When an Employee has Rheumatoid Arthritis

A guide about RA and how it can affect people at work
The National Rheumatoid Arthritis Society (NRAS) is the only patient-led charity in the UK specifically for people with rheumatoid arthritis, their families and carers, providing information, advocacy and support.

- The NRAS helpline 0800 298 7650 is open from 9.30am to 4.30pm Monday to Friday. Our trained helpline staff are there to answer questions on all aspects of living with rheumatoid arthritis (RA), with support from our team of medical advisers.

- NRAS website www.nras.org.uk has a wealth of information about living with RA, treatments and the latest research and developments.

Please note that the information in this booklet is a guide only, and is not intended as a substitute for individual guidance from appropriate agencies. While we have made every effort to ensure this information is accurate at the time of going to press, please be aware that details may change. We strongly recommend you seek advice according to your individual circumstances, as we cannot be held responsible for any consequences arising from reliance on the information in this booklet.

Contents

Foreword 3
About this booklet 4
About rheumatoid arthritis 5
Valuable assets: skills and experience 6
How rheumatoid arthritis may affect people at work 8
Communicating about the situation 11
Supporting an employee who has rheumatoid arthritis 13
Support and resources 18
Useful addresses 22
Foreword

By Dame Carol Black MD DBE FRCP MACP FMedSci Expert Advisor on Health and Work to the Department of Health, England

Committed and loyal staff are essential to ensuring a company remains efficient and profitable. It is vital to recognise that improving the health and well-being of employees can have a positive, long-term impact on an organisation’s productivity.

Employers are recognising that retaining and supporting people who have health conditions can be a more sensitive and cost effective way of retaining staff, rather than absorbing the substantial costs of redundancy and recruitment as soon as someone becomes ill. For some people work can be a part of the treatment because it helps them to retain self-confidence and have a sense of purpose.

There is a wealth of innovation and excellent work being done. As National Director for Health and Work I was keen to support all the people who are working hard to achieve our common goals. Improving health and well-being in the context of life and work is a priority for the Government, along with achieving the related goals of reducing health inequalities and offering improved opportunities for every person of working age.

I am delighted that NRAS have produced this booklet about rheumatoid arthritis and the effect it can have on working lives. As a rheumatologist by background, I have a great understanding of the problems faced by people with rheumatoid arthritis in the workplace. The workplace is a key venue for the early intervention and treatment of ill health should it occur. In the modern workplace it is important that jobs are adaptable and flexible to facilitate keeping people at work or returning to work more quickly following a period of illness.

This booklet provides a practical and definitive source of guidance and information to help employers deal with the long-term health implications of people suffering with rheumatoid arthritis.
About this booklet

By Ailsa Bosworth, Chief Executive, NRAS

If you’re an employer of someone who has rheumatoid arthritis (RA), we hope you find this booklet useful. In it there is information about the disease and how it can affect people at work, the kind of difficulties it can cause and how these may be overcome. It also includes up-to-date details of where employers can go for help and advice on the law relating to disability, on best practice and on making adjustments for employees at work and the possible financial help that is also available.

Rheumatoid arthritis is still a poorly understood condition. Treatments have improved a great deal. Today people who are diagnosed with RA have far more effective treatments than they did in the past – much better than they did 25-30 years ago, when I was diagnosed. The goal is now to diagnose RA at an early stage and treat quickly with far more effective medication. With understanding and support from employers and healthcare teams, it is possible for most people with RA to remain in work for as long as they wish.

However, this does not always happen. In the last few years NRAS have carried out two major surveys on employment and rheumatoid arthritis (UK-wide and in Scotland specifically), in which nearly 1000 people with RA took part. The findings suggest that large numbers of people with rheumatoid arthritis give up work or retire early as a direct result of their condition – over a quarter of the respondents in our UK-wide survey said that this was the case for them and just less than a quarter in the Scotland survey. ¹ ²

The findings also shed light on some of the less obvious costs of rheumatoid arthritis. For people in employment, the picture is often one of slowed career progression, changes in employment to accommodate their rheumatoid arthritis, uncertainty about the future and concern over the potential loss of income and pension contributions. It was also clear that when people experience problems at work, it can have a major impact on their social life and their relationships with their partners and families.

What is encouraging, however, is that the barriers people experience in the workplace are often not impossible to overcome. Our findings show that several factors are important in enabling people to remain productively employed. These include: awareness and understanding from employers; travel arrangements; specific adaptations or equipment; and urgent access to rheumatology teams when people need help.

We hope that this booklet will be helpful for employers and organisations who advocate for the rights of people with long term conditions.

I am grateful to all the individuals, health professionals, organisations and NRAS Members who have made such valuable contributions to this booklet.

¹ I want to work... NRAS survey 2007 – Available from NRAS www.nras.org.uk
² RA and Work... NRAS survey 2010 – Available from NRAS www.nras.org.uk
About rheumatoid arthritis

Rheumatoid arthritis (RA) is a painful, chronic and usually progressive disease which occurs when, for no known reason, the body’s immune system starts attacking and damaging joints and soft tissues surrounding the bones. It is very different from the better-known type of arthritis, usually affecting older people, which is osteoarthritis.

