NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health and social care directorate

Quality standards

Briefing paper

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| Quality standard topic: Workplace health: long-term sickness absence and capability to work  Output: Prioritised quality improvement areas for development.  Date of Quality Standards Advisory Committee meeting: 29 September 2020 |

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1. Introduction

This briefing paper presents a structured overview of potential quality improvement areas for workplace health: long-term sickness absence and capability to work. It provides the committee with a basis for discussing and prioritising quality improvement areas for development into draft quality statements and measures for public consultation.

* 1. Structure

This briefing paper includes a brief description of the topic, a summary of each of the suggested quality improvement areas and supporting information.

If relevant, recommendations selected from the key development source below are included to help the committee in considering potential statements and measures.

* 1. Development source

The key development source referenced in this briefing paper is:

[Workplace health: long-term sickness absence and capability to work](https://www.nice.org.uk/guidance/ng146) (2019) NICE guideline NG146

1. Overview
   1. Focus of quality standard

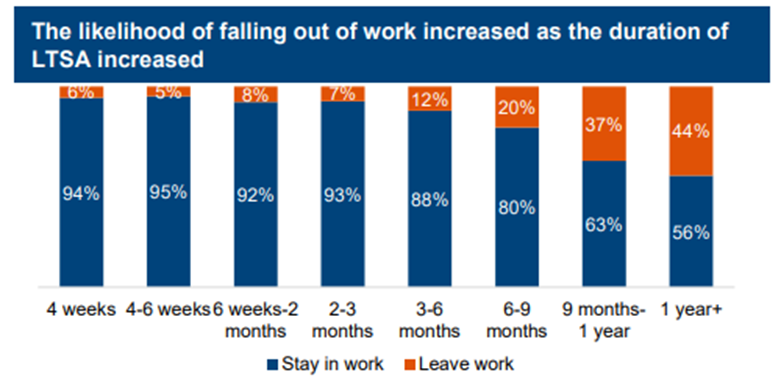
This quality standard will cover how to help people return to work after long-term sickness absence, reduction of recurring sickness absence, and prevention of moving from short-term to long-term sickness absence. It will cover everyone aged over 16 who is in full-time or part-time employment (paid or unpaid) or who is unemployed and gets benefits because of a long-term condition or disability that prevents them from working.

* 1. Definition

For this quality standard long-term sickness absence is defined as an absence from employment due to sickness lasting 4 or more weeks. Recurring long-term sickness absence is defined as more than 1 episode of long-term sickness absence, with each episode lasting more than 4 weeks.

* 1. Incidence and prevalence

From January to December 2018, there were 1.8 million spells of LTSA among 1.4 million working-age people.



Long term sickness absence did not affect people equally. The characteristics of those who had at least one spell of LTSA are as follows:

* Gender - 5.2% of women vs 3.7% of men
* Age - 7% of 55 - 64 year olds vs 2% of under 25 year olds
* Ethnicity - 5% of those who identified as ‘White’ or ‘Mixed’ ethnicity vs 3% of those who identified as ‘Asian’
* Disability Status - 15% of people with a disability vs 3% of people who are not disabled[[1]](#footnote-1)

In England, 19% of long-term sickness absence is attributed to mental ill health. In 2009, the Department for Work and Pensions added employment advisers to some [Improving Access to Psychological Therapies](https://www.england.nhs.uk/mental-health/adults/iapt/) (IAPT) services. In 2019 the NHS Long Term Plan identified stable employment as a major factor in maintaining good mental health and set out plans for investing in further employment support in IAPT.

Among claimants of [Employment and Support Allowance](https://www.nice.org.uk/guidance/ng146/chapter/recommendations#employment-and-support-allowance) who had worked in the 12 months before their claim, 45% took a period of sickness absence before they left work.

For Great Britain, 44% of all work related ill health in 2018/19 was attributed to stress, depression or anxiety, accounting for 54% (12.8m) of lost working days.[[2]](#footnote-2)

* 1. Managing long term sickness absence

In 2008, [Working for a healthier tomorrow - work and health in Britain (Department for Work and Pensions)](https://www.gov.uk/government/publications/working-for-a-healthier-tomorrow-work-and-health-in-britain) challenged the perception that it is inappropriate to be in work unless 100% fit. It shifted the emphasis from what a person cannot do to what they can do and led to a move from the 'sick' to the 'fit' note. A review in the government policy paper [Improving lives: the future of work, health and disability](https://www.gov.uk/government/publications/improving-lives-the-future-of-work-health-and-disability) suggests that there are too many fit notes stating 'not fit for work', when people 'may be fit for work' as long as appropriate workplace adjustments are made.

Employee assistance programmes, many of which provide counselling, are increasingly being offered as an employee benefit. In 2017 the [government's Thriving at work: a review of mental health and employers](https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers) proposed core mental health standards that can be implemented by organisations of all sizes, and enhanced standards for larger organisations or those that are able to do more.

* 1. Resource impact

We do not expect this QS to have a significant impact on resources if organisations have fully implemented NICE guideline 146. The resource impact assessment for the guideline highlighted that micro-, small- and medium-sized enterprises may have resource constraints for the provision of support and structured interventions recommended in the guideline. However, the support and structured interventions recommendations are ‘consider’ recommendations, therefore the likely impact is not expected to be significant.

1. Summary of suggestions
   1. Responses

In total 15 registered stakeholders responded to the 2-week engagement exercise 13/07/2020 – 28/07/2020. We also received comments from 3 specialist committee members. The responses have been merged and summarised in table 1 for further consideration by the committee.

Full details of all the suggestions provided are given in appendix 2 for information.

### Table 1 Summary of suggested quality improvement areas

| Suggested area for improvement | Stakeholders |
| --- | --- |
| Statement of fitness for work   * The role of health services * The role of employers | SCM2, RCOT |
| Support during long-term sickness absence   * Communication * Occupational health services | ACPOHE, BSR, CH, LCC, M, MSS, NRAS, RCOT, SCM1 |
| Support to stay in or return to work   * Support to return to work * Reasonable adjustments * Mental health | CH, LCC, M, MSS, NRAS, RCN, SCM1, SHSC, SFC, RCR TPF |
| Culture and policy   * Workplace culture * Policy | LCC, MSS, RCN, SCM1, SCM3, SFC |
| Additional areas   * Short-term sickness absence * Secondary care * Specific conditions * Presenteeism and absenteeism * Training * Covid-19 | BSR, FTWW, MSS, NRAS, SCM2, SHSC, TPF, RCOT |
| Abbreviations:  ACPOHE, Association of Chartered Physiotherapist interested in Occupational Health and Ergonomics  BSR, British Society for Rheumatology  CH, Connect Health  FTWW, Fair Treatment for the Women of Wales  LCC, Lincolnshire County Council  M, Mind  MSS, Multiple Sclerosis Society  NRAS, National Rheumatoid Arthritis Society  RCN, Royal College of Nursing  RCOT, Royal College of Occupational Therapists  RCR, The Royal College of Radiologists  SCM, Specialist Committee Member  SFC, Skills for Care  SHSC, Sheffield Health and Social Care NHS Foundation Trust  TPF, The Pituitary Foundation | |

* 1. Identification of current practice evidence

Bibliographic databases were searched to identify examples of current practice in UK health and social care settings; 415 papers were identified for workplace health: long-term sickness absence and capability to work. In addition, 40 papers were suggested by stakeholders at topic engagement.

Of these papers, 9 have been included in this report and are included in the current practice sections where relevant. Appendix 1 outlines the search process.

* 1. Priorities for committee discussion

The format of this briefing paper has been amended to support the move to virtual committee meetings. Table 2 summarises the availability of information presented in the briefing paper for each suggested quality improvement area. We have used this to suggest priority areas for the quality standards advisory committee to discuss. The areas that are not suggested as a priority for discussion are shaded in grey within the briefing paper. These are suggestions only however and the committee on 29th September 2020 will decide which areas it wishes to discuss.

**Table 2 Summary of information available for suggested areas for improvement**

| **Suggested area for improvement** | **In scope** | **Guideline recs** | **Current practice evidence** | **Existing QS statement** | **Priority to discuss?** |
| --- | --- | --- | --- | --- | --- |
| **Statement of fitness to work**   * The role of health services * The role of employers | Yes  Yes | Yes  Yes | Yes  No | No  No | **Yes**  **Yes** |
| **Support during long-term sickness absence**   * Communication * Occupational health services | Yes  Yes | Yes  Yes | Yes  No | No  No | **Yes**  **Yes** |
| **Support to stay in or return to work**   * Support to return to work * Reasonable adjustments * Mental health | Yes  Yes  Yes | Yes  Yes  Yes | Yes  No  Yes | No  No  No | **Yes**  **Yes**  **Yes** |
| **Culture and policy**   * Workplace culture * Policy | Yes  Yes | Yes  Yes | No  Yes | Yes  No | **Yes**  **Yes** |
| **Additional areas**   * Short-term sickness absence * Secondary care * Specific conditions * Presenteeism and absenteeism * Training * Covid-19 | No  Yes  Yes  No  No  Yes | No  No  No  No  No  No | N/A  N/A  N/A  N/A  N/A  N/A | No  No  Yes  No  No  No | **No**  **No**  **No**  **No**  **No**  **No** |

1. Suggested improvement areas
   1. Statement of fitness for work
      1. Summary of suggestions

The role of health services

Stakeholders highlighted the important role of health professionals in providing advice on returning to work through the fit note and for advocating for the employee’s needs. Stakeholders noted the need for the fit note to be used consistently, including the length of time that employees are signed off for, and the need for information to be of good quality. They also commented that face to face elements of fitness to work assessments are important and should be preserved when digital approaches to healthcare are used.

The role of employers

Stakeholders felt that the existing approach to certifying fitness to work is too medically focused. They suggested that employers taking responsibility for removing obstacles that prevent people from returning to work is an area for quality improvement. Employers need to actively consider how they can make adjustments in the workplace rather than viewing this as the responsibility of occupational health providers and GPs who have less knowledge of work requirements.

* + 1. Selected recommendations from development source

Table 3 below highlights recommendations that have been provisionally selected from the development source/sources that may support potential statement development. These are presented in full after table 3 to help inform the committee’s discussion.

