

Fit for work service -What is it? Is it applicable for Japan?-

Keiji Muramatsu¹⁾, Shinya Matsuda¹⁾

¹⁾*Department of Preventive Medicine and Community Health, School of Medicine, University of Occupational and Environmental Health*

Abstract

Fit For Work Service (FFWS) is a new occupational health delivery system in UK. The purpose of FFWS is to help people in the early stages of sickness absence to return to, and remain in, work more quickly after illness or when they develop a health condition or impairment. In UK the annual economic cost of sickness absence and worklessness among the working age is enormous reaching over £100 billion. FFW is expected to reduce this cost by supporting workers to continue to work. The core service is case management by multidisciplinary team composed by medical and social professionals. This service is very suggestive for the Japanese occupational health services in order to adapt to the highly ageing society. In this review, we outline the basic mechanism of FFWS and compare with the occupational health delivery system in Japan.

Key words: Fit for work, United Kingdom, Occupational health, National Health Service

❖ Introduction

Fit For Work Service (FFWS) is a new occupational health delivery system in UK¹⁾⁻³⁾. This service was propounded by Dame Carol Black's review 'Working for a healthier tomorrow'¹⁾. The purpose of FFWS is to help people in the early stages of sickness absence to return to, and remain in, work more quickly after illness or when they develop a health condition or impairment. In this review, we outline the basic mechanism of FFWS and compare with common occupational health delivery system in Japan.

❖ Institution of Health and Safety in UK

Health and Safety at Work Act 1974 is the base of Regulations and Code of Practice of occupational health in UK. This act does not require for employers to appoint an industrial physician from among medical doctors and to have the annual health check-up of workers. These are the most different points from the Japanese Industrial Safety and Health Law that obligatory requires for the employer to have occupational

physicians and to organize the annual health check-up of workers. In the case of UK, the occupational health services are provided by the national health service (NHS) scheme. Under the NHS, they can take comprehensive medical management, naturally including occupational health service, for free.

However, as with any country, brutal loss by health issue is recognized as economic and social problem. According to 'Working for a healthier tomorrow'¹⁾, around 175 million working days were lost to illness in 2006 and annual economic costs of sickness absence and worklessness associated with working age ill health are estimated to be over £100 billion, moreover estimated about 40% of people who end up on Employment and Support Allowance (ESA) could have been prevented if they were solved their (often non-medical) problems.

For improvement of the situation, Dame Carol Black recommended in the review as follows: 'Government should pilot a new Fit for Work service based on case-managed, multidisciplinary support for patients in the early stages of sickness absence, with the aim of making access to work-related health support available to all – no longer the preserve of the few.'¹⁾ In response to this, Department for Work and Pensions and Department of Health have started pilot programs in 11 diverse areas with local partners in March 2009. The FFWS team is consisted of many specialists such as Case Managers, Occupational Health Nurses, Occupa-

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Correspondence: Keiji Muramatsu, Iseigaoka 1-1, Yahatanishi-ku, Kitakyushu, 807-8555, Fukuoka, Japan;

