbers were removed from the calculation (Appendix A provides further details on the response rate). Of the 505 survey respondents, 60 were from Scotland and 36 from Wales. A full sample breakdown is provided in Appendix B.

Comparing the survey data with that for in-target callers in the management information records showed that there was variation by service site, with some service sites being under-represented in the survey relative to the number of calls received. All responses were weighted such that the regional profile of respondents to the survey matched the regional profile of all callers to the OH Advice Lines service throughout the evaluation period (see Appendix C). Other differences (for example by size, sector) were minimal and therefore, no other weighting was required<sup>11</sup>.

When analysing the survey data, relationships were examined between response patterns and a variety of characteristics, including callers' job role in their organisations, organisation size, service used (comparing England, Scotland and Wales); and the length of time that the organisation had been operating. Relationships were also examined by call date (grouped into quarters) to examine whether there were any important changes over time in user experience. In this report, only relationships which were found to be statistically significant (at the 95 per cent confidence level) have been reported. Logistic regression analyses were conducted to see whether there were any characteristics that were predictive of the likelihood of:

- taking action following use of the OH Advice Lines service;
- taking action following use of the OH Advice Lines service or any other services the caller was signposted to;

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<sup>11</sup> While there were some minor differences by sector, the largest sectors in the user population were well represented in the survey data.

- finding the service useful;
- attributing changes made in the workplace to the service;
- willingness to pay for a similar service in the future.

Only statistically significant results where the models display clear relationship patterns have been reported.

### **2.2.2 In-depth interviews with employers**

Telephone interviews were conducted between September 2010 and June 2011 with 50 employers who had used the OH Advice Lines between April 2010 and March 2011. All interviewees had previously taken part in the TNS-BMRB survey and agreed to participate in a short interview. The interview covered similar topics to the survey but in greater depth to allow a better understanding of the processes that led to the employer calling the OH Advice Lines, what happened during the call and finally, what happened as a result of the advice received. Participants were drawn from each of the three national service areas, although the majority had used the English service (36 had used the English service, eight had used the Scottish service and six had used the Welsh service). The breakdown of interview participants by size, country and sector is presented in Appendix B. The low number of cases in Scotland and Wales meant that it was not possible to compare responses by country. However, any clear differences by size have been reported.

The roles of individuals participating in the interviews varied. In some companies, usually the larger SMEs, the individual who rang the OH Advice Lines was the Human Resources (HR) manager, with explicit responsibility for managing sickness absence. In the smallest companies with fewer than ten employees (of which there were 13 in the sample) the caller was often the overall manager or director for the company who took charge of staff health-related issues in addition to carrying out other tasks. Participants did not usually have an official 'health and safety' role.

### **2.2.3 Interviews with pilot service providers**

Researchers from the evaluation team kept in regular contact with staff in each of the nine pilot sites throughout the period of the service. Initial visits to each of the sites to meet the staff involved in running, marketing and operating the OH Advice Lines were conducted in spring 2010. Managers and in some cases, advisers were then followed up by telephone in autumn 2010. Of the nine sites, five were then selected for final case study visits in March and April 2011. These sites were Scotland, Wales, Aintree, Norwich and Newcastle<sup>12</sup>. The national-level managers for England from NHS Plus and the marketing manager were also interviewed on three occasions during the pilot period, both face-to-face and by telephone.

## **2.3 Summary**

The evaluation aimed to:

- understand who used the OH Advice Lines and why;
- examine the nature of different delivery models; and
- explore the perceived impact of the service.

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<sup>12</sup> The choice of pilot sites in England for the final visits was designed to ensure that both sites with higher and lower call volumes were included.

## 14 Evaluation aims and methodology

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Data was collected using a variety of techniques, including:

- management information collected by the service sites;
- a telephone survey of employers who used the service (505 responses were collected, a response rate of 79 per cent);
- 50 in-depth telephone interviews with service users;
- regular contact between the evaluation team and service staff across the nine sites.

# 3 Set-up and call volumes

This chapter describes the set-up of the Occupational Health (OH) Advice Lines in England, Scotland and Wales before looking at the data recorded on users.

## 3.1 Service set-up

### 3.1.1 England

The service in England was known as the Health at Work Advice Line.

The basic model of provision in England during the pilot was a national helpline (dedicated solely to the service) through which all initial enquiries were channelled. National Health Service (NHS) Direct acted as a 'triage' service, with in-target and in-scope callers then referred to the relevant local service for tailored advice and support. Callers requiring assistance outside the scope of the OH Advice Lines were screened out at the triage stage and referred to other services (for example Advisory, Conciliation and Arbitration Service (Acas), Chartered Institute of Personnel and Development (CIPD), and local authorities). In-scope calls were passed through to the local services using a transfer or call back process. Local partnerships were developed by local NHS Plus occupational health services. Staff from these services (typically teams of three or four) were involved in engaging with businesses, marketing the service, providing tailored advice and support on OH and mental health issues, and acting as the gateway to other local specialist services that an employer could be referred to if they needed more assistance.

There were seven local partnerships in England, six of which were selected from NHS Plus demonstration sites<sup>13</sup>:

- Aintree.
- Buckinghamshire.
- Newcastle.
- Norwich and Norfolk.
- Portsmouth.
- West London.
- York.

In the set-up phase, the service was only available to small and medium-sized enterprises (SMEs) based in these localities but from April 2010 the service became available nationally and SMEs from across England were transferred by NHS Direct to their closest site. Local sites continued to conduct local marketing after this point.

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<sup>13</sup> The Department of Health provided funding of £20m in 2008 and 2009 to build demonstration sites in order that NHS occupational health providers in England could deliver high quality OH support to both the NHS workforce and staff from other employers in their areas. At the time of the pilot there were ten demonstration sites in total. Norwich and Norfolk was the only site in this pilot that was not an NHS Plus demonstration site.

### 3.1.2 Scotland

The service in Scotland was known as the Healthy Working Lives Advice Line.

In Scotland the Advice Line was available nationally, and delivered by the Scottish Centre for Healthy Working Lives. The centre already delivered an advice line with a focus on occupational health, and health and safety, which was staffed by occupational health advisers and targeted all employers. As such, in Scotland, the aim of the DWP-funded service was to add value, by providing two additional staff, increasing the focus on mental health and well-being, and by increasing awareness of the advice line among SMEs.

### 3.1.3 Wales

The service in Wales was known as the Health at Work Advice Line Wales.

In Wales, the service was managed from within the Health Improvement Division of the Welsh Government, under the Healthy Working Wales programme. Calls to the Welsh number were triaged through a call centre in Wrexham based within an NHS Health Board to a private OH service.

## 3.2 Use of the Occupational Health Advice Lines service

In total, the OH Advice Lines service received 1,875 calls from employers and General Practitioners (GPs) (in-target callers) during the pilot period (1,754 calls from employers<sup>14</sup>, 120 from GPs calling about patients, and one from a trade union official<sup>15</sup>). In addition to these, there were 551 calls from employees (in-scope callers)<sup>16</sup>. Call volumes grew steadily over the first months of operation, reaching a peak during the summer of 2010 after which there was a gradual fall in numbers (Figure 3.1). This pattern largely reflects the trends in the English service which made up the majority of the calls. It is believed that the increase in calls in the summer months related in part to activities carried out by external organisations during this period, including the Acas seminars on the fit note for employers, rather than simply the awareness-raising activities conducted by pilot staff.

Since some callers used the service more than once, the number of individual or unique callers to the service was slightly lower than the number of calls received. Table 3.1 sets out the number of calls received and the type of callers within each country. This demonstrates that:

- England received 1,432 in-target calls from 1,321 unique callers. Six per cent of the in-target calls were from GPs. In addition, there were 254 calls from employees;
- Scotland received 300 in-target calls from 248 unique callers. Nine per cent of the in-target calls were from GPs. A further 246 calls came from employees<sup>17</sup>;
- Wales received 143 in-target calls from 131 unique callers. Nine per cent of the in-target calls were from GPs. A further 51 calls were received from employees.

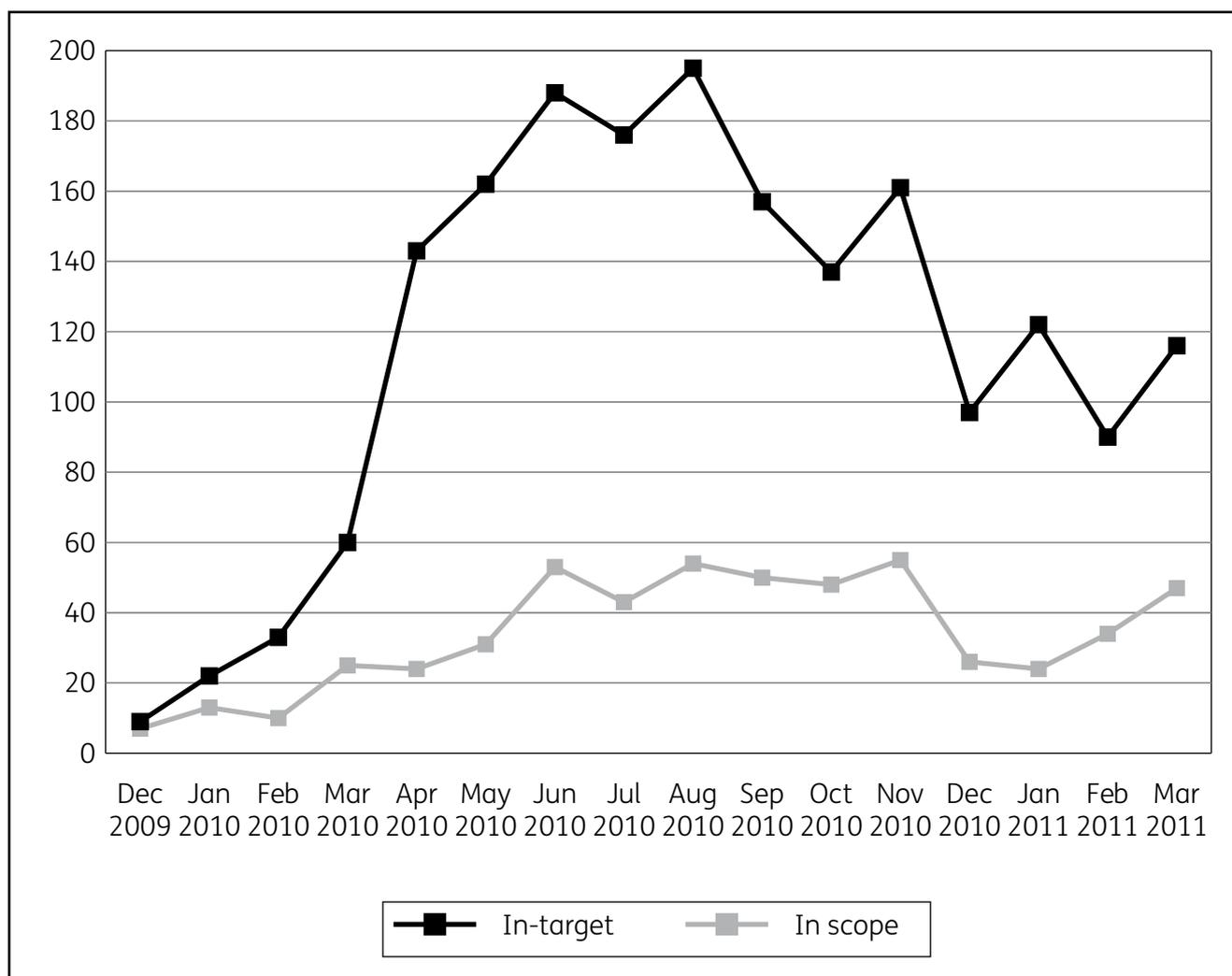
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<sup>14</sup> In-target employers were all SMEs with fewer than 250 employees.

<sup>15</sup> Department for Work and Pensions (DWP) decided to count trade union officials as in-target if they were calling about an individual employee health issue.

<sup>16</sup> In-scope employees were all from firms with fewer than 250 employees.

<sup>17</sup> This relatively large number is likely to reflect the nature of the ongoing Scottish service run by HWL which already took calls from employees.

**Figure 3.1 Call volume for all calls****Table 3.1 Details of callers to the Advice Lines**

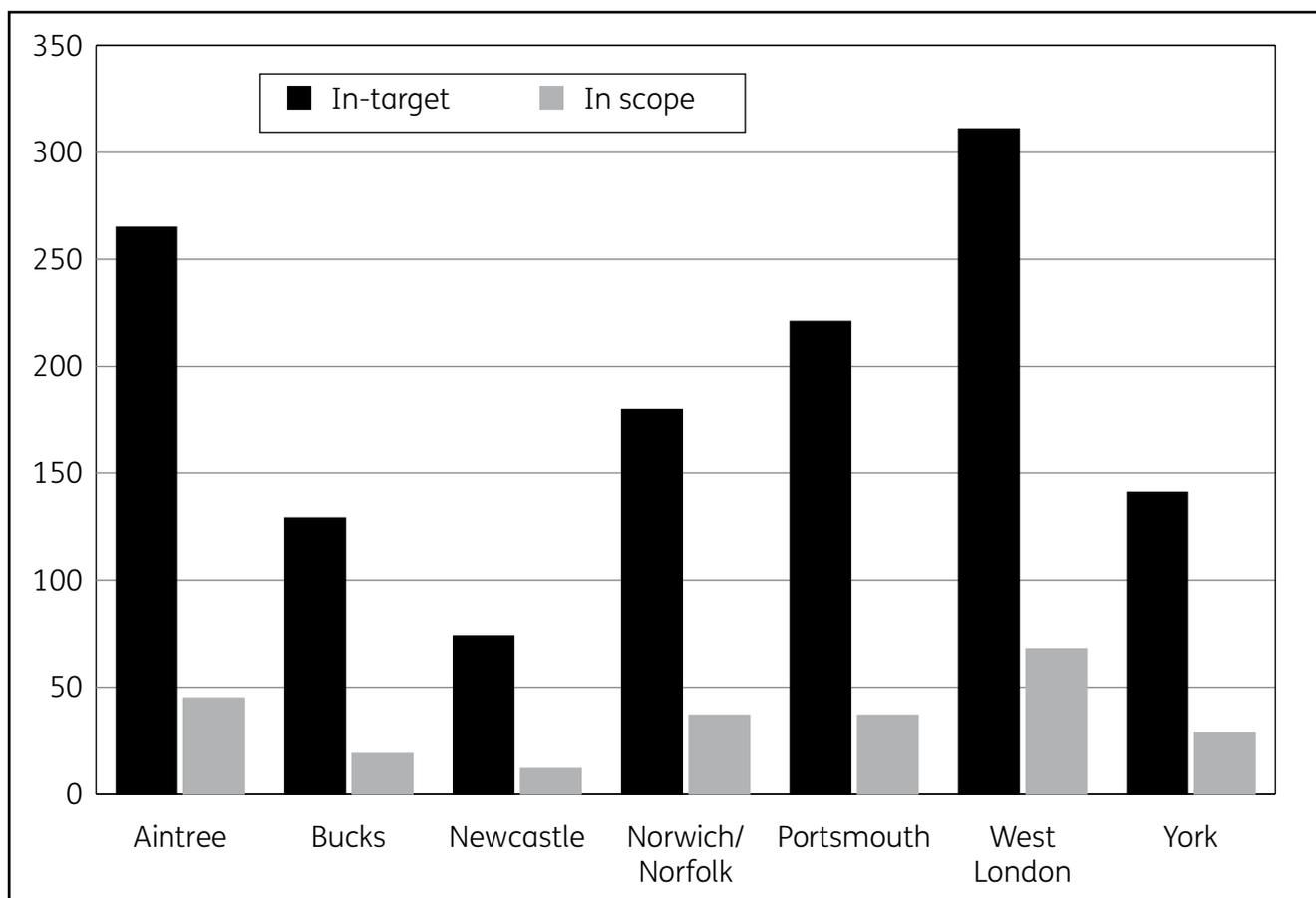
		England	Scotland	Wales
No. of in-target calls		1,432	300	143*
Proportion of in-target calls who were ...	Employers %	94	91	90
	GPs %	6	9	9
No. of unique in-target callers		1,321	248	131*
Proportion of unique callers who were ...	Employers %	95	90	89
	GPs %	5	10	10
No. of additional in scope calls from employees		254	246	51

\* Includes one trade-union official.

Source: Advice Lines management information, including all cases to end of March 2011.

As Figure 3.2 illustrates, the number of callers within each of the English pilot sites varied substantially from just 74 in-target (Small and medium-sized enterprises (SME) and GP) callers in Newcastle to 311 in-target callers in West London. The proportion of callers that were employees (in-scope rather than in-target) was fairly constant; and ranged from 13 per cent in Bucks to 18 per cent in West London.

**Figure 3.2** Number of in-target and in-scope users of the advice line, by service site in England



England, therefore, attracted a higher volume of callers to the service than either Scotland or Wales. However, the Scottish and Welsh services achieved a higher level of penetration of SMEs in their areas compared to England (26 and 23 employers per 10,000 SMEs respectively, compared to 12 employers per 10,000 in England)<sup>18</sup>.

<sup>18</sup> This result is lower than was found in a survey of employers conducted by GfK NOP for DWP, which identified that two per cent of employers had used the OH Advice Lines service (which equates to a penetration rate of 200 per 10,000). Young, V. and Bhaumik, C. (2011). *Health and well-being at work: a survey of employers*. DWP Research Report No. 750.

**Table 3.2 Proportion of SMEs that used the service**

Country	Number of SMEs	Proportion of total SMEs in Great Britain	Number of unique calls from SMEs	Number of SMEs that used the service per 10,000
England	1,004,175	88%	1,251	12
Scotland	84,375	7%	222	26
Wales	50,420	4%	117	23

Note: Service figures on SMEs exclude GPs calling about patients and the one trade union official in Wales. BIS data is based on private sector employers only and excludes sole-traders with no employees. While sole-traders with no employees were eligible to use the service, anecdotal evidence was that they rarely did. Management information data did not identify the number of users with no employees.

Source: Department for Business, Innovation and Skills Business Population Estimates for the UK and Regions 2011 and Health for Work Advice Line management information, including all calls to end of March 2011.

The three countries received different levels of funding to reflect the size of the SME population in each area and the different requirements to put the service into action. Each country received sufficient funding to engage stakeholders, market and run an OH Advice Lines service. The service was available nationally in Scotland from November 2009, in Wales from December 2009 and in England, only from April 2010, since prior to this, the service only served SMEs in the seven pilot site localities.

### 3.2.1 Organisation size

The OH Advice Lines were more successful at attracting small and medium-sized employers than micro employers. Micro employers (those with fewer than ten employees) make up 83 per cent of SMEs in Great Britain, but made up just 26 per cent of callers to the Advice Lines during the pilot period. This could be because micro employers have fewer employees (and therefore, are less likely to be presented with employee health problems), have lower levels of sickness absence than medium-sized firms<sup>19</sup>, and are less likely to have Human Resources (HR) departments that would be aware of services like the OH Advice Lines. It highlights the difficulty of reaching this group. Forty-six per cent of callers were small employers (with ten to 49 employees) and 28 per cent were from medium-sized employers (with 50 to 249 employees). The breakdown of callers by organisation size did not vary substantially across the three countries (Table 3.3).

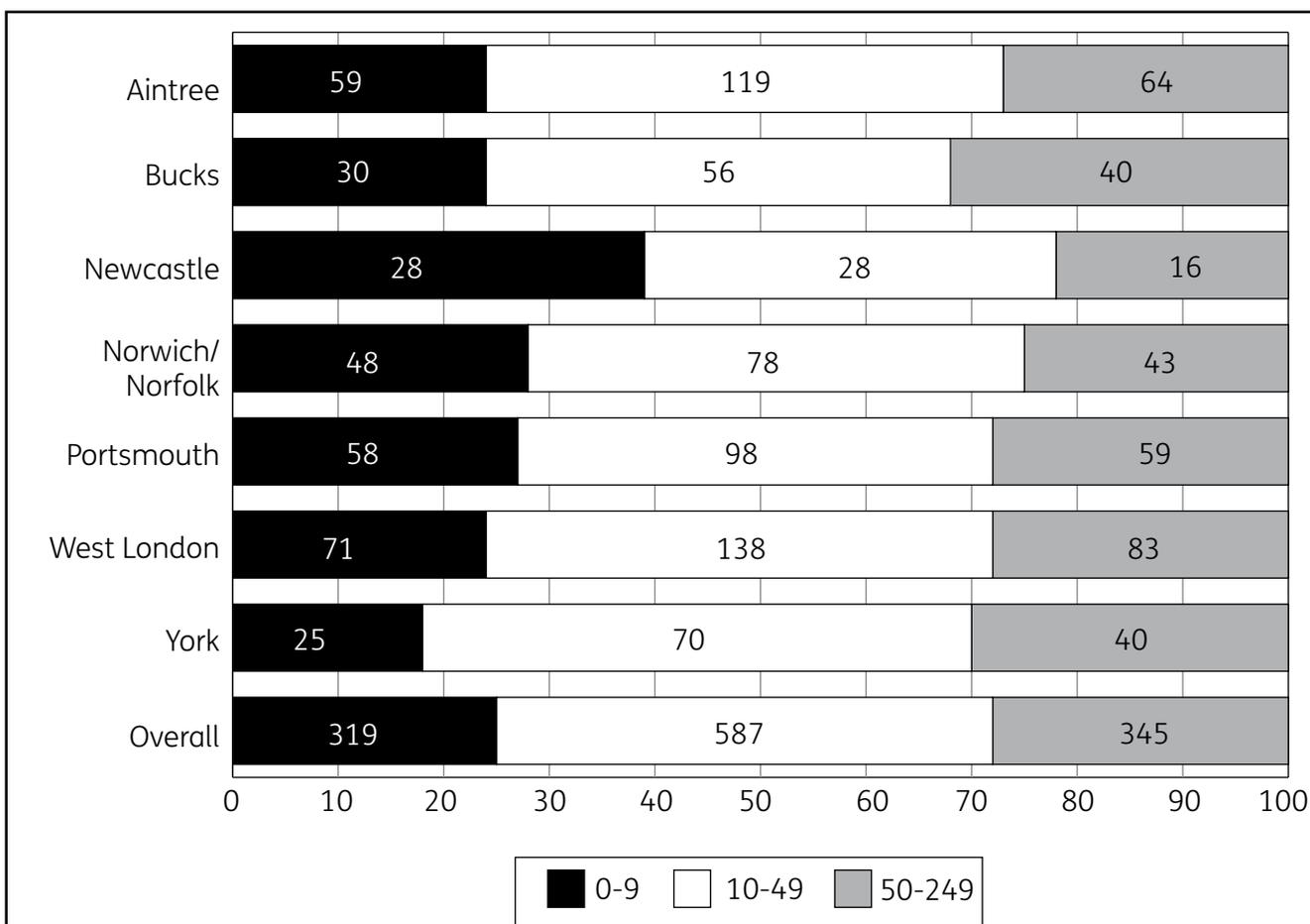
<sup>19</sup> Young, V. and Bhaumik, C. (2011). *Health and well-being at work: a survey of employees*. DWP Research Report No. 751.

**Table 3.3 Organisation sizes of unique in-target employer, by country (%)**

	England	Scotland	Wales	All	In Great Britain
0-9	25	27	31	26	83
10-49	47	42	45	46	15
50-249	28	31	24	28	3
Base	1,251	182	117	1,550	113,8970
Missing	-	40	-	40	-

Note: 'Employer' figures exclude GPs calling about patients and the one trade union official in Wales.  
Source: Advice Lines management information, including all cases to end of March 2011 and Department for Business, Innovation and Skills Business Population Estimates for the UK and Regions 2011.

Figure 3.3 shows that there was only marginal variation in the size of callers by individual English site. The most notable difference was that, despite taking the lowest number of calls of any English service, Newcastle achieved the highest proportion of calls from micro-employers.

**Figure 3.3 Size of in-target employers, by English service site**

Source: Health for Work Advice Line management information, including all calls to end of March 2011.

### 3.2.2 Industry type

Calls were received from employers from most industries (as demonstrated by Table 3.4). Health and social care organisations formed the largest group of callers, making up 21 per cent of all in-target employers. The types of organisations covered by this sector include nursing homes and other care organisations, dentists, GP practices and some charitable organisations. Health and social care was the main sector for callers in England and Wales (in Wales this sector accounted for nearly two-fifths of callers). In Scotland, health and social care represented the second largest sector at 17 per cent, following closely behind the main sector of arts and entertainment<sup>20</sup>.

**Table 3.4 Industries of in-target employer callers by country (%)**

	England	Scotland	Wales	All
Health and social care	20	17	39	21
Manufacturing	11	4	15	11
Arts, entertainment, other services	7	18	-	8
Construction	9	5	12	8
Information	9	3	5	8
Retail and mechanics	6	6	8	6
Admin, public admin, defence, social security	5	4	5	5
Education	5	5	2	5
Hotels and restaurants	4	*	6	4
Utilities	4	1	3	4
Logistics	4	1	1	3
Finance and insurance	4	*	1	3
Science and tech	2	6		2
Farming, forestry, fishing, mining	2	1	3	2
Estate agents	1	1	-	1
Businesses run from home	1	1	-	1
Missing/don't know	6	27	1	9
<i>Base</i>	1,251	222	117	1,590

Note: 'Employer' figures exclude GPs calling about patients and the one trade union official in Wales. Source: Advice Lines management information, including all cases to end of March 2011.

The representation of organisations by size varied across the main sectors. There were higher proportions of micro-organisations in the arts, entertainment and other services and the construction sectors, compared with the manufacturing and information sectors.

<sup>20</sup> Note that in Scotland a high proportion of callers did not receive an industry classification because they did not wish to give details about their organisation.

**Table 3.5 Size breakdown of the main sectors (%)**

	0 to 9	10 to 49	50 to 249	Unknown	Base (N)
Health and social care	26	48	22	4	336
Manufacturing	16	49	34	1	170
Arts, entertainment, other services	35	38	24	3	131
Construction	34	40	26	1	131
Information	14	57	28	1	120
Overall (includes other industries)	25	45	27	3	1,590

Note: 'Employer' figures exclude GPs calling about patients and the one trade union official in Wales. Source: Advice Lines management information, including all cases to end of March 2011.

Comparisons were made between the management information data available on sector and national statistics for SMEs in Great Britain as a whole obtained in 2011. The following was observed about the OH Advice Lines caller population:

- it over-represented organisations in the following groups:
  - health and social care (21 per cent of the caller population compared with five per cent in Great Britain overall);
  - manufacturing (11 per cent of the caller population group compared with seven per cent in Great Britain overall);
  - information and communication (eight per cent of the caller population compared with five per cent in Great Britain overall);
- it under-represented organisations in the following groups:
  - retail and mechanics (six per cent of the caller population came from this group compared with 20 per cent in Great Britain overall);
  - science and technology (two per cent of the caller population came from this group compared with 13 per cent in Great Britain overall);
  - hotels and restaurants (four per cent of the caller population came from this group compared with nine per cent in Great Britain overall).

It is clear that the service was particularly attractive to organisations in the health and social care sector. This may reflect the relatively high incidence of sickness absence in this group compared to other sectors<sup>21</sup>. It is also possible that these organisations, as health providers, were generally more aware of all health services including the OH Advice Lines service.

<sup>21</sup> Black, C. and Frost, D. (2011). *An independent review of sickness absence*.

### 3.3 Summary

The pilot of the OH Advice Lines service was delivered by separate teams, with different infrastructures, in England, Scotland and Wales. The main findings on caller volumes and characteristics from the management information data were that:

- the service took 1,700 in-target calls from SMEs and GPs (1,321 in England, 248 in Scotland and 131 in Wales);
- some of these were repeat calls from previous users so the total number of calls received was 1,875 (1,432 in England, 300 in Scotland and 143 in Wales);
- GPs made relatively limited use of the service, making up six per cent of all calls;
- despite lower call volumes, the OH Advice Lines in Scotland and Wales achieved a higher penetration of SMEs compared with England;
- organisations with fewer than ten employees (micro employers) were under-represented in the sample of users compared to in the Great Britain population of SMEs, which may reflect the lower incidence of sickness absence in small as opposed to medium-sized firms and the difficulties in reaching this group;
- organisations from the health and social care sector were over-represented in the user sample compared to in the Great Britain population of SMEs, which may be due to the relatively high levels of sickness absence in this sector, although it also suggests greater awareness of the initiative among these organisations;
- in addition to calls from SMEs and GPs, the service received 551 in-scope calls about OH issues from employees in SME firms (254 in England, 246 in Scotland and 51 in Wales).

## 4 Background to the call

This chapter draws on evidence from the management information, telephone survey and the interviews with employers to understand the reasons why employers used the Occupational Health (OH) Advice Lines service and the types of cases they brought to the advisers.

In the in-depth interviews, it was possible to ask for detailed information on how participants became aware of the service, whether it was as a result of actively seeking help with an OH issue, or whether they knew that support was available before an OH situation arose in their workplace.

Dame Carol Black's 2008 Review found that small and medium-sized enterprises (SMEs) lack access to occupational health provision. To assess the extent to which this pilot duplicated or complemented any other support already available to SMEs, employers were asked in the survey and interviews whether they had dealt with other OH issues in the past, and whether they had used any external support to help with their staff health and well-being.

### 4.1 How employers became aware of the Occupational Health Advice Lines

During the in-depth interviews, employers were asked to think back to how they first became aware of the OH Advice Lines service. In nearly all of the cases, the employers had not known that the service existed before they faced a problem and actively sought help. Some found out about it through internet search engines, often through Google, but around the same proportion heard about the service through Advisory, Conciliation and Arbitration Service (Acas). Other sources of referral often mentioned in the interviews were the HSE website and Business Link (see Chapter 9 for more details on how employers heard about the service from the management information data).

In a minority of cases, employers found out about the service when they were not actively looking for support, sometimes a short while before needing to use it. For example, a couple of the employers had been on Acas courses where the OH Advice Lines service was promoted, and were able to recall hearing about it when a related issue arose. One employer in Scotland also mentioned attending a mental health awareness course run by a mental health charity and hearing about the Advice Lines through this. The employer already had a problem with a member of staff at the time they attended the course, so accessed the OH Advice Lines service the following week.

### 4.2 Why employers found the service attractive

On finding out about the service, employers described (in interviews) being pleased to know that there was support available. Some mentioned how, as small employers, they did not have the knowledge required to deal with the OH issue themselves, and were grateful to discover somewhere they could get help.

*'You want to do the right thing by the person involved and at the same time you've got to make sure you're doing the right thing for the company legally. Without people like them [Advice Line staff] there would be no guidance for what to do in that situation. People like us don't have an HR department with people who are trained to deal with this sort of situation.'*

(Micro employer, Norwich and Norfolk service)

*'We are a very small organisation. We don't have the facility of an occupational health department, and sometimes information like that can be quite difficult to get and it can take time when you need the information as soon as possible ... then this number came up [for the service] and I thought maybe I could ask for advice.'*

(Small employer, Norwich and Norfolk service)

*'We don't have any links with any occupational health teams, external or internal, so for a company of this size we don't have the luxury of an occupational health person coming on site. The line offered guidance in an area in which I am not particularly confident.'*

(Micro employer, Wales)

The specific features of the service that first attracted the employers to using it were that it:

- was free;
- appeared to be a 'one-stop shop';
- could be accessed immediately.

One employer mentioned how the association of the service with Acas gave her confidence that it would be useful, as she'd always found Acas to provide sound advice in the past. Other organisations liked the fact that the service had links to the government and the National Health Service (NHS).

