Workplace health: long-term sickness absence and capability to work

Consultation on draft guideline - Stakeholder comments table
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AADD-UK (Adult Attention Deficit Disorder–UK)	Guideline	General	General	**Guideline plus questions 1, 2 & 3** We appreciate having the opportunity for submitting comments and thought overall the guideline was good except for the complete lack of any recognition of the impact of any underlying neurodevelopmental disorders on long term-sickness, recurrent sickness and capability to work. If that can be rectified, we feel this guideline will be very useful. This comment is also our answer to your questions 1 and 3. Regarding question 2, we don't feel that including neurodevelopmental disorders will significantly increase costs. In fact, it's likely it may help increase productivity and reduce absences.	Thank you for your comments. This guideline includes those in full and part time work who have been on long-term or recurrent short-term sick leave, for any reason, this would include those with underlying neurodevelopmental conditions. The recommendation on 'Statement of fitness for work' notes that on receiving a fit note, the employer should start and maintain a confidential record which should include any comments from the medical practitioner about how the person's condition or treatment affects their capacity for work.
AADD-UK (Adult Attention Deficit Disorder – UK)	Guideline	6	18 - 21	We would like to see neurodevelopmental disorders (e.g. ADHD, Autistic Spectrum Disorders, etc.) included here because they can increase employee's susceptibility to developing stress related illnesses and common mental health disorders. Furthermore, the underlying symptoms may be responsible for amplifying the impact of illnesses and common mental health conditions thus making recovery more difficult and interventions less effective. Also, standard/general interventions are likely to be more effective if they are tailored to meet the needs of employees with neurodevelopmental disorders.	Thank you for your comment. This guideline includes those in full and part time work who have been on long-term or recurrent short-term sick leave. Recommendations need to be applicable to a broad range of different sizes and types of organisations. Therefore, they cannot provide precise detail for specific situations. The recommendations do include to support the return to work consider seeking

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					expert sources of vocational advice and support relevant to their condition. This recommendation is intended for medical practitioners and so any existing conditions such as neurodevelopment disorders will be taken into account by the practitioner when identifying any additional support needed.
AADD-UK (Adult Attention Deficit Disorder – UK)	Guideline	6	22 - 25	We would like to see neurodevelopmental disorders (e.g. ADHD, Autistic Spectrum Disorders, etc.) included here because they can increase employee's susceptibility to developing stress related illnesses and common mental health disorders. Furthermore, the underlying symptoms may be responsible for amplifying the impact of illnesses and common mental health conditions thus making recovery more difficult and interventions less effective. Also, standard/general interventions are likely to be more effective if they are tailored to meet the needs of employees with neurodevelopmental disorders.	Thank you for your comment. This guideline includes those in full and part time work who have been on long-term or recurrent short-term sick leave. Recommendations need to be applicable to a broad range of different sizes and types of organisations. Therefore, they cannot provide precise detail for specific situations. The recommendations do include to support the return to work consider seeking expert sources of vocational advice and support relevant to their condition. This recommendation is intended for medical practitioners and so any existing conditions such as neurodevelopment disorders will be taken into account by the practitioner when identifying any additional support needed.

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AADD-UK (Adult Attention Deficit Disorder – UK)	Guideline	7	11 - 19	We would like to see neurodevelopmental disorders (e.g. ADHD, Autistic Spectrum Disorders, etc.) included here because they can increase employee's susceptibility to developing stress related illnesses and common mental health disorders. Furthermore, the underlying symptoms may be responsible for amplifying the impact of illnesses and common mental health conditions thus making recovery more difficult and interventions less effective. Also, standard/general interventions are likely to be more effective if they are tailored to meet the needs of employees with neurodevelopmental disorders.	Thank you for your comment. This guideline includes those in full and part time work who have been on long-term or recurrent short-term sick leave. Recommendations need to be applicable to a broad range of different sizes and types of organisations. Therefore, they cannot provide precise detail for specific situations. The recommendations do include to support the return to work consider seeking expert sources of vocational advice and support relevant to their condition. This recommendation is intended for medical practitioners and so any existing conditions such as neurodevelopment disorders will be taken into account by the practitioner when identifying any additional support needed.
AADD-UK (Adult Attention Deficit Disorder – UK)	Guideline	9	1 - 3	We would like to see neurodevelopmental disorders (e.g. ADHD, Autistic Spectrum Disorders, etc.) included here because they can increase employee's susceptibility to developing stress related illnesses and common mental health disorders. Furthermore, the underlying symptoms may be responsible for amplifying the impact of illnesses and common mental health conditions thus making recovery more difficult and interventions less effective. Also, standard/general interventions are likely to be more effective if they	Thank you for your comment. This guideline includes those in full and part time work who have been on long-term or recurrent short-term sick leave. Recommendations need to be applicable to a broad range of different sizes and types of organisations. Therefore, they cannot provide precise detail for specific situations. The recommendations do include to support the return to work consider seeking

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				are tailored to meet the needs of employees with neurodevelopmental disorders. In addition, the interventions (visual prompts, noise cancelling headphones, desks situated away from noisy areas etc.) may be needed for as long as people remain in the job.	expert sources of vocational advice and support relevant to their condition. The workplace adjustments are to be agreed with the individual and over agreed time frames, this may include adjustments that may be needed on a long-term basis.
AADD-UK (Adult Attention Deficit Disorder – UK)	Guideline	12	3 - 13	We would like to see neurodevelopmental disorders (e.g. ADHD, Autistic Spectrum Disorders, etc.) included here because they can increase employee's susceptibility to developing stress related illnesses and common mental health disorders. Furthermore, the underlying symptoms may be responsible for amplifying the impact of illnesses and common mental health conditions thus making recovery more difficult and interventions less effective. Also, standard/general interventions are likely to be more effective if they are tailored to meet the needs of employees with neurodevelopmental disorders. In addition, taking into account any underlying neurodevelopmental disorders when considering support interventions may lead to a decrease the likelihood of a recurrence of absence.	Thank you for your comment. This guideline includes those in full and part time work who have been on long-term or recurrent short-term sick leave. Recommendations need to be applicable to a broad range of different sizes and types of organisations. Therefore, they cannot provide precise detail for specific situations. The recommendations do include to support the return to work consider seeking expert sources of vocational advice and support relevant to their condition. The workplace adjustments are to be agreed with the individual and over agreed time frames, this may include adjustments that may be needed on a long-term basis.

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AADD-UK (Adult Attention Deficit Disorder – UK)	Guideline	12 - 13	14 - 3	We would like to see neurodevelopmental disorders (e.g. ADHD, Autistic Spectrum Disorders, etc.) included here because they can increase employee's susceptibility to developing stress related illnesses and common mental health disorders. Furthermore, the underlying symptoms may be responsible for amplifying the impact of illnesses and common mental health conditions thus making recovery more difficult and interventions less effective. Also, standard/general interventions are likely to be more effective if they are tailored to meet the needs of employees with neurodevelopmental disorders. It is important that those running the programmes have an understanding of the different needs of the different groups of people with neurodevelopmental disorders. It is also important to recognise that people with neurodevelopmental disorders who have been out of work may have chronically low self-esteem which may hamper the effectiveness of interventions.	Thank you for your comment. This guideline includes those in full and part time work who have been on long-term or recurrent short-term sick leave. Recommendations need to be applicable to a broad range of different sizes and types of organisations. Therefore, they cannot provide precise detail for specific situations. The recommendations do include to support the return to work consider seeking expert sources of vocational advice and support relevant to their condition. The workplace adjustments are to be agreed with the individual and over agreed time frames, this may include adjustments that may be needed on a long-term basis.
AADD-UK (Adult Attention Deficit Disorder–UK)	Guideline	15 - 20	3 - 14 14 on page 20	We would like to see research on the impact of ADHD on sickness absence included here. People with ADHD not receiving appropriate interventions are more likely to have recurrent short-term sickness absences and poorer work performance records. A retrospective analysis of Danish Central	Thank you for your comment. The focus of this guideline is to support return to work for those who have had long-term sickness absence. It is not specific to the needs of the impact of specific conditions on sickness absence. The research

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				Person Register data, when controlled for environment showed that the lifetime cost of untreated ADHD adults was around £265 million and that was mainly due to unemployment. A 2008 WHO study was conducted to estimate the prevalence and workplace consequences of adult ADHD. The results showed that ADHD was associated with a statistically significant 22.1 annual days of excess lost role performance compared with those who did not have ADHD... You will find other studies on this topic but without question more are needed.	recommendations have been developed to support this overall approach; therefore, this research recommendation has not been changed.
ACPOHE	Guideline	4	12	We are concerned that this recommendation raises the conflict between different government departments/ and Tax. If employers are required to help improve an individual's well-being but then the individuals or employers may be then penalised with a tax obligation for providing treatment (benefiting kind). Further discussions within the different departments are necessary to help clarify this issue.	Thank you for your comment. The consideration of conflict between government departments and tax is not within the scope of this guideline.
ACPOHE	Guideline	6	4	There needs to be more discussions between all stakeholders within government regarding the Fit Note as some departments do not currently recognise it as valid unless this has been signed by a GP. AHP have more time and are in a better	Thank you for your comments. Currently the Fit Note has to be completed by a medical practitioner. Although the change to those who can complete the fit note may occur in the future, the guideline reflects the current situation.

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				position to assess the physical factors that may influence an employees return to work.	The guideline reflects the importance of taking into account any additional information supplied (such as from an allied health professional) about how their condition may affect their ability to do their role.
ACPOHE	Guideline	15	20	**Recommendation for research** There is a desperate need for further research in this area in all sectors. Previous research has not focused on specific size of employer	Thank you for your comment. A research recommendation has been included to consider the return to work in micro-, small- and medium-sized organisations. This covers the point you have raised.
ACPOHE	Guideline	18	8	**Rationale and impact** This would prove a challenge as many return to work strategies are often seen as a stick rather than a carrot to get people back to work.	Thank you for your comment. The committee discussed the need for policies forming part of a wider culture of health and wellbeing and this is reflected in the recommendations.
Action on Hearing Loss	General	General	General	Action on Hearing Loss welcomes the opportunity to submit a response to this consultation. Action on Hearing Loss is the charity formerly known as RNID. Our vision is of a world where deafness, hearing loss and tinnitus do not limit or label people and where people value and look after their hearing. We help people confronting deafness, tinnitus and hearing loss to live the life they choose. We enable them to take control of their lives and	Thank you for your comment.

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				remove the barriers in their way. We give people support and care, develop technology and treatments, and campaign for equality.	
Action on Hearing Loss	Guideline	General	General	Below are answers to the questions outlined above: 1. **Which areas will have the biggest impact on practice and be challenging to implement?** Your recommendation of fostering a caring and supportive culture (page 5, line number 1) is essential to ensuring that people with health conditions or disabilities get the support they need in the workplace. In our recent survey of people with hearing loss, we found that over half (54%) of respondents had not disclosed their hearing loss to people at work because of the negative repercussions they thought they might face.[1] Not disclosing a disability or condition reduces the chance that an employee will get the adjustments and support they need at work. Moreover, not addressing a condition at work, may cause other conditions, which could mean more extended periods of absence. For example, in our survey of people with hearing loss,	Thank you for your comments. In relation to your reply to question 1, the committee also agreed that fostering a caring and supportive culture is important and intended that the recommendations in this section will help support the issues you have highlighted. In relation to your reply to question 2, a Resource Impact Statement will be published alongside the guideline. Regarding your reply to question 3, the recommendations on 'Assessing and certifying fitness for work' and 'Statement of fitness for work' have been amended so that they now refer to other possible expert sources of vocational advice and support relevant to the employee's condition. The committee agreed that this would include, but is not limited to advice from relevant charities and therefore agreed not to specify that charities should be the source of this information.

[1] Action on Hearing Loss (2018), *Survey of Workplace Experiences*

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				we found that people who had not disclosed their hearing loss to people at work were more likely to agree with the statement 'I have felt stressed at work because of my hearing loss.'[2] Therefore, by encouraging people to disclose any health condition or disability at the earliest possible stage, and thereby making sure adjustments are in place, it could prevent employees from needing to take longer periods of absences. **2. Would implementation of any of the draft recommendations have significant cost implications?** Aside from the recommendation (starting on page 5, line 13), which advises organisations to consider occupational health services, we do not see any of the other recommendations having a significant cost implication. All recommendations can be easily implemented into current workplace practices. We know that many employers can be fearful of the cost of	

[2] 78% of respondents who had not disclosed their hearing loss at work said that they have felt stressed at work because of their hearing loss; whereas 66% of respondents who had disclosed their hearing loss agreed with this statement. Action on Hearing Loss (2018), *Survey of Workplace Experiences*

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				employing a disabled person. For example, in a ComRes survey of employers for Leonard Cheshire, it was found that 66% of employers felt that the cost of adjustments was a barrier to employing disabled people.[3] We therefore recommend that NICE makes it clear that almost all the guidance contains recommendations which are low cost or cost free. 3. **What would help users overcome any challenges?** In terms of workplace adjustments (the section starting on page 8, line 20), we urge employers of people with hearing loss to look at Action on Hearing Loss' resources, or contact our information line, to get advice about adjustments that can be made for people with hearing loss.[4] Many charities have similar resources and we would recommend that employers make use of these. Anecdotal evidence we have	

[3] ComRes (2019), Leonard Cheshire Employers Survey
[4] https://www.actiononhearingloss.org.uk/how-we-help/businesses-and-employers/employer-hub/

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				suggests that employers do not think to approach charities to seek advice about workplace adjustments. We would therefore urge NICE to include a recommendation encouraging employers to look to relevant charities for advice about adjustments.	
Action on Hearing Loss	Guideline	General	General	Within this document, the difference between 'sickness' and 'disability' is not well defined and we call on NICE to differentiate between sickness and disability leave. As the TUC sets out in their guide to sickness absence and disability discrimination,[5] differentiating between the two types of leave ensures that people who take time off work due to their disability do not have this leave counted towards any sickness absence, which could trigger absence management procedures. We therefore urge NICE to recommend that disability leave is considered apart from sickness absence. Under law, employers do not have to count leave relating to disability as separate from sick leave. However, employers must consider making 'reasonable adjustments' to assist disabled employees (including people living with HIV) at work, under the Equality Act 2010. Having a	Thank you for your comments. At the beginning of the guideline it has been clarified that the focus of the guideline is on managing sickness absence for all employees, regardless of whether they have a disability or long-term condition. This includes a statement that it should be considered alongside the legal requirements for employers in relation to health and disability. The scope of this guideline is for those who have had long-term sickness absence or recurring short-term sickness absence. Recommendations could not be made specifically in the area of disability leave. Additional explanation has been added in the rationale section of the guideline. This section discusses the legal obligation for employers to make reasonable workplace adjustments for an employee with a disability or condition covered by the Equality Act

[5] https://www.tuc.org.uk/sites/default/files/tucfiles/sickness_absence_and_disability_discrimination_feb2013.pdf

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				disability leave policy is one example of a reasonable adjustment and The Equality Act 2010 Employment Statutory Code of Practice gives disability leave as an example of a reasonable adjustment an employer should consider.[6] In TUC's recommendations, it stipulates that a disability policy should outline what sort of absence counts as disability leave.[7] For example, appointments, treatment, therapy, recuperation, training or retraining, assessments, and when waiting for the employer to complete the making of adjustments. It should also include an element of flexibility so that it can be extended to cover unforeseen but clearly appropriate circumstances. In sum, we recommend that where the word 'sickness' is mentioned, that the word 'disability' is included beside it. For example, at page 5, line 4, it should read '…clear procedures for reporting and managing sickness **and disability** are in place.'	2010. Also, that particular consideration in making adjustments may be needed when an employee is returning from sickness absence, to provide them with the best possible support.

