Simplyhealth

The Access Gap

Building healthcare around real working lives

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Foreword

For over 150 years, Simplyhealth has been working to improve access to healthcare for all in the UK.

Today, with workforce health and wellbeing under increasing strain, that mission feels particularly urgent.

The country's workforce has changed. With more generations working together with seemingly increasingly diverse health needs, the workforce is shaped by working patterns, responsibilities in and out of work, and life stages that bridge generations.

Yet the complexity of the modern workforce and workers' lives (in work and at home) has outpaced the healthcare and benefits available to them, creating barriers to access.

As a contributor to the Government's Keep Britain Working review, we are acutely aware that workforce health and wellbeing is closely linked to economic performance and success. Poor workplace health is a drag on the country's economic success.

Addressing this problem requires more than getting those who are out of work back into employment. It also means supporting current employees' long-term wellbeing through preventative healthcare – so they can maintain their health, reduce the need for sick days, cut presenteeism, feel happier, and be more productive.

Employers are stepping up, investing in health benefits, workforce training, internal communications, and wellbeing-focused workplaces. The issue at play is not a lack of support or employer-will, but the practical barriers that prevent employees from accessing the support on offer.

Finding the time for appointments, balancing work and caring responsibilities, navigating different services, or simply knowing where to turn can all stand in the way of getting support early. We commissioned this report to better understand what can be done to remove those barriers.

The UK productivity challenge is increasingly linked to how employees access healthcare. Employers who simplify access around real working lives will be better placed to improve productivity, presenteeism, and retention than those relying on traditional one-size-fits-all approaches.

Employers cannot solve every challenge in the healthcare system, nor should they. But through thoughtful policies, flexible support, and easier routes into healthcare, they can shape workplace cultures where people feel able to prioritise their health before problems escalate.

We hope this research helps organisations to understand the changing needs of today's workforce and provides practical ideas for building healthcare around real working lives in order to close the access gap.

A healthier workforce is better for employers and employees alike. Moreover, it is fundamental to a growing, more productive economy.

Paul Schreier
CEO, Simplyhealth

Exec Summary: Building healthcare around real working lives

The UK's workforce has changed. More than ever before, it is multi-generational, diverse, and shaped by different life stages, working patterns, and responsibilities. But too often, access to healthcare has not kept pace with the realities of modern working life.

This report demonstrates that healthcare access is no longer just a health issue. It is a productivity issue, a retention issue, and a fairness issue – shaped in large part by barriers created by one-size-fits-all approaches that are not built around the diverse needs and experiences of the modern workforce.

The impact for businesses and their people is significant. Employees estimate they have lost an average of 2.1 working days in the past 12 months due to delayed or difficult access to healthcare, with our economic analysis demonstrating that this has cost the economy £17 billion.

More than half of employees (52.2%) have delayed seeking medical care in the past year, and almost two-thirds (65.7%) believe they would be more productive if they could access healthcare more quickly.

While health needs differ by generation, important – and potentially overlooked – differences emerge through life stages and personal circumstances. Recent parents, people experiencing menopause or perimenopause, carers, people living through divorce and relationship breakdown, and employees approaching retirement all face distinct barriers to accessing care.

Early career employees, meanwhile, may have experienced significant disruption to education, social development, and entry into the workplace during the COVID-19 pandemic, which could influence wellbeing and resilience.

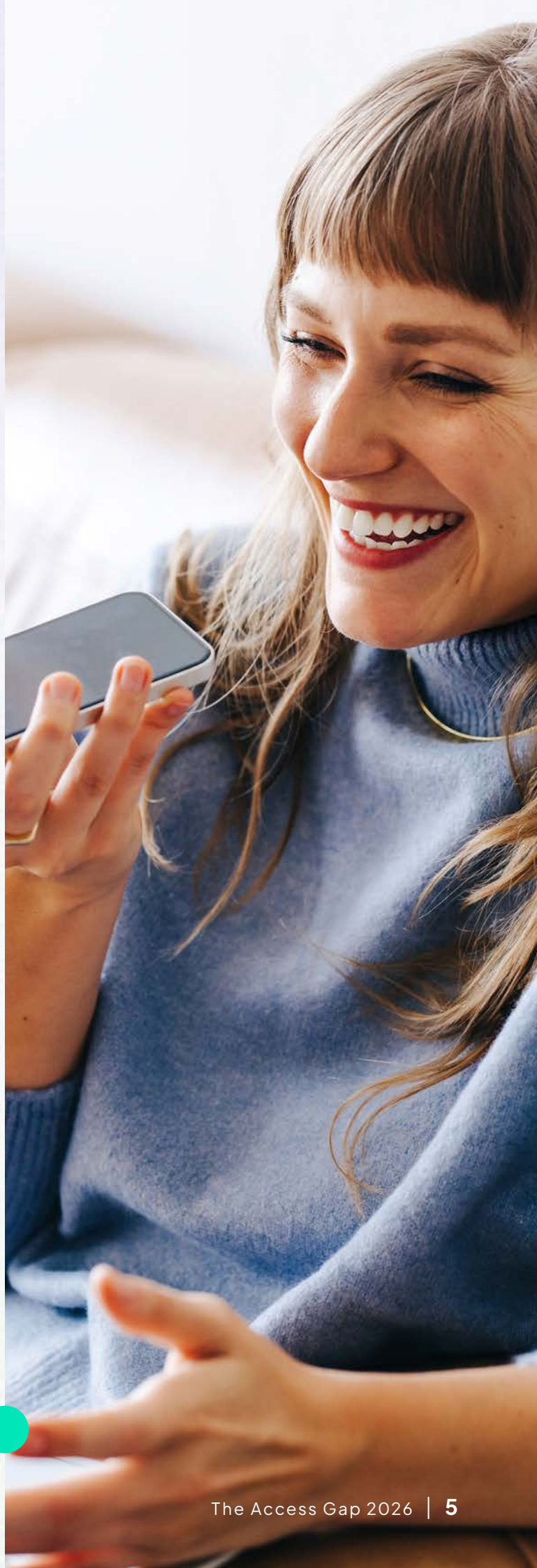
There is a clear consensus that current approaches are not fit for purpose. Nearly two-thirds (65%) of employers say one-size-fits-all benefits are ineffective, while more than two-thirds (68%) of employees believe healthcare support should be tailored to different life stages.

Simplifying access is key: 81% of employers say it would improve health outcomes, and 67% of workers say it would reduce stress while enabling earlier intervention, and reducing absence and presenteeism.

Employers already see a clear return on investment, with health and wellbeing programmes delivering an average ROI of 1.9x. While the foundations are strong, through practical changes to employee health strategy design could make a meaningful difference to employee wellbeing and productivity could be made.

However, employers will not solve these challenges alone; they need the right solutions, partners, and support to build healthcare around the real working lives of their people.

This report explores the challenges facing employees and employers alike, and the human and economic impact of these challenges. It combines original research with expert insight and examples of good practice to help organisations create healthier, more engaged, and more productive workforces.



About Simplyhealth

Simplyhealth is committed to improving healthcare access for all, with a particular focus on providing affordable, targeted workplace healthcare. This helps address the key drivers of sickness absence – helping people stay healthy, remain in work, and recover faster if they fall ill. It simplifies access to healthcare by removing barriers and reducing costs, providing fast, 24/7 GP and mental health support, health cash plans, and a range of pay-as-you-go services. No GP referral or pre-approval is required, and all pre-existing conditions are covered. With over 150 years of experience and status as a B Corp, Simplyhealth reinvests profits to make healthcare more accessible for everyone.

About the report

This report examines how barriers to healthcare access affect workforce productivity and employee experience. Drawing on research with 5,000 UK employees and 500 HR decision-makers, alongside economic analysis by WPI Economics, how these barriers affect different groups within the workforce, and the practical steps employers can take to build healthcare around real working lives.

Understanding the changing needs of different groups within the workforce – how they evolve and where priorities lie – is an important step to building a culture of preventative and supportive healthcare that meets the diverse needs of the workforce.

Chapter 1

The access gap and productivity

Barriers to accessing healthcare lead to lost time, delayed care, and presenteeism, with very real effects on employees' health and wellbeing, which inevitably affects the wellbeing of the business, too.

The human and economic costs are high.

For example, poor workplace health cost the UK economy £87bn in 2025, including £20bn in lost productivity from employees working through sickness.

Total economic costs of poor workplace health in the UK, 2025, split by generations

	Direct costs of Statutory and Occupational Sick Pay	Lost output – sickness absence	Lost productivity – presenteeism	Conflict resolutions, litigation and recruitment	Total
Gen Z	£2.1bn	£11.5bn	£4.4bn	£1.4bn	£19.4bn
Millennials	£3.5bn	£22.1bn	£9.0bn	£2.4bn	£37.0bn
Gen X	£2.9bn	£15.0bn	£5.7bn	£2.0bn	£25.6bn
Boomers	£0.6bn	£3.0bn	£9.0bn	£0.4bn	£4.9bn
Total	**£9.0bn**	**£51.6bn**	**£20.1bn**	**£6.3bn**	**£86.9bn**

Source: WPI Economics analysis of ONS and Opinium for Simplyhealth.
Notes: Adapts and updates methodology developed by DWP. Numbers may not sum, due to rounding.

With employees telling us that they lost 2.1 working days in the last 12 months due to delayed or difficult access to healthcare, the data suggests that the economic cost of access issues was about £17bn. The value of working time spent on healthcare-related admin alone was worth £2.6bn.

Total value of time spent on health-related admin during working hours, 2025, by generation

	Average number of hours	Total Full Time Equivalents (FTEs)	Total yearly cost
Gen Z	2.3	7,500	£0.7bn
Millennials	2.3	15,000	£1.2bn
Gen X	1.5	7,500	£0.6bn
Boomers	1.0	2,500	£0.1bn
Total		**32,500**	**£2.6bn**

Source: WPI Economics analysis of ONS and Opinium for Simplyhealth.

In contrast, faster access to healthcare could have a significant benefit, with only a relatively small reduction in the days lost because of problems with accessing healthcare providing economic benefits of £2.5bn.

Indicative economic benefits of quicker access to healthcare

Generation	Total yearly benefits
Gen Z	£0.6bn
Millennials	£1.1bn
Gen X	£0.6bn
Boomers	£0.1bn
Total	**£2.5bn**

Source: WPI Economics analysis of ONS and Opinium for Simplyhealth.
Notes: Adapts and updates methodology developed by DWP. Benefits include increased output and reductions in SSP / OSP paid by employers. Numbers may not sum, due to rounding.

Source Assumptions: 25% of workers strongly agree that they would be more productive with quicker access to healthcare. Another 41% say that they agree. We assumed that these two groups are able to reduce their healthcare access - related absence by just 25% and 10% respectively, to value the potential benefits.

Employees and employers alike recognise the value of easy-to-use, faster, more flexible healthcare.

More than half (52%) of employees have delayed seeking medical care, often because the appointment times didn't fit their schedule, they were worried about taking time off work, or they couldn't take time off work. Many employees also say that their workload makes it difficult to prioritise their health.

Others have worked through illness. On average, employees report working five days while unwell and injured, and on average those who worked while unwell or injured said that their output dropped by more than 40% on these days.

The data also points to NHS care not always fitting easily around modern working lives – with consequences for productivity. While the NHS is making progress in recovering after the COVID-19 pandemic, four in ten (42%) employees say that, currently, poor NHS access impacts their performance at work and six in ten (60%) employers say that poor access to NHS healthcare is reducing productivity in their organisation.

Faster healthcare access is part of the solution.

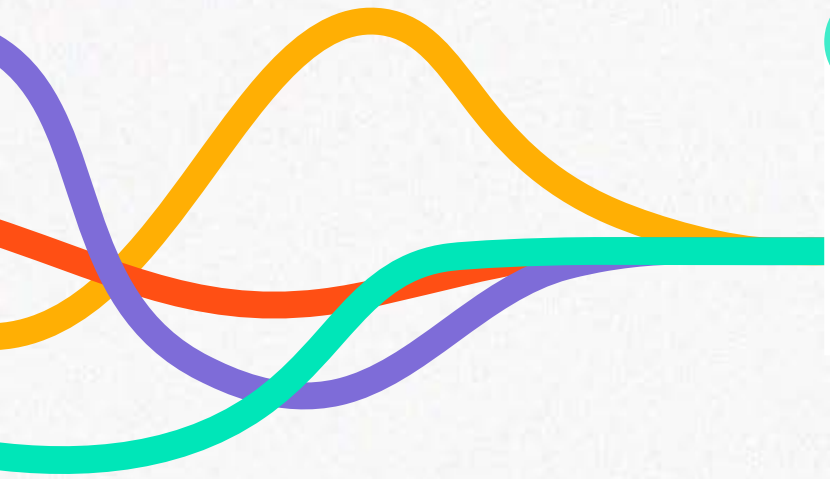
Two-thirds (66%) of employees believe they would be more productive if they could access healthcare more quickly. WPI Economics' analysis shows that if these employees were able to access healthcare more quickly and could therefore take just 10-25% less time off sick, this would bring £2.5bn of economic benefits annually.

