Royal College of Nursing
The voice of nursing in the UK

**Response to the Department for Work and Pensions and Department of Health**

**Green Paper - Work, health and disability: improving lives**

## Summary


- We welcome the Government's ambition to support and enable more people with disabilities and/or health conditions to access and remain in work.
- Meaningful progress will require a radical new approach, underpinned by robust targets, monitoring and reporting and a rigorous and independent evaluation.
- Within the discussions about supporting and enabling those with additional needs who wish to seek and maintain work, there is a need for more explicit consideration of the way that the benefits system operates as a whole. It is important that the new approach does not seek to be punitive but is instead enabling and empowering.
- In principle we support nurses, where appropriate, having a greater role in sickness certification processes. However, any new responsibilities must be adequately rewarded, and supported by appropriate training, development and support. We would welcome the opportunity to work with the Government to explore this proposal in more depth.
- Early access to good quality occupational health services is essential and must be central to the Government's agenda to improve the numbers of those with disabilities and/or health conditions remaining in work where possible.
- Employers have a critical role to play, but stronger accountability mechanisms are required to encourage compliance.
- The NHS should be a centre for excellence on occupational health and support for people with disabilities and/or health conditions, an exemplar in terms of provision of support to its own staff. We urge a stronger emphasis on the implementation throughout the NHS of relevant NICE guidelines on workplace health, in particular the guidelines on promoting mental health at work and good management practices.


## General comments

It is our position that "disability" is caused by the way society is organised, rather than by a person's impairment or difference, and we support the removal of barriers that restrict life choices for disabled people. In light of this we welcome the publication of the Green Paper – 'Work, health and disability: improving lives' and the Government's ambition to do more to support and enable people with disabilities and/or health conditions to access and remain in work, where appropriate.

Our response to the Green Paper seeks to reflect the multiple ways in which these issues are relevant for nursing staff and nursing, including for:

- Nursing staff working with/caring for people with disabilities who might be trying to access, remain in or return to work
- Nursing staff working specifically in occupational health services
- Nursing staff who are disabled or affected by a long term health conditions

*The importance of 'good work'*

Work is increasingly being recognised as a public health priority[1], whilst evidence indicates that around 70% of health outcomes are determined by social factors and just 30% by clinical interventions[2]. Work, whether you are employed, and the conditions and nature of work, are social determinants of health[3].

With this in mind we encourage the Government to ensure that the forthcoming White Paper references the principles of 'good work'[4] outlined below:

- is therapeutic;
- helps to promote recovery and rehabilitation;
- leads to better health outcomes;
- minimises the deleterious physical, mental and social effects of long-term sickness absence and worklessness;
- reduces the chance of chronic disability, long-term incapacity for work and social exclusion;
- promotes full participation in society, independence and human rights;
- reduces poverty;
- improves quality of life and wellbeing.

*The complex picture across the UK*

It is important to be aware of the complex interplay of jurisdictions on reserved and devolved matters. Many of the levers to achieve what is being proposed by the Westminster Government are within the scope of Scotland's devolved administration for example, Scotland is poised to adopt new powers around social security. Within the discussions about supporting and enabling those with additional needs who wish to seek and maintain work, there is a need for more explicit consideration of the way that the benefits system operates as a whole.

The proposals in the Green Paper must be in line with and inclusive of the direction of travel of the governments in the devolved nations if people with disabilities are to receive coherent support toward / in employment.

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[1] Public Heath England (2015) Local action on health inequalities Promoting good quality jobs to reduce health inequalities, September 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460700/2a_Promoting_good_quality_jobs-Full.pdf

[2] Marmot, M et al (2010) 'Fair Society Healthy Lives'

[3] Marmot, M et al (2010) 'Fair Society Healthy Lives'

[4] Waddell and Burton, 2006

*A new approach is required*

It is important to acknowledge the scale of the challenge ahead: according to the All-Party Parliamentary Group on Disability the current disability employment gap is 32%, which means that achieving the Government's ambition to reduce the gap by 50% would require reaching a target of 16% by 2020. However, if the current rate of reduction continues it will actually take until 2065 to meet the Government's target[5].