Email: km@med.uoeh-u.ac.jp

Tel: +81-93-691-7244, Fax: +81-93-603-4307

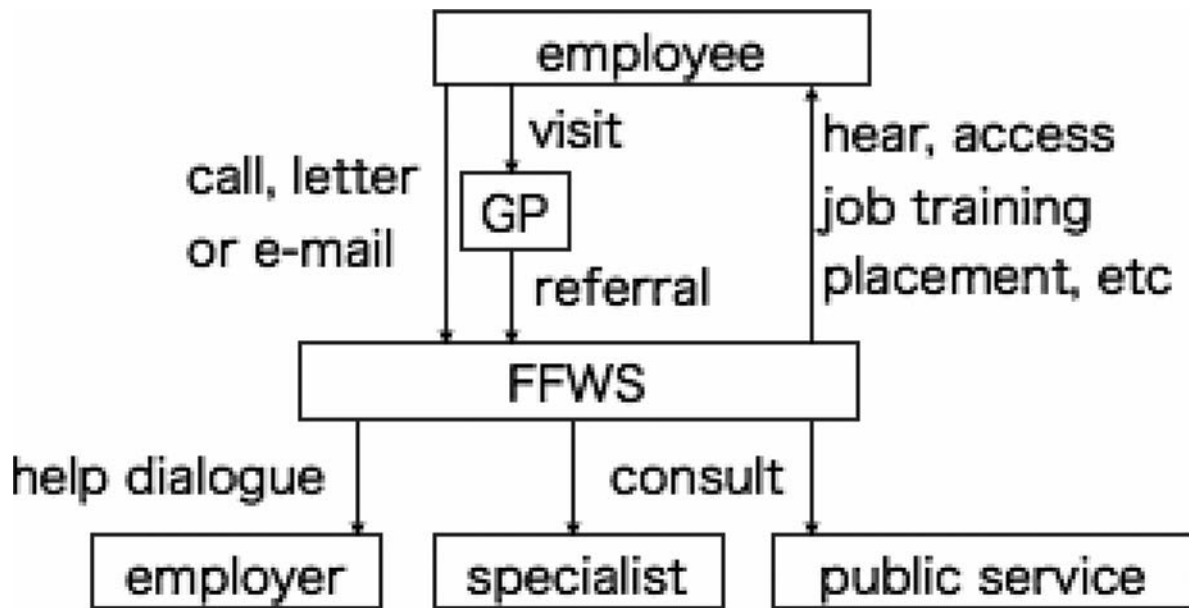


Figure 1 Overview of FFW services

tional Health GP and Administrative staff. This is a free and voluntary service for people who are employed and registered with a GP in each area. Following are the structure of providing service (Figure 1).

When GP assessed the needs of intervention, they can make referral to FFWS. With or without the referral, the employee who needs support is able to contact FFWS directly by phone, letter and e-mail. After receiving information, case manager of FFWS makes an appointment with the employee and hearing his or her problem. Case manager can provide an independent and supportive service focused on understanding health issues and how this impacts on work. The FFWS team is able to access a range of other services such as physiotherapy, speech therapies, debt advice etc, to help getting back to work more quickly. In some cases, if the employee permits, the FFWS team will liaise with the employer, Occupational Health Department and GP / therapist. If the employee becomes unable to return current job, they can provide services and supports for developing new skills to find new work.

❖ Comparing the system of UK FFWS and Japan

The occupational health delivery system in Japan are described below. (Figure 2) Industrial Safety and Health Law binds the employer about occupational health and safety, specifically to appoint an occupational physician from among medical doctors and to have

medical examinations of all workers conducted by a physician, etc. The Order for Enforcement of the Industrial Safety and Health Law limits the subject to the employer who regularly employs 50 workers or more. Percentage of employers classed by numbers of employee in Japan is summarized in Table 1⁴⁾. As shown in Table 1, 97.3% of employers and 61.4% of employees are hard to have a stake of occupational health service.

Even if the employer who regularly employs 50 workers or more appointed their occupational physician, they occasionally forget presence of them whether they intend or not. Furthermore, the time to industrial practice for one employer is approximately 3 hours per month⁵⁾ and a less important subject such as attending the safety and health committee, often 'health' turns to the least talked-about subject, and health consultation, should be done at GP's office, are the main promotional activities of industrial practice. The Table 2 summarizes the above mentioned comparison of the system relevant to occupational health between UK and Japan.

❖ Conclusion

FFWS is an unprecedented system of occupational health delivery system. This system may have the potential to be able to resolve the dilemma which we often feel in Japan. Hereafter, comparison of the other countries which have an interesting system should be carried out with the view to development of institutions that will fit for our national circumstances.

