

Working it out: Improving access to specialist Vocational Rehabilitation

A policy scoping report on Vocational Rehabilitation prescriptions

January 2013

**UK Office, 89 Albert Embankment, London SE1 7UQ Questions about cancer?
Call the Macmillan Support Line free on 0808 808 00 00 or visit macmillan.org.uk**

Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). A company limited by guarantee. Registered company in England and Wales (2400969) and the Isle of Man (4694F). Registered office: 89 Albert Embankment, London SE1 7UQ.

Contents

- 3 Executive summary
- 4 Introduction
- 5 VR prescriptions: a suitable solution for achieving access to specialist VR services?
- 9 Interest and support for VR prescriptions
- 11 VR prescriptions in practice
- 12 Conclusions and recommendations
- 14 Appendix 1 - VR interventions for people with cancer
- 15 Appendix 2 - Examples of VR in practice

Macmillan Cancer Support would like to thank Laura Gilbert (author).

Executive summary

Over 700,000 people of working age are living with cancer¹ and around 100,000 are diagnosed with cancer each year². Many people with cancer, or who have had cancer, wish to stay in work or return to work; they may see work as providing some normality during a difficult time, or work may be a financial necessity.

However, Macmillan Cancer Support's experience is that many people with cancer who wish to return to work struggle to do so, not only because of a lack of support from health professionals and employers, but also because of a lack of Vocational Rehabilitation (VR) services, which provide support to help people remain in or return to work.

Cancer-related illnesses have been identified as one of the main causes of long-term sickness absence³, yet interviews conducted for this report indicate that the work-related needs of people with cancer, including those who have complex needs, are not being addressed. There appears to be no clear picture of what, if any, VR services people with cancer are able to access, although NHS capacity, knowledge and skills are considered inadequate for identifying and delivering specialist VR support for people with complex problems.

With a view to addressing this problem, Macmillan believes that 'VR prescriptions' could be a solution for helping people with long-term conditions, including cancer, to gain access to the specialist support they need to stay in or return to work.

The idea for VR prescriptions is timely and relevant. A number of existing initiatives and drivers - including the NHS Commissioning Board Mandate in England and the Black/Frost review of sickness absence in Great Britain - recognise the importance of helping people with health conditions to return to work, not least for economic growth. As the new landscape for NHS and social care takes shape, there may be opportunities to meet the specialist VR needs of people with long-term conditions including cancer.

The findings of this policy scoping report indicate that there is significant interest in taking VR prescriptions forward, which could help people with long-term conditions including cancer to access specialist support, and also benefit government, employers and wider society. Although many of the policy opportunities highlighted in this report, and in the interviews, are specific to England the findings are likely to be useful to Scotland, Wales and Northern Ireland.

Introduction

With the aim of supporting people with cancer to return to work if they wish to do so, as part of the National Cancer Survivorship Initiative (NCSI) Macmillan piloted a new model of VR services for people with cancer in seven sites across England. Among the findings of the evaluation of the model was that specialist VR for people with cancer should be provided as an essential component of return to work services.⁴

Building on the NCSI evaluation findings, Macmillan's hypothesis is that a 'VR prescription' could help people with long-term conditions including cancer gain access to the specialist VR services they need to remain in or return to work. The prescription could be issued by a health professional to people identified as having a specialist VR need, and could describe the individual's recovery plan in detail. The prescription could be the means by which the services required are bought in from the NHS and/or private sector, with people referred to these services to help them stay in or return to work if they wish to do so.

VR prescriptions would relate to specialist VR interventions for people with complex problems. The NCSI VR project has developed an outline of the content of specialist VR interventions (see Appendix 1 for more details).⁵ Some of the interventions are applicable to other health conditions in addition to cancer, such as:

- liaison with employers
- making modifications to the work environment
- psychological interventions.

Other elements relate more specifically to cancer and its treatment, such as:

- managing cancer-specific symptoms and impairments in the workplace
- building confidence after a traumatic diagnosis.

