

Physiotherapy Services

Report of the Chief Fire Officer

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1 Purpose of Report

This report is to consider the trial fast track physiotherapy services provided by the Robert Jones and Agnes Hunt Hospital for Shropshire Fire and Rescue Service (SFRS) employees, introduced for a 12 month period on 1 April 2008.

2 Recommendations

The Human Resources Committee is asked to:

- a) Agree to continue to trial fast track physiotherapy services provided by the Robert Jones and Agnes Hunt Hospital for a further 12 month period from 1 April 2009 - 31 March 2010;
- b) Consider early intervention / direct referral through Occupational Health for individuals requiring physiotherapy; and
- c) Consider monitored funding beyond the maximum of £195.00 (in exceptional circumstances)

3 Background

On 6 December 2007, the Human Resources (HR) Committee considered the introduction of a 12 month pilot physiotherapy service. It was reported that a high number of cases reported to the occupational nurse were referred for musculoskeletal disorders (MSD) and noted that although often individuals were able to seek physiotherapy services through their General Practitioner (GP) those waiting lists for treatment ranged for 6-9 weeks in most cases and in some instances up to 12 weeks. The HR Committee considered that the introduction of fast track treatment and speedier intervention would enable an employee to either return to work earlier or to reduce the likelihood of more serious or long-lasting condition developing which could for example, lead to further absence or incapacity for role and litigation claims.

It was noted that if the Fire Authority were to provide physiotherapy services for employees, it was likely to result in a reduction in the number of working days lost to musculoskeletal injuries. It was agreed for a trial period of 12 months, to offer and pay for up to a maximum of 6 sessions per person per injury to SFRS staff regardless of whether injury is work or home related. Referrals were only to be offered if an individual's GP indicated physiotherapy was not available within one month of it being deemed necessary.

4 Feedback on Trial Period - April 2008 to date

Take-up during the trial period has been low with only four individuals being referred, from Occupational Health. The cost to the Fire Authority for the period 1 April 2008 - 31 March 2009 is estimated to be £780.00. Each treatment programme worked out as six sessions of physiotherapy per person and total individual costs of £195.00.

	Number of staff attending Physiotherapy	Number of staff that remained at work during treatment	Number of staff off sick at time of referral	Number of staff that returned to work in the treatment phase	Number of required Physiotherapy Sessions and costs (£)
Wholetime	1	1	0	0	6 = £195
Retained	1		1	1	6 = £195
Support	2	1	1	1	6 = £195 6 = £195
2008/09 Costs (£)					£780.00

It is encouraging to note that from the four employees receiving treatment, two remained at work during treatment (one on modified duties) and two who were off sick at time of referral returned to work during their treatment. It is difficult to quantify savings but verbal feedback on the physiotherapy service is good and it appears individuals have been given reassurance and advice during their physiotherapy assessment that gave employees confidence to manage their condition and remain at work.

It must be noted that physiotherapy offers, and includes, a range of treatments e.g. mobilisation, manipulation, massage, traction, electrotherapy, acupuncture, specific exercise and fitness programmes, muscle balance and core stability and hydrotherapy.

5 Early Intervention

In Dame Carol Black's Review, "Working for a Healthier Tomorrow" emerging evidence suggests that for many people, early interventions such as physiotherapy, counselling and health and well-being advice, help to prevent short term sickness absence from progressing to long term sickness absence.

6 Issues Identified

At present individuals can be referred to the fast-track physiotherapy service only if their GP indicates that physiotherapy is not available on the NHS within one month of it being deemed necessary. Individuals have missed to qualify due to this criterion but have then experienced delays between their GP referral and NHS treatment.

The current NHS waiting time after GP referral, is on average, 50 working days to first treatment. Referrals to the fast track physiotherapy service via Occupational Health take on average 4-5 working days. Staff can, therefore, access treatment 45 days more quickly than would have been the case in the NHS.

Case study shows 1 x employee was absent during August 2008 with nerve root irritation/back pain. The individual was referred one week into sick-leave, on 13 August 2008, by her GP for physiotherapy. The individual did not therefore apply for our Occupational Health fast-track physiotherapy service. The individual telephoned the "Shropdoc Physiotherapy Referral Service" on 13 August 2008 and further telephoned and chased referral progress early September. Written correspondence dated 24 September 2008 confirmed that she would be referred to her local physiotherapist service and they would make contact in due course. The individual's first appointment date was 23 October 2008 – 52 working days delay following initial GP referral. During this waiting period the individual lost 24 working days to sickness absence – (approx. f.t.e. cost £1,364).

