



HEALTH WORK WELLBEING

Fit for Work Service Workshop

NEHIN Conference, Durham
June 24th 2008

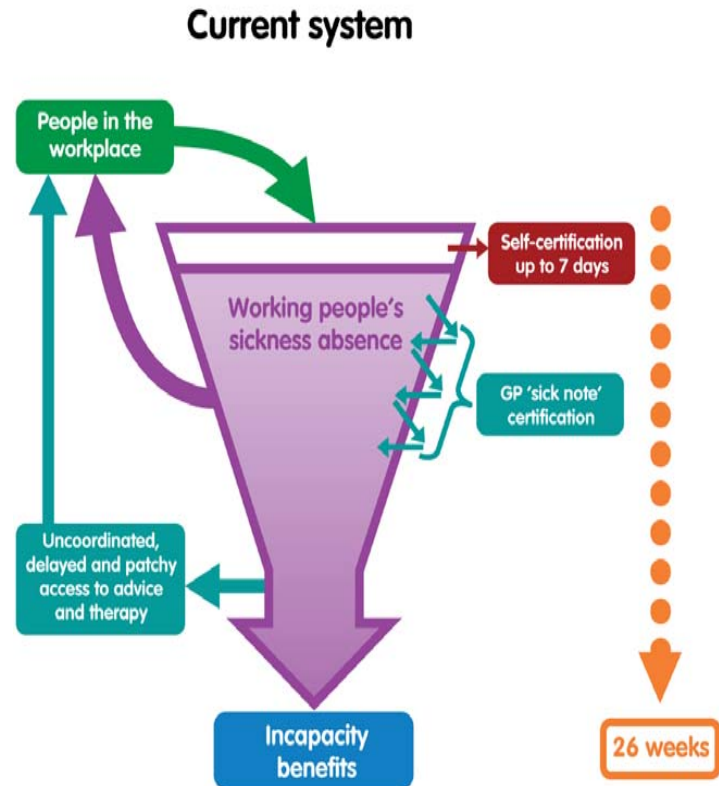
Clayre La Trobe, Consultant, Health & Work
Department of Health



Early intervention for those who develop a health condition

What's not working

- Fallacy persists that individuals should only be at work if 100% fit
- No clear pathway of rehabilitation for work-related ill-health
- This belief has led to sub-optimal treatment of patients and outdated procedures for certification of sickness absence
- Need to examine new approaches to preventing longer-term sickness absence



Avoiding long-term incapacity for work: Developing an early intervention in primary care – a review of the literature

Professor John Campbell, Dr Christine Wright,
Ms Alice Moseley, Ms Rupa Chilvers,
Ms Laura Stabb & Dr Suzanne Richards

Peninsula Medical School, Exeter
– Primary Care Research Group



Background to the study

- Three month scoping study carried out for Health Work and Wellbeing
- To inform the development of an **early, primary care led** intervention to help sick listed individuals (Med3/Med5) to **return to work**

Mixed methods approach

Review of the literature
(systematic reviews)



Summary of the evidence



GP panel consultation
(online survey)



