

Clinical Guidelines for THOR-GP reporting

Any **new** case seen in your **General Practice** clinic which has been diagnosed by **you** as being wholly or partly caused by exposure or conditions at work should be reported to THOR-GP.

Cases diagnosed by you **outside** your specified month should **NOT** be reported as this would lead to an overestimate of cases. Cases should be **only** those presenting to you for the **first time**. Please do **NOT** “harvest” cases that you think should have been included as this may distort incidence calculations.

Please note that you do not need to have made a "specific" diagnosis in order to report a case. We rely on the physician's clinical judgement for many case reports.

The definition of occupational disease used in THOR is as follows:

The reporting physician considers it more likely than not, on a balance of probabilities, that the condition has been wholly or partly caused by exposure or conditions at work, bearing in mind that the workplace exposure need not be the sole cause of the condition. This definition means:

- Doctors should report conditions to THOR-GP where, in their opinion, work has either caused, or aggravated the condition.
- The burden of proof you should use is “on a balance of probabilities” i.e. that you consider it more likely than not that the conditions has been wholly or partly caused by work.
- Work does not have to be the sole cause of the condition.
- Pre-existing illness in which work conditions made a substantial difference to severity may also be included in the consideration.

Further clinical guidance for reporting is given in **Table 1** (page 2-4) and information on the additional details we would like you to report for each case are shown in **Table 2** (page 4-5).

Nothing to report

If you have no cases to report in your reporting month, it is important to let us know. Please click on the ‘**Submit Nil Return**’ button, then tick the box and enter the relevant month and year. You have the option to add any additional comments before clicking the ‘**Submit**’ button. This should be done at the end of the month.

TABLE 1 - Guidance for reporting to THOR-GP

Category	Condition	Guidance to be used in deciding whether to report to THOR
Respiratory	Asthma	Work-related asthma consists of an association between asthma and work. It can be subdivided into occupational asthma and work-aggravated asthma. Occupational asthma is defined as adult asthma caused by workplace exposure and not by factors outside the workplace and includes cases where the agent acted either as a sensitiser or an irritant. Occupational asthma can occur in workers with or without prior asthma. Work-aggravated asthma is defined as pre-existing or coincidental new onset adult asthma which is made worse by non-specific factors in the workplace, for example, exposure to irritant substances (e.g. a fume-filled or dusty environment); changes in temperature (especially cold air); physical activity required by their job, such as lifting heavy boxes; or stress. Both occupational asthma (allergic and irritant) and work-aggravated asthma should be reported to THOR (please specify which in the diagnosis column)
	Inhalation accidents	Denoted by acute respiratory systems due to inhalation of toxic gas or fumes
	Allergic alveolitis	Also known as hypersensitivity pneumonitis. Includes, for example, farmer's lung, mushroom worker's lung
	Bronchitis/emphysema (COPD)	Includes any case in which occupational exposure is believed to be an important factor
	Infectious disease	Includes, for example, ornithosis, tuberculosis and covid infection
	Non-malignant pleural disease	Includes localised thickening (plaques), or diffuse thickening/effusions (please specify which in the diagnosis column)
	Mesothelioma	Because of the strong association of this condition with asbestos exposure all clinically diagnosed cases should be reported to THOR-GP. Reporting physicians should be aware of the British Thoracic Society's 2007 guidance on the condition, accessible online at: https://www.brit-thoracic.org.uk/quality-improvement/guidelines/mesothelioma/
	Lung cancer	Includes any case in which occupational exposure is considered an important contributing factor, regardless of smoking habit
	Pneumoconiosis	Includes pulmonary fibrosis due to coal, asbestos, silica, talc etc., with or without pleural disease
	Long covid	Please specify symptoms of the condition, with as much detail given as possible so that we can allocate a sub-category
Other respiratory disease	Includes, for example, building-related illness, byssinosis and rhinitis due to occupational exposure e.g. flour, laboratory animals etc.	
Skin	Contact dermatitis	Includes both allergic and irritant (please specify in the diagnosis column)
	Contact urticaria	Is denoted by immediate hypersensitivity
	Folliculitis/acne	Includes inflammatory diagnosis such as acne and folliculitis
	Infective	Includes, for example, tinea, warts and orf
	Mechanical	Includes dermatitis and callosities caused by mechanical trauma