It is recommended that the HR Committee considers early intervention / direct referrals via Occupational Health for individuals requiring physiotherapy.

It is noted that Shropshire County Council (SCC) ran a pilot physiotherapy service for the period December 2007 to August 2008, following which the Council Management Team recommended continuation of the provision of physiotherapy support on a permanent basis. SCC Occupational Health provides direct referral and it is interesting to note that during the nine month pilot 34 staff were assessed for treatment and attended an average of 3 physiotherapy sessions; the cost to the council was £1600, each programme worked out at an average of £47.00 per person.

Direct referral would indeed increase associated costs but would offer early intervention. The number of employees with absence due to musculoskeletal reasons within our trial period 1 April 2008-1 February 2009 are as follows:-

	Neck	Shoulders	Upper Limb	Back	Knee	Lower Limb	Total
Community Safety	4	7	23	24	8	15	81
HR & Training		1		1		2	4
Performance		1		5			6
Resources				1			1
	4	9	23	31	8	17	92

7 Flexibility

At present the physiotherapy service is limited to the monetary value of six 1-2-1 sessions (total £195.00 cost). It is considered that flexibility to extend beyond the maximum would in certain cases be beneficial, to be agreed on an ad hoc basis.

Case study shows 1 x employee required fast-track physiotherapy treatment be extended by a further 2/3 sessions (£30.00 per session = max £90 cost). This was declined. The individual was left in a difficult position of going back onto the NHS referral / waiting list and starting treatment all over again months down the line. Fortunately in this case her specialist doctor managed to enable treatment to continue, however the case highlighted the need for a little flexibility on an ad hoc basis. Research showed that the individual was very grateful for the fast-track physiotherapy received and acknowledged that “without Brigade help I would not now be on the road to better health”. The physiotherapy sessions received had included pain management therapy and pro-active, fast track pain management / physiotherapy had assisted the individual to remain at work during treatment.

If direct referral is agreed it is suggested that Occupational Health advise individuals to also continue to seek GP referral / NHS physiotherapy. This will enable the individual to be in the waiting system and will provide a fall back if required.

8 Way Forward

It is suggested that early intervention be encouraged by Occupational Health and that the fast-track physiotherapy service is offered to individuals on a direct referral basis via our Occupational Health adviser. It must be explained to individuals that the private physiotherapy service is deemed by the Inland Revenue to be a “benefit to employees” and should be declared on the individuals P11D at section 1 and that it would affect the tax code for the following year.

9 Financial Implications

Costs during the trial period have been low, estimated to be £780.00. Continuation of this trial for a further 12 month period will enable more reasoned costing and recommendations to be made.

Costs for not having a fast track physiotherapy service could be high e.g.

In the case of one Firefighter being absent in 2008/09 with Musculoskeletal disorder as a result of an injury

Worst case scenario – full pay for 1 year = £27,851 + potential ill health retirement if deterioration and possible insurance claim

Or

Full pay sick pay for an average of 50 days waiting period for physiotherapy to commence = £3,814.

This should be compared with

One Firefighter referred immediately to physiotherapy = £45.00 first assessment (max treatment cost £195.00).

In this scenario a person could have either completed, or be well on the way to completing treatment before they would have received their first NHS referral.

10 Legal Comment

Since December 2006, public bodies have been required to fulfil a general and specific Disability Equality Duty. This requires public sector employers to actively promote disability equality. It is a positive duty, which ensures disability equality is considered at the start of the process, rather than making adjustments at the end. The concept of early intervention accords with guidance published under the Disability Discrimination Act 1995.

11 Equality Impact Assessment

An Initial Equality Impact Assessment was undertaken on the Introduction of the Physiotherapy Service in December 2007, when the report was first brought before the HR Committee for consideration. As this report is an update on the trial period of the Physiotherapy Service an Initial Equality Impact Assessment has not been completed for it.

12 Appendices

There are no appendices attached to this report.

13 Background Papers

There are no background papers associated with this report.

Implications of all of the following have been considered and, where they are significant (i.e. marked with an asterisk), the implications are detailed within the report itself.

Balanced Score Card		Integrated Risk Management Planning	
Business Continuity Planning		Legal	*
Capacity		Member Involvement	
Civil Contingencies Act		National Framework	
Comprehensive Performance Assessment		Operational Assurance	
Efficiency Savings		Retained	
Environmental		Risk and Insurance	
Financial	*	Staff	*
Fire Control/Fire Link		Strategic Planning	
Information Communications and Technology		West Midlands Regional Management Board	
Freedom of Information / Data Protection / Environmental Information		Equality Impact Assessment	*