For this policy scoping exercise, 30 interviews were conducted in person or by telephone, during October - December 2012. They included senior representatives from employment service providers, organisations representing doctors and other health professionals, commissioners, insurers, academia, a think tank, and senior government officials.

The aim of the interviews was to determine whether a VR prescription is a suitable solution for achieving access to specialist VR services for people with cancer, and whether there is interest and support for VR prescriptions. It was also possible to gain some insight on how VR prescriptions could work in practice. A small number of the interviewees were contacted regarding specific policy issues and developments of potential relevance to VR prescriptions.

VR prescriptions: a suitable solution for achieving access to specialist VR services?

Interviews conducted for this report indicated that in general the potential of VR prescriptions was recognised, and many people had thoughts on how the prescriptions could work in practice. However, a number of related issues would need to be addressed for access to specialist VR services to be achieved. There are precedents for VR prescriptions, which also complement existing drivers and initiatives to improve NHS care and help people with health conditions return to work.

Recognition of the potential of VR prescriptions

Broadly, interviews indicated that VR prescriptions could be a suitable solution or driver for achieving access to specialist VR services for people with cancer, although a number of key related issues would also need to be addressed. There was a range of thoughts, such as those outlined below, on the potential of VR prescriptions.

Raising work-related issues

Some interviewees thought that VR prescriptions could help to ensure that health professionals raise work-related issues with people with cancer; interviews indicated this was not currently happening in a systematic way. Suggestions for linking VR prescriptions to existing routes that could be used for identifying work-related issues are outlined later in this report.

'VR prescriptions could be a way of making sure that work and cancer is discussed at an early stage (...) they could absolutely be a suitable driver for achieving access to VR services.' Third sector provider of work support

'If VR prescriptions could ensure that an initial conversation about work happened in the acute phase, that could drive access to the required services.' Professional body representing allied health professionals

'Having something like VR prescriptions would put work clearly in the care pathway, which would be positive. They could be a way to get health professionals to think about work.' Reinsurer

Increasing awareness of people's VR needs

Complementing the point above about ensuring that conversations about work happen, some interviewees thought that VR prescriptions could help to increase awareness among health professionals of the support that people need to stay in or return to work.

'They could drive access by providing clarity on support needed to get people with long-term conditions back to work.' Society for allied health professionals

'If VR prescriptions were an easy solution for GPs and oncologists [to understand the support that people with cancer need], that would be great.' Public sector provider of return to work services

Linking needs with support

Some interviewees saw the potential of VR prescriptions to link people's work-related needs to ways of addressing those needs.

'VR prescriptions could help me to point patients in the right direction.' A GP

'The idea of having a pathway or process that connects the identification of work-related problems on the one hand and help to address those problems on the other, is a good idea. If VR prescriptions could achieve that, that would be great.' Rehabilitation clinician

'A linked-up system from the GP or hospital consultant to such services could mean the difference between people being 'fit for work' and 'work fit.' Society representing doctors and other health professionals

Highlighting the need for VR services

Some interviews indicated that VR prescriptions could highlight the need for specialist VR services, or create demand. However, the potential impact on people with cancer would need to be considered if prescriptions were issued for services that did not yet exist.

Related issues to be addressed

While indicating a broadly positive response to VR prescriptions, most interviews highlighted some key issues that would need to be addressed in parallel with developing a VR prescription, in order for access to specialist VR services to be achieved.

Funding for specialist VR services

Many people identified the availability of funding to provide specialist VR services as a key issue, particularly given the economic climate. Furthermore, VR is not viewed as a priority in health, not least because it falls between the health remit and the work and pensions remit, indicating that a shift in thinking may be needed for such services to be funded.

It will be imperative to have a strong economic case demonstrating the cost-effectiveness of specialist VR, including future savings, for example to the health budget. Robust evidence that specialist VR works will also be needed, demonstrating the impact on patient experience, quality of life and health outcomes, and effectiveness in getting people back to work. Further research is taking place, funded by the National Institute for Health Research (NIHR), to assess the effectiveness and cost-effectiveness of a specific cancer VR

intervention. The REhabilitation for Job and Occupational INdependence (REJOIN) study is a feasibility study of a randomised controlled trial, due to be completed in December 2014.⁶

A number of options were suggested in the interviews for funding VR services moving forward, such as Personal Health Budgets and joint initiatives between Clinical Commissioning Groups (CCGs) and Local Authorities in England, employer contributions and including VR in income protection insurance.

Availability of specialist VR services

Many interviewees identified health service resources and capacity as a problem in terms of delivering specialist VR services. However, there were some mixed views on what, if any, VR services may be available in the NHS or in the private sector. The NCSI VR project evaluation called on Cancer Networks or organisations responsible for cancer services to identify specialist VR services available to cancer patients in a locality, noting gaps.⁷

A number of people thought that VR prescriptions could play a role in incentivising increased provision of VR services. Interviews indicated that there would be appetite within the private sector and third sector for offering more VR services, if public funding was available. Some interviewees thought that the NHS could potentially be incentivised if, for example, the effectiveness and cost-effectiveness of VR could be demonstrated.

Identifying and addressing VR needs

Many of those interviewed felt there was a lack of understanding and profile of work issues and VR in the NHS. There were also concerns regarding lack of knowledge and processes to identify and assess work-related needs, and health professionals' skills and knowledge in terms of filling in VR prescriptions and delivering VR interventions.

Macmillan has undertaken considerable work to raise awareness of employment issues with health and social care professionals, such as an e-learning resource and a work support route guide.⁸ Furthermore, the NCSI VR report recommended training to ensure that health professionals have the knowledge and skills to facilitate patients remaining in or returning to work. It also recommended consideration of the need for a cancer-specific VR training programme; the REJOIN study is focused on a cancer-specific VR intervention for which therapists will be given specialist training. Research for this report indicated that it may also be appropriate to update VR skills and knowledge within social care.

A VR prescription could potentially link in with existing routes that could be used for identifying work issues in the first place, such as in England the Holistic Needs Assessment (HNA), which should be carried out at or near diagnosis and at the end of treatment, and the Cancer Care Review (CCR) conducted by GPs within three months of diagnosis. A number

of those interviewed thought that VR prescriptions could include triggers or a menu of options, for example, to assist in assessing work-related needs. Case management may also be important, for example to assess needs and oversee the progress of VR interventions.

The precedent: rehabilitation prescriptions

Rehabilitation prescriptions have been in use in major trauma care in England since April 2012. Everyone admitted to a trauma centre is assessed for rehabilitation needs within 48 hours. Filling in the prescription - which is intended to be a patient-held document - is a best practice tariff requirement, triggering a top-up payment. The rehabilitation prescription obtained during research for this report included the option to refer patients to VR services.

Indications are that this prescription approach is being built on. For example, an NHS Sussex Rehabilitation Prescription sub group notes that, *“Beginning with trauma pathways, the eventual aim of the group is to roll out the prescription to all relevant pathways to support the delivery of appropriate rehabilitation services, and improve patient outcomes.”*⁹ And NHS East Midlands has focused on a critical care rehabilitation plan and prescription which can be applied to acute, chronic or progressive conditions.¹⁰

It may therefore reasonably be suggested that the idea for VR prescriptions is beginning to be accepted practice.

Complementing existing initiatives and drivers

The idea for VR prescriptions complements a number of initiatives and drivers to improve NHS care and help people with health conditions return to work. Although most of the initiatives/drivers highlighted below are specific to England, they may provide a helpful point of reference for work across the UK.

