Fit for purpose?
Do policies to reduce long-term sickness absence work?

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Introduction

- Policy context - what’s the interest in getting people fit for work?
- Three studies - assessing various policy interventions
- Focus on the Fit for Work evaluation interim findings
- Draw out some conclusions and points for discussion
What’s the problem?

- 140 million working days lost to sickness absence each year
- Sickness absence costs . . .
  - estimates vary (and some of the data are dubious)
  - employer costs are c. £600 pp
  - 300,000 people fall out of work onto health-related benefits each year costing the State £13bn pa
  - work is good for health
- Big area for policy action. Black Review in 2008 proposed various interventions including Fit for Work Pilots and Occupational Health Advice Line.
Sickness absence has a long tail

Source: Gabbay and Shiels, 2004
Early (and late) interventions

Stem the flow

Reinforce the gate

- Mild mental disorder (MMD)
- Musculoskeletal (MSD)
- Injury
● New medical statement of fitness for work required after 8 days sickness absence
● States whether you ‘may be fit for work, taking account the following advice’
● Designed to encourage GPs to talk to employed patients about their work and suggest partial or adapted return to work after periods of long sickness absence
● Quantitative evaluation looks at data from fit notes from 50 GP practices in England, Wales and Scotland and will compare data with Gabbay and Shiels 2002 study
● ‘E-note’ is being introduced and new Independent Assessment Service proposed
Case managed intervention targeted at employees absent for 4-6 weeks. Aimed to provide a personalised service to speed employees’ return to work - to fill the gap where there was no occupational health service.

Pilots in 11 areas of GB. Evaluation looks at first year. Seven pilots continue to 2013 when evaluation finishes.

Multi-layered consortium based evaluation:
- local stakeholder and provider interviews
- management information
- longitudinal panel of participants
- participant survey
- GP interviews
FFWS: Barriers to engagement

● **Take-up**
  ● significantly lower than expected and focussed more on presentees than absentees.
  ● lower number of referrals than expected from GPs and small employers.

● **Difficulties attracting GPs to get involved:**
  ● problems gaining access
  ● problems securing interest
  ● getting the message about the pilots across
  ● sustaining interest, with so much else going on

● **Issues among small employers**

● **Much easier to gain interest from larger employers, even those with an OH service**
FFWS: Participation and provision

- Most clients have multiple conditions or circumstances, including non-health issues.
- Clients were generally motivated to get back to work and looking for support. Probably not a true cross-section of long-term sickness absentees.
- All of the pilots varied in the detail of what they provide and how. Key distinctions between:
  - the form and nature of the initial assessment
  - the support provided by case managers and
  - the extent and speed at which clients were referred to additional services.
Some qualitative evidence to indicate that the service helped people get back to work quicker or easier than they would otherwise have done.

Quantitative assessment will come from comparison of fit note data between engaged and non-engaged GP practices and data from participants.
What works for the Fit for Work Service?

- Quick access to a wide-ranging initial assessment
- Ongoing case management
- Fast access to physiotherapy or psychotherapy
- Facilitating better communication between employee and employers
- Advice to improve and manage conditions
Stemming the flow: OH Adviceline

- Aim to provide SMEs with early and easy access to high quality, professional advice in response to individual employee health issues. Piloted from late 2009 to March 2011.

- Evaluation found:
  - Service highly valued by employers. Appeared to be addressing a genuine desire for professional OH support. 90 per cent+ found it useful and would recommend it to others. Employers particularly liked that the service provided fast access to professional advice.
  - The volume of calls to the service was below expectation: 1600 unique calls rather than 6000. 12 SMEs per 10,000 in England, 20 in Scotland and 23 in Wales.
  - Difficult to promote a service that is only needed very occasionally
  - Some (qualitative) evidence of deadweight
  - ‘Successful outcomes’ include dismissal as well as return to work
Conclusions

- Early interventions look good in theory but can be difficult to make effective in practice
- Difficulties accessing the right potential clients at the right time
- Evidence of demand for support between the health and the occupational health services and among presentees
- Cost per case potentially relatively high and probable low level of additionality - but we await stronger evidence
- Speedier access to therapy could help in many cases - but is it fair?
- Complex cases need personalised and multi-layered support
- Some cases can be resolved just by better communication between employee and employer
- Not everyone wants to return to work and not all work and not every workplace is good for you
... thank you