*'There's so much out there that you get overwhelmed by it all and you never know what sources to trust. I figured because it was a government-based website we'd have to trust the sources, they would have to be approved so it's the reliability of it as well. It was a big comfort blanket.'*

(Medium-sized employer, Portsmouth service)

### 4.3 Use of other services

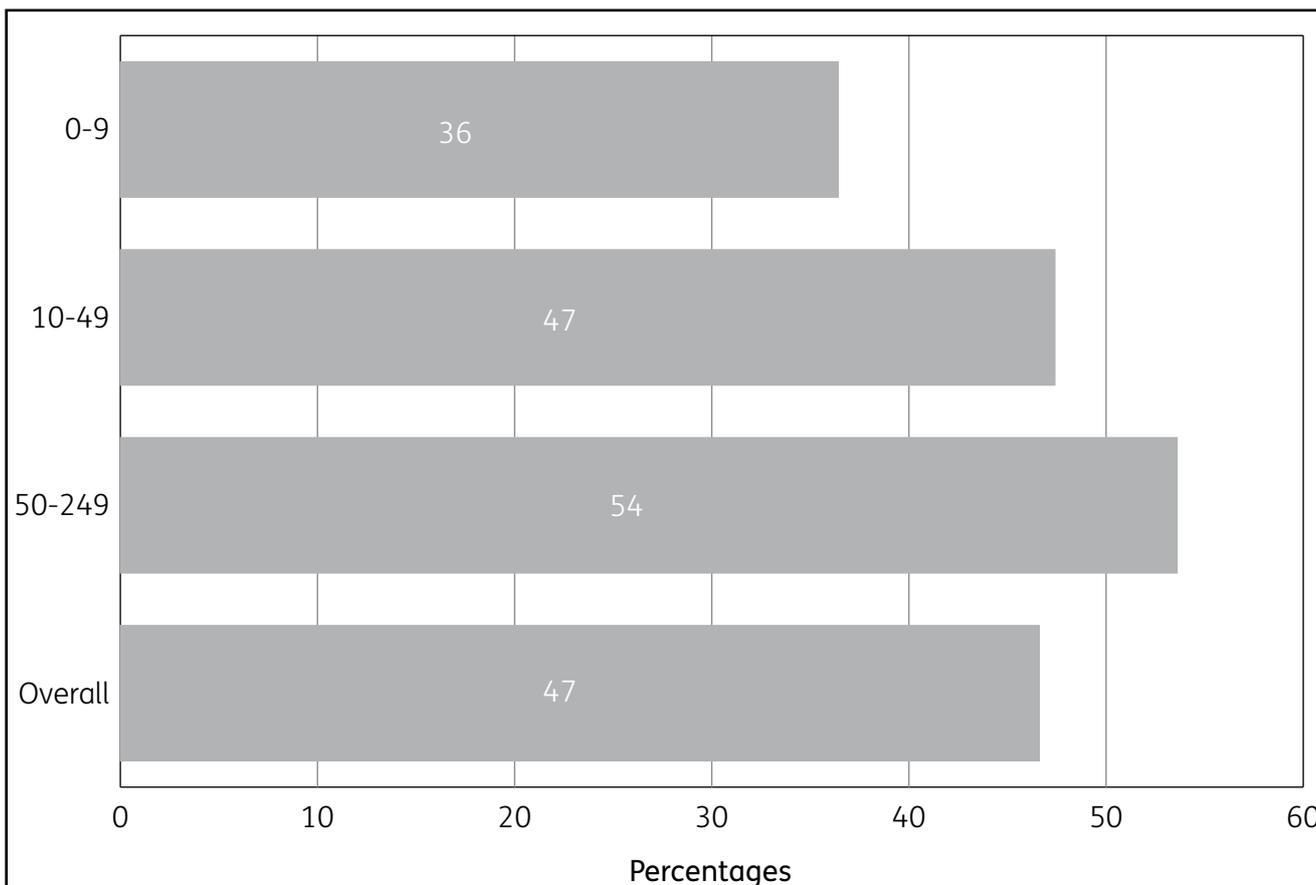
The evaluation examined whether or not callers had recently used other external services for help with staff health, well-being or sickness absence for several reasons:

- to provide an indicator of whether there are other existing services which cater for demand in this area;
- to determine 'deadweight' among users (if employers could have got similar help elsewhere);
- to shed light on the extent to which respondents are already engaged with their employees' well-being;
- to assess the extent to which respondents have had previous difficulties with employees' health or attendance.

In the telephone survey, respondents were asked, *'Have you used any other external services to help with the health, well-being or reduce the sickness absence of your employees over the last 12 months?'* Almost half (47 per cent) of respondents said that they had used another such service.

Use of external services was particularly common among larger SMEs. As shown in Figure 4.1, 54 per cent of respondents from medium-sized establishments reported that they had used external services in the preceding 12 months, compared with 47 per cent of small organisations and 36 per cent of micro organisations. Longer-established organisations were also more likely to have used external services in the preceding 12 months<sup>22</sup>.

**Figure 4.1 Proportion of employers that had used external services in the 12 months prior to the survey interview, by organisation size**

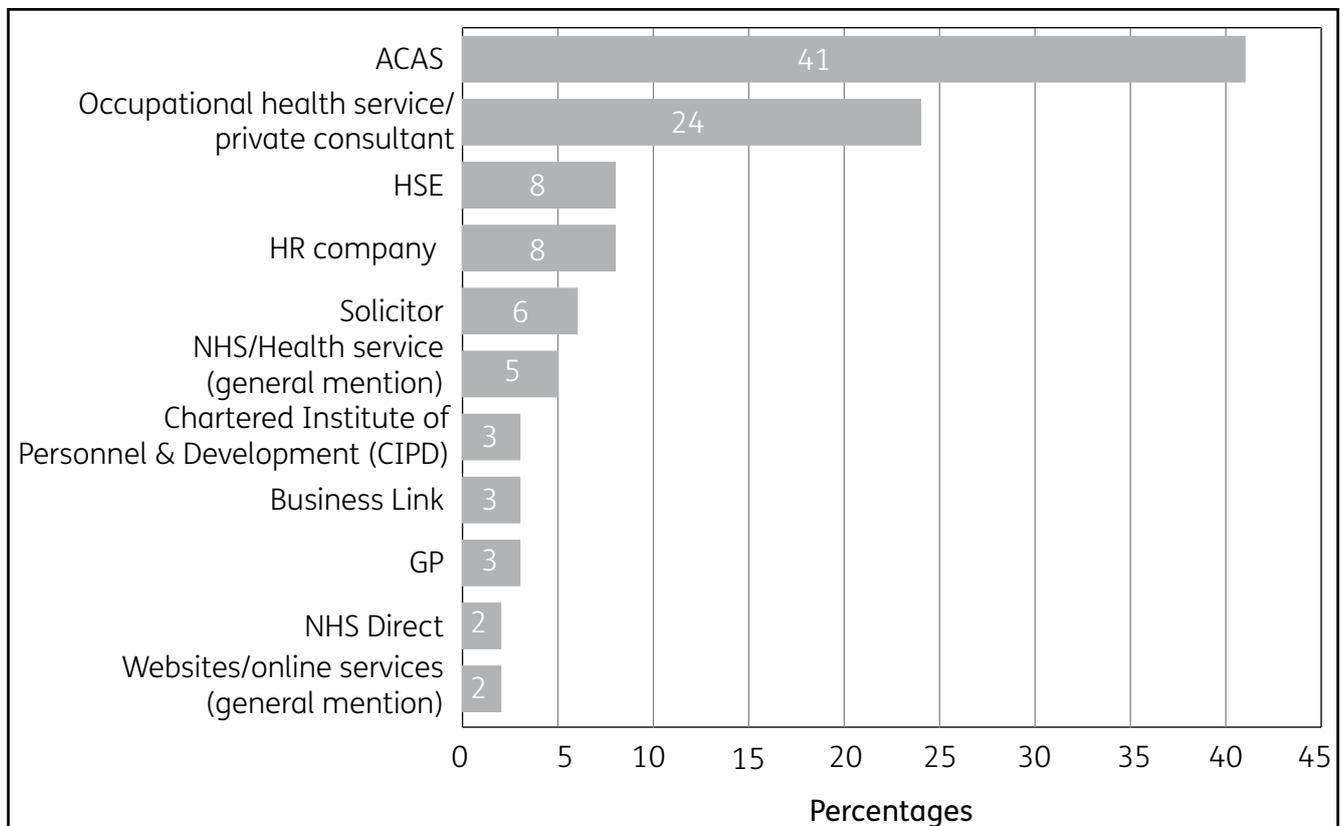


Based on all respondents (N = 505). For individual size categories, unweighted bases are: 0-9 = 132; 10-49 = 209; 50-249 = 164.

Source: IES and TNS-BMRB survey of users 2010/11.

<sup>22</sup> Layered chi-squared tests found that this difference was significant even when size of company was held constant (although this was relatively weak at  $p < 0.1$  rather than  $p < 0.05$ ).

**Figure 4.2 External services used by employers in the 12 months prior to survey interview**



Note: Figure is based on the top responses to a multiple response variable (those mentioned by at least four people). Thirty-one per cent of respondents named another service, often in addition to one of those listed above. These included a huge variety of facilities, such as support offered by banks and insurance companies; the Fit for Work Service; Chambers of Commerce; government departments; and trade associations.

Based on all respondents who said they had used external services to help with employees' health, well-being or absence in the 12 months prior to the survey interview (N = 233).

Source: IES and TNS-BMRB survey of users 2010/11.

Among those employers that had used another service, Acas was the most commonly used resource, as stated by 41 per cent. Use of 'occupational health services', including those provided by private providers, was also reasonably widespread (24 per cent of those that had used external services, which equates to 11 per cent of all survey respondents). These results are presented in more detail in Figure 4.2. Larger organisations were more likely to have used occupational health services compared to smaller organisations: 33 per cent of medium-sized organisations that had used an external service stated this was an occupational health service, compared with 20 per cent of small organisations and 17 per cent of micro organisations.

The survey data does not permit us to determine whether employers that had used other services did so only on their path to accessing the OH Advice Lines pilot. This is important in understanding the issue of deadweight and whether employers could have got similar help elsewhere. If employers used other services only in the sense that they spoke to someone long enough for it to be determined that they needed the support of the pilot (for example because the support required went beyond what was offered by their own organisation), this is important to note. A high proportion of those claiming, in the survey, to have used other services were recorded on the management information database as having heard about the Advice Lines through this same

organisation<sup>23</sup>. This suggests that some employers may not have ‘used’ other services to access actual support, but only as a conduit to the service (particularly likely where this was Acas and HSE).

For the overwhelming majority of those who took part in in-depth interviews, using the OH Advice Lines service was their first experience of seeking external help with an OH issue, although some of these had come via Acas. Generally, they had not needed help with OH issues before, as they had never had problems with staff being off sick for long periods or with serious illnesses.

*‘This is totally new to us. We’re a small organisation and nothing like this had happened before ... the worst thing anybody ever had was a bit of man flu.’*

(Micro employer, Norwich and Norfolk service)

*‘We’ve had a member of staff who is on long-term sick and we’ve never come across that before.’*

(Micro employer, Bucks service)

A minority of the interviewees had sought legal advice to deal with health issues in the past and just a few organisations had contacted General Practitioners (GPs) for OH support or used a private OH provider. One organisation said that it previously had a contract with a private OH provider but had terminated this as the service was rarely used. The employer preferred to use an ad-hoc service such as that provided by the OH Advice Lines.

### 4.4 Previous attempts to deal with the Occupational Health issue

In the in-depth interviews, it was possible to explore whether employers had tried to tackle the OH issue they were facing before calling the OH Advice Lines. Some had not, so making the call to the service was their first attempt to deal with the OH problem. Other organisations described using the service as a ‘last resort’, as they had already tried to make adjustments or carried out return to work plans which had failed.

A few employers had attempted to obtain information from their employee’s GP on what they should do before contacting the OH Advice Lines service, but had either found this unforthcoming or did not believe it was particularly useful.

*‘The GP had written a report for us and that’s what we based the adjustments on. But an occupational health specialist has more of an understanding of how that affects someone in their day-to-day role. We needed an update on the situation to see if we could do anything.’*

(Small employer, Bucks service)

The service was able to give these employers more specific advice about the practical steps they should take than they had obtained from the GP.

A small minority of employers mentioned awareness of the new ‘fit for work’ concept and wanted to know whether it could be applied to their employees on sick leave<sup>24</sup>. These organisations were annoyed that GPs were still signing their staff off sick without any consideration of whether they could do some work.

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<sup>23</sup> Of those recorded in the management information as having heard about the OH Advice Lines pilot through Acas, 73 per cent reported in the survey that they had used Acas in the 12 months prior to survey interview to help with staff health and well-being issues.

<sup>24</sup> This referred to the introduction of the Statement of Fitness for Work.

*‘We called to take advice on what we should do because it was a new concept for us, we’d had no requirement to consider it [fitness for work] previously so we wanted to make sure we were doing things correctly.’*

(Medium-sized employer, Scotland service)

## 4.5 Reasons for calling

The management information, telephone survey and the in-depth interviews all provided data on why employers made the decision to call the OH Advice Lines service. These are addressed in turn below.

### 4.5.1 Data from the management information

According to the management information data, the main reasons for calling the service were for information on sickness absence (41 per cent of calls), for queries about the fit note (21 per cent of calls), for information on health surveillance (17 per cent) and for information on mental health (14 per cent of calls). There was some variation by country, with Scottish calls being particularly likely to concern the fit note (41 per cent of calls to this service were about this).

**Table 4.1 Reasons given for calling the advice line, by country (based on call volume) (%)**

	England	Scotland	Wales	All
Sickness absence/attendance management	43	29	41	41
Fit note	18	41	10	21
Health surveillance	17	16	17	17
Mental health	14	7	20	14
Musculoskeletal conditions	7	3	9	7
Drugs and alcohol	1	0	3	1
Service information/workplace visit	0	8	0	1
First aid	*	0	0	0
Violence and aggression	0	2	0	0
Bullying and harassment	*	0	0	0
Other	0	7	13	2
No detailed reason given	14	0	3	11
<i>Base</i>	1,432	300	143	1,875

Note: This is a multi-response variable so percentages sum to more than 100. All in-target calls which got through to an adviser have been included.

\* denotes less than 0.5 per cent.

Mental health includes anxiety, depression, distress, stress and other mental health conditions.

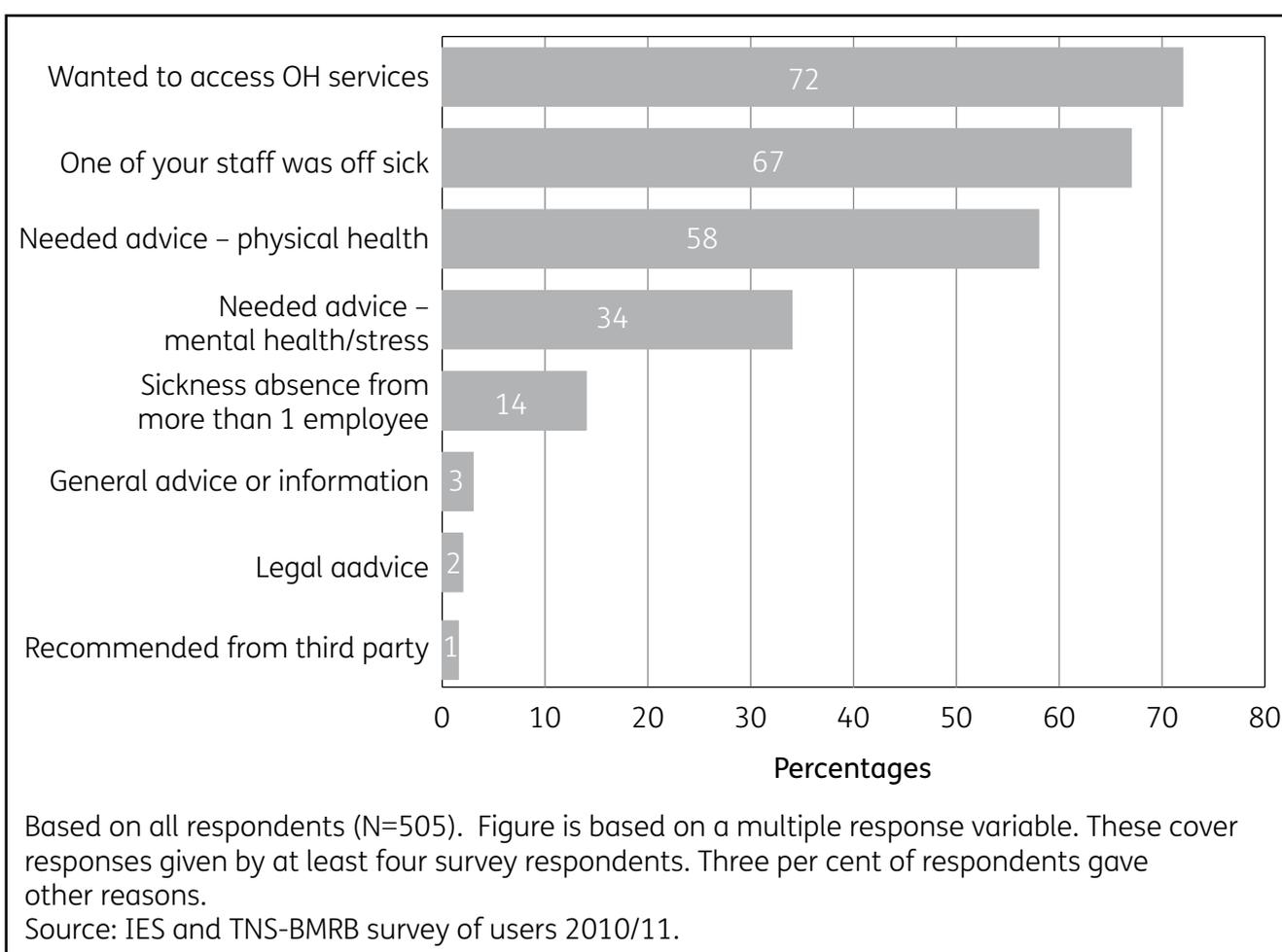
Source: Advice Lines management information, including all cases to end of March 2011.

#### 4.5.2 Data from the employer telephone survey

The telephone survey also explored why employers called the OH Advice Lines (Figure 4.3)<sup>25</sup>. The main reasons given by employers were: to access OH services (72 per cent), which indicates interest in obtaining an OH assessment; because of one employee's sickness (67 per cent); for advice on physical health issues (58 per cent); or because they needed advice on mental health issues (34 per cent).

A quarter (26 per cent)<sup>26</sup> of those calling to access OH services did not report being signposted on to further services, suggesting that the OH Advice Lines gave sufficient information for them to deal with their queries.

**Figure 4.3 Reasons for calling the Advice Lines**



<sup>25</sup> This data is not directly comparable with the management information detailed above for three reasons: (i) in the telephone survey the reasons for calling were given by employers after being presented with a list (whereas in the management information it was categorised by the adviser, who may have only coded one main category rather than all relevant); and (ii) the questions were asked in slightly different ways (for example, in the survey we were concerned with the substance of the reason for calling, rather than because it was a fit note query); and (iii) the management information data includes GPs calling about patients.

<sup>26</sup> This is composed of 19 per cent of the total who said they were not signposted onwards, and seven per cent who did not know.

For employers calling the OH Advice Lines about health conditions, physical health issues were more prevalent (45 per cent called about a physical health condition alone). However, mental health was still a major concern (21 per cent called about an employee with mental health or work-related stress issues alone)<sup>27</sup>. More than one in ten survey respondents called about employees with both physical and mental health problems.

The length of absence reported by those employers with a member of staff off sick varied markedly, from one to 1,000 days. The mean length of absence reported was 74 days but this average was skewed by some particularly high numbers. The median length of absence reported (mid-point of the distribution which is less sensitive to outliers) was 30 days. Therefore, around half of the employers with absent employees had sought advice from the service within four weeks of absence, which is in line with the policy proposition that early intervention is desirable and may indicate that employers view the four-week point as a significant milestone. There were no statistically significant differences in the mean lengths of absence reported by callers from micro, small and medium-sized organisations<sup>28</sup>.

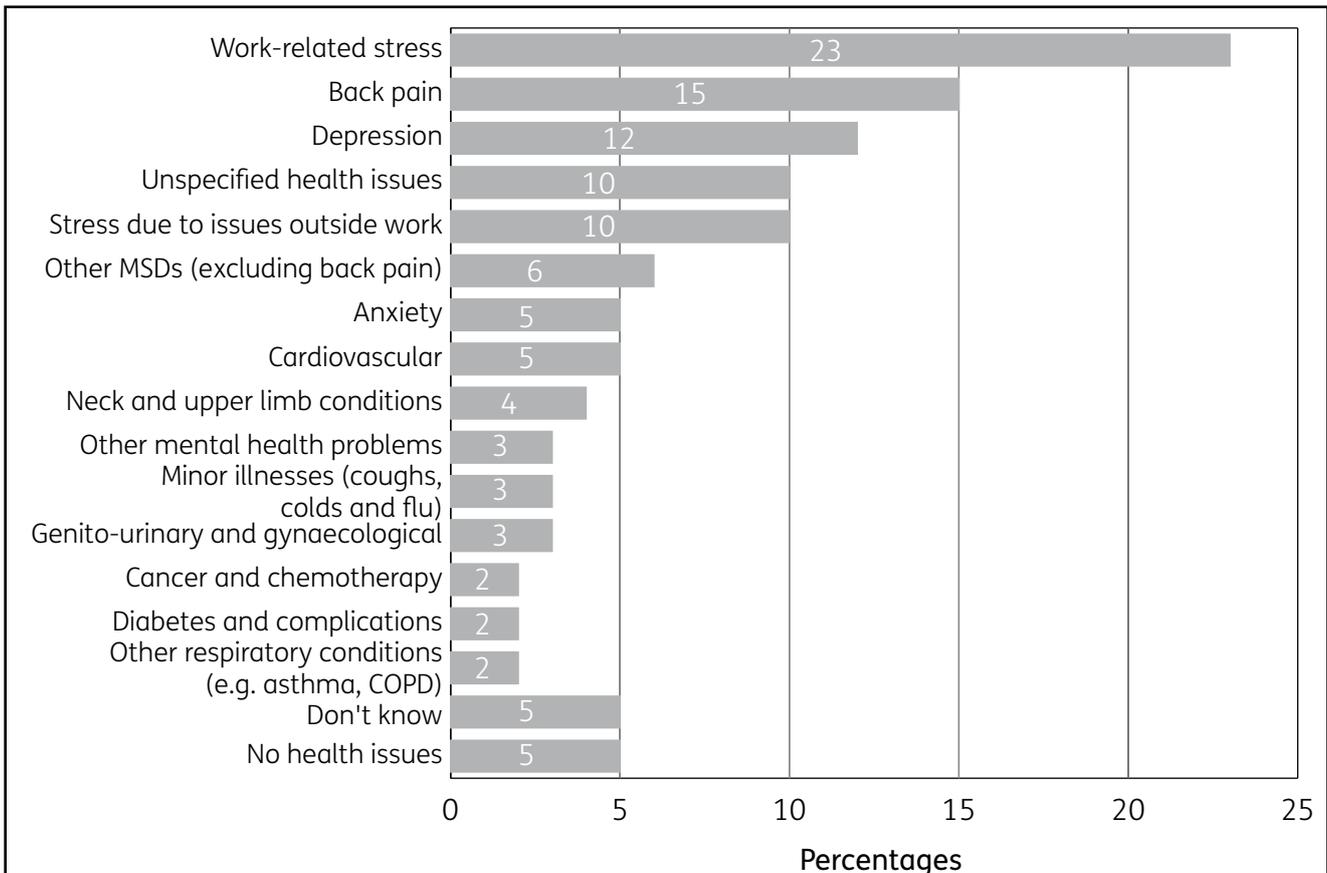
Further detail is also available from the employer survey on the specific health conditions prompting the call to the OH Advice Lines service (Figure 4.4 presents the most common of these). Work-related stress was the single most commonly cited health condition.

Of the survey respondents, 17 per cent were known, from linked management information data, to have been calling with a query about the fit note. There were no clear health conditions that prompted a fit note query, as the proportions of calls prompted by different health conditions were the same for these types of calls as for others.

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<sup>27</sup> This was a multiple response variable.

<sup>28</sup> This finding held when outlying values were removed.

**Figure 4.4 Health conditions leading to the enquiry**

Based on all respondents calling about a health problem or absenteeism (N=447)

Note: 12 per cent of respondents were calling about a health condition classified as 'other'.

Because of the large variety of health conditions, only the most frequently mentioned are included in the chart above. A very small number of other health conditions were coded – these include drugs and alcohol (1 per cent); eye, ear, nose, mouth and dental conditions (1 per cent); distress (1 per cent); headaches (1 per cent); gastrointestinal conditions (< 1 per cent). No health issues suggests the employee was absent for other reasons.

Source: IES and TNS-BMRB survey of users 2010/11.

### 4.5.3 Views from the in-depth interviews

The in-depth interviews provided an opportunity to explore the reasons for calling in more detail. As in the survey, the queries usually concerned an individual employee who was off sick at the time of the call. The interviewees discussed how, as relatively small companies, any staff absence had a damaging impact on their business and put pressure on finances and other staff.

*'It was a bit of a nightmare at the time because as we're only a small company anyway, one person just suddenly being off, it has a huge impact.'*

(Micro employer, Wales service)

*'It's not like a much bigger company where they could maybe have gone and got a temporary worker in, we didn't have the resources for that. It was about, well we need to do something about this and we don't know how we should go about it and that's what prompted the phone call really.'*

(Micro employer, Aintree service)

Employers were most commonly seeking help to ensure that the individual could return to work. In some cases, the employee was keen to come back to work, and the employer wanted to check this was safe before allowing it.

A few other interesting themes emerged concerning reasons for calling, which are detailed below.

### *Long-term absence where return to work looked unlikely*

A minority of those who took part in interviews said that they rang the OH Advice Lines service for information on how to go about correctly terminating their employee's contract because it looked as if the employee would not return to work. These employers were all either small or micro in size. As such, a minority of the interviewees were looking for advice on their legal position in addition to OH advice.

*'We're a small company, so carrying someone on sick pay for six months was difficult so we were having to employ part-time people to cover for her. We were looking at what the rules and regulations were so that we could either terminate [her employment] or see what else we could do ... Our real worry was that she'd string it along then decide she wasn't coming back.'*

(Micro employer, Bucks service)

### *Frequent/repetitive absence*

Generally, employers who took part in the interviews were sympathetic to the situation of their employees and called the OH Advice Lines because they wanted to know what they could do to best support them. A minority of employers, however, reported that their calls were prompted by concerns about 'malingerers' who took long periods or short intermittent periods of absence for what they perceived to be non-genuine health conditions. These situations were often complicated by breakdowns in the employee-employer relationships and disciplinary issues.

*'It was very long and drawn out and frustrating because we couldn't get to speak to him ... We repeatedly tried to have meetings and he was either always away or it was inconvenient. We tried to move the disciplinary procedure forward but with him not turning up to meetings it became very hard to do anything.'*

(Small employer, Newcastle service)

This employer rang the OH Advice Lines wanting to know what could be done to stop this.

### *'Difficult' health conditions*

There were some conditions that employers found particularly difficult to deal with, including mental health conditions and long-term fluctuating conditions.

*'She was having time off work due to mental health issues and as it was something new to the group I'm supporting, we weren't sure how to deal with it ... She wasn't sure herself what sort of commitment she could give which is why we were trying to get things in place to support her so that if she did feel better we could sort it out for her.'*

(Small employer, Portsmouth service)

*'We had an employee who'd gone off with anxiety and stress problems and I just needed to know how to deal with that. We're a small company that's expanding quite rapidly and we're having new personnel issues that come up and we don't know how to deal with them because we haven't dealt with them before.'*

(Small employer, Wales service)

Another condition that employers found difficult to deal with was cancer, as it was unclear how long the period of absence would be. The OH Advice Lines offered employers a source of support for dealing with these types of health conditions.

### *To check the right steps are being taken*

As mentioned above, some of the employers who took part in interviews had taken steps to deal with the OH issue before contacting the OH Advice Lines. Often these employers called the service to check that they had taken the right approach, as shown in the boxed example below.

#### **Example of Advice Lines providing reassurance**

Medium-sized financial services organisation

A member of staff had a diabetic episode in the workplace. The employer had been aware of the employee's health condition for some time and had previously carried out a risk assessment and put procedures in place in case an incident occurred. However, on this occasion, the employee became belligerent during his diabetic episode and wouldn't take his sugary drinks, so other staff were required to call an ambulance. The manager called the service because she was concerned that they had not dealt with the incident appropriately. The adviser reassured her that they acted correctly but suggested they repeat the risk assessment on this member of staff and include some new questions for him such as the time of day when he is most at risk of having an episode.

## 4.6 Fit note calls

Management information data show that across all three countries, the fit note generated 339 calls during the pilot period. The primary reason for expanding the service to GPs was to provide support for any fit note queries they may have had. Although few GPs used the service overall, the majority (72 per cent) of calls from this group were about the fit note, and GPs made up 21 per cent of all the fit note callers.

The proportion of calls concerning the fit note was similar across the seven English sites although there was some variation (for example, calls about the fit note represented only 11 per cent of calls in Newcastle compared to 23 per cent of calls in York).

**Table 4.2 Calls to the Advice Lines about the fit note, by service**

	<b>In-target caller with fit note query</b>	<b>Base N</b>	<b>% calling about fit note</b>
Aintree	60	289	21
Bucks	24	138	17
Newcastle	9	81	11
Norwich and Norfolk	35	200	18
Portsmouth	33	238	14
West London	60	338	18
York	34	148	23

Source: Advice Lines management information, including all cases to end of March 2011.

There was no discernible pattern in the sector of employers calling about the fit note compared to other queries. Looking at the nature of employers' enquiries from the free-text records, there was a range of queries about the fit note. These included:

- Timing of employees' return to work, for example, several employers wanted to know how they could respond if employees wanted to return to work while still certified as unfit to work by their GP.

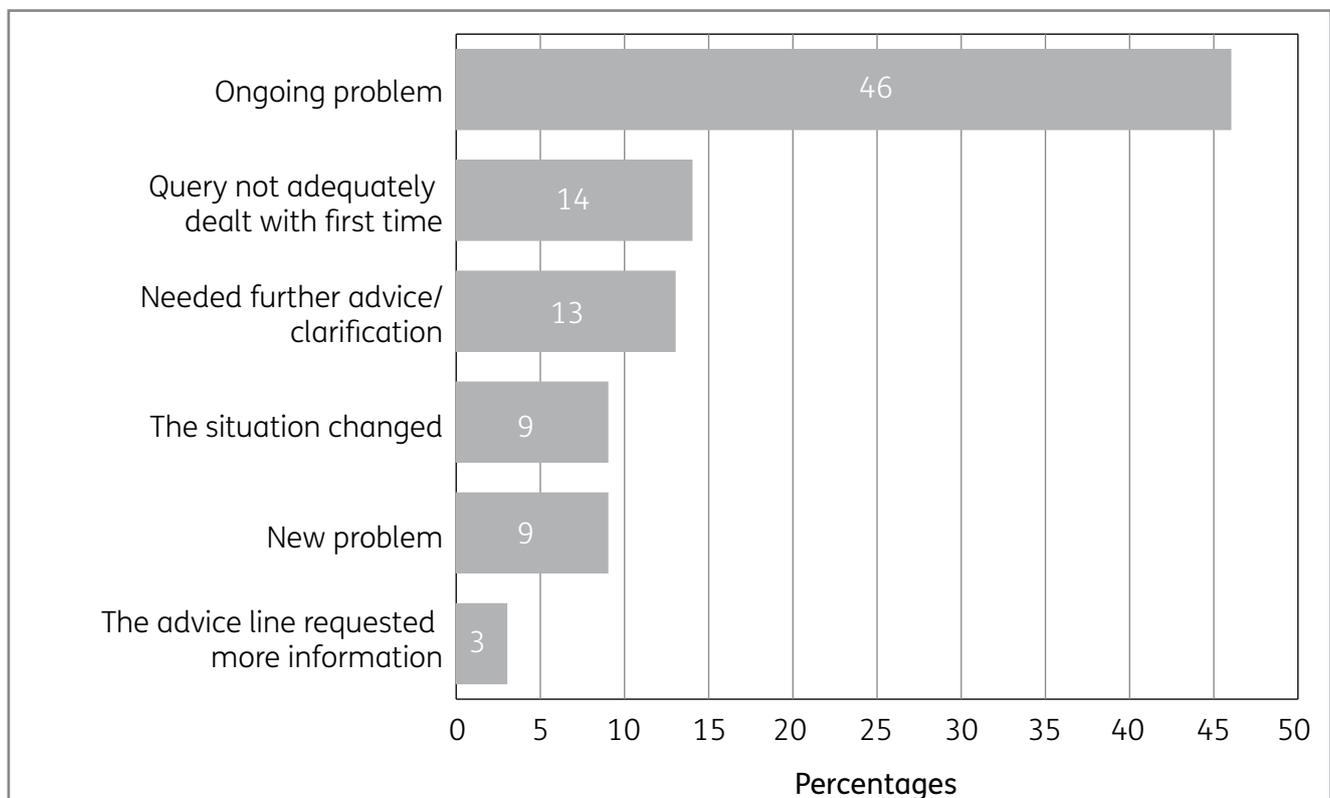
- How fit note fits in with other absence systems – whether it would affect statutory sick pay in any way, for example, or self-certification of sickness by employees.
- The transition from the old ‘sick note’ to the fit note, for example, what to do if employees brought in a sick note.

