



MINDFUL EMPLOYER™

Working for Health

(Revised Dec 2006)

Good Practice, Ideas & Suggestions from Working for Health Conferences
May 2006 & December 2006

MINDFUL EMPLOYER

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WORKING FOR HEALTH

The First Working for Health Conference in May 2006 brought together GPs and employers and had the following aims:

- ✓ **Improved communication between GPs and employers**
- ✓ **Clearer understanding of the roles of GPs, Occupational Health & HR/Personnel**
- ✓ **Learning opportunities on benefits, the law & health and job retention**
- ✓ **Statements on good practice for wider distribution**

The clear message from speakers, workshops and delegate discussions alike was that while there are differing perceptions and perspectives, GPs and employers share a common goal – to support people in returning to and maintaining work. For all parties, three important issues emerged:

- ✓ **Clear and continued *communication* between GPs and employers**
- ✓ **The right *information* at the right time**
- ✓ **Realistic understanding and *expectations* of what each person can provide**

The Second Working for Health Conference in December 2006 built on those themes and generated ideas for easy-to-use guidance and practical resources.

This document brings together some of the common issues raised by delegates at both events about managing sickness absence together. It offers statements on good practice and suggestions to assist in building on and improving current procedures. Some of the content will be familiar, other aspects may be new. It's not a statement of the law nor intended to be the 'answer to everything' but could be a starting point for you to adopt, adapt and develop within your particular role and situation.

Communication, Information, Expectation

Requests by employers to be timely, informative and specific. Early and continued contact between GPs and employers is vital. GPs benefit from having information about the employee and the work situation, such as a job description. Instead of asking open questions, e.g. 'When will they be back at work?', employers should be more specific – 'Would you expect them to return to work by the start of next month?', for example. Employers could also provide reasons for asking for reports (e.g. for operational planning, arranging temporary staff cover).

GPs to advise employers on functional aspects. By knowing more about a person's job, GPs can also comment on practical implications. For example, if they know a job involves heavy lifting then they can advise on how much or how little to do: valuable information for the employer to enable them to make reasonable adjustments. Information from the employer about the job, together with advice from the GP about what is wise medically, can assist in planning modified hours and modified duties.

Medical certificates to carry clearer diagnoses. Making a diagnosis is not always immediate and it can change over time. Some employees would not want their employer to know the reason for sickness absence (e.g. termination of pregnancy). Phrases such as 'debility', 'lethargy' or 'work-related stress' (especially when it's not just work-related) should be avoided. Clearer or more detailed diagnoses are helpful. Employers can contact GPs for clarification.

Medical certificates to carry prognostic information. For example, 'Expect return to work in 4 weeks' can be helpful to the employer and motivating for the patient/employee.

A faster turn around of medical reports. Timescale is important for employers. Delays caused by demands on a GP's time, the requirements of the Access to Medical Records Act, contacting patients and specialists can all prolong the length of sickness absence. Speedier reports can produce a faster return to work – and reduce demands on surgeries.

Occupational Health to be the hub for providing support. Occupational Health (OH) cannot work effectively in isolation and Human Resources (HR) needs to respect confidentiality of medical information. OH can provide support and a consistent link between GP, HR, management and the employee. It is important that OH advice is passed through to line managers. For smaller employers, direct contact with the GP is more likely although external OH specialists and HR consultants together with the free SME-focussed Workplace Health Connect service can provide similar central points of support (0845 609 6006 helpline throughout England & Wales; visiting advisors in selected regions). Whatever size of employer, there is a need for clarity of roles: what the GP can offer and what the employer (through OH &/or HR as appropriate) provides.

Information & training for GPs about Occupational Health. OH services to tell their local GPs about what they can offer. OH issues to be part of training for GPs (where it isn't included already).

Information & training for employers about mental health. Employers to arrange mental health awareness training for managers and other appropriate staff. This is available through a number of different organisations including WorkWAYS, who facilitate MINDFUL EMPLOYER™.

Vocational Advisors in GP surgeries. Currently in development through the Dept for Work & Pensions, access to vocational advice at the point of seeing the GP could be an invaluable way of reducing length of time off sick and enabling clearer communication with employers.

