**All Party Parliamentary Group for MS: Review into Employment Support for People with MS**

**Call for written evidence**

**About the Review**

The APPG on MS, with support from the MS Society, has launched a review into the employment support needs of people with MS to understand what support has been particularly effective, and what more needs to be done. The review will cover both out of work support for those wishing to gain employment, and support in the workplace for those currently in work and in need of support.

**About the survey**

To better understand this issue, we would be grateful for your expert insight and views in response to the questions in this survey. We welcome evidence relating specifically to MS, as well as evidence relating to long term conditions more widely. Long term conditions are health conditions that last a year or longer, impact on a person’s life, and may require ongoing care and support. Please answer as many questions relevant to your organisation/area of expertise as you can, and return the survey to [kath**a**rine.mcintosh@mssociety.org.uk](mailto:katharine.mcintosh@mssociety.org.uk) by **Friday 29th April.**

Please note that the boxes will expand as you write – do not feel constrained by their current size.

**Questions**

1. What type of organisation are you responding from?

* Think-tank
* Not for profit/charity/voluntary organisation
* Employment support provider
* Employer
* Advice Service
* Professional association/body
* Other [please give details]  ………………………………

2. Please tell us about any experience you have of providing employment-related support to people with long term conditions such as MS.

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| The MS Trust is a charitable organisation which exists to support both people affected by MS and the health professionals who support them. We focus on health information, but our information team handles enquiries on all topics related to MS. Where an issue is outside of our expertise we signpost to other organisations that can help.  About MS MS is a degenerative neurological condition affecting the nerves in the brain and spinal cord. It can cause a wide range of disabling physical and cognitive problems. MS typically affects young adults in the prime of life: most people are diagnosed in their 20s and 30s. It is the most common condition of the central nervous system affecting young adults. There are more than 100,000 people with MS in the UK, about one in every 600 people.  The 2015 report ‘Time Matters in Multiple Sclerosis’[1] summarises research statistics about the link between MS and disability, saying, “[MS] is the leading cause of non-traumatic disability among young and middle-aged people in many developed countries. MS is the most common cause of wheelchair use among those aged 18–64 years, and the third most common cause of paralysis (after stroke and spinal cord injury) across all age groups in the USA. The disease thus negatively affects the lives of people with MS and their families, and leads to large, long-term health and economic burdens.”  These physical symptoms that many people with MS experience are only one way in which people’s ability to remain in work can be affected. ‘Invisible’ symptoms like pain, fatigue and cognitive impairment can be the most disabling symptoms of all. MS symptoms can be unpredictable and difficult to manage: someone with MS may not know how they will feel from one day to the next, and symptoms can appear or recur at any time. The unpredictability of MS is one of the major challenges to people with MS finding and staying in work and the provision of effective employment support.  The impact of MS on employment  The 2015 report of our Generating Evidence in MS Services programme[2] highlights the impact that MS has on people remaining in paid employment. These statistics are based on survey data from 1,254 people with MS from across the UK. They show that 42% of working age respondents (age 63 and under) were in paid employment. This proportion falls in line with the time since diagnosis. At 0-2 years since diagnosis 65% are in work, at 3-4 years this falls to 61%, at 5-10 years 43%, 10-20 years 33%, and 20+ years post diagnosis only 20% are in paid employment..  Of the 526 working age respondents who did not say they were doing paid work, 455 provided reasons why. 80% said they had stopped work early on ill health grounds. Again, there is a clear correlation with time since diagnosis. At 1-2 years since diagnosis 19% had stopped work due to ill-health, at 3-4 years 24% had stopped, 5-10 years 40%, 10-20 years – 49%, and at 20+ years 56% had stopped working due to ill health.  The 2015 report ‘Time Matters in Multiple Sclerosis’ provides an international perspective on the impact of MS on employment. Unemployment levels among people with MS are higher than those in the general population, even at low levels of physical disability This suggests that the ability to work is affected early on; the most likely reasons for this are problems such as cognitive decline, fatigue, depression and anxiety, which are not fully captured by the EDSS. This observation is supported by real-world evidence (evidence obtained from outside the clinical trial setting), which indicates that cognitive impairment and fatigue, as well as problems with hand function and mobility, are associated with an increased likelihood of becoming unemployed. As physical disability progresses, the proportion of people with MS who are unemployed rises markedly. [1]  How we help  We believe that one of the best ways to help people with MS is to support them to take more control of their MS. Our information service provides free, practical, evidence-based information to people affected by MS (including family, friends and employers) to help people with MS make the choices that are right for them, decide how best to deal with their health, and have better informed discussions with professionals in all aspects of their life.  We produce a range of free resources available to everyone affected by MS. These include our ‘At Work With MS’ web resource [3], our 2015 ‘Making Sense of MS’ guide [4] which includes a chapter on working and studying, and our updated 2015 guide ‘Living With Fatigue’ [5].  We focus on health information, but can provide information, reading lists and signposting on all topics related to MS. Our information team provides one-to-one support to help people find the information they need and offers a free one-to-enquiries service for anyone trying to manage MS in the workplace. Where we cannot help directly we provide signposting to other sources of advice. For example, we do not provide individual casework or legal advice but signpost to organisations who can. We help people to recognise that the law is on their side and that they are entitled to work with their employer to agree reasonable adjustments to help them manage their MS in the workplace. Our service is not a replacement for professional occupational health involvement, but we can help people to think about the variety of ways that MS might be affecting their work and the kind of reasonable adjustments that could be considered. We can provide examples of approaches other people have found helpful, and signpost to specialised organisations and programmes like Access to Work where appropriate.  Work-related matters are the 10th most common topic handled by our information service. In 2015 we handled 120 enquiries on work matters - more than two a week. These covered a wide range of issues including managing disclosure, reasonable adjustments, employment law and rights, support finding work, ill-health retirement, managing DMDs and hospital appointments while working, and MS awareness training for employers. |

