Evaluation of Cambridgeshire and Peterborough's pilot of a system wide enhanced occupational health and HR offer to primary care

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Executive Summary

The significant pressures healthcare staff have experienced as a result of the Covid-19 pandemic are widely documented. In primary care, changes to practice were significant and face-to-face consultations and peer support mechanisms were dramatically reduced. The significant backlog of patients requiring consultations has continued to add pressure to primary care and the wider healthcare system. Studies suggest staff are experiencing anxiety, depression, burnout, post-traumatic stress symptoms, emotional exhaustion and stress.

Ensuring staff have access to health, wellbeing and psychological support is a key priority in the NHS People Plan (2020-2022). To support this, and recognising the impact of Covid-19, Enhanced Occupation Health, Wellbeing and Human Resources (HR) pilots were run in 14 systems across England, including one in Cambridgeshire and Peterborough Clinical Commissioning Group for Primary Care. There were 89 GP Practices, 3 GP Federations and 65 Independent Community Pharmacies taking part in the pilot, covering an estimated 3,036 GP Practice Staff, 330 locums and 512 Community Pharmacists.

The enhanced service piloted by the CCG (now ICS) was provided by Optima Health and included Pre-Employment Assessment, Performance and Attendance Management, Managers Helpline, Wellbeing App, 24/7 Sharps Line, Immunisations and Employee Assistance Programme. University of East Anglia (UEA)and Eastern Academic Health Science Network evaluated the Enhanced Occupational Health and HR Pilot project on behalf of the commissioning team (between September 2021 and August 2022). The evaluation plan included two online surveys and interviews with staff and referral managers.

The Enhanced Occupational Health and HR service pilot increased provision of and equity of access to occupational health and wellbeing support for primary care staff in Cambridgeshire and Peterborough, meeting a previously unmet need. Referral managers were key gatekeepers to information and referrals and were important in raising awareness within practices of the range of services offered. Having access to the provision enabled referral managers (practice managers and community pharmacy leads) to feel assured that they have a range of support options available to staff. Overall, the evaluation reflects a range of user experiences including referral managers and a small sample of staff who shared experiences of using the service. Some staff reported that the referral process lacked a person-centered approach and that the service had not met their expectations of needs. Some referral managers reported that appointments were often cancelled, which may have reduced confidence in the service. As the sample is limited, further evaluation would be required to fully understand staff perceptions of the offer.

Evaluation Lessons

- It takes time and resource to embed the processes and expectations of a new service and there are many complexities and challenges to embedding across multiple Primary Care organisations.
- The evaluation sample size is limited which is reflective of the long lead-in time required to establish the Occupational Health and HR Service in practices, the timing of the pilot and evaluation occurring during Covid recovery, the third wave of infections, and a nationally mandated booster programme delivered by primary care.
- Some of the findings relate to the actual service delivered by the provider rather than reflecting the provision of enhanced occupational health services. It is also important to clarify that the provider will have been facing the same workforce challenges as primary care.
- The Project Steering Group has been proactive and essential in supporting the roll-out of the provision and took a dynamic approach, troubleshooting challenges and adapting as needed.

Recommendations for future commissioning

- Commissioning should stipulate the reporting of key performance indicators by personal characteristics, to understand “who” is accessing the service, so that this information is routinely collected over time.
- The “users” of the service are the referral managers (who are gatekeepers to some of the referral-based services) and the individual staff, it is important to capture the experiences of both.

Background

Excessive levels of burnout of health and social care staff existed before Covid-19 and while Covid-19 has exacerbated this, there are many underlying organisational issues that have continued to place added pressure and contribute to burnout among staff across the healthcare system. This includes staff shortages, chronic intensive workloads, discrimination among Black, Asian and minority ethnic staff, moral injury and systemic workplace cultures (Health and Social Care Committee, 2021). Like all areas of health and social care, studies of GPs during the pandemic highlighted experiences of anxiety, depression and post-traumatic stress symptoms (Castelli et al., 2021; Chatterjee et al., 2020; Monterrosa-Castro et al., 2020). Covid-19 arrived at a time of continuous pressure and unequal access to occupational health services in primary care (Oxtoby, 2021). Even prior to the pressures of the pandemic, there had been a rise in GPs taking voluntary early retirement, rising from 198 in 2007-08 to 616 in 2018-19 (Moberly, 2019). To date, there is limited evidence of effective ways to support primary care staff in their roles.

