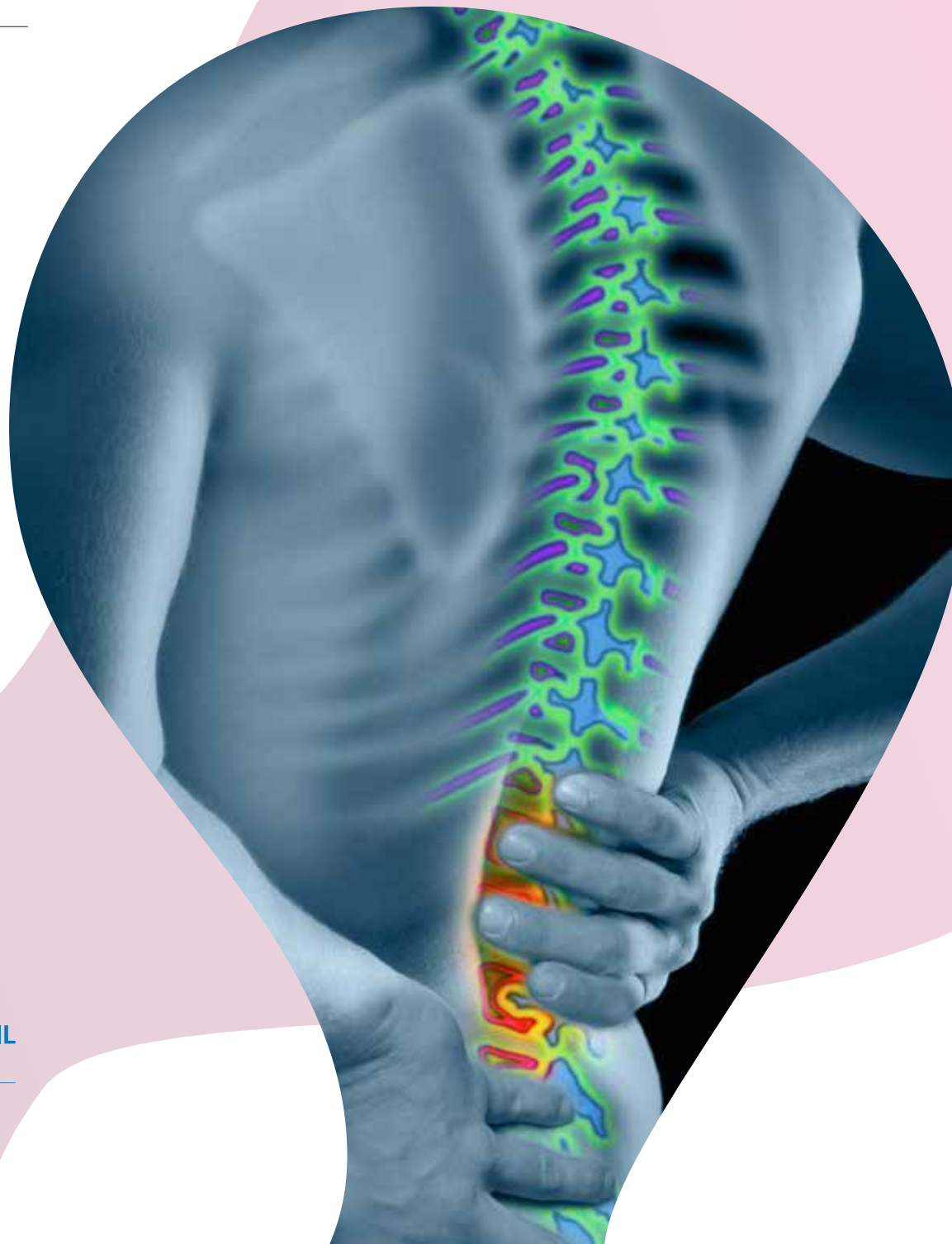

BACK IN WORK INTRODUCTION AND KEY MESSAGES

Part one of the
Back in work back pack

UPDATED MARCH 2014



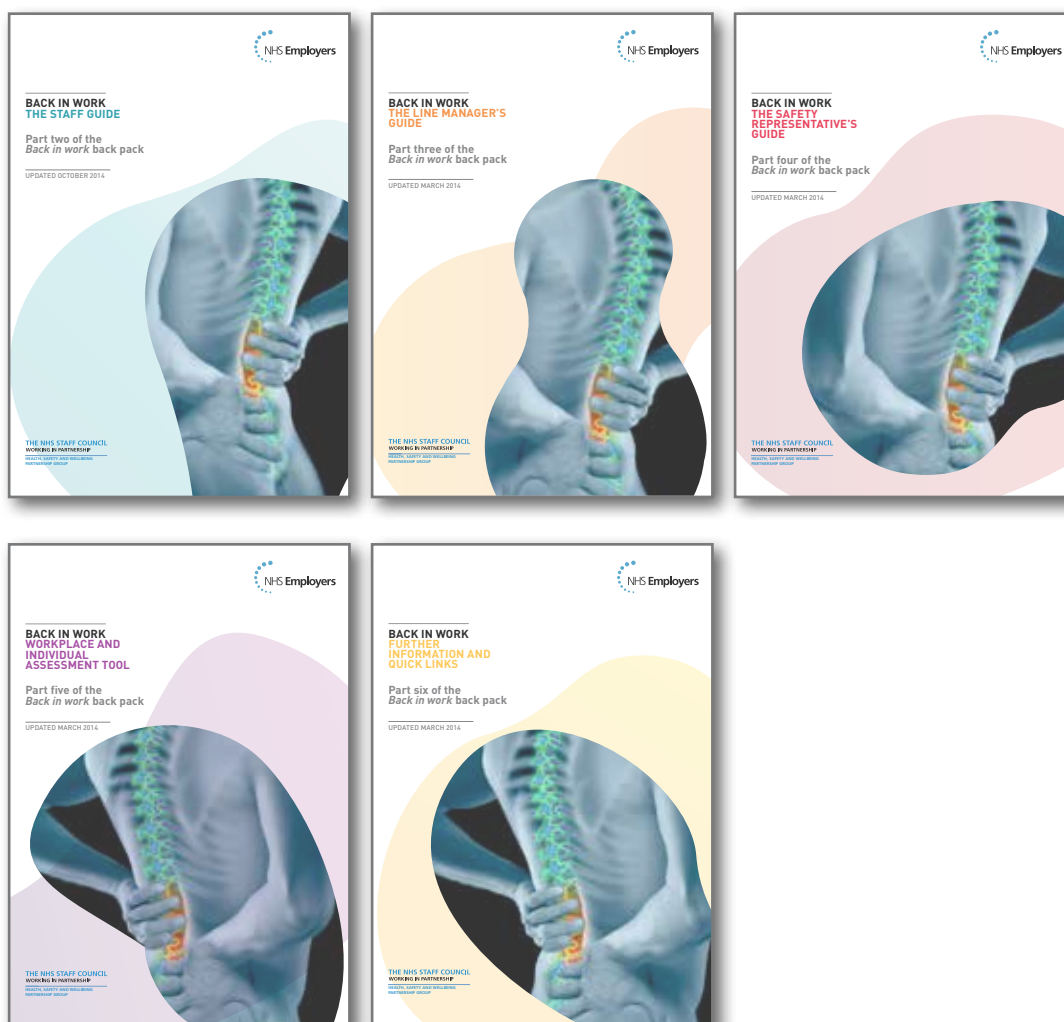
THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

HEALTH, SAFETY AND WELLBEING
PARTNERSHIP GROUP

Contents

Back facts	3
Introduction	3
Key messages	4
Why back pain?	4
Positive back facts	5
Case study: Doncaster and Bassetlaw Hospitals NHS Foundation Trust	6

Part one (of six) of the *Back in work* back pack.



Back facts

In the NHS, sickness absence due to musculoskeletal disorders (MSDs) accounts for around 40 per cent of all sickness absence.

The House of Commons Public Accounts Committee report, *A safer place to work; improving the management of health and safety risks to staff in NHS trusts*, published in 2003, estimated that the cost of sickness absence in the NHS was about £1 billion. All parties involved in producing the report agreed that this figure is an underestimate but even at the quoted cost, absence related to MSDs costs the NHS £400 million per year.

The Health and Safety Executive (HSE) estimates that sickness absence costs UK plc over £12 billion per year. Of this sum, £4.8 million is attributable to MSDs. Because of this, the HSE has made tackling MSDs one of its key priorities.

The **Confederation of British Industry** (CBI) 2005 statistics quote a figure of £495 per year in direct costs attributed to sickness absence for each worker employed.

A national clinical audit on back pain¹ was undertaken on behalf of the Occupational Health Clinical Effectiveness Unit (OHCEU) audit development group, NHS Plus. This was published in January 2009 and 65 per cent of NHS trusts in England participated. The audit looked at back pain management in occupational health; line managers and their staff could participate on a voluntary basis.

