

# Annual Lane Lecture 2023



## Convergent Junctions

How the clinical, political, and cultural landscape has changed OH practice in recent decades and why research is more important than ever.

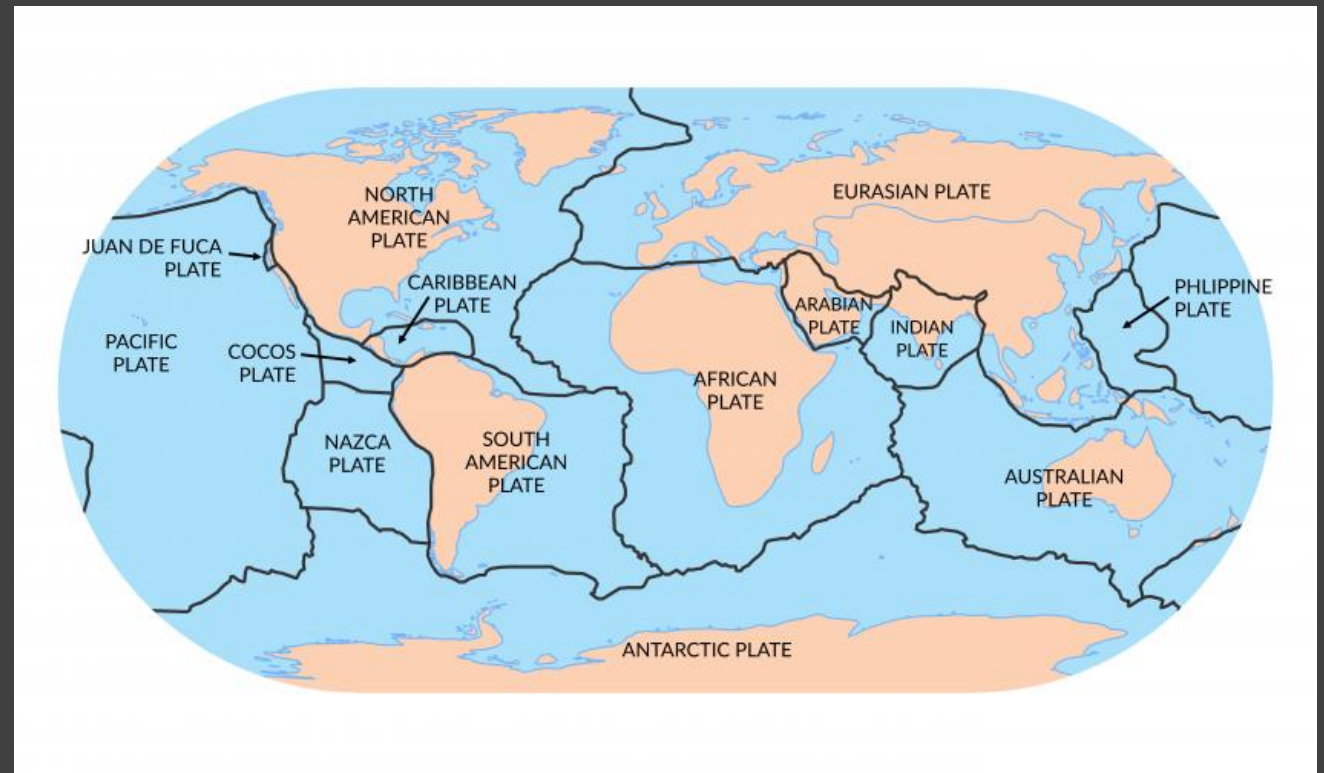
Professor Ira Madan



# THE LANE LECTURE 2023

## CONVERGENT JUNCTIONS

Ira Madan



# Professor Ronald E Lane CBE

## My Fifty Years in Industrial Medicine\*

RONALD E. LANE, CBE

*Emeritus Professor of Occupational Health, University of Manchester*

It has frequently been the practice in these Annual Provincial Meetings to invite a student of local history to give this first lecture on a topic of general interest. This year, your Committee has modified that pattern and asked me to look back to the more recent past to see how our specialty and our Society have developed, and how we have come to be holding this Congress this week. As I have been in it from the early days, I must perforce give a highly personal account.

After spending some three years in the RFC and RAF in the 1914–18 war, I left the Service early in 1919 and went to Guy's Hospital, where I qualified. I took the Membership in 1925; this was to prove invaluable in later years. I entered general practice in Nottingham and, while I enjoyed the work, I never settled down because of practice difficulties. It was there I met Leonard Lockhart, the first full-time Medical Officer that Boots had had. He was very keen, and interested me in his work, so that in 1927 I applied for a

young doctor who seemed interested in industrial medicine. I was very green—having had nothing but hospital and a little general practice experience. I was lucky, however, because I was confronted by a serious industrial disease and disease was something I was familiar with. My employers, moreover, were deeply concerned—lead poisoning was common in their factories, and the very conscientious Managing Director found himself powerless to prevent it.

However, medically, I found myself isolated and lonely. But again, I was lucky in being able to persuade my employers that this professional isolation was neither good for me, nor them, and that I should seek contact with local hospitals and with the Manchester Medical School. Management readily agreed, and I was given a day-and-a-half a week to pursue these contacts. This enabled me to keep my clinical medicine fresh, and secure the interest of the Department of Physiology in some of my new problems. That was not all—because, in

- 1945 First UK Professor in Occupational Medicine
- Lane's weekly outpatient sessions at Manchester Royal Infirmary: lead and cadmium poisoning, disease in the cotton industry, electric shock, noise-induced hearing loss and rehabilitation.

