

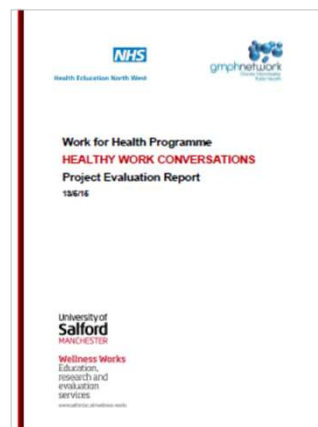


WE ALL HAVE A ROLE IN WORK RELATED HEALTH OUTCOMES

Christine Parker

Physio Club Webinar Nov 2016

Handout



References & Further reading:

- ACPOHE (2014) *Guidelines for Occupational Health Physiotherapists on the use of Functional Capacity Evaluation and Functional Measurement for the Assessment of Fitness for Work*. Bury St Edmunds: Association of Chartered Physiotherapists in Occupational Health and Ergonomics.
- ACPOHE (2015) *Behaviours, knowledge & skills required by Physiotherapists for working in Occupational Health*. Bury St Edmunds: Association of Chartered Physiotherapists in Occupational Health and Ergonomics. Available at: http://www.acpohe.org.uk/sites/www.acpohe.org.uk/files/Occupational%20Health%20framework%20PT%20version%20V5%2003%202015_0.pdf Accessed on 05/11/16
- Bishop A, Foster NE, Thomas, E, Hay EM 2005 How does the self-reported clinical management of patients with low back pain relate to the attitudes and beliefs of health care practitioners? A survey of UK general practitioners and physiotherapists.
- CSP (2013) *Physiotherapy framework: putting physiotherapy behaviours knowledge & skills into practice* (condensed version). London: The Chartered Society of Physiotherapy. Available at: <https://v3.pebblepad.co.uk/v3portfolio/csp/Asset/View/6jqbh3GzhGWrrrgHntk848sRGr> Accessed on 05/11/16
- DH & DWP (2016) *Improving Lives: The Work, Health and Disability Green Paper*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/> Accessed on 01/11/16
- Kloss D (2016) *Pre-Employment Health Questions and the Equality Act*. Available at: <http://www.councilforworkandhealth.org.uk/helpful-advice> Accessed on 05/11/16

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Linton SJ, Boersma K. Early identification of patients at risk of developing a persistent back problem: the predictive validity of the Örebro Musculoskeletal Pain Questionnaire. *Clin J Pain* 2003;19: 80-86

Løvvik C, Shaw W, Øverland S, et al. Expectations and illness perceptions as predictors of benefit reciprocity among workers with common mental disorders: secondary analysis from a randomised controlled trial. *BMJ Open* 2014;4

Marmot Review: 2009 Fair Society, Healthy Lives

Nicholas MK1, Linton SJ, Watson PJ, Main CJ; "Decade of the Flags" Working Group. [Early identification and management of psychological risk factors \("yellow flags"\) in patients with low back pain: a reappraisal.](#) *fckLRPhys Ther.* 2011 May;91(5):737-53. doi: 10.2522/ptj.20100224. Epub 2011 Mar 30.

Shaw, W.S., van der Windt, D. A, Main, C.J., Loisel, P., Linton, S.J., Decade of the Flags Working Group. 2008. Early patient screening and intervention to address individual level Occupational Factors ("Blue Flags") in Back Disability. *J Occ Rehab.* (19) 64-80. Published online 12/12/08.

Shaw, W. S., Reme, S. E., Linton, S. J., Huang, Y. H. and Pransky, G.S. (2011) Development of the return-to-work self-efficacy (RTWSE-19) questionnaire—psychometric properties and predictive validity. *Scandinavian Journal of Work and Environmental Health*, 37(2), 109–119.

Volker, D, Zijlstra-Vlasveld M C, Brouwers E P M, van Lomwel A J C, van der Feltz-Cornelis C M, (2014) Return-to-Work Self-Efficacy and Actual Return to Work Among Long-Term Sick-Listed Employees. [Journal of Occupational Rehabilitation](#)

Waddell G, Burton A K, Main C J (2003) *Screening to Identify People at Risk of Long-term Incapacity for Work: A Conceptual and Scientific Review.* Available at: <http://www.rsmppress.co.uk/waddell.pdf> Accessed 9/9/07

Waddell G, Burton A K (2004) *Concepts of Rehabilitation for the Management of Common Health Problems: evidence base.* The Stationery Office (TSO)

3

Waddell G, Burton A K (2006) *Work and health: changing how we think about common health problems.* www.nhsplus.nhs.uk T.S.O

Waddell G Burton AK Work & Health. An educational leaflet for occupational professionals. Sponsored by ABI. The Stationery Office, London