### Table 3 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Selected source guidance recommendations |
| The role of health services | NG146 Recommendations 1.2.1, 1.2.4, 1.2.5 |
| The role of employers | NICE NG146 Recommendations 1.3.1, 1.3.2, 1.3.3, 1.3.5 |

### The role of health services

NICE NG146

Recommendation 1.2.1

The statement of fitness for work ('fit note') should be completed by the medical practitioner with the most relevant recent knowledge of the person's health, reason for absence and prognosis for return to work. This may be a GP or secondary care specialist. [2019]

Recommendation 1.2.4

Take account of the fact that reasons for sickness absence can be complex. Encourage the person to:

* reflect on any factors in their work or personal life that may be contributing to their current absence or causing concern about returning to work and
* identify any additional support they might need. [2019]

Recommendation 1.2.5

Be aware that employers need information on how the employee's health condition or treatment could affect them on their return to work. Use the statement of fitness for work to provide sufficient information in clear, non‑technical language. [2019]

### The role of employers

NICE NG146

Recommendation 1.3.1

When a statement of fitness for work ('fit note') is received indicating that someone is not fit for work, start and maintain a confidential record. This record should include:

* the reason for absence, the anticipated length of absence and any recurrence of absence for the same reason and
* any comments from the medical practitioner about how the person's condition or treatment affects their capacity for work.
* (Also see the section on keeping in touch with people on sickness absence). [2019]

Recommendation 1.3.2

To support the person who is currently not fit for work and plan for their return to the workplace, consider:

* taking into account any additional information provided (for example from an allied health professional's health and work report) about how their condition may affect their ability to do their role
* seeking information and advice on what support they might need, such as from an occupational health service or from other possible expert sources of vocational advice and support relevant to their condition (this may include online resources, or telephone advice from external bodies)
* discussing with them what adjustments or other support might be needed if any ongoing health needs are anticipated for when they return to work; if adjustments need approval, discuss these with decision makers to gain sign-off. [2019]

Recommendation 1.3.3

When a statement of fitness for work indicates that a person may be fit for work, contact them as soon as possible:

* Discuss what adjustments (such as flexible working, phased return, reduced hours, changes to workstations or duties) might help them return to work. Use any recommendations in the statement of fitness for work as a starting point.
* Involve the employee and line managers in these discussions initially, and occupational health services if needed.
* Human resources, trade unions or occupational health services (if not already participating) may also be involved, especially if the circumstances or adjustments are more complex. [2019]

Recommendation 1.3.5

If a person may be fit to return to work with adjustments but those adjustments cannot be made, the person should continue to be treated as 'not fit for work', in line with the Department for Work and Pensions' guidance for employers. In such cases:

* Advise the person that they should return to work only when they have sufficiently recovered and are able to perform their regular duties.
* Discuss and jointly agree a plan for keeping in touch during their extended absence. Discuss any actions that may support them in making a full recovery and returning to their regular duties, and agree to regularly review these (see the section on early intervention). [2019]
  + 1. Current UK practice

No published studies on current practice were highlighted for the suggested areas for quality improvement; these areas are based on stakeholder’s knowledge and experience.

**Committee discussion**

|  |
| --- |
| **For discussion** |
| * What is the priority for improvement? * What is the key action that will lead to improvement? * Could we focus on a specific audience or setting? * Can we develop a specific, measurable statement? |
| **For decision** |
| * Should this area be prioritised for inclusion in the quality standard? |

* 1. Support during long-term sickness absence
     1. Summary of suggestions

Communication

Stakeholders highlighted the role of employers and managers in communicating about health needs of employees related to sickness absence. They noted the need for meaningful discussion, communication to resolve job insecurities while absent and for managers to be competent in undertaking discussion.

Stakeholders highlighted the need for clear communication between support services and between employers and support services. They suggested joined up approaches to workplace health that employers should have a central role in, including sourcing support, as well as the need for high quality information to be exchanged.

Occupational health services

Stakeholders highlighted the need for and importance of access to occupational health services while employees are on long term sickness absence, particularly those with long term health conditions. They felt that access should be through GPs as well as employers, should not have a negative financial impact on the employee, and that referral could be done through the fit note.

* + 1. Selected recommendations from development source

Table 4 below highlights recommendations that have been provisionally selected from the development source/sources that may support potential statement development. These are presented in full after table 4 to help inform the committee’s discussion.

### Table 4 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Selected source guidance recommendations |
| Communication | NICE NG146 Recommendations 1.2.2, 1.2.5, 1.3.2, 1.5.1, 1.5.2, 1.5.3, 1.5.4 |
| Occupational health services | NICE NG146 Recommendations 1.2.3, 1.3.3, 1.5.3, 1.6.3, 1.6.4 and 1.7.1 |

### Communication

NICE NG146

Recommendation 1.2.2

Encourage people who are assessed as not fit for work to maintain regular contact with their workplace. [2019]

Recommendation 1.2.5

Be aware that employers need information on how the employee's health condition or treatment could affect them on their return to work. Use the statement of fitness for work to provide sufficient information in clear, non‑technical language. [2019]

Recommendation 1.3.2

To support the person who is currently not fit for work and plan for their return to the workplace, consider:

* taking into account any additional information provided (for example from an allied health professional's health and work report) about how their condition may affect their ability to do their role
* seeking information and advice on what support they might need, such as from an occupational health service or from other possible expert sources of vocational advice and support relevant to their condition (this may include online resources, or telephone advice from external bodies)
* discussing with them what adjustments or other support might be needed if any ongoing health needs are anticipated for when they return to work; if adjustments need approval, discuss these with decision makers to gain sign-off. [2019]

Recommendation 1.5.1

Ensure that the organisation regularly keeps in touch with people who are 'not fit for work' during periods of sickness absence, including people with a [chronic health condition or a progressive illness or disability covered by the Equality Act 2010](https://www.gov.uk/definition-of-disability-under-equality-act-2010). [2019]

Recommendation 1.5.2

Make contact as early as possible, and within 4 weeks of them starting sickness absence, depending on the circumstances. [2019]

Recommendation 1.5.3

When contacting the employee:

* Be sensitive to their individual needs and circumstances.
* Be aware that communication style and content could affect their wellbeing and decision to return to work.
* Ensure that they are aware that the purpose of keeping in touch is to provide support and help them return to the workplace when they feel ready.
* If an early referral to support services (for example physiotherapy, counselling or occupational therapy) is available through the organisation's occupational health provider, discuss if this may be helpful.
* Discuss how they would like to be contacted in future, how frequently and by whom. If the line manager is not the most appropriate person to keep in touch, offer alternatives.
* Provide reassurance that anything they share about their health will be kept confidential, unless there are serious concerns for their or others' wellbeing. [2019]

Recommendation 1.5.4

Ensure that members of staff responsible for keeping in touch with people on sickness absence:

* are aware of the need for sensitivity and discretion at all times
* understand the organisation's policies or procedures on managing sickness absence and returning to work

are competent in relevant communication skills and are signposted to and encouraged to use online or other resources and advice to improve these skills. [2019]

### Occupational health services

NICE NG146

Recommendation 1.2.3

If the person is likely to be absent from work for more than 4 weeks, consider:

* referral to health rehabilitation and support services, such as physiotherapy, counselling or occupational therapy
* signposting them to other possible expert sources of vocational advice and support relevant to their condition. [2019]

Recommendation 1.3.3

When a statement of fitness for work indicates that a person may be fit for work, contact them as soon as possible:

* Discuss what adjustments (such as flexible working, phased return, reduced hours, changes to workstations or duties) might help them return to work. Use any recommendations in the statement of fitness for work as a starting point.
* Involve the employee and line managers in these discussions initially, and occupational health services if needed.
* Human resources, trade unions or occupational health services (if not already participating) may also be involved, especially if the circumstances or adjustments are more complex. [2019]

Recommendation 1.6.3

For employees whose sickness absence is expected to continue beyond 4 weeks, in organisations with access to an occupational health provider:

* discuss the possibility of a referral to occupational health for an assessment of fitness for work or
* discuss the suitability for early referral to support services; if referral is appropriate, ensure that this takes place as early as possible. [2019]

Recommendation 1.6.4

If occupational health services or an employee assistance programme are not available, encourage employees whose sickness absence is expected to continue beyond 4 weeks to discuss with their GP or secondary care specialist any options for referral to support services such as physiotherapy, counselling or occupational therapy. [2019]

* + 1. Current UK practice

[Public Health England and The Work Foundation](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/677547/Infographic6.png) report that 1 in 3 employees with a long-term health condition have not discussed it with their employer. They also state that 52% of employees have access to occupational health services through their employer, and 39% of employees report having access to independent counselling.

**Committee discussion**

|  |
| --- |
| **For discussion** |
| * What is the priority for improvement? * What is the key action that will lead to improvement? * Could we focus on a specific audience or setting? * Can we develop a specific, measurable statement? |
| **For decision** |
| * Should this area be prioritised for inclusion in the quality standard? |

* 1. Support to stay in or return to work
     1. Summary of suggestions

Support to return to work

Stakeholders highlighted the importance and effectiveness of giving employees appropriate support when returning to work from a long-term absence. They suggested different kinds and approaches to support:

* Intensive multidisciplinary interventions for people with ongoing or chronic pain.
* Virtual rehabilitation.
* Return to work plans.
* Flexible working and remote working.

Reasonable adjustments

Stakeholder highlighted the importance of making reasonable adjustments to enable employees to work. They noted the particular importance of this to employees with a disability, multiple sclerosis, or arthritis.

Mental Health

Stakeholders also highlighted the importance of employees being supported with their mental health at work, and gave examples of support including Individual Placement and Supervision, mental health first aid, safe spaces, flexible working, and early intervention. They also highlighted the need for employees to know their rights regarding mental health related absence from work.

* + 1. Selected recommendations from development source

Table 5 below highlights recommendations that have been provisionally selected from the development source/sources that may support potential statement development. These are presented in full after table 5 to help inform the committee’s discussion.

### Table 5 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Selected source guidance recommendations |
| Support to return to work | NICE NG146 Recommendations 1.3.3 and 1.7.2 |
| Making reasonable adjustments | NICE NG146 Recommendations 1.4.1, 1.4.2, 1.4.3 and 1.7.1 |
| Mental Health | NICE NG146 Recommendations 1.2.3, 1.2.4 1.7.2 |

### Support to return to work

NICE NG146

Recommendation 1.3.3

When a statement of fitness for work indicates that a person may be fit for work, contact them as soon as possible:

* Discuss what adjustments (such as flexible working, phased return, reduced hours, changes to workstations or duties) might help them return to work. Use any recommendations in the statement of fitness for work as a starting point.
* Involve the employee and line managers in these discussions initially, and occupational health services if needed.
* Human resources, trade unions or occupational health services (if not already participating) may also be involved, especially if the circumstances or adjustments are more complex. [2019]

Recommendation 1.7.2

For people who resume work after an absence of 4 or more weeks for a common mental health condition, consider a 3‑month structured support intervention to reduce the likelihood of a recurrence of absence. Involve the line manager in this process, which could be led by an impartial person. The intervention may include:

* Meeting the person to identify any issues encountered since their return to work, and exploring possible solutions and support needs.
* Developing an action plan to implement, which is agreed with the person's line manager.
* Regular follow-up meetings with the person and their line manager to evaluate progress. [2019]

### Reasonable adjustments

NICE NG146

Recommendation 1.4.1

When any work adjustments have been agreed with a person returning from sickness absence:

* Arrange additional risk assessments if needed. Guidance on these is available on the Health and Safety Executive website.
* Discuss with the returning person whether colleagues could be informed about the adjustments to help them understand the need for them. Seek the person's informed consent and, if it is given, explain the reasons why the adjustments are being made. Discuss with colleagues any concerns that they may have about the impact of adjustments. [2019]

Recommendation 1.4.2

Record any workplace adjustments agreed with the employee, including a timeframe for their implementation and how long they are expected to last, in a written return-to-work plan for the employee and their line manager. [2019]

Recommendation 1.4.3

Monitor any workplace adjustments that have been put in place to see if they are meeting the needs of both the employee and employer. Review this regularly, within a timeframe agreed by the employee and line manager in the written return-to-work plan.