# Research 1945-1975

- Cardiovascular disease among cotton operatives
  - Byssinosis in the waste cotton industry
  - Rheumatism in miners
  - Resettlement of the disabled
  - Neurosis in factory workers
- Medical Research Council
  - Nuffield Fund
  - Cotton Growers charities



# Always pushing

- Training courses for nurses
- Lobbied RCP on importance of industrial medicine
- FOM founded in 1978
- Lobbied BMJ and BJIM formed
- Universities: Newcastle and Glasgow
- Trained six professors





45 years later  
.....occupational  
medicine

---

Mainly industry based – ICI/IBM/oil companies

---

National Coal Board

---

HSE- Employment Medical Service

---

Military

---

Few NHS Posts

---

Manchester, Aberdeen, Edinburgh/Dundee,  
Birmingham, Southampton, Newcastle, (London)

# Warning tremors



*British Journal of Industrial Medicine* 1990;47:135-137

135

## Occupational health at the London School of Hygiene & Tropical Medicine

R S F Schilling, J C McDonald

### **Abstract**

**The London School of Hygiene and Tropical Medicine, founded in 1929 to study all aspects of public health, set up an occupational health unit in 1956 funded by the Rockefeller Foundation. With financial aid from the Trades Union Congress it expanded into an institute with an information and advisory service. Employers and trade unions sought advice on health problems which led to research projects and enriched teaching. Postgraduate courses in occupational medicine and hygiene attracted many students from all over the world. If the threat to close the institute takes place it will deprive the western world of a major centre for teaching and research in occupational health.**

Research Board. Bradford Hill foresaw the need for a strong department of occupational health in a school of public health. The unit began with a staff of three, reader, lecturer, and secretary. The first step was to reorganise the teaching. Occupational health became the most popular of the four elective subjects available to DPH students. This encouraged the school to offer in 1959 a three month course for those who already had the DPH and for practising occupational physicians.

The new department grew rapidly with a dramatic expansion in teaching. In 1961, with the help of a substantial grant from the Nuffield Foundation, the school set up the first academic course in occupational hygiene in Britain.



1994-2014



# What happened ?

## EDITORIAL

### Academic occupational medicine

The long-term future of academic occupational medicine in Britain is seriously threatened. University departments are fewer and smaller than 20 years ago, and there is a prospect of further shrinkage. How has this situation come about, does it matter, and if so, what should be done about it?

Various factors have contributed to the trend. Perhaps

mobile telephony. And the requirement for undergraduate and postgraduate teaching is, if anything, increasing, with larger numbers of medical students being trained, and a growing demand for continuing professional development.

Could these needs be met without academic departments of occupational medicine? It is conceivable that most teaching could be delivered as a part-time activity

by clinicians, many of whom should contribute important

*Occupational Medicine* 2006;56:73-74  
doi:10.1093/occmed/kqj022

- Doctors at a financial disadvantage if follow an academic career
- Fitness to work less exciting than preventing serious disease
- Competitive university environment
- Funding/career prospects

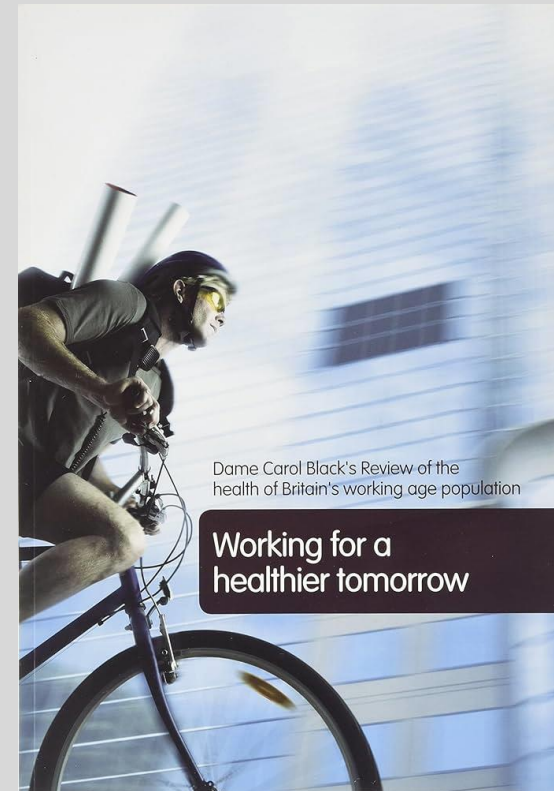
# Some positivity from Government

## What is NHS Plus?

by Personnel Today | 1 Dec 2000

When Alan Milburn launched the concept of NHS Plus on an unsuspecting world in March he took even his own civil servants by surprise. They have been running to catch up ever since and senior civil servant Elizabeth Johnston was despatched to SOHN to unveil the concept to a fascinated, if somewhat sceptical audience.

The idea behind NHS Plus is that the NHS should be able to sell its spare occupational health capacity to businesses on the open market. In theory, this would benefit everybody, allowing small and medium-sized firms to benefit from the NHS expertise in providing occupational health services while the Trust's OH service generated some much-needed income that could be ploughed back into the service it provides to its own staff.