Waddell G Burton AK Is work good for your health and well-being? (Monograph) The Stationery Office, London. 2006

Waddell G Burton AK. Advising Patients about Work. An evidence-based approach for General Practitioners and other healthcare professionals. The Stationery Office, London 2007

Waddell G Burton AK Kendall N Vocational Rehabilitation: what works, for whom, and when? The Stationery Office, London 2008

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Resources

Allied Health Professions Federation *AHP Fitness for Work Report*

<http://www.ahpf.org.uk/files/AHP%20Advisory%20Fitness%20for%20Work%20Report%20FAQs%20Final%2028-2-13.pdf>

Psychosocial Flags system - http://www.physio-pedia.com/The_Flag_System

Information Commissioner's Office *Guide to Data Protection*. <https://ico.org.uk/for-organisations/guide-to-data-protection/> Accessed 7/10/15

Access to Work <https://www.gov.uk/access-to-work/what-youll-get>

Permitted work: Disability Rights UK Factsheet F35

<http://www.disabilityrightsuk.org/work-people-living-disability-or-health-conditions>

Reasonable adjustments in the workplace:

<https://www.equalityhumanrights.com/en/multipage-guide/examples-reasonable-adjustments-practice>

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Job analysis resources

- O*Net Occupational Information Network.
http://www.occupationalinfo.org/onet/onet_alpha_index.html#E
- ONS Occupation Coding Tool.....
http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dev3/ONS_SOC_occupation_coding_tool.html

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Factors that may predict likelihood of ongoing disability	
Aspects of the individual worker	
Demographics	low levels of education/training, culture, low income, low socio-economic status
Trauma, injury, severity	Severity of condition, health behaviour (smoking, alcohol consumption, exercise and obesity). Whether injury is work related
Sickness absence patterns	Past history, frequent, short term or longer term
Mental health and wellbeing	Worry, distress, low mood, anxiety, depression, feeling of hopelessness, Uncertainty (about the future).
Coping abilities	Poor coping style, low self-efficacy, external locus of control, anger/irritability, stressor life events
Beliefs about condition & work	fear avoidance beliefs and behaviours, unhelpful/inappropriate pain or illness beliefs or expectations, negative expectation of recovery, perception of poor health

Aspects of the workplace	
Work – physical and psychological impacts (actual or perceived)	Ergonomic hazards, high physical demands, manual or non-manual work, work conditions. Perception around job demands and activities; overload, time pressure, monotonous working, lack of autonomy, perception of high job demand, low job control
Beliefs re likelihood of return to work	Belief that work caused/contributed to ill health, belief that work is harmful, that it will do damage or be dangerous, beliefs that must be pain free before RTW.
Job satisfaction	Low job and task satisfaction and commitment.
Significant others	Social activities, social interaction, poor or unsupportive relationships at work, social dysfunction.
Workplace support and relationships	Supervisor and co-worker responses; poor relationships with peers or supervisors, lack of/unhelpful contact with workplace, absence of interest from employer. Feeling of exclusion

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Aspects of the context for the worker and the organisation	
Job insecurity/ ambiguity	periods of organisational change future job ambiguity or insecurity of job, disciplinary action, conflict
Lack of accommodation in the workplace?	Lack of modified work/ graduated return options (poorly implemented). Negative experience of workplace management of health conditions (e.g., absence of a reporting system, discouragement to report, punitive response from supervisors/managers),
Systems and policy	Unhelpful policies/procedures used by company. All or nothing – 100% fit to return?
Finances and practical issues	Social security benefits and system process delays (e.g. due to mistakes, waiting lists, or claim acceptance). Litigation and litigation system, Insurance industry – compensation
Contractual conditions	Income, paid sickness absence, holidays, EAPs, tenure, job title, self-employed (protective for job loss), shift work, unsocial hrs.

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NHS Employers

**BACK IN WORK
INTRODUCTION
AND KEY MESSAGES**

Part one of the
Back in work back pack

UPDATED MARCH 2014



Staff guide – looking after yourself and your responsibilities

Your employer has certain responsibilities and duties related to your welfare and health and safety, which are laid out in legislation such as the *Health and Safety at Work etc. Act 1974* and the *Manual Handling Operations Regulations 1992* (as amended) (MHOR). The *Health and Safety Executive* (HSE) offers comprehensive advice and guidance on current health and safety legislation and how it applies in the workplace. You also have duties of care and responsibilities whilst at work. This section outlines the basic guidelines for you and where to find out more information.

The MHOR requires your employer to:

- avoid the need for hazardous manual handling, so far as is reasonably practicable
- assess the risk of injury from any hazardous manual handling that can't be avoided
- reduce the risk of injury from hazardous manual handling, so far as is reasonably practicable

It requires employees to:

- follow appropriate systems of work laid down for their safety
- make proper use of equipment provided for their safety
- cooperate with their employer on health and safety matters
- inform the employer if they identify hazardous handling activities
- take care to ensure that their activities do not put others at risk.

Risk assessments

Health and safety legislation imposes a duty on employers to carry out risk assessments to ensure employees are kept safe. Employees are also responsible for recognising and reporting risks and for not placing themselves in unsafe situations.

If you are aware that an activity has become unsafe due to a new set of circumstances or damage to equipment, you should inform your employer or your health and safety representative. You understand the activities your job entails probably better than anyone else, particularly if you have been in the same job for a number of years. If you have identified a problem or issue which if not addressed may cause injury to you or someone else, you should discuss this with either your employer or your health and safety representative at the earliest opportunity.

Fit to work

Recent government campaigns have focused on fitness to work and being supported to remain in work whenever possible. The *Back in work* back pack complements these initiatives and aims to provide employees and employers with the information they need to facilitate a speedy return to work of those affected by a musculoskeletal disorder (MSD).

Keeping fit and eating correctly are both key components in helping staff fight infection and injury. Many NHS organisations offer their staff opportunities to stay or get fit through exercise classes, gyms and discount offers for schemes such as cycle to work and so on. Access to these will depend on your trust and the funding available, usually these types of schemes are organised by human resources, occupational health, improving working lives or health work and wellbeing of officers. General fitness is not always a guarantee against injury – a simple lifting exercise wrongly executed, or just bad luck, can result in an employee sustaining an MSD and finding themselves signed off work.

**THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP
SAFETY, HEALTH AND WELLBEING
PARTNERSHIP OF JOINT**

“Keeping fit and eating correctly are both key components in helping staff fight infection and injury”


February 2014 3

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**Allied Health Professions
Advisory Fitness for Work Report**

Advisory Fitness for Work Report

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Getting the most out of the fit note

Guidance for employers and line managers

This guide explains how to use the fit note to its full potential. It is for employers and line managers who have a fit note from a GP or a health professional. It explains how to use the fit note to help your employee get back to work safely and effectively.

Fit Note

Fit Note is a new way of communicating between a GP or a health professional and an employer. It is a document that is used to help your employee get back to work safely and effectively.

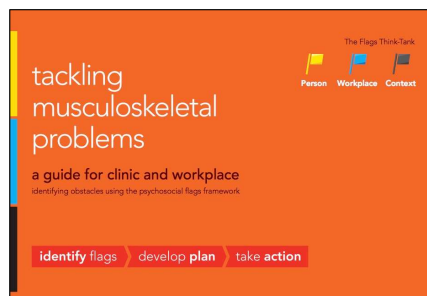
Fit Note

Fit Note is a new way of communicating between a GP or a health professional and an employer. It is a document that is used to help your employee get back to work safely and effectively.

http://www.ahpf.org.uk/AHP_Advisory_Fitness_for_Work_Report.htm

<https://www.gov.uk/government/collections/fit-note>

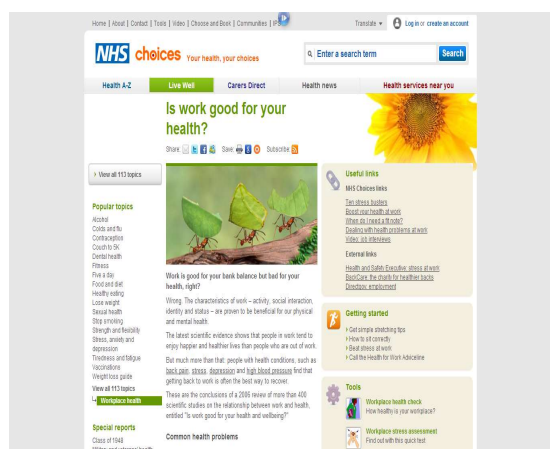
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Kendall, Burton, Main, & Watson (2009)

<http://www.kendallburton.com/Flags/index.html>

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Leaflets available through
KendallBurton.com



M.E. and work

Myalgic Encephalomyelitis or Encephalopathy (M.E.) is also diagnosed as Chronic Fatigue Syndrome (CFS) or Post Viral Fatigue Syndrome (PVFS).



Transforming the world of M.E.

Action for ME has useful resources see:

- <http://www.actionforme.org.uk/get-informed/employment>

For children and young adults in education see AYME

- <http://www.ayme.org.uk/parents-and-schools>





Work and MS: an employee's guide





MS in the workplace: an employer's guide



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•This document includes guidance for health professionals in working with managers to support clients back into work:

- http://www.bohrf.org.uk/downloads/Managing_Rehabilitation-Guidance.pdf