Recommendation 1.7.1

For people who have been absent for 4 or more weeks because of a musculoskeletal condition, consider interventions to help them return to work. For example:

* A programme of graded activity delivered by someone with appropriate training (for example, a physical or occupational therapist).
* Problem-solving therapy.
* A worksite assessment by a suitably qualified professional to review and discuss with the employee, together with a representative of the employer, the suitability of work tasks or any adjustments that could be made.
* A meeting between the employee and their line manager, facilitated by an impartial person, to agree the key barriers to returning to work and what modifications could be made to the work environment to overcome these. [2019]

### Mental Health

NICE NG146

Recommendation 1.2.3

If the person is likely to be absent from work for more than 4 weeks, consider:

* referral to health rehabilitation and support services, such as physiotherapy, counselling or occupational therapy
* signposting them to other possible expert sources of vocational advice and support relevant to their condition. [2019]

Recommendation 1.2.4

Take account of the fact that reasons for sickness absence can be complex. Encourage the person to:

* reflect on any factors in their work or personal life that may be contributing to their current absence or causing concern about returning to work and
* identify any additional support they might need. [2019]
  + 1. Current UK practice

**Support to return to work**

In a [DWP and DHSC telephone survey with 2,564 employers](https://www.gov.uk/government/publications/sickness-absence-and-health-employer-behaviour-and-practice), employers reported using a range of methods to manage employees return to work after a long term sickness absence including:

* opportunities for employees to return to work in a flexible manner (84%)
* offering regular meetings (79%)
* developing return to work plans (69%)
* larger employers were more likely to have used external, specialist support to manage an employee’s return to work (70%) and independent assessments of an employee’s work capacity (80%).

### Reasonable adjustments

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder’s knowledge and experience.

### Mental health

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder’s knowledge and experience.

**Committee discussion**

|  |
| --- |
| **For discussion** |
| * What is the priority for improvement? * What is the key action that will lead to improvement? * Could we focus on a specific audience or setting? * Can we develop a specific, measurable statement? |
| **For decision** |
| * Should this area be prioritised for inclusion in the quality standard? |

* 1. Culture and Policy
     1. Summary of suggestions

Workplace Culture

Stakeholders highlighted the role of workplace culture and leadership in creating and supporting healthy workplaces, and prioritising health and wellbeing of their employees. They also highlighted the importance of workplace culture that recognises disabilities and long-term health conditions as part of working life.

Policy

Stakeholders highlighted the importance of policy documents that take into account the needs of people with disabilities and/or long term conditions, and can be adapted to suit the needs of individual employees. They commented that people with disabilities and/or long-term conditions may be disadvantaged when absence policies do not take in to account their increased likelihood for taking sickness absence. Stakeholders suggested differentiating sickness absence related to an employee’s disability from other sickness absence as an example of reasonable adjustment to policy.

* + 1. Selected recommendations from development source

Table 6 below highlights recommendations that have been provisionally selected from the development source/sources that may support potential statement development. These are presented in full after table 6 to help inform the committee’s discussion.

### Table 6 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Suggested source guidance recommendations |
| Workplace culture | NICE NG146 Recommendations 1.1.1, 1.1.2, 1.1.5 |
| Policy | NICE NG146 Recommendations 1.1.7, 1.1.9 |

### Workplace Culture

NICE NG146

Recommendation 1.1.1

Make health and [wellbeing](https://www.nice.org.uk/guidance/ng146/chapter/recommendations#wellbeing) a core priority for the top level of management of the organisation. See the [section on organisational commitment in NICE's guideline on workplace health: management practices](https://www.nice.org.uk/guidance/ng13/chapter/Recommendations#organisational-commitment) (this section includes making health and wellbeing a core priority, ensuring the commitment of managers, and the importance of policies and of clear communication). [2019]

Recommendation 1.1.2

Foster a caring and supportive culture that encourages a consistent, proactive approach to all employees' health and wellbeing. [2019]

Recommendation 1.1.5

When developing workplace policies for managing sickness absence and return to work, ensure that these are part of a broader, strategically led approach to promoting employees' health and wellbeing (see recommendation 1.1.1). [2019]

### Policy

NICE NG146

Recommendation 1.1.7

Monitor and regularly review the impact of sickness absence policies and procedures to ensure that they are being implemented fairly and consistently across the organisation and that they are fit for purpose. [2019]

Recommendation 1.1.9

Regularly review the data on trends in sickness absence to identify:

* areas in which intervention may be needed to support employees' health and wellbeing and
* policies or procedures that may need to be reviewed or amended. [2019]
  + 1. Current UK practice

### Workplace culture

In a [DWP and DHSC telephone survey with 2,564 employers](https://www.gov.uk/government/publications/sickness-absence-and-health-employer-behaviour-and-practice), 91% agreed that there is a link between work and the health and wellbeing of their employees, and 90% agreed that it was the responsibility of employers to encourage their employees to be healthy. However, the employers found their own reputation (79%) and legal responsibilities (69%) to be the most important when deciding on investments in the health and wellbeing of their employees. While 92% of large employers provided occupational health services, only 18% of small employers did this. There were also differences between large and small employers in paying sick pay above the statutory minimum, 77% and 26% respectively.

### Policy

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder’s knowledge and experience.

**Committee discussion**

|  |
| --- |
| **For discussion** |
| * What is the priority for improvement (beyond st1 in [QS147](https://www.nice.org.uk/guidance/qs147))? * What is the key action that will lead to improvement? * Can we develop a specific, measurable statement? |
| **For decision** |
| * Should this area be prioritised for inclusion in the quality standard? |

* 1. Additional areas

### Summary of suggestions

The improvement areas below were suggested as part of the stakeholder engagement exercise. However, they were felt to be either unsuitable for development as quality statements, outside the remit of this particular quality standard referral or need further discussion by the committee to establish potential for statement development.

There will be an opportunity for the committee to discuss these areas at the end of the session on 29/09/2020.

### Short term sickness absence

Support for people with long term conditions having short term sickness absence, and occupational health support in primary care for managing short term sickness certification was suggested.

This suggestion has not been progressed. These specific suggestions about managing short term sickness absence are outside the scope of the quality standard.

### Secondary care

Coordination of care and referral pathways for people in secondary care was suggested as an area of quality improvement.

This suggestion has not been progressed. There are no recommendations in the source guideline specific to secondary care.

### Specific conditions

There were suggestions of areas for quality improvement that were specific to particular conditions.

These suggestions have not been progressed. Women’s health is covered by the following separate quality standards:

[NICE Quality Standard Heavy menstrual bleeding (QS47)](https://www.nice.org.uk/guidance/qs47)

[NICE Quality Standard Endometriosis (QS172)](https://www.nice.org.uk/guidance/qs172)

[NICE Quality Standard Menopause (QS143)](https://www.nice.org.uk/guidance/qs143)

[NICE Quality Standard Antenatal care (QS22)](https://www.nice.org.uk/guidance/qs22)

[NICE Quality Standard Postnatal care (QS37)](https://www.nice.org.uk/guidance/qs37)

[NICE Quality Standard Ectopic pregnancy and miscarriage (QS69)](https://www.nice.org.uk/guidance/qs69)

[NICE Quality Standard Preterm labour and birth (QS135)](https://www.nice.org.uk/guidance/qs135)

[NICE Quality Standard Fertility problems (QS73)](https://www.nice.org.uk/guidance/qs73)

Multiple sclerosis is covered by a separate [NICE Quality Standard Multiple sclerosis (QS108)](https://www.nice.org.uk/guidance/qs108)

### Presenteeism and absenteeism

There was one suggestion for research on presenteeism and absenteeism as an area for quality improvement.

This suggestion has not been progressed. Research is outside the scope of the quality standard.

### Training and development

The training of staff was suggested as an area of quality improvement.

This suggestion has not been progressed. Quality statements focus on actions that demonstrate high quality care or support, not the training that enables the actions to take place. The committee should consider which parts of care and support would be improved by increased training. Training may be referred to in the audience descriptors.

### COVID-19

At topic engagement we asked stakeholders to tell us if there were any particular issues relating to COVID-19 that we should take into account when developing this quality standard. Some of the issues have already been highlighted as areas for quality improvement discussed earlier in the paper.

However, there were also additional themes highlighted by stakeholders that are not currently covered by NICE guidelines:

* COVID-19 risk assessments in the workplace
* Specific actions for people returning to work with post-COVID-19 complications
* COVID-19 related rises in unemployment

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# Appendix 1: Review flowchart

Records identified through topic engagement  
[n = 40]

Records identified through IS scoping search  
[n = 34]

Records identified through ViP searching  
[n = 415]

Records excluded  
[n = 409]

Records screened  
[n =489]

Citation searching or snowballing

[n= 4]

Full-text papers excluded  
[n = 75]

Full-text papers assessed   
[n = 84]

Current practice examples included in the briefing paper  
[n = 9]