3. What features of the support you provide, if any, have been particularly effective?

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| The most effective feature of the support we provide is unquestionably our information service which provides tailored information and support in response to enquiries from anyone affected by MS.  Our information team writes our in-house resources which we provide free of charge to people affected by MS and health professionals. Of these, the most popular resources relating specifically to employment support are:  At Work with MS [3] This resource, authored by the MS Trust information team and a senior occupational therapist with expertise in MS, includes a decision aid to help people think through whether they should carry on working, and to help them ‘unpick’ what is worrying them about work and guide them trhough identifying possible solutions. The resource also includes advice on changing roles and information on employment rights.  Making Sense of MS [4] A guide for people newly diagnosed with MS, including a chapter on working and studying with MS. This resource is based on research with people living with MS who told us that, because everyone’s experience of MS is different, and everybody deals with it in different ways, any information we produced needed to be flexible. You should be able to choose as much or as little as you wanted, or needed, on any particular topic at any particular time. They also wanted information that was positive, practical, up to date and available in print and online. Making Sense of MS provides essential, introductory information at the point of diagnosis and further information that is available in a ‘pick-and-mix’ format so that people can choose what they need, when they need it.  Living with Fatigue [5] This book looks at ways to manage fatigue and is illustrated with comments by people with MS who know what it is like to live with the symptom. Based on a fatigue management programme, it is a popular self-management resource for people with MS.  Staying Smart [6] Staying Smart is our website for people who want to understand how MS can affect thinking, concentration and memory. StayingSmart starts with everyday problems and contains different levels of information for each aspect of cognition considered. The Tips and Tricks section has ideas from people living with cognitive symptoms. Gadgets and Gizmos suggests items of equipment that may be helpful. There are a number of video clips of people discussing their symptoms.The versatility of the resource means that it can be used by people with MS, their families, and health professionals independently, or by people with MS in partnership with their health professionals.  We also provide support to health professionals working with people with MS. We run workshops on issues related to employment support and MS in the workplace at our annual conference and during our annual nurses meeting. MS nurses told us that these sessions made them feel more confident about discussing employment issues with their patients. Although our annual nurses meeting has now been discontinued following the end of the Risk Sharing Scheme, our annual conference remains in place. |

4. Have there been any barriers at an individual, organisation, or policy level that have made it difficult for you to support people with long term conditions such as MS? What would help you to provide better support?