In order to achieve sustained and meaningful progress, there is a need for a new approach which seeks to address the long-term, severe and persistent disadvantage faced by disabled people in the labour market; particularly in relation to recruitment and retention.

There is also a need for greater sensitivity to the differences between different cohorts of people with disabilities and health conditions, for example those with sensory impairments may have significantly different needs to those with a fluctuating long-term health condition. Furthermore, the Green Paper fails to take a sufficiently intersectional approach in recognising that identities are complex and people often face multiple challenges related to their gender, sexuality, ethnicity, class and health.

*The importance of monitoring and evaluation*

In order to drive and deliver progress on this issue there is a need for a robust monitoring and evaluation framework. This must include robust targets that are subject to regular reporting, and this reporting must differentiate between different disabilities and health conditions, regions and industries/sectors.

We agree with the assessment of the Business Disability Forum, of which the RCN is a member, that this level of reporting will provide scope to challenge employers within specific industries by setting specific industry level targets. These should relate to the proportion of people falling out of work due to a disability or health condition, and levels of job satisfaction of employees with disabilities and health conditions.

In addition to this, a rigorous independent evaluation must be planned and undertaken, the results of which should inform the future direction and development of the Government's programme and seek to ensure that investment in targeted to the most effective programmes.

We believe that there is a need for stronger evidence to support some of the ideas in the Green Paper, particularly in terms of how particular initiatives will contribute to improving disability employment – for example the mandatory health and work

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[5] "Ahead of the Arc" – a Contribution to Halving the Disability Employment Gap, The All Party Parliamentary Group on Disability, December 2016

conversation, Disability Confident and the £500 payment to SMEs for retaining a formerly unemployed disabled person for 3 or more months. This underlines the importance of a rigorous and independent evaluation.

**Our response to specific themes in the Green Paper**

***Supporting people into work***

Research has shown that the medical profession and wider society struggle to accept that healthcare professionals can also have impairments.[6] NHS workforce data shows that 2.5% of nurses, health visitors and midwives describe themselves as disabled.[7] However, over 35% of staff in those categories declined to provide information on the workforce census in this area, so it is likely that the figure is higher but nurses don't feel that they want to or feel able to disclose.

Around 70% of disability in nursing is acquired during working life[8], and therefore affects staff with valuable experience and expertise, and risks their loss to the sector. Nurses report that they struggle to remain in work once they acquire an impairment and many make adjustments in isolation without employer support.[9]

The RCN provides welfare support and advice to members experiencing ill health and/or disability, many of whom are off sick from work and facing dismissal or ill health retirement. We also offer a Peer Support service to members to enable them to network and share experiences and knowledge. Between January and December 2015, our member support services received 639 calls about cases of discrimination in the workplace. Of these, 355 calls – over 50% - specifically referenced a disability as the primary cause of discrimination (appendix 1).

Our stewards and officers provide representation for members subject to absence management procedures or experiencing discrimination. They also seek to work with employers to develop policies and practices to support staff with impairments. RCN safety representatives play a vital role in the workplace ensuring measures are taken

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[6] Neal-Boylan, L., & Guillett, S. E. 2008: *Work Experiences of RNs with Physical Disabilities.* Rehabilitation Nursing, 332, 67-72. , SIN, C. H. & FONG, J. 2008: "Do No Harm?" Professional Regulation of Disabled Nursing Students and Nurses in Great Britain; Journal of Advanced Nursing; 62:6 642-652, and Neal Boylan, L., Hopkins, A., Skeete, R., Hartmann, S.B., Lezzoni, L.I. & Nunez-Smith, M. 2012: The Career Trajectories of Health Care Professionals Practicing with Permanent Disabilities; Academic Medicine; 87:2 Feb 2012

[7] NHS Workforce Statistics - April 2016, Provisional statistics available here - http://content.digital.nhs.uk/article/2021/Website-Search?productid=21281&q=equality&topics=13209&sort=Relevance&size=10&page=1&area=both#top