NHS England and NHS Improvement Enhanced Occupational Health and HR Pilot

The health and wellbeing of staff working across the NHS is a key theme in the NHS People Plan (2020-21), ensuring staff have access to psychological support. As part of this process, NHS England and NHS Improvement have been piloting the establishment of resilience hubs and enhanced occupational health programmes to undertake proactive outreach and assessment, co-ordinate referrals to appropriate treatments and support a range of treatment needs. The aim was to bridge the gap between preventative support, early identification and intervention and specialist support.

The Enhanced Occupational Health and HR pilots were run in 14 systems (covering an estimated 800,000 Health and Care staff) and included wellbeing apps and staff helplines, focused support of at-risk groups (e.g., BAME staff), delivery of training and support to line managers, adaption of national offers to current context (e.g., civility and respect, violence reduction), developing wider digital wellbeing offer (e.g., financial, childcare), communications and evaluation frameworks. Each pilot conducted their own bespoke evaluation. The sole pilot in primary care was run in the Cambridgeshire and Peterborough region. There is very little previous evaluation of occupational health provision for primary care staff (Grime, 2005).

Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) Enhanced Occupational Health and HR Service Pilot Project

CPCCG has 23 Primary Care Networks, with an estimated 3,036 GP practice staff, 330 locums and 512 community pharmacists. There are 89 GP Practices, 3 GP Federations and 65 Independent Community Pharmacies signed up to the Enhanced OH provision as part of this pilot.

There are significant health inequalities between the North and the South county localities and variation in access to occupational health and wellbeing services for staff across different settings. Growth and retention of the primary care workforce, reduced attrition and building resilience is a key priority for system grown in the PCN.

The aims of the Enhanced Occupational Health and HR Service project were to:

1. Increase access to provision of quality occupational health, in turn supporting colleagues to remain in work and well or to return to work to do this well
2. Increase access and uptake of interventions with a measurable improvement in health
3. Improve staff perceptions of occupational health policy (person-centred vs focused on managing attendance)

The 12-month service implementation pilot was designed to reduce the inequalities in quality occupational health provision to primary care across the area, in turn supporting colleagues to remain in work and well or to return to work and do this well. It was designed to complement and enhance any existing occupational health and HR relationships that GP Practices already had in place.

The enhanced service was provided by Optima Health, a leading supplier of occupational health and wellbeing services in the UK. Optima Health provided the following services:

- Pre-Employment Assessment
    - Evaluated the fitness of the applicant's health, declared via the pre-placement screening, in relation to hazards and risk of the job, environment or activities
    - Advice for managers on fitness for work, regulations, adjustments, adverse health issues, UK disability legislation
    - Assessment of Pre-Placement Health Questionnaire
- Performance and Attendance Management

    - Advice and support for managers on an employee's performance or attendance to managers.
    - Fitness to return to work, limitations on full service on return to work, prognosis of further involvement, recommendations for therapeutic intervention or lifestyle intervention, existence of a medical condition in repeated short-term absences, reasonable adjustments, supporting employees in work, legislation and regulations.
- Medical Helpline (managers only)
    - Practice Managers or Community Pharmacy Leads medical advice helpline
- Wellbeing (Optimise App)
    - All staff (and family members) had access to a wellbeing app with a range of clinical, lifestyle and financial health assessments.
- 24/7 Sharps Line
    - A 24-hour body fluid exposure and sharps injury telephone assistant, manned by a specialist occupational health practitioner.
- Immunisation Programme
    - In accordance with Department of Health and NHS Immuninisations requirements
- Ill Health Retirement
    - Advice about whether an employee should or should not apply for Ill Health Retirement and information on the application.
- Employee Assistance Programme
    - A 24-hour service. Employees can contact the helpline for confidential, independent, unbiased information and guidance from wellbeing and counselling practitioners.

From 1st July 2021, referring managers (Practice Managers or Community Pharmacy Leads) could access Optima Helpdesk telephone and Optima Health's online referral system (myOHPortal), to allow managers to create, submit and track referrals, submit reporting information, view updates of referrals and download reports, following assessments. All referrals were made by referring managers.

Aims of evaluation and method

University of East Anglia was commissioned by Eastern Academic Health Science Network to evaluate the Enhanced Occupational Health and HR Pilot project. It was the aim of this service evaluation project to evaluate the impact of improvements (baseline existing provision, monitoring and outcomes evaluation) to capture learning, share what is working and contribute towards evidence-based practice. A logic model guided the data collection content (Appendix 1). There were four stages to the evaluation.