Some GPs calling about patients were unsure of the circumstances under which the form should be used, or of how to fill it in, and others simply wanted to know how to obtain new copies. Other GPs were calling with specific questions about individual patients.

## 4.7 Repeated use of the Occupational Health Advice Lines service

The majority of survey respondents (84 per cent) phoned the OH Advice Lines service only once although 15 per cent contacted the service on more than one occasion. Of those who phoned on more than one occasion, almost half (46 per cent) said that they had contacted the service again because their problem was ongoing and they required continuous support. A small proportion of repeat callers (14 per cent) phoned again because they felt that their query was not adequately dealt with on the first contact. Verbatim responses in the survey describe issues such as: not being able to speak to an appropriate person on their first contact, or; information or a call back promised by the service that was not forthcoming in the timescale required by the caller.

**Figure 4.5 Reasons for calling the Advice Lines more than once**



Based on all respondents who used the Advice Lines more than once (N=80).

Note: Figure is based on a multiple response variable. Four per cent of repeat callers gave another reason for their further contact. These included technical difficulties with opening the report, and getting back to the Advice Lines after the service had failed to get through to the original caller on a call back.

Source: IES and TNS-BMRB survey of users 2010/11.

## 4.8 Summary

- Users of the OH Advice Lines fitted the target group; they were mainly SMEs dealing reactively with an employee health problem.
- The main reasons for contacting the service, according to the employer survey, were to access OH services, for example for an OH assessment, and because of an individual employee's sickness absence (each given by around a third of respondents). In addition, a third of survey respondents called because of an employee's mental health condition<sup>29</sup>, and work-related stress was the most common condition leading to the call.
- Management information data showed that calls about the fit note made up around a fifth of all calls.
- In the interviews, many employers explained that they called the service to check that the steps they had already taken (or planned to take) to deal with the individual employee health issue were appropriate, implying that the OH Advice Lines are an important and legitimate source of confirmation for employers who might be considering a range of options.
- Other queries relating to individual employee health issues concerned the following:
  - dealing with long-term absence where return to work looked unlikely;
  - addressing absence believed to be non-genuine;
  - dealing with health conditions such as mental health conditions and cancer that were perceived to be more 'difficult' to deal with.
- Most employers found out about the OH Advice Lines at the point of need, when they began to seek help with a problem. The service was considered attractive because it was: free; offered a 'one-stop shop' for OH advice; and provided immediate access to support.
- Around half of the employers reported that they had used another service for support in dealing with staff health and well-being issues in the last 12 months, although only a third of micro businesses (with fewer than ten employees) had done so. Often these same organisations referred the callers onto the OH Advice Lines, suggesting that the OH Advice Lines offer additional support over and above the services employers typically use.
- For the great majority of interviewees, contact with the OH Advice Lines was part of their first attempt to deal with an OH issue in their organisation, mostly because they had not encountered such a problem before.
- Only 11 per cent of the employers reported using a formal OH service in the last 12 months (less among the smaller employers), which highlights that use of OH services among SMEs is fairly rare.

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<sup>29</sup> This included stress.

# 5 Experiences of the call

This chapter looks at the events that took place during calls to the Occupational Health (OH) Advice Lines and how these were perceived by the users.

## 5.1 How the call was handled

The in-depth interviews asked employers to recall how their calls to the OH Advice Lines service had been handled. Given that the interview sample included 50 employers in total, their views may not be representative of all users. However, the great majority of employers interviewed were positive about their experiences of using the service. Most stated that getting through to an adviser had gone smoothly and that any call backs required were received quickly, within the hour. A couple of employers thought the service was faster to access than other business helplines they had used.

*'It was better than many such lines. I actually got to speak to a human being quite quickly and when I phoned back I got the same person which is unheard of as well.'*

(Small employer, Scotland service)

*'Well I thought it was really good because I phoned at about half past eight in the morning and I was answered within the hour by a doctor ... Yeah, I was really impressed.'*

(Small employer, Wales service)

*'They dealt with my particular query thoroughly and effectively, so from my personal point of view there is nothing that they could have done differently. They were very helpful, very professional, very accessible ... It was easy to get through. The adviser knew what my problem was straight away and I didn't have to be re-directed to another three or four people until I found somebody that could help me.'*

(Medium-sized employer, York service)

There were a few issues raised about the triage system in England. For example, one employer recalled National Health Service (NHS) Direct having problems finding an address matching their postcode, which slowed down their transfer to the adviser, and two callers said they needed to call the OH Advice Lines a number of times before they got through.

Some of the employers recalled receiving an email after the call which set out the information provided and most found it useful to have a record of what had been said.

*'Yes, a follow-up of the telephone conversation was emailed across to me which was great because then it's something for the file that proves that I actually had a conversation with a professional about this condition and here's the advice so it's good for auditing as well.'*

(Medium-sized employer, Portsmouth service)

*'Yeah, the email was really in depth and again it didn't just summarise, it went further into everything that was discussed so basically the conversation that I had on the phone had been written down and I got it as a hard copy.'*

(Micro employer, Aintree service)

*'It was really useful having an email sent as well because you can have a half hour conversation with somebody and you might remember half a dozen of the points that they tell you by writing notes or whatever, but it's always useful to get it in black and white as well.'*

(Micro employer, Wales service)

Two employers, however, recalled difficulties opening their email links to the report, and one did not receive the email with the link. These examples were the exception rather than the rule.

### 5.2 The adviser's manner

Employers were also complimentary about the way in which the calls were handled by individual advisers. A number talked about the professionalism of the staff and their compassionate and sensitive manner.

*'I was speaking to somebody who knew their stuff. What was really good about it was she wasn't opinionated, she was very objective, she gave neutral answers but they were still full ... She was very compassionate, she was very understanding, but not in a patronising way. I think she was very professional.'*

(Small employer, West London service)

*'It was very much more personal than I expected it would be. I thought it would be much more like a call centre style and it wasn't.'*

(Small employer, Aintree service)

*'The lady who I got through to took care to listen to what I was asking, and because she listened she offered the right advice, and it's certainly been very useful.'*

(Micro employer, Wales service)

*'Her communication was very good and she was very clear in the information she was providing so I thought her manner was very good, friendly as well.'*

(Micro employer, Scotland service)

There were a few less positive experiences. One employer mentioned how, although he spoke to a nurse, he felt that she *'wasn't particularly into the OH field'* (Small employer, Bucks). In fact all advisers had OH experience. Another employer felt that the information he was asked to provide before he could get an answer to his query was unnecessary (some of this information was collected for evaluation purposes). One employer reported that the adviser had a poor grasp of English and requested a call back from a supervisor but this never came.

### 5.3 The advice given

The in-depth interviews provided an opportunity to hear the details of the advice received by employers during calls to the OH Advice Lines. The specifics of the advice varied significantly, reflecting the wide-ranging reasons for calls. However, some general trends were identified which demonstrated adherence to good practice in managing sickness absence. Typically, callers were advised to:

- keep in contact with the absent employee (including, where appropriate, meeting with them face-to-face);
- consider how to carry out a return to work plan;
- make contact with the employee's General Practitioner (GP) (and some employers were advised on how to do this);
- consider the processes that would need to be put in place if the employee had been off long-term and the employer wanted to correctly terminate the contract.

The OH Advice Lines also offered reassurance for some employers that they were already adopting the right procedures or solutions.

*'For me, I came away from the conversation feeling very reassured that what we were already doing was the right thing with just a couple of new ideas that she'd given me ... It was very reassuring. There was a lot of stuff she was telling me that we'd already done or we'd thought about doing so it just cemented our thinking around that.'*

(Small employer, West London service)

Expectations of the level of support offered by the OH Advice Lines differed, but occasionally the service surpassed these. A few of the employers called the service for contact details of local OH providers and were pleased to find that the service offered more than this; it could, in some cases, deal with their queries directly, or advise them on how to obtain more information from a GP.

*'I didn't think they were offering more [than a signposting service]. Having looked at the website, I was surprised at the amount of support they were prepared to give ... Just the fact that they wanted to talk about the whole situation was very nice ... I thought it was great.'*

(Small employer, Newcastle service)

## 5.4 Overall views on the call

In the in-depth interviews, employers provided positive comments on the service overall.

*'It was superb. It was easy to access and understand the information. It wasn't given in a superior way. It was very helpful. To just talk to someone neutral was very helpful to me.'*

(Medium-sized employer, Newcastle service)

*'I was very, very happy, very satisfied. They went out of their way to make me feel comfortable and point me in the right direction.'*

(Micro employer, Scotland service)

*'It's useful to know that the service is there for companies that don't have their own occupational health team or access to occupational health.'*

(Medium-sized employer, Portsmouth service)

*‘I think it was excellent. I think that, you know, every time I spoke to someone they always seemed to really know the ins and outs of all the things that I was asking them. They gave some really good advice and I just think the whole series of phone calls that I had was handled really well and it was really good advice. I wasn’t sure where I would go for that advice if that service wasn’t there.’*

(Micro employer, Aintree service)

A minority of the employers interviewed were disappointed with the advice they received or felt that it was inappropriate in some way. In some cases, this was because their expectations went beyond the remit of the service. For example, a small distribution firm called the OH Advice Lines hoping to get an OH assessment for an employee off sick with a back problem. While the manager thought the service gave ‘sensible advice’ and used a ‘professional approach’, she was disappointed that she was only signposted to a service, and not given a direct referral.

## 5.5 Signposting to other services

The management information data collected by advisers recorded whether users of the service received advice, signposting or both. Table 5.1 shows that this varied across the three countries, although this may be due in part to differences in recording practices<sup>30</sup>.

**Table 5.1 Proportions of in-target calls which resulted in advice, a signposting or both (%)**

	England	Scotland	Wales	All
Advice provided only	34	93	64	46
Signposting provided only	2	0	1	1
Advice and signposting provided	64	7	36	53
Base	1,402	299	143	1,844
Missing	30	1	0	31

Source: Advice Lines management information, including all cases to end of March 2011.

In Scotland and Wales, the majority of calls resulted in advice alone, but in England most calls led to advice and information signposting the caller onto other services or websites, although there was variation between the regional service sites (see Figure 5.1). In fact in Scotland, very little signposting was conducted, with just seven per cent of calls leading to a signpost to another service; this may reflect the fact that the service in Scotland is more established and offers a wider range of support, including health and safety advice.

<sup>30</sup> It was reported in early interviews with service staff that some sites did not include small elements of ‘advice’ if their main response was a signpost onto another service.

**Figure 5.1 Proportions of in-target calls resulting in advice, a signpost or both, by pilot (England only)**

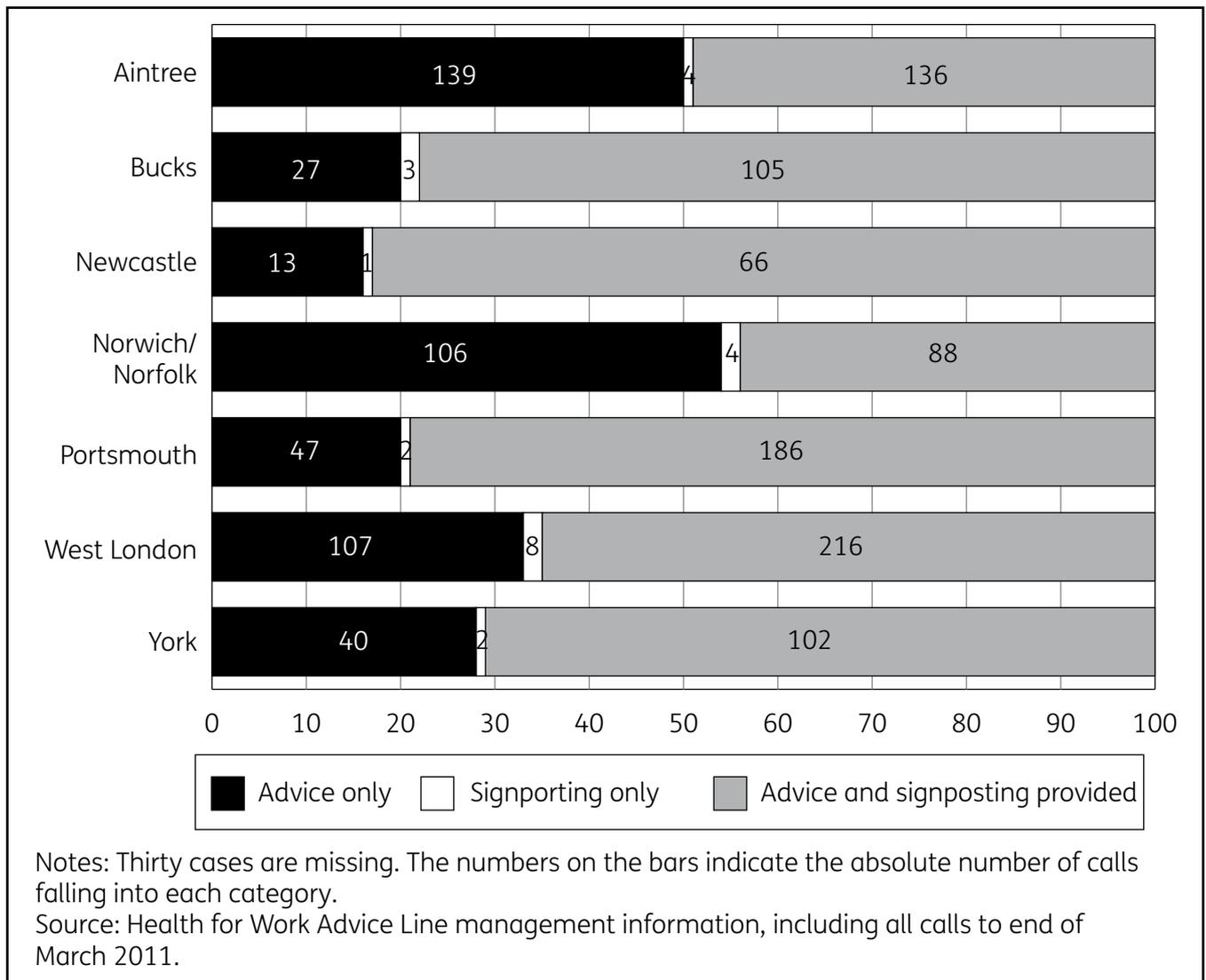
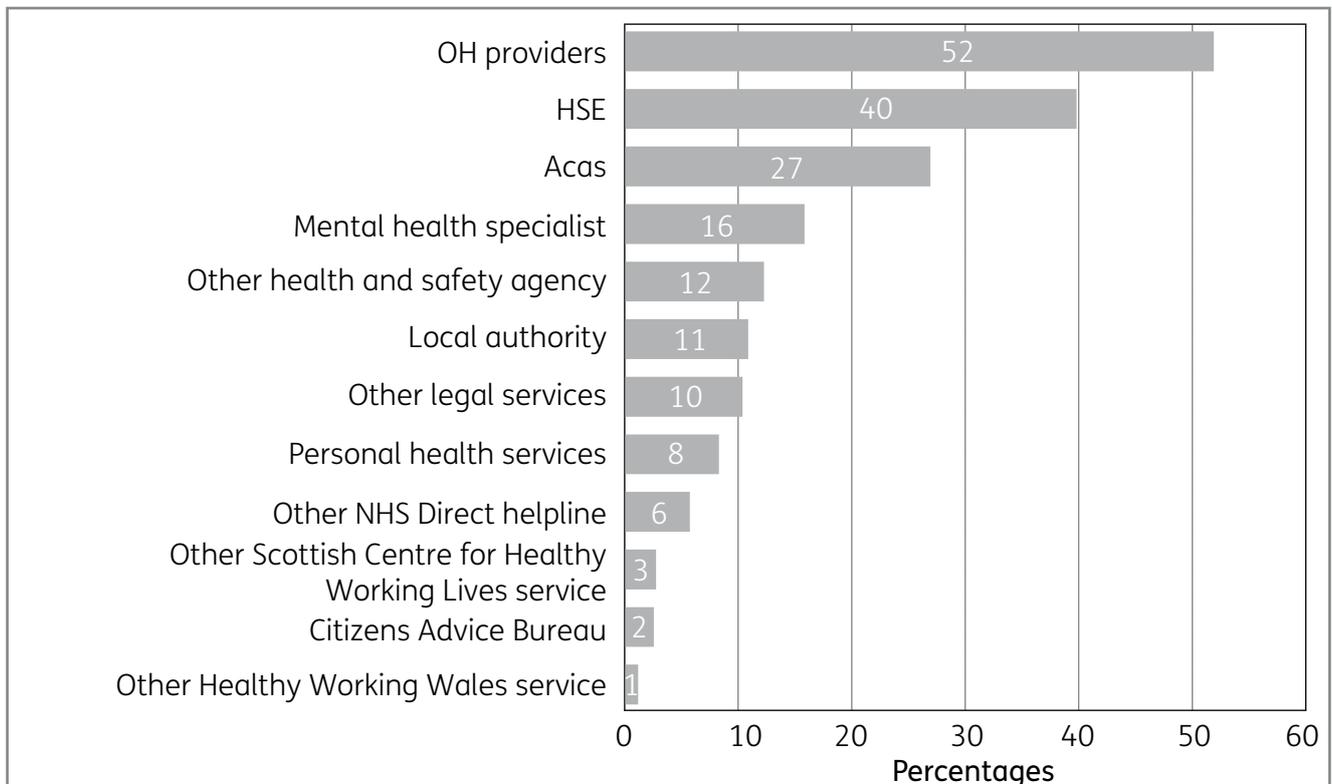


Figure 5.2 shows the signposting destination of callers recorded in the management information for all three countries<sup>31</sup>. The main services callers were signposted to included OH providers (52 per cent of those that received a signpost were directed to one of these), HSE (40 per cent), and Acas (27 per cent).

Fit note enquiries resulted in less frequent signposting to other services, suggesting that advisers were able to adequately support these callers over the phone. For instance, just eight per cent of in-target calls about the fit note resulted in a signpost to an OH service, compared with 28 per cent of all in-target calls. This is not only because a relatively high proportion of callers contacting the service about the fit note were GPs (who tended to be signposted onward less than employers); even excluding GPs, only ten per cent of fit note calls resulted in an onward signpost to an OH provider. Lower proportions of fit note calls resulted in a signpost to HSE (nine per cent compared with 21 per cent of all in-target calls) suggesting that these queries were less likely to include health and safety concerns that advisers could not handle. However, a similar proportion of fit note calls (compared to all in-target calls) resulted in a signpost to Acas (12 per cent among calls about the fit note compared with 14 per cent of all in-target calls), suggesting that they were as likely as other calls to include concerns about legality issues.

<sup>31</sup> There were too few cases where signposted in Scotland and Wales to allow a breakdown by country.

**Figure 5.2 Signposting of in-target calls from the OH Advice Lines to other services**

Note: This is a multi-response variable so percentages sum to more than 100.

'Other health and safety agency' differentiates these organisations from HSE, 'Other legal services' from Acas. 'Other NHS Direct helpline/Scottish Centre for Healthy Working Lives/Healthy Working Wales service' refers to services from these agencies that are the OH Advice Lines.

Four per cent of calls which resulted in onward signposting by the OH Advice Lines (36 individuals) were signposted to an 'other' service not listed above.

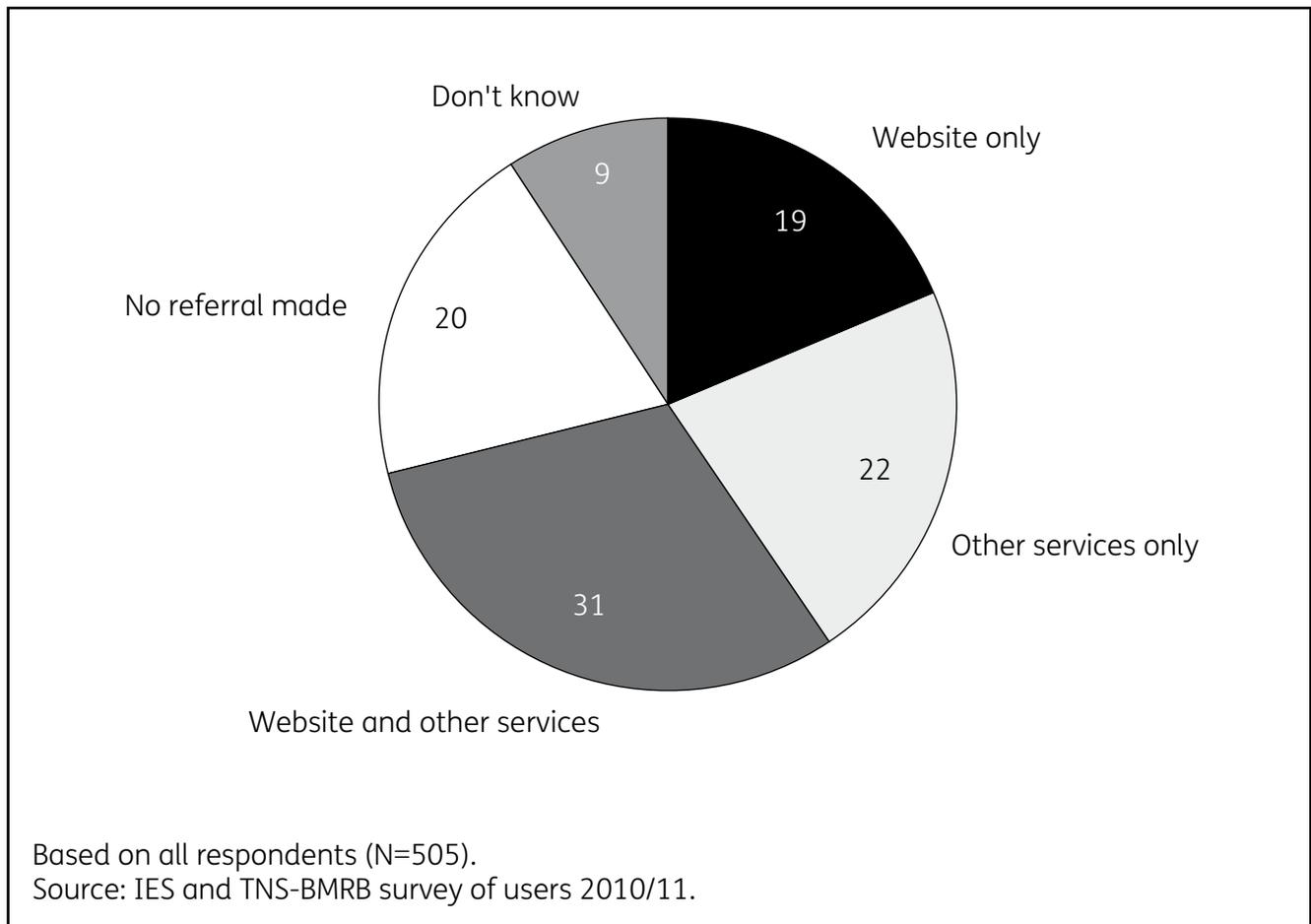
Base is the 996 in-target calls in which the caller was signposted on and for which there is some record (including 'other's) of where they were signposted to. One caller who was signposted on had no record of where they were signposted to.

Source: Advice Lines management information, including all cases to end of March 2011.

The telephone survey found that 53 per cent of employers were signposted to an external service or organisation for more information during their OH Advice Lines call, which is a similar finding to that obtained from the management information<sup>32</sup>. Figure 5.3 demonstrates that 31 per cent of respondents were signposted to external organisations and given details of websites that could provide more information, while 22 per cent were signposted to external services or organisations only and 19 per cent to websites only. In 20 per cent of the cases there was no suggestion of further sources of advice, while nine per cent of callers could not remember whether a signpost had been made.

<sup>32</sup> This is not directly comparable with the management information data which includes GPs calling about patients and is based on number of calls rather than callers.

**Figure 5.3 Whether Advice Lines provided caller with signpost to websites or other services**



In-depth interviews with employers also established that many were given details of other organisations and websites where they could obtain more information. Some employers were provided with links to templates for policies and procedures (for example an unauthorised absence policy and the Scottish Government's 'steps for stress').

*'They gave me three very good contacts, balanced contacts which was one from the charity's perspective, one from the support perspective which is run by people who are diabetics and one from a more technical health and safety perspective, which gave me a really good overall balance.'*

(Medium-sized employer, Portsmouth service)

### 5.6 Summary

- Most employers that took part in interviews were very satisfied with the way in which their calls were handled. Getting through to advisers worked smoothly and call backs were promptly received. The level of professionalism and approach of the advisers was also viewed positively.
- Examples of the type of advice provided included:
  - keeping in contact with the absent employee;
  - making contact with the employee's GP (and some employers were advised on how to do this);
  - considering the processes required to deal with staff who were off sick long-term and unlikely to return to work;
  - working out how to carry out a return to work plan.
- Half of calls resulted in a signpost onto another service for further support, and the survey found that around half of the respondents were also referred to websites. The main services callers were signposted to included OH providers, HSE and Acas.
- A small minority of callers reported some dissatisfaction with the service but this was often because their expectations went beyond the service remit (for example, they required legal or Human Resources (HR) advice in addition to OH advice).

# 6 Actions taken following the call

This chapter explores the emerging data on the behaviour of employers following the call and whether any actions were taken as a result of the advice received.

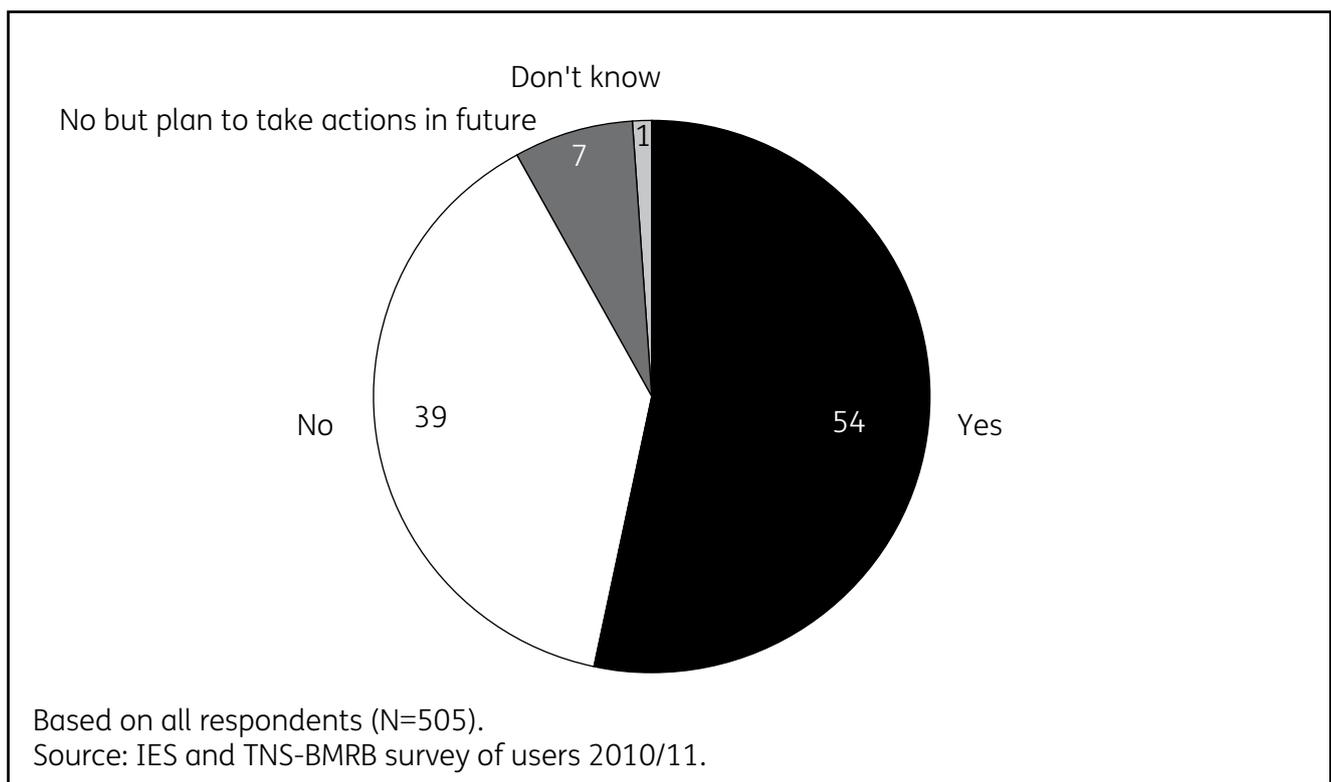
## 6.1 Actions taken following the Advice Lines call

Both the telephone survey and the more in-depth interviews asked employers to describe the actions taken following contact with the Occupational Health (OH) Advice Lines. Each data collection element was conducted at a different time point, allowing us to capture a short-term view one to two months after the call (telephone survey) and a longer-term view a few months later (in-depth interviews).

### 6.1.1 Whether any actions were taken

The telephone survey, occurring just a few weeks after use of the OH Advice Lines, established that 54 per cent of employers reported taking action following their call to the service (Figure 6.1) with another seven per cent still planning to take action. All sizes of employer were equally as likely (statistically) to have taken action. However, callers who held more senior roles were more likely to have taken action than those in more junior roles showing the importance of caller status in driving through changes in the workplace; 63 per cent of business owners or managers reported that they had taken action following the call, compared with 46 per cent of those employed in non-managerial roles.

**Figure 6.1 Whether actions were taken following advice from OH Advice Lines service**



### 6.1.2 Actions taken as a result of the OH Advice Lines call

Figure 6.2 shows the types of actions commonly taken by employers following guidance from the OH Advice Lines. These included: contacting an OH service for advice or support (17 per cent of those who took some action) or contacting a third party for further advice (16 per cent). Some of these other services that employers contacted are likely to be those that had been suggested by the OH Advice Lines; 83 per cent of those who went on to contact an OH service had been signposted to other services or websites by the OH Advice Lines, while 84 per cent of those who went on to contact a third party had received a signpost of some sort. Another common action taken following the call was to contact or write to the employee (16 per cent).

**Figure 6.2 Actions taken following use of the OH Advice Lines**



Based on all respondents who said they had taken action (N=270).

Note: Figure is based on the top responses to a multiple response variable. Twenty-two per cent of respondents said that they had taken some 'other' action. Examples of these are: consulted the employee about their condition; allowed the employee some time off for medical appointments; introduced health surveillance; made adjustments to seating/ ergonomics; took disciplinary action. Source: IES and TNS-BMRB survey of users 2010/11.

### 6.1.3 Actions reported in later interviews

The interviews suggested, as expected, that the precise actions taken by employers following their calls varied. Some employers had not been able to take all the recommended measures at the time of the interview because their employee was still off sick or no longer required assistance.

On the whole, the actions taken following the call were easy for the employers to implement. Only a small minority talked about the costs involved in taking action. For example, one organisation talked about the cost in terms of the time and payment required for a General Practitioner (GP) report, but the interviewee thought this was money well spent:

*'In terms of it being proactive it was money well spent because what we were trying to do was prevent any sickness absence because if people go off sick the work's not getting done. If the work's not getting done we're not getting paid. If we're not getting paid ... that's a greater cost to us at the moment in this climate so those were the key costs.'*

(Medium-sized employer, Portsmouth service)

More detailed examples of the sorts of steps taken by employers following the calls are provided below, and include:

- keeping in contact with absent employees;
- producing return to work plans;
- getting information on fitness to work from GPs;
- conducting risk assessments and making adaptations;
- changing organisational policies and practice.

