Occupational Health: Working Better

The Chartered Society of Physiotherapy
Consultation response
October 2023

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The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 64,000 chartered physiotherapists, physiotherapy students and support workers.

Occupational health physiotherapists improve the safety, comfort and performance of the working population to reduce accidents and sickness absence. This helps employee productivity and performance. There are significant benefits to both employers and employees. Occupational health (OH) physiotherapists treat the main conditions affecting sickness absence including Musculoskeletal health (MSK), mental health and long term conditions [(1)]. Physiotherapists work within a strong clinical evidence base that is linked to measurable outcomes.

They support self-management of common and complex health conditions and promote independence whilst considering all aspects of the patient's life and understanding of their work. OH physiotherapists are able to provide preventative and reactive services for keeping people at work or helping workers return after sickness absence.

Summary of CSP recommendations

The CSP's response will focus only on those questions that relate to where physiotherapy can contribute to supporting this consultation. In summary, our response covers:

- Recognition of the contribution of physiotherapy within OH services in supporting employees to stay in or return to work.
- Expanding the OH specialist physiotherapy workforce and improve professional development.
- Ensuring efficient and equitable access to OH services including OH specialists physiotherapists across all sectors
- The value of good NHS rehabilitation and physiotherapy services to support people back to work who don't have access to occupational health services.

Chapter 1: Opportunities for greater employer action, best practice sharing and voluntary health at work standards

Question 1: What would you consider to be a robust and reliable source of evidence to establish a simple and clear baseline for quality OH provision?
Evidence based outcomes from an Expert Advisory Group.

The Government guidance to support employee health outcomes in the workplace, including specifying a clear and simple baseline for minimum levels of OH support.

Anything else? Give reasons for your views below

1.1 There is a wealth of robust evidence based sources that has been developed that CSP believes should inform a simple and clear baseline for quality OH provision.

1.2 This includes the Boorman review that set clear targets for the NHS to improve the care of staff and patients.[2] The report identified the important role of physiotherapy services in ensuring the health and wellbeing of the NHS staff. The review recommended what is needed to tackle sickness absence is investment in physiotherapy and other occupational health services that supports staff to be in work.

1.3 Guidance has also been published on workplace health by the National Institute for Health and Care Excellence (NICE).[3] The CSP contributed to the development of this guidance. This guidance focuses on helping people back to work after long term sickness. It covers how to reduce recurring sickness absence, and help prevent people moving from short-term to long-term sickness absence.

1.4 The guidance emphasises that all employers should have measures in place to ensure a 'smooth and sustainable' return to work for people who are returning after a long period of absence. And for those who have been absent with musculoskeletal conditions, NICE advises that a programme of physiotherapy-led graded activity should be considered as a suitable intervention.

1.5 CSP recommends that the government draws on professional knowledge and resources that has been produced from experts and professional bodies such as the Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE).[4] We also encourage government to endorse the publications and research produced by The Council for Work and Health who represent a wide range of professions who deliver health, safety and well being services to the working age population.[5]

1.6 There is clear evidence that shows the crucial role of vocational rehabilitation (VR) within OH services. A report by the government defines VR as whatever helps someone with a health problem to stay at, return to and remain in work.[6] Whilst the Vocational Rehabilitation Association defines VR as any process that enables people with functional, physical, psychological, developmental, cognitive or emotional impairments to overcome obstacles to accessing, maintaining or returning to employment or other occupation.[7] There is a strong evidence base for many aspects of VR including business case and effective cost benefits, but reports also show that there is a lack of access for patients and knowledge amongst the OH healthcare profession about VR.[8] We recommend government seeks the expertise of organisations such as Vocational Rehabilitation Association and British Society of Physical and Rehabilitation Medicine.[7,9]

1.7 We encourage the government to recognise the expertise of physiotherapists specialising in occupational health and ergonomics. A combination of work-focused healthcare, timely

advice and an accommodating workplace is recognised as offering the best prospect of sustainable return to work. Occupational health physiotherapy is recognised as having a key role in this process.

