

Health is everyone's business: proposals to reduce ill health-related job loss

Chartered Society of Physiotherapy
Consultation response

To be submitted online:

<https://getinvolved.dwp.gov.uk/work-and-health/consultation/consultation/intro/>

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The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 58,000 chartered physiotherapists, physiotherapy students and support workers.

As specialists in Musculoskeletal health, physiotherapists are perfectly positioned to support employees to return to, or remain in work, where there might otherwise be significant employment consequences. (1) In 2017, Musculoskeletal problems were the second most common cause of sickness absence (behind simple viral illnesses), accounting for 28.2 million days lost in work (17.7% of total sickness absences). (2)

Physiotherapists throughout the United Kingdom have had the capacity to issue the AHP Health and Work Report (formerly the AHP Advisory Fitness for Work report) since its launch in 2013. (3) This right was reaffirmed by a 2018 rapid review of the AHP Fitness Report, led by the Department for Work and Pensions and Department of Health and Social Care's Joint Work and Health Unit. (4) The review advised that medical evidence provided for the purposes of SSP should be in the form of a medical fit note or "*by such other means as may be sufficient in the circumstances of the case*".

Registered physiotherapists assess, diagnose, advise and treat people in a range of settings, both inside and outside of the NHS. This includes physiotherapy services in primary care and Occupational Health Services. They are experts in the prevention and treatment of musculoskeletal (MSK) health issues as well as many other conditions affecting people of working age, such as cancer, cardiac, respiratory and neurological conditions. (5)

There is potential for physiotherapists to have an increasing role in helping employees of all ages to maintain their fitness for work. As people work longer due to the rising age of retirement, helping them to manage their increasing long-term conditions and comorbidities will also support employers, businesses and the wider UK economy as a result. (6)

The CSP believes that all people who require support to stay in work, should be supported to do so by their employers where this is reasonably practicable. We know that there is strong evidence to demonstrate a positive link between work and health and this should be safeguarded for all citizens. (7) We would support a range of measures that would enable central government and employers to support employees with short or long term health concerns, who are not currently covered by disability legislation, to remain as active members of the workforce.

Summary of CSP recommendations

The CSP's response will focus only on those questions that relate to where physiotherapy can contribute to supporting this agenda. In summary, our response covers:

- The provision of information and guidance for employers on use of the AHP Health and Work report, including for Statutory Sick Pay
- Recognition of the contribution of physiotherapy within the Occupational Health market in supporting employees to remain in work

- Supporting the right to request workplace modifications

The consultation is split into 2 main themes:

1. Providing a clear legal framework for employers
2. Occupational health market reform

Consultation Section 1: A Clear Legal Framework for Employers

Question 1: Do you agree that, in addition to government support, there is a role for employers to support employees with health conditions, who are not already covered by disability legislation, to support them to stay in work?

Strongly agree

Question 2: Why do you think employers might not provide support to employees with health conditions not already covered by disability legislation to help them stay in work?

The CSP believes that all people who require support to stay in work, should be supported to do so from their employers where this is reasonably practicable. We know that there is strong evidence to demonstrate a positive link between work and health and this should be safeguarded for all citizens. (7)

The reasons why employers often don't provide this support as well as they might are:

- Employers lack information from health care professionals and information about how employees can quickly access relevant health care support.
- Employers lack information from health care professionals about what is required to support employees to remain in work or reduce the length of sickness absence.

Physiotherapists have held a long established right to issue the Allied Health Professional (AHP) Health and Work report which enables our members to make detailed recommendations to support employees to remain at work with some modifications, or to recommend a period of absence with Statutory Sick Pay. (2)

The AHP Health & Work report is designed to support a discussion between the attending patient / employee and the Health Care Professional. The form provides clear, legible advice for the employee to take to the employer to consider in reviewing the employee's ability to remain in or return to work.

If the AHP states the patient is not fit for work, or makes recommendations that the employer cannot feasibly implement or accommodate, the form provides the GP with a clear rationale for signing the patient off with a Statement of Fitness for Work which can unlock additional welfare benefits.

