

VERSUS ARTHRITIS

Versus Arthritis response to HM Government consultation 'Health is everyone's business'

October 2019

1. Versus Arthritis welcomes the opportunity to provide input into the Government's consultation 'Health is everyone's business: Proposals to reduce ill health-related job loss.'¹
2. Versus Arthritis is the charity formed by Arthritis Research UK and Arthritis Care joining together. We work alongside volunteers, healthcare professionals, researchers and friends to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis.²
3. Arthritis and related musculoskeletal conditions affect 18.8 million people in the UK and are the single biggest cause of pain and disability.³ Musculoskeletal conditions result in the loss of around 28.2 million working days to the UK economy each year and account for a fifth of all sickness absence.⁴
4. This submission outlines:
 - **VIEW OF PEOPLE WITH MUSCULOSKELETAL CONDITIONS:** Versus Arthritis is committed to ensuring the views of people with musculoskeletal conditions inform our policy work. This section provides a brief summary of the views we have heard. [Direct responses are included in blue font throughout this response.](#)
 - **RESPONSE TO CONSULTATION QUESTIONS:** Versus Arthritis' response to relevant questions in the consultation.
 - **CROSS-SECTOR WORKING:** Versus Arthritis works collaboratively with other charities, organisations and coalition groups that are active in work and health policy. This section provides an overview of wider work which we support.
5. **Summary points:**
 - **Musculoskeletal conditions have a substantial impact on the working lives of the majority of people with them. A range of types of support can help people with these conditions to thrive in work. However, people's experiences and ability to access such support is variable.**
 - **Versus Arthritis supports the principle of empowering more employees with health conditions, who are not covered under the existing Equality Act, to seek the support they need.**
 - **The Department for Work and Pensions and the Government Equalities Office should commission or undertake work to clarify the meaning of reasonable adjustments, ensuring that people with arthritis and related conditions are consulted, so that it is clear what employers should provide.⁵**
 - **Before any further development of proposal to introduce a new 'right to request work(place) modifications' the Government should consider improving the definition of disability in the Equality Act so that it is clear how it applies to people with health conditions.**

- To support people with health conditions and employers to manage phased returns, the rules around phased returns to work, including ‘qualifying days’ and ‘waiting days’ should be as simple and flexible as possible.
- Versus Arthritis welcomes the proposal to establish a new working-age research and development network. It is essential that the network is multidisciplinary and has a broad remit to address work and health.
- Communications campaigns targeting employers should include content specific to musculoskeletal conditions whilst also emphasising the co-dependency between physical and mental health.
- The Department for Work and Pensions should undertake immediate and ongoing promotion of Access to Work to reach more people with musculoskeletal conditions and their employers.
- The Department for Work and Pensions should consider a new right for people with health conditions to attend healthcare appointments during their usual working hours.
- The Government should make occupational health services a non-taxable benefit in kind to incentivise employers to invest in early intervention.

VIEWS OF PEOPLE WITH MUSCULOSKELETAL CONDITIONS

6. Versus Arthritis is committed to ensuring the views of people with musculoskeletal conditions inform our policy work. Our report ‘Working with arthritis (2016)’ included an overview of surveys and studies on the employment experiences of people with musculoskeletal conditions conducted by several organisations dating back to 2007.⁶ We have continued to build on this insight and can provide further detail as needed.
7. **Social media snap-shot to inform ‘Health is everyone’s business’ (2019).**⁷ We conducted a brief poll which was circulated on our social media channels from 26 –29 Sep 2019. 324 responses were received, including 216 free-text comments. In brief, people with musculoskeletal conditions identified a range of factors (often more than one) than would help them to stay in, or get back to, work. These included being able to change their hours or duties; changes to sick pay rules; knowing their employment rights and time for appointments.

“We want to hear from you! As someone with arthritis or a condition which affects your muscles, bones or joints (e.g. back pain), what would help you most to stay in, or get back to, work? [Knowing rights; Able to change hrs/duties; Time for appointments; Change in sick pay rules].”

