

# Allied Health Professionals in Vocational Rehabilitation

## 1. Introduction

Working-age ill health has long been acknowledged as a threat to the UK economy and its population's wellbeing. According to the most recent figures available from the Office for National Statistics (ONS), in 2018 approximately 141.4 million working days were lost because of sickness or injury, equating to 4.4 days per worker. This sickness rate has been largely unchanged since 2010 (ONS, 2019). In addition, presenteeism (working while unwell) is widespread, reported by 89% of organisations, and is considered to cause far more lost productivity than sickness absence (Chartered Institute of Personnel and Development, 2020). The overall cost to the UK economy of health-related lost productivity has been estimated at £100 billion p.a. (Department for Work and Pensions, 2016), with mental ill health alone estimated to cost around £45 billion each year (Deloitte LLP, 2020).

The human cost of working-age ill health is also well established. A seminal report commissioned by the Department for Work and Pensions (DWP) over a decade ago identified important health and social benefits associated with working, and concluded that good work is generally good for physical and mental health and well-being (Waddell & Burton, 2006). In Wales, the benefits of employment are recognised in government strategy, one of the goals of the Wellbeing of Future Generations Act being that Welsh citizens should benefit from the advantages that 'decent work' provides (Welsh Government, 2015), while the 'Prosperity for All' national strategy paper states that safe, secure work is key to better life prospects (Welsh Government, 2017).

## 2. The impact of Covid-19

More recently, the impacts of the Covid-19 pandemic on the working age population have started to become evident, and its effects on health and well-being are not limited only to those people who have contracted it. For example, the anxieties and social isolation that have accompanied the virus have taken a more widespread toll on mental health. ONS statistics reveal that prior to the pandemic (in the period July 2019 to March 2020), around 1 in 10 people had some form of depression. In June 2020, during the first wave, this had doubled to almost 1 in 5. Existing inequalities have also been exacerbated, as disabled people, women and the less wealthy have been among the groups more likely to experience depression during the pandemic (ONS, 2020). The physical health risks associated with the increase in sedentary behaviours brought about by restrictions on movement and increased home-working have also been recognised. A study into the impact of sedentarism as a result of the pandemic indicates that just a few days of reduced activity can impact on neuromuscular, metabolic and cardiovascular health (Narici et al, 2020). The long-term health implications are as yet unknown.

Apart from these widespread effects on the working population, the virus is having more specific impacts on the health and well-being of certain groups of people. The Welsh Government has identified four 'populations' who are likely to be more specifically impacted by the virus. These are: 1. People recovering after contracting the virus; 2. People whose healthcare interventions have been delayed due to the pandemic, who have further deteriorated; 3. People who have avoided accessing services and who now have an increased risk of ill-health and disability; 4. People with increased health risks due to shielding/social isolation, accompanying behaviours and reduced social connectivity (Welsh Government, 2020a). Each of these groups is likely to contain individuals of working age who are at risk of falling into worklessness as a result of health conditions caused or exacerbated by the virus. In addition, while there is evidence that 'good work' is good for health and wellbeing (see above), the current work-related pressures faced by many, including health and care staff and other key workers, carry the risk of causing work that was previously fulfilling and beneficial to become a source of anxiety, depression, stress and burn out (British Medical Association, 2020; Greenberg et al, 2020) - likely to lead, in turn, to increased absenteeism and presenteeism.

Evidence is also now emerging of the impact of 'Long Covid', a collective term used to describe symptoms that continue or develop after acute COVID-19 infection (NICE, 2020). Its debilitating effects are broad-ranging and commonly include fatigue, pain, cognitive deficits and breathing difficulties, which can last for weeks or months and may severely impede the individual's work ability (Greenhalgh et al, 2020). Recent findings from the Office for National Statistics (ONS) indicate that as many as 11.8% of people in the UK who have had a laboratory-confirmed COVID-19 infection would classify themselves as having Long Covid symptoms that limit their day-to-day activities (ONS, 2021). The majority of these people are of working age, indicating the impact the condition is likely to have on the working population in coming months and possibly years.