# Appendix 2: Suggestions from stakeholder engagement exercise – registered stakeholders

| ID | Stakeholder | Suggested key area for quality improvement | Why is this important? | Why is this a key area for quality improvement? | Supporting information |
| --- | --- | --- | --- | --- | --- |
| Statement of fitness to work | | | | | |
| 1 | SCM2 | Key area for quality improvement 2  Importance of assessing and recording work, job role and fitness for work and review as routine when completing MED3 sickness certification | Risk of post-COVID-19 assumptions that this is done by e Consult or brief telephone call. Potential to reduce potential to properly assess work capability and negotiate partial or full RTW in face to face- thus lengthening periods of sickness absence and potential for prolonged absence and drifting into worklessness and welfare with the associated negative health consequences linked to poverty and debt risks and mental ill-health. | A clear expectation that at least the initial and a proportion of review (including pre RTW) assessments for MED3 certification record type of work, restrictions and work ability, with at least one including visual assessment (face to face/video call) except in exceptional circumstances | Dame Carol Black’s report and work by Gabbay, Shiels, Hillage etc on long-term absenteeism risk and fitnotes. |
| 2 | Royal College of Occupational Therapists | Key area for quality improvement 2  Improved and increased correct use of the GP/Medical Fit Note | Regarding long term sickness absence, there is still too much variation at the first step of the journey, i.e. the GP or Medical Fit Note (1.2 and 1.3). | A crucial component that can be prioritised is how do we get better quality information on the fit note and more clinical consistency about the length of time people are signed off for? Better quality information needs to consider the self management advice given to the employee and the suggestions for workplace modifications that ideally need to be tailored and specific to each person, their health condition and their work role. | Data from the DWP shows that in England about 93% still have no information about possible workplace modifications. Anecdotal evidence suggests that in some areas, Practice Nurses complete them and there is not always a correlation between the presenting problem and the length of time given on the fit note. A recent paper from the BMA indicates a desire to widen the group of professionals who could carry out this task on page 7/8:  <https://www.bma.org.uk/advice-and-support/covid-19/bma-asks/trust-gps-to-lead-learning-from-the-response-to-covid-19-within-general-practice-in-england>  Supporting information: the DWP in March 2020 finished a series of proof of concept projects to improve job retention. Two of these projects focused on advice given in the GP surgery using occupational therapists and physiotherapists. A summary of one of the projects; Primary Care in Practice: <https://www.rcot.co.uk/occupational-therapy-primary-care>  The DWP has access to all the full results of both projects: DWP Work and Health Unit Challenge Fund [workandhealthunit.challengefund@dwp.gov.uk](mailto:workandhealthunit.challengefund@dwp.gov.uk) |
| Support during long-term sickness absence | | | | | |
| 3 | ACPOHE (Association of Chartered Physiotherapist interested in Occupational Health and Ergonomics) | Key area for quality improvement 1 | Fast track access to Occupational health physiotherapy should be immediate rather than have an expectation of a 4 week delay. | Rationale: The longer people are off work the harder it is for them to return. |  |
| 4 | ACPOHE (Association of Chartered Physiotherapist interested in Occupational Health and Ergonomics) | Key area for quality improvement 2 | Access to OH Physio should be non-taxable to recipients (ie No tax benefit perceived) | Rationale: It is illogical that steps taken to help keep staff at work and return to work could potentially be to the financial detriment of the recipient and may prohibit those that need it from participating. Keeping people in work aids the economy and is particularly vital during/ post Covid |  |
| 5 | ACPOHE (Association of Chartered Physiotherapist interested in Occupational Health and Ergonomics) | Key area for quality improvement 3 | Fit note - GP's should be trained and encouraged to include reference to referring to Occupational health service for further guidance (where one is available) for employees. | Rationale: The logistics/ expectations of supporting people to stay in and return to the workplace can be managed more efficiently, by health professionals closer to understanding the workplace demands allowing more targeted advice. It would also help to reduce the potential for conflict between GP recommendations (which are often vague) and OH advice, and any cherry picking of the advice. |  |
| 6 | ACPOHE (Association of Chartered Physiotherapist interested in Occupational Health and Ergonomics) | Key area for quality improvement 4 | Tax breaks for companies (particularly SME's) who provide access to an OH service | Rationale: Cost may become more affordable for companies to then provide access to services |  |
| 7 | ACPOHE (Association of Chartered Physiotherapist interested in Occupational Health and Ergonomics) | Key area for quality improvement 5 | Training and support for managers and health professionals (including OH professionals | Rationale: Managers will benefit by understanding how to better help support staff for RTW, Graded RTW and help to eliminate the 'must be 100% better' perception. More  health professionals trained in the requirements of OH will be available to deliver the support/ advice required to help employers and employees. |  |
| 8 | British Society for Rheumatology | 3) Provide comprehensive OH support for people who have been continually off sick for > 3 months with a long-term health conditions. These people are at high risk for long term work disability |  |  |  |
| 9 | Connect Health | Managing uncertainty and job insecurity in employees absent from work | Job insecurity has been recognised as a workplace issue prior to the coronavirus pandemic. This has only been made worse and job insecurity could be considered a key risk factor for recurrent or long-term sickness absence. | Further update of the section ‘Keeping in touch with people on sickness absence’ included in the previous set up guidelines. Highlighting the increasing importance of this recommendation but also introducing any other strategies that may be supported by the level of evidence available. | Job insecurity is predicted (prior to coronavirus) in this government paper ‘the future of work jobs and skills in 2030’. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303335/the_future_of_work_key_findings_edit.pdf>  The subsequent job loss and insecurity is reported on by this CIPD survey <https://www.cipd.co.uk/Images/good-work-index-summary-report-2020-1_tcm18-79211.pdf> and this office of national statistics report <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/july2020> |
| 10 | Connect Health | Supporting employees absent from work with participation in healthy lifestyle behaviours | Healthy lifestyle behaviours have good evidence for improving workplace and public health. Engagement in these behaviours is all the more important for people on long term sickness absence or at risk of long term sickness absence. | UK policy produce by public health England is very supportive of this approach and sets out a strategy to achieve this in the public and the workplace. This is touched on in the previous guidance document but new evidence and policy documents have been produced which should be included in the update. | Public Health England workplace health guidance: <https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health>  Public Health England 2020-2025 strategy: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831562/PHE_Strategy_2020-25.pdf> |
| 11 | Lincolnshire County Council | Key area for quality improvement 5  Occupational health provision | A number of the recommendations in the guidance reference accessible occupational health services however there can be supply issues with trained occupational health doctors. | Research by DWP has found that employers’ wishes to retain employees emerged as the main, overarching reason why they sought OH support. However it has been reported in the BMJ that there is a major shortage of doctors and nurses who specialise in occupational medicine in the UK, partly due to occupational health services not being legislated for.  A quality statement relating to robust procurement of OH services including working with local partners to attempt to address the lack of occupational health professionals may provide a useful lever for discussions regarding attraction to and training in OH disciplines in future. | Department for Work and Pensions and Department of Health and Social Care (2019). *Employers’ motivations and practices: A study of the use of occupational health services.*  Retrieved from: <https://www.gov.uk/government/publications/occupational-health-services-and-employers>  Raynal A, Hermanns R, Robson S, Weir M, Carry D. Everybody should have access to occupational health services. BMJ. 2019;364:k5220. |
| 12 | Mind | Occupational health services for people with mental health problems | Good occupational health services can be key in supporting people to return or continue to work when they have a health condition which effects them at work. Many people are pushed out of the workplace due to a mental health problem, even when they feel well enough to work. Often, some simple support measures can mean that they are instead able to continue to work. Occupational health professionals can also help employers to understand an employee’s mental health problem and how the employer can support them. | Occupational health services are lacking in expertise on mental health. We hear from people with mental health problems who have had unsympathetic and stigmatising views from occupational health assessors, who have only made their experiences in work worse and pushed them further from the workplace.  As most people only have access to occupational health through their employer, this can cause issues if their relationship with their employer has become difficult. It is important that individuals who have experienced a breakdown in their relationship with their employer, or who are worried about accessing support which is provided by their employer, have access to services through the NHS.  People commonly see their GPs when they are experiencing problems with their health and work, and should be able to access support through a referral to NHS services from their GP.  We recommend that all CCGs should have occupational health specialists available for individuals to access support. |  |
| 13 | Multiple Sclerosis Society | Key area for quality improvement 4  Lack of joined up health and employment support | Access to statutory employment support is limited outside the welfare system. For people with MS who are in work but are struggling to remain in their jobs, there is little support if they are not claiming benefits. This is despite the fact that the employment rate for people with MS is 36%, which is significantly below the overall population employment rate. The majority of people with MS say they stop working because of the severity of their symptoms. However, early intervention before symptoms overwhelm an employee with MS, can support people with MS to stay in employment for as long as this is right for them. There is a lack of focus among healthcare professionals, and in NHS and NICE guidelines, on employment outcomes. However, as healthcare professionals who see most people with MS on a semi-regular basis, are well placed to sign post people to employment support as early as possible, as long as this support is available, accessible and appropriate. | Through research conducted by the MS Society, we know that some healthcare professionals do discuss employment with their patients. However, there are no clear NICE or NHS guidelines for healthcare professionals on how to discuss employment at different stages of the disease, what outcomes may be expected, and how and where to refer to services. Healthcare professionals told us they do not currently have meaningful discussions about work with their patients mainly due to lack of referable local services, including vocational rehabilitation (see key are for quality improvement 5 below); lack of knowledge of reasonable adjustments; and a focus on treatments, which means work is deprioritised. Large workloads and short appointment times are also a barrier to providing meaningful support. People with MS want to have the support of their healthcare professionals to remain in work, especially where statutory support is lacking. Providing joined up, tailored employment support for people with MS is crucial if the Government is to achieve its goal of significantly reducing the disability employment gap. Healthcare professionals are particularly well-placed to identify need for support, and should then be able to refer their patients with MS to local and appropriate employment support. |  |
| 14 | National Rheumatoid Arthritis Society | Provision of occupational health advisor consultations for those returning to work. | Pain & fatigue are the most common symptoms causing barriers to employment, both of which can in many cases be improved with appropriate equipment and/or flexible working arrangements. | In the provisional findings of an employment survey NRAS is running, a consultation with an occupational health adviser was the second most asked-for form of support, after a return to work interview with a line manager (35% and 48% respectively). | Data on this subject is available in the NRAS 2017 Work Survey, accessible at https://www.nras.org.uk/work-survey-2017.  NRAS is currently running a work survey and may be able to provide further supporting data once that survey has closed. |