“All of them. I am diagnosed with psoriatic arthritis and fibromyalgia. This is the first year that it is really impacting my work and my boss is not very supportive. I work in the private sector and really have no backup. If I have to take time off it's unpaid. Appointments are difficult and I'm expected to use my lunchtime plus unpaid to cover it.” *Facebook response, October 2019.*

8. **Working with arthritis 2018 survey (2018).**⁸ Arthritis Research UK, incorporating Arthritis Care developed and conducted the ‘Working with arthritis 2018’ survey, which was promoted through the charity’s social media channels and through partner organisations between 17 May and 21 June 2018. 1,582 people, who said they had arthritis or a musculoskeletal condition, responded. The survey confirmed findings that **arthritis and related conditions have a substantial impact on the working lives of the majority of people with them. People described a range of types of support – either provided by employers as reasonable adjustments, or support through the Access to Work scheme – that could improve their working lives. However, people’s experiences and ability to access such support was variable.**

Key findings:

- 96% (1510/1573) respondents said arthritis or a related condition had made it harder to do their job at some point.
- As a result of their condition 95% (1433/1507) had experienced pain at work; 89% (1343/1507) stiffness or restriction of movement; 86% (1303/1507) fatigue; 53% (800/1507) stress; 43% (653/1507) anxiety; 39% (582/1507) depression.
- As a result of their arthritis/related condition 36% (542/1507) had reduced their hours; 26% (399/1507) had changed the type of work they did; 19% (294/1507) had stopped working or retired; 27% (407/1507) had carried on without change.

9. **Survey to inform ‘Improving Lives: The Work, Health and Disability Green Paper’ (2017).**⁹ In 2017, we invited people with arthritis and other musculoskeletal conditions to directly share their stories of living and working with arthritis on-line through our campaign website ‘Work matters to me’. We focused on understanding how people with arthritis can be supported to remain in work, return to work and to have access to a fair and timely access to a benefits and assessment system. We received 260 responses between 16 December 2016 and 7 February 2017. Three major themes within these responses were:

- *Flexibility of support provided by employers:* The importance of flexibility on the part of the employer to support people with arthritis was an important issue raised in many responses.
- *Challenges with the benefit system:* Many respondents indicated that they felt inadequately supported to stay in or return to work. Some respondents said that the challenges of accessing benefits and support worsened their health condition.
- *Change of employment status:* Many respondents who had become unemployed or who had retired indicated that they would have stayed in work had they been able to make adjustments to their working hours or way of working. Many people indicated that they had become self-employed as the only way to remain in work.

RESPONSES TO CONSULTATION

What needs to change (Chapter 1; paragraphs 26 – 40)

Q1. Do you agree that, in addition to government support, there is a role for employers to support employees with health conditions, who are not already covered by disability legislation, to support them to stay in work?
Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

10. Versus Arthritis strongly agrees that there is a role for employers to support employees with health conditions to stay in work. This is true both for employees with health conditions who are covered by current disability legislation, as well as those who aren't.
11. The consultation states that mental health and musculoskeletal conditions are the most common main health conditions *of disabled people* in and out of work. It is important to recognise that musculoskeletal conditions are the most common conditions in the UK's working age population and that people with these conditions may not consider themselves disabled.¹⁰
12. Government retains a key role in providing support for people to remain in and return to work. Besides Government and employers, a range of other organisations and services also support people with health conditions. These include the NHS (specific roles such as Employment Advisors embedded within services, as well as support provided by other

healthcare professionals), occupational health (OH) services, employment services (both generic services and specialist services for people with health conditions or disability) and support provided by the voluntary sector. Employers should be aware of their own responsibilities and how these relate to the overall support which may be accessed by an employee.

Q2. Why do you think employers might not provide support to employees with health conditions not already covered by disability legislation to help them stay in work? Open question

