



# Allied Health Professionals' contribution to staff health and wellbeing

## *Making the NHS the Best Place to Work*

It has never been so important to focus on staff wellbeing as we manage the current staff health and wellbeing challenges arising from COVID-19. We know there is great practice delivered by AHPs in support of staff mental and physical health and wellbeing – indeed this is one of the key commitments in [AHPs into Action](#). However, we also know there is marked variation in the range of services available to our staff, leading to missed opportunities and avoidable ill health.

We have curated a collection of case studies where AHPs are making a positive impact on the health and wellbeing of staff. Whilst this isn't an exhaustive or prescriptive list, it is clear to see that if such services were available to all our staff, we would advance our collective goal to make the NHS the Best Place to Work. I urge you to look at the collection and where you see opportunities for local improvement, to connect with your Allied Health Professions' leaders to ensure all our staff have access to the best support for their health and wellbeing.

**Suzanne Rastrick,**  
**Chief Allied Health Professions Officer (England)**

The health and wellbeing impacts achieved by these case studies are summarised below. The suite of full case studies is included in full in the appendix.

Case study 1 (page 3): 91% of staff accessing occupational therapy service reporting **reduced stress, new skills, improved confidence and ability to function at work**

Case study 2 (page 4): a paramedic-led campaign to **improve the mental health of staff, changing the culture and approach to mental health**

Case study 3 (page 6): Dietitians providing dietary advice and support to staff, resulting in **76% of participants losing weight and 87% reporting an increased quality of life**

Case study 4 (page 7): Pelvic health physiotherapists **leading organisational culture change, ensuring menopause symptoms are recognised and addressed**

Case study 5 (page 8): Physiotherapists **improving self-management and reduced pain symptoms for at-risk teams**

Case study 6 (page 10): Bespoke physiotherapy group interventions to improve pain management **reducing sickness absence from 36 days to just 3.6 days**

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Case study 11 (page 16): Osteopathy intervention **reducing sickness absence by 25%** for University staff with musculoskeletal problems who access the service

Case study 12 (page 17): Occupational health physiotherapists using advanced clinical skills **reducing MSK sickness absence and improving staff satisfaction** through delivery of joint injections, prescribing and use of the AHP Health and Work Report

Case study 13 (page 18): podiatrists providing a staff service, **reducing time away from work and improving access to podiatry services**

Case study 14 (page 19): physiotherapy leadership **enhancing the prevention and wellbeing offer** for staff working from home as a result of the COVID-19 pandemic.

## Appendix: Case studies: AHPs contribution to staff health and wellbeing

### **Case study 1 - Staff Occupational Therapy service at the Workplace Health and Wellbeing Centre, Occupational Health Department, Bradford Teaching Hospitals**

The staff occupational therapy service at Bradford Teaching Hospitals was introduced with the aim of improving staff wellbeing and function at work, staff retention, reducing sickness absence, preventing sickness absence and expediting return to work for those on long term sickness absence.

The occupational therapist is based in the occupational health (OH) department and works alongside an OH consultant, Occupational Health Nurse Advisors and Clinic Nurses. The occupational therapist in the department primarily works with staff members who are experiencing stress, mental health problems and long-term conditions with the aim of providing therapeutic interventions to enhance function, attendance and wellbeing at work. This may be personal issues, short term ill health or long-term conditions or disabilities.

Any staff member in the Trust can self-refer to the service or speak to the occupational therapist for advice/guidance, and internal referrals are also accepted from managers and occupational health colleagues.

Interventions, which are delivered in a one-to-one therapy session, include:

- Anxiety/stress management techniques
- Symptom management interventions (e.g. pacing advice for fatigue management, sleep hygiene, activity planners)
- Support with work life balance
- Grading activities to increase confidence and self-esteem
- General health and wellbeing advice
- Goal setting
- Workplace adjustments

The occupational therapist also offers wellbeing workshops to groups and teams within the Trust. This covers a range of topics including stress awareness, self-care and resilience. This is delivered to small groups of staff members on a fortnightly basis.

Evaluation showed:

One to one clinic:

- 91.67% reported improved ability to function at work.
- 91.67% reported new skills and confidence to approach their job in a more positive manner.
- 91.67% reported reduced feelings of stress.
- 66% reported that the service prevented a sickness absence and/or helped them to return to work sooner

Wellbeing Workshop feedback:

- 84% felt that the workshop would improve their ability to function at work/home
- 87% felt that the workshop supplied them with the skills and confidence to approach their job in a more positive manner
- 71% felt better equipped to manage stress
- 80% felt better able to maintain and enhance their health and wellbeing

Staff Comment:

*“Helped me to understand the signs of stress, useful tips and ways to help reduce stress. I think this will help massively in work and at home. Enjoyable and helpful. More people should attend”*

There has been a positive impact having an occupational therapist in an occupational health department on staff wellbeing and attendance management.