| 15 | Royal College of Occupational Therapists | Key area for quality improvement 1  Continued and increased involvement of occupational therapists in workplace health initiatives and practices. | The related NICE guideline (published November 2019) mentions occupational therapy in relation to:   * Statement of fitness for work ( AHP Health and Work Report) * Keeping in touch with people on sickness absence * Early intervention   Sustainable RTW and recurrence of absence for MSK problems | The occupational therapy component of the items listed above should continue to be priorities regarding workplace health. | The AHP Health and Work Report:  <https://www.rcot.co.uk/practice-resources/standards-and-ethics/ahp-health-and-work-report> |
| 16 | Royal College of Occupational Therapists | Key area for quality improvement 3  Improved communication between employers and health services | The second stage of the journey that has too much variation and is at the employer liaison/health interface (1.4- 1.7). | Many employers for some time have been asking for more help to guide them. They are not healthcare professionals and only have the GP Fit Note and/or an occupational health report to guide them. As reported above, the GP Fit note in its current format usually has no information on it about possible workplace modifications, and anecdotally, some employers query the utility of information in some OH reports. There are additional complications about the confidentiality of health information and employers/OH departments wrestling with whether someone “qualifies” as disabled under the Equalities legislation.  From the project above, two key ways to help the employer and cut through some of the problems described are the worksite assessment and the meeting with an impartial person (1.7.1). Particularly for complex situations with multiple variables where communication had broken down between the employer and employee, these visits and meetings were crucial ways to move the situation forward and keep the person in employment. More information about what makes a good workplace visit would drive quality in this area for all parties involved. |  |
| 17 | SCM1 | Key area for quality improvement 1  Open and transparent communication around health related issues in the workplace and in the home life | Enables employees and managers to engage in meaningful discussions at any point in their health issues that may be having an impact on their ability to carry out their duties. | Contributes to a better workplace culture, promotes positive engagement and hopefully helps to reduce sickness and or ill health by addressing the problems early and gaining the appropriate support. |  |
| 18 | SCM1 | Key area for quality improvement 4  A more joined up approach to sickness absence. Eg gaining support from relevant people or services. Engaging more with the employee around what they need, not relying too much solely on the GP to determine RTW schedules. Try to address the situation early. | May reduce the amount of time a person is off work or even stop this in the first instance. Gives the individual more influence to engage and explain. Takes the burden away from the GP. Makes good use of local services who may be more experts in a certain field. | This gives the individual more choices and opportunity to engage with the employer direct about the issues. May well reduce burden on GP services. Enables employees to see that the organisation are willing to offer support based on individuals issues/circumstances. |  |
| Support to stay in or return to work | | | | | |
| 19 | Connect Health | Return to work support following long-term sickness absence associated with Coronavirus | Coronavirus is a new contributor to sickness absence. The pandemic itself as well symptoms of the virus, has created a complex set of physical, mental and social health symptoms to overcome to achieve return to work.  ‘Reconditioning’ for return to work is one such example. Who should be involved with this and what support is available for businesses? | Limited guidance exists for this area and the guidance that does exist has not been through a rigorous review of the quality of evidence. | Over half of working adults (54%) said the coronavirus (COVID-19) pandemic was having an impact on their work. Please see the latest data from the Office of National Statistics, reflecting the social (in. work) impacts of coronavirus on Great Britain:  <https://www.ons.gov.uk/> |
| 20 | Connect Health | Virtual rehabilitation options for people absent from work | Various remote and virtual services exist for supporting return to work from long term absence. Such as the DWP ‘Access to work Mental Health Support Service’ which business may not be aware of. ‘Virtual’ is an increasingly accepted method of healthcare delivery and businesses are likely to be more accepting of these support services. | Many new virtual services for supporting health have been launched. This will and has become a focus of health research and plenty of new evidence is likely to exist since the previous guidelines were produced. | Access to work Mental Health Support Service: <https://www.remploy.co.uk/employers/mental-health-and-wellbeing/workplace-mental-health-support-service-employers> |
| 21 | Connect Health | Working from home as an option to help people return to work | An increasing number of people are working from home and working from home has become an increasingly accepted way of working.  This presents an increasingly recognised and accepted strategy for helping people work return to work after long term sickness absence and in preventing short term sickness absence becoming long term.  In contrast, working from home presents some workplace health issues which may contribute to sickness absence and business may need support in managing. | With an increasing number of people either working from home or having the option to work from home. This has become a really relevant working environment which may contribute to peoples capability to work in a positive or negative way. Guidance does exist but much has been produced in reaction to the UK lockdown and consensus on best practice is needed. | This survey completed by the Institute for Employment Studies, UK presents various health issues reported by people working from home due to the UK lockdown:  <https://www.employment-studies.co.uk/sites/default/files/resources/summarypdfs/IES%20Homeworker%20Wellbeing%20Survey%20-%20Interim%20Findings.pdf> |
| 22 | Lincolnshire County Council | Key area for quality improvement 4  Sustainable return to work | Particularly for vulnerable employees a sustainable return to work supported by the recommendations in NG146 is crucial. However, whilst the guidance helpfully focuses on particular issues (MSK and Mental Health) there may also be wider vulnerabilities that people face which would be of benefit in the Quality Standard, e.g. long term health conditions or protected characteristics under equalities legislation which might also be of relevance | Supporting staff through reasonable adjustments and flexible working has been recognised in the NICE guidance and so a benchmark quality statement would allow employers to assess themselves against a well evidenced standard of practice when support staff to return to work and stay working in a productive and sustainable way. This is also supported by the WHO Healthy Workplace Framework and Model which finds that there is strong evidence for return to work programmes that use a participatory approach. Equally it reports a number of critical factors including the physical environment, psycho-social working environment and personal health resources in the workplace with regard to return to work. | World Health Organisation (2010).  *WHO Healthy Workplace Framework and Model: Background Document and Supporting Literature and Practices.* Retrieved from: <https://www.who.int/occupational_health/healthy_workplace_framework.pdf> |
| 23 | Mind | Supporting people with mental health problems to know their rights at work | Medical professionals have a key role in supporting people who are experiencing, or likely to experience, long-term sickness absence from work to know their rights at work. People with mental health problems often do not know they are entitled to protection under the Equality Act 2010, may have a right to Statutory Sick Pay, and have as much right to good occupational health services as people with physical health problems.  When people are aware of their rights, they are more likely to feel empowered to advocate for themselves at work to access these rights, which can enable them to reduce their sickness absence or return to work, for example with some reasonable adjustments. | At Mind, we frequently hear from people with mental health problems who were unaware of their rights in the workplace at a time of illness. Often, this has left them feeling disempowered and kept them away from the workplace for longer than they needed or wanted to be.  In most cases, they would have been in touch with a medical professional (often seeing a GP for fit notes) but they have not had guidance on their rights in the workplace.  It is important that professionals who are working to support a person with mental health problems who are experiencing sickness absence should be equipped to remind them off their rights at work, or refer them to information that would help them with this. In the long term, this could reduce the amount of care that the person needs, due to the positive benefits of accessing their rights at work. | Scottish Association for Mental Health resource, ‘Know your rights: Employment’: <https://www.samh.org.uk/about-mental-health/know-your-rights/employment>  Mind’s guidance ‘How to be mentally healthy at work’: <https://www.mind.org.uk/information-support/tips-for-everyday-living/workplace-mental-health/work-and-mental-health/> |
| 24 | Mind | Support with benefits claims for people with health-conditions who face barriers to work | There is good evidence that financial difficulties can lead to worse health outcomes for people with mental health problems. People who are at risk of losing their jobs are particularly vulnerable to experiencing shocks in their income which can exacerbate the impact of an existing health problem.  There is also evidence that support with benefits claims can have a significant impact on an individual’s recovery, including through quicker discharge from hospital, the prevention of relapse and preventing people from becoming homeless. | Research from the Money and Mental Health Policy Institute has found that mental health practitioners often identify a need for their clients to receive targeted help with money and benefits problems, but can be unsure of the most effective way they can support with these needs. | * [Money and Mental Health: Whose job is it anyway? How mental health practitioners help navigate financial difficulty (2017)](https://www.moneyandmentalhealth.org/wp-content/uploads/2017/10/Whose-Job-is-it-Anyway-Report-spreads.pdf) * [Money and Mental Health: Too ill to work, too broke not to: The cost of sickness absence for people with mental health problems (2018)](https://www.moneyandmentalhealth.org/wp-content/uploads/2018/10/Too-ill-to-work-too-broke-not-to-1.pdf) * [Citizens Advice: Joining the dots Integrating practical support in mental healthcare settings in England (2017)](https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/Joining%20the%20dots%20-%20Citizens%20Advice%20report%20(1).pdf)   [Centre for Mental Health: Welfare advice for people who use mental health services (2013)](https://www.centreformentalhealth.org.uk/publications/welfare-advice-people-who-use-mental-health-services) |
| 25 | Mind | Employers providing reasonable adjustments | Making reasonable adjustments is a legal requirement under the Equality Act 2010 and these adjustments are vital in enabling people with a mental or physical disability to obtain and retain employment.  Protecting employees with a disability from discrimination and creating working environments is not just a legal obligation but also creates a more diverse and inclusive organisation that is able to attract a wider range of talent. | There is a large disparity in employment between people with a disability and those without that needs to be addressed. According to the Office for National Statistics (ONS). Between 2013 and 2019 data shows roughly half of people with a disability were in employment (53.2%) compared with just over four out of five people without a disability (81.8%). People whose ‘main impairment’ is depression, bad nerves or anxiety formed the largest group of those with a disability at 17.6%, with ‘mental illness or other nervous disorders’ accounting for a further 3.9%.  To close this employment gap, awareness needs to be raised that protection from discrimination under the Equality Act begins as soon as an employee formally discloses their disability or an employer has evidence to reasonably indicate that an employee has a disability. As soon as an employer is aware that something about work is causing a problem for someone with a disability they have a legal duty to make reasonable adjustments. Providing the right support for people experiencing mental health problems will lead to greater employee retention, decreased discrimination and help close this employment gap.  Increasing awareness of reasonable adjustments will become even more pressing as people return to work after the coronavirus lockdown, with many people expected to have worsened existing or developed new mental health problems.  There have also been recent clarifications to the law surrounding reasonable adjustments due to an Employment Appeal Tribunal that employers and employees need to understand. This clarification means employers must make reasonable adjustments to address any interpersonal issues that affect people with mental health problems in the workplace, and they may also need to give concrete and permanent solutions to these interpersonal issues. | Section of the Equality Act 2010 (chapter 2 section 20) regarding ‘adjustments for disabled persons’: <https://www.legislation.gov.uk/ukpga/2010/15/section/20>  Please see guidance on reasonable adjustments outlined by Mind’s legal team: <https://www.mind.org.uk/information-support/legal-rights/discrimination-in-everyday-life/reasonable-adjustments/>  ONS figures showing employment disparity between those with a disability and those without Disability and employment: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandemploymentuk/2019>  Rethink Mental Illness guide: ‘What’s reasonable at work’ <https://www.rethink.org/media/2818/whats-reasonable-at-work.pdf>  Chartered Institute of Personnel and Development (CIPD) article: How can we shrink the disability employment gap? <https://www.cipd.co.uk/news-views/cipd-voice/issue-16/disability-employment-gap>  International Comparative Legal Guides (ICLG) article touches on reasonable adjustments post-lockdown: ‘Post-Lockdown Issues for Employers’ <https://iclg.com/briefing/13810-united-kingdom-people-post-lockdown-issues-for-employers>  Employment Appeal Tribunal (Hill vs Lloyds Bank PLC) document outlining clarification of reasonable adjustments law: <https://assets.publishing.service.gov.uk/media/5efcc303d3bf7f768e27c64d/Mrs_S_Hill_v_Lloyds_Bank_Plc_UKEAT_0173_19_LA.pdf> |