1. An online survey to referral managers to understand the provision and use of occupational health services in GP practices and pharmacies prior to the pilot (Survey open September 2021 - October 2021).
2. Reporting of Enhanced Occupational Health and HR service uptake, referrals and appointments data from the provider (Optima Health)
3. An online survey for staff and referral managers focusing on the Enhanced Occupational Health and HR offer to understand awareness, uptake, benefits and limitations and staff and practice characteristics (Survey open February 2022 – July 2022) (Appendix 2). There were 17 responses to the survey, with 11 referral managers and 6 staff.
4. Semi-structured interviews with those implementing and using the service with a particular focus on both the employee and referring party perspective and experience of the employee, whether it addressed the need, and whether the service was fit for purpose from the perspective of the employee and referrer (Interviews took place from February 2022 – April 2022) (Appendix 3). There were four referral managers and one staff member who were interviewed.

Ethical approval for this service evaluation was granted by the University of East Anglia Faculty of Medicine and Health Science Ethics Committee (Reference: 2020/21-166). The pilot project manager acted as gatekeeper for all recruitment activities for the evaluation, including distribution of survey and interview invitations. Descriptive analyses were reported for quantitative data. Interviews were conducted via Microsoft Teams, recorded, and transcribed and analysed using an inductive, thematic framework approach to understand staff and referral manager perspectives (Braun and Clarke, 2006). A framework approach was used to allow continuous cross-checking between the coding and the source of the data. Data was analysed and interpreted as it arrived, allowing for an iterative approach for themes to emerge.

The first survey for referral managers was launched in September 2021 to identify any gaps in service provision and inequality of access to OH services for primary care staff. The aim was to understand the difference in provision across the North and South of the county, what occupational health was (prior to the pilot) provided to staff, who are the staff access existing provision (characteristics of staff) and hopes and expectations for the pilot provision. However, this coincided with a period of ongoing Covid-19 pressures and a steady lead-in and uptake period of the pilot, and responses were considered too low to provide a meaningful baseline. Of 9 practices and two pharmacies providing some data, none had an existing occupational health contract. This survey was closed in October 2021. Instead it was agreed that the interviews with referral mangers would be used to explore previous provision of occupational health services.

The Process and Implementation of the Enhanced Occupational Health and HR Service Pilot

Delivering the Enhanced Occupational Health and HR service across Primary Care to an estimated 3,800 staff members in 65 independent pharmacies, 89 GP practices and 3 GP federations took time to become established, embedded, understood and used. The Project Manager and Project Steering Group were integral in raising awareness of the provision through several communication approaches across the period of the pilot. This included the Primary Care Gateway, electronic, hard copy and QR code resources, Facebook Group, webinars, quality meetings, training and support sessions, practice manager updates, newsletters, presentations (e.g., to staff and unions).

The total number of referrals by region from June 2021 to June 2022 are shown in Figure 1.