In-depth interviews
with general practitioners
and OH specialists



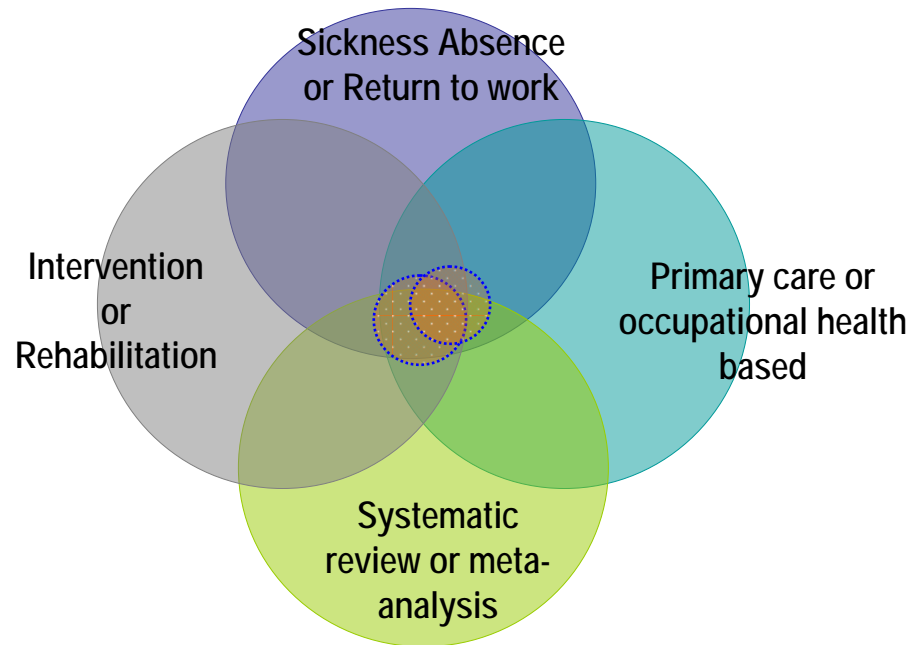
Literature Review – Objectives

To examine the existing evidence regarding:

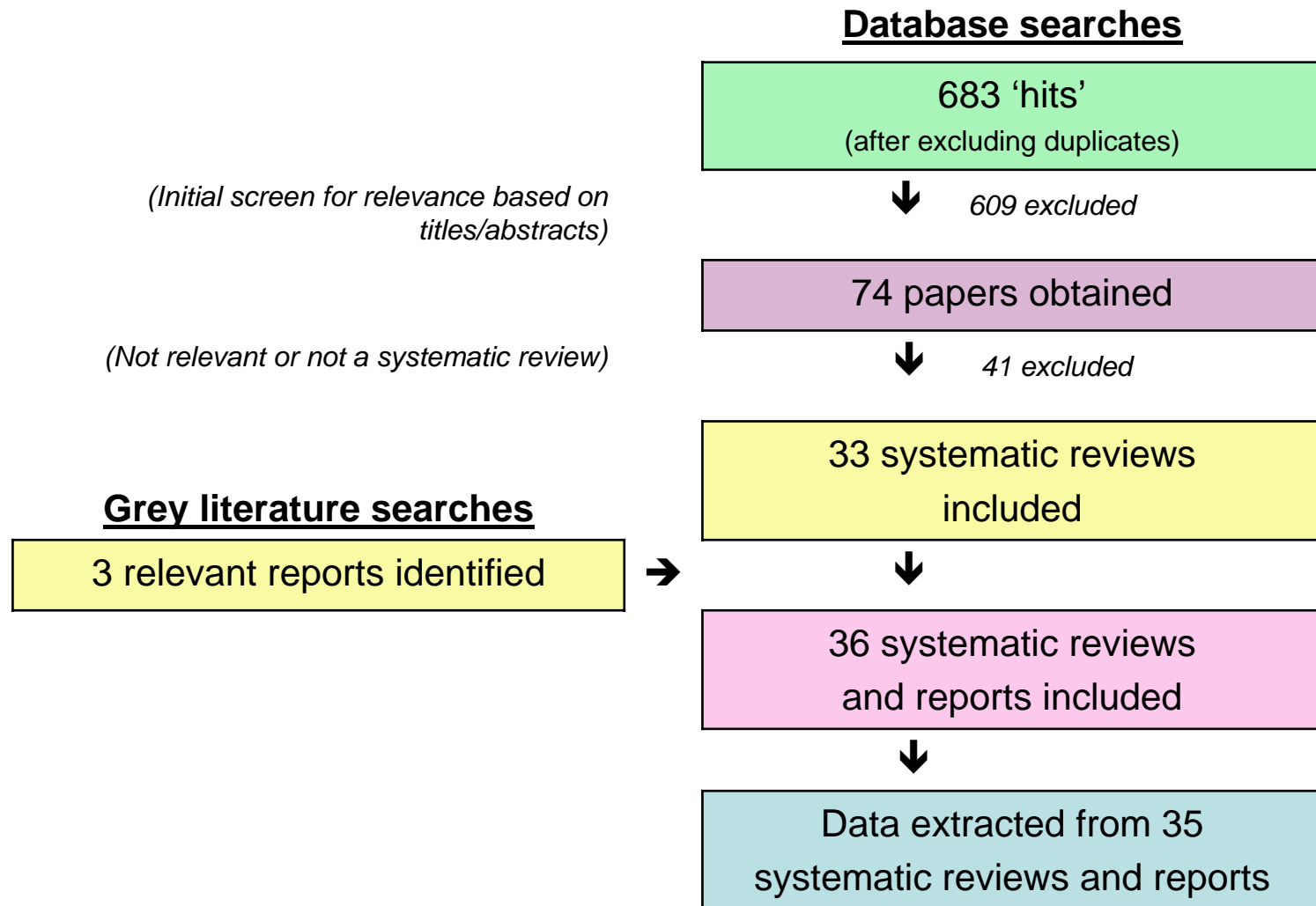
- 1. Effectiveness** of return to work interventions for a range of common health problems
 - Clinical and vocational outcomes
- 2. Nature and content** of such interventions
 - What components, how many, timing, duration, intensity
- 3. Professional skill mix** required
- 4. Gaps or inconsistencies** in the existing scientific literature



