Appendices

Evaluation of OHSxtra – a programme providing occupational health case management and rapid access to services, delivered within 15 NHS Scotland boards (2007 – 2009)

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These appendices to the report *Evaluation of OHSxtra – a programme providing occupational health case management and rapid access to services, delivered within 15 NHS Scotland boards (2007 – 2009)* contain the following:

APPENDIX 1: DESCRIPTION OF SERVICE DELIVERY WITHIN BOARDS

1. INTRODUCTION

This Appendix summarises the operational service delivery of the OHSxtra programme as implemented in the 15 participating Boards. The Boards are ordered alphabetically by their year of funding, as those in the second funding round (2008) typically gained from the experience of those in the first funding round (2007).

The summaries are based on information provided by the Boards in written reports to the OHSxtra project manager, and on interviews conducted with each Board at the end of their involvement with OHSxtra. Each report provides some information about the Board, what services were available prior to OHSxtra, what additional services were provided through OHSxtra, and how it was implemented.

A2. NHS AYRSHIRE AND ARRAN

A2.1 About the Board

NHS Ayrshire and Arran employs approximately 11,500 staff, but the OHSxtra service was extended to all their clients (e.g. bank staff, hospice staff, Scottish Ambulance, GPs and dentists), making the catchment about 15,000. The Board area covers some urban areas, but also a wide rural area; there are three centres for Occupational Health (OH) provision.

A2.2 Services prior to OHSxtra introduction

An OH service was in operation prior to OHSxtra funding. Physiotherapy (PT) was accessed by clients through the NHS outpatients department. There was no provision of OT or CBT.

A2.3 OHSxtra funding

OHSxtra funding was awarded for:

- 1 whole time equivalent (wte) physiotherapist
- 1 wte OT
- Licensing for 'Beating the Blues' (CBT monitored self help) software (in lieu of a psychologist).

A2.4 OHSxtra start date

The OHSxtra approach was adopted in November 2007. New clients were received into the service until end October 2008.

A2.5 Model

OHSxtra services and approach are fully integrated into the occupational health service delivery. It has not been strongly branded as OHSxtra. Case management is undertaken by seven OH clinicians (OHP, 4 senior OHNs, OT and PT), depending on who receives the referral, or who is most appropriate to act as the case manager.

A2.5.1 Process

All OH clients (management or self referral) are triaged typically over the phone (if self-referral to PT, this is done by the PT; if referral to OH, by an OH clinician). Where appropriate, clients will receive the OHSxtra services and can be referred between them as required.

A2.5.2 Case Management

Case management was undertaken by the clinician primarily involved in the client's case. This was typically either the physiotherapist or occupational therapist.

A2.5.3 Physiotherapy

The physiotherapy service (delivered in three locations) receives all MSD cases, not just work affected conditions. Due to the demand that developed, the criteria was set that clients had to have had the condition for at least two weeks (with no red flags) to be referred for physiotherapy. Again, due to demand on the service, not all OH PT cases are seen by the 'OHSxtra physiotherapist'; in 15 months of operation, of the approximately 900 physiotherapy referrals, approximately 550 have been seen by the OHSxtra physiotherapist. The remainder have been seen through the NHS PT clinics, based at the hospitals, and in the outlying areas. The NHS PT service does not focus on return to work issues, so there is seen to be a significant benefit in having the OHSxtra physiotherapist. Clients who see an NHS PT for 6 sessions without the expected improvement, are referred to the OHSxtra PT for an OH review. Most clients have not required active case management.

A2.5.4 Occupational Therapy

The OHSxtra OT's service is delivered in two clinic locations and by visiting the workplace to offer assessment and support. Intervention consists primarily of services focusing on maintaining or improving the staff members ability to function in their workplace. Functional capacity evaluations (e.g. using Valpar equipment) are not undertaken. The OT typically has several sessions with the client and cases are actively followed up with phone calls / emails. The caseload mix is approximately 50/50 with clients referred with a primarily physical health problem and primary mental health problem.

Workplace and home based assessments have been undertaken (e.g. providing equipment to help with the bathing of a disabled child, which helped the mother's health improve). They have a collection of sample equipment that can be taken on loan for clients including computer and seating options; this resource is shared with the NHS OT service.

The OT also undertakes CBT principled work with clients where appropriate, focusing primarily on symptom management e.g. working on communication skills, anxiety and mood management, building self esteem etc. The OT actively manages the client's case and receives supervision from psychological services and Occupational Therapy colleagues.

A2.5.5 Counselling

Outwith OHSxtra, staff have access to staff care service and an Employee Assistance Programme. It had been intended to recruit a psychologist for OHSxtra, but recruitment efforts failed. Instead, the Beating the Blues on-line self-help package was selected, the use of which could be overseen and monitored by the clinician involved (e.g. nurse, Doctor, OT). The appropriateness of its use with a client is judged by the clinician – sometimes it being introduced later in a client's involvement with OH, rather than at the outset, so that the client is in the right frame of mind to participate in it.

Beating the Blues

Beating the Blues is an on-line self help software package, which adopts a CBT approach. Clients work through (with support) eight modules which can be undertaken weekly. It generates CORE scores at the start and end of the client's involvement with the programme. The programme monitors clients and provides reports of progress, as the clients complete modules within the programme. This acts as a prompt to the service provider to monitor the client. These prompts are seen as an adjunct to the client's normal review process. A generic OH email address was set up so that an alert generated by a client's poor score (e.g. suicidal thought) would be sent to a number of OH professionals, in case the client's case manager is not available to deal with the critical situation.

The Beating the Blues has not been as well integrated into the service as had been hoped. During the course of the project it was not possible to have close links with the psychology service regarding delivering the package, although it is thought that this may be possible in the future. Where Beating the Blues has been used, it is thought that it has worked well with some, but there have been some problems with it: not all clients have access to a computer at home or work; the connection speed at work is slow; some clients prefer face to face support; the approach doesn't work well with some styles of thinking (e.g. the very analytical). Improvement in client selection has been achieved by the development of more robust referral criteria which was developed over time and drew upon the experiences gained in the initial phase of use.

A2.6 Advertising and demand on service

The service was not advertised at all, but the demand on the service has consistently exceeded the resource available, particularly on the PT provision, where it is estimated that three PT would be required to meet the demand.

A2.7 Resources

Self help information is provided on the intranet, to assist clients manage their health condition as far as possible e.g. with musculoskeletal pain.

A2.8 General comments on service provision

The OH team have responded very positively to the changes brought about by OHSxtra. They have found introduction of the approach has helped to deliver a complete package of care, such that the workplace and home needs of the clients are addressed, not only the health needs. The close working of the different professionals involved with a client's care allows a complete service to be delivered (through to return to work or other appropriate end point), which is perceived to have improved the quality of care for clients, and it is thought to be significant in helping clients return to work. This has been professionally satisfying for service providers, who now feel they are able to do a better job.

A2.9 Future plans

The Board has received funding to continue with the programme for an additional year beyond the agreed second year already allocated. Future funding is currently uncertain.

A2.10 Learning points

- The OT and PT are based in the OH building and this is seen as a significant advantage in enabling rapid access to services, fully integrating the services and ensuring good communication between different service providers.
- Although only a minority of cases need specialist support outside OH, since the introduction of OHSxtra OH have developed relationships further with other colleagues and have agreement to make referrals to other specialists / treatment to save other specialities time e.g. OH can refer a client for MRI scans and X-rays.
- The use of the assessment tools has helped focus on perceived functional impairment, and is thought to be helpful in improving service delivery.
- Beating the Blues software has worked well in some cases, but there have been some problems with it; it can be considered to be more appropriate for some clients than others.
- OH are aware that there may not be equity of access to service provision, with lower paid workers not accessing the service as much as others. They are considering how this can be rectified.
- Monthly case review/clinical governance meetings were held with key clinicians involved in the service delivery. This was found to be very helpful in the integration of the approach and to improve the quality of care for clients.
- Sharing of information between multiple clinicians at different sites is a challenge, particularly when they are paper based; current plans are for all OH records to be scanned, so records can be stored electronically. It is anticipated that this will greatly assist in the sharing of information.
- The programme has facilitated the development of relationships with other health care professionals / services that assist in the complete care of clients, in particular orthopaedics, social services, the pain management clinic and gym sessions.
- Further use of self-help techniques are thought to be helpful for clients and to help manage demand on the service.

A3. NHS BORDERS

A3.1 About the Board

NHS Borders has 4,200 employees, in a largely rural area. There are two dedicated centres for occupational health provision.

A3.2 Services prior to OHSxtra introduction

A staff physiotherapy service was introduced in NHS Borders in 2005; this developed from a 0.4 wte to a 1 wte service over 2 years. Prior to OHSxtra there was 0.4 wte counselling provision. Occupational therapy was provided on a sessional basis as required.

A3.3 OHSxtra funding

OHSxtra funding was awarded for:

- 1 wte Physiotherapist
- 0.1 wte Occupational Therapist
- 0.3 wte Clinical psychologist / CBT Therapist.

The service had difficulty recruiting the OT support to be integrated into the OH team; therefore, where OT assessments have been required, these have been purchased in from another Board area.

A3.4 OHSxtra start date

OHSxtra physiotherapy service started on 1st September 2007 and collected data to the end of September 2008 inclusive. The psychological support services started in 1st December 2007 and collected data to the end of December 2008.

A3.5 Model

OHSxtra services and approach are fully integrated into the occupational health service delivery. Clients were asked to phone the occupational health department directly to access OHSxtra services. Case management is undertaken by clinicians (physiotherapists, counsellors or OHNs). The case management approach is working well.

A3.5.1 Process

Self referrals (by letter or phone) are received and triaged by an administrator in OH and referred as appropriate to a physiotherapist, counsellor or OHN. Management referrals and those that require further assessment are triaged by a senior OHN, who undertakes a face to face assessment with the client (typically a 1-2 week wait for appointment).

A3.5.2 Case management

Case management is generally being undertaken by the OH practitioner who is the client's first point of contact; based on the clients primary presenting condition, this is usually the physiotherapist or OHN. The counsellor may refer more complex cases to the OHN for case management.

A3.5.3 Physiotherapy

All physiotherapy referrals are made through OH, to one of two dedicated occupational health physiotherapists.. All physiotherapy clients receive an initial assessment, with associated advice / treatment. OH physiotherapy is provided at the Clinical room in Melrose and also within the physiotherapy department at the Borders General Hospital. NHS Borders covers a very large geographical area, exceeding 1,800 square miles. Some clients have chosen to seek physiotherapeutic intervention more locally. An audit confirmed firstly that NHS Borders staff

members are preferentially seen when services allow in the community physiotherapy departments and secondly the provision of a satellite OH physiotherapy clinic was not warranted. If the client is seen by a community physiotherapist, they can be referred to an OH physiotherapist if appropriate.

A3.5.4 Psychological support

All referrals into counselling are made on a self referral basis where appropriate, clients are encouraged by OH to refer themselves to counselling.

The waiting time for appointments for one-to-one psychological support is approximately 3 weeks. Where appropriate within this 3 week period, clients are encouraged to use self-help tools. In addition they may have access to on-line CBT (through the Adult Psychiatric Services). Staff may initially be seen by OHNs who have received some training in counselling, coaching and support and introduction to CBT. Where identified as required, they would refer the client to counselling or psychological services.

A3.5.5 Occupational Therapy

It was initially anticipated that NHS Borders OT department would be liaise with OH to provide 0.1 wte to OH. This has not been developed in the light of a minimal clinical need over the duration of data collection, although there is potential for this in the future. OT provision is being outsourced to another Board for complex cases requiring objective assessment of the client's abilities, rather than workplace assessments. Workplace assessments and recommendations on adjustments are undertaken by either the Moving and Handling team, physiotherapy or an OHN.

A3.5.6 Other services

Outwith OHSxtra funding, OH clinicians are able to refer clients to a Back Class; Lower Limb class, continence service, hydrotherapy, Lifestyle Advisory services, podiatry and other specialist clinicians. The OH team has liaised with the Moving and Handling team to ensure a consistent message concerning musculoskeletal health and exercise. They have also liaised with the Prevention and Management of Violence and Aggression team with the aim of preventing musculoskeletal and psychological risks that staff may be exposed to.

Where work related risk assessments are required these may be undertaken by the Moving and Handling team (competent in manual handling, DSE and ergonomics risk assessments), OHN, OH physiotherapist or health and Safety department. The risk assessment would be reported to the client's line manager; the case manager would ensure that the appropriate recommendations were implemented. In cases where re-deployment is required, case conferences are usually held.

A3.6 Advertising the service

An extensive marketing campaign was undertaken with leaflets and posters (e.g. in all GP practices) being circulated and information posted on the intranet website and also in the monthly staff update. The number of referrals was initially slow allowing for clients to be offered a first appointment within 5 working day in most cases. Although 3 to 4 months into the service referrals picked up and clients were being offered the first available appointment which was in the majority of cases within 2 weeks. The service does not seek to triage clients; all clients are offered the next available appointment. It is thought that most of the referrals received have been due to word of mouth advertising.

The NHS physiotherapy waiting list was reviewed to identify NHS staff on it. These clients were sent a letter informing them of the opportunity to self-refer to OH physiotherapy, potentially for a quicker service. It is thought that most took this up, although some stayed with the NHS physiotherapy service primarily due to local geographical issues, there are 12 community

physiotherapy departments throughout the Scottish Borders and 4 community hospitals and two OH physiotherapy clinical locations.

Managers were informed of the programme through a variety of sources including the OH+S forum, corporate induction, the area partnership forum, staff governance meetings and risk management meetings.