### Examples of actions taken following OH Advice Lines support

#### Keeping in contact with absent employees

Small sports development agency:

The company called the OH Advice Lines service to find out whether it was appropriate to meet an employee in his home who was off work due to stress. The adviser confirmed that this would be acceptable. Following the call, the employer began introducing informal arrangements for staying in touch with the employee, and then made these more formal and work-focused as time went on and the employee got closer to his return date.

*'I contacted the member of staff and remained in contact with him, went to meet him a couple of times away from the work environment on neutral territory to just really keep him up to speed with things, talk about things away from work, have a bit of banter, have a chat so that was useful. I think that helped him and then towards the time of his return I gave him a few pieces of work-based information, some minutes from relevant meetings that he'd asked for to bring him up to speed, so it was a slowly but surely approach with him, it wasn't a bombardment, but that was as a result of the phone call.'*

#### Designing/implementing return to work plans

The OH Advice Lines service frequently recommended that employers put together a return to work plan for their absent employee that reflects the needs of the organisation and the individual.

##### 1. Small importing business

This organisation called the OH Advice Lines because an employee had been off for four months with a broken foot. Following the recommendations of the adviser, they arranged for the employee to have an OH assessment. On the basis of this they were able to introduce a phased return to work plan and swap duties so that the employee could come back to work, which he did so successfully.

2. Micro cleaning business

A manager called the OH Advice Lines because a member of staff had been off sick for a long time – around 150 days – due to non-work-related stress. The employee was about to go beyond her 28 weeks of sick pay, but the employer was unsure whether she was well enough to come back to work. Following the call to the service, the employer was able to implement a phased return-to-work plan and the employee was able to return to full-time work. The employer was concerned that the employee was looking for an opportunity to take the company to a tribunal, but the advice received gave her the confidence that they had done everything by the book.

3. Small manufacturing company

In this company, the OH Advice Lines provided guidance on how to carry out a return to work plan for an employee who had been off with anxiety for five days. After conducting a return-to-work interview, one of the adjustments the employer made was to ensure the employee returned to work in a part of the factory which was quiet but where he could speak to colleagues if he wanted to.

**Getting the most out of a GP report**

A number of the employers who took part in interviews were advised to write to the employee's GP (with employee consent) for more information on the employee's condition and their fitness to work, and were advised on how to get the best out of a GP report by detailing the needs of the job and asking a series of clear specific questions.

1. Medium-sized timber company

This company was advised to write to an employee's GP to ask how his Chronic Obstructive Pulmonary Disease would affect his fitness to work. The interviewee received some very specific advice on what to request from the GP and how to word the letter which he found extremely helpful; he said he wouldn't have known how to get the information otherwise:

*'I asked his GP in his medical opinion, 'do you think he is fit for work?' and I gave a few examples of why I was concerned. Is there a cure for his condition? Is his condition likely to get better or worse? ... The GP answered every question I put to him in great detail ... and he recommended retirement on medical grounds.'*

2. Small children's day-care nursery

The nursery had an employee off with a knee condition and was advised to write to the employee's GP explaining the employee's role in detail and asking for a medium- to long-term prognosis. The company had already received notes from the GP saying the employee was fit to work, but was concerned that the GP did not fully appreciate the physical demands of the role. In response to the letter, the employee's GP wrote back suggesting some duties that she should not perform (such as pushing prams when out on walks) and a phased return to work over two weeks. They put this in place and it worked well.

### Conducting risk assessments or making adaptations

Advisers often suggested to callers that they undertake some kind of risk assessment to support return to work, make work adjustments or prevent further incidences of ill-health in the future.

#### 1. Medium-sized financial employer

Following recommendations from the OH Advice Lines service about a diabetic employee, this employer repeated an earlier risk assessment they had carried out, but this time asked more pertinent questions to the employee about his condition. The result was that they learnt more about the employee's 'danger times' for having a diabetic episode during the day and were able to change his working hours accordingly.

#### 2. Small property maintenance firm

This employer, following contact with the service, conducted a risk assessment on a porter with Deep Vein Thrombosis who was struggling with his duties. This resulted in him being given more frequent breaks, a stool and changes to his roaming duties so that he was never out of radio contact with his work partner.

#### 3. Micro parish club bar

This employer conducted a risk assessment on an employee with a back problem following the call to the OH Advice Lines. This led to a redesign of the cellar area and provision of manual handling aids to staff such as steps and trolleys. The individual was able to continue working and the organisation reported that the process of conducting a risk assessment helped to raise awareness of health and safety issues among all staff.

### Making changes to organisational policies and practices

There were a number of examples of changes which went wider than dealing with an individual employee and which affected organisational policies and procedures. A minority of organisations called for advice on general OH issues affecting all staff.

#### 1. Small training organisation

This organisation made changes to its absence policy following a call to the OH Advice Lines. Although the call was about a specific individual who had intermittent periods of self-certified absence, the recommendation was to introduce an unauthorised absence monitoring policy for all staff, which specified that absence would be monitored over a three-month period. The employer commented on how he preferred introducing a system relevant to all staff, as it meant he did not need to single out the particular individual.

#### 2. Small charity

This organisation called the OH Advice Lines because of an employee who was off sick with a hearing-related disability. Although, at the time of the interview, the organisation had not managed to put in place a return to work plan for the employee because she was still off sick, they had made changes to their sickness absence policy, which they had been told was open to abuse. The adviser recommended that the policy specify a rolling approach to sickness absence (in other words look back over the last year at any given point) rather than having a sickness absence 'leave year'. The organisation also introduced a general return to work form to make sure that any absentees are asked for the cause of absence and updated on what they have missed during their absence.

Some employers were recommended to go back to their GP with more specific information. Others, however, were able to get all they needed from the OH Advice Lines. This shows the added value of the line over and above current National Health Service (NHS) provision, especially as GPs have time constraints for each patient.

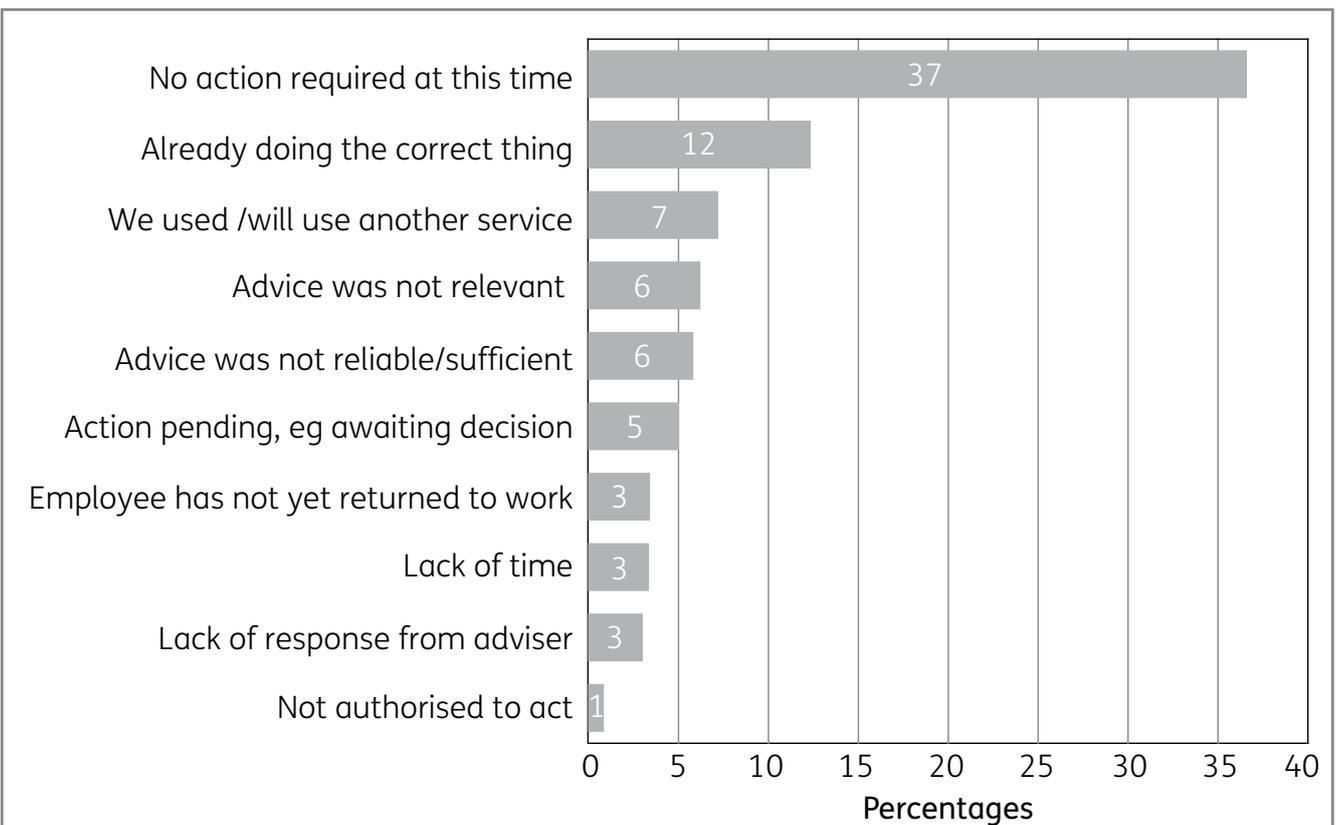
**6.1.4 Reasons for inaction**

The 230 survey respondents that reported that no action was taken following contact with the OH Advice Lines service were asked why this was the case. As Figure 6.3 shows, in just over a third (37 per cent) of these cases, this was simply because no action was required at the time. Explanations for this included:

- the caller only required information which did not call for further action, for example queries about whether or not a particular medical certificate was valid;
- the health problem resolved of its own accord;
- the member of staff resigned or went on other leave such as maternity leave.

Twelve per cent of those who reported taking no action following the advice said that they had already been doing the right thing and that the service simply confirmed their position. However, in a small number of cases, employers stated that their inaction was due to inadequacies in the advice given – either because the advice was not relevant or because it was not reliable or sufficient (these reasons were each given by six per cent of those who did not take action or just three per cent each of overall calls).

**Figure 6.3 Why no action was taken following use of the OH Advice Lines service**



Based on all who said they had not taken any action following use of the Advice Lines (N=230). Note: Figure is based on the top responses to a multiple response variable. Twenty per cent of respondents gave another reason for not taking action, which included a large variety of reasons including local circumstances/availability of health care and the individual’s situation in the organisation.  
 Source: IES and TNS-BMRB survey of users 2010/11.

Of the 16 employers who said in the survey that the advice received was not relevant, a few expanded on their reasoning. Some examples are given below:

- the OH provider suggested was located too far from the employer to be useful;
- the service did not provide assistance with legal queries (which is actually beyond the remit of the service).

A handful of others simply said that they had not been able to take anything relevant or useful from the advice, without expanding on the reasons why.

Among the 14 respondents who stated that no action was taken because the advice was not reliable or sufficient enough one employer complained that the service pilot did not have the telephone number for a local OH service in his area. A small number felt that the information they received was incorrect but did not provide any specific information on why this was so. Others felt that the advice given was not specific or detailed enough to provide a basis for action. In one of these cases this was because an OH assessment was required, even though this is outside the remit of the Advice Lines.

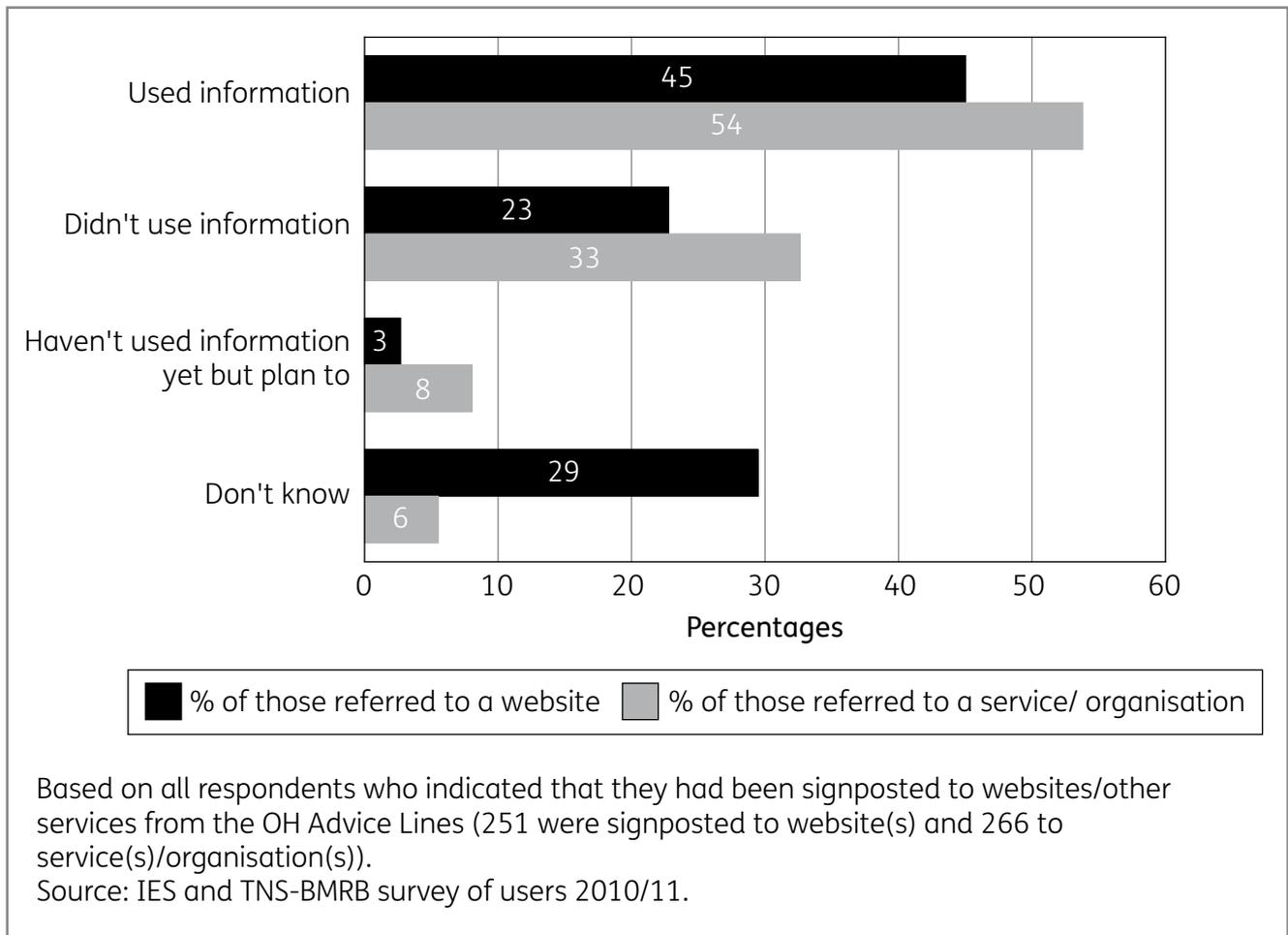
## 6.2 Use of signposted services

The telephone survey found that nearly three-quarters of employers were signposted to either a website, other service/organisation or both to supplement the advice given in the phone call (see Section 5.5 for further details). This section explores the use of signposted services.

### 6.2.1 Whether signposting information acted upon

The survey asked employers whether they had gone on to use the signposting information provided by the OH Advice Lines. Figure 6.4 provides a full overview of this data.

**Figure 6.4 Whether callers used website or service signposting information provided during OH Advice Lines call**

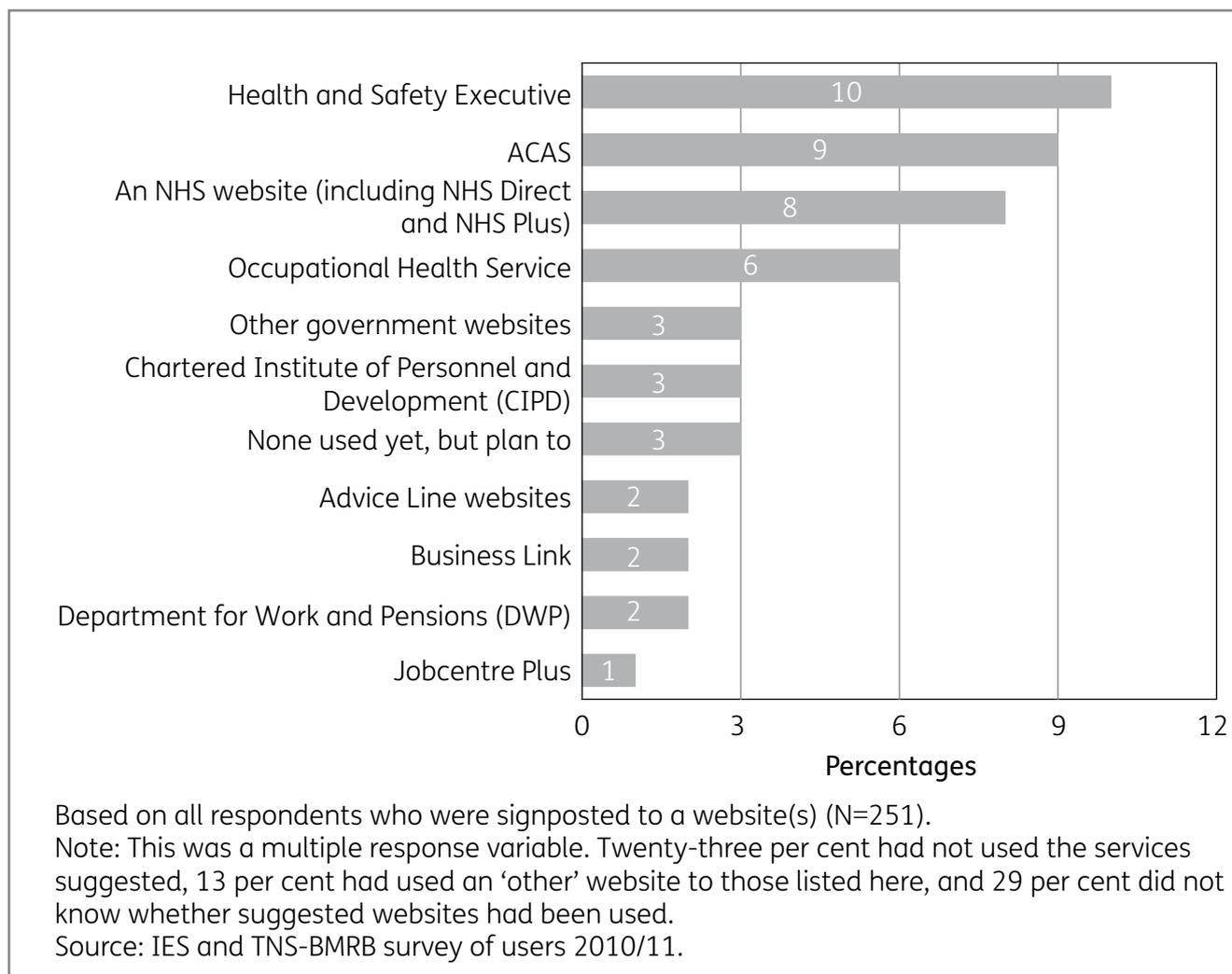


### *Use of signposted websites*

Of those signposted to websites, only 23 per cent stated that they did not go on to use one. Forty-five per cent had used the website they were signposted to, while three per cent were still planning to do so. A fairly high proportion (29 per cent) did not know whether they had used the signposted website<sup>33</sup>. For those that had used the websites they were signposted to, those that were used were Health and Safety Executive (HSE) (by ten per cent of this group), Acas (nine per cent) and an NHS website (NHS Direct or NHS Plus, eight per cent) as presented in Figure 6.5.

<sup>33</sup> It is unclear whether they did not know that the organisation had used a website, or did not know the name of the website.

**Figure 6.5 Websites used by those referred on to internet services**

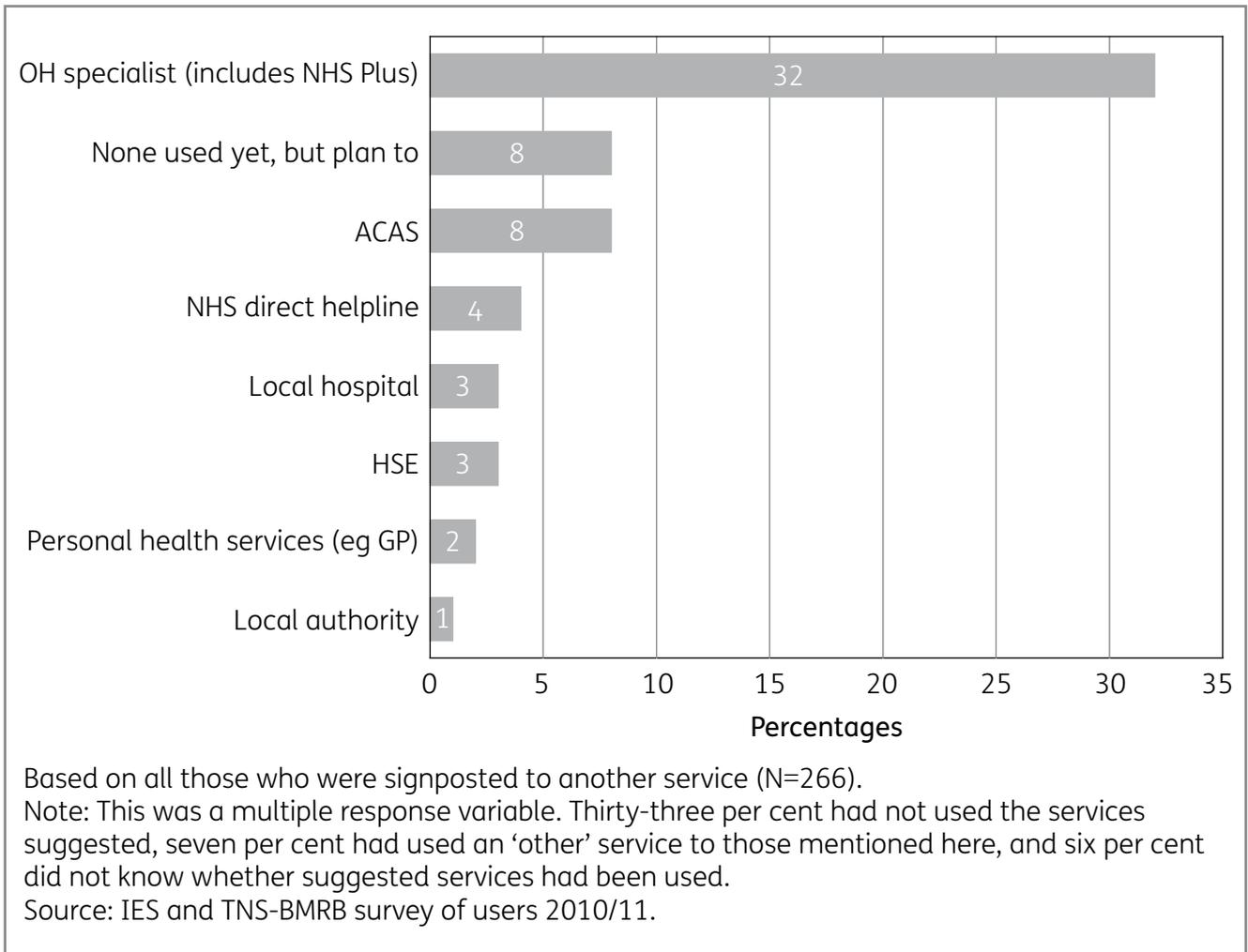


*Use of external services or organisations*

Among those signposted to a specific service, 33 per cent stated that they did not go on to use it. Just over half (54 per cent) went on to use the signposted service, while eight per cent were still planning to do so (the remaining six per cent stated 'don't know' to this question<sup>34</sup>). The main services employers went on to use included OH providers (used by 32 per cent) and Acas (used by eight per cent), as presented in Figure 6.6.

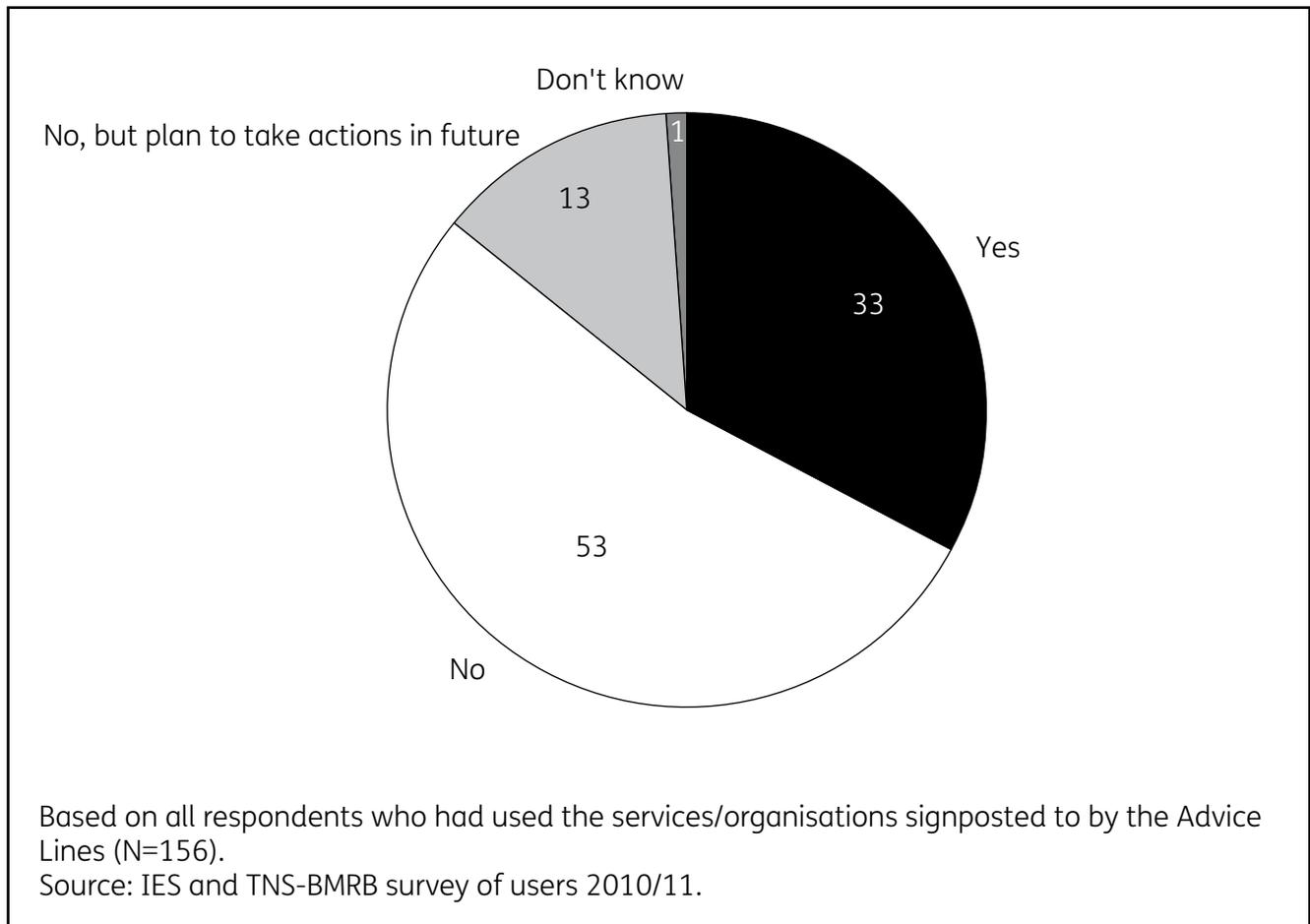
<sup>34</sup> It is unclear whether they did not know that the organisation had used a service, or did not know the name of the service.

**Figure 6.6 Services used by those referred on to another organisation**

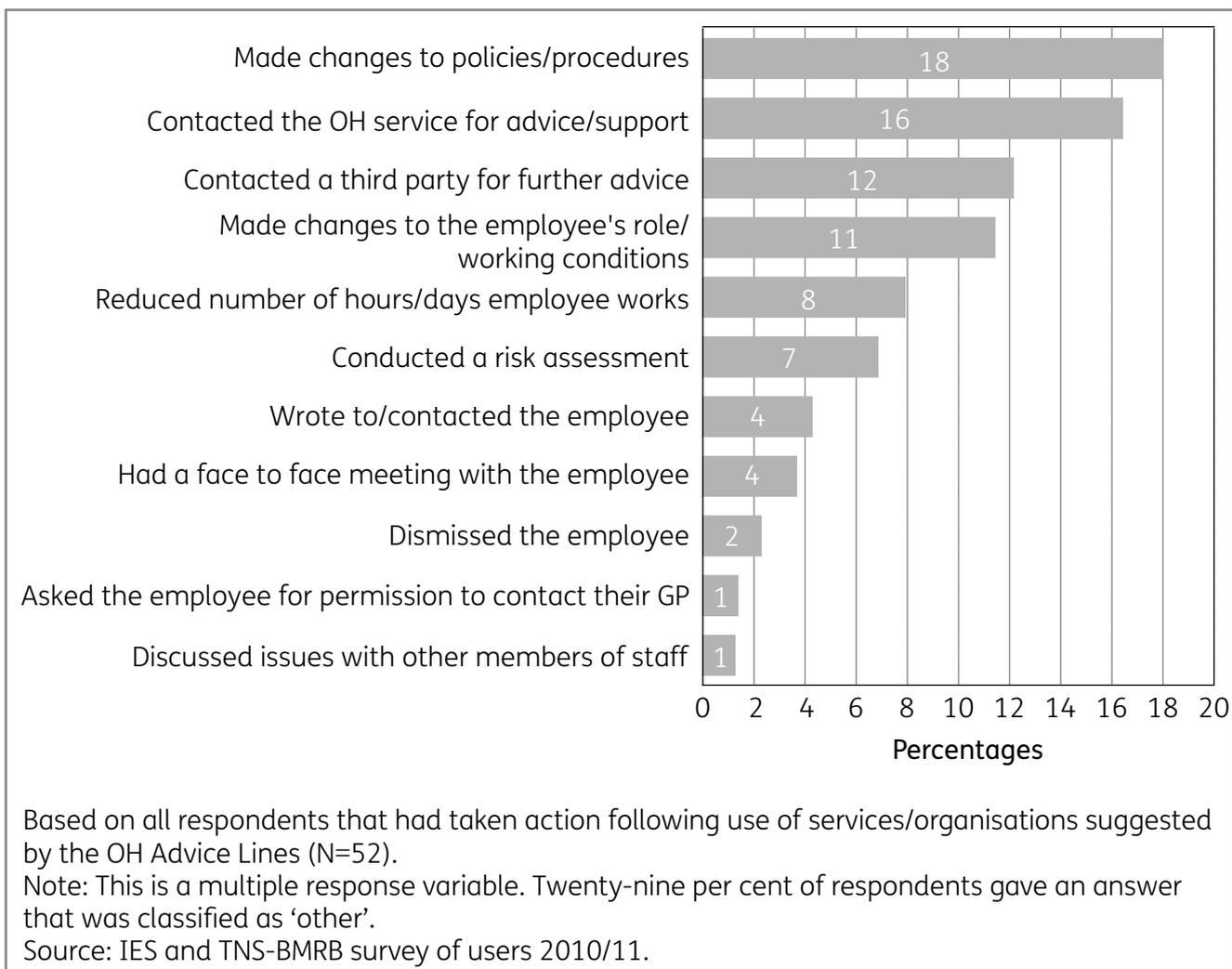


All employers that went on to use the services suggested by the OH Advice Lines were asked what changes they made in the workplace as a result of this. Slightly lower proportions said that they took action following use of these other services, when compared to actions taken following the OH Advice Lines call; 33 per cent said that they took action, while another 13 per cent still planned to take action (leaving 54 per cent who did not plan to take actions, or didn't know). Of all employers, only three per cent took action as a result of the services used who had not taken action as a result of the call itself.

**Figure 6.7 Whether actions taken following advice from services suggested by the OH Advice Lines service**



Use of the suggested services resulted in similar types of changes to those that took place following the OH Advice Lines call (see Figure 6.8). Some went on to contact yet another third party/OH service, although the numbers were too low to draw any firm conclusions about this and no information was provided on the types of services contacted.