Literature Review – Search Strategy



- Focus on systematic reviews and meta-analyses
- Published between 1997 and 2007
- Four main elements to search strategy
- Only papers which incorporated all four elements were included
- Searched on 7 commonly used research databases and organisation websites



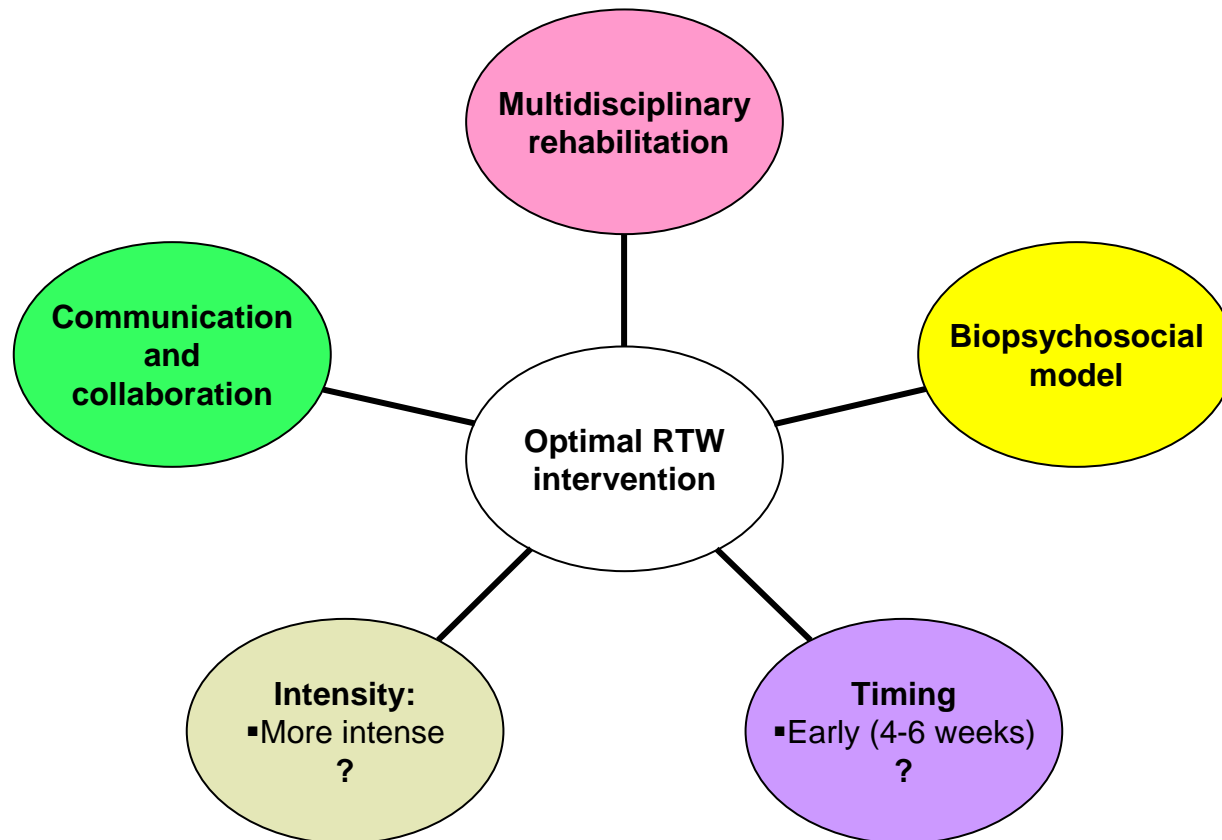
Overview of included papers and reports

- None focused specifically on *primary care based* interventions
- Range of medical conditions
- Varied nature of interventions
- Variation in outcome measures and follow-up periods
- Quality of existing research



Informing the shape of the intervention

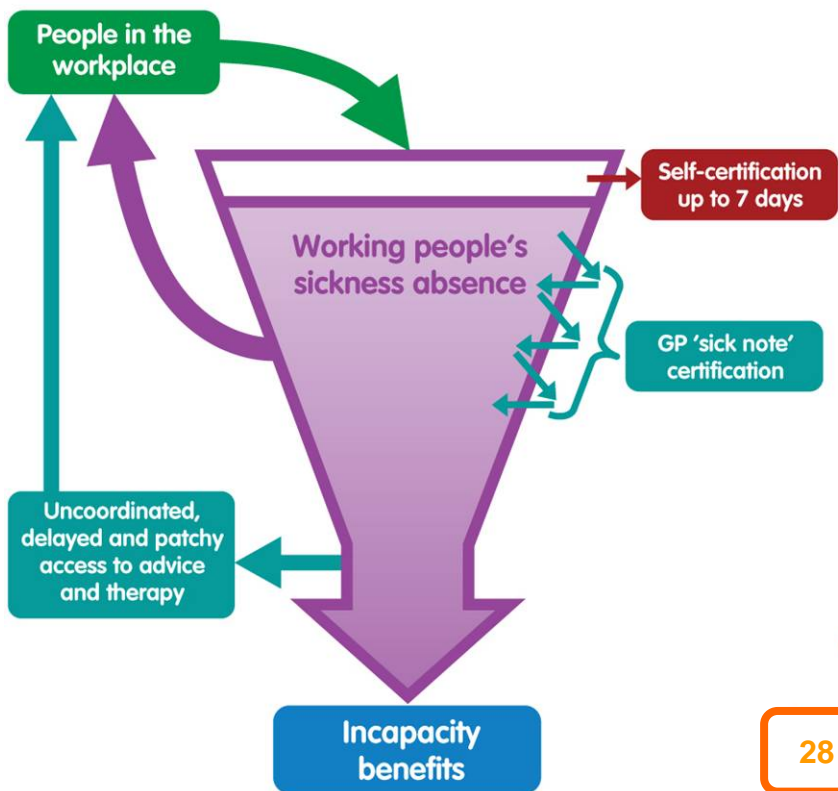
(based on literature review – 35 reports and papers)