13. The consultation puts forwards a range of reasons why people with health conditions might not currently be supported by their employers to help them stay in work, these include:
- A lack of awareness among employers of their responsibilities (e.g. making reasonable adjustments, or payment of sick pay);
 - Unclear expectations on the role of employers to support employee health and well-being, and the complexity of purchasing decisions for services including OH;
 - Poor understanding of need or of the opportunity to act (employees may not disclose their health conditions; employers may not collect relevant data on sickness absences; employers may take a reactive, rather than proactive approach).
 - A lack of understanding by employers of the return of investment of spending on employee health and well-being;
 - Resources constraints (e.g. lack of time, staff resources and capital to invest in health and well-being services including OH, particularly among small employers);
 - The limitation of sick-pay regulations to provide an incentive to employers to support early returns to work.
- Resource constraints can be particularly acute for small and medium-sized enterprises (SMEs), micro-businesses and the self-employed.
14. Responses to our surveys have indicated that people with arthritis and related conditions are unclear of their rights in work, and of the types of support that might help them. Equally, employers can be unfamiliar with the impact of musculoskeletal conditions on employees' ability to work, unclear of their legal responsibilities, and of the types of support that might be beneficial.

*"Lost an incredible professional career due [to] health with zero support. Complaints about broken chairs were repeatedly dismissed etc. I would never have wanted fewer hours but flexibility to make appointments would have helped. Above all, understanding."
Facebook response, October 2019.*

15. Line managers have a crucial role to play in supporting people with health conditions, including musculoskeletal conditions, to thrive in work. However, they may lack the skills, experience and training to enable them to act in a timely manner.

*"No one has asked me! Some colleagues know about it, but my line manager has never asked me despite my obvious mobility problems."
Survey response, 2018.*

"As someone who has just reduced hours to part time 10 years after diagnosis it was great to do this under flexible working request. Having a supportive meeting with my manager exploring other possible options, and then a prompt response to my request to reduce to 0.5 wte (whole time equivalent) acknowledging the value I bring to my

workplace. Wonderful response after experiencing negative and prejudice response in a previous workplace.”
Facebook response, October 2019.

16. In our 2018 survey, 85% (1288/1511) of respondents with arthritis or a related condition said they had told their employer about their musculoskeletal condition. However, it is clear for some people workplace culture and/or fear about how this information may be used still provides a barrier to speaking to their employer and seeking support.

“My job was very competitive so showing a weakness of any kind made your position vulnerable.”
“Being female in an engineering faculty is challenging enough when it comes to career progression so do not want to make it more difficult.”
“Afraid of being fired. It's happened many times before.”
Survey responses, 2018.

Reasonable adjustments and work(place) modifications (Chapter 2; paragraphs 48 - 64)

*Q3. Do you agree that a new 'right to request work(place) modifications' on health grounds could be an effective way to help employees to receive adjustments to help them stay in work?
Yes / No / Don't know (with reasons)*

17. The Equality Act (2010) sets out a duty for employers to make reasonable adjustments for disabled employees so that they are not put at disadvantage.¹¹ Under the Flexible Working Regulations (2014) any employee who has worked for the same employer for 26 weeks in continuous employment has the right to request flexible working, and can do so once in a 12-month period.¹²
18. Versus Arthritis supports the principle of empowering more employees with health conditions, who are not covered under the existing Equality Act, to seek the support they need. However, Versus Arthritis has concerns about seeking to achieve this by introducing a 'right to request work(place) modifications on health grounds'.
19. Firstly, existing rights to reasonable adjustments under the Equality Act are poorly understood and implemented. There is a lack of clarity about the definition of 'reasonable adjustments'. We have previously called for the **Department for Work and Pensions and the Government Equalities Office to commission or undertake work to clarify the meaning of reasonable adjustments, ensuring that people with arthritis and related conditions are consulted, so that it is clear what employers should provide.**¹³
20. In addition, people with musculoskeletal conditions (and their employers) may not understand if they meet the definition of disability set out by the Equality Act, and so be unclear if the right to reasonable adjustments applies to them. There are no specific provisions within the Equality Act for people with musculoskeletal conditions. People with musculoskeletal conditions often have 'fluctuating or recurring' symptoms and may be unsure if these affects their status under the Act, even though the Act states that '[an impairment] ...is treated as continuing if it is likely to recur'.
21. In our 2018 survey of people with arthritis and related conditions, 29% (415/1444) of respondents said their employer had made all possible adjustments to support them in

their role; 25% (367/1444) said employer had made some adjustments, but that there were additional things that they I would have found helpful and 25% (355/1444) said their employer had not made reasonable adjustments but they would have appreciated some.