On discharge, client's GP are written to concerning the services and outcome for that client. This letter included an implicit advert for OHSxtra, reminding GPs that NHS staff can access the service.

A3.7 Demand on service

The demand on the physiotherapy service developed over time. Because for these demands, the following refinements to the service were developed:

1. Provision of acupuncture clinic (delivered by a physiotherapist) for one session per week. This clinic had 15 minute appointments and reduced the need for half hour review appointments, thus meaning more clients could be seen.
2. Developing pathways and links with community physiotherapy team.
3. Direct referral from OH physiotherapist to existing interventions have been developed and enhansed e.g.(back classes, hydrotherapy).
4. Self-help leaflets have been developed for a variety of common musculoskeletal disorders with the aim of presenting and reducing reoccurrence.
5. Regular liaison with work colleagues (from Moving and Handling and PMAV) to identify high risk areas for additional input to prophylactically reduce the risk of MSD injury and then making steps to act on these.

A3.8 Records

Physiotherapists are based within the OH department and are able to access the relevant sections of the OH records of the relevant clients if required. Physiotherapists and counsellors maintain their own records, but these are added to the OH record on discharge.

A3.9 Future

Funding has been secured for the programme for 2008/09, and on a recurrent basis from 2009/10 onwards. Due to limited administrative support data collection and analysis was confined to the first 12 months of the OHSxtra project. However local audit continues to ensure to ensure best practice.

A3.10 Resources

Self-help information for musculoskeletal disorders have been developed and are available (in the form of leaflets and information on the intranet). The service is considering further development of self-help resources and focusing on prevention of injury in identified high-risk areas.

A3.11 Learning points

- It has been helpful to send the EQ-5D and a questionnaire covering some biographical information to the client with the appointment letter. Clients are not sent self-help material at this stage.
- It has been difficult to get discharge data as some clients are on an open review of their case – they can come back for an appointment if required over a designated time period, usually one month, but if they improve they do not come back. Discharge data has therefore been posted out to these clients with a return rate approaching 50% so it has not always been possible to get the discharge data from clients. This has been further complicated with limited

administrative support, with clinicians having to balance a caseload with chasing up non-responders to discharge questionnaires.

- The question on the discharge questionnaire 'Do you think OHSxtra helped you stay in work or return to work?' has caused some confusion. NHS Borders had an OH physiotherapy service prior to the initiation of OHSxtra and many clients may not have even realised they were part of this. A number of clients were noted to have reported that OHSxtra had not been helpful only to remark in the free text section of the discharge form that the help they had received had been indispensable. It is thought that it would have been better to have asked about 'this service'.

A4 NHS FIFE

A4.1 About the Board

The board has approximately 9,000 employees. It covers a mix of rural and urban areas, with two centres for occupational health provision.

A4.2 Services prior to OHSxtra introduction

Occupational health services are provided to NHS Fife through OHSAS. Prior to the OHSxtra pilot study no staff physiotherapy service was provided. For several years there was an Employee Assistance Programme, but it was withdrawn in 2006. Counselling and CBT services were provided under the OHSxtra pilot programme. OHSAS employs an OT who was available for service provision where required.

A4.3 OHSxtra funding

NHS Fife had participated in the OHSxtra pilot (March – Dec 2006). Funding was awarded to continue the service, which was delivered through OHSAS (NHS Fife's occupational health service).

OHSxtra funding was awarded for six months for:

- 1 wte case manager
- 1 wte physiotherapist
- 0.5 wte occupational therapist
- 0.3 wte mental health support

A4.4 OHSxtra start date

Following the end of the recruitment to the pilot (December 2006), clients already enrolled in the programme were seen and received treatment. Potential new clients were not recruited to the programme between January and November 2007. The service delivery of OHSxtra (and data collection) recommenced at the start of December 2007 (case management undertaken by two OHNs), and the case manager commenced their role in January 2008.

A4.5 Model

OHSxtra runs in parallel with the traditional OH service, with a separate point of access (dedicated phone line), although it is possible for staff to receive OHSxtra services if they enter OH by the traditional route.

A4.5.1 Referral

a. OHSxtra phone line

A dedicated phone line is available for staff to contact OHSxtra. This was used during the pilot study, and maintained subsequently. Callers leave a message, with contact phone number. An Administrative Co-ordinator who calls the client back, and takes personal details and information concerning their needs. The Administrative Co-ordinator triages the clients to either physiotherapy or OH. Those that request / appear to require physiotherapy are referred to the appropriate physiotherapist (see below); where a work related issue is identified during the telephone discussion, the client will additionally be referred to the OH team. For all other health issues the client is referred to the OH team. The physiotherapists report to the OH team, and if an inappropriate referral has been made will refer the client back to the OH team. This allows rapid access to services, without the need for OHN involvement for straightforward physiotherapy cases.

If a mental health issue is identified during the initial telephone call with the Administrative Co-ordinator the client is referred to the OHN. They will call the client to determine whether counselling may be appropriate. They intend to work towards the Administrative Co-ordinator being able to triage clients into counselling, in order to allow rapid access to the service.

The message on the OHSxtra phone line asks the client which service they think they may need, and their name and DoB. This allows the department to check whether the client is already receiving support through the traditional OH route. Most clients who call the helpline are looking for a service, so although some just require OH support, most are requesting counselling or physiotherapy. Where clients perceive that they need a traditional OH function, they tend to contact the OH service. The difference between these two points of entry into OH appears to be well understood by NHS Fife staff, and it is possible for client to be referred from one to the other regardless of their route of entry. Where a client self refers into OH but may benefit from OHSxtra this is discussed with them.

b. OH referrals

Self referrals into OH are usually seen face to face. If it is decided to refer the client into OHSxtra, the initial assessment and EQ-5D are completed by the person responsible for case management. Management referrals into OH may also be transferred to OHSxtra, and again the initial assessment and EQ-5D are completed. The Administrative Co-ordinator or a member of the OH team would complete these forms with the client.

Communications (referrals, report and reviews) between OHSAS and the service providers are via phone, confidential fax, secure email accounts, and post.

A4.5.2 Case management

From January – September 2008 a full time case manager worked on the programme. For personal reasons they left the post in September 2008. Prior to their appointment, and following their departure, case management has been undertaken by two occupational health nurses within the four staff strong OHN team. Most clients are managed over the phone. Follow up activity is usually prompted by the service providers' reports.

The prompt for discharge is being discharged from the service provider, although if there are on-going issues beyond what the service provider has addressed, the client would not be discharged from OHSxtra. When it is judged appropriate to discharge the client, this will be done by letter (phone calls are not routinely made), with the associated paperwork (discharge questionnaire and EQ-5D). If necessary the OH team (case managers) will contact the individual, for a (usually) phone review, although face to face reviews are also undertaken where judged necessary. This is a reactive model so that those most in need are being reviewed / supported, rather than all clients who go through the service.

A4.5.3 Physiotherapy

For funding reasons, this is provided as a contracted-in service, although it had originally been planned to link with NHS Fife's outpatient physiotherapy departments for provision of physiotherapy for NHS staff. Three physiotherapy clinics provide the service at their centres rather than NHS sites; these are based in three distinct parts of the Board area, so that clients do not have to travel excessively. When the programme started all clients went to one of the centres (Dunfirmline), but this has evolved during the course of the programme. The largest of these centres (Dunfirmline) employs 3 physiotherapists who work with OHSxtra clients; one employs two (Dundee), and one is a sole practitioner (Glenrothes). Prior to OHSxtra, OHSAS had an established and long standing relationship with these physiotherapy clinics. It is reported that there is good communication between the physiotherapists and the OH department.

Referral to the physiotherapy service is electronic or via a confidential fax.

The physiotherapists assess clients and provide a course of treatment where indicated. Following initial assessment the physiotherapists report to the OH team (Case managers) on the findings of the assessment and suitability for / of physiotherapy. If appropriate for the client, they are able to provide up to 6 sessions of treatment before reporting back to the case manager. Where appropriate, they will discuss with the case manager the need for further sessions, and these will be authorised by the case manager where judged necessary, with regular review.

A4.5.4 Psychological support

a. Counselling

Two independent (self employed) counsellors (who are able to deliver some CBT) are used on a contracted / sessional basis. They use OHSAS premises for counselling sessions. During the course of the programme a counsellor within OHSAS took some OHSxtra cases, but this counsellor has since retired. The counsellors report to a manager in the Counselling and Psychology service in OHSAS. Referrals to counselling are posted.

b. Cognitive Behavioural Therapy

Three cognitive behavioural therapists are available for referral, working on a sessional basis. They are geographically spread between west, mid and north east Fife. They report to a manager in the Counselling and Psychology service in OHSAS. Referrals to CBT are emailed.

OHSAS has a long established relationship with this network of service providers (physiotherapists and psychological support).

A4.5.5 Occupational Therapy

An OT within OHSAS (NHS Fife) is available and used on a sessional basis.

A4.5.6 Other services

The health and safety department have been involved with workplace risk assessments and recommendations on workplace adjustments.

A4.7 Advertising the service

Because NHS Fife had participated in the pilot study, OHSxtra was already familiar to many NHS staff. Some of the marketing material was amended and some re-issued at the start of the on-going service delivery stage. This included:

- Information concerning OHSxtra was already on the NHS Fife intranet, but the wording was changed to reflect that this was an on-going service delivery rather than a pilot. Posters were already displayed.
- The OHSxtra leaflets have been distributed to departments; there are on-going requests by managers for these leaflets.
- During the management referral training in December 2007 / January 2008 OHSxtra was discussed, and managers were encouraged draw it to the attention of their staff, where appropriate.
- An article was produced for the staff magazine.
- HR promoted it with clients where appropriate.

Word of mouth is also thought to have been effective.

A4.8 Demand on service

Because services are bought in as required, there does not appear to be significant delays in receiving appointments. The service level can be matched to the demand. The greatest waiting times are experienced with the OT provision.

A4.9 Learning points

- It was found to be challenging establishing contact with clients on the phone; there have been sensitivities about leaving a phone message for a client who may share the answering service with colleagues. It is intended to ask for a mobile phone number to allow personal contact.
- Good IT systems are required to make the service efficient.
- It is thought that an electronic system would assist with managing the prompts to review the client's case or request reports from service providers. It was easier for a dedicated case manager to undertake planned reviews with clients than it has been when this function has been absorbed in the OHN's function.
- Having an experienced case manager allowed the OH team to be mentored in the case management approach.
- The service has found that compared with non-NHS clients, NHS clients are not familiar with being managed by phone, and may take longer to get used to it. If required, they were be brought in for a face to face appointment.
- It is thought that communications could be further improved between the service providers and the OH team through the use of electronic communication; there is currently a high level of paperwork currently involved. They are exploring the possibility of use of nhs.net email addresses for service providers.
- The service sees the value in data collection and plan to continue with data collection, with records integrated into the OH electronic database.
- By introducing the OHSxtra processes, OH now receive more feedback from the counsellors than they obtained previously (though obviously within the confidentiality terms). Counsellors provide an initial assessment report (is the therapy anticipated to be appropriate?), progress reports for longer treatments and discharge summaries.
- There are no formal case management team meetings, but due to the shared office space (all OH in one office), they are easily able to discuss cases where required.

A5. NHS FORTH VALLEY

A5.1 About the Board

NHS Forth Valley employs approximately 8,000 employees. It is a mixed rural / urban area; occupational health is provided in two locations. It has established staff physiotherapy and employee counselling services, and an active and well utilized Rehabilitation to Work Procedure.

A5.2 Support provided prior to OHSxtra

A staff physiotherapy service and an employee counselling service were well established prior to OHSxtra. Occupational Therapy was available as required, but did not form a core part of the service.

A5.3 OHSxtra funding

OHSxtra funding was awarded for:

- 0.5 wte physiotherapy
- 0.2 wte clinical psychologist

A5.4 OHSxtra start date

The extension to the physiotherapy service through OHSxtra started in September 2007. The clinical psychologist started in February 2008. Data were collected to the end of August 2008 for Physiotherapy and February 2009 for Psychology.

A5.5 Model

The OHSxtra approach is fully integrated into the occupational health service delivery, with OHNs undertaking case management.

A5.5.1 Process

OHSxtra did not change the referral processed adopted. Clients were be triaged for appropriate support, and case management if appropriate.

A5.5.2 Case management

The case management approach is used by all OH Advisors for clients who attend the OH Service. Each department has a named contact in occupational health. As far as possible, all referrals from that department are seen by this OH professional. Where appropriate, case conferences are held with HR and any relevant others.

A5.5.3 Physiotherapy

OHSxtra funding extended the established staff physiotherapy service from 1 wte to 1.5 wte. The clients considered to be 'OHSxtra clients' were taken from attendance at one of the staff physiotherapy sites (i.e. staff working at this hospital and other NHS staff for whom it was geographically convenient). Data were not collected from other OH physiotherapy clients.

Referral to the service could be by self referral, referral through OH, the manager or the GP. All physiotherapy clients were seen face to face for their first appointment; telephone triage was not undertaken. The OH department provided verbal advice if the client referred there prior to referral to the staff physiotherapy service. The triage criteria used were if the client was off work or had reduced capability, or had had back pain for less than 2 weeks they were classed as urgent and seen within 5-7 working days. If the condition had existed for a longer time, they were classed as routine, and typically seen within 4 weeks. The majority of clients seen have been working with restrictions. It is judged that about 10% of clients might be more complex cases and move from physiotherapy into OH for case management.

At each centre, each day 1 or 2 physiotherapy appointments are reserved for acute access. They do not always get used, but allows clients to get an appointment very quickly if required. At both sites, the OH department and physiotherapy are located close together, and there is close communication on clients / services where required.

