Public Health Guidelines

Workplace health: support for employees with disabilities and long term conditions - Consultation on Draft Scope Stakeholder Comments Table

6 March - 7th April 2015

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Action for M.E	Who the guideline is for	1	Recommend adding an additional bullet point: • Commissioners and Providers of specialist health and disability employment support services, including those delivered in the third sector This is to help ensure that it does make its way into Commissioners and Providers in-boxes. They will be in a position to help proliferate the guideline and support employers and employees to make use of them.	Thank you for taking the time to read and comment on the draft scope. The scope has been amended to make it clear that the guideline is primarily for employers. However, we have included commissioners.
Action for M.E	1.1 Who is the focus?	2	We recommend further defining in the guideline who a “*representative*” is/can be. Many employers’ policies & procedures allow for a representative in the form of a colleague or Union Rep, but do not explicitly allow, for example, for the attendance of a specialist health & disability Employment Advisor from a voluntary sector organisation, who can bring impartial expertise to assist return to work planning. Too many employers use their policies to exclude specialist expertise such as this, to the detriment of both themselves and their employee. A NICE guideline recommending inclusion of such specialists (where appropriate) might help pave the way for employer policy and practice changes (which ACAS may then use within their best practice guidelines).	Thank you for your suggestions, noted. The list of who should take action provides examples and was not intended to be exhaustive. The detail of who should take action in the final guideline will be based on the best available evidence. We have added employee representatives to the list.
Action for M.E	1.1 Who is the focus?	2	I understand that the scope of this guideline is not going to focus on the self-employed. However, we recommend that this receive urgent additional focus in the form of a separate guideline. Many people with long term health conditions and disabled people commence self-employment or start small businesses as a result of needing to generate income which provides them with the flexibility that they need (and to circumvent discrimination and disadvantage in the labour market). This has been especially marked in the last few post-recession years. As a	Thank you. The scope has been amended to make it clear that the guideline is primarily for employers. The final guideline may provide useful information for people who are self-employed, however the focus will be recommendations for employers.

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			result there are now increased numbers of people who are trying to manage long term health conditions and self-employment, and very little expertise and support exists in this specific area.	
Action for M.E	1.3 Key areas that will be covered	3	Re *"Organisational interventions"* In addition to the "*tackle stigma and discrimination*" approach, which addresses negative aspects, we recommend a guideline which support the more positive side to this, which would address creating open and understanding workplace cultures. People don't tend to admit to discriminating, so addressing this as a problem can be somewhat ineffective at tackling where it does really exist (ie. you end up preaching to the converted)=. Whereas, addressing the same issues in a positive manner focuses on the business case for doing so, and allows employers to assume the best in people whilst educating and effecting positive change. We recommend also adding guidance which focus on illustrating reasonable adjustments that work and successful approaches to determining effective reasonable adjustments. Organisations such as ours are in a position to provide case studies which demonstrate effective reasonable adjustments which employers and employees will very often not consider. In addition, we recommend that in addition to "*systems for monitoring employees with disabilities and long-term conditions and responding to need*", guidance is produced to support our above two points, which outlines the management skills and workplace culture needed to positively manage long term health and disability. Guidelines and	Thank you. Based on your advice the scope has been amended to include' promote positive attitudes and tackle discrimination and stigma'. Thank you for the information. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set. Please note that the topic of line manager training is covered by a future NICE guideline which will be published in June 2015: https://www.nice.org.uk/guidance/inde

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			systems are great, but if Managers don't have the skills and space to act with compassion, then disabled people and people with long term health conditions will far too often remain being seen as the 'weak link' in a team.	velopment/gid-phg57.
Action for M.E	1.3 Key areas that will be covered	3	Re "*Targeted interventions for employees if they are the responsibility of the employer*" The point on "*Workplace rehabilitation approaches*" takes a medical model approach, but your stated examples are all social model in approach. We recommend that the focus be taken off rehabilitation and focused on reasonable adjustments, with social model language used throughout to ensure that employers understand that this is their legal duty (under the Equality Act 2010 and Health & Safety at Work Act 1974). Also, employers rarely ever consider making reasonable adjustments to their redeployment processes. This frequently disadvantages disabled people and people with long term health conditions. For example, if an employee is put forwards for redeployment because their impairment means that they cannot undertake certain aspects of their role, then it might be reasonably expected that the opportunities for them to be successfully redeployed are limited when compared to a non-disabled colleague. So if a redeployment period lasts 12 weeks normally then a reasonable adjustment might be to increase this period to give the disabled person an equal change of successful redeployment (ie. if there are half as many roles available due to the impairment, then double the redeployment period).	Thank you. We have removed the text 'rehabilitation approaches', in line with your suggestion. Thank you for your comment and for the additional information, noted.
Action for M.E	1.4 Economic	4	We recommend that the guideline makes recommendations which	

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	aspects		recognise key variations in employer size and type. Of greatest importance are: (i) small and medium-sized enterprises (SMEs) compared to national/international corporate employers, and (ii) private compared to public/third sector. You have recognised the SME/Large Employer differences in your Equality Impact Assessment, but no mention has been made of public/private differences. In our experience and those of our NHS clinical associates, there is an over-representation of people with long term health conditions who are at risk of losing their job who work for a public sector body (especially NHS, Local Authority and Teachers). We believe that this is partly due to the combination of restricted budgets and demanding targets that exist in the current climate. One consequence of this is that public sector bodies such as NHS Trusts do not have the same level of resources available to invest in staff/workplace wellbeing, when compared to a private sector company of similar staffing size.	Thank you for your comment. Depending on the available evidence, the economic analyses will aim to consider various key scenarios, such as size and sector. Thank you, noted. We have added this consideration to the Equality Impact Assessment.
Action for M.E	1.5 Key issues and questions	4	The term "*long term health conditions*" covers a vast range of diagnoses, symptoms and presentation. We recommend that the guidelines make clear, explicit recognition of the differences (i) between specific and pervasive symptoms; eg. Repetitive Strain Injury in one wrist is vastly different to M.E. which can affect holistic functioning of both body and brain, and (ii) between consistent and fluctuating conditions/symptoms, as many more consistently symptomatic conditions can be much more effectively managed than can many more fluctuating conditions; eg. asthma compared to M.E.	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. However, we recognise that the range of conditions and important differences will need to be considered when drafting recommendations, subject to relevant evidence being available.

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			In our view, explicitly recognising this at the scoping stage will go a long way towards the overall success of the resultant guideline.	
Action for M.E	3.2 Current practice	8	We recommend that the process of developing the guideline includes a thorough review of the many early interventions which are implemented by Third Sector organisations (including voluntary sector providers, charities and disabled persons user led organisations), which target the retaining and maintaining of work. There is a great deal of excellent practice which exists in this sector, which has not yet made its way into mainstream provision or employer practice. This is an extremely rich source, which the guideline would benefit hugely from exploring.	Thank you for your comment and for the examples. We will endeavour to find evidence to establish what works and for whom. Evidence of effective approaches will be considered by the committee that develops the guideline. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.
Action for M.E	3.3 Policy, legislation, regulation and commissioning	8	This section only outlines the major, national DWP commissioned schemes. We recommend that the scoping includes the vast array of Third Sector provision, much of which is Commissioned locally by Local Authorities and NHS Commissioning bodies (such as CCGs), as well as that which is funded through independent grant and philanthropic funding. The reasoning is the same as for the point above for 3.2	Thank you, noted. The section is not intended to be comprehensive but does acknowledge local commissioning.
Action for M.E	3.3 Commissioning	10	As stated above. NHS CCGs also commission important services which need to feed in to and then draw from the resultant guidelines.	Thank you. We have added Clinical Commissioning Groups to acknowledge their role and responsibilities.
Action on Hearing Loss	General		Action on Hearing Loss is the largest UK charity representing people with deafness, hearing loss and tinnitus. Throughout this response we use	Thank you for taking the time to read and comment on the draft scope.

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			the term 'people with hearing loss' to refer to people with all levels of hearing loss, including people who are profoundly deaf. We are happy for the details of this response to be made public. Action on Hearing Loss welcomes the opportunity to comment on the 'Workplace health: support for employees with disabilities and long-term conditions' draft scope. Hearing loss affects over 10 million people in the UK – one in six of the population. As our society ages this number is set to grow and by 2031 there will be more than 14.5 million people with hearing loss in the UK. Over one-third of people with hearing loss are of working age (16-64)[1]. People with hearing loss can face disadvantage in the labour market. Analysis of the Labour Force Survey found that the employment rate for people who identify 'difficulty in hearing' as their main health issue is 64%. This compares with an employment rate of 77% for people with no long-term health issue or disability[2].	
Action on Hearing Loss			Hearing loss can have a significant impact on experiences in the workplace. Where an organisation is not able to effectively support an employee with hearing loss, it can have significant consequences, including leading people to exit employment early. In 2014, we published 'Hidden Disadvantage', a report based on a survey of people with hearing loss which explored employment experiences. Key findings included:	Thank you, noted.

[1] 3.7 million people aged 16-64. *Hearing Matters*, (2011), Action on Hearing Loss.
[2] Unpublished secondary analysis from the Labour Force Survey 2013, Quarter 2, April – June.

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			• two-fifths of respondents (41%) who had retired early said this was related to hearing loss; • two-thirds of respondents (68%) said they sometimes felt isolated at work because of their hearing loss; • three-quarters of respondents (74%) felt their employment opportunities were more limited because of their hearing loss. Providing adequate support to employees with hearing loss is therefore essential to avoid situations where people feel isolated or forced to exit employment early. The report makes a number of recommendations, including the following for employers; • be proactive in supporting employees who tell them that they have a hearing loss; • make sure that employees with hearing loss are not disadvantaged in the workplace, by supporting them to access helpful adjustments and equipment; • become familiar with the information and resources available to people with hearing loss, so that they can offer the best support possible.	
Action on Hearing Loss	1.3	3	Hearing loss is a long-term condition that currently affects over 10 million people in the UK – one in six of the population. As our society ages this number is set to grow and by 2031 there will be more than 14.5 million people with hearing loss in the UK. Hearing loss is therefore likely to affect increasing numbers of people in the workforce. We welcome that the guidelines will cover both organisational interventions and targeted interventions for employees. Additional organisational interventions to consider could include:	Thank you, noted.

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			• establishing and promoting clear procedures for support if someone develops a long-term condition, or if someone joins the organisation with a long-term condition; • staff training on disability awareness, including understanding the impact of a particular condition on an individual, and the legal rights of disabled people, in particular through the Equality Act 2010. For people with hearing loss, disability awareness training would include communication tactics to ensure people are able to communicate with people with hearing loss. Targeted interventions for employees could also include: • promotion of flexible working practices to allow employees to take time to participate in activities to promote rehabilitation and re-ablement (e.g. for people with hearing loss, this could include time off to allow for attendance at lipreading classes).	Thank you. These intervention areas will be considered by the committee that develops the guideline. We will endeavour to find evidence to establish whether interventions are effective.
Action on Hearing Loss	1.5	4	We have consistently found that when asked about views on the barriers to employment for people with hearing loss, the attitude of employers is highlighted as the most substantial barrier. In our 2014 research, when asked what they thought the main barriers to employment were for people with hearing loss, nearly eight in ten (79%) respondents said the attitude of employers. Therefore, in the section relating to key issues and questions, it could be worth incorporating a reference to addressing employer attitudes.	Thank you. We anticipate that some of the available evidence (which addresses questions 1 or 2) will report employer attitudes. This is also acknowledged in section 1.6, under main outcomes, where ‘organisational culture’ is mentioned.
Association of School and College Leaders	general		ASCL members are usually employers or senior staff acting as employers. On the other hand they are mostly employees and a proportion are disabled or suffer from chronic conditions. The association therefore sees this issue from both sides.	Thank you for taking the time to read and comment on the draft scope.

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Association of School and College Leaders	general		Because workplaces vary so widely in their circumstances and working practices and because the variation in employees' disabilities and conditions is even wider, it will be difficult to frame this guidance. For example what would be a reasonable variation in one case might not be possible for another employer, or would not be helpful to another employee with a different condition.	Thank you, noted.
Association of School and College Leaders	general		The general principles are set out in law, but of course hinge on terms like 'reasonable' that may be controversial. Some further explication would therefore be useful. But it will be necessary to avoid either encouraging uncooperative or unscrupulous employers to be obstructive on the one hand, or 'gold plating' the legislation on the other hand.	Thank you, noted.
British Association for Counselling and Psychotherapy	**1.5 Q1**	4	Long-term conditions and chronic mental health problems can inhibit the productivity of a worker and cause increased sickness absence rates that compound the costs of an illness to an employer. Mental health problems both as a consequence of suffering from a disability or as a chronic illness in itself are a strong cause of sickness absence rates. The British Association for Counselling & Psychotherapy (BACP) recommends the use of Employment Assistance Programmes (EAP), 'internal' workplace counselling services or referrals to qualified and experienced freelance workplace counsellors to provide quick, accessible and confidential psychological therapy to workers. This is to reduce the impact of disabilities on a worker's wellbeing and maintain a healthy working relationship with work by mitigating its impact on employment retention, sickness absence rates and work productivity.	Thank you for taking the time to read and comment on the draft scope. We cannot pre-empt the decisions of the committee that will develop the guideline, but recommendations will be based on the best available evidence of how to support employees.

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			It is known that 20% of those suffering a long-term physical condition also suffer from depression (NICE, 2009). Evidence suggests that those with good mental wellbeing are better able to manage the symptoms of their disability and adhere to treatment more effectively (Ardino & Knapp, 2013). As an example, Diabetes UK cites rates of depression as double among diabetes sufferers compared to the rest of the healthy population, with the negative costs being on diabetes self-care and medication adherence (Diabetes UK, 2012). As a result the Department of Health recommends the provision of talking therapies to those with long-term conditions as a way of securing long-term cost savings and improving the outcomes for the patient (Department of Health, 2012).	Thank you, noted. Please note: the guideline will not cover treatment of an existing condition. Whilst we cannot pre-empt the decisions of the committee, we acknowledge that early intervention and support may be important in reducing the incidence of mental health problems.
British Association for Counselling and Psychotherapy	Contd.		With regards to workers suffering from disabilities, the BACP recommends the use of workplace counselling to reduce the impact of disabilities on employment. Research suggests that counselling can reduce sickness absence rates by over 25%, as an example, the Employment Support Programme at *EDF Energy* has reduced absence rates from 29% to 14.7% (BITC, 2014). Employees with EAP provision are accepted for treatment in an average of nine days compared with the average of 64 days through the NHS (Mellor-Clark et al, 2012), allowing treatment to be accessed significantly quicker through workplace counselling provision, taking the strain off stretched and limited primary care resources. Workplace counselling also offers completion rates of around 80% and improvement/recovery rates of 70% (UK Employee Assistance Professionals Association, 2014). In addition to the mental health effects of long-term conditions,	Thank you for the information. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set. Thank you. See responses above.

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			depression is itself a chronic illness that can impact on employment and cause absence from work. Depression is associated with patterns of low motivation, withdrawal from others, fatigue and hopelessness (McLeod, 2008). Studies have shown that sickness absence rates for workers diagnosed with depression are reduced when they receive treatment (Rost, Fortney and Coyne, 2005) and that those who receive psychotherapy show an even greater reduction in sickness absence rates compared to the use of antidepressants (Rost et al, 2005). Several studies have found that depression and anxiety are associated with an increased risk of early retirement; “depression and depressive symptoms were significantly associated with retirement in late middle-aged U.S. workers” (Doshi, J. A., Cen, L. & Polsky, D., 2008), while a study of German workers found “depression/anxiety diagnoses increase the risk of early retirement” (Wedegaertner, F., Arnhold-Kerri, S. et al, 2013).	Thank you, noted.
British Association for Counselling and Psychotherapy			Workplace counselling is well placed to provide support to employees, as an example, Mindfulness-based Cognitive Therapy has been found to halve the recurrence rates of those with 3 or more previous major depressive episodes. This preventative effect was achieved with an average investment of less than 5 hours per patient (Teasdale, J. D., Williams, J. M. G., et al, 2000).	Thank you, noted.
British Association for Counselling and Psychotherapy	**1.5 Q3**	5	Studies of workplace counselling show that provision at least covers its costs, with some finding a substantial positive cost-benefit ratio (McLeod, 2008). A typical Employee Assistance Programme (EAP) subscription	Thank you for the information. We are planning a call for evidence in the near

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			cost is £14 per employee for an organisation with 100 employees, with much larger organisations typically paying only around £6 per employee. A study by Blaze-Temple and Howat (1997) reported that EAPs produced significant cost savings in absenteeism and turnover, the cost-benefit ratio for counselling compared with no counselling was 1:1 (ie the EAP paid for itself). The BACP commissioned a systematic review of EAP economic studies which found that those provided internally by the organisation were also less costly than those provided externally (Mcleod, 2008).	future. All stakeholders will be notified when a date has been set. The committee responsible for making recommendations will take into account cost effectiveness evidence.
British Association for Counselling and Psychotherapy	**1.6 Outcome 4**		People with disabilities often suffer from the same life-crisis issues that able-bodied employees experience, such as anxiety and depression, bereavement and loss and stress, yet their condition may compound how they feel, what resources they have and limit what actions can be taken. Workplace counselling offers an independent, confidential and time-limited approach to improving coping skills, whilst triggering the opportunity to consider what positive actions can be taken to rehabilitate clients back into work.	Thank you, noted.
British Association for Counselling and Psychotherapy	**1.6 Outcome 5**		A range of measures are used by workplace counselling practitioners (including EAP providers) to monitor and measure the health and wellbeing of clients who engage in counselling. They include CORE, Workplace Outcome Suite, PHQ, Beck's Depression Inventory and other more bespoke service evaluation tools. With the vast majority of workplace counselling practitioners using some service evaluation instrument, measures can help to provide a yardstick for pre and post intervention benefits. Workplace counsellors who use service measurement instruments have	Thank you, noted.

