RAPID ACCES TO TREATMENT AND REHABILITATION POLICY FOR NHS TRUST STAFF

Policy Type	People & OD
Directorate	Corporate
Policy Owner	Director of People and Organisational Development
Policy Author	Joint Head of Occupational Health
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Approving Body	Health & Wellbeing Group
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'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
20 Mar 13	1.2		Di Eccleston	Addition of Physiotherapy Podiatry, Multi Professional Triage Team (MPTT) and Dentistry to 5.1	
5 Apr 13	1.3		Di Eccleston	Removal of Connie Wendes as author and Ian Stephens added	
29 Apr 13	1.4		Di Eccleston	Clarification of policy for staff with health condition affecting their ability to work 3.1 Addition of IAPT 5.1 Clarification of utilising private facilities 6.3	
6 Aug 13	1.5	6 Aug 13	Executive Director of Nursing & Workforce	Ratified with the following changes - Renamed Rapid Access to Treatment and Rehabilitation Policy for NHS Trust Staff, 3.6 added clarifying numbers	Patient Council Meeting
17 Dec 13	1.6	17 Dec 13	Executive Director of Nursing & Workforce	Ratified at	Partnership Forum
18 Dec 13	1.6	18 Dec 13	Executive Director of Nursing & Workforce	Ratified with the following changes Addition to 12 monitoring of cases. Change of lead director on front page	Risk Management Committee
7 Jan 14	1.7	7 Jan 14	Executive Director of Nursing & Workforce	Ratified with the following changes - clarify 6.2. Flow chart added appendix D	Policy Management Group
10 Jan 14	1.8		Executive Director of Nursing & Workforce	Change to 6.2 further clarification	
3 Feb 14	2	3 Feb 14	Executive Director of Nursing & Workforce	Approved	Trust Executive Committee
9th Feb 17	2.1		Executive Director of Financial and Human Resources	Policy review and updated to new format	
24 Feb 2017	2.1		Executive Director of Financial and Human Resources	To be ratified	Clinical Standards Group
14 Mar 2017	3.0	14 Mar 17	Executive Director of Financial and Human Resources	For Approval	Corporate Governance & Risk Sub-Committee
6 April 2021	3.1	26 May 21	Executive Director of Financial and Human Resources	For approval	Partnership Forum
6th April 2021	3.1	10th August 2021	Executive Director of Financial and Human Resources	For approval	People & OD Sub-Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents

1. Executive Summary:

This Policy provides guidance for staff of the Isle of Wight NHS Trust who have a health condition affecting their ability to work. It outlines how they might be supported through a rehabilitation programme to remain in work or return to work at the earliest opportunity through more immediate access to health services provided by the Trust.

Rapid access is an efficient scheme which will:	**Rapid access is not:**
• contribute to substantial savings for the NHS • lead to a more consistent and healthy workforce, resulting in better patient care • reduce pressures on colleagues resulting from sickness absence including likelihood of reduced morale	• prioritising the health needs of NHS staff to the detriment of other patients.

1.1. Organisational Benefits

Organisations that have implemented a rapid access scheme have reported the following benefits:

- Reductions in levels of sickness absence delivering savings on sickness costs and contributing to meeting national targets
- Considerable reductions in agency staff costs
- Improved staff satisfaction scores on the annual staff survey
- Improved satisfaction scores on annual patient survey.

1.2. Impact on Sickness Absence of Implementing Rapid Access

The benefits of managing the treatment and rehabilitation of staff on sick leave can be considerable as the basic costs of sickness absence include:

- Payment to the individual while they are on sick leave (frequently full salary during the first six months of leave)
- Replacement costs for agency or bank staff
- Indirect costs such as increased pressure on colleagues
- Potential adverse impact on productivity and continuity of care from use of bank or agency staff
- Resourcing management costs.

2. Introduction

Supporting evidence

Alongside the results of existing schemes there is strong academic evidence that a facilitated return to work is a positive move. Some examples are noted below.