[6] https://www.equalityhumanrights.com/en/multipage-guide/examples-reasonable-adjustments-practice
[7] Ibid.

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Action on Hearing Loss	Guideline	5	6	In line with our suggestions above, we suggest that an extra paragraph is inserted between 1.1.3 and 1.1.4 which outlines the need to differentiate between disability and sickness absence; such as a paragraph starting: 'Organisations should ensure that there are different procedures for managing sickness absence and disability absence…'	Thank you for your comment. The focus of this guideline is on long-term sickness absence, applying to all employees, regardless of whether they have a disability or long-term condition. Clarification that the focus of the guideline is on managing sickness absence for all employees, regardless of whether they have a disability or long-term condition has been added to the beginning of the guideline. This includes a statement that it should be considered alongside the legal requirements for employers in relation to health and disability.
Action on Hearing Loss	Guideline	5	7	This recommendation is an important addition and one we urge to remain in the guidance. We know that many people are dropping out of the workplace due to their hearing loss: a recent poll found that 38% of respondents with hearing loss said they stopped working due to their hearing loss and of those, 49% said that they'd remained working for a year or less, following the diagnosis of their hearing loss.[8] It may be that many of these people could have been prevented from dropping out the of the workplace, if they had known that support and disability leave was allowed by the organisation.	Thank you for your comment.

[8] ComRes (2018) Leonard Cheshire Disabled Adults Survey 2018

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Alt-OH	Guideline	General	General	We are concerned that the guideline does not sufficiently advocate recovery at work; in that many of the recommendations could apply before a person goes off-sick so that sickness absence can be avoided altogether.	Thank you for your comment. The scope for this guideline excludes the primary prevention of sickness absence and focuses on managing return to work after sickness absence and so recommendations could not be made on this. The recommendations do however include noting that health and wellbeing should be a core priority and fostering a proactive approach to health and wellbeing. Recommendations in NICE guideline NG13 Workplace health: management practices, focus on mental wellbeing at work and on training for line managers. This includes being able to recognise when employees may need support and how to use stress risk assessments to identify sources of stress. NICE guideline PH22 Mental wellbeing is currently undergoing an update.
Alt-OH	Guideline	General	General	We are concerned that the wording of some of the recommendations implies that it is only after four weeks sickness absence that facilitated recovery to work becomes necessary. In our view the wording should downplay the emphasis on 4 weeks and increase emphasis on contact generally being desirable from the very beginning of the sickness absence period (except where precluded by the	Thank you for your comment. The recommendations identify that contact should be made as early as possible and within 4 weeks of sickness absence starting. This is reflected in the rationale and impact sections that notes that the committee discussed the importance of contact with the employee and the need for flexibility around this.

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				Equality Act or where the nature of the line manager relationship would preclude this).	
Alt-OH	Guideline	5	5 - 6	We feel that some mention should be made that reporting systems should be confidential to ensure uptake.	Thank you for your comment. The recommendation has been amended to incorporate this suggestion.
Alt-OH	Guideline	5	8	In our view the policies should be in place that encourage intervention before a person goes off sick that enable recovery at work, so this be reworded and read "and for recovery and return to work."	Thank you for your comment. The primary prevention of sickness absence is not within the scope of this guideline update and so recommendations could not be made on this.
Alt-OH	Guideline	5	13	Could some guidance be provided on what quality assurance indicators the employer should look for when commissioning EAP or OH guidance?	Thank you for your comment. Quality assurance indicators for commissioning services such as occupational health are beyond the scope of this guideline and so recommendations could not be made on this. However, the rationale and impact section includes a link to guidance for employers on commissioning an occupational health service from the available from the Society of Occupational Medicine.
Alt-OH	Guideline	6	1	In our view recommendations could also be produced on how sickness absence should be measured to pave the way more consistent and reliable measurement of intervention effectiveness. Some recommendations on how it could be linked	Thank you for your comment. The guideline does include a recommendation to consider the collection of data that can enable

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				with productivity and turnover outcomes could also be used. A much-needed standardisation of sickness absence measurement would seem essential for enabling the research recommendations on page 15.	sickness absence profile and changing trends to be monitored. The standardisation of the measurement of sickness absence is not within the scope of this guideline and so recommendations could not be made on this.
Alt-OH	Guideline	6	10	We were wondering how likelihood for being off-sick for longer than 4 weeks could proactively be determined. More guidance on this would be useful.	Thank you for your comment. This will vary according to the individual situation. The recommendation cannot therefore be too specific. The rationale section notes the importance of being flexible and gives examples of recovery from surgery or cancer treatment where recovery will take longer than 4 weeks.
Alt-OH	Guideline	6	21	In our view, this recommendation seems to assume that individuals will already have knowledge of symptom aetiology and maintenance. However, they may also require education on this area so that they can separate vulnerability from causal and maintenance factors and are not biased to purely biomedical, as opposed to biopsychosocial explanations of health.	Thank you for your comment. This recommendation is intended for medical practitioners and so they should be well placed to identify any additional support needed by the employee.
Alt-OH	Guideline	7	8	We would expect suggestions on how to return to work (e.g. obstacles reduction and workplace adjustments) to also be included within any statement over fitness to work.	Thank you for your comment. Workplace adjustments are not discussed in this particular recommendation as it focuses on employees who are 'not fit for work'. Later recommendations in

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					this section consider planning ahead for the employees return to work and focus on employees who 'may be fit for work'. These recommendations discuss workplace adjustments.
Alt-OH	Guideline	7	11 - 19	In our view this information could apply before someone goes off-sick – to enable recovery at work.	Thank you for your comment. The primary prevention of sickness absence is beyond the scope of this guideline update and so recommendations could not be made in this area.
Alt-OH	Guideline	8	10	We are concerned that the wording of this this recommendation could help fuel myths that work is only possible when 100% fit (e.g. should only return to work when sufficiently recovered). There may be plenty of circumstances where someone may not be able to go into work, but still usefully undertake tasks at home as a managed part of their recovery pathway. There may be other circumstances where a mix of working at home and being at work could be assimilated in a graded resumption of usual activities. This recommendation sounds too 'all or nothing.'	Thank you for your comment. This recommendation is in line with DWP guidance for employers. There are other recommendations on making adjustments that may help return to work, including phased return and changes to duties, and this is not an all or nothing approach.
Alt-OH	Guideline	8	21	See example 4 (general comment) regarding separation of obstacle from workplace adjustments.	Thank you for your comment. Obstacle reduction would be considered as part of possible work adjustments. The examples in this recommendation include those that are not physical

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					adjustments such as flexible working, phased return, reduce hours and changes to workstations or duties.
Alt-OH	Guideline	9	1	We believe that some indication on what a return to work plan should contain would be useful.	Thank you for your comment, The return to work plan will be based on the individual employee needs, their role in the employing organisation and the adjustments that have been agreed. There will need to be the flexibility in these to reflect this.
Alt-OH	Guideline	9	20	Similar to example X, we are concerned that the wording of this recommendation implies that facilitated support is not necessary until after 4 weeks – in our view it lacks urgency.	Thank you for your comment. The recommendations identify that contact should be made as early as possible and within 4 weeks of sickness absence starting. This is reflected in the rationale and impact sections that notes that the committee discussed the importance of contact with the employee and the need for flexibility around this. This covers the point you have raised.
Alt-OH	Guideline	10	21	In our view the recommendations within this section (early intervention) could place stronger emphasis on the line managers role in facilitating a more proactive and relevant approach.	Thank you for your comment. The importance in this recommendation is of management practices and a proactive approach to health and well-being are discussed in earlier recommendations on Workplace culture and policies.

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Alt-OH	Guideline	11	4	We would suggest that line managers involvement be discussed as part of the negotiations with an occupational health provider.	Thank you for your comment. This recommendation relates to the possibility of early referral to occupational health services. These recommendations are for employers, it was considered that across differing employers of differing sizes there may be different processes for this, these may not always involve the line manager. This change has not been made.
Alt-OH	Guideline	11	15	In our view the many of the strategies recommended within sustainable return to work could apply to both MSKs and mental health. For example, problem-solving therapy could be useful for mental health. Consequently separate these strategies in this way could unhelpfully imply that they do not read across to other conditions. Equally this section should mention that conditions that co-occur, and that mental health symptoms may be secondary to having other conditions.	Thank you for your comment. The recommendations for MSKs and common mental health problems are based on the evidence available which was for those specific interventions with those specific populations.
Alt-OH	Guideline	14	13	We would suggest that labelling presenteeism as being an altogether negative construct with exclusively negative outcomes is avoided. Based on our experience and research, we believe that accommodating temporary functional presenteeism, or people starting to struggle with symptoms at work, in order to permit recovery at work may more cost-effective than intervening only after a person	Thank you for your comment. The scope of this guideline did not include interventions to address presenteeism and therefore recommendations on this were not made. Recommendations in NICE guideline NG13 Workplace health: management practices, focus on mental

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				goes off-sick. Continually labelling presenteeism as counterproductive could prevent exploration of recovery pathways that have the greatest relevance to the workplace because they occur AT work.	wellbeing at work. This includes recommendations on responding to the needs of employees who may be at particular risk of stress caused by work, or other mental health problems, There is an update NICE guideline PH22 Mental wellbeing at work currently in development.
Alt-OH	Guideline	15	19	In our view, the omission of evaluating recovery at work interventions from these research recommendations represents a significant lost opportunity for advancing solutions for reducing costly sickness absence.	Thank you for your comment. The focus of this guideline is to support return to work for those who have had long-term sickness absence. Recovery at work interventions are not within the remit of this guideline and therefore recommendations could not be made on this.
Aortic Dissection Awareness UK & Ireland	Guideline	General	General	We are in general supportive of the content of this Guideline. The main aspect where we feel a greater recognition is necessary is in health conditions which are by their nature very long-term and also may not be visible. The guideline draws a distinction on "long-term" illness at 4 weeks and we feel this is a limited perspective. Many severe conditions are by their nature of a much longer duration and it may be years before a patient is able to return to work hence we believe that very-long-term illnesses need more coverage in the Guideline. Within these	Thank you for your comments. The scope of this guideline update uses the definition of long-term sickness absence as that lasting 4 or more weeks. This includes those who may be off for extended periods. The recommendations reflect this in recommending that there should be discussion on how frequently they should be contacted. The rationale section further notes that there should be flexibility such as where it is expected that recovery will clearly take longer than 4 weeks. The recommendations in relation to workplace adjustments note that the monitoring of workplace adjustments are to be

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				comments we will use the term "extended illness" to describe these cases. Despite the severity of such extended illnesses (and this is especially true for the condition we are concerned with, Aortic Dissection) a survivor typically can appear entirely "normal" once out of hospital and it may not be obvious to those in the workplace how long their recovery may take or what additional planning and monitoring may be required. Such patients may not respond to the types of initiative mentioned by way of an improvement in their condition, however, poor Employer management of such a patient will probably worsen the course of recovery and must be avoided. These scenarios are a common experience for many of our members, but we are less familiar with the evidence base around extended illness and a return to work; this evidence base appears to be limited and in need of development. The following research provides a background to support the basis that long-term illnesses may take far longer than of the order of 4 weeks. - Predictors of return to work in survivors of critical illness https://www.ncbi.nlm.nih.gov/pubmed/30138904	reviewed within agreed timeframes, allowing for the flexibility for these time frames to be varied depending on the needs of the employee and employer. Thank you for drawing our attention to these studies. Our inclusion criteria focussed on interventions to support return to work, rather than on predictors for return to work and so the studies you have highlighted were not identified by our searches and they would not have met our inclusion criteria. Only studies which meet the inclusion criteria detailed in the review protocols can be included in the evidence reviews.

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				- Organ support therapy in the intensive care unit and return to work: a nationwide, register-based cohort study https://www.ncbi.nlm.nih.gov/pubmed/29616288 - Associations between prognosed future work capacity among long-term sickness absentees and their actual work incapacity two years later https://www.ncbi.nlm.nih.gov/pubmed/24004785 - Return to work after treatment for primary breast cancer over a 6-year period: results from a prospective study comparing patients with the general population https://www.ncbi.nlm.nih.gov/pubmed/23417517	
Aortic Dissection Awareness UK & Ireland	Guideline	General	General	A patient, knowing their recovery may take years, is likely to be extremely concerned over their financial position during their illness and such stress and worry is likely to have a negative effect on their recovery. In this respect the Employer is involved and their contractual conditions of employment are vital to an employee's ongoing wellbeing. Because of this some guidance on how to deal with this situation should be considered, as follows. At a suitable time it may benefit the employee to have the following clarified, according to their	Thank you for your comment. However, eligibility for Statutory Sick Pay and other benefits is not included within the scope of this guideline update and so recommendations could not be made on this.

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				employment contract or any special provision being considered by the employer: (i) Is the employee eligible for Statutory Sick Pay (SSP) under the SSP rules and if so, how much and for how long (the 28 week limit)? (ii) Whether their Employment Contract and the Employers' provision for Occupational Sick Pay (OSP) (e.g. under an Employee Benefits Package) means they will be paid OSP, and if so, how much and for how long (full or part salary, limited or unlimited duration, blanking period or not, will SSP be topped up)? (iii) Whether an OSP scheme allows for a phased return to work? (iv) What monitoring and assessment of progress is required under the OSP scheme? (v) Under what conditions would consideration be needed on whether the employee can ever return to work? The employer clearly needs to deal sensitively with this issue, but the employee needs to know early if they are not going to receive any sick pay and must apply for State Benefit, also that in the other extreme of a generous benefits package that they can concentrate on their rehabilitation since their financial position is secure.	