Although the staff physiotherapy service is in place, it is recognized that some staff may be accessing the NHS outpatient physiotherapy which offers a public drop-in service.

A5.5.4 Psychological support

Clients are referred for psychological support from an OH assessment. A consultant clinical psychologist provided support for clients with more complex psychological issues. A relatively small number of clients have been through the service. This service was provided in addition to an Employee Counselling Service which has been available to all staff for many years.

A5.5.5 Occupational Therapy

Occupational therapy is not provided through OHSxtra, but was available if required.

A5.5.6 Other services

Where required, clients were referred for support from the manual handling team and occupational therapy. OH are increasingly working closely with the local rehabilitation team.

In addition to self referral to physiotherapy and the Employee Counselling Service, clients can self refer to a range of other services included podiatry, aromatherapy, reflexology and stress awareness sessions. These services would advise clients to self refer to OH if appropriate.

A5.7 Marketing

The staff physiotherapy service was already well known within the Board. However, the service was promoted to staff through OH awareness initiatives and events, and information to service managers. OHSxtra posters were sent to GP surgeries to raise awareness both among their staff and any NHS employee patients.

A5.8 Demand on service

There was no demonstrative increase demand on services for Physiotherapy, but the additional funding enabled the service to see clients quicker and reduce the waiting times.

Demand for Psychology built up to a point where a small waiting list was established. This was alleviated by providing assessment appointments whereby the psychologist was able to provide advice and resources to help the client until able to see them for a session, if required.

A5.9 Future provision

NHS Forth Valley has continued to fund the additional 0.5 wte for the staff physiotherapy service. It is hoped that it maybe possible to continue the staff psychology service as well.

A5.10 Learning points

- It is essential to communicate on the availability of the service to mangers, staff and GPs
- Close location of the OH and staff physiotherapy departments has facilitated communication.
- Public NHS drop-in physiotherapy sessions have meant that not all NHS staff have used the staff physiotherapy service; however it is thought that this has only accounted for a small number of referrals to the NHS drop-in service.

A6. NHS GRAMPIAN

A6.1 About the Board

NHS Grampian employs 17,000 staff. The board serves a mainly rural area, with one large, and several smaller urban centres. There is one main centre for OH provision.

A6.2 Support provided prior to OHSxtra

Prior to OHSxtra, the OH department received approximately 1,800 management referrals each year and 600 self referrals (figures from 2007). An electronic data recording and management system was introduced in the department in 2005, and has been key in allowing fuller integration of services and communication within the OH team.

There was a well established, autonomous staff physiotherapy service prior to OHSxtra. Occupational Therapy was not provided, although use was made of the Access to Work services and Remploy. Counselling support was provided from within the OH team.

A6.3 OHSxtra funding

OHSxtra funding was awarded for:

- 1 wte case manager (in service delivery this function was integrated into the OHNs role).
- 1 wte Occupational Therapist
- 0.5 wte counsellor
- 0.5 wte dependency counsellor.

A6.4 OHSxtra start date

The service was formally launched on 1st December 2007. Data were collected to 31st December 2008.

A6.5 Model

Prior to OHSxtra the OH department aimed to provide an integrated OH service; OHSxtra allowed for the extension of the services offered, but no significant change in working processes. The additional services funded by OHSxtra were fully integrated into the OH provision.

A6.5.1 Process

A client can self refer into OH, physiotherapy and counselling; all management referrals are received by OH. Referrals can be electronic (via a generic email address), by phone or paper. Referrals are received by the admin staff who pull the clients' paper notes. The referral and notes for the client are passed to the OH assessment team (either a Band 6 (or higher) nurse or a trainee OH physician) who reviews the information and phones the client for triage. It is thought important that all clients speak with an Occupational Health clinician at this stage as it helps to develop a relationship with the client.

The OH clinician (who will act as the case manager) undertakes a telephone triage assessment with all clients; this involves a semi-structured interview covering personal data, clinical history, social history etc, and includes the EQ5D. All responses are logged onto the database during the interview. During the assessment the client may be provided with advice, signposted /referred to relevant services (advised to self-refer to physiotherapy, or placed on the counselling waiting list), or invited for a face to face consultation with an OH professional.

Organisationally, the OHNs and OHPs undertake the assessments on a sessional basis, typically with 2 or 3 assessors working in each session, with each one undertaking up to 5 assessment sessions per week.

Two call back attempts are usually made if the client is not available, although there may be flexibility depending on the circumstances. If the client does not respond to these, the referral is passed back to the manager.

The database allows summary reports to be generated which can be emailed to the manager or other relevant colleagues, as appropriate. Recall appointments can be arranged and managed via the database. Reviews of a client's progress are typically undertaken by phone, or face to face, if appropriate.

Managers who have made a management referral are sent a report electronically, with a 'read email' response request, so the OH department knows that the reports have been read.

At the end of each day (4.30pm) there is a 30 minute 'mop up' session where OH staff share information about the day's clients (where relevant).

A6.5.2 Case management

Case management has been integrated into the OHN function of the senior OH staff who undertake the assessment of referrals, or by the primary therapist (e.g. physiotherapist or OT). The staff managing the case receive feedback from service providers by phone, email or written report, as appropriate, and use this in the management of the case. It is thought that the OHSxtra approach has helped develop communication with the service providers.

A6.5.3 Physiotherapy

The occupational health physiotherapy service was provided prior to OHSxtra funding. No extension to this service was provided through OHSxtra funding (whose funding was to allow development of new services to meet the model). However, data relating to the OH physiotherapy service were collected by the Board in the OHSxtra data collection, for completeness.

The physiotherapists are largely autonomous (from OH) but work closely with the occupational therapist and the OH staff. It is considered that there is good communication between professions.

If a self referral is a specific request for physiotherapy, the client is asked to phone the physiotherapy helpline, which is staffed from 11-12pm daily. In this, the client is triaged, and provided with leaflets / web based advice, and is supported remotely, if this is appropriate. If required, an appointment will be made.

A6.5.4 Psychological support

The counsellors are currently all members of the OH team, although there is potential to use some external service providers in the future. There are currently 4 counsellors providing 2.6 wte. OHSxtra funding provided 0.5 wte counselling, and allowed CBT to be integrated into the existing counselling provision.

If a self referral is a specific request for counselling, the client is placed on a waiting list for this, and also told of self-help available (Mood Gym; Living Life to the Full; Breathing Space). The service is aiming to develop telephone-based triage for face to face appointments.

A6.5.5 Occupational Therapy

Occupational therapy services had not been provided prior to OHSxtra. The successful provision of OT allowed other OH staff to better understand the service and successfully identify which clients would benefit from OT, and the resource was appreciated by OH staff.

The OT was available to see clients for both physical health conditions and mental health conditions (thought to be about half and half for the approximately 60 clients seen during 12 months). The OT's input included advice on aids and adjustments, and pain desensitisation. The OT had connections with a local university (RGU) and was able to use OT professional equipment (VALPAR) there, if required.

A6.5.6 Dependency counsellor

Through OHSxtra, the OH department established professional links with the drugs and alcohol service; this was a new initiative for the service. There was an anticipated need for the service; however, during the course of its availability, only a small number of people used the service. The relationship did not develop as well as had been hoped.

A6.6 Marketing

A range of marketing channels were used to promote the service. This included communication to senior managers and nurse managers, leaflets and posters being distributed within the Trust, including to the GPs.

During the course of OHSxtra service delivery NHS Grampian were developing their occupational health website, which includes self-help advice. Development of the site is on-going.

An attendance management policy was also developed during the course of OHSxtra service delivery. This was issued to staff in January 2009 and refers to the services provided by OHSxtra. However, the OHSxtra brand may not be well recognised by clients as they do not see it as different service provision from the usual OH service.

A6.7 Demand on service

The provision of OHSxtra services is not thought to have significantly affected demand on the OH service; there has been a steady increase in demand on the service year on year (Over 3,100 clients Dec 07 – Dec 08, compared with 2,400 in 2007).

The electronic communication with managers, which allows rapid communication, has lead to an expectation from managers that they will receive a quick response to their referrals.

A6.8 Future funding

Funding has been received through the Board's Endowment Fund to continue with the programme for 2 years beyond the end of the OHSxtra funding (i.e. to 2010). Due to funding constraints, the OT service will not continue beyond then, but all other extensions to the service provided by OHSxtra are likely to continue.

Within the Board there is a strategic change in terms of OH provision, which involves increased linking with HR, and a move towards more proactive workplace adjustments to try to avoid absence. This proposed change is well received by staff and unions; a Workplace Adjustment Policy is being developed (Autumn 2008). It had been intended to make this change prior to OHSxtra funding, but it is clearly in line with the OHSxtra approach.

A6.9 Learning points

- Setting up and managing the processes (admin) around delivery of the OHSxtra service was found to be complex and required the input of a senior administrator.
- It is useful to ask clients for a mobile phone number for their main contact number.

A7 NHS HIGHLANDS

A7.1 About the Board

NHS Highlands employs approximately 12,000 staff. They cover a very large, sparsely populated rural area.

A7.2 Support provided prior to OHSxtra

Prior to OHSxtra, there was one occupational health physiotherapist working in the main hospital; there was no OH physiotherapy provision in the outlying areas. There was 0.8wte CBT support provided, but an Employee Assistance Programme previously operational had been withdrawn. An OT was employed (0.7 wte) shortly before OHSxtra funding.

A7.3 OHSxtra funding

OHSxtra funding was awarded for:

- 0.5 wte physiotherapist
- 0.48 wte CBT practitioner, Mental health support through self-help tools, group sessions, and CBT sessions for the more remote areas
- 1 wte OHN to undertake case management

A7.4 OHSxtra start date

OHSxtra was launched on 1st September 2007. Data were collected to 31st November 2008.

A7.5 Model

A7.5.1 Process

Initially the programme was set up with 2 OHNs working as case managers (0.8wte), doing 8 sessions per week between them, including one evening session. These case managers received all self referrals and management referrals. From a phone or paper referral, the case manager contacted the client and undertook a telephone assessment, and referred on if appropriate (typically to OHN for a full assessment). However, this was found to be time consuming, particularly for physiotherapy, and to be introducing delays in the access to the services. It was also considered a challenge not having a case manager full time, and delays were introduced if there were staff holidays, training or sickness. Therefore, during the course of OHSxtra the delivery model was modified such that all OHNs undertook OH triage, and referred clients on to appropriate services. Where case management was required for a client, referral was made to an OHN who acted as case manager for that client. This approach allowed fuller integration of the philosophy into occupational health.

The usual OH access points (email and phone number) were used for OHSxtra services, and the OHSxtra philosophy was integrated into the OH working practices. It was therefore difficult to distinguish who was an OH client and who was an OHSxtra client.

Clients with a work-related condition are prioritised for OHSxtra services.

A7.5.2 Case management

This evolved over the course of the service delivery. Initially it was undertaken by 2 OHNs, but for reasons outlined above, the model was modified so that the senior OHNs received all referrals (management and self), assesses these and where appropriate refers on. The OHN acted as case managers for complex cases where a client was seeing a variety of specialists within OH.

A7.5.3 Physiotherapy

Initially, a client who might require physiotherapy would be telephone triaged by the case manager, then receive an OH appointment for a face to face assessment. They would be referred to PT by the OHN if required. This lead to delays in the service provision, and the process was modified so that the OHN (who was now doing telephone triage) could refer directly to the physio. If the case was complex and required case management, the PT would refer the client back to the OHN for this.

There were two occupational health physiotherapists based at the main Board hospital, where clients were seen within 5 working days. Due to the geographical spread of the Board area, outlying NHS physiotherapists out-patients departments were used to treat OHSxtra clients in these areas. They were not occupational health physiotherapists, but received training concerning OHSxtra and associated data collection. They worked within the case management model, report to the lead OH PT at the central location, who provides support, and could refer clients to OHNs for case management when required.

The service introduced a self-referral clinic (2 sessions / week at the main hospital), where clients could be seen for an initial assessment, and triaged / provided with advice as appropriate. They could then be referred to the PT department for treatment as required. Appointments in the self-referral clinic are 20 minutes rather than the 30 minutes in the treatment clinics, helping to make the process more efficient and speed up service delivery.

A7.5.4 Occupational Therapy

The department has a dedicated OT who undertakes worksite visits, functional capacity evaluations. All clients who require OT support are referred through an ONH, who acts as the case manager.

A7.5.5 CBT

The department offered a tiered approach to CBT support, with self help and with OHN support (e.g. Stress Busters, Fear Fighters); group work; and where required, one to one support with a CBT professional. All OHNs who undertake triage are able to provide support for clients receiving CBT self help.

A7.6 Marketing and demand on service

OHSxtra was advertised through the in-house newsletter, communications to the Health and Safety committee. OHSxtra leaflets and posters were not used. The service appears to have been effectively advertised by word of mouth.

There have been annual increases in demand on the service, of 25% each year in the past 4 years. It is not clear whether OHSxtra increased the demand further. Although referral levels were high, to date, staff levels have been able to keep up with this increase in demand.

A7.7 Future funding

The service will continue, funded by the OH department. All posts appointed with OHSxtra funding have been made permanent. The department think they have sufficient resource for current demand, although this is a challenge with no recurring central budget.

A7.8 Learning points

- The department identified that having dedicated but not full time case managers (0.8 wte), can introduce delays into the system (e.g. when they are not there). During the course of the programme, they changed the approach so that case management was undertaken by a

number of OHNs, with the function integrated into their job role. This was found to be more efficient.