2.1 Workforce Health and Wellbeing Framework-Get Started (NHS) 2018. There is a clear case that poor staff health and wellbeing has a significant impact on the performance of NHS organisations (Michael West, 2018). Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at 2.4bn a year – accounting for £1 in every £40 of the total budget. These figures, are before the cost of agency staff to fill in gaps, as well as costs of treatment, is taken into account. Investing in in staff health and wellbeing delivers cost benefits for NHS organisations, their staff and ultimately patients.

2.2 Rapid access To Treatment and Rehabilitation for NHS Staff a Report from NHS Employers, March 2018. The document states that the workforce is the NHS's most valuable asset. Without staff that are well and at work, the NHS cannot deliver effective patient care. It states that rapid access often referred to as fast tracking, is a system which secures rehabilitation and occupational health treatment for NHS staff. This enables staff to remain in the workplace or enable a return to work which is fast, practical and reasonable. Rapid access systems benefit the employee, the employer and the patients. It also emphasises the importance of:

- timely intervention – easy and early treatment for the main causes of sickness absence in the NHS
- Rehabilitation – to help staff stay in work during illness or return to work after illness

Musculosketal	Mental Health
1 in 8 of the working population report have an MSK problem	1 in 4 of us will experience at least one mental health problem in any one year
In the UK 40 per cent of all sickness absence is due to work related MSK	3 in 4 people suffering from mental illness get no treatment at all
MSK problems are manageable and can be prevented	Poor mental health is the single largest cause of disability in the UK

2.3. The NHS Constitution, 2009, states that: "The NHS commits to provide support and opportunities for staff to maintain their health, wellbeing and safety". Implementing a successful rapid access scheme that meets the needs of your staff and organisation will help employees feel valued, increase staff morale in individuals and amongst teams, and help reduce staff sickness. In turn this will

save the organisation money and most importantly, staff will be well at work to provide better patient care.

2.4. *Getting back to work*, a 2002 report from the Association of British Insurers and the Trades Union Congress concluded that medical recovery can be accelerated and enhanced by an assisted return to the workplace. It also states that successful rehabilitation improves long term prospects in terms of physical and mental wellbeing, quality of life, employment and reintegration back into working life. The report highlights an organisation where number of days lost to musculoskeletal disorders reduced by 47% after introducing a fortnightly on-site physiotherapy clinic.

2.5. In 2003 the Public Accounts Committee recommended that healthcare professionals on sick leave should be given rapid access to treatment and rehabilitation as not to do so but pay them to be on sick leave is an untenable position. *Healthy staff, better care for patients – the realignment of occupational health services to the NHS in England* sets out a challenge to the NHS to act on that recommendation in order to reduce physical pressures on frontline workers and financial pressures on NHS organisations.

2.6. Dame Carol Black's report, *working for a Healthier Tomorrow*, highlights the adverse effects of lengthy absenteeism on health and wellbeing ranging from the cost of absence to the effect on children of those on sick leave. It emphasises the importance of the workplace as a forum for improving wellbeing and advocates the introduction of services that facilitate earlier return to work. This early intervention approach was echoed in the; *NHS Health and Wellbeing Review (Boorman review)* in November 2009.

Boorman recognised that common health conditions such as musculoskeletal disorders and mental health conditions are responsive to early, effective intervention, enabling staff to return to work quickly and benefiting the individual, the trust and patient care, Boorman recommended nationally agreed service standards for early intervention. His report published in 2009 made the case for taking action on health and well-being in the NHS workforce – currently 10.3 million days are lost to sickness per year, at a cost of £1.7 billion. (Boorman Report 2009)

2.7. A report entitled *is work good for your health and wellbeing?* (Gordon Waddell, A Kim Burton TSO 2006) pulls together a huge amount of research showing the benefits of being in work rather than at home during musculoskeletal and cardio-respiratory rehabilitation periods in situations where this is possible. The benefits of supported employment programmes for those with mental health problems are also highlighted.

2.8. The British Society of Rehabilitation Medicine report (*Vocational Rehabilitation*) concludes that early, focused management and an earlier return to work will improve the quality of life for those with a disability due to illness or injury. It advises that there is a window of opportunity while people still see themselves as 'sick' and

able to return to work, before they see themselves as 'disabled' and unable to return.

2.9. Job retention and vocational rehabilitation: development and evaluation of a conceptual framework (James et al. 2002, 2003) found that a proactive approach to facilitating the early return to work and continued employment of ill and injured workers had benefits for individuals and organisations. They cite that when off for 4-12 weeks an employee has a 10-40% risk of still being off after one year, and after that it is unlikely they will ever return to work. They also claim that a successful return to work increases by 35% for those offered reasonable adjustments, with subsequent absence periods for these employees reducing by 71%.

3. Scope

3.1 Annex Z of the NHS staff handbook recommends that in order to avoid premature and unnecessary ill health retirement, employers should consider the following interventions as early as possible, and at the latest, within one month of an employee taking sick leave:

3.1.1 Rehabilitation – identifying appropriate ways of supporting staff to remain in work or return to work at the earliest opportunity through interventions with appropriate treatment. This will mean providing staff with direct access through appropriate dedicated resources such as physiotherapy and cognitive behavioural therapy.

3.1.2 Phased return – enabling staff to work towards fulfilling all their duties and responsibilities within a defined and appropriate time period, through interim flexible working arrangements.

3.1.3 Redeployment – enabling the retention of staff unable to do their own job through ill health or injury as an alternative to ill health retirement or termination. Staff should be made aware of the provisions within the NHS pension scheme to assist this process through "step down and wind down" arrangements. These are available on the NHS Pensions website at http://www.nhsbsa.nhs.uk/pensions

3.2 Rapid access is an approach which can be used alongside each of the above interventions. It is a proactive response by the organisation to the issue of sickness absence and recognises the importance of facilitating a rapid return to work for the benefit of the patient, the organisation and the health of the individual. By implementing rapid access, the organisation selects a series of interventions that it will offer to staff, for example access to physiotherapy services or counselling services. The selection of the services offered will depend on the assessed health needs in the organisation and ability to implement rapid access options.

3.3 Implementation Models for Rapid Access

There are three common rapid access models in operation:

a. Providing access to bought-in rehabilitation services which will return frontline staff to work sooner than waiting for appointments in-house.

b. Expanding or investing in rehabilitation services within occupational health units to provide dedicated services for staff when the need is identified by the employee's GP or by referral to the occupational health service or by NHS staff referring themselves.

c. GP makes a referral to the trust and rapid access is applied to both outpatient appointments and hospital admissions for treatment. This does not necessarily entitle staff to preferential appointments or include private facilities and treatment.

Model c. is the option chosen for the IW NHS Trust

3.4 Under the Rapid Access Scheme, all employees of the NHS Isle of Wight Trust who have a health condition that is affecting their ability to work, either by being off sick or compromising their performance at work, may gain more immediate access to health services provided by the Trust, by being prioritised where possible and appropriate for appointments or utilising late cancellations.

3.5 The Policy can be applied to both outpatient appointments and hospital admission, where staff awaiting treatment will be offered early priority appointment slots.

3.6 The Policy does not apply where employees are referred for treatment or diagnosis outside of the Trust.

3.7 Based on past data, it is anticipated that there may be approximately 10 - 15 staff eligible to benefit from a rapid access referral per year. This is less than 0.5% of the Trust workforce.

4. Purpose

The purpose of this policy is to provide a framework for GP's and medical colleagues to action more immediate access to health services provided by the Trust for Trust staff, this will be supported by Occupational Health. Reducing sickness absence and promoting a healthy workforce have known benefits on quality of care for patients.

5 Roles and Responsibilities

5.1 Referrals to the Rapid Access Scheme will be accepted from:

- General Practitioners
- Medical colleagues within the Trust already investigating a staff member
- Physiotherapy
- Podiatry
- Multi Professional Triage Team (MPTT)
- Dentistry
- Improving Access to Psychological Therapies (IAPT)

See appendix D

The employee being referred needs to make their contact details known to their line manager and to Occupational Health who will assess the individual case of need. They should also inform the clinician to whom they are being referred for late cancellation appointments.

