



# Return to work

15% of workers who have been off sick for 6 weeks will still be off sick after 6 months. Most will have lost their jobs. Yet simple things can be done to reduce time off sick, reduce lost income and protect your job.

Most people don't get the full range of help. On this data sheet we state what the best practice is, from employers, the health service and other organisations. In brief you need and should get:

- Help at the start to get the best available treatment,
- Time to get better but sympathetic contact with your employer/manager,
- Planning for your return to work (your employer may need medical advice),
- Gradual (i.e. phased) return to work if needed,
- Continuing support during your return to work, and
- Prompt help tailored to your own needs and particular job requirements, help kept up until recovery is complete.

In one study of workers off sick after a heart attack those who had received the best help available returned to work 3 weeks earlier and were almost £1400 better off six months after the heart attack than those who hadn't.

The most important thing is that your employer holds your job open while you get better. In some companies your job will be held open for 2 years. In others it is no more than a few weeks. If you have

a back problem the best chance of your returning to work is if your job is protected, giving you time to recover, retrain or get redeployment.

## What puts you at risk of job loss?

The workers most likely to lose their jobs are those suffering from stress and mental health problems, from back problems, arthritis and repetitive strain injuries, and from other serious conditions – heart problems and major injuries for example. Older workers in manual jobs and workers in small firms are much more likely to lose their jobs than younger, professional white collar workers working for large employers.

Help to return to work comes under different headings.

- Quicker or more effective treatment,
- Changing the kind of work and working arrangements offered during the recovery period,
- Tackling the causes of ill-health at work which could prevent a full recovery, and
- Training and vocational ('careers') advice on moving to a different job.

## 1. The best treatment on time

Your GP or hospital specialists should make clear to you what the problem you have is, how it might limit your activities and what the expected time course of recovery is. The sicknote (Med 3) which a GP signs has space for GPs to make recommendations on how work could be adapted to enable you to return to

work. This is not often used; persuading your GP or the occupational health adviser if your GP has one, to write a letter could be more fruitful.

Delays in seeing a specialist and in getting treatment or operations put jobs at risk. Private health care should not be necessary. GPs and hospital specialists can speed up access to treatment where delays are likely to have serious consequences. Again, you need to tell your GP how a health problem limits your work. Where treatment on the NHS is limited - physiotherapy, for example - some major employers are now making it available at work. A review of Swedish firms showed that such services paid back their costs to the employer within one to two years.

Amongst the biggest blocks to return to work is giving up hope and the main cause of this is past bad experiences; employers who have failed to protect jobs in the past, or workers feeling that they are trapped and have limited options. Psychological help is sometimes necessary to break the cycle of



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**FOR SOCIAL SECURITY AND STATUTORY SICK PAY PURPOSES ONLY**

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**NOTES TO PATIENT ABOUT USING THIS FORM**

You can use this form either:

1. For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.
2. For Social Security purposes - To continue a claim for State benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it your local Jobcentre Plus or social security office QUICKLY to avoid losing benefit.

**NOTE:** To start your claim for State benefit you must use form SC1 if you are self-employed, unemployed or non-employed OR form SSP1 if you are an employee. For further details get leaflet IB1 (from Jobcentre Plus or social security office).

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**Doctor's Statement**

In confidence to  
Mr/Mrs/Miss/Ms .....

I examined you today/yesterday and advised you that

(a) You need not .....(b) you should refrain from work  
refrain from work for† .....  
OR until .....

Diagnosis of your disorder  
causing absence from work .....

Doctor's remarks

Doctor's signature Date of signing

**Form Med 3**

**NOTE TO DOCTOR**† See inside front cover for notes on completion

a pause for recovery, making arrangements when you cannot get your support to be present.

**Meeting occupational health**

Sooner may be better than later. Some occupational health staff only get in touch 6 months after you go off-sick or you lose pay. This is too late for them to help organise your return to work before “capability procedures” start. (See 5 below.) Ask your GP or occupational health adviser at your GP practice to contact them after 2-3 weeks if you think they could help get things changed (equipment, different job, etc).

**3. A letter from your workplace to your GP**

If your occupational health or HR department, or a manager contacts your GP for his/her opinion:

**They should send a list of questions to be answered:**

- The name of the health problem that you are off-sick with,
- Whether you are receiving treatment for it,
- Whether the health problem is a disability as defined by the Disability Discrimination Act,
- When you might be ready to return to work,
- What the likely long-term impact on your work might be, and
- What modifications need to be made to enable you to return to work on a stable basis.

Your employer should send a job description of your current job. Make sure that it is accurate.

**When your employer writes to your GP**

- You must sign a consent form,
- You can ask to see the reply (we recommend that you do this),

depression which results and should be available via the NHS. Employment Assistance Programmes (counselling at work) may help.

**2. Keeping in touch**

**Keeping in touch by phone or meeting**

It is better for all concerned to keep in touch. Your employer may need to plan for your return to work and to

arrange cover when you are off. Your employer’s interest and support is a part of good management.

**Good contact:** regular, with your agreement, in a way that is comfortable for you, for example with a Trade Union representative, work-mate or relative present.

**Bad contact:** constant nagging by email, text or telephone, insistence on meeting you at home, not allowing

- Some possible problems: what do you want your employer to know about the diagnosis you have – could it affect your current work or a reference that you might ask your employer to write in the future?
- If you want the reply to be altered in any way, you have the right to ask for this,
- You can veto a reply, but employers will then have to make up their minds on the basis of any other evidence they have, and
- You should never agree to your employer seeing your complete medical notes; nor should your GP.