**For further information please contact:** Charlotte Walker – Specialist Occupational Therapist / Amanda Grice Manager Health and Wellbeing Centre  
[Occupational.Health@bthft.nhs.uk](mailto:Occupational.Health@bthft.nhs.uk)

## **Case Study 2 - Paramedics raising awareness of mental health and how it can affect peers: The RUOK? Campaign, Scottish Ambulance Service (SAS)**

A Paramedic in the Scottish Ambulance Service, very early in their career 20 years ago, responded to an incident that claimed the lives of several children and their mother. There was no debrief, no welfare check or follow-up despite it being a horrific scene for all involved. The lack of subsequent support, the feeling that “no-one cares”, compounded the original trauma and resulted in significant behavioural changes and lengthy absences due to poor mental health. After responding to a similar incident 3 years ago, the paramedic experienced serious mental illness. Once able to return to work and determined to help others, the paramedic with colleagues in SAS developed a campaign that aimed to:

- Normalise conversations, on a daily basis, to try and remove the stigma that is so often associated with poor mental health
- Increase staff awareness of how mental health can be affected by the work we do for the ambulance service and how it can be influenced by adequate support, particularly from colleagues and peers immediately after distressing events.

- Highlight some of the stressors associated with work as well as an appreciation that sometimes it is life outside of work that is the main source of stress.
- Encourage colleagues to initiate a conversation around mental health, simply by asking “Are you ok?”
- Highlight that colleagues can intervene on others’ behalf when they recognise one of their team may be affected by poor mental health.

The campaign provided a very personal and powerful testimony from the paramedic of their own journey towards a final diagnosis of post-traumatic stress disorder (PTSD). Presentations were provided with a leaflet including details of how and where to seek help. This leaflet was then distributed nationally to all staff members and a dedicated page was created on the service’s intranet.

The campaign has gained both SAS chief executive and chairman endorsement and promotion. Over 500 staff members have been engaged, the majority of those attending the presentations on a voluntary basis in their own time and feedback has been 100% positive.

Comments include:

*“It was uplifting to hear you, it meant a great deal to me personally learning that I was not alone in the service and I was not unique in having the dark time I had. Your work is vital and is without a doubt a life saver.”*

*“Having someone who has been through it and is brave enough to speak about their experience really helped. I think it will help a lot of people feel confident to speak up.”*

*“Every member of staff should be put on this course. I have been nearly 40 years on frontline ambulances. Every aspect of this presentation I have had to deal with pretty much on my own. How refreshing to hear it from someone else and that it is being addressed. Excellent.”*

Simple interventions, like taking the time to ask someone “Are you ok?”, can be enough to diffuse some of the stress someone may be experiencing. The message is effective and the campaign is now recognised throughout the Scottish Ambulance Service.

The Association of Ambulance Chief Executives have recommended the “RUOK?” campaign be adopted and developed by every Ambulance Trust across the UK.

**For further information please contact:** Gail Topping, Paramedic - [gailtopping@nhs.net](mailto:gailtopping@nhs.net) Ruth Anderson, Dispatch Manager - [randerson5@nhs.net](mailto:randerson5@nhs.net)

### **Case Study 3 - Occupational health dietetic service contributing to staff weight management and wellbeing**

As part of Guy’s and St Thomas’ NHS Foundation Trust’s priority to improve wellbeing and staff retention, the occupational health dietetics service is part of the Trust’s health and wellbeing programme called ‘Showing we care about you’ which provides dietary advice and support to staff. Dietetic interventions include:-

- Twice weekly occupational health dietetic one to one clinic.
- Twelve-week weight management group programme.
- Bi-monthly health promotion events and health and wellbeing roadshows.
- Targeted interventions to help staff make more informed, healthier food choices.
- Work with retail catering and site businesses to provide expertise and ensure compliance with NHS England for Healthier food for NHS staff, visitors and patients.
- Joint working with colleagues from the Trust’s 'Showing we care about you' team and external partners.

Staff are seen for general health and wellbeing dietetic advice including healthy eating, losing weight, gaining weight, ante/postnatal, irritable bowel syndrome (IBS), and menopause support. Promoting a healthy weight is a key public health agenda in the prevention of obesity, diabetes and cardiovascular diseases.

