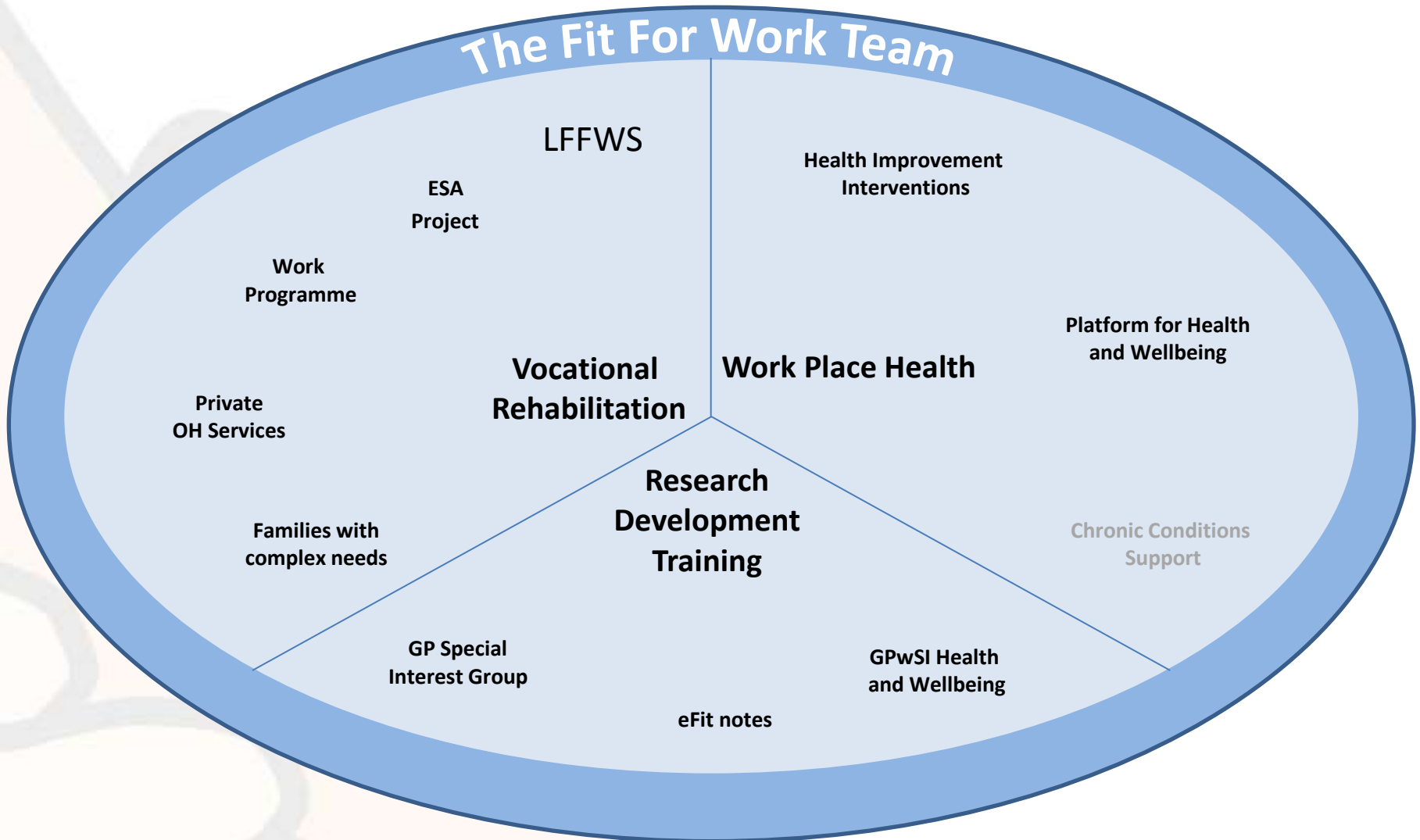


An illustration of two hands shaking, rendered in a simple, stylized manner with thick black outlines. The hands are colored in shades of orange and tan. The background is a solid blue color.

The Fit For  
Work Team  
Update April  
2012

The  
Fit  
For  
Work Team

# The Fit For Work Team



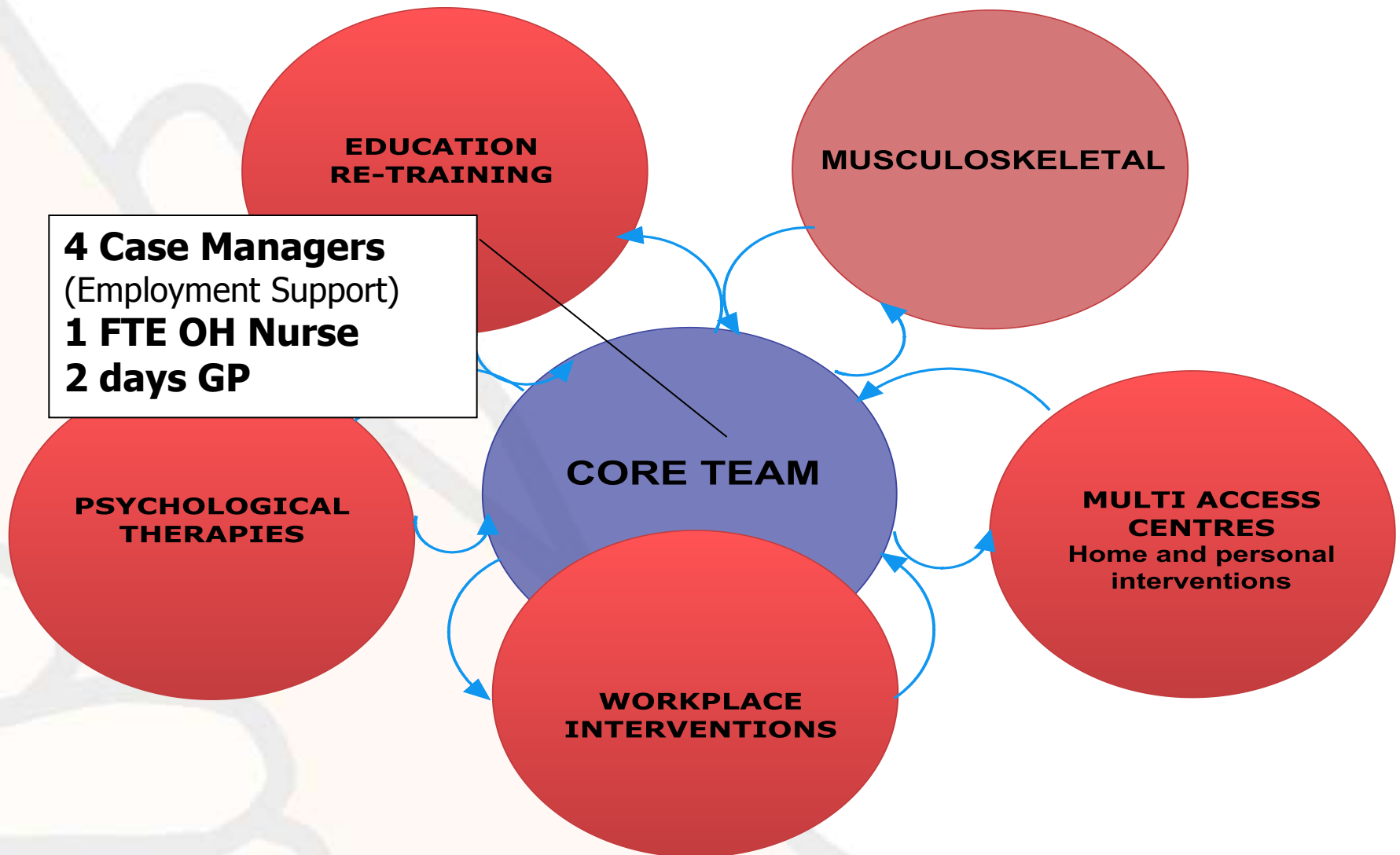
# Aims

- Move management of sickness absence from the medical model into vocational rehabilitation (VR).
- Move vocational rehabilitation closer to mainstream primary care.

# Referral Criteria – GP referral only

- Still employed/self employed and
- on (or at risk of) an **unplanned episode** of sickness absence with an **uncertain return to work**, or
- on long term sick, **waiting for ‘something to happen’** (physio, mediation, disciplinary, counselling etc.) or
- other problem **affecting ability to work** (debts, marriage problems, problem children) etc.

