



5 BOROUGHES PARTNERSHIP NHS FOUNDATION TRUST

RAPID ACCESS PHYSIOTHERAPY

REDUCING MUSCULOSKELETAL SICKNESS ABSENCE

SUMMARY

In 2010 **5 Boroughs Partnership NHS Foundation Trust** was reported to have an absence rate of nearly 7%, with musculoskeletal sickness absence accounting for 17% of this. A new physiotherapy manager reviewed the existing physiotherapy service at the Trust in the last quarter of 2010 and implemented a number of changes in 2011 in order to improve the service. The new system was based on the principles of rapid access and the results have been extremely positive.

KEY OUTCOMES

- The total number of sickness episodes due to musculoskeletal disorders (MSDs) was reduced by 18%, from 417 to 340 in the period 2010 to 2011.
- The total number of sickness episodes Whole time equivalent (WTE) days lost was reduced by 21% from 7,947 days to 6,303 days in the period 2010 to 2011.
- The total number of sickness episodes These reductions were converted to monetary value

by the trust's finance department. Using an average cost of sickness absence per day the total saving to the Trust was £170,000.

- The total number of sickness episodes results showed that the length of sickness absence due to MSDs was also affected. The maximum episode length was reduced by 16%, from 268 to 222 days. However, the average episode length was only marginally reduced by 0.5 days.





BACKGROUND

5 Boroughs Partnership NHS Foundation Trust provides treatment, support and guidance for people affected by mental ill health and learning disabilities. The trust serves people living in the boroughs of Halton, Knowsley, St Helens, Warrington and Wigan, and offers day care, inpatient care and community services. With the transfer of Knowsley Integrated Community Service (now renamed Community Health Services) the trust also provides health and social care services to people of all ages living in the borough of Knowsley. The trust employs approximately 3400 staff and gained foundation trust status in 2010.

The Boorman Report in 2009 stated the direct cost of sickness absence within the NHS was £1.7 billion and recommended a target decrease of one third or £555 million. Interestingly, sickness absence due to musculoskeletal disorders (MSDs) accounts for 40% of all sickness absence within the NHS and therefore a reduction in sickness due to MSDs alone would be a significant contribution to the target decrease.

Coincidentally, NHS employers have recently published a guide for rapid access to treatment and rehabilitation for NHS staff (July 2012). This guide supports the core services set out in the Safe Effective Quality Occupational Health Service (SEQOHS) standards and in the NHS Health and Wellbeing Improvement Framework from 2011, which emphasised the importance of two main factors:

- **timely intervention** – easy and early treatment for the main causes of sickness absence in the NHS.
- **rehabilitation** – to help staff stay in work during illness or return to work after illness.

These principles were already implemented through the redesign of the physiotherapy service in 2011 and so this publication confirmed that the project was in line with national recommendations regarding sickness absence management and rehabilitation for NHS staff.

KEY AIMS

The overall goal of this project was to reduce sickness absence due to musculoskeletal disease. In order to achieve this goal the following aims were identified:

- increase the number of management referrals to occupational health (OH) for staff taking sickness absence due to musculoskeletal conditions.
- encourage early management referral to OH for staff taking sickness absence due to musculoskeletal conditions
- introduce a telephone triage service to provide timely management and advice for musculoskeletal conditions.
- channel all musculoskeletal referrals received by OH directly to physiotherapy to enable early intervention.
- provide physiotherapy treatment based on an active approach, underpinned by evidence-based practice.
- address biopsychosocial factors affecting a return to work.
- increase communication with managers and implement effective return to work programmes.

KEY STAGES OF SET-UP

The project began with a review of the physiotherapy service and this took place in the final quarter of 2010. This provided a number of statistics to show the current picture of MSDs within the trust. The analysis showed sickness absence rates due to MSDs, the number of referrals to OH for MSDs, the intervention provided by OH and various key performance indicators (KPIs) within OH. This highlighted that the number of referrals to OH for MSDs was low when compared to sickness absence rates for the same reason. It also showed that the referrals that OH did receive often involved staff who had already been off work for a considerable length of time.

The physiotherapy service was subsequently redesigned to provide staff suffering from MSDs with rapid access to the correct information and treatment regarding their condition. Key factors at this stage included the introduction of an effective telephone triage service and the prioritisation of referrals.

