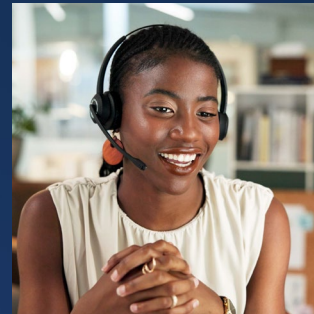


The Prevention Gap



Why workforce health investment isn't delivering - and what needs to change



Introduction

Most organisations believe they have a workforce health strategy. In practice, what they have is a response strategy. Employers are investing more than ever in workforce wellbeing¹ – but long-term illness and chronic conditions are rising², absence levels are increasing¹ and more employees are living with health risks that remain undetected until they begin to affect performance, productivity and resilience. The failure to detect health risk early enough for investment to pay off is called the **prevention gap**.

The uncomfortable truth is not that organisations are failing to invest in health. It is that many are investing blindly. Health often only becomes visible to leadership once something goes wrong - when absence rises, insurance claims increase or performance drops. These are not indicators of risk; they are indicators of damage already done.

In no other area of the business would leaders accept managing critical risk using hindsight alone. No CFO would accept financial reporting that only identifies loss after it has occurred. No risk function would tolerate a cyber framework that activates only after a breach. Yet workforce health, one of the most significant drivers of organisational performance, continues to be managed by lagging data rather than leading risk.

Until organisations gain genuine visibility of health risk before it escalates, wellbeing investment will continue to underperform, regardless of how well-intentioned or well-funded it is.

Truly understanding workforce health risks requires understanding that risk is not evenly distributed. Health outcomes and access vary by gender, role, age, ethnicity, seniority and wider socio-economic factors. Workforce health strategies that ignore this variation do not simply fail to address inequality; they actively perpetuate it.

Tailored, clinician-led healthcare programmes have the potential to act as long-term strategic business solutions, helping employers manage the growing risks associated with deteriorating workforce health. They can identify risk before it escalates, reduce health inequalities, and deliver measurable gains in retention, performance and long-term resilience.

Why companies aren't seeing big results after big health investments

Investment is rising, but outcomes are not.

Businesses are investing more than ever in health, with the long-term benefits being well documented. 57% of UK businesses now have a wellbeing programme in place, showing a shift towards long-term business strategies that protect workers and prioritise retention.¹

It's clear that employers value health highly. When asked what the biggest business benefits of investing in health and wellbeing are, respondents replied that loyalty (35%), retention (35%), engagement (34%) and productivity (35%) are all positively impacted.³ In short, the health of a workforce is a strategic priority.

But despite sustained investment, the UK workforce is not getting healthier. By 2040, 9.1 million people in England are projected to be living with major illness – 2.5 million more than in 2019.² At the same time, a report by CIPD has revealed record-high absence levels. Workers now take an average of 9.4 absence days in 2025, up from an average of 7.8 days in 2023.¹

These trends reflect a broader reality: people are spending fewer years in good health and chronic conditions are becoming more common across the working population.⁴



9.1M people

in England are projected to be living with major illness by 2040.

(The Health Foundation, Health in 2040: projected patterns of illness in England, 2023)





The missing link: identifying risk earlier.

One of the most significant reasons workforce health programmes are not delivering the expected impact is that investment is being directed at access rather than detection. Too often, companies implement broad, reactive health plans centred around access to care – whether through PMI, GP services or EAPs – designed to support an employee when a problem arises. Without visibility into underlying health risks across the workforce, investment is focused on solving access problems rather than preventing issues in the first place.

Increasingly, however, we are seeing a shift from reactive to preventive healthcare. While the NHS is leading this change through the 10 Year Health Plan, employers face a different challenge: how to bring prevention into the workplace in a meaningful and measurable way.

The organisations that are beginning to see results are not those spending more, but those who are spending earlier - moving beyond the “catch all” wellbeing approaches and focusing instead on early detection. This approach allows workplaces to identify health risks before they escalate into absence, long-term illness or workforce attrition.