### **3. The case for Vocational Rehabilitation**

In the context of an ageing population and the increasing prevalence of chronic ill health resulting in an already diminishing workforce, these additional pressures and their implications for the economy and national wellbeing are a cause for concern. Long before the pandemic, this concern was apparent in UK Government policy, to the extent that a cross-departmental Health, Work and Well-being programme was launched in 2005 to tackle the problem. A review of the health of the working population followed, which led to the publication of a seminal report on the topic, entitled "Working for a Healthier Tomorrow". This advocated a change in widespread perceptions about the relationship between work and health, particularly the notions that it is inappropriate to work if not fully fit and that work usually impedes recovery. In particular, it highlighted that commonplace health disorders (i.e. musculoskeletal problems and mild-moderate mental health conditions such as anxiety, stress and depression), which

are among the leading causes of sickness absence, are highly amenable to early intervention and that with the right support people experiencing these health problems can remain in (or return to) work. The report set out a series of recommendations for rehabilitation services to help people with illness and disability to move back into work. These included a move away from traditional 'medical' occupational health models toward a more holistic, multidisciplinary approach (Black, 2008). Subsequent UK government reports have reaffirmed the impact of working-age ill health and disability on the nation's economy and its citizens' well-being, and the importance of providing timely, person-centred rehabilitation to this group of people. These have included 'Improving Health and Work: Changing Lives' (HM Government, 2008); 'Health at Work' (DWP, 2011); 'Fitness for Work' (DWP, 2013); 'Improving Lives' (HM Government, 2017) and 'Thriving at Work' (Stevenson & Farmer, 2017).

The importance of work to health and well-being has also been recognised in a Healthcare Professionals' Consensus Statement, signed by the Academy of Medical Royal Colleges, Royal College of Nursing and Allied Health Professions Federation. This recognises that the health benefits of work are such that it can be regarded as a health outcome as well as being therapeutic in its own right. The statement commits to all healthcare professionals having an understanding of the health benefits of good work and disadvantages of health related worklessness, having discussions about work with their service-users, and interacting with employers, occupational health services and other agencies involved in supporting people who are not working because of their health (AMRC/RCN/AHPF, 2019).

The case for vocational rehabilitation (VR) is therefore well established. In 1992 the Vocational Rehabilitation Association was established in the UK as the professional body for those working in this field. Its Standards of Practice define VR as "any process that enables people with functional, physical, psychological, developmental, cognitive or emotional impairments to overcome obstacles to accessing, maintaining or returning to employment or occupation" (Vocational Rehabilitation Association, 2019). Early VR efforts tended to have a biomedical focus but over time evidence has grown to support the importance of a comprehensive, multidisciplinary, holistic approach that addresses the many interrelated and complex factors that influence an individual's workability. The biopsychosocial approach to VR is now widely advocated, which takes into account physical, psychological, cognitive and social barriers to work (Lunt et al, 2007; Black, 2008; Waddell et al, 2008; DWP & DOH, 2017).

The need for rehabilitation services to support the population has increased as a result of the Covid-19 pandemic. In Wales, in recognition of this, a rehabilitation framework has been published by the Welsh Government, outlining the service provision likely to be required for the four populations identified above. It proposes a model of stepped care, incorporating vocational rehabilitation as one of the elements of effective rehabilitation. The framework also reaffirms the importance of a holistic approach

to rehabilitation, stating that it should be person-centred and multi-professional, integrating input from multiple agencies as required and utilising the unique knowledge and skills of a range of health and care professionals (Welsh Government, 2020a). In addition, the rehabilitation element of Wales's Strategic Programme for Primary Care includes guidance on the rehabilitation of vulnerable groups at higher risk of being impacted by the virus. This highlights the risk of existing health inequalities being exacerbated by the effects of the virus, including the disadvantages brought about by limitations on work opportunities experienced by people with health disorders. It advocates for multi-professional, multi-agency vocational rehabilitation for those impacted by the virus, which incorporates physical, mental, cognitive, communication and functional assessments, as appropriate (Welsh Government, 2020b).

Because of the pandemic there is now a significant backlog of treatments due to be carried out, meaning that people are facing delays in receiving their care. The number of patient pathways waiting to start treatment by the end of July 2021 was 643,108, a rise of 180,750 (approximately 39%) from 462,358 in January 2020. The number waiting over 36 weeks was 239,195, up by 211,881 (approximately 775%) from 27,314. These figures are the highest they have been since comparable data were first collected in 2011 (StatsWales, 2021). These delays carry the risk of the individuals concerned (population 2 of the Welsh Government's rehabilitation framework mentioned above) experiencing exacerbations of their conditions that may lead to health problems that could have been avoided.

In addition, changes in patterns of work as a result of the pandemic are causing more health issues. For example the increase in home working, which often means working at an inappropriate work station, has caused a rise in musculoskeletal disorders, particularly of the neck, shoulders and back (Institute for Employment Studies, 2020). There is evidence that these conditions benefit from early intervention and that waiting for treatment can be detrimental in terms of pain, disability, quality of life and psychological effects (Deslauriers et al, 2019).

AHPs are already demonstrating the vital role they can play in helping people in these vulnerable groups to remain in or return to work. For example, the Occupational Health and Staff Wellbeing service in Swansea Bay University Health Board (SBUHB) provides work-focused advice and recommendations for employees, including those who are waiting for investigations or elective surgery for musculoskeletal conditions that have been delayed due to the pandemic. The team's physiotherapists can also provide advice on the self-management of musculoskeletal conditions, including pain management and activity modification, as well as tailored advice about beneficial workplace adjustments. This timely support not only helps the individual concerned but also aims to prevent episodes of sickness absence and work disability, thereby also preventing the further pressures that would be caused within their workplaces by their absence.

#### 4. The AHP VR offer

AHPs are uniquely well placed to provide the sort of holistic, person-centred VR that has been so widely recommended. Especially when working in multi-disciplinary teams, they are able to use their breadth of experience and training to carry out in-depth assessments of the complex interactions between the various physiological, mental, cognitive and social obstacles impacting on their service-users' workability, and provide tailored, evidence-based interventions to ameliorate or overcome them.

The vital role of AHPs is described in the UK AHP Public Health Strategic Framework 2019-2024, which recognises the contribution AHPs have to make in promoting health & wellbeing and preventing ill health throughout the UK population and within the health & care workforce in particular (Hindle & Charlesworth, 2019). In Wales, the Welsh Government's long-term plan for health and social care, 'A Healthier Wales', sets out the intention to develop a 'wellness system' that supports people's health and wellbeing throughout their lifetimes, providing person-centred, integrated health and social care. The plan emphasises the importance of taking measures to prevent illness, support people to manage their own health and wellbeing, enable them to live independently as long as possible and reduce social inequalities caused by ill health (Welsh Government, 2019). Enabling people to remain in or return to work by helping them to manage their health conditions is arguably a vital component of this plan, as working facilitates independence and reduces social inequalities that would otherwise be faced, thereby further enhancing health and well-being in a 'virtuous cycle'. Again, AHPs' professional philosophies and practice perfectly embody these principles of supporting independence, promoting self-management and preventing ill-health and deterioration through timely, person-centred intervention.

AHPs are already key contributors to national strategies promoting the links between work and health. For example, in recognition of the importance of work as a determinant of health and well-being, the Royal College of Occupational Therapists (RCOT) has trained a network of health and care professionals to become Health and Work Champions. Their role is to support their peers to develop the skills and confidence to address the question of work routinely with their working-age service-users and provide work-related advice when appropriate. An evaluation of the scheme found that over a six month period, nearly 500 staff had accessed training and that their knowledge and confidence to talk about employment showed a statistically significant improvement (RCOT, 2021).

Another example is the 'Work Ready!' initiative implemented by the British Dietetic Association. This is a wellness programme that aims to help people stay healthy in work and involves dietitians partnering with organisations to assess the nutritional needs of their employees, running workshops and demonstrations with employees to educate them about aspects of healthy eating, and reviewing and advising current on-site food provision ([Nutritional wellbeing programme to engage employees \(bdaworkready.co.uk\)](https://bdaworkready.co.uk)).

In Wales, AHPs have made significant contributions to the guidance available via the Healthy Working Wales programme. This is delivered by Public Health Wales with the aim of helping employers to develop and maintain work environments that promote health and wellbeing, and to support employees with health difficulties to remain in or return to work. AHPs have also contributed to the creation of health-promoting working environments by helping to achieve the aspiration for all health boards in Wales to achieve the 'platinum' Corporate Health Standard – the national mark of quality for workplace health and wellbeing - as set out in the NHS Wales workforce and organisational development framework (Welsh Government, 2012).

In the wake of the Covid-19 pandemic, particularly the impact of Long Covid and the variety of symptoms it causes, the ability of AHPs to adopt an adaptive, problem-solving approach to intervention focused on the individual's everyday functioning will be an important asset in helping those affected to manage their symptoms and continue to enjoy the benefits that work provides.

## **5. The AHP Health and Work Report**

One of the principles of VR is that there should be effective communication between all parties involved (VRA, 2019). A particular advantage AHPs have in this respect is the AHP Health and Work Report. This can be used by AHPs to record their recommendations for measures that can be taken to enable an individual to continue working – for instance this may involve adaptations to the workplace, work equipment, work tasks or schedules etc. When necessary it can also be used to indicate that the individual needs time off work, so it serves generally the same purpose as the GP Fit Note. The report can be provided to the individual themselves and, with their consent, can be shared with their employers and others (such as their GP) to ensure that everyone is aware of the steps that can be taken to keep them in work. A review of Occupational Therapists' use of the AHP Health and Work Report was carried out last year and found that most participants (a mix of service-users, Occupational Therapists, GPs, GP practice managers and employers) considered the report to be a valuable tool in helping people return to work. Furthermore, there was consensus that use of the report had the potential to provide more in-depth information and recommendations than the GP Fit Note, while also reducing the burden on GPs (Nouri et al, 2020). The ability to issue these reports is a key and unique benefit AHPs have to offer and is likely to increase the effectiveness of their VR practice. In Wales, the Strategic Programme for Primary Care specifically recognises the usefulness of the AHP Health and Work Report as a means of communicating information about measures that can be taken to enable an individual to remain in or return to work (Welsh Government, 2020b).

## **6. Examples of AHP-led VR practice in Wales**

The following examples of current and former VR services provided by AHPs in Wales illustrate the wide range of skills and experience this group of healthcare professionals has to offer in the field of VR,

their proactive development of VR services and their achievements in raising awareness and improving understanding of this field of practice.

i) Early Intervention Service, Mental Health Directorate, Aneurin Bevan University Health Board – Vocational support trial project

This Occupational Therapist-led project ran from May 2017 to April 2019, with the primary aim of transforming vocational support provided to people experiencing mental health conditions (predominantly in the age range 16-25 years), by identifying gaps in service provision and developing innovative, person-centred solutions to enable them to achieve their vocational goals. It also trialled an Individual Placement and Support (IPS) model when appropriate. While this work was hosted by the Early Intervention Service (EIS) and funded by them, it operated across the whole of Gwent and sought to work across the EIS, the mental health charity Growing Space and DWP, and to contribute to the health board's Mental Health Service as a whole. During the project, links were made with local employers, primary care providers, the Chamber of Commerce and third sector bodies to develop bespoke opportunities tailored to the individual's VR needs.

***Example case study:***

A client had a longstanding ambition to work as ground crew for an airport. The service created a three-session work placement at Cardiff airport and this put them in a position to overcome barriers by undertaking shadowing sessions. Their plan is to apply for zero hours work on a seasonal basis. In the meantime they currently fulfil various voluntary roles to build on their skillset and remain focused on the airport, while balancing this with other pathways due to the seasonal nature of the work there. In addition, there was a 'ripple effect' from this work as Swissport disseminated information about the initiative to other airports world-wide to encourage them to contact their local health care organisations to set up similar opportunities. The Occupational Therapist leading the work also supported IPS services in other areas to make contact with their local airports to investigate the possibility of having similar support arrangements for their clients (e.g. Worcester IPS was helped to link with Birmingham airport).

The client's feedback:

*"Before we started this pathway, I was low in mood as I didn't have much to focus on and believed that my goals were never going to be achieved. I didn't have much motivation but it was always a dream of mine to work in the airport and without your help Steve I don't think that I would have been able to achieve my future goal. When we had the discussion about*

*starting placement, I was very optimistic as I had no doubts that it wasn't going to work and from then on I was excited to see what was going to happen and I had a lot more motivation as things were progressing for me.*

*When I had received the news that I was going to start the three day placement at Cardiff Airport I was really excited because this was a new beginning for me and I wanted to see what it was like. Having experienced the three day placement, it has given me something to focus on and it has also given me an insight on what it would be like as a potential job, hopefully in the future. I feel really positive about having my future focused on and I believe that I would also improve my mental state of mind as I will be progressing to the next level rather than moving steps backwards.*

*Having my aspirations focused on will give me something to look forward to rather than dwelling on the negative thoughts and having had this opportunity it has changed a lot of things for me, one of them changing my mental state of mind from being negative to positive and being given this opportunity I believe has changed me for the better".*

### **Key achievements:**

- IPS piloted with 12 people wishing to work. Outcome = **75%** in meaningful employment, **100%** on a meaningful pathway;
- Uncovered solutions to a number of barriers between sectors;
- Provided bespoke quality interventions, which promote career guidance and choice;
- Developed approaches with DWP, removed barriers and created Case Conferences, Drop-in clinics, and direct support via email;
- Developed the "Vocational Recovery Partnership" and became a Member of the Chamber of Commerce gaining opportunities with 550 employers;
- At conclusion the Vocational Leads had worked with approximately 22 organisations which offered new and exciting opportunities such as the UK Space Agency, Airports and the Welsh Rugby Union;
- Influenced Policy review within Organisations, for example; UK Space Agency are considering reintroducing work placements;
- Promoted Mental Health awareness with Employers and supported this across sectors;
- Evidenced a two way relationship with Employers promoting engagement and offering support and signposting from a Health Professional;
- Influenced a broader organisational network, for example; Swissport circulated our initiative World-Wide and challenged other Airports to work with their Health Boards;
- Initiated a networking community UK wide, for example; we linked IPS in Worcester in with Birmingham Airport who are now exploring a similar initiative;
- Developed a South Wales Vocational Forum with Hywel Dda and Swansea Early Intervention Teams, aiming to evolve this into an All Wales Forum;
- Developed an outline for a Vocational Hub for Gwent;



- Demonstrated that a Vocational Lead Occupational Therapist Role opens up pathways and helps facilitate discharge planning, prevention, retention, and bespoke Vocational opportunities;
- Evidenced influence on broader Mental Health Service, particularly when linking directly with Occupational Therapists;
- Evidenced the benefit of OTs becoming the natural pathway when someone expresses a vocational goal;
- **100%** Positive feedback in support of Vocational Lead role and model.

**Contact:** [Steve.Colwill@wales.nhs.uk](mailto:Steve.Colwill@wales.nhs.uk)

ii) Cardiac Rehabilitation and Heart failure Services, Aneurin Bevan University Health Board – Return To/Remain In Work Service

Provided by an Occupational Therapist (OT) who recognised a gap in provision for outpatient cardiac rehabilitation patients whose work-related needs were not being discussed. Individuals accessed the service due to myocardial infarction, heart surgery, valve surgery, angina, cardiomyopathy or heart failure. The OT detected that there appeared to be “a misconception around cardiac patients not being able to work after a cardiac event” and from 2009 has implemented changes to address this. After undertaking some research to ensure a sound evidence base, the Return To/Remain In Work service was established, to enable these individuals to fulfil their work potential.