Evaluation showed:

- Since October 2018, 327 staff members have engaged with the service
- Our programmes are designed to lead to an average weight loss of at least 3% with 30% of participants losing at least 5% of their initial weight as per NICE PH53 (2014) guidance.
- Between April to September 2019, 59 staff members started our weight management programme and 26 completed. Of those who completed, 76% participants lost weight; 42% (n=11) lost 3% of their initial weight and 19% (n=5) lost 5% of their initial weight.
- 87% of staff members recorded an improved Quality of Life score (EQ-VAS score – EuroQol Visual Analogue Score)
- 100% of users were extremely likely or likely to recommend it to friends or family

Comments included:

*“Positive group, focus on looking at lifestyle changes as opposed to diets.”*

*“I like the way the sessions are carried out. We have to write our own smart goals. Our work isn't checked, it's up to us to ensure we do what we said. I like this. Very motivational sessions.”*

**For more information please contact:** Rachael Strauss, Head of Nutrition and Dietetics, [rachael.strauss@gstt.nhs.uk](mailto:rachael.strauss@gstt.nhs.uk) Jayne Linley, Specialist Health and Wellbeing Dietitian, [Jayne.linley@gstt.nhs.uk](mailto:Jayne.linley@gstt.nhs.uk)

## **Case Study 4 - Menopause in the workplace: The role of a Pelvic Health Physiotherapist in a staff wellbeing project at Sherwood Forest Hospitals NHS Foundation Trust (SFHFT)**

Improving the overall health of local communities and colleagues at Sherwood is central to the new five year vision set out by Sherwood Forest Hospitals NHS Foundation Trust in its strategy launched in April 2019.

The strategy which includes the vision of *Healthier communities and outstanding care for all* reflects the Trust's role as a provider of healthcare within the Mid Nottinghamshire health and care system. The 5 key strategic objectives include “The promotion and support of health and wellbeing” and “Maximising the potential of our workforce”.

Statistics at SFHFT showed:

- 81% of our permanent workforce are female and 35% are over the age of 50 years
- 489 (12.2%) of our females are 45 – 49 years
- 586 (14.6%) of our females are 50 – 54 years
- 493 (12.3%) of our females are 55 – 59 years

Analysis demonstrated a correlation between the symptoms and demographics common to menopausal women, and staff sickness rates. Therefore, it was felt that supporting women experiencing menopause symptoms was one way to have a happier and healthier workforce thus fulfilling the strategic vision of the organisation.

A project group was set up by the chief nurse at the time Suzanne Banks (CBE). This included, HR colleagues, occupational health colleagues, gynaecological clinicians, the voluntary and community services team, communications team, trade groups, sexual health nurses and the Pelvic Obstetric and Gynaecology Physiotherapy team lead.

The initial aims of the project group were to look at better ways to support this valuable workforce, to open the conversation about menopause and break the taboos and to establish a lasting culture within the organisation. The outputs included manager training, HR guidance documents, celebration days and conferences and ongoing staff support and education sessions.

The physiotherapist was initially brought in from a clinical stance to contribute advice/education about continence, pelvic organ prolapse, pelvic floor and general healthy living advice.

This progressed to them being involved in all aspects of the project. They have been collaborating with NHS Employers on the health safety and wellbeing partnership group regarding national HR Guidance documents and is now the key contact for the trust regarding the menopause project and the only AHP in this group nationally.

The physiotherapist contributed to and presented at the 2 sold out menopause conferences held at the trust on World Menopause Day in 2018 and 2019, and leads support sessions that run throughout the year.

Specific outcomes from the project group include:

- 351 staff members attended the activities
- Lightweight uniform fabrics, changes to environments where practical, intranet site set up with all resources
- Culture shift in physiotherapy team providing holistic assessment of patients considering menopausal symptoms
- Rise in referrals with “menopause” listed as a symptom to both pelvic physiotherapy team and occupational health services
- Retention and sickness absence figure changes

The biggest change has been a cultural shift within the organisation, allowing open and honest conversations without stigma.

**For further information please contact:** Morgan Lowe, Physiotherapy Team Leader - Pelvic, Obstetric & Gynaecology Physiotherapy [morgan.lowe@nhs.net](mailto:morgan.lowe@nhs.net)

## **Case Study 5 - Co-produced physiotherapy led warm up programme improves self-management of MSK problems in NHS theatre staff**

South Tees Hospitals NHS Foundation Trust

The catheter lab at South Tees Hospital team were experiencing high numbers of MSK complaints, particularly in their nursing team. This was reflected in higher volumes of referrals to the occupational health physiotherapy service and sickness absence.

Common complaints included lower back, neck and thoracic pain reportedly exacerbated with wearing lead aprons and being in prolonged static postures; and foot/ankle pain reportedly exacerbated by prolonged periods on their feet.