- A commissioning expert working with CCGs thought the idea for VR prescriptions spoke strongly to CCGs’ broader responsibilities with regard to total population health.
- The NHS Outcomes Framework indicator on the employment of people with long-term conditions.
- In the NHS Commissioning Board Mandate, one of the areas in which government expects particular progress to be made is in ‘furthering economic growth, including supporting people with health conditions to remain in or find work.’¹¹
- The QIPP focus on improving care and saving money; evidence on the effectiveness and cost-effectiveness of specialist VR would be of particular relevance here.
- Interviews indicated that there may be opportunities to link VR prescriptions to a broader version of the Independent Assessment Service (IAS) proposed in the Black/Frost review of sickness absence¹², if it was flexible enough to meet the needs of people with cancer, or to the Fit Note, potentially facilitating assessment of work-related needs.

Interest and support for VR prescriptions

Interviews conducted for this report indicated that there is interest in and support for VR prescriptions, across a range of organisations.

Strong interest in VR prescriptions

The reaction to the idea for VR prescriptions among those interviewed was broadly very positive. A number were keen to work with Macmillan to take the idea forward and several thought that it merited testing, for example with a feasibility study or pilot. Interest could be summarised as stemming from recognition of the need for change in the provision of VR services, for reasons such as those outlined below.

Access to VR services is limited and fragmented

A number of interviewees indicated that the majority of working people do not have access to VR support, with mainly larger companies tending to have in-house/contracted out occupational health support, for example. Furthermore, as noted above, there is lack of clarity on what services may already be available and provision was thought to be geographically patchy.

Work is important for people with conditions including cancer

There was recognition of the valuable role of work for many people with cancer. However, interviews indicated that currently there is poor understanding among health professionals and employers of cancer and work, with the result that people are being lost to the workforce unnecessarily.

Many interviewees also saw the potential for VR prescriptions to be introduced for other long-term conditions in addition to cancer, not least because of similarities in the support needed to help people stay in or return to work.

Work issues are not addressed as part of care

Despite work being important for many people with cancer, a number of people noted that work issues are not being addressed in the current care pathway, which is likely to be because of work-related support not being seen as part of the NHS's remit. As one expert commented,

'Someone with cancer will have a treatment regime, so they'll know where they're going health-wise, but they won't know where they're going work-wise.' Provider of employment services

Broad support for VR prescriptions

Interviews indicated that a range of organisations would be broadly supportive of the introduction of VR prescriptions. There was no indication that those interviewed would be unsupportive of the introduction of VR prescriptions, although in some cases support would depend on factors such as the idea being tested, how it was taken forward and whether additional issues such as funding and capacity could be addressed, for example. A variety of reasons was given, such as those outlined below, as to why interviewees would be supportive of the introduction of VR prescriptions.

Shared view of importance of work and VR

A number of interviewees said that the idea for VR prescriptions fit with their organisation's ethos or agenda. Several were already working on initiatives focused on helping people stay in or return to work, indicating recognition of the importance of work for people with health conditions including cancer.

Enabling work-related issues to be addressed

Some people thought that the prescriptions could enable health professionals to raise work-related issues with patients. However, as noted above, there would also need to be services available to meet needs.

'If this helped GPs point people in the right direction, there wouldn't be a GP who would say no. (...) Currently GPs tend not to raise work because it's a Pandora's Box; there are no services to refer people to.' A GP

'At the moment health professionals are not asking about work-related problems because it's a can of worms, and they don't know what services are available. If VR prescriptions help to make clear what services can be provided, great.' Rehabilitation clinician

Recognition of potential widespread benefit

Several people thought that the potential benefit of VR prescriptions to help people stay in or return to work could be a 'win-win' for government, society, employers and individuals. It is already known that 'the losses suffered by businesses in 2008 due to people who survived cancer being unable to return to paid work amounted to a staggering £5.3 billion.'¹³ And as one expert noted,

'From an NHS perspective, if you are talking about people getting back to work and back to normality sooner, then yes, it's a no-brainer.' Public sector provider of return to work services

VR prescriptions in practice

Some insight was gained from interviews as to how VR prescriptions could work in practice, as outlined below.

Who should issue a VR prescription?