The support offered includes:

- Liaising with employers and Occupational Health services to work alongside individuals to plan their return to work. This often includes detailing a suitable phased return to work, adaptations, reduced hours and duties and often negotiating a non-night shift role due to issues with cardiac medications;
- Use of the AHP Health and Work report to document recommendations;
- Supporting individuals with heart failure to consider either alternative roles, jobs or training (with part time working options) together with claiming PIP benefits to supplement the part time work.

**Key achievements:**

Since establishing the role, the OT has continually developed and promoted VR. Her achievements include:

- Taking the lead within an all Wales cardiac rehabilitation specialist OT group on work-related issues, providing education for others and promoting the OT role within this area of practice;
- Presenting at a range of local and national events to represent OT and the role of the OT within employment/VR;
- Working with the British Heart Foundation on the OT role within cardiac rehabilitation and also on an article about supporting people to return to work;
- Taking on the role of a RCOT Health and Work champion, working to develop an 'asking the work question' training package for the ABUHB OT service;
- Updating pathway/notes to include a section on work - this now forms part of the nurses' initial assessment, during which patients are offered a 1:1 OT appointment if they have any work related issues;
- Developing 'Stress at work' and 'returning to work' OT education sessions;
- Running a full presentation on returning to work via the team's CR specific education package on social media platforms.

**Contact:** [Maria.Davies3@wales.nhs.uk](mailto:Maria.Davies3@wales.nhs.uk)

iii) Community Adult Mental Health Team, Swansea Bay University Health Board – Vocational Occupational Therapy

This role, delivered by two job-sharing Occupational Therapists, provides a vocational service to adults eligible for CMHT input, and supports colleagues within the team and wider mental health service to develop awareness of the vocational needs of service users and to develop vocational skills and service provision.

Interventions vary depending on the person's needs and employment status. When a person is unemployed but would like to work, as far as possible the principles of IPS (Individual Placement and Support) are followed. This includes finding out what a person would like to do in line with their interests, values, roles, skills and environment via vocational profiling and standardised OT assessments, then assisting them to find paid work as soon as possible. In situations where someone is employed, a structured assessment is completed, followed by an AHP Health and Work Report summarising needs and recommendations, which can be shared with the employer if the person wishes.

***Example case study:***

*"M was a 25 year old lady referred to the OT by her care manager from the CMHT. She had a diagnosis of depression and anxiety following a psychotic episode. At the time of referral M*

*was off work sick from her job as a shop worker. Following an initial assessment it was identified that work played a pivotal role in M's life in terms of her identity, roles, routines, interests and use of skills. M's mental health was continuing to impact negatively on her daily life and some of her anxiety and low mood related to not engaging in meaningful occupation; work, exercise, seeing friends. Work was identified as central to this as M felt she had lost her previous routine and therefore did not feel motivated to exercise or see friends as she felt she had nothing to talk about.*

*The Worker Role Interview was used to identify the context and meaning of work in M's life as well as details of the job that she enjoyed, did well at or found challenging. This included elements of her job that impacted on her mental health as M became unwell. From this assessment it was identified that M had a supportive manager and colleagues. They had maintained contact with M and seemed to want to help. Based on this assessment the OT completed the AHP Health and Work Report. Recommendations included a phased return to work and within this a phased return to doing activities in isolation such as design and admin as M found it easier to be around colleagues and on the shop floor. Another recommendation was for M to have frequent 15 minute breaks as walking briskly outside for short periods helped her to manage feelings of anxiety.*

*M arranged a meeting with her manager once this report was complete and she requested that the OT attend with her. In the meeting the OT was able to support M to convey her needs to her manager and to highlight how important work was to M and how much she wanted to return. M's manager was warm and encouraging towards M but also discussed restrictions they had as a small, private company. The phased return was negotiated and although not as gradual as the OT had recommended, the phased return was agreed. Adaptations within the role such as frequent short breaks were also agreed. M agreed to return to work the following week with this plan.*

