

Maximising the role of physiotherapists in delivering occupational health services

Musculoskeletal problems (MSDs) and resulting sickness absence are a major problem for all employers. According to the Confederation of British Industry (CBI), in 2006 sickness absence cost UK plc £13.4 billion.¹

The Health Work and Wellbeing Strategy (Department of Health, 2005)² is focusing on improving the health and well-being of working age people – including those with MSDs – so that people can continue working longer. Furthermore Dame Carol Black's review of the working age population calls for a new approach to health and work in Britain.

Many NHS organisations are already successfully tackling MSDs but recognise that there is more to do. This *Briefing*, developed with the Chartered Society of Physiotherapy (CSP), sets out the business case for trusts for developing fast track physiotherapy services for staff in this area.

Key facts

- A good occupational health (OH) service is key to a trust's integrated sickness absence approach.
- Investing up front in rehabilitation reduces costs and risks for employers.
- For example, an OH fast-track physiotherapy service helps support staff in returning to work.
- There are a range of options that trusts can consider to deliver an OH service that meets local needs.

Broader context

GP referrals for physiotherapy, which is the route normally taken by employees with MSDs, may result in several weeks' wait. This, alongside treatment, involves more time off work. A Department of Work and Pensions review of workplace ill health shows that employees who are off sick for more than six weeks start to suffer minor mental health problems. If they are off sick for too long, there is a strong possibility that employees may not return to work at all, incurring extra

costs in early pension payments and increased social and disability benefits.

Role of occupational health

The principal role of occupational health (OH) in any organisation is ensuring that staff are fit and capable of carrying out their role. An exemplar OH service is a core part of an organisation's integrated sickness absence management approach, where all parties share a common goal: 'staff who are happy, healthy and here.'



Key recommendations in Dame Carol Black's review – *Working for a Healthier Tomorrow* – signals a clear role for physiotherapy:

- The Government should pilot a new Fit for Work Service based on referral to a co-ordinated range of treatments and support (including physiotherapy) for patients in the early stages of sickness. If ultimately rolled out it would make access to work-related health support available to all – no longer the preserve of the few.
- OH should be brought into the mainstream of healthcare provision.
- The existing Health, Work and Wellbeing Strategy should be extended to incorporate the relevant functions of those departments whose policies influence the health of Britain's working age population.

Whether using a dedicated in-house OH service, one from another trust or a private provider, NHS staff should be able to access OH services such as physiotherapy quickly and easily, to facilitate their return to work.

Investing up front can limit the costs and risks for employers in the longer term.

The business case

Worthing and Southlands Hospitals NHS Trust

Worthing and Southlands Trust worked in partnership with West Sussex Primary Care Trust (PCT) to set up an OH physiotherapy service, to reduce the level of MSD-related sickness absences amongst staff. The project that started in 2005, also aimed to improve communication between the OH and physiotherapy departments to develop joint working practices, including return-to-work rehabilitation packages.

The service, which is still running, is run by one part-time senior physiotherapist who is employed jointly by the OH and physiotherapy departments. The post consists of 12 clinical physiotherapy hours and six hours covering OH case management and administration, per week. Staff are referred to the service through OH, their GP or consultant.

In the first six months, staff sickness absence for MSDs reduced by 25 per cent compared to the previous six months. For the largest single group affected by MSDs – nurses and midwives – sickness absence fell by a staggering 39 per cent. This equates to 195 working days saved over six months.

In terms of investment, the service more than paid for itself. Based on the first six months, the cost of employing a 0.5 whole time equivalent physiotherapist at Band 6 to run the service, delivered enough savings in staff sickness absence to fund the post, plus an additional cost improvement of £71,000.

Doncaster and Bassetlaw Hospitals NHS Trust

In 2005, Joe Brayford, director of HR at Doncaster and Bassetlaw Hospitals NHS Trust, conducted a pilot to evaluate the benefits of providing an OH physiotherapy service for the trust's staff. The pilot aimed to:

- reduce the number of days of sick leave attributed to MSDs by providing a fast track physiotherapy service
- take a proactive approach to promoting safe and healthy work practices, thereby reducing the risk of work-related injuries and possible litigation
- work more closely with the OH team and HR colleagues to deliver an effective sickness management plan across the whole organisation.

The service was set up in March 2005 with a comprehensive evaluation that analysed data between March and October 2005.

During the evaluation period, the average referral rate for MSDs to the trust's fast track physiotherapy service was 64 cases a month, 448 for the seven-month evaluation period, which equates to 768 per year. Of the total:

- 55 per cent accessed the service through self referral, negating the need to take time off to see a GP
- 18 per cent were referred by the OH department
- 12 per cent by their manager
- 5 per cent by other unspecified routes.

Of those staff using the service:

- 88 per cent said that it had saved them a visit to their GP

- 64 per cent said that the service had saved them taking time off work.

The trust estimates that, based on a D grade staff nurse (Agenda for Change Band 5) earning £87 per day, the fast track service has the potential to make the savings outlined in the table below.

