

## INTEREST GROUP ON RHEUMATIC AND MUSCULOSKELETAL DISEASES (RMDs)

### Safer and Healthier Work: Facilitating the integration of people with chronic diseases

European Parliament

26 June 2018, 13:30 – 15:00

On 26 June 2018, the Interest Group on Rheumatic and Musculoskeletal Diseases (RMDs) met in the European Parliament to discuss the topic *“Safer and Healthier Work: Facilitating the integration of people with chronic diseases.”* The main aim of the meeting was to discuss current future policy developments at EU and national level in the area of working conditions and occupational health and safety. The following speakers participated:

- **Takis Hadjigeorgiou** (MEP & Vice-Chair of the Interest Group)
- **Jesús Alvarez Hidalgo** (Policy Officer Risk Management Team, DG Employment and Social Affairs – European Commission)
- **Matthew Bezzant** (Policy and Public Affairs Manager, National Rheumatoid Arthritis Society)
- **Jean Lambert** (MEP)
- **Georges Bach** (MEP)
- **Sarah Copsey** (Project Manager, European Agency for Safety and Health at Work)

#### About the Interest Group on RMDs

The European Parliament Interest Group on Rheumatic and Musculoskeletal Diseases (RMDs) is composed of 22 Members of the European Parliament from various political groups and Member States. It aims at promoting EU policy initiatives to improve the lives of people with RMDs and works on parliamentary actions regarding RMD-related policy issues in order to facilitate the discussion with other EU policy makers, stakeholders and experts on ongoing and future policy developments.

#### 1. Presentations

**Takis Hadjigeorgiou MEP** welcomed the speakers and participants to the European Parliament for the Interest Group on RMDs. He emphasised that the integration of people with chronic diseases into the workplace is an important topic for people with RMDs and, therefore, also for the Interest Group. In his view, RMDs are a European issue that need to be tackled in an adequate manner at EU level as a priority for policy-makers. The reason is that every fourth person in Europe is affected by RMDs at some point in their life, but they also constitute the most prevalent occupational diseases at the European level and contribute substantially to the overall burden of chronic diseases for individuals, society and economies. He welcomed the work of the Employment and Social Affairs Committee, which recently approved a

report on the integration of people recovering from illnesses and injury into the workplace. Finally, he pointed out that the report explicitly calls for a Directive on RMDs and encouraged the European Commission to follow up and present concrete proposals.

**Mr Alvarez Hidalgo** presented an overview of the Commission's action in the field of occupational safety and health. He stressed that the current Commission is extremely ambitious to improve working conditions, especially health and safety at work and that a lot of legislation focusing on prevention and dealing with different risks is already in place. He pointed out that the Commission's Communication on "Safer and Healthier Work for All" seeks to improve the effective implementation of the existing legislation by raising awareness, improving risk evaluation through practical tools such as those provided by the EU Agency for Safety and Health at Work.

**Jean Lambert MEP**, who was shadow rapporteur for the report on "Pathways for the reintegration of workers recovering from injury and illness into quality pointed out the importance of work for the identity, as well as the mental and physical health of persons affected by chronic conditions. Therefore, the report does not aim at forcing people into work, but ensures support for people affected regardless of whether they are in work or not. According to her, the focus should be on risk prevention and an EU-wide strategy on chronic diseases. The inclusion of affected persons as well as individualised measures would contribute to a better retention of people in employment. Ms Lambert promoted a whole-cost-accounting approach considering not only the costs, but also the overall savings when investing in the prevention of chronic diseases. She concluded her statements by calling for more investments in the training and management skills of employers and urged the Commission to take action and create the missing legal framework.

**Matthew Bezzant** presented some political and business initiatives on prevention and integration of people with diseases from the UK. He mentioned the Access to Work Scheme, which provides grants to affected workers, as well as underlined that the Equality Act obliges employers to provide reasonable adaptations for workers affected by chronic conditions. Under this legislation, employers may have to make changes to help affected workers better integrate into the workplace, install certain physical features such as lifts and ramps, and provide auxiliary aids such as ergonomic keyboards. He also presented the Disability Confidence Scheme and the Fit 4 Work Service. According to a survey conducted by the NRAS, the main obstacle of all initiative is a lacking awareness and knowledge among affected persons as well as the costs of the programmes.

Taking up the point made by Ms Lambert, **George Bach MEP** further elaborated on the above-mentioned report by the Employment and Social Affairs Committee underlining especially the impact of the ageing society. According to him, more investment in risk prevention and adequate access to health care to ensure early detection are key measures to improve health and safety at work. Furthermore, patients must remain in continuous contact with their employers once they drop out of work. When establishing return-to-work policies, individual support that takes the specific situation of each worker into account is crucial as well as the possibility of a gradual return to work, adaption of the workplace and skill

development. He concluded by highlighting the opportunities created by lifelong learning and digitalisation, as well as the fact that successful integration does not only lead to better health and safety of workers but also benefits employers, the social security system and society as a whole.

**Sarah Copsey**, reinforced the points made by the previous speakers. According to her, safe and healthy working conditions are the key component of retaining workers with chronic diseases. Nevertheless, the first priority should be safer and healthier working conditions for the entire workforce and not only for affected persons. Improvements and advances in return-to-work policies can be made by creating a closer link between occupational health and the public health system. Furthermore, some of the measures created especially for workers affected by chronic diseases may benefit all employees and reduce overall sickness absence. She recommended employers to view their employees as assets and not as problems granting them time off for medical appointments or investing in ergonomic adjustments. She concluded by calling for a strong and progressive occupational safety and health system extended to well-being and sustainable work in which there is full access to occupational health services and health surveillance services for employers and employees that can provide information, advice, training and intervention support to small businesses.

## 2. Panel discussion

The subsequent panel discussion took off by identifying prevention and return to work as the two key aspects of safety and health at work. According to **Prof. Johannes W.J. Bijlsma** (EULAR President), preventing the loss in workforce capacity should be the priority of policy-makers that must prevent people affected by chronic diseases from losing their job. In this context he underscored the opportunities created through early diagnosis mechanisms and effective treatments. While the situation of disabled persons in the workplace needs to be taken into account, many opportunities to prevent disability in the first place already exist.

**Neil Betteridge** (EULAR's Liaison Officer, Public Affairs) pointed out the general agreement on the topic and raised the question why things are not moving more quickly. There was agreement that the main problem is the lack of investment and the need to invest in raising awareness not only of the problems themselves but also of the obligations of policy-makers and employers. Apart from the lack of overall awareness, policy-makers are often unaware of the actual impact of RMDs or lack a general understanding of these diseases. Mr Hidalgo also highlighted the need to create synergies between the different actions taken in the field of occupational health and safety. The coordination between different actors as well as between occupational health and general health care are crucial since occupational health and safety is not solely a matter of the workplace but also a matter of all people involved such as practitioners, caretakers or families of the affected persons. The discussion concluded by identifying the training of nurses as well as raising awareness as two cost-effective actions to incorporate the existing knowledge about health and safety at work into the daily practice of people dealing with chronic diseases.