



**Safest People, Safest Places**

## **Human Resources Committee**

**16 May 2023**

### **Private Medical Care**

#### **Report of Director of People and Organisational Development**

##### **Purpose of the report**

1. The purpose of this report is to provide the Human Resources Committee with details of the potential benefits to the Service of utilising private medical care or interventions to proactively reduce sickness absence.

##### **Background**

2. The effective management of absence is a key performance issue for any organisation. This is particularly important when operating in a climate of reduced financial and human resources. Long term sickness can have a significant impact on the functionality of the business in certain areas and is becoming increasing difficult to cover in the current environment.
3. A Modified Duties Procedure is in place. Whilst the Service is supportive of modified duties, this is not a long-term solution to absence management; additional roles within the Service cannot be created and sustained as this puts additional pressures on budgets.
4. There are delays in diagnosis and treatment plans because of waiting lists in the NHS as well as significant waiting times for surgery following from the impacts of Covid-19. Support is being given to those who are awaiting medical intervention however, the impacts of these delays can be noted in our rise to long term absence. Delays in diagnosis and treatment further impact on the ill health retirement process and subsequent capability process.
5. The Service is currently working with the respective trade unions to introduce new innovative ways of working to continue to reduce absence levels. Improving efficiency through reduced absence helps reduce costs without reducing staff numbers. Long term absence is challenging to reduce particularly in those cases where staff are employed as operational firefighters.

##### **Private Medical Care Provisions**

6. The main benefit of providing a limited degree of private medical care for staff will be the reduced waiting times for treatment which could ultimately result in a speedier return to full duties. It may also offer employees specialist referrals to an expert who may be able to prescribe drugs and treatments not available on the NHS.

7. Waiting times for treatment via the NHS vary; they are currently stable where treatment is a priority. However, waiting times for some members of staff who have illnesses of lesser priority can, at times, be lengthy. Currently the Service has several employees, either working on sickness absence or modified duties, who have been awaiting treatment on the NHS for some considerable time, some over 12 months.
8. Depending upon what treatment is required, the cost of providing either modified duties and the operational cover required could significantly outweigh the cost to pay for the private medical care intervention.

## **Current Provision of Services**

9. The Service offers alternative health benefits to its employees in terms of a physiotherapy provision, counselling, occupational health care and were recommended by the Occupational Health Doctor, cognitive behavioral therapies.
10. All employees also have access to the recuperation and rehabilitation facilities provided by the Firefighters Charity where they can receive targeted and intense treatment free of charge.

## **The Process**

11. Access to private medical care and treatment would be restricted. Cases where an early intervention would promote a rapid return to work or where the employee had key skills; whether the employee is employed in an operational or support role, that would be lost during a prolonged absence would be considered by the Long-Term Sickness Review Panel (LTSRP) which would be Chaired by the Director of People of Organisational Development.
12. The LTSRP would assess and prioritise the needs of the Service against the needs of the employee in addition to the costs versus benefits of the treatment they require. For example, to maintain operational staffing levels or key support functions, cover arrangements may be utilised which will incur an additional cost to the Service. If the cost of treatment is relatively low, the benefit of having the employee back at work on full duties would be greater.
13. Each case would be considered on an individual basis and dependent upon the Service's needs at that point in time. Consideration will also be given to the efforts the individual has made to return to full duties and their willingness to contribute to the private health care provision. Employees would not be able to request such medical care; it would be the responsibility of the LTSRP to recommend that the treatment is considered. The LTSRP would prepare a report for consideration by the Chief Fire Officer in consultation with the Deputy Chief Executive detailing:
  - a) Cause of absence.
  - b) Current length of absence.
  - c) Predicted return to duty date.
  - d) Sickness history of the individual.
  - e) Operational and financial implications to the Service due to absence.
  - f) Cost of treatment.
  - g) Predicted return date if private medical care intervention is carried out.
  - h) Employee contribution to medical costs.
14. In addition, the report will provide details of the implications of the cost of the medical treatment on the occupational health budget and the recommendation of the LTSRP.
15. As each case would be considered on its merits, including the effect on the overall Service objectives, approval of one case will not set a precedent for other cases.

16. Any additional medical support which is approved, along with the outcomes from the treatment, will be reported through to the Human Resources Committee as part of the quarterly absence management report.

#### **Recommendation**

17. Members are asked to **note** and **comment** on the contents of this report.

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