6. Policy Detail / Course of Action

6.1 Referrals of Isle of Wight NHS Trust employees as outlined in 5.1 will be treated as a priority whenever possible. The employee will need to inform their manager of their situation and Occupational Health will assess individual cases for the appropriateness of a rapid access referral and inform OPARU of the employee's details endorsing the need for early intervention. See appendix E for Rapid Access Flow Chart Procedure.

6.2 It is the intention of this policy that the medical and/or surgical treatment of identified staff will be prioritised by Consultants or the relevant lead for the service where this is not a Consultant e.g. Podiatry. This will occur following an endorsement by OH that an early intervention will hasten a return to work or enable an employee to return to full performance.

6.3 The scheme will not entitle staff to private treatment but facilities may be utilised if and when appropriate and available

6.4 Where booking is undertaken electronically, the employee is advised to contact the specialist/department/OPARU to confirm their job title, work location and contact details so they can be easily contacted and informed of any early cancellation appointments.

6.5 The Rapid Access Scheme does not imply immediate and/or unrestricted access to services. All appointments will be offered on the basis of both availability and clinical need and each case will need to be endorsed by Occupational Health.

6.6 Where an employee is on paid absence from work through illness, it is important that reasonable contact with the Trust is maintained. The expectation would be that such employees would be contactable and available to keep all reasonable appointments offered.

6.7 All such employees should ensure they seek to be contacted at reasonable times during the day and a means of easy contact be established.

6.8 Where an employee is subsequently unable to attend an appointment that has been offered, a minimum of 24 hours' notice of cancellation should be given where reasonably practicable.

6.9 Staff who are not off sick but attending work may be offered an appointment sometimes at short notice. Every effort must be made to attend and the manager will be expected to release staff at short notice wherever possible.

6.10 For staff on sick leave, it is expected that the departmental manager will help facilitate the attendance to an appointment if required.

6.11 These points will only apply if the staff member is happy for their manager to be informed of their details and rapid access requirements.

7 Consultation

Consultation has taken place through Hospital Medical Staff Committee, Staff Partnership Forum, Commissioners, Patient Council, Mottistone Board, Clinical Nursing Groups, Risk Management Committee, Policy Group and Trust Executive Committee.

8 Training

This Rapid Access to Treatments and Rehabilitation Policy for NHS Trust Staff does not have a mandatory training requirement or any other training needs.

9 Monitoring Compliance & Effectiveness

Because this policy lays out guidance for staff on how to gain more immediate access to health services provided by the Trust, there are no mandatory training elements or performance indicators to be monitored.

Occupational Health will monitor long term absences cases at the long term sickness monthly meeting and identify any potential staff who may benefit from supportive intervention.

Occupational Health will be involved in expediting or endorsing referrals and a record will be kept so the number of cases can be noted each year and reported annually to the Staff Health & Wellbeing group and Health & Safety Committee.

10 Links to Other Organisation Policies/Documents

Attendance Management	Human Resources
Work Life Balance Policy	Human Resources
Emotional Wellbeing Policy	OH / HWB Group

11 References

1. Workforce Health and Wellbeing Framework-Get Started (NHS) 2018
2. Rapid Access To Treatment and Rehabilitation for NHS Staff a Report from NHS Employers, March 2018
3. NHS Constitution, 2009
4. Boorman Report, Dr Steve Boorman, 2009
5. Healthy Staff, Better Care for Patients DH 2011
6. Rapid Access to Treatment and Rehabilitation for NHS Staff NHS Employers July 2012

12 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation
Appendix B Equality Impact Assessment (EIA) Screening Tool
Appendix C Outpatients Contact List
Appendix D Rapid Access Flow Chart Procedure

Appendix A

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	**0**	**0**	**0**
Training Staff	**0**	**0**	**0**
Equipment & Provision of resources	**0**	**0**	**0**

Summary of Impact:
There is no additional manpower, training or equipment and provision costs, the only resource required would be time spent processing referrals by the Occupational Health team and the service being contacted i.e. OPARU, Diagnostic Imaging etc.

