

Proposed Introduction of Physiotherapy Services

Report of the Chief Fire Officer

For further information about this report please contact Alan Taylor, Chief Fire Officer, on 01743 260201 or Lisa Vickers, Human Resources Manager, on 01743 260211.

1 Purpose of Report

To provide the Human Resources Committee with information in order that it may consider whether to approve the provision of Physiotherapy Services for employees for a one-year trial.

2 Recommendations

The HR Committee is asked to consider making the following recommendations to the Fire Authority:

- a) To trial fast-track physiotherapy services provided by the Robert Jones and Agnes Hunt Hospital for one year;
- b) To refer employees only if the General Practitioner indicates Physiotherapy is not available from the National Health Service within one month of it being deemed necessary;
- c) That our Occupational Health Advisor agrees the need for physiotherapy;
- d) That a referral may be made for any injury, regardless of whether it is work related or not;
- e) To provide funding for up to a **maximum** of 6 sessions per person per injury;
- f) That officers monitor the take-up, effectiveness and costs for the one-year trial period and report back to Human Resources Committee; and
- g) To approve a virement from the operational overtime budget to the occupational health budget to fund the one-year trial.

3 Background

Between 1 April 2007 and 30 September 2007, 41% (39/95) appointments made with the Occupational Health Nurse were as a result of musculoskeletal conditions. It should be noted that some of these appointments would be repeat appointments.

As at 24 October 2007, 8 out of the 18 individuals currently absent from work are absent as a result of musculoskeletal conditions. Of these, the three who have been absent for the longest period of time, all have musculoskeletal conditions.

We also record members of staff who are currently undertaking modified duties, i.e. not currently fit enough to be working their full contractual hours or to undertake their full range of duties. At 24 October 2007, the modified duty list had 17 individuals on it, of which 7 suffer from conditions that could be improved with physiotherapy. Clearly this has implications for the Service in terms of costs and service levels.

Individuals are, of course, able to seek physiotherapy services through their General Practitioner (GP), however there is normally a waiting list for treatment that commonly means an individual has to wait 6 to 8 weeks and in some instances 12 weeks. It is widely accepted that the longer a person is away from the workplace the less chance they have of returning to it. Similarly, an injury may develop into a chronic condition without access to treatment at the appropriate time. Given budget pressures, GPs may be reticent to refer patients for physiotherapy at an early stage.

The provision of physiotherapy by the Service will fast track treatment and speedier intervention would enable an employee either to 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.

If the Fire Authority were to provide physiotherapy services for employees, it is likely to result in a reduction in the number of working days lost to musculoskeletal injuries. This would reduce both staff absence costs and related over-time costs, and would also improve service levels and staff health and wellbeing.

Policy Group considered this matter at its meeting on 21 November 2007 and was supportive of the recommendations set out, which are, therefore, brought to the Human Resources Committee for consideration.

4 Benefits and Potential Issues

There are several areas of benefit and potential disadvantages:

Benefits to Employer

- Reduction in absence levels, therefore having a positive impact on Best Value Performance Indicator (BVPI) 12
- Reduced cost of absence
- Enhanced service levels
- Impact on ill health retirements
- Reduction in litigation claims
- Reduction in accident rates
- Enhance staff morale
- Recruitment incentive

Benefits to Employee

- Physiological improvements
- Psychological / motivational benefits allied to treatment
- Access to ergonomic advice and education

Potential disadvantages

- GPs may prefer to refer people to physiotherapy provided by the Service as an alternative to incurring costs/adding to waiting lists in the National Health Service (NHS)
- This is a potentially political issue and we may be challenged over why we would wish to spend public money on a service provided by the NHS
- It may lead to demands for more health-related services to be provided by us as the employer
- Provision would be viewed by Her Majesty's Revenue and Customs (HMRC) as a taxable benefit and therefore employees would be taxed on the value of the benefit and therefore there are likely to be National Insurance costs for SWFA as the employer

5 Options for Consideration

There are several options that Members may wish to consider:

- 1 Do nothing and continue to require the employee to seek physiotherapy through their GP, waiting lists permitting.
- 2 Source Physiotherapy services through our Occupational Health contract with providers supplied by Performance Through Health (PTH) at an approximate cost of £42 per session.
- 3 Source Physiotherapy from a local private facility, i.e. The Robert Jones and Agnes Hunt Hospital located near Oswestry, approximately 21 miles from Brigade Headquarters. Costs per session would be based on £45 for an initial assessment and £30 for follow ups.