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			the added benefit of being able to (with appropriate client anonymity) alert organisations about dysfunctional work practices and inhibitors to effective work rehabilitation, thereby providing an invaluable bridge from sickness absence back to work. This is of particular benefit for disabled clients where organisations have a duty of care to make reasonable adjustments to their working environment.	
British Association for Counselling and Psychotherapy	**1.6 Outcome 6**		Workplace counselling enables clients to identity problem issues and explore solution options, thereby empowering clients to take positive actions about their situation. Often the value of 'active listening' from a workplace counsellor, gives the client a 'voice' for their issues and enables them to develop greater self-confidence and an improved self-worth. Counselling seeks to empower clients and with this objective inherent in the practice of a workplace counsellor, therapeutic progress is directed towards clients identifying the resources they have and the steps they can take to improve coping skills and managing their situation better.	Thank you, noted.
British Association for Counselling and Psychotherapy			**References** Ardino, V. & Knapp, M. (2013) *Counselling and psychotherapy: is there an economic case for psychological intervention* London School of Economics *and* The British Association for Counselling and Psychotherapy Blaze-Temple, D. & Howat, P. (1997) *Cost Benefit of an Australian EAP* Employee Assistance Quarterly, 12:3, 1-24	Thank you

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			Business in the Community (2014) 'FTSE 100 public reporting: Employee Engagement & Wellbeing' www.bitc.org.uk Doshi, J. A., Cen, L., & Polsky, D. (2008). Depression and Retirement in Late Middle-Aged US Workers. *Health services research*, *43*(2), 693-713. McLeod, J. (2008) Counselling in the workplace: a comprehensive review of the research evidence – 2nd edition *British Association for Counselling & Psychotherapy* Mellor-Clark, J., Twigg, E., Farrell E. & Kinder A. (2012): Benchmarking key service quality indicators in UK Employee Assistance Programme Counselling: A CORE System data profile, Counselling and Psychotherapy Research: Linking research with practice Rost, K., Fortney, J. & Coyne, J. (2005) The relationship of depression treatment quality indicators to employee absenteeism *Mental Health Services Research,* 7: 161-168	
British Association for Counselling and Psychotherapy			Teasdale, J. D.; Segal, Z. V.; Williams, J. M. G.; Soulsby, J. M.; Ridgeway, V. A. & Lau, M. A (2000) Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy Journal of Consulting and Clinical Psychology 2000, Vol. 68, No. 4, 615-623 UK Employee Assistance Professionals Association, 2014, *Benchmarking key service quality indicators in UK EAP counselling (study of over 28,000 EAP counselling interventions)*	Thank you

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			Wedegaertner, F., Arnhold-Kerri, S., Sittaro, N. A., Bleich, S., Geyer, S., & Lee, W. E. (2013). Depression-and anxiety-related sick leave and the risk of permanent disability and mortality in the working population in Germany: a cohort study. *BMC public health*, *13*(1), 145.	
British Infection Association	General		The use of indefinite course lengths of “suppressive” antibiotics in some long term conditions is becoming fashionable and is not always evidence based. The BIA would welcome a statement relating to the importance of establishing a firm evidence base for such practices.	Thank you for taking the time to read and comment on the draft scope. The guideline will not cover treatment of long-term conditions. The issue you identify is out of scope for this guideline.
British Society of Hearing Aid Audiologists	***3.1 Key facts and figures***	6	Hearing impairment must be included in this section. It is a disability which, dependent on degree, can have a substantial and long-term negative effect on the ability to do normal daily activities.	Thank you for taking the time to read and comment on the draft scope. The list of conditions and disabilities was not intended to be exhaustive. However, we have included hearing impairment, following your recommendation.
British Society of Hearing Aid Audiologists	3.1	6	Suggested additional facts to add in this section: Many people with hearing impairment feel stigmatised by the condition so that the majority try to hide this from their colleagues and employers, but 55% of those with hearing impairment say they have difficulties relating to others in the workplace. Employers concerned with creating a healthy working environment should go out of their way to avoid this stigma.	Thank you. The scope document was not designed to provide details of all conditions and their impact, given the wide range of conditions.

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Business Disability Forum	General	1	The title of this consultation may imply that the guidance is for employees, but the first paragraph (titled, "Topic") states that the guidance will be for employers and employees. In Business Disability Forum's (BDF) experience, the type of knowledge and advice employers (and anyone working on behalf of the employer – such as occupational health advisors, for example) need is very different from that which employees need to know. If the aim is to provide guidance for both, we would suggest that this is provided in separate publications to acknowledge its separate purposes.	Thank you for taking the time to read and comment on the draft scope. The scope has been amended, in section 1.1, to make it clear that the guideline is primarily for employers. It may also be relevant for employees. The guideline will be subject to an editorial process which aims to ensure appropriate language is used, taking into account multiple audiences.
Business Disability Forum	1.1	2	The suggested focus is for "employees who have a disability or long-term…condition". We work closely with over 300 businesses where caseloads - such as absence and performance procedures - happen where employees may not yet know they have a condition or may not consider their situation to be relevant to the term "disability". It can also be the case that an employee may be in the process of professional or medical examination or diagnosis and it can be a period of many months before they get confirmation themselves that they have a specific 'condition'. Given the legal landscape of instances where employers have previously tried to establish whether or not someone definitely has a disability within the definition of the Equality Act 2010, if an employee is finding something difficult at work, we would advise businesses to make adjustments whether they know the disability or medical status of the employee or not. This best practice is being carried out as 'business as usual' procedure by many UK businesses that we work with.	Thank you. This is an important consideration for the guideline, noted.

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Business Disability Forum	1.3 (1)	3	Many of the businesses that we are working with are already doing or planning the following: • Education campaigns – many are planning these into their training and events or well-being schedules. For maximum impact of such events, we advise organisations to identify who such events are for so that advice, support and materials can be targeted appropriately; • Raising awareness of employee support schemes – we work with many of our member businesses on not only promoting the availability of such schemes, but also in reviewing their effectiveness and establishing if the offering is still fit for purpose in organisations whose demographics are naturally continuously changing; • Risk assessment and assessment of work capacity or work ability – such assessments are an employer's responsibility and come from different parts of the business (i.e. health and safety and/or occupational health). The crucial elements of decision-making and what to consider during such assessments also largely depend on the quality of a businesses' workplace adjustments provision and process. This information is unlikely to be suitable or helpful to employees.	Thank you, noted. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness and will consider available evidence for what works for whom and in what circumstances.
Business Disability Forum	1.3 (2)	3	• "Non-treatment workplace programmes to help people manage their health condition" – mentoring, self-management, and career development opportunities are increasingly popular in the businesses that BDF is working with. Some also provide dual protected characteristic opportunities – for example, courses for disabled women and programmes to develop disabled people into senior management positions; • "Workplace rehabilitation approaches: changes to the work-activities, station processes or place" – this is also dependent on a	Thank you. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness and will consider available evidence for what works for whom and in what circumstances.

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			businesses' approach to making adjustments. BDF's consultancy services work with organisations to ensure that their workplaces adjustments process is inclusive and fit for purpose. A robust and fit for purpose workplace adjustments process not only retains employees in work, but also enables them to perform in their role to the best that they can which, in turn, can raise employee morale and productivity. This is also dependent on the training that line managers receive in order to be equipped to respond appropriately to requests; • "Job coaches or peer support"– many organisations have disability champions in senior positions, and invest in disabled employee networks. Job coaches are also commonly utilised through number of avenues, either internally or through external specialist support services;	
Business Disability Forum	1.3 (2)	3 (continued)	• "Access and transport to work" – many businesses are increasingly working where working from home is available and – sometimes – necessary (especially where during or following downsizing of premises), whether or not an employee has a disability. Working form home is a common adjustment that can be beneficial (depending on circumstances). Many businesses are utilising he Government's Access to Work scheme assesses and contributes funding for transport to work; • "Redeployment" – BDF speaks to a lot of businesses about redeployment as there are common misunderstandings surrounding different circumstances in which this processes can occur. We would suggest that your guidance differentiates between redeployment during redundancy and redeployment as a reasonable adjustments should be considered as separate procedures; • "Information, advice or training (including self-support information)" – information, advice and training is essential from the	Thank you. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness and will consider available evidence for what works for whom and in what circumstances.

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			employer's perspective (i.e. for line managers, for example), but self-support is perhaps more relevant to employees. We would therefore suggest that there are two separate audiences here.	
Business Disability Forum	1.3	3	We welcome that the guidance will account for differences between sectors and industries. This is because the level of reasonableness of adjustments and related procedures can vary extensively depending on these factors.	Thank you, noted.
Business Disability Forum	1.5 (1)	4	Key to supporting employees with disabilities or long-term conditions conditions to return to or be retained in work is ultimately dependent on a workplace adjustments process that is cost effective for the size, nature and types of caseloads of that organisation. Such an adjustments process can be the difference between someone not returning to work at all or – sometimes – not being signed off sick in the first place. When working with organisations, BDF has also found the relationship with the line manager to be instrumental in how supported an employee feels. Whilst we recommend to organisations that timing is important and the provision of adjustments should not be delayed, duration and intensity should be managed on an individual basis.	Thank you, noted. Thank you, noted. Please note that the topic of management practices is covered by a different NICE guideline which will be published in June 2015: https://www.nice.org.uk/guidance/indevelopment/gid-phg57. .
Business Disability Forum	1.5 (2)	4	BDF is an employer-focussed organisation and we are therefore not best-placed to speak from a disabled employee's perspective. Barriers and facilitators for employers include:	Thank you. We will endeavour to find evidence to

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			• Mandatory advice and training to equip staff (particularly – but not restricted to – line managers) in how to work with and manage employees with disabilities and health conditions is key. We often hear, however, that time for training can be scarce when there are many other mandatory subjects that employers are obliged to provide within tight training schedules. The nature of the information and training is also important. We often find that experienced managers and human resources professionals know employment procedures well, but the skills needed for having difficult conversations are harder and less common. BDF's latest guidance for line managers on how to manage difficult conversations continues to be hugely popular among businesses; • Champions in senior or decision-making positions are important to direct a supportive organisational culture whereby disability and adjustments are 'business as usual'. It is harder to drive change at middle-management level when people need to 'influence upwards'. The diversity professionals who work in organisations without senior champions in place find it harder to invest in new resources or improvement practices for people with disabilities and long-term conditions.	establish what works and for whom, from a variety of perspectives including the employee. Evidence of effective approaches will be considered by the committee that develops the guideline. Thank you, noted.
Business Disability Forum	1.5 (3)	4	BDF provides the following in response to what employers felt they need to review and adapt to the individual needs of employees with disabilities and long-term conditions: • Templates for adjustments agreements and for conversations about adjustments; • Guidance on how to manage employees who have or who may have a disability or long-term condition; • A personalised Advice Service whereby the employer has direct	Thank you. See responses above on evidence.

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			and immediate access to an experienced disability consultant who is an expert is disability in business; • Access to a consultancy service whereby businesses request our support in implementing an workplace adjustments process which is designed specifically for their organisation; • A workplace adjustments audit by which we review the adjustments process that a business already has in place and make recommendations for how it can be improved for a better experience for employees with disabilities or long-term conditions.	
Business Disability Forum	1.5(3)	4 (continued)	In addition to the Government's Access to Work, already mentioned in the consultation document, there are also other types of support that businesses are accessing. For example: • Many of the organisations that we work with have dedicated disability specialists, diversity and human resources teams, and/or occupational health support who can advise disability-related caseloads. These contacts also have the contact details of our Advice Service for extra support if needed; • The Government's new Fit for Work Service offers smaller businesses occupational health assessments and work-related health advice. It also offers a variety of work-related impairment specific information;	Thank you, noted.
Business Disability Forum			• The Civil Service has a Diversity Centre of Excellence and a Centralised Adjustments Team which gives information and advice to employees and managers in the Civil Service who are signed up to it.	Thank you, noted.
Business Disability Forum	1.5 (4)	5	Studies have been done within academia and also within individual	Thank you for your comment, noted.

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			businesses on the 'business benefits' of both supporting employees with a disability or long-term condition to stay in work and of implementing a workplace adjustments process. These studies often include the following: • The cost (in terms of both money and personnel time) of processing a termination of employment; • The loss of engagement of an employee and damaged relationship between he employee and employer if a situation is not held in an appropriate and timely manner; • The cost of recruiting another employee; • The reputation of the employer in the eyes of other employees (for example, where other disabled employees see how another employee with a disability or long-term condition is treated) and also externally (if a claim of discrimination is made via an employment tribunal, for example).	Recommendations will be based on the best available evidence of effectiveness and cost effectiveness.
Business Disability Forum	1.6	5	Although we welcome outcomes such as increased participation at work and improved organisation culture, we have the following observations of other outcomes mentioned here. For example: • Changes in patterns of work; • Changes in work activities, station, processes, or place. Changes in patterns of work or work activities should be one of many adjustments that an employer considers. We have many accounts of where employers have changed working patterns and duties as a reasonable adjustments and, further down the line, they cannot be sustained, or this has been done with so many employees that there is a problem of over staffing where an additional employee has been recruited	Thank you, noted. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. There will, however, be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.

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			to cover the work that the first employee was originally contracted to do. There is a lot that needs to be considered – which spans a period of time – before we advise an employer to consider adjustments such as changing work duties, for example. If, however, such adjustments are part of a phased return, this may be more reasonable to accommodate, but employers need to ensure that under the legal process of what is 'reasonable' for their organisation before they can decide on whether or not such suggestions are appropriate for their situations.	
Business Disability Forum	1.3	8	We agree that "everyday interventions" such as recording absences, maintaining constructive employer-employee communication, and return-to-work plans can help manage employees with disabilities or long-term conditions, but we would disagree that these things in themselves help people remain in work. We see lots of cases where the above are done, but they are done by way of 'general' policy – and can therefore sometimes be conducted in a way that can actually disadvantage employees with a disability or long-term condition. For example: • Recording absences often happens, but it is less common for businesses to distinguish between sickness absences and disability-related absences; • Constructive communication courses are widespread, but they rarely equip managers with the actual wording for and practical experience in what to say if – for example, an employee is diagnosed with a life-changing condition; • Return-to-work plans are very common, but we see many that do not mention adjustments. We would therefore encourage that it is not enough for such practices to	Thank you, noted.

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			exist, but they must be practiced in a way that is fair and meets the needs of employees with disability or long-term conditions.	
Business Disability Forum	1.3	8 (continued)	We have also worked on cases with businesses where managers have been advised that flexible working was a 'reasonable adjustment'. The manager therefore advised the employee of their new flexible working plan – even when this was not needed by the employee and did not remove the workplace disadvantage that they were experiencing because of their disability. We would therefore suggest that flexible working is an individual adjustment that should not be advised as per usual in all cases.	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. There will, however, be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.
Crohn's and Colitis UK	Topic section	1	When the guidance refers to promoting and protecting the health of workers, does this include their ability to self-manage their condition?	Thank you for taking the time to read and comment on the draft scope. The section under the heading 'topic' is the referral that was received from the Department of Health. Details of the activities to be included are covered in section 1.3. The management of conditions is not included within the scope of this guideline.
Crohn's and Colitis UK	Who is the guideline for?	1	Who is the guidance referring to when it says representatives?	The reference to 'employers and their representatives' could include human resource professionals, occupational health professionals and line-managers. This has been clarified in

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				the final scope document.
Crohn's and Colitis UK	Who is the guideline for?	1	By adding 'particularly those working in occupational health' that this guidance is more relevant to them. However it could be argued that all health professionals have an equal role in promoting and protecting people's health in the workplace.	Thank you. Agreed. However, within the scope of this guideline the focus will be workplace interventions.
Crohn's and Colitis UK	1.1	2	Amend section: Disability and/or long-term mental and/or physical health condition This is to recognise that people can experience a combination of both or all. For example a person with inflammatory bowel disease has a long-term condition, they may also have a stoma (which is regarded as a disability) and may suffer from anxiety due to/or independently of their long-term condition.	Thank you. In section 3.1, the scope does acknowledge that 'A person can have more than 1 long-term condition at the same time'. It is widely acknowledged that people can have more than one condition. When searching for evidence we will make an effort to identify interventions which support employees with multiple conditions.
Crohn's and Colitis UK	1.3 and generally throughout the document	3	Again amend: The guideline will look at activities that aim to support employees with disability and/or long-term mental and/or physical health condition	Thank you. See above.
Crohn's and Colitis UK	1.3	3	Under organisational interventions we suggest adding: • processes for being able to disclose in a safe and supportive environment; • Having processes in place where an employer's policy on	Thank you, noted. Please note that the topic of line manager training is covered by a future NICE guideline which will be published in June 2015: https://www.nice.org.uk/guidance/inde

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			illness, which should cover chronic illness, is promoted and available to all • Line management training which should cover how to manage long-term conditions in the workplace • Increased awareness and availability of Occupational Health • HR to understand their role in implementing policies and practices effectively. •	velopment/gid-phg57. The interventions you mention may appear in the evidence base. We will endeavour to search for all relevant trials of organisational interventions.
Crohn's and Colitis UK	1.3	3	Under targeted interventions for employees if they are the responsibility of the employer, we suggest adding: • **Accessible and adequate toilet facilities**: One of the main fears of people with inflammatory bowel disease is that may have an accident at work because they cannot get to a toilet in time due to the urgency of a bowel movement. People are also concerned with about smells and sounds that can be embarrassing. Many workplace toilets lack ventilation and have cubicles with spaces below and above partitions, which do not offer sufficient privacy. If this applies, it would help to have the use of separate, individual facilities. A toilet for use by disabled people could also be a helpful option. • **Being able to be seated near to a toilet**. • **Frequent toilet breaks**. Some people with inflammatory bowel disease need frequent toilet breaks. Allowing additional toilet breaks and establishing cover arrangements can be very helpful. • **Flexible working hours**: These can support employees, for example, whose bowels may be more active in the morning. There may also be times during flare-ups of the illness when shorter working hours or working from home would be useful.	Thank you. It is not the purpose of the scope to identify all interventions. However, the interventions you identify would be covered by the scope, under section 1.3: 'adjustments to the work-activities, station, processes or place (including assistive technology or practices, changes to job design and flexible working)'.

