

# National Institute for Health and Care Excellence

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

Consultation on draft quality standard – deadline for comments 5pm on 11/01/21

Please email your completed form to: [QSconsultations@nice.org.uk](mailto:QSconsultations@nice.org.uk)

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on these questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details.

### Organisation details

<b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank)	<b>The Royal College of Physicians and Surgeons of Glasgow</b>
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<b>None</b>

<b>Name of person completing form</b>	<b>Dr Richard Hull, Honorary Secretary with the advice of experts within the field</b>
<b>Supporting the quality standard</b> Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a>	<b>Yes</b>
<b>Type</b>	<b>[Office use only]</b>

### Comments on the draft quality standard

<b>Comment number</b>	<b>Section</b>	<b>Statement number</b>	<b>Comments</b> Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
<i>Example 1</i>	<i>Statement 1 (measure)</i>	<i>1</i>	<i>This statement may be hard to measure because...</i>
1	General	General	<p>The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While this report is related to England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments.</p> <p>The College welcomes the draft Quality Standards which aims to get people back into work with plans to minimise disruption to their employment as a result of illness. While the College feels the quality standards are a great ideal, enforcing them will be difficult. In the reviewer's experience employers take an opposing view to that outlined in the document. They will interpret the standards differently. It is the reviewer's experience that when the government is the employer, they also take a different attitude (eg use of the Bradford Index).</p>

			<p>Therefore, it is vital than these standards are subject to regulation in a similar way to the RIDDOR (Reporting of Injuries; Diseases and Dangerous Occurrences Regulations) scheme is regulated by the Health and Safety Executive (HSE).</p> <p>In terms of the equality impact assessment, while the standards themselves are realistic, it is quite clear employers may interpret them differently depending on the protected characteristic under the Equality Act 2010.</p>
2	Statement 1 (Rationale)	1	We believe a caring and supportive workplace is difficult to achieve in a target driven culture in many industries (including the NHS).
3	Statement 1 (Quality measures)	1	We would suggest Data source (rates of recurrent sickness) is broken this down to categories which would include physical and mental health.
4	Statement 2		We agree with all these strategies about how to record sickness absence after seven days.
5	Statement 4		We would suggest a standardised “return to work plan” format.
6	<b>Question 1</b>		<p>Does this draft quality standard accurately reflect the key areas for quality improvement?</p> <p>Yes</p>
7	<b>Question 2</b>		<p>Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?</p> <p>No. Local systems would need to be developed with oversight from a body such as HSE.</p>
8	<b>Question 3</b>		Do you think each of the statements in this draft quality standard would be achievable by employers or healthcare professionals given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings.

			The college does not believe that the ideal of the standards are achievable in the current climate without regulation. While the health aspects are achievable, the NHS as an employer would not achieve this.
9	<b>Question 4</b>		Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details  No

Insert more rows as needed

### Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to [Qsconsultations@nice.org.uk](mailto:Qsconsultations@nice.org.uk)

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.