

National Institute for Health and Clinical Excellence

PUBLIC HEALTH PROGRAMME GUIDANCE – Management of Long-Term Sickness Absence and Incapacity for Work

Consultation on the Draft Guidance
20 August – 17 September 2008

Comments on the Draft Guidance to be submitted
no later than 5pm on Wednesday 17 September

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section title or number** (eg introduction or section 2) in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column

Name:	Dr Judith Allanson
Organisation:	British Society of Rehabilitation Medicine.
Section number Indicate section title or number or ' general ' if your comment relates to the whole document	Comments Please insert each new comment in a new row.
General	BSRM welcomes the fact that the management of long term sickness and incapacity for work is being reviewed and guidance being developed
	BSRM would welcome the opportunity to contribute to the next stage of development of these guidelines as many members are working closely both with clients and vocational rehabilitation professionals such as Occupational therapists and clinical Psychologists, to facilitate a return to work or support people still in work to stay in work despite their disability/long term condition.
Scope/ conditions	The focus of the groups work appears to have been on people with low back pain or a mental health condition (It is not clear if this includes mental health problems developed after brain injury such as stroke, traumatic head injury or other long term neurological condition). The restricted scope of the guidelines is not clear from the title. More statistical detail about the prevalence of the conditions being considered may strengthen the guidance. At the moment the Guidelines do not relate closely to the needs of those who are not working due to a persisting neurological or "non back pain musculoskeletal" condition.
Scope / conditions	It is disappointing that other groups such as those with long term neurological disability, have not been explicitly scoped and included.

Please add extra rows as needed

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General ;Definition of work	It is not stated although it is implied that the aim is to return to paid employment. There may be many health and economic benefits from facilitating a move to unpaid work / voluntary work (not necessarily in the voluntary sector) in the first instance or for the long term.
Section 4; Recommendations; General ;	It is appreciated that the development group have reviewed much research and that the Guidelines are not yet in a final format however, in their current form, they have such little detail that it is difficult to give exact feedback. eg. There is some discrepancy between the detail offered about “a 3 hour back pain education session” and the sentence used in each of the recommendations about the professionals that might become involved in eachpart of the recommendations.
Section 4 Recommendations General	It is not clear how these guidelines relate to the recent report by Dame Carol Black on the health of the working population, to which the Department of Health’s work and health team are due to respond soon. In particular how the 12 week assessment recommended in section 4 would relate to the 4 week “Fitness to work” assessment suggested by Dame Carol Black.
Professionals that should be involved	Inclusion of occupational therapists in the group of professionals involved in both assessment, treatment and support is essential. The role of the DEA is not addressed and clarified. A clearer pathway defined for a range of common conditions with suggested lines of responsibility is likely to be more effective than a list of different groups that may be involved.
	Encouragement of GPs to be involved is welcomed however it is not clear if the GPs would have sufficient time to take on this extra work and the necessary training. The guidance does not address this or other issues of resource availability.
	The separation of Physiotherapy in each of the lists of “who should be involved” from all other clinical professionals may be misleading.

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Section 4; Assessment	The recommendation of a specific assessment focussing on work is welcomed, however a clearer more detailed pathway with suggested lines of responsibility may avoid the guidelines being misinterpreted and people falling through the net. Vocational rehab teams could use existing expertise to support the development of appropriate assessment tools (and perhaps assessment teams).
Section 4; Assessment	Earlier involvement of rehabilitation professionals in the process would help facilitate timely and more appropriate referrals to specialised vocational rehab or other programmes. Untrained assessors are less likely to be able to know what is and isn't realistic / possible and could therefore cause distress / confusion in the person returning to work or the employer.
Screening questions	These may not be sufficient to determine prognosis. Further specialised assessments of current abilities or training potential may be needed before an individual or their employer is offered long term advice.
Section 4; development of A rehab plan.	This would be strongly supported. It may be more effective if there is explicit involvement of rehab professionals such as OT, and psychology as well as PT. The emphasis on a <u>graded return to work</u> is fully supported.
4 week treatment	While some more detail is needed in the guidelines this detail may be misleading. It is very likely that clients even with similar conditions will need different paces and types of intervention, or even different times for initial assessment. It will be misleading, particularly to commissioners and employers, to suggest that 4 weeks would be sufficient for most people.
	An explicit recommendation for workplace follow up after intervention is completed to return to work is highly recommended.

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