Faster access can help employees seek support earlier, which may reduce the risk of symptoms worsening, delayed recovery, absence, and presenteeism.

In addition, a company-funded health plan is increasingly viewed as a key differentiator in attracting and retaining talent.

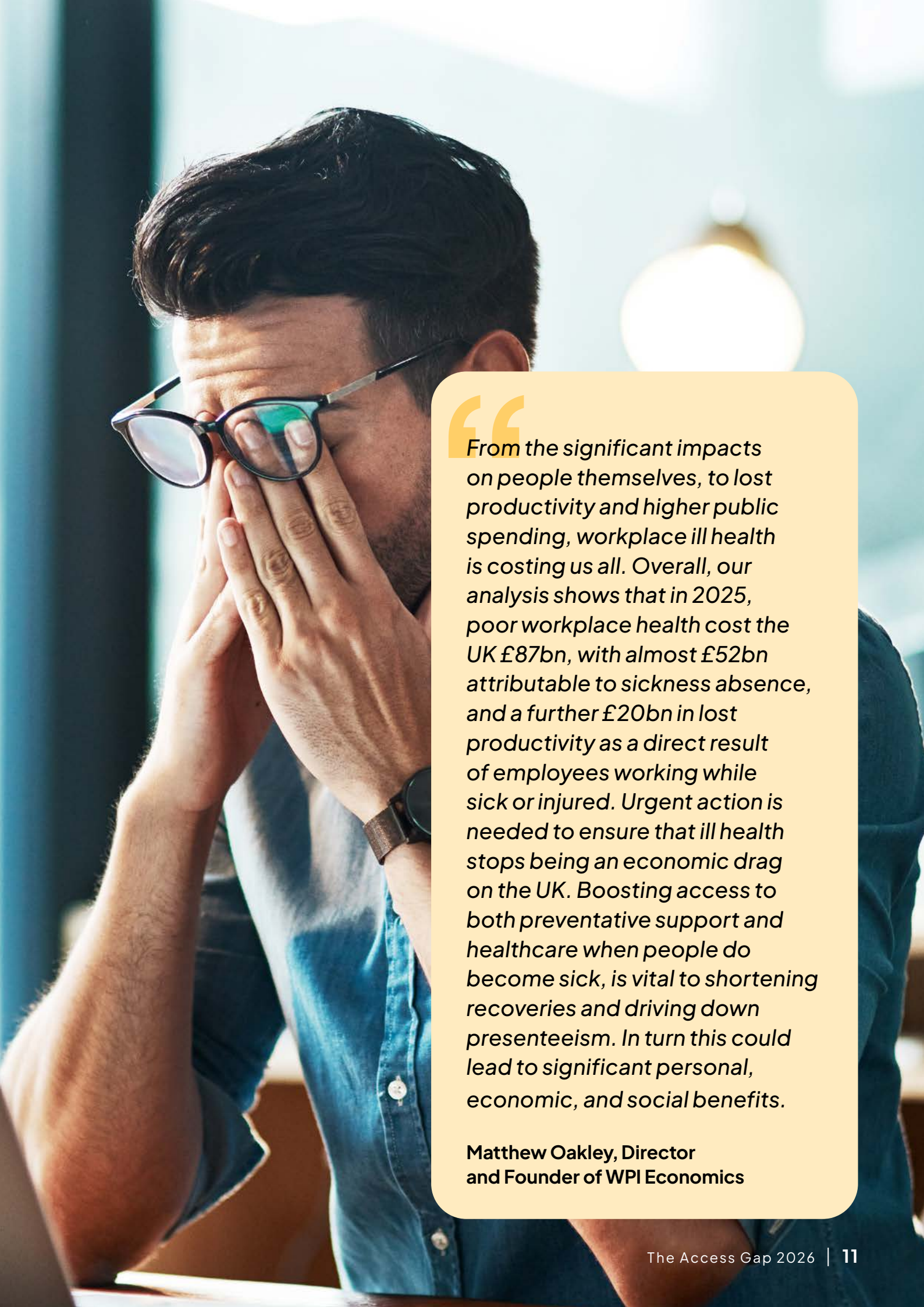
Ill health is one of the biggest drivers of economic inactivity in the UK. An estimated 2.8 million working-age people are not working due to ill health, according to **the Keep Britain Working review**, and, without action, another 600,000 could leave the workforce by 2030.

Supporting current employees' long-term wellbeing through preventative healthcare can help employees seek support earlier, reduce the risk of issues escalating, and support recovery. This will, in turn, protect productivity and ease pressure on the NHS.



Generations defined

Boomers	born before 1965
Gen X	born 1965–1980
Millennials	born 1981–1996
Gen Z	born 1997–2012



From the significant impacts on people themselves, to lost productivity and higher public spending, workplace ill health is costing us all. Overall, our analysis shows that in 2025, poor workplace health cost the UK £87bn, with almost £52bn attributable to sickness absence, and a further £20bn in lost productivity as a direct result of employees working while sick or injured. Urgent action is needed to ensure that ill health stops being an economic drag on the UK. Boosting access to both preventative support and healthcare when people do become sick, is vital to shortening recoveries and driving down presenteeism. In turn this could lead to significant personal, economic, and social benefits.

Matthew Oakley, Director and Founder of WPI Economics

Chapter 2

Real working lives

It is clear that employees are experiencing challenges in accessing healthcare. It is also clear that this access gap does not affect everyone in the same way.

Different life stages, different roles, and different responsibilities create different barriers. Millions of carers, for example, are overlooking self-care due to the demands of caring for others; while there are those facing huge life shifts, such as returning from maternity leave or separating from a long-term partner, that impact their health needs and access barriers.

Employees want more flexible options, and the employers who respond with healthcare built around real working lives will be better placed to protect productivity and engagement, and encourage a culture of ill-health prevention.

We've examined the needs of four generations and employees' requirements at five life stages.

2.1 Is healthcare out of sync with the multigenerational workforce?

Employees of all ages overwhelmingly recognise that needs vary: four in five (80%) agree that people at different life stages require different types of healthcare support.

Similarly, employers acknowledge the importance of tailoring healthcare to different life stages, with two in three (65%) agreeing that one-size-fits-all healthcare benefits are no longer effective.

The healthcare access gap is not a story of one group versus another; rather it is the story of a diverse workforce made up of more generations than ever, facing different life pressures. The needs of one group aren't more important than those of another; they are simply different.

These different needs are illustrated by the data.

For example, Gen Z and Millennials are more likely to delay seeking medical care than Gen X and Boomers (58% and 58% versus 44% and 36%, respectively). These younger and mid-life workers are also particularly likely to connect easier access to healthcare with their productivity.

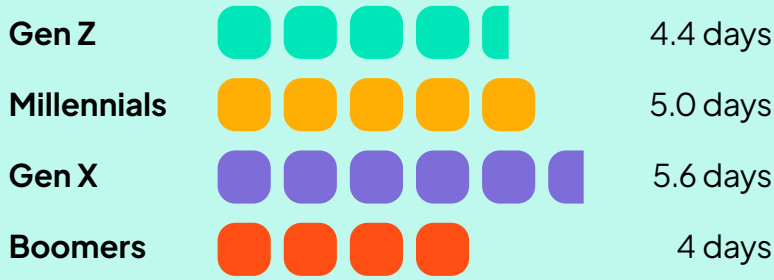
7 in 10

younger workers agree they would be more productive if they could access healthcare more quickly (71% of Millennials and 68.7% of Gen Z)

This may be because they are facing greater work, financial, parenting, or life-transition pressures than other generations. Some may be adjusting to the demands of working life, for example, while others could be struggling to afford their accommodation: average London rents **cost more than half of the average salary for new graduates.**

On the other hand, Gen X is particularly likely to work through illness, working 5.6 days, on average, while unwell or injured. This compares with 5.0 days for Millennials, 4.4 days for Gen Z, and 4 days for Boomers. This presenteeism may reflect Gen X's own set of pressures. Some of those in senior roles in the workplace may feel unable to take time off; others may have long-term health conditions like type 2 diabetes or arthritis, or be under financial strain from caring responsibilities. This could be down to childcare responsibilities or caring responsibilities for another adult, or even dual caring – looking after people at both young and old.

Days worked while unwell or injured



Over half (52%) of employees told us that they need more flexible healthcare options than are currently available – options adapted to the realities of work and home lives – including digital access. However, with only one in five (18%) saying digital/virtual GP access would most improve their ability to access the healthcare they want, this is just one part of a broader access toolkit.

Today's workforce spans more generations than ever before, bringing a broader range of health needs, responsibilities and expectations into the workplace. Yet the gaps in healthcare access are not confined to any one generation. Instead, they reflect the reality that people move through different life stages, each bringing its own pressures, priorities and health challenges.

Employers should resist the temptation to view workforce needs through a generational lens alone. The real opportunity is to create flexible, inclusive healthcare support that evolves alongside employees throughout their careers. By recognising the diverse needs that exist across different life stages, organisations can help people stay healthy, productive and engaged, while ensuring they feel supported at every stage of life.

Angela Sherwood, Chief People Officer, Simplyhealth

2.2 Approaching retirement: supporting experienced workers to stay healthy for longer

Employees approaching retirement are often balancing several transitions at once. This can include changing health, financial, and income needs; increased risk of social isolation; increased risk of bereavement and associated mental health problems; questions about how long they want to stay in work; and uncertainty about how work should fit into this next phase of life.

Support that worked well for them earlier in their career may no longer feel as relevant, especially if health needs are occurring more often, overlapping, or becoming more complex. Employees approaching retirement don't necessarily need more support than everyone else – but they need support that matches the transitions they are experiencing.

Those working towards the end of their professional careers may benefit from different kinds of access to healthcare, such as practical support in the form of musculoskeletal (MSK) or mental health services, and workplace cultures that do not make assumptions about what people at this stage do or do not want from work. Age-friendly policies such as flexible working and health support, as well as open conversations, tend to benefit the whole workforce, not only older workers.

Addressed well, employees who often have the most experience and institutional knowledge can remain healthy and confident, and contribute for as long as they wish – feeling valued by their employer until the day they choose to hang up their hats.

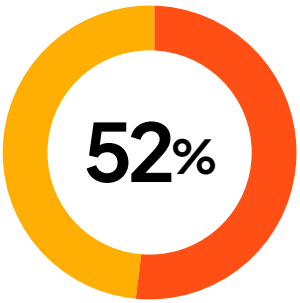
The population is ageing. **There are now almost 7 million more people aged 50 and older in England than 40 years ago** and, **by 2065, almost half the population is expected to be aged over 50.**

A sizeable number of employees are approaching retirement. Our research found that nearly one in six (15%) workers plan to retire within the next five years, and these experienced employees have particular needs.

Nearing retirement may bring more complex or frequent health requirements, along with uncertainty about how workplace support fits into this transition. Employees approaching retirement are more likely than average to say their current life stage makes healthcare access harder (38% versus 34% overall).

A similar proportion (38%) of this group believe that their employer does not fully understand their life stage needs and that they're not fully supported by employer benefits (41%). This group has a greater need for musculoskeletal support, such as back and neck pain (22% vs 18% average).