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				We would suggest a section could be added to cover these issues, (i.e. Employer to discuss Sick Pay as and when appropriate, and sensitively), probably as an extra section at the 1.X level.	
Aortic Dissection Awareness UK & Ireland	Guideline	5	23	Add the time and frequency as well as cause. The Bradford Index could be utilised	Thank you for your comment. This has been amended to include duration and frequency of absence.
Aortic Dissection Awareness UK & Ireland	Guideline	6	12	An AD survivor is likely to remain under long-term follow-up by their surgeon or cardiac consultant; a GP cannot for example usually refer to Cardiac Rehab, so add "or relevant medical professional"	Thank you for your comment. This recommendation has been amended by removing GP.

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Aortic Dissection Awareness UK & Ireland	Guideline	6 - 8	1 - 19	Where an Employee is not fully covered by SSP or OSP and needs to apply for benefit, there can be a tension between assessing fitness for work within the employee/employer context and the same process under DWP methods in a benefits context. When work-fitness assessment only involves the Employer/Employee and the appropriate medical specialist, the matter can be handled according to the genuine needs and conditions prevailing. However, DWP assessment for, e.g. PIP, ESA, etc., can follow a very different route, often involving non-medically-qualified assessors, and it is entirely feasible for the patient's GP to assess the employee as unfit for work whilst the DWP assess as fit for work, and hence complicate an Employer/Employee's return-to-work plans. Even if covered by the Employer's OSP, the same tension can exist between a patient + GP's assessment of fitness to work and that of the Insurer underwriting an Employer's OSP scheme, where their claims handlers may want independent assessments which again turn out to differ to those of the GP. These discrepancies are difficult to address (the former without changing the DWP system) and it is not appropriate to try to procedurally address such discrepancies in this Guideline. However, all parties need to retain awareness that professional opinions	

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				on work fitness can differ and that this is likely to affect the Employee's recovery, either delaying recovery, or forcing the employee to attempt a return to work before they are really ready. We would suggest that the Guideline could: (i) in the event of disagreement between GP and an Assessor for the Employer's OSP Insurer clearly state that the GP's opinion should take precedence, and provide support to the Employee until resolved (ii) in the event of having to apply for state benefit provide support to the Employee through this (often daunting) process, for example providing expert advocacy Other proposals by NICE would be of interest.	
Aortic Dissection Awareness UK & Ireland	Guideline	7	19	Add 'and if any equipment is needed'	Thank you for your comment. This is considered to be part of possible workplace adjustments. The list of possible adjustments are examples, this is not considered exhaustive.
Aortic Dissection Awareness UK & Ireland	Guideline	7	22	List of adjustments should include avoiding shift work	Thank you for your comment. This is considered to be part of possible workplace adjustments. The list of possible adjustments are examples, this is not considered exhaustive.

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Aortic Dissection Awareness UK & Ireland	Guideline	8	23	**In list from line 23** Include personal evacuation plan in case of a fire, etc. A recovering AD patient may have similar physical restrictions to people more obviously immobile (such as in a wheelchair – and e.g. being unable to negotiate a long flight of fire escape stairs) and the lack of visibility of this condition makes it necessary to pre-plan.	Thank you for your comment. The recommendation includes a link to the HSE website for guidance on conducting risk assessments.
Aortic Dissection Awareness UK & Ireland	Guideline	11 - 12	13 - 15	Section 1.7.1 deals with musculoskeletal conditions, 1.7.2 with mental health conditions. We believe there should be a further section (1.7.3?) dealing with e.g. "others recovering from extended illness with ongoing risk of debilitation". Such cases require long-term (possibly years of) sensitivity to ensuring a sustainable return to work, including for example a Sustainability Plan which might include staged increase in hours, flexibility to deal with interim reverses in health, time off and even practical support to attend what can be numerous hospital or medical appointments and scans, regular reviews and adjustment of the sustainability plan.	Thank you for your comment. The recommendations are based on the evidence available and involved these two populations. The recommendations relating to fitness to work and making workplace adjustments include examples such as flexible working, phased return and include agreeing timeframes for implementation and review of adjustments to ensure that they are meeting the needs of the employee and employer.

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British Dietetic Association - Obesity Group	Guideline	11 - 12	15 - 27 and 1 - 13	A sustainable return to work should ideally be within the context of a health-promoting work environment. In addition to 1.7.1 and 1.7.2 (with which we agree), reference should ideally be made in this section to health promoting practices and environment at work.	Thank you for your comment. The importance of a making health and wellbeing a core priority and fostering a caring and supportive culture are included in the recommendations relating to workplace culture and policies.
British Dietetic Association - Obesity Group	Guideline	11 - 12	15 - 27 and 1 -13	Question 1: It is likely that this area is one which will be most challenging for smaller organisations to implement and may incur significant additional costs. It is unlikely that they will have the capacity or resources alone to offer such interventions.	Thank you for your comment. The importance of the guideline being able to be implemented across organisations of differing sizes is reflected throughout as the recommendations include options where organisations may not have formal policies or considering referral to external sources of support. Similarly, the recommendations relating to sustainable return to work include recommendations in relation to work with line managers, the development of action plans and possible access of qualified professionals. These are considered to be applicable to both larger and smaller organisations. Economic modelling indicated that such approaches could be cost saving, as well as reflecting good practice.
Aortic Dissection	Guideline	12	13	Recognise that a Line Manager may be part of a problem, so add "or other suitably competent and	Thank you for your comment.

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Awareness UK & Ireland				appropriate individual". This is especially necessary where stress management is a factor.	This recommendation includes that the process could be led by an impartial person and so this covers the point you have raised.
British Dietetic Association - Obesity Group	Guideline	4	12 - 13	We agree that workplace health should be a core priority for organisations, and that buy-in by top levels of management is needed. A bottom-up approach may work in synchrony but is unlikely alone to be sufficient to overcome institutional barriers to workplace health which may exist. Commitment of management will ensure that action is taken where needed.	Thank you for your comment. The importance of management commitment is reflected in the recommendations on 'Workplace culture and policies'.
British Dietetic Association - Obesity Group	Guideline	5	1 - 2	We welcome this update and agree that it is necessary. A key issue with regard to workplace health is access health-promoting environments and practices which help enable employees to remain healthy (and will also help those returning to work after sickness absence). In that regard this document is reactive rather than proactive. We appreciate that it focuses on one specific aspect of workplace wellness/sickness, and that workplace wellness falls outside the specific scope. However we would like to see the importance of organisational recognition of and support for workplace health in a practical preventive sense to be emphasised more (or a link made to related documents). Ideally businesses and organisations should meet a minimum standard for provision of a	Thank you for your comment. The importance of enabling employees to remain healthy is acknowledged. The recommendations do include making health and wellbeing a core priority and fostering a caring and supportive culture. Other related NICE guidelines focus on promoting a healthier workplace. For example there is an update of NICE guideline PH22 Mental wellbeing at work currently in development and an existing guideline PH13 Physical activity in the workplace.

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				health-promoting environment, both to enhance return to work for those on long-term sickness and to reduce the risk of long-term sickness in employees.	
British Dietetic Association - Obesity Group	Guideline	8	10 - 13	We appreciate the rationale for the recommendation that if adjustments cannot be made then a person should be treated as 'not fit for work'. However given that work is an important aspect of health, the longer someone is off the more potentially damaging this could be. A balance might be to consider if the person is able and willing, whether there are other duties they can carry out while waiting for adjustments to be made.	Thank you for your comment. The recommendations include those on making adjustments that may help return to work. These include possible changes to duties. When adjustments cannot be made, it is appropriate to advise the person to return to work only when they have sufficiently recovered and are able to perform their regular duties.
British Dietetic Association - Obesity Group	Guideline	9	23 - 25	We support the importance of communication style as well as content as a potential influence on decisions on whether to return to work, and upon wellbeing.	Thank you for your comment. This is reflected in the recommendations overall which note the importance of clear communication. The recommendation on contacting the employee notes the importance of being aware that communication style and content could affect wellbeing and to discuss preferences for future contact. This covers the point you have raised.
British Dietetic Association - Obesity Group	Guideline	10	10 - 12	We agree that reassurances about confidentiality should be explicit; concerns about this may negatively impact upon health and wellbeing,	Thank you for your comment.

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				perhaps especially if there are mental health issues involved.	
British Dietetic Association - Obesity Group	Guideline	10	18 - 20	While we agree that competence in communication skills is required for those staff keeping in touch with those on sickness leave, we are not clear how such competence will be assured. We also note that while online advice and resources may be helpful and is accessible, skills-based training may be more effective.	Thank you for your comment. Recommendations need to be applicable to a broad range of different sizes and types of organisations. Different organisations and managers would require different levels of competency in this area, depending on their employees, it not was appropriate to recommend anything specific. In addition, the recommendation does refer to online 'or other' resources' This recommendation therefore has not been amended.
British Dietetic Association - Obesity Group	Guideline	12	3 - 5	We support a 3-month structured support intervention for those who resume work after an absence of 4 or more weeks. However, this is likely to be difficult for small organisations to implement in practice, and it may also be difficult for co-workers unless care is taken with communications (whilst respecting the need for confidentiality).	Thank you for your comment. The importance of the guideline being able to be implemented across organisations of differing sizes is reflected throughout as the recommendations include options where organisations may not have formal policies or considering referral to external sources of support. The recommendations relating to making workplace adjustments include discussing with the returning person whether colleagues could be informed about

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					the adjustments and seeking their consent on whether colleagues could be informed about the adjustments.
BT plc	Guideline	General	General	This document covers the basics you would expect from a business, but the challenge is always getting people/managers to do it/well. Some companies might find some best practise templates or checklists helpful Comments from our own perspective and learnings in practice that might be beneficial: • More detail on **how** to do things • Possibly expand on the word 'wellbeing' – what is meant by it, • More advice on what to do if an individual doesn't return to work • Expand more on OHS-, how & when to use it, how to ask the right questions, what to expect from an OHS report and how to then use / act on it □ Emphasise the importance of being able to get effective and timely comms out - what are the key messages, when do they need to be rolled out □ Emphasise **why** good sickness absence management is important, what is the business case, and how to enable / ensure senior managers reinforce the message	Thank you for your comments. This guideline includes those in full and part time work who have been on long-term or recurrent short-term sick leave. Recommendations need to be applicable to a broad range of different sizes and types of organisations. Therefore, they cannot provide precise detail for specific situations. Wellbeing' has been added as a term used and defined in the guideline. Regarding employees who do not return to work, the existing recommendations include recommendations for employees who 'may be fit for work with adjustments' but for whom those adjustments cannot, be made and cross refers to the Department for Work and Pensions' guidance for employers. The Rationale and Impact section links to guidance for employers on commissioning an occupational health service which is available from the Society of Occupational Medicine. The recommendations do reflect the importance of communication, including competence in

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				Ensure that there is regular and timely training and upskilling for managers, on attendance issues on what to do, how to do it well Highlight the importance of understanding of the role of the HRBP and key actions for them to build a strategic plan to reduce sickness absence Ensure that there is guidance on what preventative action looks like and how to identify it … good meaningful data and analysis Ensure that there is 'in the moment' support to managers and individuals Reinforce the message that good sickness absence is about knowing your people, doing the basics well, seen as a priority. The importance of the soft skills, know the support services yourself and how to promote them, preparation Ensure that there are simple HR systems, good templates, simple guides and checklists etc	communication skills both of the organisational policies and of keeping in touch with employees while they are on sick leave. The rationale and impact section on workplace culture and policies includes committee discussion that implementing the recommendations in this guideline are likely to result in a reduction of costs of sickness absence and improved productivity. Line management training and engagement from senior management in workplace health are both important. NICE guideline NG13 Workplace health: management practices, includes recommendations on training for line managers and on ensuring that all managers in an organisation, are committed to the health and wellbeing of their workforce and that they act as role models. This scope of this guideline does not cover preventative measures for absence from work.
BT plc	Guideline	8	8 - 9	We think it would be unlikely that a copy of reasons in writing why adjustments could not be accommodated will be sent to the GP on every occasion. Realistically, what would a GP to do with this information., and	Thank you for your comment. It is considered that the GP would retain the document for their records to inform future discussions with the

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				it could potentially create issues from a legal perspective	patient. This has been amended to include with their informed consent.
BT plc	Guideline	11	26	We do not feel that the advice here to involve an impartial person in the return to work advice is helpful. The return to work meeting should be between the employee and the line manager, taking into consideration any other advice such as OHS/Access to work etc. The advice that there should always be an impartial person present can imply distrust or fault. Only in exceptional circumstances should there be a need for an impartial person to be present. The main emphasis should be on the relationship between the line manager and the individual to support them in their return to work.	Thank you for your comment. The recommendation does not state that an impartial person must always be present. It gives the use of facilitation by an impartial person as an example of interventions that may assist with sustainable return to work.
BT plc	Guideline	21	28 - 32	There should be emphasis to GPs that advising individuals not to maintain contact with work is not generally beneficial to resolving workplace issues	Thank you for your comment. The importance of keeping in touch during absence is included in the recommendations relating to this.
Department of Work and Pensions, WHU, DHSC.DWP	Guideline	5	13	Recommendation 1.1.6 - Consider using an external employee assistance programme and occupational health provider if the organisation does not already do this. No research evidence was presented concerning in-house versus external support. We understand	Thank you for your comment. External has been removed from this recommendation.

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				that there are pros and cons of each type of provision which are not rehearsed in this document. We would prefer that the word "external" was removed.	
Department of Work and Pensions, WHU, DHSC.DWP	Guideline	6	10	Recommendation 1.2.3 - If the person is likely to be absent from work for more than 4 weeks, consider: · GP referral to health rehabilitation and support services, such as physiotherapy, counselling or occupational therapy · signposting them to independent sources of vocational advice and support. Again, not clear that advice and support should only be independent.	Thank you for your comment. This sentence has been amended and independent has been removed.
Department of Work and Pensions, WHU, DHSC.DWP	Guideline	11	15	Recommendation 1.7.1 - For people who have been absent for 4 or more weeks because of a musculoskeletal condition, consider interventions to help them return to work. We noted that in other recommendations, such as 1.2.3 NICE referred to people who were "likely" or "expected" to be absent more than 4 weeks as well as those who had been absent for more than 4 weeks. It is our understanding from work by Waddle and Burton that early MSK interventions are also effective and so the consideration here should also	Thank you for your comment. The scope of this guideline includes those who have been absent from work for 4 weeks or more. The evidence reviewed was for those with 4 or more weeks absence from work. This evidence provided the basis for the recommendations on the interventions to assist return to work after 4 or more weeks absence. The recommendation that includes those who may be absent for more than 4 weeks relates to considering referral to support services, not interventions to assist return to work.