- Due to the large geographical area there was a challenge providing equity of service to staff in the remoter areas; the same model of case management was rolled out, with the central case managers referring on to appropriate services. This allowed all the data to be collected centrally. For this, telephone case management rather than face to face was required.
- Initially the physiotherapy referral criteria were for anyone who had musculoskeletal problems. Due to demand, it became necessary to be clear that the service was for those with conditions that are affecting the clients' work, rather than chronic conditions.
- A tiered approach was adopted to providing CBT, due to the demand that arose. This involved using 'Stress Pack' (self help), group work, and one-to-one sessions as required.
- Teleconferencing was used for one-to-one CBT sessions for those in remote areas.
- An evening clinic was run in order to try to discharge clients and collect the appropriate measurements. It was also introduced due to a lack of clinical space during the day. This was broadly successful, but is no longer required (department relocation). Evening CBT appointments are provided once a week.
- The intranet site was developed during the course of OHSxtra (not related to this directly); it includes some material which will assist clients who receive OHSxtra services (e.g. self help information from the PTs and CBT).
- It is thought that there would be a significant benefit of integrating the OHSxtra database into the OH electronic database
- The department plans to introduce an electronic data management system, with integrated clinical diary; electronic and web based referrals will be possible, as well as phone referrals. All management referrals would be made electronically. OH would contact the individual (by phone) and collect data which would be recorded electronically; an integrated electronic diary system would allow appointments to be made while talking with a client.
- The importance of good communications between clinicians has been highlighted by the OHSxtra model, and it has facilitated this. Most communication is now through emails (rather than paper), although case conferences are held if required. They have regular clinical governance meetings.
- The Board incorporated an additional geographical area shortly before the start of OHSxtra. The Board wanted to provide OHSxtra services to this new area. This is being achieved, although it was time consuming and slow to set up the relationships, as the Board had not previously provided OH support to the area.

A8 NHS TAYSIDE

A8.1 About the Board

NHS Tayside employs approximately 14,000 staff. The Board covers a mainly rural area, with two main urban centres. Occupational physiotherapy is provided in five locations, although two of these are minor centres.

A8.2 Support provided prior to OHSxtra funding

No OH physiotherapy was provided prior to OHSxtra. The OH service was provided through a contract with an external organisation (based in NHS Tayside premises), and this continued during the delivery of OHSxtra. OHSAS had access to mainstream physiotherapy services via written referral but this was not a dedicated occupational health service and was only utilised on an ad hoc basis.

A8.3 OHSxtra funding

OHSxtra funding was awarded for:

- 3 wte Physiotherapists
- 0.5 wte Occupational Therapist
- 1 wte Case Manager
- 0.5 Admin

A8.4 OHSxtra start date

The service was launched as a physiotherapy service in July 2007. The OT and case manager both started receiving cases in February 2008. This continued to December 2008.

A8.5 Model

A8.5.1 Process

OHSxtra services were provided from within the NHS Board, although the general occupational health service was provided by an independent provider. OHSxtra was not therefore fully integrated into the occupational health provision. This presented challenges in sharing information and communicating concerning clients who were receiving support both through OHSxtra the occupational health service. The OHSxtra physiotherapy service was not provided in the same buildings as the OH service, although the case manager was.

The model evolved over time due to delays in recruitment of the case manager and OT. Initially the service offered was a physiotherapy service for both acute and chronic conditions. Self referral, OH, management and GP referral were all possible. Clients could phone the physiotherapy help and advice line, where they would be triaged. All clients completed the EQ-5D over the phone. COPM was used when seeing clients face to face. The PTs might undertake case management, if appropriate, where the case was simple. If the client needed on-going case management after discharge from physio, they would be referred to OH. Once the case manager was in post, referral from the physiotherapy was to the case manager.

Once the OT and CM were in post it was necessary to review the model, and integrate the PT, case management and OT services. Triage criteria were followed, with clients referred to the case manager. Those with a new (less than 10 weeks) MSD would be referred directly to physiotherapy; those with an MSD of over 10 weeks would be referred to the CM for assessment and onward referral. The service was re-advertised at this point, so eligibility criteria and access routes were clear.

A8.5.2 Case management

A full time case manager was appointed and worked from January 2008 (case load commencing in February 2008, and last clients received early November 2008) to December 2008. They were based at one location, but also undertook clinics at a second location. When on leave, the case management function was undertaken by an OHN.

Once the case manager was in post, the entry criteria were changed so that all self referrals were received by the case manager who undertook an initial telephone assessment and referred on as appropriate; where required they would undertake a more detailed assessment to fulfil their case management function.

Following the case manager's departure, and the fuller integration of the service into the occupational health service provider's provision, all referrals were received by this organisation, and initially triaged; where appropriate they were passed to the PT for physiotherapy triage. Both face to face and phone triage / assessment were undertaken.

A8.5.3 Physiotherapy

The physiotherapy service started in mid-July 2007. Initially, the entry criteria for the physiotherapy service were broad (as it was hoped the service would have an impact on general well-being): for self referral these was a condition that had lasted less than 10 weeks, which was non-recurring. However, this led to a high demand on the service which resulted in long waiting times for appointments. As a result the entry criteria were reviewed when the case manager came into post: self referral to physiotherapy was stopped (unless the client was off work), but clients could self referral to the OHSxtra case manager for triage. OH and line managers could refer clients to OHSxtra physiotherapy directly. At this point they also increased the amount of telephone advice provided for those at work, so face to face contact reduced, which was more time efficient.

NHS Tayside also offers a self-referral out-patient physiotherapy service, which is run independently of OHSxtra. On occasion, some clients self-referred into the out-patients physiotherapy rather than waiting for an OHSxtra appointment.

A8.5.4 Occupational therapy

The OT started work in mid-February 2008. Clients were not able to self-refer into OT, as there was felt to be a lack of understanding as to the role of an OH OT. Line managers and OH could refer to OT through the case manager.

A8.5.5 Psychological support

Referral to the external counselling service continued to be available through self referral or OH referral. If a client attending for physiotherapy was identified as potentially benefiting from psychological support, they were advised to self refer to counselling. There were approximately 30 referrals to counselling each month; the waiting list was approximately 10 weeks, typically with 70 clients on the waiting list. At one point the waiting times were 4-6 months. As a result, the service reviewed their triage criteria, and offered group work in life skills. Clients were given information about the service (leaflets) and encouraged to self refer. It is estimated that 7% of the working population required psychological support.

A8.5.6 Integration with OH

Due to the parallel operation of OHSxtra and the occupational health service, there was a need for good communication between them. Due to issues around client confidentiality, OHSxtra physiotherapists did not have direct access to OH records. Therefore, the PTs passed a list of clients who had attended their services to the occupational health provider on a weekly basis, so that any who had also attended occupational health could be identified, and the services co-ordinated.

The case manager did not have access to occupational health case notes, and had to request this on a similar basis to the physiotherapy service. When a client had received case management through the OHSxtra case manager, all relevant paperwork was filed with their OH notes on discharge.

Different computer systems operated by occupational health and the OHSxtra professionals added to the complexity of this communication.

A8.6 Marketing and managing demand on service

The service was advertised through an in-house newsletter, and promoted to line managers. Self-referral to PT was possible, and the criteria for suitability of this was advertised. Because the service started as a PT service, once the case manager and OT were in post it was necessary to inform staff of the increased scope of the service. When the referral criteria changed so that self referral to physiotherapy was no longer possible, this was not advertised widely but the new guidance was available on the staff intranet; any client who self referred was contacted and advised on the appropriate route for them – i.e. refer to mainstream PT, advised to ask their Line Manager to refer them to PT, or was offered an appointment, etc. They were also told of the availability of advice through the Telephone Advice line. The decision not to advertise the change was to prevent a substantial increase in referrals to mainstream services.

Further consideration is being given to the provision of self-help information on the intranet or through leaflets, to help manage demand on the service. As part of service development, line manager referral forms are available on the intranet. The service providers reported that line managers appeared initially to be reluctant to refer clients into OHSxtra, until sessions were set up with line managers to explain the role and relationship with OHSAS.

A8.7 Learning points

- When working with a parallel OH and OHSxtra system, confidentiality and consent issues need to be clarified between the OH service providers to allow for the sharing of information between them and the clients' line managers. Lack of this agreement meant that there were difficulties for OHSxtra staff in accessing OH records that related to OHSxtra clients. The consent form was changed so that it would stay with the client, to allow professionals equal access to notes, and allow appropriate communication.
- Good communication and clarity of roles is important when there is a parallel service, for example, it is important to be clear of the roles of nurses, OT and health and safety professionals concerning who undertakes workplace assessments, and the referral criteria for such interventions, and who will provide feedback to line managers.
- It was judged that it would be beneficial to integrate OHSxtra services into the OH provision in the future.
- When the ability to self-refer to physiotherapy was removed and clients had to be assessed by the case manager prior to access to physiotherapy, some clients did not understand why they had to see a CM prior to seeing the physiotherapist.

- It was difficult to obtain discharge information from clients when this had to be done over the phone, as it was often difficult to contact them.
- If they were to start the programme again, staff involved believe that effective triaging should be undertaken to ensure direct PT is there for those that need it (to avoid bottlenecks) and that the CM role could be utilised more.
- Line managers didn't always understand the role of the OH physiotherapists, and wanted a client to be signed back to work by the OH service (which may not have been treating the client). This led to delays in some clients being able to return to work.
- The role of the OT and the case manager were not always well understood by clients.
- It is recognised that case management was only required for those who were struggling at work or off work (which was about 30% of clients); however, because the triage criteria were set so that everyone went through the case manager, the case manager had a high case load, and spent time collecting data, rather than following up clients who needed it.
- The OT did not have their own room, which on occasion made it difficult for client confidentiality.
- The case manager, PTs and OT were all based in different locations, which made communications more difficult. It is thought that ideally it would be better if they were all in the same location for at least part of the working week.
- There were some communication breakdowns, such that the PTs did not always know when a client had been referred to OT.
- Separate client records were kept by the PT, OT and CM and OH, which meant sharing of information did not happen as well as might have been beneficial. The case management records were stored in the client's occupational health file when the client was discharged. The PT and OT will be stored together with the OHSAS notes long term. Active notes are held within the PT/OT dept.

A9 NHS DUMFRIES AND GALLOWAY

A9.1 About the Board

NHS Dumfries and Galloway employ approximately 5,000 staff. The Board covers a large rural area with one main town (Dumfries) where the Occupational Health Department is based.

A9.2 Services provided prior to OHSxtra introduction

A comprehensive OH service was in place before OHSxtra, with OHN and OHP provision and 0.5 wte CBT (although the CBT had a 6 week waiting list). There was no provision for staff physiotherapy or Occupational Therapy (OT) services.

A9.3 OHSxtra funding

OHSxtra funding was awarded for:

- 1 wte OHN (Band 5), whose appointment allowed senior OHNs to be released 0.5 wte to undertake case management
- 1 wte Physiotherapist (0.73 wte PT was provided)
- 1 wte CBT
- 0.5 wte Admin (1.0 wte Admin was provided).
- OT services purchased from NHS OTs as and when required

A9.4 OHSxtra start date

OHSxtra was launched on 1st October 2008. Data were collected until mid February 2010.

A9.5 Implementation group

An implementation group comprising of the OH Director, Senior OHNs, and OH Services Manager was convened to establish the model and procedures to be used and to ensure equity of service delivery across the large geographical area. Following the appointment of staff, an OHSxtra group meets on a monthly basis to review and monitor all operational aspects of the programme (not case issues).

A9.6 Process

A9.6.1 Referral

The referral process into Occupational Health has not changed with the introduction of OHSxtra. OHSxtra is fully integrated into existing OH provision; all clients entering the service are treated in the same way.

A9.6.1.1 Management referrals

Referrals (received by e-mail or paper) are triaged by the OH Services Manager/Senior OHN and referred either to the OHP, Physiotherapist (PT) or to a senior OHN (to triage for CBT). The PT (for those with MSDs) and senior OHN (for those with common mental health problems) contact the client and undertake a more detailed telephone triage to determine appropriate action; advice is provided over the phone, if appropriate, or an appointment made for a therapy session. Where appropriate the OHP will refer directly to PT or CBT.

A9.6.1.2 Self referrals

Clients' details are taken by an administrator who forwards them, as appropriate, to either the PT, OHN or where requested, arranges an appointment with the OHP. The PT or senior OHN carry out further telephone or one to one triage with the client to determine the appropriate course of action.

A9.6.2 Case management

Case management is undertaken by the three specialist OHN practitioners and the OHPs. Although integrated into their role, dedicated sessions are also provided for face to face or telephone consultations. OHSxtra documentation is used electronically to facilitate feedback from the therapists to the case managers and OHP. The PT and CBT do not undertake case management; a client who is identified by a therapist as requiring case management is referred to the OHNs or OHPs for this.

Case review meetings, between each of the therapists and the case managers, are held to review clients' progress, as appropriate.

A9.6.3 Physiotherapy

The PT is based in the main Occupational Health Centre in Dumfries. Where required, staff are seen in outlying clinics but in most cases they are supported with advice over the phone, or by accessing the local NHS physiotherapy services with whom the appropriate arrangements are made.

A9.6.4 Psychological support

The main centre for CBT provision is Dumfries, but in order to provide equity of service to those remote from Dumfries, a CBT clinic is held in Stranraer every 2 weeks. The provision of a wte CBT therapist, in addition to the existing 0.5 wte has also facilitated the delivery of proactive interventions, mainly in the form of stress management and mindfulness training for employees and managers.

A9.6.5 Occupational Therapy

An OT is not directly employed as part of the OHSxtra team, but the services of an OT are purchased if required; this is on a relatively limited basis, partly because there are no vocational OTs in the area.

