

**Quick reference guide**

## **Long-term sickness absence and incapacity for work**

This quick reference guide presents NICE's recommendations on managing long-term sickness absence and incapacity for work. It is for employers, people working in the NHS (particularly in primary care and occupational health) and others who have a direct or indirect role in managing long-term sickness absence and incapacity. This includes those working in local authorities and in the community, voluntary and private sectors.

The guidance will also be of interest to workplace representatives and trades unions, as well as employees and those receiving incapacity benefit or employment and support allowance (ESA).

The full list of recommendations is available at [www.nice.org.uk/PH19](http://www.nice.org.uk/PH19)

### **NICE public health guidance 19**

**This guidance was developed using the NICE public health programme process.**

NICE public health guidance makes recommendations on promoting good health and preventing ill health. NICE has a world-renowned reputation for producing guidance in the healthcare field. Our guidance is based on the best available evidence of effectiveness and cost effectiveness. NICE has applied the same methods and careful consideration of the evidence to the development of this guidance.

Employers are responsible for putting the first three recommendations from the NICE guidance into practice – see pages 3 to 11 of this quick reference guide. In doing so, they should take account of their duties to avoid unlawful discrimination and promote equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

Bodies or organisations that commission services for those who are unemployed and claiming incapacity benefit or ESA are responsible for putting the final recommendation into practice – see page 12.

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## Recommendations

### Introduction

There is no commonly agreed definition of long- or short-term sickness absence. For this guidance, short-term sickness absence is defined as lasting up to 4 weeks. Recurring short-term sickness absence is a number of episodes of absence from work, each lasting less than 4 weeks. Long-term sickness absence (including recurring long-term sickness absence) is defined as absences from work lasting 4 or more weeks.

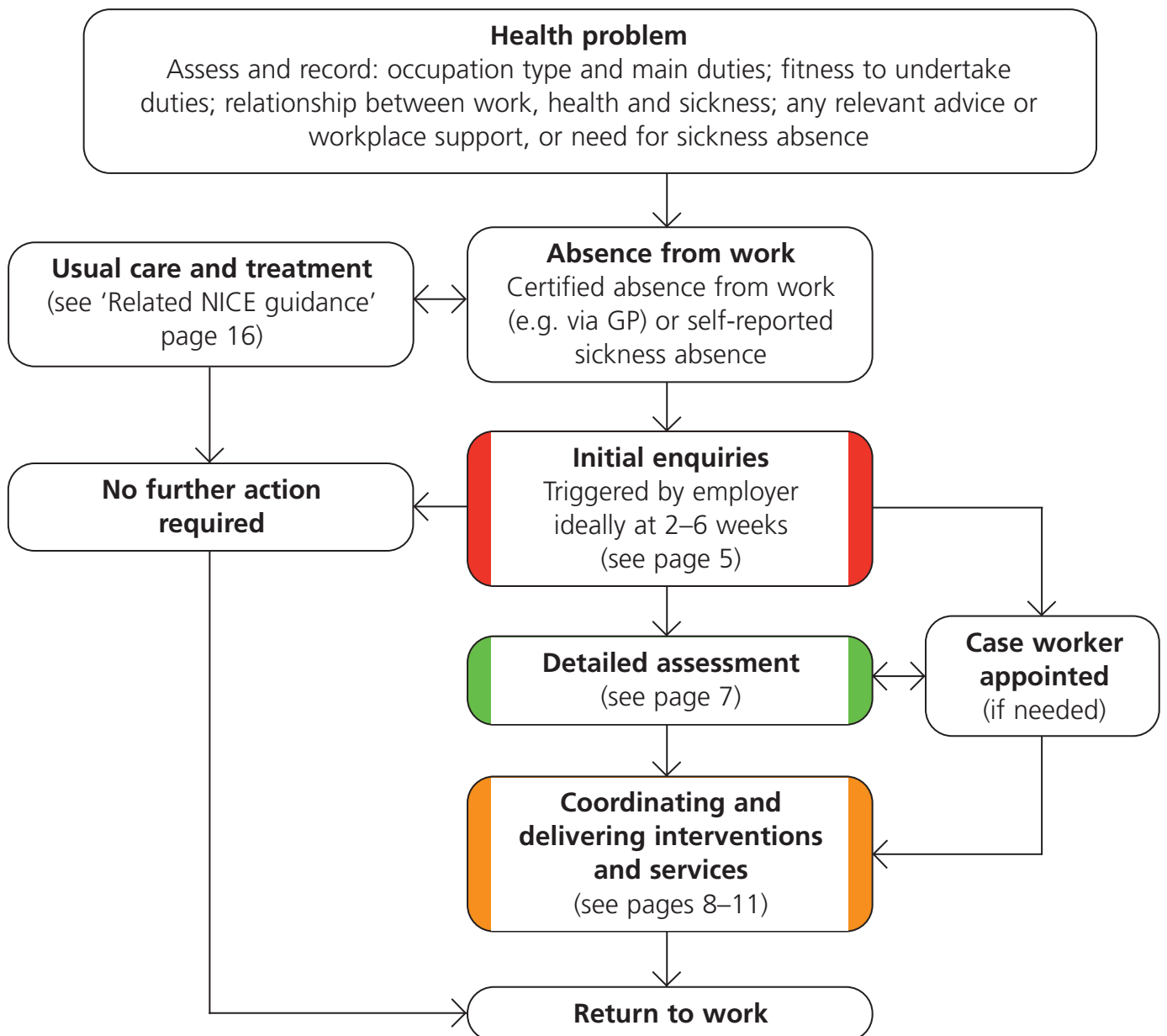
Employers should establish and implement sickness absence policies and appropriate health and safety practices. As part of these policies and practices, employers should liaise with employees who have been on long-term sickness absence or taken recurring short- or long-term sickness absence to help them return to work. This will be of mutual benefit to them and their employee.