#### Who will have access to the reply?

Only occupational health personnel should have access to medical information such as the diagnosis and should tell line managers or personnel departments only:

- whether you are fit to do your job,
- when you are likely to return to work, and
- what may be needed to help you to return to work.

## 4. If you have a disability

### What's a disability?

If you have a long-term health problem limiting your normal day-to-day activities substantially for 12 months or more (or likely to do so), then you have a disability. Under the Disability Discrimination Act, your employer must look for ways in which your job could be adapted so that you can return to work.

## 5. Capability procedures

A capability procedure is an investigation of whether you are fit to do your job and whether you are likely to be able to do it in the future. Procedures vary from employer to employer, but will often include

warnings about further periods of sickness absence within a fixed period. You can take a union or staff representative with you to meetings which are part of the capability procedure, or ask a friend to be present (though this is not always permitted) if you have no representative.

## 6. Planning your return to work

### If your health problem is caused or made worse by work

Before you return to work, any cause of ill-health at work should be tackled, or you will need to be found alternative work. If your GP thinks you are ready to return to work but there is no suitable job for you to do, then medical suspension on full pay may be an option.

### Phased return to work: the principles

The idea is to build up to a level of work that you will be able to stick with, often over a period of three weeks or more.

It should give you a chance to review your progress weekly with someone sympathetic to your situation.

You should discuss how you will be paid. Will your pay be made up using occupational sick pay or will you be paid only for the hours that you work? Can you use annual leave to make up pay while you are working shorter weeks? Is this what you want to do (using up your annual leave)?

### New duties

Your employer could change the work tasks you have to carry out to help you to return to work. If you have a disability and you tell your employer about it, he/she must try to find suitable work for you to do, temporarily or permanently.

### Dealing with a backlog

- Is there a backlog of work?
- How can you manage this without

being overwhelmed on day one?

- What help can your manager give?

### Training

If the job has changed you may need training for some parts of it.

### Informal return to work

Going to work for a chat or meeting people outside work is often better than coming straight back

### Review of how things are going

Arrange to meet someone at work – human resources or occupational health or your line manager, or someone outside your work, to discuss how you are feeling during your phased return to work. Any phased return to work programme should be flexible enough to be adjusted if things are not going according to plan, or accelerated if you are ready to return to work on your normal hours.

### Return to work interviews

Some employers like to have a formal interview to clear up issues around your return to work. Planning your return to work during the last week or two of time-off sick is probably the best time to do this.

## 7. If you don't want to go back to work

If you leave work voluntarily without a job to go to, you will not be able to receive Job Seekers Allowance for 26 weeks. However a letter from your GP saying that you have a health reason for leaving may be sufficient to move straight onto benefit.

If you have a sicknote you will go onto Incapacity Benefit, either at the short-term or long-term lower rate.

If you change job, you may want to negotiate your reference from your current employer before you leave. Remember nothing that is currently in dispute between your employer

and yourself should be in the reference.

### **Constructive dismissal**

Making a claim against your employer at an Employment Tribunal that you were effectively forced to leave work - is a possibility. You must first go through the grievance procedure at work. This can take time. If you are not in a trade union, you are unlikely to be able to get legal representation at the tribunal though you may get help preparing your case. Constructive dismissal cases often take months to resolve – and not often in your favour. Pursuing them is stressful.

### **Ill-health retirement**

Pension schemes vary – read what yours says carefully. Must you be unable to do any job, or just your current job to get it? Must you be unable to do it for ever? How would your ability to take on another job be affected if you were receiving a pension for ill-health retirement? How would the level of pension be affected compared with receiving it at retirement age? Ask a Trade Union representative if you have one to find out what the chances are – ill-health retirement is very difficult to obtain.

### **Sickness absence policies**

There should be clear agreements on how sickness absence is managed. Your sickness absence policy will describe:

- What notification you have to give when you are off sick,
- What your sick pay is,
- What trigger points, if any, there are for occupational health contacting you, and
- What the 'capability' procedure is, if any.

Employers need to identify ways in which jobs can be altered to safeguard everyone's health, and in particular how work and working arrangements can be adapted for workers in the process of recovery. Alternative work and training opportunities to help workers take it up should also be in place. Employers will need to be ready to respond at an early stage in sickness absence – 6 weeks can be too late to start making arrangements – particularly where there is no occupational sick pay scheme.

Two areas of law now describe the minimum employers should do to retain workers who have activity limiting health problems.

Employment law states that a contract is frustrated where unforeseen circumstances prevent one side from carrying out their responsibilities as part of it. However case law at employment tribunals has clarified what this means in the case of sickness. Your employer would be expected to obtain medical evidence before concluding that you will be unable to return to work. This could be from a doctor or nurse employed by the company, or from your GP.

## **Useful information**

**ACAS National helpline** 08457 47 47 47 or see [www.acas.org.uk](http://www.acas.org.uk) for information on grievance procedures and holiday pay.

**workSMART from the Trades Union Congress (TUC)**. For a description of constructive dismissal see <http://www.worksmart.org.uk/rights/viewsubsection.php?sun=43>.

**The Work and Health Information Gateway** has information on Phased Return to Work and other work and health topics see <http://whig.org.uk>.