Preventative health assessments, targeted screening programmes (such as cardiovascular, cancer and metabolic screening), and fast-access diagnostics combined with clinician-led support and clear pathways to follow-up care, can play a critical role here. In some cases, this may extend to more comprehensive diagnostic approaches, such as full-body MRI scans for higher-risk populations, which can surface otherwise silent conditions at a stage where intervention is significantly more effective. Used appropriately within a clinician-led pathway, these types of investigations can provide a deeper, preventative view of workforce health rather than waiting for symptoms to emerge.

By giving employees earlier visibility of their health risks - and ensuring appropriate intervention and support are in place - organisations can help reduce the long-term impact of illness on both individuals and the business.



9.4 absence days

for workers in 2025, up from an average of 7.8 days in 2023.

(CIPD, Health and wellbeing at work, 2025)

Why employers are measuring the wrong things and **missing hidden health risks**

The illusion of visibility.

Most organisations believe they understand the health of their workforce. In reality, they are still measuring the wrong things and, as a result, targeting the wrong solutions.

As Rachel Wall, Director of Propositions at Vista Health explains: “Workforce health strategies are often ineffective as companies rely on outdated metrics – such as absence data, engagement surveys and insurance claims. These measures are widely used, easy to track, and offer a sense of control. But by the time a health issue appears in workforce data, it has already begun to impact the individual, and the organisation.

“Health conditions rarely begin with absence. They develop gradually – often silently – before reaching a point where absence is unavoidable. By exclusively tracking absence data, organisations are

effectively measuring the end point of a problem, rather than its origin.”

This is even more harmful since when people are forced out of work due to health issues, many find it very difficult to re-enter the job market. Data shows that only 3% of people with work-limiting health conditions go back to employment after 12 months out of work.⁵ By the time the absence occurs, the window for early intervention has often already closed.



Hidden health risks are going undetected.

Many of the most common and impactful health conditions within the workforce are either underreported or entirely invisible in traditional data sets.

Privacy concerns, social stigma and personal embarrassment often lead employees not to disclose the real reason for their absence. Stigmatised health conditions such as menstrual health, bowel conditions and mental health are chronically underreported^{6,7,8} giving employers who rely on absence data an incomplete and misleading picture of employee wellbeing.

When early signs of ill-health are missed, the consequences extend beyond delayed diagnosis. Employees may experience prolonged discomfort, reduced concentration and declining performance long before taking time off. Presenteeism - being at work but not fully functioning - often goes unmeasured, but carries a significant productivity cost.

In some cases, conditions progress to the point where they become harder to treat, require longer recovery periods, or lead to long-term absence altogether. A study by the University of Portsmouth found that one in three women aged 15-45 experienced menstrual symptoms severe enough to interfere with daily activities, often

causing presenteeism at work.⁹

These patterns have concerning implications for both workforce retention and employee long-term health, and demonstrate the impact of adopting a reactive approach to healthcare that undervalues the importance of early detection and giving employees the time and space they require to heal.

What early detection reveals.

When organisations shift their focus towards early risk detection a very different picture of workforce health begins to emerge, one that is both more clinically accurate and strategically useful.

By incorporating preventative screening and diagnostic insight, organisations can move from hindsight to foresight, identifying risks earlier, targeting support more effectively, and reducing the long-term impact of ill health on both employees and the business.



Only 3%

of people with work-limiting health conditions go back to employment after 12 months out of work.

(The Health Foundation, Action for healthier working lives, 2025)



Invisible Risk

When early signs of ill-health are missed, the consequences extend beyond delayed diagnosis.



Productivity decline

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Absence

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Exit

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“““

Diagnostics are not about generating more data. They are about enabling earlier, clinically meaningful decisions. In clinical practice we often detect cardiovascular conditions, thyroid disorders, mental health concerns, early-stage cancers and musculoskeletal conditions that have the potential to become significantly more harmful if not identified early. Without preventative perspectives, the only window in which outcomes can genuinely be changed will continue to be missed.

Dr Reem Hasan

Chief Medical Officer at Vista Health and an NHS GP

Why workforce health risk is unequal and why **one-size-fits-all** does not work

Risk is not evenly distributed.

Uniform access does not equal equitable outcomes. Gender, age, ethnicity, role, seniority and socio-economic background influence not only the likelihood of developing certain conditions, but also how early they are detected and how effectively they are managed. Workforce health strategies that ignore this variation do not simply fail to address inequality, they can unintentionally perpetuate it.