**Figure 6.8 Actions taken following advice from services suggested by the OH Advice Lines service**

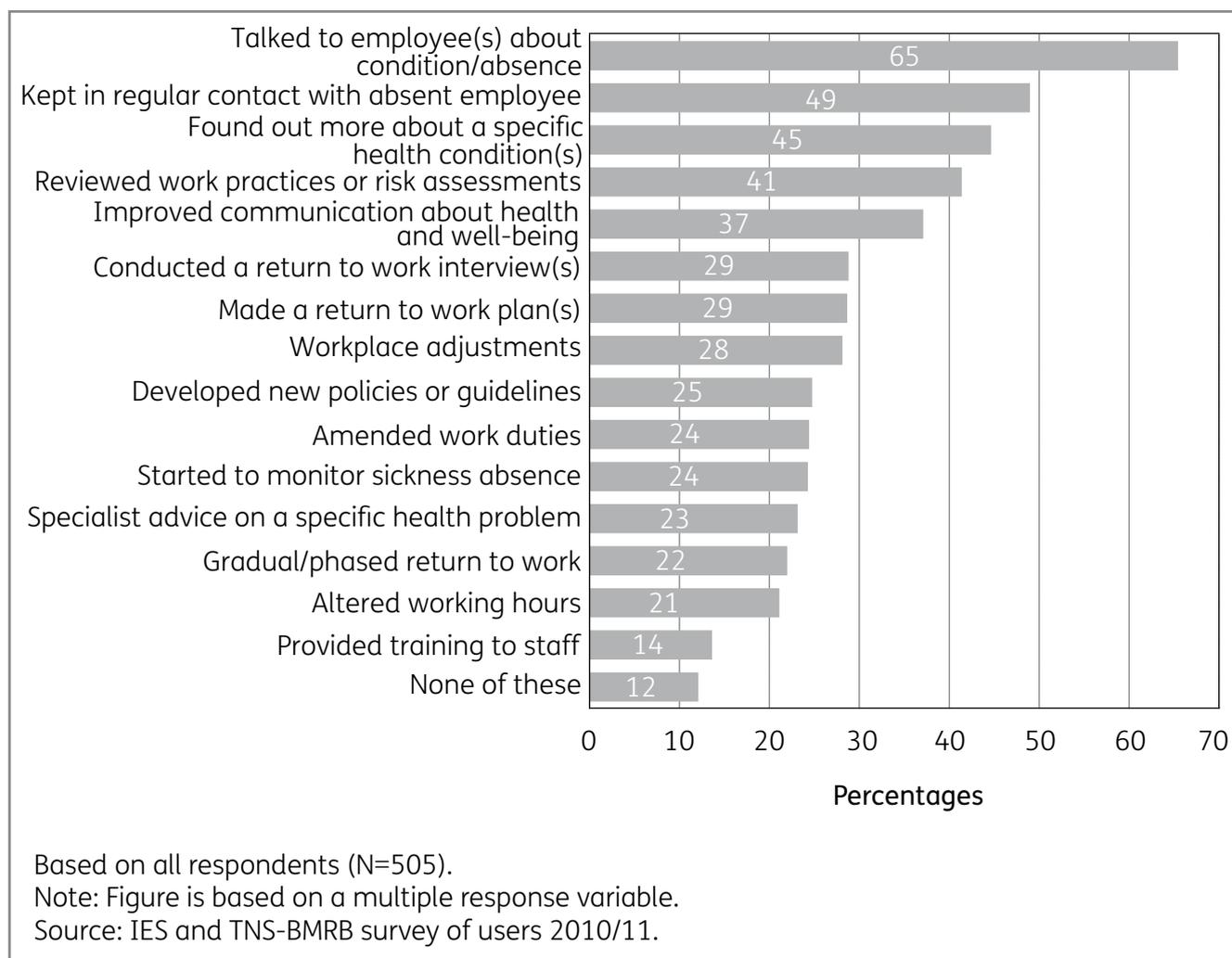
### 6.3 Overall changes

The telephone survey asked all users an additional question about what measures they had taken as a result of using the OH Advice Lines and any other services or websites they were signposted to by this (Figure 6.9). This was done using a 'read out' list, which included a comprehensive list of what an employer can do to support an employee with an OH issue. The aim of this question was to determine the overall outcomes of the service and to remind employers of any changes that they may not have recalled spontaneously. Caution should be taken when interpreting the findings<sup>35</sup>.

It can be seen from Figure 6.9 that the great majority of respondents (88 per cent) had taken at least one of the actions specified in the list. The most common actions taken included improved communication with the employee and research about their condition. Some employers made changes to accommodate their employee(s). For example, 28 per cent made workplace adjustments, and 24 per cent said that they had amended work duties. One-fifth (21 per cent) had altered working hours for their employees.

<sup>35</sup> During the in-depth interviews conducted after the survey, it emerged that some employers had misinterpreted this question as concerning any actions taken as a result of the OH issue, rather than as a result of using the pilot and services. It may be quite difficult for employers to separate out things they would have done anyway, from those that came about as a result of consulting the OH Advice Lines.

**Figure 6.9 Prompted responses about actions taken following use of the Advice Lines or following signposting to other services or websites**



Looking at the characteristics of callers who made the different types of adjustments, there were no clear patterns in terms of service site used. Nor did the survey provide evidence that organisation size was related to changes such as talking to an employee about their condition, or keeping in touch with absent employees. Even actions which might be deemed more expensive (such as making workplace adjustments or amending work duties) were as likely (statistically) to occur in smaller organisations as they were in larger ones<sup>36</sup>.

In total, 57 per cent of users spontaneously reported taking some action as a result of using the OH Advice Lines or using services suggested by the adviser. Including responses to the read out list above (which also asked about changes resulting from the use of websites), the total proportion reporting changes rose to 90 per cent. There was no difference in the proportion that had taken action by either size or country.

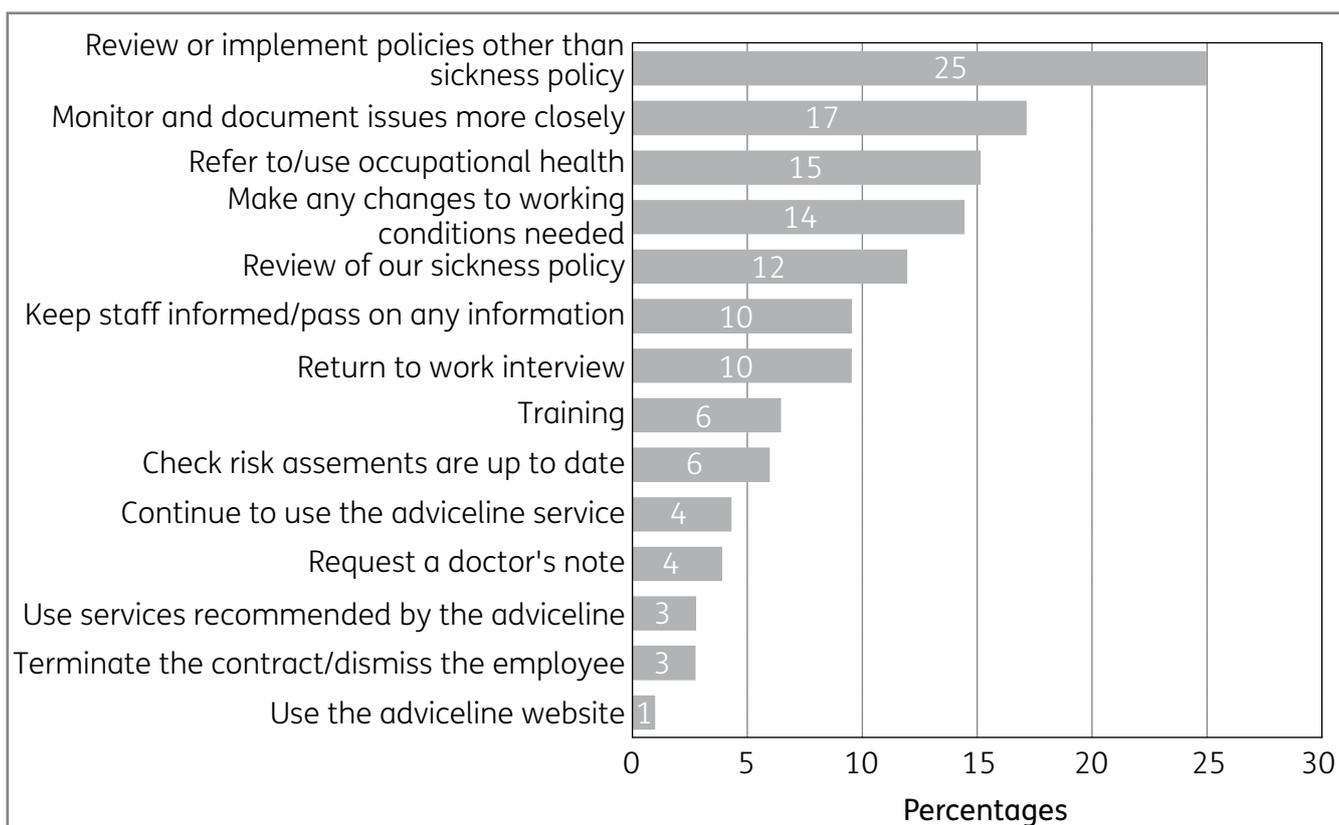
## 6.4 Further planned actions

Dealing with occupational health issues is clearly an ongoing task for employers, and 57 per cent of respondents to the telephone survey planned to take further action as a result of advice received from the OH Advice Lines or as a result of using the other services they were signposted to.

<sup>36</sup> This may be due to the small sample size leading to low power to detect statistically significant differences.

As shown in Figure 6.10, several employers were still intending to make changes to their policies, documentation and procedures – for instance reviewing policies other than their sickness policy (such as health and safety policies); documenting issues more closely; reviewing sickness policies themselves; and checking that risk assessments were up to date. Other planned changes included improvements to communication, for example, keeping staff informed and carrying out return to work interviews. Such changes, when they take place, might be expected to result in longer-term improvements in employer practices.

**Figure 6.10 Actions planned by those intending to take further steps**



Based on all who said they planned to take action following use of the OH Advice Lines or other services/websites suggested by the service (N=280).

Note: Figure is based on the top responses to a multiple response variable. Twenty-three per cent of respondents gave a response which was classified as 'other'. Three per cent of respondents gave a 'don't know' response.

Source: IES and TNS-BMRB survey of users 2010/11.

## 6.5 Summary

- A few weeks after using the OH Advice Lines, around half of the employers had taken action in their workplace as a result of the call, with a few still planning to do so. When presented with a list of all possible actions and asked to also include any changes made following use of other services and websites (recommended by the OH Advice Lines), this rose to 90 per cent.

- Over one-third of employers reported that they did not take any action following their call to the service. Their reasons included:
  - no action was required at the time;
  - the call to the OH Advice Lines confirmed that what they were already doing was correct;
  - the organisation planned to use another service or organisation (which may have included services suggested by the OH Advice Lines).
- There were a small number of cases where employers felt that the advice they received did not help them to make changes, either because it was not relevant, reliable or sufficient.
- The most common action taken following the call to the OH Advice Lines, which reflects its role as a source of referral information, was to consult a third party (including face-to-face or local OH services) for further support or advice. More direct actions included: contacting the employee who was off sick; changing the employee's role or working conditions; putting together a return to work plan, and; conducting a risk assessment. Over time these may contribute to reductions in staff absence and improvements in staff retention.
- Changes that employers made tended to relate to a particular individual, but there were a small number of examples of wider changes affecting organisational policies and procedures.
- Around half of those receiving a suggestion to use another service or organisation for help with their issue went on to use it, and in most cases this was another OH service.

# 7 Impact of the service

This chapter presents the available data on the likely impact of the service, based on self-report assessments provided by its employer users.

## 7.1 Whether the service was seen as useful

The overall user experience was positive, with 92 per cent of employers saying that the service was useful (66 per cent found the service very useful and 26 per cent found it quite useful). A similarly high proportion of employers (93 per cent) said that they would recommend the service to other employers.

Employers who had acted on the advice provided (or planned to do so) were more likely to have found the service useful than those who had not taken action (98 per cent of those who said that they had taken action found the service very or fairly useful, compared with 84 per cent of those who had not taken any action)<sup>37</sup>. These employers were also more prepared to recommend the service (99 per cent of those who took action said that they would recommend the service to others, compared with 88 per cent of those who did not take action).

Service users in managerial positions were more likely to have found the Occupational Health (OH) Advice Lines useful than those in other roles (94 per cent of survey respondents in a managerial role said that the service was very or fairly useful compared to 82 per cent of those in non-managerial roles). This may be because those in non-managerial roles were less able to make changes as a result of the advice provided (see Section 6.1.1).

The views of those interviewed in more depth reflected those collected in the survey, and in the vast majority of cases, were extremely positive. Most employers stated that they would happily use the service again, and that they would recommend it to other organisations. Some had even recommended it already.

*‘It’s good, it’s business-focused, it’s responsive – the advice is accessible when we need it.’*

(Medium-sized employer, Portsmouth service)

*‘Without the service there’s a real risk that you could end up with a binary situation where you either keep someone or you lose them. It seems black or white and there’s so much grey in between but if there’s no one to tell you about it then you’re going to end up making black or white decisions.’*

(Micro employer, Norwich and Norfolk service)

*‘I think for a small employer who wants to do the right thing, both legally and morally, just to have that resource is invaluable.’*

(Micro employer, Aintree service)

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<sup>37</sup> This is based on those stating that they had taken action as a result of using the OH Advice Lines service or other services it was signposted to.

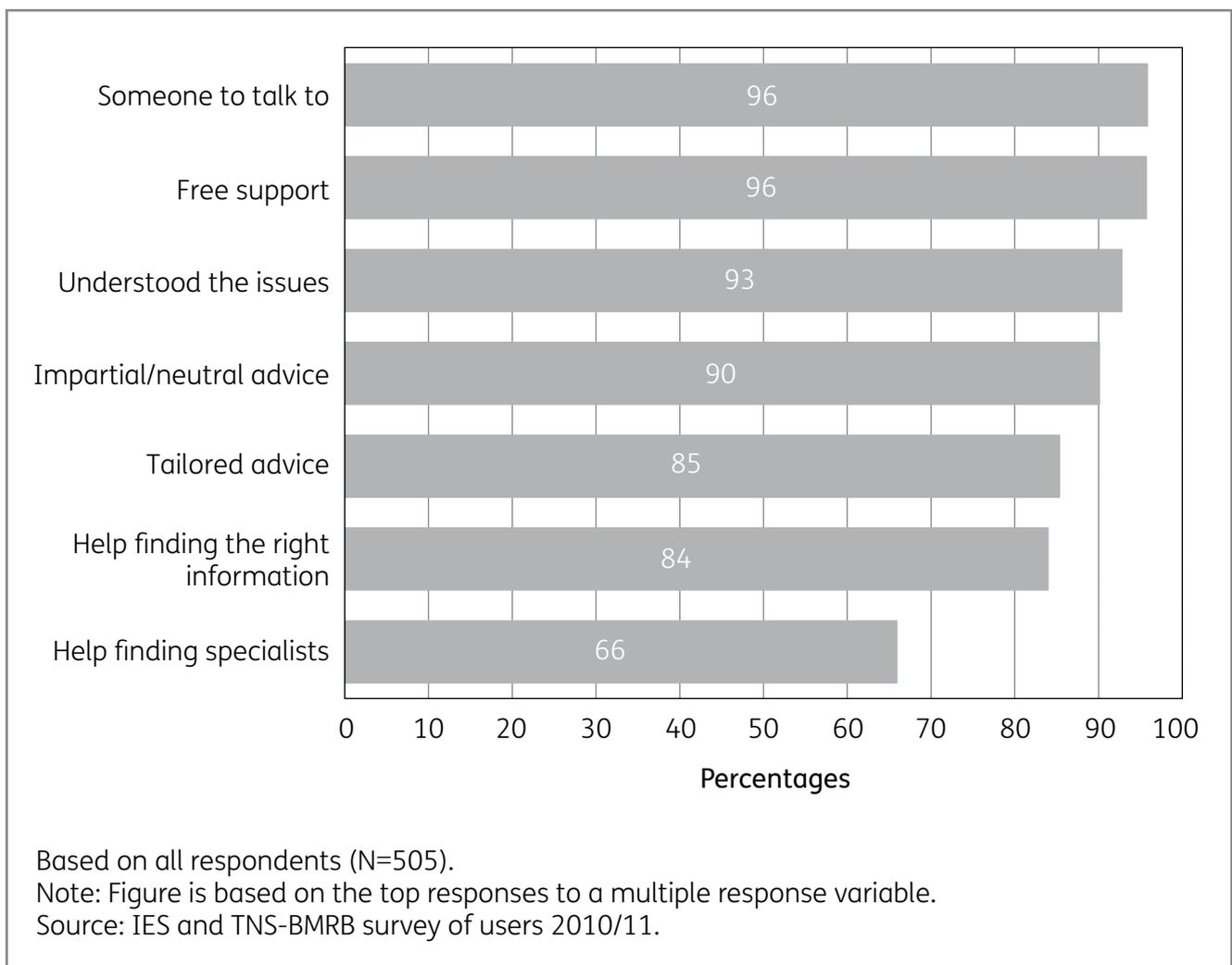
*'Because we're quite small, we can't afford to keep a health professional on the books, so to have access to somebody with that kind of knowledge is invaluable.'*

(Small employer, Scotland service)

## 7.2 Most useful aspects of the service

The aspects of the OH Advice Lines that employers particularly liked (when prompted by a list) are provided in Figure 7.1. This shows that employers appreciated the ability to talk through their problems, the free nature of the advice on offer and the fact that they were speaking to someone who understood the issues. Employers also appreciated the impartial and tailored advice that the service provided, and that it could help them find both the right information, and specialists<sup>38</sup>.

**Figure 7.1 What employers liked most about the OH Advice Lines**



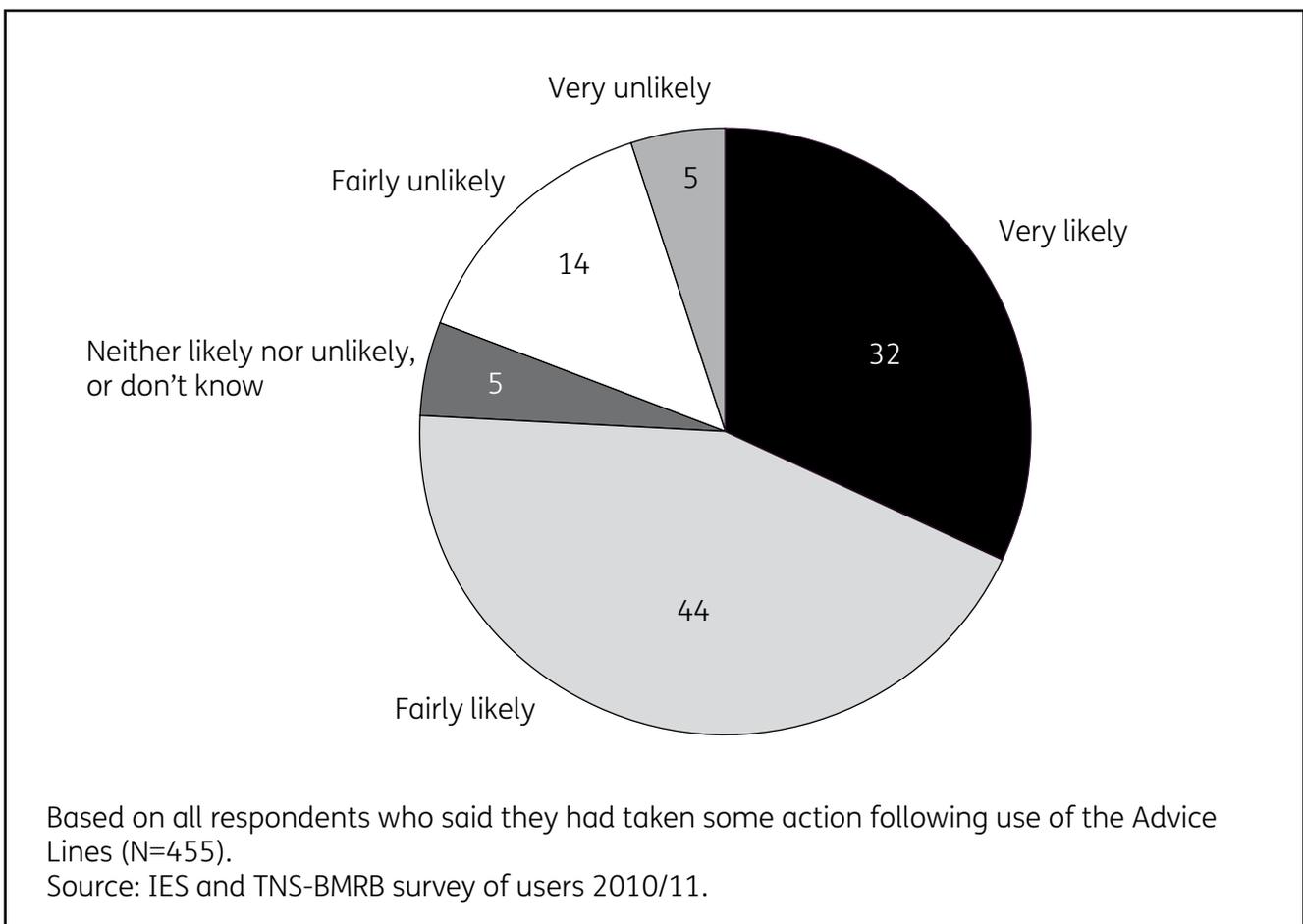
<sup>38</sup> Not all employers who stated that they liked the signposting role of the service had actually been signposted during their call, which may suggest some social desirability bias in the responses or indicate that employers liked the availability of this.

### 7.3 Whether changes made were as a result of the Occupational Health Advice Lines

Employers were asked whether or not they would have made changes in the absence of the OH Advice Lines. Their responses provide an indication of the perceived added value of the service. In other words what changes were made as a result of using the service that were over and above what would have happened in its absence?

Of employers who had made some changes, 19 per cent said that it was unlikely that they would have made these in the absence of the service, and another five per cent were uncertain. Although the majority (76 per cent) believed they would have made the changes mentioned even without the help of the service, this was not related to perceived usefulness of the service; 95 per cent of those who thought they would have made the changes anyway still found the service very or fairly useful<sup>39</sup>.

**Figure 7.2 Likelihood of having taken actions without use of the OH Advice Lines**



This finding is perhaps not surprising given that these employers were actively seeking support with an issue, and it is actually similar to that obtained in the evaluation of Workplace Health Connect (WHC)<sup>40</sup> where the majority of advice line users (77 per cent) felt that they would have made some changes even without the presence of WHC.

<sup>39</sup> This is higher than the overall result for all employees of 92 per cent because it includes only those who stated that they had made changes.

<sup>40</sup> Workplace Health Connect offered a telephone advice line and a face-to-face visit service which aimed at improving OH standards among Small and medium-sized enterprises (SMEs). Tyers, C., Lucy, D., Carta, E., Savage, J., Kossykh, Y. and Bailey T. (2009). *Workplace Health Connect Pilot: Evaluation findings*. Health and Safety Executive.

In order to explore the question of added value further, a new question was added to the questionnaire part way through the survey fieldwork. Respondents who had stated that they were likely (or neither likely nor unlikely) to have made changes in the absence of the OH Advice Lines were asked the following: *'Thinking about all the actions you have taken or changes you have implemented, are there any things you definitely would NOT have done without the help of the Advice Line?'* Of this group (136 respondents), 31 per cent provided details of changes that would not have occurred without the help of the service. These included:

- improved knowledge about occupational health services;
- improved understanding of what is reasonable for an employer to do (such as the employer's ability to ask for occupational health assessments);
- changes to policies and procedures;
- increased understanding of the employee's condition.

What this shows is that while, overall, many employers felt that they would have made the same changes without the service, a reasonable number of this group found that there were some specific areas where the OH Advice Lines had made a difference.

Combining the results of the two survey questions about perceived impact, 50 per cent of the respondents<sup>41</sup> who had made changes after the call believed that at least some of these were attributable to the OH Advice Lines service and would not have taken place if it had not been available. Since the actions discussed were evidence of good absence management practice, it can be expected that over time this will contribute to reductions in staff absence and improvements in staff retention.

## 7.4 Views on impact from the interviewees

As the in-depth interviews took place some months after the OH Advice Lines had been used, they provided an opportunity to discuss with employers what happened to employees once any changes in the workplace had been implemented. What emerged from the interviews was that outcomes varied; some organisations achieved a successful return to work or job retention for the individual concerned, while in others the outcome was an employee leaving the organisation either through resignation, dismissal or retirement. Even where this was the case, the employer considered that the departure of the employee was a successful resolution for all concerned.

*'Because we ended up with the advice she gave me, we had a return to work meeting and we documented everything that was said at the time. She's had a gradual return to work that could accommodate her with her holidays she's accrued and everybody was happy. She's still working for us now, back full time.'*

(Micro employer, Bucks service)

For a minority of the organisations, the employee was too unwell to return to the workplace, so the situation was ongoing.

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<sup>41</sup> Because this question was introduced in the eighth month of fieldwork (out of a total of 12 months), the overall number of respondents who were eligible for this question, if the filtering applied to them, was low (198 individuals). The base number for the proportions is slightly lower (177), because the questions applied only to those who reported that they had taken some actions after speaking to the Advice Lines.

It was also possible in the interviews to have a more nuanced discussion regarding the attribution of any changes implemented (or final outcomes) to use of the service. As in the survey, many of the employers felt they would have been able to make the changes required even if the service had not been available. Some had already taken steps before the call, and were using the OH Advice Lines primarily for confirmation that these were appropriate. Others thought they would have found the information required on their own, either by paying for advice elsewhere or through internet searches. However, most users were able to identify ways in which using the OH Advice Lines had been beneficial.

*'I think what they did really was make us formalise what we were doing already anyway. So, I mean, it was useful in that we knew that we were on the right track. We were sort of doing a lot of the stuff they suggested anyway, just as common sense and trying to be reasonable, but they said, "You should be doing this and that and formalising it more." So, they gave a bit of structure to it.'*

(Micro employer, Wales service)

*'I remember that they ratified everything that we'd already put in place, and if I remember correctly, they gave us another couple of little things that could possibly be of use. The call being 75 per cent we'd got it right, and 25 per cent being, "Here are some other things you could try" ... There wasn't a huge amount of new information that came out but it was good to know we'd got what we'd done right.'*

(Small employer, Scotland)

### 7.4.1 Evidence of perceived impacts on retention and absence

A number of the employers participating in interviews discussed what they perceived to be clear examples of the direct impact that the OH Advice Lines had had on their workplaces. A range of examples is provided below. While numbers are low, the examples given demonstrate the role of the service in:

- assisting a return to work, and thereby reducing staff absence;
- making adaptations to the workplace in order to retain staff;
- reducing intermittent staff absence.

#### Examples of direct impacts on return to work and retention

##### 1. Medium-sized business services company

The advice this company received on how to conduct a return to work plan and how to use a 'Hopes and Fears' exercise with a bereaved employee helped the employee to feel more supported, and got her back to work sooner.

*'The phone call really gave us all the information we needed to put the full support package in place for that employee.'*

## 2. Micro cleaning business

The manager of the company was provided with advice on how to bring an employee on long-term absence due to stress back to work. With regard to the changes they made following the call (which included talking to the employee about sickness absence, conducting a return to work plan and making adjustments), the manager said that this was ‘100 per cent’ down to the OH Advice Lines, since the adviser had laid out specifically how to carry out these tasks. She felt that, if it hadn’t been for the service, she might have let frustration and anger with the employee affect her decision-making skills, which could have caused problems for them.

*‘As you can imagine, we were getting quite frustrated and quite angry which was affecting our decision-making skills ... But to have somebody telling you exactly how you should handle it, we didn’t feel as if we were on our own being employers; we felt like, “Yes, we are doing things right, this is how we do it, we’re not being mean”. So I think we would have implemented [the changes] anyway but we would have learnt a hard lesson, I think; we could have ended up in all sorts of problems.’*

## 3. Small children’s day-care nursery

This employer needed help with an employee, who wanted to return to work after a knee incident. After calling the service, they contacted the employee’s GP, who recommended that the employee avoid certain duties. The manager thought the service had a big impact on how they dealt with the situation. In its absence, she thought they probably would have allowed the employee to return to her normal duties, which could have worsened her knee and put the children she was caring for at risk. She also thought that use of the OH Advice Lines had made the organisation more aware of its responsibilities.

## 4. Medium-sized book printing firm

The OH Advice Lines provided advice to this employer on how to deal with three employees who had different back problems. The adviser gave some information on posture and seating, and signposted the employer to a firm providing specialist ergonomic chairs. The interviewee felt that the OH Advice Lines service was instrumental in making the necessary changes in the workplace, which in turn prevented these individuals from going off sick:

*‘If I hadn’t had the advice from the Advice Lines then I wouldn’t really have known where to start looking, so it was a really good pointer for me.’*

## 5. Micro training company

This employer, following the call to the OH Advice Lines service, put in place an unauthorised absence monitoring procedure. The manager reported that this was successful in stopping periods of intermittent absence from the employee concerned.

*‘I don’t think that would have been set in place if the Advice Lines wasn’t there. I probably would have Googled something and found something from another company policy but it probably wouldn’t have been as in depth as that and I wouldn’t have been as sure that what I was doing was correct.’*

It is also worth noting that some of the employers were not aware of the organisations suggested to them by the OH Advice Lines prior to their call, so they may have found it more difficult to access these without the support of the service.

### 7.4.2 Better equipped to deal with OH issues in the future

Having been through the process, and been given information on what to do from the OH Advice Lines service, some companies felt that they were better equipped to deal with these kind of issues in the future.

*'The fact that we've been through it once, that process, I do feel is really useful and we'll be able to call upon some of it if it ever happened again.'*

(Small employer, Bucks service)

*'It has made me more equipped to recognise the signs if that [OH situation] was going to happen again and I wouldn't hesitate to pick up the phone and ask for advice.'*

(Small employer, Portsmouth service)

*'I know now that if I had this issue with another member of staff that this is exactly the procedures we would follow.'*

(Micro employer, Aintree service)

### 7.4.3 Other reported benefits to using the service

Despite believing that they would have found the advice they needed elsewhere, many of the employers still found using the OH Advice Lines extremely beneficial and preferable to any alternatives because:

- it is free;
- it allows them to deal with the situation more quickly, and offers a 'one-stop shop';
- it provides reassurance, and thereby confidence that employers are on the right track.

#### *Cheaper than the alternatives*

Some of the interviewees thought they would have had to pay for advice had the OH Advice Lines not been available. Some expected to need to get an occupational health assessment, and were pleasantly surprised when the service was able to deal with their query fully. A minority of others said that they probably would have paid for the assistance of an Human Resources (HR) consultant or solicitor (where the OH cases included some legal issues) had the service not been available.

*'The first thing is that it was extremely accessible and it was a service that was free. I think the only thing that the organisation paid for was the phone call, which was obviously minimal. So I think that one of the great benefits is that accessibility and the cost-effectiveness of it as well.'*

(Small employer, Scotland service)

#### *A faster and time-saving service*

Many of the employers appreciated that the OH Advice Lines provided a quicker route to the information required than any alternatives. The service was useful because of its immediacy, in contrast with the length of time involved in procuring an occupational health assessment. A further benefit was the fact that the service acted as a 'one-stop shop', providing information on a wide range of topics so that employers did not need to spend time looking for all the different types of information they required.

