

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Workplace health: long-term sickness absence and capability for work (update)

This guideline will update the NICE guideline on long-term sickness absence and incapacity for work ([PH19](#)). To see which areas will be covered in this update, see the [proposed outline for the guideline](#).

NICE worked with Public Health England to develop this scope.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE [quality standard](#) for 'Workplace: long-term sickness absence and management'.

#### **1 Why the update is needed**

New evidence that could affect existing recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance report 2017](#).

#### ***Why the guideline is needed***

Being in appropriate work is good for health. Although absence management processes can help employees return to work after a period of long-term sickness absence, many do not go back. Among claimants of 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.

## **Key facts and figures**

Between 2010 and 2013 there were around 960,000 long-term sickness absences (absences of 4 weeks or more) per year in Britain among those over 16. Stress and acute conditions, such as strokes, heart attacks and cancers, are responsible for many long-term absences, followed by mental ill health, musculoskeletal injuries and back pain.

Employers spend around £9 billion a year on sick pay and associated costs.

## **Changes in policy and practice**

### ***The 'fit note'***

In 2008 [Working for a healthier tomorrow - work and health in Britain](#) (Department for Work and Pensions) challenged the perception that it is inappropriate to be in work unless 100% fit. This shifted the emphasis from what a person cannot do to what they can do. This led to a move from the 'sick' to the 'fit' note. But a review suggests that too many fit notes state that someone is 'unfit for work', rather than 'may be fit for work' if adjustments are made to help them return to work.

### ***Occupational health support***

The [Fit for work](#) scheme was introduced in England in 2015. GPs and employers can refer employees who are off work for 4 or more weeks for a free occupational health assessment and support to develop return-to-work plans. The scheme aims to complement existing occupational health services or fill a gap if employer-provided services are limited. But uptake is low.

### ***Support for mental ill health***

In England, 19% of long-term sickness absence is attributed to mental ill health. In 2009, employment advisers were introduced to some Improving Access to Psychological Therapies (IAPT) services by the Department for Work and Pensions. One aim was to increase the likelihood of an earlier return to work. But the availability of IAPT services varies and not every service includes employment advisers.

Employee assistance programmes, many of which provide counselling, are increasingly being offered as an employee benefit.

### ***Legislation, regulation and guidance***

In 2010 the Disability Discrimination Act (1995) was repealed and replaced by the [Equality Act 2010](#).

## **2 Who the guideline is for**

This guideline is for:

- Employers.
- Employers' representatives, including:
  - managers
  - human resource professionals
  - occupational health professionals
  - professionals contracted to provide employee support services.
- Local authorities and commissioners of primary care services or employment support services.
- GPs and other health professionals.

It may also be relevant for:

- Employees and their workplace representatives.
- Employment advisers.
- Membership organisations for employers and businesses.
- Trade unions.
- Professional bodies.
- Advocacy groups.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

### ***Equality considerations***

NICE has carried out an [equality impact assessment](#). The assessment:

- lists equality issues identified and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to gender, age and disability and other protected characteristics defined by the Equality Act 2010. Other issues to consider include size of employer and socioeconomic status.

### **3 What the updated guideline will cover**

#### **3.1 *Who is the focus?***

##### **Groups that will be covered**

- Everyone aged over 16 in full or part-time employment, both paid and unpaid, who has had:
  - long-term sickness absence (4 or more weeks) or
  - recurring short-term sickness absences (less than 4 weeks per episode) and so may be at risk of moving from short- to long-term sickness absence.

##### **Groups in the published guideline that will be included but for whom the evidence and recommendations will not be updated**

- Everyone aged over 16 who is unemployed and gets benefits such as Employment and Support Allowance because of a long-term condition or disability that prevents them from working. (Recommendation 4 may be ‘refreshed’; that is, edited to ensure it meets current editorial standards and reflects current policy and practice.)

##### **Groups that will not be covered**

- People who are self-employed.
- Pregnant women who have taken sickness absence related to their pregnancy.

#### **3.2 *Settings***

Any workplace or primary care setting where interventions can be delivered, or any other setting where an employer or primary care services are involved

in an intervention. This involvement may include: planning, design, delivery, management or funding of an intervention.

### **3.3      *Activities, services or aspects of care***

#### **Areas that will be covered in this update**

We will look at evidence in the areas below when developing this update. We will consider making new recommendations or updating existing recommendations in these areas only. We will look at interventions, programmes, policies or strategies based in, funded by, or involving primary care or workplaces or employers.