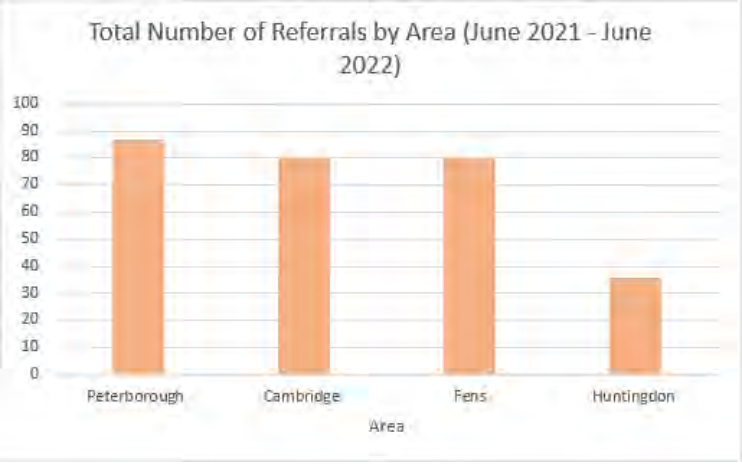


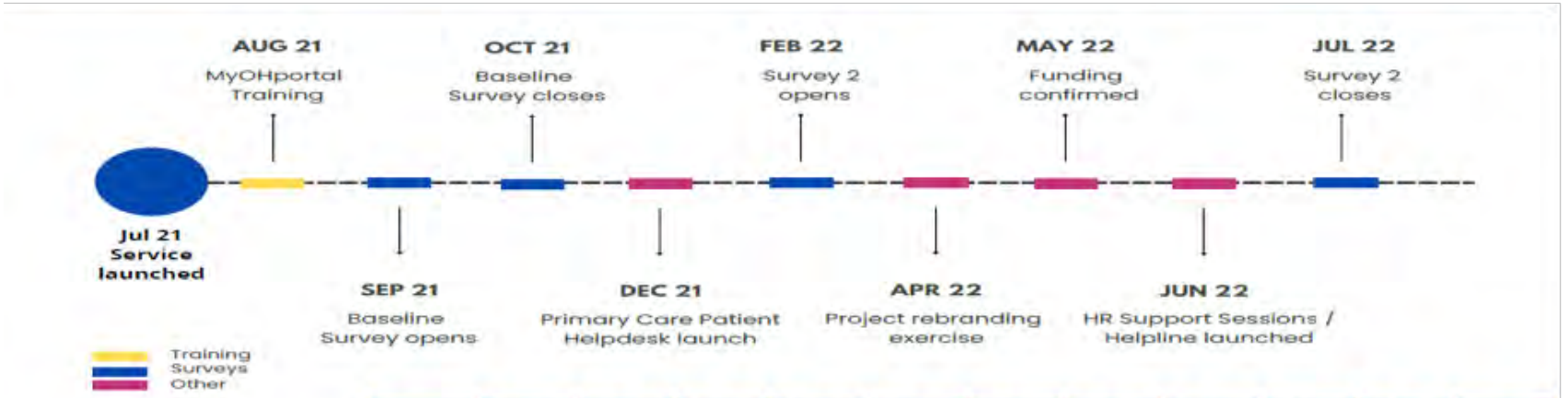
Figure 1 Total number of referrals by region, June 2021-June 2022

The roll-out of the pilot is illustrated in Figure 2. The uptake of referrals from managers steadily increased over the 12-month period, with an expected slower uptake at the start of the pilot. By June 2022 there had been a total of 283 referrals into the service from 39 practices. In June 2022 the number of referrals per month had risen to 50 manager referrals from 14 unique practices. It is expected that any new system-wide provision will take time to embed and seen in the steady uptake in referrals and engagement with the provision (e.g., through communications with the project manager, practice visits etc.), which increased to 87% of practices and pharmacies by June 2022.

There were no referrals from pharmacies across the 12-month pilot project period. However, due to the embedded pharmacy co-ordinator being a member of the project steering group, this is not expected to be due to a lack of awareness of the provision. We do not know if pharmacy staff engaged in other areas of the provision, such as the Optimise Wellbeing App, as we do not have the data to determine who has used the app.

Occupational health and HR service use

The most commonly used services were manager referrals, performance and attendance management and pre-placement screening. From the data collected by the provider (Optima Health), the most common reason for a manager referral was for mental and behavioural disorders (28 referrals), followed by musculoskeletal disorders (16 referrals) and referrals for respiratory system (9 referrals). There were 79 calls to the Performance and Attendance Management Occupational Health advice telephone-line. There were 248 Pre-Placement Screening requests to Optima Health across the duration of the project. The uptake of this service steadily increased overtime, starting with 5 requests in June 2021 and rising to 43 in June 2022 and 36 requests in July 2022. The provider did not routinely collect information about the service user characteristics.



	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
No. of Manager Referrals	9	15	12	10	29	14	29	26	31	25	26	50
No. of unique referring Practices	6	13	7	7	14	10	10	11	14	14	13	14
Engagement rates (all GP Practices & 6 Pharmacies)	49%	50%	56%	56%	56%	58%	69%	69%	72%	75%	86%	87%

Figure 2 Process and implementation of the Enhanced Occupational Health and HR Service and Evaluation (source: Project Manager)

Evaluation findings from survey and interviews

Meeting an unmet need

In providing an occupational health and HR Service that is free to access for all Primary Care in the area, the enhanced service met a previously unmet need. Before the service was in place practices would pay privately for occupational health provisions or find ways to address the need from within the practice (such as in-house pre-employment assessments). It was felt that the entire workforce now had equal access to occupational health provision that would be provided by occupational health professionals and independent of the practice.

"I mean certainly for me it's open to all staff, it doesn't matter whether they're a receptionist, cleaner, GP partner, they all get referred in the same way. In the same timescale…..I don't think anybody is treated more favourably or disadvantaged, within our practice anyway."

"….before this system we paid privately …. now all of General Practice is on the same playing field, so all staff should get the same benefits. And I think it's on a par with the service that hospital staff get which is something that doesn't normally happen in primary care."

"As a comparatively small GP practice we just don't have that level of resource …..we are not experts and not independent of the situation either. So, I think having that provision is excellent."

It takes time embed process and expectations

As noted above, there are complexities and challenges in implementing a new system, across multiple sites and up-skilling of referral managers was required to enable the system to be effectively used. Moreover, there were challenges and troubleshooting required from the provider, as part of the embedding process that may have slightly knocked confidence in the system during this period.

"The managers don't really seem to understand the whole process of how the company works and how to refer people in, and what information needs to be on the referral, and who should see a nurse, who should see a doctor. And then the company receives this referral and they said to me, well we don't read the referrals we just go by the code."

"I think that whenever you make an appointment and it's then cancelled when it's to do with your health, especially I think for the person that we referred with mental health problems, I think it kind of knocks their view of the occupational health service. But I think that when they've spoken to the people they have felt listened to and they have been happy with the outcomes. They themselves have felt that it's been person-centred."

The survey findings also indicated that there were areas of the enhanced provision that were less well known or used, including 24/7 Sharps Line, Ill Health Retirement, Employee Assistance Programme nor the ICS Staff Support Hub (Appednix Table 2). The responses to the survey were low (n=17) and of these, the most accessed services were Performance and Attendance Management (47%), Pre-Employment Assessment (29%) and Immunisations Programme (29%).

A range of user experiences reflected

Staff "appreciated the opportunity of having the conversation and speaking to somebody completely independent of the process" and the wellbeing provision was reported to be "excellent" and "very good". Referral managers benefited from having a *"centralized system. Definitely fills a gap."*

However, a small number of staff reported that the service did not meet their expectations (Appendix Table 3).

"….from my point of view it just seems like you know they want the money for your appointment, and they don't really care very much about the consequences for you. But you know the consequences for me were really serious"…… "Just kind of quite unsatisfactory help from them and I think most people I know who have been referred, it kind of feels like a tick box exercise really."

"…I thought the report that we got back just kind of regurgitated what I'd told them. And very little in the way of …. recommendations on how we could help the person and go forward."

Referral managers as gatekeepers

Referral managers were integral in embedding use and uptake of the Enhanced Service as they were often gatekeepers to sharing information and for referrals into the service. Across the pilot project period, the Project Manager delivered information sessions directly to staff, provided information for staff rooms (e.g., posters) and created a staff Facebook Group, to increase direct information sharing to staff.

"When it first came out, I offered it out to everybody, but I haven't done since. And I suppose maybe I would only offer it if they came to me with any concerns, and I would just send everybody automatically now. If I get new staff members for their pre-employment checks, but apart from that like I said I haven't really used much else of it. I don't know, maybe some more – maybe if I sort of regularly offered it out to the staff that might help."

Access to the Enhanced Occupational Health and HR Service enabled referral managers to offer services and support to staff in a consistent way, providing an "independent view", that also helped them to feel reassured that staff were well supported, particularly in the context of Covid-19.

"I think it's really especially with the current pandemic, lots of staff have been getting lots of self-help things, if not through occupational health through other things, so it's nice for us to be able to say actually we've got this available for you. Which is really good... And I think they find it a little bit more like we're helping because I'm referring them, not I'm directing them to self-refer somewhere, I'm actually taking that step to refer them. I think that helps."

Lessons from the evaluation

- It takes time and resource to embed a new Occupational Health and HR Service across 95 Primary Care organisations. The regular meeting of the Project Steering Group enabled responsive troubleshooting to emerging issues and challenges and there was necessary ongoing reflection and learning from the Project and the Provider (Optima Health) throughout.
- Both the referral managers and individual staff are "users" of the service and it is important to capture the experiences of both, particularly as referral managers are the gatekeepers to some of the services provided.
- While qualitative approaches were able to understand the depth of experiences, commissioning of services should stipulate the reporting of key performance indicators by personal characteristics, so that the information on "who" is accessing the service is routinely captured over time.
- The full range of user perspectives is likely not captured in this evaluation, particularly for staff users, but it is important to reflect on the positive and negative experiences that are reported.

