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# RAPID ACCESS TO TREATMENT AND REHABILITATION FOR NHS STAFF

## INTRODUCTION

The workforce is the NHS's most valuable asset. Without staff who are well and at work the NHS cannot deliver effective patient care. There is increasing research and evidence that support the need to look after the health and wellbeing of staff, better caring for our workforce can make a significant impact on patient care. This particularly applies when looking at rapid intervention for physical and mental health needs.

*"Health and wellbeing of NHS staff should no longer be a secondary consideration but needs to be at the heart of the NHS mission and operational approach", Dr Steve Boorman, The Boorman Review 2009.*

Rapid access, often referred to as fast tracking, is a system which secures rehabilitation and occupational health treatment for NHS staff. This enables staff to remain in the workplace or enable a return to work which is, fast, practical, and reasonable. Rapid access systems benefit the employee, the employer and patients.

This guide is intended to support HR and occupational health (OH) professionals and trust boards making decisions about how to manage rapid access services for staff in their organisation. It provides good practice examples and emphasises the importance of:

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

## Organisational benefits of rapid access

### Musculoskeletal

- 1 in 8 of the working population report have an MSK problem<sup>1</sup>
- In the UK, 40 per cent of all sickness absence is due to work related MSK<sup>2</sup>
- MSK problems are manageable and can be prevented<sup>1</sup>

### Mental Health

- 1 in 4 of us will experience at least one mental health problem in any one year<sup>3</sup>
- 3 in 4 of people suffering from mental illness get no treatment at all<sup>3</sup>
- Poor mental health is the single largest cause of disability in the UK<sup>3</sup>

Implementing an efficient rapid access scheme in your organisation can have considerable benefits including:

- Demonstrating the organisations commitment and value of staff wellbeing
- Supporting staff to remain healthy and productive
- Promoting a culture of positive staff experience
- Providing continuity of patient care

- Reducing pressures on colleagues resulting from sickness absence, and help sustain positive morale
- Reducing sickness absence and associated costs.

**Rapid access is not:**

- Prioritising the health needs of staff to the detriment of other patients.

**What does the evidence tell us?**

Alongside the results of existing schemes there is strong evidence that early intervention and a facilitated return to work has a positive impact on staff with MSK or mental health issues. This can significantly reduce the likelihood of staff having extended absence or further health issues developing. Adults that have been off work for long periods have a high prevalence of depression and anxiety irrespective of the initial cause of absence. Depression and anxiety can set in as early as six weeks after first becoming sick and are often the cause of extended absence.

Research led by the mental health charity, Mind, confirms that more than one in five (21 per cent) agreed that they had called in sick to avoid work when asked how workplace stress had affected them.<sup>4</sup> 14 per cent agreed that they had resigned and 42 per cent had considered resigning when asked how workplace stress had affected them.

As Professor Woolf, Chair of the Arthritis and Musculoskeletal Alliance (ARMA) suggests: *“Musculoskeletal Disorders (MSD) very often are interlinked with mental health issues, and it is this combination of conditions, which most often lead to loss of days at work. It is therefore crucial that employers take a holistic approach to dealing with MSD in their workplace”*.<sup>5</sup>

Early and reliable access to a physiotherapist has been shown to be one of the most effective forms of intervention to deal with musculoskeletal (MSK) conditions within the workplace. Enabling faster access to people suffering from MSK conditions could optimise the clinical outcomes, reduce preventable deterioration and enable them to stay in work or return to work quicker.<sup>6</sup>

Business in the Community (BiTC) released their musculoskeletal health in the workplace toolkit for employers in 2016. This toolkit was created in partnership with Public Health England and (ARMA) and it highlights the importance of a collaborative approach between the employer, line manager and occupational health in supporting staff to work within their abilities.<sup>7</sup> The approach taken must address the physical, psychological, social and occupational factors and not just treat their condition with the assumption that this will enable them to work. Line managers and organisations must look at their staff’s health and wellbeing holistically.

Good work is beneficial and prolonged sickness absence is detrimental, so helping people stay at work or to achieve early return after sickness absence is desirable. The stay at work (SAW) philosophy is focused on helping the individual (or workforce) to remain at work when experiencing a health problem, with the aim of preventing unnecessary sickness absence (both present and future). Return to work (RTW) is the process of returning to the workplace following sickness absence, the goal being a sustained return to usual tasks in the same job (accepting that this will not always be possible). Whilst SAW is the conceptually preferred option, the RTW process should not be ignored. The psychosocial obstacles to both SAW and RTW have shared characteristics, so tools applicable for one will help with the other.<sup>8</sup>



Dame Carol Black's report, *Working for a Healthier Tomorrow*, highlights the adverse effects of lengthy absenteeism on health and wellbeing ranging from the cost of absence to the effect on children of those on sick leave. It emphasises the importance of the workplace as a forum for improving wellbeing and advocates the introduction of services that facilitate earlier return to work.

This early intervention approach was echoed in the NHS Health and Wellbeing Review (Boorman review) in November 2009. Boorman recognised that common health conditions such as musculoskeletal disorders and mental health conditions are responsive to early, effective intervention, enabling staff to return to work quickly and benefiting the individual, the trust and patient care. Boorman recommended nationally agreed service standards for early intervention.

### Examples of rapid access services

There are three common rapid access models in operation:

1. Providing access to bought-in rehabilitation/psychological services for staff with the aim of returning frontline staff to work sooner than waiting for appointments via another route.
2. Expanding or investing in rehabilitation/psychological services within occupational health units to provide dedicated services for staff accessed via GP referral, manager referral or by self-referral (staff referring themselves directly).
3. GP refers staff member via the usual patient route and rapid access is requested and applied to both outpatient appointments and hospital admissions for treatment. This does not necessarily entitle staff to preferential appointments or include private facilities and treatment.

Research collated as part of the Dame Carol Black's review suggests that successful fast-tracking scheme policies should set out what the principle is for adopting this approach and highlight that:

- Staff health is an organisational priority and not just a box ticking exercise.
- This approach may include employees gaining more immediate access to health services provided by the trust and being facilitated back more quickly. This in turn will benefit the staff, the organisation and patients.
- It is one of the ways in which the organisation is working to ensure it has a workforce that is fit and able to meet the challenge of delivering healthcare to patients.

Where reviewing or implementing rapid access services for staff these should be in line with the needs of the individual organisation, organisational data and financial assessment. As with any workforce plan board level agreement, leadership and organisational culture will be critical to support the success of the intervention. Where commissioning services, organisations will also need to ensure you adhere to local commissioning processes.

You can use our [☑ eight elements of workplace wellbeing](#) and take a look at NHS England's health and wellbeing framework to help you develop and review your organisational approach to rapid access.

## Developing a clear process

It is vital to create and develop a clear rapid access process. This is typically done as either a standalone process or through the organisations sickness policy. The focus should be on ensuring the process is simple, clear and effective so that staff understand how and when to access the service. Engaging with unions, key stakeholders e.g. occupational health, HR, line managers, the wider organisation and external stakeholders e.g. GP and support services is critical to enable the process to be as inclusive and as effective as possible. Those involved in implementing a rapid access approach should also be included at this stage. It is essential to be clear when staff can access rapid access and how they do this.

The majority of rapid access services are available before, during or after a staff member experiences a health issue. Where staff access rapid access services before absence occurs this may enable the staff member to stay at work and prevent them from going off sick.

When staff are off work research carried out by HSE<sup>9</sup> sets out current good practice that can be applied to every stage of an employee's rehabilitation and return to work following illness:

- early contact with the employee
- early health assessment
- good quality health assessment
- development of an agreed rehabilitation plan
- availability of therapeutic intervention
- flexible return to work options
- work adaptations and adjustments.

## What should a rapid access policy include?

Whether developing a standalone policy, incorporating this into a current policy for example sickness absence or just having a clearly communicated process you may want to consider including the following areas in your rapid access intervention:

- **Provide clear information on what rapid access is and your organisation's commitment to supporting staff wellbeing.** This can include a description so employees and line managers are aware what it means and if this policy is relevant to their need.
- **How and when rapid access should be considered.** Include here how an employee or line manager can access this service and linking with your OH department include some examples of what situation is considered to apply for rapid access.
- **Explain how staff can access/be referred for rapid access.** Discussion with the group creating the policy need to agree what routes are accessible in your organisation. This could be self-referral, via line manager or your GP.
- **Roles, responsibilities and contact details of those involved in the process.** This should be made clear and easy to find so members of staff needing this information can access it quickly. Can these also be displayed electronically or in breakout/relaxation areas so all staff can view them?



— **Development of a case plan that reflects the needs and responsibilities of all concerned including:**

**Employee**

Where an employee is still in work but is either showing signs of being unwell at work or has alerted their line manager to their MSK/mental health issue, the line manager should maintain regular one to one catch ups with the employee on their health issue, needs and how the organisation can support them to remain well in work.

Where an employee is absent from work through illness, it is important that reasonable contact with the trust is maintained, via the line manager, and that the employee is contactable and able to keep any reasonable appointments offered. A decision about the frequency of this contact will be dependent on the individual case and should consider the views of the individual and the needs of organisation. Policies and care plans need to reflect these responsibilities and all parties need to be aware of the expectations placed upon them.

**Line manager**

Line managers have a key role to play in the rehabilitation. Open and honest conversations at the start and throughout the process will have a significant impact on the employee either staying well in work or returning to work.