How the new model could work

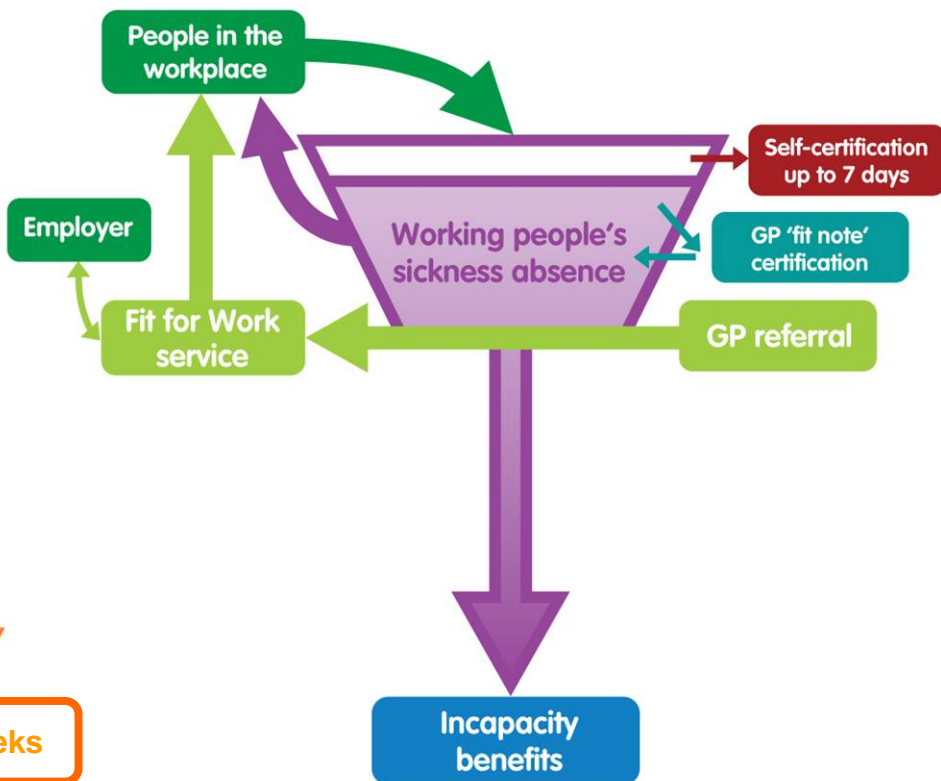
Current system



A new model for early intervention



28 weeks





Early intervention: a *Fit for Work* service

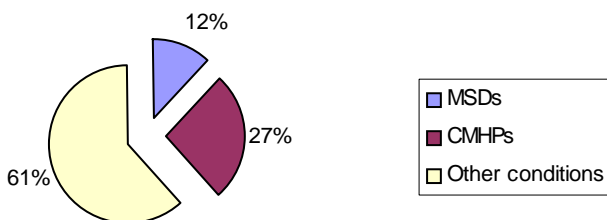
- Peninsula Medical School recommended three key elements:
 - case-managed;
 - multidisciplinary team; and
 - biopsychosocial model
- Targeted intervention – focus support for those with longer- term sickness absence (after X weeks)
- Casemix of conditions with longer duration of sickness absence:
 - balance of frequency and distribution of duration
- Foresee majority caseload will be
 - musculoskeletal disorders; and
 - common mental health problems



Early intervention: a *Fit for Work* service

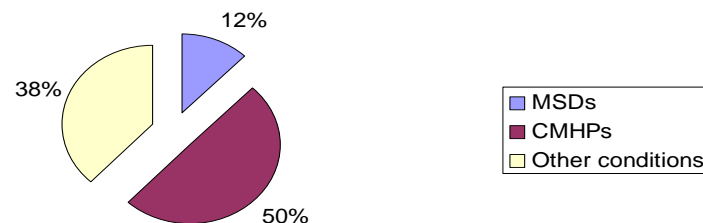
People to whom medical certificates are issued, by condition

Source: Gabbay & Shiels. Subanalysis University of Liverpool's Database of Medical Certificates (2000-02)



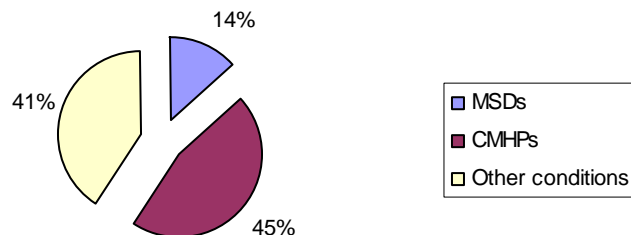
Episodes of medically certified sickness absence of more than 4 weeks, by condition

Source: Gabbay & Shiels. Subanalysis University of Liverpool's Database of Medical Certificates (2000-02)



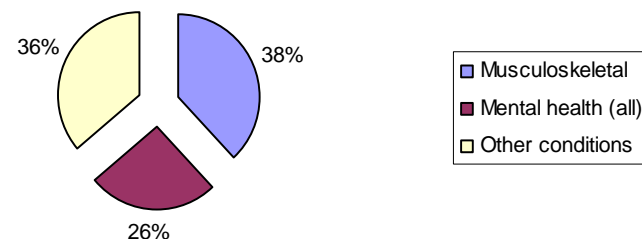
Duration of medically certified sickness absence, by condition