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				be for people who are likely to be absent for 4 or more weeks. More broadly, there was committee discussion on the challenges of developing the evidence base around interventions before 4 weeks. The scheme, Fit for Work, received referrals for some people who had been off for less than four weeks. Although it would be difficult to attribute return to work for these people to the intervention, the regression in table 5.2 of the technical annex shows a positive relationship between those that had been off sick for less than a month when referred and the participants' view of the helpfulness of the return to work plan when other characteristics were controlled for. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716872/fit-for-work-process-evaluation-technical-annex.pdf	As the Fit for Work assessment service has ended reference to this cannot be included in this guideline.
Department of Work and Pensions, WHU, DHSC.DWP	Guideline	12	16	Recommendation 1.8.1 - People with a health condition or disability who are not currently employed Commission an integrated programme to help people receiving benefits who have a health condition or disability to enter or return to work (paid or unpaid). The programme should include a combination of interventions such as: · an interview with a trained adviser to discuss the help they need	Thank you for your comment. This recommendation was not included in the update of this guideline as NICE's routine surveillance process indicated that while there was some new evidence relating to this recommendation, it would not change the content of the existing recommendation.

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				to return to work · vocational training (for example help producing a CV, interview training and help to find a job or a work placement) · a condition management component run by local health providers to help people manage their health condition support before and after returning to work that may include 1 or more of 1 the following: mentoring, a job coach, occupational health support or financial advice. Government is delivering the work and health programme (WHP) and specialist employability support (SES). Whilst we couldn't guarantee that every WHP or SES provider will necessarily offer the full menu of support suggested in the recommendation, we'd expect most of the proposed features to be included and tailored to the complex needs of the particular individual.	
Department of Work and Pensions, WHU, DHSC.DWP	Guideline	16	16	Research recommendation 5 - Obtaining the views of UK employers and employees, on the challenges and potential solutions to managing sickness absence and return to work in micro-, small- and medium-sized enterprises. The Work and Health Unit has undertaken an employer survey looking into these questions. The interim report of this is available here: https://www.gov.uk/government/publications/sickne	Thank you for your comment. Thank you for highlighting this additional survey, this research recommendation has been amended to include the challenges and potential solutions in ensuring sickness policy is managed effectively (including micro, small and medium sized organisations).

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				ss-absence-and-health-employer-behaviour-and-practice The full survey report and a piece of qualitative research on employer behaviour will be available in the autumn. The Work and Health Unit has also undertaken qualitative research to understand employer motivations in utilising occupational health which is available here: https://www.gov.uk/government/publications/occupational-health-services-and-employers	
Institution of Occupational Safety and Health (IOSH)	Guideline	General	General	Where IOSH has suggested new text, this appears in italics in the comment boxes.	Thank you.
Institution of Occupational Safety and Health (IOSH)	Guideline	General	General	IOSH would suggest that the guideline section on 'work adjustments' has more prominence within the document.	Thank you for your comment. Workplace adjustments are already a key theme throughout the guideline with recommendations focusing on this issue, and we do not think this needs to be amended.

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Institution of Occupational Safety and Health (IOSH)	Guideline	General	General	IOSH has commissioned and published research which may be relevant to this guideline, as follows: • Return to work after cancer www.iosh.com/resources-and-research/resources/return-to-work-after-cancer/ • Return to work after common mental disorders www.iosh.com/resources-and-research/resources/return-to-work-after-common-mental-disorders/ • Getting the best from the fit note www.iosh.com/fitnote	Thank you for your comments and information.
Institution of Occupational Safety and Health (IOSH)	Guideline	General	General	IOSH suggests that the drafting panel will also want to take cognisance of the results of the Government's (Work and Health Unit) forthcoming consultation on better supporting those with disabilities and long-term health conditions at work.	Thank you for your comment. We are aware of the proposed consultation and we will pass your comment to the NICE guidelines' surveillance team which monitors guidelines to ensure they are up to date
Institution of Occupational Safety and Health (IOSH)	Guideline	5	10 - 12	IOSH suggests this reads "When developing workplace policies for managing sickness absence and return to work, ensure these are part of a broader, strategically led approach to *preventing work-related physical and mental harm and* promoting employees' health and wellbeing."	Thank you for your comment. The primary prevention of sickness absence is not within the scope of this guideline update and so recommendations could not be made on this. However, the recommendations do include making health and wellbeing a core priority and fostering a caring and supportive culture.

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Institution of Occupational Safety and Health (IOSH)	Guideline	5	13 - 15	IOSH suggests for consistency that this sentence is reordered with occupational health provider cited ahead of employee assistance programme (in line with page 11, lines 10-12). It might also be helpful to expand the descriptor and explain to users how they identify good quality service provision.	Thank you for your comments. As a result of amendments made following consultation, there is not an inconsistency between these two pages. Regarding how to identify good quality service provision, this is beyond the scope of this guideline and so recommendations could not be made on this.
Institution of Occupational Safety and Health (IOSH)	Guideline	5	16 - 18	IOSH suggests consideration is given to the inclusion of leading performance indicators for occupational health support.	Thank you for your comment. Performance indicators for occupational health support are beyond the scope of this guideline and so recommendations could not be made on this.
Institution of Occupational Safety and Health (IOSH)	Guideline	5	20 - 22	IOSH suggests this reads "The data collection should *maintain confidentiality* and include information on:"	Thank you for your comment. Other recommendations have been amended to ensure that it is clear that employee records are confidential. The data collected will not include personal and confidential information, the aim is to monitor trends across organisations.
Institution of Occupational Safety and Health (IOSH)	Guideline	5	23 - 25	IOSH suggests this reads "The cause of absence, *which may be due to work-related factors, personal factors or a combination,* and."	Thank you for your comment. The recommendation includes collecting data on the cause of absence and factors that may be associated

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					with the sickness absence. These data will capture this.
Institution of Occupational Safety and Health (IOSH)	Guideline	5	1 - 2	IOSH suggests this reads "Foster a caring and supportive culture that encourages a consistent, proactive approach to all employees' health and wellbeing *and provide managers with adequate training in attendance management and return to work issues*."	Thank you for your comment. The training of managers is included in NICE guideline NG13 Workplace health: management practices and is cross-referred to, in Recommendation 1.1.1.
Institution of Occupational Safety and Health (IOSH)	Guideline	8	23 - 25	IOSH suggests this could also include reference to the role of occupational safety and health professionals in helping with risk assessments, as appropriate.	Thank you for your comment. A link to the HSE website is included in the recommendations which provides information to help with risk assessments.
Institution of Occupational Safety and Health (IOSH)	Guideline	8	1 - 2	IOSH suggests this reads "Involve the employee and line manager in these discussions initially, and occupational health services *and occupational safety and health professionals* if needed."	Thank you for your comment. This addition has not been made as occupational health services is considered to be sufficient in this instance.
Institution of Occupational Safety and Health (IOSH)	Guideline	8	20 - 21	IOSH suggests the guideline should strengthen and retitle its section '*Making work adjustments*' to reflect that it isn't only about physical adjustments to the workplace, but also about working arrangements and work activities, accommodating both physical and mental health conditions. It would be helpful to highlight this in the text and perhaps	Thank you for your comment. The examples in this recommendation include those that are not physical adjustments such as flexible working, phased return, reduced hours and changes to

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				provide some examples. The guideline might usefully reference the new Council for Work and Health resource on work modifications at www.councilforworkandhealth.org.uk/work-modifications/	workstations or duties. This list includes examples and is not meant to be exhaustive.
Institution of Occupational Safety and Health (IOSH)	Guideline	11	10 - 12	Where the guideline refers to situations in which occupational health services and employee assistance programmes aren't available, IOSH suggests it might be helpful to highlight the Fit for Work Service website at https://fitforwork.org/, where basic information can be found.	Thank you for your comment. The Fit for Work Service has been discontinued. To ensure the guideline remains current, it has been decided not to link to the website
Lancashire Care NHS Foundation Trust	Guideline	4	12 - 17	We agree with the recommendations in the draft guideline that implementation tools to support recommendation 1.1.1 would be helpful. It would be useful if 'key' recommendations correlated precisely with national staff survey questions so we have readymade monitoring.	Thank you for your comment. NICE routinely produce baseline assessment and resource impact tools. To encourage the development of other practical support tools. There is an endorsement scheme aimed at encouraging partners to develop these in alignment with NICE recommendations.
Macmillan Cancer Support	Guideline	General	General	Is there scope to add something into the guideline about Access to Work? This scheme can help pay for special equipment, adaptations or support worker services to help people at work as well as help with their travel to / from work. However, take-up is low and more	Thank you for your comment. The committee were aware of the Access to Work scheme and included expert testimony from a provider of the Access to Work Mental Health Support Service as part of the evidence. This helped to inform the

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				awareness if needed of the scheme. For example, research by Versus Arthritis in 2018 found that 59% had never heard of the Access to Work scheme.[1] Adding Access to Work into the guideline could increase awareness of the scheme. This could be included in section 1.3 to explain that if it's not possible for the person to get the support they need through reasonable adjustments, they might still be able to get this through Access to Work. [1] Versus Arthritis conducted the Working it Out survey in May and June 2018. They promoted the survey through their own communication channels and asked people with arthritis how their working life had been affected by their health condition. 1,582 people with arthritis and related conditions responded from across the UK	committee's discussions and drafting of recommendations.
Macmillan Cancer Support	Guideline	7	22	Replace the phrase 'flexible working' with 'adjusted work patterns'. Macmillan is now using the term 'adjusted work patterns' rather than 'flexible working'. This is because it is often better for disabled people to apply for changes to their work hours as a reasonable adjustment under the Equality Act	Thank you for your comment. This is considered to be part of possible workplace adjustments. The list of possible adjustments are examples and does also include reduced hours and changes to duties, this is not considered to be an exhaustive list.

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				rather than as a flexible working request, the latter of which is available to all employees (after 26 weeks service with the same employer) and can more easily be rejected by the employer.	
Multiple Sclerosis Society	Guideline	General	General	People should be able to keep working for as long as is right for them and shouldn't have to leave work prematurely because of inadequate policies and procedures or lack of support from their employers. However, research by the MS Society found that overall, people with MS do not think that employers are doing as much as they can to support them to stay in work. (MS Society survey conducted with people with MS as part of the response to the government's Green Paper on Work, Health and Disability: Improving Lives, 2016 – 49% of respondents said disagreed or strongly disagreed when asked whether 'most employers do as much as they can to support people with MS to stay in work') Once people decide to leave work due to their symptoms, too many describe leaving work as a poor experience. This can have psychological impacts through knocks to their identity and self-esteem. We recommend including within guidance on how employers and charities can work with and support	Thank you for your comments. The focus of this guideline is on managing sickness absence and supporting return to work. The importance of an overall focus on employee health and wellbeing is reflected in the recommendations which say to make health and wellbeing a core priority and to foster a caring and supportive culture that encourages a proactive approach to health and wellbeing. Transitioning out of work is not within the remit of the scope of this guideline and so recommendations could not be made on this.

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				people to transition out of employment, whilst remaining in work for as long as is right for them.	
Multiple Sclerosis Society	Guideline	7	13	We believe seeking advice from specialists – either a healthcare professional with specialist knowledge, a condition-specific helpline or charity should be included in the list of examples of where to seek information and advice to support the person to return to the workplace.	Thank you for your comment. This recommendation has been amended to include possible expert sources of vocational advice and support relevant to their condition.
Multiple Sclerosis Society	Guideline	8	3	We believe seeking advice from specialists – either a healthcare professional with specialist knowledge, a condition-specific helpline or charity should be included in the list of examples of where to seek information and advice to support the person to return to the workplace.	Thank you for your comment. The recommendation to support the person who is currently not fit for work and planning for their return includes seeking information and advice from possible expert sources of vocational advice and support relevant to their condition. This covers this area.
Public Health England	Guideline	10	18 - 20	PHE is concerned that if this line does not explicitly mention signposting to appropriate resources and training of members of staff responsible for keeping in touch with people on sickness absence this would be a missed opportunity to embed good practice.	Thank you for your comment. The recommendation has been amended to suggest that members of staff responsible for keeping in touch with people on sickness absence should be signposted to online and other resources, as well as encouraged to access them.

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Ribble Valley Chiropractic	Guideline	6	4	Statement 1.2.1 - "The statement of fitness for work ('fit note') should be completed by the medical practitioner with the most relevant recent knowledge of the person's health, reason for absence and prognosis for return to work. This may be a secondary care specialist or GP." I suggest that further expansion of the role of suitable non-medical practitioners be included here, in line with the 2017 draft policy proposal stating, "Extending fit note certification beyond GPs to a wider group of healthcare professionals, including physiotherapists, psychiatrists and senior nurses..." especially when relating to musculoskeletal conditions (https://www.gov.uk/government/news/government-sets-out-plan-to-see-more-disabled-people-in-work). The current policy of an AHP Advisory report to a medical practitioner (http://www.ahpf.org.uk/files/AHP%20Advisory%20Fitness%20for%20Work%20Report.pdf) places an unnecessary step in the process and thus additional delays along with an additional risk of communication errors. I suggest that a qualified and experienced physiotherapist or chiropractor would have more	Thank you for your comments. Although the change to those who can complete the fit note may occur in the future, the guideline reflects the current situation. In the rationale and impact section for the relevant recommendations a reference to the 'Improving lives' document, has been added. This can be updated If legislation changes.