Dame Carol Black's Review of the health of Britain's working age population

**Working for a healthier tomorrow**

# Changes in occupational health practice

- Change in hazards
- Low back pain to mental ill health
  
- Safe work is good for you
- Worklessness as a major public health issue and contributes to inequalities
- Work as a health outcome
  
- Private providers

## Health Technology Assessment



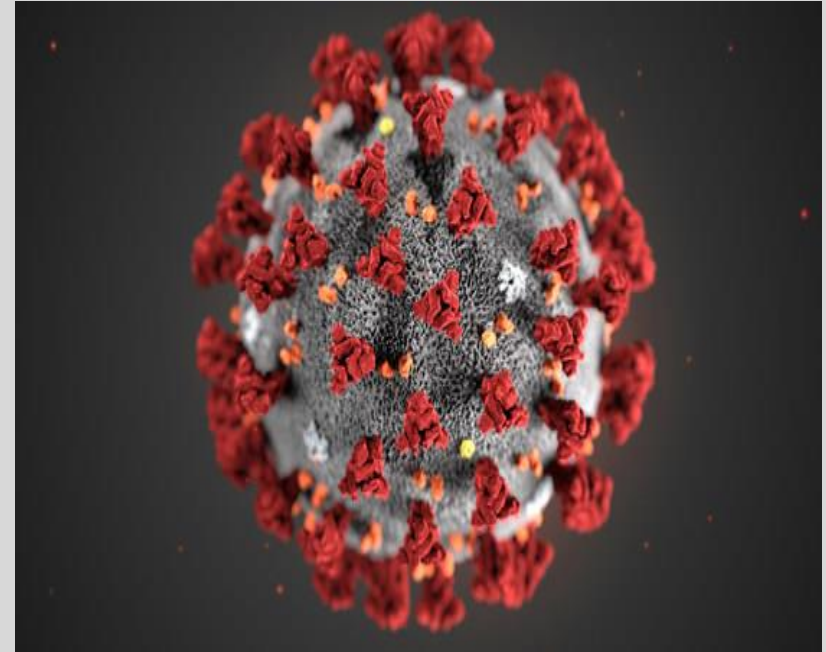
centre for  
musculoskeletal  
health & work

Identifying cost-effective ways to  
minimise the adverse impacts of  
musculoskeletal disorders in the  
workplace.

[Find out more about our research](#)

# SEEDS OF HOPE

# Explosion of interest in OH



Skills of  
occupational  
health  
professionals and  
academics  
suddenly in  
demand

---

Certain occupational groups appeared to  
be at increased risk of acquiring Covid-19

---

Health care workers/care home/meat  
factories/taxi drivers

---

Risk assessments

---

Job-exposure matrices

---

Seat at the top table and recognition

## Growing occupational health and wellbeing together strategy

Document first published: 5 January 2023  
Page updated: 5 January 2023  
Topic: [NHS People Plan, Workforce](#)  
Publication type: [Guidance](#)

NHS Growing occupational health and wellbeing (OHWB) together is our five-year strategy to improve the health and wellbeing services for our NHS people, to keep them safe and healthy, and empowered to pass good care onto our patients. This forms part of our ambition for a proactive culture of wellbeing within our [NHS people plan and people promise](#).

This strategy now forms a mandate for action for integrated care systems and NHS organisations as part of whole system workforce planning, having been included as part of [2023-24 NHS priorities and operational planning guidance](#). This demonstrates the importance placed in looking after the health and wellbeing of all our NHS people in the workplace.

# Mini seismic event

- Importance of the health of NHS staff
- Pivotal role of NHS OH&W services
- Importance of risk reduction
- Importance of prevention rather than purely reactive services