1.8 Physiotherapy is a regulated, clinically and economically cost-effective profession. Physiotherapists are autonomous practitioners, with the skills to accept referrals directly.[10] They assess, diagnose, advise and treat people in many clinical and non-clinical settings, both inside and outside of the NHS. They are experts in the prevention and treatment of musculoskeletal disorders (MSDs) and of other conditions affecting people of working age, such as cancer, cardiac, respiratory and neurological conditions.[11]

1.9 All physiotherapists can give advice to help people to prevent problems related to their work. They advise employees, enabling conversations with line managers, and liaise with other health care professionals, family and carers as needed. Where a problem or health condition already exists, they work with people to achieve optimal function and mobility - with work an important treatment outcome.

1.10 Within the workplace, physiotherapists specialising in occupational health and ergonomics can provide targeted support in response to the needs of staff and their roles, as well as the business needs of employers.[4] They liaise with line managers and others to promote workplace health and minimise sickness absence.

1.11 Referral to physiotherapy can help people to stay in or return to work. For those already in work, physiotherapists can help to prevent sickness absence in the first place, and facilitate sustainable return to work following sickness absence. For those not working, physiotherapy can enable individuals to take opportunities to work. Early access to physiotherapy benefits individuals, work-places and the economy.

Question 6: a) What should such a national health at work standard for employers, embedding a baseline for quality OH provision, include, especially given the requirement to accommodate different employer needs?

1.12 The overall objective of the national health at work standard should be to ensure that everyone has efficient and equitable access to OH services. We endorse Trade Union Congress who recommend universal access to occupational health. OH support could be vital in supporting people with long term conditions into the workplace including atypical workers such as self-employed workers.[12]. A good example of this would be the NHS Staff Council; Health, Safety and Wellbeing Group guidance [13] which ensures all employees have access to competent, comprehensive, and confidential occupational health services.

1.13 The role of the employer is crucial so employers should encourage staff to develop a health and safety committee working with trade union representatives as good practice. [14]

1.14 The main aims should include:

- Employers provide access to comprehensive OH services including VR.
- Policies and procedures setting out the OH service, including the services provided.
- OH services are provided by multi-disciplinary teams who hold the appropriate training and qualifications including specialist physiotherapists.
- Timely and equal access to the services such as location.
- Services should be sufficiently staffed and resourced.
- Quality of service should be universal even when it is provided externally.

1.15 Boorman review's recommendations are still relevant today and the standard should include referrals for NHS rehabilitation which includes a physiotherapist and VR. Employers should provide time off for rehabilitation as being part of a return to or stay in work plan, such as people with Chronic Obstructive Pulmonary Disease (COPD) who leave the

workplace but should be referred to pulmonary rehabilitation. Whilst having PR staff should be able to take time off work.

1.16 Government should support and encourage OH services in both the private sector and NHS to achieve The Safe Effective Quality Occupational Health Service (SEQOHS) standards which is the benchmark that occupational health care workers are required to demonstrate they meet to be awarded and retain SEQOHS accreditation.[15] We welcome the revisions that have been made over the years, but improvements are still needed.

1.17 Physiotherapists have held a long established right to issue the Allied Health Professional (AHP) Health and Work report which enables our members to make detailed recommendations to support employees to remain at work with some modifications, or to recommend a period of absence with statutory sick pay.[16]

1.18 The AHP Health & Work report is designed to support a discussion between the attending patient / employee and the Health Care Professional. The form provides clear, legible advice for the employee to take to the employer to consider in reviewing the employee's ability to remain in or return to work. We encourage the government to endorse and raise awareness of the AHP Health and Work report with employers.

1.19 However employees access physiotherapy expertise, and for whatever condition, employees should be talking to physiotherapists about work and asking about being issued with an AHP Health and Work report that they can share with their employer.[16]

1.20 The CSP proposes that full use is made of the AHP Health and Work report to improve the guidance provided to employers and employees, and online information and guidance is issued to employers on this.

1.21 Until recently there have been no agreed standards for community rehabilitation. Initiated by the CSP, these have now been published, co-developed and endorsed by over 55 professional bodies and national charities in England.[17] Adopting these across different types of rehabilitation services in the community, including musculoskeletal conditions, would start to raise the status and quality of rehabilitation within the healthcare system.

b) What should the OH elements of that standard look like, particularly to ensure a simple and clear baseline for quality OH provision?