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| The funding environment for charities is extremely competitive and it is virtually impossible to cover the core costs of running an information service like the one we provide. This impacts on our organisational capacity meaning we have to prioritise the areas of in-house expertise that we are able to develop. |

**Out of work employment support**

5. What are the barriers at an individual, organisation, and policy level to people with long term conditions such as MS getting back into work, and how could these be overcome? Where relevant, please illustrate with evidence and examples.

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| Please see our comments at Q2. |

6. How adequate and appropriate are Government programmes for out of work employment support (such as the Work Programme, Work Choice, Jobcentre Plus) at supporting people with long term conditions such as MS?

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| This is outside the scope of our organisational expertise. However, at an anecdotal level, we know that these do not always match the needs of people with variable and progressive conditions like MS. |

7. Are there any particular sources of support that you think should be prioritised and promoted to people with long term conditions such as MS?

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| Please see our comments at Q12 |

8. Are there any particular aspects of out of work support provision which are not working or that could be improved? If so, how could they be improved?

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| Outside the scope of our expertise. |

9. How should out of work benefits interact with access to sources of employment support, such as the Work Programme and Work Choice government schemes?

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| Outside the scope of our expertise. |

10. Please describe what you think an ideal employment support programme tailored to help people with long term conditions such as MS get into work would look like, in terms of both content and structure.

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| **This is a question that should be addressed by a multi-disciplinary group of health and occupational professionals with expertise in MS, alongside employers with experience of managing people with MS in the workplace and people with MS themselves.** |

**In work employment support**

11. What are the key issues preventing people with long term conditions such as MS from accessing the support they need in the workplace?