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				relevant recent knowledge of the impact and progression of musculoskeletal conditions, including biopsychosocial approaches and implementation of suitable adjustments to working practices (hours worked vs rest periods, phased returns to work, task demands and modifications, etc), and greater flexibility in making themselves available for site visits, than the far wider knowledge base of and overburdened workload of the "average" GP. If the committee so directs, I am happy to make my services available as both a HCPC registered physiotherapist (associate member of the Association of Chartered Physiotherapists in Occupational Health & Ergonomics (ACPOHE)) and also a registered chiropractor and fellow of the Royal College of Chiropractors (RCC), to enable a specialist chapter in the RCC along ACPOHE lines for advanced registration in Chiropractic in Occupational Health, Human Factors & Ergonomics to enable relevant bodies and agencies to have confidence in such a practitioner's qualifications, knowledge and experience.	
Ribble Valley Chiropractic	Guideline	6	13	Statement 1.2.3 - "...GP referral to health rehabilitation and support services, such as physiotherapy, counselling or occupational therapy..."	Thank you for your comment. The services listed here are examples. It is not intended to be an exhaustive list, but examples of

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				I suggest specific inclusion of Chiropractic care in the statement. A 2015 systematic review of care costs in the USA by Dagenais et al found, "In eleven (92 %) studies, health care costs were lower for patients whose spine pain was managed with chiropractic care." (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4615617/) If suitable policy is defined, it may be a potential for future guidance specific to musculoskeletal care to include direct access to physiotherapy or chiropractic services to further reduce the burden on the NHS, but at the least I recommend allowing the attending GP or Occupational Health Physician to be able to access chiropractic services to assist in reducing overall direct care costs, as well as indirect costs through lost productivity through access to services typically being more rapid in the private sector than through the NHS.	some of the main groups likely to be involved. This does not preclude other professional groups.
Ribble Valley Chiropractic	Guideline	8	14	Statement 1.3.5 - "Advise the person that they should return to work only when they have sufficiently recovered and are able to perform their regular duties." I recommend amending this statement to add the clause, "...or to return to such duties for which	Thank you for your comment. The recommendations note that adjustments such as changes to duties or flexible working should be

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				suitable adjustments can practicably be made by the business."	discussed when a statement of fitness for work indicates that a person may be fit for work. When adjustments cannot be made, it is appropriate to advise the person to return to work only when they have sufficiently recovered and are able to perform their duties.
Ribble Valley Chiropractic	Guideline	11	10	Statement 1,6.4 - "Where occupational health services or an employee assistance programme are not available, encourage employees whose sickness absence is expected to continue beyond 4 weeks to discuss with their GP any options for referral to support services such as physiotherapy, counselling or occupational therapy. I again recommend the specific inclusion of Chiropractic - see comment 2, above.	Thank you for your comment. The recommendation includes examples of additional support services such as physiotherapy, counselling or occupational therapy and these examples are not considered to be exhaustive This has not been amended to allow for the flexibility of using a variety of support services that may be appropriate to individual situations.
Ribble Valley Chiropractic	Guideline	11	19	Statement 1.7.1 - "A programme of graded activity delivered by someone with appropriate training (for example, a physical or occupational therapist)." I again recommend the specific inclusion of Chiropractic - see comment 2, above.	Thank you for your comment. The examples given here are not intended to be exhaustive and do not preclude other groups.

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Royal College of General Practitioners	Guideline and Evidence Review	General	General	The committee should consider including evidence on Individual Placement and Support (IPS) guidance for supporting people with severe mental health difficulties into employment. https://www.ncbi.nlm.nih.gov/pubmed/19085404 https://www.centreformentalhealth.org.uk/what-ips	Thank you for your comment. The scope of this guideline update includes people who are already in employment, including those on long-term sickness absence. As Individual Placement Support is targeted at people who are unemployed, recommendations in this area are outside the scope of this update. In reference to the cited article: Burns et al. was identified through our search but was excluded as it does not meet the review protocol criteria, it focuses on people who are unemployed.
Royal College of General Practitioners	Guideline	General	General	The guideline does not sufficiently address the occurrence of work-related stress, which forms a substantial proportion of work-related illness and working days lost due to ill health http://www.hse.gov.uk/statistics/causdis/stress.pdf The guideline should acknowledge that mental health symptoms can be caused by workplace factors such as the pressures and demands placed on people at work. The committee should consider making recommendations on how to identify and address such issues	Thank you for your comment. The focus of this guideline is on managing sickness absence. Recommendations on how to identify and address work-related stress are not within the scope of this guideline. However, recommendations in NICE guideline NG13 Workplace health: management practices, focus on mental wellbeing at work and on training for line managers. This includes being able to recognise when employees may need support and how to use stress risk assessments to identify sources of stress. The committee did recognise that absence could be related to a person's job, as discussed in the rationale

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					and impact section on assessing and certifying fitness for work. There is an update of NICE guideline PH22 Mental wellbeing at work currently in development.
Royal College of General Practitioners	Guideline	General	General	The committee should consider referring to the concept of dispute resolution by mediation to address conflict at work that is not addressed. The 2008 Employment Act makes recommendations for dispute resolution. https://www.legislation.gov.uk/ukpga/2008/24/contents. It may be useful to refer to the professional guidance on dispute resolution from ACAS http://www.acas.org.uk/index.aspx?articleid=1364	Thank you for your comment. The recommendations on 'Making workplace adjustments' and on 'Sustainable return to work and reducing recurrence of absence' include referring to an impartial person to help facilitate discussions and agreements on workplace adjustments. NICE guideline Recommendation 1.9 in NG13 Workplace health: management practices includes a focus on training line managers in resolving disputes.
Royal College of General Practitioners	Guideline	General	General	The guideline does not sufficiently address presenteeism. Presenteeism is commonplace in the UK and is increasing https://www.cipd.co.uk/Images/health-and-well-being-at-work_tcm18-40863.pdf The committee should consider making recommendations about employers discouraging presenteeism and supporting employees to take time of work when they need to. Interventions to prevent presenteeism are outlined in this systematic review	Thank you for your comments. The scope of this guideline did not include interventions relating to presenteeism and therefore the evidence in this area has not been reviewed. The recommendations focus on supporting the person and maintaining contact with them during their absence from work. The recommendations also include advising the person that they should return to work only when they have sufficiently recovered and are able to perform their duties. The committee

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				https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-395	discussion on presenteeism is included in the rationale and impact section of the guideline in reference to issues with inappropriately applied back to work policies.
Royal College of General Practitioners	Guideline	8	14 - 15	The committee should consider rephrasing the recommendation that, where the employer cannot make adjustments, the employer should "Advise the person that they should return to work only when they have sufficiently recovered and are able to perform their regular duties" to align with the idea of continuing dialogue and seeking workplace modifications noted in the rest of the guideline.	Thank you for your comment. Adjustments such as changes to duties or flexible working should be discussed when a statement of fitness for work indicates that a person may be fit for work. When adjustments cannot be made, it is appropriate to advise the person to return to work only when they have sufficiently recovered and are able to perform their duties.
Royal College of General Practitioners	Guideline	10	7 - 9	The committee should rephrase to clarify that the employee is involved in this decision.	Thank you for your comment. The recommendation says that this is a discussion with the employee and therefore this has not been changed.
Royal College of General Practitioners	Guideline	17	26 - 29	This NHS Trust does not reflect the picture in NHS generally. Data from the Office for National Statistics (ONS) for 2016 recorded an absence rate across all workers in the health sector of 3.5%. This compares with an average rate of 2.9% across the public sector and 1.7% in the private sector. In its	Thank you for your comment. This particular trust was invited to give expert testimony as they had unusually low absence rates and the committee wanted to gain further knowledge of how this may have been achieved.

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				analysis of these data, the ONS says, "It is possible that the exposure of health workers to infections and diseases contributes to their higher sickness absence rate."	
Royal College of General Practitioners	Guideline	23	12	A reference to the Council for Work and Health's Talking Work document could be added here. https://www.councilforworkandhealth.org.uk/work-modifications/	Thank you for your comment. The rationale includes that information from reputable organisations that may be helpful. It also notes that these may change over time and so does not include specific links to current documents, but the advice to use those from reputable sources.
Royal College of General Practitioners	Guideline	28	3 - 4	The link for PHE resources goes to the MIND Charity's site for PHE resources rather than PHE.	Thank you for your comment. These resources are produced by Public Health England and Business in the Community and are hosted on MIND's website. The link has been changed to an overall link to the PHE website.
Royal College of General Practitioners	Guideline	31	10	The role of case management specifically as a function of vocational rehabilitation could be mentioned here. Feasibility study https://www.ncbi.nlm.nih.gov/pubmed/23768153	Thank you for your comment. The recommendations on 'Assessing and certifying fitness for work' recognises that other possible expert sources of vocational advice and support may be

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					helpful, this includes vocational rehabilitation consultants. The guidance further notes vocational rehabilitation consultants among those people who could fulfil the role of facilitating discussions between employee and employer.
Royal College of General Practitioners	Guideline	33	19	The committee should consider rephrasing their comment that "there are too many fit notes stating that someone is 'unfit for work', rather than 'may be fit for work' if adjustments are made to help them return to work" The criteria that has been used to make the statement that there are 'too many' is unclear and this should be reviewed and either backed up with a clear explanation and evidence, or removed. NHS Digital data show that around 60% of fit notes are written once, for one episode of care. There's no proof from the data, but it is likely that those people returned to work. This could mean that 7% of 'may be fit' notes actually represents around 17.5% of notes written for recurrent episodes. Data are from https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/fit-notes-issued-by-gp-practices-england	Thank you for your comment. The statement that there are 'too many fit notes' is a direct quote from the 'Improving Lives' report (p. 43) which was an official review of the fit note scheme. The text has been amended to make it clearer that this report is the source of that statement.

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Royal College of Occupational Therapists	Guideline	General	General	RCOT notes that the impact of occupational therapy in this area has been recognised in the guideline with the profession referred to four times	Thank you for your comment.
Royal College of Occupational Therapists	Guideline	6	3 - 25	**Section 1.2** This section is written entirely from the medical perspective as currently only medical practitioners can provide the statement of fitness for work. Ideally the College would like the section to acknowledge that a wider group of professions could assess and provide information. For example through the use of the AHP Health and Work Report https://www.rcot.co.uk/practice-resources/standards-and-ethics/ahp-health-and-work-report	Thank you for your comments. Although the change to those who can complete the fit note may occur in the future, the guideline reflects the current situation. In the rationale and impact section for the relevant recommendations a reference to the 'Improving lives' document has been added. This can be updated when the legislation comes into force. Regarding the AHP Health and Work Report, an addition has been made to the recommendation to include considering any additional information provided and we have given the Allied Health Professionals health and work report as an example of that.
Royal College of Occupational Therapists	Guideline	7 - 8	1 – 25, 1 - 19	**Section 1.3** This section details how the employer uses the medical fit note without mention of how additional information from other professionals could be useful e.g. occupational therapists.	Thank you for your comment. This section of the recommendations has been amended to include considering additional information,

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					for example that provided by the Allied Health Professionals Health and Work report.
Royal College of Occupational Therapists	Guideline	14	25	Definition of vocational rehabilitation. This only mentions occupational health whereas in reality a wider range of professions work in vocational rehabilitation e.g. occupational therapists. It would be useful to acknowledge this in the definition.	Thank you for your comment. The definition has been amended to include other professionals such as healthcare and rehabilitation practitioners.
Royal College of Physicians (RCP)	General	General	General	The RCP is grateful for the opportunity to respond to the above consultation. We have liaised with our experts and would like to make the following comments.	Thank you for your comment.
Royal College of Physicians (RCP)	Guideline	General	General	Chronic diseases are now the most common cause of death and disability in England. The impact of long-term conditions/disability can be life-long, and many develop during education or in the early stages of an individual's career. Long-term conditions may be emerging, recurring or permanent and a person can have more than one long-term condition at the same time. It's important to bear in mind that long-term medical conditions cover both physical and mental ill health and prompt, supportive, empathetic care is valuable in improving outcomes. Medical practitioners are not immune to these diseases. There are substantial barriers to	Thank you for your comment. The recommendations made in this guideline apply to all people in full or part-time employment that have long-term sickness absence or recurring short-term sickness absence and will therefore apply to medical practitioners with long term sickness absence as you describe.

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				employment for medical practitioners with long-term conditions/disability, which include lost earnings; impaired career prospects; and early exit or prolonged absence from the workforce, even though work is often both possible and beneficial. A freedom of information request has confirmed that 2,122 under age 67 are currently receiving pensions. These individuals are categorised as officer - Ill Health; Incapacity; Ill Health - Tier 1 Benefits; Ill Health - Tier 2 Benefits; Ill Health – Higher; Ill Health – Lower; Ill Health - Risk Benefits; Early Payment of Preserved (Ill Health). Whilst not all would be able to contribute to the workforce, if even half of them could make some contribution this could have a significant impact on rota gaps; they could have a role in teaching and provide mentorship. NHS England stated ambition by 2020 is to provide national leadership and expertise for commissioners and providers to help make the NHS the best in the world at supporting people with long term health conditions and their carers to live healthily and independently, with better control over the care they receive. NHS England should itself show leadership to all other employers by supporting its medical practitioners with illness or disability to maximise their ability to work and use	

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				their expensive medical education to its full advantage. Work can provide a sense of self-worth and allow people to focus on their abilities, not just their illness and should be facilitated wherever possible.	
Royal College of Physicians (RCP)	Guideline	5	1 - 2	**1.1.2** **Foster a caring and supportive culture that encourages a consistent, 2 proactive approach to all employees' health and wellbeing. [2019]** This needs to be strengthened. Simple adjustments at work can make a big difference in helping the person to stay at work. Simple steps to modify the workplace to meet disabled medical practitioners needs, including ergonomic adjustments (changing the work environment and workspaces); changes to working hours; flexible working practices for example being allowed more breaks; providing equipment that may help reduce the demands on the medical practitioners; a phased return to work after sickness absence; adjusting performance targets and redistributing work are rarely or inconsistently employed as options for retaining qualified NHS staff. Research shows that people with long-term conditions find that getting back to work is often helpful to their recovery.	Thank you for your comment. The focus of this guideline is on managing sickness absence among all employees regardless of whether they have a disability or long-term condition covered by the Equality Act of 2010. This recommendation has not been amended as the changes suggested are already included in other recommendations in this guideline update. The recommendations include a focus on making adjustments when an employee returns from sick leave. The Rationale and Impact section of the guideline, notes the employers' legal obligation to make reasonable adjustments in the workplace for employees with a disability or long-term condition covered by Act, and that this applies not only when an employee with such a condition is returning from sickness absence.

