

Meeting report - HEOPS meeting Tuesday 8<sup>th</sup> December, Loughborough University

## **"Working with Insomnia: the occupational impact of sleep quality"**

[Dr Kevin Morgan](#)

Key points -

- Sleep apnoea causes excessive daytime sleepiness, hypersomnolence, falling asleep etc (which cause up to 1/5 of road accidents)
- Insomnia DOES NOT cause daytime sleepiness; key symptoms are fatigue, lethargy etc;
- The prevalence of insomnia increases with age; it is higher in women than in men;
- CBT is an effective treatment for insomnia; hypnotic medications are only effective for short term insomnia (they are only licensed for 3 weeks use).
- The clinical sleep research unit are researching the impact of sleep quality on work; If you can complete the survey <http://www.surveymonkey.com/s/TSSFP7> that would be very helpful.

## **Heops website, staffing levels etc**

Dr Nigel Wilson

The staffing formula in the document on the website will be updated to allow for OH departments who have no student involvement at all.

## **Vaccine update/debate**

**Wendy Jones + Jo Heslop**

This was a question and answer session using voting buttons. The key message is that there is substantial variation across different departments in terms of schedules for vaccination. This predominantly reflects differences in opinions of individual virologists etc in NHS departments; and contradictions between green book, NICE guidelines etc. The power point presentation posted on the heops website includes the responses (from 26 – 28 people out of the audience of 34, not all voting buttons were working).

## **Quantiferon (IGRA) testing**

**Mark Watson, [Cellestis](#)**

IGRA Blood testing for TB (i.e. to identify those who have active or latent TB) is more accurate than mantoux testing in that it is an objective test, not complicated by BCG history (which could mask latent TB when doing a mantoux) etc. Costs are around £40 - £50 if only one sample is sent to the lab, comes down to around £12 if multiples samples are analysed (as it is a batch process)

An alternate test is recommended for HIV positive clients

Blood testing is not useful when deciding whether or not to immunise someone who has an uncertain BCG history

Forthcoming NICE guidelines are likely to have an increased role for IGRA testing.

There is a one day conference/study day in March at Birmingham on IGRA blood testing, details available from Mark. [mwatson@cellestis.com](mailto:mwatson@cellestis.com)

## **Confidentiality**

### **Dr Susan Robson**

GMC guidance – discussions with GMC/SOM are ongoing – the key message is that ‘there should be no surprises’ when a patient sees a report. The GMC are aware that time will be needed to implement the recommendations; the NMC are likely to produce guidance similar to the GMC document,.

(see also article in this month’s OH@work journal)

## **Fitness standards for doctors**

### **Dr Denis Todd**

These are disability standards which act as a screening tool – they identify prospective students who will need further assessment before deciding whether they are fit to undertake medical training.

The standards will be circulated for comment amongst the wider heops membership before being agreed as a basis for practice.

A second stage document will then be required – guidance on how to undertake further assessment where indicated – risk assessment, practical assessment in a clinical skills laboratory etc.

## **Sickness Absence**

### **Dr Alan Swann**

Agreement was reached to try and gather comparative data from as many universities as possible for the year 2009. This data will be requested by Alan in around March 2010; he has identified a short list of categories which data from either the IOM or ICD categorisation systems can easily be mapped onto. There was debate about the difficulties/risks of categorising sickness absence as ‘work related’.

## **Standards for Occupational Health Services (discussion around FOM paper)**

### **Dr Christine Rajah**

This document is designed to support assessment of standards of commercial OH providers; however it is also a useful tool for in-house services to ensure they can demonstrate they are providing a high quality service. Further consideration of this document is recommended; for those who haven’t seen the document, it can be downloaded from

[http://www.facocmed.ac.uk/library/docs/cons\\_standards\\_draft2nov09.doc](http://www.facocmed.ac.uk/library/docs/cons_standards_draft2nov09.doc)

Also, useful OH guidelines are being published for consultation on the NHS plus website, <http://www.nhsplus.nhs.uk/providers/projects.asp?id=3>

these are written by Dr Charlie Vivian. (I personally recommend these to OH nurse advisers, as they give really useful details on taking a structured history, which we don’t tend to learn in the same way as doctors do)

Wendy Jones

Loughborough University