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| 1. Lack of equitable access to a multi-disciplinary team of health professionals with expertise in MS   Managing MS in the workplace is just one aspect of how someone with MS has to manage their condition. Employment support cannot be seen in isolation, rather it is intrinsically linked to the healthcare support that people with MS need and receive. The effective management of symptoms is a key factor to help people with MS function across all aspects of their life, including work. The support that is available to people with MS from health professionals with expertise in MS is therefore crucial.   1. MS specialist nurses (MSSNs)   MSSNs play a vital role in assessing problems, providing treatments and advice, and co-ordinating care for people with MS. Ensuring that everyone with MS has regular, continuing access to an MS specialist nurse from the moment they are diagnosed should be part of the Government’s priority when considering how to improve employment support for people with MS.  Figure 36 on page 58 of our GEMMS report [2] shows the patient-reported benefits of accessing an MSSN service over the last year. While only 6% reported specific help to stay in employment, the long list of other benefits such as advice on physical symptoms and preventing future problems demonstrates a clear link between the support MSSNs provide, the effective management of symptoms, and the kind of issues the can prevent or enable people to continue working. A specific question asked people whether they thought having an MSSN had improved the overall coordination of their care. Nearly three quarters of respondents said that the MSSN had definitely improved coordination, reflecting the fact that many MSSNs bridge the boundaries between acute and community care. This was further highlighted in many of the examples given by respondents of MSSNs coordinating care, referring to other professionals or brokering services or equipment from other services on their behalf using their assessment skills and specialist network.  There are clear economic benefits to helping people with MS to remain in employment besides the positive impact on their life satisfaction and opportunities for social contact. First, to them and their families, employment brings significant financial benefits. Our GEMSS report shows that, using UK 2014 average gross earnings of £13.08 per hour, the overall benefit across a MSSN caseload of 358 people based on 5.9% of the caseload remaining in employment at 25.9 hours per week would be £372k in earnings paid to pwMS. [2, page 86] An additional benefit of pwMS remaining in employment is a benefit to the state in not having to pay out of work benefits. Benefit/Personal Independence Payment levels vary between individuals, but at the rate of £100 per week, the cost to the state of benefits across 5.9% of an MSSN caseload would be £110k. The suggestion is not that MSSNs alone achieve these types of savings, but MSSNs, as brokers and coordinators of care and working with colleagues in Occupational Therapy and vocational medicine can make a major contribution to reducing the societal economic burden of disabilities caused by MS.  Unfortunately, we know that not everyone has access to an MSSN and that MSSN caseloads are unsustainably high in many areas. As highlighted in our 2014 report, The Case for Equitable Provision [7], the NHS across the UK needs an additional 62 WTE MSSNs to add to the 234 WTEs in post, to enable all MSSNs to have caseloads within the ‘sustainable’ level of 358 pwMS. The findings of our GEMSS report have demonstrated the impact of excessive caseloads for pwMS themselves, with a substantial minority saying that they had insufficient support and many reporting feeling abandoned, despite having symptoms and needs which could be ameliorated by MSSN input. An increase in the available workforce of MSSNs remains a priority, along with therapists and others who provide pwMS with badly needed support.  Equity of access is also a priority issue that the MS Trust is exploring in our MS Forward View project. The findings of our recent survey [8] show that too many people living with progressive MS feel they are getting a second class service. They see their health professionals far less often than people with relapsing remitting MS, and often fail to receive the proactive, continuing care that can make all the difference to living will with the disease. Some people diagnosed with secondary progressive MS feel abandoned and left to manage on their own, just as their disease is entering a new phase, with complex symptoms and increasing disability that makes remaining in the workplace even more challenging.   1. Allied health professionals and neuro-rehabilitation services The quality of care for people with MS is also dependent on the availability of a team around the specialist nurse who have expertise in MS. People with MS should be able to access the specialist expertise of a whole range of allied health professionals, including but not limited to, physiotherapists, occupational therapists, speech and language therapists, orthoptists, psychologists, continence specialists and rehabilitation physicians at different times to assess and treat their symptoms effectively, to prevent secondary complications, and to enable the person with MS to continue living as full and active a life in and out of work as possible.   MS specialist nurses work in a variety of settings with varying access to multidisciplinary services with expertise in MS. Within the teams that took part in our GEMMS programme there are examples where the presence of AHPs with MS expertise enhances coordination of care, ensures access  to specialist support for complex symptoms, provides an expert focus on employment and participation and promotes a more comprehensive MS service tailored to the needs of the individual. Multidisciplinary models of MS care are essential, but first, it is essential that a complete team of practitioners is available in all areas, without major gaps.  