[8] Wray, J., Aspland, J, Gibson, H., Stimpson, A. & Watson, R. 2008: *A Wealth of Knowledge*: *A Survey of the Employment Experiences of Older Nurses and Midwives in the NHS;* International Journal of Nursing Studies 46 977-985

[9] Stichler, J. F. 2013: *Healthy work environments for the Ageing Nursing Workforce.* Journal of Nursing Management, *217*, 956-963.

to prevent work related accidents and illnesses whilst our learning representatives can provide vital support to members considering other employment options when they cannot, due to impairment, continue in their current role.

Our Healthy Workplaces Campaign has been a great success and has been well received by the independent sector as well as NHS employers. This project supports employers and RCN workplace representatives to create good working environments with high quality employment practices. We define healthy workplaces as those which offer fair pay and rewards and have high quality employment practices and procedures which promote a good work-life balance. In addition we believe that a healthy workplace must

- ✓ promote dignity at work;
- ✓ protect and promote employees' health and safety;
- ✓ design jobs which provide employees with a degree of autonomy, and
- ✓ provide equitable access to training, learning and development opportunities.

These themes coincide with much that is in the Green Paper.

The RCN plays a key role in the NHS Working Longer Group that is charged with looking at the potential impact of a raised retirement age on NHS staff, employers and service delivery. An important aspect of this work is ensuring that employers are aware of the changing demographics of the workforce, the increased prevalence of chronic ill health and the measures that need to be put in place to assure excellent service delivery to an ageing patient population. Vital to this is good job design that reduces cumulative exposure to occupational risk as well as a commitment from employers to increase retention of older staff. The group has recently published new guidance on health, safety and well-being for an ageing workforce.

There is a need to reduce the variation experienced by disabled people who are seeking to access or remain in employment. It's not good enough for them to have one enabling environment but be denied opportunities for career movement and progression due to a lack of consistency across workplaces and employers. We are calling on the Government to introduce performance indicators – not just for employment but to monitor pay and ensure work is seen as a health outcome.

***Assessments for benefits for people with health conditions***

The proposed changes to the assessment regime will directly affect ESA claimants in the Support Group. Those in the Support Group are currently exempt from complying with steps to return to work and to work-related activity and we are concerned that they could potentially be subject to sanctions under the new assessment process.

Previous steps taken to alter assessment methods for 'incapacity benefits' have not had the desired effect of reducing the numbers of people qualifying for such benefits. We are concerned that an additional assessment for those in the Support Group to determine whether they should engage with Jobcentre Plus or specialist programmes will be an additional burden to the most vulnerable claimants and could lead to financial penalty if they are to face sanctions at the discretion of the new system.

Under the proposals set out in the Green Paper, individuals would be required to have continuing contact with a 'Work Coach' who could have full discretion to tailor any 'employment support' offer. This would allow the work coach to alter requirements of the claimant contingent upon changes to their health. Despite the Government's previous statement that claimants in the Support Group would not have to undergo repeated assessments in order to retain entitlement to ESA, the proposed new system could mean that individuals are subject to repeated and subjective assessments by work coaches who will determine what an individual should be required to do in order to retain entitlement to benefit. It is disappointing that the Green Paper appears to operate on an assumption that individuals who are experiencing illness or disability and unemployment are incapable or should not be allowed to make decisions in their own best interests.

Previous employment support programmes have not been particularly successful in supporting people with illness and disability into suitable employment. Following the abolition of the Work Programme and Work Choice, the new specialist Work and Health Programme will be operating with a reduced budget of approximately 20% of the funding originally invested in employment support. We are concerned that low levels of funding as compared to its predecessors could result in either too few claimants benefitting from support or inadequate interventions.

We have reservations about the proposed discretionary powers of the work and health coaches and their relationship with the support group. What would be the expectations of these claimants as part of the claimant commitment? Reference to a 'health intervention' also concerns us and raises the question as to whether the proposed changes could lead to individuals who are too sick or disabled to engage in the labour market being required to undertake health interventions solely in order to fulfil a 'claimant commitment'.