22. In this context, introducing a right to request work(place) modifications has the potential to cause confusion, creating a multi-layered system in which: people with disability have the right to reasonable adjustments; people with health problems have a lesser right only to request work(place) modifications, and all employees (subject to clauses, see 17 above) have a right to request flexible working. It would require a new definition of 'work(place) adjustments', distinct from reasonable adjustments, to be developed and adopted. As the consultation indicates, it would also require a new set of eligibility criteria to be understood and implemented.

23. **Before any further development of proposal to introduce a new 'right to request work(place) modifications' the Government should consider improving the definition of disability in the Equality Act so that it is clear how it applies to people with health conditions.** The Government should also consider whether the rights under the Flexible Working Regulations (2014) could be extended so that all employees have the right to request the support they need.

Q4. If the government were to implement this new right to request work(place) modifications, who should be eligible?

- Any employee returning to work after a period of long-term sickness absence of four or more weeks;
- Any employee with a cumulative total of 4+ weeks sickness absence in a 12-month period;
- Any employee returning to work after any period of sickness absence;
- Any employee who is able to demonstrate a need for a work(place) modification on health grounds;
- Other, please state.

24. If a right to request work(place) modification is introduced (see points above), this should be available to all employees, not only to people who are able to demonstrate need on health grounds, or people who have been absent from work due to sickness.

25. Modifications to people's place of work, working hours and duties as well as physical modifications to the physical working environment can help people to maintain good musculoskeletal health and can help to prevent health conditions developing or progressing. For example, adjusting working hours so that people can choose active forms of travel may encourage people to increase their physical activity levels. The right to request modifications would be of value to all employees, not only those with existing health conditions.

Q6. Do you think that it is reasonable to expect all employers:

- To consider requests made under a new 'right to request' work(place) modifications?
Yes / no / if no – why?
- To provide a written response setting out their decision to the employee?
Yes / no / if no – why?

26. If a right to request work(place) modification is introduced (see points above), it is reasonable to expect all employers to consider them, and to provide a response setting

out their decision to the employee in writing (or in an alternative format appropriate to the employee's needs).

Strengthening statutory guidance (Chapter 2; paragraphs 65 – 77)

Q8. *The government thinks there is a case for strengthened statutory guidance that prompts employers to demonstrate that they have taken early, sustained and proportionate action to support employees return to work. Do you agree?*

Yes – no – maybe – don't know

Q9. *If no, please give reasons for your answer.*

Q10. *If yes, would principle-based guidance provide employers with sufficient clarity on their obligations, or should guidance set out more specific actions for employers to take?*

- *Principle-based guidance provides employers with sufficient clarity;*
- *Guidance should set out more specific actions for employers to take;*
- *Don't know;*
- *Other – please state.*

27. Employment law is complex and underpinned by case law from individual employment tribunals. Statutory guidance should be supported by worked case studies and examples to help provide employers with clarity of their obligations.

Q13. *As an employee: in your experience, what actions has your employer taken to support your health at work? Please describe how these were effective or ineffective.*

Q14. *As an employee: what further support/adjustments would you have liked to receive from your employer?*

28. As part of our 2018 survey, 429 respondents with arthritis and related conditions described the reasonable adjustments that their employers had made to support them in their role. These fell into broad categories of: equipment; transport; working patterns and locations; change in duties; human support; physical changes to office/accessibility; changes to HR/recruitment/training; other. Respondents also indicated the types of support that they would have liked but had not received.

"I asked for my workstation to be reviewed to make things easier for me but was told that my workplace did not have access to an occupational health service."

"I could have worked from home issuing instructions by phone or e-mails"

"I would love a standing desk. And meetings where we stand... Sitting all day every day is awful and painful! It's really bad for my musculoskeletal health. By the end of each day I'm so sore and stiff I can barely walk which puts me off doing any exercise... cycle goes on."

"I would like to be able to park onsite but as I do not have a disabled badge I am not able to. In my previous places of work I have always had onsite parking."

Survey responses, 2018.

Q15. *All respondents: in order for employers to provide effective return to work support, what action is needed by employees? Select all that apply.*

- *To have discussions with their employer to identify barriers preventing a return to work and to inform workplace support;*
- *To agree a plan with their employer to guide the return to work process;*

- To engage with OH services; or
- Other – please state.