The audit showed the following:

- a high proportion (89 per cent) of both employees and managers agreed or strongly agreed that back pain was common
- there was good knowledge of the need to stay active and not necessarily to rest during an episode of back pain (60 to 80 per cent)
- among both groups the self-limiting nature of back pain was poorly understood (only 40 per cent agreed that symptoms usually get better in a few weeks)
- neither group appreciated the poor prognostic importance of prolonged absence for eventual return to work – only 50 per cent of managers and 41 per cent of employees agreed that the longer a person is off sick the less likely they are to ever return to work
- the important impact of psychological and social factors was much more frequently understood by managers than employees.

A study of sickness absence by the Institute for Employment Studies in 2001 included a detailed review of the direct and indirect costs of absence to 12 employers. They found that, on average, employers spent 9 per cent of their salary bill on absence.

UNISON estimated that around 3,600 nurses are forced to retire every year due to back injuries.

The highest compensation payment awarded to date was to an ambulance worker for a back injury. They received £140,000.

“In 2003, it was estimated that the cost of sickness absence in the NHS was about £1 billion”

¹ www.rcplondon.ac.uk/resources/back-pain-management-audit

Introduction

The *Back in work* back pack was originally launched in July 2002 by the **Department of Health** and was supported by the **Health and Safety Executive (HSE)**, the **Royal College of Nursing (RCN)**, **UNISON**, the **British Medical Association (BMA)**, the **Chartered Society of Physiotherapy (CSP)**, the **National Back Exchange (NBE)** and **Backcare**. The back pack is aimed at everyone working in the NHS, regardless of where they work or what their job is and recognises that musculoskeletal problems are no respecters of office, rank, gender or age.

The Health, Safety and Wellbeing Partnership Group (HSWPG), formerly known as the Partnership for Occupational Safety and Healthcare (POSHH) has refreshed the documents, known as the back pack, so that they remain a useful resource for organisations.

Government initiatives such as: **health, work and wellbeing, choosing health, working for a healthier tomorrow**; review of the health of Britain's working-age population and the Ill Health Retirement Review, have focused on fitness to work and being supported to remain in work wherever possible. They are at the front of the drive to promote health and wellbeing in the workplace, the benefits of rehabilitation and redeployment, and cut sickness absence in the workforce.

This back pack supports these initiatives and aims to provide staff and their line managers with the information they need to facilitate a speedy return to work if they are affected by a MSD. The back pack also aims to provide managers and employers with guidance and information that will help to decrease the incidence and impact of MSDs on the NHS.

Key messages

- The back pack offers practical advice about working safely in the healthcare setting, helping staff avoid MSDs and injury wherever possible.
- It offers guidance on the importance of training, lifting correctly, line management, and legal issues, and is aimed at both staff and their managers.
- The back pack looks at fitness to work issues, rehabilitation, re-deployment and sickness absence.
- It addresses the legal requirements for both the employer and employee, referencing not only the law but also good practice and the value of being an employer of excellence.
- It reinforces the business case for early treatment of MSDs and the resources to provide treatment and support for staff suffering from these conditions.
- This is not about issuing blanket bans on lifting, but about ensuring risks are assessed and managed properly.
- The back pack recognises and promotes what trusts are doing at a local level to address the issues of MSDs and manual handling in the NHS.
- It is not just about lifting weights, it is also about moving objects safely, using equipment correctly and fitness to work.
- The back pack is about good partnership working between employers, their staff and the staff representatives to provide a safer working environment and support when MSDs strike the individual.
- The most important key message is that this is aimed at the individual working in the healthcare setting, linking strongly to the health, work and wellbeing agenda.

“It is important that there is adequate risk assessment wherever there is a risk of injury to staff”

Why back pain?

The main aim of the back pack is to reduce the incidence of back injuries in the NHS. The name *Back in work* was chosen because injuries to the back are one of the main causes of absence and ill health retirement. However, it is important to note that back injuries are not the only cause.

The back pack documents cover other work-related MSDs such as upper limb disorders (ULDs) or repetitive strain injuries (RSIs), but for ease of reference the documents will refer to back pain and back injuries.

It is important to reiterate that back injuries are not only caused by lifting heavy loads. They can easily happen to administrative staff who are asked to carry bulky or awkward loads of medical records when they have not been trained in the correct handling techniques. Catering staff can suffer from carrying loads that are better managed using a trolley, while office staff frequently sit for long hours in chairs, at desks and computers which have not been properly adjusted for their physique.