For example, life stage can act as a valuable indicator for preventative care. For individuals in their 40s, screening for cardiovascular and metabolic conditions becomes increasingly important as these risks often begin to emerge during midlife. By contrast, for those in their 30s, the priority is often understanding family medical history and addressing lifestyle factors that can influence long-term health.

Yet many workplace health programmes are still designed as if every employee has the same needs, risks and access to support, despite research consistently showing that universal benefits tend to be taken up most by employees who are already healthier, more financially secure, and more confident navigating healthcare systems.^{10,11} While a universal approach to workplace health may appear fair, it often leads to unequal outcomes.

Hidden disparities in diagnosis and access.

Certain groups are more likely to develop specific conditions, and less likely to have them identified early.

For example, Black men are twice as likely to get prostate cancer as White men.¹² This makes targeted screening not merely beneficial but clinically necessary. Women account for over 75% of those living with autoimmune conditions¹³, yet many women's symptoms remain unrecognised or dismissed. At the same time, disparities in access to care persist within organisations themselves. Research shows that only 29% of female employees receive private medical treatment compared to over 71% male employees.¹⁴

These patterns do not emerge in isolation. They reflect and reinforce broader societal inequalities and represent a profound missed opportunity to use employer-led healthcare as a genuine levelling mechanism.



Only 29%

of female employees receive private medical treatment compared to male employees.

(Reframe Cancer, The Employee Experience Report: Living and working with cancer, 2024)





Providing the same health support to everyone does not create equality; it can actually widen the gap in outcomes since different people require different types of care. What constitutes a normal reading for one person may be a significant signal for another. So, it's important that investment should be tailored towards individuals. When 'catch-all' programmes are provided without bearing the specific workforce in mind, some of the most significant health issues go unrecognised and unmanaged.

Dr Reem Hasan

Chief Medical Officer at Vista Health and an NHS GP

Why seniority-based access to care increases long-term cost.

Historically, many organisations have prioritised senior roles for comprehensive healthcare access - a model that may have appeared cost-efficient in the short term. Executive health programmes often deliver clear value in protecting critical leadership capacity, but the greatest opportunity for risk reduction sits across the wider workforce.

Employees in lower-paid or junior roles often face greater barriers to early diagnosis and timely care, and continue working with unmanaged physical or mental health conditions.^{15,16} When these conditions progress undetected, they are associated with longer recovery times, higher treatment complexity, and increased likelihood of prolonged absence or permanent exit from the workforce.¹⁷

From an organisational perspective, this concentrates preventable health risk within the largest segment of the workforce - where cumulative productivity loss, sickness absence and attrition costs are highest. National analysis shows that ill-health already costs the UK economy over £150 billion annually in lost productivity, with the burden falling disproportionately on those

with less access to timely care.¹ This model can unintentionally shift cost downstream rather than reduce it, building up greater financial and operational risk over time.

Why personalisation enables prevention.

Addressing these disparities requires a shift away from one-size-fits-all models and towards a more personalised, data-led approach. Effective workplace health programmes recognise that individuals have different baselines, different risk factors, and different needs.

By encouraging employees to build up a clearer picture of their own health baselines - through assessments, screening and access to relevant data - organisations increase the likelihood that individuals will recognise when something is not right, seek support earlier and build healthy habits that work for them.



£150B

in lost productivity due to ill-health in the UK economy

(CIPD, Health and wellbeing at work, 2025)

Why workforce health needs to move from being a product to becoming a **long-term commercial solution**

Prevention is not a perk - it's protection.

There is a strong and growing business case for preventative healthcare. Good workforce health unlocks productivity, supports retention and protects employees and businesses from the dangers of both absenteeism and presenteeism. Analysis by Deloitte found that the UK has the potential to unlock £8 in socio-economic returns for every £1 spent on preventative healthcare.¹⁸

And yet many organisations still treat health programmes as optional benefits rather than essential infrastructure. This framing is not only clinically inaccurate - it's commercially self-defeating. To some, the link between preventative healthcare and tangible results feels too unquantifiable to be worth investing in. From a survey conducted by the Health Foundation, 30% of respondents cited difficulty demonstrating return on investment as one of the main barriers to effectively implementing workforce health initiatives in their organisation.⁵

This creates a cycle where prevention is deprioritised and the long-term cost of ill health continues to damage businesses.