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Royal College of Physicians (RCP)	Guideline	5	13 - 14	**1.1.6** **Consider using an external employee assistance programme and occupational health providers if the organisation does not already do this.** Again, this is not strong enough. Many conditions are highly complex and beyond the expertise of local Occupational Health Providers. A National system needs to be put in place to ensure that each individual medical practitioner can see an Occupational Health Provider with expertise of their underlying condition for example Systemic Lupus.	Thank you for your comment. The recommendations made in this guideline apply to all people in full or part-time employment that have long-term sickness absence or recurring short-term sickness absence. Consideration of national systems for occupational health is not within the scope of this guideline. However, the recommendations do include seeking information and advice from occupational health or other expert sources relevant to their condition and therefore we think this is sufficiently covered.
Royal College of Physicians (RCP)	Guideline	7	11 - 19	**1.3.2** **If any ongoing health needs are anticipated for when the person returns to work, discuss with them what adjustments or other support might be needed. If adjustments need approval, discuss these with decision makers to gain sign-off. [2019]** "Discuss" is insufficient. This statement should make it clear that the returning medical practitioner should be entitled to request a phased return to work after sickness absence plus flexible working practices, for example being allowed more breaks; changes to working hours; changes to workstations or duties if they are expected to have ongoing	Thank you for your comment. The Fit note requests for workplace adjustments such as a phased return to work and flexible working practices are advisory rather than mandatory.

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				health needs. The employee should expect to be able to use Specialist Occupation Health advice commensurate with their medical condition as HR and General Occupational Health Specialists cannot be expected to understand the restrictions associated with complex medical conditions.	
Royal College of Physicians (RCP)	Guideline	8	6 - 9	**1.3.4** **If adjustments suggested by a medical practitioner in the statement of fitness for work or requested by the employee cannot be made, explain the reasons clearly in writing to the employee. With their consent, send a copy to the certifying medical practitioner. [2019]** There needs to be some burden of proof on the Employing organisation as to why they cannot make the necessary adjustments and there should be a leave to appeal to an external body/ombudsman to adjudicate the decision.	Thank you for your comment. The Fit note requests for workplace adjustments such as a phased return to work and flexible working practices are advisory rather than mandatory. If an employee has a disability or condition covered by the Equality Act, there is a legal obligation for the employer to make reasonable adjustments. However, it is for the employer to decide if the recommended adjustments are reasonable. Issues such as adjudicating such decisions are beyond the remit of NICE and this guideline and so the committee were unable to make recommendations on this.

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Royal College of Physicians (RCP)	Guideline	8	10 - 19	**1.3.5** **If a person may be fit to return to work with adjustments but those adjustments cannot be made, the person should continue to be treated as 'not fit for work', in line with the Department for Work and Pensions' guidance for employers.** There should be a requirement to explore options with other local Trusts/educational providers to see if they are able to make the required adjustments to enable the employee to continue to work and then discuss any options with the employee.	Thank you for your comment. The committee noted that Fit note requests for workplace adjustments are advisory rather than mandatory. The recommendations include those on making adjustments that may help return to work. These include possible changes to duties. Possible changes to the employing organisation are not in the remit of this guideline update.
Royal College of Physicians (RCP)	Guideline	8	21 - 27	**1.4.1** **Without breaking confidentiality, decide whether colleagues could be informed to help them understand the need for the adjustments, and discuss any concerns that colleagues may have. [2019]** It is difficult to see how this could be done without breaking confidentiality and as such should only be done with the consent of the employee. This has the potential to promote harassment and undermining of the employee by colleagues who rightly or wrongly perceive the individual is not going to be able to pull their weight or will adversely impact on their workload.	Thank you for your comment. This has been amended to include discussion with the returning person and reference to seeking informed consent to discuss the adjustments with colleagues.

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Royal College of Physicians (RCP)	Guideline	9	4 - 14	**1.4.3** **Encourage the employee to raise any issues related to the workplace adjustments and who to raise them to. This may be an independent, impartial person. If necessary, think about making changes to the return-to-work plan. It should be mandatory for all returning employees should be given a named independent impartial person (preferably a choice of a colleague either within or external to their area of specialism) with whom to discuss their return to work plan.** It should be mandatory for all returning employees should be given a named independent impartial person (preferably a choice of a colleague either within or external to their area of specialism) with whom to discuss their return to work plan.	Thank you for your comment. It was not considered necessary to make this mandatory, the line manger may be the most appropriate person. But it was considered important to allow the option of using an independent person. However, the recommendation includes encouraging the employee to raise any issues related to workplace adjustments, and this may be to an independent person.
Royal College of Physicians (RCP)	Guideline	9 - 10	22 – 25, 1 - 12	**1.5.3** **Provide reassurance that anything they share about their health will be kept confidential, unless there are serious concerns for their or others' wellbeing. [2019]** This is incompatible with 1.4.1.	Thank you for your comment. This has been amended to include discussion with the returning person and reference to seeking informed consent to discuss the adjustments with colleagues.

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Royal College of Physicians (RCP)	Guideline	11	10 - 14	**1.6.4** **Where occupational health services or an employee assistance programme are not available, encourage employees whose sickness absence is expected to continue beyond 4 weeks to discuss with their GP any options for referral to support services such as physiotherapy, counselling or occupational therapy. [2019]** Whilst the GP can refer for counselling and physiotherapy, the GP is unlikely to have expertise in complex underlying medical conditions. The specialist managing the disease/disability is best placed to refer to support services so this should be added to this clause.	Thank you for your comment. The recommendation has been amended to reflect that options for referral may be discussed with either a GP or a secondary care specialist.
Royal College of Physicians (RCP)	Guideline	12 - 13	16 – 25, 1 - 3	**1.8.1** **Commission an integrated programme to help people receiving benefits who have a health condition or disability to enter or return to work (paid or unpaid). The programme should include a combination of interventions such as: an interview with a trained adviser to discuss the help they need to return to work; vocational training (for example help producing a CV, interview training; and help to find a job or a work placement); a condition management component run by local health providers to help**	Thank you for your comment. This recommendation was not included in the update of this guideline as NICE's routine surveillance process indicated that while there was some new evidence relating to this recommendation, it would not change the content of the existing recommendation. Matters relating to pensions are outside the scope of this guideline.

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				people manage their health condition Workplace health: long-term sickness absence and capability to work: NICE guideline DRAFT (May 2019) of support before and after returning to work that may include 1 or more of 2 the following: mentoring, a job coach, occupational health support or 3 financial advice. [2009] There needs to be serious consideration to pension financial barriers for those people with a health condition or disability who are not currently employed. Individuals should only have pensions payment levels altered if they are able to work continuously for twelve months (currently this happens after only a few weeks). The income level they currently must remain below per annum is only £1250.00 for those on Tier 2 pensions this is a disincentive to return and prevents even work in Academia or Teaching. This is unacceptably low. Advances in treatment means that many more people with a long-term condition can continue working. This is particularly true for individuals suffering from remitting conditions. However, current pension restrictions, particularly Tier 2 restrictions, make it virtually impossible for highly trained medical practitioners to return to the workforce when their illness is in remission because	

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				of the potential loss of pension when their illness flares. Note if those on Tier 2 pension currently earn more than £1250 per annum, they lose their Tier 2 pension protection for life. Many individuals where placed on these pensions prior to the medical advances which would allow them to work and the system has not been reviewed for over ten years. This lack of pension flexibility is preventing them from now re-entering the workforce at a time when we are desperately short of doctors. With the increasing number of medical practitioners working flexibly there is an ideal opportunity to promote job sharing between those with long-term illness and those with other commitments who are on reduced hours.	
Royal College of Speech and Language Therapists	Equality impact assessment	1	1	It needs to be made apparent from the outset the importance of supporting people with speech, language and communication needs. As communication underpins understanding, speech, language and communication needs require extra consideration throughout this guidance.	Thank you for your comment. The recommendations reflect the importance of clear communication. There are references throughout the guideline to making sure communication and processes are clear and accessible and making workplace adjustments that are appropriate to the needs of the individual. The Equality Impact Assessment has been amended to reflect the committee considerations and changes to the guideline regarding communication needs.

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Royal College of Speech and Language Therapists	Equality impact assessment	3	3	Under the Equalities Act, the accompanying Guidance highlights communication disability as examples. As such we recommend that this equality impact assessment needs to take additional consideration of communication disability.	Thank you for your comment. The Equality Impact Assessment has been amended to reflect the committee considerations and changes to the guideline regarding communication needs.
Royal College of Speech and Language Therapists	Equality impact assessment	5	5	Failure to adopt more inclusive and accessible processes will have a detrimental impact on people with communication disability. We are therefore disappointed at the lack of reference to supporting people's communication needs and ensuring understanding throughout all the processes.	Thank you for your comment. The recommendations reflect the importance of clear communication. There are references throughout the guideline to making sure communication and processes are clear and accessible, and making workplace adjustments that are appropriate to the needs of the individual. The Equality Impact Assessment has been amended to reflect the committee considerations and changes to the guideline regarding communication needs.
Royal College of Speech and Language Therapists	Guideline	4	17	Adopting clear and accessible workplace processes underpins a more inclusive approach to supporting health and wellbeing in the workplace. The RCSLT recommends that this point is strengthened by changing the point to read:	Thank you for your comment. The recommendation in this guideline cross-refers to an existing recommendation in NG13 Workplace

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				"ensuring the commitment of managers, and the importance of policies and of clear and accessible communication".	health: management practices which recommends that communication is clear. The recommendation has been amended to provide some further detail on the relevant section in NG13.
Royal College of Speech and Language Therapists	Guideline	5	4	Communication disability affects millions of people. Up to 14 million people in the UK (20% of the population) will experience communication difficulty at some point in their lives. A number of people in the workplace will have difficulties with aphasia, voice or cognitive communication disorders. This can also be related to other physical conditions such as stroke, learning disability, autism or Parkinson's. It is essential that procedures and clear but also accessible. The RCSLT recommends that this is added to the guideline to specify "clear and accessible procedures".	Thank you for your comment. This recommendation has been amended to include clear and accessible.

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Royal College of Speech and Language Therapists	Guideline	5	25	The RCSLT recommend data is also collected on environmental considerations such as the physical work environments including noise. A growing number of people are absent from work with vocal strain due to their occupation as a heavy voice users including teachers, call centre workers and ministers of religion. It would be beneficial for employers to collect this data, to identify trends and solutions.	Thank you for your comment. The committee were conscious of the need for their recommendations to be relevant to a range of different sizes and types of organisations. The recommendation includes data that should be collected. This does not prevent organisations from collecting specific data that may be relevant for their organisations.
Royal College of Speech and Language Therapists	Guideline	6	13	Whilst OT and physio may benefit people with specific physical problems, there must be further consideration of the input from a range of allied health professionals and others including speech and language therapy for difficulties with aphasia, voice or cognitive communication disorders. We recommend that the scope is extended so not to detriment people with non-physical health problems.	Thank you for your comment. The services listed here are examples. It is not intended to be an exhaustive list, but examples of some of the main groups likely to be involved. This does not preclude other professional groups.

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				We recommend that this point is further defined or the specific professional examples are removed so as not to create a bias.	
Royal College of Speech and Language Therapists	Guideline	6	25	The RCSLT welcomes the inclusion of information being clear and avoiding the use of technical language. However, we would recommend that this could be much more inclusive. We recommend that this point is expanded to say that: "all information should be accessible and written in a format that the person can access and understand."	Thank you for your comment. This has not been changed. The existing emphasis on the need for clear, non-technical language in this recommendation was considered sufficient.
Royal College of Speech and Language Therapists	Guideline	7	22 - 25	The examples given for adjustments fail to take into account reasonable adjustments for communication. We would recommend adjustments which are person-centred such as: • Provision of equipment, aids and AAC • Accessible information - including information provided in a way that the person can understand and access • Use of written instructions or visual prompts	Thank you for your comment. The list of possible adjustments are examples, this is not considered exhaustive. The recommendations include the importance of clear communication and the use of non-technical language. It is important to keep the recommendations sufficiently broad to cover a range of conditions

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Royal College of Speech and Language Therapists	Guideline	8	8	Any information provided must be clear and accessible. We recommend that this section is expanded to say: "Explain the reasons clearly and provide information in a format that the employee can understand".	Thank you for your comment. This has not been changed, it is considered that the word 'clearly' which is already included in the recommendation assumes the information would be accessible.
Royal College of Speech and Language Therapists	Guideline	9	19	The RCSLT recommends that it is essential to consider communication needs during the "keeping in touch" stage. The presence of communication needs will affect the way people can access and receive information. This underpins understanding and must be taken into account.	Thank you for your comment. This is reflected in the recommendations overall which note the importance of clear communication. The recommendation on contacting the employee notes the importance of being aware that communication style and content could affect wellbeing and to discuss preferences for future contact.
Royal College of Speech and Language Therapists	Guideline	9	20 - 21	People with communication needs may not be able to access the standard communication methods for example by telephone or email. It is therefore essential that when contact is made, consideration is given to the individual needs of the person and what format they prefer to receive information in.	Thank you for your comment. The recommendation states that contact with the employee should be sensitive to their individual needs and circumstances. It also notes that there should be a discussion on their preferences for future contact. This covers the point that was raised.

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Royal College of Speech and Language Therapists	Guideline	9	24	We recommend that this section is expanded to provide guidance to the manager to focus on the individual needs of the person. We recommend that this is changed to add: - "be aware of the person's communication needs" - "Use clear and accessible communication" - "check that the person has understood what you have said"	Thank you for your comment. This is reflected in the recommendations overall which note the importance of clear communication. The recommendation on contacting the employee notes the importance of being aware that communication style and content could affect wellbeing and to discuss preferences for future contact. This covers the point you have raised.
Royal College of Speech and Language Therapists	Guideline	10	18	This is such an important point. Frequently members report to us that their clients struggle with employment if their communication needs are not taken into account. Whilst managers may have received communication or similar management training they may lack skills in understanding the needs of people with communication difficulties. We recommend that this point is expanded so it is apparent that this doesn't only refer to workplace skills but to understanding the communication needs of employees too.	Thank you for your comment. This recommendation does include ensuring that those who are keeping in touch are competent in communication skills and encourages further improvement of skills. This has therefore not been amended. This is further reflected in the recommendations overall which note the importance of clear communication. The recommendation on contacting the employee notes the importance of being aware that communication style and content could affect wellbeing and to discuss preferences for future contact.

