Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: eTHOS a pilot RCT

Rachel Adams,¹ Rachel E Jordan,^{1*} Alisha Maher,^{1,2} Peymane Adab,¹ Timothy Barrett,^{3,4} Sheriden Bevan,^{1,2} Lucy Cooper,³ Ingrid DuRand,⁵ Florence Edwards,¹ Pollyanna Hardy,⁶ Ciara Harris,¹ Nicola R Heneghan,⁷ Kate Jolly,¹ Sue Jowett,¹ Tom Marshall,¹ Margaret O'Hara,⁸ Christopher Poyner,¹ Kiran Rai,¹ Hugh Rickards,^{9,10} Ruth Riley,¹ Natalie Ives,^{1,2} Steven Sadhra,⁹ Sarah Tearne,^{1,2} Gareth Walters¹¹ and Elizabeth Sapey^{12,13}

¹Institute of Applied Health Research, University of Birmingham, Birmingham, UK ²Birmingham Clinical Trials Unit, Institute of Applied Health Research, University of

- Birmingham, Birmingham, UK
- ³Birmingham Women's and Children's Hospital, Birmingham, UK

⁴Institute of Cancer and Genomic Sciences, University of Birmingham, Birmingham, UK ⁵Hereford County Hospital, Hereford, UK

⁶Oxford Population Health, University of Oxford, Oxford, UK

⁷School of Sport, Exercise and Rehabilitation, University of Birmingham, Birmingham, UK

⁸Public and Patient Involvement and Engagement, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

- ⁹Institute of Clinical Sciences, University of Birmingham, Birmingham, UK
- ¹⁰National Centre for Mental Health, Birmingham, UK
- ¹¹Birmingham Heartlands Hospital, Birmingham, UK

¹²Institute of Inflammation and Ageing, University of Birmingham, Birmingham, UK
¹³Respiratory Medicine and General Internal Medicine, University Hospitals
Birmingham NHS Foundation Trust, Queen Elizabeth Hospital Birmingham,

Birmingham, UK

*Corresponding author r.e.jordan@bham.ac.uk

Published August 2024 DOI: 10.3310/KDST3869

Plain language summary

Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: eTHOS a pilot RCT

Health and Social Care Delivery Research 2024; Vol. 12: No. 23 DOI: 10.3310/KDST3869

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

Sickness absenteeism and presenteeism (attendance at work while ill, with poor work performance) are major problems in the NHS and associated with worse patient health care.

The most common causes of NHS staff sickness absenteeism and presenteeism are muscular complaints and mental ill health. Poor lifestyle and illnesses associated with heart disease are also important factors. Staff health checks might improve the health of NHS staff, but no studies have included screening tests to address the most common causes of poor staff health.

This pilot study tested whether it would be possible to deliver a randomised controlled trial of an NHS staff health screening clinic, where some people get the screening check and others do not (chosen at random, like flipping a coin). We used an electronic database to capture all data. Participants completed initial questionnaires either at home or at work, then attended a face-to-face screening clinic using recognised screening questionnaires and tests to detect problems with muscular, mental or heart health. We considered how NHS staff and healthcare organisations would want the screening clinic and trial to run, how a diverse range of NHS staff could best be approached, how many staff might need to be invited and what their healthcare needs would be.

The study ran in four UK NHS hospitals during the COVID-19 pandemic. Two hundred and thirty-six NHS staff participated, but early trial closure due to the pandemic meant that some results were unavailable. For the primary feasibility outcomes, although recruitment rates of around 8% were lower than anticipated, half of staff screened needed referral for further health care and one-third reported intending to attend. Staff felt that the clinic addressed an important health need. The Trial Oversight Committee recommended proceeding to a full-scale trial but with modifications to address findings from the process evaluation, including ways to encourage a wider group of NHS staff to take part.

Health and Social Care Delivery Research

ISSN 2755-0079 (Online)

A list of Journals Library editors can be found on the NIHR Journals Library website

Health and Social Care Delivery Research (HSDR) was launched in 2013 and is indexed by Europe PMC, DOAJ, INAHTA, Ulrichsweb[™] (ProQuest LLC, Ann Arbor, MI, USA), NCBI Bookshelf, Scopus and MEDLINE.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

The full HSDR archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hsdr.

Criteria for inclusion in the Health and Social Care Delivery Research journal

Manuscripts are published in *Health and Social Care Delivery Research* (HSDR) if (1) they have resulted from work for the HSDR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

HSDR programme

The HSDR programme funds research to produce evidence to impact on the quality, accessibility and organisation of health and social care services. This includes evaluations of how the NHS and social care might improve delivery of services.

For more information about the HSDR programme please visit the website at https://www.nihr.ac.uk/explore-nihr/funding-programmes/health-and-social-care-delivery-research.htm

This article

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number 17/42/42. The contractual start date was in February 2019. The draft manuscript began editorial review in March 2022 and was accepted for publication in May 2023. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the NHS, these of the authors, those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2024 Adams *et al.* This work was produced by Adams *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).