1.22 The OH elements of the standard should endorse and promote the SEQOHS. As stated above in Q6, OH services help employers and staff deal with health problems at work. The standard covers governance and finance, information and communication, quality assurance and improvement.

1.23 There is also evidence based MSK specific standards and guidance, for example, The CSP MSK standards for physiotherapists.[18]

1.24 The OH elements of the standard should also incorporate answers to Q1 and the following:

- Promote the business case to employers to encourage them to include physiotherapy services in their OH standards.
- Organisations put in place a staff health and wellbeing strategy developed with the full involvement of staff, staff representatives and trade unions.
- Employers must ensure that their physiotherapy services are available to all members of staff. Those without should urgently review their occupational health services as recommended by the Boorman review.[1-2]

3. Developing the work and health workforce capacity including, including the expert OH workforce, to build a sustainable model to meet future demand

15) What more can be done to build the multidisciplinary clinical and non-clinical workforce equipped with the skills needed to deliver occupational health and wider work and health services? Please include any examples of creative solutions.

2.1 MSK conditions account for 20 million days lost due to sickness absence in the UK.[19] MSK conditions are the leading cause of years lived with disability worldwide. [20] To deliver comprehensive OH services we need to have sufficient supply of a multidisciplinary workforce including OH specialist physiotherapists. Early MSK intervention improves outcomes for patients. It keeps people at work or enables them to return to work more quickly.

2.2 As experts in MSK health, physiotherapists play a significant role in supporting employees to return to, or remain in work, where there might otherwise be significant employment consequences. [21]

2.3 When staff have concerns about their MSK health they should be seeking advice from a physiotherapist. In many areas employees can gain rapid access to expert advice from a physiotherapist on MSK health issues through their GP – through First Contact Physiotherapy roles attached to General Practice, through GP referral to the local MSK service or directly accessing MSK services where these operate on self-referral.[22]

2.4 We welcome commitments included in the NHSE Workforce Plan having a Musculoskeletal First Contact Physiotherapist available in every GP surgery by 2032; increased numbers of advanced physios by 2031 and more Allied Health Professionals in senior decision-making roles. However, this will not be achieved without more ambitious targets for the physiotherapy workforce including OH physiotherapy specialists. 93% of NHS physio managers say that they do not have sufficient staff to meet need or provide services within guideline.

2.5 Registered physiotherapists are also central to the rehabilitation that people of working age receive when recovering from cancer, strokes, heart attacks and in management of a range of long term conditions including long covid.[23] However they access physiotherapy expertise, and for whatever condition, employees should be talking to physiotherapists about work and asking about being issued with an AHP Health and Work report [16] that they can share with their employer.

2.6 To increase access and ensure we all have universal and equitable access to OH services there is a need to expand the OH physiotherapy specialist workforce to ensure sufficient supply across the NHS and private sectors and within multi-disciplinary teams.

2.7 The supply of registered physiotherapy graduates in England is already very healthy, with a 42% increase in the last decade but England still lags behind international norms such as in England there is one registered physio for every 1,136 people, compared to one for every 450 people in Germany (who have one of the highest) and one for every 742 in Australia (who are average).

2.8 A good practice multi-disciplinary OH team should be easily accessible; currently employees face many barriers which include location of the specialist OH service and waiting time for OH specialist appointments. Many employees are having to wait to see a specific specialist such as a physiotherapist needed to treat their condition.

2.9 The multi-disciplinary team needs to be relevant to the professional group they are servicing. The workplace has a role to play in this model such as the Health and Safety Officer and Human Resources. As part of the multi-disciplinary team there should be a specialist physiotherapist.

2.10 Much of the hands-on delivery of rehabilitation provision can be delivered safely and effectively by support workers and exercise professionals, with appropriate clinical support from registered staff. We need to be upskilling and growing the support worker workforce, with apprenticeships for Rehab Assistant Practitioners and valuing the contribution of exercise professionals as part of the rehabilitation workforce.

2.11 All OH health care professionals need to have an understanding of an employee's work and tier levels and levels of rehabilitation support needed. We believe OH rehabilitation services should be delivered at work on-site, but this is often not available to staff. OH services are most commonly delivered at physiotherapy service centres or leisure centres where physiotherapists are based.