Employers may ask line managers, human resource professionals or occupational health specialists to take on this responsibility.

Trades union and employee representatives can play an important role in helping employers to develop guidance and policies on the recommended interventions. They may also have a role as advocates for – and supporters of – staff wanting to return to work.

The recommendations complement the proposals outlined in 'Dame Carol Black's review of the health of Britain's working age population. Working for a healthier tomorrow' (Health, Work and Wellbeing Programme 2008).

## Pathway for managing long-term or recurring short- or long-term sickness absence



## Initial enquiries

Identify someone who is suitably trained and impartial to contact the employee who has taken long-term sickness leave or recurring short- or long-term sickness absence and make initial enquiries. A suitable person might be an occupational health physician, a nurse, a human resource specialist or the person's line manager. Initial enquiries involve the following steps:

- Before 12 weeks (ideally after 2–6 weeks) after sickness absence began (or following recurring episodes of sickness absence) discuss with the employee:
  - the reasons for sickness absence
  - whether they have received appropriate treatment
  - how likely it is that they will return to work
  - any perceived (or actual) barriers to returning to work (including the need for workplace adjustments)
- Consider the employee's age, sex/gender and the type of work they do. These factors may affect their speed of recovery and ability to return to work
- Consider any incentives or financial issues which may encourage or discourage a return to work (for example, any impact on pay)

Decide on the options for returning to work and jointly agree what, if any, action is required to prepare for this

If action is required consider if:

- a detailed assessment is needed to determine what interventions/services are required and to develop a return-to-work plan
- a case worker/s is needed to coordinate the detailed assessment and any further action

If necessary, appoint a case worker/s (see page 6)

### Case workers

After the initial assessment a case worker may need to be appointed to coordinate a detailed assessment, deliver any proposed interventions or produce a return-to-work plan. Case workers do not need a clinical or occupational health background but should have the skills and training to act as an impartial intermediary. (The person's line manager may not be appropriate.)

## Detailed assessment

If the initial assessment has shown that a detailed assessment is needed, arrange for a relevant specialist/s to undertake it (or different aspects of it) with the employee. The detailed assessment could include one or more of the following:

- Getting further specialist advice on diagnosis and treatment or the need for further tests or sick leave. This could be achieved through a referral to an occupational health adviser, a GP with occupational health experience or to another health specialist such as a physiotherapist (or by encouraging the employee to refer themselves).
- Use of a screening tool to assess how likely it is the employee will return to work.
- A combined interview and work assessment (see below).
- Deciding whether any interventions or services are needed.
- Developing a return-to-work plan (see below).