There were mixed views on whether VR prescriptions should be issued in primary or secondary care, or potentially both. As noted above, consideration would need to be given to levels of skills and knowledge relating to work issues. However, findings from interviews indicated that a range of health professionals could potentially issue them, particularly clinical nurse specialists (CNSs) and oncologists - who have knowledge of cancer and its treatment - and GPs, who are a common point of contact, and because of their key role in CCGs, which hold health budgets.

When should a VR prescription be issued?

A number of interviewees saw early intervention as important in supporting people with cancer and other health conditions to stay in or return to work, although prognosis would need to be considered in determining the appropriateness of discussing work. Suggestions for stages of the pathway at which a VR prescription could potentially be issued included at the time of the treatment plan, for example to have a better idea of treatment and its effects. Alternatively, it could be introduced when primary treatment has been completed or is approaching completion, for example if people wish to focus on their treatment initially; also recovery may be clearer at that point. If the VR prescription was linked in with the HNA (at or near diagnosis and at the end of treatment) and/or the CCR (within three months of diagnosis) consideration would need to be given to how VR needs could be identified at later stages.

Purchasing specialist VR services

Insight from interviews suggests that VR prescriptions could work as a mechanism for purchasing specialist VR services, provided that there are services to refer people to, and that the shift in thinking required to commission these services could be achieved.

In developing VR prescriptions, commissioning structures in other nations would need to be taken into account. In England, for services outside of tariff, prescriptions would need to be issued by a GP; if they were issued in secondary care, a Service Level Agreement (SLA) would be needed between a CCG and organisations employing people who could make an onward referral.

Another consideration relates to whether a VR prescription would be followed by an assessment, or whether it could incorporate a form of assessment, for example. If the prescription was a referral for assessment, a purchasing mechanism would be required for the VR services to which access was subsequently required.

Conclusions and recommendations

Interviews conducted for this report indicated that a range of experts recognise the potential of VR prescriptions, for example in helping to ensure that health professionals discuss work-related issues with people with cancer, raising awareness of people's VR needs, or linking those needs to ways of addressing them.

Indications are that there would, in general, be support for the introduction of VR prescriptions, although it would be important to address a number of issues in parallel with developing the prescription, in order for access to specialist VR services to be achieved. A strong economic case and other robust evidence on the effectiveness of specialist VR would be essential; steps are already being taken to develop such evidence. In addition, the NCSI VR report has already recommended measures that need to be taken to identify the specialist VR services that are available and note gaps, and to ensure that health professionals have the requisite knowledge and skills to facilitate patients remaining in or returning to work.

The idea for VR prescriptions is timely, in terms of complementing existing drivers and initiatives to improve NHS care. Furthermore, there is an opportunity to harness interest in taking the idea forward, potentially for other long-term conditions as well as for cancer. The following recommendations are suggested with a view to building on the steps already being taken, to help ensure that people who wish to stay in or return to work are enabled to do so. Some recommendations are specific to England, but may be a helpful point of reference for work in other nations.

Recommendations

1. The NHS Commissioning Board to commit to focusing on rehabilitation, including VR, for people with long-term conditions including cancer, working with organisations including Macmillan to ensure adequate provision of VR services, including specialist VR, for people who wish to stay in or return to work.
2. Macmillan to consider building alliances with other charities, to explore the potential for rolling out VR prescriptions in the future.
3. Macmillan and relevant partners would need to develop a strong economic case demonstrating the cost-effectiveness of specialist VR, including future savings to the health budget, for example. The findings of the REJOIN study should be used as appropriate, and options for building additional robust evidence should be explored, for example on the impact of specialist VR on patient experience, quality of life and health outcomes, and its effectiveness in enabling people with long-term conditions including cancer to return to work.
4. Macmillan and government to explore linking VR prescriptions to the new health and work assessment and advisory service. Consideration may need to be given to

timeliness of access to the new service, potential upskilling requirements, and how access to other specialist VR services would be provided.

