Influences on the effective implementation of evidence-based workplace health guidance

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Established 1999 to reduce variation in care

Evidence-based guidance:
- Issue referred
- Consultation on the scope
- Systematic review
- Consultation on the evidence
- Economic appraisal
- Recommendations drafted
- Consultation on the draft guidance
- Guidance published
NICE workplace guidance

• CG43 – obesity
• PH5 – smoking cessation
• PH8 – building design
• PH13 – physical activity
• PH19 – long term sickness
• PH22 – mental wellbeing
Study method

- Multi-disciplinary team to develop the audit
- National health services (NHS) in England invited
- Recruited organisations via board members
- Three month period to submit their data
- Web-based tool to collect information
- Contacted regularly to encourage participation
- Continual access to help and support
### Audit participation

<table>
<thead>
<tr>
<th>Organisation type</th>
<th>Participation</th>
<th>Number of workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Acute</td>
<td>122</td>
<td>73%</td>
</tr>
<tr>
<td>Mental health</td>
<td>39</td>
<td>67%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Primary care</td>
<td>110</td>
<td>52%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>282</strong></td>
<td><strong>63%</strong></td>
</tr>
</tbody>
</table>
Senior leader engagement

• 95% of boards of directors named lead for employee health and wellbeing

• If health and wellbeing regular board agenda item more likely to involve employees
  • Smoking (p = 0.005)
  • Physical activity (p = 0.002)
  • Mental wellbeing (p < 0.002)
  • Obesity (p = 0.2)
Health and well-being strategy

• 44% over-arching strategy in place
• 47% over-arching strategy in development

• Organisations with an over-arching strategy:
  • more likely to have employee health as regular board agenda item (p = 0.015)
  • more likely to have specific policies:
    • physical activity (p <0.01)
    • obesity (p <0.01)
    • promoting mental wellbeing (p <0.01)
# Needs assessment

<table>
<thead>
<tr>
<th>Needs</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>27</td>
</tr>
<tr>
<td>Physical activity</td>
<td>42</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>51</td>
</tr>
<tr>
<td>Mental wellbeing</td>
<td>63</td>
</tr>
</tbody>
</table>
## Assessing need

<table>
<thead>
<tr>
<th>Needs of different staff addressed (%)</th>
<th>Measure uptake (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>7</td>
</tr>
<tr>
<td>Physical activity</td>
<td>19</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>41</td>
</tr>
<tr>
<td>Mental wellbeing</td>
<td>27</td>
</tr>
</tbody>
</table>
Obesity intervention

<table>
<thead>
<tr>
<th>Offer overweight and obese staff multicomponent interventions</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person providing the programme is trained in obesity management</td>
<td>74</td>
</tr>
</tbody>
</table>

Multi-component interventions more likely where:
- completed needs assessment for obesity (p <0.001)
- involved staff in planning their approach (p <0.001)
## Healthy food

<table>
<thead>
<tr>
<th>Organisation actively promotes healthy food choices, for example using signs, pricing and positioning of products to encourage healthy choices in:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees’ restaurant</td>
<td>61</td>
</tr>
<tr>
<td>Vending machines</td>
<td>32</td>
</tr>
<tr>
<td>Shops for employees and clients</td>
<td>31</td>
</tr>
</tbody>
</table>
Physical activity

- 82% encourage use of local leisure facilities
- 48% encourage use of stairs
- 37% promote setting goals for walking/cycling distances
- 53% encourage walking/cycling to external meetings
- 52% publicise walking/cycling routes to and from work
- 50% publicise walking/cycling routes around worksite
## Smoking cessation

<table>
<thead>
<tr>
<th>Allow employees to attend smoking cessation services during working hours without loss of pay?</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow employees to attend smoking cessation services during working hours without loss of pay?</td>
<td>63</td>
</tr>
</tbody>
</table>

- 95% provide access to stop smoking support
- More likely to allow workers to attend smoking cessation services during working hours where:
  - completed needs assessment for cessation (p <0.05)
  - involved staff in planning their approach (p <0.05)
Manager training

<table>
<thead>
<tr>
<th>Provide training for managers...</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>on how to promote employee mental wellbeing</td>
<td>63</td>
</tr>
<tr>
<td>to identify and respond to employees’ mental health issues?</td>
<td>60</td>
</tr>
</tbody>
</table>

Where assessed need* and involved workers** in planning more likely to train managers

- to promote mental wellbeing ($p = 0.003^*; p = 0.016^{**}$)
- to identify and respond (both $p <0.001$)
Limitations

- self reported responses were not validated
  ... but some low implementation rates suggest the results should be representative

- did not measure the thoroughness of implementation
  ... and subsequent discussions suggest implementation may not be thorough
The national audit report

Implementing NICE public health guidance for the workplace: a national organisational audit of NHS trusts in England

NICE guidance

• Current NICE guidance: www.nice.org.uk

• In development:
  1. employees with long-term conditions
  2. older employees
  3. the role of line managers
Key messages

• First study to measure implementation of NICE workplace guidance

• Implementation very variable

• Obesity guidance infrequently implemented

• Leaders engaged + workers involved = action
Acknowledgements

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Julia Smedley, Southampton

... and many others

Thank you

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