

Managing long-term sickness and incapacity for work overview

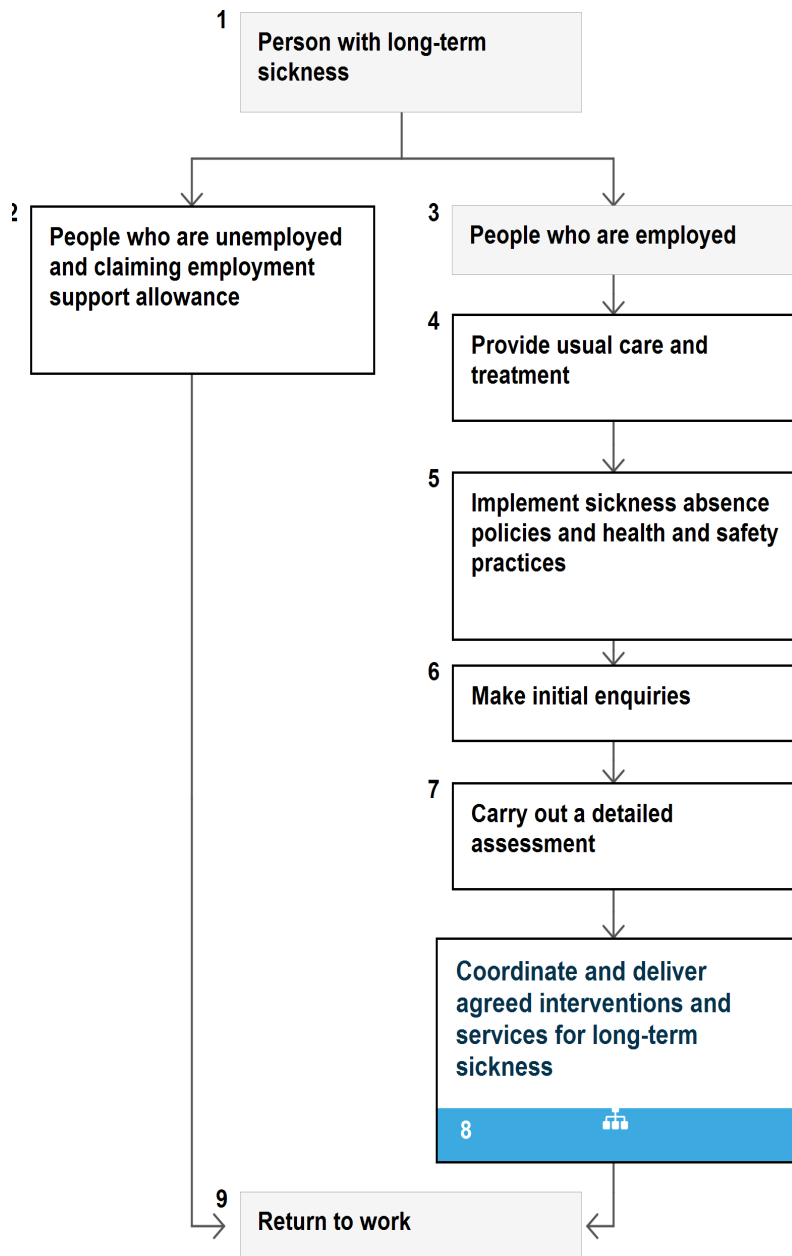
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/managing-long-term-sickness-and-incapacity-for-work>

NICE Pathway last updated: 05 December 2016

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with long-term sickness

No additional information

2 People who are unemployed and claiming employment support allowance

Who should take action?

- Department for Work and Pensions.
- Other bodies or organisations which may commission services for those who are unemployed and claiming employment support allowance.

What action should they take?

- Commission an integrated programme to help claimants enter or return to work (paid or unpaid). The programme 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 (for example, help producing a curriculum vitae, interview training and help to find a job or a work placement)
 - a condition management component run by local health providers to help people manage their health condition
 - financial measures to motivate them to return to work
 - support before and after returning to work: this may include one or more of the following: mentoring, a job coach, occupational health support or financial advice.
- Evaluate the programme (including any specific components) .

3 People who are employed

No additional information

4 Provide usual care and treatment

This refers to the usual health, social and other interventions used to treat and manage a condition which has caused the sickness absence. For recommendations on treatment see, for example, the NICE's pathways on:

- [generalised anxiety disorder](#)
- [depression](#)
- [low back pain and sciatica](#)

Both employers and employees may also wish to refer to:

- [Equality Act 2010](#)
- [The Health and Safety at Work etc. Act 1974](#) (HSWA) and its [associated regulations](#) (HM Government 1974)
- [The Employment Rights Act 1996](#) (HM Government 1996)
- [Data Protection Act 1998](#) (HM Government 1998).