### Combined interview and work assessment

This should involve one or more specialists and the line manager. (The specialist might be a physician, nurse or another professional who specialises in occupational health, health and safety, rehabilitation or ergonomics.) It should evaluate:

- the employee's health and social and employment situation: this includes anything that is putting them off returning to work, for example, organisational structure and culture (such as work relationships) and how confident they feel about overcoming these problems
- their current or previous experience of rehabilitation
- the tasks they carry out at work and their physical ability to perform them (dealing with issues such as mobility, strength and fitness)
- any workplace or work equipment modifications needed in line with the Disability Discrimination Act (including ergonomic modifications).

### Return-to-work plan

The return-to-work plan should identify the type and level of interventions and services needed (including any psychological support) and how frequently they should be offered (see 'Coordinating and delivering interventions and services' pages 8–11). It could also specify whether or not any of the following is required:

- a gradual return to the original job by increasing the hours and days worked over a period of time
- a return to some of the duties of the original job
- a move to another job within the organisation (on a temporary or permanent basis).

## Coordinating and delivering interventions and services

- Ensure the proposed interventions are appropriate for the employee
- Ensure the employee is consulted and agrees to the proposals (it is important to establish their confidence and trust in whoever delivers the interventions)
- Keep in regular contact with the employee
- Coordinate and support the delivery of interventions or services, including any return-to-work plan
- Liaise with everyone involved (such as line managers and occupational health staff)



Where necessary, arrange for a referral to relevant specialists or services. This may include:

- referral via an occupational health adviser to an appropriate health specialist, such as a GP with occupational health experience, a specialist physician, a specialist in occupational health, health and safety, rehabilitation or ergonomics, or a physiotherapist
- encouraging the employee to contact their GP or occupational health service for further advice and support



- Consider offering 'light' or less intense interventions, along with usual care and treatment, to those who are likely to return to work
- Consider more intensive, specialist input when there is recurring long-term (or repeat episodes of short-term) sickness absence or where the outlook for a return to work is poor
- Consider ways of helping people to overcome the barriers to returning to work using psychological interventions (see page 10)
- Where appropriate, offer a management programme for back problems (see page 11)

The person planning, coordinating or delivering the interventions or services should have relevant experience, expertise and credibility. They may need:

- training in communication skills
- access to supervision and consultation with more skilled professionals
- access to sources of employment, health and safety advice and discrimination law.

### **Intensive programme of interventions**

Intensive support could be provided by a number of different specialists over a period of several weeks. This should be combined with the care and treatment they are already receiving. Examples of intensive support may include one or more of the following:

- cognitive behavioural therapy (CBT) or education and training on physical and mental coping strategies for work and everyday activities (this may be combined with exercise programmes)
- counselling about the issues involved in returning to work
- workplace modifications
- referral to specialist services (for example, physiotherapy or psychological services – see below) or vocational rehabilitation or training.

### **Light or less intense interventions**

This might include short sessions offering one or more of the following:

- individual, tailored advice on how to manage daily activities at home and at work (this could include advice on the benefits of being physically active and on relaxation techniques)
- encouragement to be physically active
- referral to a physiotherapist or psychological services (see below).

### **Psychological services**

Ensure psychological interventions and services are evidence-based. Also ensure they are delivered by suitably trained and experienced practitioners. These may be health professionals (such as physicians, nurses or others specialising in occupational health, rehabilitation or ergonomics); social workers; clinical or occupational psychologists, specialist counsellors or therapists.

## **Overcoming barriers to returning to work**

Consider helping people to develop problem-solving and coping strategies to help them return to work. For example, the following types of psychological support have been proven to be effective for the conditions listed below.

### ***Low back pain***

CBT in a group of 5–6 people combined with one-to-one sessions to increase each person's activity levels gradually ('behavioural-graded activity'). Plus liaison with the employer to discuss a plan for returning to work.

### ***Musculoskeletal pain (women)***

Cognitive behaviour therapy (CBT) in a group of 5–6 people, with one-to-one telephone follow-up. CBT aims to reduce distress or change behaviour that is having a detrimental effect on people's health or wellbeing.

### ***Psychological or musculoskeletal problems***

Solution-focused group sessions.

### ***Stress-related conditions***

CBT and contact with the employer.

### ***Whiplash injuries***

Progressive goal attainment programmes combined with physiotherapy or multimodal programmes.