Key facts about rheumatoid arthritis

- It is a lifelong condition.
- It is not an older person’s disease. People can develop it at any age even as children. The most common age of onset is between 40 and 60 — often when people are in the prime of their working life.
- There is no obvious pattern to symptoms and everybody’s disease is different. People get ‘flares’, or periods when symptoms are much worse, which then subside. They can have periods when the disease is quiet and causes them no problems.
- It is an ‘auto-immune disease’ — that is, it results from a problem with the body’s immune system.
- The main symptoms are joint pain, stiffness and swelling. Any joint may be affected, but it is commonly the hands, wrists and feet. Some people also have difficulty in sleeping, feel intensely tired and feel like they have bad flu. It doesn’t only affect the joints. Less usually, it can affect other parts of the body, such as heart, lungs and eyes.
- Left untreated, it can cause serious damage to joints. The membrane surrounding the joint (the synovial membrane) becomes inflamed and fluid and cells leak into the joint space, causing swelling. The inflamed membrane damages the cartilage and bone. Eventually the bone can wear away and the whole joint can become weakened, damaged and deformed.

There have been significant advances in the treatment of RA. It is important that people are diagnosed early and treated early, with drugs that control the disease process or with new ‘biologic’ treatments that target parts of the immune system. Once the disease is well controlled, the signs and symptoms of RA can be managed effectively, and people have less joint damage than used to be the case. They can remain active and continue to enjoy satisfying and productive working lives.

‘Rheumatoid disease control is so much better today than it was in 2000. In 14 years not only have we got better drugs to treat our patients, there are better strategies for use of all drugs. We have better tests (blood tests and imaging) that help us make the diagnosis earlier. This enables the use of earlier drug therapy which leads to a reduction in joint damage. A consequence of our new therapies for RA has been a significant reduction in fatigue which is a major factor in helping to keep patients with RA at work.’ Dr Tom Sheeran, Consultant Rheumatologist, Cannock Chase Hospital
Valuable assets: skills and experience

Ask employers what their most valuable asset is and they invariably reply ‘my employees’. They place a high priority on retaining the skills and experience of valued members of staff, particularly given the high costs of recruitment, induction and training for new staff.

Rheumatoid arthritis can be a difficult disease to manage, both for individuals and for employers, as it often begins when people are in the prime of their working lives. However, there can be straightforward and inexpensive strategies to minimise the effects of rheumatoid arthritis on employment, from which both employers and employees benefit. If people are absent from work for long periods of time it becomes extremely difficult for them to return – which argues strongly for focusing efforts on enabling people to remain in work.

A mixed picture at work

NRAS’s Scottish work survey and the UK-wide survey in 2007, which involved almost 1000 people across the UK with RA, had mixed news about the experiences of people with RA at work. Some of it was encouraging. Of all the respondents in both surveys who had told their employer that they had RA, almost one third (188 out of 628 or 29.9%, UK survey: 30.8% or 61 out of 198, Scottish survey) described their employer as ‘very helpful’.

However, almost one fifth of respondents in both surveys found their employers ‘unhelpful’ or ‘very unhelpful’. 45% of the 2007 survey respondents felt that their employer either ‘did not understand enough’ about RA, or even that they had ‘no idea’. The Scottish survey showed a slightly better picture with just over one third of respondents who felt that their employers ‘did not understand enough’ (29.5%) or had ‘no idea’ (8.6%) about RA, all of which increased the challenges they faced at work.

‘At first I didn’t want too many people to know at work. I could see in their faces that sometimes people didn’t believe me. It’s difficult because I could get out of bed tomorrow and feel I could run the marathon, and that afternoon – bang. There’s no predictability to flare-ups. But it’s got better as people understand more; most of my colleagues are very helpful.’

Vicky, warehouse worker
Part of the difficulty is the nature of the disease itself. Rheumatoid arthritis is a complex and fluctuating condition, which also varies greatly between individuals. It can be severe and at the same time almost invisible; to non-medical eyes there are often no physical changes in a person newly diagnosed with RA.

The findings from both surveys suggest that there is a real need to increase the understanding about rheumatoid arthritis and the needs of people at work who have it. The respondents to both surveys identified key factors which would enable people to remain in employment for longer. Among the top priorities were more knowledge and flexibility on the part of employers. Approximately 40% of all respondents felt that this was important in enabling them to remain productive members of the workforce.

3 Research has shown, for example, that once on Incapacity Benefit, 80% of people with musculoskeletal problems never return to work. Frank AO, Chamberlain MA, 'Keeping our patients at work: implications for the management of those with rheumatoid arthritis and musculoskeletal conditions', Rheumatology 2001; 40:1201-1205.

4 I want to work... NRAS survey 2007. Available from NRAS www.nras.org.uk

5 RA and Work... NRAS survey 2010. Available from NRAS www.nras.org.uk
How rheumatoid arthritis may affect people at work

It is natural for employers to be concerned about the possible impact of any long-term health condition on their employees’ performance and reliability, and consequently on their business. In addition to concerns about the welfare of employees, there may well be other issues, for example the additional management requirements such as arranging cover for sick leave, or possible additional costs, for example for new equipment.

Some people with mild or well controlled RA can continue to be able to work normally with few problems. In the NRAS UK-wide survey 2007, for example, 14% of employed respondents reported that their RA had not affected their employment. However, the majority do face some challenges in the workplace at some time.

The impact of rheumatoid arthritis at work can very often be successfully managed, and may be less disruptive than many employers fear. There really is no ‘typical’ scenario, because RA affects each person differently and because of its fluctuating nature. However, the following gives a very broad outline of what to expect.

When someone has been diagnosed

When someone is newly diagnosed with RA, they are usually prescribed one of the many drugs that are available to control the disease process. These disease modifying drugs are effective, though they take a while to ‘kick in’ – usually a matter of weeks, though in some cases longer.

During this early phase people are often distressed and overwhelmed. They are in pain; they are coming to terms with the fact that they have a lifelong condition for which there is no cure; they are anxious about how this will affect their future, including their ability to remain in their job. Having an employer who understands the nature of their condition and its treatment in these early stages makes a huge difference.

‘It may take time to find the drug or combination of drugs that work best for each individual. But there’s an excellent chance that modern treatments will make people feel a lot better.’

Dr Patrick Kiely, Consultant Rheumatologist, St Georges Hospital, Tooting
‘I had only just been diagnosed with RA when my new boss started with us. She was very unsympathetic to the condition. Added to this she didn’t know me very well and thought I was very short-tempered and miserable. I was in a state of shock at the time and found it hard to convey my feelings.’ Peter, building control officer

Once the drugs take effect and the disease becomes controlled, some people are able to continue to work as normal. Others may need some adjustments to their working environment, working hours, or to the job itself. There is more information about adjustments on page 15.

Symptoms

RA commonly affects the small joints of the hands and feet, though other joints can also be affected. The most common ways in which symptoms affect a person’s ability to work are:

- problems with mobility or function such as dexterity, flexibility, strength and grip
- severe stiffness, particularly in the early morning
- pain
- fatigue
- reduced focus, concentration and memory
- reduced physical and mental stamina.

However, today people can manage their symptoms more effectively than in the past. This is due to a combination of drug treatments (including disease modifying drugs, non steroidal anti-inflammatory drugs and pain killers) and other, non-pharmacological management strategies. These range from wrist splints and other supports, to self-management techniques such as pacing and energy conservation and psychological interventions such as CBT for learning coping strategies for chronic pain and improving sleep.

‘Flares’

Even when rheumatoid arthritis is well controlled, people can experience a ‘flare’ in their joint symptoms. Flares can sometimes occur suddenly and without any warning signs: a person can be at work one day and be physically unable to get out of bed the next. Flares usually subside within a couple of days but their frequency and severity varies greatly between individuals. Some people almost never experience flares, while others may have one or two a year.

Flares may be managed without medical help when people have learnt good self management techniques and know how to treat their problems rapidly. When people do need medical support, rapid intervention can minimise the severity of the flare.

Flares are often a difficult aspect of RA for colleagues to understand, particularly as a person experiencing a flare can look exactly the same as usual.

‘My capacity was drastically reduced at the beginning. It was difficult lifting and carrying things; even to pick and carry a ream of paper for the photocopier. Once I started treatment things began to improve and now I’m back to 95% compared with how I was before diagnosis.’

Rosanna, information officer
Time off

People with RA need some time for hospital or GP appointments to manage their disease. Once stabilised on treatment, most people see their consultant rheumatologist every four to six months. Some drug treatments require blood tests for safety reasons, which involves people giving a sample for regular monitoring, usually once a month at their GP surgery. This does not have to be disruptive; often people can arrange to do this on the way to or from work.

People whose disease is not yet effectively controlled are more likely to need some time off before drugs stabilise their condition, though this varies according to each individual.

With today’s more effective treatments, joint replacement surgery is much less likely than it used to be. However, some people with more severe disease, may need surgical intervention at some point. Joint replacement operations have a high success rate, providing both pain relief and more mobility. Improvements in surgical treatments mean that patients today can often recover much faster than used to be possible.

In April 2010, sick notes were replaced with Fit For Work notes. This allows the person’s GP to identify if they may be fit for work with some support, information on how the employee’s condition may affect what they do at work and suggestions for common ways to help support the person at work. These may include a phased return to work, flexible working, amended duties and/or workplace adaptations. More details can be found at: https://www.gov.uk/government/collections/fit-note which also has useful links for employers including a guide entitled ‘Getting the most out of the fit note’.

Health professionals often describe people with RA as ‘can do’ people. Because RA is such a painful disease, people become accustomed to dealing with pain and many tend to ignore minor health issues that are unrelated to their RA.

‘With proper support at work a patient with RA should expect to have a normal work record and should not be viewed as a “high risk” employee. This is especially so at the beginning of the 21st century.’
Dr Tom Sheeran, Consultant Rheumatologist, Cannock Chase Hospital

‘I suppose I could have just accepted that with RA I would stop work, go on the dole and put a sticker in the car. As it turns out the only time I take off now is for blood tests or hospital appointments.’
Stephen, full-time sheet metal worker

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6 I want to work… NRAS survey 2007. Available from NRAS www.nras.org.uk
Communicating about the situation

People with mild RA or whose condition is very well managed may decide not to tell their employers, but most people do. In both NRAS work surveys 90% of respondents who were in work had told their employers they had RA, in the UK-wide survey 84% had done so within one year of diagnosis, in Scotland the statistics were slightly lower at 62%.

Some people will tell their employer as soon as they are diagnosed, while others prefer to take their time and come to terms with the news. Some will effectively have no choice, if their early symptoms are severe and they are facing difficulties at work that they need to discuss.

Whatever the circumstances, for most people, this will not be an easy conversation. It makes all the difference to have the understanding of their employer. As well as the difficulties of coping with a life-changing diagnosis, people may have feelings of guilt if their performance at work has recently been affected. They will be uncertain about their future health and perhaps about their rights at work. Employers can help greatly by taking a supportive approach at this difficult time.

- Follow normal good people management practice in communicating with your employee, particularly ensuring that they have and understand all the relevant company policies and how these apply to their situation.

