University of Salford MANCHESTER

‘Vocational’ Physiotherapy for Musculoskeletal Disorders

Christine Parker
Senior Lecturer
School of Health Sciences

Outline

- Consider the rationale for the Working Well project
- Reflect on the evaluation process
- Identify key learning points

working well

The Health Foundation Inspiring Improvement | Shine

… a service designed to address musculoskeletal related sickness absence in a NHS PCT.

Facilitating stay at work (SAW) or return to work (RTW) in order to:

1. **Reduce sickness absence**
2. **Reduce direct and associated costs to the PCT**
3. **Improve the health and wellbeing of staff**

MSDs and Sickness Absence

- **NHS staff sickness absence costing £1.7billion on average**
- **11.7 days per employee** (Boorman,2009)

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- **MSDs: common causes for short and long term absence**
- **Cost of absence per employee ~ £673** (CIPD, 2011)

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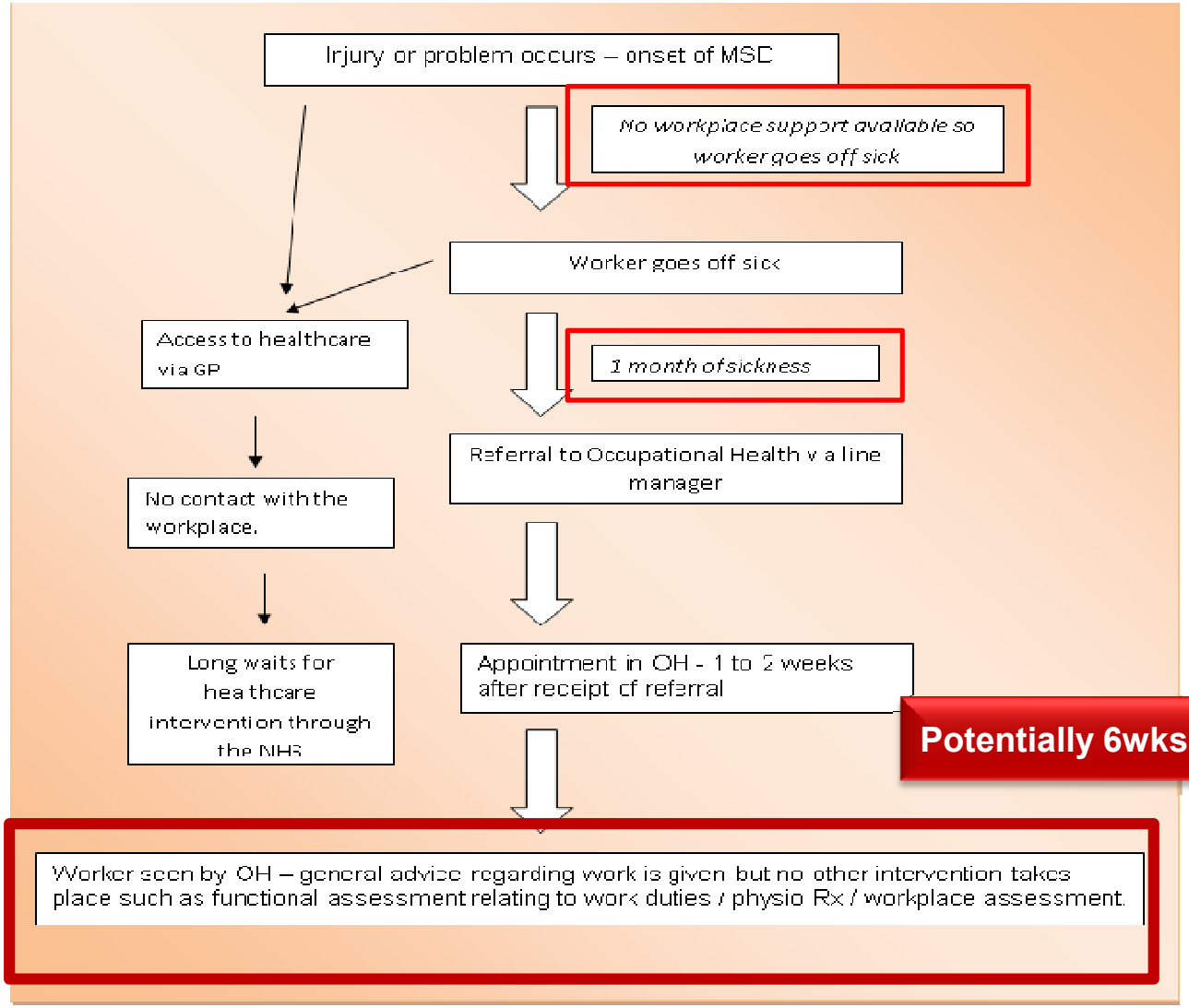
MSDs accounted for 18% of staff sickness absence across the PCT