2.12 We also need investment in the promotion of OH physiotherapy roles to pre-registration students on physiotherapy courses. Promotion and education is needed for employees, employers and OH professions about what services are available and how to access the services in the NHS and private sector.

2.13 As stated in Q1 VR plays a crucial role within OH. We believe government should raise awareness of the important role VR plays within OH. Government should invest more in raising awareness of the important role VR plays within OH specifically amongst employers. As well as the public, employees, and health care professionals. Training in work and health should be available for all health professionals who issue fit notes, as well as OH workforce.

2.14. We believe an employment model for OH specialist physiotherapist should be offered security of employment, career development, decent pay and conditions that is in line with NHS terms and conditions. The OH physiotherapy workforce should be employed as an 'employee' not as a 'worker' if working for private companies.

2.15 When a person becomes physically unfit and unable to work, their ability to rehabilitate with the support of health professionals is significantly impacted by the quality of mental health support they receive whilst the body is undergoing a rehabilitation programme. By interacting with and exacerbating physical illness, co-morbid mental health problems – anxiety and depression being the most common - raises total health care costs by 45% for each person. This is highest in areas of deprivation.[(24)]

2.16 Improved support for the psychological, behavioural and mental health aspects of physical illness is key to service improvements in self-management support and rehabilitation. This means non-mental health staff being trained to provide psychological support within their service, and close working with psychological and mental health specialists.

2.17 We endorse CRA members the British Psychological Society and Stroke Association who recommend a guideline on this be incorporated into integrated community stroke services.[(25)] New roles such as the Clinical Associate in Psychology and Associate Psychological Practitioner, increase access to psychological care and psychological contributions to Multidisciplinary Teams (MDTs).

2.18 MSK FCP hub models have had significant outcomes for patients and improves access to services for patients through their GP and ensure integration.[(26)] Given that not all working age people can currently access occupational health services, either because they are no longer employed or their employer does not provide occupational health services,

ensuring swift access to FCPs for assessment and advice, and referral to MSK physio or other rehab services without long waiting times.

Question 21: As part of the move to a more multidisciplinary workforce to deliver work and health conversations, should we consider further extension of the professionals who can sign fit notes?

And if yes, which professionals should we consider?

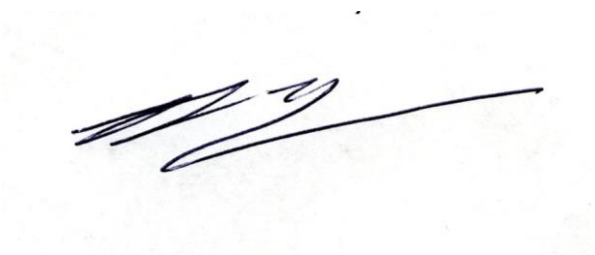
2.19 We welcome the legislation change to allow all physiotherapists to certify fit notes but there are still challenges that OH physiotherapists working in the private sector face. Whilst all physiotherapists are eligible to certify fit notes, this is restricted to those providing NHS services. Extending access to the Med 3 form for eligible healthcare professionals working outside NHS services, for example in private occupational health settings, would reduce the need for patients to access primary care for fit note certification.

2.20 We support the widening of legislation to other AHPs who have the required capability and competence at the point of registration. It is important to ensure the right workforce is able to have work and health conversations at the right time.

Question 22*:* What further action can the Government take to support multidisciplinary teams to deliver work and health conversations in other settings (for example NHS or community settings), to improve health outcomes and address health inequalities?

2.21 All healthcare professionals should be skilled to start work and conduct health discussions. The AHP Work and Health report is designed to support a discussion between the attending patient/employee and the physiotherapist or other allied health professional, and provides detailed advice and recommendations on support required to enable employees to remain in work with modifications. CSP believes we need to increase the availability of training and mentorship to support HCPs to have these conversations as part of routine care.

2.22 All health care professionals should receive training in health inequality, health behaviour change, health coaching, and multi-morbidity management as part of their pre-registration, apprenticeship and workplace training.



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