London Centre for **Work** and **Health**

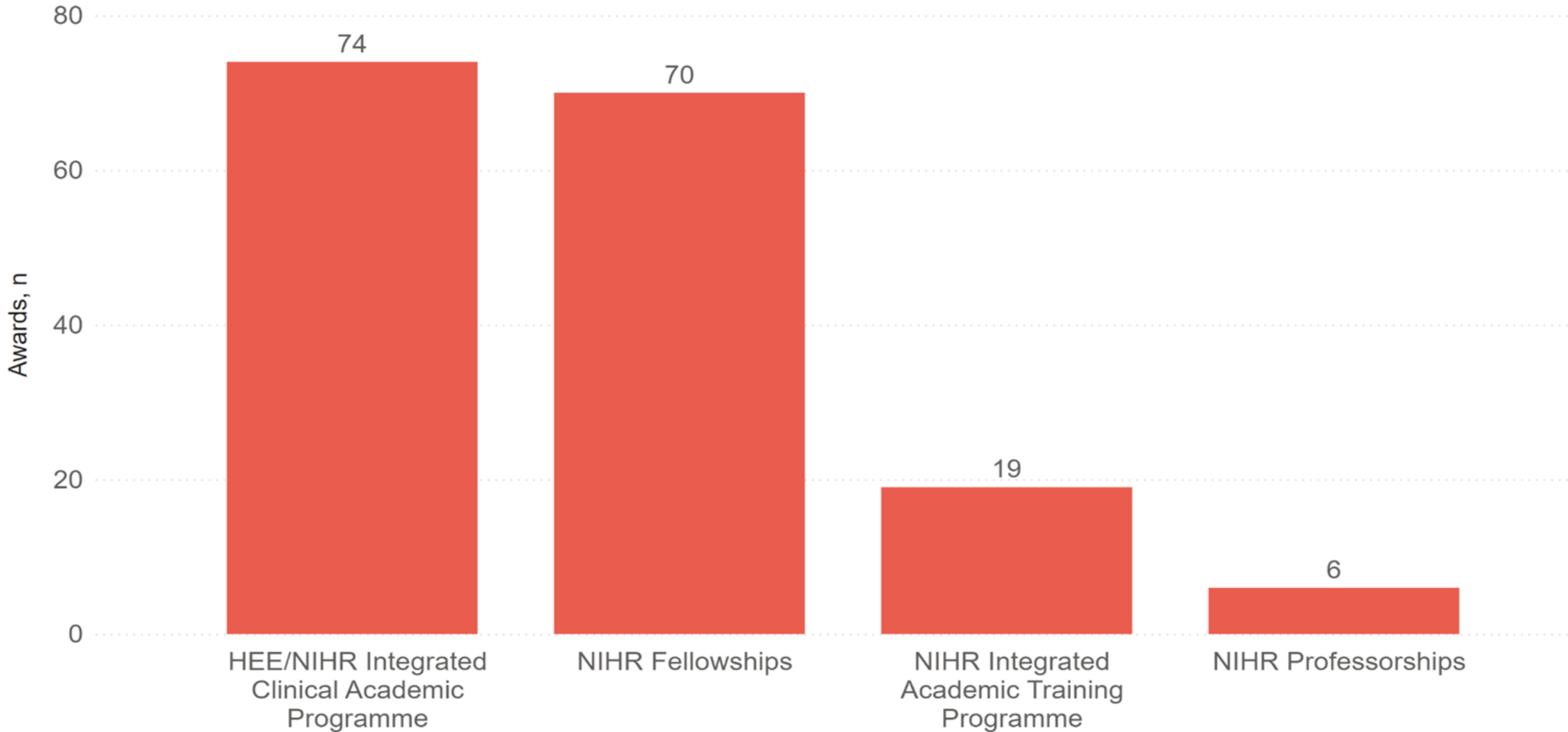


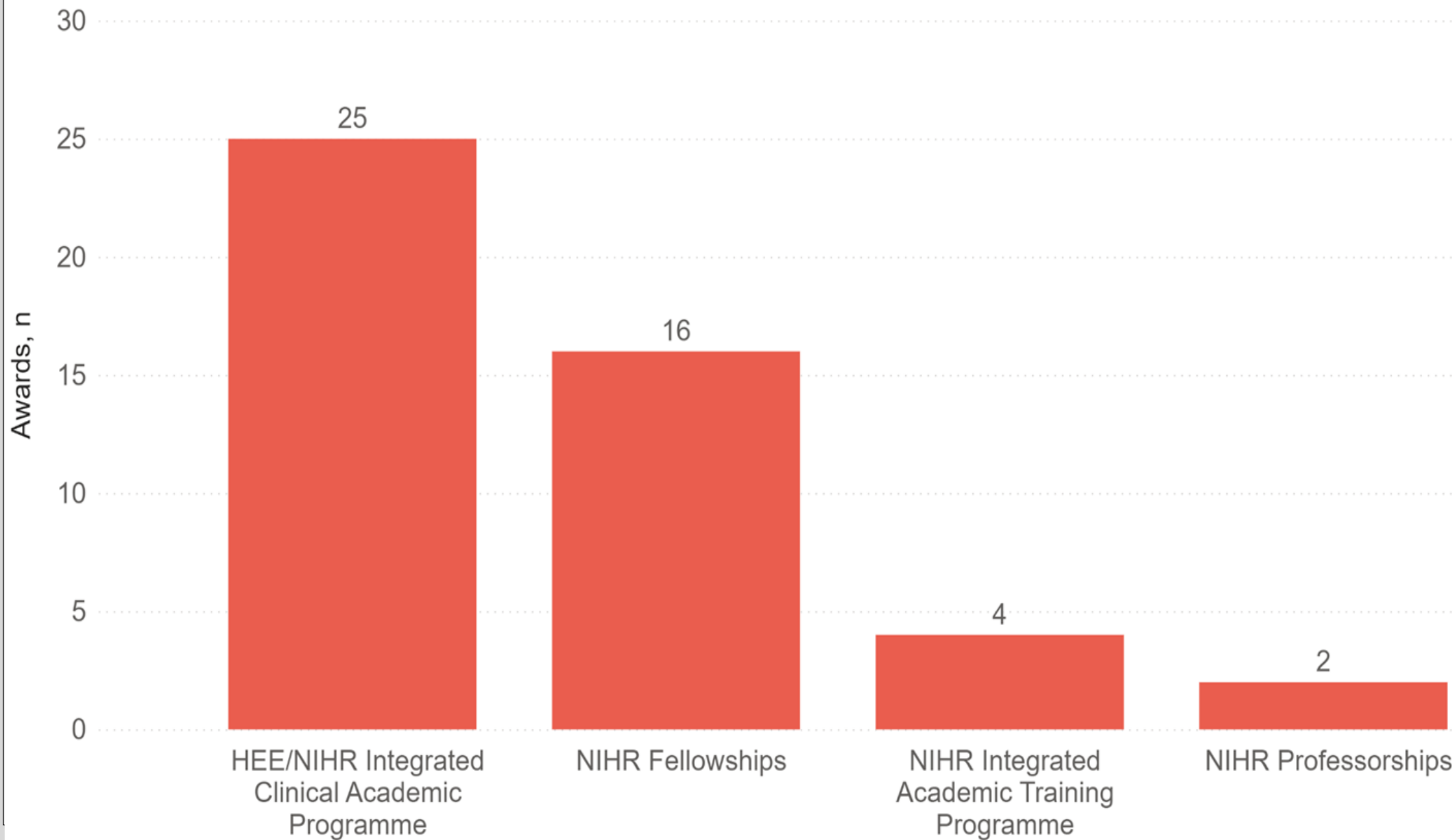
Faculty of Occupational Medicine

## Encouraging a reshaping of the landscape

- Chris Whitty CMO (England)
- Lucy Chappell NIHR
- Jeanelle de Gruchy (OHID)