Finally, the Green Paper assumes a parity between being in good health and being in paid employment. We feel that this is insufficient and inaccurate, as whether work is good for your health is dependent on the state of an individual's health and wellbeing and the type and nature of that employment. The DWP has previously published evidence to show that many people coming off benefits and moving into work end up in poorly paid and unstable jobs, with many going back into periods of unemployment and long-term sickness, reclaiming the same benefits.

***Moving into work***

The role of employers is vital, yet there is little compulsion or enforcement within the current system. For example, Access to Work advisers can undertake an assessment and offer to provide support, but an employer is not compelled to take their advice. This often leaves staff vulnerable and unable to continue working, with only individual legal redress available to them. For some, this is something they might not be able to afford to pursue due to tribunal charges.

Public sector employers should be model employers but all too often our members tell us they are not. NHS organisations are obliged to follow NICE public health guidance, some of which addresses relevant issues like the effective management of long term conditions in employment, but research has found that many do not and there is no enforcement of this.

Similarly we are aware that many NHS organisations do not fully comply with their health and safety responsibilities – the requirement to undertake stress audits being a particular example. Cutbacks at the Health and Safety Executive (HSE) have significantly reduced their ability to enforce regulations. Added to this is the reduction of facilities time for health and safety representatives which compromises their ability to carry out their role effectively.

In relation to the public sector as an employee and an exemplar we urge a stronger emphasis on the implementation of relevant NICE guidelines on workplace health, in particular the guidelines on promoting mental health at work and good management practices. These will go some way to promoting positive cultures and destigmatising mental health issues at work. We would like to see employers made accountable for fulfilling these obligations and for the prevention of ill health and chronic impairment to be understood as a business imperative.

It is apparent that the healthcare sector in particular has work to do to address the prevailing medical model view of disability. Ignorance and preconceptions present significant barriers to our members with disabilities being recruited and retained in meaningful employment. However, where there is support and commitment, many nurses and Healthcare Assistants (HCAs) are able to stay in their role or be redeployed into other more suitable roles. We believe that sector specific materials would be appropriate in healthcare, both because of the prevalence of the medical model and also due to the varied and different job roles within the sector.

In particular, managers in the health sector need to be educated and supported to understand the needs of nurses and HCAs with disabilities. This is essential to enable them to understand the support mechanisms and options available. Alongside this though it is also important that individuals are empowered to take responsibility for their own situations and, when appropriate, utilise their own expertise of their condition to educate others.

If reasonable adjustments are not properly resourced or implemented they can be seen as a "tick box exercise" and are unlikely to succeed. RCN workforce campaigns

could use the opportunity to demonstrate that a workforce which includes people with disabilities makes good business sense. There are many examples that showcase the benefits of this approach.

Our workplace representatives report a lack of knowledge by many health sector organisations on their responsibilities and duties to employees with disabilities under the Equality Act, particularly around reasonable adjustments. We believe that work must be done to raise awareness of employers' duties and the support available, such as Access to Work. Trade union workplace representatives also play an important role in promoting good work and protecting health and wellbeing at work.

The Green Paper seeks views about establishing a one stop shop for addressing information related to disability, and the advice needs of employers. We believe that this must include SMEs and be commissioned by the Government. The White Paper should confirm the availability of publicly-funded provision for employers and SMEs by government and include the following elements:

- Advice should be available and accessible through a wide range of channels
- Advice should be impartial, credible and grounded in the law, best practice and understanding of employer need and journey
- The advice and guidance should reflect whole organisations' requirements

*Role of types of government support:*

There are a range of government programmes in existence that work to improve access to employment throughout the country. Here we provide our reflections on a few of those mentioned in the Green Paper:

<u>Disability Confident</u>

We agree that Disability Confident challenges negative attitudes and is a useful first step for employers, but precisely how the campaign generates employer commitment to the recruitment and retention of employees with a disability and/or health conditions and provides better employment outcomes is unclear. It is encouraging that the Disability Confident campaign also focuses on retention as opposed to only recruitment, and we believe that this should be at the heart of all access to employment programmes.