A recent MS Trust survey reported in ‘Is MS care fair: key findings from the MS Trust’s survey into the experiences of people living with MS’ [8], found that people with MS feel they can’t access the services they need. Many people with MS had clearly identified which services they felt could help them, but felt frustrated that they were unable to access them. The need for access to ongoing physiotherapy in particular, rather than a short intervention programme, was a recurring theme. One respondent told us about their problems with accessing continence support saying, “It took me 18 months of nagging my GP to get a special prescription approved by my local commissioning group for a bowel irrigation system.” Faster and more equitable access to services like this can help to prevent problems that prevent people from working or reduce their confidence.  A recent survey as part of our ongoing MS Forward View project provides some additional data on the availability of rehabiitation medicine consultants and neuro-specialist occupational therapists; both fundamentally important to supporting pwMS to remain in employment. We asked 147 MS specialist nurse teams about the provision of neuro or ms-specialist occupational therapy and the availability of rehabilitation medicine consultants in their area. The responses for both were very similar with two-thirds saying that provision was either patchy or overstretched across parts of the area, or that there was insufficient or no availability across their area. [Unpublished]   1. The thoughts, feelings and attitude of the person with MS   Work is a fundamental part of life for many of us, affecting our sense of identify, self-esteem and mood, as well as being important to our financial security. It is therefore understandable that accepting changes in the way you need to work or what you are able to continue to do is a difficult psychological process. People with MS may desperately want to be able to simply carry on as normal, and to ‘do a good job’ without ask for concessions or being treated differently. Asking for and accepting help can be difficult for some people and make them feel they are not ‘normal’ , or that their employer will think they are unreliable. In our At Work with MS booklet, one person with MS said, “I almost felt guilty for putting colleagues in the position I did, like how they were expected to respond. It often leads to people feeling the urge to apologise. I didn’t want people to feel sorry for me, or be awkward around me. I was still the same person.” [3]  Fears about the impact of disclosing MS or seeking adjustments on the person’s relationship with their employer and the ability to retain employment can lead people with MS to keep trying to cope at significant cost to their health and wellbeing. People may not want to be seen to ‘ask for too much’ or ‘exhaust the goodwill’ of their employers, especially when they feel their employers are trying to be helpful but the right solution hasn’t been found. This can impact on the ability to identify and put in place the adjustments that will make the biggest difference.  Managing your MS in the workplace means dealing with your own feelings about MS. Given the variable and unpredictable nature of MS, this is a continuous process. However, effective support from the point of diagnosis by a multi-disciplinary MS team, including support to manage the psychological impact of MS, can help people to come to terms with their diagnosis and how it affects them. Access to this kind of support through the NHS is extremely variable.   1. Awareness of employment rights and support The Work Foundation’s 2011 report, ‘Ready to Work?’ [9] highlighted that people with MS need to be assertive and self-advocates of their rights in the workplace and take an active role in managing their MS. However, based on the enquiries that come into our information service, many people do not know what their employment rights are, or that support such as Access to Work is available. One of the reasons for this may be that the health professionals people with MS see most frequently, and who may be the first people they discuss work-based problems with, often do not feel confident in dealing with these issues.   MSSNs and neurologists play an important role around employment issues, though perhaps not as much as they could due to lack of knowledge, confidence or time. While we should not expect MSSNs and neurologists to be experts in specific therapeutic programmes like occupational health, upskilling nurses and neurologists to feel more confident in asking about and managing (or co-ordinating the management of) employment issues could be one way of helping people with MS to be more aware of the legislation and support programmes that can help them.  Workplace culture and relationship with line manager Workplace culture and individual working relationships play a huge part in how someone with MS feels able to manage their MS at work, for example, whether someone with MS wishes to disclose their condition to their employer. People may not wish to disclose that they have MS for a variety of reasons, even where they believe employers will be supportive. But the culture of the workplace or individual attitudes and behaviour may prevent someone from disclosing, preventing adjustments from being made. Disclosure is also not a one-time thing; there is disclosure to your line manager, to HR, to your colleagues, or new people joining. The culture of the workplace and the relationship the person with MS has with their manager and colleagues will be a significant factor in ongoing choices around disclosure. Changes of manager can be a particularly difficult time for people with MS who have reasonable adjustments in place, particularly if the new manager does not understand MS and any adjustments that have been made.  People with MS may want to have support from a colleague, OT, MS specialist nurse or union representative when they disclose their diagnosis, and workplaces should be open to allowing this. The input of health professionals or people with expertise in MS in education programmes to help employers understand about MS is another way to overcome these barriers.   1. Unpredictability of MS.  The variable and unpredicatable nature of MS is a significant barrier to people accessing the support they need to stay in work. It may well be the case that neither the individual nor their employers knows what can be done to help them stay in work. People with MS and employers may need to expect the process of finding the right adjustments to be one of trial and error that may take some time. This can be frustrating and difficult to manage for both the employee and employer. |

12. What types of workplace support/interventions do you think most benefit people with long term conditions such as MS? Why?

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| We would reiterate our comments in section 11.1 (a) and (b) about the vital importance of access to appropriate specialist health services being the most important factor in helping someone manage their MS, and therefore manage their MS in the workplace.  The kind of adaptations and interventions that people of working age with MS may need aren’t predominantly about wheelchairs, ramps and other physical adaptations, although these will be necessary for some people and the need increases as physical disability progresses. The factors that many people with MS find most disabling are ‘hidden’ symptoms like pain and fatigue. To be effective, a support programme must take account of the variable, unpredictable, and often ‘invisible’ symptoms of MS. There are a range of specific interventions that benefit people with MS.  1. The input of a multi-disciplinary team with expertise in MS, including an MS specialist nurse.  (See section 11 above)  2. Effective management of symptoms and a holistic approach  What someone with MS does outside of work has an impact inside the workplace, and interventions that help people balance work and other aspects of their life should be encouraged. There is a growing consensus that the goal of MS care should be to maximise lifelong brain health and that it is important for people with MS to adopt a ‘brain-healthy’ lifestyle, including activities that promote the growth of cognitive reserve, a healthy diet, exercise, not smoking and management of other health conditions. Someone who is supported to manage their MS, brain health and general health well will be in a better position to maintain work.  3. Adjustments to working patterns and practices   * One of the most common adaptations people with MS require to stay in employment is flexibility around their hours and place of work. Allowing someone to have different working hours, reduced hours, or approaches like monthly hours where reasonable, or allowing regular small breaks between chunks of work to avoid the build-up of fatigue can all be beneficial. “At my work it’s OK for me to be in late and catch up at home.” [MS At Work] * Flexiblity should be available not just for reducing, but for increasing hours. “I reduced my working hours for two years after I was diagnosed – this was done within 24 hours of requesting it. It took me two years of continual requests to increase my hours back to full time when I was ready. This was very stressful.” [MS At Work] * Considering how the job is structured and whether some of the work could be done from home, or whether more demanding work could be done at “better” times of the day/week is another approach people with MS have told us they find beneficial. * Flexiblity is a key word here. It is important that both the person with MS and the employer are prepared to be flexible. It can be useful for the person with MS to be prepared with some ideas about what adjustments they think will help, but to be willing to consider alternative options that might help the employer better meet their business needs. Equally, employers need to be prepared to think flexibly about how their business needs can be met and consider alternative working practices.   4. Physical and environmental adaptations   * This includes making adjustments to the buildings where the person works, the furniture, equipment or tools that are used. This could range from rearranging the individual’s workspace, provision of specialised equipment or software, or improving access to the building (e.g. parking space near the door, ramps etc.) and the working environment (e.g. temperature control). Access to Work is a valuable service that provides a assessment of appropriate changes and equipment, and in certain cases can help with the cost of equipment and alterations. “From and Access to Work assessment I’ve got a better desk, an ergonomic chair and a designated parking space nearer to the entrance. These changes have made a real difference.” [MS At Work]   5. Management of absence   * People with MS may have higher levels of absence from work. Policies that allow for sick leave and absence due to disability to be recorded separately paint a more accurate picture of the individual’s pattern of absence and attendance and can help both employer and employee understand those patterns better. * People with MS may also benefit from policies that allow them time off for hospital appointments and treatment. * Returning to work after a period of absence can be a significant challenge for someone with MS, especially if this has been due to a relapse that has changed their physical ability, cognitive function, or otherwise impacted on their confidence. Workplace policies should allow for a phased return after a period of absence tailored to suit a condition like MS. If workplaces do not provide this, people with MS should be aware that this can be challenged under the Equality Act.   We have produced a number of videos featuring people with MS talking about examples of successful reasonable adjustments:   * Andy Blacker talks about how Access to Work helped – pens, parking and doors <https://youtu.be/PxBsZb1yc0w> * Successfully working with cognitive problems: Cara talks about the importance of employer understanding and flexibility [www.stayingsmart.org.uk/video/detail/concentration-at-work/](http://www.stayingsmart.org.uk/video/detail/concentration-at-work/) |

13. What help, if any, do a) small and medium employers, and b) larger employers need to enable them to support employees with long term conditions such as MS effectively?

