

NPS, analytical confirmation of NPS is now available in several NHS laboratories. The authors refer to testing being possible only 'by specialised techniques like gas chromatography'; most NHS laboratories have moved away from gas chromatography to ultra-performance liquid chromatography (UPLC), tandem mass spectrometry (MS/MS) or time of flight (TOF) for NPS detection.

The abstract states 'Synthetic cathinone users presented with psychiatric disturbance or seizures (55%)'; this percentage does not correlate with the values in Table 2. There are certain errors of nomenclature in the article. The authors refer to 'THC receptors' while the correct terminology is cannabinoid (CB<sub>1</sub> and CB<sub>2</sub>) receptors. Synthetic cannabinoids have been abbreviated in the text to SCs, yet 'SCRAS' (synthetic cannabinoid receptor agonists) is the widely accepted acronym used.

Finally, there seems to be some confusion regarding the provision of toxicology guidance and advice to the NHS. The authors refer to 'poisons services like TOXBASE'; the National Poisons Information Service (NPIS) is a service commissioned by the UK Health Security Agency (formerly Public Health England); TOXBASE is the primary clinical toxicology information database written by the NPIS. ■

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## Health and work

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Editor – I welcome, very much, the recent review of health and work by Walker-Bone and Hollick.<sup>1</sup> They correctly point out that all physicians, and other healthcare professionals (HCPs), have a responsibility to provide support and advice to disadvantaged individuals (DIs) whose ability to work is impaired due to health or other disadvantage.<sup>2</sup> Often the nature of the disadvantage relates not only to impaired physical or mental health issues but also to other factors (eg poverty or pre-existing disability).<sup>3,4</sup> They helpfully discuss the difficulties that many doctors have in discussing work issues with DIs and perhaps a simpler introduction to this area can be found in *Talking work*.<sup>5</sup>

I strongly support their views that:

- > DIs should be encouraged to return to work (RTW) if there are any aspects of their work that they can continue to perform
- > reasonable adjustments are an important component of facilitating a RTW

- > supportive employers can do much to prevent ill health at work (eg through wellbeing programmes etc).<sup>1</sup>

The inter-relationships between health and work are broader than this review suggests. For those with illness or injury early in life, paediatricians and general practitioners (GPs) need, in addition to supporting education, to encourage such young people to develop self-confidence and gain exposure to role models so that aspirations to enter work are encouraged at an early age.<sup>6,7</sup>

For those who are working and who are subject to an accident or illness, it is important that 'work' is raised with the patient or their family early in the course of the illness in order to advise them to remain in contact with their employer. This is also the time to reassure DIs that there are many ways to facilitate a RTW in spite of severe difficulties.<sup>8</sup> To facilitate a RTW, or remaining in work, in addition to the employers options mentioned by Walker-Bone and Hollick, flexibility at work is very commonly cited as is the ability to work from home (a facility that employers are now much more likely to consider than previously).<sup>1,4,9</sup> Perhaps the most important concept for DIs, HCPs and employers is that RTW does not depend upon a full recovery/health being achieved.

Walker-Bone and Hollick also refer to the lack of occupational health (OH) resources, particularly in smaller businesses. It is important to realise that rehabilitation professionals are also able to facilitate a RTW after illness/injury, although many rehabilitation teams lack expertise in vocational rehabilitation. Consequently, a new industry has developed, mostly funded by the private sector, using case management as a tool to facilitate good rehabilitation and RTW when applicable.<sup>7</sup> Such teams liaise with OH when available.

Once it has been established that an employer is unable to continue to employ a DI in either their old or different roles, then different skills are needed to support the DI back into work. Such assessments will include not only background education and skills but also how many skills are transferable and whether hobbies or other interests can support that individual back into work. While there is an important role for job coaches from the Department for Work and Pensions (DWP) Jobcentre Plus, vocational rehabilitation professionals (from many professional backgrounds) can assist the finding of new work which should not exclude the potential for self-employment.<sup>7</sup> The DWP has a wide variety of schemes to support DIs, possibly the most frequently used being the Access to Work Scheme (AtW; [www.gov.uk/access-to-work](http://www.gov.uk/access-to-work)). Those eligible are offered support based on need, which may include a grant to help cover the costs of practical support in the workplace including towards the costs of special equipment, adaptations or support worker services to assist in the workplace and help getting to and from work. Clinicians should be aware of the scope of assistance available to their patients from the DWP in addition to the correct use of fit notes so ably described by Walker-Bone and Hollick.<sup>1</sup>

For DIs with more complex problems, they should consider liaison with:

- > appropriate rehabilitation service where available
- > occupational health department where available
- > DWP
- > the voluntary sector:
  - > general advice (eg Scope, Leonard Cheshire Disability or Disability Rights UK)

- > particular support from those living with a particular health condition (eg Macmillan Cancer Support) and/or offering peer support.<sup>4,6,10</sup>

In summary, physicians are able to offer general advice to assist DIs prior to their seeking their first job, those with difficulties at work and those currently out of work. A variety of resources are available to assist them.

Further information as to the techniques used by vocational rehabilitation professionals is available from Frank (2016) or from the Vocational Rehabilitation Association (<https://vrassociationuk.com>).<sup>7</sup> ■

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