<u>Access to Work</u>

Although our members have benefited from the government's Access to Work programme, they also report poor experiences in their interaction with the service in terms of inconsistent quality, ill-equipped advisers, and an overly medicalised and bureaucratic approach to funding awards.

Recently a member approached us for support because the cap to Access to Work grant, effective from April 2018 will impact on her ability to retain her job. As a nurse whose first language is British Sign Language, working in a specialist D/deaf ward, there are additional implications for patient care. Because the cap will limit the quality of interpreters[10] and how often they can be employed, we are concerned that other Deaf healthcare professionals will have their employment jeopardised. The cap may also deter Deaf individuals from pursuing certain careers because of the limitations of funding available. Our member stated that she would not feel able to promote a career in nursing to other Deaf people because of the funding cap.

We recommend a number of improvements to be made to these programmes as well as wider themes to be taken into consideration. These include the need for better resources, public information, and suitable employment opportunities.

- We suggest that Access to Work funding should be ring-fenced with processes made simpler and more transparent. If the government is truly committed to halving the disability employment gap it should build on the successes of Access to Work, rather than reducing the support available. It should be mindful that the service provides equality of opportunity for all – not just those whose needs are short term or less expensive.
- There is a need for better resources, and in particular our members tell us that further website improvements are needed. Information provided on the website is very generic and not built around the employer journey, nor is it tailored to individual requirements.
- Greater emphasis should be placed on the role for employers in disability monitoring and encouraging employees to share that they have a health condition and/or disability
- There should be increased voluntary sharing of information about disabilities or health conditions, which speaks to the fact that the societal changing of attitudes remains central to this cause. In order to achieve its goal of challenging prejudice, the government should invest in a large scale integral marketing and communications campaign that is about changing societal and employer attitudes towards people with disabilities.
- It is important to note that with the extension of the retirement age comes a greater pressure to provide roles which are suitable for employees who may no longer be capable of physically demanding tasks. Employers must be supported in this otherwise individuals may be left with no option but to retire early and take the actuarial hit on their pension, simply because there are no alternatives put in place.

[10] Technical professions such as nursing require experienced interpreters qualified in BSL to a higher level for safety reasons

***Staying in or returning to work***

We believe that early access to services is key to individuals staying in or returning to work. There is an irony that staff lose their jobs because they cannot get the treatment they need swiftly. Services such as physiotherapy, CBT and diagnostics, when provided early, increase likelihood of maintaining employment. Good NHS employers do provide such services and they have been found to be cost effective.

Access to good quality occupational health services is vital. Early access to occupational health services has been found by NICE to be effective in supporting staff remain in employment. NICE also recommend a "case management" approach whereby a case manager links all other relevant stakeholders together rather than relying on the individual to do so. However, in reality we often hear from our members that services are poor quality, do not allow for self-referral and do not have the trust and confidence of the workforce accordingly.

The Boorman report 'Health and Wellbeing in the NHS' set out clearly the business case for NHS organisations to invest in their occupational health provision. Boorman was clear that "organisations that prioritised staff health and well-being performed better, with improved patient satisfaction, stronger quality scores, better outcomes, higher levels of staff retention and lower rates of sickness absence."

There is little recognition in the Green Paper of the impact of poor working conditions on health and how work-related ill health can lead to disability in the first instance and contribute to people exiting the labour market (e.g. the nurse with a severe back injury caused by patient handling). The Health and Safety Executive reports that work related stress accounts for 37% of all work-related ill-health cases, and 45% of all working days lost due to ill health. Work related musculoskeletal conditions account for 41% of all work-related ill-health cases and 34% of all working days lost due to ill health10. There must be continued investment to support the functions of the workplace health and safety regulator, the Health and Safety Executive, and the continuation and enforcement of a robust legal framework to prevent work related injuries and ill health.