5 Implement sickness absence policies and health and safety practices

Organisational sickness absence policies and appropriate health and safety practices should be established and implemented for people who are employed and absent from work.

Assess and record:

- occupation type and main duties
- fitness to undertake duties
- relationship between work, health and sickness
- any relevant advice or workplace support
- the need for sickness absence.

See the NICE pathway on [workplace health: policy and management practices](#).

6 Make initial enquiries

Employers should:

- Identify someone who is suitably trained and impartial to undertake initial enquiries with the relevant employees. As an example, they could be a line manager, an occupational health physician or nurse or a human resource specialist.
- Within 12 weeks (ideally between 2 and 6 weeks) of a person starting sickness absence (or following recurring episodes of short- or long-term sickness absence) ensure that initial enquiries are undertaken in conjunction with the employee. The aim is to:
 - determine the reason for the sickness and their prognosis for returning to work (that is, how likely it is that they will return to work) and if they have any perceived (or actual) barriers to returning to work (including the need for workplace

- - adjustments)
 - 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 identifying:
 - whether or not a detailed assessment is needed to determine what interventions and services are required and to develop a return-to-work plan (see carry out a detailed assessment in this path).
 - whether or not a case worker/s is needed to coordinate a detailed assessment, deliver any proposed interventions or produce a return-to-work plan.
 - If necessary, appoint a case worker/s (see carry out a detailed assessment in this path).

7 Carry out a detailed assessment

Employers or case workers (if appointed) should:

- If indicated by the initial enquiries, arrange for a more detailed assessment to be undertaken. The assessment could be coordinated by a suitably trained case worker/s. The case worker does not necessarily need a clinical or occupational health background but should have the skills and training to act as an impartial intermediary. (Note: it may not be an appropriate role for the person's line manager).
- Arrange for the relevant specialist/s to undertake the assessment (or different components of it) in conjunction with the employee. It could include one or more of the following:
 - Referral via an occupational health adviser (or encouragement to self-refer) to a GP with occupational health experience or another appropriate health specialist (such as a physiotherapist). The aim is to diagnose and treat the employee and determine any need for further tests or sick leave.
 - Use of a screening tool to determine the prognosis for returning to work.
 - A combined interview and work assessment by one or more appropriate specialists (such as a physician, nurse or another professional specialising in occupational health, health and safety, rehabilitation or ergonomics). This assessment should also involve the line manager.
 - A return-to-work plan.
- If a combined interview and work assessment is needed it should evaluate the person's:
 - health, social and employment situation, any barriers to returning to work (for example, work relationships) and their perceived confidence and ability to overcome these barriers
 - current or previous rehabilitation experiences
 - functional capacity to perform the tasks they carry out at work (dealing with issues such as mobility, strength and fitness)

- - any workplace or work equipment modifications that are needed in line with the [Equality Act 2010](#) (including ergonomic modifications).
- If a return-to-work plan is needed it should determine the level, type and frequency of interventions and services needed, including any psychological support (see [coordinate and deliver agreed interventions and services for long-term sickness](#) path in this pathway). A return-to-work plan could also identify if any of the following is required:
 - a gradual return to the original job using staged increases in hours and days worked (for example, starting with shorter hours and/or less days and gradually increasing them)
 - a return to partial duties of the original job or temporary/permanent redeployment to another job.
- Ensure those assessing which psychological support or interventions to offer are trained in psychological assessment techniques.

8 **Coordinate and deliver agreed interventions and services for long-term sickness**

[See Managing long-term sickness and incapacity for work / Coordinate and deliver agreed interventions and services for long-term sickness](#)

9 **Return to work**

No additional information

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 3 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

Employers

this may be devolved to line managers, human resource professionals or occupational health specialists

Employment and support allowance (ESA)

employment and support allowance (ESA) is a two-tier system of benefits. All claimants who are out of work due to ill health or a disability are entitled to the ESA basic benefit (paid at the same rates as unemployment benefit – job seeker's allowance). Those judged (via a medically administered 'work capability' test) unable to work, or with limited capacity to work due to the severity of their physical or mental condition, receive a higher support allowance, with no conditionality. Those who are deemed 'sick but able to work' only receive additional employment support if they participate in employability initiatives such as Pathways to Work

Intervention

this generic term is used in this pathway 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 someone 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 programmes

programmes 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 also includes eye fixation exercises and manual treatment of the cervical spine, using techniques such as massage and mobilisation

Progressive goal attainment programmes

standardised psychosocial rehabilitation programmes that aim 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

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

Sources

[Workplace health: long-term sickness absence and incapacity to work](#) (2009) NICE guideline PH19

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in

their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.