29. The Government should not introduce, or mandate, specific actions which employees must take before they can be provided with support either in work, or to return to work. Employees and employers need to be able to collaborate on identifying needs and appropriate support. Building confidence and trust requires open discussion which should be encouraged, rather than enforced.

Reforming statutory sick pay (SSP) (Chapter 2; paragraphs 78 – 123)

Q16. All respondents: do you think the current SSP system works to prompt employers to support an employee's return to work?

Yes – no – maybe – don't know. Please give reasons for your answer.

Q26. All respondents: at this stage, there are no plans to change the rate or length of SSP. The government is interested in views on the impact of the rate and length of SSP on employer and employee behaviour and decisions.

30. Respondents to our 2019 social media snap-shot identified problems with the current statutory sick pay system, and indicated that changes would support them.

"We should be able to take periods off for flares/bad health without running out of sick pay and potentially having a financial impact if we're not there. Instead I know a lot of people push through and end up worse health wise just to be present. It also leads to presenteeism when people are in work but unable to actually do any work. I think something like paid disability leave would be good."

"I had to have 14 weeks on SSP which meant I couldn't afford my rent or bills so the worry of that on top of recovery from surgery was horrible."

"I only get two weeks annual paid sick leave. It only kicks in once I have already been off for an entire week unpaid first. I can't afford to be unpaid for an entire week and am forced to work even when I'm not well."

"My work don't pay sick pay for the first three days of absence. Unfortunately, I have had more than three flare ups and although I have only taken a day or two off work at the time, as I have had three periods of absence I won't get paid at all when I am unable to work. It's just not fair as really can't afford to not be paid."

"... changes to sick pay, I have rheumatoid arthritis and have just gone part time three days a week. I have a supportive workplace, but when applying for work tax credits they take the pay I should get but I won't earn anywhere near that when I take sick as I don't get paid!"

Facebook responses, October 2019.

Q17. All respondents: what support would make it easier to provide phased returns to work during a period of sickness absence?

- Guidance on how to implement a good phased return to work;
- A legal framework for a phased return to work which includes rules on how it should be agreed and implemented;

•Clearer medical or professional information on whether a phased return to work is appropriate; or
•Other suggestions.

Q18. All respondents: would the removal of rules requiring identification of specific qualifying days help simplify SSP eligibility?

Yes – no – maybe – don't know. Please give reasons for your answer.

31. A phased return to work is an arrangement whereby an employee who has been off long-term sick from work, returns to their full duties and hours at work gradually, over a defined time period. The consultation recognises that phased return to work can promote quicker return and reduce the likelihood of people falling back out of work. **To support people with health conditions and employers to manage phased returns, the rules around phased returns to work, including 'qualifying days' and 'waiting days' should be as simple and flexible as possible.**

Q21. Do you agree that rights to SSP should be accrued over time?

Yes – no – maybe – don't know. Please give reasons for your response.

32. Statutory sick pay should not be accrued over time but should be available from the first day of employment. A lack of statutory sick pay from day one may deter people with health conditions from moving jobs and unfairly limit their career progression.

Q24. Do you support the SSP1 form being given to employees four weeks before the end of SSP to help inform them of their options?

Yes – no – maybe – don't know. Please give reasons for your answer.

33. SSP1 forms are used to advise employees that SSP payments are due to end and are currently issued seven days after entitlement has ended. People with health conditions who are in receipt of SSP need as much notice as possible to help them consider their options in returning to work or seeking other employment options. A minimum of four weeks of notice would seem appropriate, although individual circumstances vary and longer notice may also be more beneficial to some employees.

Occupational health market reform: strategic research coordination, partnering and dissemination (Chapter 3; paragraphs 164 – 174)

Q44. As an OH provider, expert, interested party, what methods would you find most helpful for finding out about new evidence and approaches that could improve your service?

