

The Health and Work Service

The **Health and Work Service** will provide an occupational health assessment and general health and work advice to employees, employers and General Practitioners (GPs) to help individuals with a health condition to stay in or return to work.

The service, which is due to start in late 2014 subject to discussions with the chosen supplier, has two elements:

- **Assessment:** Once the employee has reached, or is expected to reach, four weeks of sickness absence they will normally be referred by their GP for an assessment by an occupational health professional, who will look at all the issues preventing the employee from returning to work.
- **Advice:** Employers, employees and GPs will be able to access advice via a phone line and website.

The primary referral route for an assessment will be via the GP. Guidance will make clear that referral should be the default option, unless individuals meet the criteria for when referral maybe inappropriate.

Following an assessment, employees will receive a return to work plan containing recommendations to help them to return to work more quickly and information on how to access appropriate interventions.

The new service will complement, rather than replace, existing occupational health provision and will fill the gap in support where that currently exists.

A tax exemption of up to £500 a year per employee on medical treatments recommended by the Health and Work Service or employer-arranged occupational health service will be introduced. Without such tax exemption, the payment would be treated as a taxable benefit in kind, liable to income tax and employer National Insurance contributions.

The service will be funded through the abolition of the Percentage Threshold Scheme (PTS) from 6 April 2014 – an outdated system that has not encouraged active management of sickness absence by employers.

Early intervention that is prompt and rapid

The Health and Work Service will provide advice at an appropriate point to reduce the time an employee is on sickness absence. With the employee's agreement, they are referred by their GP – the main referral route – for an occupational health assessment. They are contacted and assessed promptly, and a return to work plan provided within an agreed time limit.

Independent and objective

GPs, employers and employees can access independent and objective advice on issues preventing a sustained return to work and on how to prevent sickness absence occurring. The service is impartial and does not assume an advocacy role for one group or the other. It complements, rather than replaces, existing employer occupational health provision. The service will be work-focused because it is not designed to provide ongoing clinical care, but to focus on getting people back to work.

Easy to use

The Health and Work Service will be accessible and available at appropriate times to all customers.

- Straightforward method for GPs and, where appropriate, for employers to refer employees for an assessment
- Assessment service available at least Mon-Fri 9am-5pm
- Advice via a phone line and website – online advice available 24/7 – making it easy to access information

Case for change:

- Nearly a million employees a year reach the four-week sickness absence point
- The State spends around £12bn a year on health-related benefits and £2bn a year in healthcare, sick pay reimbursement and foregone taxes
- Employers face an annual bill of around £9bn for sick pay and associated costs
- Individuals miss out on £4bn a year through lost earnings
- Around 300,000 people fall out of work and into the welfare system because of health-related issues

Quality of the service

The Health and Work Service will provide high quality advice and assessment, as captured in the key output of the return to work plan. Providing high quality advice, assessment and a return to work plan will maximise the beneficial outcomes of the service for GPs, employers and employees. To ensure the quality of the Health and Work Service:

- The service will be delivered by healthcare professionals who have an occupational health qualification; occupational health experience; or are able to demonstrate experience and skills appropriate to working in an occupational health context. Their expertise will ensure that the service will identify the full range of issues preventing a return to work and provide appropriate advice in line with best practice

- The service will be under the overall direction of an Accredited Specialist in Occupational Medicine
- The provider must be accredited by the Safe Effective Quality Occupational Health Service (SEQOHS) scheme. SEQOHS is run by the Faculty of Occupational Medicine and sets agreed standards for occupational health services.

Intervention at the four-week point

The 2011 independent review of sickness absence indicated four weeks was the appropriate referral point because that is when it becomes more likely that a longer term absence will occur and there will be an increased chance of the employee going on to claim benefits.¹

Referral

To ensure employees are referred at an appropriate point, the GP (as Primary Care provider) is the primary referral route. Guidance will make clear that referral is the default option and the reasons for non-referral will be limited and defined. The guidance will examine situations when referral is appropriate; for example, if it is obvious an employee will be absent for four weeks, an earlier referral by the GP may help to shorten sickness absence. Employers may refer an employee to the service in certain circumstances, if the GP has not done so by the four-week point. Guidance will set out when an employer may refer and what issues they need to take into consideration. All referrals will be based on the informed consent of the employee.

Holistic assessment

The Health and Work Service will provide an assessment that looks at non-health and non-work issues as well as those directly related to health or work. This is because the evidence indicates it is more beneficial to look at the overall situation, rather than just the primary health condition. For example, a mental health issue such as anxiety and stress may be caused by a non health-related problem. Therefore, the advice given will cover a wide range of areas and will not just be health related.

Return to Work Plan

Following an assessment, the service will provide a Return to Work Plan which will contain specific advice and recommendations about actions to assist with and make an employee's return to work faster. The Return to Work Plan will usually be provided to the employee, the employer and the GP. The Return to Work Plan will provide evidence of fitness for work for the purposes of receiving Statutory Sick Pay. Currently, this evidence of fitness for work is provided by a 'fit note', issued by a GP. DWP will provide guidance to GPs to ensure there is a

¹ Chapter 2 of Health at Work – an independent review of sickness absence (2011)

valid fit note to cover the period from referral until a Return to Work Plan has been produced (two weeks). GPs and employer guidance will also explain that where an employer is in receipt of a Return to Work Plan, a GP no longer needs to issue a fit note. An employer will continue to be responsible for decisions about fitness for work and will be able to accept the Return to Work Plan as evidence for this purpose.

Timings for each stage

The Health and Work Service is new, so a range of evidence² has been used to determine when we expect each stage of the process to take place. Our assumption is that:

- The first assessment will be within two working days of receipt of referral
- If the employee is not expected to return to work, a review date will be set as part of the case management
- Further (phone) assessment will take place within two working days
- Face to face assessment (either initial or further) will take place within five working days
- The return to work plan is sent to the employee and, subject to consent, to the employer and GP within two working days
- Out of hours queries to the advice service are responded to within one working day of receipt

Case management

A case manager will support each employee through the service's assessment process to ensure their level of need is correctly identified along with appropriate steps to take to get them back to work. For example, it could identify the need for more employer contact to help the employer and employee to understand the recommendations on the plan and why they would be helpful.

Interaction with employer occupational health services

The Health and Work Service will complement more comprehensive employer OH provision, rather than duplicate existing services. When the service identifies OH provision is already available, it will find a way to work with that existing service, for example it may contact the employer OH service to discuss their involvement to date. Similarly, an employer OH service could take forward any interventions recommended by the Health and Work Service.

Devolved governments

The Health and Work Service in Scotland will be delivered by the Scottish Government on behalf of the UK Government. This will enable delivery of a service that builds on existing occupational health capacity and expertise in the

² Including but not exclusively FFWS pilots; OHAS pilots; existing OH contracts; HWS Advisory Group

public sector in Scotland, while also delivering value for money. The service in Scotland will provide the same service as delivered in England and Wales. It is intended that the services go live in late 2014.

The Invitation to Tender for the Health and Work Service was published on 13 February 2014 and can be found on the [Government Contract Finder](#).