Talking early. Early access to help – particularly in the field of mental health – can be vital. Employers should enable safe and secure discussion about causes, issues, problems & concerns – could sickness absence actually be prevented or, at the very least, shortened? The Bradford Factor is a simple means to highlight those who regularly take short periods of time off. Referral to OH &/or contact with GP to be made as quickly as possible – especially if the medical certificate says 'stress'. Provision of Cognitive Behavioural Therapy (CBT) has been shown to be effective. NHS-provided CBT may have a long waiting list so provision could be paid for by the employer or through Access to Work. Computer-based CBT has been developed – but *must* be clinically-supported (e.g. *Beating the Blues* from Ultrasis [www.ultrasis.co.uk])

Keep in touch. Proactive, sensitive and regular contact with the person who is off work is vital. What you say and how you say it is also essential – not, “So when are you coming back then?” but to respect they may be having a difficult time: “What can we do to help?” Line managers and colleagues can play an important role in this as well as OH & HR. Home visits or meeting up informally outside work or home (at a neutral venue) can be valuable.

Use external support. Third party support is to be encouraged. For example, Access to Work funding for specialist equipment, counselling, job coaches, travel support etc (contact local Jobcentre Plus office or visit www.jobcentreplus.gov.uk for more information). Organisations such as Addaction, Optima Workplace, PLUSS, WorkWAYS and Employee Assistance Programmes together with counsellors, therapists & mediators, and services such as Citizens Advice and Jobcentre Plus (who can advise on Statutory Sick Pay and other benefit issues) can play an important role. Information is available at www.mindfulemployer.net.

Plan phased returns. It is not always necessary to be symptom-free before returning to work – indeed, work can be part of recovery. Draw a parallel between a sick employee and an injured football player. They have a team of advisers; receive treatment; do a modified exercise routine; play in a reserve match; come on as a substitute. They wouldn't be expected to play a full 90 minutes straight away. So why is that sometimes an expectation for those returning off sick leave? The use of a phased return incorporating modified duties and modified hours is important.

Meet regularly to review progress. Meetings, while often daunting and difficult (and that's not just for the employee), are vital in ensuring communication, information and expectation. They should involve employee, line manager, GP, OH and HR (where available and as deemed to suit the individual situation). The employee should *always* have neutral, external support present if they wish (e.g. trade union, vocational advisor). Meetings should take place while the employee is off sick, on their return and after they have returned for as long as feels appropriate.

Key Issues for GPs & Employers

For small, medium enterprises (SMEs) and employers who don't have access to OH and/or HR, the key working relationship is that with an employee's GP.

GPs and employers can work together towards prevention of stress/mental health-related absence by:

- Advising on job modifications/restrictions
- Developing a culture of allowing staff to go for health checks in work time
- Encouraging dialogue with GPs & Practice Managers to work preventatively (GPs may be more receptive to an 'understanding' employer)
- Encouraging line managers to take active interest in employees well-being
- Encouraging membership of MINDFUL EMPLOYER to demonstrate awareness to staff
- Having confidential helplines for support
- Improving people-management skills among line managers
- Providing health promotion resources
- Providing information and advice on self help strategies

GPs and employers can work together towards helping people return to work by:

- Discussing likelihood of reoccurrence and how to support/prevent
- Discussing reasonable adjustments and any support needs (e.g. buddy/mentor)
- Ensuring requests for medical reports include specific details on job role and specific questions for GP to answer
- GPs educating employers about how condition affects someone at work/functional effects
- Having OH specialists in GP surgeries
- Helping employers to understand role of and pressures upon GPs – and vice-versa
- Holding return to work meetings & ongoing 1:1 appraisal/discussion
- Identifying individual within company for GP to link with
- Improving people-management skills
- Including more information on Med 3 especially about restrictions/modified duties
- Involving external agencies
- Listening to employee – their feelings, their suggestions
- Obtaining information on external agencies
- Providing information and advice on self help strategies
- Providing mental health awareness training
- Talking about how it feels and how others feel about return to work

Key Issues for Occupational Health & Human Resources

For large employers in particular, a key working relationship is that between OH and HR.