A9.7 Marketing

The extension of OH services with OHSxtra was promoted within the Board using the OHSxtra leaflets and posters. Information was targeted to clinical leads, managers and directors at health and safety meetings, staff governance and senior management meetings. OH provision and how the new intervention therapies could be accessed were discussed and managers reminded of how and when to refer into the system. This is an effective way of raising awareness of the programme.

Local GPs were also informed via mail shots to practice managers. They can identity patients who are NHS employees and who might benefit from the service.

A9.8 Demand on service

There had been an increasing demand on the OH service over the 4 years prior to the introduction of the OHSxtra service. A significant increase was seen in 2006/07 when the Board's Sickness Absence Policy was reviewed and re-launched.

Prior to OHSxtra, the demand on the CBT service had been high, with up to a 6 week waiting list. The provision of OHSxtra funding has reduced the CBT waiting list to 1-2 days for high priority cases, and 1- 2 weeks for routine cases.

The waiting time for PT is 3 days at best and 4 weeks at worst. The average waiting time for urgent cases is 3-10 days and for routine cases 1-4 weeks. All self referrals to PT are contacted within 3 working days by the PT. The NHS waiting time for PT in this area is 12-14 weeks.

A9.10 Future funding

Funding is available until September 2010. The provision of recurring funding is currently being considered.

A9.11 Learning points

- Good administrative support is crucial for the effective operation of the programme
- That there are significant benefits to multidisciplinary working.
- Case management and general communication is undoubtedly facilitated by the integration of all OH and Safety services including the intervention therapies, conflict management and Moving and Handling services. This allows practitioners from a variety of disciplines to enter into clinical supervision and peer review with each other. This positively affects learning and development
- Providing dedicated time for the specialist practitioners to focus on case management is crucial to the success of the programme
- Evaluation of OHSxtra has shown positive feedback/comments from all service users.
- OH electronic workflow systems significantly assist in the sharing of information between therapists, OHNs and OHP.
- Case management is facilitated by the OH team all being based in one location, which assists with communication.
- Formal interaction with Management and Human Resources in the form of case reviews and case conferences has resulted in more effective multi-disciplinary case management. To date 159 case conferences and 70 case reviews have been carried out.

A10 NHS GOLDEN JUBILEE NATIONAL HOSPITAL

A10.1 About the Board

The Board has approximately 1,400 employees (equating to 1301 wte posts). All staff work from one base, which provides hospital and hotel services.

A10.2 Support provided prior to OHSxtra introduction

An OH service with two OHNs and sessional OHP was in place before OHSxtra. Occupational PT could be accessed via the NHS Rehabilitation department. An Employee Counselling Service was in place. Staff could access either of these through self referral or referral via OH.

A10.3 OHSxtra funding

OHSxtra funding was awarded for:

- 1 wte Senior Occupational Health Nurse to provide CM services. In reality, the CM function was spread between the two Senior OHN.
- 0.25 wte Physiotherapy (PT)
- 0.2 wte CBT
- 0.5 wte Admin

A10.4 OHSxtra start date

The service started on 1st September 2008. Data were collected from mid January 2009 to the end of January 2010.

A10.5 Implementation group

A formal implementation group was not set up, but the team was small enough to enable good communications.

A10.6 Process

A10.6.1 Referral

The referral process into Occupational Health did not change with the introduction of OHSxtra. OHSxtra was fully integrated into existing OH provision; all clients entering the service were treated in the same way – no distinction was made with OHSxtra funded services.

Management referrals, sickness absence referrals and self referrals to OH were triaged by the OHNs. Clients could be referred to the OHP, OHN, PT or CBT.

Clients could self refer to physiotherapy, but had to be referred through OH to CBT.

A10.6.2 Case management

Case management was undertaken by the two senior OHNs, and was an approach already adopted prior to OHSxtra. OHSxtra funding allowed time to be dedicated to case management; each of the two OHNs had one day allocated per week to undertake case management, although other time could be made available during the week if this were required.

The case managers met with the physiotherapist regularly (every 2-3 weeks) to undertake case reviews. There was also good communication with the CBT therapist, concerning the progress of clients, and to allow review of the number of sessions required. The case managers met with HR on an as needed basis, and would also liaise with a client's case manager as required. They had good access to senior managers within the Board, and no problems with communications.

A10.6.3 Physiotherapy

The 0.25 wte PT post was provided on site. Staff were used to self referring into physiotherapy, and this continued to work well. All referrals to PT were seen face to face. The waiting time for PT was very short; urgent cases were seen within 24 hours and routine cases in less than 5 days, with 2-3 days being typical. The OHSxtra PT worked as part of a PT team, so if they were not available clients could still be seen by a PT. If a client was identified as needing case management they would be referred to the OHNs; this was seldom required.

A10.6.4 Psychological support

All CBT referrals were made through OH. CBT was provided off site in Glasgow city centre. All CBT clients were offered a suitable appointment seen within a week of initial referral. The means of referral was for OH to identify a need for CBT with a client, and to provide them with the details of the therapist, requesting the client to arrange a suitable appointment time with the therapist. If the client had not done this within 24 hours of this recommendation, the therapist would contact the client to make the arrangement. The feedback from the therapist was also positive with all the referrals being relevant and challenging.

Some on-line support was also available that the OHNs could refer clients to.

A10.6.5 Occupational Therapy

There was no demand for OT; the NHS OT department could have been used had it been required.

A10.7 Marketing

The addition to the OH service through OHSxtra was advertised through posters, pamphlets and cards on staff notice boards and distributed in each ward area and in the OH department waiting room. Every two months an article was also provided in the weekly staff bulletins. A stand was also provided in the main hospital corridor. It was also promoted at all senior management meetings, so that managers knew what was available and how to refer their staff to it.

A dedicated helpline was set up, but no use was made of this; employees appear to prefer to contact the OH service direct either as management or self referrals.

A10.8 Demand on service

Prior to OHSxtra the self referral to PT and the employee counselling service were well established, and there were some challenges in staff taking up the similar services via OH. The demand was relatively easy to manage, as evidenced by short waiting lists for therapies.

A10.9 Future funding

The service has been seen as positive and worthwhile. The PT service will continue and it is hoped that the CBT service will also continue. It is likely that the dedicated time given to case management will be reduced, but it is intended that the approach will continue.

A10.10 Learning points

- The CBT support has been seen as very beneficial; it has helped those who have had longer standing problems return to work.
- The team had considered whether CBT could be provided by the OHNs, but it was clear that the time required for this would mean this was not practical.
- The service was affected by disruption due to the pandemic flu preparations from June – December 2009.

A11 NHS GREATER GLASGOW AND CLYDE

A11.1 About the Board

The Board has approximately 44,000 employees. The Board covers a large urban area. OHSxtra was delivered in four Board locations (three hospitals and one partnership), covering approximately 15,000 staff.

A11.2 Support provided prior to OHSxtra introduction

Prior to OHSxtra there were 10 OH departments across the Board, with OHN and OHP provision. Physiotherapy provision was available at 6 of these sites (equating to 4.9 wte physiotherapy staff). Clients could either self refer or be referred by OH into the physiotherapy service. Two of the Board locations selected for OHSxtra services (2 large hospitals) had not previously had access to the staff physiotherapy service.

No OT provision was available. An externally provided Employee Counselling Service was available that staff could self refer into. In addition, there were 0.6 wte counsellor and 0.4 wte clinical psychologist available for OH staff to refer clients to. The case management approach was familiar to OH staff.

A11.3 OHSxtra funding

OHSxtra funding was awarded for:

- 2 wte Physiotherapist
- 1 wte OT
- 2 wte Admin

A11.4 OHSxtra start date

OHSxtra was officially launched on 5th January 2009. Data were collected from the end of October 2008 to the end of January 2010.

A11.5 Implementation group

The separate implementation group was not set up, but planning for the implementation of OHSxtra was integrated into the existing physiotherapy monthly meetings.

A11.6 Process

A11.6.1 Referral

A dedicated OHSxtra central point of contact (email or phone) was established, and clients could self refer or be referred by their manager. All OHSxtra clients were triaged by the senior physiotherapist. If a client presented with a stress-related issue they would be referred to an OHN. If a client presented with a musculoskeletal issue they were referred for physiotherapy. Clients could also self refer directly to the physiotherapy service at other sites.

A11.6.2 Case management

The case management approach was familiar to staff, and was undertaken by clinicians. Few physiotherapy clients needed case management; where this was required it was provided by the lead physiotherapist. Although it had been hoped that OHNs would also undertake case management, this didn't really happen due to staff shortages, and the number of changes that were occurring in the departments at the time.

Case conferences with HR would be undertaken as required.

A11.6.3 Physiotherapy

On receipt of a physiotherapy referral the physiotherapist would phone the client and undertake telephone triage. Clients could be provided with advice, or given an appointment at one of the four centres. Physiotherapy staff could be moved between the centres to meet the demand. Urgent referrals were seen within 1 week, and routine referrals within 2-3 weeks. It is thought that this level of physiotherapy (2.0 wte) was about right for this number of staff.

A11.6.4 Psychological support

Psychological support was not provided as part of OHSxtra, and clients could continue to self refer to the Employee Counselling Service.

A11.6.5 Occupational Therapy

An OT was recruited under OHSxtra. The Board had not previously had access to an OT. Referral to the OT was via the case managers, physiotherapists, OHN or OHPs. There were a relatively low number of referrals to OT. It is thought this was partly because that the role was not well understood by other clinical staff who could have been making referrals to OT.

A11.7 Marketing

An OHSxtra telephone helpline was set up, separately from the usual OH referral routes. This was advertised on the internet (and was regularly presented as a 'hot topic' on the home page), via leaflets and posters at the participating sites.

A11.8 Demand on service

The demand on the PT service was reasonable, although some locations had a greater demand on the service than others. It was possible to move staff between locations to meet this demand. The waiting time for urgent cases was approximately a week, and for routine cases was up to 3 weeks.

There was a low uptake of OT services, and the demand was easily met within the capacity of the service.

A11.9 Future funding

The PT services have received funding for a second year. The provision of funding a second year of OT services is currently being considered. Funding for the OT post was not secured for the second year; the OT is still in post but has been put on redeployment list.

A11.10 Learning points

- It is planned that the different OH departments within the Board will be amalgamated into a central hub for delivering OH services across the Board. There will be satellite clinics (within Out Patient Departments) to deliver some OH services (including PT), but clients will also be able to attend clinical sessions within the OH hub. It is thought that this will help with efficiency of service delivery. There will be one telephone number for access to OH services, with routing options for clients to speak to the most appropriate person for advice, triage or appointment.

- It would have been helpful to hold a training day for all occupational health staff to ensure they all understood the different competencies, particularly that of OT.

A12 NHS LOTHIAN

A12.1 About the Board

NHS Lothian employs approximately 29,000 staff. OHSxtra was delivered in the West Lothian area only, which employs approximately 4,350 staff.

A12.2 Support provided prior to OHSxtra introduction

A fast track occupational health physiotherapy service was in place in all other parts of the Board prior to OHSxtra, but not in West Lothian. There was no OT provision in West Lothian. Some counselling (0.4 wte) was provided in West Lothian.

A12.3 OHSxtra funding

OHSxtra funding was awarded for:

- 0.6 wte clinical staff to undertake case management
- 2.2 wte physiotherapists
- 0.2 wte occupational therapist
- 1.0 wte counsellor
- 1.4 wte admin

A12.4 OHSxtra start date

OHSxtra was launched on the 1st January 2009.

A12.5 Implementation group

An implementation group was established which met monthly for approximately 18 months. This involved all clinicians (physiotherapists, the occupational therapist, counsellor and administrator, with occasional input from the OHNs and OHP).

A12.6 Process

A12.6.1 Referral

Clients entered into OHSxtra via self referral. As well as being able to self refer to Occupational Health, clients could self refer to physiotherapy or counselling. Management referrals into Occupational Health were not considered OHSxtra clients.

A12.6.2 Case management

Case management was undertaken by the clinician primarily involved in the case (physiotherapist, OHP or OHN). The Occupational Therapist could become the client's case manager if they no longer needed physiotherapy (or other) input.

Case conferences with clinicians and Human Resources were arranged as required.

A12.6.3 Physiotherapy

The OHSxtra physiotherapists' office was based in the Occupational Health clinical area, which facilitated good communication between the team and helped the service to be well integrated. Physiotherapy treatment was usually delivered in the hospital Physiotherapy department, but could be undertaken in the Occupational Health Department.

A12.6.4 Psychological support

The counsellor has a separate clinical area away from the Occupational Health department. Only clients who had self referred into the programme were considered to be OHSxtra clients. For

confidentiality reasons, information was not passed to Occupational Health or the client's manager about any clients seen by the counsellor.

A12.6.5 Occupational Therapy

Occupational Therapy was available at the West Lothian site, but detailed assessments were undertaken at the Edinburgh base.

A12.7 Marketing

All staff received an email concerning the service. It was also promoted at management meetings. There was information on the intranet concerning it, and posters were also used.

A12.8 Demand on service

There was a quick uptake of the physiotherapy service. The demand for Occupational Therapy was low, and due to this, the OT provided services to the whole of NHS Lothian. The waiting times were low for both physiotherapy and occupational therapy. It is thought that the level of physiotherapy provision was about right for the number of staff; it allowed sufficient time to undertake case management and worksite assessments when required.

There is now 1 wte Counsellor for the West Lothian site. This is thought to be appropriate for the number of staff it serves. Waiting times are short for this service (less than a week for urgent cases, and 1-2 weeks as standard).

A12.9 Future funding

Future funding of the service is not yet confirmed. They would like to continue all services at the same level.