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Royal College of Speech and Language Therapists	Guideline	10	19	It would be beneficial to signpost employers to information. Resources such as the training developed by the Communication Access UK Partnership would be relevant to organisations. The RCSLT would be happy to share this with you.	Thank you for your comment. The recommendation has been amended to suggest that members of staff responsible for keeping in touch with people on sickness absence should be signposted to online and other resources, as well as encouraged to access them. Different organisations and managers would require different communication skills and therefore it is not appropriate to signpost to specific training resources within the guideline.
Royal College of Speech and Language Therapists	Guideline	11	14	It would be beneficial to consider other services such as a referral to speech and language therapy for people with aphasia, voice or cognitive communication disorders.	Thank you for your comment. The examples given here are not intended to be exhaustive and do not preclude other groups.
Royal College of Speech and Language Therapists	Guideline	11	19 - 27	In the bullet points in the 'sustainable return to work' section we recommend that environmental adjustments for people with aphasia, cognitive communication disorder or voice are added.	Thank you for your comment. The workplace culture recommendations include that health and wellbeing should be made a core priority. The fitness to work and workplace adjustment recommendations give examples and are not intended to be exhaustive and do not preclude environmental adjustments that may be helpful for some individuals.

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Royal College of Speech and Language Therapists	Guideline	11	24	It is important that consideration is given to the range of needs that the person may have and possible reasonable adjustments that may accommodate them. It cannot be assumed that workplace assessors will have a comprehensive understanding of communication disability. The guideline should be expanded to state that support from appropriately qualified clinicians must be obtained to provide advice and guidance.	Thank you for your comment. The recommendation includes that a suitably qualified professional should perform the worksite assessment. This has not been amended.
RSSB	Guideline	5	General	There is no reference to the need for company policies to consider specific psychosocial occupational hazards. Within the rail industry, a leading cause of sickness absence is mental ill-health following exposure to a traumatic event (e.g. a fatality or assault at work). It would be helpful for trauma-exposed industries if NICE could make explicit reference to the management of the risk of trauma in the workplace. E.g. it may be helpful to refer to the UKPTS's guidance: "The UKPTS is keen that trauma-exposed organisations whose staff are exposed to potentially traumatic situations and/or material2 ensure that they take reasonable steps to promote psychological resilience and prepare staff for the possible impact of trauma exposure, to detect emerging mental health	Thank you for your comments. The primary prevention of sickness absence is not within the scope of this guideline and so we were unable to make recommendations on this. The focus of this guideline is on the management of sickness absence and is intended for a broad range of different types and sizes of organisations. However, NICE guideline PH22 Mental wellbeing at work, focuses specifically on the area of mental wellbeing and is currently undergoing an update. NICE guideline NG116 Post-traumatic stress disorder may also be of interest.

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				problems at an early stage and ensure that those with significant mental health problems are treated in an effective and humane manner." http://www.ukpts.co.uk/site/assets/UKPTS-Guidance-Document-120614.pdf	
RSSB	Guideline	5	7	**1.1.4** It would be useful for this point to explicitly reference line manager training for those who are gatekeepers of the wellbeing of their direct reports. Line manager training should include managing workplace risks, sickness absence, and return to work. A detailed review on mental health training for line manager's that highlights this can be found here: https://www.rssb.co.uk/HealthAndWellbeingContent/Mental-Health-Training-Part-1-report.pdf	Thank you for your comment. The focus of this recommendation is not intended to be on training line managers. However the training of managers is a key focus of NG13 Workplace health: management practices. There is NICE guidance on PH22 Mental wellbeing at work, which is currently undergoing an update.
RSSB	Guideline	8	21	**1.4.1** Would it be possible to explicitly reference undertaking a stress risk assessment in the case of returning to work following an episode related to stress or mental ill-health? These are not consistently undertaken at present	Thank you for your comment. Management standards for work related stress, including undertaking risk assessments is covered in the NICE guideline on Workplace health: management practices (NG13). An update of the NICE guideline on Mental wellbeing at work is currently in development.
RSSB	Guideline	12	3	**1.7.2**	Thank you for your comment.

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				It would be valuable for the intervention to include case management and coordination of workplace and healthcare professionals associated with the individual's care here.	Evidence for a 3-month structured support intervention was only identified for people returning to work after an absence related to mental health. This recommendation reflects the evidence identified. Aspects of the co-ordination of and individual's care beyond return to work are not within the remit of this guideline.
Society and College of Radiographers	Guideline	General	General	This looks very comprehensive and the recommendations are in line with what most NHS organisations will already have in place. The Society and College of Radiographers like the consideration given to the needs of the individual, how communication when on sick leave may be perceived and the emphasis on confidentiality.	Thank you for your comment.
Society and College of Radiographers	Guideline	4 - 5	General	Very useful to see best practice identified and direction for employers to follow. The strategic approach to promoting employees' health and wellbeing is welcomed.	Thank you for your comment.
Society and College of Radiographers	Guideline	6	5	Consideration should be given to whether other suitable qualified, trained and educated health care professionals can issue 'fit notes'. E.g. Advanced clinical practitioners in physiotherapy for msk related absence	Thank you for your comments. Currently the Fit Note has to be completed by a medical practitioner. Although the change to those who can complete the fit note may occur in the future, the guideline reflects the current situation.

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					The guideline reflects the importance of taking into account any additional information supplied (such as from an allied health professional) about how their condition may affect their ability to do their role.
UNISON	Guideline	5	2	The guidance should flesh out what is meant by "fostering a caring and supportive culture" Sickness absence policies should be framed in terms of: • Organising the workplace in a way that places staff health centre stage by reducing the stresses and dangers that can cause sickness in the first place; • Taking a proactive approach to detecting and tackling the underlying causes of work related absence; • Offering comprehensive support to those who nonetheless are absent through sickness maximise to assist in their return to health and work.	Thank you for your comment. The focus of this guideline is on the management of sickness absence. The primary prevention of sickness absence is not within the scope of this guideline update and so recommendations could not be made on this. The guideline cross-refers to NICE guideline NG13 Workplace health: management practices, which focuses on organisational culture and creating an environment that promotes and supports employee wellbeing. In addition, reducing workplace stressors that may cause or contribute to sickness is considered in NICE guideline PH22 Mental wellbeing at work, which is currently undergoing an update.

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UNISON	Guideline	5	7	In addition to knowing policies, staff should be given the opportunity to set out concerns about the impact of the workplace on their health and possible remedies through regular planned meetings with managers, an open-door policy for staff to raise the issue and an alternative avenue for staff to hold discussions with a senior figure other than their direct line manager. There should also be a strong emphasis on the need for the employers to consult with staff and their trade union representatives in developing sickness absence policies.	Thank you for your comment. The recommendations need to be able to be implemented by a broad range of different types and sizes of organisations. The recommendations do include monitoring and reviewing sickness absence policies and procedures and ensuring fitness for purpose. The recommendations further include that when developing workplace policies, ensure that these are part of a broader approach to promoting health and wellbeing, and a recommendation to foster a caring and supportive culture. These should facilitate staff and managers working effectively together on workplace health.
UNISON	Guideline	5	13	Alongside consideration of an employee assistance programme, consideration should be given to a full range of services designed for checking and maintaining health. E.g., the latest CIPD survey found that the most common forms of health-related services provided by employers were as follows: Health promotion • 67% provided free eye tests • 41% offered health advice services	Thank you for your comment. Some of these services focus on primary prevention which is not within the scope of this guideline and so recommendations could not be made on this. There are recommendations which focus on the provision of, or referral to, services such as employee assistance programmes, physiotherapy, counselling and occupational therapy. This is not considered to be an exhaustive list of services that may be accessed.

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				• 39% provided an in-house gym or subsidised gym membership • 29% offered access to health screening services • 38% provided free flu vaccinations Employee support • 63% offered access to counselling services • 62% had an employee assistance programme • 30% offered access to physiotherapy and other therapies • 28% provided access to services designed to assist staff in stopping smoking • 24% offered access to financial education	
UNISON	Guideline	5	17	This should be strengthened to explicitly include a review of whether there is a disproportionate impact on groups with protected characteristics. UNISON's experience is that sickness absence policies and triggers are sometime more robustly implemented for staff with protected characteristics.	Thank you for your comment. The recommendations include monitoring and regularly reviewing policies and procedures to ensure that they are being implemented fairly and consistently, so this is considered to be covered by the recommendations. The accompanying Equality Impact Assessment considers the recommendations in relation to protected characteristics.

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UNISON	Guideline	5	20	Alongside data collection, guidance should encourage consideration of a systematic programme of regular risk assessment and regular evaluation of operations against HSE management standards	Thank you for your comment. Risk assessments and assessment against management standards are not included within the scope of this guideline update and so recommendations could not be made on this.
UNISON	Guideline	5	25	Workload, workplace stress, bullying and discrimination are also strongly associated with sickness absence and should be added to this list of factors.	Thank you for your comment. This list is not considered to be exhaustive; it includes data that should be collected and aims to apply across many employing organisations of all sizes. It does not preclude the collecting of other data. Collecting large amounts of data may place a burden on smaller businesses.
UNISON	Guideline	6	21	Where the illness means that the employee is disabled as defined by the Equality Act, then the employer has a duty to provide reasonable adjustments. In addition to identifying "any additional support they might need", where the duty exists, the guidance should recommend GPs encourage the person to identify any reasonable adjustments they might need.	Thank you for your comment. The recommendations on making workplace adjustments are for all employees returning from sickness leave regardless of whether they have a disability or long-term condition covered by the Equality Act 2010. In the Rationale and Impact section, the legal obligations of the employer to make reasonable adjustments where an employee has a disability or long-term condition covered by the Act is noted.

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					The recommendations on assessing and certifying fitness for work, which are for medical practitioners, includes encouraging the person to maintain contact with their workplace. In the recommendation on 'Statement of fitness for work' the recommendation includes discussion of what adjustments or other support might be needed in the planning for return to the workplace. These cover the importance of discussing adjustments that may be needed to help in return to work.
UNISON	Guideline	7	5	The record should also include whether there is a legal duty to provide reasonable adjustments, including disability leave.	Thank you for your comment. The focus of this guideline is on managing sickness absence among all employees regardless of whether they have a disability or long-term condition covered by the Equality Act of 2010. The employers' legal obligation to make reasonable adjustments in the workplace for employees with a disability or long-term condition covered by the Act, is noted in the Rationale and Impact section of the guideline.
UNISON	Guideline	7	22	Employers too often focus on a very limited menu of adjustments (eg phased return or physical changes to work station) without considering changes to policies and procedures. Disability leave and reduced targets should be added to the examples	Thank you for your comment. The list of possible adjustments are examples, this is not considered exhaustive. This recommendation also notes that recommendations in the statement of

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				of adjustments so that employers understand the need to think more creatively about adjustments.	fitness for work may be a starting point in recognition that this list is examples of adjustments, but that these should be based on the needs of the person who has a statement of fitness for work. The focus of the guideline is on managing sickness absence for all employees, regardless of whether they have a disability or long-term condition. A statement has been added to the beginning of the guideline, to note that it should be considered alongside the legal requirements for employers in relation to health and disability.
UNISON	Guideline	8	3	Where the trade union is recognised, members have a right to be accompanied to a meeting to discuss with their manager capability issues such as their levels of sickness absence, attendance and fitness for work. It is also best practice to allow the member to be represented at an early stage to assist in identifying solutions and avoid disputes at a later date. The guidance should clarify the rights of trade union members and the benefits of allowing representation at an early stage and not only for more complex cases.	Thank you for your comment. The right of union accompaniment is for formal disciplinary processes and not at sickness absence meetings. Therefore this has not been added to the recommendation.
UNISON	Guideline	8	7	Where the employee is disabled and there is a legal duty to make reasonable adjustments, then the employer has no defence of justification and the reasonable adjustments must be made. The	Thank you for your comment. This guideline focuses on return to work for those with long-term sickness absence, among all employees,

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				phrasing of this line should therefore be amendment to change "if adjustments cannot be made" to "if adjustments cannot **reasonably** be made". This will bring this section in line with the Equality Act 2010.	regardless of whether they have a disability or long-term condition covered by the Equality Act of 2010. The Fit note requests for workplace adjustments are advisory rather than mandatory. Reasonably has not been added as it was not considered necessary as if the adjustments cannot be made then this should be a reasoned decision, as would be explained clearly in writing as recommended.
UNISON	Guideline	8	11	As per comment 11 above, this line should be amended to reflect the Equality Act 2010 and the duty to provide reasonable adjustments, with no defence of justification available to employers. the line should be amended to change "but that adjustment cannot be made" to "but that adjustment cannot **reasonably** be made"	Thank you for your comment. This guideline focuses on return to work for those with long-term sickness absence, among all employees, regardless of whether they have a disability or long-term condition covered by the Equality Act of 2010. The Fit note requests for workplace adjustments are advisory rather than mandatory. Reasonably has not been added as it was not considered necessary as if the adjustments cannot be made then this should be a reasoned decision, as would be explained clearly in writing as recommended.
UNISON	Guideline	8	15	Where the worker has a right to reasonable adjustments then it may not be reasonable for them to "perform their regular duties". This should be amended to "and are able to perform their regular	Thank you for your comment. Adjustments such as changes to duties or flexible working should be discussed when a statement of

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				duties or alternative duties agreed as a reasonable adjustment."	fitness for work indicates that a person may be fit for work. When adjustments cannot be made, it is appropriate to advise the person to return to work only when they have sufficiently recovered and are able to perform their duties.
UNISON	Guideline	8	18	Many disabled staff will not make a "full recovery" in the way implied in the guidance but will have a right to reasonable adjustments to continue in their role. As per comment 13 above, this should be changed to ""and returning to their regular duties or alternative duties agreed as a reasonable adjustment". It should also be made clear in this section that when reasonable adjustments are awaiting implementation disability leave should apply, as has repeatedly been affirmed by the ET.	Thank you for your comment. This guideline focuses on managing sickness absence among all employees, regardless of whether they have a disability or long-term condition covered by the Equality Act of 2010. The Fit note requests for workplace adjustments are advisory rather than mandatory. If an employee has a disability or condition covered by the Equality Act, there is a legal obligation for the employer to make reasonable adjustments, and therefore this recommendation would apply. This has been clarified in an upfront statement in the guideline.
UNISON	Guideline	8	25	Colleagues should not be informed about a colleague's need for adjustments without the express consent of the employee. This section needs to make this clear as the existing wording ("decide whether") implies this is a HR or management decision only. This should be	Thank you for your comment. The wording of this recommendation has been amended to include seeking the person's informed consent to discuss workplace adjustments with their colleagues.