To improve their MSK health, the physiotherapist promoted self-management strategies and a home/work-based exercise routine which included:

- 15 minutes allocated at the start of the working day for a team warm up which was delivered by the physiotherapist
- Screening emails were sent to interested staff to determine common MSK complaints and what they wanted from the session. Some staff were triaged to the physiotherapy service.
- The initial 4 days of 15-minute physiotherapy-led sessions focussed on dynamic and static stretching of the neck, thoracic and upper limb; along with MSK education and deep breathing exercises.
- At the group's request another 4 days took place the following month, focussed on lower back, hips and lower limbs.
- The warm-up content was a workshop based on immediate feedback from the group. By the end of each week a simple, realistic and meaningful exercise routine had been agreed on by everybody.
- Pictures of the routine were displayed on the wall and emailed to individuals.
- Additional to the warm-ups: a 2 hour bespoke manual handling training session was delivered to staff in their cath lab environment by the physiotherapist; involving practical patient-handling skills, education on MSK self-management for common complaints, chronic pain theory and pain modulation.

Evaluation showed:

10 months later the sessions are still going, and the team are now leading it themselves. Quantitative survey data was collected after 3 months (13 staff members) and 12 months (9 staff members) and results were positive:

- 89% report practicing the exercises outside of the sessions- at work or home
- 100% report becoming more aware of the working postures of themselves or colleagues
- 100% of everybody who had pre-existing MSK complaints report the sessions improved their pain.

The staff report increased skills in managing their health; and a reduction in the pains associated with the working day:

*“Morale boost for the team. Increased awareness of risks at work. Great start to the day very positive”*

*“It brings the team together for positive start. It’s a good start to my day warming up and stretching before a day in leads or office work. Breathing exercises at the end is good for mindfulness”*

Feedback from the manager has been positive too:

*“It is a great headspace for the team at the start of the day. As we work through the exercises I get a quick, visual check of the physical and mental wellbeing of a large number of my staff all in one go... that is unique for a manager.”*

For an investment of less than 6 hours work from one physiotherapist; for 10 months a culture of health promotion through self-management has been sustained in the team. This is an initiative that is very transferable to other areas.

For further information please contact: John Hatfield, Occupational Health Physiotherapist and Manual Handling Advisor, [Johnhatfield@nhs.net](mailto:Johnhatfield@nhs.net)

## **Case Study 6 – Delivering a group intervention to improve access and outcomes in back pain**

### ***Bespoke One-Off Spinal Therapy (BOOST) workshop in occupational health physiotherapy improving pain, function and sickness absence***

At Guy's and St Thomas's NHS Foundation Trust (GSTT) 48% of patients self-referring to the occupational health physiotherapy department reported back pain. The usual method of treating these staff would be to attend one-to-one sessions.

The BOOST workshop was designed to provide an efficient pathway for back pain patients to receive educational information to optimise their pain management, as well as providing practical exposure to exercise.

The BOOST workshop is a 3-hour seminar led by 2 clinical specialist physiotherapists. Educational content was selected to cover the following topics:

- Explanation and understanding of pain and relation to work scenarios
- Dietary and healthy lifestyle advice
- Exercise management with practical component
- Psychology - guided self-help, mindfulness and goal setting
- Pain management advice and coping with flare ups
- Information about local support with personal trainers, groups running within the workplace and smoking cessation.

The educational content uses aspects of motivational interviewing, cognitive behavioural therapy and acceptance commitment therapy approaches to pain education. Thirty minutes of practical exercise demonstration is also included in the workshop.

Evaluation of the pilot showed:

Outcomes measured include self-perceived health and function scores out of 10.

At 3 months follow up:

- Numerical rating score for pain (NRS) reduced by a mean average of 37.6% from 5/10 to 3.12/10
- Patient specific functional scale (PSFS) increased by a mean average of 62.87% from 3.96/10 to 6.45/10
- Sickness absence reduced post intervention from an average of 23 days to 3.6 days

BOOST suggests that comprehensive group education could be a time efficient means of managing staff sickness absence whilst reducing direct service usage.

The BOOST workshop is now the topic of a randomised controlled trial which is currently within research and development at GSTT. Further dissemination will follow the completion of the trial.

**For further information please contact:** Christopher Tack, Clinical Lead for OH Physiotherapy [Christopher.tack@gstt.nhs.uk](mailto:Christopher.tack@gstt.nhs.uk) or Faye Shorthouse, Deputy Clinical Lead for Musculoskeletal Physiotherapy [faye.shorthouse@gstt.nhs.uk](mailto:faye.shorthouse@gstt.nhs.uk)

## Case Study 7 - Occupational Therapy Led Vocational Clinics in GP surgeries, NHS Solent

Most people experiencing sickness absence for longer than seven days go to their GP surgery for a Fit Note. Nine to ten million GP fit notes were issued in England last year, 93% of which give no information about possible workplace modifications<sup>1</sup>.

Occupational Therapy Led Vocational Clinics (OTVoc) in GP surgeries are designed to give people the opportunity to get personalised, expert advice in the GP surgery at an early stage in their sickness absence in order to retain them in the workforce.