A12.10 Learning points

- It was helpful to have clinical staff based at one site; this was found to facilitate communication between the team.
- The paperwork associated with OHSxtra was found to be daunting. It introduced a significant administrative element to the service.
- With hindsight, it would have been useful to discuss more fully the services that the OT could offer, to ensure that this element of the service could be made full use of.
- The management of the OT was shared between the Occupational Health and Occupational Therapy departments. It would have been better to have had one manager for the OT.
- It would have been beneficial to have had appropriate links between counselling and the rest of the OH team concerning any work-related issues for clients, as this would have helped with case management.

A13 NHS NATIONAL SERVICES SCOTLAND

A13.1 About the Board

The Board employs 3,500 staff, based at 24 sites across Scotland. Most employees are based in the larger Scottish cities (Edinburgh, Glasgow, Aberdeen, Inverness, Dundee). National Services Scotland provides a range of support services to the NHS, including the Blood Transfusion Service.

A13.2 Support provided prior to OHSxtra introduction

A traditional Occupational Health service was provided prior to OHSxtra funding. The Board has Service Level Agreements (SLA's) with NHS OH departments across Scotland to provide these services. Physiotherapy provision was available via Occupational Health in Edinburgh, but not in other locations.

A13.3 OHSxtra funding

OHSxtra funding was awarded for:

- 1.2 wte Case managers (to enable cover for when the case manager may be absent)
- Physiotherapy, Occupational Therapy and Counselling services to be purchased
- Admin time

A13.4 OHSxtra start date

OHSxtra was launched in September 2009. The launch of the service was delayed partly due to the length of time it took to establish SLAs with all the different service providers nationally.

A13.5 Implementation group

A formal implementation group was not set up, but the process was implemented by a small group from within the Healthy Working Lives team who communicated regularly. They met with the Occupational Health service providers at the main centres initially, and as required during the programme.

A13.6 Process

A13.6.1 Referral

Only management referrals are received by OHSxtra. Clients can still self refer into their local Occupational Health department, who may advise the client to ask their manager to refer them into OHSxtra if appropriate.

All management referrals are sent by email to a secure mailbox. Referrals are triaged by the case manager / OHA and those requiring case management are assessed by the case manager.

A13.6.2 Case management

The service supports a dedicated case manager, who undertakes all case management by phone. The initial assessment is undertaken over the phone, and if appropriate, clients are referred for treatment. The case manager receives feedback from the service providers concerning the clients' progress, and continues to support the client by phone, as appropriate.

Depending on the SLA, if a client requires provision of a service, the case manager can either refer directly to the service provider, or refers the client to the local Occupational Health department. Service providers send a copy of client appointment letters to the case manager.

The case manager supports the client, with phone calls at appropriate points, and discharge when the client is ready.

A13.6.3 Physiotherapy

Physiotherapy is delivered by different service providers in different regions. Many of them are providing OHSxtra services to their own staff, and are familiar with the approach.

A13.6.4 Psychological support

Staff have access to an Employee Counselling Service (self referral). If a management referral requires psychological support, they would be referred by the case manager to the ECS, and would receive progress reports on the client. However, because clients can also self refer into the service, there have not been a large number of management referrals requiring psychological support. If a client self referred into the ECS service, and were identified by the counsellor as potentially requiring case management, the client would be advised to ask their manager to refer them into OHSxtra.

A13.6.5 Occupational Therapy

Occupational therapy is available if required, through the SLAs.

A13.7 Marketing

Information about the project was presented at senior management meetings, and information cascaded from here to line managers. There were articles in the Boards' newsletter, and information on the Healthy Working Lives intranet page (with Q+A's, and the referral forms). OHSxtra leaflets and posters were also used.

A13.8 Demand on service

The demand on the service has been steady, and there has not been a need to manage the demand.

A13.9 Future funding

The Board is keen to incorporate the OHSxtra approach into its Occupational Health department, and to continue with the case management model. Future funding is currently unresolved.

A13.10 Learning points

- Electronic communications are more successful and efficient than paper based communications.
- It is thought that there might have been benefit in further promoting the service directly via face to face meetings with all staff.
- The service was initially promoted by geographical area rather than by Divisions, meaning that during the initial few months staff within same Divisions didn't all have access to the service. It was then changed to be promoted by Division.

A14 NHS ORKNEY

A14.1 About the Board

The Board has 640 employees. It covers a rural island population, with one hospital in the main town, and rural clinics.

A14.2 Services provided prior to OHSxtra introduction

Prior to OHSxtra the OH team comprised a senior nurse, and a staff nurse. Sessional OHP support was provided approximately 2 sessions per month. The OH team is based off-site from the main hospital, but in the main town of Kirkwall.

Staff were able to self-refer into the NHS physiotherapy outpatient department. This route continued to be available during OHSxtra. Prior to OHSxtra, the Physiotherapist provided ergonomic assessments and Functional Capacity Evaluations. OT support was available through the NHS outpatients if required.

CBT is provided by a mental health team member and was available to support staff prior to OHSxtra. Access to this was via the OH service. Approximately 2 sessions per month of CBT were provided, and this was sufficient to meet the demand. During the course of OHSxtra counselling has also been provided (paid for through endowment funding) for 1-2 sessions per week.

A14.3 OHSxtra funding

OHSxtra funding was awarded for:

- 0.2 wte case manager to be undertaken by a staff nurse
- 0.2 wte physiotherapist
- 0.1 wte CBT therapist
- 0.2 wte admin
- Functional Capacity Evaluation tools

Unfortunately, OHSxtra funding did not reach the department, however the service was funded by the OH department.

A14.4 OHSxtra start date

OHSxtra was launched on 1st November 2008, with data being collected to the end of November 2009.

A14.5 Implementation group

An implementation group was set up, which involved the project lead, case manager, and physiotherapist and CBT provider. Regular meetings were held; these evolved from issues concerning the implementation of the programme to review cases as appropriate. Due to changes in staff, case review is now undertaken in regular OH team meetings.

A14.6 Process

A14.6.1 Referral

Entry into OH was via management referral or self referral. Clients would be triaged, and if appropriate referred on to physiotherapy or CBT / counselling services. Reports would be received from the service provider, and the client would be managed through their return to work or work retention.

A14.6.2 Case management

Case management was undertaken by a staff nurse (employed through the bank, but exclusively into OH). Her hours varied from 1-4 days per week.

A14.6.3 Physiotherapy

No extra dedicated time for OHSxtra clients was provided, but any staff referrals into PT were seen in the usual way (usually within 24-48 hours). There is a perception that there was an increase in demand on the service. Any self referrals into physiotherapy that required case management would have been passed to OH for this. In practice, this was not required. The PT was provided in the main hospital.

A14.6.4 Psychological support

Any client requiring psychological support would be referred for this through the OH department. Progress reports would be received back.

A14.6.5 Occupational Therapy

Ergonomic and Functional Capacity Evaluations were undertaken by the Physiotherapist. Occupational therapy was available via the NHS outpatients service if required.

A14.7 Marketing

To avoid overwhelming the service it was not advertised widely to staff members, but was to managers. Leaflets about the service were provided at the Head of Departments meetings to encourage managers to refer their staff to the service if appropriate.

A14.8 Demand on service

The demand on the service was steady over the 12 months of data collection. The staffing levels were flexible (the case manager was a Bank Staff member, and could provide extra hours as required), which allowed the client demand to be met in a timely way.

A14.9 Future

The service will continue to be delivered in this way. Funding has not been provided from the Board, but the OH department will cover the cost.

A14.10 Learning points

The paper work was found to be quite time consuming to complete, but also very helpful to the clinical staff in managing clients and documenting support.

A15 NHS SHETLAND

A15.1 About the Board

The Board has approximately 560 employees and 140 Bank Staff. The Board covers an island area with one main town (Lerwick) where the occupational health department is based.

A15.2 Services provided prior to OHSxtra introduction

An OH service with OHNs and sessional OHP was in place before OHSxtra. No physiotherapy, CBT or OT was available, although referral into the NHS services for physiotherapy and OT was possible in exceptional circumstances. Counselling had to be accessed via the GP.

A15.3 OHSxtra funding

OHSxtra funding was awarded for:

- 1 wte Senior Occupational Health Nurse to provide CM services. In reality, the CM function was spread between the Senior OHN and 0.8 wte Staff Nurse post (shared by 2 staff nurses).
- 0.5 wte Physiotherapy
- 0.4 wte Psychological support
- 0.2 wte Admin

A15.4 OHSxtra start date

The OHSxtra programme was launched on 1st November 2008. Data were collected to the end of December 2010.

A15.5 Implementation group

A formal implementation group was not set up, but the team was small enough to enable good communications.

A15.6 Process

A15.6.1 Referral

The referral process into Occupational Health did not change with the introduction of OHSxtra. OHSxtra was fully integrated into existing OH provision; all clients entering the service were treated in the same way – no distinction was made with OHSxtra funded services.

Management referrals (received by email or paper) are triaged by the OHNs and referred either to the OHP, physiotherapy or may be seen by an OHN, and if appropriate referred to counselling.

Clients could self refer to physiotherapy or to OH; some self referral to counselling occurred, but most referrals to counselling were through OH. A self referral to OH would be triaged to determine appropriate support.

A15.6.2 Case management

Case management was undertaken by the OHNs. It was an approach already adopted prior to OHSxtra. Unfortunately due to a small department and unexpected work demands (swine flu), limited time was available for case management.

A15.6.3 Physiotherapy

The 0.5 wte physiotherapy post was supplied by 2 physiotherapists. They were based in Lerwick and undertook most clinical work there. NHS Community physiotherapists were used if appropriate for staff based in remote locations. Self referral worked well, and the waiting times for

physiotherapy were short; clients were typically seen within a week. If a client was identified as needing case management they would be referred to the OHNs; this was seldom required. Core stability classes were also offered.

A15.6.4 Psychological support

Counselling was provided from Lerwick. Although the Board had sought a CBT therapist, it was not possible to recruit to that post, and counselling was provided instead. The waiting time for counselling through the programme was 2 - 4 weeks. The NHS waiting time for counselling was 5 months during that period. If a client was identified as needing case management they would be referred to the OHNs; the fact that most counselling referrals had occurred through the OHNs assisted in case management.

The existing mental health team offered CBT through the Living Life programme (via telephone / computer). Mental Health Nurses, Occupational Health Nurses and Counsellors had all been trained in REBT methods.

A15.6.5 Occupational Therapy

The demand for OT was low, and it was difficult to obtain appropriate OT support; the local NHS OT colleagues did not have a strong vocational focus.

A15.7 Marketing

The service was advertised on the intranet, and communications were issued to managers concerning it. It was also raised at the Local Partnership Forum meetings.

A15.8 Demand on service

It is thought that there was adequate physiotherapy support to meet the demand. However, with a 4 week waiting list, it is thought that further counselling support would have been beneficial.

A15.9 Future funding

Service will continue as it is to 1 April 2010. We are currently in discussions to determine the level of service that can be sustained from within current teams for financial year 2010/11.

A15.10 Learning points

- It is important to plan for the implementation of an extension to a service such as this.
- Time needs to be made available for conducting case management.
- It was beneficial for the CMs to have regular contact meetings with physiotherapy and counselling services.
- The service has been well received and the benefits appreciated by the OH staff and clients who have gone through the service.

A16 NHS WESTERN ISLES

A16.1 About the Board

The Board has approximately 1,100 employees. It covers a rural island population, with one hospital in the main town, and rural clinics.

A16.2 Services provided prior to OHSxtra introduction

Prior to OHSxtra the OH team comprised a wte OH nurse, and wte administrator (who also undertakes some health surveillance). Sessional OHP support was provided approximately 1 session per month. The OH team is based at the main hospital.

If required, OH could refer staff to the NHS physiotherapy outpatient department. This route continued to be available during OHSxtra. Self referral to physiotherapy was not possible prior to OHSxtra. During the course of OHSxtra, and as part of a separate initiative, self referral (of the public and NHS staff) into physiotherapy was introduced; clients were assessed at their drop in appointment, and offered further appointments if required. However, this route was slower than access to the NHS physiotherapy via OH under OHSxtra, so NHS staff were encouraged to access physiotherapy via OH.

No counselling or CBT was provided prior to OHSxtra.

Prior to OHSxtra, OH could refer staff to the NHS OT outpatient department if required. This route continued to be available during OHSxtra. Self referral to OT was not possible.

A16.3 OHSxtra funding

OHSxtra funding was awarded for:

- 0.2 wte case management (to be undertaken by the moving and handling co-ordinator)
- 0.5 wte Physiotherapist
- 0.1 wte OT
- 0.2 wte Counsellor
- 0.2 wte Admin

A16.4 OHSxtra start date

The programme was launched on 1st December 2008, and data were collected to the end of February 2010.

A16.5 Implementation group

An implementation group was not set up due to the small size of the Board. OHSxtra was integrated into the existing OH service provision.

A16.6 Process

A16.6.1 Referral

Entry into OH was via management referral or self referral. Clients would be triaged, and if appropriate referred on to physiotherapy or CBT / counselling services. Reports would be received from the service provider, and the client would be managed through their return to work or work retention.

A16.6.2 Case management

In practice, case management was undertaken by the Occupational Health Nurse, who had previously been undertaking case management. Information concerning the progress of the client would be provided by the service providers to facilitate case management.

A16.6.3 Physiotherapy

No extra dedicated time for OHSxtra clients was provided, but any staff referrals into the NHS physiotherapy service would be prioritised over the drop in service.

A16.6.4 Psychological support

Any client requiring psychological support would be referred for this through the OH department. Counselling was introduced, and CBT was available within the OH team. The counsellor would manage their own cases, but would provide OH with progress reports.

A16.6.5 Occupational Therapy

Occupational therapy was available via the NHS outpatient service. In practice, this was not required.