| 26 | Mind | Individual Placement and Support (IPS) provision | IPS has been shown to be very effective in supporting people with mental health problems into work. IPS programmes support people who feel ready to work to find the type of work that they want to do. IPS then provides individualised support for the person and their employer, for an unlimited period of time. | The NHS Long Term Plan committed to expanding the provision of IPS, but it is crucial that more employment support and back-to-work programmes take on more of the principles of IPS, so that more people with a range of mental health problems have access to employment support which really works. | NHS Long Term Plan, health and employment: <https://www.longtermplan.nhs.uk/online-version/appendix/health-and-employment/>  Centre for Mental Health resource on what IPS is and the evidence behind it: <https://www.centreformentalhealth.org.uk/what-ips> |
| 27 | Multiple Sclerosis Society | Key area for quality improvement 3  Reasonable adjustments | Reasonable adjustments are required from employers by law, and are shown to improve employment outcomes for disabled people. However, lack of knowledge by employers of what is required of them and the available support through schemes such as Access to Work, mean that too many employers do not provide reasonable adjustments to people with MS.  Covid-19 has shown that working from home – one reasonable adjustments that can support a person with MS to stay in employment – as well as other adjustments such as changing work stations and providing specialist equipment, can be provided by employers in order to keep their employees safe. This change can be harnessed to provide better guidelines for employers on providing reasonable adjustments as a norm rather than in special cases. | Data from the APPG for MS reports that people with MS who ask for reasonable adjustments are more likely to have them put in place: overall 54% of respondents’ employers had made reasonable adjustments to their role, but where respondents had asked for adjustments, this figure rises to 78%. Those working for smaller organisations are less likely to have reasonable adjustments made for them than those working for medium or larger sized organisations. This may be because smaller employers have fewer HR resources to support them in providing adjustments. Access to Work is also not widely known enough with employers, and has been described previously as the ‘Government’s best kept secret’. This clearly needs to change if more disabled people get the reasonable adjustments they need. | For more information on reasonable adjustments for people with MS see: [All Party Parliamentary Group for MS (2016) Employment that works: Supporting people with MS in the workplace](https://mss-cdn.azureedge.net/-/media/3d2bcce2deab4330a11b4f7e98298c54.pdf?sc_revision=ffb2b067eda04d5b91b4c487e4b13866). p.26 |
| 28 | National Rheumatoid Arthritis Society | Provision of stress and/or mental wellbeing support. | The 2017 NRAS Work Survey identified ‘work becoming emotionally more demanding’ as one of the factors most likely to make people with RA/inflammatory arthritis unable to continue working in the next 12 months. | In the provisional findings of an employment survey NRAS is running, help with stress or mental wellbeing were the 3rd and 4th most asked-for forms of support (24% and 30% respectively). Combined, more people cited these forms of support than any other form of support. | Data on this subject is available in the NRAS 2017 Work Survey, accessible at https://www.nras.org.uk/work-survey-2017.  NRAS is currently running a work survey and may be able to provide further supporting data once that survey has closed. |
| 29 | National Rheumatoid Arthritis Society | Working hours flexibility including option of working from home | Flexibility in working hours can help people with RA/inflammatory arthritis in returning to work, or to stay in work.  NRAS’ 2017 *Work Matters* report found that ‘fatigue affecting ability to work’ was the most commonly cited reason for leaving work.  ‘Lack of... time off when having a flair or for medical appointments’ were found to be major barriers to remaining in work cited by respondents. | In provisional findings of an employment survey NRAS is running, respondents told us:  - before the pandemic 31% felt they could work from home, while 55% did not. Since lockdown, 56% now feel they can work from home, and only 26% do not.  - only 44% of respondents felt this improvement will last post-pandemic.  - progress in this area should be not be lost as lockdown ends. | Data on this subject is available in the NRAS 2017 Work Survey, accessible at https://www.nras.org.uk/work-survey-2017.  NRAS is currently running a work survey and may be able to provide further supporting data once that survey has closed.  Of 185 respondents, 72 agreed or strongly agreed with the statement *‘I feel like I can work from home if I need to due to my inflammatory arthritis’* compared with 53 before 23rd March, while 34 disagreed or strongly disagreed, compared with 93 before 23rd March. |
| 30 | National Rheumatoid Arthritis Society | Adjustments to equipment & provision of specialist equipment, and/or assistance with getting to work. | These often inexpensive adjustments (DSE assessment for example) can help people with RA/inflammatory arthritis to stay in work or return to work. Pain & fatigue are the most common symptoms causing barriers to employment, both of which can in many cases be improved with appropriate equipment.  Many employers and employees do not know what support is available to them, e.g. *Access to Work.* | Provisional findings of an employment survey NRAS is running indicate that this was the second most cited form of support required by respondents (working from home was the first). Despite this, most respondents either did not ask for this support, or did ask but were refused. | Data on this subject is available in the NRAS 2017 Work Survey, accessible at https://www.nras.org.uk/work-survey-2017.  NRAS is currently running a work survey and may be able to provide further supporting data once that survey has closed.  Information on the DSE assessment can be found at <https://www.hse.gov.uk/msd/dse/assessment.htm>. |
| 31 | Royal College of Nursing | Key area for quality improvement 1  Mental health support in the workplace | There is a large annual cost to employers of between £33 billion and £42 billion (with over half of the cost coming from presenteeism – when individuals are less productive due to poor mental health in work) with additional costs from sickness absence and staff turnover. | There are relatively recent innovations such as mental health first aid and psychological first aid which more and more employers are adopting. However there is disparity in availability and uptake and efficacy is unclear about how they support people to stay in work. | <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf> |
| 32 | SCM1 | Key area for quality improvement 5  Early intervention, engagement and support. | The offer of early support, direction to services and advice will hopefully reduce a number of long term sickness issues. | May well reduce sickness in the first instance, may help retention of staff. May reduce long term sickness. |  |
| 33 | Sheffield Health and Social Care NHS Foundation Trust | Key area for quality improvement 1  Early intervention support | Small amount of evidence from research studies suggest that free access to employee assistance programmes and health checks is good practice and assists with staff returning from long term absence. | There may be inconsistency of access to support programmes due to size and type of organisation |  |
| 34 | Sheffield Health and Social Care NHS Foundation Trust | Key area for quality improvement 2  Return to work plans and access to therapies (eg back care  / mental health support) | Supports a more holistic return to work plan ie being considered as part of a team, taking account of reasonable adjustments, access to therapies. | This will enable greater understanding and support to the individual |  |
| 35 | Skills for Care | Mental health and early intervention | There is a predicted higher incidence of anxiety and depression and PTSD amongst the social care workforce due to COVID-19, both in the short and longer term. | Raising provider awareness of the benefits of intervening early as issues arise and promoting a positive culture of mental health and wellbeing, having effective supervision mechanisms in place and policies to manage absence due to mental health conditions, as well as knowing how and where to signpost employees for support if no in-house HR/OH arrangements. Also an area for improvement due to concerns over emotional and mental health impact of the pandemic. |  |
| 36 | The Royal College of Radiologists |  |  | This is often about supporting the care giver as well as lengthening the time that they can continue to function in their role, if they wish too. In addition this is relevant to care givers in institutions and in community. In supporting the career sickness absence will be improve and capability to work can be improved.  Mental health specifically stress related to work: a non-stigmatising approach to reduce the stressors and a requirement that changes be made. This might include looking at flexible working, interactions with colleagues, use of equipment/ software, part time hours and working from less conventional sites i.e. home working. Provision of support and timely psychological intervention.  The provision of a safe space for staff to reflect and address issues that have adversely affected them for all staff groups. Supervisions and Schwartz rounds, psychological support and complimentary therapies are often considered add ons and funding is usually not provided or easily obtained.  An approach to staffing to optimise their ability to work and to pass on experience which reflects changes during a persons working life, considering illness, and other non- work life events: making the ability to move flexibly to different hours and forms of working.  Education to permit us to recognise deterioration in mental and physical health as sort of annual updates (mandatory training) with a frame to ensure that mangers are aware of solutions and relevant referral patterns  Education on the link between physical and mental health as part of annual updates with an understanding that employers will be able to support colleagues  · Why is this a key area for quality improvement?  2. Do you have an example from practice of implementing the key development source that underpins this quality standard? If so, please provide details  Evidence of information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?  I am aware personally of a senior colleague who asked for flexibility in hours to look after his wife but a compromise could non be made so in his early 50’s retired from his role as a consultant in the NHS.  -Martin Hogg, RCR Support and Wellbeing Lead |  |
| 37 | The Pituitary Foundation | Employers should be supported to enable patients diagnosed with complex pituitary conditions to return to employment following treatment. | Patients are often expected to return to work in their usual capacity following diagnosis and treatment, but for many this is not achievable. | Some patients are forced to leave their employment due to lack of understanding of their needs post diagnosis and treatment. | More emphasis should be placed on adjusting employment conditions e.g. working different times of the day than previously (to optimise energy and concentration levels) ; facilitating short, frequent breaks to manage fatigue levels; and considering different working practices – e.g. working from home. |
| Culture and policy | | | | | |
| 38 | Lincolnshire County Council | Key area for quality improvement 1  Workplace culture | Acknowledged in QS147 that leadership and culture is important to support healthy workplaces and this has a direct correlation with absence and attendance.  Also links directly to NG146 recommendation 1.1 so a quality statement associated with this would be helpful | Research by DWP and DHSC has reported that only 2% of employers provided activities to encourage a supportive organisational culture such as staff meetings, team bonding and social events. However the 11% reported a lack of senior leaders support as being a barrier to supporting employees on long-term sickness absences’ return to work. | Department for Work and Pensions and Department of Health and Social Care (2019). *Sickness absence and health: employer behaviour and practice.* Retrieved from: <https://www.gov.uk/government/publications/sickness-absence-and-health-employer-behaviour-and-practice> |
| 39 | Lincolnshire County Council | Key area for quality improvement 2  Supportive policy environment | Whilst recommendation 1.1 in NG146 covers both culture and policy the impact of recommendations from a policy perspective are numerous. In a recent piece of work undertaken as part of my NICE Scholarship in this area 23 statements from NG146 became recommendations I made in respect of reviewing our Absence Management Policy within my own organisation. | As per the research quote above, employers most commonly manage absences through a dedicated sickness absence management policy (72%). However three in five employers (61%) adapted the application of their policies depending on the employee. This may suggest that quality statements regarding this might be helpful for employers in making judgments regarding flexibility of policies to ensure they are supportive and reflective of individual circumstances. | Department for Work and Pensions and Department of Health and Social Care (2019). *Sickness absence and health: employer behaviour and practice.* Retrieved from: <https://www.gov.uk/government/publications/sickness-absence-and-health-employer-behaviour-and-practice> |
