

# Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Money and jobs**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

A

## Strategic context

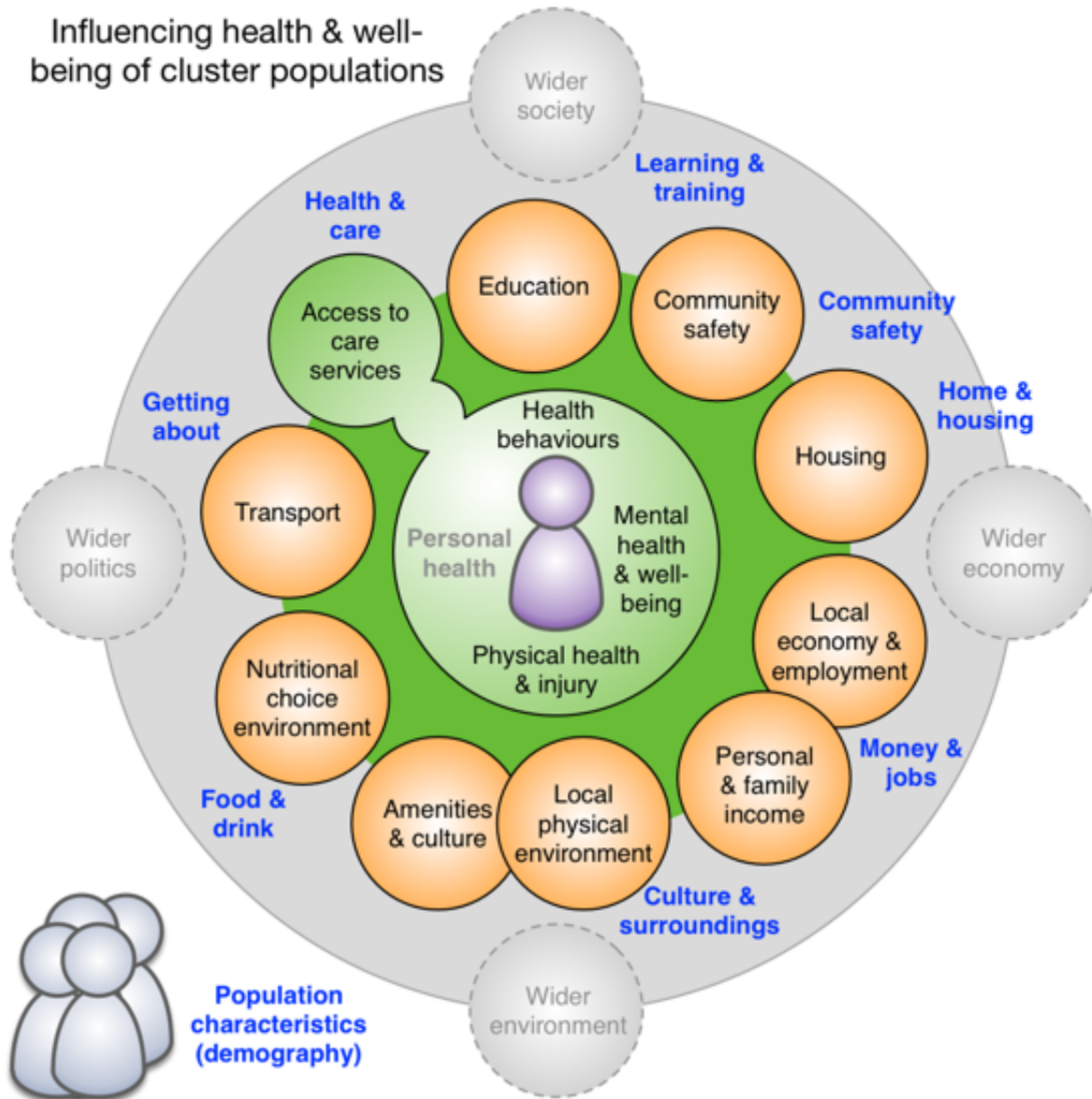
① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- *Building a healthier Wales* (Feb 2019) proposes a priority of tackling the wider determinants with a multi-agency focus on employability [and health and housing]. It notes poor-quality employment is strongly linked to poor physical and mental health outcomes and can increase the risk of prolonged absenteeism and future unemployment. Unemployment in turn increases the risk of limiting long-term illness, poor mental health and cardiovascular disease and is associated with an increased risk of premature mortality.
- The *Making a difference* report (PHW 2016; [link](#)) identifies employment interventions as providing a return on investment and cost saving; debt advice services are also identified as providing a return on investment.
- The workplace is a setting within which large numbers of people (most of the working age population) can be supported to adopt healthier behaviours and helped to access behaviour change services.

▼ ① Tell me about: Determinants of health

- The **determinants** of health are broader, population-level influences on health and well-being (as opposed to the **causes** of ill health, which tend to be visible on an individual basis).
- The **wider** determinants of health are often described as the 'causes of the causes'—they generally reflect national conditions (grey in the diagram below) and include the broad economic, social, environmental and political factors that ultimately determine the health of whole populations.
- It can be helpful to describe **intermediate** determinants of health—these are the things that can be more readily influenced or modified through partnership action at local authority or health board level (orange in the diagram).

