

## Physiotherapy

### Report of the Chief Fire Officer

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#### 1 Purpose of Report

This report asks Members to consider the continuation of the trial, fast-track physiotherapy services provided by The Robert Jones and Agnes Hunt Hospital (RJAH) for Shropshire Fire and Rescue Service employees, introduced for a twelve-month period on 1 April 2008 and reviewed in February 2009.

#### 2 Recommendations

That the Committee agree either to:

- a) Continue to offer fast-track physiotherapy services provided by the RJAH for a further twelve-month period from 1 April 2010 to 31 March 2011; or
- b) Incorporate the fast-track physiotherapy services into our Occupational Health support, with an annual progress report to be made to the Human Resources Committee for the first two years.

#### 3 Background

On 6 December 2007 the Human Resources Committee considered the introduction of a twelve-month, pilot physiotherapy service. The Committee reviewed the pilot in February 2009 and the following was considered and agreed:

- Continuation of the trial, fast-track physiotherapy services provided by the RJAH for a further twelve-month period from 1 April 2009 to 31 March 2010

- Early intervention /direct referral through occupational health, for individuals requiring physiotherapy to be offered by occupational health to employees, regardless of whether their injury is work or home-related.
- In exceptional circumstances that funding goes beyond the maximum of £195 (six sessions).
- 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.

#### **4 Feedback on Trial Periods – 2008/09 and 2009/10**

Take-up during year one of the trial period was low, with only four individuals being referred via occupational health. It was encouraging, however, that, from the 4 employees receiving treatment, 2 remained at work during treatment (1 on modified duties) and 2, who were off sick at the time of referral, returned to work during their treatment. Costs to the Fire Authority were estimated to be £780 (maximum six physiotherapy sessions per person).

It was reported to the Committee in February 2009 that the average waiting time after GP referral to physiotherapy was 50 working days to first treatment. The Committee approved recommendation that our Occupational Health Advisor be able to consider early intervention and directly refer individuals requiring physiotherapy to RJAH. Referrals to the fast-track physiotherapy service via occupational health take on average 4 to 5 working days. Staff can, therefore, now access treatment 45 days more quickly than would have been the case in the NHS.

Early intervention is seen as key. Evidence suggests that for many people, early interventions, such as physiotherapy; help to prevent short-term sickness absence from progressing to long-term sickness absence (Dame Carol Black's Review "Working for a Healthier Tomorrow").

In February 2009 the Committee agreed that, in exceptional cases, physiotherapy / funding be extended beyond the maximum, to be agreed on an ad hoc basis. In 2009/10 RJAH has recommended further sessions beyond the maximum for one employee. This request was supported and agreed by the employee's Watch Manager and by occupational health / Human Resources Manager. The employee had sickness absence in January and February 2009 but was able to return to, and stay at, work on modified duties during physiotherapy treatment.

We reported take-up numbers in the first year were low (4). Take-up numbers have doubled during our second year of trial but still remain quite low (8 in total – 2 x support staff, 1 x management, 5 x operational).

It is encouraging that, from all of the employees receiving treatment during 2008 to date, most were able to stay at work or return to work during their treatment phase. It is difficult to quantify savings but our Occupational Health Advisor informs us that verbal feedback is good. It appears that individuals have received reassurance and advice during physiotherapy assessment and treatment that has given employees the confidence to manage their condition and remain, or return to modified duties, at work. Our Occupational Health Advisor has also given positive feedback on the now direct referral, which has certainly enhanced early intervention.

## **5 Financial Implications**

Costs during the trial period have been low, estimated to be £780 in year one and £1,560 in year two, based on an average of a maximum of six sessions x £195 per individual.

Costs quoted by RJAH Physiotherapy Department for 2010/11 remain unchanged at approximately £195 per person (for 6 sessions - 1 initial consultation at £45 and 5 sessions at £30.00).

Employees may not require the six 1-2-1 sessions and RJAH initial reports may recommend a course of pool treatments at only £10 per group session and/or £15 per one hour supervised gym session.

Direct access via occupational health to RJAH has reduced waiting times for physiotherapy and potentially reduced associated sickness absence costs. For example before direct access was introduced 1 employee experienced a delay of 52 days' delay following initial GP referral and her first physiotherapy session. During this waiting period the individual lost 24 working days to sickness absence (at an approximate cost of £1,364). Employees can now benefit from direct referral via occupational health and direct physiotherapy treatment (on average 4 to 5 working days only).

## **6 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 look at ways of ensuring that disabled people are treated equally. It is a positive duty, which ensures disability equality is considered at the outset rather than making adjustments at the end. The concept of early intervention accords with guidance published under the Disability Discrimination Act 1995.

## **7 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 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.

## 8 Appendices

There are no appendices attached to this report.

## 9 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	*