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			• **Additional meal or snack breaks** can be of use to people who may have difficulty eating a normal size meal. • **Breaks for people who need to take prescribed medication at certain times of the day** • **Being able to dispose of medical equipment discreetly** e.g. stoma supplies • **Allowing time off for medical appointments or treatment**	
Crohn's and Colitis UK		cont	• **Adjusting performance targets** to take into account the effect of sick leave or fatigue. • **Ongoing support and regular reviews** Crohn's and Colitis UK factsheets are available for both employers and employees who have concerns about work.	Thank you. See above.
Crohn's and Colitis UK	1.3	3	With regard to the bullet point *access and transport to work* Travel is a key issue for many people with inflammatory bowel disease. Due to frequency and urgency, they may find it difficult to take public transport and prefer to drive to work or meetings. Allowances for car travel and the provision of parking spaces closer to the place of work would help in these cases.	Thank you, noted.
Crohn's and Colitis UK	General		The guidance must reflect the unpredictability and variable nature of some conditions and promote employees understanding of this. This might be in the form of an additional question to be considered in section 1.5 (*Key issues and questions*)	Thank you. The scope describes the fluctuating nature of conditions in section 3.1. Section 1.5 covers key questions. The scope is not intended

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				to cover all potential sub-questions, such as 'which interventions are most effective for fluctuating conditions'. However, we will seek information about evaluated interventions that address this issue, and meet the inclusion criteria of the searches.
Crohn's and Colitis UK	1.6	5	In section *Main outcomes,* we suggest adding: • Ability to progress within the organisation/their career • Dignity at work • Challenging stigma and discrimination	Thank you. The list of outcomes is not intended to be exhaustive. If studies report the outcomes you identify we will endeavour to report them in the evidence reviews. The outcomes listed in section 1.6 include changes in patterns of work and organisational culture.
Crohn's and Colitis UK	1.6	4	In *Key issues and question*, we would suggest adding a question to consider: • What role healthcare professionals play in supporting employees with disabilities or long-term conditions to be supported to return or stay in work? What are the opportunities for them to support patients to stay in or return to work? Is their information they can/should be providing at diagnosis or during treatment that would support employees to stay or return to work? What about the role of vocational services?	Thank you. In order to keep the guideline to a manageable size, it will focus on the responsibilities of the employer. The role of healthcare professionals is out of scope for this guideline, although we acknowledge the important role that healthcare professionals have to play.

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			• How do we better equip patients with information to understand and manage their condition both socially and in the workplace? The research points to the fact that people with an increased understanding of their condition are better able to manage their condition and adapt it to work. Work Foundation report (2014) Working Well: Promoting job and career opportunities for those with IBD	
Crohn's and Colitis UK	3.1	6	Amend to add: "Long-term conditions may be emerging, fluctuating recurring or permanent" In the case of inflammatory bowel disease the condition can fluctuate between people and within a person from day to day.	Thanks you. In line with your suggestion we have added fluctuating.
Crohn's and Colitis UK	General		We believe that healthcare professionals can play a vital role in supporting people to stay or return to work, and that there is an opportunity to reflect this in the guidance: • **Information provision at diagnosis:** in addition to medical information provided, it is important to provide additional information regarding a person's condition, such as how to cope with physical and mental health side effects, strategies for coping with stress and adapting to a diagnosis. • **Discussing an individual's work life:** health care professional should be encouraged to have discussions about a patients work life and to give advice on how to manage symptoms at work.	Thank you. See the response above concerning healthcare professionals.

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			• **Consideration of other symptoms** such as pain, fatigue and stress which can affect an individual's quality of life and employment status should also be reviewed and actively treated. • Asking about education and employment status or aspirations at the time of diagnosis and during treatment. •	
Crohn's and Colitis UK	1.1	2	*Who is the focus* We believe that the guidance could be strengthened by adding healthcare professionals as a focus of this guideline.	Thank you. See the response above concerning healthcare professionals.
Department for Work and Pensions	General		The key issues and questions look right DWP is happy to support – with you in the lead The training of line managers is not mentioned anywhere and needs to be addressed (you should look at what the NICE wellbeing at work guidelines say on this for more detail)	Thank you for taking the time to read and comment on the draft scope. Please note that the topic of line manager practice is covered by a future NICE guideline which will be published in June 2015: https://www.nice.org.uk/guidance/indevelopment/gid-phg57.
Department of Health	General		We think that this scope fits really well with our current work. Indeed, we think it strikes a good balance between encompassing the issues that need to be looked at (for instance, it covers Mental Health and Physical Health), while being focussed enough to actually be helpful (ie. by putting general health promotion activities out of scope).	Thank you for taking the time to read and comment on the draft scope.
Diabetes UK	General		For people with diabetes, central to achieving the 'main outcomes' sought is enabling flexibility and using reasonable adjustments – e.g. not	Thank you for taking the time to read and comment on the draft scope.

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			penalising people if they need time out to treat a hypo or flexibility with meal times. Diabetes UK provides advocacy support to people with diabetes and below is information on the trends we have noticed in our queries. Employment queries are the most common type of enquiry our service receives. Topics that consistently come up are as follows: • Shift patterns and working hours and the effect this has on the employer's diabetes. There seems to be a general lack of awareness on the part of the employer that they have a duty to make reasonable adjustments to an employee's working conditions • Sickness absence that is related to the person's diabetes and therefore disability being treated in the same manner as ordinary sickness absence and a subsequent failure on the employer's behalf to make a reasonable adjustment around the treatment of sickness absence. This has led to formal disciplinary proceedings and in some cases dismissal • Attending diabetes related appointments and also diabetes structured education during the working day and having to use leave in order to do so • The taking and storage of medication in the workplace (including injecting and where the person is permitted to inject) • Impact of diabetes on meeting performance targets	Thank you, noted. We will aim to seek the best available evidence concerning support for employees.
Diabetes UK			All of the above relate to reasonable adjustments and our clients' are telling us that their employers are failing to explore whether any reasonable adjustments are applicable, thus leading to situations as	Thank you, noted. The scope makes reference to the employer's responsibility to make reasonable

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			above where people have additional rights under the Equality Act that are being denied. It is not clear whether there is a lack of knowledge around the Equality Act and the meaning of the definition 'disabled' within the act and therefore that employers are simply unaware of their duty, or on the other hand that employers are simply ignoring their duty, or unaware of an employee's right to reasonable adjustment. From what our client's inform us there also appears to be a lack of dialogue between employers and their employees in respect of these issues. This would suggest there is a definite training need for managers and HR around the Act and the duties that arise from someone falling under it. We do not routinely ask for information pertaining to someone's employer and are therefore unable to comment on the size of the organisation and whether this impacts on the treatment an employer with a long-standing health condition receives. It is however evident that the above issues are not simply contained to small businesses as we have received enquiries from employees of large organisations.	adjustments. The guideline will aim to identify the most effective adjustments to support work.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association.	Topic	1	In our view this is an important piece of work. However we would like obesity to be specifically given as an example, since it may be both a long term condition and a disability. We feel it is important that it is specifically mentioned since it is a highly stigmatised condition, and also affects the prevalence of other conditions such as type 2 diabetes, some cancers,osteoarthritis and cardiovascular disease for example.	Thank you for taking the time to read and comment on the draft scope. Following your suggestion, we have added obesity as an example in section 3.1.
Dietitians in Obesity Management UK (domUK), a specialist group of the British	1.3 Key areas that will be covered	3	This may include healthy eating initiatives within the workplace.	Healthy eating initiatives are beyond the scope of this guideline. In section 1.3 there is a list of 'areas that will not

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Dietetic Association.				be covered'. This includes: workplace prevention strategies to mitigate health problems or functional decline in the general population.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association.	1.3 Targeted interventions	3	Non-treatment workplace programmes may include opportunities for physical activity, which will potentially benefit mental and physical health of employees.	We will endeavour to find the best available evidence of interventions that support employees to stay in or return to work; we anticipate that physical activity interventions may be effective in supporting participation in work.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association.	1.6 Main outcomes	5	Additional potential outcomes include reduced absenteeism, increased productivity and potentially benefits to mental health of employees.	Thank you. The list of outcomes is not intended to be exhaustive. If studies report the outcomes you identify we will endeavour to report them in the evidence reviews. The outcomes listed in section 1.6 include participation in work, health and wellbeing and productivity.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association.	3.1 Key facts & figures	6	We would like obesity specifically added to the list of examples given, since it may be both a long term condition and a disability. We feel it is important that it is specifically mentioned given that it is a highly stigmatised condition, and also affects the prevalence of other long term conditions such as type 2 diabetes, some cancers, osteoarthritis and cardiovascular disease for example.	Thank you. We have added obesity as an example, following your suggestion.

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Epilepsy Action	General	N/a	Epilepsy Action is the UK's leading member-led epilepsy charity. Our aims are to improve the quality of life, represent and promote the interests of the 600,000 people living with epilepsy in the UK. Epilepsy Action welcomes this guideline. Epilepsy Action's 2007 Epilepsy and Employment survey highlighted the need for support for people with epilepsy in employment. The study found that about a third (32%) of respondents felt that they had been discriminated against by their employer because of their epilepsy in the preceding two and a half years. The same survey discovered that 14% of people with epilepsy are actively seeking work. This guideline should go some way to support people with epilepsy in the workplace and their employers.	Thank you for taking the time to read and comment on the draft scope.
Epilepsy Action	1.3		The guideline makes it clear that the document is not aimed at jobseekers, but at those in work. However, we feel that new starters in jobs with disabilities or long term conditions should be recognised as a separate category within this. Staring a new job can be an incredibly stressful time. Stress is recognised as a possible trigger for seizures in some people with epilepsy. Research by Gus Baker1 reviewing literature around epilepsy and employment found that: "reports in the literature suggest that the person with epilepsy may be particularly vulnerable during the first few weeks of a new job." Alerting employers to this, and encouraging them to have stress recognition procedures in place across the board may assist in the good health of the entire workforce, not just people with disabilities or long term conditions. 1. *Baker, GA, (2013) Chapter 53, Epilepsy and Employment, UK Chapter of the International League against Epilepsy Teaching Weekend, London, UK*	Thank you. New job starters would be in scope as they are employees, and may be classified as a sub-population in the available evidence. We cannot pre-empt the decisions of the committee that will develop the guideline, but where evidence is available it is anticipated that recommendations will focus on specific sub-populations.

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Epilepsy Action	3.2	8	The guidelines states that “Barriers to returning to work after long-term sickness absence are often related to personal beliefs, family related problems or work, rather than the health problem itself” – where can we find a copy of this research please?	The scope links to a document from the Health & Safety Executive: http://www.hse.gov.uk/pubns/web02.pdf The evidence supporting this statement is not listed, although related points are identified in available research documents. See also: https://www.gov.uk/government/publications/vocational-rehabilitation-scientific-evidence-review
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	General		The ‘Key Facts and Figures’ at para 3.1 indicate that the definition of disability is as given in the Equality Act 2010. It then lists some examples, all of which are clinically well-recognised conditions. As occupational physicians we recognize that often the conditions that cause most problems in management are not necessarily clinically well-explained or understood. Conditions that are not completely explained, or are associated with somatising tendency, for example fibromyalgia and CFS/ME, often give rise to the greatest impairment or reduction of functional or work capacity. Given the definition in the Equality Act these are just as much disabilities (and have found to be so by Tribunals) as there is no requirement to have an illness, merely an impairment. It is therefore important that the NICE guidelines also address medically unexplained symptoms as a cause of disability.	Thank you for taking the time to read and comment on the draft scope. Following your recommendation, section 3.1 of the scope has been amended to acknowledge medically unexplained symptoms.

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Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	General		Whilst any such initiative is welcome, the major problem is that the scope of the work is so very limited and is not going to look at treatment or priorities for treatment. In the experience of OH clinicians, barriers to accessing timely treatment can often drive prolonged sickness absence. For physical conditions the barriers are delayed diagnostic procedures, scans and specialist appointments and then long waiting times for operations. In an NHS dictated by strict clinical need a fractured hip in a frail elderly person is likely to have a higher priority than a worker's meniscal or cruciate injury. The other factor which extends long-term sickness absence is the very restricted access to specialist mental health assessment and psychological treatment. Commonly the lack of timely access to mental health interventions for moderate depression and anxiety on the NHS extends sickness absence. Employer funded physiotherapy helps to improve access to appropriate interventions, as does Employee Assistance Programme (EAP) assistance for psychological conditions. However, it only helps to a degree in those cases where further specialist intervention is required. Could the guideline please consider enhancing access to physical and psychological interventions in working age people (on the NHS)? Could some thought please be given to different ways of prioritizing or facilitating clinical pathways for conditions that are not life-threatening, but which might cause delayed return to work in working age patients?	Thank you. In order to keep the guideline to a manageable size it will focus on the responsibilities of the employer. The role of healthcare professionals and treatment is out of scope for this guideline, although we acknowledge the important role that healthcare professionals have to play.

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	General		Whilst the guideline will be informative for clinical staff, it appears to overlap with the Equality Act guidance that already exists. It is very important to include the Equality and Human Rights Commission (EHRC) in this activity to ensure the guidance is in line with the Equality Act and EHRC role and advice.	Thank you. It is anticipated that the NICE guideline will support employers and complement the Equality Act. The guideline will be based on the best available evidence of support for employees. As stated in the introduction to the scope, NICE and the committee will conduct an equality impact assessment during scoping - and during development stages of the guideline. NICE would not usually involve the Equality and Human Rights Commission (EHRC) in this activity. However, the EIA will be published on the NICE website during the consultation of the draft guideline and all stakeholders are welcome to comment on the content.
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	1.3 1	3 of 10	Activities, services or aspects of care Organisational interventions: • Raising awareness of employee support schemes • Systems for monitoring employees with disabilities and long-term conditions and responding to need' These are the two most important (and currently the most neglected and	Thank you, noted.

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			undeveloped) areas in this list. 'Areas that will not be covered - 1 Workplace prevention strategies to mitigate health problems or functional decline in the general workforce.' This issue is essential as part of a national preventive strategy, to maximise the job satisfaction, resilience, work longevity and productivity of employees with disabilities. There is now much published advice around this issue but it is rarely known about or acted upon by employers' middle management staff. They are often ignorant of their legal responsibilities in this regard, or how to find and access assistance and guidance. Much more vigorous advertising, publicity and training is required, continuing into the future as a permanent feature of 'Public Information' campaigns in industry and commerce. Is this issue being addressed elsewhere?	Thank you. It is necessary to limit the scope to a size that is practical and manageable given the time and resources. Workplace prevention strategies to mitigate health problems or functional decline in the general workforce would be a very larger undertaking, and is beyond the current scope. However, please note that there are a range of NICE guidelines that aim to promote wellbeing at work.
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	1.3 1	3 of 10	Organisational Interventions: could include whether the employer has an active disability network/forum or whether employer offers Permanent Health Insurance, Private Medical Insurance or access to e.g. physiotherapy or Employee Assistance Programme (or other psychological counselling services).	Thank you. When searching for evidence we will aim to be inclusive and identify all relevant intervention studies. The interventions from included studies must be non-treatment and be the responsibility of the employer.
Joint response Faculty of Occupational Medicine and Society of Occupational	1.3 1 & 2	3 of 10	There is the need for assessment before intervention; suggest therefore an additional organisational intervention as part of the scope: "provision of assessment of impact of employees' disabilities' and long term	Thank you. Assessment of work capacity and ability is already covered in section 1.3. We acknowledge that

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Medicine			conditions on their work" This is organisational because the provision needs to be there, and is also a targeted intervention for each individual.	this could also be a targeted intervention and will be treated as such depending on how it is reported in evaluations.
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	1.3 1 & 2	3 of 10	Organisational Interventions: there is no reference to an occupational health service. It is proposed that an occupational health service is an important organisational intervention to support health and wellbeing of employees and to manage sickness absence There are health professionals, from several health disciplines, who are specifically trained to advise employers and employees on how best to manage disability and long-term medical conditions at work. Their discipline is called occupational health. The use of professional occupational health advice is an activity that should have a favourable impact on employees with a disability or long-term condition staying in or returning to work, and activities that promote job progression; this should therefore form part of the scope. The provision of such advice is an organisational intervention; it is also a targeted intervention for each individual.	The scope, section 1.3, is intended to clarify intervention areas. Occupational health service will be treated as professional providers in this scope. We will endeavour to identify the best available evidence to answer the scope questions - including the use of search terms that are synonymous with 'occupational health service'.
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	1.3 1	3 of 10	Management training is crucial to effectively managing employees with disabilities and long-term conditions to promote retention and promotion; the NICE guideline, once it is developed, will help managers but will not replace management training. This needs to be part of the scope of the organisational interventions.	Please note that the topic of line manager practices is covered by a future NICE guideline which will be published in June 2015: https://www.nice.org.uk/guidance/indevelopment/gid-phg57. When searching the evidence base -

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				intervention support for employees with disabilities and long-term conditions - there may be management training or practices reported and this will be captured in the evidence reviews.
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	1.3 2	3 of 10	There is a legal requirement for employers to make reasonable adjustments for people who have disabilities that meet the definition in the Equality Act. A change to the wording of the scope is proposed: *workplace rehabilitation approaches: adjustments to the work-activities, station, processes or place (including assistive technology or practices, changes to job design and flexible working)*	Thank you. Following stakeholder suggestions, we have revised the text to: *adjustments in work activities, station, processes or place (including assistive technology or practices, changes to job design and flexible working)* We have also added a footnote concerning employer's requirement to make reasonable adjustments.
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	1.5	4 of 10	A range of Occupational health professionals from various professional backgrounds are specifically trained and experienced in managing rehabilitation and work retention in those with long term conditions. The most highly qualified members of the occupational health team are accredited specialists in occupational medicine. Such doctors usually spend nine years post qualification in further training. They are relatively rare. We suggest two additional questions in the key questions section, as follows: • "How can employers most effectively use occupational health	Thank you, noted. We have revised the key questions in section 1.5 to include the following sub-question: *What impact does deliverer, setting, timing, frequency, duration and intensity of the intervention have on the effectiveness, cost effectiveness and acceptability of different interventions?*

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			expertise?” • “When do employers need the advice of an accredited specialist in occupational medicine?”	We will look at the interventions which are most effective and consider the effect of who delivers the intervention - if the evidence is clear on the effect of different deliverers.
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	1.5	4 of 10	The following are commonly used to support workers to remain/return to work. It would be helpful to include them in search terms for evidence reviews, and mention them specifically in the final guidance. • **Self help** Expert patient guidance (condition/disability specific) Maintenance of healthy lifestyle Obesity management Group support Exercise therapy Use of online/bibliotherapy with CBT tools/advice/exercises • **Signposting to support** NHS Charities and third sector Local Authority Fit for work service Occupational health services where provided Family and debt support • **Employers** Developing flexible work patterns	Thank you, noted.

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			Disability champions Improving access to healthy eating in canteens, exercise/gym opportunities Use of career breaks to allow more extended rehabilitation, medical treatment • **Resilience strategies for disabled employees** Anti-discrimination training Flexible absence policies/perhaps with tax incentives to minimise commercial impact Manager training Continued financial support to provide comprehensive occupational health services, through tax system Fight against paucity of ambition for disable workers • **Governmental** Financial incentives to improve organisational appetite to invest time, money and resource supporting disable workers Remove fit note certification from GPs and extend self-certification with assessment from Fit for Work service/OH departments Communicate better the benefits of good work Facilitate networking and organisational solutions from providers in this space Integrate Public Health agenda into workplace for working age adults Recommend OH physicians are part of clinical commissioning groups for the health	

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Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	1.6	5 of 10	'Main outcomes' Measurable Outcomes of any health intervention should be the aim of all medical personnel and employers associated with a person with disabilities, in work or returning to work. Too often, medical treatment and support services do not include or even consider 'returning to productive work' as an essential outcome measure of the success or failure of an intervention/treatment. We suggest that both primary and secondary care services should incorporate return to work or work retention as a clinical outcome measure for patients of working age.	Thank you. Please note, primary and secondary care services are not in the scope of this guideline.
Joint response Faculty of Occupational Medicine and Society of Occupational Medicine	General		The Government is about to launch a new national Fit for Work service in Scotland, England and Wales. It is important to include the Fit for Work service in the scope of the NICE guideline, and to include any evaluation of its effectiveness in your literature reviews.	Thank you. Following comments from stakeholders, we have made reference to 'fit for work' in section 3.3 of the scope. We will seek evidence from any evaluations of interventions covered under section 1.3 of the scope.
Greater Manchester Public Health Network	General		We welcome this guidance and the opportunity to comment on it. It will be a useful addition to a suite of guidance developed/in development by NICE and other stakeholders in relation to chronic disease management in the workforce.	Thank you for taking the time to read and comment on the draft scope.
Greater Manchester Public	1.1	2	I understand why the guidance excludes people who are self-employed.	Thank you. The scope has been

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Health Network			However, it is important to recognise that the number of self-employed is growing and particularly amongst those over 55. We would welcome some additional guidance for this cohort. Especially, as other services such as the Work For Health Service will not serve the needs of this group.	amended, in section 1.1, to make it clear that the guideline is primarily for employers. The final guideline may provide useful information for people who are self-employed, however the focus will be recommendations for employers.
Greater Manchester Public Health Network	1.1	2	Although people who are unemployed are not included, I am pleased that some of this guidance may apply to this cohort. The evidence suggests that morbidity may be a contributory factor that hinders workforce entry. Long term unemployment may result in poorer health and wellbeing so it is important to recognise that this cohort may need additional support not only to return to work but equally to sustain employment.	Thank you. The scope will not include people who are unemployed. As stated in the scope, the guideline may provide indirect support for this group.
Greater Manchester Public Health Network	1.3	3	The guidance mentions responding to need and assessing work ability whilst this is important, it is equally important to recognise the assets people have and not portray them as passive. This may be particularly important in an ageing workforce to consider opportunities for inter-generational learning i.e. two-way shared learning, retaining of corporate memory, different customer facing skill-sets of older works as well as their reliability and loyalty to the organisation.	Thank you, noted. However, the issues you raise are beyond the scope of this guideline.
Greater Manchester Public Health Network	1.3.	3	It is particularly important to raise awareness amongst management (not just at a strategic level) that mental health issues are very common in the workplace (due to work and non-work factors) in addition to tackling	Please note that the topic of line manager practices is covered by a future NICE guideline which will be

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			stigma and discrimination that is mentioned on page 3. It must be acknowledged that organisational culture can either negatively or positively influence mental health and wellbeing amongst employees.	published in June 2015: https://www.nice.org.uk/guidance/indevelopment/gid-phg57. When searching the evidence base for the current guideline - intervention support for employees with disabilities and long-term conditions - there may be management training or practices reported and this will be captured in the evidence reviews.
Greater Manchester Public Health Network	1.3	3	I understand why this guidance is not covering this aspect but it is crucial to recognise the importance of prevention in the workplace. Local authorities are recognising the value of providing NHS Health Checks in the workplace. This service has been largely opportunistic, but there is more that can be done to use such health screening as a springboard for further discussions and activities with employees and employers. We need to think about costs within the system as a whole if we do not think about prevention.	Thank you.
Greater Manchester Public Health Network	General		Health data sets clearly document that early onset of LTCs may occur 10-15 years earlier amongst more deprived communities. It may be necessary to target by employment sector or within organisations without creating more stigma.	Thank you, noted. A related point was reported in the Equality Impact Assessment that was published alongside the draft scope: “Furthermore, workers of a lower socio-economic status are more likely to leave the workforce early because of illness and disability. The guidance

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				may contribute to maintaining and sustaining employment for people from all groups, but only where there are equitable levels of employer support across the labour market".
Greater Manchester Public Health Network	1.5.	4	The guidance should stress that it is not always necessary to be 100% to return to work if necessary adjustments to work duties are made. It should also be noted that remaining in work can be protective as it brings social contact and routine, which is sometimes lost at home. Greater Manchester Public Health Network have instigated the Work For Health Programme, which is an enabler of system change and aims to reshape Health Services to integrate work as part of a patients treatment plan. Its focus is on speeding up recovery time and helping patients better manage their health conditions (mental and physical) and to help people to stay in work where possible. The Department for Work and Pensions have numerous case studies of organisational response to managing long term conditions including the example of Airbus in Broughton. In this instance, the organisation had a particular issue with absence as a result of mental health issues. The organisation worked creatively in partnership with the NHS to provide an in-house service which sought to speed up access to service and reduce sickness absence. Sickness absence was reduced. 89% of individuals remained in the workplace whilst receiving intervention. This could benefit the organisation, but our work in GM suggests that remaining in the workforce may be beneficial as it can reduce isolation and improve wellbeing.	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. There will, however, be an opportunity for all stakeholders to comment on the draft guideline July - September 2016. Thank you, noted.

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			Barriers to implementation include organisations not understanding the business case nor their socio-corporate responsibilities. One area of weakness in the system is the relationship between employers and health care providers. In countries where the reach of occupational health is wide then this relationship is typically quite strong. The Airbus example above and organisational NHS Health Checks suggest that it might be profitable to work creatively and in partnership. The Fit For Work Service will play an important role in bridging the gap but it will not deal with the issue of presentism or early intervention.	
Greater Manchester Public Health Network			As part of the Work For Health Programme in GM, we have commissioned the University of Salford to provide training to Allied Health Professionals and Psychological Practitioners. Our view is that they are an untapped resource. Research findings from both the University of Salford and GMPHN suggests that practitioners still feel uncertain when addressing work in their initial assessments and when they do they don't carry assessment findings forward into the planning process or make work an explicit health outcome. Some of the practitioners (from both physical and mental health settings), who attended the training were unsure whether this constitutes part of their remit or whether it was the preserve of a specialist in occupational health. Evidence suggests that a lack of confidence in having discussions around work and health can lead to vague and over-cautious advice given to clients. A key strand of Work for Health is to encourage all practitioners to have early Healthy Work Conversations so the team from the University of Salford developed the training programme based on the Psychosocial Flags Framework and a stepped approach to identifying and addressing potential obstacles and	Thank you for the information. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.

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			facilitators that may impact on work-related health outcomes. The training also considers the use of appropriate language and strategies to support clients in communicating with their employers and other health and social care professionals in a positive and constructive way, along with strategies to encourage and facilitate self-management and problem solving.	
Greater Manchester Public Health Network	1.5.4	5	Loss of corporate memory Rehiring costs Early fall out from workplace (financial, health and social disbenefits potentially) Benefits include; less absence, less presentism, speedier return to work, treatment whilst in the workplace, improved employee health and wellbeing, greater productivity, improved sense of control and self worth	Thank you, noted.
Greater Manchester Public Health Network	1.6.1	5	Participation in work. We would like to advocate a more holistic view of work which recognises other meaningful occupation. This may include caring, volunteering, civic participation. These different roles can bring both resilience and challenge to the individual	Thank you, noted.
Greater Manchester Public Health Network	3.1	7	The likelihood of working with a LTC is not the same for all cohorts nor is it the same for every condition. Those with mental health issues for example are less likely to be in the workplace compared to someone with diabetes.	Thank you, noted.
Greater Manchester Public Health Network	3.1.	8	See earlier point about earlier onset of morbidity according to level of deprivation.	Thank you.

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GSK OH	1.1	p. 2	Many individuals with disability/long term conditions may opt to be self employed as this allows greater flexibility to manage their health issue. Excluding them from the scope may reduce access to useful study data. Additionally this group may clearly benefit from interventions and recommendations which are developed as an outcome of this guidance; therefore it would be useful to include them in the scope of this document.	Thank you for taking the time to read and comment on the draft scope. The scope has been amended, in section 1.1, to make it clear that the guideline is primarily for employers. The final guideline may provide useful information for people who are self-employed, however the focus will be recommendations for employers.
GSK OH	1.1	p. 2	Consideration needs to be given to widening the terms of this scope to include carers of employees with disabilities and long term conditions as they too are often impacted. Adjustments and interventions at work can help to reduce the impact of their caring responsibilities on their own health.	Thank you. The scope will focus on employees with long-term conditions and disabilities. It is necessary to limit the scope to a size that is practical and manageable given the time and resources. However, the role of carers will be considered if there is relevant, robust evidence that clearly links to support for employees.
GSK OH	1.3	p. 3	**Organisational Interventions:** Many individuals with disability/long term conditions who opt to be self employed, in order to allow greater flexibility to manage their health issue, may work for larger organisations as a contingent worker and therefore guidance on organisational interventions need to cover how relevant modifications and adjustments are implemented for contingent workers and not just an organization's own employees.	Thank you. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations, although we anticipate that the guideline will apply to all employees whether they are contracted on a

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				permanent or temporary basis. Further, a related point was noted in the Equality Impact Assessment for the draft scope document; the following information will be passed to the committee for their consideration: "Disadvantage for Employees with precarious employment (fixed-term working contracts): employees on temporary or fixed-term contracts are less likely to benefit from some interventions. Where employees require support or condition-related intervention, they may not be afforded the same protections as employees on permanent contracts. Further, employers may decide to not renew contracts, and 'move staff on'. This may further exacerbate employment and income inequalities".
GSK OH	1.3	p.3	**Organisational Interventions:** Functional capacity assessments (physical and mental) will be important and therefore the assessment of work capacity or work ability (p.3) should be provide guidance on who is best placed to undertake these; tools and standardised measurements available for functional capacity assessments; and training required to adequately perform these.	Thank you, noted.

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GSK OH	1.3	p.3	**Organisational Interventions:** Needs to be expanded to include interventions to support employees with a disability or long-term condition at all stages of employment process including recruitment.	Thank you. Given the time and resources available, the guideline is for current employees only.
GSK OH	1.3	p.3	**Targeted Interventions:** The scope should include about the role of OH and other relevant specialists and services. Also needs to cover what processes organisations need to have in place to ensure timely and appropriate referrals to OH or other relevant specialists for assessments or to access workplace adaptations - for both physical and non-physical conditions.	Thank you, noted. We have revised the key questions in section 1.5 to include the following sub-question: *What impact does deliverer, setting, timing, frequency, duration and intensity of the intervention have on the effectiveness, cost effectiveness and acceptability of different interventions?* We will look at the interventions which are most effective and consider the effect of who delivers the intervention - if the evidence is clear on the effect of different deliverers.
GSK OH	1.5	p.4	When exploring the key issues, it would be useful to expand to consider employees with disabilities/long term conditions that have recently left employment as this will provide an important insight into the difficulties and barriers faced by both employers and employees. By focusing solely on employees in work then the findings will potentially be biased by those who are successfully able to work.	Thank you, noted. Agreed, it will be important to understand the reasons why people leave employment.
GSK OH	General		The onus of the scope is very much on what employers can do to	Thank you. Agreed, the employee has

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			support employees who are disabled or have a long term condition. The scope should explore evidence on how best to develop a partnership approach with the employee so that they engage with their treatment and employer and as an outcome, it should provide guidance on what responsibility an employer can reasonably expect from an employee with a disability or long-term condition in regards to engaging with their treatment, accessing support and interventions which the employer puts in place.	an important role. We will consider evidence that reports coping skills and aspects of employee motivation, where it is available.
HBV Trust	general		With 2 million staff employed in roles that work with blood and at risk of HBV infection. The UK has large numbers of staff infected with HBV in job roles both from the job and acquired elsewhere. We have numerous calls from NHS nurses, when diagnosed with HBV they suffer a security march off the premises and usually the loss of their career. Things are worse in the other 13 key industries where infections are rife. The case of Hammersmith Hospital comes to mind, a Dr Habib showed me his mega million pound unit and its glossy brochure. He did save our MD from cancer, but his cafe fired its chef for having HBV during our MD's stay. The chef had the usual frog march but his anxiety issues led to suicide and A n E with poisoning. The next day I met a nurse in the car park in tears as his wife was just diagnosed at 3 months, point being again, **there is no information.**	Thank you for taking the time to read and comment on the draft scope.
HBV Trust	general		We feel every staff has a right to know the HBV rate for their job role, **if first aid is 1 in 17 infectious** unvaccinated surely the 1 million first aiders should know?	Thank you. This issue is beyond the scope of the guideline.

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HBV Trust	general		We have **form uninfectious letters** for patients on medication for instance and these keep staff working. We do the same for HBV orphans.	Thank you. This issue is beyond the scope of the guideline.
HBV Trust	general		As the only place in the EU where we forget to protect people from HBV, for instance our schools are the only unvaccinated ones and therefore 30 times more infectious and infected than say US ones, there is a stigma of infection possibility that people face. The stigma is invented on NHS choices where it is poorly said **Hepatitis B is 100 times more infectious than HIV**. This phrase tends to destroy careers super quick. HBV is 100 times more infectious only in a transfusion from two bloody wounds, not sexually or salivaly. Blood is 100 times more infectious and all workers should know how to deal with it. Then stigma fades away, replaced by a healthy fear of blood and forgetting plasters.	Thank you. This issue is beyond the scope of the guideline.
HBV Trust	general		Most of all the people with HBV suffer from stigma printed by the NHS more than their HBV. The notion that sex and drugs are behind most infections is still rotting most NHS literature and staff understandings. **Few know 1 in 4 catch HBV usually as children and often from healthcare**. Until we explain the transmission risks nationally and properly staff will always be ashamed and persecuted unfairly.	Thank you, noted.
HBV Trust			In schools especially staff have no idea how to avoid infections, most diagnosed children are sent unwarned to bleed everywhere for the duration. Like the big 14 professions our schools have never been tested for HBV levels, alone on Earth, yet the wards say 1 in 140 are testing chronic so many schools are at least that bad. Child and family counselling is far preferable and from any age can avoid infections and classroom clusters.	Thank you. Prevention of infections is beyond the scope of this guideline.

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HBV Trust			Finally the percentage of NHS staff currently having but hiding their HBV infections are not in a healthy place either for themselves or their patients. We need to get them out of the shadows we have forced on them and stop them dying of cancer so often. If we cannot help nurses, the other 2 million workers with blood will have no chance will they?	Thank you. The scope does encompass education campaigns and workplace groups to promote positive attitudes and tackle discrimination and stigma for employees with long-term conditions and disabilities.
HBV Trust			Staff need HBV testing as mandatory if in risk roles period. The focus is not patient safety here it is staff who catch and die the most these days.	Thank you. Health screening at work is beyond the scope of the guideline.
Headway – the brain injury association	General		Throughout the guideline scope, there is rightfully a strong focus on the employee with a disability or long-term condition. However Headway believes that, in order for employers to be able to comprehensively and meaningfully support employees, they need to be empowered with an appropriate degree of knowledge of what a staff member's disability or long-term condition entails; this is particularly important for the employee's line manager, who is likely to play a strong role in contributing to, or overseeing, support for them. As such, we ask that the guideline scope looks at how employers can be encouraged to develop an appropriate level of knowledge of the disabilities and long-term conditions represented amongst their employees. This should include knowledge of any NHS documents that guide managing the specific disability or long-term condition in the workplace or in returning to work, and other resources; for example, Headway UK runs training courses on brain injury and has written	Please note that the topic of line manager practices is covered by a future NICE guideline which will be published in June 2015: https://www.nice.org.uk/guidance/indevelopment/gid-phg57. When searching the evidence base for the current guideline - intervention support for employees with disabilities and long-term conditions - there may be management training or practices reported and this will be captured in the evidence reviews.

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			resources that employers may find of use, and other organisations provide similar around other disabilities and long-term conditions. Inclusion of this in the guidelines would be incredibly helpful for those with brain injuries. These individuals can have a broad array of symptoms which can impact on them physically, emotionally, behaviourally and psychologically. Ensuring employers are more aware of these impacts will help employees with brain injuries to find better support to remain in work or to rejoin the workforce.	
Headway – the brain injury association	General		Headway UK would like to see recognition of fluctuating conditions within the guideline scope. Such conditions can require a different approach and understanding from employers to ensure that employees are fully supported and enabled to remain in, or return to, work. In terms of brain injury, an individual’s ability to complete tasks may be impacted on by issues such as fatigue. Fatigue may, for example, exacerbate symptoms, such as problems with short-term memory or concentration. Understanding the potentially fluctuating nature of brain injury would enable employers to provide better support to individuals, and as such the guideline scope should acknowledge such conditions. A practical way to explore this would be through discussions with the employee.	Thank you. The scope describes the fluctuating nature of conditions in section 3.1. We will seek evidence from evaluated interventions that address this issue.
Headway – the brain injury association	General		We would like the guideline scope to acknowledge that some elements of work activity may support an individual’s rehabilitation following a disability or long-term condition diagnosis. This includes people with brain	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and

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			injuries, who may be looking to regain skills and abilities which have been compromised by their injury. For example, if they have communication problems, the regular interaction with others that their work provides may help them to rebuild their skills here.	recommendations. However, we recognise that work brings many benefits to an individual. We will consider a range of outcomes if they are reported in the available evidence: for example, staying in or returning to work, performance and health outcomes.
Headway – the brain injury association	1.3	3	In considering organisational interventions, Headway believes that the first point of 'education campaigns that might tackle discrimination and stigma', should be expanded to include the promotion of equality and inclusivity. We also feel that this invention should be framed more positively in terms of outcomes, in citing campaigns which *aim* to tackle discrimination, rather than those that '*might*'.	Thank you, noted. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. There will be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.
Headway – the brain injury association	1.3	3	Again in organisational interventions, the charity suggests that, on the second point on raising awareness of employee support schemes, that those external to an organisation, as well as those internal, are promoted by employers. This should help to ensure that employees of smaller organisations with fewer in-house support resources are still able to access support if needed. We suggest that the scope guideline also looks at sources of disability and long-term condition employment advice that employers can use and how these can be promoted. It is important to note that some of these will be accessible to both the employer and the employee, such as Access to	Thank you. Agreed. The scope has been amended to include 'showing employees how to get help from employee support schemes'. We will consider evidence of interventions regardless of where the intervention takes place. Thank you, noted.

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			Work.	
Headway – the brain injury association	1.3	3	Headway UK suggests that, in the organisational interventions section, the scope guideline also covers the Equality Act in connection to employers, and their duty to provide reasonable adjustments to employees covered by its provisions. This should help to ensure that employers are aware of their obligations and in turn that employees are able to access the full range of support they are entitled to. It is important that employers take cognitive factors, as well as physical ones, into account when looking at reasonable adjustments for those with relevant disabilities or long-term conditions. This is particularly pertinent for those with brain injuries. As mentioned above, these individuals can encounter problems with fatigue, along with other cognitive issues including in connection to concentration, memory and information processing. As a result, reasonable adjustments for this group may include measures to support their cognitive needs, such as more regular breaks, for example, to help them manage their work.	Thank you. The scope has been amended to include further information about the employer's responsibility to make reasonable adjustments. Thank you, noted. Mental and cognitive factors are within the scope of the guideline. We will endeavour to seek the best available evidence on these issues.
Headway – the brain injury association	1.3	3	Under organisational interventions, Headway UK urges NICE to ensure that, in covering assessment of work capacity and work ability, a positive approach is taken in terms of what employees are able to do rather than what they are not. With brain injury survivors, promoting their skills will ensure that the employer gets value from them whilst helping to build the confidence of the employee.	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. However, an equity impact assessment will be conducted on the guideline and it is anticipated that related issues will be considered. There will be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.

Public Health Guidelines

Workplace health: support for employees with disabilities and long term conditions - Consultation on Draft Scope Stakeholder Comments Table

6 March - 7th April 2015

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Headway – the brain injury association	1.3	3	With regard to the section on targeted interventions for employees if they are the responsibility of the employer, the point on information, advice or training is an example of where an employer angle would be beneficial as per our general comment at the top of this document.	Thank you, noted.
Institute of Group Analysis	1.2	2	The guidance needs to cover community based, inpatient, outpatient, hospital/clinic sites and educational centres	Thank you for taking the time to read and comment on the draft scope. The scope has been amended to clarify this point. The scope now states: *all settings* However, the focus will be interventions that are provided, supported or contracted by an employer.
Institute of Group Analysis	1.3	3	The guidance needs to consider what how employees and employers might be supported should an employee experience a disability or mental health difficulty whilst employed – i.e. either the disability or difficulty commenced after the employee was employed or it occurred as a result of employment practices or working conditions.	Thank you. The guidance will cover employees who have a disability or long-term condition, regardless of when the disability commenced. However, we recognise the support required may be different depending on the nature of the disability.
Institute of Group Analysis	1.3	3	The employer needs to be supported to develop risk assessments which are non-judgemental and non-discriminatory and which are timely.	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. However, an equity impact assessment will be conducted on the guideline and it is anticipated that

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				related issues will be considered. There will be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.
Institute of Group Analysis	1.3	3	The guidance also needs to consider how annual appraisal systems might need to be redesigned to support both the employer and employee to discuss performance relating to or as a result of the disability or condition, without the employee feeling “singled out”.	Thank you. We will seek the best available evidence of local systems for monitoring and supporting employees. Regarding equity, see note above.
Institute of Group Analysis	1.3	3	What is missing from the scope is a focus on the culture of the organisation and ensuring non-discriminatory practice and diversity are embraced through training and awareness raising campaigns that are meaningful and relevant to the business.	Thank you. In the final scope we have included: ‘education campaigns and workplace groups to promote positive attitudes and tackle discrimination and stigma’. We have also included ‘line management training’. When considering the available evidence we will also look to identify relevant outcomes such as values, attitudes and culture (see section 1.6 of the scope).
Institute of Group Analysis	1.3	3	The guidance must also consider the impact of an employee’s disability or condition on wider team engagement and performance. For instance, if a key team member is affected by a condition, their modified working practices will not only potentially have an impact on their own performance but also the teams. The guidance must encourage managers and employers to liaise and support the teams to maintain high	Thank you, noted. As reported in section 1.6, we will consider productivity and performance, if it is reported in the available evidence.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

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			performing behaviours.	
Institute of Group Analysis	1.3	3	It is imperative that the social impact of disability and long term conditions within the workplace is considered and recommendation for effective management offered. Group interventions (e.g. away days to explore group dynamics; trust; creating mutually supportive behaviours; developing peer to peer supervisory, coaching and mentoring skills) may be necessary for the team in addition to motivational interviewing for the affected individual. Motivational Interviewing may also be used with groups/teams to enhance teamworking.	Thank you. As reported in the scope, these type of interventions will be considered if they are reported in the available evidence.
Institute of Group Analysis	1.5	4	Additional questions to consider might be: • What are the factors that need to be considered to enable an employee who has returned to work to maintain optimal levels of performance? • How can high performing team behaviours be established or maintained where key team members are affected by disability or chronic conditions? • What are the barriers and facilitators in teams which may help prevent or integrate an employee to return to work, perform at optimal levels or stay in work? • What help do teams need to review and adapt work activities to support employees with disabilities or long-term conditions return to or stay in work? What sources of help are available? (i.e. there may be resentment, anxiety or frustration in changing working styles or patterns to accommodate employees with disabilities or long-term conditions which need to be considered by the employer and of which the affected employees need to be aware to help them to	Thank you. The questions that you identify will be addressed if the available evidence allows.

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			become successfully re-integrated into their job and team) • How can remote working approaches enable integration into work, through the use of digital media, home-working, modified IT systems? i.e. many affected employees may be unable to physically access their workplace but still contribute in essential ways through adopting remote working practices, provided adequate technology exists and policies and procedures are adapted to accommodate • How might disability and chronic conditions affect men and women differently, people of different ages functioning at different parts of the organisation (e.g. apprentices and trainees to those at different staff grades and older employees who are approaching retirement age), people self-defining as LGBT and those from different religious and ethnic groups? Disability and ill health is experienced and managed differently across different socio-cultural groups.	
Institute of Group Analysis	1.5	4	The existing question 4 needs to be adapted to include “teams” as well as “employees and employers” since there is now a greater emphasis on and need for teamwork (i.e. multidisciplinary, intra-agency and interagency team work) across all providers of health and social care	While we recognise the importance of wider involvement across the health and social care economy, the focus for the scope will be on the role of employers, in order to keep the task manageable within the time and resources available. You may be interested in reading existing NICE guidance on managing long-term sickness, as it covers the role of primary care. https://www.nice.org.uk/guidance/ph19

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Institute of Group Analysis	1.6	5	Item 7 on "Productivity and performance" needs to consider not only the individual employee's performance but also the team that they are in since evidence suggests that the two are strongly correlated	Thank you, noted. The team responsible for reviewing the evidence will record the measures that are used in the available evidence, which may be focused on the employee or organisation.
Institute of Group Analysis	3.1	6	Under "examples of disability" would conditions such as HIV be considered since many who live with the disease are capable of work and need to exist in a working environment where they can disclose their diagnosis without fear of discrimination?	Thank you. People living with HIV would be covered under the scope of this guideline.
Lundbeck Ltd and Depression Alliance	General		Lundbeck is an ethical research-based pharmaceutical company specialising in central nervous system (CNS) disorders, such as depression and anxiety, bipolar disorder, schizophrenia, Alzheimer's, Parkinson's disease and alcohol dependence.1 Depression Alliance is the leading charity in the UK for anyone affected by depression. It seeks to bring people together to end the loneliness and isolation that comes with depression and is launching a campaign aimed at improving the employment outcomes of people that suffer from depression.2 Lundbeck and Depression Alliance welcome the publication of this draft guideline scope on 'Workplace health: support for employees with disabilities and long term conditions' and supports the recognition placed on mental health conditions, and in particular depression, which is relevant to both.	Thank you for taking the time to read and comment on the draft scope.

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			Depression is amongst the largest causes of workplace absenteeism in the UK.3 Since 2009, the number of working days lost to stress, depression and anxiety has increased by 23 per cent and now account for over 15 million sick days per year.4 Despite employer's obligations to support mental wellbeing in the workplace, set out in the Health and Safety at Work Act5, a lack of understanding and fear of discrimination continues to be a significant barrier for employees with depression.6	
Lundbeck Ltd and Depression Alliance			http://www.lundbeck.com/uk 2 http://www.depressionalliance.org/ 3 http://www.ons.gov.uk/ons/rel/lmac/sickness-absence-in-the-labour-market/2014/sty-sickness-absence.html 4 http://www.hse.gov.uk/statistics/overall/hssh1213.pdf 5 http://www.hse.gov.uk/legislation/hswa.htm 6 http://www.mentalhealth.org.uk/content/assets/PDF/publications/returning_to_work.pdf?view=Standard	Thank you for these weblinks
Lundbeck Ltd and Depression Alliance	1.5 (Question.1) How can employees with disabilities or long-term conditions be	4	According to an upcoming report by The Work Foundation, which comprised a literature review involving 46,513 individuals of working age of which approximately 80 per cent had a diagnosis of unipolar depression, a range of interventions are seen as having an important role in improving employment outcomes for people experiencing symptoms associated with depression.7 The Work Foundation review identified positive, moderate quality	Thank you, noted. Thank you for the information. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.

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	supported to return to or stay in work? Which interventions are most effective and cost effective, and for which conditions and occupational groups? What is the effect of timing, duration and intensity of the intervention?		evidence that psychological interventions, especially those using Cognitive Behavioural Therapy (CBT) approach combined with either antidepressant medication or work-focused psychological approaches, are effective in improving employment-related outcomes of people with depression.7 The report interviewed a range of experts in the field, who saw psychological and occupational therapies as having the greatest impact in terms of employment outcomes for people experiencing symptoms of depression, particularly when used alongside medication.7 The report recommended that employers should improve access to job retention support for their staff. External support for job retention was seen as limited – especially access to specific locally appropriate retention related information (e.g. employment law and employee rights), and advocacy and direct support with employers (e.g. attending meetings and explaining needs). 7 This might be provided through a comprehensive specialist retention service, for example by enhancing the offer of the Access to Work Mental Health Support Service provided by Remploy, or perhaps it could be delivered through an alternative source, such as Citizens Advice or ACAS.7 7 The Work Foundation, Symptoms of depression and their effects on employment, Karen Steadman and Tyna Taskila (due to be published in April 2015)	
Lundbeck Ltd and Depression Alliance	1.5 (Question.1) How can	4	According to Depression Alliance members, loneliness and isolation are strong symptoms that people with depression experience. They are also well-known symptoms that can lead to the relapse of the condition.	Thank you. We cannot pre-empt the deliberations of the Committee responsible for

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	employees with disabilities or long-term conditions be supported to return to or stay in work? Which interventions are most effective and cost effective, and for which conditions and occupational groups? What is the effect of timing, duration and intensity of the intervention?		Depression Alliance recommends that all employers and employees are made aware of, and where appropriate join, the charity's free "Friends in Need" programme which has been developed to provide likeminded employees with a peer network to break the cycle of loneliness and isolation, and as a way to maintain recovery from depression in a sustainable way.8 According to Depression Alliance members, hiding depression and its symptoms also leads to the relapse of the condition. Stigma and fear of negative responses from managers and other colleagues prevents people from being open and honest about why they may be off work due to depression. DA members say that they have in some cases been reluctant to use internal work based services for fear of negative responses from colleagues and managers. Fear of missing out on promotion was the biggest concern in a survey carried out amongst employees. Depression Alliance encourages all employers to instil an open and understanding culture in the workplace. This can be supported by providing training for managers and colleagues in Well Being and Mental Health awareness which encourages people to be more open about the condition and supports people to identify issues that trigger stress and depression. An effective way to do this is through the design of a WRAP (work recovery action plan) which enables employers and employees to agree an action plan for when people are off sick. Through this process, both parties agree on how contact is made when an employee is off and discuss options for the return. It may involve a phased return or flexibility around hours.	developing the guideline and recommendations. There will, however, be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.
Lundbeck Ltd and Depression	1.5	4	Returning to work can be a very difficult time for people that suffer(ed)	Thank you, noted. Peer support will be

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Alliance	(Question.1) How can employees with disabilities or long-term conditions be supported to return to or stay in work? Which interventions are most effective and cost effective, and for which conditions and occupational groups? What is the effect of timing, duration and intensity of the intervention?		from depression. Having quick and easy access to medical and non-medical support including access to IAPT services is essential, but in order to maximise the benefits, Depression Alliance recommends that people should also have access to non-medical peer support groups. Having other people who have gone through an experience of depression and are willing and able to discuss ways of managing recovery is enormously beneficial and helpful in backing up other HR support provided by companies. Depression Alliance's "Friends in Need" has been based on the Foresights report's 'Five Ways to Well Being' which comprises the principles of: connect, keep learning, keep active, take notice and to give. It supports people in getting into work and also in maintaining jobs.7 A member of "Friends in Need" stated: "Depression destroys all the threads of your personality that are essential to building and maintaining relationships with others. It saps your energy making employment unrealistic. The stigma forces you to hide it. Social anxiety goes hand in hand with depression, destroying your confidence. All these things have isolated me. I have been able to discuss depression openly with other like-minded, non-judgemental FiN members. It's online so it's always available. I don't need to travel to chat. The site is UK-based, so it is much more relevant and comfortable than the various US forums. I know I can talk on here and be understood and I feel I can help others which makes me feel more positive." 8 Access to GP's who are interested and knowledgeable about depression, including the non-medical services availability locally, is also important. As is having accessible and easy to read information about depression and its impact is needed.	covered by the guideline, subject to available evidence. The role of primary care is beyond the scope of this guideline. The focus will be what employers can do. In order to keep the scope manageable in the available time and resources, the

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				primary care role will not be considered.
Lundbeck Ltd and Depression Alliance			http://www.depressionalliance.org/how-we-can-help/friends-need	Noted
Lundbeck Ltd and Depression Alliance	1.5 (Question.2) For employers and the workforce, what are the barriers and facilitators to implementing interventions to support employees with disabilities or long-term conditions to return to or stay in work?	4	According to the upcoming report by The Work Foundation, which comprised a literature review involving 46,513 individuals of working age of which approximately 80 per cent had a diagnosis of unipolar depression, there is strong and mainly consistent evidence that poor cognitive dysfunction and other symptoms of depression have negative impact on employment outcomes. 7 Experts in the field agreed that symptoms of depression were highly significant in terms of impact on employment. The symptoms most often seen by experts as problematic were low mood, lack of motivation or interest, difficulty concentrating, being easily distracted, and negative thinking. 7 The Work Foundation authors concluded that the many working age people in the UK who experience symptoms of depression could be better supported to retain their jobs, as well as in finding employment, through changing the way treatment and vocational rehabilitation support is provided. 7 One of the reports key recommendations is to improve recognition and understanding of depression and the wide range of associated symptoms, among employers and back to work support services. Even where depression is diagnosed, some symptoms, including cognitive symptoms, such as difficulty concentrating, may be missed. Managers therefore need to be better equipped to support employees with mental	Thank you, noted. See responses above on a call for evidence.

