

# NICE Update

## NICE public health guidance update

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### ABSTRACT

This article highlights recent guidance from the National Institute for Health and Care Excellence (NICE). It highlights the organization's response to the COVID-19 pandemic and then provides a spotlight on workplace health in the context of long-term sickness absence and capability to work. It discusses some of the actions that need to be taken by a range of stakeholders in order to implement NICE guidance in this area and aid employees in ensuring good workplace health. The NICE guidance on workplace health, discussed in this article, predates the current pandemic. Comment is made specifically on fitness for work assessments, where the COVID-19 pandemic has posed a range of unique clinical challenges.

### What is new?

#### Spotlight on workplace health: long-term sickness and capability to work

In response to the coronavirus pandemic, the National Institute for Health and Care Excellence (NICE) has taken a number of actions. Details of public health guidance in development and any changes to schedules are available on the NICE website. Guidance in development has been reviewed so that therapeutically critical topics and those that affect people identified as extremely vulnerable to COVID-19 have been prioritized. NICE has also published a series of rapid COVID-19 guidelines covering management of symptoms and complications, managing conditions that increase risk, and the provision of various services during the pandemic.

#### Introduction

Long-term sickness absence and unemployment have a harmful effect on mental and physical well-being.<sup>1</sup> A range of health conditions generate sickness absence at work. Minor illnesses and musculoskeletal problems, as well as mental health conditions feature as some of the most common reasons for sickness absence.<sup>2,3,4</sup> Recent sickness absence rates in the UK labour market, from 2018, demonstrate an estimated 141.1 million working days lost as a result of sickness or injury. Amongst those with the highest rates of absence were those with long-term conditions.<sup>5</sup> A reduction in sickness absence,

particularly in long-term sickness absence, is an established public priority in the UK.<sup>6</sup>

#### NICE resources on workplace health

National Institute for Health and Care Excellence (NICE) has published three guidelines supporting health and well-being as a core priority within workplaces. NICE's 'Mental well-being at work' guideline (PH22), published in November 2009, is currently being up-dated.<sup>7</sup> The guideline outlines a strategic and coordinated approach to promoting employees' mental well-being, as well as the role of work patterns and line managers. This guideline also promotes a culture of participation, equality and fairness in the workplace based on open communication and flexible working.

A second guideline, 'Workplace Health: management practices' (NG13) has a specific focus on how to improve the health and well-being of employees, with a focus on organizational culture and the role of line managers.<sup>8</sup> This guidance was published in November 2015, and up-dated in March 2016. It outlines recommendations for all those with a remit within workplace health, including employers, senior leadership and managers, as well as human resources teams. The

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guidance outlines the key elements comprising organizational commitment, cultural aspects such as fairness, participation and trust, as well as recommendations on leadership, training, and job design.

Thirdly, NICE has produced specific guidance on 'Workplace health: long-term sickness absence and capability to work' (NG146), published in November 2019.<sup>9</sup> This makes recommendations to help individuals return to work after long-term sickness absence. The guidance is also geared to help prevent individuals moving from short-term to long-term sickness absence, as well as in reducing recurring sickness absence.

NICE's quality standard (QS147), 'Healthy workplaces: improving employee mental and physical health and well-being', was published in March 2017.<sup>10</sup> This quality standard includes statements on health and well-being as an organizational priority, identifying and managing stress, as well as the role of line managers and empowering employees in decision making within an organization.

### **Fitness for work: recommendations and themes**

The circumstances in which people work are highly varied, being determined by local and national regulations, strategies and systems. The World Health Organisation describes the workplace as a priority setting for health promotion, through which the health and well-being of workers can be improved.<sup>11</sup> Barriers can exist to the successful maintenance of health and well-being in the workplace, these include a lack of appropriate knowledge base and infrastructure.<sup>12</sup> NICE guidance on 'Workplace health: long-term sickness absence and capability to work' (NG146), encourages organizations to consider cultural aspects, and hold responsibility in supporting health and well-being in the workplace.<sup>6,9</sup> NICE guidance NG146 makes specific recommendations in relation to assessing and certifying fitness for work.

In 2010, sickness certification transitioned to the 'Fitnote' that indicates work capacity, and fitness for some aspects of work, or not fit for any work.<sup>13</sup> In accordance with NICE guidance NG146, the medical practitioner with the most relevant recent knowledge of the individual's health, reasons for absence and prognosis for return to work is responsible for completing a statement of fitness for work. This may be a general practitioner or secondary care specialist. In practice, traditionally, this is often a general practitioner.<sup>14</sup> The availability of facilities permits adequate continuity of clinical care and the development of a therapeutic relationship, as well as detailed record-keeping which can facilitate general practitioners in this role.<sup>15</sup> The statement of fitness for work can also be used to provide information on how the

employee's health condition or treatment could affect them on their return to work. It can be used as a starting point to commence a discussion on the requirement for adjustments or other support, such as flexible working, phased return, reduced hours, changes to workstations or duties.<sup>16,17,18,19,20</sup>

In the event that an individual is to return to work with adjustments, and adjustments cannot be made, they should continue to be treated as 'not fit for work'.

Medical practitioners play a significant role in managing sickness absence, including in supporting return to work and staying in work. This guidance (NG146) makes specific reference to sustainable return to work in relation to individuals with musculoskeletal conditions, and in reducing recurrence of absence for common mental health conditions, which can require specific interventions and support.<sup>21,22,23</sup> More widely, medical practitioners can provide back-to-work advice, encourage communication on work and health, and facilitate communication between individuals and employers.<sup>24,25</sup>

### **Fitness for work: implementation in the context of COVID-19**

The COVID-19 pandemic has posed particular challenges in the delivery of clinical care. This has included a transition from face-to-face consultations to remote assessment, including online, video or phone consultations, to reduce risk of infection transmission to patients and staff. Beyond COVID-19, changing consultation formats are likely to play an on-going role in the delivery of clinical care. Aside from the issues of consent, confidentiality and clinical appropriateness, remote consultations also pose unique challenges in relation to workplace health and the assessment of fitness for work. Various presenting complaints may lend themselves satisfactorily to technologically delivered consultations, yet key issues such as doctor-patient disconnect, as well as limitations to clinical assessment remain.<sup>26</sup>

Specific to fitness for work assessments, a meaningful assessment of an individual's health and likely prognosis, potential limitations on return to work and need for possible adjustments, is supported by NICE guidance (NG146), which predates the current pandemic. These various elements require adequate knowledge of relevant medical background, as well as physical or mental health assessment in order to develop an indication of the capacity for work.<sup>13</sup> To facilitate the absence management process, face-to-face consultations are likely to best permit initial assessment, the obtaining of an employment history, and capability judgement, including in instances of individuals seen post-admission or after a procedure. Thereafter remote consultations, such as video consultations, have a role to play in intermediate follow-ups

of familiar patients. Face-to-face consultations are also likely to be more beneficial in assessing return to work, particularly in instances of partial capacity for work.

### Further guidance

NICE plans to issue a quality standard on long-term sickness absence and capability to work (NG146).<sup>9</sup>

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