A16.6 Marketing

Managers were told about the service and provided with a flow chart to assist them in decisions on the appropriate support for their staff members. OHSxtra was integrated into the attendance management programme. The service was not widely advertised to staff members in order to manage the demand on the service.

A16.7 Demand on service

The demand on the service was modest, and could be managed by the OH team. The service was provided in the main centre; staff in the more rural areas did not really benefit from the service.

A16.8 Future

The department will continue to work in the way that was adopted throughout OHSxtra, which was similar to that used prior to OHSxtra.

A16.9 Learning points

- The programme helped the team to identify the multiple skills within the staff team. They have re-structured the work within the team to maximise the use of staff skills.

- The use of electronic records for OH data would have helped the department; this was provided in early 2010.

APPENDIX 2: Boards' reflection on practice

This Appendix summarises the Board's reflection on OHSxtra at the time of the final OHSxtra project meeting (June 2010). Boards were asked to consider three questions, concerning the benefits and changes arising through OHSxtra and the challenges that the Occupational Health Departments face.

1. What do you feel your OH department / team gained through OHSxtra?

AA	Occupational Therapy was provided as a new service, and has been found to be very beneficial, particularly in helping clients return to work (e.g. through the provision of work aids). OT also provided support for staff experiencing mental health problems, meaning this service was enhanced. The OHSxtra physiotherapist was additional to the existing team of physiotherapists, and dealt with the more complex/ work related cases. Through this, self-help material for staff with musculoskeletal problems was created for OH and then rolled out for use by the general physiotherapy service. The whole occupational health team learnt through the programme, and OHSxtra led to the extension of integrated care; it helped with the evolution of a service that better promoted multi-disciplinary team working. It provided a more complete service from assessment though to appropriate intervention or advice, with appropriate clinical skills working together and learning from each other.
BD	NHS Borders already had a counselling and Physio service so OHSxtra did not dramatically alter the service composition. However the appointment of further therapists did bolster the service provision and thus reduce waiting times. The web-based "Beating the blues" programme was introduced as a new service. OHSxtra also promoted a greater level of awareness of the OH provision available both for service users but also the organisation as a whole. It also increased the general appetite for service evaluation in the department, which led to a community audit of service delivery (i.e. for those not able to access the main centres). They trialled an acupuncture service to see if this could increase efficiency. They also established a 'working back class', which continues to date.
DG	OHSxtra essentially enhanced OH service provision to include staff physiotherapy, afford support to the existing limited CBT service and case management approach. The provision of the enhanced service reinforced our integrated, multidisciplinary model of service delivery. This has also allowed practitioners from a variety of disciplines the opportunity to enter into peer review/supervision which ultimately benefits both staff and clients.
FF	n/a
FV	OHSxtra funding enhanced our physiotherapy service (by 0.5 wte) and allowed the use of a clinical psychologist (1 session / week). OHSxtra encouraged better communications between physiotherapy, staff psychology, GPs and the OH team: there were clear benefits in all working together. It provided an insight into how national initiatives are planned, funded, executed and evaluated.
GJ	During the period of funding there was nursing back-fill to release the case management time. This reduced referral times from 3 weeks to 5-7 working days. The nursing back-fill

	has been lost since the end of the funding, and the impact is still to be evaluated.
GG	The service gained 2wte physiotherapists, and 1wte occupational therapist who undertook most of the case management. OHSxtra allowed the service to be provided in areas that it had not previously been available. Different disciplines were brought together and it encouraged team working. Time was available within the service to undertake ergonomic assessments and interventions, meaning they were offering more than had previously been available. OHSxtra made the team focus on measurement tools and recognise their benefit.
GR	It helped integrate the services (counselling and physiotherapy were already being delivered, but staff physiotherapy didn't sit within the Occupational Health department). OHSxtra helped them to focus on measuring, examining and demonstrating the benefits of the service, and lead to a significant change in service delivery. Having an occupational therapist as part of the team was found to be beneficial and widened the view of the OH team. Other options for support for clients outside of OH have also been learnt by staff.
HL	n/a
LT	OHSxtra allowed the provision of physiotherapy in the West Lothian area (the service already existed in the rest of the Board area). Occupational Therapy was provided for the first time.
NS	OHSxtra has helped free up the professionals to concentrate on their specialism, and has encouraged a team approach. One point of contact for occupational health has been useful (although this is also challenging due to the geographical spread of the Board). OHSxtra has also helped with consolidating processes; it has been useful to have one point of contact and standardized tools. It has also helped to target the health promotion activities. The team approach has been very helpful, and employees and managers are both thought to have benefited from this.
OK	OHSxtra provided a structured approach for assessing and managing clients. OH staff gained confidence in referring clients on to other services. The documentation / database helped the administrator to feel part of the team, and provided some insight into how clients were helped. Administrative support was recognised as vital for successful and good quality service delivery.
SH	It has extended the skills of the OHA's in the area of case management, although due to staff changes, some of this was lost. Communication across departments has improved as a result of initiative, and this has been beneficial. There was evidence of the benefits of the service for clients.
TY	Physiotherapy had not previously been provided, so this was a new service. It sat outside the occupational health provider's department, which presented some challenges.

2. How have working practices changed (if at all) as a result of OHSxtra?

AA	There is now wider discussion with other NHS departments (recognising that most occupational health clients would also be patients of the Board). With a number of departments (e.g. dermatology, orthopaedic, mental health and addiction), the Occupational Health department will take a referral and provide early support (to NHS staff members only), with referral to the specialty if appropriate, and follow up by OH. Physiotherapy cases are triaged so that those that are less than 2 weeks symptoms and with no red flags are given advice (available on the intranet). The next stage will be to develop on-line self assessment that guides clients directly to self help advice. A single point of contact for all staff support services is being developed and will hopefully go operational in the fourth quarter 2010. Services include occupational health, staff support services, chaplaincy and others to provide advice and signpost to other available services including external services not provided by the Health Board.
BD	At the outset they developed a self-administered pre-assessment questionnaire; this included all the pre-requisite EQ-5D questions along with a work status question which they were keen to evaluate locally. From a physiotherapy perspective they have continued with this self-administered pre-assessment questionnaire but have substituted the OREBRO for the EQ-5D. The experiences of OHSxtra have helped when the Board were developing a delivery framework for the Working Health Services model (now under the Fit for Work umbrella), e.g. already aware of opportunities / barriers locally, documentation was adjusted, links with OH and HWL were already well established etc.
DG	Access to fast track intervention, treatment and rehabilitation services adds a new dimension to the OH services available for staff. Alongside an increased case management approach, clear and focused client journeys were mapped, monitored and reviewed as appropriate. As a consequence this has not only consolidated but enhanced communications between OH, HR, Management, Staff Side and clients alike.
FF	n/a
FV	There is now better use of assessment tools and data collection. GPs can now refer NHS FV employees directly to staff physiotherapy and to Occupational Health if clinical psychology is required. The nurse-led service, with nurses providing case management, will continue.
GJ	As a continuation of OHSxtra service delivery, there is ongoing support for CBT provision, for the next 2 years. The physiotherapy service has been enhanced slightly. The OH department has good links with other departments within the hospital, but the potential for referral to these are limited, due to the specialised nature of the hospital.
GG	Previously all musculoskeletal clients were managed by an OHN or Occupational Physician; now they are all triaged and managed by a physiotherapist. This is seen to make the process more efficient. Although the occupational therapist was thought to be helpful, the funding has not continued for this service. Some of the physiotherapists have workplace assessment skills which overlap with some of the OT skills. NHS Greater Glasgow and Clyde has recently moved to a central service for all their staff, with a central hub, consolidating 10 departments into one. This is not as a direct result of OHSxtra, but it is line with the OHSxtra approach; it is a nurse led service, with a greater role for the physiotherapists than previously.

	They are now providing a triaged physiotherapy service, accessed by telephone, which is open every day during working hours.
GR	EQ-5D is being used for all Occupational Health clients at entry, and followed up 3 and 6 months following entry, to allow them to track clients' progress. Telephone triage is being undertaken successfully, by a supported Band 5 staff member. They demonstrated that counselling could be successfully delivered over the phone, with minimal face to face contact. Having found the OT beneficial, they have reviewed the extent of need for OT provision; going forward, OT will be available, but services will be bought in as required. Some of the OHNAs have expanded their skills in the areas of OT and CBT, and can undertake some of the basic work of these professionals. This has enhanced the team.
HL	n/a
LT	A specification for occupational health and safety has been developed so that the scope of their work is defined and understood. There is now a Citizens' Advice Bureau in the main hospital now (not as a result of OHSxtra, but helpful for signposting clients to other services).
NS	It has provided a central point of contact for OH across the whole of National Services Scotland in Scotland. As a geographically disbursed board, this has been important, and has reduced the need for clients to go to Occupational Health.
OK	The occupational health department's documentation changed as a result of OHSxtra and the approach became more structured. This was integrated well into existing practices.
SH	The referral process to physiotherapy has been retained (directly to the physiotherapist, both for managers and self referrals) – but the timing of appointment cannot be guaranteed / prioritised. Referral to mental health support has returned to be via GP (during OHSxtra it was via OH), which is likely to delay referrals. It is thought that this may impact long term sickness absence due to the waiting time for these services for clients not already in care system. Good relationships have been built up within the team and with other service providers which has helped with service delivery.
TY	All OHSxtra services are now fully integrated into the OH service provider. Although there have been some reduction in levels of staffing (by 0.5wte physiotherapist and 0.5wte occupational therapist), the services are continuing, with more tightly managed entry criteria. To facilitate this integration, the programme is being re-launched in summer 2010, with a central hub with a single point of access. Telephone triage has been developed, and the means of referral to physiotherapy has been simplified. Physiotherapy has been fully integrated into the multi-disciplinary team. They are expanding the work of the physiotherapists by looking for trends in injury 'hotspots' and investigating / reducing risks in these areas.

3. What challenges do you face, going forward with the development of your OH services, and what would be useful for you in addressing these challenges?

AA	It can be challenging ensuring equity of service in the more rural areas. The Board is also concerned about accessibility, particularly for low paid staff at peripheral locations. It is hoped that the single point of contact will go some way towards solving this problem.
BD	The main challenge is to continue to prove the services worth in the current financial climate. Also need to maintain the rapid access nature of the service in light of increasing service usage but with fixed service provision (accommodation, clinician hours etc). The service is seeking for continuous improvement in efficiency.
DG	The challenges are to: • maintain and improve on current levels of work attendance • continue the momentum and enthusiasm of staff and clients for the service • deliver a service also subject to cash releasing efficiency savings.
FF	n/a
FV	Both physiotherapy and clinical psychology services will continue to be funded by NHS FV. (NHS FV already had a very active and successful staff physiotherapy service prior to OHSxtra. The service also used a case management approach which it continues to do.) Delivering the service with all the future financial constraints will be challenging.
GJ	Budgetary constraints may become an ever larger factor in how and in what shape services will continue into the future.
GG	On-going funding is a challenge. There is a need for evidence to support the benefit of physiotherapy. It is important for managers to understand that it is not a treatment service, but an occupational health service.
GR	Significant challenges exist around the budget available for OH. They need to demonstrate that they are supporting the organisation by keeping people in work / returning people to work. One challenge is the prevalence of short term absences amongst staff which are often caused by biopsychosocial issues.
HL	n/a
LT	The service is well integrated, high profile and has senior management commitment, but it will be challenging to ensure the level of funding required for service delivery.
NS	There are on-going challenges about introducing a new way of working. It is necessary to ensure people (managers and staff) understand what the service will do. Due to budget constraints there are concerns over whether it will continue in this way. NHS National Services Scotland faces particular challenges around the provision of services nationally, in terms of ensuring all service providers are working to the same Service Level Agreements (SLAs). There is also a challenge for the case manager working externally and internally with managers. It is challenging obtaining standardised SLAs with all service providers. It is important to demonstrate that it is money well spent, and it will be challenging agreeing a budget going forward.

OK	Despite being a small board with limited resources, the programme has been able to be successfully integrated. There are no significant challenges to continuing with the programme in this way.
SH	There is difficulty in specifically attributing improvements in health due to OHSxtra to overall absence figures – particularly with staff counselling. This information is key to gaining commitment to continue with tightening budgets and pressure of waiting times. It is particularly difficult to quantify the benefit of the mental health services. The team is small (1.8wte nurses), meaning that turnover of staff in the OH department has presented challenges for service delivery. Commitment to H1N1 immunisation programme delayed implementation of other initiatives during the time of OHSxtra. The current challenge is to improve resilience of the occupational health team with the appointment of a new SOHA, and potential use of OH technician to support the OHAs. The Board plans to train all managers in awareness / management of mental health issues. They are developing a triage care / pathway for clients with mental health issues, and plan to provide training in CBT for the OHA's. Successful management of short term absence is still a challenge, although long term absence is being managed better. The Board also has an ambitious income generation target to deliver in current resources, and this will present a challenge for the team.
TY	There is great change within the OH department currently, and they are striving to deliver an efficient / timely service. They are reviewing the outcome measures / tools that they should use in order to help evaluate the service.