5. Further research would be helpful to explore potential ways of funding specialist VR services for people with long-term conditions including cancer.
6. Additional research would be useful on VR prescriptions as a mechanism for purchasing specialist VR services for people with long-term conditions including cancer.
7. Macmillan to consider exploring opportunities with insurers to include VR in income protection policies.
8. Macmillan to consider exploring with employers and trade unions whether and to what extent employers may consider contributing to the cost of specialist VR.
9. Macmillan to consider exploring potential opportunities to link VR prescriptions in to the Health Needs Assessment and the Cancer Care Review in England.

Appendix 1 – VR interventions for people with cancer

The NCSI VR project has developed an outline of the content of specialist VR interventions.¹⁴ Interventions that are applicable to other health conditions in addition to cancer include:

- Detailed assessment of work skills and capacity, job requirements and demands, work environment and social support systems.
- Prioritising key issues and setting short-term and long-term goals.
- Work preparedness and work readiness activities; building confidence.
- Teaching strategies for managing particular health problems in the workplace.
- Negotiating a phased return to work – not just in terms of hours, but also tasks and responsibilities.
- Liaison with employers, visiting work site if appropriate.
- Modifications to the work environment.
- Psychological interventions, for example coaching, counselling, motivational interviewing and/or cognitive behaviour therapy, to support adjustment to the consequences of illness and disability.
- Supported withdrawal from work, where that is appropriate.
- Information and advice on, for example, disclosing their diagnosis to managers and colleagues, and legal rights and responsibilities.
- Referral to other support services, for example Access to Work.
- Careers advice and guidance.

Interventions specific to cancer and its treatment include:

- Managing cancer-specific symptoms and impairments in the workplace, in particular, fatigue, functional difficulties, cognitive problems and pain.
- Building confidence after a traumatic diagnosis and what can be prolonged absence from work.
- Helping patients to manage employers' and colleagues' responses to the stigma of cancer.
- Helping patients and employers to understand the late effects of treatment.

Appendix 2 – Examples of VR in practice

- **Salus'** Return to Work Services model is a VR model “developed specifically to help address the needs of individuals with health conditions to remain in or return to work, training or further education.” Salus provide case management as part of their Return to Work services. “Clients are assigned to a dedicated Case Manager who completes a comprehensive assessment taking into account the client's current circumstances in relation to health and well being, family and social situation and employment status. (...)Clients can be referred to a variety of services including physiotherapy, counselling, occupational therapy and psychology or may be signposted towards existing services such as debt management, housing and welfare rights. (...) The Case Manager will remain in regular contact to co-ordinate services, offer continuous support and mentoring and help the client remain focused on achieving their goals.”¹⁵
- **Remploy's** VR Services offer absence management and return to work solutions for insurers, solicitors and employers. Services are delivered by Remploy's Vocational Rehabilitation Consultants. Remploy's VR services focus on identifying and overcoming barriers holistically, so could include mental health support or support with financial problems, for example. The services offered to insurers and solicitors include vocational case management, a “one-to-one guidance and support service for individuals with a disability or health condition, to sustain employment or find an alternative role.”¹⁶
- **Swiss Re** in conjunction with Working Towards Wellbeing have launched a service for people with cancer, which provides an initial triage followed by light touch intervention, stepping up to specialist interventions as required, such as workplace assessments, discussions with employers, fatigue management and psychological interventions. The aim of the service, which is available to income protection claimants, is to help people with cancer return to work or to stay in work if they are struggling to do so.
- **Unum**, a financial protection insurer, employs VR Consultants who have “experience in dealing with different types and size of employer, and employee conditions ranging from cancer to stress.” Employers with a group income protection policy can access help from Unum's VR Consultants from the first week of an employee's absence. Unum's rehabilitation team can provide “ongoing case management with regular reviews to monitor progress and adjust plans if the situation changes.”¹⁷
- Vocational case management is among the services offered by the **Shaw Trust**, a national charity. It “is used to coordinate VR interventions including retraining or referring to other services for individuals with a disability or health condition. Individually delivered on a case by case basis, the service is bespoke to meet the specific needs of the individual, insurer, solicitor, employer or other”.¹⁸
- Occupational Health (OH) services - some companies employ in-house OH staff, or contract in NHS OH services. In an interview for this report, an NHS OH consultant who is contracted to work with companies thought that OH services cover much of the specialist VR outlined in the NCSI report. However, not all OH professionals are trained to provide advice on cancer. A survey of OH doctors found that nearly half (48%) felt their training had not equipped them to advise employees with cancer.¹⁹