Whilst some occupational health and vocational rehabilitation services have been using the AHP report since it was introduced in 2013, uptake has been comparably low, as it was unclear at that time that it could be accepted for SSP purposes, this was subsequently clarified in 2018 following the rapid review. (4)

Employers were never advised of the development of this report and it was not cascaded from government to employers either in 2013 or following the 2018 review. We request that this consultation commits to improving the online information available to employers, including strengthening the guidance to employers of the validity and acceptability of the AHP Health and Work report.

Question 3: Do you agree that a new ‘right to request work(place) modifications’ on health grounds could be an effective way to help employees to receive adjustments to help them stay in work?

Yes.

The CSP would welcome any mechanism to support employees remain in the workplace accompanied by a clear workplace procedure to support implementation.

Question 4: If the government were to implement this new right to request work(place) modifications, who should be eligible?

Any employee who is able to demonstrate a need for a work(place) modification on health grounds.

The CSP supports a preventative approach and would welcome measures to enable people to avoid absenteeism where this is the most appropriate course of action. As such, the CSP believes that this shouldn't be limited to those who have already experienced a period of sickness absence as we work to ensure people living with health concerns are supported to remain present in the workforce as a proactive measure.

This consultation proposes the development of a “Right to Request Workplace Modifications” for those persons not already covered by Disability legislation. The CSP would welcome any mechanism to support employees remain in the workplace in supportive collaboration between employees and employers.

Question 5: How long do you think an employer would need to consider and respond formally to a statutory request for a work(place) modification?

0-4 weeks

Where it is reasonably practicable to do so, the CSP would support early identification, response and resolution of any statutory requests for work place modifications.

Question 6: Do you think that it is reasonable to expect all employers to a) consider requests made under a new ‘right to request’ work(place) modifications and b) to provide a written response setting out their decision to the employee?

a) Yes

b) Yes

Question 8: The government thinks there is a case for strengthened statutory guidance that prompts employers to demonstrate that they have taken early, sustained and proportionate action to support employees return to work. Do you agree?

Yes

We would welcome strengthened guidance that supports a collaborative and supportive process / mechanism for employees and employers to negotiate return to work at the point where this becomes clinically appropriate.

Question 10: If yes, would principle-based guidance provide employers with sufficient clarity on their obligations, or should guidance set out more specific actions for employers to take?

Principle-based guidance provides employers with sufficient clarity

It would be useful to have principle-based guidance but this could sit alongside examples of good practice and action that could be taken that would meet the principles.

Question 11: The government seeks views from employers, legal professionals and others as to what may be the most effective ways in which an employer could demonstrate that they had taken – or sought to take – early, sustained and proportionate action to help an employee return to work. For example, this could be a note of a conversation, or a formal write-up.

It would constitute good practice to facilitate a clear process, where requests were considered and responded to in a timely and supportive fashion, in writing and held on file.

Question 15: In order for employers to provide effective return to work support, what action is needed by employees?

- *to have discussions with their employer to identify barriers preventing a return to work and to inform workplace support*
- *to agree a plan with their employer to guide the return to work process*
- *to engage with OH services*

As experts in musculoskeletal (MSK) health, physiotherapists play a significant role in supporting employees to return to, or remain in work, where there might otherwise be significant employment consequences. (1)

When respondents have concerns about their MSK health they should be seeking advice from a physiotherapist. In many areas employees can gain rapid access to expert advice from a physiotherapist on MSK health issues through their GP – through First Contact Physiotherapy roles attached to General Practice, through GP referral to the local MSK service or directly accessing MSK services where these operate on self-referral. (10)

The NHS England Long Term Plan and new GP contract has committed to a full roll out of First Contact Physiotherapists, so in the coming years these should be available to all employees from their General Practice. (11, 12)

Registered physiotherapists are also central to the rehabilitation that people of working age receive when recovering from cancer, strokes, heart attacks and in management of a range of long term conditions. (5)

However they access physiotherapy expertise, and for whatever condition, employees should be talking to physiotherapists about work and asking about being issued with an AHP Health and Work report (see answer to Q16) that they can share with their employer.

Question 16: Do you think the current SSP system works to prompt employers to support an employee's return to work?