We recommend that opportunities are explored for good NHS occupational health services to be expanded not just throughout the NHS but to other organisations too. Many of our members working for independent or third sector providers do not have access to occupational health support and the Fit for Work service is only available after a 4 week absence. Work to support employers understand the importance of a good working environment must be a priority if we are to create good work and subsequently good health. A good working environment includes pay and rewards, the organisation of working time/work life balance, good health and safety conditions, dignity at work, well designed jobs and learning and development opportunities for all.

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The RCN is undertaking the following activities to support staying and returning to work:

- As the RCN responds to the challenge of supporting our members to retain employment following an acquired disability, we are looking to develop a centralised, online database of best practice and success stories with the aim to encourage contribution from staff and members. The initiative will incorporate reviews of the content from people with disabilities. We hope this will help us to demonstrate what is possible, identify and promote adjustments that work, and collect evidence.
- We are also piloting a "disability passport" next year which is an initiative that appears to be working well in some private sector organisations. It provides an opportunity for a conversation between employer and manager to discuss their particular disability and reasonable adjustments to support the individual. When an agreement is made, it is documented into a `disability passport` which is transferable across roles and can be used during management change.

***Improving discussions about fitness to work and sickness certification***

In principle, we are supportive of the idea in the Green Paper of appropriate members of the registered nursing workforce being enabled to take on sickness certification. Registered nurses already provide care for patients presenting with undifferentiated symptoms, from initial history taking, clinical assessment, diagnosis, treatment and evaluation of their care. In particular, Advanced Nurse Practitioners (ANPs) are able to demonstrate safe, clinical decision making and expert care for patients within general practice.

Research published by the DWP in 2004 found that 79% of primary care nurse practitioners were advising patients on fitness for work. Of the nurses questioned in the survey, 83% said it was feasible for them to take on sickness certification. Despite this appetite from nurses, there remains a decision to be made about the clinical competence required for this role, for example, at the level of advanced nurse practitioner. This distinction must be based on evidence and enshrined in legislation. Any new responsibilities must be underpinned by clear and appropriate training, development and support.

Budgets available for workforce capacity and the configuration of the workforce will need to be reviewed in order to ensure that nursing staff have the time and capability to deliver effective support to people who require additional help to seek and/or maintain employment.[11] This could have profound implications for the role of GPs in producing fit notes – and it will be important that, in supporting the extension of fit

[11] There may be differences here across the devolved administrations. It's also important to note that the Scottish Government and BMA are currently negotiating a new contract for GPs in Scotland which is likely to look radically different to the contract elsewhere.

note processes to nursing, this is done in a deliberate and planned way, with adequate training and support.

More broadly, we have some general concerns around the provision of sickness certification. The previous incarnation of the fit note was considered too binary and inflexible, and while the current model is an improvement, it should be further developed to support people in their specific needs. The Government should clarify the purpose of the fit note and carry out a review to ensure that it adequately serves this purpose.

It is important to note that some patients with complex health needs may not have primary care as their main touch point, for example some may have lots of outpatient appointments accessing ambulatory care services (e.g. dialysis). Where patients are under review of a specialist nurse, that nurse may be better placed to advise on the specific needs of the patient, based on their clinical understanding of their condition. We would welcome the opportunity to work with the Government to explore this proposal and the related issues in more depth.

Other relevant activity we are involved in includes:

- Our professional nurse advisers are already involved in expert panel work to review self-care and supporting patients and clients to take responsibility for their own health and capability, and this could extend to matters relating to employment and work-related activity
- Our Learning Disability Forum is proactive within that professional senate and supports learning disability nurses working with their clients, many of whom are in or seeking employment.
- Our Public Health Forum is also at the forefront of developing expert occupational health practice and occupational health nurses routinely work with employers and employees to support employment retention and assess reasonable adjustments.
- We are working with NHS England on the development of a Workforce Disability Equality Standard which will seek to ensure fair and equitable employment for staff with disabilities. Amongst other things it will seek to measure experience of bullying and harassment at work and opportunities for progression.
- The RCN is represented on the Council for Work and Health which has submitted further reflections on these issues in its response to the Green Paper.