- Personal health status (influenced by health behaviours, mental health and well-being, physical health and injury) is closely linked to access to health and care services—a relationship shown in green in the diagram—but also to other intermediate determinants.
- Clusters should appreciate how other influences shape health and care on their patch, because the **unjust distribution** of determinants of health (e.g. by deprivation; see [POP-003](#)) is manifest as inequality in outcomes (e.g. gap in life/ healthy life expectancy; see [POP-002](#)).



STEP **B**

## Improvement actions for GP practice cluster members

① Consider which of the following actions could be taken forward:

▼ Support patients with health problems to remain in or return to work

- Healthy Working Wales ([link](#)) provide signposting to training events, online tools and guidance to GPs on managing consultation for fitness to work/ return to work, for patients who are either unemployed or employed ([link](#)).
- Fit for Work ([link](#)) provide guidance and free professional advice intended to support people in work with health conditions and help with sickness absence ([link](#)).
- *Getting the most out of the fit note* (DWP 2014; [link](#)) provides guidance based on research evidence and feedback from doctors, patients and employers designed to help GPs make best use of the fit note to support their patients. The guidance identifies a number of key messages, highlighting that an assessment about whether a patient is fit for work is about their fitness for work in general and is not job-specific.
- The RCGP offer an online learning module, *Health and work training resource* ([link](#)), designed for use by GPs and practices to support their own learning, on the evidence around the importance of work to health as well as the non-clinical management of early return to work.

### ▼ Support GP colleagues with health problems to remain in or return to work

- Health for Health Professionals Wales ([link](#)) is a face to face counselling service for all doctors in Wales. It provides doctors with access to a BABCP (British Association of Behavioural and Cognitive Psychotherapies) accredited therapist in their area. This is a confidential service for doctors in Wales fully funded by the Welsh Government and administered by Cardiff University.



## Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

### ▼ Support employees with health problems to remain in or return to work

- *Building a healthier Wales* (Feb 2019) notes that as major local employers, all public services have a substantial and active role in ensuring fair employment opportunities for their local populations; supporting their staff to return to work and in supporting people with disabilities to gain and stay in employment.
- Healthy Working Wales ([link](#)) provide information, guidance and good practice examples to help employers improve the health and well-being of their workforce. This includes employment advice, managing ill health at work and promoting healthy lifestyles at work ([link](#)).
- Healthy Working Wales produce a health promotion resources catalogue for the purpose of supporting local activities, initiatives or campaigns ([link](#)).
- The *Making a difference* report (PHW 2016; [link](#)) identified cost effective interventions that supported people to return to work including individual active treatment and group exercise for

low back pain and coordinated and tailored work rehabilitation for musculoskeletal disorders.

- The Health and Safety Executive offer guidance to employers on managing musculoskeletal disorders ([link](#)) and work-related stress ([link](#)).
- Healthy Working Wales have produced a *Fit note* online module for employers; this is hosted on the Business Wales website ([link](#)).

#### ▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Mental wellbeing at work*. Public health guideline [[PH22](#)] (Published date: November 2009) includes recommendations suitable for adoption by a broad audience. This guideline covers how to create the right conditions to support mental wellbeing at work. The aim is to promote a culture of participation, equality and fairness in the workplace based on open communication and flexible working.
- *Workplace health: management practices*. NICE guideline [[NG13](#)] (Published date: June 2015 Last updated: March 2016) includes recommendations suitable for adoption by a broad audience. This guideline covers how to improve the health and wellbeing of employees, with a focus on organisational culture and the role of line managers.
- *Healthy workplaces: improving employee mental and physical health and wellbeing*. Quality standard [[QS147](#)] Published date: March 2017 sets out four quality statements, any of which could form a focus for collective local improvement action. This quality standard covers the health and wellbeing of all employees, including their mental health. It describes high-quality care in priority areas for improvement. It does not cover managing long-term sickness absence.
- *Workplace health: long-term sickness absence and incapacity to work*. Public health guideline [[PH19](#)] (Published date: March 2009) includes recommendations suitable for adoption by a broad audience. This guideline covers how to help employees return to work after long-term sickness and how to help people receiving benefits return to employment (paid or unpaid).



## What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

#### ▼ OT fit note project

- *What problem was being addressed?* Need to support people to return to/ stay in work.
- *What was done to address it?* The successful deployment of OTs in the Locality has been a factor in the selection of South Pembrokeshire GP Cluster for a high-profile Department of Work and Pensions Research project in partnership with Royal College of Occupational Therapists (RCOT) and the University of Nottingham. This project will examine the effectiveness of an OT vocational clinic in a Primary Care setting (OTVoc) to support people to return to and stay in

work and improve health and well-being.

- *Who did it or who can be contacted in the event of queries?* South Pembrokeshire cluster (Dr Martin Mackintosh; Lucie-Jane Whelan).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

#### ▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

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STEP

E

## What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

## What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

G

## Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP

H

## What is your provisional decision?

① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now PRINT this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.