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**Department of Work & Pensions and Department of Health & Social Care – Health is Everyone’s Business**

1. The Royal College of General Practitioners (RCGP) welcomes the opportunity to submit evidence to the Department of Work & Pensions and Department of Health & Social Care consultation on Health is Everyone’s Business: proposals to reduce ill health-related job loss.

2. RCGP is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 53,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. The College is an independent professional body with expertise in patient-centred generalist clinical care.

**Executive Summary**

3. The RCGP is in favour of the ambition of these proposals to better support people to live and work well for longer. The college considers good work and a supportive working environment to be an important determinant of health and wellbeing.

4. The college is supportive of the proposals for employees to request workplace modifications for health reasons and the suggested reforms to statutory sick pay for those below the Lower Earnings Limit. The college is also supportive of the proposed voucher scheme that will make good occupational health support more accessible to all businesses.
5. The RCGP asks that the government give more consideration to improving access to occupational health services for people who are self-employed, employed as agency staff, or employed in the gig economy, to prevent the exacerbation of health inequalities for people in this type of work.

6. The college would also like to see better data collection around SSP returns, and improved use of that data to target messaging and support to employers in a timely manner, as well as to enhance understanding of the effectiveness of initiatives and inform future policy.

Change to support people with health conditions to stay in work
Questions 1-2

7. The RCGP strongly agrees that there is a role for employers to support employees with health conditions that are not covered by disability legislation, in order to support them to stay in work. Working age people in the UK spend a significant percentage of their time at work and their working environment must be considered as a determinant of health. The work environment must be utilised to support the health and wellbeing of all employees.

8. There are a number of reasons that have meant employers may not have provided suitable support to employees with health conditions if they are not already covered by current disability legislation. There are historical, cultural and regulatory issues that contribute to a lack of support from employers to employees suffering with ill health.

   a. Regulation and cost
      The responsibility for the overall management of staff sickness absence currently lies with employers with associated costs falling on them. This, coupled with inadequate oversight that is be being managed properly and few consequences if it is not, means that employers are not likely to consider this work a priority.
   
   b. Historical lack of skills/workforce development in this area
      It takes expertise to effectively manage sickness and plan for returns to work, and this requires training and access to useful information in a timely fashion. Employers may not appreciate how much can be done for an employee without recourse to more formal occupational health services, which can then be difficult to navigate
   
   c. Cultural divide between NHS and the work environment
      The NHS is often seen as the main place to address health-related issues, often by both employer an employee. The NHS may also be perceived as the first point of call as services are delivered without direct cost to the employer and is easily accessible for employees.

Expectations and responsibilities of employers towards employees
Questions 3-26

9. The RCGP is supportive of a right for employees to request workplace modifications on both of physical or mental health grounds. However, this must be combined with adequate support for employers and employees to understand how and when this right can be exercised in a meaningful way. This could include guidance on how to have a return to work conversation, formulate a plan for phased return to work, or plan what modifications would be useful. This could be supported by modification to the relevant legislation to protect employees’ rights in the long term.
10. The RCGP calls on the DWP to consider in more detail how this right can be secured for those working in the gig economy, those in insecure employment, and agency employees, who may be less likely to avail themselves of these rights and so be less supported to stay in work. This would safeguard equal access to these rights and would contribute to reducing health inequalities for people working in this type of employment.

11. The RCGP agrees that there should be strengthened statutory guidance to help employers understand their responsibilities in helping staff return to work. Principle based guidance would contribute to a better understanding, but it may not be enough. There must be structured support and incentives to encourage employers to manage and act early to help employees back to work.

12. The RCGP is supportive of the proposed changes to Statutory Sick Pay (SSP) for those below the Lower Earnings Limit (LEL), as this will ensure those who are most in need of financial protection when unwell are able to access it. Reforms to SSP should ensure that rules about eligibility and access are as simple as possible for both employers and employees.

13. The RCGP believes that it would be useful for an SSP1 to be given to employees at least four weeks before the end of SSP. This must be coupled with a process that employers must engage with, linked to SSP rebates, that would encourage employers to engage with a return to work plan that explores all appropriate actions for employees. The transition between SSP and applying for universal credit would then be only one milestone where opportunities for occupational health or vocational rehabilitation are realised. This could mean that employers are asked to use the biopsychosocial flags system to assess and document the hurdles to a return to work, or be asked to demonstrate that they have accessed relevant advisory resources in their locality or for a particular condition.1

Improving access to OH services for employers and employees
Question 27-48

14. The RCGP agrees that access to OH guidance, assessment and recommended treatments must be improved. This should be underpinned by investment in the right workforce to deliver these services. A voucher scheme would be a useful way to introduce a reliable funding stream that would allow service providers to plan and incentivise employers and employees to access services that would help them.

15. A voucher scheme should be used to support and develop locally provided services, rather than an ineffective national service that is costly to procure. Any process by which services are monitored must strike an appropriate balance between quality assurance and recognition of different types of service working to locally improve access to work, e.g. in Leicester, local faith based, or BAME-specific charities are pro-active in vocational rehabilitation for people with language or cultural barriers. An accreditation process, or kite-mark, would enable employers to identify appropriate providers and must not be limited to traditional occupational health by including alternative service providers (e.g. psychology, physiotherapy, occupational therapy, vocational rehabilitation consultants, certified disability management specialists, rehab counsellors etc.).

16. It is vital that any scheme must consider how agency, gig economy and self-employed workers can be encouraged to access the services that would be provided

1 https://www.personneltoday.com/hr/cpd-psychosocial-flags-system/
if they worked for a larger company, in order to prevent inequalities being exacerbated if these workers are not able to access occupational health services. There are precedents for DWP/Job Centres commissioning targeted NHS care or options when required to help people return to work. These workers could miss out on improvements outlined in this paper as they do not access SSP but must apply directly for Universal Credit through the Jobcentre.  

17. The DWP and DHSC should also seek to improve the integration between the NHS and the DWP at a local level. This could include encouraging the commissioning of specific services across a locality, working with GPs with special interest in occupational health and vocational rehabilitations. This would lead to better evidence, innovative services and help people back to work, which could be shared as best practice in this important area of care. This could include working with GPs in that area with a special interest in occupational health or vocational rehabilitation, of which there are an estimated 3,200 working on a sessional basis. 

Advice and Support to employers to understand and act on their responsibilities

Questions 49-56

18. The RCGP believes that DWP should make better use of technology to improve timely access to occupational health services. Push notifications or an alert system could be implemented to direct employers and employees to services and advice at key points in the process. This would encourage more proactive behaviours in managing employer sickness planning returns to work.

19. This could be the same system which collects data around employers that are paying SSP, which would improve evidence and help guide future policy developments in this area. Employers could be required to report on SSP that is being paid rather than reporting on staff sickness, which could be overly complex and lead to the data collected being unreliable.

20. SSP data would miss many employed people who are seeing GPs for fit notes. Fit note data, which would to include self-employed and gig economy workers, could be used to enhance our understanding of those who are not able to work. Good SSP data and fit note data could be used in conjunction with one another to explore the effectiveness of initiatives and inform future policy in this area.

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3 Torley et al., ‘CPD for GPs using THOR-GP website’ Occupational Medicine, Volume 57, Issue 8, 2007, pp. 575–580