*'I don't think things would have moved on as quickly as they did because it would have taken two to three weeks to get an [occupational health assessment] appointment and then some time to arrange that to be sent back to us and we're a month in potentially and there's still no support in place for her ... so it's very business focused that support line and that meets the way we work.'*

(Medium-sized employer, Portsmouth service)

*'If I hadn't been able to get that advice it's possible that ... I would have made the wrong decision about what they'd be doing, or I would have had to persuade the directors that we need to pay for occupational health to come in and do a review, and that's costly and takes time. So it's good to have the advice line there because you've got instant access to information, which then goes on to improve the working environment.'*

(Medium-sized employer, Portsmouth service)

*'They were very reassuring in that the steps we had taken were reasonable and appropriate. They gave us extra bits that we could consider but the most useful thing they gave me was a one-stop shop for all the other places I could go to. I didn't need to spend hours Googling.'*

(Medium-sized employer, Portsmouth service)

*'I think because the advice line actually laid it out for us as to how we should do it, it was a lot easier and a lot more comfortable than if we'd hopped all over the internet.'*

(Micro employer, Bucks service)

When asked what would have happened in the absence of the OH Advice Lines, one employer reported:

*'I think I would have been searching for a long time. I think actually talking to someone about the problem was the best part of it ... I think I would still be dealing with it now and I would still be having problems.'*

(Micro employer, Newcastle service)

### *Confidence and credibility*

Some of the employers reported that the use of the service gave them confidence to tackle the OH situation in their workplaces, knowing that they were taking the appropriate steps. A few of the interviewees found that gaining the approval or confirmation of the service allowed them to convince directors of the actions required. Part of the credibility of the service came from its links to government.

*'It also gave me a bit more confidence in sending [ill employees] home because I could turn around and say, "Well look, I phoned for advice and the advice is that you shouldn't be here in work".'*

(Small employer, Wales service)

*‘The advice from the adviser gives you a licence to be able to have those conversations [with an employee with mental health problems] because I think sometimes managers think, ‘Well, can I really talk about this, and how do I do it?’ It gives them a bit of confidence I think and the starting point because quite often that’s the difficult bit, how to start these things off.’*

(Medium-sized employer, Portsmouth service)

*‘I don’t think the outcome would have been any different [if we had not used the OH Advice Lines]. We just felt a little bit more confident in how we were handling the situation having spoken to them really.’*

(Micro employer, Wales service)

*‘I think just the very fact that I was able to say, “Look there’s this advice out there for small employers and, even though we’re voluntary, we are still an employer and we can access it; and it’s a government initiative, it’s impartial.” That all had a big impact for a small organisation.’*

(Micro employer, Newcastle service)

## 7.5 Summary

- Half of the survey respondents believed that they would have taken some of the actions that followed use of the OH Advice Lines even without the support of the service, for example by finding the information elsewhere or by going ahead with the changes they already had in mind. This is likely to reflect the fact that these employers were already looking for some kind of help and committed to dealing with the issues they were facing.
- However, interviewees were keen to point out the benefits of using the service against any alternatives or using the internet, in particular that it is a speedy and free service, which provides reassurance from experts (and in turn confidence) that the organisation is taking the appropriate steps to deal with the OH issue. One major advantage of using the OH Advice Lines is, therefore, in the time saved by SMEs in looking for the information they require.
- Over 90 per cent of survey respondents found the service useful and stated that they would recommend it to others.
- The in-depth interviews provided some examples which demonstrated the perceived direct impact of the OH Advice Lines service on assisting return to work and staff retention, or to a properly managed resignation, early retirement or dismissal.

# 8 Employer views on paying for the service and its format

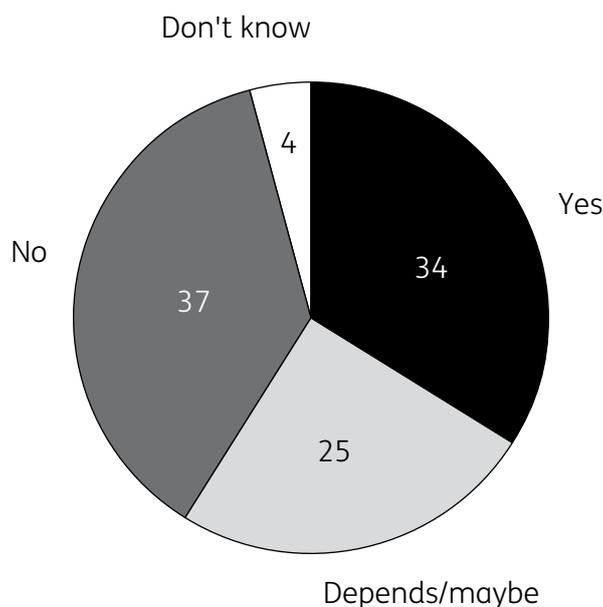
This chapter explores whether employers would be willing to pay for the service and views on its delivery model.

## 8.1 Whether employers would pay for the service

Employers were asked a series of questions about their willingness to pay for a service such as the Occupational Health (OH) Advice Lines. The intention of these questions was to identify the perceived economic value of the OH Advice Lines from the employer's perspective. This question was asked without giving any particular cost figure.

Figure 8.1 shows that more than half of employers (59 per cent) said that they would, or might, be willing to pay for the service, if they needed to call in the future. A substantial minority, at 37 per cent, said definitively that they would not be willing to pay for the service. However, in the in-depth interviews it was clear that many of the respondents did not feel they could accurately assess this, as they did not hold any budgets or have financial responsibility in their company.

**Figure 8.1 Whether employers would be prepared to pay for the OH Advice Lines, if they needed to call in the future**

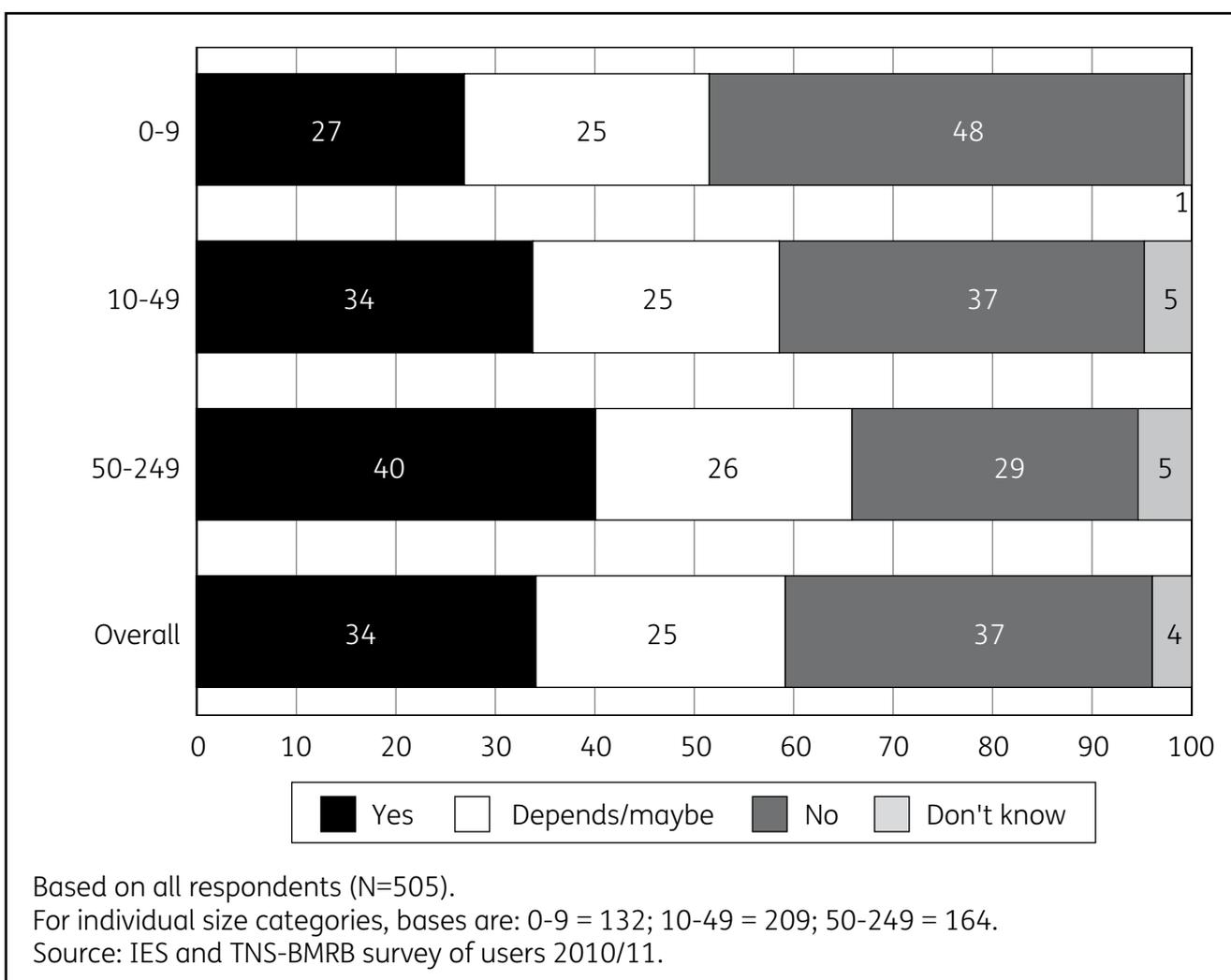


Based on all respondents (N=505).  
Source: IES and TNS-BMRB survey of users 2010/11.

Employers were more likely to say that they would be prepared to pay for the service in the future if they had taken action following its use; 70 per cent of those who had taken action said they would/might be willing to pay compared to 50 per cent of those who had not taken action<sup>42</sup>. Similarly, they were more willing to pay if these actions had been attributed to use of the OH Advice Lines service. Of those who thought it unlikely that they would have made changes without the OH Advice Lines service, 71 per cent said that they would/might be willing to pay in future compared to 58 per cent of those who thought they would have made the changes anyway.

Larger organisation size was also associated with increased willingness to pay for the service, as shown in Figure 8.2.

**Figure 8.2 Whether employers would be prepared to pay for the service in future, by organisation size**

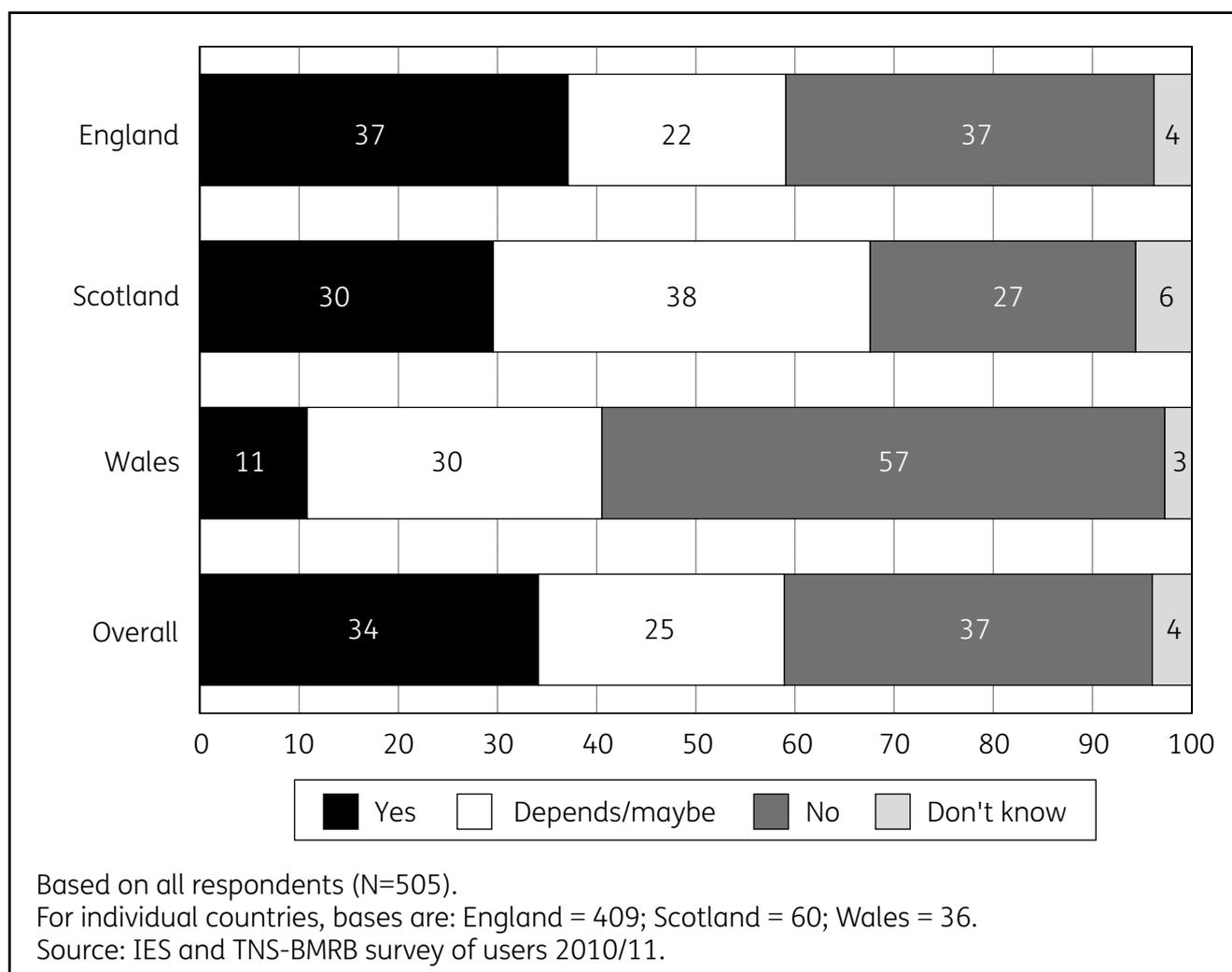


Users in Wales were also less likely to say that they would be willing to pay for the OH Advice Lines compared with users in England and Scotland<sup>43</sup>. This may be partly to do with the characteristics of businesses in Wales, as there were slightly more micro businesses here than in England or Scotland.

<sup>42</sup> This is based on those stating that they had taken action as a result of using the OH Advice Lines service or other services it was signposted to.

<sup>43</sup> The sample size in Wales was small (unweighted base = 36). Nonetheless, the statistical test used to test the association was valid according to accepted norms for the procedure.

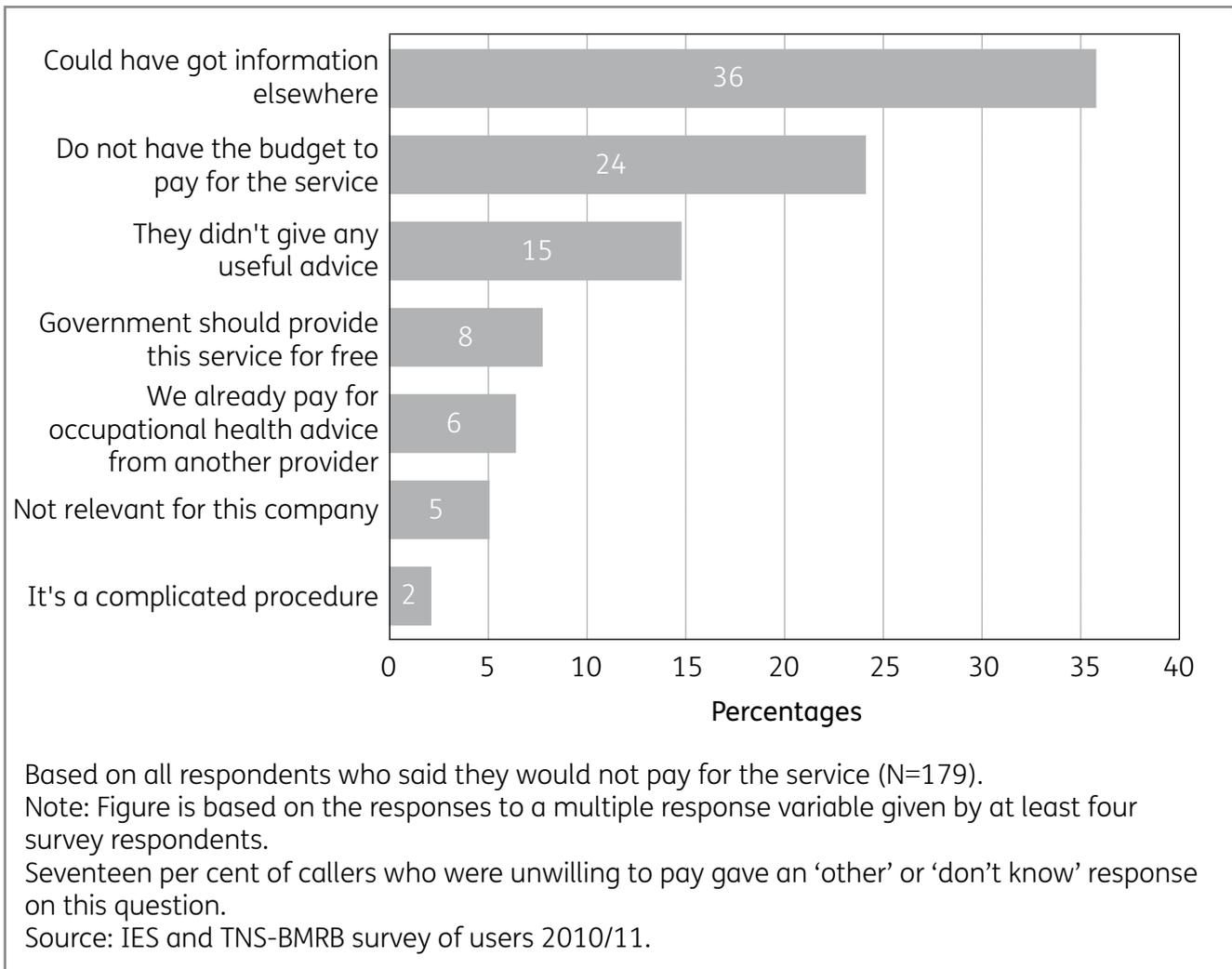
**Figure 8.3 Whether employers would be prepared to pay for the service in future, by country**



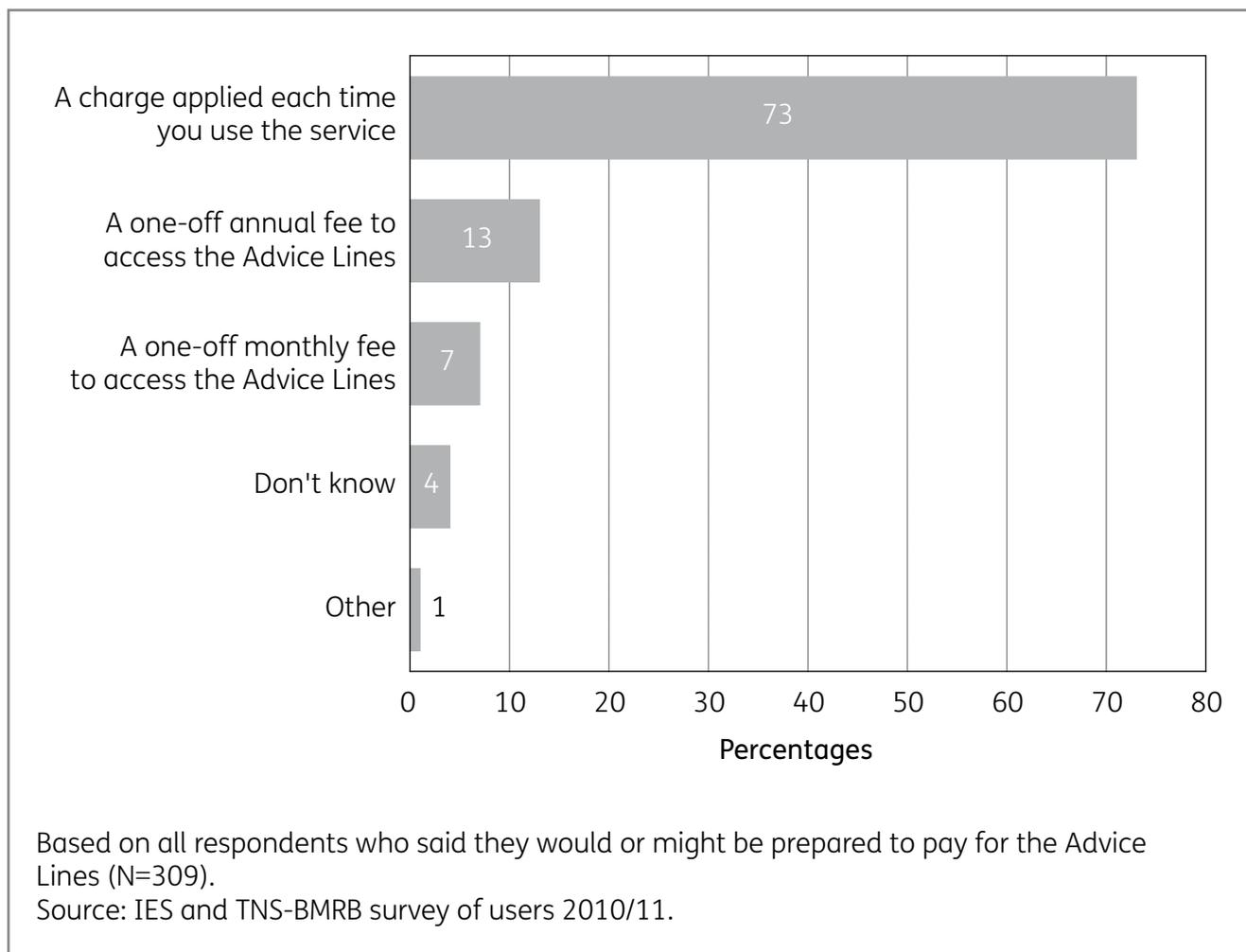
A logistic regression analysis found that, holding other business variables constant (for example size, age of business and role of the caller), geography was a significant predictor of willingness to pay. The odds of Welsh callers being willing to pay for the service were half those of English callers (the reference category). As Welsh callers were no less likely to find the service useful than callers to either Scotland or England, this may relate to some other features of businesses in Wales rather than the experience of using the Welsh Advice Line. Size was also significant, with the odds of medium-sized businesses being willing to pay for the service at one and a half time those of the micro employers<sup>44</sup>. Other factors that influence willingness to pay have not been captured in this research. See Appendix D for more details.

It was clear from the survey that for most, reluctance to pay for a service like the OH Advice Lines was not related to concerns about its usefulness, as 81 per cent of those who would not pay still reported that they found the service very or fairly useful. Only 15 per cent of those not willing to pay stated that it was because they had not found the advice useful. The most common reasons for refusal to pay were because the employer believed it could have got the information elsewhere (given by 36 per cent), followed by not being able to afford it (24 per cent).

<sup>44</sup> This was only significant at the  $p < 0.1$  level.

**Figure 8.4 Reasons why employers were unwilling to pay for the service**

When asked which method of payment would be most appropriate, the majority of users (73 per cent) stated that they would prefer a charge applied each time they use the OH Advice Lines. Only 13 per cent said they would like an annual fee, while seven per cent preferred to pay a monthly fee. This suggests that most employers view use of the service as a relatively one-off (or at least rare) occurrence, rather than an ongoing support service – confirming the policy assumption that Small and medium-sized enterprises (SMEs) were most likely to seek advice at a time of need. This is also in line with the reports from employers that they had rarely experienced problems with staff long-term absence or serious illnesses (as detailed in Section 4.3). As reported earlier in Section 4.6, only 15 per cent of survey respondents were repeat callers during the lifetime of the service.

**Figure 8.5 How employers would prefer to pay for the OH Advice Lines**

Employers were asked how much they would be willing to pay for the service under various arrangements: a monthly fee, an annual fee, or a charge applied each time. Nearly half (49 per cent) of those willing to pay could not provide an estimate, which may again relate to the fact that respondents often had no control over organisational budgets. The median responses for pay-per-use and monthly fees were £30 and £25 respectively (meaning that half of those who responded to this question thought it should be this figure or less), while for an annual fee it was £200. However, the figures provided for each type of model varied substantially (from £1 to £1,000 for a pay-per-use model). Given this, and the concerns raised above, we do not believe the data provide a reliable estimate of what SMEs are willing to pay and this will need to be further explored in the next phase of the pilot.

During in-depth interviews, views from the employers on whether they would pay for the OH Advice Lines were similarly mixed. Some thought their organisations would be prepared to pay, and understood that Government funding was unlikely to continue indefinitely. A number of employers said they would have needed to pay for a solicitor or other service if the OH Advice Lines had not been available, so thought a fee would be fine. Others were quite certain that, given the small size of their organisations, they would not have been able to use the OH Advice Lines if it had involved a charge. Some of the interviewees were from charities which could not afford to pay for external services. Clearly when using the service for the first time employers could not pre-assess whether it represented value for money.

*'Do I think that the advice I was given was worth paying for? ... I'd say yes it was, but if there was a charge then organisations such as ours that are on very limited resources as it is wouldn't be able to use it ... I mean if I'd phoned that number on that day and they'd said to me, "Look, do you know there's a charge for this?" I would have just had to say, "Oh right OK, bye." ... I would have had to just kept looking and just kept trying to get information from people as and when I could really.'*

(Micro employer, Aintree service)

*'Because it's a free service, people are more likely just to phone up with their queries and questions and if it's suddenly made a service you have to pay for then you get pressure on you not to use it because everyone is struggling at the moment and you don't need to be paying more bills out.'*

(Small employer, Scotland service)

*'I mean you're already struggling because you've got somebody off sick so you're having to pay out extra to cover it, and then to have to pay for advice ... I find that's really rather unfair.'*

(Micro employer, Portsmouth service)

Interviewees found it difficult to be specific about what a reasonable sum to pay would be and some had no idea. As previously mentioned, many of the interviewees were line managers who could not say what was affordable to their company. Similarly, they were unclear which method of payment would be best. The interviewees, like the respondents to the survey, tended to prefer a pay-per-use model rather than committing to subscriptions.

*'We always find things like subscription services a problem because you don't want to have to sign up to something and have to pay a regular amount. We find that very difficult with the business.'*

(Micro employer, Wales service)

## 8.2 Telephone versus online/face-to-face advice

The in-depth interviews asked employers what they thought of using a telephone advice line as opposed to an online/face-to-face service. The majority of employers thought that a face-to-face visit would be unnecessary in most circumstances. The main benefit of using the telephone over a face-to-face model was that it could be immediately accessed, unlike traditional OH provision which can take some time to arrange. One employer thought the OH Advice Lines offer a useful first step for any employer to assess whether an OH appointment is necessary:

*'It depends what you want but if you want to 'sanity check' something, if you want to have some immediate advice so you can take an issue forward and start tackling something, yes the Advice Lines is perfect. What it can't do is diagnose an underlying medical condition, that has to be done with a referral or sending somebody back to their GP. But I suppose what is important is the adviser can guide you as to whether that's going to be a good use of time and company money to do so, because if the adviser thinks, "Well I'd try this first see how you go: if there's no improvement in a certain timeframe then you should consider this", that's brilliant advice.'*

(Medium-sized employer, Portsmouth service)

A few employers also preferred a telephone service over use of a website or email contact because it is quicker and easier to get the information required, and less open to misinterpretation. Some talked about the issue they were facing as 'time sensitive', so for them it was important to receive advice quickly. Other employers also liked the fact that, in the telephone format, the advice could be tailored to their needs. However, it is important to note that the sample of interviewees may not be representative of all employers. This group consisted only of those who had opted to use an advice line, so their stated preference for the telephone is not that surprising.

*'I find it a lot easier when somebody's explaining it to me rather than having to read and pick out the bits of information I need. I did find it very useful.'*

(Small employer, York service)

*'It was good that there were people to talk to straightaway because with the nature of the problem I was having, it really was quite time sensitive so we had to move on it really quickly.'*

(Micro employer, Scotland service)

*'I thought that probably the telephone line was the best [format] because you could actually ask questions and speak to somebody. I think face-to-face would be difficult to organise because it's hard to take time off work to go and see people, and also email would be useful but you wouldn't have the same spontaneity as being able to ask questions and speak to a real person. So I think the phone method is probably the best.'*

(Micro employer, Wales service)

*'All the online FAQs, they will never be the question you need to ask. In any situation like this it's entirely personal to the person affected. You'll never have a catch-all situation and if you can't talk to somebody about the specifics of it, you're not going to get the right advice.'*

(Micro employer, Norwich & Norfolk service)

*'I've tried sourcing information over the internet before and the thing with the internet is that you're not getting a personal service, which is why I like the phone because you can phone up and you can discuss things. It's not just a simple kind of flow chart like the internet basically would be, you actually get to talk to somebody. Everybody's case is different. I know there are a lot of similarities but there are a lot of differences so I would much rather it remain a phone service than an internet based service.'*

(Medium-sized employer, Portsmouth service)

*'When you're speaking to someone it's more personal. You can explain the situation you're in. If you fill something out online, it probably means ticking boxes which may not always apply to you.'*

(Small employer, Wales service)

The only disadvantage of a telephone service, as suggested by a minority of employers, could be around privacy and the difficulty of making these calls in an open plan office. However, none of the employers stated that this had been a problem for them.

### 8.3 Summary

- The telephone delivery model was popular as it was personal and timely and offered more than the internet but required less involvement than a face-to-face service. It is important to note, however, that this was a sample of employers who had contacted the OH Advice Lines by telephone so their preference for this format may not be indicative of all small and medium-sized enterprises (SMEs).
- Over half of the employers said that they would or might be prepared to pay to use a service like the OH Advice Lines in the future, while a third said definitively that they would not pay.
- Callers from Wales were less willing to pay for the service than those from England or Scotland, although they were just as likely to find it useful.
- Reluctance to pay was not related to concerns about usefulness. Among those employers that wouldn't pay, around a quarter stated that they just didn't have the budget available, although a third believed they could have found the information they gained elsewhere.
- Employers that were willing to pay found it difficult to say how much would be considered reasonable, and the estimates that were given varied substantially. Overall, a pay-per-use model was preferred over a subscription service.

# 9 Marketing and service delivery

This chapter focuses on the delivery issues involved in running the services, including how the Occupational Health (OH) Advice Lines were marketed and technical and resource issues involved in delivering the service. It also includes staff views on the impact of the service on future capability to deliver OH services to small and medium-sized enterprises (SMEs).

## 9.1 Marketing

Since the service aims to help SMEs facing a current problem about an individual employee, it is possible that many more employers know about the service than have so far used it. This evaluation collected data only on service users, so it was not possible to assess general levels of awareness of the service among SMEs in Great Britain<sup>45</sup>.

### 9.1.1 Marketing arrangements

In England, the service provider contracted a marketing company to manage the national marketing activities for the service (for example, dealings with national press) and the website, and to oversee and support the local marketing efforts carried out within the seven England sites. A public relations agency was also contracted to develop press and web editorials, for both national and local coverage. In each of the England sites, pilot managers (usually OH nurses) were responsible for marketing the service in their regions. Some of the regional teams bought in specialist marketing support to help with this. The marketing logs for the regional sites show that five of the service sites ceased their marketing activity in September 2010 (Aintree, Newcastle, Norwich, Portsmouth and York), while the remaining two (Bucks and West London) ceased marketing activity in November 2010. This was due to the belief at that time that the service would end in March 2011, and a decision, therefore, to concentrate resources on centralised marketing efforts.

In Scotland the marketing role was contracted out of Scottish Centre for Healthy Working Lives (SCHWL) to the Scottish Chambers of Commerce (SCC), which brought in a PR agency towards the end of the service to lead a direct marketing campaign. In Wales, national marketing was managed from within the Communications Division of the Welsh Government, with specialist external partners.

A more detailed breakdown of the activities conducted within each of the service sites<sup>46</sup> is provided in Appendix E.