34. The consultation emphasises the potential of innovation in work and health. However, it states that 'the presence of multiple funders is running the risk that research in this area is not as effective or efficient as it could be' and that 'expertise is rarely drawn together to the benefit of service provision'. The consultation states that the Government 'is considering which new models would work best to support the necessary prioritisation, coordination and dissemination of working-age health research and development. This could take the form of a new Working-Age Research and Development Network that would signal system-wide commitment to improve priorities and evaluate work and health research and innovation'.

35. Versus Arthritis and the Medical Research Council co-fund the Centre for Musculoskeletal Health and Work.¹⁴ The centre has recently been awarded funds of £2.2

million to continue its work 2019-2024.¹⁵ It will continue discovering and developing cost-effective ways to reduce the burden of work disability caused by musculoskeletal conditions.

36. Versus Arthritis welcomes the proposal to establish a new working-age research and development network. It would be essential that the network:

- **Is multidisciplinary and has a broad remit to address work and health (rather than a narrow focus on OH alone);**
- Encourages innovation that is coproduced by providers, employers and academics, and which can transform academic evidence into real world change;
- Has a strong focus on dissemination of evidence;
- Is integrated with existing national research resources in this field;
- Promotes research capacity building in this field, through the support of junior research positions as well as senior posts;
- Is well resourced.

Improving standards (Chapter 3; paragraphs 175 -182)

Q47. All respondents: how could work outcomes be measured in a robust way?

37. Versus Arthritis hosts the National Musculoskeletal Health Data Group. In 2017, in response to the NHS Mandate 2017-2018, an advisory sub-group was formed, bringing together professional and patient organisations, policymakers and researchers. The group aimed to prioritise opportunities for data collection that would be both trackable and impactful, and lead to higher value services and better outcomes for people with musculoskeletal conditions. At the heart of these are data items relating to work, particularly improving data from fit notes about work absence, but also collecting new data about work participation and work interference. The full recommendations were presented to NHS-England in December 2017 and are available on-line.¹⁶

Advice and support for employers (Chapter 4; paragraphs 183 – 196)

Q49. Do you need more information, advice and guidance?

Q50. If so, what content is missing?

- *Legal obligations and responsibilities/employment law;*
- *Recruiting disabled people and people with health conditions;*
- *Workplace adjustments, such as Access to Work;*
- *Managing sickness absence;*
- *Managing specific health conditions;*
- *Promoting healthier workplaces;*
- *Occupational health and health insurance;*
- *Best practice and case studies;*
- *Links to other organisations, campaigns and networks;*
- *Local providers of services and advice;*
- *Other – please state.*

38. Versus Arthritis is concerned about the understanding employers have about managing musculoskeletal conditions and promoting musculoskeletal health and well-being in the workplace. Although a range of resources are available, interventions such as line-manager awareness training, and workplace health champions, are less common for musculoskeletal conditions than their equivalents, for example, in mental health or cancer.

39. The proposal in the current consultation to promote advice and information, supported by a national, multi-year communications campaign, targeted at SMEs and the self-employed is welcome. **Communications campaigns targeting employers should include content specific to musculoskeletal conditions whilst also emphasising the co-dependency between physical and mental health.**
40. We are particularly concerned about the lack of awareness, among employees and employers' of the Government's Access to Work scheme. Our 2018 study to inform our policy work on this scheme found that 59% (932/1581) of respondents with arthritis or related conditions had never heard of Access to Work. **The Department for Work and Pensions should undertake immediate and ongoing promotion of Access to Work to reach more people with musculoskeletal conditions and their employers.**¹⁷

Next steps (page 56)

*Q56. Do you think this overall package of measures being explored in this consultation provides the right balance between supporting employees who are managing a health condition or disability, or on sickness absence, and setting appropriate expectations and support for employers?
Yes – no – maybe – don't know. Please give reasons for your response.*

Healthcare appointments

41. Responses to our 2017 and 2018 surveys, and also to our 2019 social media snap-shot, indicated the being able to take time out of work to attend healthcare appointments can be important to people with musculoskeletal conditions, and can help people to manage their health, in turn enabling them to thrive in work. Although some healthcare appointments can be arranged outside working hours, many people have limited choice over their appointment times, for services including general practice, physiotherapy, podiatry, weight management services and talking therapies. People frequently report having to use annual leave, sick leave, unpaid leave and/or meal breaks to attend appointments or being required to 'work hours back'.