*The OT continued to support M by meeting her for a walk during her lunch break in her first week and maintaining regular contact as M settled back into work. M maintained this routine and soon returned to her usual part-time hours. M started running again and seeing friends, including trips away.. M's mental health continued to fluctuate and she was referred to the Local Primary Care Mental Health Service for psychological assessment and support for past trauma, however she maintained a meaningful and fulfilling routine. M was discharged from the CMHT."*

**Contact:** [Vanessa.Trinder@wales.nhs.uk](mailto:Vanessa.Trinder@wales.nhs.uk)

iv) Primary Care Occupational Therapy Service, Hywel Dda University Health Board (HDdUHB)

Based in the South Pembrokeshire primary care cluster and one of the earliest services to embed OT within GP surgeries, the team also hosted the Occupational Therapy Vocational Clinic (OTVoc) National Research Project undertaken by HDdUHB and the Royal College of Occupational Therapists' (RCOT). This was financed from the Work and Health Challenge fund, jointly managed by the Department of Health and Social Care and the Department for Work and Pensions, to test potential solutions to help people with disabilities and health conditions remain in work. The pilot ran from February – November 2019.

The clinics targeted people in work struggling with musculoskeletal (MSK) and/or mental health (MH) problems, to support them to stay in employment. Patients accessed the service

via their GP, practice nurse or self-referral. The Occupational Therapist utilised their assessment skills to identify the core problem(s) and patients were provided with different levels of care/treatment depending on the level of complexity and need.

The support provided included:

- Teaching skills and strategies to empower self management;
- Facilitating change through cognitive reframing, coaching, validating, advising, negotiation, encouragement and providing feedback;
- Making adjustments to the environments, life style, tasks, timings or duties;
- Using the AHP Health and Work report to suggest workplace modifications, enabling patients to communicate their occupational difficulties and needs to their employer and identifying ways to support to them to function in their work role.

Patients were also offered the option of direct liaison between the Occupational Therapist and employer to help implement workplace modifications.

#### **Key achievements:**

The Occupational Therapist in Pembrokeshire received 76 referrals between March and August 2019 and approximately 52% of these individuals agreed to engage in the RCOT research study and completed a self-reporting questionnaire. Key messages from the research were:

- GPs may not be the most appropriate professionals to manage back to work issues
- OTs already have the therapeutic skills to deliver this advice and support.
- Patients felt the OTs had more time to deal with their work issues
- Sickness absence rate reduced over the study period
- GPs, other staff and employers regarded the OT input positively
- The AHP H&WR is regarded as a valuable tool in affecting a timely return to work.
- There is support for occupational therapists to complete and sign the fit note, potentially saving GP time (Drummond et al, 2020; Nouri et al, 2020)

OTVoc was included as a part of the Bevan Exemplar project "Evaluating the Value and Impact of Occupational Therapy in Primary Care". The project received support from the Bevan Commission, undertaking service improvements including a greater focus on prevention and self-management. Despite the challenges of COVID-19, key outcomes in December 2020 were increased accessibility due to service roll-out, giving 67,000 people the

opportunity to access OT in primary care; a decrease in waiting times, with 74% of people being assessed within 24 hours of referral; early improvement in 67% of those referred due to reduced function; and highly positive feedback both from service users and clinicians.

Further information can be accessed here:

[Evaluating the Value and Impact of Occupational Therapy in Primary Care \(bevancommission.org\)](https://www.bevancommission.org)

**Contact:** [Sharon.M.Davies@wales.nhs.uk](mailto:Sharon.M.Davies@wales.nhs.uk)

v) Wellbeing through Work In Work Support Service, Swansea Bay University Health Board

Delivered by a team of Physiotherapists and Occupational Therapists, the Wellbeing through Work In Work Support service offers self-management advice to working people experiencing muscle/joint disorders or commonplace mental health conditions such as anxiety, stress and depression. The project is a partnership between Swansea Bay University Health Board and Welsh Government, funded by the European Social Fund from 2015 until the end of 2022. It can be accessed free of charge by anyone who is employed or self-employed who lives or works in Swansea, Neath Port Talbot or Bridgend.