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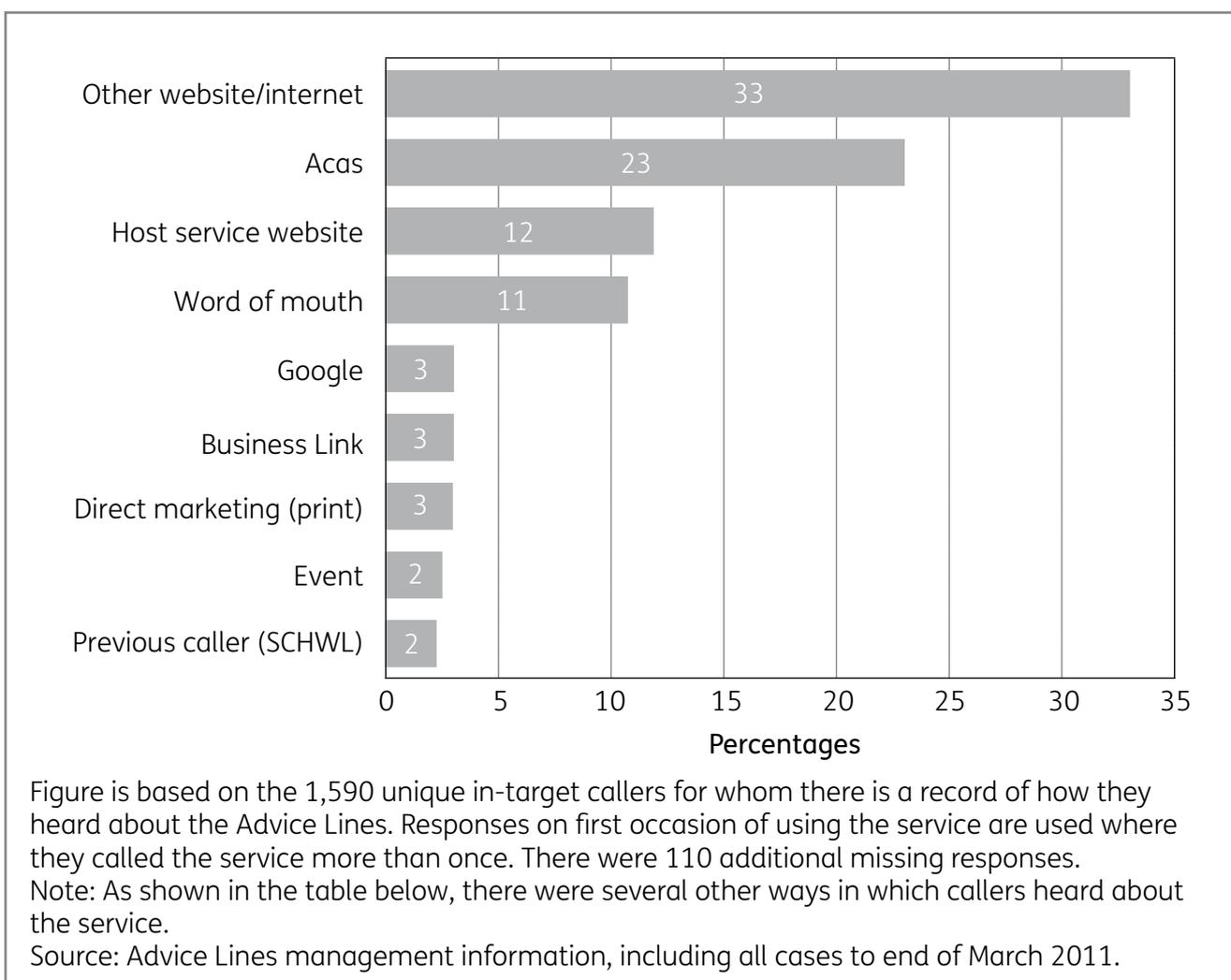
<sup>45</sup> A survey of employers conducted by GfK NOP for Department for Work and Pensions (DWP), identified that 19 per cent of employers (including both small and large employers) had heard of the service. However, this survey found that the proportion of those who said they had used it was much higher than actual use, so it was concluded that employers taking part in the survey may have confused this service with other health and well-being initiatives. Young, V. and Bhaumik, C. (2011). *Health and well-being at work: a survey of employers*. DWP Research Report No. 750.

<sup>46</sup> This excludes Wales, as the data provided did not allow quantitative analysis.

### 9.1.2 How users heard about the service

All users of the service were asked how they had heard about it, and the results from the management information are presented in Figure 9.1. This shows clearly that the internet was an important source of information for callers to the line; of all in-target callers, 12 per cent found out about the service through the host service website<sup>47</sup> and 33 per cent through other websites/internet. Advisory, Conciliation and Arbitration Service (Acas) also referred a large number of people into the service as 23 per cent had heard about the service through this route. Employer events, by contrast, were the source of information for just two per cent of in-target callers<sup>48</sup>.

**Figure 9.1 Most common ways of hearing about the OH Advice Lines, in-target callers, all sites**



Since the marketing activities were carried out separately across England, Scotland and Wales, it is important to look at the main sources of information for callers by country. Table 9.1 shows that while other websites and Acas were important referral routes in England and Wales, neither of these were given as sources of referral in Scotland. Instead, in Scotland, word-of-mouth and use of the pre-existing line were more influential in driving callers to the service.

<sup>47</sup> While each country had a website, only the England site was dedicated solely to the OH Advice Lines service.

<sup>48</sup> It is possible that some participants mentioned their last routes into the service (for example the internet) rather than the point at which they initially heard, which may explain this low result.

**Table 9.1 How in-target callers heard about the OH Advice Lines (%)**

	England	Scotland	Wales	All
All Online	51	20	21	45
Other website/internet	41	-	16	33
Host website	11	19	6	12
Google	4	-	-	3
Yell.com	-	*	-	*
<b>All intermediaries</b>	<b>34</b>	<b>9</b>	<b>37</b>	<b>31</b>
Acas	28	-	23	23
Business Link	4	-	-	3
HSE	2	3	-	2
Local government	*	-	4	1
GP or other health professional	1	5	10	2
Intermediary (unspecified)	-	1	-	*
<b>All direct marketing</b>	<b>1</b>	<b>12</b>	<b>10</b>	<b>3</b>
Direct marketing (print)	1	12	4	3
Direct marketing (electronic)	*	-	6	*
<b>All print media</b>	<b>3</b>	<b>3</b>	<b>10</b>	<b>3</b>
Professional/trade media	1	1	10	2
Local press	1	2	-	1
National press	1	-	-	1
<b>Other work health and well-being initiatives</b>	<b>1</b>	<b>14</b>	<b>3</b>	<b>3</b>
Fit note	*	10	2	2
Fit for Work Service	*	3	-	1
HWW coordinators	*	-	1	*
Healthy working lives adviser**	-	1	-	*
Event	3	1	1	2
Word of mouth	9	16	14	11
Other (unspecified/uncategorised)	8	10	8	9
Previous caller	-	15	-	2
<i>Base</i>	1,249	238	103	1,590
Missing (no record)	72	10	28	110

Note: More than one source of information could be recorded, so the total number of referral sources is greater than the total number of respondents to this question, and percentages sum to more than 100.

\* denotes less than 0.5 per cent.

\*\* Only relevant in Scotland.

Source: Advice Lines management information, including all cases to end of March 2011.

### 9.1.3 Marketing activities undertaken

The data available on the marketing activities undertaken comes from each of the sites, who provided quarterly returns to the evaluation team and records kept by the England national marketing manager. There were some inconsistencies in the data provided by the different sites

making comparisons difficult, and the reports did not contain analysis of the quality or success of these activities. For this we sought the views of the service staff and used the management information presented above.

Although the OH Advice Lines are continuing in England, Scotland and Wales into the next phase, the impact of marketing activities carried out by the sites towards the end of the pilot period will not have been captured here.

### *Online activities*

The management information data show that nearly half (45 per cent) of the users of this service heard about it through the web. This was, therefore, the most important single route into the service. The activities undertaken in regard to this are described below.

#### **Dedicated national website in England**

A dedicated website was developed in England to attract users to the service<sup>49</sup>. This received 55,757 visits, half of which were linked to specific marketing campaigns (for example, pay per click advertising on search engines). Only 12 per cent of website visits were generated by natural search engine traffic and the remainder came through links (17 per cent), and traffic that came direct to the site (16 per cent). Eleven per cent of website visits were from repeat visitors.

Traffic volumes to the England website grew slowly over the first two months of operation, but more rapidly after that, reaching a peak in July 2010 of almost 5,000 visitors per month. The fluctuations in traffic over the pilot period largely reflected the amount of pay per click advertising being used. However, in the final three months of the project the total number of visits to the site increased, despite the number of campaign visitors remaining constant, showing an increase in non-campaign traffic in the final months.

In Scotland and Wales, the host websites housed a number of SCHWL and Healthy Working Wales services, in addition to the OH Advice Lines, so it has not been possible to monitor the amount of traffic on these sites that was due specifically to the service.

#### **Web-editorials and placements**

Another web-based activity was the use of web editorials, web adverts and online links. Online marketing was in fact one of the main focuses of the central marketing function for the England service. A wide range of national websites were used to feature online editorials (for example, BBC News, NHS Plus, DWP, Business Link) as were regional websites (for example, Sunderland Echo, Romsey Advertiser). In addition, many web adverts were directory listings on general sites such as Yahoo Directory and Best of the Web Directory. England regional sites were also involved in web-based activities but to a lesser extent. Towards the end of the project, efforts were made to conduct marketing through social media such as Twitter, Facebook or LinkedIn by the central marketing function and regional staff were encouraged to contribute to these activities.

The web-based marketing in Scotland was limited to the placement of a small number of web editorials on local Chambers websites, editorial on the Business Gateway website and some web adverts (although no detail was provided on how many were used or where these were placed).

The marketing log for Wales did not record each activity as a discrete record so it was difficult to determine the level of web-based activity. However, the approach in Wales appears to have focused

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<sup>49</sup> The traffic to the site was tracked during the pilot period using Google analytics which provides a range of detailed data on website performance.

primarily on engagement of stakeholders to help promote the service (see below for further details). The web activity in Wales included displaying banners on stakeholder websites. In the final three months of the pilot in Wales there was also a digital media push; a promotional video was placed on YouTube and marketing staff made use of Twitter and Facebook.

### *Engaging with intermediaries*

In England and Wales, another major source of information about the service was intermediaries, in particular Advisory, Conciliation and Arbitration Service (Acas). In England significant time was spent both centrally and regionally on engaging stakeholders, including Acas, the Health and Safety Executive (HSE) and Chambers of Commerce.

In Scotland, SCC staff discussed meetings with a range of intermediaries including CBI Scotland, IOD, Federation of Small Businesses (FSB) and Scottish Council for Development and Industry (SCDI) and around SCC press and events.

Wales also focused much of its marketing efforts on direct engagement activity, drawing on networks of contacts to spread messages about the service more widely, including partners such as the Trades Union Congress (TUC), Acas, CBI, HSE and Public Health Wales (the latter of which promoted the service in Royal College of General Practitioners (RCGP)/DWP training events for GPs). The service also had a network of links with Well-being Activity Co-ordinators based in local authorities across Wales, who all agreed to publicise and raise awareness of the service.

As shown in the management information, the work with Acas was much more effective at driving numbers to the service than work with other intermediaries, but it is unclear why. There was the suggestion from service staff that the work of Acas overlaps more closely with the OH Advice Lines than that of other intermediaries.

### *Direct marketing*

The data from the management information show that in Scotland and Wales, 12 and ten per cent of callers respectively heard about the service through a direct marketing route. In England, however, very few employers heard about the service through direct marketing. These results are in line with the emerging findings from the Fit for Work Service evaluation, which has reported that direct marketing methods such as flyers, which are not followed up by additional marketing activity, are generally ineffective at engaging employers<sup>50</sup>.

The centralised marketing team in England carried out some direct marketing during the service. For example, in June 2010 emails were sent to over 9,000 SME directors using contacts from commercially available company databases. Regional direct marketing efforts in England were mostly print- rather than email-based and included mail shots to GPs, leaflet drops to hospitals and local businesses, and literature sent to county councils and social services. As such there was some direct marketing in England that directly targeted businesses in the health and social care sector. However, given that few stated that they found out about the service through this route, it is unlikely that this accounted for the disproportionately high representation of users from this sector.

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<sup>50</sup> *Evaluation of the Fit for Work Service Pilots: First Year Report* (forthcoming). A report of research carried out by the Institute for Employment Studies (IES), the Fit for Work Research Group at Liverpool University, the Social Policy Research Unit (SPRU) at the University of York, the National Institute of Economic and Social Research (NIESR) and GfK NOP on behalf of DWP.

The direct marketing undertaken in Scotland included 10,000 postcards and 20,000 letters sent to businesses, the latter of which included a room thermometer or calendar with the Healthy Working Lives slogan and number. This was originally intended to go out in November 2010 but due to delays and weather problems did not start until early 2011. In the last few weeks of the pilot the direct marketing was followed up by telephone.

In the early months of the OH Advice Lines, the Welsh service distributed around 8,000 leaflets to businesses, GP surgeries and business partners. This included distribution of emails and hard copy leaflets to business park co-ordinators. Stakeholders in Wales were encouraged on a number of occasions to email their members about the service. Towards the end of the pilot, the Welsh service sent out a series of sector-specific e-bulletins through the sites Bizo and Cloud 9.

### *Print media*

Only three per cent of the service users found out about the service through print media, although the proportion was higher in Wales at ten per cent.

Print editorials were the most numerous activity carried out by the centralised function in England other than online work. Examples included national occupational health publications such as OH and HSE newsletters as well as specifically targeted publications such as Practice Nurse, British Frozen Food Federation Bulletin and Machinery Market. Editorials were also run in national newspapers (for example The Independent and The Times) and local papers.

Examples of efforts used to publicise the service in Scotland include local press (such as the Glasgow Herald), business publications such as Business Woman Scotland and articles in a number of Chamber of Commerce newsletters.

In Wales, most of the articles written about the service featured in stakeholder newsletters (such as the National Beef Association Wales and CIPD). The marketing log for Wales also mentioned a small number of other articles in publications such as Gwlad (the Welsh Government's bi-monthly magazine for farm and forestry) and OH Journal.

### *SME events*

As detailed above, only two per cent of the service users said they found out about the OH Advice Lines through attending an event, and yet these were the most numerous marketing activities undertaken by the England regional services<sup>51</sup>. One hundred and sixty events were reported for the seven services in England, accounting for around a third of their marketing efforts. Some of the service sites had major launch events but more commonly staff ran stands or handed out leaflets at events organised by other groups. Examples included local business fairs, the Health Commission Awards and the TUC/NHS Good Work Conference. Many sites also sent staff to attend networking events such as local Chamber of Commerce breakfast meetings.

In total, seven events were recorded by the Scotland service, and most of these involved staff attending events rather than organising their own, usually SCC networking meetings.

Wales recorded details of a number of events in the time period from February 2010 to February 2011, some of which were hosted by the service site. The Welsh service team also attended other events, for example the Social Care in Partnership conference in June 2010 and the Royal Welsh Show and Big Bite Health Awareness Day in August 2010.

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<sup>51</sup> Callers may have mentioned the name of the intermediary running the event (for example, Acas) rather than stating 'an event' per se. Alternatively, they may have only mentioned the last thing that led them to making the call such as the website, when it was actually an event that prompted them to use this.

Events were used to inform stakeholders and build relationships with intermediaries, in addition to reaching employers.

### *Views from staff on the challenges faced in marketing the service*

It was clear from the interviews with service staff that marketing the OH Advice Lines was more difficult and resource-intensive than originally anticipated, and there was some disappointment that marketing efforts had not been more effective at attracting SMEs. Staff discussed the challenges they experienced in trying to market the service, some of which were specific to each country.

#### **England – difficulties in regional marketing**

The initial decision to use seven pilot sites in England rather than one centralised service was based on the belief that regionally-based marketing efforts would be more effective at engaging SMEs. However, there was a general feeling among staff working in England that the national approach, in particular, the online activity, was more effective at attracting SMEs to the service than regional efforts (and this was borne out by management information), and involved less strain on front-line resources. Another problem with regional marketing was that frontline staff, who were usually OH nurses, did not always feel comfortable taking on a marketing role. Some of the English services paid for external marketing consultancy or brought in marketing staff from their Primary Care Trust (PCT) to help with the workload.

The English sites reported mixed success in engaging partners and stakeholders to help promote the service, and it was felt that a centralised approach to this worked better than regional efforts, since it was important to make contact with senior figures.

*‘Generally it’s centrally [organised]. At a political level or at a fairly senior level if you get them to buy into what we’re doing then they will cascade that information through their organisation. That’s the best way to get an organisation bought in [to the service].’*

(England service)

Regional budgets were managed centrally in England and a number of the regional managers said they would have preferred to have had more control over the funds available.

*‘Sometimes you want to be able to just react and say yes and go with your local knowledge rather than having to sell to somebody who’s at the bottom of the country.’*

(England service)

There was considerable variation in the activities undertaken by individual sites, reflecting the autonomy available to them. Interestingly, the number of activities conducted did not relate clearly to the number of calls received. Newcastle, for example, undertook a large number of marketing activities but received the lowest number of calls out of the English sites. This lack of a response to regional efforts was at the heart of the decisions taken by most sites to cease regional marketing efforts some months before the end of the pilot. Monthly call volumes in England actually decreased in the last few months of the pilot, despite usage of the website remaining high. This might suggest that regional efforts did have some impact, although it was felt that the peak in the summer months of 2010 was due to Acas seminars for employers on the fit note rather than local marketing efforts carried out by service staff.

### Scotland – challenges in contracting marketing to a partner

In Scotland, the use of a partnership with SCC to conduct the marketing worked well to some extent, and both sides felt that this relationship would continue to help market the service (and pre-existing advice line) in the future. However, there were differences in expectations between Scottish service staff and SCC with respect to the marketing strategy, which took some time to reconcile. It took four months for SCC to put together a marketing strategy, which was frustrating for some of the service staff.

*‘For me we couldn’t get the momentum going quickly enough to make a difference and see if the services worked and I found that frustrating.’*

(Scotland service)

From SCC’s perspective this was partly because they felt constrained by the guidelines set by DWP. When the partnership was first set up, SCC wanted to package up all SCHWL services and market them together, rather than just focus on the OH Advice Lines. In particular, they wanted to draw attention to the health and safety guidance which SCHWL provides, which they saw as a bigger hook to businesses. Scottish service staff also felt that SCC could have done more to market the service through other intermediaries, and focused too heavily on SCC events and publications.

### Wales – budget and population issues

There was a view from staff at the Wales service that their marketing budget was relatively low compared to that for Scotland and England. As a result, much of the budget was used up during the early months of the service on producing materials, leaving the team reliant on the support of stakeholders to help market the service. Despite this, there was a clear feeling in Wales that staff had done all they could to market the service, and that there were other population issues specific to Wales that made it more difficult for them to reach employers. These included the fact that a higher proportion of small businesses in Wales are at the lower end of the scale, with very few employees, making them particularly hard to reach, and the geographical split between companies along the M4/A55 corridors and elsewhere which makes it more difficult for word-of-mouth to be effective. One member of staff speculated that there is less of an appetite for an OH service such as this in Wales compared to England and Scotland. This individual talked about the particularly macho culture of businesses in Wales, which makes managers reluctant to acknowledge that there is a health problem in their companies (particularly if this is a mental health problem), and reluctant to ask for help (particularly if this is by telephone).

*‘You’ve got an issue in terms of accessing a core line. I think there is a barrier in terms of men picking up a telephone to talk to an anonymous person who may be predominantly a woman discussing issues over the phone. Again, in a male-driven environment a more anonymous method, such as a website, was felt more appropriate. This [website] is popular among men because they do not have to interact and communicate with somebody, whereas women are much more likely to do that.’*

(Wales service)

It was not possible to test out this theory in this research.

There were also a number of challenges reported in marketing the service that were common to all three countries. These included:

- poor understanding of OH among SMEs;
- insufficient time in the pilot period to attract callers;

- the effort required to run events;
- difficulties attracting press attention;
- missed opportunities to link in with the fit note.

These are discussed in turn below.

### **Lack of understanding of OH among SMEs**

All of the services went through a steep learning curve in marketing the service to SMEs, which some staff believe lack understanding of OH or what it can do for businesses. While those employers who used the service clearly understood the issues, and wanted help with the specific problems they were facing, some staff believed that in general SMEs need to be better educated about the benefits of good OH practice before they are informed that a service is available.

*'I think just talking to them about an advice line is not enough. You've got to take a step back and talk to them about the issues, raise their awareness about their responsibilities and about the impact on the bottom line because from a business perspective it's about their profit, their growth, their productivity. It's not necessarily about the people, it's about the impact on the business. It's just getting these key messages across, making them aware of their staff as a resource in terms of making the business profitable. And so there's a huge exercise to be done on the awareness before you get into saying, "Oh, by the way we have an advice line".'*

(Scotland service)

### **Insufficient time in the service period**

Staff in all three countries raised the problem of the elapsed time available from the start to the end of the pilot period (less than 18 months) and felt that this was insufficient to draw large volumes of callers to the service. Not all those who know about the OH Advice Lines will need it at the point of hearing about it, so there may be a long lead-in time between finding out about the service and actually making a call. A full appreciation of the impact of all the marketing activities carried out, in particular those conducted towards the end of the pilot period, will require monitoring of call volumes into the next phase. In addition, lessons were learned during the pilot about what worked in terms of marketing and activities were refined just as the service was drawing to a close (this is part of the reason why a continuation of the service to March 2013 was secured).

### **The effort required to run events**

Encouraging attendance at events was considered particularly time-consuming and there was little evidence that these were effective. Sometimes staff were required to give up personal time to run these events, which were often at breakfast, lunch-time or in the evening. Business fairs were seen as having only limited potential as a marketing mechanism, as SMEs that attend these tend to be there just to network and are often sole traders. In England, a decision was made part way through the service to reduce the emphasis on this type of marketing activity.

*'You need to be as broad as you can and going to an event is so small given the whole population ... If you've got 100 people in one room there may be one person that's actually experiencing a sickness absence issue in their workplace at that time.'*

(England service)

In Scotland a large amount of resource was spent on running events, usually SCC events, but it became clear relatively early on these were not an effective way of attracting callers. Typically, the SCC events would attract only 20-30 organisations, some of which did not need the service:

*'You were maybe speaking to people who already had some sort of commitment or focus on [OH] rather than getting to the people that were, "Oh I didn't know I needed to do that", which is where we always thought the focus should have been, getting to the people that need your services the most.'*

(Scotland service)

### **Difficulties attracting press attention**

Service staff talked about the difficulties in getting journalists to write about the service. At the start of the service in England, a PR agency was contracted to inject editorial into the press both at a national and regional level (with support from the service sites for the latter). Several hundred newspapers, journals and radio stations were targeted during the service period but the PR team struggled to penetrate the national press. The view of England staff was that it was challenging to stimulate interest among national press journalists as the service was neither 'sexy' nor new (any longer).

*'It's not that interesting. I think it's a fabulous service, I think it's really needed but it's not sexy I'm afraid. It's been very difficult to make this interesting.'*

(England service)

### **Missed opportunity to link in with the fit note**

Some services made use of connections with other health at work initiatives. For example, the staff in Scotland and Wales worked with nearby Fit for Work providers to co-market the services. However, there was regret from some staff that it had not been possible to link the service more formally with the launch of the fit note. In Scotland, promotional cards were put in GPs' and employers' delegate packs at particular events, but many felt that more could have been done and that this presented a missed marketing opportunity.

*'I think they missed quite a good opportunity with the fit note to flex the marketing at that point and get the information out there while it was kind of fresh and new, so I think there have been a lot of missed opportunities with the marketing.'*

(Scotland service)

## **9.2 Views on marketing from employers**

The interviews with employers also explored the way that the service had been marketed. Many were surprised that they had not heard more about the service and thought more should be done to raise awareness among SMEs.

*'I think they need to do a lot more advertising. We're a disability organisation that works within the field of mental health as one of our impairments and we didn't know about it and so if we, who work in the same area, don't know about it then goodness knows how many other thousands of other businesses and small charities and enterprises don't know about the service.'*

(Small employer, West London service)

When asked how best to promote the service to businesses like their own, some mentioned how they regularly receive information via email/direct mail on changes to business legislation and policy (either from central government, the HSE or other business support organisations) and thought this was a potentially useful avenue to exploit. A couple of employers also suggested providing information via banks, which organisations usually have to access when they first set up a business.

Other suggestions related to the intermediaries that SMEs often turn to when they need advice. These included channels such as Business Link, Chambers of Commerce, the Citizens Advice Bureau and the Federation of Small Businesses.

*‘Make sure all the support organisations know about it, the places people normally go to for help.’*

(Small employer, Scotland service)

## 9.3 Other delivery issues

There were few changes to the way the service was delivered during the service, except in relation to the marketing. However, staff encountered a number of challenges to do with the way the OH Advice Lines were set up, which are detailed below.

### 9.3.1 Technical issues

In the interviews, service staff were asked whether they had experienced any problems with the technical processes involved in receiving a call from an employer, including the triage system (in England and Wales) and the system for recording management information on callers (in all three countries). A number of the England service sites reported problems in the triage service provided by NHS Direct, which interfered with the smooth running of the service. Many issues were resolved fairly quickly but one which persisted throughout the service concerned calls getting ‘lost’ in the system during the handover from NHS Direct to NHS Plus.

There were a number of problems experienced during the service which related to the recording of management information data, which were collected for evaluation purposes. On several occasions during the pilot and at the end, the evaluation team fed back to service providers that there were inconsistencies and inaccuracies in how the data were recorded. Service staff reported resistance from some employers to provide the necessary data, because it took time and was seen as being at odds with the confidential nature of the service.

*‘We deal with a lot of medical confidentiality and the line is set up as confidential and yet the first thing you do is take a massive amount of information.’*

(Wales service)

However, some service staff did not fully understand the variables required or appreciate the purpose of collecting this information. If this exercise were repeated, the evaluation team would recommend providing substantial up-front training to staff on how to complete the management information database and information on how the data would be used.

### 9.3.2 Staffing issues

For some staff, being part of the OH Advice Lines pilot was a positive opportunity to develop new skills in giving advice over the telephone. Some staff, however, found the work tedious. These experiences are similar to those of advisers involved in the delivery of the WHC service<sup>52</sup>.

*‘Certainly a lot of the nurses did feel, “Oh no, we’re going to be a call centre, if I’d wanted that job I’d have applied somewhere else”, you know – there was resistance really I think.’*

(England service)

<sup>52</sup> Tyers, C., Lucy, D., Carta, E., Savage, J., Kossykh, Y. and Bailey T. (2009). *Workplace Health Connect Pilot: Evaluation findings*. Health and Safety Executive.

In England, advisers were free to carry out other work while manning the service but some found this difficult to achieve, as they knew that they could be disturbed at any time.

As service sites were operated by small teams, some of the England sites suffered from the very sickness absence problems they aimed to assist with. In one of the English sites the service needed to be switched off and calls diverted to another site on two occasions due to sickness absence among staff. Turnover of staff also arose as an issue in England. For example, one of the English sites was required to employ three new managers during the pilot period. This placed strain on staff, especially when they were required to work on other high workload projects such as flu campaigns and contractual health surveillance.

### **9.3.3 Changing context**

Towards the end of the pilot, changes in the NHS affected the stability of the service sites themselves. In England, some of the NHS Plus sites were hosted by PCTs, which are due to be disbanded. Announcements of this led to insecurity and affected morale among staff. One English regional manager expressed her concerns about changes in the PCT during the pilot which had made it difficult for her to get the support needed from PCT senior managers to carry out the marketing.

*'We didn't get an awful lot of support on the marketing side that we were promised at the beginning, people moved and things changed. I did try myself but I still have another job to do. It was quite difficult. I was quite disappointed in the number of calls we got for the amount of effort I put in.'*

(England service)

In autumn 2010, some service staff felt disheartened about the lack of certainty about their future, and this contributed to the decision to cease marketing the service a few months before the pilot ended.

*'Marketing is limited at the moment, because we were under the impression that the line was under threat anyway, so we didn't know whether it was worth putting a lot of resource into it.'*

(England service)

### **9.3.4 Ensuring appropriate signposting**

Often users called the OH Advice Lines hoping for some legal advice on how to terminate the contract of an absent employee, so it was necessary to signpost users to Acas. This seemed strange to employers if they had been referred from Acas in the first place. The English OH Advice Lines signposted 231 in-target individuals to Acas, 75 (32 per cent) of which had originally heard about the Advice Lines through Acas<sup>53</sup>. In Wales, of the 18 in-target individuals signposted to Acas by the Advice Lines, four had heard about the pilot through Acas.

*'We get quite a lot of calls put through from Acas and you can be advising these people and say, "This is a legal issue, you need to contact Acas", and they'll say, "But they referred me to you". [We'd say,] "I can't do anything about that because it's a legal issue".'*

(England service)

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<sup>53</sup> Some of these may have found out about the service on the Acas website or through an Acas event rather than through the helpline.

The service sites were also required to provide appropriate signposting to local services but it was challenging to keep up to date with local service developments, especially where the regional area was large. Two regional sites in England told that they preferred to signpost employers to local NHS Plus services rather than external services, because they knew these would be credible.

## 9.4 Impact of the service on future capacity

In final interviews with service staff, they were asked for their views on the wider impact of the OH Advice Lines on the capacity to deliver OH support to SMEs in the future.

### 9.4.1 Impact on staff and services

Prior to their involvement in the service, some advisers in England (who were all employed by NHS Plus) had not provided advice outside of an NHS context, and many had not provided advice over the telephone. As such a number thought that the experience had improved their capability of delivering OH support to SMEs. The experience had taught them a lot about SMEs; the big impact that absence can have on small businesses, and how the main driver for SMEs in considering OH issues is usually the bottom-line.

*'In private industry, particularly SMEs ... whatever affects the bottom-line is the driver, so ... [for those] of us who have not been in the private sector before, it's given us an idea of how tight things can be.'*

(England service)

The advisers believed the experience also increased their skills in delivering advice over the telephone.

*'As a department it's been quite positive, because the nurses have gained a lot of confidence in doing telephone triaging and telephone advice.'*

(England service)

In England, some of the sites signposted callers primarily to NHS Plus sites for OH assessments. As a result, some sites (which were NHS Plus sites themselves) reported an increase in non-Advice-Line-related business.

In Scotland, there was an advice line in place before the pilot began, and this will continue to run in the future in much the same way as before. As such the pilot was felt to have little impact on future delivery in this region.

### 9.4.2 On partnerships

In Scotland, the SCC was brought in as a partner to market the service to employers. While this presented some challenges (see earlier in this chapter), the relationship improved during the service and SCC will continue to work on marketing SCHWL as a whole.

*'What the service first of all encouraged me to do was to develop a further partnership and expand on what we've actually done with the NHS here in Scotland and if this service wasn't here, I wouldn't even have been looking at that at all, it just wasn't on my radar.'*

(Scottish Chambers of Commerce)

## 9.5 Future delivery

The OH Advice Lines in England and Wales are both funded by DWP. In the next phase of the service, the Scottish and Welsh services will continue in much the same way as before, using the opportunity of a longer delivery timeframe to improve the visibility of the service and drive up caller numbers. In England, lessons have been learned from the pilot, and a new centralised delivery method will be tested which removes the costly regional element.

*'I do not see the point, when you've got a telephone helpline, of making it regional ... Basically anything online or by telephone it doesn't matter where the person who answers the telephone is – so why not just have one call centre ... that's staffed by occupational health professionals? Just basically do all the marketing on a national basis ... work with strategic partners on a national not regional basis.'*

(England service)

In addition, from November 2011, the website for England was expanded to include substantial information for the most common employer queries, maintaining the telephone advice line for more complex cases or where the employer chooses this as a preferred means of contact.

## 9.6 Summary

- Service sites were granted some autonomy over how they marketed the OH Advice Lines in their regions, although in England a marketing professional was contracted to put in place marketing activities at a national level. In Scotland marketing was contracted out to the SCC while in Wales marketing was overseen by the Welsh Government.
- A range of marketing methods were used but those that proved most effective were online efforts and work with Acas. Running events for employers was less productive so most sites ceased this activity towards the end of the pilot. Direct marketing had some value in Scotland and Wales, but overall was not effective at increasing the number of callers to the service.
- There was no evidence to suggest that marketing is more effective when conducted at a local level; activities carried out centrally in England proved more effective than those carried out by the regional sites and there was no clear link between the amount of marketing activity carried out at each site and subsequent volumes of calls. Some regional staff found working on marketing activities resource-intensive and outside of their comfort zones.
- Some of the challenges in marketing the service that staff described included insufficient time during the pilot for the marketing to translate into calls; a lack of understanding of the importance of OH among SMEs and difficulties in attracting press attention. Service staff felt that not linking the service more directly with the launch of the fit note was a missed marketing opportunity. Despite these challenges, the marketing was successful at targeting the intended audience of SMEs dealing with an individual employee's health issue.
- Service staff were, on the whole, very positive about the impact of the service on future delivery. They felt that the experience of the service had improved their skills and capability of providing OH support to SMEs, particularly through the telephone, and, in some cases, had led to partnerships between organisations which would continue to support the service in the future.
- There were some teething problems concerning the technology involved in running the service, including difficulties in using the management information system and glitches with the routing of calls to particular centres in England. Staff turnover and absence caused difficulties in some service sites, and these were exacerbated by concerns in England over the future of the NHS.