TABLE 1 (continued) - Guidance for reporting to THOR-GP

Category	Condition	Guidance to be used in deciding whether to report to THOR
	Nail	Problems include chronic paronychia and dystrophies caused by physical or chemical occupational contact
	Neoplasia	Includes skin neoplasia (keratosis, basal and squamous cell carcinomas and melanomas - please specify in the diagnosis column) caused by radiation, occupational sun exposure or chemicals
	Other dermatoses	For example includes low humidity dermatitis, scleroderma-like disorders and ulceration
Musculoskeletal	Back or neck	Including neck/thoracic spine, lumbar spine/trunk – for example, spondylosis/disc problems (any inflammation of the synovial joints); mechanical pain (muscles/tendons/ligaments); osteoarthritis; other pain (pathology ill defined)
	Upper limbs	Including shoulders, elbows, wrists and hands – for example, carpal tunnel syndrome; other nerve entrapment conditions (including radial and ulnar tunnel syndrome); tendon sheath/tendon condition (tendonitis and tenosynovitis); Raynauds phenomenon, HAVS, VWF (to include the effects of vibration and/or cold on the upper limb); epicondylitis/bursitis (medial or lateral and to include olecranon bursitis - "beat elbow"); rotator cuff injury/bursitis (to include tendonitis and frozen shoulder); osteoarthritis; other pain (pathology ill-defined)
	Lower limbs	Including hips, knees, ankles and feet – for example, inflammation/bursitis (any irritation of joints or associated structures resulting in an inflammatory response; including occupationally related fasciitis); osteoarthritis; other pain (pathology ill-defined)
	Other musculoskeletal	Give any other diagnosis and site, for example, head injury
Audiological	Hearing loss	In deciding whether loss of hearing should be reported, you may wish to keep in mind that occupational deafness has been defined as "Sensorineural hearing loss due to occupational noise amounting to at least 50dB, being the average of hearing loss at 1, 2 and 3 kHz frequencies"
	Other audiological	Including, for example; balance problems, tympanic disorders, tinnitus
Stress and Mental Illness	Anxiety/depression	Include cases with symptoms of either disease (please specify)
	Post-traumatic stress disorder	Include cases where either the traumatic event occurred at work (for example, body under the train in a driver) or where working conditions militate seriously against recovery from other trauma
	Other work-related stress	Stress associated with work where the condition does not, in your clinical judgement, constitute anxiety, depression or post traumatic disorder
	Alcohol or drug abuse	Cases where the illness is either the result of working conditions or where access to substances at work have helped precipitate or sustain the illness

TABLE 1 (continued) - Guidance for reporting to THOR-GP

Category	Condition	Guidance to be used in deciding whether to report to THOR
	Psychotic episode	Include cases caused or precipitated by work (including toxic exposure)
	Other mental ill-health	Includes, for example, agoraphobia, obsessive/compulsive disorder etc
Other Diseases	Other diseases not related to categories 1-5	Here we are interested in determining the frequency of other new diseases caused by work to assess the feasibility of their surveillance. Neurological disease (other than hearing loss) e.g. neuropathy and CNS damage. You are also encouraged to report other serious diseases e.g. bladder cancer, blood dyscrasias, nephritis, hepatitis, leptospirosis which, in your clinical judgement, were caused by work. If it is long covid, please specify symptoms of the condition, with as much detail given as possible so that we can allocate a sub-category

TABLE 2 - Information to report for each diagnosis

Field	Description
Diagnosis/symptoms	Please give sufficient detail to code, noting location (e.g. elbow) where appropriate
Postcode	Please give the first half of the postcode
Gender	Male or female
Age	Age at time of diagnosis
Reference number	This is your reference to help you identify the case if there is a query
Occupation	Type of work (e.g. florist or welder). Be as specific as possible (machinist, assembler, process worker are difficult to code without more detail)
Industry	The industrial group of the patient's employer. Be as specific as possible (e.g. for engineering we need to know the product manufactured, and for cleaning we need the site of work). For example, manufacture of motor vehicles or hospital cleaner
Suspected agent/ activity/ exposure	Please be as specific as possible, e.g. 'fibre glass' not 'irritant dust', 'chicken de-boning' not 'repetitive work'. If giving proprietary names, please try to identify the active agent
Fit for work	Please specify the patient's fitness for work, by selecting one of the three following options: <ul style="list-style-type: none"> • Yes • No, sickness absence certified • Yes but adjustment needed
Days certified sick	If sickness absence has been certified, please provide any available information on the duration of certification (issue and duration)
Days off before consultation	If sickness absence has been certified, please select the number of days absent (e.g. self-certification) prior to consultation with you

TABLE 2 (continued) - Information to report for each diagnosis

Field	Fitness for Work
Return to work	Please could you also indicate whether you would expect the condition to be resolved at the end of the duration of the certificate by selecting 'yes' or 'no'
Fit note advice	If fit note advice has been given, select as many of the four options (below) as required: <ul style="list-style-type: none"> • A phased return to work • Amended duties • Altered hours • Workplace adaptations
Other adjustments or conditions	Please provide any information on others adjustments or conditions recommended
Patient referral	Please indicate if you have referred the patient to a specialist and provide the speciality details from the drop down menu
Pattern of exposure	Is the problem related to a single event or to repeated exposure?
Symptom onset date	Wherever possible, please specify the month and year when the current symptoms began
Work-related	Please record whether the case has been caused by or aggravated by work

Submitting the case

Once the webform is complete, please click the **'submit'** button to send the data to us. You will be advised that your data will now be submitted. If you are happy with the data you have entered click **'OK'**, if you would like to return to the form and check the data click **'Cancel'**. There is no current facility for editing cases once they have been submitted so please ensure that you check your data before hitting the 'submit' button.

If the case is submitted successfully, you will see a page containing a link (submit another case) which will take you back to the form and another link to the THOR website. If you do not wish to submit further cases, you can close the browser window at this point.

The webform also contains a link which allows you to view any cases you have previously submitted. Go to the box at the bottom of the homepage with the heading 'Submitted returns' and click on 'view online' or 'download PDF' for a printable version.

Contacts

Thank you for your continued support. If you have any queries about the guidelines, please do not hesitate to contact the THOR-GP team for further information. We welcome any queries or suggestions about these guidelines, as we constantly seek to improve them.

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