In order to evaluate the effectiveness of the OTVoc clinics model, occupational therapists worked across three GP surgeries one day a week over nine months. The clinics saw anyone in employment experiencing mental health and/or musculoskeletal problem including health and care staff.

People could self-refer or were referred by GPs, Practice Nurses. About half of the people seen self-referred. People were offered three levels of care: Step 1 - brief self-management support (one contact); Step 2 - individualised work capacity advice (up to three contacts); Step 3 - adjustments to work environments, employer liaison and rehabilitation (up to six contacts).

The Clinics used the AHP Health and Work Report as the main reporting tool and people were given a copy with self-management and workplace modification advice. People were also offered workplace visits.

The first appointment in the GP surgery looked at the health and work situation, self-management strategies and possible workplace modifications using the AHP Health and Work Report. Typical interventions focused on task analysis and problem solving; CBT approaches; fatigue/pain/stress management; advocacy and mediation.

The second appointment focused on progress using self-management techniques and implementation of workplace modifications. Many people at this point could resume work and reported greater satisfaction in managing their work life balance. The average length of each appointment was two hours and 12 minutes including admin time.

Clinic evaluation showed:

- 136 referrals were made during the study period, but a total of 195 people was seen overall.
- Two thirds were women with mental health problems either alone or alongside an MSK problem, aged between 31 and 50 years.
- At referral, two thirds of people were on sickness absence from work and the rest were at work but struggling with no workplace modifications in place.
- After the occupational therapy intervention, sickness absence reduced from 71% to 15% and the use of “not fit” GP Fit notes reduced from 76% to 31%.
- 30 people completed before and after standardised measures and most scales indicated a slight improvement particularly for measures of perceived work ability, mental wellbeing and general health.
- Almost two thirds of this group had shared their AHP Health and Work Report with their employer and a third had used it for sick pay purposes.
- Interviews with stakeholders were generally positive; patients valued them for building skills and confidence; employers found the AHP Health and Work Report was constructive and GPs felt the clinics reduced their workload.

*“I personally think they (occupational therapists) would make a massive impact in primary care” GP.*

**For further information please contact:** Rebecca Burgos, Service and Quality Manager Rehab and Reablement/OT & AHP Lead for Adults Portsmouth.

[Rebecca.Burgos@solent.nhs.uk](mailto:Rebecca.Burgos@solent.nhs.uk)

## **Case Study 8 - Targeted musculoskeletal (MSK) intervention provides unmet physiotherapy need within theatre directorate**

Within South Tyneside & Sunderland NHS Foundation Trust’s theatre directorate, 36 members of staff were highlighted as a cohort to trial pain body mapping to identify trends in musculoskeletal disorders with a view to improving staff health and wellbeing and reducing sickness absence. It was found that within this department:

- 76% sickness was due to spinal problems (neck and back pain)

- 24% sickness due to shoulder, knee, wrist, foot or other pain

There was a clear unmet need for physiotherapy demonstrated within this department as only a third of staff on sickness absence with these musculoskeletal disorders had attended physiotherapy.

The top 3 work related problems from the body map were:-

- 43% complained of spinal pain
- 27% complained of hand/wrist pain
- 19% complained of foot pain

Intervention was multi-faceted and included the following:-

- Management increased and improved communication with staff including notice boards with information about, employee of the month, department news and wellbeing information
- Arranging practical moving and handling training sessions to highlight good posture and good moving techniques
- Arranging OH Physiotherapy training sessions on work postures and exercises/stretchers. Signposting staff to self-help leaflets and highlighting how staff can self-refer to on site OH physiotherapy.
- A review of uniforms, particularly footwear.
- A review of rotas to ensure staff had sufficient recovery time, rather than having blocks of working days and days off
- Ensuring that staff rotated tasks wherever possible and encouraged to change their posture during the working day.
- Ergonomics - looking at tables, perch stools, trolley/buggies and delay door openings.

Evaluation showed:

Of the 36 staff members, post intervention sickness absence was reduced from 1056 days per year to 197 days, an improvement of 81.4%

**For further information please contact:** Joanne Willis Occupational Health Musculoskeletal & Wellbeing Manager [Joanne.willis@chsft.nhs.uk](mailto:Joanne.willis@chsft.nhs.uk)