# Occupational Health (inc. MSK): Awards by Programme





# THE COLT FOUNDATION

**NIHR** | National Institute for  
Health and Care Research

## Colt Foundation

- NIHR Academy roadshow at RCP
- NIHR Colt Foundation Advanced Fellowship
- Invited Lucy Chappell and other NIHR representatives to a Colt scientific day



## A major shift in the funding landscape

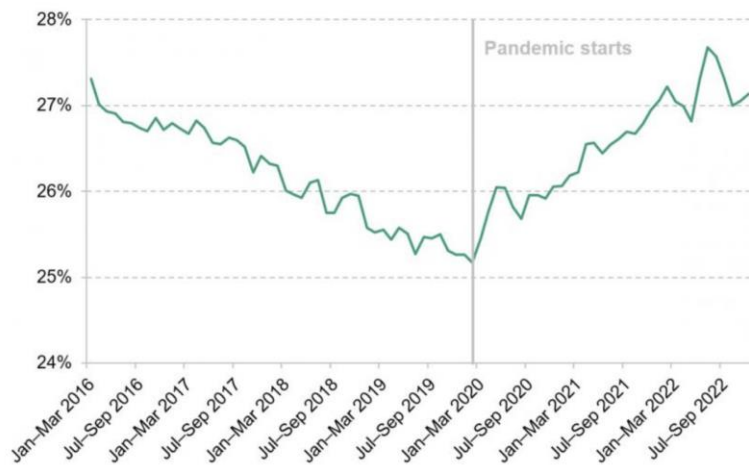
- 10 development awards up to £120k
- 4-6 research collaboration awards
- £750k-2 million to be launched in 2024

# Funding is finally available

- NIHR Public Health: Healthy extended working lives
- NIHR Public Health: Workforce health
- NIHR Health Services Delivery Research: Workforce research partnerships
- Government Innovations funds (£37.5million): Effectiveness of policies to improve labour market outcomes
- Orthopaedics Research UK

# Post pandemic drop in productivity

Figure 2. Share of 50- to 64-year-olds who are economically inactive



Note: Seasonally adjusted. Shows three-month moving average.

Source: ONS A05 dataset.



tommaso79/Shutterstock

- Email
- Twitter 142
- Facebook 303
- LinkedIn
- Print

Almost 2 million people in the UK are estimated to be living with long COVID – after-effects of COVID that can persist for months or even years after the initial infection.

Common symptoms include fatigue, breathlessness, muscle and joint pain, cognitive impairment and sleep disruption. People with long COVID also have a higher risk of developing serious heart and lung problems, stroke and blood clots compared to those who have not previously been diagnosed with COVID.

Studies from multiple countries have found that long COVID is

#### Authors

 Nisreen Alwan  
Professor of P  
University of S

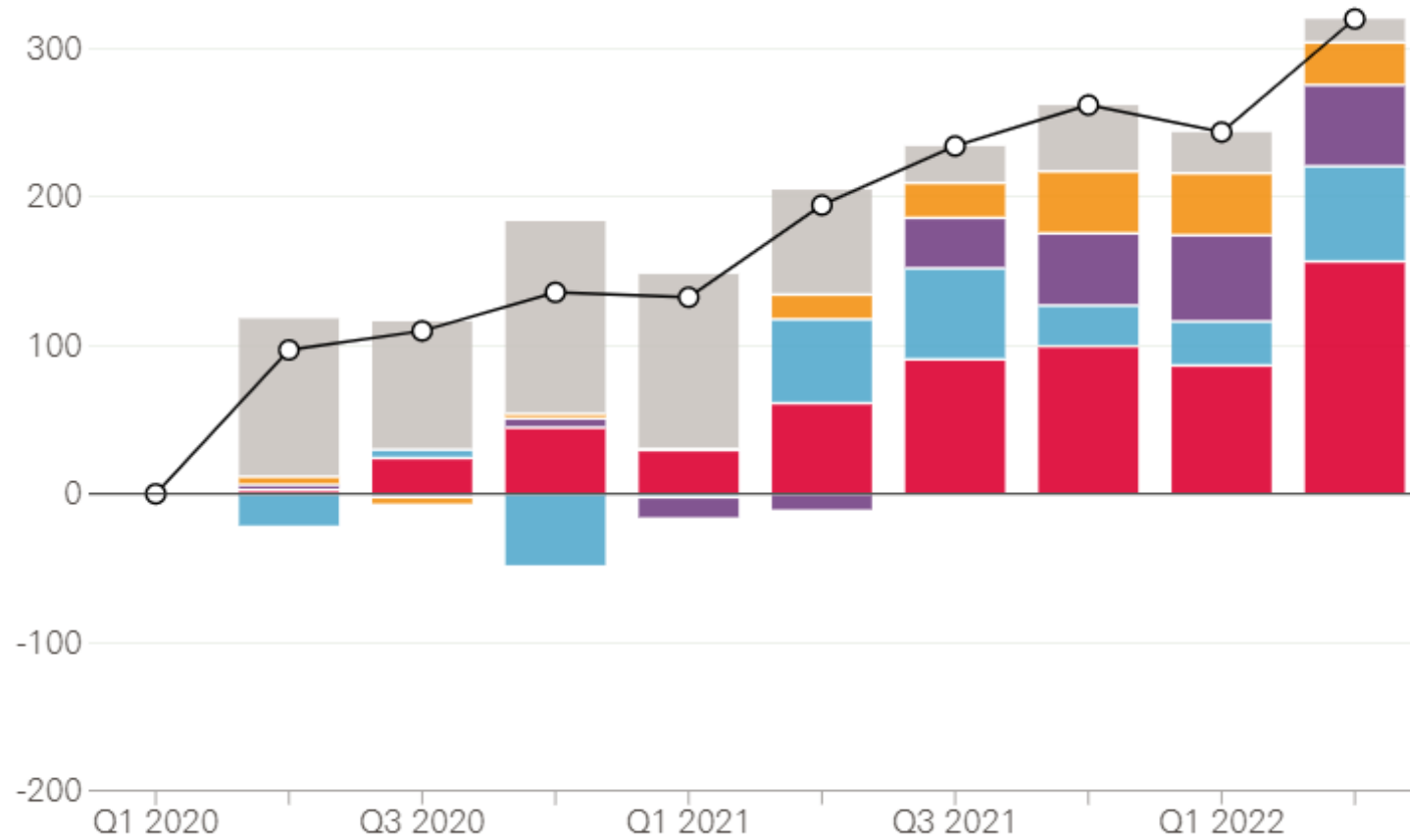
 Daniel Ayoub  
Principal statis  
PhD Candidat  
Leicester

