



**SIP**

Societal Impact of Pain

**2017**

**Structured Cooperation  
between Health Care  
Systems tackling the  
societal impact of pain!**

## Policy & Pain: Progress?

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# Chronic Pain & Employment: The Role of Policy

- A reminder of the current Policy 'Landscape'
- Challenges & barriers
- How well does Policy currently help working age citizens living with chronic pain?
- How to 'unlock' opportunity through Policy innovation – some Policy suggestions

# The Policy 'Landscape': What Policy-makers Tell Us is Important 1

## More and Better Jobs

- Job quality & health outcomes
- Health impact of unemployment, job loss and 'precarious'
- Therapeutic benefits of 'good work'

## Healthy & Active Ageing

- Independent living
- Improved self-management of health
- Extending working lives
- Investing in 'work ability'
- OSH at any age

## Reducing Health Inequality

- Health, employment & social exclusion
- Work as a 'social determinant' of health
- The 'social gradient' in health: public & occupational health implications

# The Policy 'Landscape': What Policy-makers Tell Us is Important 2

## Work as a Clinical Outcome

- Early intervention & referral
- Job retention support
- Vocational Rehabilitation & reasonable adjustments
- Widening the remit of HTA

## Healthcare System Sustainability

- Achieving greater cost-effectiveness
- Investing more in prevention
- Addressing risks for chronic illness
- Adoption & diffusion of innovation

## Occupational Safety & Health

- Improving psychosocial health at work
- Improving MSK health at work
- Enforcing labour standards
- Supporting health needs of older workers
- Inclusive work practices for workers with disability & chronic illness

# The Policy 'Landscape': What Policy-makers Tell Us is Important 3

## Health in all Policies

- 'Joining-up' efforts across policy domains ('siloes'?) to prioritise health outcomes – eg. Transport & Education
- Whole system costs & benefits of interventions
- Budget-pooling
- 'Every Minister a Health Minister'

# Challenges & Barriers



- Limited Health Policy competence at EU level
- OSH focus on health conditions caused by – or attributed to – work, especially if they are fluctuating in nature
- Health Technology Appraisal (HTA) of interventions with vocational or productivity benefits not consistent or universal
- Initiatives which risk increasing regulation rarely agreed by social partners
- Prevention given low clinical and financial priority
- Healthcare professionals, especially in Primary Care, do not see job retention, return to work or vocational rehabilitation as a clinical priority

If you are of working age, with a chronic illness & chronic pain....

Current policy may only help you if...

**Your health condition was caused by your work**

**You have already left work as a result of your health**

**Your family doctor believes that work has health benefits for you**

**Helping you to stay at work does not place a burden on your employer**

**Treatment which helps you stay at work passes a QALY assessment**

# How Policy Innovation Might Help



- Erode the ‘siloes’ which prevent joined-up and person-focused interventions to support both health and employment outcomes
- Make ‘work as a clinical outcome’ a priority goal for healthcare professionals and enlist support from employers & unions to make this a reality
- Focus on job retention, return to work and vocational rehabilitation programmes which prioritise high levels of worker involvement and support self-management & peer support
- Allow reimbursement of specific therapies or medical devices which support staying at work – include ‘societal’ benefits in the calculation
- Build ‘parity of esteem’ for psychosocial health into OSH regulations



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