For more on psychological services see page 9.

For advice on usual care and treatment see 'Related NICE guidance', page 16.

Actively doing something with people (for example, leading a physical activity programme) can be more effective than simply giving them advice (for example, advising them to be physically active).

## Back problems

To help employees with back problems, a back management programme could be delivered by any of the following:

- a GP with occupational health experience
- a specialist professional (such as a physiotherapist)
- a combination of professionals specialising in occupational health, health and safety, rehabilitation or ergonomics.

The programme could comprise one intensive session covering:

- the employee's attitude to health
- the structure and function of the back and posture and how this links to their symptoms
- stress and coping strategies
- posture exercises
- relaxation training.

It could also involve optional sessions to recap on learning and to discuss how they have put it into practice.

For advice on usual care and treatment see 'Related NICE guidance', page 16.

## Unemployed people in receipt of incapacity or other similar benefits (such as ESA)

There is also a recommendation in the NICE guidance for bodies that commission services for people who are unemployed and claiming incapacity benefit (or employment and support allowance [ESA]). This includes the Department for Work and Pensions.

NICE says that these bodies should commission an integrated programme to help claimants enter or return to work (paid or unpaid). The programme, which should be evaluated, should include a combination of interventions such as:

- an interview with a trained adviser to discuss the help they need to return to work
- vocational training, including that offered by New Deal for Disabled People (for example, interview training, help producing a CV or help to find a job or work placement)
- help for people to manage their health condition (for example, programmes run by local health providers)
- financial measures to motivate them to return to work (such as return-to-work credit)
- support before and after returning to work: such as the services of a mentor or occupational health, or financial advice.

A multi-disciplinary or multi-agency approach needs to be adopted to help find suitable jobs. For example, employment specialists could be used or the organisation could work in partnership with Jobcentre Plus staff.

## Glossary

**Behavioural-graded activity** A behavioural intervention that aims to increase a person's activity levels gradually. Typically, people with back problems attend 15 1-hour sessions covering activities that are relevant to them. A further three sessions are dedicated to back education and lifting instructions delivered by an occupational therapist.

**Cognitive behavioural therapy** Cognitive behavioural therapy (CBT) is a psychological treatment where people work with a therapist to look at how their problems, thoughts, feelings and behaviour fit together. CBT can help people to challenge negative thoughts and change any behaviour that causes problems. It may be delivered in one-to-one or group sessions.

**Condition management** Non-treatment programmes designed to help people better manage their health condition with a view to returning to work.

**Counselling** The overall aim of counselling is to provide an opportunity for the client to work towards a more satisfying and resourceful life. Counselling involves a relationship between a trained counsellor and an individual. The objectives will vary according to the client's needs. They may include addressing and resolving specific problems, making decisions, coping with crisis, developing personal insight and knowledge, working through feelings of inner conflict or improving relationships. A distinction needs to be made between counselling and counselling skills. Many health service and other professionals routinely and appropriately use counselling and basic human relationship skills as part of their work. This is distinct, however, from more formal counselling which involves a clearly defined professional relationship.

**Incapacity benefit/ESA** A weekly benefit for people who are not able to work due to illness or disability while under state pension age. From 27 October 2008, employment and support allowance (ESA) replaced incapacity benefit and income support claimed on the grounds of incapacity by new claimants. Between 2010 and 2013, existing claimants will be brought into the new system.

**Intervention** This generic term has been used in the guidance to describe an intervention, programme, strategy or policy. It involves a single action (or set of actions) to alter the outcome of a situation. For example, in the case of long-term sickness absence from work, it could involve implementing an organisation's sickness absence policy to help an individual to return to work.

**Jobcentre Plus** Jobcentre Plus is a government agency that helps people of working age move from welfare benefits into work and helps employers to fill their vacancies. Jobcentre Plus is part of the Department for Work and Pensions. It plays a major role in supporting the Department's aim to 'promote opportunity and independence for all through modern, customer-focused services'.

**Multimodal programme** A programme to manage back pain with input from different professionals. It covers relaxation training, exercises to reduce cervical and lumbar lordosis (curvature of the spine) and psychological support to reduce anxiety. It includes eye fixation exercises and manual treatment of the cervical spine, using techniques such as massage and mobilisation.