# 10 Conclusions and policy implications

The final chapter of this report highlights the main themes emerging from the evidence and presents related recommendations for policy makers. It also discusses the strengths and limitations of the study.

## 10.1 Key themes

These are broken down according to the main areas investigated during this evaluation: service take-up and usage; operational lessons, and; what we can say about the impact of the service on users.

### 10.1.1 Service take-up and usage

Occupational Health (OH) Advice Lines service users were, in line with policy aims, mainly small companies dealing reactively with an employee who was either off work or struggling to stay in work due to a health condition. Employers often sought reassurance for actions they had taken or were about to take, with the service able to offer confirmation for those considering a range of different options. Queries were often multifaceted, requiring the support of other specialist agencies and co-operation was established with a range of intermediaries whereby the OH Advice Lines suggested users contact other agencies and vice versa.

The vast majority of users responded very positively to the assistance that they received from the service, and were happy to recommend it to others. Those who used the service valued it because it offered them the opportunity to speak to a trained professional about their problems and to receive a timely, bespoke advice or signposting onto further support, where it was appropriate. Users also appreciated the fact that the service was free and offered a 'one-stop shop'. The service was as useful for employers who had no idea how to deal with their problems as it was for those seeking reassurance about the actions they were already taking.

Call volumes to the OH Advice Lines were, however, lower than originally hoped for.

### 10.1.2 Operational lessons

The OH Advice Lines used three different operational models. In Wales, the service was wholly new. In Scotland, it built on an existing service, offering a different dimension by focusing more on individual health problems rather than health and safety issues. In England, the OH Advice Lines drew on the expertise of an existing service (National Health Service (NHS) Direct) to filter out those callers not eligible for support. Even within England, the seven different regions covered adopted different approaches to marketing. As such, it is not meaningful to make direct comparisons of the performance of the three different OH Advice Lines services. From an operational perspective, following some initial teething problems, the service ran smoothly across all nine service sites.

England received higher call volumes than either Wales or Scotland, but achieved a lower penetration rate among small and medium-sized enterprises (SMEs). The different levels of take-up across different areas was associated more with local contexts and concentrations of SMEs, however, than it was with the marketing approaches adopted in the different areas. Marketing to SMEs successfully was one of the most challenging aspects of service delivery. The pilot demonstrated how difficult it is to encourage SMEs to use OH services as part of an early

intervention strategy, since absence management is not seen as a business priority until a case of ill health causes problems. Online efforts proved most effective in marketing the service to SMEs, as did working with the intermediary Acas. These approaches were able to reach greater numbers of SMEs than other, higher cost, activities trialled such as employer events.

### **10.1.3 Impact of the service**

The objective of the pilot from the outset was that it should be made available to as many SMEs as possible. As data for a plausible comparison group could not be collected at a proportionate cost, it was not possible to formally assess the impact of the OH Advice Lines. Instead, the evaluation focused on the perceived impact of the service and the value placed upon it by those who used it.

A few weeks after using the service, the vast majority of users had taken action either as a result of using the line or following use of a service advisers had signposted them to. The actions taken by employers generally reflected good practice in absence management (for example communicating with the employee, conducting return to work plans, changing the employee's role). Such actions may well lead to reduced staff absence and improved retention in the future, although it is beyond the scope of this evaluation to say so with certainty.

While most employers stated that they would have taken action in the absence of the service, one of its major advantages was reducing the amount of management time required to search for and implement solutions. As a result, employers using the OH Advice Lines are also likely to have been able to intervene more quickly, an important factor in effective absence management. The OH Advice Lines were seen as offering something more and different to that already available from other sources (for example General Practitioners (GPs)).

## **10.2 Strengths and limitations of the evaluation**

This evaluation effectively provided service users and providers with the opportunity to comment on its operation and usefulness. It was able to successfully investigate how and why users took up the service offer, what they believed they gained from doing so, and draw out lessons about how to operate a service of this type most effectively in the future. It has also highlighted issues that have been fed into the design of the service to March 2013. The evaluation adds to a growing body of evidence about how to successfully work with SMEs on OH issues, and the relative effectiveness of different marketing approaches. It also highlights which aspects of the service employers value most and which should remain the focus of future service provision.

The main limitation of this study is its inability to comment on the impact of the service. It cannot say what difference offering this service will make in the longer term, or the contribution of this service to the important policy aim of reducing sickness absence. Neither does the research attempt to quantify any service benefits. This would require a different methodological approach which would allow some comparison with a control group, a longer period to allow the service to embed deeper and additional funding. Such evidence would, be highly useful for policy makers in prioritising between different services and should, if resources allow, be the focus of future research in this area.

It has also been difficult to identify whether there is scope for charging employers to use a service like this, as participants included in the evaluation tended not to know what is affordable for their organisation. It may be appropriate to trial different payment systems as part of the next stage of the service or to conduct a separate willingness to pay study to address this limitation.

Another limitation of this study is that it does not inform us about levels of awareness of the service in the population of SMEs as a whole, as it focused only on those that have used it. As such, it remains unclear whether the low call volumes were due to (i) a lack of awareness or (ii) a lack of demand, or both. Certainly, the marketing approaches used were refined during the pilot period, so an increase in call volumes in the next phase would support the former rather than latter hypothesis.

### 10.3 Conclusions

The service successfully reached its intended target audience and offered them advice and support that they valued and acted upon. The service was, therefore, effective in helping the SMEs that used it deal with their current OH issues. The main difficulty for the service was in reaching sufficient numbers of SMEs. It was able to trial a range of marketing approaches and demonstrated that the most effective, like online marketing, are often the least costly. Working with intermediaries has also been shown to be an effective method of promoting and enhancing the service offer.

Raising the visibility of the service among targeted employers will need to be a priority for future delivery. This is difficult, however, as smaller employers are recognised as particularly hard to engage in workplace health issues (as evidenced by a range of other government interventions which have struggled to engage this group, for example Workplace Health Connect (WHC)<sup>54</sup>. It is also important to recognise that this service is designed to offer value to employers at a point of need, meaning that even when employers hear about the service they may not need to use it until later when a problem arises. The service will continue to test out approaches to offering support to SMEs with workplace health issues.

The pilot has been extended in an effort to raise its profile and give the service more time to refine marketing activities given that this is a service that employers value. It will be important to ensure that the service is appropriately resourced for the demand which it is able to generate.

### 10.4 Policy implications

The value placed on the service by its users suggests that there is no need to significantly alter the core service provided. However, the way in which it is delivered could be more efficient – for example, by not being regionally based in England, and by focusing marketing efforts on on-line activity and work with intermediaries – without changing the outcome provided.

Suggestions for operational changes:

- deal with some queries using online rather than personal telephone support. This will be a cheaper alternative and lends itself well to common, but straightforward issues such as where and how to access OH assessments. Online resources also offer the additional advantage of being more straightforward to update;
- centralise the operation of the telephone support service which will allow fewer advisers to offer a more flexible service which is better able to match capacity with call volumes.

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<sup>54</sup> The WHC pilot found that marketing the service to SMEs based on health messages was extremely difficult. A decision was taken, relatively early in the life of the WHC pilot, to market it on the basis of it being a generic health and safety service to increase user numbers. Tyers, C., Lucy, D., Carta, E., Savage, J., Kossykh, Y. and Bailey T. (2009). *Workplace Health Connect Pilot: Evaluation findings*. Health and Safety Executive.

Reflecting this learning, in England the service has been redesigned to remove the triage and regional element and offer an internet and telephone service with different levels of access. In Scotland, the service offer is unchanged but greater priority will be given to increase service visibility and generating call volumes from the target group. In Wales, the service has also been redesigned with the aim of packaging the OH Advice Lines alongside other Healthy Working Wales initiatives to provide a more cost-effective, visible and well-used offer.

This evaluation has also been able to highlight some clear recommendations to policy makers on how to reach SMEs, these include:

- Focus on web-based marketing activities, which do reach smaller businesses and offer a relatively cheap way of reaching a wide audience. More costly employer events have not proved effective and caution should be taken in funding any further activity of this kind for a national service.
- Foster strong relationships with intermediaries (especially Advisory, Conciliation and Arbitration Service (Acas)) which can be active partners in promoting and providing support for SMEs. Such intermediaries will be able to both signpost employers to your services, but also enhance the service offer using their specialist knowledge.
- Fully brief intermediaries who are potential partners in this type of initiative so that any signposting or referrals are appropriate and active. Also ensure that the roles of each organisation are clear so that employers are not referred backwards and forwards any more than is necessary. In this case the role of Acas in offering legal advice could have been clarified earlier to avoid employers being referred back to Acas following a call to the OH Advice Lines where they had already come through that route.
- Focus on ensuring that there is ready access to information about services targeted at SMEs so that when they need help they are able to easily find the support they need, for example through the internet or when they engage with intermediary or representative organisations. There is little value in promoting services like the OH Advice Lines to employers at a time when they do not have a need as they may not be interested or retain information about the service for the future.
- Effective marketing requires professional support that is co-ordinated and provided centrally rather than locally. Frontline staff cannot be expected to formulate marketing campaigns or effectively engage in sales activity while also delivering advice to SMEs unless they feel comfortable doing so.

This service, and others (such as WHC) have demonstrated how difficult it is to encourage SMEs to use OH services as part of an early intervention strategy. Ensuring the service is visible at the time of need should help to improve throughput to this service. Absence management, however, is simply not seen as a business priority until a case of ill health causes problems. There may be a separate need to continue to promote the benefits of preventative OH to smaller employers and encourage them to have effective absence management policies in place, for their own benefit as well as their employees and the economy.

# Appendix A

## CATI survey response rates

The response rate figures quoted in the tables below show the number of interviews as a proportion of the total ‘resolved’ sample as:

- a) but excluding cases which are ‘deadwood’ or ineligible;
- b) is what we would normally quote as the response rate, although a) gives a clearer view of the overall conversion of available sample to interviews.

**Table A.1 Response rates of CATI survey**

<b>Overall Response Rates</b>	<b>Percentage</b>
a) Number of interviews/total sample	65
b) Number of interviews/total sample, excluding deadwood or ineligible	79
	<b>Total</b>
Total sample in survey	782
Complete interviews	505
<b>Deadwood:</b>	<b>71</b>
Number unobtainable	26
Contact unknown at number	45
Contact left company	0
Business closed down	0
<b>Ineffective:</b>	<b>137</b>
Abandoned interview	4
Personal refusal	41
Proxy refusal	2
Opted out	6
Incapable of interview	4
Deferral	9
Unavailable during fieldwork	71
30+ unsuccessful calls	0
<b>Ineligible:</b>	<b>69</b>
Respondent called about their own health or sickness	8
Did not remember calling advice line in the last few months	22
Respondent was a doctor and called the advice line about a patient issue	11
Business had 250 plus employees	28

# Appendix B

## Sample details

Telephone survey

**Table B.1 Service site used by survey respondents (weighting variable)**

	Unweighted		Weighted	
	N	%	N	%
Aintree	64	13	77	15
Bucks	19	4	40	8
Newcastle	27	5	23	5
Norwich and Norfolk	76	15	54	11
Portsmouth	106	21	68	14
West London	60	12	93	18
York	57	11	43	8
Scotland	60	12	70	14
Wales	36	7	37	7
<b>Total</b>	<b>505</b>	<b>100</b>	<b>505</b>	<b>100</b>

Source: IES and TNS-BMRB survey of users 2010/11. Based on all respondents.

**Table B.2 Organisation sizes of survey respondents**

	Unweighted		Weighted	
	N	%	N	%
0-9	132	26	130	26
10-49	209	41	209	41
50-249	164	32	166	33
<b>Total</b>	<b>505</b>	<b>100</b>	<b>505</b>	<b>100</b>

Note: Only sole-traders with no employees who had called with concerns about workers were included in the survey.

Source: IES and TNS-BMRB survey of users 2010/11. Based on all respondents.

**Table B.3 Organisation sizes of survey respondents (detailed)**

	Unweighted		Weighted	
	N	%	N	%
0 (sole-traders)	19	4	18	4
1 to 4	43	9	44	9
5 to 9	70	14	68	13
10 to 19	88	17	85	17
20 to 49	121	24	124	25
50 to 99	78	15	79	16
100 to 199	64	13	62	12
200 to 249	22	4	25	5
<b>Total</b>	<b>505</b>	<b>100</b>	<b>505</b>	<b>100</b>

Source: IES and TNS-BMRB survey of users 2010/11. Based on all respondents.

**Table B.4 Industries of survey respondents**

	Unweighted		Weighted	
	N	%	N	%
Human Health and Social Work Activities	122	24	118	23
Manufacturing	51	10	47	9
Professional, Scientific and Technical Activities	49	10	47	9
Wholesale and Retail Trade; Repair of Motor Vehicles and MOT	45	9	43	9
Construction	41	8	45	9
Education	25	5	27	5
Accommodation and Food Service Activities	23	5	20	4
Administrative and Support Services Activities	23	5	24	5
Other Service Activities	15	3	14	3
Information and Communication	10	2	11	2
Transport and Storage	9	2	10	2
Financial and Insurance Activities	8	2	7	1
Real estate activities	8	2	7	1
Agriculture, Forestry and Fishing	7	1	9	2
Water Supply: Sewerage, Waste Management and Remediation Act	6	1	6	1
Arts, Entertainment and Recreation	5	1	5	1
Public Administration and Defence; Compulsory Social Security	2		1	
Unable to classify	56	11	62	12
<b>Total</b>	<b>505</b>	<b>100</b>	<b>505</b>	<b>100</b>

Source: IES and TNS-BMRB survey of users 2010/11. Based on all respondents.

**Table B.5 Years of operation of survey respondents' organisations**

	Unweighted		Weighted	
	N	%	N	%
0 to 10 years	146	29	142	28
11 to 20 years	142	28	145	29
More than 20 years	214	42	214	42
<b>Total</b>	<b>502</b>	<b>99</b>	<b>502</b>	<b>99</b>
Don't know	3	1	3	1
	505	100	505	100

Source: IES and TNS-BMRB survey of users 2010/11. Based on all respondents.

**Table B.6 Years of operation of survey respondents' organisations (detailed)**

	Unweighted		Weighted	
	N	%	N	%
0 to 2 years	25	5	23	5
3 to 5	41	8	39	8
6 to 10	80	16	80	16
11 to 20	142	28	145	29
More than 20 years	214	42	214	42
Don't know	3	1	3	1
<b>Total</b>	<b>505</b>	<b>100</b>	<b>505</b>	<b>100</b>

Source: IES and TNS-BMRB survey of users 2010/11. Based on all respondents.

## In-depth interviews

**Table B.7 Breakdown of interview participants**

	Unweighted		Weighted	
	N	%	N	%
Micro (0-9)	10	1	2	13
Small (10-49)	18	6	2	26
Medium (50-249)	8	1	2	11
<b>Total</b>	<b>36</b>	<b>8</b>	<b>6</b>	<b>50</b>

Source: IES interviews with users 2010/11.

In the interviews, employers were asked to provide some background information regarding their organisation and their role. The types of organisations were wide-ranging, and included organisations from manufacturing and distribution, retail, financial services and hotels and catering. In line with the profile of service users (see Chapter 4), there was an over-representation of organisations in the health and social care sector, including charities. Specific examples of organisations that participated in interviews included a bakery, a steel processing plant, an architect firm, a homeless charity, a low-security unit for women and an after-schools club.

# Appendix C

## Weighting variables

Table C.1 shows the weights applied to survey participants from each of the nine service areas.

**Table C.1 Survey interviews and weights by service site**

<b>Service name</b>	<b>Number of interviews achieved</b>	<b>Proportion of respondents taking part in survey %</b>	<b>Proportion of all callers to OH Advice Lines %</b>	<b>Weight applied in final dataset</b>
Aintree	64	13	15	1.20021
Bucks	19	4	8	2.10493
Newcastle	27	5	5	0.84643
Norwich/Norfolk	76	15	11	0.70582
Portsmouth	106	21	14	0.64380
West London	60	12	18	1.54473
York	57	11	8	0.75176
Scotland	60	12	14	1.17442
Wales	36	7	7	1.04040
<b>Total</b>	<b>505</b>	<b>100</b>	<b>100</b>	

# Appendix D

## Regression analysis

**Table D.1 Logistic regression – willingness to pay for the service**

Dependent variable Y = preparedness to pay for the service (yes or maybe = 1, no = 0)

Independent variables	Odds ratio
Organisation size (ref category: micro, 0-9)	
10-49 employees	1.094
50-249 employees	1.568**
Region (ref category: England)	
Scotland	1.253
Wales	0.452*
Respondent status (ref category: owner or employee with managerial role)	
Employee with non-managerial role	0.642
GP, GP employee, unknown	0.719
Age of business (ref category: 0 to 10 years)	
11-20 years	1.462
More than 20 years	0.952
Constant	1.332

N = 502 (3 cases missing).

Likelihood ratio chi-square test statistic for constant-only versus fitted model = 16.209 on 8 degrees of freedom.  $p = 0.039$ .

Hosmer and Lemeshow test suggests that the model fit is adequate ( $p = 0.961$ ).

Nagelkerke R squared = 0.043.

\* = significant at 0.05 level.

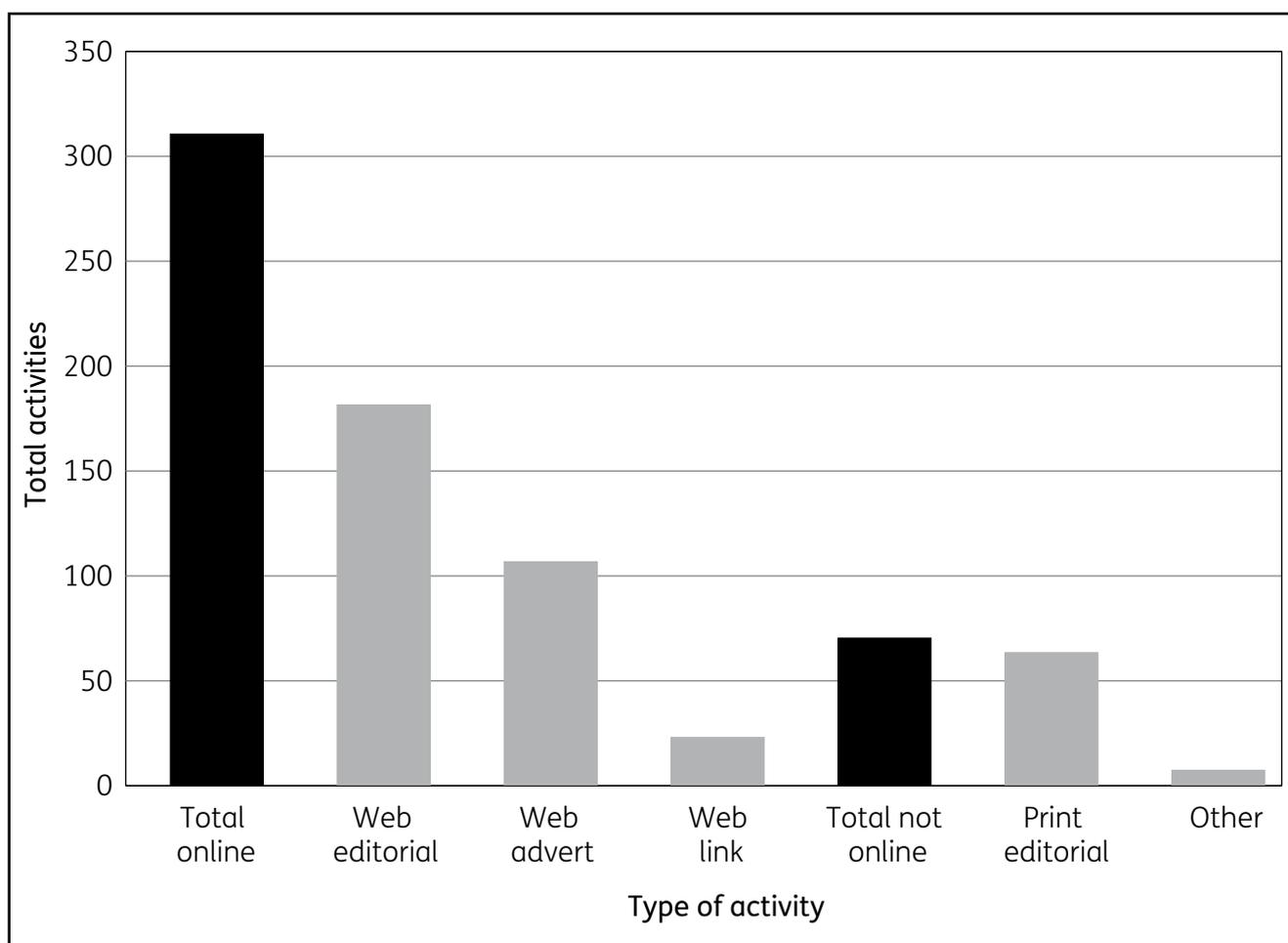
\*\* = significant at 0.01 level.

# Appendix E

## Levels of marketing activity across the service sites

England

**Figure E.1 Total central marketing activity by activity type**

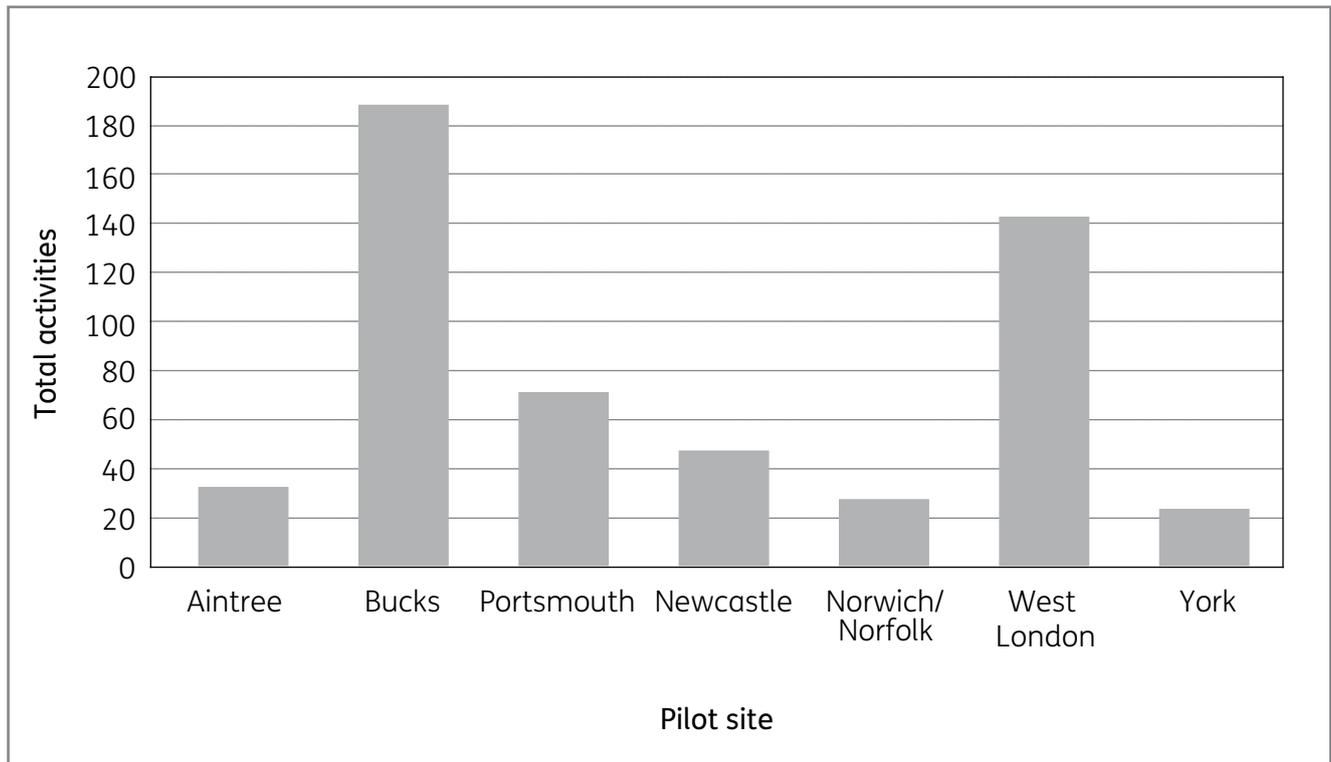


### Total number of regional marketing activities by service site

When considering regional variation in marketing activity it is important to note that service sites varied in the detail of their reporting. In this analysis, each entry into the log was counted as a separate activity.

There was considerable variation in the number of activities recorded between the seven service sites. Over one-third of all regional activity recorded was undertaken by Buckinghamshire (36 per cent, or 189 activities in total) and over one-quarter was undertaken by Imperial (27 per cent or 143 activities). Portsmouth recorded 71 activities (13 per cent of the total), while Newcastle, Aintree, Norwich and York each recorded less than ten per cent of the total regional activities (between 23 and 47 activities each).

**Figure E.2 Total regional marketing activity by service site**

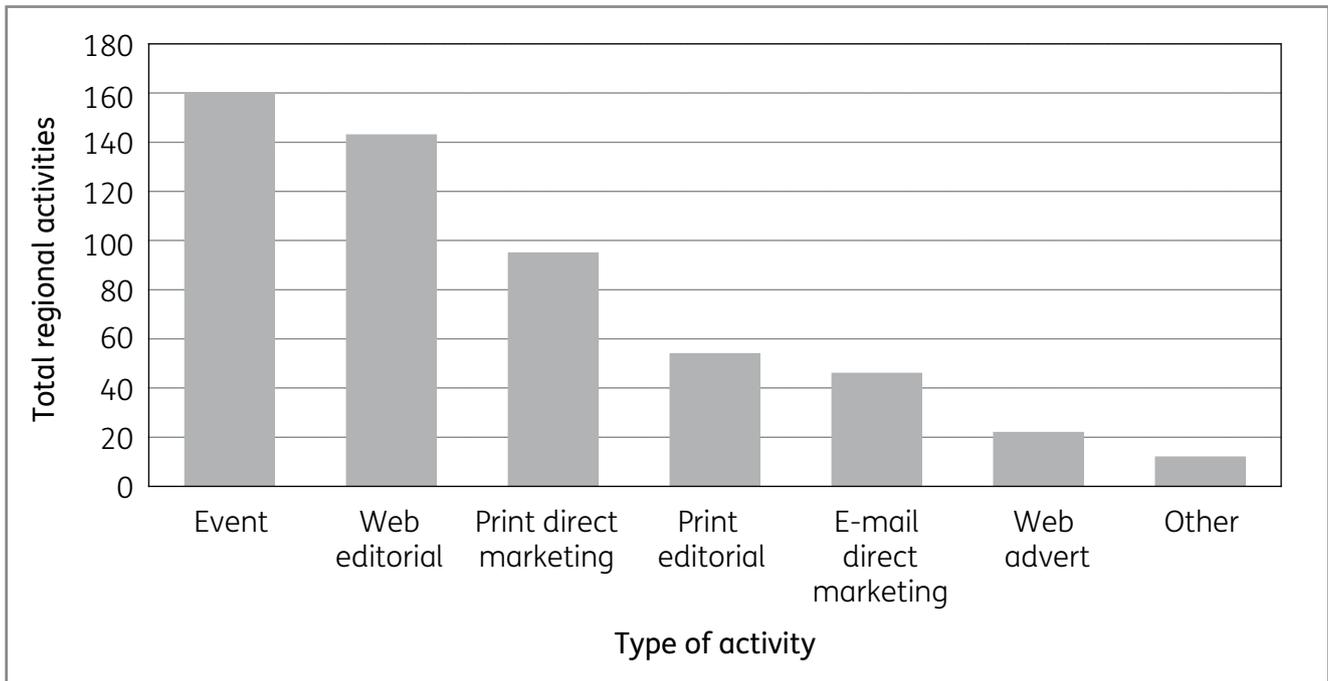


A high proportion of the activity occurring in Buckinghamshire was web editorials. There appears to have been some discrepancy between the way that Buckinghamshire recorded its web editorial activity, however, compared to other sites. Ongoing web editorials were recorded as new entries each month, rather than recorded only once.

Excluding web editorials, it is clear that Buckinghamshire, Imperial and Portsmouth focused their marketing activities largely on events and direct marketing (the activities usually not covered by the central team) and these service sites recorded considerably more of these activities than the other sites. However, in Portsmouth, it appears that meetings with stakeholders (for example Local Health and Safety Liaison Officer) have been recorded as events which may have inflated their figures.

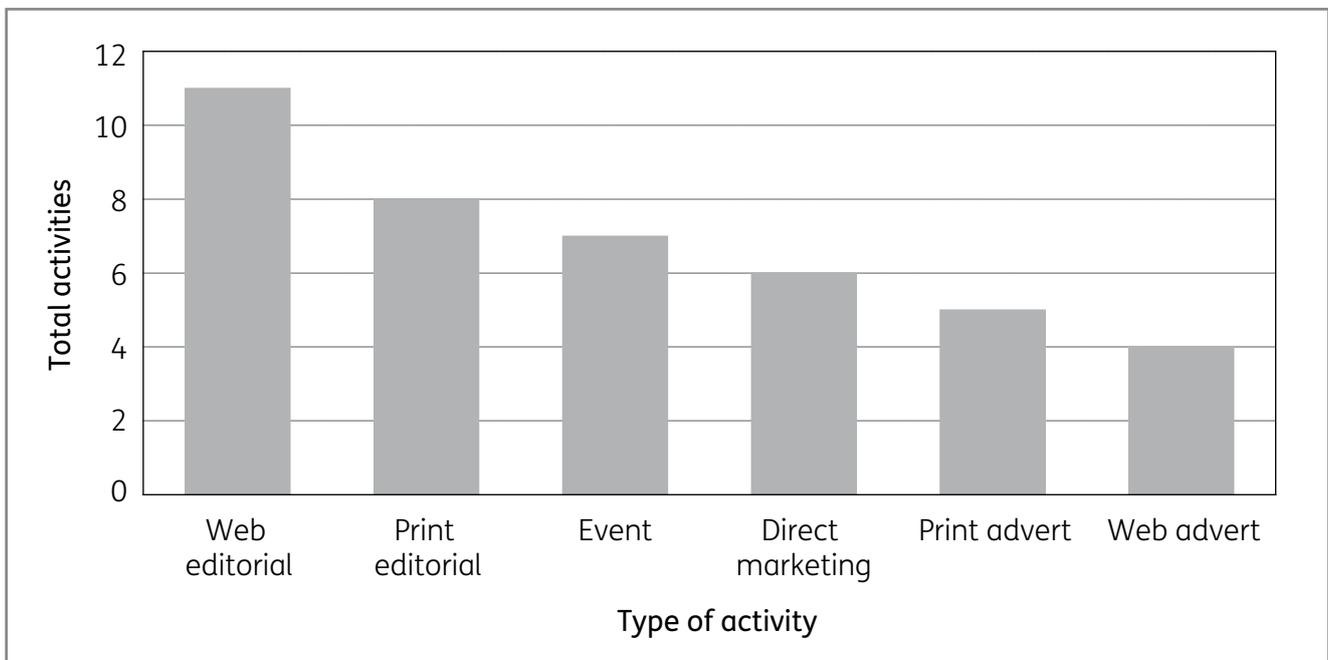
All service sites without exception held events and undertook direct marketing activities. The numbers of other types of activities recorded were low.

**Figure E.3 Total regional marketing activity by activity type**



Scotland

**Figure E.4 Total Scottish marketing activity by activity type**



Following Dame Carol Black's 2008 review of the health of Britain's working age population, an Occupational Health Advice Lines service was piloted to provide small and medium sized enterprises in Great Britain with early and easy access to high quality, professional advice in response to individual employee health issues. The Department for Work and Pensions set up the pilot and commissioned the Institute for Employment Studies to evaluate it.

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