Risk Management Issues:
There are risks associated with not having this policy and the benefits are likely to reduce sickness absence.

Benefits / Savings to the organisation:
Enabling staff to return to work sooner will reduce staff absence and benefit patient care.

Equality Impact Assessment
- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If “YES” please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs	Nil	Nil	Nil
Totals:	Nil	Nil	Nil

Staff Training Impact	**Recurring £**	**Non-Recurring £**
Totals:	Nil	Nil

Equipment and Provision of Resources	**Recurring £ ***	**Non-Recurring £ ***
Accommodation / facilities needed	Nil	Nil
Building alterations (extensions/new)	**Nil**	**Nil**
IT Hardware / software / licences	**Nil**	**Nil**
Medical equipment	**Nil**	**Nil**
Stationery / publicity	**Nil**	**Nil**
Travel costs	**Nil**	**Nil**
Utilities e.g. telephones	**Nil**	**Nil**
Process change	**Nil**	**Nil**
Rolling replacement of equipment	**Nil**	**Nil**
Equipment maintenance	**Nil**	**Nil**
Marketing – booklets/posters/handouts, etc.	**Nil**	**Nil**
Totals:	**Nil**	**Nil**

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	**N/A**
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix B

Isle of Wight NHS Trust

Equality Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	Yes		
	Women	Yes		
Race	Asian or Asian British People	Yes		
	Black or Black British People	Yes		
	Chinese people	Yes		
	People of Mixed Race	Yes		
	White people (including Irish people)	Yes		

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	Yes		
Sexual Orientation	Transgender	Yes		
	Lesbian, Gay men and bisexual	Yes		
Age	Children	N/A		
	Older People (60+)	Yes		
	Younger People (17 to 25 yrs.)	Yes		
Faith Group		Yes		
Pregnancy & Maternity		Yes		
Equal Opportunities and/or improved relations		Yes		

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:

3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	Sue Lightfoot
Date Initial Screening completed	26th April 2021

For Out-Patient Appointments:

Specialty	Team Email Address	Team Leader (Unless otherwise stated)
Centralised Booking Service (CBS) Ophthalmology & ENT	iownt.cbshead-neck@nhs.net	Emily Steel
CBS Trauma & Orthopaedics	iownt.cbsorthopaedics@nhs.net	Helen Siegal
CBS General Surgery (Including Urology, breast, Colorectal)	iownt.cbssurgical@nhs.net	Shannon Hobson
CBS Medical and Maxillofacial Team (Including Rheum, Thoracic & Gastro)	iownt.cbsmedical@nhs.net	Georgina Cooke
CBS Obs & Gynae	iownt.gynae@nhs.net	Janet Marsden
Haematology	iownt.haematology@nhs.net	dianne.mostyn@nhs.net
Diabetes & Endocrinology	clockyer@nhs.net	Carole Lockyer (PA/Sec)
Chronic Pain	charlene.summerfield@nhs.net	Charlene Summerfield
Paeds	maria.darby@nhs.net	Maria Darby
Spinal Triage MPTT	myeomans@nhs.net	Mary Yeomans
Podiatry	tracey.knight7@nhs.net	Tracey Knight (Manager)
Diagnostic Imaging	nicola.cooper28@nhs.net	Nicki Cooper (Manager)

For procedure/IP Waiting list:

Specialty	Team Email Address	Team Leader (Unless otherwise stated)
Pre-Assessment & Admissions Unit (PAAU) Head & Neck team (Eye, ENT & MAXFAX)	iownt.PAAUHeadNeckTeam@nhs.net	Karley Alexander
PAAU General Surgery Team	iownt.PAAUGST@nhs.net	Karley Alexander
PAAU Urology Team	iownt.PAAUUT@nhs.net	Karley Alexander
PAAU Gynae Team	iownt.PAAUGynaeTeam@nhs.net	Karley Alexander
PAAU Orthopaedic Team	iownt.PAAUOT@nhs.net	Karley Alexander
Endoscopy Unit	lesley-anne.moody@nhs.net	Lesley-Ann Moody (Manager)

Appendix D

Rapid Access Flow Chart Procedure