- When an employee has told you that they have rheumatoid arthritis, they may want to inform their colleagues or they may prefer to keep it confidential. If they wish their colleagues to be informed, discuss and agree jointly the best way to go about this.

- Agree a series of review meetings with your employee that enable you to discuss any support or adjustments they may need. You can, of course, use your normal review meetings that you have with your employees to discuss these matters.

- Let the employee know who they can talk to if they need support or if their situation changes.

- If any employee has an extended absence, keep in touch. It will give you information to help manage workloads, and ensure that suitable support is given to an employee on their return. Aim to agree with the individual what frequency of communication is appropriate, which may include home visits, visits to work and/or regular phone calls. Agree who contacts whom and when to ensure you meet your company attendance policy.
Finding out what your employee needs: a checklist

- Explore the situation with your employee. Identify with them the aspects of their role that they can complete without problem and which they know or think that they may struggle with. Then identify how these could be done differently, include travel to work (missing the rush-hour) and location of parking space in relation to the office/workplace.

- Decide what actions are needed and who will be responsible.

- Examine the working environment and accessibility including workplace location, heavy doors and need to use stairs. If you do not have an occupational health nurse then arrange a work assessment with an occupational therapist, occupational health physiotherapist or the Access to Work scheme. For more information see page 18-21.

- Assess the potential for the employee to continue with their current role. Consider whether adaptations, changes to their working hours, or additional training are necessary.

- Identify any trial adjustments needed to their role, or identify a (temporary or permanent) potential alternative job. Examine re-training options.

- Agree on what information colleagues should receive and who is responsible for telling them.

- Agree on a communication and review process.

‘I told my line manager face to face and then notified the HR department. I had been with the company for eight years at the time and they were very understanding... They allowed me the time necessary for blood tests, doctors and hospital check ups without query.’

Mary, full-time buyer

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7 I want to work... NRAS survey 2007 and RA and Work... NRAS survey 2010 – Available from NRAS www.nras.org.uk.

8 E.g. Management Standards Centre (www.management-standards.org)
Investors in People - IIP Standards (www.investorsinpeople.co.uk)
EFQM Excellence Model (www.efqm.org)
Supporting an employee who has rheumatoid arthritis

The type of support an individual needs will of course depend on the type of work they do and how physical it is. Some occupations with heavy labouring are more difficult to accommodate than less physical jobs. However, in some circumstances, there are options for transferring people to less physical work that still uses their skills or allowing some flexibility in the time they spend at specific tasks. There is more information about this on page 15.

When an employee tells you that they have RA, take the earliest opportunity to ask about any problems they are experiencing and explore ways to overcome them. Often they can be resolved easily and with little effort. Making modifications sooner rather than later may well be cheaper too, as you can make changes before the problem becomes more costly. You may need to arrange a workplace assessment to identify problems and potential solutions. There is more information on page 16.

With the right support and adjustments, people with RA can usually continue in employment.

Adapting to RA

Brian owns and manages a family business, manufacturing duct work for ventilation systems. He explains how they managed when Steve, the foreman, was diagnosed with rheumatoid arthritis.

‘I didn’t want to lose Steve because he’s important to us. He’s the shop foreman and he’s a skilled chap, so we bent over backwards to accommodate him.

‘When Steve’s RA first played up, he’d work in the office for short periods, or go out in the van to instruct the fitters on our behalf. We’ve come to agreements, and of course it does help that his RA is better than it was. The drugs he’s on now do seem to be working. It took quite a long time to sort things out, getting on for a year, and in the early days he’d get very low. The worst thing going through my head was the possibility of Steve having to find another job or having to go on sick leave.

‘Steve’s always been up front about his RA; he doesn’t try to hide it and we have a quiet word when things change. He can’t do too much repetitive work – the knocking down and assembly work that we have to do manually. So I advise him to delegate that to someone else, and of course he does have a number of other skills.

‘We’re a small company, 11 staff altogether, so there isn’t the scope there might be in a larger company for changing what people do. But we’ve managed, and we haven’t had to take on additional staff. Things are more settled now. I think if employers are sympathetic it can be possible for people to stay at work.’
Legal responsibilities

‘The Equality Act (EA) 2010 replaced the Disability Discrimination Act 1995 with effect from 1st October 2010. Under the EA, disabled persons are protected against discrimination when applying for employment, during employment, and when their employment is terminated. The EA also imposes a duty on employers to make reasonable adjustments.

The Equality and Human Rights Commission (EHRC) provides extensive guidance for employers on the EA, including best practice.9

Many people with RA do not consider themselves to be disabled. However, they may be entitled to protection at work under the EA if their RA affects them in such a way that they meet the EA’s definition of having a disability; i.e. if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. This can include limitations in:

- mobility
- manual dexterity
- the ability to lift, carry or otherwise move everyday objects
- memory or ability to concentrate, learn or understand

Long term and fluctuating or progressive conditions are specifically included in the definition of disability in the EA.

‘I don’t think employers realise that this is a chronic condition, and employers should do what they can – and indeed what is required of them in law – to help people with disabilities work.’ Linda Riordan MP

Protection against discrimination

Under the Equality Act, an employer may not unlawfully discriminate against a disabled person. There are various types of discrimination – see the EHRC Worker’s Guidance for more details. In particular, your employer must not treat you less favourably because you have RA than a similar employee without such a disability, for example in opportunities for promotion and training.