Intervention is based on a Cognitive Behavioural Therapy approach, supplemented by other therapeutic approaches as appropriate such as Brief Solutions Focused Therapy, Mindfulness and Acceptance & Commitment Therapy. The aim is to enable enhanced self-management, to help people remain in work or return to work if already absent through sickness. To date (October 2021) the service has supported over 2,500 individuals, the majority of whom (84%) have accessed the service for support to manage a mental health condition.

Due to the pandemic the service has adapted to enable it to continue to operate while adhering to social distancing requirements. Face-to-face appointments have been suspended and all interactions now take place by telephone or on-line; a series of modules on various topical subjects has been developed, available via the service's website; and a schedule of regular webinars can now be accessed via Eventbrite, covering a range of issues. Arrangements have also been made to enable GPs to refer to the service via the Welsh Clinical Communications Gateway (WCCG), to facilitate this referral route.

**Key achievements:**

The service uses the Euroquol Five Dimensions Five Levels (EQ-5D-5L) standardised tool to measure participants' health status at referral and discharge. This incorporates a 'Visual

Analogue Scale which shows participants' self-rated general health on a thermometer-type scale, with 0 representing the worst health imaginable and 100 representing the best health imaginable. Mean scores of those participants who completed the measure at both time points show a clinically significant improvement of 17 points on this scale, from 60 points at referral to 77 at discharge.

Anonymous feedback from service-users shows that 95% were satisfied with the service they received, and that 65% were very satisfied.

Further information is available on the website: [Wellbeing Through Work](#)

**Contact:** [Victoria.Williams12@wales.nhs.uk](mailto:Victoria.Williams12@wales.nhs.uk)

## **7. Challenges**

While the above examples demonstrate the contribution AHPs can make in the field of VR, some challenges remain. Current funding arrangements may impede the process of employing AHPs in novel roles and settings and commissioners may need to be convinced of the potential benefits of their services. The generation of evidence regarding the impact AHPs can have on service-user outcomes is likely to be vital if these decisions are to be influenced.

Perceptions of the remit of particular professions may prove difficult to shift and there may be some resistance among colleagues and service-users alike to AHPs practising outside traditional boundaries. To some extent this is exemplified in the findings of the review of the AHP Health and Work report mentioned above (paragraph 4), which showed that some employers were not prepared to accept the AHP report and asked for corroboration via a GP Fit Note as well. This indicates that perceptions of a hierarchy of authority sometimes persists, and that AHPs are not considered to have an equal standing with doctors.

There are also likely to be some learning and development needs within the AHP workforce, some of whom will not be used to addressing vocational issues with their service-users as a matter of routine and will need to enhance some of their skills in this respect; pre-registration education courses may also need to be adapted.

## **8. Summary**

There is a recognised need to promote working age health & wellbeing, for economic and moral/humanitarian reasons. This need has increased due the Covid-19 pandemic and its impact on the

health, well-being and work ability of large sections of the population. VR has the potential to help people overcome barriers to work; there is longstanding recognition that these barriers can be multifaceted and that best VR practice involves a holistic, biopsychosocial, multidisciplinary approach that addresses the particular circumstances of the individual. AHPs are uniquely well-placed to offer this due to their training, skills, experience and the professional philosophies they espouse which promote independence and enhanced self-management. Furthermore, the AHP Health and Work Report facilitates effective communication between the parties involved and has the potential to decrease absenteeism and presenteeism while easing the burden on GPs. AHPs have demonstrated their contribution to the health and work agenda, thereby supporting national health and care policy and initiatives. Examples of AHPs' existing VR practice in Wales, and evidence of its impact, indicate what this group of professionals has to offer and how their skills could be utilised to even greater effect.

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