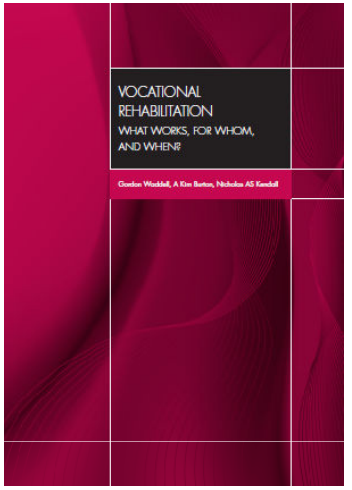
Pre-project:



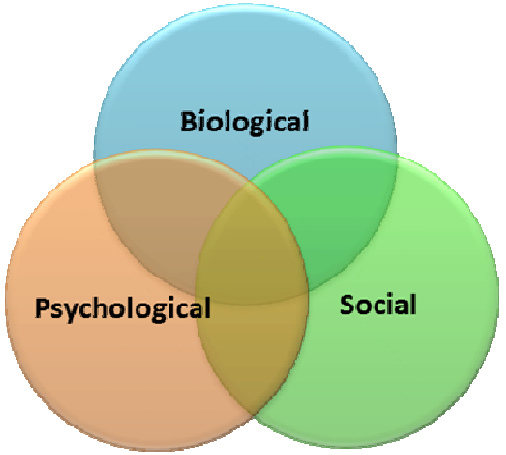
Potentially 6wks absence already

Vocational Rehabilitation:

- Whatever helps someone with a health problem to stay at, return to and remain in work: it is **an idea and an approach** as much as an intervention or a service (Waddell et al 2008)



- Unemployment is bad for health (Janlert,1997; Martikainen & Valkonen, 1996; Waddell & Burton 2006)
- Appropriate employment actively improves mental health and well-being; work is protective of health (The Marmot Review, 2009)
- Work has therapeutic value: can aid recovery; restores physical and mental capacity (Waddell & Burton, 2004)

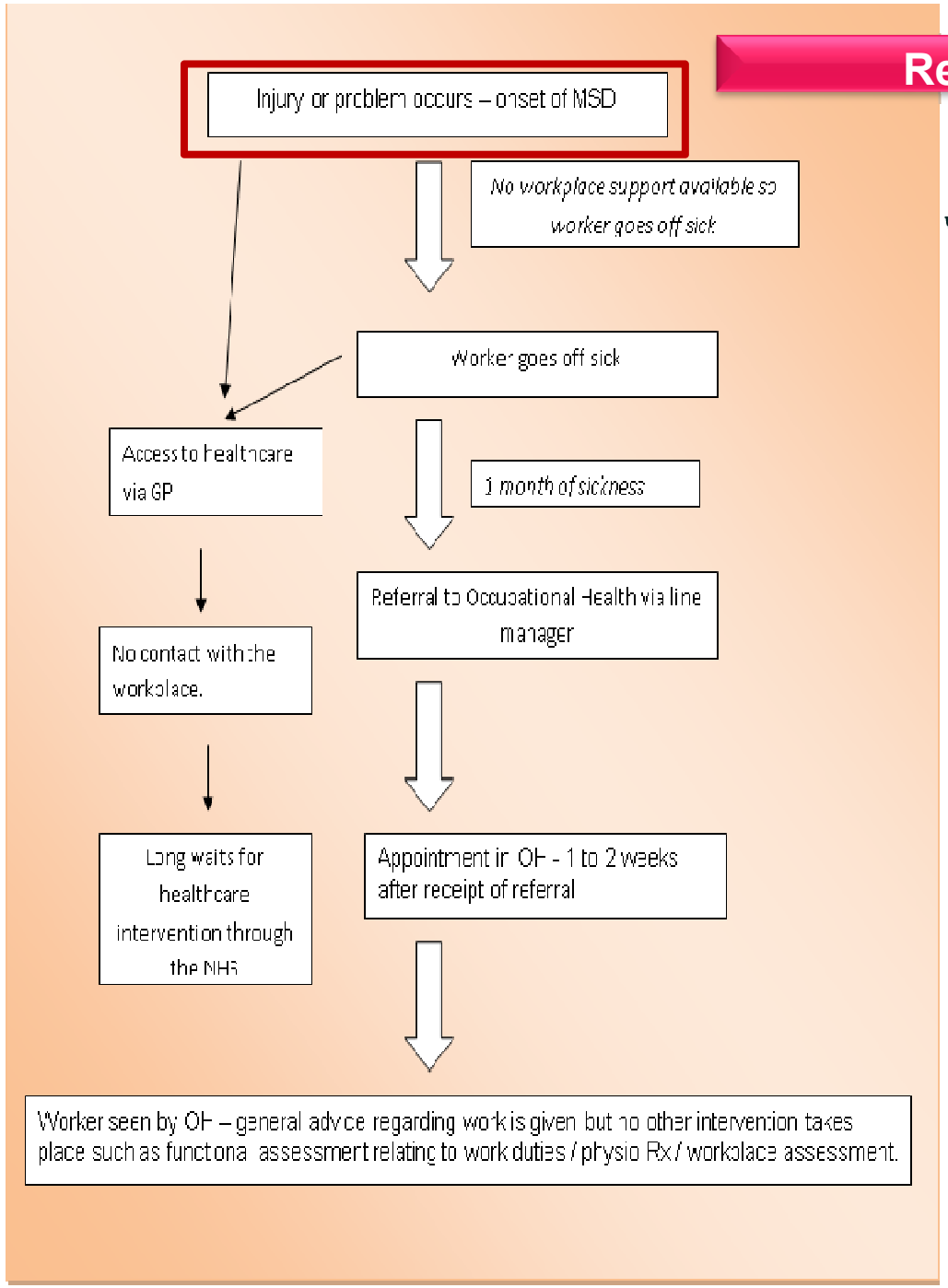


Early and Work-Focused Rehab?

- **Access to rehabilitation through existing pathways is patchy and variable → delays and mixed messages**
- **Quick access to healthcare can improve recovery but does not necessarily improve occupational outcomes** (Waddell et al 2008).
- **Early return to work is an effective strategy as part of the rehabilitation process in dealing with MSDs** (Carter & Birrell, 200; Black, 2008; Ellis et al, 2010)
- **There seems to be a gap between evidence, guidelines and healthcare practice** (Linton, Vlaeyen & Ostelo. 2002; Bishop, Foster, Thomas & Hay, 2005; Coudeyre et al, 2006)
- **A coordinated case management approach using a Vocational Rehabilitation model that links to the workplace is more likely to reduce sickness absence** (Boorman 2009).

What are physiotherapists doing about keeping people in work?

- "***Every health professional ……. should …. take responsibility for …… occupational outcomes. That requires radical change in NHS and health professionals' thinking"*** (Waddell & Burton, 2004)
- **Previous treatment by physiotherapists: a potential risk factor for long-term sick leave** (Reme et al, 2009)
- **Presently outpatient NHS physiotherapists do not routinely address work issues** (Moore, 2011)
- **Work has tended to be a specialist focus in physiotherapy – but not everyone will see a specialist at the early stages of their condition!**



Referral

Seen within 5 working days

working well

- ✓ **Biopsychosocial assessment**
- ✓ **Exclude red flags**
- ✓ **Identification of obstacles**
- ✓ **Focus on yellow and blue flags**
- ✓ **Stepped care approach**
- ✓ **Facilitate plan for early RTW/ SAW**
- ✓ **Referral (physio/ counselling etc)**
- ✓ **Line manager support & guidance**
- ✓ **Liaison with HR (&OH) where necessary**
- ✓ **CM – coordination (internal & external)**

Case closure
(SOS up to 6m)

Work-focused Assessment:

Obstacles:

- Biomedical
- Ergonomic
- Psychosocial

(Burton et al, 2005)

Link between disease/ impairment and function/ incapacity is weaker than commonly assumed

(Waddell & Burton, 2004).