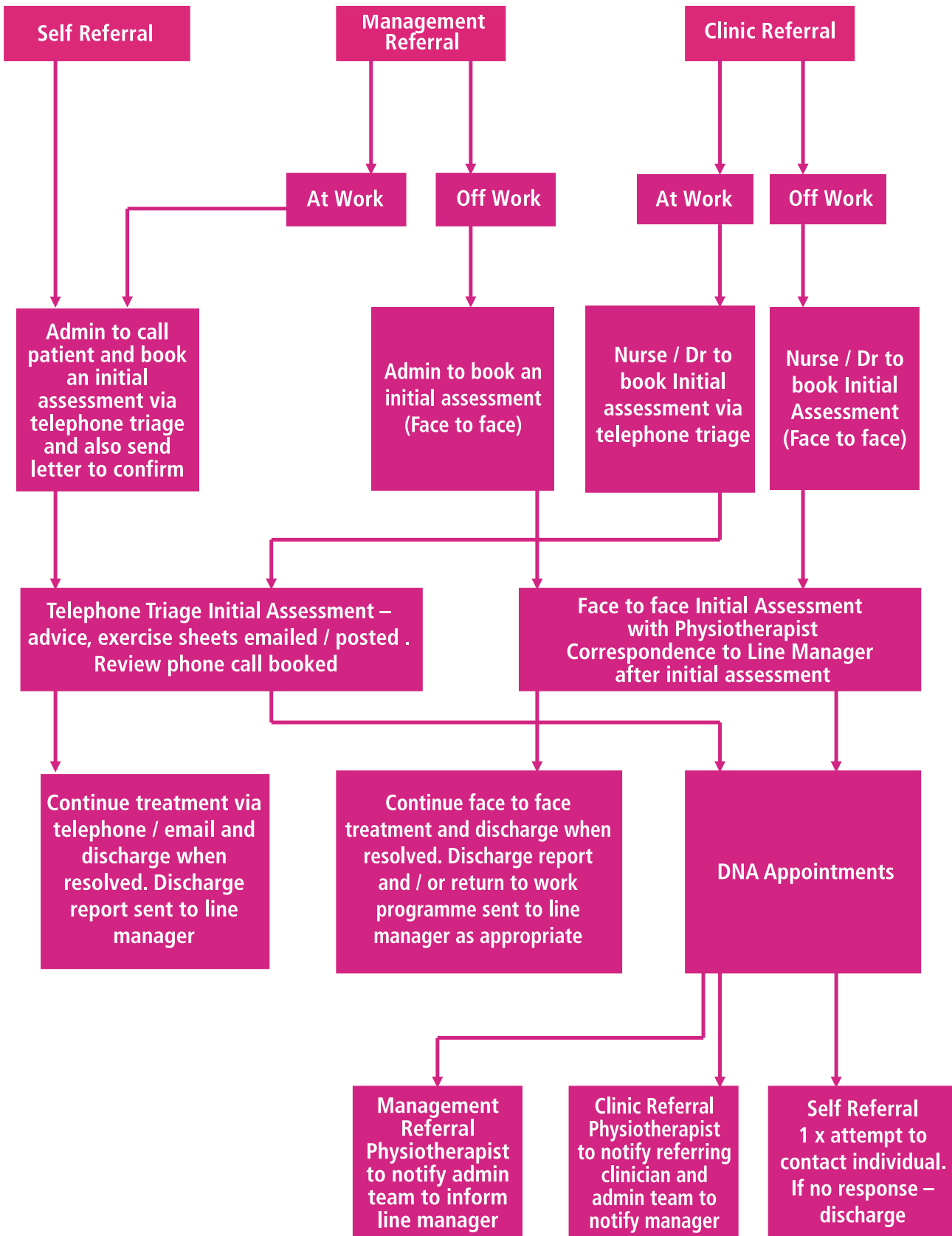
Education for managers was provided via a series of presentations within each business stream so that managers were fully aware of the aims of the project and adhered to early referral to OH of staff suffering MSDs.

The service was then monitored to record the number of MSD referrals to OH and various KPIs, such as the time from absence to referral and the time from referral received by OH to intervention. In addition, numerous treatment outcomes were recorded, with the most important being work status at initial assessment and discharge.

The whole process was done in conjunction with the director of nursing, OH manager, heads of service and ward managers. The review and implementation phase took approximately three months and the analysis was performed at 12 months post implementation.



HOW IT WORKS





GOOD PRACTICE CASE STUDY

RESOURCES

A Band 7 OH Physiotherapist was employed by the trust. This in-house physiotherapist replaced an externally sourced physiotherapy provider saving the trust £5,429 per year. However, this saving has not been included in the £170,000 direct sickness absence cost reduction due to it being a one – off saving.