There is also a new requirement under the Equality Act for employers to not treat a disabled person unfavourably because of something arising from their disability where this cannot be justified. Disability related sickness is an example of this. If an employee needs to take leave because of their RA, it is good practice for the employer to distinguish between such ‘disability leave’ and general sick leave. The employer may then discount some or all of the disability leave when considering any disciplinary issues, performance measures or selection criteria for promotion or redundancy. However, the employee will be subject to the company’s normal sick pay policy. An employer does not have to pay more sick pay to a disabled person (although they can choose to).
‘Reasonable adjustments’

The EA requires employers to make ‘reasonable adjustments’, i.e. to make sure that, as far as is reasonable, a disabled employee has the same access to everything that is involved in doing and keeping a job as a non-disabled person. What kind of adjustments should an employer consider and what is considered reasonable?

Many adjustments can support a person with RA, some of which cost very little to implement. These include:

- adjusting working hours, making these more flexible, allowing additional breaks to help overcome fatigue or work from home for all or part of the time
- adjusting duties, possibly transferring some to other people and allowing an employee to take on others that are more suitable
- acquiring equipment, such as telephone headsets, ergonomic keyboards, adapted handles or a supportive chair
- support from someone else to do part of the job (e.g. help with lifting or transferring necessary equipment)
- improvements to access, e.g. a disabled parking place near to the workplace, ramps, rails and stair lifts, widening door, positioning of light switches and door handles
- assigning to a different place of work or transferring to fulfil an existing vacancy
- adjusting company policies, such as modifying disciplinary or grievance procedures, redundancy selection criteria or absence management procedures to discount some or all of periods of disability related absence

‘We were able to retain a highly valued employee’

Tim Lowth is Finance Director of Biffa, a waste management company. He explains how the company adapted when Sarah, who had RA, joined in a senior role.

‘Sarah joined us as divisional management accountant for one of our larger divisions. She became a valued member of the division’s management team, providing insight into their trading results and advice on financial aspects of their business.

‘Sarah had been diagnosed with RA about seven years before, and spoke to her line manager about it shortly after her appointment. On a day-to-day basis she managed quite well but had a number of “very bad flare-ups”, as she described them. She also had a couple of trips and falls, and on these occasions we advised her to go home, rather than worry about her work. On two occasions she had to go straight to hospital – she thought she was suffering from side effects of her RA medication, but in the end was diagnosed with MS.

‘We were happy to be flexible over working hours, as Sarah found her RA was much worse in the mornings, and we allowed her to work from home once a month to receive medication for her MS. We had no difficulty in allowing time off for her medical appointments.

‘Sarah was entitled to a company car, and was expected to drive to her division’s various locations regularly. Her consultant suggested that she would get some relief from her symptoms if she changed from a manual to an automatic car. We were happy to allow
The Equality Act statutory Code of Conduct on Employment lists some of the factors that may be taken into account when deciding what steps it is reasonable for an employer to take. The factors are:

- whether or not taking a particular step would be effective in preventing the substantial disadvantage
- the practicality of the step
- the financial and other costs of making adjustments and the extent of any disruption caused
- the extent of the employer’s financial and other resources
- the availability of financial or other assistance to help the employer make an adjustment (such as the help available through Access to Work)
- the type and size of the organisation

It would be reasonable to expect all employers to provide ramps, rails and simple ergonomic equipment for computers and telephones or minor adaptations to machinery. But if a building has awkward stairs, for example, it may not be physically possible to install a stair lift without extensive additional building work, which might then make such an adaptation unreasonable.

A larger company may be able to afford to allocate another employee to help, whereas a small company with a few employees may not be able to do so. Note that financial help is available through the Access to Work scheme – there are more details on page 18.

Employee and employer should aim to communicate effectively and openly, to negotiate on both sides what is ‘reasonable’. Further advice is available from the Trades Union Council.

If an employee cannot continue in their present role because of their RA, you should explore all avenues for transferring the employee to another role within the company. Such a move can also be considered a reasonable adjustment and could include a role at a different work location.

**Workplace assessments**

The best way to assess what adjustments are needed may be to carry out a workplace assessment. An assessment can be carried out by:

- **Occupational Health Therapists**, whose job is to enable people with disabilities or illness to perform tasks at work and in their daily lives more easily.
Assessing changes in the workplace

Sam, a 45-year-old college lecturer, was a valued member of staff but he and his line manager were concerned about his ability to continue working.

He was referred to the local rheumatology occupational therapist (OT), who met him to discuss his concerns and carry out a work assessment. Sam’s main difficulties were standing when lecturing to large student groups, writing, working on the computer, moving study materials round the building, opening doors and getting between classes on time. His fatigue was increasing and he was concerned that his concentration was not what it used to be. His stress levels had also increased because of his difficulties, and he was particularly upset that he was becoming easily irate with students.

The OT, Sam and his line manager met to discuss the OT’s recommendations and how to put them in place. They decided to:

- revise the timetable to spread classes more evenly through the day where possible
- relocate Sam’s office to the ground floor and change the rooms he used to be closer together and mostly on the ground floor
- provide ‘perch stools’ in the lecture theatres to reduce his standing time
- install magnetic door catches
- provide adapted office supplies, including pen grips, voice-activated software and a small trolley for moving equipment and books

Sam also had several short appointments with the OT to learn self-management methods such as joint protection, hand exercises, pacing and energy conservation techniques.

After these changes, Sam had less pain and fatigue, his concentration improved and he felt more relaxed at work. He and his manager were both pleased that these relatively inexpensive changes to equipment and work practices improved Sam’s productivity and made it possible for him to remain at work.
Support and resources

If your company has an occupational health nurse advisor, they are the starting point for support. If not, there are many external sources of help, on the law, making adjustments, work assessments and good practice.