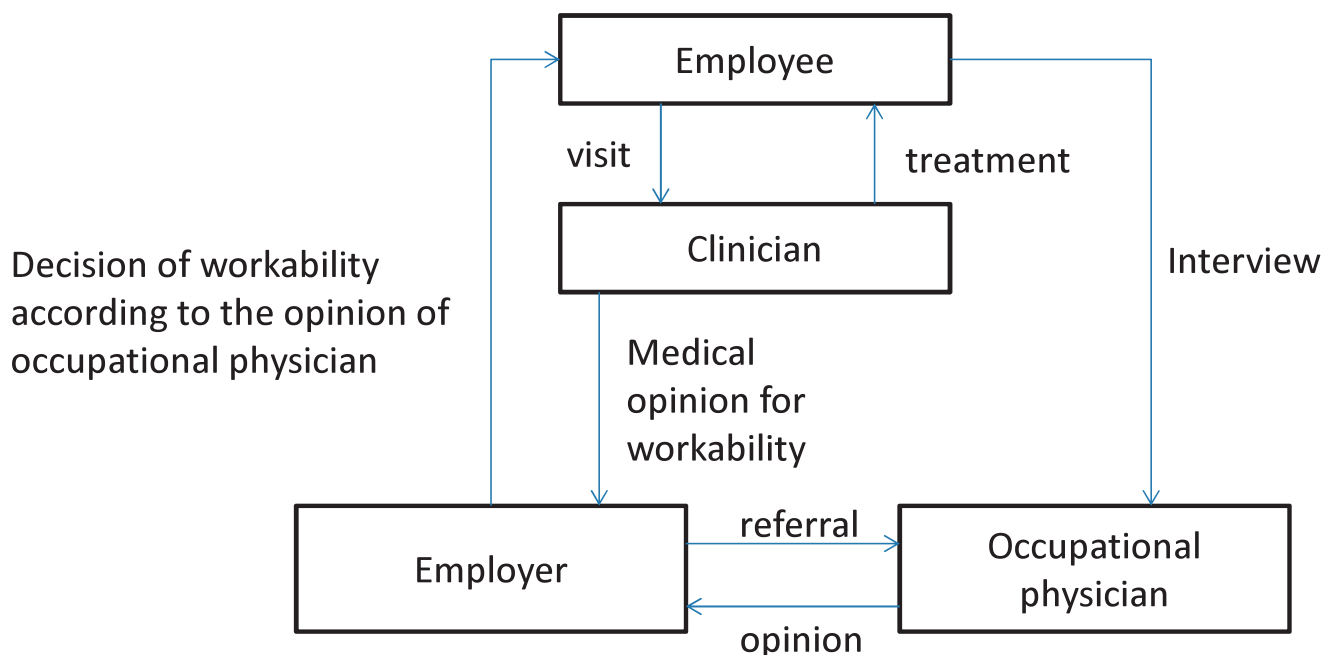


Figure 2 Overview of Japanese system for return to work

Table 1 Distribution of office and workers by employee’s size

Number of regularly employed workers	Percentage of offices	Percentage of employee
0 (person)	29.25%	4.79%
1~4	38.90%	13.34%
5~9	14.02%	11.06%
10~19	9.07%	13.41%
20~29	3.44%	8.58%
30~49	2.63%	10.20%
50~99	1.66%	11.53%
100~199	0.65%	8.87%
200~299	0.18%	4.25%
300~499	0.11%	4.30%
500~999	0.06%	4.24%
1,000 or more	0.03%	5.43%

Table 2 Comparison of FFWS and Japanese OH system

	FFWS	Japanese Occupational Health services
Responsible authority	Department of Work and Pension Department of Health	Ministry of Health, Labour and Welfare
Fee	free	Paid by employer
Who decides the possibility of return to work	FFWS (they take responsibility for signing the fit notes)	employer finally
Support for non medical problems	available	not available
Target persons	Employed / Self-Employed at risk of or Signed off sick from work by their GP Registered with a GP surgery in each area	Employee who are covered by the Occupational Health and Safety Law

❖ Literatures

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