-
- ¹ Maddams J et al. 'Cancer prevalence in the United Kingdom: estimates for 2008'. *British Journal of Cancer*. 2009. 101: 541-547 http://library.ncin.org.uk/docs/080714-TCR-UK_prevalence.pdf (Accessed August 2010). This estimate is for 18-64 year olds at the end of 2008.
- ² Office for National Statistics. Cancer Registration Statistics England 2009. <http://www.ons.gov.uk/ons/rel/vsob1/cancer-statistics-registrations--england--series-mb1-/no--40--2009/index.html>, Information Services Division Scotland Cancer Incidence Scotland 2009. <http://www.isdscotland.org/Health-Topics/Cancer/Publications/2011-08-30/2011-08-30-Cancer-Incidence-Report.pdf?43413943053>, Welsh Cancer Intelligence and Surveillance Unit. Cancer Incidence Wales 2004-2008. <http://www.wales.nhs.uk/sites3/Documents/242/incpub2010.pdf>, Northern Ireland Cancer Registry. Cancer Incidence Northern Ireland 2009.
- ³ Dame Carol Black and David Frost CBE. Health at work - an independent review of sickness absence. <http://www.dwp.gov.uk/docs/health-at-work.pdf> (Accessed 7 December 2012).
- ⁴ NCSI. Thinking positively about work. www.ncsi.org.uk/what-we-are-doing/vocational-rehabilitation/ (Accessed October – December 2012)
- ⁵ Ibid
- ⁶ Ibid
- ⁷ Ibid
- ⁸ Macmillan Cancer Support. www.macmillan.org.uk/Aboutus/Healthprofessionals/Workforhealthandsocialcare.aspx (Accessed 20 December 2012)
- ⁹ Sussex Managed Clinical Networks. www.sussexnetworks.nhs.uk/rehabilitation-and-re-ablement/sub-groups/ (Accessed 5 December 2012).
- ¹⁰ NHS East Midlands. www.excellence.eastmidlands.nhs.uk/welcome/improving-care/emergency-urgent-care/rehabilitation/ (Accessed 5 December 2012).
- ¹¹ Department of Health. A mandate from the Government to the NHS Commissioning Board. <http://mandate.dh.gov.uk/> (Accessed 6 December 2012).
- ¹² Since the interviews for this project the government announced a new health and work assessment and advisory service www.dwp.gov.uk/docs/health-at-work-gov-response.pdf
- ¹³ Macmillan Cancer Support. Making it work. <http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/WorkingThroughCancer/MakingitWorkPolicyPage.pdf> (Accessed 6 December 2012).
- ¹⁴ NCSI. Thinking positively about work. www.ncsi.org.uk/what-we-are-doing/vocational-rehabilitation/ (Accessed October – December 2012).
- ¹⁵ Salus www.salus.co.uk/return-to-work-services/Pages/default.aspx (Accessed 18 December 2012)
- ¹⁶ Remploy www.remploy.co.uk/_assets/downloads/pdfs/vocational-rehab/vr-service-summary.pdf (Accessed 18 December 2012)
- ¹⁷ Unum <http://unum.co.uk/advisers/group-income-protection/rehabilitation-service/> (Accessed 18 December 2012)
- ¹⁸ Shaw Trust www.healthyworklife.org.uk/specialist_vr_services (Accessed 18 December 2012)
- ¹⁹ Amir Z, et al. Cancer survivorship and return to work: UK occupational physician experience. *Occupational Medicine*. 2009. 59 (6): 390-396.