Key points on expectations for HR include:

- Advising, supporting and guiding management (e.g. in promoting openness, recognising changes in behaviour, 1:1 meetings with staff)
- Being a mediator, reference point & policy guide
- Identifying welfare officers/employee assistance programmes where available
- Influencing and fostering an open culture (no taboo subjects)
- Offering after work/lunchtime relaxation
- Offering and setting up referral to OH
- Offering training to help with the job (e.g. dealing with customer complaints/aggressive customers)
- Planning phased returns, modified duties and flexible working arrangements
- Providing information from outside agencies
- Providing mental health awareness training for managers
- Providing robust policies

Key points on expectations for OH include:

- Advising on minimising health issue and maximising work potential
- Assessing physical/mental ability to do the job
- Being a control point to pull together all parties (e.g. employee, GP, HR, manager)
- Communicating with GPs
- Giving information on lifestyle factors (e.g. help with smoking cessation, Cognitive Behavioural Therapy, counselling etc)
- Liaising with HR, line manager and employee
- Liaising with other services (e.g. physiotherapy)
- Providing open and shared communication (with employee consent)
- Suggesting redeployment or job role amendments
- Supporting employee to manage condition

Key points for both OH & HR on communicating information include:

- Being aware of hidden agendas
- Being clear about responsibility of management
- Being personal
- Being timely
- Discussing the job & reasonable adjustments
- Documenting all information
- Ensuring all parties talk to all parties (e.g. joint meeting)
- Facilitating back to work interviews
- Involving unions, health & safety staff when appropriate
- Regularly monitoring/reviewing the situation
- Sharing good practice
- Training & education through meetings, information and policies
- Using a neutral environment
- Using independent third parties

Putting it in to Practice

Ideas for easy-to-use guidance and practical resources are offered below for you to develop as you feel suits your organisation.

- Consent forms for approaching GPs
- Enable learning from other companies
- GP link letters – understood and signed up to by GPs for discussion between GPs and employers
- Guidance/checklists for line managers in managing sickness absence
- Guide for ‘case conferences’/joint meetings of all parties
- Guide on understanding roles, expectation and communication written from various perspectives (OH, HR, GP etc)
- Informal support groups
- Information and advice on drug and alcohol addiction
- Information leaflets on OH to be available to employees
- Information on mental ill health (conditions, impact of life events on our mental health, management & prevention)
- ‘Off the record’ facilities
- Online resources/electronic ‘flow chart’ addressing main well-being at work topics and matching policies with practice
- Pathways to support & guidance & information on where to go for help
- Plain English policies with one page summaries of salient points
- Standard letters from employers to GPs including employee consent, details of job, what employer has done, what employer wants to know (e.g. functional effects, date of return/prognosis, modified duties etc)
- Standardised OH referral and assessment forms
- Talking to GPs about what modified duties are available
- Using trained mediators

Many of these ideas shown above are already in existence and we would welcome information known to you about them so we can make them more widely known (see contact details below).

So What Next?

It is important that the principles and ideas from these two events are put in to practice.

The two conferences and this document closely reflect two of the key principles of MINDFUL EMPLOYER™

- **Good Practices not ‘Great Promises’**
MINDFUL EMPLOYER is concerned with helping you in recruiting and retaining valued and talented members of staff. It is completely voluntary and will support you as an employer to work towards putting its principles in to practice in ways which are sensible, achievable and realistic.
- **Adapted and Adopted**
You are the expert on your business. MINDFUL EMPLOYER will support you in adapting its principles within your own policies, structure and culture, adopting them for the longer-term benefit of your staff.

We would encourage you to take what is written in this paper and to use it to the benefit of your organisation and your staff. For GPs (many of whom are also employers of course), we hope that what is included will improve the contact you have with employers and enhance your ability to help patients return to maintain their job with all the benefits that brings for your practice.

In reality, the difference made by these events will be largely down to the delegates who attended and those who read and use this document. Inevitably, this means that much of what takes place could be unseen by others – so please share what you do so others will benefit.

You can:

- ✓ visit www.mindfulemployer.net and click on 'Discussion Forum' where you'll see a topic entitled 'Working for Health'. Just add your experience, your view, your ideas, your concerns, your suggestions
- ✓ e-mail info@mindfulemployer.net using subject line 'Working for Health'
- ✓ write to **MINDFUL EMPLOYER, WorkWAYS, King Street Business Centre,
7-9 King Street, Exeter EX1 1BQ**

It is also the intention of the organisers to work with delegates and other experts to develop some of the ideas shown above. These will be placed on www.mindfulemployer.net – if you would like to be kept in touch and do not already receive information about MINDFUL EMPLOYER on a regular basis then please contact us as shown above.