#### Disclosure statement

Nisreen Alwan receives res  
the NIHR for 'STIMULATE  
Trajectory, Inequalities and

■ Total 
 ■ Ill-health 
 ■ Retired from paid work 
 ■ Looking after family/home 
 ■ Employment not needed 
 ■ Other

Thousands



Change in  
 number of 50-  
 69 year olds  
 who are  
 inactive by  
 reason for  
 inactivity,  
 United  
 Kingdom,  
 2020-2022

Source: Tinson A,  
 Major A, Finch D.  
 (2022)



It is part of a UK government push to widen access to occupational health services and meet increased demand for them. Occupational health professionals aim to determine the impact that work has on staff, and ensure that employees remain fit to undertake their roles. At present, only about half of the working population has access to occupational health services.

“Good occupational health helps to open up a wider workforce to employers, and support employees who have a range of needs,” argues Tom Pursglove, minister for disabled people, health, and work. “That is why it is so important that we prioritise innovation that is accessible and usable for employers and staff alike.”

## GPs could offer workers life coaches instead of sick notes

Chris Smyth  
Steven Swinford Political Editor

Doctors will be encouraged to refer people to life coaches rather than just sign them off sick under reforms designed to get more people back to work.

Ministers have become increasingly alarmed about the growing welfare bill and want to overhaul the sick note system, with the aim of more people attending back-to-work programmes.

A record 2.5 million people are not working because of long-term sickness, leading to what ministers fear has become a “huge increase in the size of the welfare state” that is blowing a hole in the public finances.

The government is on course to breach its own £40 billion welfare cap by £4 billion next year as long-term sickness pushes up spending. Currently £37 billion is spent on health and disability benefits for working-age adults, up £11 billion in two years and projected to reach £69 billion by 2027.

“The general view is that parity of esteem between mental and physical health, as well as what’s happened with Covid, has meant that more people are being signed off sick,” a government source said. “It’s led to a huge increase in the size of the welfare state. Nobody is talking about welfare headwinds, but

opposition over Sir Keir Starmer’s decision to retain the two-child benefit cap.

A senior Tory said that benefits was a “massive chunk in the armoury” for Labour, arguing, “There are those in Labour who can’t bite their tongues and show fiscal restraint on welfare.”

However, the Labour leadership believes it can fend off such attacks after the party’s policy forum accepted that fiscal discipline comes first.

With about 40 per cent of those claiming universal credit in work, a Labour source said. “The Conservatives’ old ‘strivers and skivers’ narrative has collapsed because of the way they’ve mismanaged the economy. It’s hard to call someone a skiver when they are working and still struggling to put food on the table.”

Mel Stride, the work and pensions secretary, has largely avoided such rhetoric and is setting up schemes to help the long-term sick back to work. This includes a “universal support” programme under which life coaches could help 50,000 people with mental health, debt and other problems.

Stride is also planning to offer businesses and staff tax breaks for providing more occupational health schemes that allow people to continue their jobs. Officials are considering how to steer

job do any work.” He said that for people with conditions such as mental health problems “we want to be able to have the GP say ‘right, great, we’ve signed you off for two weeks [or less] weeks. Let’s now look at something different. Go over to Work Well [one of the schemes offering combined health and employment support].”

The Times understands that Stride thinks this can be achieved by changing the design of “fit notes” issued by GPs to prompt them to refer to job support schemes. Currently fit notes can designate people as either not fit for work or possibly fit for work with certain adaptations such as limited hours or different duties. One option under consideration would see an extra “tick box” to classify people as potentially able to work with the right help, leading to automatic referrals to support schemes.

Officials accept that the fit note system can be changed in this way once support schemes are more widely available. Currently 12 areas have job schemes running and it is hoped they will go nationwide later next year.

Professor Kamila Hawthorne, chairwoman of the Royal College of GPs, said: “Being able to refer patients to employment advisers or coaches as part of the process has merit in principle but



## Healthy at Work

Millions of Britons are absent from the workforce due to sickness. The government is right to explore how those with long-term conditions can be supported to work

This country has a problem with economic inactivity. The number of Britons who are neither working nor looking for work remains about 350,000 above pre-pandemic levels, with long-term sickness accounting for 2.5 million people who are out of the workforce. The cost in lost output alone is estimated at £150 billion per year and, when the benefits, NHS spending and lost tax income are taken into account, the stakes are higher still. There is a clear and pressing need for policy solutions to address the issue.