Like those at other life stages, older workers often put off contacting their GP and tend to work through illness.



of employees planning to retire within the next five years said they have delayed seeking medical care in the past 12 months

The data reveals a clear opportunity for employers to provide faster GP access. When asked what would most improve their ability to access the healthcare they want:

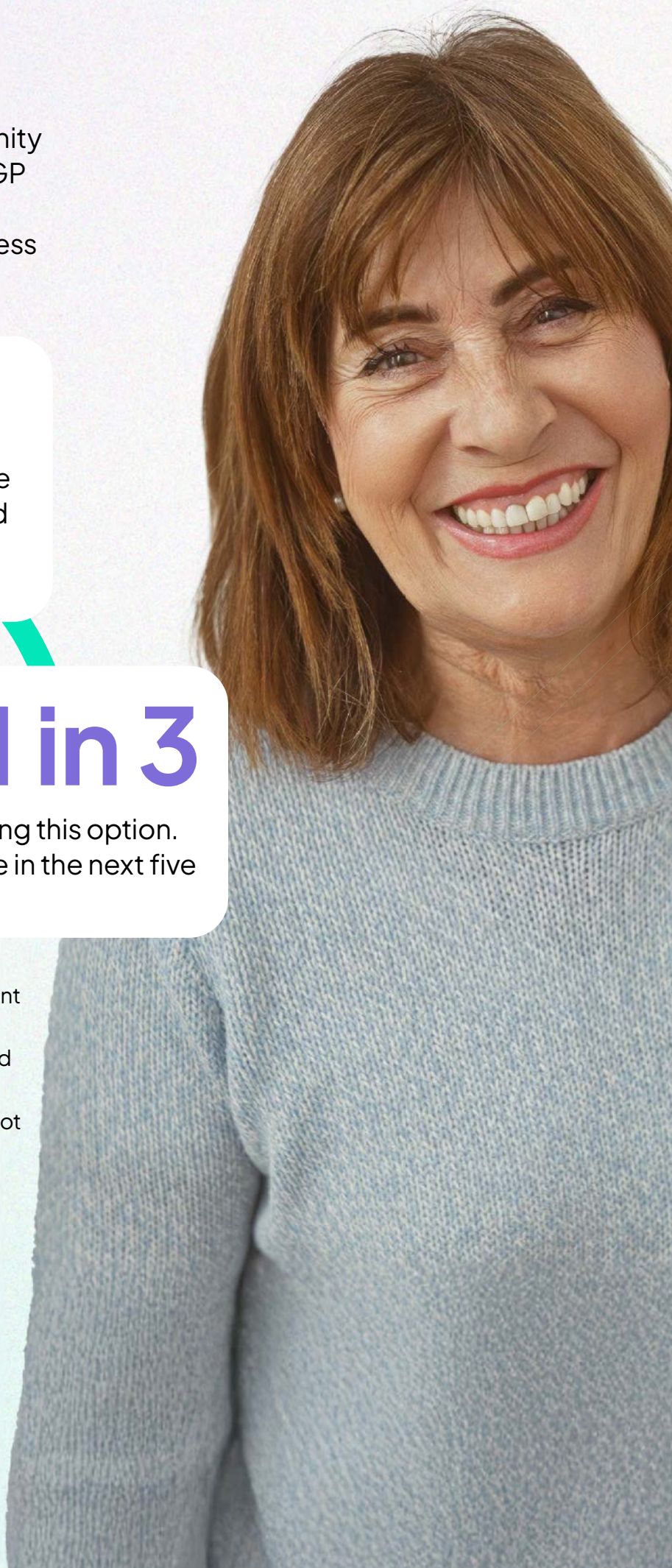
44%

of employees planning to retire within the next five years opted for faster GP appointments, compared with 41% overall.

Evening and weekend appointments are another opportunity, with 1 in 3

of all employees (32%) choosing this option. Among those planning to retire in the next five years, this rises to 34%.

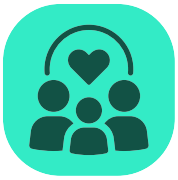
However, people approaching retirement were slightly less likely than average to opt for digital GP access (16% compared to 18%), indicating that while digital healthcare matters, employers should not automatically assume that it meets the needs of all life stages.



What employers can do to better support employees approaching retirement

- **Begin personalised career-and-health conversations early and avoid assumptions:** Not everyone approaching retirement wants the same thing. Some people will want to scale back, some will want to remain working full time, and some will favour tapering their hours down instead of an abrupt exit. Open and forward-looking conversations help employers support people before challenges escalate and ensure employees can take a lead on how they would like to spend their final years in their job.
- **Offer flexible routes on the road to retirement:** Flexible hours, phased retirement, job redesign, and practical adjustments can help employees stay at work in a way that feels sustainable.
- **Make health support practical and easy to use:** For this group, better support comes in many forms. It may mean quicker GP access and simpler pathways into treatment, without over-reliance on digital-first solutions, as well as new work set-up assessments to address new musculoskeletal discomfort, pain, or functional changes. It can also mean occupational health input for long-term conditions, musculoskeletal issues, chronic pain and fatigue support, and supporting hearing, vision, and medication-related needs, where relevant.
- **Use line manager training to build confidence about later-career conversations:** Managers need to know how to talk about health, flexibility, and future planning without stereotyping or age bias.
- **Consider a mid-life health check or similar support offer:** Structured conversations around health, work, and finances can help employees think ahead and give employers a way to support preventative health approaches. Money worries can be a big concern before retirement, contributing to poor mental health – access to money advice can be as valuable as access to mental health support.
- **Engage younger employees in planning for retirement:** Engaging younger employees in their pension and plans for retirement early can prevent employees facing a stressful financial shock at the end of their careers.

2.3 Employees caring for children and caring for adults, but not caring for themselves



Recent mothers

Having a child introduces a whole new set of pressures for parents, but these pressures are distinctly felt by mothers. Returning to work as a new mother often coincides with one of the most demanding periods of adult life. New mothers may be trying to balance physical recovery, shifting identity, disrupted and irregular sleep, new caring responsibilities, and the practical costs and realities of childcare. They are likely also managing the repercussions of an extended period of reduced pay while on maternity leave, creating worry and stress. Even when support exists, accessing it can be difficult if appointments, admin, and treatment do not fit around family life and work. And knowing that they might need to take leave when their child is sick, new mothers may be less inclined to take sick leave for their own health.

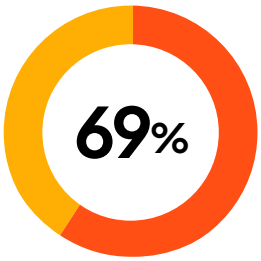
This is also a period when mental health matters as much as physical wellbeing. According to NHS England, **perinatal mental health problems** affect up to a quarter of new and expectant mothers, and can have lasting effects if support is not available early. Shame, pressure, and the expectation to "cope" can all make it harder to ask for help.

Instead of a generic "parent support" offering, recent mothers often need tailored healthcare and workplace support that reflects the individual experiences of returning to work after having a child, including flexibility, mental health awareness, practical family support, and managers who understand that childcare pressures rarely fit neatly into a plan.

Recent mothers have a different set of pressures.

For recent mothers who have returned from maternity leave within the last three years, the competing demands of work and family can often leave them with little time to look after themselves. They strongly link faster access to healthcare with productivity, and healthcare benefits, including mental health support, are important to this group – and to the likelihood of remaining in a job with their current employer.

The healthcare requirements of this group have changed greatly, and they are more likely to say their current life stage makes it harder to access healthcare (47% compared to 34% amongst all employees).



of recent mothers who have returned from maternity leave in the last three years agree their health needs have changed significantly over the past three years.

One of the key take-home messages for employers is that this group places a premium on mental health support.

It is common for mental health problems to arise during pregnancy and in the year after giving birth. **Up to a quarter of new and expectant mothers experience issues, which, if left untreated, can have long-lasting effects on mother, child and family.** We found that recent mothers are more likely than average to want faster mental health access.

17% of recent mothers who have returned from maternity leave in the last three years say faster mental health appointments would most improve their access to healthcare (versus 14% overall)

Perhaps not surprisingly, the first few years after having children appear to be a particularly high-friction period for accessing care. 70% of recent mothers have delayed seeking medical care in the past 12 months, compared with 52% overall.

However, the issue seems to be the logistics of fitting appointments around childcare, work, and family commitments, rather than difficulty in navigating the employee benefits system.

Workload can also compromise self-care, with almost half (47%) agreeing that their workload makes it difficult to prioritise their health.

Meanwhile, booking and chasing appointments and filling in forms is a drain on productivity and a source of stress. Recent mothers told us they do almost twice as much of this kind of admin during working hours (2.9 hours) than employees with no children (1.6 hours) and simpler healthcare access would reduce their stress (79%).

Most recent mothers say they would be more productive if they could access healthcare more quickly (78%) and that better health support would improve their engagement at work (70%).

Recent mothers who delay care are six times more likely to cite caring responsibilities (24%) than employees with no children (4%)

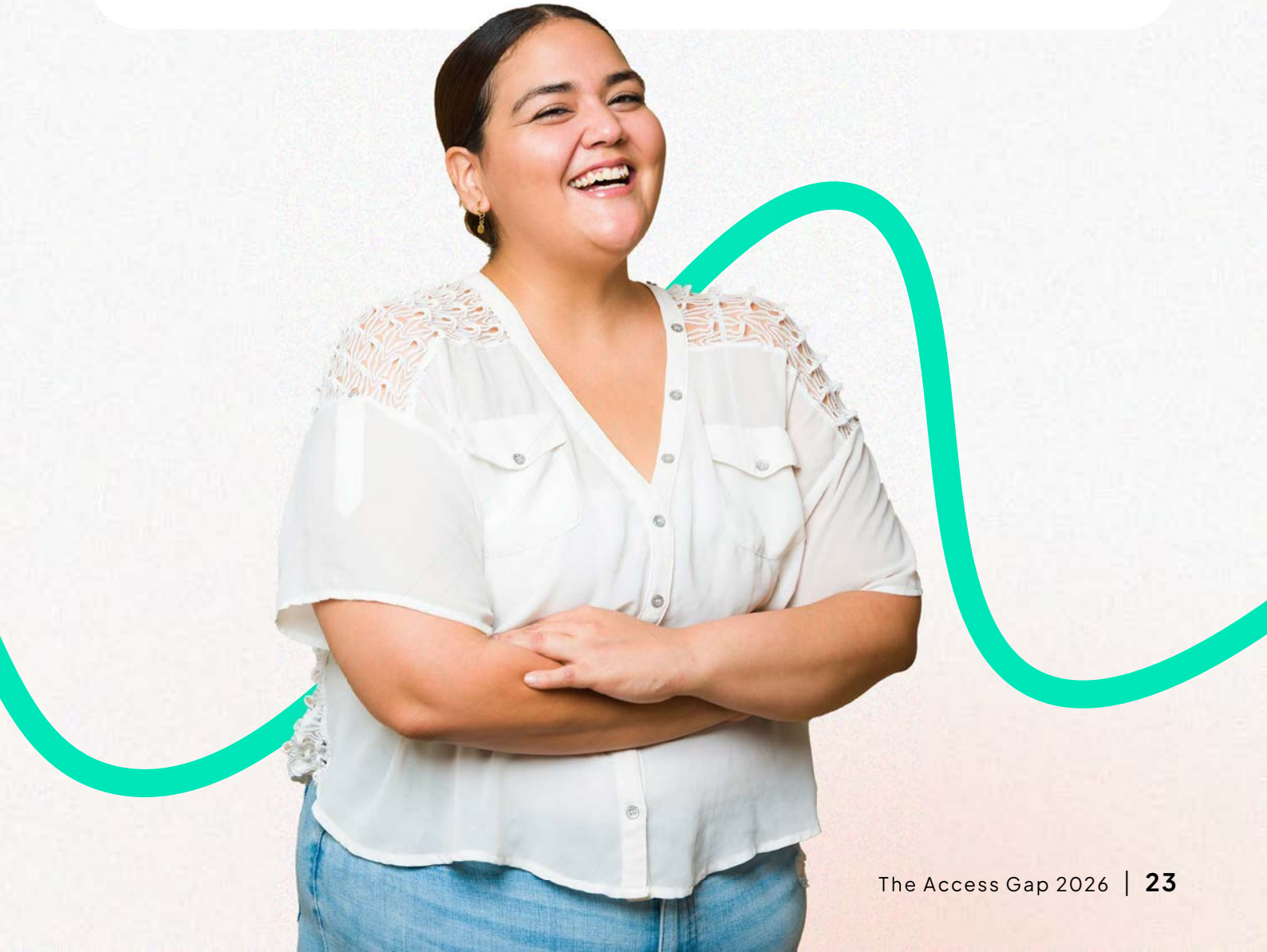
3 in 10 (32%) recent mothers do not currently have women's health support but would like it