## **Case Study 9 - Day One; Early Access to Support for Employees (EASE), East Lancashire Hospitals NHS Trust (ELHT)**

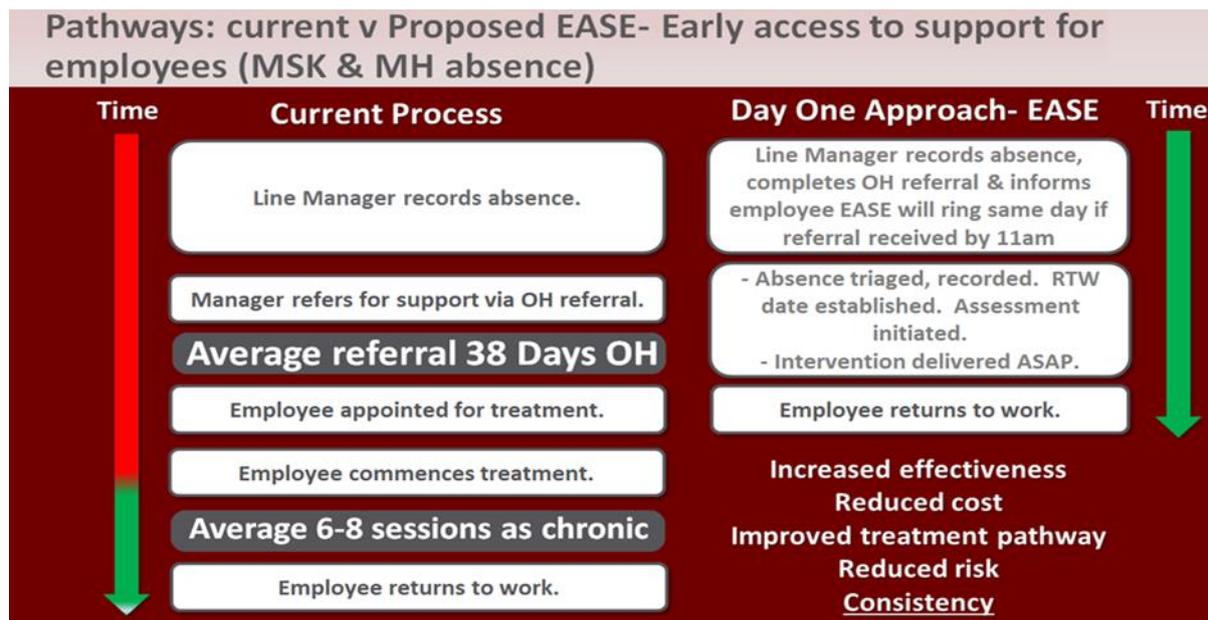
Sickness absence rates within ELHT for April 2019 stood at 5% and remained on the increase compared to the previous 12 months. Alongside vacancies in clinical areas and an increase in bank and agency spend this presented significant challenges for the Trust.

ELHT has an ageing workforce with 57% (4897 employees) of the workforce over the age of 40. This is significantly higher than the national average of 47% over the age of 40 in the NHS.

Anxiety / Stress / Depression and Musculoskeletal (MSK) related issues continue to be the highest reasons for absence. Both are conditions that the physiotherapy OH team at ELHT can support employees with and facilitate a safe, personal and effective return to work if the condition is referred by our managers to Occupational Health on day one.

Rapid access or early intervention is a system which secures early access to support for employees. This enables staff to remain in the workplace or enables a return to work which is, fast, practical, and reasonable. Rapid access systems benefit the employee, the employer and patients.

The model at ELHT became known as The Early Access to Support for Employees (EASE) Service. We proposed we would provide a day one sickness absence service for all staff reporting absence due to musculoskeletal and mental health reasons for absence. From day one of the service being notified of the member of staff being unwell the service will support the individual and the line manager providing timely and evidence-based interventions to support a safe personal and effective return to work.



In the first two months of the EASE pilot 185 referrals have been received and staff have been assessed on day 1 of absence.

Previously the average management referral was received 38 days after sickness absence had commenced. On average staff that go on long term sickness (i.e. over 4 weeks) take 86 calendar days off on sickness absence before returning to work.

An example of the EASE pilot enabling a staff member to return to work following a low back injury as they were contacted within 1 day and a prolonged period of sickness absence was avoided. Their feedback included:

*“My overall impression of the EASE service is that it is quick, convenient, transparent and confidential. I would highly recommend it.”*

Qualitative data has highlighted that employees of ELHT really appreciate the speedy intervention of access support and see this as a staff benefit at a time when they really need help. At the same time managers have articulated that not having to complete a referral form for their staff has been greatly appreciated.

**For further information please contact:** Lee Barnes, Head of Staff Wellbeing Engagement and Organisational Development. [Lee.barnes@elht.nhs.uk](mailto:Lee.barnes@elht.nhs.uk)

## **Case Study 10 – Functional Rehabilitation Sessions (FRS) – keeping NHS staff at work and helping those of sick return to work more quickly**

The FRS's were set up to allow staff with a MSK injury or condition that have had a period of sickness absence or those that are at work but on 'lighter duties' (presenteeism) to attend an hour long FRS with their treating physiotherapist and an additional staff member to act as a patient.