The Access to Work scheme (AtW) provides support to disabled people, those with long-term health conditions and their employers to help overcome work-related obstacles resulting from a disability or health condition.

Financial assistance is available from AtW to help employers recruit, retrain or make necessary adjustments in the workplace.

An AtW advisor can give support and information on helping to tackle practical obstacles in the workplace. They may be able to act on an existing report from a therapist, or they may need to arrange for an assessment to determine how much and what type of help an employee needs.

Practical and financial help is available for:

- special aids and equipment
- support workers
- travel to and from work, where extra costs are incurred in travelling to and from work because of a disability
- adaptations to premises and equipment

For employees starting a new job (i.e. they started less than 6 weeks ago), Access to Work will consider covering up to 100% of approved costs of help. Whatever the employment status, Access to Work will also consider paying up to 100% of the approved costs of help with:

- support workers
- fares to work
- communicator support at interview

Access to Work also pays a proportion of costs of support if the employee:

- has been in the job for six weeks or more
- needs special equipment or adaptations to premises

The precise level of cost sharing is as follows:

- employers with less than 10 staff – access to work can pay 100% of the approved costs
- employers with 10 to 49 staff – access to work can pay 100% of the approved costs
- employers with 50 to 249 staff – employer will have to pay the first £500 and access to work can then pay 80% of the approved costs up to £10,000
- large employers with 250 or more staff – employer will have to pay the first £1,000 and access to work can then pay 80% of the approved costs up to £10,000
- access to work would normally cover all additional costs over £10,000

Access to Work funding is available for up to three years. At the end of this period your employee’s needs will be reviewed to assess if continued or further funding is required. As long as the funding is needed, you should continue to get it.

To contact Access to Work directly, see page 25. The employee can also discuss their needs and contact AtW via the Disability Employment Advisor at their local JobCentre Plus. See www.gov.uk/access-to-work for full details.

**NHS Health at Work Network**

NHS Health at Work is the network of occupational health teams dedicated to ensuring that the NHS has a healthy, motivated workforce that is able to provide the best possible patient care.

NHS Health at Work influences and advises Government and other bodies about occupational health in the NHS. They also provide a gateway for businesses in the broader community who are seeking occupational health advice and support including section to enable you to find an NHS occupational health (OH) provider.

To find out more about the services offered visit http://www.nhshealthatwork.co.uk/

**Workplace Health Advice**

Government funded services providing confidential, practical and free advice to small businesses on workplace health and safety, management of sickness absence and return to work issues are available from the following:

England: The Health and Safety Executive www.hse.gov.uk
Scotland: ‘Healthy Working Lives’ on 0800 019 2211 or www.healthyworkinglives.com
Wales: ‘Workboost Wales’ project on 0845 609 6006 or www.workboostwales.com
Business Disability Forum

The Business Disability Forum (BDF) is a membership and partnership organisation that provides information and advice on disability as it affects business.

Information, support and advice on disability are offered as a proactive or reactive business issue. Examples of advice offered include:

- advice on adjustments and whether they are reasonable
- support for members who are measuring how disability-smart their organisation is against the BDF Disability Standard
- review of documents and policies and feedback from a disability perspective.

For further information contact the BDF on 020-7403-3020 or email advice@businessdisabilityforum.org.uk

AbilityNet

AbilityNet is a national charity and a leading provider of advice on computing and disability. It provides:

- an advice and information service
- individual assessments to find the right solution for disabled people who have a problem using their computer
- awareness training and advice to businesses.

To find out more visit www.abilitynet.org.uk or call 0800 269545 or 01926 312847.

NHS rehabilitation services

NHS rehabilitation services are available to people with RA. An employee may be able to get guidance or may prefer to have a workplace assessment undertaken by someone with a specialist knowledge of their disease. Employees can ask their rheumatology team what services are available locally.

Occupational therapists specialise in enabling people with illness or disabilities to perform work, leisure, daily activities and social roles more easily. Occupational health physiotherapists also specialise in work problems. Either of these professionals can provide workplace advice and/or job analysis and assessments. Assessments can be carried out by visiting employees at work or by a structured interview.

These professionals can evaluate how people perform tasks and help them to simplify or modify job tasks to reduce the effort required. They can do this by suggesting appropriate adaptations to equipment, assistive technology (gadgets) and devices (splints), changes to the work environment, and changes in how a person carries out their job. The therapist can analyse how people carry out tasks, their movements and positions, and the order of tasks. Based on this they can recommend changes to make tasks easier.

Other sources of help

Some private companies also provide workplace assessments. Therapists may be self-employed or employed by health insurance companies, private health companies, or rehabilitation case management companies, some of which specialise in musculoskeletal conditions.
To identify private occupational therapists, occupational health nurses and occupational health physiotherapists, you can search online at the following sites.

- For occupational therapists: The College of Occupational Therapists Specialist Section in Independent Practice - www.cotss-ip.org.uk
- For occupational health nurses: The Commercial Occupational Health Providers Association (COHPA) - www.cohpa.co.uk – select from ‘OH Providers’ on this page
- For physiotherapists: Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE) - www.acpoh.org.uk. Their professional body is the Chartered Society of Physiotherapists - www.csp.org.uk – go to the PHYSIO2U section on this page
- The Institute of Ergonomics and Human Factors also lists some therapists and other ergonomics professionals - www.ergonomics.org.uk - click on ‘Find an Accredited Consultancy’ on the home page.