| 40 | Lincolnshire County Council | Key area for quality improvement 3  Early preventative intervention | QS147 includes a statement that "Employees are managed by people who support their health and wellbeing". However, that is more about support to managers whereas NG146 recommendation on early intervention is more targeted at practical interventions that prevent people from being absent from work due to sickness in the first place. From a public health as well as economic perspective this seems to be an important area of focus, therefore, for any quality standard. | Health promoting workplaces (HPW), as recommended by the World Health Organisation, can have multiple organisational as well as individual benefits including (but not limited to) improved staff morale, reduced stress, reduced staff turnover, improved morale, reduced absenteeism and increased job satisfaction.  This can be achieved through the combined efforts of employers, employees and society to improve the health and wellbeing of people at work. | World Health Organisation (2010). *Workplace health promotion*  *The workplace: A priority setting for health promotion.* Retrieved from:  <https://www.who.int/occupational_health/topics/workplace/en/> |
| 41 | Multiple Sclerosis Society | Key area for quality improvement 1  Workplace culture and disclosure of multiple sclerosis (MS) to managers | A review by the APPG for MS in 2016 found that disability and chronic health conditions are sometimes not visible and not systematically recognised as being part of normal working life. This lack of normalisation can mean that disabled people are seen as undesirable and employers approach the issue from a risk-limitation perspective. These attitudes also negatively impact on people with MS who are looking for work. The APPG review found that a majority of respondents who were looking for work feel that employers’ attitudes to MS make it harder for them to find a job. | 22% of respondents to an MS Society survey in 2019 who retired early or left work entirely as a result of their MS said they wanted to stay in work, but their employer didn’t support them.  The Covid-19 pandemic has shown that certain work cultures, such as the 9-5 presentism can change to allow employees to continue to do their jobs. This culture change can be harnessed to provide more inclusive working cultures in future. | For more information on the experiences of people with MS on workplace cultures please see: [APPG for MS – Employment that works: supporting people with MS in the workplace](https://mss-cdn.azureedge.net/-/media/3d2bcce2deab4330a11b4f7e98298c54.pdf?sc_revision=ffb2b067eda04d5b91b4c487e4b13866), p. 20  For key findings on employment support from a large-scale MS Society survey see: [MS Society – My MS My Needs 2019 UK report](https://mss-cdn.azureedge.net/-/media/36d2ced1efe54d5ea6c6ce6c5404985f.pdf?sc_revision=5342be8a42e84b9a895115e75cf07776). |
| 42 | Multiple Sclerosis Society | Key area for quality improvement 2  Absence leave policies, HR policies and support to leave work | Many people with MS feel penalised by absence management mechanisms which aren’t adjusted to take into account their disability and increased likelihood of taking sick days off work. Hitting absence trigger points can lead to stress and anxiety for people with MS, or even lead to them being dismissed or choosing to leave a job. Higher sickness absence rates can also deter disabled people seeking – or prevent them from gaining – new employment, especially where this has triggered absence management mechanisms.  Disability leave policies which record disability absence separately from sickness absence can be one form of reasonable adjustment, giving a disabled person the right to have their disability leave recorded separately, thereby reducing the possibility of hitting trigger points and allowing them to feel more secure in their jobs.  When people with MS do need to leave work due to the severity of their condition, there is very little support from employers, or other avenues, to reduce any negative impacts of leaving work, such as coping with financial, emotional and social impacts. | People with MS report absence management and HR policies that are inadequate for dealing with a fluctuating condition such as MS that requires taking time off to manage the condition in order to be able to return to work, resulting in disciplinary processes. This puts people with MS at a significant disadvantage compared with their non-disabled colleagues.  MS has a significant impact on employment outcomes for people living with the condition. Leaving work can be beneficial for health but has many negative impacts, such as loss of earnings, structure and social contact. People with MS need support to cope with these impacts, in order to continue to live well once they leave work. | For further information on HR and absence policies please see [APPG for MS – Employment that works: supporting people with MS in the workplace](https://mss-cdn.azureedge.net/-/media/3d2bcce2deab4330a11b4f7e98298c54.pdf?sc_revision=ffb2b067eda04d5b91b4c487e4b13866), p. 23  More information on MS Society research on the impacts of transitioning out work can be found here: <https://www.mssociety.org.uk/get-involved/campaign-with-us/campaigns-blog/people-with-ms-leaving-work-challenged-by-lack-of-support>. The full report can be provided on request. |
| 43 | Royal College of Nursing | Key area for quality improvement 2  Support for healthy workplace | The RCN guidance Healthy Workplace, Healthy you support employers to work in partnership with workplace representatives to improve working environments for staff. It also supports nursing professionals to lead healthy lifestyles so they can maintain both physical and mental wellbeing thereby helping to limit sickness absence. | It is welcomed that the developers will consider current national documents and policies outlined in section 2.2 of the topic engagement document to develop the quality standards. We support the areas listed in these documents mentioned as they will inform the development of this quality standard. | RCN guidance: Healthy workplace, health you -  <https://www.rcn.org.uk/healthy-workplace> |
| 44 | SCM1 | Key area for quality improvement 2  Positive workplace wellbeing initiatives based on public health messages such as wellbeing days, mental health awareness training, behaviour change awareness, awareness raising od local support network days. | Gives employees ideas and support available to enable them to think about their own health and wellbeing. | Helps reduce further ill health and possibly reduces sickness and ill health. |  |
| 45 | SCM1 | Key area for quality improvement 3  Leadership direction and buy in relating to workplace health and wellbeing | Gives a focus from the top and enables managers and employees to understand the positive healthy culture the organisation is trying to convey | Promotes a better workplace environment. Creates a more healthy friendly culture. Enables employees to feel more able to oen up about any workplace health issues and get support to address these. May help reduce sickness absence. |  |
| 46 | SCM3 | Line manager competencies in behaviours that support employees during sickness absence and promote return-to-work | Line managers have a critical role in keeping in touch with employees who are on long-term sickness absence, putting in place a return-to-work plan, and identifying and making adjustments to facilitate a return-to-work | A health intervention may be effective in returning an employee to 100% work capability. But without effective engagement with the line manager in putting together a co-produced and agreed RTW plan, that individual may not effectively RTW. Line managers still find it difficult to initiate conversations about health and return-to-work planning. | Cohen et al (20212) Journal of Rehabilitation Medicine, describes how line managers tend to focus on procedural aspects of RTW discussions, rather than communication which promotes shared decision-making and guidance. They conclude that the content and flow of the return to work discussion is of high importance and influences employee behaviour and return to work outcomes, but line managers need training in the communication styles that facilitate this |
| 47 | SCM3 | Organisational policies for early intervention | Early intervention is important to prevent longer-term absence. The longer an absence, the less likely the employee is to return | Organisations should have clear procedures to help managers to intervene early when an employee goes on long-term sickness absence, and to sign-post employees to appropriate sources of support. Whilst these policies and procedures are likely to be in place in large organisations, SMEs are less likely to have them. | A review of best practice guidelines for RTW following absence due to Mental Ill health identifies the need for well-described organizational policies and procedures for the roles and responsibilities of all stakeholders as one of the core elements of best practice (Dewa et al, 2016. Canadian Journal of Psychiatry) |
| 48 | Skills for Care | Making health and wellbeing a top priority for leaders and managers – promoting and fostering a positive, caring culture of wellbeing | The social care sector has been significantly impacted with the COVID-19 pandemic and it is key that leaders, managers and owners proactively prioritise the wellbeing of their workforce and create supportive work environments | The quality of care provision, productivity and outcomes can be negatively impacted due to a poor culture and lack of employee engagement, recognition and value, particularly considering the challenges the workforce has faced during the crisis. Poor wellbeing cultures can impact on retention, sustainability and workforce stability |  |
| 49 | Skills for Care | Improvement in clear policies and procedures | A significant portion of the social care sector consists of SME providers rather than large organisations who do not have the back-up of HR and OH support. | Smaller social care providers need to know how to improve and implement clear policies and procedures, where to go for external support, advice to promote and support wellbeing, effective management of workplace absence, making reasonable adjustment. | <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-size-and-structure-of-the-adult-social-care-sector-and-workforce-in-England.aspx> |
| Additional area: Short-term sickness absence | | | | | |
| 50 | British Society for Rheumatology | 1) Optimise support for employers to retain workers with long term conditions who are needing short term sickness absence |  |  |  |
| 51 | British Society for Rheumatology | 2) Provide OH support in primary care to carefully manage short term sickness certification and intervene when it is becoming long-term sickness absence |  |  |  |
| Additional area: Secondary care | | | | | |
| 52 | British Society for Rheumatology | 4) Develop referral pathways for people struggling at work under specialist (secondary care) follow-up and quality assure them by audit to ensure that people struggling at work are routinely identified as part of secondary care consultations |  |  |  |
| 53 | Sheffield Health and Social Care NHS Foundation Trust | Key area for quality improvement 3  Co-ordination / min standard for provision of specialist advice | To enable easy and timely access to specialist input, other than via Occupational Health. | To reduce timescales in accessing specialist input, enable more direct specific guidance and ultimately therefore reduce the amount of time people are absent from work. |  |
| Additional area: Specific conditions | | | | | |
| 54 | Fair Treatment for the Women of Wales (FTWW) | Key area for quality improvement 1  Policy and practice which focuses on women’s health, including menstrual issues and menopause. | Women make up almost half of the UK workforce. However, up until recently, their very specific health needs (aside from pregnancy / maternity) in the workplace have been neglected, partly as a consequence of societal taboos around menstruation and menopause, for example. Much research has been conducted into how attendance, productivity, and well-being of women in the workplace can be improved by co-producing specific policies and practices to accommodate women’s specific health needs at work, to include menstrual well-being and menopause. | FTWW’s community encompasses many women who have struggled to continue in the workplace as a result of menstrual health conditions like heavy menstrual bleeding, endometriosis, or menopause, the latter of which will affect over 50% of the population at some point – often women who are at the peak of their career / earnings potential.   During those years in which they are menstruating, women regularly report not having pelvic pain taken seriously, not being able to access the necessary products or facilities at work in a timely manner, or having symptoms of menopause diminished, even mocked. This has huge implications for both personal well-being and safety at work, compounded by a culture which makes it difficult to openly explain these particular health needs.   Working with women to develop appropriate policies and practices and making them a core requirement of the workplace reduces stigma and takes away that level of embarrassment that can sometimes lead to women being forced to take periods of absence. | Please see The Work Foundation’s report, ‘More than ‘Women’s Issues’ – women’s reproductive and gynaecological health and work’ (Dudley, Kerns, Steadman) as cited in https://www.personneltoday.com/hr/report-calls-for-action-on-womens-health-issues-at-work/  <https://www.unison.org.uk/content/uploads/2017/01/24203.womenshealth.pdf>  <https://www.tuc.org.uk/sites/default/files/TUC_menopause_0_0.pdf> |