Source: Gabbay & Shiels. Subanalysis University of Liverpool's Database of Medical Certificates (2000-02)



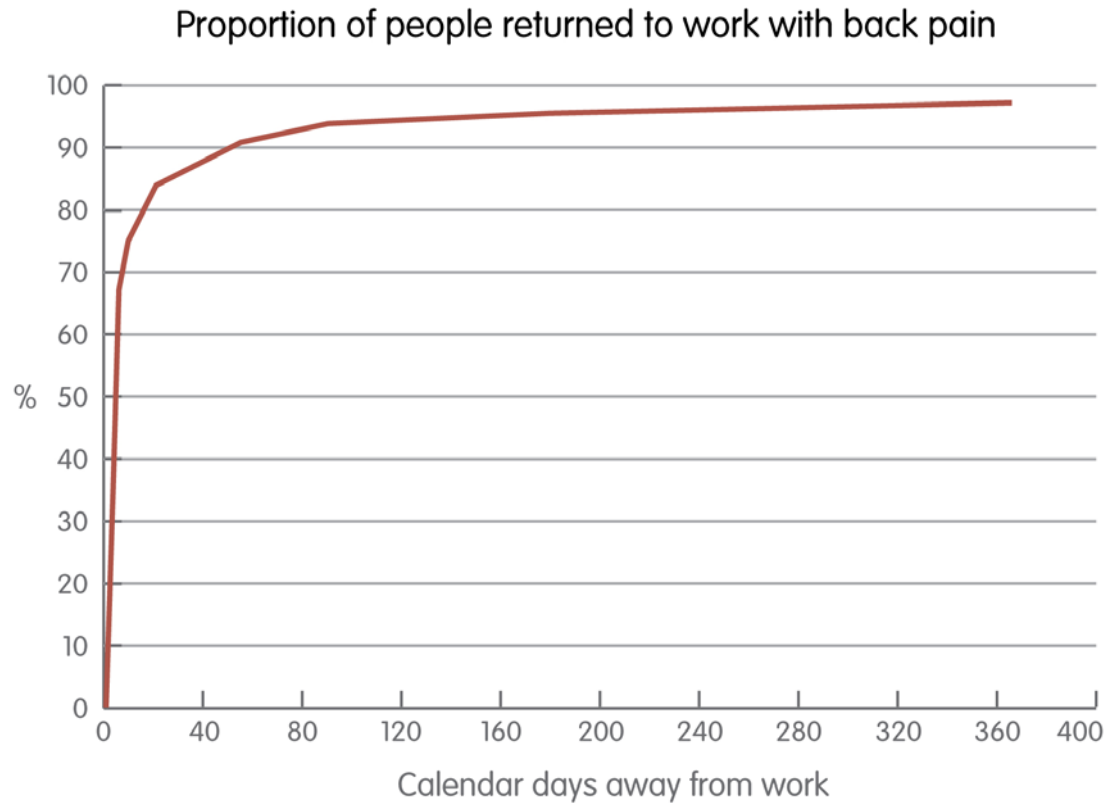
Recent IB claimants' main self-reported health condition or disability, by condition

Source: Kemp and Davidson: Routes on to Incapacity Benefit: Findings from a survey of recent claimants (2007)





Return to work: back pain



Note: Cumulative proportion.

Source: Back Pain. Clinical Standards Advisory Group. London HMSO; 1994



Early intervention: a *Fit for Work* service

- Currently developing a population-based economic model
 - Inputs
 - Number of people affected with which conditions and for how long
 - *Fit For Work* Intervention – defining evidence-based packages of care with a return-to-work focus and their outcomes
 - Baseline – defining usual care and its outcomes
 - Outputs
 - FFWS vs. baseline, or incremental cost-benefits
 - Impact on patients, health service, employers, economy (productivity, ?GDP), welfare benefits system, health inequalities
- Keen interest in piloting different models of a *Fit for Work* service, so watch this space..... clayre.latrobe@dh.gsi.gov.uk