Some consultancies specialise in problems of workers with disabilities, and others provide general ergonomic workplace advice for preventing injuries-in-the-workplace injury. Look at the detailed information about their specialist services, e.g. on the internet.

Rehabilitation case management companies may provide a range of services covering physical, psychological and social issues. Some specialise in employment-related services (e.g. ergonomic and worksite assessments, stress awareness, promoting wellbeing, rehabilitation, and planning for a return to work). Practitioners who are members of the Case Management Society UK adhere to the Society’s code of practice and standards. To find a practitioner and identify the company they work for, you can search www.cmsuk.org click on Case Management and then select ‘find a case manager’.

A new qualification in the UK has recently developed as Vocational Rehabilitation (VR) Counsellor; this is for therapists or other professionals who have completed a certified/accredited VR training course. The UK Rehabilitation Council’s “Rehabilitation Standards” and “Choosing a Rehabilitation Provider” (2009) may help you identify good quality private providers www.rehabcouncil.org.uk (select Downloads & Links on this page to access these documents –NB you will need to register before downloading)
## Useful addresses

<table>
<thead>
<tr>
<th><strong>Abilitynet</strong></th>
<th>National charity and provider of advice on computing and disability.</th>
<th>Freephone 0800 269545 01926 312 847 <a href="http://www.abilitynet.org.uk">www.abilitynet.org.uk</a></th>
</tr>
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<tr>
<td><strong>ACAS</strong></td>
<td>ACAS provides up to date information, independent advice and can help employers and employees to solve problems and improve performance.</td>
<td>0300 123 1100 Monday to Friday 8am until 8pm Saturday 9am until 1pm <a href="http://www.acas.org.uk">www.acas.org.uk</a></td>
</tr>
<tr>
<td><strong>Access to Work</strong></td>
<td>Access to Work (AtW) provides advice and practical support to disabled people and their employers to help overcome work related obstacles resulting from a disability.</td>
<td>Contact your local Jobcentre Plus or Access to Work regional business centre; see the list on page 25 <a href="http://www.gov.uk/access-to-work">www.gov.uk/access-to-work</a></td>
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<tr>
<td><strong>Arthritis Care</strong></td>
<td>National charity offering a range of support, and information for people with arthritis including a booklet Working with Arthritis. Runs Arthritis Awareness, a one-day course on all forms of arthritis for employers and organisations.</td>
<td>Helpline freephone 0808 800 4050 <a href="http://www.arthritiscare.org.uk">www.arthritiscare.org.uk</a></td>
</tr>
<tr>
<td><strong>Arthritis Research UK</strong></td>
<td>Charity that funds research and produces a range of free information booklets on all forms of arthritis.</td>
<td>0300 790 0400 <a href="http://www.arthritisresearchuk.org">www.arthritisresearchuk.org</a></td>
</tr>
<tr>
<td><strong>Association of Chartered Physiotherapists in Occupational Health and Ergonomics</strong></td>
<td>A proactive group, promoting best practice in the field of Occupational Health Physiotherapy. Online search facility for local physiotherapists.</td>
<td>0128 474 8202 <a href="http://www.acpohe.org.uk">www.acpohe.org.uk</a></td>
</tr>
<tr>
<td><strong>Chartered Society of Physiotherapists</strong></td>
<td>Can help you to find a chartered physiotherapist that offers private services.</td>
<td>020 7306 6666 <a href="http://www.csp.org.uk">www.csp.org.uk</a> and go to the PHYSIO2U section on this page</td>
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<tr>
<td><strong>College of Occupational Therapists</strong></td>
<td>Provides online information about private OT services and can help find local occupational therapists specialising in employment.</td>
<td>020 7357 6480 <a href="http://www.cot.org.uk">www.cot.org.uk</a> <a href="http://www.cotss-ip.org.uk">www.cotss-ip.org.uk</a> Click on “Find a private OT” Enter postcode/town and in next box select “work/ergonomics/stress”</td>
</tr>
<tr>
<td><strong>Commercial Occupational Health Providers Association (COHPA)</strong></td>
<td>Provides assistance with finding a provider in your area based on your needs.</td>
<td>0333 772 0401 <a href="http://www.cohpa.co.uk">www.cohpa.co.uk</a></td>
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<tr>
<td><strong>The Equality and Human Rights Commission (EHRC)</strong></td>
<td><a href="http://www.equalityhumanrights.com">www.equalityhumanrights.com</a></td>
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<tr>
<td>Provides advice and guidance for business covering a range of equality and diversity issues.</td>
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<tr>
<th><strong>The Equality Advice and Support Service</strong></th>
<th><a href="http://www.equalityadvisoryservice.com">www.equalityadvisoryservice.com</a></th>
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</table>
| Aims to provide bespoke advice to those facing discrimination issues via their helpline. | Helpline 0808 800 0082  
Mon to Fri  9am to 8pm  
Sat  10am – 2pm |