Thank you.

The two conferences were organised as part of the MINDFUL EMPLOYER™ initiative which supports employers in recruiting and retaining staff who experience mental ill health. MINDFUL EMPLOYER was designed in association with employers and is run by WorkWAYS, a service of Devon Partnership NHS Trust in association with the National Institute of Mental Health England.

The document is the outcome of two Working for Health conferences and represents the experience, expertise, opinions and ideas of delegates who attended. 87 people attended the first event, 71 came to the second; 13 people attended both. Delegates included GPs, OH specialists, HR specialists, business owners/directors & managers and staff from employer support services. 43% worked for private sector businesses; 57% for public sector organisations.

We are very grateful to all the delegates who attended for giving of their expertise, experience and especially their time towards this initiative.

We are also grateful to Dr Alex Harding, Dr Anne Rossiter, Caroline Johns, Dr Gerard Woodroof, Graham Cooper, Dr Huw Lloyd, Janet Turner, Jill Smith, Dr Kit Harling, Lynette Mitchell, Dr Neil Smallwood, Nevil Chesterfield, Dr Peter Jolliffe and others who led workshops, facilitated discussion groups and assisted in promoting, planning and delivering the events.

Publications & Resources

The following publications and resources were referred to at the events:

A Guide for Registered Medical Practitioners (IB204) (DWP)

Concept of Rehabilitation for the management of common health problems by Gordon Waddell & A Kim Burton (The Stationery Office)

DDA 1995: Guidance on matters to be taken into account in determining questions relating to the definition of disability (HMSO)

Line Manager's Resource (Dept of Health 'mindout for mental health' campaign)

Practical Occupational Medicine by Raymond Agius, Anthony Seaton et al (Hodder Headline)

Rehabilitation for Work: the doctor's role in helping patients return to work after illness or injury
(Source unknown – please contact organisers for a copy)

The Health and Work Handbook (Faculty of Occupational Medicine in partnership with the Royal College of General Practitioners & the Society of Occupational Medicine)

Links to all the above can be found at www.mindfulemployer.net

Revision of the Med 3

At the time of the Second Working for Health Conference the Dept for Work and Pensions were in the process of redesigning the Med 3 medical certificate hoping to make it more user-friendly and enable General Practitioners to provide patients with robust fitness for work advice. Consultations with GPs were ongoing and a draft format is to be shared with GPs who provided initial input (to ensure that it captures, as far as possible, their wishes) and a wider group of stakeholders such as the TUC, CBI, BMA, RCGP etc for their comments. At the conclusion of this consultation process they hope to have developed a statement that has a design and content which is straightforward for doctors to complete and meets the needs of patients and their employers.

Dr Nick Niven-Jenkins who is leading on this piece of work invited delegates to offer comments and the following were passed to him:

Several people wanted modified duties to be referred to on the certificate - perhaps including a specific yes/no tick box and then space to state restrictions in relation to patient's job (e.g. no lifting). The duration of modified duties should also be stated.

It was felt by one group in their discussion that the Med 3 should reflect the IB204 guidance (see above) and include issues such as:

- medical condition & duration
- functional limitations
- reasonable adjustments
- clinical guidance/management
- timescale for return to work
- limitations and overcoming them
- additional support needed/available

A couple of people referred to the need for clearer dating of certificates: "It would be helpful to know if a '2 week' refrain from work means then fit for work [in a fortnight] or will require further review [in a fortnight] before return to work or use a date other than period of absence". Another said "Duration of sick notes should be no more than 3 months"

Revision of the Med 3 to include "Anything to encourage more explicit/detailed description. 'Doctor's remarks' should be compulsory!"

One GP commented: "I'm tired of making a double entry, in notes and on a form, by hand and wish to be allowed to print a reasonable facsimile of the form (new or existing) onto ordinary A4 white paper from a computer."

Dr Niven-Jenkins welcomed the comments, which complemented feedback received from other sources.