Clinics are available for our staff on Mondays and Thursday from 5.00 pm until 7.00 pm (flexibility is available at other times). We are told that they have capacity available and there is no anticipated waiting list.

6 Financial Implications

After consideration by Policy Group it has been noted that such provision may be treated as a benefit in kind by Her Majesty's Revenue and Customs and, therefore, staff would need to be made aware of that in advance. We are currently seeking accurate information as to whether there will be a cost to the Service in terms of National Insurance, and if so, how much that may be.

In terms of other non-tax related costs:

In the case of one firefighter being absent with a musculoskeletal condition as a result of an injury the potential costs could be:

a) Worst case - no return to work Full pay sick pay for 1 year = £27,185 opportunity cost plus potential ill-health retirement / injury award costs and / or personal injury claim
or
b) Best case – a return to work After waiting 12 weeks for physiotherapy. Full pay sick pay for a 12 week 'waiting period' for physiotherapy to commence would produce an opportunity cost to the Service of £6,273 .

This should be compared with:

To refer one firefighter immediately for physiotherapy for a maximum of 6 sessions @ £30 per session (first session £45) £195 cost to the Service
In this scenario a person could have either completed, or be well on the way to completing, treatment before they have been absent for 12 weeks, potentially producing a non-cashable saving up to £6,273

Estimated potential financial benefit in one year

If, of the 58 musculoskeletal-related appointments dealt with by Occupational Health last year, 20 people required physiotherapy treatment that was not available with their GP immediately, the maximum cost of sessions would be:

$$20 \times £195 = \mathbf{£3900}$$

This figure is equivalent to sick pay for 1 Firefighter for 8 weeks.

Or

If each of the 20 people referred returned to work just 3 weeks earlier than they otherwise would, this may deliver a non-cashable benefit of **£31,367** in one year.

In practice sickness absence is covered by overtime payments, and it is calculated that cashable savings equivalent to the cost of the time can be found from the operational overtime budget.

7 Legal Comment

The provision of such a physiotherapy service within the guidelines suggested seeks to achieve best value and does not raise any direct legal implications.

8 Equality Impact Assessment

An Initial Equality Impact Assessment has been completed and is attached to this report.

9 Appendices

There are no appendices attached to this report.

10 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	*



Shropshire Fire & Rescue Service EQIA number
Initial Equality Impact Assessment Form

Directorate	HR	Department/ Section	HR
Name of officer	Lisa Vickers	Job title	HRM
Name of Policy/Service to be assessed	Physiotherapy	Date of assessment	7/11/07
New or existing policy	N / E N		

1. Briefly describe the aims, objectives and purpose of the policy/service	<ul style="list-style-type: none"> To reduce the number of days lost to the Service due to musculoskeletal, injuries. To improve employee health and well being. 		
2. Are there any associated objectives of the policy/service?	Strategic Aim 3 objective 8		
3. Who is intended to benefit from the policy/service and in what way?	All employees		
4. What outcomes are wanted from this policy/service?	See point 1		
5. Who are the main stakeholders in relation to the policy/service?	All employees		
6. Who implements the policy/service and who is responsible for this?	HRM		
7. Are there any concerns that this policy/service could have a differential impact on the following groups and what existing evidence do you have for this? Yes or No, please detail in boxes below.			
8. Age	Y	N	no
9. Disability	Y	N	No-would assist recovery from injury
10. Gender	Y	N	no

11. Race	Y	N	no
12. Religion or belief	Y	N	no
13. Sexual orientation	Y	N	no
14. Dependant/caring responsibilities	Y	N	no
15. Could the differential impact identified in 7-14 amount to there being the potential for adverse impact in this policy/service?	Y	N	no
16. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group or another reason?	Y	N	Please explain for each, equality heading on a separate piece of paper. no
17. Have you consulted those who are likely to be affected by the policy/service?	Y	N	List those groups/individuals that have been consulted. no
18. Should the policy proceed to a full impact assessment?	Y	N	Please detail no
19. Date by which full impact assessment to be completed			
20. Reason for non completion			

**I am satisfied that this policy has been successfully impact assessed.
I understand the Impact Assessment of this policy is a statutory obligation and that, as owners of this policy, we take responsibility for the completion and quality of this process.**

Assessing person	Lisa Vickers	Date:	7/11/07
Line Manager		Date:	
Please note that this impact assessment will be scrutinised by the E&D Officer			