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				changed to "With the agreement of the employee, decide whether".	
UNISON	Guideline	9	1	One of the biggest issues UNISON members report is that adjustments are agreed but implantation is either significantly delayed (sometimes for years) or never happens at all. To avert this problem the guidance should be amended to insert "agree a reasonable timescale for delivery with the employee".	Thank you for your comment. The recommendations have been amended to include an agreed timeframe and implementation timeframe.
UNISON	Guideline	10	19	Where staff are disabled it is vitally important that those responsible for keeping in touch with them have an understanding of the organisation's legal duties. This section should be updated to add an additional bullet point on understanding the employer's responsibilities under the Equality Act 2010	Thank you for your comment. This guideline covers all those on long-term sickness absence regardless of whether they have a disability or long-term condition covered by the Equality Act of 2010. A statement has been added upfront in the guideline to state that there are legal requirements that employers should follow.
UNISON	Guideline	11	1	It is not enough to assure employees that contact will be confidential, this employer needs to make sure it is confidential in practice. This point can be made by inserting "Ensure, and" at the beginning of this line.	Thank you for your comment. Ensuring the confidentiality of the employer's practices is the responsibility of the organisation.
University Hospitals Bristol NHS	General	General	General	The draft guideline makes some useful recommendations that as an organisation we feel we are aligned to. It would be useful to understand	Thank you for your comment. Guidance is available via the NICE website. It is also promoted via press contacts and coverage in the trade

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Foundation Trust				how this document will be communicated and shared and in what format.	media. NICE also promotes content via social media, and additional promotion can include podcasts, Facebook and Instagram. The NICE field team also promote guidance and facilitate implementation through regular contact with stakeholders.
University Hospitals Bristol NHS Foundation Trust	General	General	General	The Trust welcomes the publication of this guidance.	Thank you for your comment.
University Hospitals Bristol NHS Foundation Trust	Guideline	4	General	We are surprised there is no reference to or explicit alignment with relevant recommendations from the 2017 report 'Thriving at work. The Stevenson / Farmer review of mental health and employers' which is seen by HR professionals as a landmark report.	Thank you for your comment. We have referenced the 2017 'Thriving at Work' report in the 'Context' section of the guideline. This report will also be relevant to the update of the Mental Well-being at Work (PH22) NICE guideline (currently in development).
University Hospitals Bristol NHS Foundation Trust	Guideline	6	13	Para 1.2.3 Doesn't refer to Occupational Health involvement at this stage	Thank you for your comment. The recommendations in this section are intended for medical practitioners and focus on assessment of fitness for work outside of the workplace. Subsequent recommendations are intended for employers and therefore refer to occupational health services.

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University Hospitals Bristol NHS Foundation Trust	Guideline	12	General	3-month structured plan referred to may not just include mental health cases but could be an intervention for other types of supporting attendance. This should be carefully worded so it is not confused with phased returns and other contractual obligations	Thank you for your comment. This recommendation relates to interventions that may be considered to assist with sustainable return to work and reducing recurrence of absence. Evidence for a 3-month structured support intervention was only identified for people returning to work after an absence related to mental health. Phased return and other options for workplace adjustments are included in recommendations relating to fitness to work and making workplace adjustments.
University Hospitals Bristol NHS Foundation Trust	Guideline	14	General	Greater clarity required on the national guidance for presenteeism and perhaps greater focus throughout the document on this issue	Thank you for your comments. The scope of this guideline did not include interventions to reduce presenteeism and so recommendations could not be made in this area. The recommendations do include advising the person that they should return to work only when they have sufficiently recovered and are able to perform their duties.
Unum	Guideline	General	General	Vocational rehabilitation services are a valuable source of support for employers in managing sickness absence and helping an employee return to the workplace. The guideline would benefit from further reference to vocational rehabilitation	Thank you for your comment. The recommendations on 'Assessing and certifying fitness for work' recognises that other possible expert sources of vocational advice and support may be

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				services throughout, particularly when listing types of support services that can help employers.	helpful, this includes vocational rehabilitation consultants. The guidance further notes vocational rehabilitation consultants among those people who could fulfil the role of facilitating discussions between employee and employer, therefore the committee agreed that the role of vocational rehabilitation has been covered.
Unum	Guideline	General	General	The guideline appears to focus heavily on the role of traditional externally provided occupational health services. We agree that occupational health services can form an important part of some employers' approach to managing sickness absence and developing wider wellbeing strategies. However, it is important to note that there are a wide range of services which can assist employers in developing organisational strategies, advising on procedures and policies, advising on capability, managing sickness absence, and developing return to work plans. This could include: • traditional occupational health providers; • newer, more innovative digital models of support; • local authority interventions (such as the Greater Manchester Working Well Early Help Programme);	Thank you for your comments. The recommendations reflect that occupational health services may be provided internally within an organisation or contracted as an external service provider and that this may vary according to the size and type of organisation. The recommendations also note that there are other possible expert sources of vocational advice and support that employees and employers can be sign-posted to or seek information from. The recommendations on 'Assessing and certifying fitness for work' and on 'Statement of fitness for work' reflect this. In the Rationale and Impact section of the guideline, it is recognised that such advice and support may include that from the voluntary sector. Your suggestions are therefore already covered.

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				• support from third-sector organisations or Community Interest Companies (such as Rhyl In-Work Support); • providers of Group Income Protection insurance.	
Unum	Guideline	General	General	Group Income Protection is an employer-purchased product designed to protect employees in the event they are unable to work because of an illness or disability. Group Income Protection pays a proportion of salary through payroll to staff for as long as they are unable to work, or for a fixed period, whatever the illness or disability. Most Group Income Protection policies come with additional services designed specifically to prevent and manage sickness absence – such as a rehabilitation service to support people back to work, faster access to physiotherapy and CBT/counselling services, and an employee assistance programme. Group Income Protection providers normally have access to occupational physicians and nurses who can work with an employee's own medical team and provide advice on reasonable adjustments or changes to duties. For example, Unum's vocational rehabilitation support is a physician-led service staffed by a multi-disciplinary team of doctors, psychologists, nurses,	Thank you for your comment. Income protection insurance schemes are not within the scope of this guideline and so recommendations could not be made on this.

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				and vocational rehabilitation consultants trained as Certified Disability Management Professionals. All of our Group Income Protection clients have access to our rehabilitation service. The guideline could be improved by listing Group Income Protection alongside other types of support services that can benefit employers – particularly as it is a product specifically designed to manage sickness absence and support returns to work.	
Unum	Guideline	5	13 - 15	There are a range of services that could benefit employers to manage sickness absence and return to work (see above at comment 2), and the guideline would benefit from including a more expansive list. (1.1.6)	Thank you for your comment. This recommendation is in relation to employee assistance programmes and occupational health. It does not preclude other sources of support. The available evidence supported the use of the specific resources stated in the recommendation.
Unum	Guideline	6	10 - 15	Employers may have access to beneficial support services that do not require a GP referral and these may also be available before 4 weeks. For instance, many employee assistance programmes provide rapid access to a number of CBT/counselling sessions delivered by qualified professionals, without the need for a GP referral or a period of long-term sickness absence.	Thank you for your comments. This recommendation focuses on assessing and certifying fitness for work and is directed to medical practitioners. For this reason, it focuses on referral to support services by medical practitioners. There are other recommendations within this guideline that note possible early interventions or referrals to

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				GPs and other healthcare professionals can help by discussing work with their patients at the earliest opportunity, and encouraging them to look at the support services that may be available from their employer. Some patients may wait needlessly for NHS services even where their employer has already purchased an alternative. (1.2.3)	support services where the organisation has these available and these should cover your suggestion (see the recommendations on 'Keeping in touch with people on sickness absence' and on 'Early intervention').
Unum	Guideline	7	11 - 15	There are a range of services that could benefit employers to manage sickness absence and return to work (see above at comment 2), and the guideline would benefit from including a more expansive list. In particular, vocational rehabilitation consultants can provide advice and support on reasonable adjustments and changes to duties. (1.3.2)	Thank you for your comment. The recommendations on 'Assessing and certifying fitness for work' recognises that other possible expert sources of vocational advice and support may be helpful. This includes vocational rehabilitation consultants. The guidance further notes vocational rehabilitation consultants among those people who could fulfil the role of facilitating discussions between employee and employer. We think these points cover your suggestion.
Unum	Guideline	8	6 - 9	Many organisations, particularly smaller employers without dedicated HR resources or contracted occupational health support, may not be aware that funding is available to assist them to make workplace adjustments.	Thank you for your comment. Benefits and funding applications are beyond the remit of the scope of this guideline and of NICE, and so recommendations could not be made in this area. However, in the rationale and impact section, it has

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				Funding to make workplace adjustments may be available from the Government's Access to Work scheme, and this can pay for special equipment or software, BSL interpreters, adaptations to vehicles or taxi fares, support workers, disability awareness training for colleagues, or other support. In certain cases, funding for workplace adjustments might also be available from an organisation's Group Income Protection provider. The guideline could be improved by mentioning the funding available from Access to Work and encouraging employers to consider the scheme as part of their efforts to make workplace adjustments for their staff. (1.3.4)	been noted that that it may be helpful to explore whether the person is eligible for funding to support adaptations to the workplace.
Unum	Guideline	10	4 - 6	Employers are perhaps just as likely to have access to beneficial support services that do not come from the organisation's occupational health provider. It is not clear what evidence supports the inclusion of a specific example of an occupational health service providing rapid access to physiotherapy. For instance, many employee assistance programmes provide rapid access to CBT/counselling or physiotherapy services. This support might also be provided by an employee's Private Medical Insurance or the company's Group Income Protection scheme.	Thank you for your comment. This recommendation includes the possibility of early referral to services and gives examples. This does not preclude referral to other services that the organisation may have available. The examples have been moved into brackets to ensure that it is clear that these are examples.

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				The guideline could be improved by encouraging line managers and HR professionals to consider the whole range of support services contracted by their organisation, and not specifically occupational health services. (1.5.3).	
Unum	Guideline	11	4 - 14	There are a range of services that could benefit employers to manage sickness absence and return to work (see above at comment 2), and the guideline would benefit from including a more expansive list. (1.6.3, 1.6.4)	Thank you for your comment. The recommendation includes examples of additional support services such as physiotherapy, counselling or occupational therapy and these examples are not considered to be exhaustive This has not been amended to allow for the flexibility of using a variety of support services that may be appropriate to individual situations.
Unum	Guideline	12	3 - 13	We have concerns regarding the guideline's blanket statement saying employers should consider a three-month structured support intervention for people returning to work after an absence of four or more weeks for a common mental health condition. Some people may require a longer intervention, but others may not require such a period of time. There are a range of factors to be considered when supporting someone at work, including their specific duties, travel requirements, and their current function – as well as factors outside of work which	Thank you for your comment. The recommendation includes action plan and the evaluation of progress, it may be during these that the decision is made to consider extending or reducing the support period. The recommendation of a 3-month structured support intervention was based on evidence, and this evidence was specific to people

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				might affect the length of time for which they will require support. Some people may be absent from work for mental health conditions brought on or worsened by specific workplace issues, which, once resolved, may allow a far more rapid return to work without as lengthy an intervention. It is unclear why the guideline makes this specific recommendation for a common mental health condition but does not make a similar recommendation for those absent as a result of a musculoskeletal condition. (1.7.2).	with a common mental health condition and not a musculoskeletal condition. For the recommendation for those with musculoskeletal condition the evidence identified is reflected in the recommendation.
Yorkshire Sport Foundation	Guideline	4	12	**Recommendation 1 Workplace Culture & policies** **Rec 1.1.1** Yorkshire Sport Foundation welcomes making health & wellbeing a core priority for top level management. In addition to examples given, we would recommend the inclusion of physical activity examples; Physical activity programmes at work have been found to reduce absenteeism by up to 20% and physically active workers take 27% fewer sick days. Nuffield 2018 report commissioned by Sport England, 'A healthier Workplace, how employers can reduce physical inactivity' provides good evidence of the steps employers can take to	Thank you for your comment. Physical activity programmes are not included in the scope of this guideline as they are covered by the existing NICE guideline PH13 Physical activity in the workplace.

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				make a difference to the physical activity and sedentary behaviour of their workforce and that they can play a central role in activity promotion – in both addressing the current barriers to building active workplaces, and encouraging staff to build movement into their working day. The Nuffield report found strong evidence that supervised workplace exercise and group support can **increase physical activity**, while active desks can **reduce sedentary behaviour**. There is also moderate evidence to show that supervised exercise outside the workplace increases physical activity, that activity "prompts" reduce sedentary behaviour, and that web-based interventions can improve both. The Nuffield research also showed that providing information can also be surprisingly powerful. One intervention that participants found highly effective, was the use of health kiosks. These are places that provide basic data on blood pressure, body fat and BMI. This both catalysed initial behaviour change, and allowed employees to monitor their progress a few months later. *"We found an interesting incentive was health kiosks. It's very simple. Just a contraption that measures blood pressure, body fat and your BMI. Very basic indicators. What was surprising was the number of people who made changes after that. I*	

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				had a lot of people say they looked at it and thought, 'Oh…"	
Yorkshire Sport Foundation	Guideline	5	10	**Recommendation 1 Workplace Culture & policies** **Rec 1.1.5** Information included in Comment 1 above means that Yorkshire Sport Foundation suggest that physical activity should also be part of employee assistance / occupational health services. These could be free activities like walking in local parks as well as partnering with local authority leisure providers, exercise referral schemes, social prescribing / link workers for example.	Thank you for your comment. Physical activity programmes are not included in the scope of this guideline as they are covered by the existing NICE guideline PH13 Physical activity in the workplace.
Yorkshire Sport Foundation	Guideline	6	10	**Recommendation 1.2 Assessing and certifying fitness for work** **Rec 1.2.3** Yorkshire Sport Foundation recommends that, if a person is likely to be absent for more than 4 weeks you should include physical activity programmes following on from physiotherapy sessions – rather as happened in knee replacement, heart surgery and some respiratory surgery medical pathways; In the UK, 131 million working days are lost to	Thank you for your comment Physical activity programmes are not included in the scope of this guideline as they are covered by the existing NICE guideline PH13 Physical activity in the workplace.

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				sickness absence every year. The main reasons being:[9] • Minor illnesses – 27 million days lost • Musculoskeletal problems – 31 million days lost • Stress, depression and anxiety - 15 million days lost. Evidence that Physical activity / exercise reduces stress, depression and anxiety is widely available as is the improvement in musculoskeletal problems In 2016/17, 1.3 million workers suffered from work related ill-health. This has been estimated to cost **£522** per employee and up to **£32 billion** per year for UK businesses. Furthermore, turning up to work while sick, and suffering from reduced productivity as a result, can cost a further **£15 billion** every year[10]	

**None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*

[9] Department for Work and Pensions (2014), Health and Wellbeing at Work: A Survey of Employees.
[10] British Heart Foundation & ERS Research & Consultancy, "Health at Work: Economic Evidence Report 2016"