| 55 | Fair Treatment for the Women of Wales (FTWW) | Key area for quality improvement 2  Guidance for employers which refers to short and long-term health implications of fertility treatment and miscarriage | Recognition that maternity-related issues extend beyond the legislative accommodations for pregnancy and post-childbirth and may include issues such as fertility treatment and miscarriage. | Many women will need time off from their employment for medical appointments associated with fertility treatment (some of which can come with profound side-effects). Others may experience sporadic or recurrent miscarriage (it is estimated that one in four will experience a miscarriage at some point in their lives) which can have significant mental health implications. Currently, neither fertility treatment nor miscarriage are specifically covered by maternity-related legislation, leaving women having to take the necessary time off work as part of holiday entitlement, for example. The very personal nature of these experiences makes it difficult for many women to discuss them openly with employers; furthermore, women don’t necessarily consider either fertility treatment or miscarriage as ‘illness’, thereby making reasonable adjustments problematic. | The HFEA explores side-effects of fertility treatments, some of which may have implications for the workplace for some women:  <https://www.hfea.gov.uk/treatments/explore-all-treatments/risks-of-fertility-treatment/>  For some women undergoing fertility treatment, there may be emotional and psychological consequences:  <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4009564/#:~:text=While%20the%20infertity%20is%20not,life%20(7%2D12)>  Tommy’s is conducting a comprehensive analysis of the mental health implications of miscarriage:  <https://www.tommys.org/our-organisation/research-by-cause/miscarriage/piepestudy#:~:text=Miscarriages%20are%20traumatic%3B%20there%20is,Traumatic%20Stress%20Disorder%20(PTSD)>.  The Miscarriage Association has published a guide for employers: <https://www.miscarriageassociation.org.uk/wp-content/uploads/2016/10/Miscarriage-and-the-Workplace.pdf> |
| 56 | Fair Treatment for the Women of Wales (FTWW) | Key area for quality improvement 3  Guidance for employers on the Equality Act 2010 and how to ensure a person-centred approach to reasonable adjustments, tailored to the individual | An increased awareness of the Equality Act 2010, particularly as it pertains to what constitutes a ‘disability’ and the need to make reasonable adjustments. | Currently, many of those with chronic / recurrent health conditions, particularly if they are ‘invisible’ or of a particularly personal nature (such as gynaecological health conditions, or mental health) don’t feel as though they have the ‘right’ to describe themselves as ‘disabled’ and entitled to reasonable adjustments, partly because they are reluctant to describe the often complex nature of their health condition(s) to an employer. This is particularly problematic when a formal, medical diagnosis is delayed – as can be the case with benign gynaecological health conditions, or more multi-faceted, less common disorders / conditions, such as auto-immune disease.   FTWW would ask that there also be a reconsideration of what constitutes a ‘reasonable adjustment’. For those employees who may need operations / medical procedures periodically, in order to manage their condition, the use of certain formal measures / tools to collate absences and then subject disabled people to disciplinary action needs to be re-examined. There is a widespread lack of appreciation that some absences are connected to a person’s long-term health condition and that, as such, it is not necessarily appropriate to utilise such a blunt instrument to determine an employee’s productivity. Historically, there has been a culture of presenteeism which is pervasive and damaging to a range of people, not least the disabled / chronically ill, failing as it does to take into account the very real opportunities flexibility and home-working present, as has been ably demonstrated during the Covd-19 pandemic. | The following is a useful summary of how tools such as the Bradford Factor interact with disability, and the implications for Equality law: <https://www.myhrtoolkit.com/blog/bradford-factor-and-disability>  The following, taken from the same website, presents solutions in administering the Bradford Factor and similar tools when dealing with disability and mental health in the workplace: <https://www.myhrtoolkit.com/blog/bradford-factor-disadvantages> |
| 57 | Multiple Sclerosis Society | Key area for quality improvement 5  Neuro-rehabilitation and physiotherapy for people with MS | Difficulties with mobility is one of the major challenges people with MS face in terms of living independently and continuing to work. NICE guidelines on management of MS in adults recommends that ‘people with MS who have mobility problems have access to an assessment to establish individual goals and discuss ways in which to achieve them. This would usually involve rehabilitation specialists and physiotherapists with expertise in MS’. For many people with MS, a goal would be to remain in work and continue to live independently.  MS-specific services have been stopped or severely restricted during the Covid-19 pandemic, but the need for the services has not. The expected job losses at the end of the furlough scheme will highly affect disabled people. Without accessible neuro and physio rehab services, as well as access to occupational health and rehabilitation services, it is less likely that people with MS who lose their jobs will be able to return to work, exacerbating the negative impact of the economic aspect of the pandemic on people with MS. | Local services audit by the MS Society shows that access to neuro-rehab and specialist physiotherapy services varies greatly across areas in England. While some Sustainability and Transformation Partnership (STP) areas provide neuro-rehab services across the area, many only provide these in some or few parts of the STP area. In many areas, only between 60% and 70% of people with MS who needed to see a physiotherapist in the last 12 months saw one.  An MS Society report on the quality of MS services in England reveals that physiotherapy and neuro-physio rehab are a common unmet need for people with MS, who report long waiting lists, limited intervention (6 weeks) and limited availability close to home.  Variable access to quality occupational health, neuro rehab and physio services will have been made worse by the Covid-19 pandemic, so it is important that these services return to normal and expanded to provide adequate services as soon as possible to support people to stay in and return to work as the job market changes. | For information on unmet need for physiotherapy in the UK see the MS Society’s report ‘My MS My Needs survey 2019: UK findings’ here: <https://www.mssociety.org.uk/what-we-do/our-work/our-evidence/ms-in-the-uk>. Breakdown of information by nations is also available in the ‘My MS My Needs 2019 nations data tables’ report on the same web page.  For information on the quality of MS services in England see the MS Society’s report ‘What good looks like: patient engagement on quality MS services in England 2019/20’ here: <https://www.mssociety.org.uk/what-we-do/our-work/our-evidence/ms-in-the-uk>  For more on the experience of care for people with MS see: MS Trust (2016) [Is MS Care Fair: Key findings from the MS Trust’s survey into the experiences of people living with MS.](https://www.mstrust.org.uk/sites/default/files/Make%20MS%20Care%20Fair.pdf) p.2. |
| 58 | The Pituitary Foundation | Occupational Health and other Professionals need to have a good understanding of rare Pituitary disorders before recommending work plans. | There is little understanding of the complex issues faced by pituitary disorders, and the significant impact they can have on patients’ ability to work. | Increasing knowledge/education of the challenges of pain, fatigue and mental health difficulties which can accompany pituitary disorders. | Other healthcare professionals (like Occupational Therapists) who have expertise in adaptations in the work place should be included in the work capacity assessments to facilitate employability and support for the individual. All professionals undertaking assessments in this area should have a sound knowledge of the challenges of living with a pituitary condition, including the effect of hormone replacing medication, and previous pituitary surgery. |
| Additional area: Presenteeism and absenteeism | | | | | |
| 59 | SCM2 | Key area for quality improvement 1  Research data collection | Health and Social Care research should routinely include absenteeism and presenteeism measures as key outcomes for children wrt School attendance, and those of working age wrt work | This is a key outcome for individuals’ health, wellbeing and recovery and for national societal cost effectiveness | Data on costs of health-related absenteeism and presenteeism on national productivity losses and data on benefit of good work for health and recovery/rehabilitation after illness |
| Additional area: Training | | | | | |
| 60 | British Society for Rheumatology | 5) Rapidly develop increased training of healthcare professionals in all disciplines to recognise work as a health outcome that they NEED to take notice of. |  |  |  |
| 61 | National Rheumatoid Arthritis Society | Training for workforce, especially managers, in how to support employees with long-term conditions/disabilities. | Early support can prevent employees with RA/inflammatory arthritis getting to a crisis point necessitating job loss or reduction of hours.  Appropriate training for line managers in how to identify & support staff suffering from stress or mental health issues should be a priority for most employers. | In the provisional findings of an employment survey NRAS is running, respondents reported a slight perceived reduction in understanding from their colleagues/employers, from 58% before the lockdown to 54% now. | Data on this subject is available in the NRAS 2017 Work Survey, accessible at https://www.nras.org.uk/work-survey-2017.  NRAS is currently running a work survey and may be able to provide further supporting data once that survey has closed. |
| Additional area: Covid-19 | | | | | |
| 62 | British Society for Rheumatology | We would also like to note the importance of COVID-19 risk assessments at work, as we proceed in the recovery phase with many returning to the work place. |  |  |  |
| 63 | Fair Treatment for the Women of Wales (FTWW) | Key area for quality improvement 4  Guidance and support for those employees affected by post-Covid syndrome, and others with a similar post-viral diagnosis | An appreciation of the implications of Post-Covid fatigue and other symptoms or issues which may present in the medium to longer term after Covid infection. This should encompass those people previously diagnosed as having Chronic Fatigue Syndrome / Myalgic E ncephalomyelitis (ME) / fibromyalgia (often after trauma or infection). | For the ‘chronic illness’ community, Covid-19 has been a challenging time, with many having to shield themselves for extended periods; a significant number of these will have been previously diagnosed – or ‘labelled’ – as having medically unexplained / functional disorders centering around chronic fatigue, widespread pain, and cognitive issues often colloquially described as ‘brain fog’. Up until now, many of those people have reported feeling disbelieved by society at large, unable to maintain employment / forced to take long periods of sickness absence, and unsupported by a healthcare system which has struggled to find solutions. Some of them will have been offered psychological or graded exercise therapies which haven’t always provided relief and, in some instances, exacerbated symptoms.   An interesting development, post-Covid, has been the number of people who, having contracted the infection, are now finding recovery problematic – many reporting virtually identical symptoms to CFS / ME / fibromyalgia patients. Given the high profile now rightly being awarded to post-Covid syndrome, and the commitment to research into the phenomenon, attention needs to be paid to the development of appropriate treatments and, also, how these people can be accommodated in the workplace or supported to return to it in a person-centred, manageable way. | NICE’s data on the costs associated with ME / CFS:  https://www.evidence.nhs.uk/document?id=2118210&returnUrl=search%3Fps%3D40%26q%3Ddaycase%2Bsurgery&q=daycase+surgery  Patient reaction to The PACE Trial, which recommended Cognitive Behavioural Therapy CBT and / or Graded Exercise Therapy (GET) for ME / CFS: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2815%2900546-5/fulltext  The ‘Decode Me’ Study aims to carry out the world’s biggest study of the causes of ME/CFS:  <https://www.decodeme.org.uk/>  The BMJ explores implications of post-Covid recovery on the workforce: <https://blogs.bmj.com/bmj/2020/06/23/covid-19-prolonged-and-relapsing-course-of-illness-has-implications-for-returning-workers/> |
| 64 | Royal College of Occupational Therapists | Key area for quality improvement 4  Prioritisation of implementation of key quality standards regarding increasing levels of unemployment | In light of the Covid-19 pandemic, we have seen an unprecedented doubling in our unemployment rate in four months from approx. 1.5 million to approx. 3 million. | As people with a health condition or disability (1.8 –not currently employed) already experience higher rates of unemployment than the general population, we may assume they are also represented at a higher number in those newly unemployed. This would make the information in section 1.8 more pressing and urgent at this particular time. | The DWP are currently carrying out large randomised controlled trials of the Individual Placement Support model and indeed have many occupational therapists involved in delivering these interventions as part of the trial. |

1. DWP and DHSC (2019) [Health in the workplace – patterns of sickness absence, employer support and employment retention](https://www.gov.uk/government/statistics/health-in-the-workplace-patterns-of-sickness-absence-employer-support-and-employment-retention) [↑](#footnote-ref-1)
2. Health and Safety Executive, October 2019 <https://www.hse.gov.uk/statistics/causdis/stress.pdf> [↑](#footnote-ref-2)