

## Response of the Council for Work and Health to the Black/Frost Review

The member organisations of the Council are supportive of measures to encourage people to be at work, since most work is good for health, and to assist employers in providing facilities that enable them to do so, while addressing the needs of those who are too unwell or disabled to work. The Council represents occupational physicians and nurses, allied health professionals, like physiotherapists, psychologists, ergonomists, and occupational therapists, organisations whose primary function is focused on accident and disease prevention, and general practitioners and clinicians involved with vocational rehabilitation. Most employees in the United Kingdom at present do not have access to expert occupational health advice, and general practitioners in the NHS for the most part lack skills in that area. The Council has been undertaking research to try to improve communication between small and medium-sized employers and GPs who have completed fit notes certifying sickness absence for their employees. It supports further training for GPs in work-related ill-health, and the encouragement of GPs to make wider use of the option on the fit note to suggest that the employee, though not 100% fit, may be fit for some work. If the GP advises on functional capacity, rather than giving a medical diagnosis, the employer is better able to assess whether suitable work is available.

As regards the suggested creation of an Independent Advisory Service, were this to be adopted as government policy, member organisations of the Council would obviously play a major part in supplying personnel to staff such a service. The advantage would be that after four weeks all employees would be expertly assessed, an opportunity at present available only to those employed in large organisations with access to occupational health advice. Of course it would then be important that necessary treatment was made available, as, for example, physiotherapy for musculoskeletal problems and cognitive behaviour therapy or counselling for mental health conditions. The suggestion that tax relief should be given to an employer who provides such services to its employees has already been discussed in the Council and was given enthusiastic support. The funding of the Independent Advisory Service might be shared between the Government and employers, as it would be likely to increase productivity and reduce the employers' sick pay bill and the numbers of workers moving into long term benefits, as well as increasing tax revenue from workers at work rather than off sick.

It is also important that employers are encouraged to adopt robust attendance management procedures, especially in the public sector, where employees are commonly entitled to six months' full pay and six months' half pay when off sick, while occupational sick pay entitlement in the private sector is far less generous. A manager who has the advantage of expert occupational health assessments of his employees is better able to distinguish between those

genuinely in need and those who, as the Review puts it, regard paid sick leave as an entitlement, to be used up each year in a similar way to annual leave. He also has access to expert advice about adjustments to the workplace or working practices to accommodate those with a disability, or who are returning to work after a period of absence. As pensionable ages rise it is inevitable that there will be more people at work with health conditions requiring adjustments.

The Council, as the voice of all the professions involved in the provision of occupational health services, urges the Government to support measures to expand the provision of expert advice and assistance to employers and the working population to reduce the economic and social burdens of sickness absence to employers, workers and the State.

Professor Diana Kloss MBE Chair, Council for Work and Health

9 March 2012