We report today that the government plans to reform the “fit-note” system in an effort to funnel people into back-to-work programmes. The immediate driver of change is concern about the welfare bill: spending on health and disability benefits for working-age adults is expected to hit £69 billion by 2027. Ministers are considering adding an extra “tick box” to fit-notes that would allow GPs to classify people as potentially able to work with the right help, triggering referrals to support schemes. Mel Stride, the work and pensions secretary, is responsible for a “Universal Support” programme, which includes the deployment of “life coaches” to help those off work with mental health, debt and other problems.

The government is right to consider such

initiatives. In addition to the short-term costs, economic inactivity can have a longer-term impact on growth, as it restricts the productive capacity of the economy. It also dents productivity, because some of those who have stepped out of the labour market will have skills that employers cannot find elsewhere.

Inactivity also hurts the economically inactive themselves, not least because it limits their financial autonomy. The longer it goes on, the harder it is to address. According to the Society of Occupational Medicine, 20 per cent of those who are signed off for work for four weeks or longer will not go back to work. Among those who are signed off for six months, 80 per cent will never return.

Adding a tick box to a fit-note form is no silver bullet, as the government well knows. The real challenge is improving availability and quality of occupational health services. About 45 per cent of workers in Great Britain have access to those services, a level of coverage lower than in most comparable European countries.

Particularly as small and medium-sized businesses account for nearly two thirds of British employment, the government’s keenness to expand access to these services should not mean enmeshing employers in a tangle of new

red tape. However, ministers are considering the introduction of a “kitemark” for employers to show off to potential recruits that they have a strong occupational health offering. Stride is also interested in using tax breaks to incentivise businesses to improve their occupational health resources. The reality is that some of the impetus will need to come from the private sector itself.

Part of ministers’ motivation for the move is to open a new front against the Labour Party. Social welfare issues, where Labour is seen as soft and the Tories as prudent, are attractive to Tory strategists. At the same time, the government (and its supporters on the back benches) should take care not to slip into a “nasty party” caricature. There are, of course, some people who are too ill to work even with extra support, and need compassion rather than a shove in the direction of the workplace.

The government also needs to approach the discussion around mental health at work with sensitivity. Ministers believe that growing parity of esteem between mental and physical health is part of what has driven stubborn rates of economic inactivity. Yet that parity of esteem is much to be celebrated. Now that the importance of mental health is properly recognised, the government can fruitfully focus on how to improve it.

# EVERYONE IS TALKING ABOUT OCCUPATIONAL HEALTH

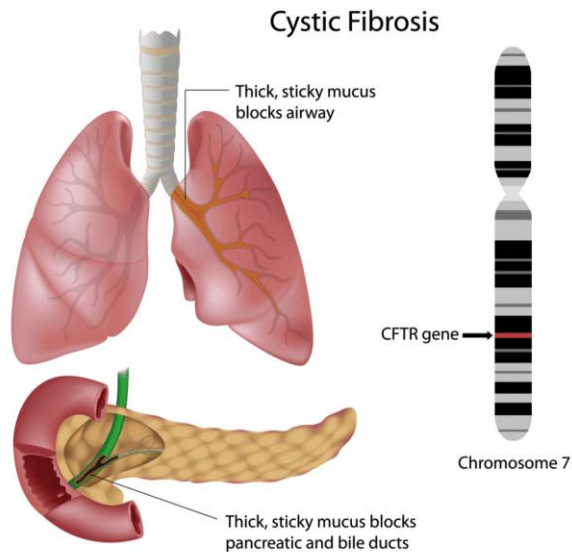
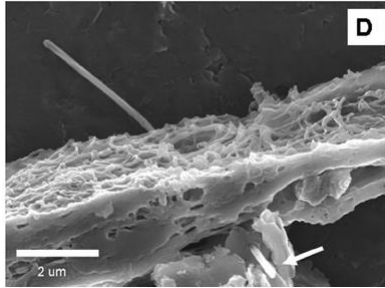
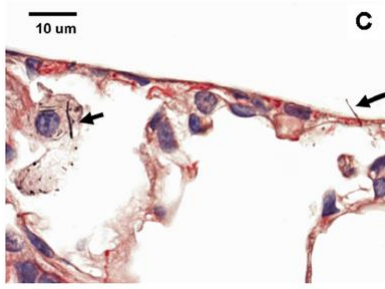
“It is part of a UK Government push to widen access to OH services and meet the increase in demand for them.”



“If we can take the same scientific approach to testing interventions to promote health at work as we have to reducing injury, occupational diseases and exclusion of people with disability, this could be a key area for advances over the next decade”.



