**Occupational healthcare and Primary healthcare**

Introduction

*Occupational healthcare is a market-orientated knowledge industry, with wide expertise where collaboration between different skill areas is unique and essential. The starting point is the workplace and the organisation, where risks are prevented and eliminated, and the connection between organisation, group and individual is described.*

*Here we are going to try to illustrate the differences and similarities between occupational healthcare and primary healthcare with a focus on a detailed description of occupational health provision. Primary healthcare is the greater part of the Swedish healthcare system and is often described as the first point and body Swedish people expect to make their first contact with if they become seriously ill.*

*In simple terms, the differences in the day-to-day focus are as follows:*

Primary healthcare *is based on the individual and the methodology derives from comfort, relief and (in certain cases) cure.*

Occupational healthcare *is based on the workplace, and the organisation and methodology are based on preventing, eliminating and describing connections.*

But are there more differences than similarities? That is what we shall try to examine in brief here with a focus on what occupational healthcare is tasked with, which is less well-known.

The provider of occupational healthcare is usually referred to as an occupational health provider. The term “occupational healthcare” is not a protected designation. In this presentation, we mainly refer to the term “occupational health provider”, which means the care concept has already been toned down to make clear that the primary objective is to build healthy companies and organisations.

A few words about primary healthcare

The concept of primary healthcare focuses on the individual and is often the first body involved when something has happened. Primary healthcare is to take care of the Swedish population’s need for basic medical treatment, nursing, preventative work and rehabilitation that does not require hospitals’ medical and technical resources. Primary healthcare is the body within the health service that has responsibility for the state of the population’s health within a geographically defined area. Primary healthcare is run along what are known as “choice of care systems” in regions that used to be called county councils. The regions commission different players to run, and to some extent design, the care that is carried out in the framework of primary care.

The doctor at the health centre often provides the first diagnosis concerning more serious complaints. The patient is then referred to a specialist clinic if the health centre itself is unable to provide treatment or a diagnosis. A large number of professional categories work within primary healthcare: doctors, psychologists, nurses, medical secretaries, midwives, physiotherapists, healthcare assistants, occupational therapists, counsellors and speech therapists. Doctors are trained in general practice medicine and nurses often have specialist training as district nurses. Primary healthcare also deals with home care, providing visits and care to people in their own homes.

Most Swedes are registered at a health centre and approximately 40% of the Swedish population has a regular doctor. The others are registered at a health centre and do not have a named doctor.

In summary, one of the most important tasks for primary healthcare is to ensure that patients do not have to go to hospital.

Primary healthcare is governed by political decisions and discussion on resources and impacts is ongoing. Current topical issues include discussion on regular doctors, i.e. that each resident should have a named doctor and registration cap at health centres to ensure medical quality is maintained. More specialists are also needed in general practice medicine and finances could do with being better balanced. Most regions are struggling with substantial deficits. About 170,000 people are employed in the Swedish health service, but exactly how many work in primary healthcare is difficult to assess. The largest professional groups are nurses, of whom there are just over 65,000, and healthcare assistants, of whom there are close to 50,000 in Sweden.

A few words about occupational health

The expertise of the occupational health provider is based on catching early signs of ill health and helping employers to prevent and reduce all types of risk in the work environment. As a strategic and operational partner, the occupational health provider supports and helps employers to prevent ill health in the workplace and facilitate a quicker return to work when illness and injuries occur. To keep the healthy well and make improvements is an important consideration in all workplaces. This creates the conditions needed for a sustainable organisation.

The occupational health provider is an independent expert resource with a focus on delivery of services in the areas of health and safety at work and rehabilitation. The work is mostly focused on preventing and eliminating risks to health in workplaces. The expertise specialises in identifying and describing the connections between the work environment, organisation, productivity and health. The Work Environment Act states that the employer must take responsibility for the occupational healthcare required in the prevailing working conditions. It is the employer who is responsible for assessing the need for the occupational health provider’s expertise, which is not always easy. Thinking reactively is easy, seeing the occupational health provider as a resource when something has happened and, for example, an individual needs rehabilitation support or a group has an insoluble conflict. The best solution is to work with an occupational health provider when the organisation has systematic work environment management in place with good periodic training of managers and health and safety officers/safety representatives.

There is no public financing of occupational healthcare – it is the employer that arranges and pays for the services of an occupational health provider. There are a number of larger companies in Sweden that have their own proprietary occupational health provider, but the majority of Sweden’s employers have an agreement with an external company that provides occupational healthcare.

It is primarily company nurses, company doctors, ergonomics experts, physiotherapists, external safety representatives, behavioural experts and psychologists who work for an occupational health provider. In addition to their basic qualifications, they will usually have had additional training in how work impacts upon health and how health impacts upon work. In recent years, health educators and occupational therapists have also been associated with the team. The industry is estimated to employ about 4,000 people.

It is precisely the collaboration between these skills close to the employer that is the occupational health provider’s absolute core expertise. To see and understand the connection between organisation, group and individual constitutes cohesive expertise that, given the space to make a difference, can provide much insight, knowledge and relevant methodology to solve problems or, better still, safeguard what works well, i.e. work proactively.

There are just over 100 companies and organisations in Sweden that provide occupational healthcare according to the definition in the Work Environment Act. In the public sector, occupational healthcare is mandatory in line with collective agreements. In the private sector, approximately two thirds of all employees state that they have access to an occupational health provider.

A clear trend in the provision of occupational health is – as in primary healthcare – finding digital solutions to delivery while maintaining quality. Other trends include that there is an increase in interest in running training courses for managers, safety representatives and employees as well. An area that has been clarified since 2016 in a new provision is the organisational and social work environment. The provision underlines the importance of managers’ knowledge but also reasonable workload, working hours and how workplace bullying and conflicts in the workplace are dealt with.

*In summary*, there are differences and similarities. What is most clear is that the occupational health provider has the employer as its client and that organisational work is about ensuring conditions are such that individuals are sustainable, well, happy and productive. Primary healthcare is focused on the whole of the population.

Research has shown that there are strong connections between organisations that make work environment issues strategic, systematic with strong involvement by the management and good financial outcomes calculated in terms of reduced sickness absence and staff turnover, thereby resulting in a strong employer brand. Increased quality and productivity are natural consequences for organisations that work with health and work environment issues high up on their agendas.

But a clear similarity is that both primary healthcare and the provision of occupational health involve work with individuals and preventive work. The job of primary healthcare as a public health player is not totally clear yet but is in line with a considerable amount of the work the occupational health provider delivers in the lifestyle area and can reach the broad groups of both young and old. The same is the case with rehabilitation, but for the occupational health provider the focus is primarily on work life and this also applies to work concerned with healthcare – it should be work-related and be able to be connected to the workplace.