**Executive Summary**

NHS England’s Five Year Forward View, published in October 2014, highlighted that sickness absencerelated costs to employers and taxpayers in the UK are currently estimated at £22 billion per year.

In addition, it notes that individuals collectively miss out on £4 billion a year of lost earnings.

This is in spite of the fact that there is increasing evidence that targeted health support can help keep people in employment, which in turn improves their wellbeing and preserves their livelihoods.

For this reason, the document commits the NHS to playing its role in supporting people to both get and stay in employment.

This commitment is extremely important. The cost of long term conditions to individuals, their families and carers, the NHS, employers and the taxpayer looks set only to increase. The number of people experiencing at least one long term condition is estimated to rise above 17 million in the coming decades, affecting more individuals’ participation in the labour market.4 With this in mind, it is important to understand how long term conditions can have an impact on the individual, the workforce and the wider economy, and how improved care and support could therefore benefit the UK as a whole.

This report highlights the problems with employment faced by people who have one of six conditions: psoriasis, diabetic macular oedema (DMO), asthma, schizophrenia, heart failure and multiple sclerosis (MS). These have been chosen as examples from six NHS programme budget areas (problems of the skin; endocrine, nutritional and metabolic problems; problems of the respiratory system; mental health disorders; problems of circulation; and, neurological conditions) in order to illustrate the importance of improving patient outcomes across the board.

The report finds that current services are not doing enough to keep people with long term conditions in employment, and the subsequent cost to the economy is significant. The six programme budget areas identified in this report collectively cost the NHS an estimated £32 billion in direct expenditure, while mental health conditions alone are estimated to cost the economy between £70-100 billion.6 Mental illness was responsible for the loss of 70 million working days in 2007, and days lost to stress, depression and anxiety has risen by 24 per cent since 2009.7

Furthermore, the annual cost of worklessness and sickness absence related to working age ill-health costs the UK over £100 billion each year.

This is not sustainable and the government must urgently seek to address the impact that long term conditions have on the employment prospects of individuals and carers.

The introduction of new models of care, ‘vanguard’ sites and ‘innovation test beds’, in line with the

measures announced in the Five Year Forward View, present significant opportunities for the NHS to provide more integrated, person centred care. Given the considerable impact that long term conditions can have on the economy, it will be essential to ensure that service redesign includes a focus on: prevention; improving employment prospects through the delivery of support services; better information; and incentives for commissioners and employers.

Furthermore, the Department of Health has acknowledged that a strong NHS and social care system needs a strong economy, and simultaneously that the NHS and social care system must contribute to economic growth. However, for this to happen, we must focus on ensuring that people who have developed long term conditions are able to remain in work. The evidence set out in this report is clear that the government must

The impact of long term conditions on employment and the wider UK economy ii deliver targeted investment in: improving early diagnosis and prevention of long term conditions; ensuring patients are referred to specialists sooner; delivering best practice services to patients and carers; and prioritising patient access to innovative treatments and appropriate vocational support. To achieve positive work outcomes, employers need to play a greater role in making work more accessible to individuals with long term conditions, by fostering open, friendly and accessible work places in which people feel comfortable seeking help, and where reasonable adjustments are fully implemented.

**Key statistics**

 The average age of retirement for someone with multiple sclerosis is 42 years old.

 Over 45 per cent of people with asthma report going to work when ill, increasing the risk of prolonged sickness and affecting their ability to perform effectively.

 Just 8 per cent of people with schizophrenia are in employment11, despite evidence that up to 70

per cent of people with severe mental illness express a desire to work.

 People with heart failure lose an average of 17.2 days of work per year because of absenteeism

caused by their condition.

 Over 52 per cent of people with diabetic macular oedema are of working age.

 A ten per cent reduction in sickness absence for people with psoriasis would provide a £50 million

boost to the UK economy.

**Main findings**

 The number of people in the UK with one or more long term conditions is expected to rise in the

coming decades. This is as a result of the ageing population, improvements in treatments that allow

people to live for longer and the rise of non-communicable risk factors, such as obesity.

 There are substantial barriers to employment for people with long term conditions, which have an

impact on individuals in a number of ways, including: lost earnings; impaired career prospects; and

early exit or prolonged absence from the workforce.

 Long term conditions can also have a negative effect on an individual’s quality of life, which in turn is associated with poor employment and worsening health outcomes. In addition, many people will experience more than one condition, for example depression is a common comorbidity.

 Employment rates for people with long term conditions are persistently low, despite the fact that work is often both possible and beneficial. Furthermore, the impact that long term conditions have can be life-long, and many develop during education or in the early stages of an individual’s career.

Long term conditions are often fluctuating, meaning symptoms can be unpredictable and difficult to

manage, particularly at work. This is compounded by the fact that perceived stigma can prevent

many people from seeking vital help at work.

 Indirect costs to UK society arise for a number of reasons, including: individuals having to reduce

their hours; sickness absence; presenteeism (going to work when ill); early retirement; unpaid care;

and, unemployment and associated welfare provision.

 Care and treatment varies across the UK, and there needs to be a greater awareness of existing best practice guidance. In addition, healthcare professionals should always ask individuals about their employment aspirations as these can have an impact on their health outcomes.

 Supporting people with chronic conditions can result in improved health, work and economic outcomes. This support can take a number of forms, such as targeted early interventions and empowering individuals to play a greater role in managing their own care in both a clinical and workplace settings

**Recommendations**

Employer

 Employer and business trade associations should acknowledge the significant challenge facing the

UK labour market as the workforce ages and develops more chronic illness, and seek to provide

leadership in partnership with the government, the NHS, businesses, trade unions and employees to

implement solutions.

 All employers should seek to make reasonable adjustments for employees to support the varying

needs of people with long term and fluctuating conditions.

 Workplaces should provide an open and supportive environment so that individuals feel comfortable about disclosing their condition and seeking support.

 Employers should be made aware of the specialist support available, for example how the

involvement of occupational therapists, physiotherapists and the Fit for Work Service and Access to

Work scheme could help to get the best work outcomes for them and their employees

Individuals with long term conditions

 Patients should proactively consult with healthcare professionals, families, carers and employers to develop an understanding of what might be achievable or desirable in both the short and long term.

All possible options should be considered.

 Individuals should be self-assertive and take an active role in managing their condition. As part of

this, they should feel able to disclose details of their condition to their employer.

 Individuals should feel equipped with the support of the multi-disciplinary healthcare team to highlight how specific changes to working arrangements could maximise their productivity at work.