Summary

The Enhanced Occupational Health and HR Service pilot increased provision of and equity of access to occupational health and wellbeing support for primary care staff in Cambridgeshire and Peterborough, meeting a previously unmet need. The project delivery team and the provider were required to be reflective and adaptive to ongoing complexities of establishing a new system-wide service in Primary Care. Practice referral managers were key gatekeepers to information about the service and referrals for staff and were important in raising awareness within practices of the range of services offered. Having access to the provision enabled referral managers (practice managers and community pharmacy leads) to feel assured that they have a range of support options available to staff. Overall, the evaluation reflects a small sample of user experiences including referral managers and staff who shared experiences of using the service. The data was not available to explore the characteristics of staff who were accessing the service and future service commissioning should require the collection of this information for reporting over time. There were no referrals from independent pharmacies and the evaluation does not reflect the views and experiences of pharmacy staff awareness, uptake and experience of the service. As the sample was limited, further evaluation would be required to fully understand staff and referral manager perceptions of the offer.

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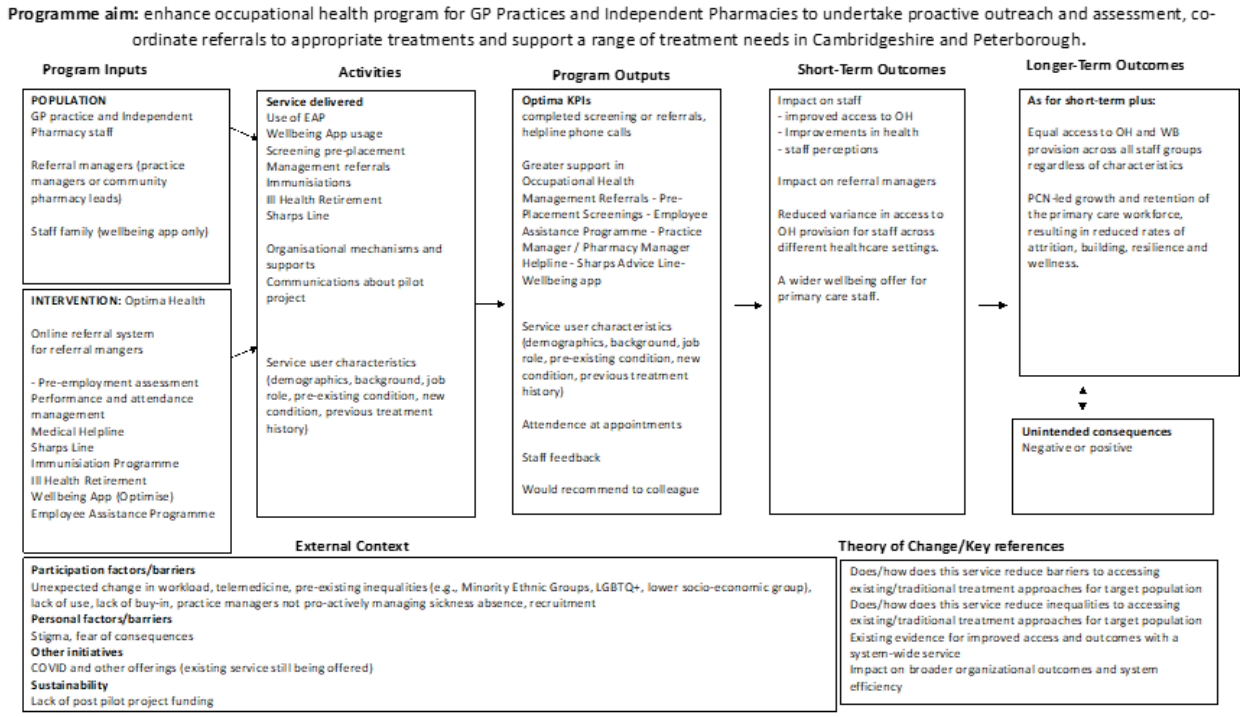
Appendix 1 Logic Model



Appendix 2 Evaluation Survey Results Tables

Characteristic		n (%)
Job Role	Nursing & Midwifery	2 (12%)
	Medical & Dental	3 (18%)
	Administrative & Clerical	11 (65%)
	Allied Health Professionals	1 (5%)
Referral Manager		11 (65%)
GP Practice, Pharmacy or GP Federation	GP Practice	14 (82%)
	GP Federation	3 (18%)
	Pharmacy	0
Area Location	Peterborough	6 (35%)
	Cambridge	6 (35%)
	Fens	1 (6%)
	Huntingdon	4 (24%)
Participant characteristics		
Age Range	25-34	4 (24%)
	35-44	3 (18%)
	45-54	7 (41%)
	55-64	3 (18%)
Gender	Female	15 (88%)
	Male	2 (12%)
Ethnicity	White	15 (88%)
	Asian	1 (6%)
	Prefer not to say	1 (6%)
Nationality	British / English	16 (94%)
	Prefer not to say	1 (7%)
Sexual orientation	Heterosexual or straight	14 (82%)
	Prefer not to say	3 (18%)
Physical disability		1 (6%)
Mental health condition		1 (6%)
Table 1: Survey participant and practice characteristics. There were 0 responses from a member of staff or referral manager from a Pharmacy.		