- 1 Preventing or reducing the risk of movement from short-term to long-term sickness absence. This includes activities preventing or reducing recurrence of episodes of short-term sickness absence that may lead to long-term sickness absence. Examples may include:
  - trigger mechanisms to identify frequent short-term sickness absence
  - approaches to opening dialogue between employee and employer
  - risk assessments, modifications and reasonable adjustments to improve the physical and organisational work environment
  - training for line managers in handling and monitoring sickness absence (this will relate only to identifying relevant skills and competencies, it will not include the design and content of training programmes).
- 2 Facilitating returning to work after long-term sickness absence. Examples may include:
  - return-to-work interviews after sickness absence
  - rehabilitation and retention programmes
  - coordinated return to work programmes (this may include occupational therapy, workplace ergonomics, physical and psychological therapy)
  - information (including mental health support) and training for employers

- information and support networks (including mental health support) for employees
  - training, advice and support for GPs and other primary care staff
  - physical conditioning and exercise programmes (programmes that simulate work or functional activities in a safe and supervised environment).
- 3 Reducing recurring long-term sickness absence. Examples include:
- linking line managers' performance to the way they deal with long-term sickness absence
  - early referral of employees on long-term sickness absence to occupational health professionals, GPs or organisations offering employee assistance programmes
  - flexible working and work-life balance policies for employees (including carer's and special leave when families have problems)
  - therapy (such as cognitive behavioural therapy)
  - coordinated return to work programmes
  - stress counselling.

**Areas from the published guideline that will be included but will not be updated**

- 1 UK support programmes for people receiving benefits:
- Helping people who are unemployed because of a long-term condition or disability to return to full or part-time employment. The group get benefits such as Employment and Support Allowance because their long-term condition or disability prevents them from working. (This relates to recommendation 4 of the existing guideline: the evidence will not be reviewed but the recommendation may be edited to ensure it meets current editorial standards, and reflects current policy and practice.)

**Proposed outline for the guideline**

The table below outlines all the areas that will be included in the guideline. It sets out what NICE plans to do for each area in this update.

Area in the guideline		What NICE plans to do
Group	Action	
For employees on sickness absence	<ul style="list-style-type: none"> <li>• Preventing or reducing moving from short-term to long-term sickness absence</li> <li>• Returning to work after long-term sickness absence</li> <li>• Reducing recurrence of long-term sickness absence</li> </ul>	Review evidence: update existing recommendations 1 to 3 as needed
For people who are unemployed and get benefits such as Employment and Support Allowance because of a long-term condition or a disability that prevents them working	<ul style="list-style-type: none"> <li>• Finding or returning to employment</li> </ul>	No evidence review: retain recommendation 4 from the existing guideline

Recommendations in areas that are being retained from the existing guideline may be edited to ensure they meet current editorial standards, and reflect current policy and practice.

### Areas not covered by the published guideline or the update

- Interventions, programmes, policies and strategies that:
  - aim to prevent the first occurrence of sickness absence (primary prevention) or to prevent sickness absence episodes of less than 4 weeks that are unlikely to be associated with a move from short to long term sickness absence
  - target pregnant women exclusively or focus on illnesses associated with pregnancy, during the course of a pregnancy
  - tackle workplace absences that are not reported or recorded as sickness absence (for example, maternity leave)
  - are delivered outside the workplace or primary care, or are delivered without their involvement or collaboration
  - involve the clinical diagnosis, treatment (including pharmacological treatment) and clinical management<sup>1</sup> of

<sup>1</sup> Except in areas noted in section 3.3.

conditions associated with short- or long-term sickness or capability for work (for example, low back pain)

- look at the effectiveness of private health insurance schemes, the benefit system or the claiming of statutory sick pay.

### **Related NICE guidance**

- [Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](#) (2015) NICE guideline NG16
- [Workplace health: management practices](#) (2015) NICE guideline NG13.
- [Cardiovascular disease prevention](#) (2010) NICE guideline PH25
- [Mental wellbeing at work](#) (2009) NICE guideline PH22
- [Physical activity in the workplace](#) (2008) NICE guideline PH13
- [Smoking: workplace interventions](#) (2007) NICE guideline PH5
- [Persistent pain: assessment and management](#). Expected to publish in January 2020.