**Transforming the landscape of work and health support**

The NHS should be seen as a centre for excellence on occupational health and promoting a link between good work and health, and an exemplar in terms of provision of this service to its own staff.

In terms of the NHS and our members' access to occupation health services, we still get reports of organisations which do not allow self-referral to occupational health services. Self-referral is important in terms of early support and interventions to prevent longer term absence and disability.

*Accessible occupational health:*

Due to the reductions in the occupational workforce, with services patchy across the country, we are concerned that they will not be able to take on this more central role as envisioned in the Green Paper. There are multiple 'touch points' or opportunities for interaction and engagement along the patient journey, so work and health should be part of these conversations wherever possible.

The Government will need to work with Health Education England, regulators and devolved administrations to ensure a sufficient occupational health workforce supply to meet these ambitions. This also includes ensuring broader access to training and education around work as a health outcome in pre-registration education. The RCN has recognised that educational programmes must adapt in order to meet new workplace challenges, and is working toward this in the following ways:

- The RCN has recently supported a review of priorities for educational programmes for occupational health to consolidate and develop a new approach.
- A new resource endorsed by the RCN called *Educating Occupational Health Nurses* sets out a recommended approach for nurse education. It incorporates 'prompts' for higher education institutes and lecturers in assessing and refreshing occupational health nursing educational programmes to ensure excellent, high quality OH services.

Alongside ensuring an appropriate workforce supply and improvement of educational programmes, work should be undertaken to identify where occupational services are and what their existing capacity is.

In terms of accessible occupational health services, Fit for Work is very important but there are significant service design issues to overcome. The service has had fewer referrals than anticipated because GP referrals remain limited, but their awareness of occupational issues is low and primary care is under significant pressure. Unlike employer based occupational health, the service can only work with employers to frame recommendations that can reasonably implement when the employee consents to information being shared with employer. The service kicks in once people have been absent for 4 weeks, and is therefore not flexible enough for those that would benefit from much earlier support and intervention, for instance those with musculoskeletal conditions. In addition, the service can only work with a person once in a year, which for people with fluctuating long term conditions is an unnecessary barrier. Going forward, the following questions and ideas should be considered in order to overcome the current challenges and increase referrals:

- Currently requires referral from GP or employer, but there is a need for more/multiple referral routes, such as self-referral
- This service provides a 'light touch' offer and doesn't lead to additional support as part of a stepped approach
- Will employers to drop or reduce their own provision (which may be more robust) in response to the availability of an existing free service?
- Is stigma a barrier to access and how can this be addressed?
- Is there potentially a link that can be made to mandatory recording for statutory sick pay, and would this improve access and uptake?
- Is return to work the most effective outcome measure?

**Creating the right environment to join up work and health**

We would be willing to work with the Government to consider the complex issues surrounding making work a measured clinical outcome. We have particular questions about how this can be effectively mandated across countries, as health outcomes are currently a devolved issue.

There are a number of additional issues in the Green Paper that will require more clarification and subsequent consultation with our members, including proposals to review statutory sick pay and moving towards an insurance based model for occupational ill health.

We are supportive of measures that will help people with disabilities and health problems secure and retain employment, and are willing to work with the Government further on their proposals. We believe that the challenges facing an ageing population require particular attention and that employer engagement is vital. We would like to see employers be more proactive in their approach, focussing on prevention of risk and full compliance with their statutory obligations. A focus on individual support will not achieve the stated aims without an equivalent focus on

employers. To promote good health, safety and well-being in employment we also believe that the provision of good quality occupational health services are essential.

**Changing the culture around work and health**

We believe that healthcare staff with impairments can be crucial role models and advocates for disabled patients. Demonstrating the successes of RCN initiatives around disability and showcasing positive individual case studies could provide evidence of the value of employing individuals with disabilities who add greatly to the diversity and contribution of our nursing workforce.