From disconnected services to integrated care.

Part of the challenge lies in how workplace health is delivered. Rachel Wall explains: "Wellbeing benefits don't fail because they are low quality, they fail often because they are disconnected from the wider health system. This means providing workplace healthcare programmes that complement, rather than compete with the NHS through a joined-up experience, where early detection, for example through cardiovascular, metabolic or cancer screening, and in some cases more advanced diagnostics such as full-body MRI, can help identify conditions at an earlier, often asymptomatic stage. When combined with clinical support, we are able to provide clear pathways into diagnosis, treatment and ongoing care."

Unlocking meaningful investment in workforce health requires a fundamental reframing in how it is positioned. Too often, health plans are positioned as employee perks when in fact they are a clinical and commercial necessity which identify risks to staff and the business. Protecting good workforce health directly underpins an organisation's performance, reputation and long-term stability.





For HR and business leaders, the key question is not whether to invest in workforce health, but how to ensure that investment delivers meaningful outcomes. This is where data-led, clinician-supported, preventative programmes play a central role.

From short-term spend to long-term value.

Over time, this creates a more efficient model of investment, where workforce health shifts from a cost centre to a value driver. Resources can be directed towards the areas of greatest need, often contributing to cost savings for businesses, as HR professionals can determine which parts of the programme aren't useful for their workforce.

With a tailored, whole-of-workforce pathway combining screening, diagnostics and clinical support in place, health resilience in the workplace becomes the norm. This is where employees recognise symptoms promptly, seek support

proactively and make healthier lifestyle choices. With the right support, over time this shift has the potential to restructure both employees' and employers' approaches to health. In the long term, employee trust, productivity and performance increases, delivering tangible business benefits.

30%

of respondents cited difficulty demonstrating return on investment as one of the main barriers to effectively implementing workforce health initiatives in their organisation.²³

(The Health Foundation, Action for healthier working lives, 2025)





Employees get the most out of their health plans when companies start thinking about the individuals that make up their workforce. With a good provider, health plans can evolve over time to deliver more targeted preventative care – particularly when workforce data is combined with clinician-supported interpretation that turns insights into clear, actionable next steps.

This approach not only helps employees better understand and act on their health risks, but also gives organisations greater visibility into the types of care their workforce is accessing - and where gaps may exist. Insights can be drawn from engagement data, programme satisfaction, exit interviews, and employee feedback.

Rachel Wall

Director of Propositions at Vista Health

Conclusion

The reality is that by the time health-related absences show up in HR data, the business impact is already significant. Options are limited, recovery is slower, and costs rise disproportionately. The prevention gap persists - not because organisations are failing to act, but because they are acting too late.

There must be a shift from seeing healthcare programmes as a workplace benefit or employee perk, to seeing healthcare as a clinical and commercial imperative across all levels of the organisation.

Effective workplace health support needs to be end-to-end: combining prevention, early detection and reactive support, rather than focusing on any one stage in isolation. Without this full continuum in place, organisations remain exposed to low productivity, employee burnout and the long-term risks of a workforce spending fewer years in good health.

Given the continued decline in overall wellness seen across the UK, HR and business leaders should examine what is not working about their current programmes and reassess the care they offer through the lens of the individual. Data-led, clinically supported, tailored approaches can provide a clearer understanding of the risk and enable more targeted, effective support.

Millions of employees are living with conditions that remain entirely invisible to the organisations responsible for their care, until the point at which silence becomes crisis. If risk remains invisible, outcomes will not change, regardless of the scale of investment. And if risk remains invisible today, how confident are you that your current approach is truly protecting both your people and your business?

The organisations that lead, will be those that detect earlier, act sooner, and intervene smarter. The defining question for employers is this: are you investing in workforce health after problems appear, or while there is still time to prevent them?





About **Vista Health**

Vista Health is the UK's largest independent provider of specialist health diagnostic services, delivering high-quality, fast, and accessible healthcare.

It offers convenient and affordable health assessments both at business sites or through its extensive network of UK diagnostic centres.

Services include comprehensive health assessments and general health screening for all staff and fast access to advanced diagnostics (including MRI, CT and ultrasound), offering flexible solutions and funding options to suit business needs.

Vista Health is here for life's moments.

Find out more at vista-health.co.uk

Appendix

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