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			health conditions and have a better recognition of the symptoms of depression, so that the best support can be provided and employment outcomes improved. 7 Mental health awareness and management training should be provided to managers to enhance their understanding of employee needs. At a minimum, employers should be encouraged to know about local mental health support and services, to which they might refer employees where there are concerns (e.g. the local IAPT). 7	
Lundbeck Ltd and Depression Alliance	1.5 (Question.4) What are the costs and economic benefits to employers and employees of supporting employees with disabilities or long-term conditions to return to or stay in work?		In 2007, it was estimated that the average service costs for those in contact with services was £2,085, while the average cost of lost employment was £9,311.9 The total cost of services for depression in England in 2007 was estimated to be £1.7 billion. Lost employment brought the total cost to £7.5 billion.9 By 2026 these figures are projected to be £3 billion and £12.2 billion respectively. 9	Thank you, noted.
Lundbeck Ltd and Depression Alliance			9 http://www.kingsfund.org.uk/sites/files/kf/Paying-the-Price-the-cost-of-mental-health-care-England-2026-McCrone-Dhanasiri-Patel-Knapp-Lawton-Smith-Kings-Fund-May-2008_0.pdf	Thank you

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Macmillan Cancer Support	Topic		Long-term or chronic health conditions have more similarities than differences when it comes to factors that affect people's ability to work, in particular their fluctuating and unpredictable nature. At the same time there are some disease specific barriers that also need to be taken into account. For example, cancer is not just one disease, there are over 200 cancer types, all with different trajectories and outcomes, depending on the cancer type, the individual, co-morbidities and other factors.	Thank you for taking the time to read and comment on the draft scope.
Macmillan Cancer Support	General		Since Macmillan Cancer Support's Working through cancer programme began in 2011, we've distributed over 55,000 *Essential work and cancer toolkits* to employers. This is our flagship resource aimed at helping HR, Occupational Health and line managers to support people affected by cancer in the workplace. We have also delivered over 150 face to face training sessions to organisations on topics including Making reasonable adjustments, Talking about Cancer, Employment and Disability Legislation and Bereavement and End of Life. We also send a quarterly 'Macmillan at Work' e-newsletter to 5,500 employers.	Thank you, noted.
Macmillan Cancer Support	General		Macmillan provides information and guidance on work issues not only for employers, but also for employees and for carers of people with cancer. This advice and information is provided online and offline, via Macmillan's telephone helpline and through some of our face to face information services. Macmillan is also piloting an employment advice service on the it's telephone support line for both people with cancer and their carers.	Thank you. This sounds like important support. We would be interested in any robust evaluation of support services. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.
Macmillan Cancer Support	1.3	3	It states that 'The guideline will consider organisational factors such as size (number of employees), industrial sector and range of activities	Thank you, noted. There are a wide range of factors that could affect the

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			undertaken by employees.' Other environmental factors also to consider would be whether the person working hours (full time/part time) and the type of work and organisation and demands of the job.	support that is required. Where evidence is available, we will aim to take into account the effect of organisational and environmental factors.
Macmillan Cancer Support	1.3		Under targeted intervention, suggest including policies and services that support people with chronic conditions to return to work, and help the employer meet its legal obligations	Thank you. Following stakeholder suggestions, we have revised the text to: *adjustments in work activities, station, processes or place (including assistive technology or practices, changes to job design and flexible working)* We have also added a footnote concerning employer's requirement to make reasonable adjustments.
Macmillan Cancer Support	1.4	4	Macmillan has found economic analysis a challenge to gather but we do have an external evaluation currently underway to try to measure the impact of our resources and training with employers. This includes any cost benefits associated with our interventions. The report is due in September 2015. However, it is interesting to note that in a previous phase of the evaluation with employers, the economic impact proved very difficult for the overwhelming majority of respondents to quantify (both technically and ethically). They were reluctant to be seen as financially 'benefitting', if only relatively, from the experiences of employees affected by cancer.	Thank you for the information. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.

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Macmillan Cancer Support	1.5	4	Macmillan, as part of the National Cancer Survivorship Initiative (NCSI) piloted new models of Vocational rehabilitation services for people with cancer at seven pilot sites across England from April 2010 to July 2011. The service configuration and methods varied at each site. Key learning outputs included: a significant improvement in employment status between referral and discharge for many of those who received an intervention; an indication of average costs for the service and a model for interventions.	Thank you. See response above about a call for evidence.
Macmillan Cancer Support	1.5	4	Suggest adding bolded wording to Q3 - What help do employers need to **make reasonable adjustments**, to review and adapt....	Thank you. Following comments from stakeholders we have referred to 'adjustments' throughout the scope document. We have also added a footnote concerning employer's requirement to make reasonable adjustments.
Macmillan Cancer Support	1.5	4	Suggest adding an additional question on 'What advice, information and support do employees need to self-manage their return to work?	Thank you. We will aim to seek the best available evidence. The search may reveal what processes support interventions, such as information about the advice and support employees need.
Macmillan Cancer Support	1.6	5	It would be great to have something around communication in here, i.e. improved quality of communication between employers and employees and increased propensity to disclose a diagnosis of a long-term condition.	Thank you. We will consider a range of outcomes if they are reported in the available evidence: for example, *changes in organisational culture,*

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				policies and practice.
Macmillan Cancer Support	1.6	5	Suggest that short, medium and long-term outcomes are considered when looking at evidence on impact.	Thank you. Agreed. However, this will depend on the way any available evaluations are conducted and reported.
Macmillan Cancer Support	3.1	6	It is worth noting that people with cancer are classified as having a disability under the Equality Act from the point of diagnosis onwards. This includes when there is no longer any evidence of the cancer.	Thank you, noted.
NAT (National AIDS Trust)	1.3	3	NAT would suggest that the phrase ‘reasonable adjustments’ is used in the lists of interventions as this is phrase commonly understood in this context.	Thank you for taking the time to read and comment on the draft scope. Following stakeholder suggestions, we have revised the text to: *adjustments in work activities, station, processes or place (including assistive technology or practices, changes to job design and flexible working)* We have also added a footnote concerning employer’s requirement to make reasonable adjustments.
NAT (National AIDS Trust)	1.3	3	NAT welcome the inclusion of education campaigns to tackle discrimination and stigma. It would also be helpful to include something on measures/clear policies to tackle harassment if this occurs. Something on dealing with multiple discrimination could also be considered (In the UK HIV disproportionately affects black Africans and men who have sex	Thank you. We will consider a range of outcomes if they are reported in the available evidence: for example, *changes in organisational culture, policies and practice*. See section 1.6

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			with men).	of the scope.
NAT (National AIDS Trust)	1.3	3	Confidentiality is a key concern to people living with HIV and also for others with long term conditions (for example stigma is linked not only to HIV but also to mental health conditions and other disabilities). It is very important that something around managing confidentiality at work is included in these interventions. We are often contacted by people living with HIV whose confidentiality has been compromised at work as an HR manager does not realise the importance of this and has informed many other people in the workplace unnecessarily and without asking for the individual's consent.	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. However, an equity impact assessment will be conducted on the guideline and it is anticipated that related issues will be considered. There will be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.
NAT (National AIDS Trust)	3	6	In the context, it might be worth including the changes in the Equality Act 2010 which prohibit the use of pre-employment health questions until the offer of a job has been made in an attempt to reduce the discrimination disabled people face when seeking employment.	Thank you, noted. While this is an important issue it is beyond the scope of the guideline - the focus is on support for employees.
NAT (National AIDS Trust)			NAT has done some research with City University looking at the employment experiences of people living with HIV which might be relevant to this project. You can find the report here: http://www.nat.org.uk/media/Files/Publications/Aug-2009-Working-with-HIV.pdf	Thank you. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.
National Community Hearing Association			The National Community Hearing Association (NCHA) represents community hearing providers in the UK. NCHA members are committed to good hearing for all and are responsible for the majority of adult community hearing care services in the UK with an excellent record of outcomes, safety and patient satisfaction.	Thank you for taking the time to read and comment on the draft scope.

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			BSHAA is the professional body for hearing aid audiologists providing hearing care to NHS and self-funding clients. They practise in large, medium and small companies and as sole practitioners; and they provide a professional, convenient and local service to people with hearing concerns in every community in the UK.	
National Community Hearing Association	1.5 (Q1) How can employees with disabilities or long-term conditions be supported to return to or stay in work? Which interventions are most effective and cost effective, and for which conditions and occupational groups? What is the effect of timing, duration and intensity of the intervention?		Scale of the Challenge Hearing loss is a very common, albeit often unrecognised, long-term condition in the working age and older working populations. In England there are 8 million people with a hearing loss (90% aged 50 and over). These data are based on a large epidemiological study and are relevant to all occupational groups. The Quality Standards Advisory Committee can access this information online using the POPPI tool (here). Age is the main cause of hearing loss (NHS England and Department of Health, 2015). The World Health Organisation (WHO) estimates that adult hearing loss in the UK will be in the top ten disease burdens by 2030 (WHO 1997). Noise-induced hearing loss is the second main cause of hearing loss. The WHO has recently reported the growing threat to good hearing posed to people using audio equipment or working in a loud environment (WHO 2015). Therefore all employers and employees should be aware of age-related and noise-induced hearing loss so that they can both help avoid hearing loss and support people that have hearing loss to stay in or return to work. For example there is evidence that unsupported hearing loss can	Thank you, noted. Please note: Workplace prevention strategies to mitigate health problems or functional decline in the general workforce is beyond the scope of this guideline.

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			result in earlier retirement (Helvik 2012). Action Required Age-related hearing loss is a long-term and slowly progressive condition and currently there is no medical intervention for the majority of people affected (Barker et al. 2014). The primary intervention for hearing loss is the use of hearing aids (ibid). Hearing aids and ongoing support can improve quality of life by reducing the psychological and social effects associated with age-related hearing loss (Chisolm et al. 2007; Davis et al. 2007; Acar 2011). Experts note that early intervention for hearing loss could also reduce pressure on health and social services (Monitor 2015). The most effective and cost-effective method to help people with hearing loss is to provide care and support at the earliest possible stage (NHS England and Department of Health 2015). Adults with hearing loss can be supported in a primary care setting (NHS England and Department of Health 2015). This ongoing support, closer to home, makes it possible for people with hearing loss to continue to age well and increases their chances of continuing in employment if they wish. The emerging threat to hearing posed by modern audio technology adds to the well-known risk to health and safety at work from loud machinery. Work should not exacerbate hearing loss. Unlike age-related hearing loss noise-induced hearing loss can be prevented through good ear protection and better public education about safe listening. It is important that both employers and employees are made aware of this.	Thank you, noted.
National Community Hearing	1.5 (Q2)	4	Employers, workers and the general population lack education about the	Thank you, noted. Please note: the

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Association	For employers and the workforce, what are the barriers and facilitators to implementing interventions to support employees with disabilities or long-term conditions to return to or stay in work?		scale of hearing loss (NHS England and Department of Health 2015), risk factors in developing hearing loss, how it might affect them and options for prevention and support. Without access to information about the risks involved and prevention strategies it is likely that noise-induced hearing loss will increase and age-related hearing loss will continue to be misunderstood and stigmatised (as opposed to supported and therefore helping people age well). It is estimated that 3.6 million people with hearing loss in England are not yet accessing hearing support that benefit them (Davis and Smith 2013). This may be because the NHS still relies predominately on a hospital-based and medicalised model of care. Experts have recognised that community-based care would increase awareness and therefore uptake of services (Monitor 2015). Community hearing providers have short waiting times, easy to access local premises and often provide services outside work hours, in the evenings and at weekends (ibid). Inaccessibility/lack of availability is therefore one barrier for NHS patients. Employees and employers willing to pay privately can access this care in a primary care setting across England without medical review in the same way as they can access opticians for display screen equipment eye exams. We see no reason not to encourage regular hearing tests for those working in certain environments, in much the same way as people working on computers are encouraged to have regular eye tests. Indeed the need for hearing tests is arguably greater as many people do not realise their hearing is deteriorating and/or wait many years before seeking help (Davis et al. 2007). Targeting prevention only on people who can (or whose employer can) afford to pay will inevitably result in increasing hearing health inequalities. The NHS is changing this in some areas but not across England, for	guideline will be focused on support for employees with a disability; it will not cover prevention strategies to mitigate health problems (see section 1.3 of the scope).

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			example Public Health England et al. (2013) noted "the implementation of the Any Qualified Provider (AQP) policy, which introduced a choice of provider services, has improved access to adult hearing services by reducing inequalities in access, and has improved the quality of hearing services offered to all adult patients", but this policy is only live in 60% of CCGs in England and is being decommissioned in some regions, without an evidence-based reason for doing so. This is itself a sign that the NHS has an inconsistent message on supporting people to age well and stay in work through cost-effective solutions. NICE plans to develop guidelines on adult hearing services in 2016 but, while the NHS waits for leadership on this important issue, employers and employees should be informed about the range of ways in which they might access hearing care in their local area in a convenient way that does not impact negatively on their working lives. Making accurate (unbiased) information about risks, and private and NHS options available to employees and employers, through NHS Choices, employer organisations such as the CBI, Federation of Small Business, Institute of Directors and trade unions is an important first step in a strategy that support prevention and low-cost options in primary care outside expensive hospital environments.	
National Community Hearing Association	1.5 (Q3) What help do employers need to review and adapt work activities, station,	4	Today there are standards in place for people who work on computers to have access to eye tests. Yet there is no requirement to support employees of all ages protect their hearing and adapt to hearing technologies such as hearing aids, even though the World Health Organisation, NHS England and the Department of Health show this is important (WHO 2002, NHS England and Department of Health 2015). It is important that employers understand that by failing to support	Thank you, noted. Please note: the guideline will be focused on support for employees with a disability; it will not cover health screening at work. (see section 1.3 of the scope).

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	processes or place to support employees with disabilities or long-term conditions return to or stay in work? What sources of help are available?		employees and potential employees with hearing loss they risk being in breach of the Equality Act 2012. Failure to support workers with age-related hearing loss could also result in the loss of key workers and skills as people retire earlier than they would otherwise have done. (Helvik 2012). Many technological solutions exist to help people with hearing loss adapt to hearing loss and thrive at work. Hearing aids, loop systems, accessible telephones and various other appliances provide a cost effective way to keep people with hearing loss in work. There has to be a more joined-up approach to supporting people with sensory impairment – sight and hearing – because with increases in pension age and the ageing population either choosing or needing to work longer with sensory impairments, these long-term conditions will very much part of the everyday workplace. Employers should therefore be advised about the national Action Plan on Hearing Loss which is supported by NHS England, the Department of Health and many other government departments (NHS England and Department of Health 2015).	Thank you, noted.
National Community Hearing Association	15. (Q4) What are the costs and economic benefits to employers and employees of supporting employees with disabilities or	5	Unsupported hearing loss can have significant costs for individuals, businesses and society - estimated 13.5bn annually in the UK in 2006 (Shields, Chapter 5, 2006). More recent estimates suggest this has now risen to £25bn (The International Longevity Centre-UK, 2014). The evidence is that both male and female employees with hearing loss are more likely to exit the workforce early (Helvik 2012). In contrast NHS England estimates the cost of NHS hearing loss services 2010/11 at only £450m (NHS England and Department of Health 2015). Supporting people with hearing loss - one of the most common long-term conditions in older people - is thus a very cost-effective intervention and	Thank you, noted.