The session allows them to practice under supervision the patient manual handling tasks required in their role. The physiotherapist looks at the manual handling tasks/postures/positions that are required in the staff member's role or what they are reporting difficulty with due to pain or apprehension. The staff member is then taken into a manual handling training room or virtual ward to practice these tasks/postures/positions and to determine what can be done comfortably and effectively and what needs modifying.

If the staff member reports difficulties then alternative ways are looked at and/or equipment, as needed.

A report is then provided to the manager detailing what the staff member can do upon their return to work and what requires some temporary avoidance or modification whilst they continue with their self-management strategies.

Evaluation has showed:

- 34 patients have received this bespoke FRS
- 90% of sampled users have remained at work or returned to work in some capacity
- 100% of staff felt that the FRS was a good use of their time and relevant to their role
- 100% of staff felt more comfortable to carry out their manual handling tasks
- 54% felt that the FRS helped them to return to work quicker and 38% felt that the FRS helped to keep them at work and avoid sickness absence

Comments included

*“Very beneficial - taking forward strategies within ward area. Has improved our practice generally on the ward.”*

*“I struggled to do tasks at work and work did not know what to do to help support my recovery. Functional rehab allowed me to change from desk work back to clinical work which improved my recovery time.”*

It is important to consider that there is often a variety of different ways to carry out manual handling tasks to allow staff to remain at work and avoid sickness absence or to return to work whilst they are still recovering.

**For further information please contact:** Marie Martin, Specialist Physiotherapist in Occupational Health & Manual Handling Advisor, South Tees Hospitals NHS Foundation Trust

[Marie.Martin1@nhs.net](mailto:Marie.Martin1@nhs.net)

## **Case Study 11 - The impact of osteopathic practice on workplace sickness absence at Swansea University, The Institute of Osteopathy**

In 2011, Swansea University investigated the impact of integrating osteopathic healthcare into the workplace in order to reduce sickness and absence amongst university staff. During the study period, a clinic was established within the university where staff were offered up to six treatments following referral from the occupational health department.

The initial study took place over a four-month period and sickness absence was compared to the same period in the previous year. Staff initially presented to the Occupational Health Department who, where appropriate, referred directly to the osteopathy clinic. Consent was sought at referral to allow sharing of information between the osteopathy clinic and Occupational Health.

Analysis of the data following the pilot period indicated that there had been a reduction of 139 sickness absence days. This represented an overall reduction of 25% during the four-month pilot period. However, sickness absence across other areas within the University actually rose by 15% so the true reduction may have been higher against this trend. Depending on how the cost of 1 day's absence was calculated, this represented a mid-point saving of £23,630.

Over the same period, there were no formal requests for workstation assessments. This generated further savings of £8,000 compared to the same period in the previous year. As such, the total saving during the period of the study was £31,630. The saving generated by the reduction in workstation assessments was more than enough to fund the cost of all clinical episodes undertaken during the period of the study. If the savings generated from the reduction in sickness absence were projected across a full year then the forecast for potential savings would have been £126,520.

Key learning points

- Osteopathic practice effectively reduced the number of workdays lost to sickness by 25%.

- The findings of the study strongly indicate that this was a cost-effective approach in the management of sickness absence. These findings were supported by similar studies which showed a return on investment of £12 for every £1 spent.

The data supports the use of osteopaths in an occupational health setting.

**For further information please contact:** The Institute of Osteopathy  
enquiries@ioosteopathy.org

## **Case Study 12 - Occupational Health physiotherapists using advanced skills to reduce MSK sickness absence, Salford Royal Care Organisation part of the Northern Care Alliance NHS Group.**

The use of AHP advanced skills such as injecting and prescribing have been long acknowledged within the MSK pathway however these skills are not often delivered from within an occupational health service.

The Occupational Health Service physiotherapists case manage any staff member with an MSK related issue. It was noticed that patients who required additional analgesics, neuropathic medications, joint and soft tissue corticosteroid injections experienced delays with their treatment pathway having to move between services to receive these treatments, for example having to see their GP which could result in a wait of several weeks. Two key developments took place to create a more streamlined service with reduced GP visits and waiting times for staff members.

The OH physiotherapists undertook additional training to enable them to administer corticosteroid injections and write prescriptions when required.

The OH physiotherapists also developed the routine use of AHP Health and Work Reports to replace a GP fit note, enabling a more accurate estimate of the sickness absence required due to the MSK issue.

Results included:

- Over the last 2 years 165 fit notes have been issued, 90 joint injections were given and 40 prescriptions were provided by the physiotherapists
- Overall musculoskeletal sickness absence within SCO reduced from 14.7% in 2017 to 13.23% in 2019 a reduction of 151 days lost
- Patients felt supported by the service and staff members were often seen in such a timely manner that sickness absence was avoided
- Of those who had an injection, 72% felt it helped them to remain in work and the only person who was off work felt that the injection helped them to return to duties.