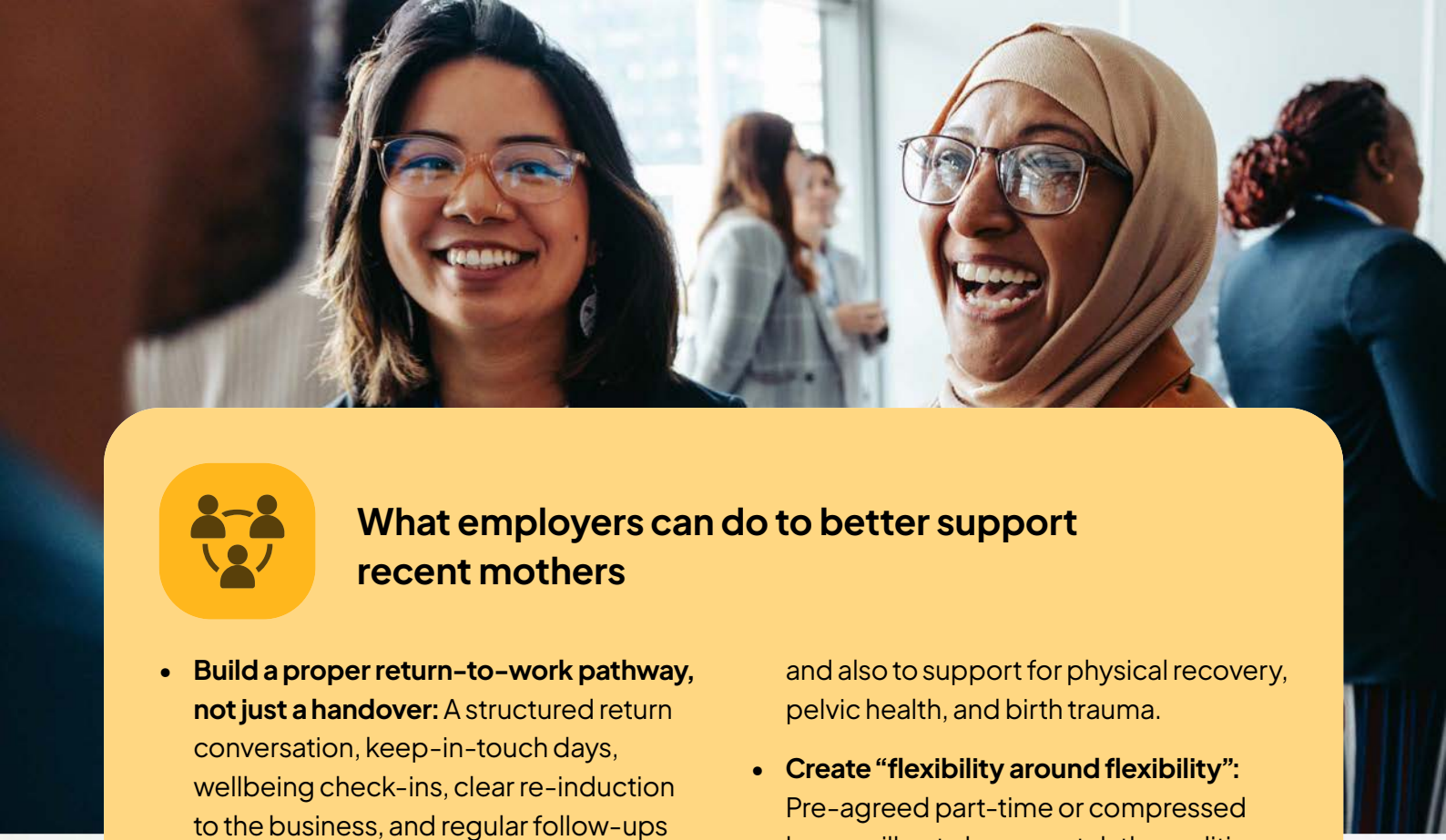
compared with

33%

do not have family cover but would like it

Strikingly, the right mix of benefits is so important that half (50%) agree they would consider leaving their job for better health support elsewhere.





What employers can do to better support recent mothers

- **Build a proper return-to-work pathway, not just a handover:** A structured return conversation, keep-in-touch days, wellbeing check-ins, clear re-induction to the business, and regular follow-ups can make a big difference to confidence and early support.
- **Treat mental health as part of post-maternity support, not a separate issue:** Ensure managers are equipped to recognise the signs of poor mental health in returning employees and feel confident having supportive conversations. Mental health awareness training gives managers the knowledge and confidence to respond appropriately, reducing stigma and helping employees access support earlier. Signpost clearly to counselling, perinatal and post-natal mental health services, peer support and psychological support where available, and make it easy to access these without stigma. Communications should also make clear where to seek urgent or specialist support if symptoms feel severe, escalate quickly, or raise concerns about safety.
- **Consider physical needs, too:** Signpost to support for breastfeeding/expressing and also to support for physical recovery, pelvic health, and birth trauma.
- **Create "flexibility around flexibility":** Pre-agreed part-time or compressed hours will not always match the realities of nursery closures, sick children, or changing childcare arrangements. Employers should allow scope to move days and respond to short-notice disruption with trust and pragmatism.
- **Promote shared childcare responsibilities in policy and culture**: Enhanced paternity leave, active encouragement of shared parental leave, and visible support for fathers and partners can help correct the assumption that care falls almost entirely on new mothers. And remember that partners/co-parents have needs, as well.
- **Equip managers to handle sensitive conversations well:** Recent mothers should not have to choose between being seen as committed to their role and being honest about what they need. Managers need confidence to discuss health, sleep, job confidence, childcare, and support with empathy and without judgement.

Adults caring for adults

Employees caring for adults are often supporting someone else through illness, disability, frailty, or dementia – while trying to remain reliable at work. Caring can be physically, emotionally, and financially demanding, and it is often unpredictable. Many carers do not identify themselves as "carers" at all, which means they can miss out on support or stay silent until the situation becomes unmanageable.

Carers UK describes many working carers as tired, stressed, and struggling to manage their own physical and mental health. When somebody else's needs are urgent, their own health can slip down the list.

For employers, this is more than a compassion issue. Adult carers are often experienced employees at the peak of their careers. Supporting them well means recognising care as a workplace issue, not a private issue, designing flexibility, leave, and manager support around the reality that adult care is rarely tidy or predictable.

An estimated 5 million people in the UK act as unpaid carers for family members and other loved ones. Previous research shows that they are less likely to be in good health than non-carers, with 42% saying caring has taken a toll on their physical health, according to Carers UK.

Caring also carries a financial cost. **Half of carers have cut back on heating or other essentials and a third have taken out a loan from the bank or used credit cards or an overdraft to cover the costs of caring**, according to Carers UK.

Our research builds a picture of a group of people that are likely to be sacrificing self-care to look after other adults, a group in need of flexible healthcare options, and a sense that employers don't always understand the pressures this group faces.

More than two-thirds (68%)

have delayed seeking medical care in the past 12 months

55% say that caring responsibilities make it harder for them to access healthcare

3.1 days lost due to delayed or difficult access to healthcare (vs 2.1 overall)

Employees with adult care responsibilities report working 6.5 days while unwell or injured, compared with 5 days among employees overall

These figures may reflect the physical and mental health burden of caring taking a toll in carers' work life or, for some members of this group, factors such as financial necessity to work if an employee is the sole earner in their household and feels unable to take leave.

When it comes to looking after themselves, flexibility is particularly important to this group, with six in ten (62%) employees with adult caring responsibilities saying they need more flexible healthcare options than are currently available.

What employers can do to better support employees caring for adults

- **Help employees identify as carers and know what support exists:** Many adult carers do not come forward because they do not think their situation counts or assume nothing will change if they talk to their employer. Clear communication, visible policies, and regular signposting to support help break down this barrier when it exists.
- **Train managers in carer awareness:** A supportive line manager can be the difference between coping and struggling. Managers should know how to respond to a colleague sharing their experience of adult caring, handle difficult conversations, and use flexible options confidently and empathetically. Mental health awareness training supports managers to recognise when caring responsibilities are affecting an employee's wellbeing, not just their availability.
- **Offer flexibility that recognises unpredictability:** Adult care often involves emergencies, hospital discharge, changing appointments and fluctuating conditions. This isn't just a time management issue – it can also lead to stress and burnout. Policies should allow short-notice changes, use of carers' leave, and practical flexibility in working patterns.
- **Create practical support tools:** Carer passports (that document the flexible working arrangements, adjustments, and leave required to help the employee balance their job with their unpaid caring responsibilities), internal carers' networks, key HR contacts, and clear signposting to external help can all make support easier to access.
- **Recognise the wellbeing impact, not just the time impact:** Support should recognise the personal health costs – both physical and mental – that adult carers can experience, and include mental health, sleep/fatigue impacts, financial wellbeing, and permission to have honest conversations about strain and personal impact – not just flexibility for appointments. Encourage proactive check-ins before crisis point and have clear signposting for when carer stress, burnout, or safeguarding concerns become urgent.
- **Appreciate caring is often long-term and emotionally complex:** Caring isn't just intense, it's often enduring. While support is often designed around moments of crisis, many families, particularly those caring for elderly relatives, face years of ongoing responsibility. Employers have an opportunity, and arguably a responsibility, to recognise that caregiving isn't a short-term life event but, for many, a long-term reality. This requires flexible, sustained support rather than one-off policies, underpinned by regular reviews and an understanding that the emotional impact can accumulate over time rather than diminish.
- **Acknowledge the impact of changing health and social care systems:** Employees caring for adults often have to navigate complex health and social care arrangements that can change with little notice. NHS pathways, eligibility criteria, funding and service availability can shift unexpectedly, meaning support available one day may not be available the next. Employers should recognise that caring responsibilities are shaped not only by the needs of the person receiving care, but also by system changes outside the employee's control. The constant need to adapt can create additional stress, making flexibility, understanding and signposting to relevant support particularly important.

Dual Carers

Dual carers who care for children and adults at the same time are often trying to meet the needs of older relatives and children while keeping up with work, which can leave very little time or energy to care for themselves.

This is a distinct experience, not just a combination of two different caring roles. The practical and emotional strain can be heavier because responsibilities pull in different directions – balancing school runs, health appointments, emergency care, financial pressure and the sense that somebody else always needs something first.

For people in this group, support is likely to work best when employers stop treating parental support and carer support as separate worlds, instead recognising the reality that some employees are sandwiched between both.

The pressure is even more acute for those employees balancing both childcare and adult caring responsibilities. This group sits at the intersection of two already challenging life stages – managing care at both ends of life alongside their work and their own health.

The data suggests dual caring responsibilities create one of the highest access burdens in the workforce. **77% of dual carers have delayed seeking medical care in the past 12 months, compared with 52% of employees overall**.

For many, this is because healthcare does not fit around the realities of their lives. Among dual carers who delayed healthcare, 38% said appointment times didn't fit their schedule, 33% were worried about taking time off work, and 32% gave caring responsibilities as the reason for delaying healthcare.

This pressure has clear consequences for productivity. **Dual carers lose almost double the average number of working days to delayed or difficult access to healthcare** (4 days vs 2.1 days on average) and are substantially more likely to work while injured or unwell (7.2 days vs 5 days on average).

For this group, flexibility is not a preference but a requirement. 71% of dual carers say they need more flexible healthcare options than are currently available, while 61% say caring responsibilities make it harder for them to access healthcare.

Practical improvements such as evening or weekend appointments (35%) and specialist services (26%) stand out more strongly for dual carers than for the workforce overall (32% and 11% respectively).

75% of dual carers say better health support would improve their engagement at work. For employers, this group is one of the clearest examples of why healthcare support needs to be built around real working lives – recognising that employees caring for others are often least able to care for themselves. Removing barriers to accessing healthcare for carers can mean they have to juggle one less challenge, making it easier to care as well for themselves as they do for others.

What employers can do to better support dual carers

- **Joined up parental and adult carer support:** Dual carers should not have to navigate separate policies, conversations, and support routes for childcare and adult care.
- **Plan for volatility, not just routine flexibility:** People in this group may be more likely to need short-notice changes, emergency cover, and manager discretion more than fixed arrangements alone.
- **Offer one trusted point of contact:** A carer passport, named HR contact, or wellbeing lead can reduce admin and help employees avoid retelling personal circumstances repeatedly.
- **Normalise open conversations about pressure and overload:** Dual carers may present as "coping" while quietly carrying a very heavy load. Managers should check in early and regularly. Where pressure appears to be escalating, managers should know how to signpost to appropriate support rather than trying to manage complex wellbeing or safeguarding issues themselves.

2.4 Divorce, separation and relationship change

Divorce and separation are not just legal or personal matters – they can also have a big impact on health and wellbeing, and workplace performance.

Relationship breakdown can disrupt routines, sleep, concentration, finances, housing, and parenting arrangements all at once, making everyday life harder to manage and self-care easier to deprioritise, eroding mental health.

For some employees, the end of a long-term relationship can feel like a bereavement – for the loss of a relationship, a planned-for future, and a stable routine. Even when people appear to be functioning normally at work, they may be dealing with stress, anxiety, marked uncertainty, and practical admin challenges in their home life.

This major life event often goes unsupported because employers may not see it as something that belongs in a health and wellbeing strategy. But if work is part of what makes care, admin, and recovery harder, employers have a role in making that period more manageable, when needed.

England and Wales grant about 100,000 divorces each year and an estimated 40% of marriages ultimately end in divorce. Millions more long-term relationships break down. Among the employees we surveyed, 3% had divorced in the last three years and a further 11% had separated from a long-term partner.

Their answers depict a group in which many are time-poor, prone to delaying seeking care, working through illness – and feeling unable to take time off work to look after their health.

For example, separation and divorce are strongly linked to delayed care. 71% of employees who separated from a long-term partner in the last three years, and 63% of those who have been through a divorce over the same time period, have delayed seeking medical care.

32% of employees who have gone through a divorce said appointment times didn't fit their schedule, compared with 27% overall.

28% of those who separated from a long-term partner said they couldn't take time off work, versus 19% overall.

Divorce and separation also appear to be associated with higher presenteeism (5.7 and 6.7 days worked while unwell or injured, respectively, compared with 5 days overall).

In addition, employees who separated from a long-term partner are more likely than average to say their current life stage makes accessing healthcare more difficult.

These findings may reflect the significant upheaval of separation and divorce, which can cause mental health issues and stress – especially if a relationship has not ended amicably, and if shared responsibilities, such as parenting, mean there is a need to maintain a relationship with a hostile ex.

The findings may also reflect financial and legal pressures after moving from a dual income to a solo income; accommodation and housing pressures; childcare pressures, and previously shared responsibilities, such as the school run, now falling on one person - impacting work-life balance.

Whatever the reasons, the data highlights a clear opportunity for employers to provide this group with further support. For most people this is likely to be a short-term need, but for some, particularly with consequential financial, housing or legal/custody problems, or for people with existing mental health problems, there may be longer-term support needs.

What employers can do to better support employees living through divorce and separation

- **Make space for compassionate, respectful and mindful conversations:** Employees should not have to disclose every detail, but they should feel able to say that a significant life event is affecting them and that they may need temporary support.
- **Offer temporary flexibility around practical disruption:** Legal appointments, housing changes, financial admin, and shifts in childcare arrangements can all create short-term pressure. Flexible hours, remote working, and practical time management can make a real difference to many.
- **Signpost to relationship and mental health support:** Employee Assistance Programmes (EAPs), counselling, financial wellbeing support, and signposting to relationship services such as **Relate**, can help people access support earlier. Employers should also ensure managers know where to signpost if there are concerns about financial wellbeing, acute distress, safety, or domestic abuse.
- **Don't force the issue:** Some employees will want to talk; others will not. The goal is not to force someone to share their situation, or for managers to give relationship advice, but to create a culture where support is available without judgement.
- **Recognise that performance dips may be temporary and situational:** Support in a difficult period can strengthen trust and retention in the longer term.

Many employees going through separation will initially seek financial support or advice so they can make necessary changes to their living circumstances. We can also see an increase in flexible working requests as employees may need to navigate a change in their responsibilities, such as shared parenting. We encourage all employees to ask for help, and we will ensure they know exactly what they're entitled to, with support from the People Team and their managers. We create Managers' Toolkits and thorough training programmes so that managers are prepared to have difficult conversations – particularly if they notice an employee is struggling. These toolkits help to signpost them to the resources we have available, which they can then share with the employee.

Emma Glass, Group Head of Employee Experience, Arnold Clark

2.5 Menopause and perimenopause: a hidden productivity and access challenge

Menopause and perimenopause can affect every part of working life. Physical symptoms such as hot flushes, fatigue, sleep disruption, joint pain, and headaches can make work harder, but so can the psychological effects – including anxiety, low mood, poor concentration, loss of confidence, and "brain fog".

These symptoms can fluctuate, be hard to predict, and be difficult to talk about in workplaces where menopause is still a taboo subject. That means employees may delay seeking help, brush off symptoms, or worry that speaking up will affect how colleagues view them.

For employers, menopause support is not a niche add-on. It is a prime example of why health support must evolve with people's lives and why mental health support, practical adjustments, and confident manager conversations matter just as much as health benefits.

Menopause and perimenopause can have a significant impact on daily life, including working life. The symptoms vary from person to person but can include mental health symptoms such as anxiety and brain fog, and physical symptoms like hot flushes, migraines, insomnia, and fatigue, which may last several years.

Far from representing a niche cohort, almost a quarter of female employees (23%) say they have experienced menopause or perimenopause in the past three years, and their answers provide one of the clearest examples of why employers need a genuinely life-stage-aware healthcare strategy.

The data shows that this group is more likely than average to report difficult access to healthcare, delayed care, higher sickness absence, and substantially higher presenteeism. It also paints a clear picture of a benefits gap.

64% of those who have experienced menopause or perimenopause agree their needs have changed significantly over the past three years, compared with just over half (53%) overall.

Employees who have experienced menopause or perimenopause are more likely to say healthcare access is difficult (23% versus 15% overall) and to have delayed seeking medical care. Work concerns appear to be a particularly prominent reason for this.

Among those who delayed care, 36% of employees who experienced menopause or perimenopause said they were worried about taking time off work, compared with 27% overall. They were also more likely than average to say they couldn't take time off work.

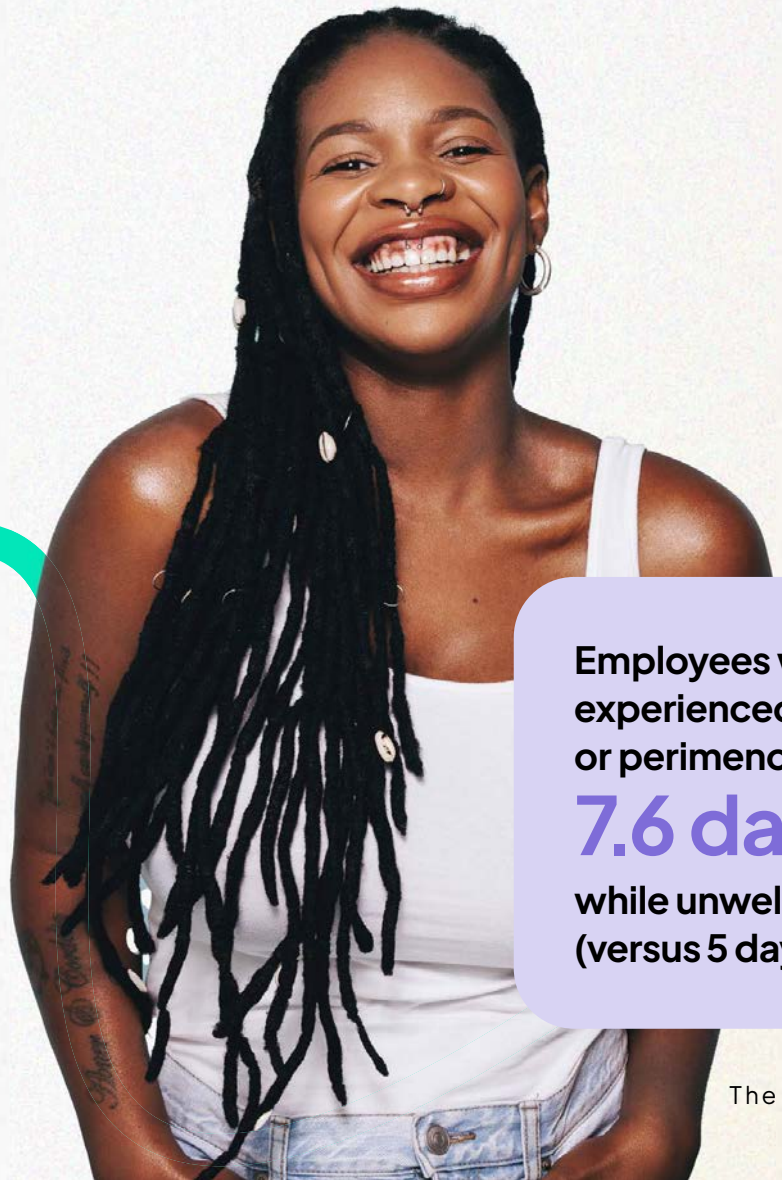
This may reflect stigma surrounding menopause, lack of flexibility in working arrangements, or workplace culture.

Workload also gets in the way of self-care, with 43% agreeing their workload makes it difficult to prioritise their health. This may partly explain why this group took more time off sick (4.5 sickness absence days in the last 12 months, compared with 3.6 days overall). However, the biggest productivity issue by far is presenteeism.

It is therefore not surprising that this group strongly supports the life-stage argument, with nine in ten (91%) agreeing that people at different life stages require different types of healthcare support.

It is also clear they feel their healthcare needs are not fully supported by their employer-provided health benefits. They told us they want menopause support, hormone replacement therapy (HRT) support, women's health support, and prescription cost support, but relatively few currently have and use these benefits.

Of course, while HRT may be helpful for some people, **support should not assume that one treatment route is right for everyone.**



Employees who have experienced menopause or perimenopause worked

7.6 days

while unwell or injured (versus 5 days overall).

Menopause support

46% do not currently have menopause support but would like it.

Only one in five (20%) currently have menopause support.

Just one in twenty (6%) currently have *and* use it.

HRT support

38% do not currently have HRT support but would like it.

Just one in ten (10%) currently have HRT support.

Only one in five (5%) currently have *and* use it.

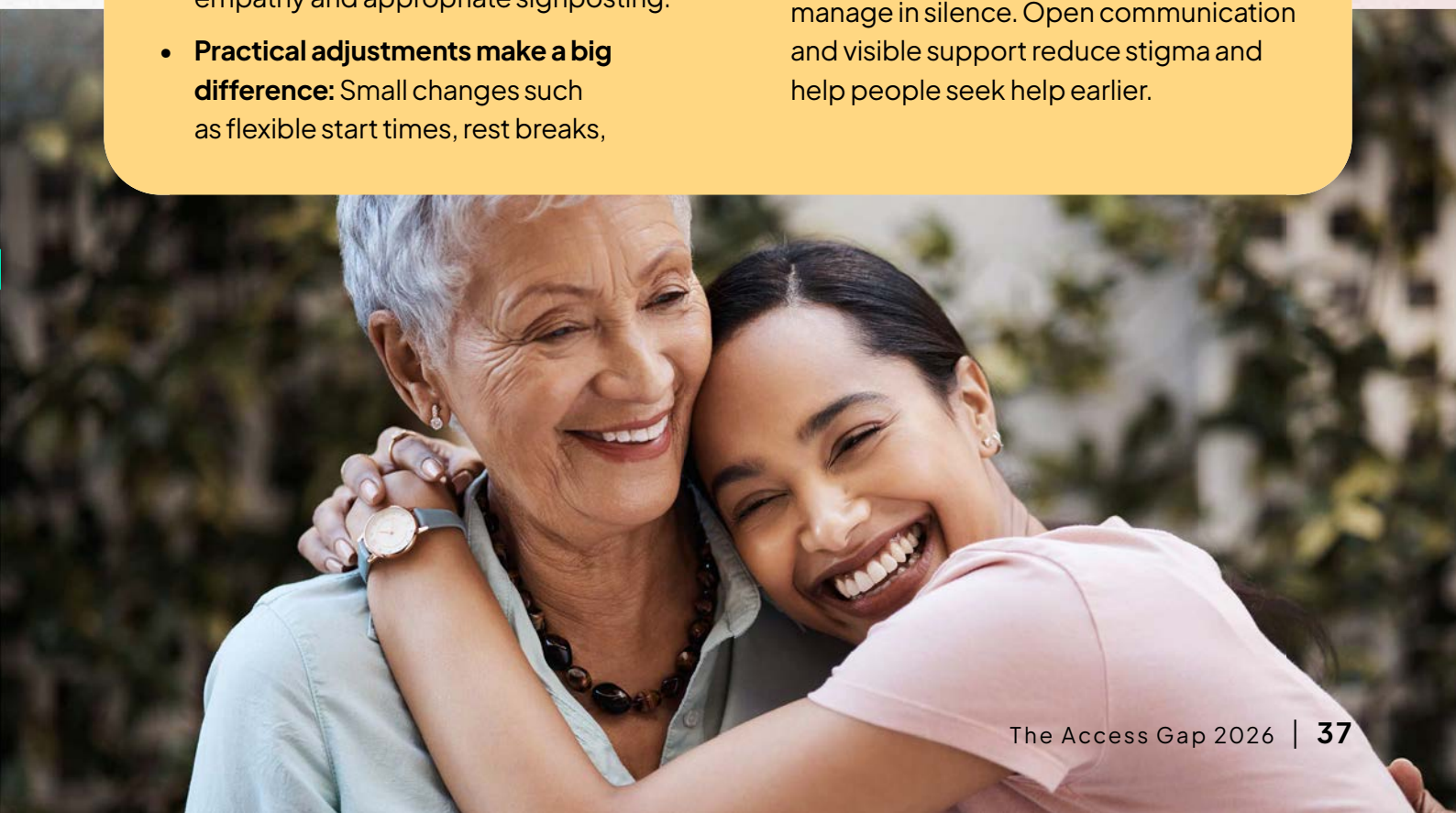
Faster GP appointments and out-of-hours access stand out as practical fixes. 47% say faster GP appointments would most improve their ability to access healthcare (compared with 41% overall), while 46% select evening or weekend appointments.

25% say that specialist services, such as mental health or menopause support, would most improve access to the healthcare they want, compared with one in ten (11%) overall.

For employers, the takeaway is that menopause support should not be treated as a niche benefit. As employees age, their health needs naturally evolve, and it's vital that employers provide the right support to meet those changing needs. Doing so is essential to maintaining productivity, retention, and engagement – especially for experienced employees whose knowledge, skills, and contribution remain critical to any business.

What employers can do to better support employees living through menopause and perimenopause

- **Treat menopause as both a physical health and mental wellbeing issue:** Support should address anxiety, low mood, confidence, sleep, and concentration challenges, as well as physical symptoms. Where mental health symptoms are severe or significantly affecting day-to-day functioning, employees should be signposted to appropriate clinical support.
- **Train managers to have informed, comfortable conversations:** Line managers play a vital role in reducing barriers, making reasonable adjustments, and helping people stay well in work. Mental health awareness training is particularly valuable here, equipping managers to recognise symptoms such as anxiety, low mood, and loss of confidence as mental health considerations, and respond with empathy and appropriate signposting.
- **Practical adjustments make a big difference:** Small changes such as flexible start times, rest breaks, temperature control, a desk fan, easy access to toilets and washing facilities, and temporary workload adjustments, can make a meaningful difference. Remember too, that employees' needs may change as their symptoms fluctuate – but they may be reluctant to ask for new adjustments.
- **Improve access to appropriate support, not just awareness:** Menopause support should include evidence-based information, access to appropriate clinical advice, and practical workplace adjustments. Clear signposting to GP support, menopause-specific support, counselling, HRT information, and women's health services helps turn good intentions into usable support.
- **Build a culture where taboo topics can be discussed safely:** Menopause should not be something employees have to manage in silence. Open communication and visible support reduce stigma and help people seek help earlier.



As a company with a predominantly male workforce, we identified education around menopause as a key priority. While it may not directly affect everyone, many colleagues will have partners, mothers, siblings, or friends who experience it. Building basic awareness and empathy helps create a more understanding and supportive culture for everyone. To support this, we created an internal panel discussion in the form of a video podcast, featuring relatable, lived experiences from employees and expert advice from a Simplyhealth representative. We also created dedicated management training and a menopause toolkit to guide managers in how to appropriately and sensitively navigate these conversations and signpost employees to the most appropriate care.

Emma Glass, Group Head of Employee Experience, Arnold Clark

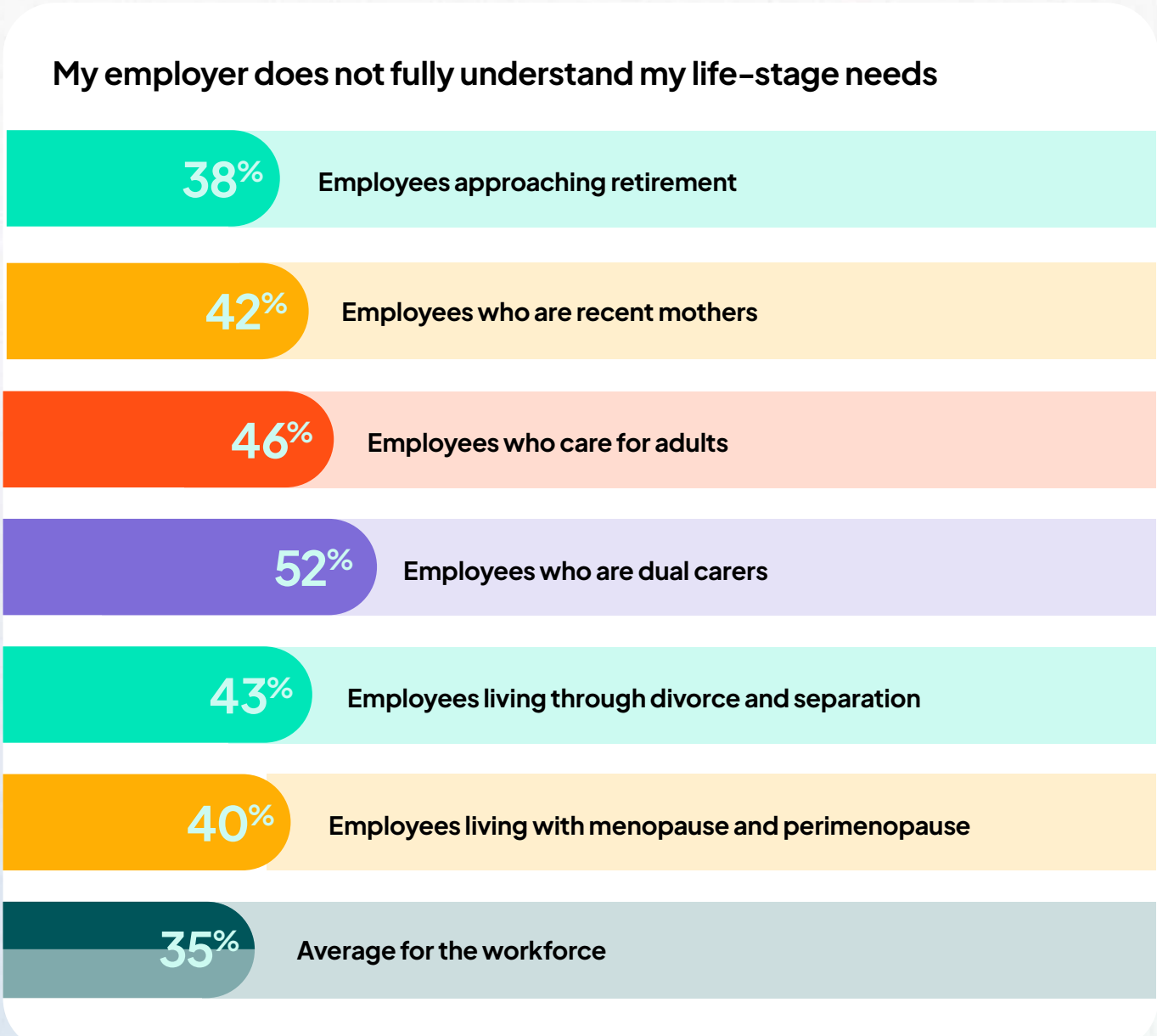
2.6 Beyond one-size-fits-all healthcare

Taken together, the experience of Britain's employees reveals that the healthcare access gap is not a single issue affecting a single type of worker.

Barriers to accessing healthcare are shaped by the realities and pressures of modern working life – through caring responsibilities, changing family circumstances, major health transitions, and the practical pressures that come with balancing work and life.

For some, the challenge is time, for others it's cost, flexibility, or simply trying to fit care around their responsibilities for others.

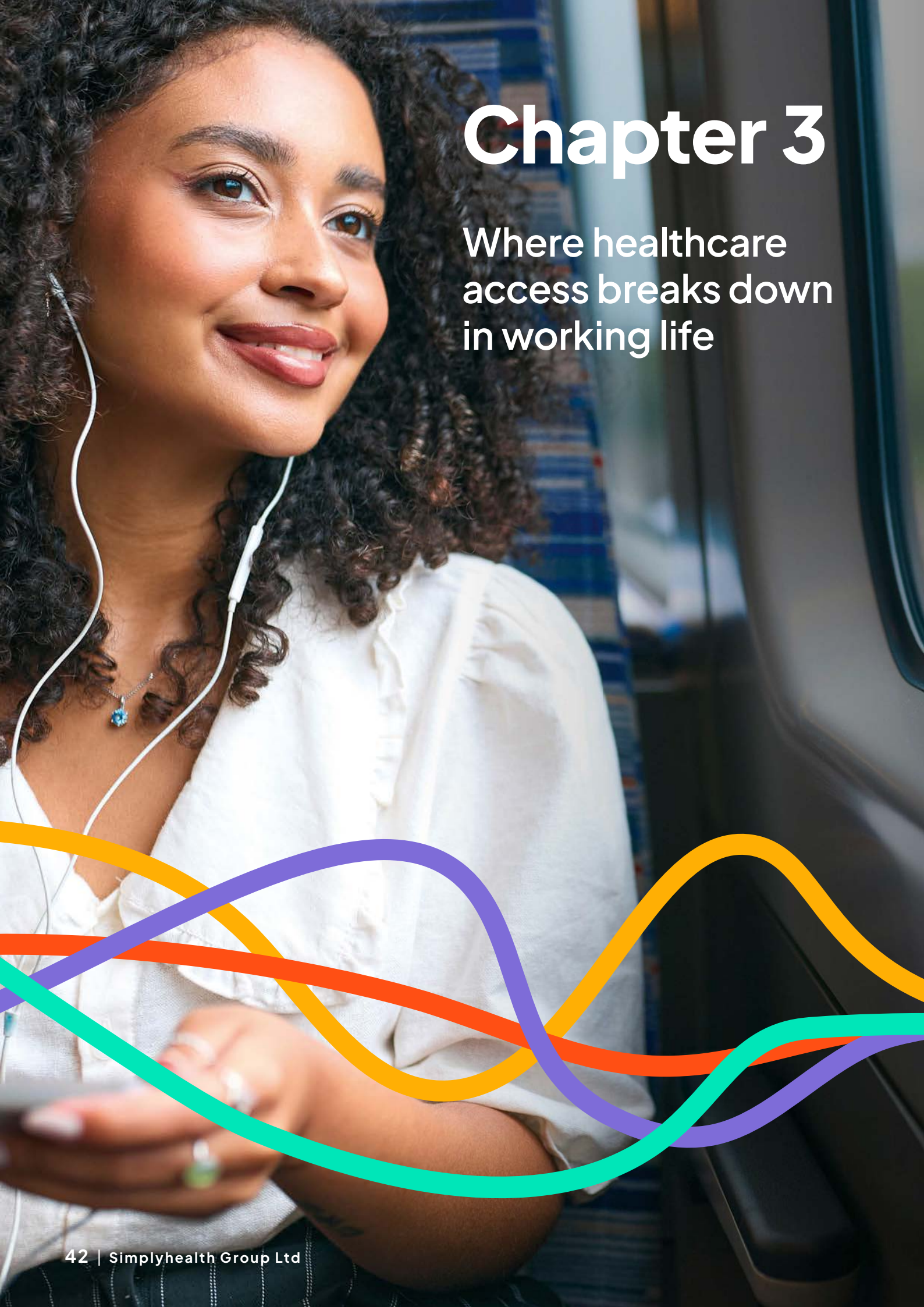
Across the different groups there is a common thread that unites them – a sense that employers do not fully understand their life-stage needs:



When healthcare support is not built around the lived experiences of employees, they are more likely to delay care, work while unwell, and feel that their needs are not fully understood.

For employers, moving beyond one-size-fits-all health provision is not simply about offering more benefits, but about building accessible health offerings that are flexible, relevant, and responsive to how people actually live and work.

> *A key part of our strategy is our network of Think Employee Champions across each site. These individuals are regularly trained and equipped with up-to-date resources to promote our full benefits package. Having trusted, on-the-ground support from fellow colleagues makes a significant difference – they can have informal conversations, share personal experiences, and encourage colleagues to access support when they need it most. We invest in ongoing management training and communications to ensure they feel confident supporting their teams with health and wellbeing concerns. Where managers are unsure, they are encouraged to engage the People Team, who can provide guidance and help identify the most appropriate support for the individual.*
>
> **Emma Glass, Group Head of Employee Experience, Arnold Clark**



Chapter 3

Where healthcare access breaks down in working life

For many employees, the barriers to accessing healthcare are not just clinical availability, but rather the collision between healthcare and the working day, and the difficulty of making the most of the health benefits available to them.

Everything from health-related admin to securing a same-day appointment with a GP can pose a challenge.

Almost four in ten (38%) employees say their workload makes it difficult to prioritise their health.

When they do put their health first, paperwork can eat into the working day. Employees estimate they spend an average of 1.9 hours a year during working hours on health-related admin such as booking or chasing appointments, researching providers, dealing with health insurance, or completing forms.

While in isolation 1.9 hours may seem small, across the working population, it equates to 32,500 full-time employees engaged in health-related admin. This rises to 2.2 hours among night shift workers.

Many also struggle to secure appointments quickly enough. **Only one in eight (12%) can get a GP appointment the same day, and four in ten (41%) say faster GP appointments would most improve their access to healthcare**. Mental health and physiotherapy appointments are part of this access gap.

Which of the following would most improve your ability to access the healthcare that you want?

	Overall	Gen Z	Millennials	Gen X	Boomers
Faster GP appointments	**41%**	31%	39%	45%	51%
Evening/Weekend appointments	**32%**	23%	32%	37%	39%
Simpler booking systems	**23%**	20%	23%	23%	30%
Employer-funded healthcare support	**21%**	19%	23%	19%	15%
Paid time off for medical appointments	**20%**	22%	21%	20%	14%
Digital/virtual GP access	**18%**	17%	19%	18%	14%
Faster mental health appointments	**14%**	19%	15%	11%	4%
Specialist services (e.g. mental health, menopause support)	**11%**	12%	11%	12%	5%
On-demand health advice (e.g. helplines/apps)	**11%**	13%	12%	9%	8%
Faster physiotherapy appointments	**8%**	8%	9%	8%	8%
Digital/virtual mental health support access	**8%**	11%	9%	7%	3%
Digital/virtual physiotherapy appointments	**6%**	8%	7%	4%	2%

NB: Respondents were asked to select up to three options.

Work, too, can get in the way of appointments: among those who delayed care, 27% said appointment times didn't fit their schedule, 23% were worried about taking time off, and 19% couldn't take time off.

It is also clear that working patterns are a major barrier. Many employers recognise this; nevertheless, some problem areas remain.

For example, rotating shift and night shift workers lose more working days to delayed or difficult access to healthcare than other employees.

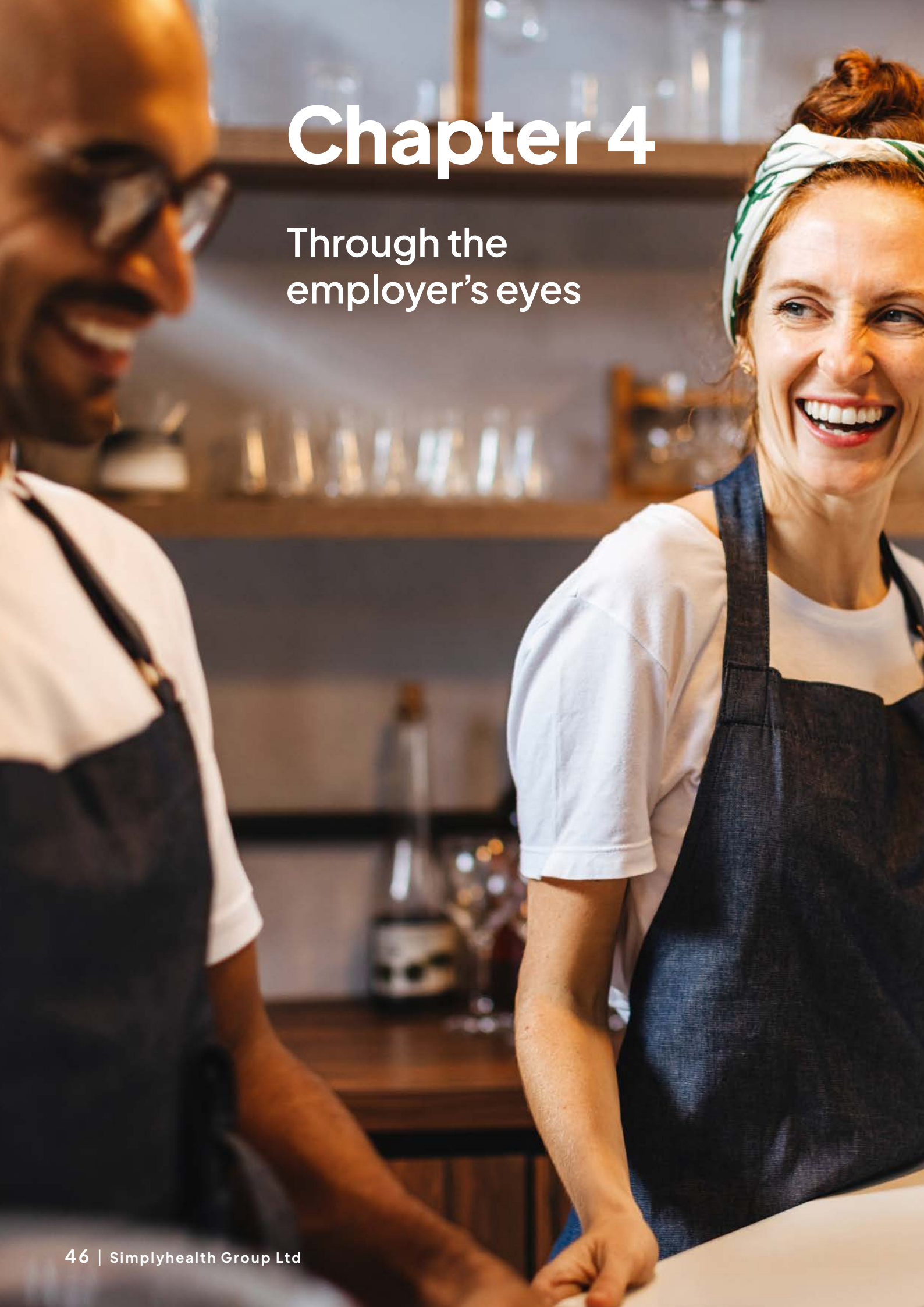
Similarly, night shift workers are more likely than employees with other working patterns to say current access to healthcare is difficult, and most rotating shift workers say they would be more productive if they could access healthcare more quickly.

Overall, the majority (61%) of employees describe their current access to healthcare positively, but 15% – a sizeable minority – say it is difficult.

Employees are not looking for one single fix. They want access that is faster, easy-to-use,

and more flexible, built around their work patterns.

Beyond speed of access (41% of employees want faster access to GP appointments), practical solutions matter. Asked what would most improve their ability to access healthcare, one in three (32%) employees opted for evening or weekend appointments, one in five (20%) selected paid time off for medical appointments, and a similar number (18%) chose digital/virtual GP access.



Chapter 4

Through the employer's eyes

Employers estimate that for every £1 spent on health benefits, they receive £1.90 in value (a 1.9x ROI).

Data from HR decision-makers within employers reveals that they recognise the healthcare access challenges faced by their employees and share many of the same concerns. However, it also shows that there is a perception gap between offering benefits and making them genuinely accessible.

Eight in ten (78%) employers agree that employees are increasingly expecting better healthcare support in the workplace. They also broadly understand the link between healthcare access and workplace productivity, with 80% believing that faster healthcare access would improve their overall business performance.

In addition, the business impacts of healthcare access challenges are already being felt by many.

Impacts of healthcare access challenges seen by employers

32% Reduced productivity

30% Increased sickness absence

29% Increased staff stress

23% Increased staff burnout

23% Higher presenteeism

Like employees, many employers recognise the importance of workplace set-up, saying working patterns (39%), lack of time during the working day (37%), and workload (29%) are among the biggest barriers to staff accessing healthcare.

However, there is a perception gap between what employers offer and what employees receive.

90% of employers who offer benefits say their healthcare benefits are flexible

52% of employees say they need more flexible healthcare options than are currently available.

This suggests unmet needs remain and highlights an opportunity for employers to enhance their wellbeing strategies.

While the data suggests that employer healthcare provision is broad, a catch-all approach to health creates misalignments with the needs of different generations and life-stage groups in the workplace. Building health and wellbeing strategies around these diverse needs will enhance employee experience.

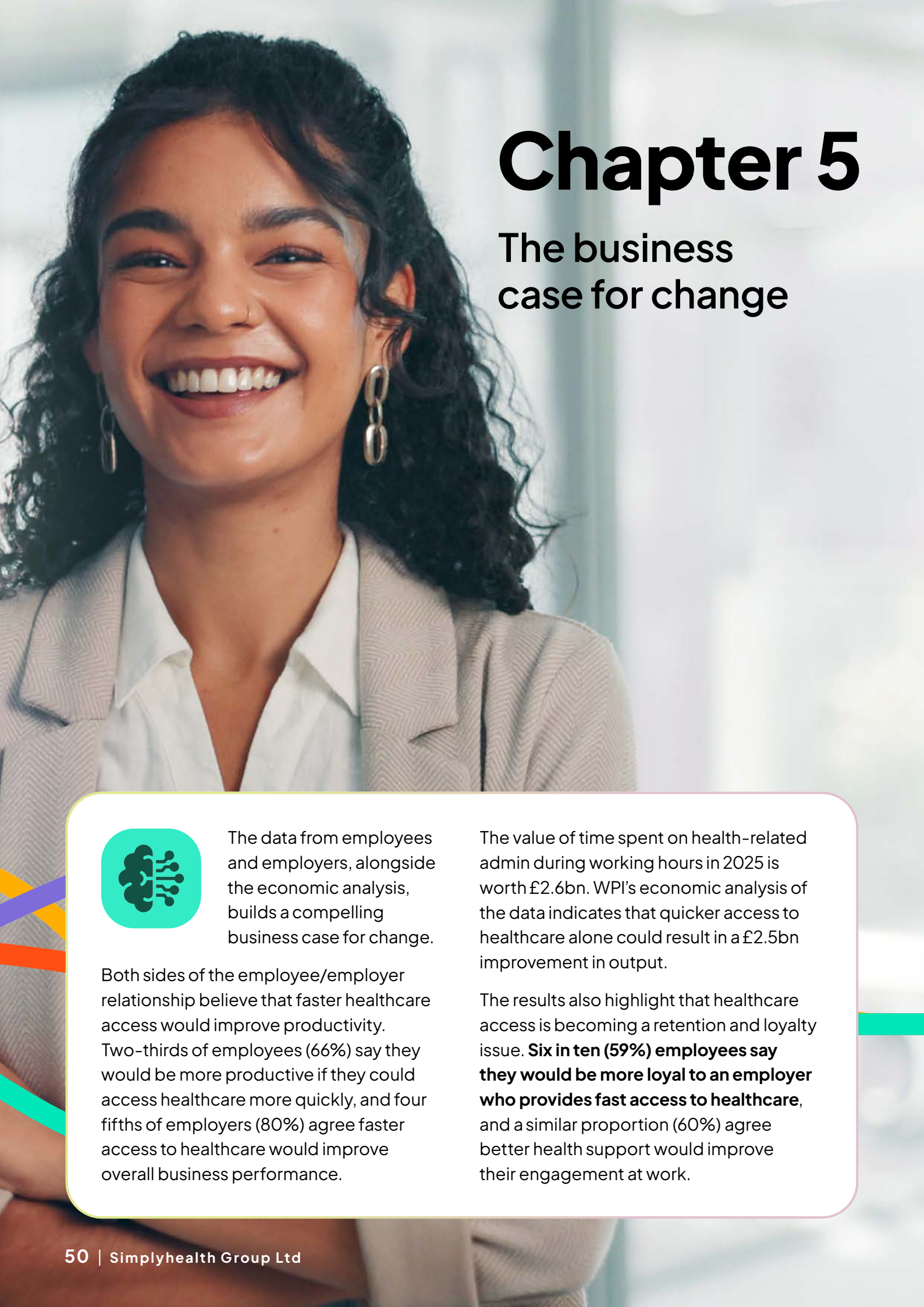
At the same time, employers are aware that an under-pressure NHS is not always able to meet employees' needs. More than six in ten (65%) agree that lack of NHS appointment availability is a major issue for employees, and over four in ten (44%) agree navigating healthcare services is difficult for workers.

These access problems related to NHS health care are having real operational consequences:

36% of employers say it has led to an increase in employees taking time off during working hours to go to appointments.

32% say more employees are taking time off due to illness.

26% say there is an increase in employees working while unwell.



Chapter 5

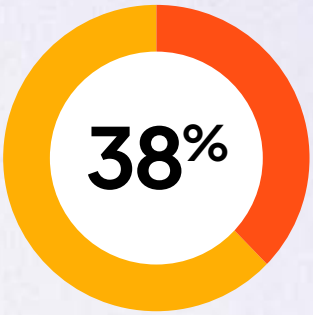
The business case for change

The data from employees and employers, alongside the economic analysis, builds a compelling business case for change.

Both sides of the employee/employer relationship believe that faster healthcare access would improve productivity. Two-thirds of employees (66%) say they would be more productive if they could access healthcare more quickly, and four fifths of employers (80%) agree faster access to healthcare would improve overall business performance.

The value of time spent on health-related admin during working hours in 2025 is worth £2.6bn. WPI's economic analysis of the data indicates that quicker access to healthcare alone could result in a £2.5bn improvement in output.

The results also highlight that healthcare access is becoming a retention and loyalty issue. **Six in ten (59%) employees say they would be more loyal to an employer who provides fast access to healthcare**, and a similar proportion (60%) agree better health support would improve their engagement at work.



of employees agree they would consider leaving their job for better health support elsewhere.

Employers are aware of the risk, with the majority (76%) agreeing healthcare access influences employee retention in their organisation, and that improving it would strengthen their employer brand (81%).

The research shows that tailoring benefits by life stage is not a niche ask. Employers and employees alike recognise the value of simpler access to benefits that fit real working lives, acknowledging that timely access helps employees address issues earlier, reducing the risk of absence, delayed recovery, and presenteeism.

81%

of **employers** offering workplace health benefits agree that simplifying access to healthcare would improve employee health outcomes.

65%

of **employers** offering health benefits agree one-size-fits-all healthcare benefits are no longer effective.

67%

of **employees** agree simpler healthcare access would reduce their stress.

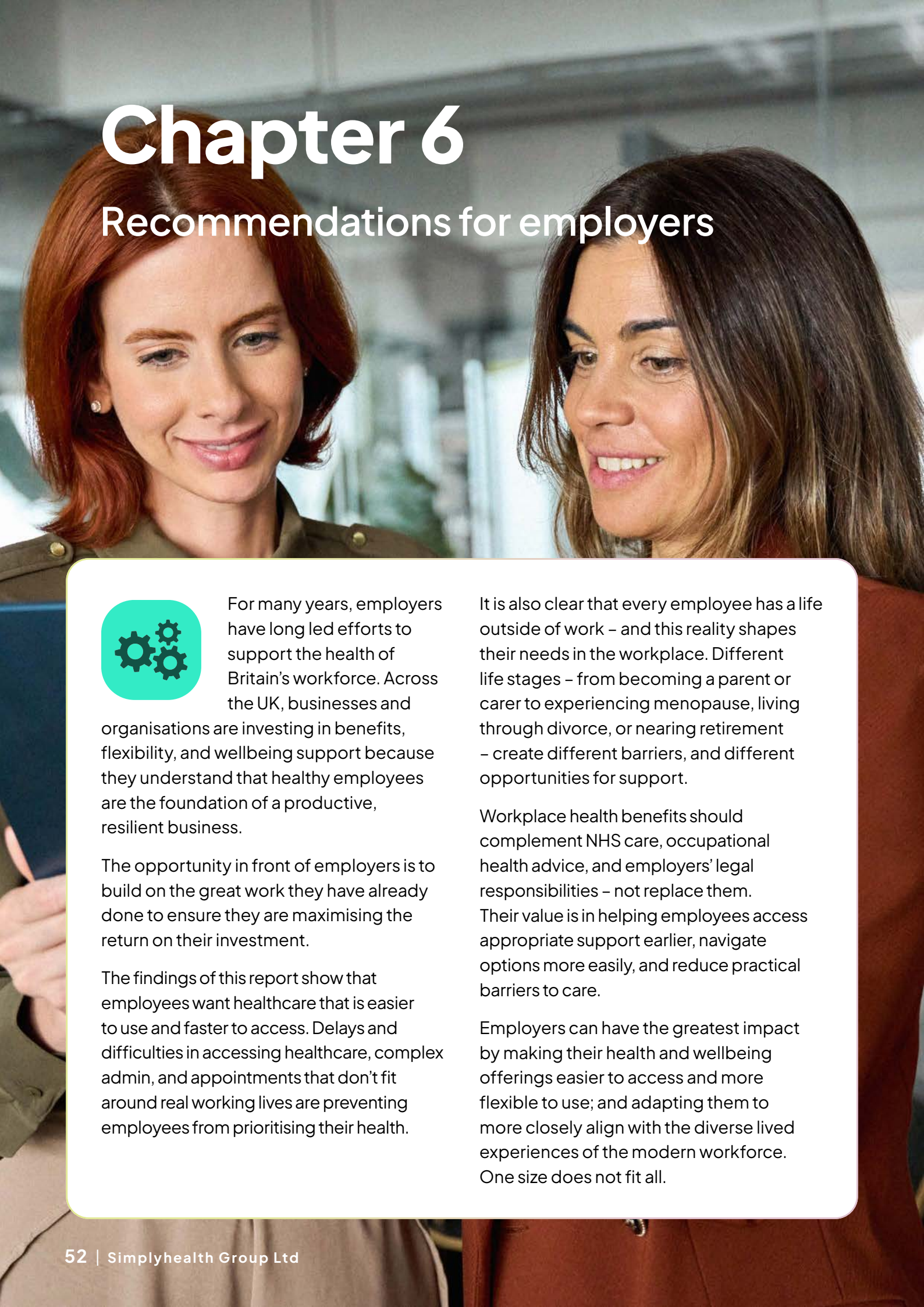
68%

of **employees** agree employers should tailor healthcare benefits to different life stages.

The need for, and potential impact of, workplace health benefits adapted to the requirements of different employee cohorts is most clearly exemplified within the life-stage groups facing significant barriers: new mothers returning to the workplace who place a premium on mental health support; employees living through divorce and separation who are working through illness; adult carers who are sacrificing their own health to look after others; experienced employees who are managing ongoing health conditions as they near retirement; and employees who would like menopause support.

Employers' own metrics also make a convincing business case for change. More than nine in ten (94%) employers who offer benefits track their utilisation, and they estimate that the average ROI of their health and wellbeing benefits programme is 1.9x investment.

Simply put, better healthcare access is not only a wellbeing issue. It is a productivity, engagement, retention, and employer-brand issue. A healthy workforce drives healthy businesses. Healthy businesses drive a growing economy.



Chapter 6

Recommendations for employers

For many years, employers have long led efforts to support the health of Britain's workforce. Across the UK, businesses and organisations are investing in benefits, flexibility, and wellbeing support because they understand that healthy employees are the foundation of a productive, resilient business.

The opportunity in front of employers is to build on the great work they have already done to ensure they are maximising the return on their investment.

The findings of this report show that employees want healthcare that is easier to use and faster to access. Delays and difficulties in accessing healthcare, complex admin, and appointments that don't fit around real working lives are preventing employees from prioritising their health.

It is also clear that every employee has a life outside of work – and this reality shapes their needs in the workplace. Different life stages – from becoming a parent or carer to experiencing menopause, living through divorce, or nearing retirement – create different barriers, and different opportunities for support.

Workplace health benefits should complement NHS care, occupational health advice, and employers' legal responsibilities – not replace them. Their value is in helping employees access appropriate support earlier, navigate options more easily, and reduce practical barriers to care.

Employers can have the greatest impact by making their health and wellbeing offerings easier to access and more flexible to use; and adapting them to more closely align with the diverse lived experiences of the modern workforce. One size does not fit all.

Seven principles for employers

1. Simplify and speed up access: Reduce barriers to seeking support through faster, flexible GP access, and out-of-hours appointments. Simplify navigation and administration.

2. Listen, adapt and respond: Tailor support to life stage, role, and personal circumstances; and be flexible about performance expectations, workplace environment, and evolving health needs, as well as working hours.

3. Target support: Identify where productivity losses are greatest and recognise that a strategy that supports one group may not have the same impact for another. Use utilisation and workforce data to identify unmet needs.

4. Clear communication: Even when the right support is there, employees may not know that it exists, when to use it or what it covers. Employees need simple, repeated, accessible communication about what support is available, how to access it, what it costs, what is confidential, and when to seek urgent or specialist help.

5. Preventative health culture: Build a health and wellbeing strategy where employees know that they can access the care they want and need early, before problems escalate into absence, stress, disengagement, and working while unwell. Think of occupational health as a bridge between symptoms, adjustments, and a sustainable workforce.

6. Train and support managers: Enable managers to have comfortable and empathetic conversations with their team. When managers have the knowledge and confidence to have difficult conversations, and when employees feel psychologically safe enough to speak up, organisations are better placed to respond to needs at every life stage. Mental health awareness training is one of the most effective ways to build that foundation.

7. Safe signposting and clinical governance: Ensure services are clinically governed, evidence-based, and clear about scope, confidentiality, escalation routes, and onward referral. Communications should explain what each service can and cannot support, how confidentiality works, when occupational health may be appropriate, and where employees should go for urgent or specialist help.

For businesses and organisations, the message from this research is that the foundations are strong, but that relatively small practical changes in the design of employee health strategies built around flexibility and access could make an even greater difference to employee wellbeing and productivity.

Employers are uniquely placed to transform the health landscape for millions of people by making it easier to access health support, fostering a national culture of preventative health and wellbeing, and creating working environments where people feel encouraged to prioritise their health.

Methodology

Simplyhealth commissioned leading market research agency, Opinium, to conduct a nationally representative survey of 5,000 employees in the UK between 23 April and 6 May 2026, and a survey of 500 HR decision-makers in UK companies with at least 10 employees between 23 April and 7 May 2026. Opinium has checked and verified the data used in this report.

Simplyhealth commissioned WPI Economics to identify the economic impact of the healthcare barriers identified in the Opinium research:

Costs of sickness absence and presenteeism: WPI's approach to the headline findings on the economic cost of sickness absence and presenteeism follows a methodology detailed in a recent Official Statistics release from the Department for Work and Pensions.[1] In turn, this built on an earlier 2016 report from DWP[2] and previous work that WPI Economics has undertaken.

As per the 2025 DWP report, we measure four elements of cost:

1. Lost output associated with periods of sickness absence.
2. Lost output associated with lower productivity during periods of presenteeism.
3. Direct costs from Statutory and Occupational Sick Pay.
4. Costs of conflict resolution, litigation and recruitment

Costs of delayed/difficult access to healthcare: Working days lost due to delayed or difficult access to healthcare can either be lost in sickness absence, or as presenteeism. WPI has assumed that 25% are sickness absence, and 75% presenteeism. Note: this assumption is made to create a cautious/conservative estimate (as presenteeism days have lower economic costs associated with them). Costs have been calculated based on the same valuation strategy as the headline figures – scaled to reflect the number of days lost to this cause. For the sickness absence days, WPI only include output and SSP/OSP costs. Conflict (etc.) costs are not included – as we don't have enough information on how these might be apportioned.

Cost of health-related admin during working hours: WPI has created estimates of the number of FTEs equivalent spent on work-related admin, by grossing up the average 1.9 hours across the workforce (assuming 230 working days in a year), then applying estimates of GVA per head[3] to these to create overall estimates of the economic value of this time.

1. DWP, (2025). *The cost of working age ill - health and disability that prevents work*. Available here: The cost of working age ill - health and disability that prevents work - GOV.UK. Accessed 26/05/2026.
2. DWP, (2016). *Work, health and disability paper: data pack*. Available here: Work, health and disability green paper: data pack - GOV.UK. Accessed 26/05/2026.
3. ONS (2026), *Output per worker, UK*. Available here: https://www.ons.gov.uk/economy/economicoutputandproductivity/productivitymeasures/datasets/outputperworkeruk. Accessed 26/05/2026.

Benefits of quicker access to healthcare: WPI has taken the following steps here:

1. Take the 66% of people that say they would be more productive with faster access to healthcare (25% say strongly agree, 41% say agree).
2. Assume that with that access, this group of workers would see a reduction in the number of days they say they lose because of slow / difficult access to healthcare.
3. Assume that for "strongly agrees" this is a 25% reduction. For "agrees" a 10% reduction.
4. The value of these days saved is calculated on the same basis as above. It includes output and SSP/OSP savings.

Breakdowns by generation: Breakdowns of results by generation are created by calculating the proportion of total sickness absence reported by each of the four generations (Gen Z, Millennials, Gen X, Boomers) from the Opinium survey. These are then applied to the totals. For GVA loss by generation, results also account for the difference in GVA per head for each generation. These are derived by scaling average GVA per head by the ratio of mean generational income and overall mean income.

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