OH and Wellbeing Services	Accessed the service (n = 15)	Awareness of the service	
Performance and Attendance Management	8 (47%)	[1]Not aware of this service	6 (83%)
		Aware of, but have not tried to access	1 (17%)
Immunisations Programme	5 (29%)	[2]Not aware of this service	5 (56%)
		Aware of, but have not tried to access	4 (44%)
Pre-Employment Assessment	5 (29%)	[3] Not aware of this service	6 (60%)
		Aware of, but have not tried to access	4 (40%)
#LookingAfterYouToo: Coaching	1 (6%)	[4]Not aware of this service	7 (54%)
		Aware of, but have not tried to access	6 (46%)
Psychological Wellbeing Service (IAPT)	1 (6%)	[4] Not aware of this service	2 (15%)
		Aware of, but have not tried to access	11 (85%)
Wellbeing (Optimise) App	2 (12%)	[4] Not aware of this service	5 (38%)
		Aware of, but have not tried to access	8 (62%)
24/7 Sharps Line	0	[4] Not aware of this service	10 (71%)
		Aware of, but have not tried to access	4 (29%)
Ill Health Retirement	0	[4] Not aware of this service	11 (79%)
		Aware of, but have not tried to access	3 (21%)
Employee Assistance Programme	0	[4] Not aware of this service	7 (50%)
		Aware of, but have not tried to access	7 (50%)
ICS Staff Support Hub	0	[4] Not aware of this service	8 (62%)
		Aware of, but have not tried to access	5 (38%)
Not accessed the services	3 (18%)		

Table 2: Access to and awareness of OH and Wellbeing Provision (until April 6th 2022)

[1]Total n responses = 6, [2]Total n responses = 9, [3]Total n responses =8, [4] Total n responses = 13

OH and Wellbeing Services	Satisfaction with the use of service	
Performance and Attendance Management (n=8)	Very satisfied	3 (38%)
	Slightly satisfied	2 (25%)
	Neither satisfied or dissatisfied	1 (1 %)
	Slightly dissatisfied	1 (13%)
	Very dissatisfied	1 (13%)
Immunisations Programme (n=5)	Very satisfied	2 (40%)
	Slightly satisfied	0
	Neither satisfied or dissatisfied	0
	Slightly dissatisfied	1 (20%)
	Very dissatisfied	2 (40%)
Pre-Employment Assessment (n=5)	Very satisfied	2 (40%)
	Slightly satisfied	0
	Neither satisfied or dissatisfied	1 (20%)
	Slightly dissatisfied	1 (20%)
	Very dissatisfied	1 (20%)
#LookingAfterYouToo: Coaching (n=1)	Very satisfied	0
	Slightly satisfied	0
	Neither satisfied or dissatisfied	1 (100%)
	Slightly dissatisfied	0
	Very dissatisfied	0
Psychological Wellbeing Service (IAPT) (n=1)	Very satisfied	0
	Slightly satisfied	0
	Neither satisfied or dissatisfied	1 (100%)
	Slightly dissatisfied	0
	Very dissatisfied	0
Wellbeing (Optimise) App (n=2)	Very satisfied	1 (50%)
	Slightly satisfied	0
	Neither satisfied or dissatisfied	0
	Slightly dissatisfied	1 (50%)
	Very dissatisfied	0