No

GPs can offer fitness for work information but have significant time pressures and are often not specialists in MSK health issues. As a result, the section 'may be fit for work subject to the following advice' which would assist employees / employers is rarely used. (8) This reality is reflected in evidence that suggests GPs feel ill equipped to provide this advice, and that often patients are not confident in their GP's ability to judge or advise on return to work. (9)

Since 2013 all registered physiotherapists across the United Kingdom have been authorised to issue AHP Health and Work reports since 2013. (3)

This was reaffirmed in a 2018 rapid review of the AHP Fitness to Work report, led by the Department for Work and Pensions and Department of Health and Social Care's Joint Work and Health Unit. (4) The review clarified that the report can be used to recommend a period of absence with Statutory Sick Pay and has the same validity for SSP as a GP Fit Note. (2) It stated that medical evidence provided for the purposes of SSP should be in the form of a medical fit note or "*by such other means as may be sufficient in the circumstances of the case*".

Question 17: What support would make it easier to provide phased returns to work during a period of sickness?

- *guidance on how to implement a good phased return to work*
- *other suggestions*

Guidance that provides clear examples of good practice would enable a more flexible approach. However, the guidance should provide clear expectations and could still be supported by an overarching legal framework that still allows some level of flexibility.

The AHP Work and Health report is designed to support a discussion between the attending patient/employee and the physiotherapist or other allied health professional, and provides detailed advice and recommendations on support required to enable employees to remain in work with modifications.

Whilst some occupational health and vocational rehabilitation services have been using the AHP report since it was introduced in 2013, uptake by AHPs working in the NHS more broadly has been low.

Poor uptake is related to the fact that employers, GPs and employees have not been advised about the AHP Health and Work report by Government – either when it was created in 2013 or when the legal position was clarified in 2018.

The AHP Health and Work report has the additional value in that it provides GPs with information and evidence that they need in determining whether to sign off patients from work for the purposes of welfare benefits (Statement of Fitness for Work).

The CSP proposes that full use is made of the AHP Health and Work report to improve the guidance provided to employers and employees, and online information and guidance is issued to employers on this.

Consultation Section 2: Occupation Health Market Reforms

Question 30: What type of support should be prioritised by any potential, targeted OH subsidy for SMEs and/or self-employed people?

- *OH assessments and advice*
- *training, instruction or capacity building (for example for managers and leads)*
- *OH recommended treatments*

Within the workplace, physiotherapists specialising in occupational health and ergonomics can provide targeted support in response to the needs of staff and their roles, as well as balancing the requirements of employers.

However, we urge the consultation to recognise that most work done by physiotherapists to support people to remain in/ or return to work occurs outside of the specialist Occupational Health Service settings.

Question 37: As an OH provider, expert or interested party, what changes to the training and development of the OH workforce could support the delivery of quality and cost-effective services?

The CSP welcomes proposals contained within the consultation to extend the National School of Occupational Health, led by HEE, to recognise the contribution of all Healthcare Professionals to the Occupational Health workforce alongside the recognised contributions made by Doctors and

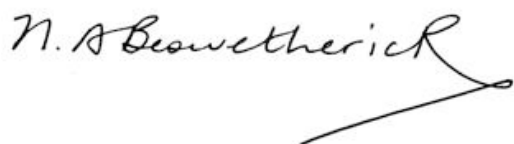
Nurses. We support the move to extend training opportunities to our members and to incorporate the unique skills of physiotherapists.

However, we urge the consultation to recognise that most work done by physiotherapists to support people to remain in/ or return to work occurs outside of the specialist Occupational Health Service settings.

Question 56. Do you think this overall package of measures being explored in this consultation provides the right balance between supporting employees who are managing a health condition or disability, or on sickness absence, and setting appropriate expectations and support for employers?

Yes.

Should the government decide upon enabling improved access to Occupational Health Services for Small and Medium enterprises through incentivisation or tax relief, the CSP proposes the recognition of physiotherapists as a core member of the Occupational Health Team and acknowledge of the skills of the whole physiotherapy workforce in preventing absenteeism.



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