FLAGS:

- **Yellow**
- **Blue**
- **Black**

(Main & Burton 2000; Marhold et al. 2002)

"***a stepped method of screening involving multiple methods (questionnaire, interview, worksite visit) may provide an effective and efficient approach to identifying obstacles to recovery in the workplace***"

(Shaw et al, 2009)

Evaluation Method

- **Internal/external evaluation model** (Patton, 1987).
- **Internal: PCT**
- **External: University of Salford**
- **Continuous collaboration to facilitate iterative process and service development**

Internal: Outcome Measures

- **General Health Questionnaire** (GHQ-12) (Goldberg, 1972)
- **Job Satisfaction Scale** (JSS) (Warr et al, 1979)
- **Patient Specific Function Scale** (PSFS) (Stratford et al, 1995)

RESULTS

→ improvement in staff psychological well-being, their satisfaction with work, and their identified functional limitations.

→ Improvement maintained at 3month follow-up.

Internal: Sickness absence

- ESR (electronic staff records)
- Global data:
  - Whole organisation – all conditions ↑
  - Whole organisation – MSDs ↓
- Individual data
  - All conditions
  - MSDs

Significant decrease, post attending the WW Service:
- **general sickness absence (5.2days → 2.6)**
- **sickness absence due to MSDs (3.3 days → 0.7)**

Significant decrease in salary based costs

External evaluation

- **Focus groups** (managers)
- **Individual interviews** (workers)

- To evaluate the efficacy and effectiveness of Working Well from the workers' and managers' perspectives
- To develop understanding of what is important to the worker in this context.
- Barriers and motivators to engagement and adherence to interventions prescribed.
- Organisational issues in the management of the process.
- To triangulate with qualitative data collected internally.

Key Findings from Individual Interviews

- Satisfaction with service high
- Individuals felt valued: service perceived as a staff benefit (as opposed to OH which was seen as a organizational function)
- Improved health condition
- Improved on-going condition management
- Potential for prevention of sickness absence
- Potential for improving productivity

"I just wasn't comfortable and maybe not as productive as what I could have been and ultimately I think, I think another few months and yeah there would have been consequences, I would have had to take time off for it, yeah."

'I think because it's an in-house service and it is keeping people working, then it does sort of increase over all our productivity and activity …'

Findings from Focus Groups

- Managers felt supported
- Felt enabled in dealing with sickness absence more efficiently
- Quick response
- Practical guidance

"I think it's facilitating a positive relationship and managing sickness absence and helping to deal with some of the emotion that comes around that conflict between employee and manager, being surrounded by policy and law and all the other things and unions …"

… because they actually have specific advice and I think that's what the Occ Health thing lacks….we got a report from Occ Health saying that the moving and handling of this staff member can be fifty percent … what's that? They do half a move, half a transfer …Half a person? … so (the CM) looked at that and broke it down …looking at what they specifically can do from a day-to-day point of view.

What works then?

- **Pro-active approach**
  - Prevention – see folk before they go off sick
  - Practical guidance for worker and line manager
- **Early referral**
  - Self/ line manager ideally
- **Rapid response & relevant care**
  - Stepped care - avoiding over-medicalisation
- **Coordination**
  - Communication with all stakeholders (particularly line manager) and coordination when referring on – CM doing the discharge report
- **Management 'buy in'**
  - With additional driver of the contract with the Health Foundation

The Challenges :

- Organisational change
- Time frame
- Data collection
- Measuring sickness absence
- Model fidelity

What next?

- 12 month follow up ……
- Gap in evaluation due to contractual issues
- Change of clinician in CM role
- On-going issues with data collection
  - complicated by trying to gather information from different systems (e.g. costs)
  - and the loss of several of the original participants as part of organisational changes

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NHS Salford

Salford Community Health

Salford Community Health

(Now Salford Royal Foundation Trust)

in collaboration with

the University of Salford.

C. Parker[1] T. Brown[1] V. Dickens[2] R. Whiteside[2] L. Dugdill[1] M. Coffey[1]

[1] University of Salford, [2] Salford Royal Foundation Trust

Contacts:

Christine Parker: c.parker1@salford.ac.auk

Victoria Dickens: victoria.dickens@srft.nhs.uk

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