Table 3: Satisfaction with the services that have been accessed

OH and Wellbeing Services	Recommend to a colleague	
Performance and Attendance Management (n=12)	Highly likely	3 (25%)
	Fairly likely	2 (17%)
	Neither likely nor unlikely	5 (42%)
	Fairly unlikely	1 (8%)
	Highly unlikely	1 (8%)
Immunisations Programme (n=10)	Highly likely	3 (30%)
	Fairly likely	2 (20%)
	Neither likely nor unlikely	3 (30%)
	Fairly unlikely	1 (10%)
	Highly unlikely	1 (10%)
Pre-Employment Assessment (n=8)	Highly likely	2 (25%)
	Fairly likely	1 (13%)
	Neither likely nor unlikely	2 (25%)
	Fairly unlikely	3 (37%)
	Highly unlikely	0
#LookingAfterYouToo: Coaching (n=7)	Highly likely	0
	Fairly likely	1 (14%)
	Neither likely nor unlikely	4 (57%)
	Fairly unlikely	2 (29%)
	Highly unlikely	0
Psychological Wellbeing Service (IAPT) (n=6)	Highly likely	0
	Fairly likely	2 (33%)
	Neither likely nor unlikely	4 (67%)
	Fairly unlikely	0
	Highly unlikely	0
Wellbeing (Optimise) App (n=8)	Highly likely	0
	Fairly likely	3 (38%)
	Neither likely nor unlikely	3 (38%)
	Fairly unlikely	2 (25%)
	Highly unlikely	0
24/7 Sharps Line (n=6)	Highly likely	1 (17%)
	Fairly likely	1 (17%)
	Neither likely nor unlikely	3 (50%)
	Fairly unlikely	1 (17%)
	Highly unlikely	0
Ill Health Retirement (n=6)	Highly likely	0
	Fairly likely	1 (17%)
	Neither likely nor unlikely	4 (67%)
	Fairly unlikely	1 (17%)
	Highly unlikely	0
Employee Assistance Programme (n=6)	Highly likely	1 (17%)
	Fairly likely	0
	Neither likely nor unlikely	5 (83%)
	Fairly unlikely	0
	Highly unlikely	0

ICS Staff Support Hub (n=6)	Highly likely	0
	Fairly likely	1 (17%)
	Neither likely nor unlikely	4 (67%)
	Fairly unlikely	1 (17%)
	Highly unlikely	0
Table 4: Likelihood of recommending the service to a colleague		

Appendix 3 Interview topic guides for referral managers and staff

Hello, thank you for agreeing to give us some of your time today. Today I want to talk with you about your experience of the new occupational health and wellbeing provision and a little about how this compares to previous provisions. The interview should last no more than 30 minutes. Before we start, can I just confirm that you are happy to go ahead and for the interview to be recorded?

Begin recording

Referral Managers

Can I start by asking, what occupational health provision your practice (or pharmacy) had before the enhanced provision by Optima?

What has changed in the provision since the enhanced provision by Optima has been in place?

What are your perceptions of the Enhanced Occupational Health and HR Service?

- To what extent does this feel like attendance or performance management?
- How do you feel this system takes a person-centred approach?

What was your experience of as a referral manager using the Enhanced Occupational Health and HR Service provided by Optima?

- Pre-Employment Assessment
- Performance and Attendance Management
- Medical Helpline (managers only)
- Wellbeing (Optimise App)
- 24/7 Sharps Line
- Immunisation Programme
- Ill Health Retirement
- Employee Assistance Programme

What was your experience referring staff into the service?

Was the service easy to use?

Is the service easy to implement in your practice?

What was your experience using the Medical helpline?

Can you explain whether the service addressed the needs of your practice or pharmacy staff?

How could this be improved?

Is the provision by Optima suitable for primary care staff?

What were the benefits to using this service?

How could this service be improved to meet your needs?

There have been existing inequities in primacy care and access to occupational health, how might this enhanced provision impact inequities?

- Are there particular groups that are advantage or disadvantaged?
- How could this be improved?

The funding for this enhanced service provision was given to reduce inequalities in access to services, has it achieved its aim?

- Staff from diverse backgrounds
- Disability

One of the aims of this enhanced provision was to improve access to occupational health for staff, from your position, did it meet this aim?

Page Break

Staff

Pre interview – check consent and that the participant is still happy to be interviewed

Begin recording

What are your perceptions of the Enhanced Occupational Health and HR Service?

- To what extent does this feel like attendance or performance management?
- How do you feel this system takes a person-centred approach?

What was your experience of using the Enhanced Occupational Health and HR Service?

- Pre-Employment Assessment
- Performance and Attendance Management
- Wellbeing (Optimise App)*
- Immunisation Programme
- Ill Health Retirement
- Employee Assistance Programme*

Can you explain whether the service addressed the need that you had?

How could this experience be improved?

What were the benefits to using this service?

How could this service be improved to meet your needs as an employee?

How comfortable did you feel accessing the enhanced Occupational Health and HR Service?

- What concerns did you have in accessing the service?
- Were you concerned about how this might be viewed by others