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| Supporting someone with MS in the workplace is a learning process for both the employer and employee. It is not always clear what is the best solution and it may take some time and experimenting to arrive at the best way of managing the situation. Sometimes there can be an expectation from employers that the person with MS will come with a definitive set of adaptations they know will work, and this is not always the case. Or there may be an expectation that the adjustments put in place mean the person with MS is able to work to exactly the same capacity as before. In ‘MS At Work’ one person with MS said, “My experience of a smaller company’s attitude to MS was not that good. They helped as much as they could by changing my hours/job role but seemed to then expect everything to be OK and for me to be reliable again.”  The most important factor is probably how well the person with MS and employer understands MS, including how variable and unpredictable it can be. MS is different for everyone; it is not possible to predict what will happen. Everyone will experience different symptoms at different times and the impact of the symptoms on work will very much depend on the type of work and personal experience of MS. Education programmes delivered by someone with expertise in MS and how it relates to employment may be a helpful intervention in some cases.  Other forms of support that may be helpful include help with the cost of adjustments to buildings and equipment and access to expert HR advice on issues such as managing flexible work patterns, and recording sick leave, time off for hospital appointments, and absence due to disability separately. Many small and medium employers do not have the kind of HR services that larger employers have, and even larger employers may need assistance to understand the best HR practices for managing someone with a condition like MS. |

14. How can uncertainty for employers caused by the symptoms of long term conditions such as MS be addressed or alleviated?

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| Maintaining a positive and supportive relationship between the employer and employee so that issues can be discussed openly and without fear or repercussion. Being open to receiving input and advice from the health professionals who look after the person with MS’s health needs. Building a good understanding of MS and taking advantage of the information sources that are available. |

15. Is there anything else that could done to reduce the number of people with long term conditions such as MS leaving their job within a few years of diagnosis?

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| **Equitable access to a multi-disciplinary team of health professionals with expertise in MS for everyone with MS across all areas of the UK.**  **Programmes to help educate employers and colleagues about the way that MS affects individuals in the workplace. These would ideally be led by organisations like the MS Trust and MS Society working in conjunction with health professionals.**  **Build awareness of the support employers can access in helping them to make adjustments. From the calls we get to our information service, we know that many employers understand the need for adjustments, but some struggle to follow through.** |

**Recommendations for the future**

16. Is there anything Government could do to help organisations that are supporting people with long term conditions such as MS around employment issues to improve the support offered?

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| Offer funding programmes for information and advice services, including covering core costs. |

17. Is there anything else you would like to tell us about employment support for people with long term conditions such as MS?

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| References:   1. Oxford PharmaGenesis, ‘Brain health: Time Matters in Multiple Sclerosis’, 2015 [www.msbrainhealth.org](http://www.msbrainhealth.org) 2. MS Trust, ‘Evidence for MS Specialists: findings from GEMSS’, November 2015 <https://support.mstrust.org.uk/shop?prodid=489> 3. MS Trust, ‘At work with MS’ web resource - <https://www.mstrust.org.uk/understanding-ms/living-ms/work-ms>  <https://www.mstrust.org.uk/understanding-ms/living-ms/work-ms/support-work> 4. MS Trust, ‘Making Sense of MS’, July 2014 <https://support.mstrust.org.uk/shop?prodid=444> 5. MS Trust, ‘Living with Fatigue’, June 2015 <https://support.mstrust.org.uk/shop?prodid=204> 6. MS Trust, ‘Staying Smart’ web resource – [www.stayingsmart.org.uk](http://www.stayingsmart.org.uk) 7. MS Trust, ‘The Case for Equitable Provision’, November 2014 <https://support.mstrust.org.uk/shop?prodid=204> 8. MS Trust, ‘Is MS Care Fair? Key findings into the experiences of people living with MS’, April 2016 9. The Work Foundation, ‘Ready to Work? Meeting the employment and career aspirations of people with multiple sclerosis.’, 2011 |

**Thank you for your time**

To find out more about the APPG Review into Employment Support for People with MS, please see the [MS Society website](https://www.mssociety.org.uk/msenough).