Dr Hamish Paterson, consultant OH physician at Newcastle upon Tyne NHS Foundation Trust, is now planning a scoping exercise to identify how newly qualified physiotherapists can make an effective contribution to the current service provision. The trust believes that the key factor in the project's success so far is effective communication

between OH and human resources, line managers and other health professionals to provide a holistic service, ensuring that staff receive the help and support they need to return to work as soon as they can.

Establishing an occupational health service

The guidance, *The effective management of occupational health and safety services in the NHS* was published in 2001³ and sets out the range of OH and safety services that should be available to all NHS staff.

NHS Employers research indicates that not all OH service providers have a dedicated physiotherapy

Doncaster and Bassetlaw Hospitals NHS Trust – cost savings

Length of absence saved as a result of fast track service	Period of time covered	Financial saving
One day – per member of staff using the service	Seven months (the trial period)	£38,976 (based on daily rate of £87 x 448 staff who have been referred to the service)
	Twelve months	£66,816 (£87 x 768 staff)
One week (five days) for self certification – per member of staff using the service	Seven months (the trial period)	£194,880 (based on daily rate of £87 x 448 staff who have been referred x 5 days)
	Twelve months	334,080 (£87 x 768 staff x 5 days)

service for staff. Around a third of the 38 trusts contacted did not offer a physiotherapy service within OH (for more details see www.nhsemployers.org). Some use their general physiotherapy department, others outsource and some rely on accessing services through their GP.

Alongside a fast track physiotherapy service, employers should also consider offering broader OH services such as counselling and general well-being advice, for example on exercise and healthy eating, to impact on sickness absence in the longer term.

Services for small NHS organisations can be provided by a large acute trust, NHS Plus, a GP or private provider. However the service is sourced, the potential cost benefits for trusts, staff and the NHS cannot be ignored.

Opportunities for new physiotherapy graduates in occupational health

Using both experienced and newly qualified physiotherapists in the OH setting extends the scope of the service, to get more staff back to work as quickly as possible with minimum disruption to them, their trust, their colleagues and patients. Employers should consider an appropriate mix of experienced and newly

qualified physiotherapists to ensure that new graduates have robust support mechanisms in place as part of an OH physiotherapy service.

The current surplus of qualified physiotherapists provides an opportunity to establish physiotherapy roles within all OH settings (providing opportunities for newly qualified staff to back fill existing posts) in one or more of the following ways:

- more part-time or job share posts – either between trusts and/or PCTs in the same strategic health authority (SHA) region or between departments in the same trust (eg. OH and outpatient physiotherapy services). Splitting posts which involve working four days, providing weekend cover and a crossover day midweek.
- using physiotherapists to back fill posts where staff may be on maternity leave or long-term sick leave – the work that they do will need to be relevant to their qualifications and experience, and in conjunction with robust continuing professional development (CPD) support mechanisms to ensure safe practice.
- establishing programmes to manage long term conditions –

some posts may be suitable for physiotherapists to form part of a team working to rehabilitate people back into work, as part of the government's Pathways to Work Scheme. www.dwp.gov.uk

- maximise opportunities offered by practice based commissioning⁴ – PCTs may choose to commission more physiotherapy services at a local level, for both the public and NHS staff who require access to services quickly and in a convenient setting.

Skills development

To support the provision of OH services, the Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE) has developed training courses for physiotherapists working in OH and is currently developing a new core training programme for the speciality. To operate effectively in an OH setting, new graduates need a good understanding of the core areas including:

- health and safety legislation
- the epidemiology of work-related injury and ill health
- applied ergonomics, organisational culture and working environment
- task and job demands analysis

- functional measurement to assess capability against job requirements
- biopsychosocial approach and the ability to screen for occupational flags
- confidentiality, consent and disclosure
- knowledge of the Disability Discrimination Act.

Trusts will also want to consider the following points:

- allocating some training funds to enable a new graduate to 'skill up' for the particular demands of providing an OH physiotherapy service
- employing juniors in trusts on OH rotations will need an appropriate allocation of

funds to ensure that they have time and funding to attend relevant postgraduate courses in OH, particularly as there is variability in the amount of OH input at undergraduate level

- establishing processes for monitoring the quality of the development and delivery of educational programmes, to ensure accuracy of legal requirements and current evidence based management of work-related injuries and ill health.

Next steps

Trust directors, business managers and finance departments will want to scope how they can develop an OH service that meets

their trust's needs. These discussions, involving colleagues in the OH, HR and physiotherapy departments, will help shape a holistic OH service to support staff.

Further information

For details of good OH practice see the healthy workplaces section on our website at www.nhsemployers.org. For more examples of what trusts are doing, see the knowledge base section on the website and for additional information, email mary.newsome@nhsemployers.org

For details of CSP's work in this area contact Jill Higgins, director of practice and development, at higginsj@csp.org.uk

References

- 1 www.hse.gov.uk/sicknessabsence/casestudies/pct.htm
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Published May 2008.

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Ref: EINF04401



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