100% of people receiving an injection via Occupational Health Physiotherapy felt that this was preferential to receiving the treatment via their usual care route.

Staff comment:

*“Seen much quicker and physio and injection done weeks before referral to local hospital even received. This meant I didn’t have any unnecessary time off.”*

As the OH physiotherapist case manages the whole patient journey, the impact of external factors such as GP and Tier 2 clinic wait times can be avoided, which could reduce sickness absence and save wider NHS costs. This joined up pathway also provides high levels of patient satisfaction.

**For further information please contact:** Lynne Grainger

[lynne.grainger@srft.nhs.uk](mailto:lynne.grainger@srft.nhs.uk) Highly specialist musculoskeletal occupational health physiotherapist

Lucy Turner [lucy.turner@srft.nhs.uk](mailto:lucy.turner@srft.nhs.uk) Highly specialist musculoskeletal occupational health physiotherapist

### **Case Study 13 – On-site staff podiatry service, Salford Royal Care Organisation part of the Northern Care Alliance NHS Group.**

Any work that involves walking or standing for long periods of time can cause a variety of foot problems— with up to twice the body’s weight in force applied through the feet and legs with every step. Many staff working in health and care settings spend much of their time in work on their feet which can lead to foot pain in the heel, balls of the feet, and arches – these conditions being amenable to treatment by podiatrists.

There has been a podiatry clinic available to trust staff for over 20 years. The clinic was designed to provide staff with access to a podiatrist to treat painful foot conditions that would affect staff wellbeing in the workplace. Providing staff with access to treatment within the workplace offers convenience to the staff member and removes the need for staff to take time off to visit services local to their home.

Clinics, which can see up to 10 members of staff, run on alternate Friday afternoons on the hospital site. Referrals are automatically accepted for all trust staff, regardless of where they live. Staff pay a nominal fee for the service.

Approximately 260 appointments are available each year, which are very well attended. There are high levels of patient satisfaction:

*“Without the podiatry clinic I would not be walking, consequently I would not be working” from a staff member with osteoarthritis*

*“It is a brilliant service and definitely supports me in managing my condition” from a staff member with diabetes*

*“They give me good tips on how to ease the pain. They look after me and do a perfect job. They know what they are talking about” from a staff member with long-term conditions*

**For further information please contact:** Vikki Pestridge  
[vikki.pestridge@srft.nhs.uk](mailto:vikki.pestridge@srft.nhs.uk), AHP Operational Lead – Podiatry

## Case Study 14 – Physiotherapy leadership enhancing the organisation-wide offer to support self-care and reduce the risk of musculoskeletal problems arising from working from home. Locala Community Partnerships CIC

The COVID-19 pandemic has led to many more staff working from home. Organisations have been providing advice and guidance, carrying out risk assessments, referring to Occupational Health, and providing the relevant equipment to support staff to reduce risks arising from this new work environment.

Physiotherapy leadership at Locala proactively supported the organisation in strengthening its prevention and wellbeing offer by creating a video for all colleagues promoting self-care when working from home, and a session on looking after your back. These additional tools have been made available to all staff, complementing the organisation's wellbeing programme 'FIVE'.

The film 'Are you sitting comfortably?' was created in-house by physiotherapists Avril Henson and Justine Laird-Boldy. It provides tips and exercises to improve physical wellbeing while working from desks for prolonged periods of whether at home or in the workplace. The content is based on the Chartered Society of Physiotherapy guides. The film is available on Locala's YouTube channel <https://youtu.be/TEJaMHu8kYc>

In addition, a virtual "back care" session was run as part of Locala's Annual Members Week online events and involved more than 30 colleagues as well as some of Locala's Community Members as part of Locala's role as a social enterprise providing NHS services.

### Impact and feedback:

The film has been viewed around 300 times to date (Locala has 1400 colleagues) and the accompanying written information on exercises and advice has been downloaded more than 550 times.

Feedback from colleagues has been overwhelmingly positive:

"I've just watched your video. **It is exactly what I needed** - I hope lots of people watch it."

"Thank you! This is a great video with some really helpful tips. I'm guilty of never stretching my chest muscles so this is really helpful."

"I enjoyed and appreciated this video. Will definitely be incorporating some of these moves. Loved the music by the way!!"

"Great video re exercising at home/at your desk. I'm definitely going to try and add these into my day. Thanks."

**For further information please contact:** Avril Henson [avril.henson@locala.org.uk](mailto:avril.henson@locala.org.uk)  
Team Leader

## References

1. DWP 2019 - <https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss>