NHS
Rotherham

PUBLIC HEALTH DIRECTORATE

Rotherham Occupational Health Advice Service

2010/11

Annual report of activity

VISION STATEMENT

To improve the health and well-being of those Rotherham people who have work related health issues by improving the support available to them.

To promote healthy workplaces and organise swifter rehabilitation for those unable to work through ill health.

To work with and develop initiatives to engage and support GPs, health professionals and all those who share our commitment to improving the health of the working population of Rotherham.

AIMS

- To raise awareness of the relationship between work and health
- To supplement the diagnostic tools of GPs and other primary health care teams
- To work with and develop initiatives to engage and support GPs, health professionals and all those working to improve the health of the working population of Rotherham
- To empower service users to improve their workplaces and their health
- To be a community-based resource to help the people of Rotherham with work-related health problems by providing practical help and support to enable them to deal with a whole range of work-related ill health issues
- To support local and national strategies to reduce health inequalities
- To work with and develop partnerships to retain/improve an individual's employability

Rotherham Occupational Health Advice Service (ROHAS)
Year End Report 2010/11

ROHAS provides a specialised service offering information and advice on work-related ill health, including referral to appropriate health professionals, maximisation of income/benefits, representation at tribunals and support to their patients' employers to resolve/minimise health hazards in the workplace.

Note
This is a clinical service without professional registration. Advisors provide clinical care in the management of the patient's condition with the aim of having a positive impact on health and well being. The service staff have core experience and knowledge of the specialist subject of work related ill health.

The workplace hazards (past and present) identified by this year's service users are shown in Table 1 below:

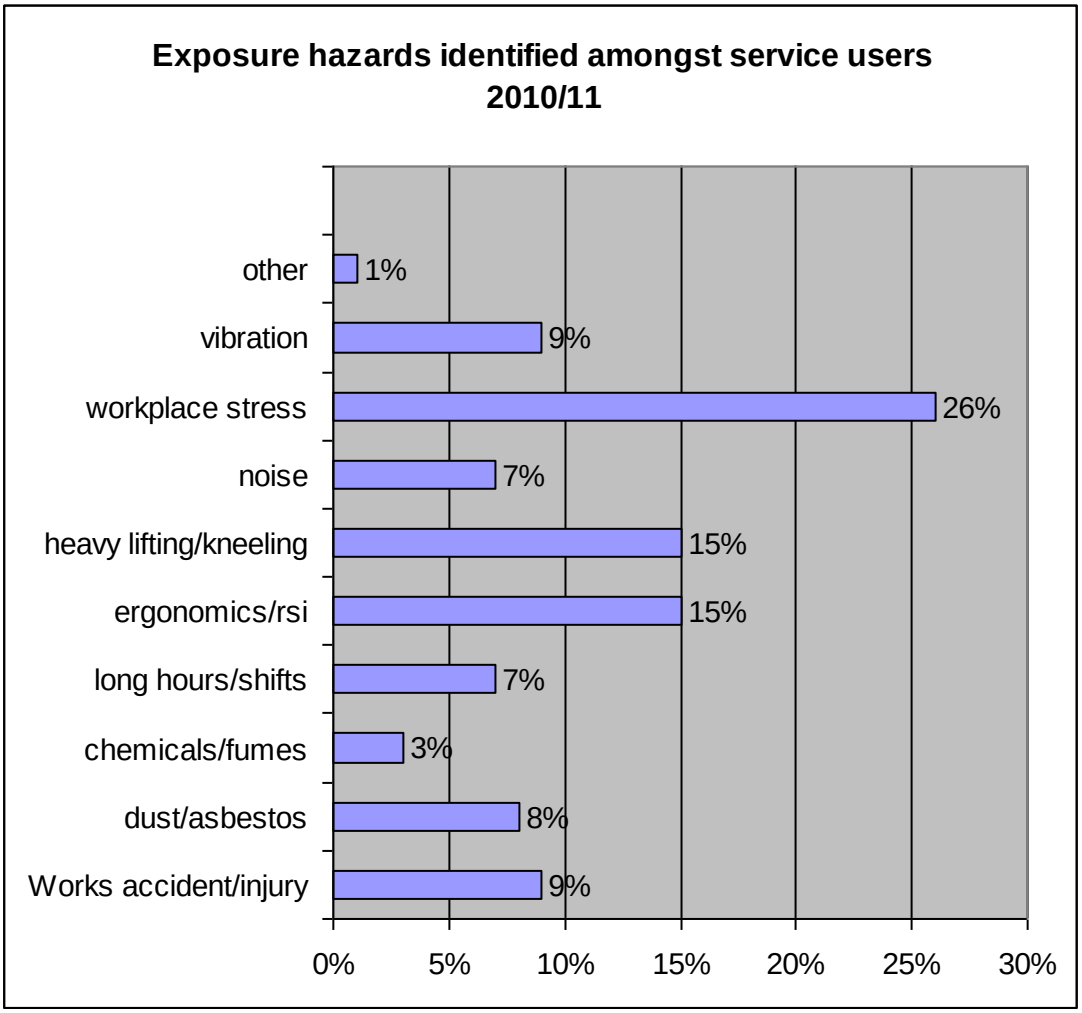
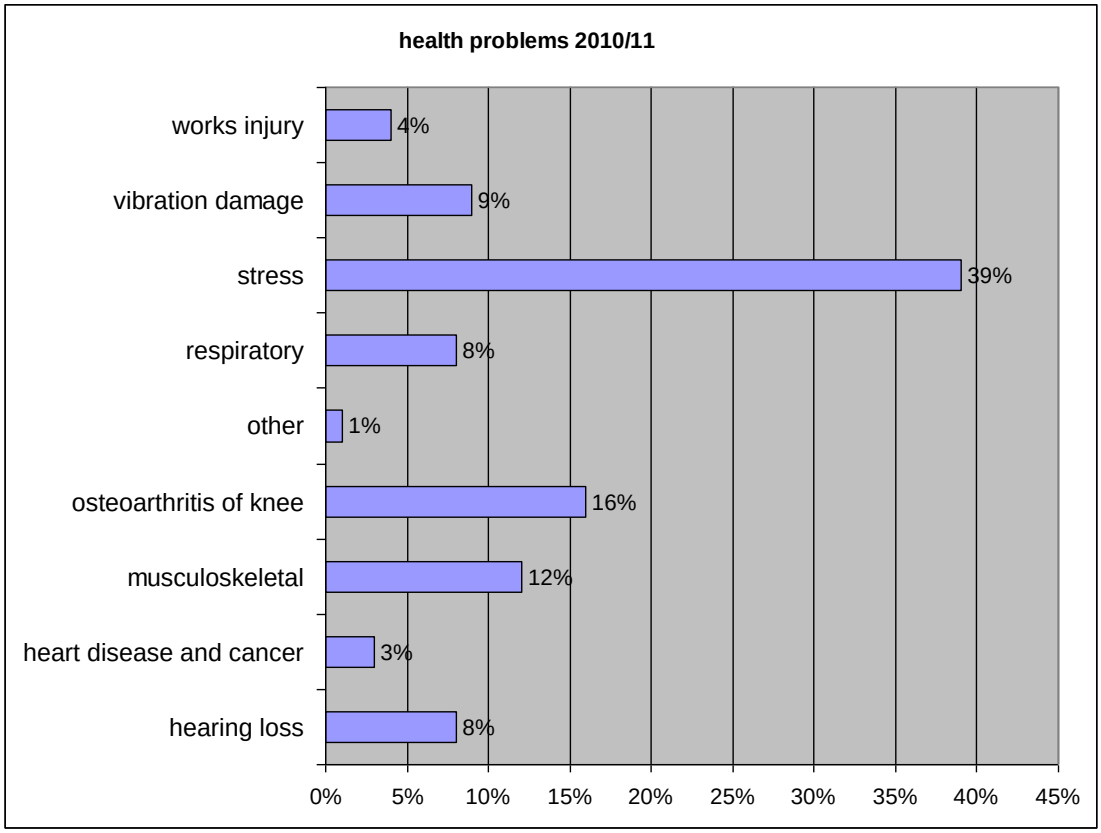


Table 2: The health conditions reported by this years' service users:



The exposure hazards shown in Table 1 reflect the health problems shown in Table 2. This demonstrates the strong link between work and health.

The main health problems faced by patients are mental health and musculoskeletal disorders.

Stress continues to be the top reason for people seeking advice and support, confirming that work related stress is now more recognised and accepted as a potentially health damaging condition. These referrals mainly come from the education, health, service (including public sector), retail and sales sectors.

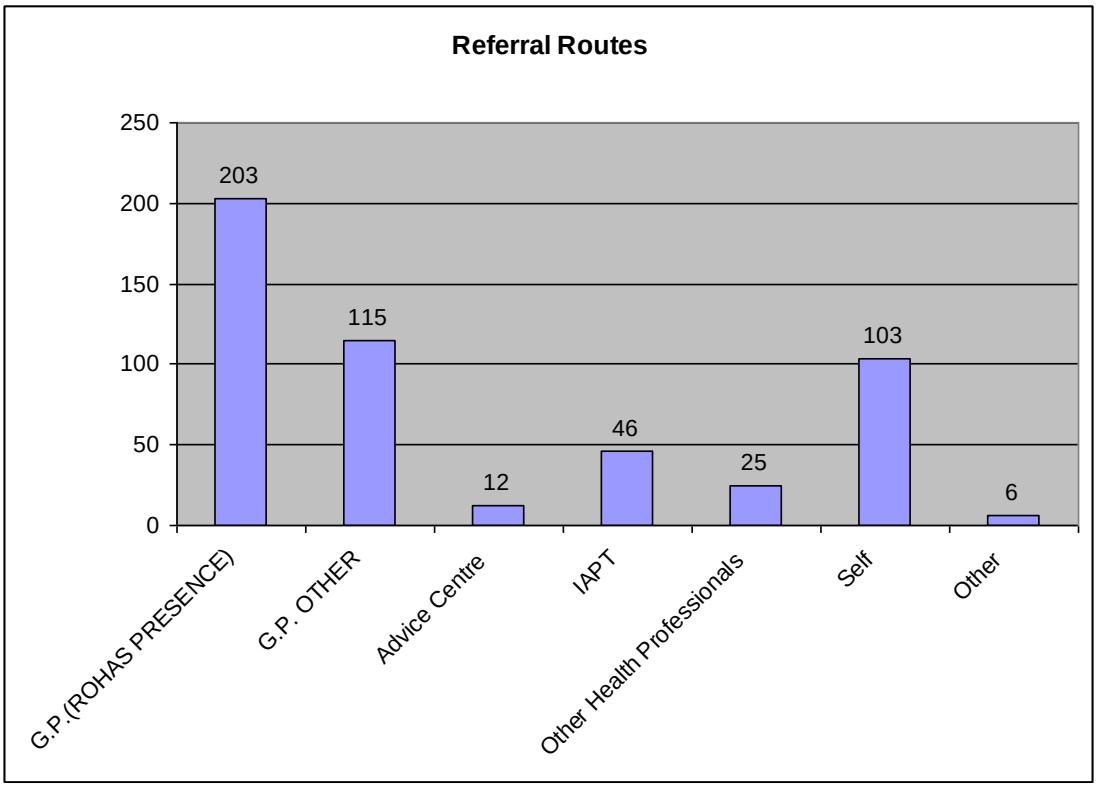
Osteoarthritis of the knee is still the second highest reason due to the Industrial Injuries Disablement Benefit Scheme (IIDBS) which now recognises the long latency of this condition arising from many years of heavy lifting and kneeling. This trend is unlikely to continue since most miners, or former miners, have now claimed under the IIDBS.

Despite a small decrease (1%) in service users (2009/10) coming from a heavy industry background, those reporting hearing loss and vibration induced damage has almost trebled this year. This could be due to latency issues but it may also suggest that Employers are not using best working practices due to fewer enforcement inspections.

There has been little change from last year to those reporting other conditions e.g. musculoskeletal (back/joints), respiratory problems, heart disease and cancer.

Referral pathways are: referral from GPs, referrals from other health professionals, self referrals (for example via friends or previous service users) and referrals from other local organisations for example Citizens Advice Bureau, local MPs.

Table 3 below shows the number of patients referred through each pathway.



Local GPs are responsible for over 62% of referrals to the service. Many work related illnesses/conditions result in increased GP consultations and referrals to secondary care, some of these are attributed to historic industries and work practices however, some are preventable with early intervention. GP consultations for work related health problems decline when ROHAS advisers have intervened and referrals to secondary care are reduced.

Helping people make a prompt return to work from sickness absence is a core function of ROHAS. Aside from the obvious benefits of job retention to patients and their families and employers, consultations with GPs for 'fit' notes are reduced. ROHAS Advisors are present in 10 GP surgeries throughout the borough.

Our service plays an important role in the IAPT programme of work. Service users being supported through IAPT who have work related physiological problems are referred directly into our service from NHS Rotherham's (now RDASH's) mental health practitioners. We support these individuals in returning to work, wherever possible. This support also contributes to the improvement of the health and wellbeing of the individual. ROHAS saw 46 patients referred by the IAPT team this year. ROHAS also saw patients with mental health conditions referred directly by their GP.

This year **510** people used the service; of these **370** were new patients. The number of contacts was **1537.** All consultations with patients registered at ROHAS are recorded on our database and are included in the contact figure of **1537.** However, we do receive many enquiries via telephone, email and letter where we give one-off pieces of advice or where we discuss the merits of acceptance or non acceptance into the service. These contacts are not currently recorded anywhere .Therefore the figure of **1537** is an underrepresentation of the actual number of contacts the service receives.

Contacts can be in the form of face to face contact (including appointments, drop-ins, employers meetings, representation and home visits), letters, phone calls, fax or e-mail.

Contact venues (Table 4) are normally the GP surgeries where the ROHAS Advisors are based or offices bases, for example the RAIN Building (to January 2011), RCHC or Oak House.

Each contact with the advisor should result in an outcome as specified in the service specification. There are 4 possible outcomes: retain in work, improve health and wellbeing, improve employability, and maximise income. It is possible for service users to achieve multiple outcomes and indeed they often do.

This year the service produced **1720** outcomes as a result of the contact events.

Table 4 shows the number of **new** patients this year:

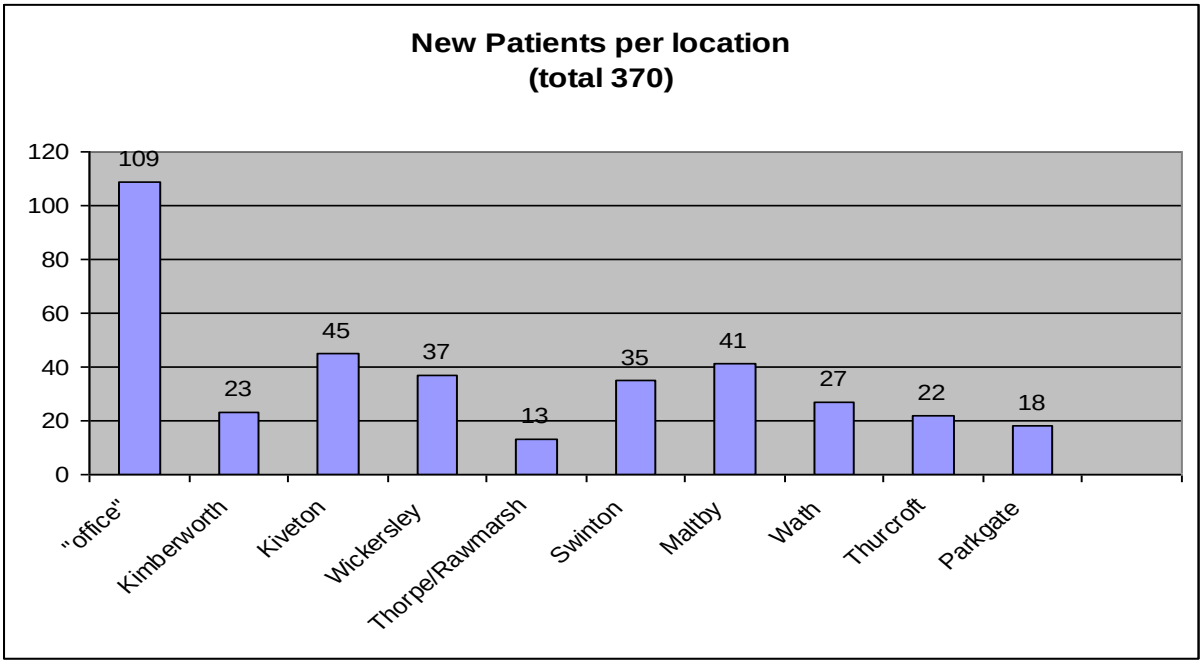
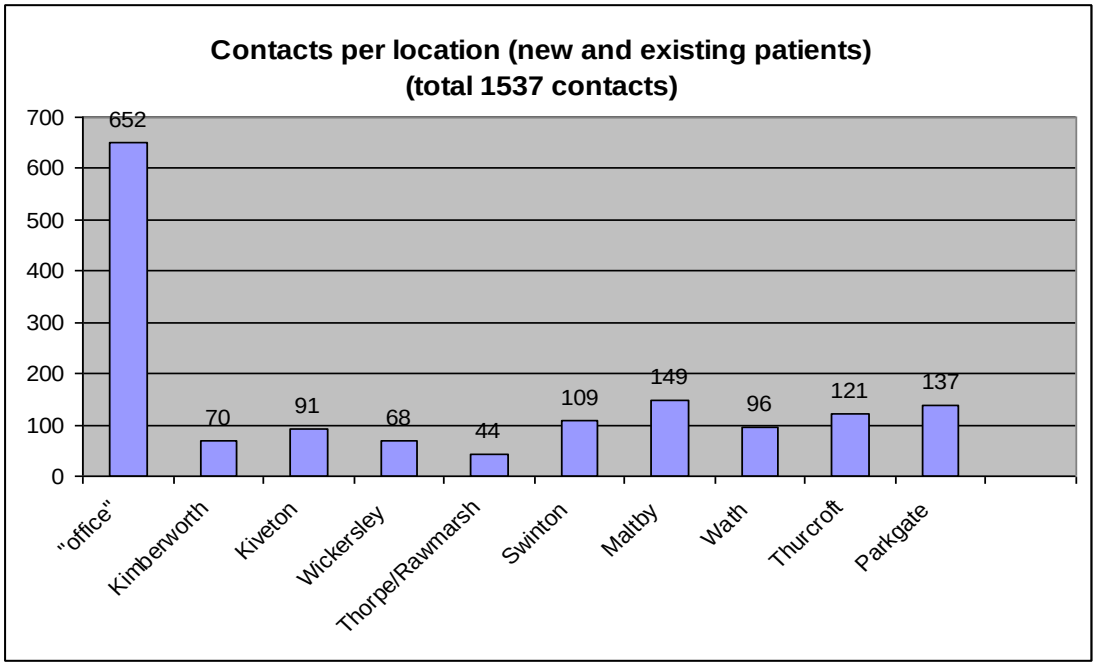
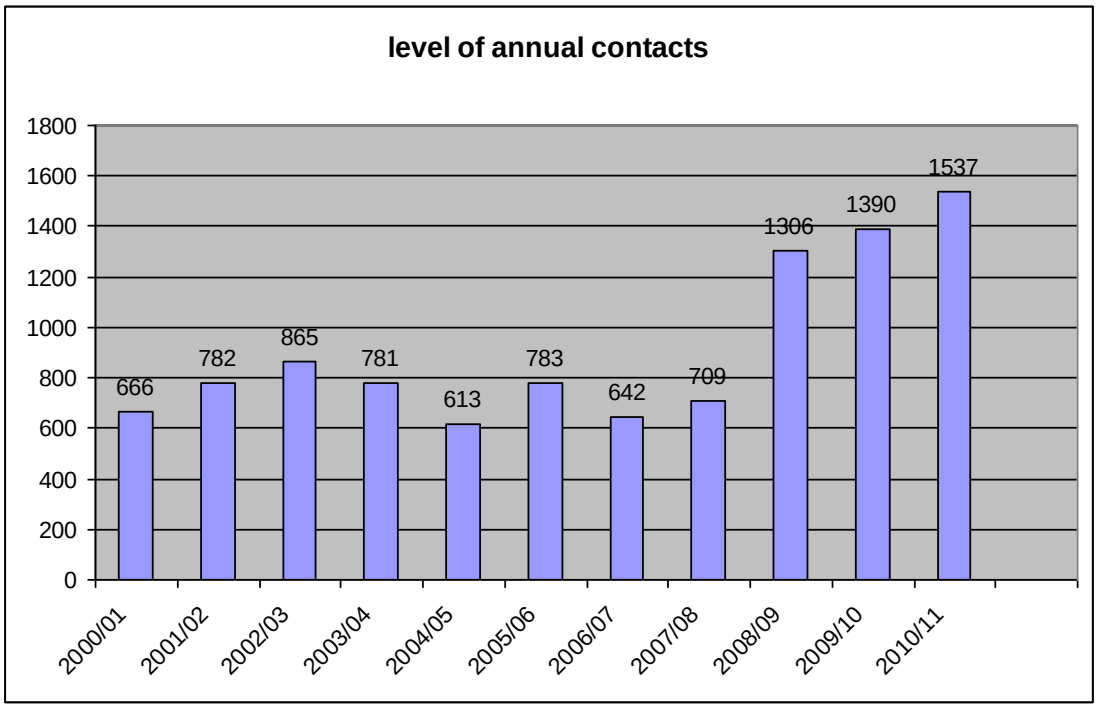


Table 5 shows the breakdown and location of contacts for 2010/11



Note: 97% of patients lived within the Rotherham Borough. On occasion it is appropriate for the service to represent an individual who works but does not reside within Rotherham (3%).

Table 6 shows annual contacts in the10 years from 2000/01 to 2010/11.

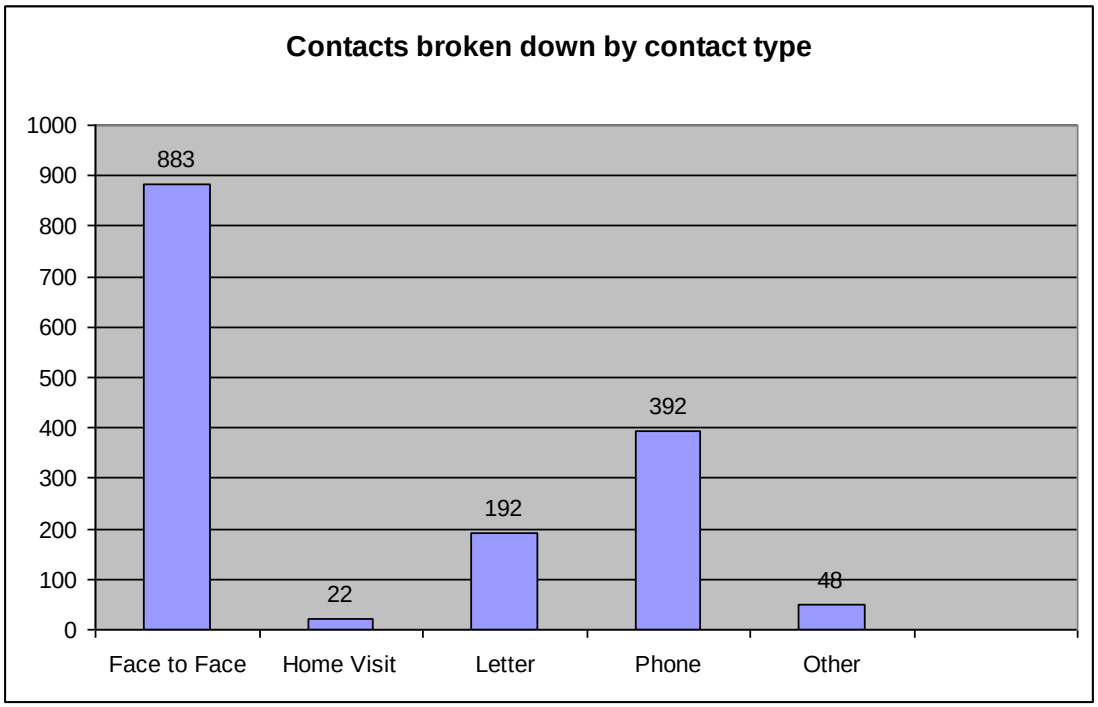


The increase in contact levels over the last few years is as a direct result of an increase in advisor hours and accessibility. Since 2008/09 the service has been available in all localities and there is now increased awareness of the service.

The reason for the high increase in contact levels from last year to this year is likely to be due to better recording systems rather than an increase in work activity.

The new ROHAS database records and captures data that would not have previously been collected (for example telephone calls). See the information in this report about the new database.

Table 7 shows the method of contact:

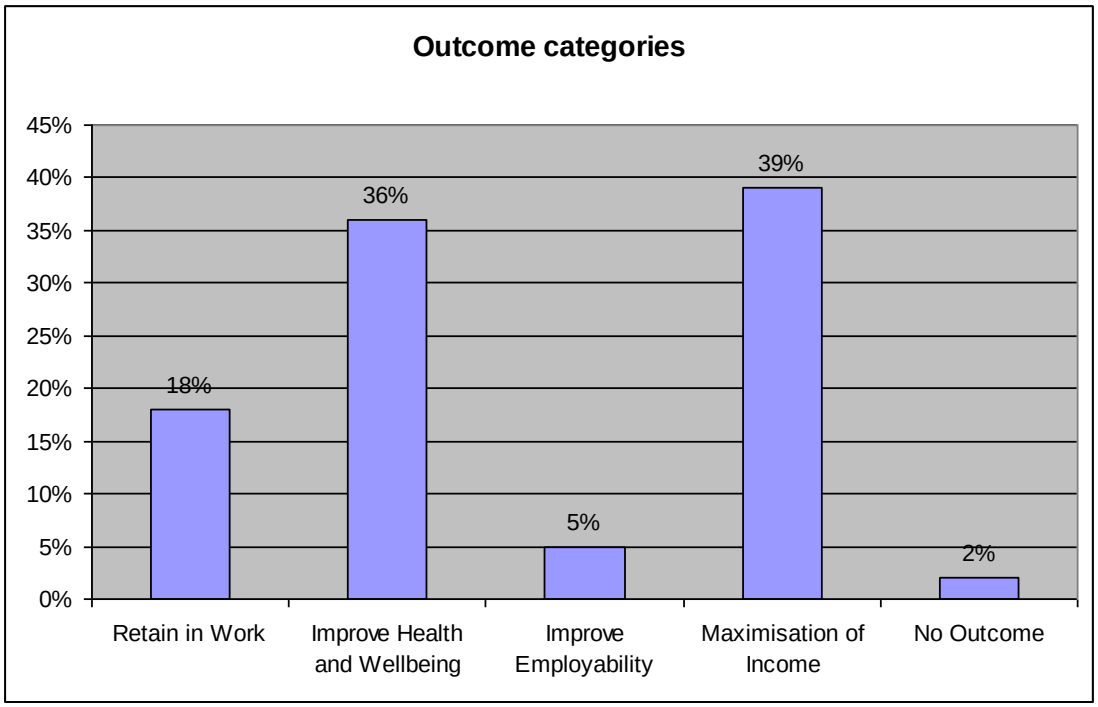


Note: ‘other ‘contact methods include e-mail and fax (3%).

Face to face contact accounted for 59% of contacts; letters were 12% and phone conversations 26%.

Please note that as previously stated, this information only relates to contacts with patients registered with the service. There are many additional contacts that service staff deal with in the pre registration period.

Table 8 shows the outcomes relating to the advice and support given to service users:



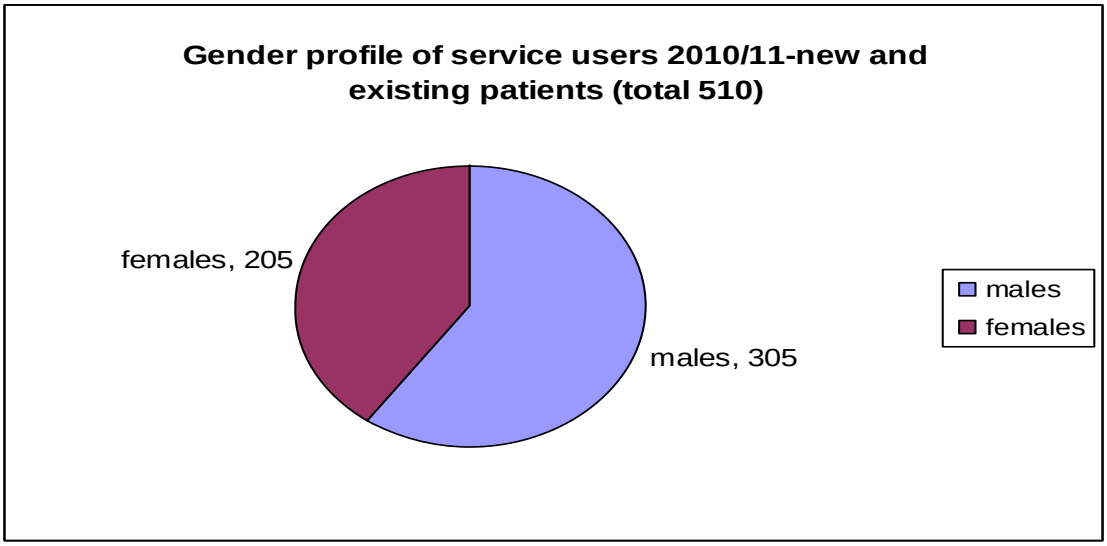
Improving health and work underpins the drive towards greater equality, opportunity, fairness and social justice. In addition, contributing to better health and well-being can increase employment opportunities for all, may raise productivity and performance and supports our work to build fairer and more cohesive communities.

Improving health and work will also have an indirect impact on other social policy goals, such as reducing child poverty and improving the health and well-being of children and young people.

The service has brought income into the wider Rotherham community by maximising the benefits available to patients. **During 2010/2011 the service obtained £126,144.59 in lump sum benefits and £1804.11 per week in weekly benefits (full year equivalent: £93813.72).** In addition, the economy benefits from the service enabling a proportion of people with work-related ill-health to return to employment although this is not quantifiable in terms of cash value.

The service specification specifies that at least 90% of contacts should produce an outcome and this target has therefore been met.

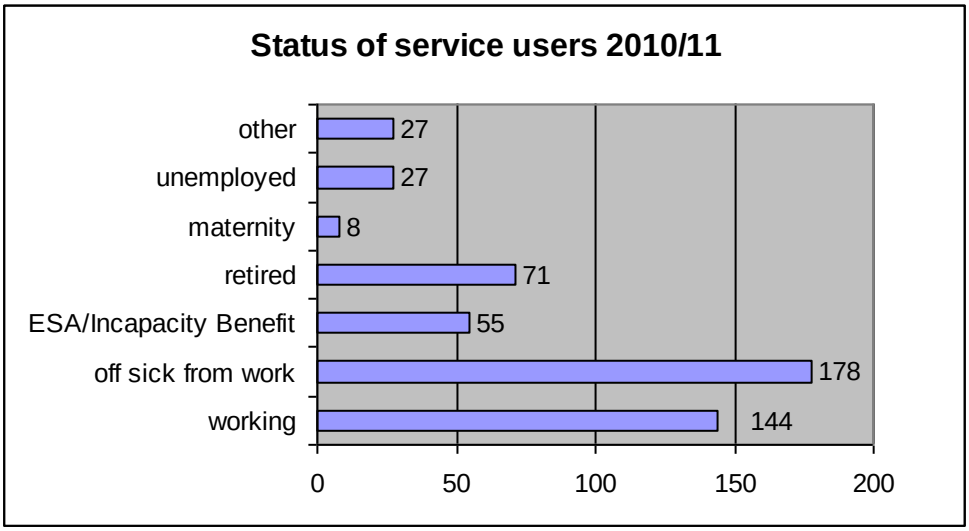
Table 9 shows the male/female ratio of patients using the service



The female/male proportion is about 2:3.Women are more likely to work in the service, health, education and retail sectors where work related stress is more prevalent.

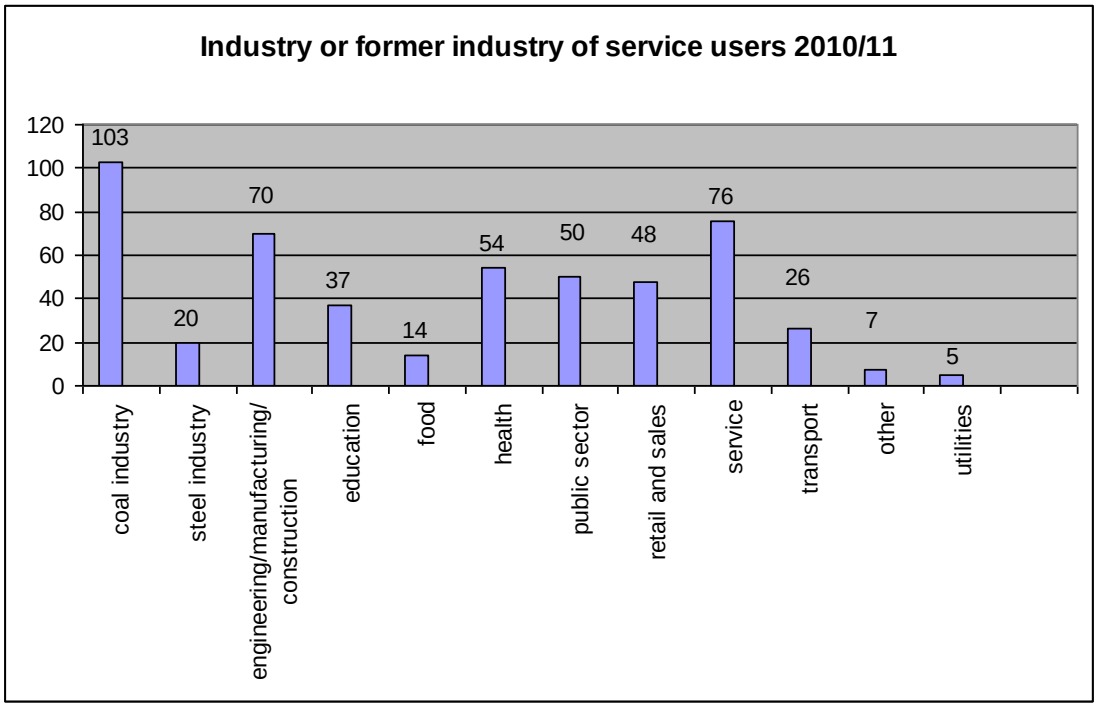
Men are more likely to work in heavier industry sectors where physical problems are more prevalent.

Table 10 shows the employment status



86% of service users were of working age, 14% were over working age (many ill health problems tend to manifest in later life and the majority of these people are former mineworkers with the condition of osteoarthritis of the knee). Over 34% of service users were absent from work due to sickness. Early intervention is crucial and early referral enables us to meet the local targets of retaining people in employment.

Table 11 shows the **industry** in which people work(ed)



Coal Industry referrals were down slightly from 21% (2009/10) to 20% this year. We expect this trend to continue although we believe that we will receive some referrals from miners/former miners who are caught up in the reassessment of Incapacity Benefit exercise hitting our local community in 2011/12.

Steel/engineering/construction/manufacturing rose slightly by 2% compared to last year. Food and transport remained the same. Education rose from 4% (2009/10) to 7% (2010/11) and people from health-related occupations rose by 1%, as did those from a retail or sales background.

The service sector (including the public sector) was down by 4% but continues to be the highest category at 25% .This year is the first time we have separately recorded referrals from the public sector. There were 50 patients, the majority of whom will be Local Authority employees.

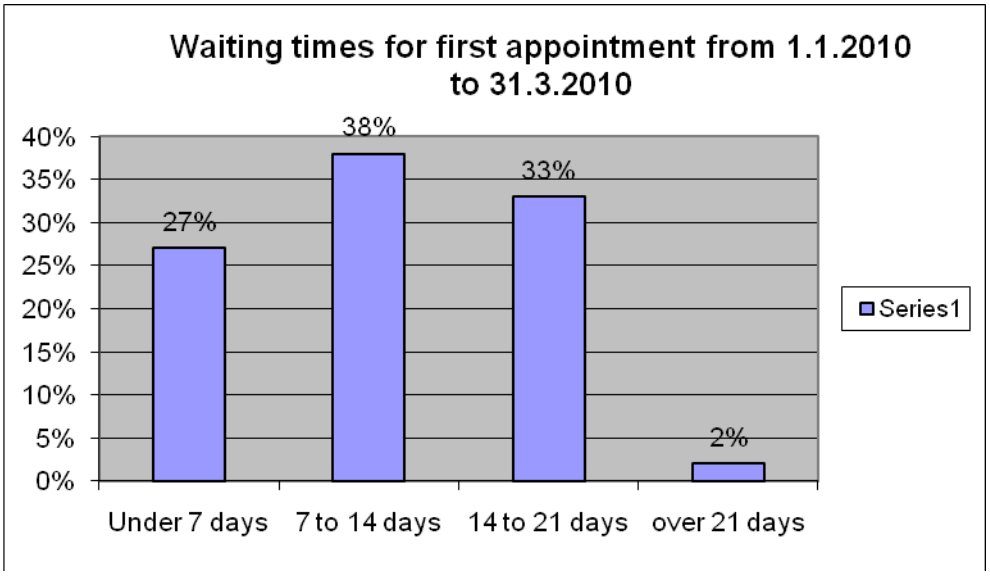
This year is also the first time we have separately recorded those working for the utility industry.

Waiting Times

ROHAS should aim to see all referred patients with six weeks of referral and 90% within three weeks.

To see whether we were meeting our agreed targets an audit was undertaken in June 2010 to look at the actual waiting times for the period 1.1.2010 to 31.3.2010. The audit report (not included here) gives full details and can be obtained from service staff.

Table 12 shows the results of the audit



The actual wait times for the 2% of cases waiting over 21 days was 4 weeks and 8 weeks respectively. This means that one person would fall outside our target time of 100% of patients to be seen within 6 weeks. All other patients (98%) were seen within our agreed response time target time.

The New ROHAS Database

For many years it has been our desire to have a sustainable IT Application database in order to securely record patient details, record outcomes and monitor activity.

Following months of development work and testing (for which we thank our IT colleagues) the new database became live in November 2010 and ROHAS Staff inputted a backlog of data relating to patients seen on or after 1st April 2010.

The database is a three-tier Web Based Application running on the Rotherham NHS Web Server, developed using .NET Framework 3.5. The Application queries Active Directory to provide security and can only be accessed by authorised users on the Rotherham NHS Network.

Previously, limited and non sensitive data was collected using Microsoft Excel Spreadsheets. All other relevant information was recorded manually on individual case files and in record keeping books. The new Application allows the holding of all relevant details concerning our work with the patient. The data is centralised and allows multiple users to access data more easily and to work securely. It also means that staff can input to the database whilst working at G.P surgeries and RCHC. Staff have found the Application easy to access and use. However, further work needs to be done to set up more

sophisticated data reports for example reports that can overlay health problems by industry, outcomes by employment status, IAPT referrals by outcomes etc.

Further functionality can be added and future opportunities could include electronic case notes and the use of lap tops to update client records on line at the time of seeing the patient, although this is not planned for the coming year.

Introduction of the General Practitioner's Statement of Fitness to Work.

In response to Dame Carol Black's review of the health of Britain's working age population, the Government established key initiatives to try to address the challenges of improving the health and well-being of this group: creating new perspectives on health and work, improving work and workplaces and supporting people to work

The Government believes that it is important to support people with health conditions to remain at work or return to appropriate work as soon as possible. There is strong evidence that long periods out of work are associated with poor mental and physical health, and generally the longer someone is off work, the lower their chances of getting back to work.

Therefore, with effect from 6th April 2010, the Government introduced a change to the 'sick note' (or 'Med 3' or doctor's certificate) format in the form of a 'Statement of Fitness to Work', otherwise known as a 'fit note'. The new note is designed to assist employees to return to work as soon as possible and before being fully fit for their regular job role.

During this year ROHAS has seen 178 patients who were off sick from work and in respect of whom these new procedures apply. ROHAS has also attended GP practice meetings to discuss the change with GPs and ran a session for the VTS Scheme (for trainee GPs) on this issue.

Membership of Advice UK

ROHAS is a member of Advice UK, the largest network of independent advice centres in the UK. Meeting the standards of membership criteria demonstrates that we have key policies and procedures in place and provides reassurance that we are independent. Benefits of membership include telephone helpline, training, information mailings and partnership networking opportunities.