**New Deal for Disabled People (NDDP)** A programme of advice and practical support to help people move from disability and health-related benefits into paid employment. The programme is delivered through a network of 'job brokers' from a range of organisations. Each one offers different services which can be tailored to individual needs. NDDP is only available in some areas of the UK. Similar help and advice is provided elsewhere by Pathways to Work.

**Progressive goal attainment programme** A standardised psychosocial rehabilitation programme that aims for a gradual increase in daily, goal-directed activity by overcoming any psychological obstacles to such activity. The main components are education and reassurance.

**Rehabilitation** The action of restoring someone to a previous condition, status or some degree of normal life.

**Return-to-work credit** This credit provides financial support during the first year of work after someone has had a health condition or disability and has been receiving a relevant benefit. It is a tax-free payment paid on top of wages for up to 52 weeks. It is a means-tested allowance available to anyone who works 16 hours or more a week.

**Stress** There is no simple definition of stress, but there is consensus that it is caused by a person's appraisal of a situation and how their mind and body prepares to respond. Stress is a natural but sometimes distressing reaction leading to a psychological and physiological tension which is referred to as the 'flight or fight' response. It may be positive (for example, as part of preparation for a sporting event or in response to an exciting work challenge). It may also be negative (for example, it may be a response to bereavement or to excessive pressure). It leads to an increase in heart rate and blood pressure and may result in frequent, intrusive thoughts and accompanying feelings of fear or excitement. Stress may occur in response to a single event experienced over a short period of time (for example, unexpected increases in workload). Alternatively, it may occur in response to multiple events over long periods of time (for example, in response to protracted periods of treatment for an illness). In the majority of cases (and with appropriate intervention) people will adapt and cope. However, there are some occasions when this does not occur.

**Vocational rehabilitation** This involves helping those who are ill, injured or who have a disability to access, maintain or return to employment or another useful occupation. It may involve liaison between occupational health, management, human resources and other in-house or external facilitators. It may result in transitional working arrangements, training, social support and modifications to the usual tasks.

## Implementation tools

NICE has worked with a range of organisations, including the Chartered Institute of Personnel and Development (CIPD), to develop tools to help organisations put this guidance into practice. For details see our website at [www.nice.org.uk/PH19](http://www.nice.org.uk/PH19)

## Further information

You can download the following from [www.nice.org.uk/PH19](http://www.nice.org.uk/PH19)

- A quick reference guide (this document) for professionals and the public.
- The guidance – the recommendations, details of how they were developed and evidence statements.
- Details of all the evidence that was considered and other background information.

For printed copies of the quick reference guide, phone NICE publications on 0845 003 7783 or email [publications@nice.org.uk](mailto:publications@nice.org.uk) and quote N1821.

## Related NICE guidance

NICE has published or is developing other guidance to help promote health in the workplace. The list below gives details of the topics being covered and of other relevant NICE clinical guidance.

### Published

- Promoting physical activity in the workplace. NICE public health guidance 13 (2008). Available from [www.nice.org.uk/PH13](http://www.nice.org.uk/PH13)
- Workplace interventions to promote smoking cessation. NICE public health guidance 5 (2007). Available from [www.nice.org.uk/PH5](http://www.nice.org.uk/PH5)
- Computerised cognitive behaviour therapy for depression and anxiety. NICE technology appraisal 97 (2006). Available from [www.nice.org.uk/TA97](http://www.nice.org.uk/TA97)
- Depression: management of depression in primary and secondary care. NICE clinical guideline 23 (2004). Available from [www.nice.org.uk/CG23](http://www.nice.org.uk/CG23)
- Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care. NICE clinical guideline 22 (2004). Available from [www.nice.org.uk/CG22](http://www.nice.org.uk/CG22)

### Under development

- Low back pain: the acute management of patients with chronic (longer than 6 weeks) non-specific low back pain. NICE clinical guideline (publication expected May 2009).
- Depression in chronic health problems: the treatment and management of depression in adults with chronic physical health problems (partial update of CG23). NICE clinical guideline (publication expected June 2009).
- Promoting mental wellbeing at work. NICE public health guidance (publication expected September 2009).

## Updating the recommendations

This guidance will be updated as needed. Information on the progress of any update will be posted at [www.nice.org.uk/PH19](http://www.nice.org.uk/PH19)

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