Three-part series and editorial on work and health



# Academic occupational medicine is vital

- New and emerging technologies
- Precarious employment
- Existing hazards
- New therapies: work-participation
  
- Teaching
  
- Evidence-based clinical practice and policy (meta, meso, micro)

# Research 2023

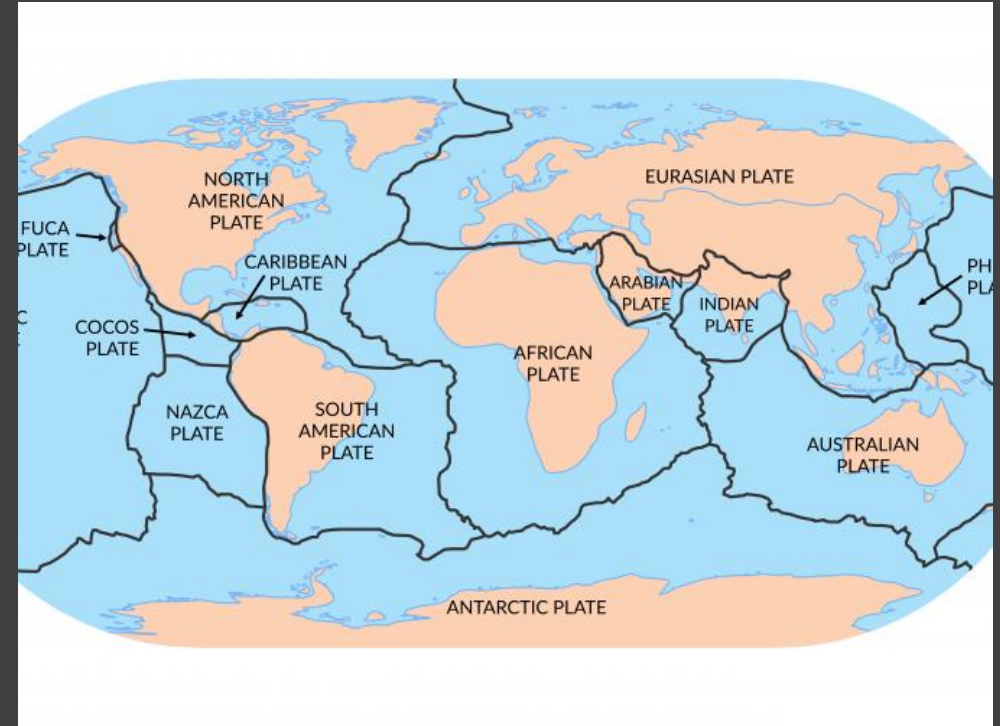
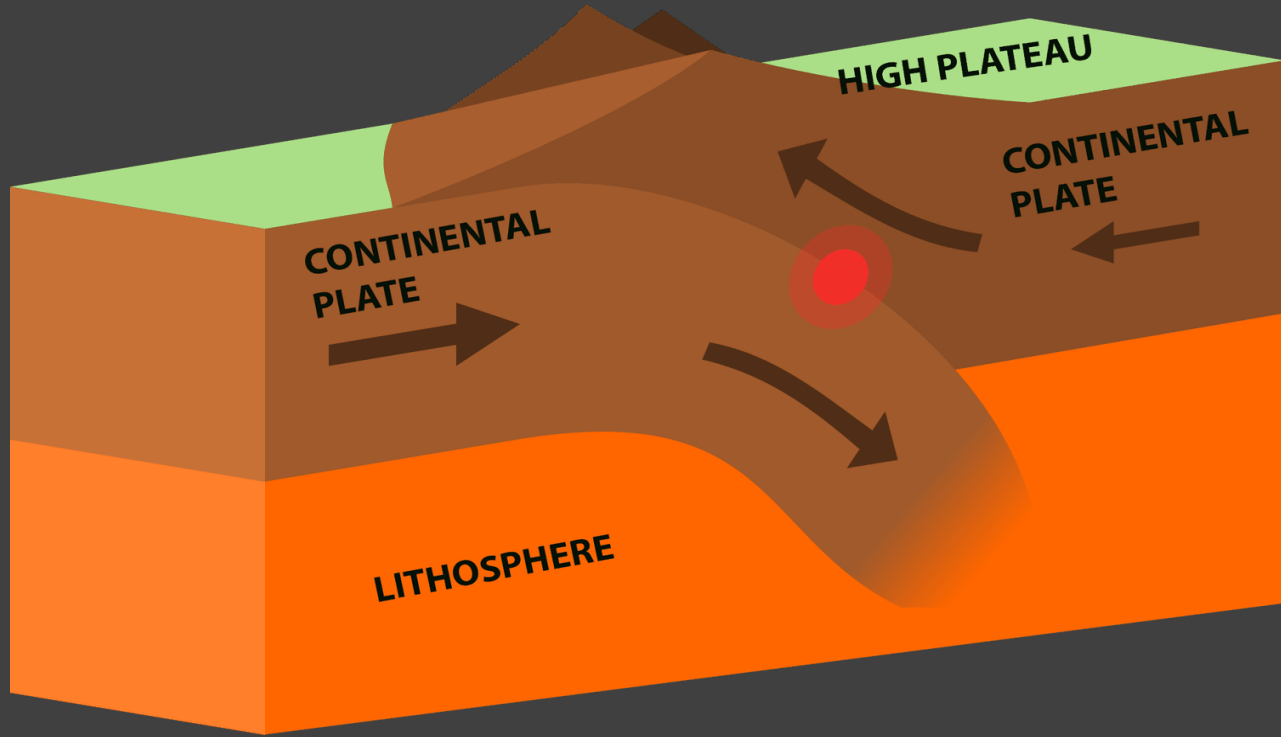
- Life-course perspective
- Data linkage
- Observational and workplace-based research
- Qualitative and policy research
- Implementation research
- Robust quasi-experimental studies
- Multi-stakeholder partnered projects



## Why was Manchester so successful?

The pre-eminence of the unit at its inception was attributable to a complex set of factors. At an individual level there was an intellectual vigour, rigorous open discussion and strong characters such as Lane and Schilling. The times were optimistic and funders like the Medical Research Council, Nuffield Fund, and Cotton Growers charities, were keen to see issues in occupational health being actively addressed.

**MOUNTAIN RANGE**



# PLATE TECTONICS