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	long-term conditions to return to or stay in work?		the economic benefits of supporting people with hearing loss to stay in or return to work, are considerable. NICE, building on the recently published Action Plan on Hearing Loss has an ideal opportunity to ensure a consistent message is provided about the importance, public health and social value of de-medicalising and de-stigmatising the majority of age-related hearing loss and supporting people with hearing loss more cost-effectively in the community to remain independent, active and in work, (NHS England and Department of Health 2015, Monitor 2015).	
National Community Hearing Association	References		Acar, B. et al. (2011). Effects of hearing aids on cognitive functions and depressive signs in elderly people. Archives of Gerontology and Geriatrics, 52(3), pp. 250-252.	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		Barker, F. et al, (2014). Interventions to improve hearing aid use in adult auditory rehabilitation (Protocol). Cochrane Database of Systematic Reviews: Reviews 2014; Issue 7. N.B. People with more severe losses that meet NICE criteria might be eligible for cochlear implants and also see page 8 of NHS England and Department of Health, 2015, Action Plan on Hearing Loss http://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		Chisolm, T. et al. (2007). A Systematic Review of Health-Related Quality of Life and Hearing Aids: Final Report of the American Academy of Audiology Task Force on the Health-Related Quality of Life Benefits of Amplification in Adults. Journal of the American Audiology, 18(2), pp. 151-183;	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.

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National Community Hearing Association	References		Davis, A. et al., (2007). Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models. Health technology assessment, 11(42) pp. 75-78;	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		Davies, Smith, Ferguson Stephens & Gianopoulos (2007) 'Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models' p.ix	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		Davis, A. and Smith, P.,(2013). Adult Hearing Screening: Health Policy Issues – What Happens Next? American Journal of Audiology, 22(1), pp. 167-170.	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		Helvik, A. (2012). Hearing loss and risk of early retirement. The Hunt study. European Journal of Public Health, 23(4), pp. 617-622	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		The International Longevity Centre-UK (2014): Commission on Hearing Loss: Final Report	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		Lin and Yan (2007) Ageing and hearing loss. Journal of Pathology 211: 188–197	Thank you. We will pass these references to the team with responsibility for reviewing the

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				evidence.
National Community Hearing Association	References		Lustig and Olson (2014) Hearing Loss and healthy ageing. Institute of Medicine and National Research Council	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		Monitor, (2015). NHS adult hearing services in England: exploring how choice is working for patients	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		NHS England and the Department of Health (2015) Action Plan on Hearing Loss	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		Shield (2006) Chapter 5 in "Evaluation of the Social and Economic Cost of Hearing Impairment - a report for hear-it"	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		WHO, (2015) see http://www.who.int/pbd/deafness/activities/MLS/en/	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing	References		WHO, (2002), Active Ageing: A Policy Framework. Geneva, Switzerland:	Thank you. We will pass these

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Association			World Health Organization; Lin FR. 2014, Hearing Loss and Healthy Aging: Workshop Summary. Washington, D.C.: National Academies Press.	references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		WHO, (1997) in the Action Plan on Hearing Loss	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
National Community Hearing Association	References		WHO, (1997) Prevention of noise-induced hearing loss: Report on an informal consultation. WHO, Geneva	Thank you. We will pass these references to the team with responsibility for reviewing the evidence.
NHS England	General		I wish to confirm that NHS England has no sunstantive comments to make regarding this consultation	Thank you for taking the time to read and comment on the draft scope.
Public Health England	General	N/A	Public Health England (PHE) is generally supportive of the draft scope, and recognises the benefits of providing further guidance in this area. A few specific comments have been provided as follows.	Thank you for taking the time to read and comment on the draft scope.
Public Health England	1.1 Focus	Page 2	The scope is focused on groups with a disability or long-term condition (defined as lasting longer than one year). It is important to clarify that in many cases it will be an existing employee who develops a condition, given that many people are working longer into later life. PHE understands that this guidance will not focus on general prevention. Yet as conditions are emerging this is an opportunity for ensuring appropriate adjustments are made gradually and support is continued for those who	Thank you. The scope describes the emerging and fluctuating nature of conditions in section 3.1. We will seek evidence from evaluated interventions that address these issues. We cannot pre-empt the deliberations of the Committee responsible for

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			develop a condition whilst in work. This might be a condition that gets worse over time or fluctuates, which adds levels of complexity. It would be helpful for the guidance to emphasise this, and the fact that the fluctuating nature of many conditions means that people's ability to work is likely to vary over time.	developing the guideline and recommendations. However, we recognise that the range of conditions and important differences will need to be considered when drafting recommendations, subject to relevant evidence being available.
Public Health England	1.1 Focus	Page 2	We suggest a specific focus on mental health conditions. These are of particular concern – they are increasing, often related and aspects can be addressed at work. For example, the employment rate for people with a mental health condition is 37% compared to 58% for people with a physical health condition, and 73% for the general population. It will be useful for the guidance to reference co-morbidity with other disabilities and long-term conditions – both in relation to chronic physical health condition or pain impacting on mental health, and mental illness affecting individual responses to physical health challenges.	Thank you. In section 3.1, the scope does acknowledge that 'A person can have more than 1 long-term condition at the same time'. When searching for evidence we will make an effort to identify interventions which support employees with multiple conditions, including mental health conditions.
Public Health England	1.1 Focus	Page 2	It is unclear whether this guidance will cover people with learning disabilities and behavioural disorders. Further clarification would be helpful.	The guideline will aim to cover all conditions and disabilities, where evidence permits. Agreed, people with learning disabilities and behavioural disorders are a sub-population that will need consideration. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and

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				recommendations. However, we recognise that the range of conditions and important differences will need to be considered when drafting recommendations, subject to relevant evidence being available. Given the complexity and range of conditions, it is not anticipated that the guideline will be able to make specific recommendations for most conditions.
Public Health England	1.1 Focus	Page 2	We understand that this guidance does not cover the self-employed or those without a contract, in-keeping with other NICE Guidance in this area. However, given the recent rise in the number of self-employed people – many of whom are living with a long-term health condition – this is a growing priority. It would be helpful to develop further guidance targeted specifically at the self-employed in order to fill this gap.	Thank you. The scope has been amended to make it clear that the guideline is primarily for employers. The final guideline may provide useful information for people who are self-employed; however the focus will be recommendations for employers. There are no current plans to develop guidance for self-employed people in the future.
Public Health England	1.2 Settings	Page 2	We recommend that this includes a focus on home-based or remote working, as well as the changing nature of office-based settings (which has an increased focus on hot-desking and open plan office layouts). All of which may raise particular challenges (or opportunities) for people living with a disability or long-term condition.	Thank you, noted.

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Public Health England	1.3 Activities, services or aspects of care	Page 3	It would be helpful to recognise the changing nature of work, with an increasing number of people with insecure contracts or fluctuating shift patterns. Many people face insecurity at work and can be easily dismissed if they develop a condition that affects or is perceived to affect their performance. This raises a number of considerations: • The need to raise awareness of functionality of people with disability and LTC – i.e. an explicit focus on what they can do rather than what they cannot do; and • Consider the role of unions and wider aspects around security of contracts if the recommendations resulting from this work are to be effective.	Thank you. Related points have been noted in the 'equality impact assessment' that accompanies the scope document. The EIA will be passed to the committee responsible for developing the guideline. We cannot pre-empt the deliberations or considerations of the Committee responsible for developing the guideline and recommendations. There will, however, be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.
Public Health England	1.4. Economic aspects	Page 4	PHE welcomes the economic analysis, in particular looking at time, duration and intensity of interventions.	Thank you, noted.
Comment from an Individual	General		I felt MS should be mentioned on page 1 under topic as well as on page 6 under context as not all people with MS will be physically disabled but they may need to have their employment status protected employers may assume a disease progression which is inaccurate.	Thank you. NICE does not formally respond to non-registered stakeholders.
Royal College of Nursing	General		The Royal College of Nursing welcomes proposals to develop this guideline.	Thank you for taking the time to read and comment on the draft scope.
Royal College of Nursing	General		We consider that this guideline needs to give sufficient prominence to legal requirements regarding reasonable adjustments for disabled	Thank you. Following stakeholder suggestions, we have revised the text

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

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			employees – even if evidence conforming to NICE requirements cannot be found.	to: *adjustments in work activities, station, processes or place (including assistive technology or practices, changes to job design and flexible working)*, in section 3.1. We have also added a footnote concerning employer's requirement to make reasonable adjustments.
Royal College of Physicians	General		The Royal College of Physicians (RCP) wishes to endorse the joint submission made by the Faculty of Occupational Medicine and Society of Occupational Medicine to the above consultation	Thank you for taking the time to read and comment on the draft scope. We have responded to the comments in the joint submission made by the Faculty of Occupational Medicine and Society of Occupational Medicine to the consultation.
Royal National Institute of Blind People	General	1	About the RNIB: Royal National Institute of Blind People (RNIB) is the UK's leading charity providing information, advice and support to almost two million people with sight loss. We are a membership organization with over 13,000 members throughout the UK and 80 percent of our Trustees and Assembly members are blind or partially sighted. We encourage members to get involved in our work and regularly consult them on matters relating to Government policy and ideas for change.	Thank you for taking the time to read and comment on the draft scope.

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			As a campaigning organization we act or speak for the rights of people with sight loss in each of the four nations of the UK. We also disseminate expertise to the public sector and business through consultancy on products, technology, services and improving the accessibility of the built environment. RNIB is pleased to have the opportunity to respond to this draft scope consultation	
Royal National Institute of Blind People	General		Equalities Act 2010: We believe that all NICE work should reflect the duties of public bodies under the Equalities Act 2010, not just in relation to communication and accessible information, but in relation to non-discriminatory treatment. We would expect NICE to take steps to meet their legal obligations. This not only requires public bodies to have due regard for the need to promote disability equality in everything they do - including the provision of information to the public - but also requires such bodies to make reasonable adjustments for individual disabled people where existing arrangements place them at a substantial disadvantage.	Thank you, noted. Information about the NICE equality scheme can be found on the NICE website: https://www.nice.org.uk/about/who-we-are/policies-and-procedures/nice-equality-scheme
Royal National Institute of Blind People	General		Accessible information: We believe this guideline should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English." The Equality Act expressly includes a duty to provide accessible	Thank you. The future guideline will be accessible via the NICE website. The NICE website has been built and tested to make sure it can be accessed and used by most people.

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			information as part of the reasonable adjustment duty. Online information on websites should conform to the W3C's Web Accessibility Initiative Web Content Accessibility Guidelines (WCAG) 1.0, level AA, as required by the NHS Brand Guidelines and the Central Office of Information. With regard to the accessibility of print materials, including downloadable content such as PDF files, we would request that wherever possible they comply with our "See it Right" guidelines: http://www.rnib.org.uk/professionals/accessibleinformation/Pages/see_it_right.aspx	NICE aims to comply with Web Content Accessibility Guidelines 1.0, Level Double-A. This means that most content, including NICE guidance products, is accessible to people with a visual impairment, through browser tools. These tools include converting written words to spoken words and being able to view text at larger sizes. Requests for information in alternatives formats such as audio or braille are considered on an individual basis and will be provided wherever possible.
Royal National Institute of Blind People	1.5	4	How can employees with disabilities or long-term conditions be supported to return to or stay in work? Which interventions are most effective and cost effective, and for which conditions and occupational groups? What is the effect of timing, duration and intensity of the intervention? Training in using accessible technology - For somebody who has lost their sight it can be a harsh learning curve both being aware of technology which is available and then knowing how to use it. It can often be a very different experience for somebody who has lost their sight to start using technology which is accessible to them. Workshops demonstrating these types of accessible technology, and then providing intensive training into how to use said technologies would be invaluable for allowing a person who has lost their sight to be both confident and	Thank you, noted. When searching the evidence base for the current guideline (regarding - intervention support for employees with disabilities and long-term conditions) there may be information about training-to-support-interventions reported and this will be captured in the evidence reviews. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness

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			capable of returning to work. Better guidance and assistance for applying 'Access to Work' - This process is one which disabled employees returning to work could find quite daunting. Better support with the process improve the chances of disabled people returning to work, while ensuring the needs of each client are met with the best possible outcome.	and will consider available evidence for what works for whom and in what circumstances.
Royal National Institute of Blind People	1.5	4	For employers and the workforce, what are the barriers and facilitators to implementing interventions to support employees with disabilities or long-term conditions to return to or stay in work? Internal processes can block the implementation of a reasonable adjustment e.g. the installation of accessibility software. Companies tend to assume that once a single action has been taken place e.g. the Workplace Assessment, the problem has been resolved. It would be useful to have continual follow-up and monitoring processes put in place. Reasonable adjustments such as JAWS and Supernova software- Sometimes work colleagues can make this completely ineffective by ignoring the needs of the disabled person and producing material which is incompatible with the software. Disabled people who complain are then perceived as being difficult and troublesome employees who are over-critical of their colleagues. Therefore higher management should drive awareness and education regarding this across departments. All aspects of the workplace must be assessed continually, including training offered to employees. It is very, very common for a company to implement a new internal process, piece of software, e.t.c. and fail to	Thank you for your comment and for the examples. We will endeavour to find evidence to establish what works and for whom. Evidence of effective approaches will be considered by the committee that develops the guideline. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.

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			provide accessible training or documentation. This is especially true with the move to reduce costs by e-learning or the use of distance learning.	
Royal National Institute of Blind People	1.5	4	What help do employers need to review and adapt work activities, station, processes or place to support employees with disabilities or long-term conditions return to or stay in work? What sources of help are available? Employers seem to think it will cost more money to employ a person with a disability, and will therefore incur additional expenses. Better promotion of Access to Work' would help reduce some of the concerns potential employers might have. Increased support for employers employing disabled people navigate the Access to Work' process would also be beneficial. Better training for all employers into the processes involved and the opportunity to ask specialist organisations for assistance with specific disabilities should also be encouraged to make the process efficient. Companies should be offered visual awareness training. So they can express some of their concerns about working with people with sight loss and how they can overcome these fears such as the guiding technique. It would also benefit company clients/customers/visitors who are visually impaired/blind.	Thank you. See the response above concerning a call for evidence.
Seasonal Affective Disorder Association	1.1	2	The Seasonal Affective Disorder Association (SADA) would like to draw your attention to the condition known as SAD, (Seasonal Affective Disorder). This is a long term illness which, if uncontrolled, results in repeated episodes of winter depression which can in some cases be life-	Thank you for taking the time to read and comment on the draft scope.

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			threatening. SAD can start in childhood or at any time, sometimes after illness or trauma in genetically susceptible individuals. Changes from a light to dark environment can also be a trigger and management of light is an essential component in dealing with the condition. It can happen to people of any gender or ethnicity. A less severe form of SAD is called Winter Blues. People who suffer from this also benefit from light treatment.	
Seasonal Affective Disorder Association	1.4	4	Depression, a characteristic of the illness, often results in lengthy periods off work which inevitably have a significant personal and work place impact and cost.	Thank you, noted.
Seasonal Affective Disorder Association	1.5, 1	4	Research has shown that this condition can be addressed by sunlight, or as a substitute, light treatment provided by medically approved light-boxes. The optimum time for light treatment is during the morning with afternoon treatment usually as a top-up or second choice. Evening treatment is rarely appropriate as it interferes with the production of the sleep hormone, melatonin. The duration of treatment varies according to an individual's needs but it is usually up to two and a half hours per day. Therefore, employees with SAD are at a disadvantage if they cannot access sunlight or light-box treatment during their working hours. We have had reports from people who work in offices with no windows, or tinted windows who find their working conditions particularly stressful. This can result in loss of confidence, depression, time off work or, in some cases loss of employment. Employers also need to know that offices without daylight can cause symptoms of SAD in some people. Light-boxes are very cost effective compared with other treatments.	Thank you. When searching for evidence we will make an effort to identify interventions which support employees with SAD. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations, although there may be recommendations concerning the need for reasonable adjustments.

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Seasonal Affective Disorder Association	1.5, 2	4	People report that one of the barriers preventing light treatment in the workplace is that employers are concerned how it will affect other employees. We feel that this is not a valid reason to refuse permission to use light-boxes, as light emitted has a limited radius. 'Not enough space' is sometimes cited as a reason for refusal of light treatment too. However, there are many different sizes of light-box on the market. This issue we feel could also be addressed with better awareness and guidance.	Thank you, noted.
Seasonal Affective Disorder Association	1.5, 3	4	We feel employers need information about SAD and its effect on their employees. Ignorance leads to intolerance, a lack of understanding and no supportive treatment in the workplace. This results in high levels of absenteeism from people with SAD. At present we have a situation where many employees with this condition are afraid to even talk about their difficulties at work for fear of discrimination and lack of understanding. Depression, even now, is not always accepted as an illness like any other, which can be treated and overcome. For people with SAD light treatment is a very simple preventative solution to their depression if it was more widely accepted and supported in the work place. Employers need to be sensitive to the need for light treatment during working hours and provide enough space for light-boxes to be used at the correct height and distance. It would be helpful to people with SAD if employers offered part-time work or flexi-time to enable employees with SAD to use their light-boxes at home in their own time if this was preferred. It would also be helpful if the trend for tinted windows and offices without windows was reversed as it is a growing problem for people with SAD	Thank you, noted. See response above.