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<tr>
<th><strong>Gov.uk</strong></th>
<th><a href="http://www.gov.uk">www.gov.uk</a></th>
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<tr>
<td>A new simpler website replacing Directgov which aims to provide simpler and clearer information about government services.</td>
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| **Disability Employment Service** | 028 9025 2237  
Monday to Friday 9am until 5pm  
Access the site at [www.delni.gov.uk](http://www.delni.gov.uk) |
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<tr>
<td>For Northern Ireland: Provides support to employers to help them recruit people with health issues or disabilities.</td>
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For further information call 020-7403-3020, or email advice@businessdisabilityforum.org.uk |
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<tr>
<td>Members and Partners of the BDF can contact the organisation for information or advice on disability as it affects business.</td>
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<tr>
<th><strong>Employment Tribunals</strong></th>
<th><a href="http://www.justice.gov.uk/tribunals/employment">www.justice.gov.uk/tribunals/employment</a></th>
</tr>
</thead>
</table>
| Judicial bodies established to resolve disputes between employers and employees over employment rights. This website provides information about the tribunal’s procedures and gives guidance on responding to a claim. | Public Enquiry Numbers:  
England/Wales 0300 123 1024  
Scotland 0141 354 8574  
ACAS 0300 123 1100  
Monday – Friday 8am until 8pm  
Saturday 9am until 1pm |

| **Institute of Ergonomics and Human Factors** | 01509 234904  
[www.ergonomics.org.uk](http://www.ergonomics.org.uk) |
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<tr>
<td>Advice on how to choose and where to find an ergonomist.</td>
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<tr>
<th><strong>Health and Safety Executive</strong></th>
<th><a href="http://www.hse.gov.uk">www.hse.gov.uk</a></th>
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<tbody>
<tr>
<td>For small businesses in England. Practical and free web based advice to small businesses on workplace health and safety, management of sickness absence and return to work issues.</td>
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<tr>
<th><strong>Health4Work</strong></th>
<th><a href="http://www.Health4work.nhs.uk">www.Health4work.nhs.uk</a></th>
</tr>
</thead>
</table>
| Provides website information on all health issues affecting your business. | 0800 019 2211  
Monday –Thursday 9am until 5pm  
Friday 9am until 4.30pm  
or [www.healthyworkinglives.com](http://www.healthyworkinglives.com) |

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<tr>
<th><strong>Healthy Working Lives</strong></th>
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<tr>
<td>For small businesses in Scotland. Confidential, practical and free advice to small businesses on workplace health and safety, management of sickness absence and return to work issues.</td>
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</table>
0800 019 2211  
Monday –Thursday 9am until 5pm  
Friday 9am until 4.30pm  
or [www.healthyworkinglives.com](http://www.healthyworkinglives.com) |
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<tr>
<th><strong>Jobcentre Plus</strong></th>
<th><strong>National Rheumatoid Arthritis Society (NRAS)</strong></th>
<th><strong>NHS Health at Work</strong></th>
<th><strong>Remploy</strong></th>
<th><strong>Vocational Rehabilitation Association</strong></th>
<th><strong>UK Rehabilitation Council</strong></th>
<th><strong>Workboost Wales</strong></th>
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</thead>
<tbody>
<tr>
<td>A government agency supporting people of working age from welfare into work, and helping employers to fill their vacancies. Part of the Department for Work and Pensions (DWP).</td>
<td>The only patient led charity in the UK specifically for people with RA. Provides free information and support for people with RA, and produces a range of publications on living with rheumatoid arthritis including managing pain, benefits and employment.</td>
<td>Provides a gateway to advice and support on occupational health to businesses.</td>
<td>Offers recruitment and retention services designed to support employers to recruit and retain employees who may be facing difficulties at work due to a disability.</td>
<td>A professional organisation for any professional working in vocational rehabilitation. Includes Standards for Practice.</td>
<td>Consists of a community of rehabilitation associations to ensure access to high quality services in the UK</td>
<td>For small businesses in Wales. Confidential, practical and free advice to small businesses on workplace health and safety, management of sickness absence and return to work issues.</td>
</tr>
<tr>
<td>0800 055 6688 (New benefit claims only) 0345 604 3719 (To cancel or change an appointment) Monday – Friday 8am until 6pm <a href="http://www.gov.uk/contact-jobcentre-plus">www.gov.uk/contact-jobcentre-plus</a> They also employ Disability Employment Advisors (DEA): <a href="http://www.gov.uk/looking-for-work-if-youre-disabled">www.gov.uk/looking-for-work-if-youre-disabled</a></td>
<td>Helpline freephone 0800 298 7650 Enquiries 0845 458 3969 <a href="http://www.nras.org.uk">www.nras.org.uk</a></td>
<td></td>
<td><a href="http://www.remploy.co.uk">www.remploy.co.uk</a></td>
<td><a href="http://www.vra-uk.org">www.vra-uk.org</a> <a href="mailto:admin@vra-uk.org">admin@vra-uk.org</a></td>
<td><a href="http://www.rehabcouncil.org.uk">www.rehabcouncil.org.uk</a> <a href="mailto:info@rehabcouncil.org.uk">info@rehabcouncil.org.uk</a></td>
<td></td>
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</table>
Access to Work Contact Centre
Contact details for all of England, Scotland and Wales

| Access to Work; All referrals now go through this call centre. | Operational Support Unit  
| | Harrow Jobcentre  
| | Mail Handling Site A  
| | Wolverhampton  
| | WV98 1JE  
| | Telephone: 0345 268 8489  
| | Textphone: 0345 608 8753  
| | Email: atwosu.london@dwp.gsi.gov.uk |

To find out more about the Access to Work Scheme in Northern Ireland contact:

| Disability Employment Service (DES) |  
| Disability Employment Service (DES)  
| 2nd Floor Gloucester House  
| Chichester Street  
| Belfast  
| BT1 4RA |  
| www.dlini.gov.uk |  
| If you want more information or wish to apply for assistance through this programme, you should contact an Employment Service Advisor in your local Jobs and Benefits office or Jobcentre. |
NRAS would like to thank all the contributors to this booklet:

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