"I am allowed time off for hospital appointments (on biological every 4 weeks) I work up this time during the rest of the month to allow me the two and a half hours a month out. I have had arthritis for 32 years and at 34 I have found people have less understanding than they used to."

" getting an appointment at my doctors is a nightmare. No pre-booked appointments are allowed so you have to call on the day you want the appointment and hope that they have one available. Calling is a nightmare because the surgery doesn't open until after I start work and by the time my break comes around all of the appointments have gone. I can then be seen at "see and treat" which means I may get a doctor I have never seen before which fills the appointment with me telling a doctor what I've told the earlier ones. And the "see and treat" means you turn up at 10 and could wait anything from 5 minutes to 4 hours to be seen. Not good when you are supposed to be in work, and also not good when you don't get paid for appointments. If the government are serious about helping people into work they should make it easier for those in work to access the medical help they need and support smaller businesses to enable them to support their staff."

"I wasn't allowed time off from my work for hospital or Doctors appointments. As a result I ended up so ill I got signed off work and haven't been able to go back for three and a half years."

"I work and have to use my annual leave for appointments... I didn't ask for this so why should my holidays be used up in hospitals!"

"We don't get to choose when hospital appointments are, we just have to go. Also if a hospital appointment is a long distance away then time off for travel the day before/after needs to be included. This shouldn't be time off as holiday or sick pay!"

Facebook responses, October 2019.

42. There is currently no statutory right to time off, either paid or unpaid, to attend routine medical or dental appointments. Some employees may have a right to time off in their individual contracts. Where appointments are related to a disability, an employer must make reasonable allowances.
43. The issue of healthcare appointments is not explicitly address in the consultation. **The Department for Work and Pensions should consider a new right for people with health conditions to attend healthcare appointments during their usual working hours.**

CROSS-SECTOR WORKING

44. Versus Arthritis works collaboratively with other charities, organisations and coalition groups that are active in work and health policy, including the Institute for Employment Studies (IES)¹⁸ and the Society of Occupational Medicine (SOM).¹⁹ Together with the Medical Research Council, we fund the Centre for Musculoskeletal Health and Work which aims to identify cost-effective ways to minimise the substantial adverse impacts of musculoskeletal disorders in the workplace.²⁰ In respect of the current consultation:
45. We are members of **'Working well coalition'**²¹ and support their response to the consultation, including six key principles that we call for Government to adopt:
- Early intervention and prevention.
 - Parity of esteem.
 - Flexible sick pay.
 - A thriving market for high quality, holistic, workplace support.
 - Equality of access to support for all employees.
 - Business-friendly information and advice.²²
- Through the work of this coalition **we call on the Government to make occupational health services a non-taxable benefit in kind to incentivise employers to invest in early intervention.**

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1 <https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss>

2 Versus Arthritis (2019) About Us. Accessed here: <https://www.versusarthritis.org/about-us/>

3 Global Burden of Disease Collaborative Network (2018). Global Burden of Disease Study 2017 (GBD 2017) Results. Institute for Health Metrics and Evaluation (IHME), Seattle.

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- 4 Office for National Statistics (2016). Sickness Absence Report 2016.
 - 5 Versus Arthritis (2019). Policy statement: The Access to Work Scheme and musculoskeletal conditions.
 - 6 Arthritis Research UK (2016). Working with arthritis. <https://www.versusarthritis.org/policy/policy-reports/working-with-arthritis/>
 - 7 Versus Arthritis (2019). Summary of Twitter and Facebook survey on work, to inform 'Health is everyone's business' Green Paper, September 2019.
 - 8 Versus Arthritis (2019). Summary of Working with arthritis 2018 survey.
 - 9 Arthritis Research UK (2017). Green Paper - Work Matters to Me Stories.
 - 10 BUPA (2009). Health work challenges and opportunities to 2030.
 - 11 Government Equalities Office (2010). The Equality Act (2010).
 - 12 Department of Work and Pensions (2014). The Flexible Working Regulations 2014.
 - 13 Versus Arthritis (2019). Policy statement: The Access to Work Scheme and musculoskeletal conditions.
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