APPENDIX 3: CLIENT COMMENTS

NHS Ayrshire and Arran

- Support for me at the time was vital. Definitely helped me to turn my life around and return to normality.
- The information and exercise enables me to continue work and if any twinges happen I do the exercises which help to ease any discomfort.
- Excellent support and return to work plan.
- Flexible around my working hours, Remained at work throughout.
- I appreciated the prompt referral and I'm delighted with the service provided.
- Excellent service; possible review of exercises after couple of months would re-assure me that I do them correctly.
- Although experiencing a degree of anxiety symptoms some days, am able with advice I got to get on with every day life.
- OT very helpful – not judgemental, very approachable and was a fantastic support to me.
- Received prompt treatment.
- Quick attention – I did not have to wait long for advice and referral then treatment.
- The intervention was carried out sensitively always in a positive manner and at a pace of which I was comfortable. The result for myself has been excellent. Thank you.
- Positive, access to physio quick.
- The simple exercise and advice I was given has made a great difference to the discomfort/ pain I had I wish I had come years earlier.
- Excellent service given when I was at my lowest. Still exercising as advised. Many thanks.
- All interventions have been carried out fast and professionally.
- I occasionally experience some nerve symptoms (previous trapped nerve) However, I carry out exercises shown by physiotherapist and these symptoms disappear.
- I would recommend CBT very much. OT helped me immensely.

NHS Dumfries and Galloway

- A year ago if anyone had said to me that I would be in therapy I would have said, "No way, what a lot of rubbish". I initially was very wary and unsure. This was the best thing that I have done in a very stressful year and without it I dread to think where I would be. The therapist did not judge me nor did she patronise, she was wonderful and helped me look out of the cage I was in.
- Having regular physiotherapy and support from the Physio really helped my morale and pain. I realise I will always have some degree of back pain, due to wear and tear and nursing. It is a great help to know that I can always contact the Physio if and when I need it.
- I was very impressed with this service, as at first I did not really see the point of going to any of the sessions, but now I have a different approach to life and also to my working environment and I am very glad this is offered to staff working in the NHS. Thank you.
- Was a valuable experience – to be listened to – and be able to talk in a 'safe' environment, confidentially to a person who I felt was genuinely interested.

- A comment made by the Therapist at the very first session instigated a train of thoughts and ideas within myself that eventually led to the resolution or rather the process of resolving my difficulties. Thank you.
- Before I went to the physiotherapy programme I was very sore/stiff. Also had problems sleeping, caused by pain in lower back. Now have hardly any pain through the night and also less pain through the day. The exercise programme is very good – I would like to say thank you very much to the staff Physio.
- Once the first initial meeting was by with (due to not being exactly sure what you are going to have to do or discuss) it was very enjoyable. I knew what CBT meant but others maybe don't. When you're told or asked if you want to go for CBT a leaflet or an explanation into what it means maybe would be helpful. I certainly got a lot from it and it really makes you think about the way you go about your life, how you should or would like to be treated, and to "look after No. 1 – yourself". Thanks for your help.
- A very difficult service to evaluate. I feel more able to assess my situation(s) as they arrive and deal with them more positively/calmly. My Counsellor spoke quite forthright, which was what I needed. If I feel the need I will get in touch and hopefully get further help.
- Thank you for the support that you have offered during a time when I was feeling vulnerable at work. Whilst I had made a few decisions myself on how to deal with my insecurities it was a great help to be able to express my worries and opinions to a listening ear. Your help and guidance through this rough patch has been greatly appreciated and I would not hesitate to ask for help from the service should that need arise in the future.
- I was very pleased with my visit to the Department and by my physiotherapy evaluation. I had treatment (steroid injection) which has helped a quicker recovery.
- Today was my last session and knowing that was a bit worrying. It is good to know that I can access support again if I need it by contacting the department. I think that the Therapist offers an excellent service and I have found her supportive and very helpful. Thank you.
- The Therapist was very supportive, friendly and easy to talk to. She has helped me greatly through a difficult period and I very much appreciated her calm approach when I felt upset.
- It would be impossible to put into words how much help/support/tools provided have helped me and I would recommend service to others.
- I am so grateful for the professional support I have received during the period of my life when I was experiencing extreme sadness, grief and disbelief. This support has enabled me to move into a meaningful life again.
- Undoubted benefit of having physiotherapy promptly rather than waiting for GP referral. This for me has meant a speedier return to work, which in turn has maintained my general feeling of wellbeing.
- The Therapist has helped me realise so many things about myself and offered a variety of techniques to assist my personal development and I cannot thank her enough
- The Therapist is a vital asset to the Occupational Health Department. It was interesting to hear about current therapy ideas and trends and her keenness to keep abreast of these with fresh training.
- Occupational Health needs to be promoted in the Dumfries and Galloway business community. Managers should be backing this type of invaluable service. There are potentially thousands of workers out there who would find this CBT approach positively life changing and life saving. Stress prevention is one of the biggest health and life saving benefits. If more money was put into prevention 'medicine' than just treating or trying to cure the end result, there would be more enriched individuals and as a knock on effect more enriched families and communities.

- If only every department had such friendly, smiling helpful people life would be much easier.
- From my own personal perspective, I can make no suggestions to improve the service you provide. I had a health issue, it was identified, the case was recognised, positive steps were taken. I was redeployed and I am currently on secondment for a period of up to 3 months. My health has immediately improved. I am now extremely happy doing the job which I genuinely enjoy and get a great deal of satisfaction from. Thank you all in particular the Doctor and the Therapist.
- Staff physiotherapy services accessible, friendly and helpful.

NHS Lothian

Physiotherapy service

- The physiotherapist has helped me a great deal.
- As well as exercises improving strength and pain in knee it was useful to be advised about specific actions/positions at work to avoid aggravating my knee.
- Have found the treatment and advice to be very helpful. Have identified and partially corrected postural problems which were causing symptoms for which I was being treated. The approach adopted was very positive and constructive.
- So glad I made the phone call as this has been so beneficial. The physiotherapist has been great, approachable and extremely helpful.
- OHSxtra has greatly improved my tendon area, quick and good service – vastly improved on previous
- Treatment has been excellent from the physiotherapist.
- I only went a few times, but really should have continued as I have been off since.
- It was great to have such quick access to physiotherapy services. It really helped improve my ankle/legs mobility. I would have struggled at work for much longer. Need to be referred to biomechanics – hope that can be as seamless as this service was.
- Excellent service. Very efficient and the physiotherapist was great at putting me on my ease and explaining every step of my treatment.
- It was helpful getting an appointment as soon as possible.
- I'd just like to say that I feel this is a very worthwhile service. I've come away feeling that if the problem comes back I've learned how to treat through various exercises I've learned. Big thanks to the physiotherapist.
- Thought the service was excellent. *3 month post discharge:* No recurrence of the problem. Was very happy with treatment received.
- Within the first couple of sessions noticed a big improvement – less pain more easily able to move without as much restriction. Physiotherapy took time to ensure I had grasp of exercises I was to do at home. Pointed out not to hesitate to contact them if situation got worse or if I felt exercises attempted wasn't done correctly. *3 month post discharge:* Very supportive physiotherapist, gave thorough explanation of my condition and of the exercises given to help with same. Very satisfied with quick response to enquiry due to onset of problem, seen promptly. Excellent service, friendly and supportive staff.
- Found the staff and service to be very helpful. Enabled me to continue at work without any absence. Pain in area had been acute and this lessened. Although condition will remain, exercises and treatment has helped me manage the issue and hopefully no further acute episodes will occur.

- Very helpful, good directions, restored my confidence.
- I am very grateful for the opportunity to have a physiotherapist get me back to full range of pain free movement. I would find it difficult to manage sitting at work as I was in pain. Thanks to the physiotherapist.
- Very helpful to have treatment on site within work so not missing work. I found the treatment very helpful also the advice regarding posture/positioning and workstation. *6 month post discharge:* Particularly appreciated treatment at St John's so minimised disruption to my work. I still have some neck stiffness. I would have liked a few more treatment sessions or a 3 month review.
- I think this is a good service of NHS employees, because with my problem I would have had to wait longer to be seen because the time you get an appointment for your GP and then he/she writes a letter to the physio department you can wait for 8 weeks or longer before being seen.
- Pleased with quick and regular/flexible appointments.
- Relaxation techniques (breathing) helpful – this in itself would be of benefit to stressed staff. *3 months post discharge:* Valued physio input which encouraged relaxation techniques as well as exercises.
- Staff physio was excellent. I felt supported in this period when I was desperate to get back to work. Many thanks to the physiotherapist.
- This has helped me do my job with less distraction caused by pain.
- I would have gone to my GP with this injury leading to time off work. I have been referred to hand clinic which may not have happened as quickly as with this service.
- The physiotherapist was very good and helpful in resolving my problem. *3 months post discharge:* I found the treatment that I received from the Staff Physiotherapy Service very helpful, with both the exercises and information I was given. I have no doubt this helped with my speedy recovery and avoided any time off work.
- Haven't lost any time at work through it but definitely felt improvement after treatment.
- This is an invaluable service. I would have definitely have been off work on sick leave with pain. The physiotherapist also provided exercises I can carry out at home. Thank you very much.
- My thumb still very sore at times. I did get some useful tips from the physio that I use and has been very helpful. Thank you.
- So easy to access department from work, no stress of trying to park and walk longer distance. Gives impression of department being more accessible as member of staff.
- Excellent service and good advice. Kept me going through difficult time with walking.
- Exercises very helpful.
- No time off work required pre or post physio. *3 month post discharge:* My pain has totally gone away with the exercises given to me.
- Efficient service, seen quickly and given guidance regarding injury, treatment and support regarding using hand safely and adapting practice.
- After many attempts to rectify a nagging pain, has finally got to the root cause, thanks.
- I think this department are doing a wonderful job and are helping keep sick records down.
- If it wasn't for the staff physio I would have been absent from work longer.
- Very good information given. Big help.

- *3 month post discharge:* Excellent physio very professional and thorough. Helped me a great deal.
- I found this programme most valuable and this has helped me re-focus on correct posture/movement, stress management etc, all of which will help me maintain the level of movement etc. that I wish to have.
- I do still have intermitting pain in my elbow but nothing that keeps me awake now I don't have to take pain relief at all unless I do something which appears to aggravate I which is generally improving by the day. I don't really do anything at work which aggravates it as I now know what activities to avoid.
- Support and exercises have been very helpful.
- Physiotherapy programme has helped me 100%.
- Great service
- I would previously be limping at work around lunchtime due to the discomfort/pain in my ankle, since seeing the physio I no longer have that problem. I used to have discomfort daily now it's twice in about 3 weeks.
- I found the programme very good. I don't know how I would have coped or got back to work as quick without the service.
- Definitely helped me glad I was able to come to staff physiotherapy
- If not for the help of physio I would definitely have been off work as couldn't move my neck much at all. *3 month post discharge:* I developed neck pain and the physio has been brilliant. I don't know what I would have done without her help. I would definitely have been off work a lot longer without the care and support, exercises I am receiving. I am feeling much better at work and home continuing physio exercises.
- Although I was still at work I was having pain when driving, which is essential for my work. Getting timely advice helped me greatly and probably helped me stay doing my job.
- Very pleased with the service I received. Felt at ease to talk about symptoms and the true impact of work. Symptoms have resolved now and I have exercises to work on in daily practice.
- My referral helped my problem from becoming worse. If the symptoms had got worse or discomfort increased, then I am sure that I would have had to take time off work to enable me to rest my arm/shoulder.
- The physiotherapy helped me to adjust my working day so that I could continue to work through my placement.
- The physiotherapist has been fantastic.
- Excellent service and everyone was very helpful.
- *6 months post discharge:* Physio helped me with exercising my neck. They were a great help. I have been good for 6 months. Hope it is on going.
- If I am on my feet for a very long time I feel some discomfort on my left heel. My foot is just the same as when I first saw anyone about it.
- Service was quick, precise and excellent.
- Very helpful
- I still get pain in my arm and shoulders. Although I don't have tingling in my hand and arm all the time, as I did before, it still occurs part of the day.
- Having instant access to physio enabled me a much quicker return to work.

- My injury occurred while I was on leave. I was able to get physiotherapy from OHSxtra promptly during that time that would have prevented me from going to work but was somewhat resolved by the time I finished my leave period.
- Very helpful.
- Great service for staff.

Counselling service

- I found the counselling sessions actively helpful in helping me stay at work and value the techniques I can use in decreasing feeling of anxiety. *3 months post discharge:* I have been on a phased return to work programme and am now back full time. I have found the counselling to be extremely helpful and due to my anxiety only being in relation to work, I am able to implement coping strategies with the aim to decrease anxiety in a work situation.
- Found the sessions very helpful, even just to talk to someone who wasn't included in my situation and who was not judgemental. I was helped to think about aspects of my life I hadn't considered before.
- Counselling very beneficial.
- I found the programme very helpful and would participate again if the situation occurred. *3 month follow up:* The counselling service is a very important staff facility which provides professional and courteous support during difficult period for the individual concerned.
- I have experienced the benefits of counselling and am grateful to have this service available to me.
- Counselling was very useful and helped me both personally (home life) and professionally (returned to work).
- Excellent service, very valuable.
- Really helped to have some space to explore difficulties. Thank you.
- I found the programme very helpful. The counsellor was very open and friendly and it was very comfortable to open up and talk about my feelings.
- I felt that the counselling sessions really helped me to stay within work and develop coping strategies. I found the sessions most valuable.
- These sessions have been the biggest single contribution in resolving my difficulties.
- I feel I have benefited from this service.
- I have found this counselling session extremely helpful – a safe place to express my concerns – work through them, with an excellent counsellor. It has been very beneficial and I believe this service has allowed me to continue and focus on my own work space.
- Many thanks and grateful this service was available to staff.
- It has helped me to allow myself to look forward and not blame myself for everything. Helped me to focus on helping myself and coping with life – work and home.
- By attending OHSxtra I am of the opinion that it assisted me to return to work and cope with the work demands.
- Talking with counsellor has helped deal with areas in my personal life that were at rock bottom and now left feeling better within myself.
- I looked forward to my weekly sessions with the counsellor and found this very helpful. To be able to talk about my feelings was a great relief.
- Great programme helped a lot, thanks.