KEY CHALLENGES

- It was difficult educating managers to comply with early referral when a member of staff was off sick due to a MSD. This was overcome by contacting managers who did not comply directly, and by advertising the service. It did take time for the 'word' to spread but the effectiveness of the service soon became evident and managers were pleased with the feedback and advice regarding individuals and their return to work which prompted further use of the service.
- A number of staff expected direct contact with the physiotherapist, so telephone management via the telephone triage service was occasionally met with objection. However, the service proved effective when the correct advice and exercise programmes were emailed to staff, and this resulted in staff becoming more open to this type of management.
- The new ways of working within the department also took time to become embedded. The direct referral pathway to physiotherapy was sometimes interrupted in the early stages but with positive reinforcement and the physiotherapist also referring primary musculoskeletal cases for additional nurse and doctor input as appropriate, it was accepted.
- Occasionally, line managers would oppose staff returning to work if they could not work their full duties. With education and communication via return to work programmes this was overcome.

- Providing physiotherapy from a central location to staff over a large geographical area covering the five boroughs is particularly challenging. The time away from work that is required to attend the appointment can often be increased due to travelling time. This is an area to be addressed by satellite clinics in the future.
- A further challenge was that GPs would occasionally provide extended sick notes which could delay a return to work. This could be overcome with improved communication between the OH department and local GPs. Although a large geographical area is covered, it is likely that this can be easily addressed in the near future by including GPs in communication.
- Communication with managers regarding return to work recommendations was essential, so admin time needs to be built into the physiotherapist's diary.
- Ultimately, the new service was effective and assisted managers when dealing with sickness absence from MSDs. This became known throughout the business streams via 'word of mouth' and consequently increased utilisation. Communication of impact, effectiveness and results are crucial to any service improvement to gain credibility.
- It is essential to include the correct KPIs and analysis of the service from the beginning so that effectiveness can be measured and the service sustained.

KEY LEARNING

- Management education regarding early referral was effective and although the process was time consuming management referrals to OH for MSDs doubled in the first month following this intervention.
- Utilising an evidence-based physiotherapy service with an active approach and awareness of bio-psychosocial factors resulted in fewer treatment sessions (Average number of sessions:3.5)
- Telephone triage with supportive materials in the form of emails and hand-outs was effective.





GOOD PRACTICE CASE STUDY

SUSTAINABILITY

The redesign of the physiotherapy service has led to faster access to advice and intervention for staff. This has become embedded in the management of the trust and staff have gained an awareness of the process. It is not uncommon for managers to refer staff immediately when they take sickness absence due to MSDs, and they have come to expect staff to be seen quickly and to receive management advice with return to work recommendations in a timely manner. This awareness of the physiotherapy service has led to a greater utilisation and ultimately more effective management of sickness absence due to MSDs. As a result the physiotherapy service has become very much established and valued within the trust.

Once the physiotherapy service was established and the results were known, a number of surrounding NHS trusts contacted the physiotherapy manager to gain advice regarding

implementing OH physiotherapy services, based on rapid access principles within their own organisations. This confirmed that the service was not only recognised as a success at 5 Boroughs Partnership NHS Foundation Trust, but that the principles and effectiveness of the service were also beginning to be acknowledged throughout the region.

The main aim of this project was to reduce sickness absence due to MSDs within the trust. Having achieved this goal with a cost reduction of £170,000, the physiotherapy service has demonstrated a significant return on investment. As such the trust is keen to invest and develop the service in order to further reduce sickness absence and improve the health and wellbeing of its staff through wider initiatives. Therefore, the rapid access physiotherapy service has brought about further investment into managing sickness absence and further commitment towards the health and wellbeing of NHS employees.

NEXT STEPS

The success and return on investment observed from this service could possibly lead to further investment by way of recruiting a Band 6 physiotherapist. This extra resource would enable the service to be developed in the following ways:

- Using the Electronic Staff Record (ESR) system to automatically identify staff taking sickness absence due to MSD's and automatically refer them to OH.
- Implement a chronic condition management programme to address long term conditions which often take lengthy periods of absence or frequent absence.
- Provide workplace assessments and rehabilitation within the workplace.
- Provide local service provision within each borough rather than a centralised service
- Implement wider health and wellbeing initiatives such as programmes for weight loss and the ageing workforce.

SUPPORTING MATERIAL

- Dr S. Boorman (2009) NHS Health and Wellbeing Review
- NHS Employers (2012) Rapid access to treatment and rehabilitation for NHS staff

FURTHER LINKS

- <http://www.5boroughpartnership.nhs.uk/>

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