Events/Service Highlights 2010/11

Event	When	Comments
Introduction of the GPs statement of fitness to work	6th April 2010	ROHAS Staff attended surgery meetings to discuss the new 'fit note' (see details in report).
V.T.S.	13th April 2010	ROHAS Staff ran a session for trainee GPs on the new 'fit note' and about the ROHAS Service in general.
Worker's Memorial Day	April 2010	ROHAS Staff attended the services in Rotherham and Sheffield to remember those who had lost their lives through work related illness.
Health and Safety conference	May 2010	ROHAS Staff attended the conference on the current issues relating to workplace health and safety.
Industrial Injuries Advisory Council Meetings	June 2010 Oct 2010 January 2011	A ROHAS Staff member is a lay member of the Industrial Injuries Advisory Council (IIAC) representing workers. IIAC provides independent advice to the Secretary of State for Work and Pensions on matters relating to industrial injuries and diseases.
Trade Union Studies	June 2010	ROHAS Staff briefed students about the ROHAS Service.
Service Level Agreement	June 2010 to October 2010	ROHAS staff worked with Public Health Specialists to determine and agree the level of service ROHAS would provide and the outcomes it would deliver.

Action Mesothelioma Day, organised by Sheffield and Rotherham Asbestos Group (SARAG)	**2nd July 2010**	**ROHAS Staff attended the local service to remember those who had lost their lives to asbestos related disease caused by their work. ROHAS Staff represented ROHAS at the SARAG quarterly meetings.**
Shaping Our Future Events	**June to August 2010**	**ROHAS Staff attended the briefings and worked with local management to determine potential future hosts for the service.**
Tribunal User Group	**October 2010**	**A ROHAS Staff member represented the interests of patients using the Welfare Benefit Tribunal Service, in particular in relation to Industrial Injuries Disablement Benefit.**
The New ROHAS Database	**November 2010**	**The new database went live in November 2010. ROHAS Staff inputted a backlog of 7 months worth of data to the system.**
IAPT Steering group and Mind Your Own Business group	**Throughout the year**	**A member of staff from ROHAS attended group meetings.**
Transfer of ROHAS Service to the Public Health Directorate and change of base	**October 2010 to January 2011**	**ROHAS was transferred to the Public Health Directorate from 1st October 2010. ROHAS moved its base from the RAIN Building in the Town Centre to Oak House on 24th January 2011. Patients and other service users were informed. An arrangement was made for ROHAS to use an interview room in RCHC for 2.5 days per week.**
Social Policy work – Disability Living Allowance Consultation and Social Welfare Law forum.	**February 2011**	**ROHAS responded to the DWP's DLA consultation at the request of a local MP.** **A member of ROHAS Staff attended the local Social Welfare Law forums.**

Tribunal Representation

ROHAS staff attended 23 tribunals during 2010/11, representing patients with work related ill health.

Employers Meetings

ROHAS staff attended 42 employers' meetings

Home Visits

ROHAS staff made 22 home visits this year to patients who had mobility difficulties.

Customer Survey Results

Questionnaires were sent out to people whose **initial contact** with the service had been between 1.1.2010 and 31.12.2010.The key results are as follows:

70% thought the service they received was excellent**, 25%** said it was good **4%** said satisfactory and **1%** said poor

80% said they thought the advice given to them was very useful, **17%** said it was useful, **2%** satisfactory and **1%** did not think it was useful

70% said they thought the situation of their own case was explained very well, **23 %** said well, **6%** said satisfactory and **1%** said not at all.

97% said that they found the advisor easy to talk to and **93%** thought they had been given enough time to explain their problems

95% say they would use the service again.

56% said that the action we had taken had eased their health problem very well, 24% said well 15% said satisfactory and 5% said not at all;

The above figures indicate that the service we provide is contributing to the PCT's objective of improving the health and wellbeing of the people of Rotherham.

Aspirations for 2011/12

- Promoting healthier workplaces
- Fast tracking treatment and rehabilitation for patients
- To survive as a NHS resource following commissioning of the service. To contribute to the business case and plan.
- Development of sophisticated reports from the new IT database.
- Personal and professional development of ROHAS staff
- Partnership working with other agencies in the borough.

Evidence Base for the long term need for this service

- NICE Public health guidance 19: *Management of long term sickness and incapacity for work* (March 2009) provides evidence based recommendations for interventions that aim to:
    - prevent or reduce the number of employees moving from short-term to long-term sickness absence (including the prevention of recurring short-term sickness absence)
    - help employees on long-term sickness absence return to work
    - reduce the number of employees who take long-term sickness absence on a recurring basis
    - help people receiving incapacity benefit or similar benefits return to employment (paid and unpaid)
- Black, Dame C (2008): *Working for a healthier tomorrow* (London) outlines three objectives for improving the health of the working population:
    - prevention of illness and promotion of health and wellbeing
    - early intervention for those who develop a health condition
    - an improvement in the health of those out of work, so that everyone with the potential to work has the support they need to do so
- *Improving health and work: changing lives. The Government response to Dame Carol Black's review* (2008, London)
- Campbell J et al (2007): *Avoiding long-term incapacity for work: Developing an early intervention in primary care* (Peninsula Medical School)

Below are the reports that informed previous Government's strategy on work, health and wellbeing.

- National Service Framework Coronary Heart Disease, Long-Tern Conditions and Mental Health
- Securing Health Together Government Occupational Health Strategy (2000)
- Pathways to Work (2001)
- Mental Health and Social Exclusion ODPM 2004
- Choosing Health (2004)
- The Health, Work and Wellbeing Strategy (2005)
- IAPT Pilots (2006 – 2007)
- 'In Work Better Off'(2007)
- Mental Health and Employment (2008) Sainsbury et al
- Dame Carol Black (2008) Working for a Healthier Tomorrow
- 'No one written off' (2008) Green Paper
- Improving Health and Work: changing lives. Government's Response & Action Plan to Dame Carol Black's report (2009)