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			and may also affect the well-being of all other workers. Sources of help available. SADA, a Registered Charity, is the only organisation dedicated to providing support for people with SAD and is very willing to provide information for employers. The Maudsley Hospital, Kent has an Affective Disorder Clinic – they would provide information re. SAD Other mental health charities would provide information.	
Seasonal Affective Disorder Association	1.5, 4	5	People with SAD are potentially as productive as other employees. They are often particularly productive during the spring and summer months due to a resurgence of energy during those seasons. Helping to control their SAD in the optimum way described would be beneficial economically because it would prevent days, weeks or even months off work, apart from preventing the personal misery of prolonged periods of depression.	Thank you, noted.
Seasonal Affective Disorder Association	1.6, 6, 7 and 9	5	When an individual's SAD is controlled you can see them blossom and grow in confidence. Such control is also reflected in clear gains in productivity and performance. Greater recognition of SAD as a health issue will result in a change in employers' values and attitudes to the benefit of both employees' well-being and work output.	Thank you, noted.
Seasonal Affective Disorder Association	General		Those with the severe form of SAD are thought to represent approximately 2% of the population. Employers are likely to encounter an employee with either SAD or Winter Blues, as the incidence of these illnesses taken together stands at 22% of the population.	Thank you, noted.

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Self management uk	1.3.2	3/10	Self-Management for Life education either group or On-line for the employee and for the employer. Self-management education covers areas such as: living with a long-term condition, belief systems own and those who support, exercise, healthy eating, relaxation, mindfulness, action planning, set back strategies, monitoring and partnership with healthcare team. Supportive Self-Management for Life -in the Workplace – for managers. This explores understanding the impact of living with a long-term health condition for a person within the workplace. It also explores the application of communication skills to enable: effective support to be provided, a personalised, person-centred approach to support and the application of necessary employer policies and procedures to be positively applied.	Thank you for taking the time to read and comment on the draft scope. We cannot pre-empt the decisions of the committee that will develop the guideline, but recommendations will be based on the best available evidence of how to support employees; this may include information, advice and training to support self-support. The guideline will focus on non-treatment interventions to support employees, such as those you identify, and subject to available evidence.
Self management uk	1.5.1	4/10	Self-Management for Life education both face to face and on-line- as this empowers the individual and in doing so ensures they return or stay in work. Self-management education covers areas such as: living with a long-term condition, belief systems own and those who support, exercise, healthy eating, relaxation, mindfulness, action planning, set back strategies, monitoring and partnership with healthcare team.	Thank you.
Self management uk	1.5.3	4/10	Supportive Self-Management for Life -in the Workplace – for managers. This explores understanding the impact of living with a long-term health condition for a person within the workplace.	Thank you, noted.

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			It also explores the application of communication skills to enable: effective support to be provided, a personalised, person-centred approach to support and the application of necessary employer policies and procedures to be positively applied.	
Signature	General		The guidance should look at the differences between providing one off adaptations, such as physical changes to premises, and ongoing support, such as sign language interpreters.	Thank you for taking the time to read and comment on the draft scope. We cannot pre-empt the decisions of the committee that will develop the guideline, but recommendations will be based on the best available evidence of how to support employees.
Signature	1.3	3	The guideline should consider support workers under targeted interventions for employees.	Thank you, noted.
Signature	1.4	4	If the business case is considered, employers should be encouraged to consider • the long term benefits as well as short term costs; • non-financial costs and benefits of providing support, such as positive impacts on profile of taking corporate social responsibility seriously; and • their role and responsibility in light of the fact reasonable adjustments are statutory and government funding is available.	Thank you, noted. We anticipate that economic analysis and committee discussions for this topic will consider the points that you raise.
Signature				Thank you. It is proposed that the

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	1.4	4	Any economic analysis from the broad public sector and societal perspective should not prioritise narrow, short term financial concerns. It should consider the whole impact of providing or not providing support from the perspective of the employer, employee, wider staff team, local area, region and country as a whole. Therefore, 'economic evidence' should be broader than financial. It should include physical and mental health, well being, and behaviour.	analysis will be considered at the employer and employee level. If there is evidence of health and wider benefits stemming from interventions it may be considered in any future analysis.
Signature	1.5	4 & 5	In all the key issues and questions, 'to return to or stay in work' should be changed to 'to return to, stay or progress in work'.	Thank you. The scope has been revised to remove reference to 'progress in work'. Although progress is an important focus for employees and their employers, it is beyond the scope of this guideline. In order to keep the guideline to a manageable size, we will seek evidence of interventions that support employees 'to return to or stay in work'.
Signature	1.5	5	Question 4 should read, 'What are the costs and ~~economic~~ benefits to employers and employees of supporting employees with disabilities or long-term conditions to return to or stay in work?'	Thank you. The question you refer to has been amended as you suggest. The question number has changed from 4 to 3, in the final scope.
Signature	1.5	4 & 5	A key question should be added:	Thank you. The key questions have been revised to focus on areas where evidence will be sought. The question

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			'For employers and the workforce, what additional barriers to supporting employees with disabilities or long-term conditions to return to, stay progress in work are presented when the support required is ongoing?'	you propose is likely to be a key consideration for the committee responsible for developing the guideline; however, it is not practical to list all the potential question that will inform the deliberations of the committee.
Signature	1.6	5	Outcome 5 should read, 'Measures of physical and mental health and wellbeing'.	Thank you. The outcome 5 has been revised in line with your suggestion.
Signature	1.6	5	An outcome should be added: 'Provision of support workers.'	Thank you. The list of outcomes is not intended to be exhaustive. If studies report the outcomes you identify we will endeavour to report them in the evidence reviews. The outcomes listed in section 1.6 include adjustments in work activities and processes and changes in practice.
The National Rheumatoid Arthritis Society (NRAS)	1.1	2	It is welcome that both employees and employers of any size will be covered by this guideline. However the guideline will need to consider that different interventions will be more achievable within different organisations/employers of different sizes and resources.	Thank you for taking the time to read and comment on the draft scope. The scope has been amended, in section 1.1, to make it clear that the guideline is primarily for employers. However, the final guideline may provide useful information for people

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				who are employees. In section 1.3, the scope document acknowledges that the guideline will consider organisational factors such as size (number of employees), industrial sector and range of activities undertaken by employees. Further factors are considered in the 'equality impact assessment' document that accompanies the scope document.
The National Rheumatoid Arthritis Society (NRAS)	1.1	2	NRAS understands the focus of this guideline on workplace interventions but would welcome the inclusion of out of work support within the scope of a guideline, as this is incredibly important for the people we represent. For many people with rheumatoid arthritis (RA), work can become difficult at various points throughout the progression of their disease. According to the National Audit Office (NAO), one third of people with the disease will have stopped working within two years of onset and around half will be unable to work within ten years.[3]	Thank you, noted. In order to keep the guideline to a manageable size, it will focus on employees and interventions in the workplace. Although people who are unemployed will not be covered by the guideline, we acknowledge that this is an important topic which deserves greater attention. As mentioned in the scope, the guideline may offer indirect support to people who are unemployed and seeking work.
The National Rheumatoid Arthritis Society (NRAS)	1.1	2	Some people cease working with the aim of returning to employment in the future, when their disease is under better control or with increased	Thank you, noted. See comment above.

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			support. Within a recent NRAS survey of people with RA, 25% of respondents who were currently unemployed said this was because they were currently unable to work due to their RA.[4] An additional 4% said they had never been able to work due to their RA.[5] To help these people return to work, support and interventions are also needed for those outside the workplace. The Equality Impact Assessment notes that unemployed people with long-term conditions and disabilities are out of the scope but states that a future guideline may cover this group.[6] If it is not felt appropriate for this guideline to cover unemployed people, NRAS would strongly support the development of an additional guideline.	The Equality Impact Assessment has been amended to clarify that unemployed people with long-term conditions and disabilities is not on the list of future topics. Future topics are listed here: http://www.nice.org.uk/standards-and-indicators/developing-nice-quality-standards-/quality-standards-topic-library You may also be interested in the process for selecting and prioritising guideline and quality standard topics: http://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/selecting-

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				and-prioritising-guideline-and-quality-standard-topics
The National Rheumatoid Arthritis Society (NRAS)			[3] NAO, Services for people with rheumatoid arthritis, 2009, pp. 4 [4] NRAS Survey, 2015 [5] NRAS Survey, 2015	Thank you, noted.
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	The scope of activities that will be covered by the guideline is welcome, covering both organisational interventions and targeted interventions for employees.	Thank you.
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	Under organisational interventions, education campaigns to tackle discrimination and stigma are welcome. Public awareness remains a vital issue for RA. Our 'Breaking down Barriers' report found that only 41% of survey respondents felt they understood the symptoms of RA[7] and only 10% of the British public said they had seen information displayed in public on the symptoms of RA.[8]	Thank you.
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	Education campaigns must target other employees as well as employers themselves. Our helpline staff have reported receiving a number of calls from people with RA about discriminatory and hostile behaviour from their colleagues.	Thank you. The organisational interventions would be focused in the workplace, rather than the local, regional or national level. It is anticipated that the guideline would

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				focus on workplace behaviour, including managers and employees.
The National Rheumatoid Arthritis Society (NRAS)			[6] NICE, Equality Impact Assessment: Workplace health: Support for employees with disabilities and long term conditions, 2015, pp. 2 [7] NRAS, Breaking down Barriers, 2013, pp. 31 [8] NRAS, Breaking Down Barriers, 2013, pp. 31	Thank you
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	However, the guideline must also acknowledge that not all people with a disability want their colleagues to be aware of their health condition. The guideline should include information about treating information with discretion and sensitivity.	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. There will, however, be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	Inclusion of '*systems for monitoring employees with disabilities and long-term conditions and responding to need'* is welcome. RA is a fluctuating condition, with no universal pattern to symptoms. Some people have 'flares', or periods when their symptoms are much worse. The duration and impact of flares differs and nearly half of people with RA suffer flares over a six month period and nearly a quarter suffer flares on a weekly or daily basis.[9] A system which allows employers to monitor these fluctuations and respond to them would therefore be welcome. However, NRAS believes that the guideline must emphasise that interventions will need to be tailored to individuals and their specific conditions.	Thank you, noted.

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The National Rheumatoid Arthritis Society (NRAS)	1.3	3	The guideline should seek to raise awareness amongst organisations and their employees of available Government support and resources to help people stay in work. For example, signposting organisations to the Access to Work scheme should definitely be included in the guideline. In its inquiry on Access to Work, the Work and Pensions Select Committee recommended that the scheme '*currently only supports a minority of disabled people whom it might benefit*'[10], and that much more high profile marketing and promotion is needed.[11]	We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. There will, however, be an opportunity for all stakeholders to comment on the draft guideline July - September 2016.
The National Rheumatoid Arthritis Society (NRAS)			[9] Bolge SC, et al. Patient Experience with Rheumatoid Arthritis Disease Flares, KantarHealth [10] Work and Pensions Select Committee, Report into Access to Work, 2014 [11] Work and Pensions Select Committee, Report into Access to Work, 2014	Thank you.
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	Raising awareness of available workplace rehabilitation approaches should be a clear focus of the guideline. NRAS has found knowledge and use of these by employers is considerably lacking. 49% of respondents to our survey of RA patients about chronic fatigue said that their line	Thank you. Subject to available evidence, the guideline will cover relevant interventions to support employees (if

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			manager had not discussed or offered any changes to help them manage their fatigue better.[12] 88% of respondents said that information for employers was of some importance or very important.[13]	they are the responsibility of the employer), including adjustments in work activities, station, processes or place (including assistive technology or practices, changes to job design and flexible working).
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	It is important the guideline makes clear the legal obligations of employers as well as the rights and entitlements of employees with long-term conditions.	Thank you, noted. The scope makes reference to the employer's responsibility to make reasonable adjustments. The guideline will aim to identify the most effective adjustments to support work.
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	Whilst NRAS understands that the guideline is intended to only cover workplace interventions, we believe it would be of benefit to expand recommendations around '*non-treatment workplace programmes to help people manage their condition'* to include signposting to self management resources outside of the workplace which employees might benefit from and consider how employers might encourage use of these, such as through paid or part-paid leave to attend such interventions.	Thank you, agreed. The final scope includes the following intervention area, in section 1.3: 'showing people how to get help from employee support schemes'.
The National Rheumatoid Arthritis Society (NRAS)	1.3	3	It is important that any workplace programmes that are adopted by employers address the specific concerns and needs of the individual in a meaningful way and are not just seen as being one size fits all.	Thank you, noted. See response above concerning comment on the draft guideline.

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The National Rheumatoid Arthritis Society (NRAS)	1.4	4	The intention of the guideline to take a broad societal perspective and consider the economic case for workplace interventions is welcome. The economic costs of RA and other musculoskeletal conditions are very significant and well documented. The NAO estimates that the additional cost to the economy of sick leave and work disability due to RA is £1.8 billion per year.[14]	Thank you, noted.
The National Rheumatoid Arthritis Society (NRAS)			[12] NRAS, Invisible Disease: Rheumatoid Arthritis and Chronic Fatigue, pp. 8 [13] NRAS, Invisible Disease: Rheumatoid Arthritis and Chronic Fatigue, pp.35	Noted
The National Rheumatoid Arthritis Society (NRAS)	1.5	4	Given the economic case laid out above, NRAS believes rheumatoid and inflammatory arthritis should be prioritised as conditions for which occupational interventions can be cost effective.	Thank you. We are planning a call for evidence in the near future, and we encourage stakeholders to submit relevant evidence. All stakeholders will be notified when a date has been set.
The National Rheumatoid Arthritis Society (NRAS)	1.5	4	NRAS believes a number of low-cost interventions could be very effective at helping people with RA better manage their condition within the workplace and stay in employment. Within our survey on chronic fatigue, 48% of respondents said that an increase in knowledge among their co-workers would help them manage better. The option to take emergency leave as needed, an increase in home working and changes to the	Thank you. See response above concerning a call for evidence.

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			pattern of hours worked were listed as the next most useful interventions.[15]	
The National Rheumatoid Arthritis Society (NRAS)	1.5	4	Employer flexibility in allowing employees with long-term health conditions to attend medical appointments and take necessary action to manage their condition is also an important – and relatively simple – adjustment which can be made.	Thank you, noted.
The National Rheumatoid Arthritis Society (NRAS)	1.5	4	As mentioned above, employers can lack awareness of schemes and funds to help support employees, such as Access to Work. It is good to see Access to Work referenced within the policy context laid out in the draft scope.	Thank you.
The National Rheumatoid Arthritis Society (NRAS)	1.6	5	The '*main outcomes'* outlined are comprehensive and welcome.	Thank you.
The National Rheumatoid Arthritis Society (NRAS)	3.1	6	The draft scope names '*arthritis*' as an example of a long-term condition. NRAS feels strongly this should be separated out more specifically into osteo-arthritis and inflammatory arthritis. These are very different conditions, which will require different workplace interventions. For example the fluctuating nature of RA, in which patients can experience flares, presents unique challenges for workplace support. Additionally, osteoarthritis can tend to worsen as the day goes on whereas early morning stiffness is more significant for those with RA. The needed adaptations to deal with these effects are likely to be very	Thank you. The list of conditions and disabilities was not intended to be exhaustive. It is not possible to list all relevant conditions; however, we have amended the scope to include osteoarthritis, following your recommendation.

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			different. RA is also a systemic condition[16], meaning it can affect the whole body including the internal organs, such as the heart, lungs and eyes.	
The National Rheumatoid Arthritis Society (NRAS)			[14] NAO, Services for people with rheumatoid arthritis, 2009, pp. 5 [15] NRAS, RA and Chronic Fatigue Survey, 2014	Thank you
The National Rheumatoid Arthritis Society (NRAS)	3.3	10	The draft scope makes reference to out of work support programmes such as 'Work-choice' within the context section of the draft. However it is made clear, that this will not be covered by the scope. NRAS understands the reason for this exclusion of out of work support and is pleased to note that this may be the subject of a separate NICE guideline.[17]	Thank you. Please see the response above concern NICE's future topics. Future topics are listed here: http://www.nice.org.uk/standards-and-indicators/developing-nice-quality-standards-/quality-standards-topic-library
The National Rheumatoid Arthritis Society (NRAS)	3.3	10	However, NRAS believes it is important to stress the mixed success rates of out of work programmes. Of new starters to the 'Work-choice' scheme between April and September 2013, 43% had obtained a job outcome by the end of March 2014,[18] and the Work Programme continues to have	Thank you, noted.

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			difficulties in supporting sick and disabled people back into sustained employment.[19] It is therefore much more effective and cost-efficient to keep people in the workplace in the first place.	
The National Rheumatoid Arthritis Society (NRAS)			[16] Cojocaru et al, Extra-articular manifestations in rheumatoid arthritis, Maedica (Buchar). 2010 Dec; 5(4): 286–291 [17] NICE, Equality Impact Assessment: Workplace health: Support for employees with disabilities and long term conditions, 2015, pp. 2 [18] Department of Work and Pensions, Work Choice: Official Statistics , May 2014	Thank you

[19] Channel 4 News, 'Fact Check: Work Programme still under pressure to prove its worth', 2014

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