Display screen equipment (DSE) assessments, and training in the correct lifting and manual handling techniques, all make a positive contribution to the prevention of MSDs. The provision of lifting equipment, training and organisational policies which promote and embed good practice for lifting and manual handling all form part of the toolkit which enables trusts to fulfil their duty of care to their employees. These measures also enable staff to do their jobs with minimal risk to themselves, their colleagues and patients.

One of the key messages throughout the documents is the need for adequate risk assessment wherever there is a risk of injury to staff. If manual lifting is the only option, there are a number of things that can be done to reduce the risk, including:

- making the load smaller or easier to lift
- making modifications to the workstation, reducing carrying distances, twisting movements, or minimising the need to lift things from floor level or above shoulder height
- making improvements to the environment – improved lighting conditions or flooring, air temperature, cold working temperatures can increase the risk of injury for staff who are undertaking manual handling operations
- staff training – staff should receive the correct lifting and handling training for their post.

Positive back facts

Evidence compiled by the COST European Working Group, whose recommendations are presented in *European guidelines for prevention in low back pain*, identified that interventions around work organisation and the employer can be helpful in getting workers with low back pain back to work early. A prompt offer of appropriately modified duties can reduce the amount lost per episode of back pain by at least 30 per cent.

Activity-based rehabilitation and early return to work or remaining at work are therapeutic and beneficial for health and wellbeing for most workers with musculoskeletal conditions. There is an underlying assumption that significant hazards should be controlled.

Organisational interventions, such as transitional work arrangements, temporary modified work and improving communication between healthcare and the workplace, can facilitate early and sustained return to work.



Exercise is a key factor in the management and prevention of back pain. The *European guidelines for prevention in low back pain 2004* contain a number of recommendations:

- Physical exercise is recommended to prevent work absenteeism due to back pain and the occurrence or duration of further back pain episodes.
- Later in the study the authors go on to say:

'Physical exercise may be recommended in the prevention of lower back pain (LBP) (level A). Furthermore, physical exercise may be recommended in the prevention of recurrence of LBP (level A) and in the prevention of recurrence of sick leave due to LBP (level C).'

- In the same report the authors look at modifications for workers returning to work and conclude that:

'Temporary modified work such as ergonomic workplace adaptations can be recommended, when needed, in order to facilitate earlier return to work for workers sick listed due to LBP (level B).'

The NICE guidelines, **Low back pain: early management of persistent non-specific low back pain**, published in May 2009, further support the positive benefits of exercise for low back pain outlined in the European guidelines. They also make a recommendation for acupuncture to become available as part of the range of treatments on offer to NHS patients. The key messages in these guidelines are:

- Patient-centred care based on information, education and patient preferences – people should be provided with advice and information which will promote and encourage the self management of low back pain (LBP).
- For most cases of LBP, what should be on offer is:
 - physical activity and exercise – a structured programme tailored to the person
 - manual therapy – a course of manual therapy such as spinal manipulation
 - invasive procedures – such as acupuncture, but not injections of therapeutic substances into the back.

Case study: Doncaster and Bassetlaw Hospitals NHS Foundation Trusts

A pilot study undertaken at Doncaster and Bassetlaw Hospitals NHS Foundation Trust to evaluate the benefits of providing an occupational health physiotherapy service for staff with back pain in the trust demonstrated that the potential savings from providing this type of service for staff was £246,645. The total cost for setting up this service (staff and equipment) came to £79,044.

The CBI estimates that back pain costs approximately £208 per employee. In a trust the size of Doncaster (6,000) this would come to a cost of £1.2 million. The average referral rate over the evaluation period was 64 per month (768 per year). Self-referral was encouraged (55 per cent) as it often negates the need to take time off to see a GP. Eighteen per cent were referred from the occupational health department, 12 per cent by their manager and 15 per cent by other unspecified routes. Eighty eight per cent of staff said that the service had saved them a visit to their GP and 64 per cent said that the service had saved them taking time off work.

The potential savings from this service, based on a D grade staff nurse earning £87 per day and 150 staff (65 per cent who did not take sick leave after using the service), using the HSE figure of 18.9 as the average absence for back pain, gives a potential saving of £246,645 or, expressed another way, saves 10 per cent of staff going on sick leave per month. The total cost for setting up this service (staff and equipment) came to £79,044.



NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to get involved in our work, email Healthworkandwellbeing@nhsemployers.org
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