# Core team and provider network



# Leicestershire Fit For Work Service

## Referrals 31/3/2012

|  |           |
|--|-----------|
| Referred   | 1104      |
| Uncontactable  | 205 (18%) |
| Refused/declined                                       | 53 (5%)   |
| Referral 'to the MACs'<br>(unemployed and on benefits) | 187 (11%) |
| Fulfil FFWS Criteria                                   | 659 (60%) |
| Discharged from service                                | 556       |

# Leicestershire Fit For Work Service

## Socio-economic

|                           |                        |
|---------------------------|------------------------|
| BME                       | 25%                    |
| 4+5 quintile deprivation* | 61%                    |
| Gender                    | 47% Male<br>53% Female |
| Age                       |                        |
| 16-29                     | 14%                    |
| 30-39                     | 22%                    |
| 40-49                     | 34%                    |
| 50+                       | 30%                    |

\* Household survey 2009

# Leicestershire Fit For Work Service

## Absence and Employment

|                           |     |
|---------------------------|-----|
| Length of absence (weeks) |     |
| < 4                       | 34% |
| 4-12                      | 34% |
| 12+                       | 32% |
| Organisation - employees  |     |
| < 250                     | 28% |
| > 250                     | 67% |
| Don't know                | 5%  |

>50% have Occupational Health service



# Leicestershire Fit For Work Service

## 'Main' health condition at referral

|                 |     |
|-----------------|-----|
| Mental Health   | 62% |
| Musculoskeletal | 27% |
| Others          | 11% |

*75% off work and receiving fit notes*

*25% still at work but 'at risk' of long term sickness absence (GP opinion)*

# Leicestershire Fit For Work Service

## GP engagement -153 practices

|                              |           |
|------------------------------|-----------|
| Practices have referred      | 135 (88%) |
| Practices referred 2 or more | 111 (82%) |
| Practices referred 5 or more | 63 (47%)  |

# Leicestershire Fit For Work Service

## Outcomes (570)

### Totals

|                                    |           |
|------------------------------------|-----------|
| Return to work                     | 260 (46%) |
| Stayed at work                     | 123 (22%) |
| Still off sick                     | 86 (15%)  |
| *Unemployed                        | 57 (10%)  |
| Other (ESA, Planning new work etc) | 44 (7%)   |
| Disengage from return to work plan | 47 (5%)   |

### Specific

|                          |     |
|--------------------------|-----|
| Absentees return to work | 70% |
| Presentees stay at work  | 82% |

# Leicestershire Fit For Work Service

## Main intervention for return to work

| <i>Intervention</i>                                | <i>Clients</i> | <i>Case Managers</i> |   |
|--|----------------|----------------------|---|
| • Musculoskeletal treatment                        | 24%            | 12%                  | } <b>Health interventions</b><br><b>13-36%</b>                |
| • Mental health therapy                            | 12%            | 1%                   |   |
| • Mediation/ negotiation                           | 22%            | 23%                  | } <b>Personal (non health) interventions</b><br><b>64-87%</b> |
| • Learning or new skills                           | 0%             | 2%                   |   |
| • Help with debt/legal/<br>housing/personal life   | 2%             | 2%                   |   |
| • Personal support/confidence<br>building          | 19%            | 48%                  |   |
| • Help with leaving job/<br>finding new employment | 4%             | 6%                   |   |
| • Better treatment or<br>understanding of my pain  | 17%            | 6%                   |   |

# Leicestershire Fit For Work Service

## Pain management (556 discharges)

|  |              |
|--|--------------|
| Pain as significant barrier*   | 141 (1 in 4) |
| Undiagnosed neuropathic pain<br>( <i>PainDetect &gt;18, LANSS &gt; 12 and treatment response</i> ) | 15 (1 in 10) |
| Perceptions of pain addressed as key factor for the return to work                                 | 38 (1 in 4)  |
| Pain medication changed  | 13 (1 in 11) |
| New CFS/Fibromyalgia cases   | 11 (1 in 13) |

\* Vast majority pain not function is the barrier

# Leicestershire Fit For Work Service

## Real intentions (N=556)

|                                    |              |
|------------------------------------|--------------|
| No intention of return to employer | 40 (1 in 14) |
| No intention of keeping employee   | 28 (1 in 20) |

*'The stand off'*

# Leicestershire Fit For Work Service

## Data from Fit notes Signed by FFWS (1706)

|                         |     |
|-------------------------|-----|
| Stress related symptoms | 32% |
| Depression              | 16% |
| Back pain               | 14% |
| Anxiety +/- depression  | 17% |
| Knee problems           | 3%  |
| Wrist problems          | 2%  |
| Shoulder problems       | 3%  |
| Others                  | 24% |
| No work                 | 55% |
| Some work               | 45% |

# Leicestershire Fit For Work Service

## Key Challenges – SME Engagement

### Leicestershire Fit For Work Service Voucher

- 5655 vouchers sent
- 1131 employer contacted
- 271 not interested (15%)

### Good

- Currently has employees off long term sick , is very interested
- Interested, has had to deal with these issues in the past
- 1 employee off for 6 weeks, due back next week hopefully.
- 2 long term sick employees at present, 1 off a year, 1 off 18months

### Not Interested

- Not interested, stated reason being that when his workers are sick, he simply gives them a holiday
- Workforce has been cut to small team, very negative and wont accept vouchers being sent
- Mostly part time student, high staff turnaround



# Leicestershire Fit For Work Service

## Key Challenges – SME Engagement

Do you currently have access to Occupational Health advice for your employees?

1=Yes 2=No

| Do you currently have access to Occupational Health advice for your employees?<br>1=Yes 2=No | Percentage |
|--|------------|
| Yes  | 16%        |
| No   | 84%        |

502 Employers responded

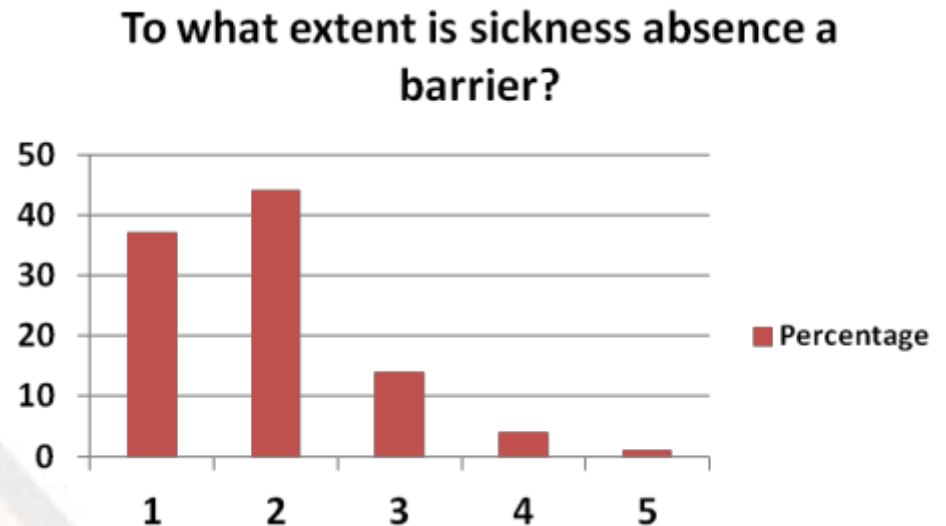


# Leicestershire Fit For Work Service

## Key Challenges – SME Engagement

To what extent is sickness absence a barrier to productivity for your business? Please answer on scale of 1 to 5, where 1 is “Not at all” and 5 is “A major barrier”

| To what extent is sickness absence a barrier to productivity for your business? Please answer on scale of 1 to 5, where 1 is “Not at all” and 5 is “A major barrier”, | Percentage |
|---|------------|
| 1   | 37%        |
| 2   | 44%        |
| 3   | 14%        |
| 4   | 4%         |
| 5   | 1%         |



700 Employers responded

# Leicestershire Fit For Work Service

## Innovation to Improve Outcomes

### Beliefs, Motivations and Behaviours (BMB) Assessment Tool

#### The Problem

- 'Law of diminishing returns' where in service > 6-12 weeks.
- Case managers 'gut feeling' re outcome developed in first 3 contacts
- Gut feeling is a good predictor
- No simple objective tool to assess predictive BMBs

#### Case study

#### Plan

- Work with an Occupational Psychologist
- Develop assessment tool for non-medical/health qualified case manager
- Identify BMBs that reduce/increase the chance of a positive outcome.
- Research collaboration to evaluate the use of such a tool.
- Commission or provide guidance, support or therapy
- BMBs that, if addressed, could improve ability to return to work and future health and wellbeing.

# Leicestershire Fit For Work Service

## Innovation to Improve Outcomes

### Targeted Pain Assessment and Management

#### The Problem

- Several chronic pain conditions mis-diagnosed
- Neuropathic pain underdiagnosed
- Functional Disorders (e.g. Fibromyalgia) under diagnosed
- Medical and 'holistic' management not provided to NICE guidelines
- 'Collusion of anonymity' doesn't address vocational rehabilitation

#### Case study

#### The Plan

- Evaluate simple tool (PainDetect) used by Case Managers
- Signpost NEPs, widespread pain for medical assessment
- Signpost nociceptive regional pain to musculoskeletal therapy
- Signpost yellow flags clients to Pain management programme
- Evaluate outcomes

# Leicestershire Fit For Work Service

## Innovation to Improve Outcomes

### Early intervention for clients on ESA Appeal

#### The Problem

- Work Programme in pre-assessment and appeals is voluntary
- Local GPs indicate many advised by JobCentre Plus to seek fit notes
- GPs report these are 'difficult' patients
- GPs typically see several times during the 'waiting phase'
- Small survey - 29/30 GPs would welcome the return of the RM7 or an alternative independent assessment
- No referral route at present.
- Main GP criticism of FFWS

#### Case study

#### The Plan

- 4 cases referred from Bushloe End Surgery March 2012
- 60 cases with musculoskeletal pain to FFWS over 6 months
- Objective and subjective evaluation



**Research**  
**Fit notes**  
**Primary Care**

# Research Collaboration - practice into research

- Data rich  
Fit notes, post discharge reflection, client questionnaire
- Leicestershire Fit for Work Research Collaboration  
January 2012

Professor Paul J. Watson, [Professor of Pain Management and Rehabilitation](#),  
Department of Health Sciences, Academic Unit, University of Leicester.

Professor Avril Drummond, [Professor of Healthcare Research](#) & Carolyn Coole,  
Senior Researcher, School of Community Health Sciences, Division of  
Rehabilitation and Disability Research Unit, University of Nottingham

Dr Louise Thomson, Research Delivery and Support Unit , Collaboration for  
Leadership in Applied Health Research and Care for Nottinghamshire Derbyshire  
and Lincolnshire ([CLAHRC NDL](#))

# Developing the Evidence Base – Fit notes,

1. **Fit for Work? British Journal of General Practice  
Debate & Analysis, February 2012**
2. **Usability and Acceptability of Standardised Employer to  
GP Fit Note Communication**  
Commissioned by Council for Work and Health February 2012  
Funding Application IOSH Development Fund (£40,000)  
June 2012 – January 2013
3. **Getting the best from the fit note**  
Funding Application IOSH Research Competition (£125,000)  
Shortlist for stage 2 May 2012  
Awards September 2012  
20 month project  
Outcome - GP and Employer training



# Developing the Evidence Base – Fit notes planned/ideas

## 1. Fit notes - Qualitative comparison

Fit for Work Service fit notes vs local GP fit notes (9 Leicestershire practices?)

Ownership of fit note data?

Mark Gabbay – Liverpool

Design meeting 2<sup>nd</sup> May

## 2. Impact of eFit notes

## 3. efit note – electronic transmission

## 4. eFit note – aggregation, reporting and behaviour change

Surgery, locality, area, region,

Public Health

## 5. Fit notes and Independent Advisory Groups

## 6. Fit notes and ESA Appeals

# Developing the Evidence Base – Clinical and Employers

1. Beliefs, motivations and behaviours and return to work
2. Pre-assessment phase and appeals intervention
3. FFWS pain assessment and pathways
4. **Mental health problems – who needs therapy?**
  - Primary care mental health conference – March 2012
  - NICE Shared Learning Awards Poster May 16<sup>th</sup> & 17<sup>th</sup>
  - Tele-conference on 11<sup>th</sup> May re NIHR Public Health 12/3090 proposal 'Interventions to aid return to work after long term sickness absence' £200-400k, Bristol, Manchester, Sheffield, York, Leicester University
5. **SME behaviours and beliefs re sickness absence management**
6. **SMEs and employee's ESA application support**

# GP Special Interest Group

## Health and Wellbeing of Working Age Population

- Launched on 24<sup>th</sup> March.....
- and again on 15<sup>th</sup> April 2012!

71 members

'Groupspaces'

GPs only

GP Magazine

Meet in Autumn

- Why?

# GP Training Programme

- **East Midlands GP training programme**  
First on June 27<sup>th</sup> 2012  
Annual programme  
Half day for ST3s  
GP Registrar visits to FFWS
- **Outline**
  1. Overview of causes & cost of long term sickness absence in UK
  2. Individual Health and wellbeing effects of long term sickness absence
  3. GPs and the health and wellbeing at work agenda
  4. Fit notes – overview, tips and UK data
  5. Work related problems in the consultation
  6. Leicester Fit for Work service
  7. Introduction to Statutory Sick Pay, Employment & Support Allowance and JobCentre services