This guideline will not cover treatment of conditions that commonly cause sickness absence, in particular the following because they are already covered in other NICE guidelines:

- [Low back pain and sciatica in over 16s: assessment and management](#) (2016) NICE guideline NG59
- [Generalised anxiety disorder and panic disorder in adults: management](#) (2013) NICE guideline CG113
- [Depression in adults: recognition and management](#) (2015) NICE guideline CG90

### **NICE guidance about the experience of people using NHS services**

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to long-term sickness absence:

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138



- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

### **3.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant and, if so, whether this area should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services and a wider societal perspective, as appropriate.

### **3.5 Key issues and draft questions**

While writing the scope for this updated guideline, we have identified the following key issues and draft questions related to them. The questions are from the scope for the existing guideline but have been amended for clarity.

- 1 Preventing or reducing movement from short-term to long-term sickness absence.
  - 1.1 What interventions (or combinations of interventions), programmes, policies or strategies are effective and cost effective in:
    - reducing the number of employees who move from short- to long-term sickness absence?
    - preventing or reducing the recurrence of short-term sickness absence episodes?
- 2 Returning to work after long-term sickness absence.
  - 2.1 What interventions (or combinations of interventions), programmes, policies or strategies are effective and cost effective in enabling employees on long-term sick leave (4 or more weeks) to return to work?
- 3 Reducing recurring long-term sickness absence.
  - 3.1 What interventions (or combination of interventions), programmes, policies or strategies are effective and cost effective in reducing the

number of employees who take long-term sickness absence on a recurring basis?

Subsidiary questions for all the above review questions may include:

- What is the frequency, content, length and duration of an effective or cost-effective intervention, programme, policy or strategy?
- Does the effectiveness, cost effectiveness and acceptability of interventions, programmes, policies or strategies vary for different groups? (For example, groups may include men and women, people of different ages, those with a disability, and people from different ethnic groups or social classes.)
- Does the effectiveness of an intervention, programme, policy or strategy depend on the person leading it? (What skills, competencies and characteristics are needed?)
- What are the barriers to, and facilitators for, successful delivery of an effective intervention, programme, policy or strategy?
- Does the intervention, programme, policy or strategy lead to any adverse or unintended (positive or negative) outcomes?

Effectiveness and cost effectiveness will be examined over the short term (6 to 12 weeks), medium term (12 weeks to 1 year) and long term (1 year and beyond), if evidence allows.

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

### **3.6      *Main outcomes***

#### **Primary outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

- 1      Maintained levels of physical and mental health among employees that enable participation in work, including reduced morbidity and mortality.

This could be measured by:

- reduced incidence of long-term sickness absence
  - reduced incidence of recurring short-term sickness absence that leads to long-term sickness absence
  - reduced mortality rates
  - increase in numbers returning to work (that is, assessed as being capable for work) including physical or functional assessments using validated or self-reported measures, clinical indicators or clinical opinion.
- 2 Improvements in individual or population-level health status and functioning that allow people to return to work, or help them to stay in work after sickness absence episodes. For example, for musculoskeletal conditions (including back pain), other recurring medical conditions, acute medical conditions, stress and mental ill health. This could be measured by:
- health-related quality of life (using, for example, EQ-5D)
  - clinical signs and symptoms
  - comorbidities.
- 3 Resources used and costs of an intervention, policy, strategy or programme.
- 4 Safety or adverse effects of the intervention including, for example, presenteeism (when someone inappropriately continues to work despite health problems) or unintended consequences or benefits.

**Secondary outcomes (for consideration only when reported alongside primary outcomes as a potential effect moderator)**

- 1 Increase in ergonomic or other adjustments that enable people to function in the work environment measured by:
- increase in frequency or extent of risk assessments
  - modifications and other reasonable adjustments made to the physical or organisational work environment.
- 2 Changes to organisational policies, support and resources, for example:
- increased referrals to occupational health
  - mental health support programmes

- phased return to work programmes or adjustments to working patterns and tasks
- increased provision of health at work programmes.

## **4 NICE quality standards and NICE Pathways**

### **4.1 NICE quality standards**

**NICE quality standards that will use this guideline as an evidence source when they are being developed**

Workplace: long-term sickness absence and management

### **4.2 NICE Pathways**

When this guideline is published, we will update the existing NICE Pathway on [managing long-term sickness and incapacity for work](#), which brings together everything we have said on this topic in an interactive flowchart.

## **5 Further information**

This is the final scope.

The guideline is expected to be published in November 2019.

You can follow [progress of the guideline](#).

Our website has information about [how NICE guidelines are developed](#).

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