**Occupational health**

Occupational health will most probably take the lead in implementing this process and providing links to all the others involved in developing the care plan and taking it forward. They should develop a good working relationship with the employee's GP to ensure that they are kept up to date with what is happening to their patient and keep in regular contact with the line manager where relevant.

**Human resources**

The human resources team or assigned HR Partner/Adviser need to be aware of the employee's progress and should provide advice on any HR policies that may impact the process.

**Processes available to facilitate return to work, including rehabilitation & redeployment.**

If the employee cannot come back to work in their existing role due to limitations or restrictions, OH, HR and Recruitment should plan regular meetings to review the capabilities of the employee that is absent from work and job match with any current vacancies they could potentially fill through a rehabilitation or redeployment option.

**Referral**

Employees may refer themselves (self-referral), or be referred by their manager or GP. There is demonstrable evidence that the facility to self-refer, for example to physiotherapy, is the quickest and most effective way to support employees back to work and in some cases, avoid staff absence altogether. Decisions about rapid access should be made by the receiving healthcare professional, as set out in the policy.

This decision should be made after an assessment of the individual case by the healthcare professional. Consideration should be given to whether the employee is absent from work due to the illness or injury, and how contact will be maintained with them throughout the process.

All parties involved should be clear that rapid access does not necessarily mean immediate access to services but is intended to produce a care plan that will bring about staff being cared for and remaining in work and a speedier return to work. Following referral and assessment, if the case is viewed as appropriate for rapid access a care plan should be developed.

## Developing the care plan

The care plan should be developed with input from all parties outlined in the policy. It is a tool that records the outcome of the care planning discussion between the employee and their healthcare professional. This plan contains all the information needed to manage the care of the employee. It is particularly important that line managers are engaged early in the process. They need to understand and respect the need for the employee to remain well and in work or the need for the employee to return to work as soon as practical and this may mean that adjustments need to be made in working patterns or in the work itself.

HR teams may need to consider how they manage issues such as pay when employees are being rehabilitated back into work. The healthcare practitioner is most likely to facilitate the development of the care plans. They should facilitate the planning with support, guidance and resources. A plan would contain information on the individual's concerns, their wellbeing needs, actions, goals, any support organisations and any specific needs they may have. Developing a care plan involves discussion, negotiation, decision-making, and review.

## What does the NHS staff handbook say?

The management of ill health within the NHS is challenging, but it provides opportunities to improve the overall health and wellbeing in the workplace, which will ultimately boost organisational productivity and support service improvements for patients. Annex 26 of the [NHS staff handbook](#) recommends that to avoid premature and unnecessary ill health retirement, employers should consider the following interventions as early as possible (ideally when staff are still in work), and at the latest, within one month of an employee taking sick leave.

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

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

**Redeployment** – enabling the retention of staff unable to do their own job through ill health or injury as an alternative to ill health retirement or termination. Staff should be made aware of the provisions within the NHS pension scheme to assist this process through step down and wind down arrangements. These are available on the [NHS Pensions website](#).



Rapid access is an approach which can be used alongside each of the above interventions. It is a proactive response by the organisation to not only the importance of looking after staff and keeping them well at work but also the issue of sickness absence. Rapid access recognises the importance of facilitating a rapid return to work for the benefit of the health of the individual, the patient and the organisation. By implementing rapid access, the organisation selects a series of interventions that it will offer to staff, for example access to physiotherapy services or counselling services. The selection of the services offered will depend on the assessed health needs in the organisation.

### **Rehabilitation & Re-deployment**

The main aims of rapid access are to ensure staff are looked after, cared for and are well at work and to also facilitate a quicker return to work than would be expected without the intervention. Consideration should be given to the way in which the individual returns to work especially if a return to normal duties is not immediately advisable.

There are many options available including rehabilitation and redeployment. Where rehabilitation is considered possible, the occupational health service and human resources team will manage the return in the manner considered best for the individual. In most cases this is likely to be phased, with a change of duties if necessary. Many trusts using rehabilitation as part of their sickness absence management policies have found that it is not always possible to rehabilitate staff back into their original post in the short term. This may be due to job loading or to the nature of their illness. For instance, musculoskeletal problems need time to heal without the risk of further damage. In these circumstances, a widely used alternative is redeployment.

Redeployment is an important mechanism that can help keep experienced and skilled staff in the NHS. An effective redeployment policy can help retain staff unable to do their job through ill health or injury. This can be used in the short term while an employee is recovering or permanently for staff who have no likelihood of returning to their original role. In some cases, redeployment will require re-training and it is good practice for this to be provided as part of a package devised and managed by the occupational health service and human resources. The level and length of re-training should be carefully considered to ensure that it is appropriate and proportionate.

### **How do I implement and evaluate the rapid access process in my organisation?**

It's important to plan how you are going to evaluate your programme before you start any interventions. This helps you to set measurable objectives and determine what success looks like.

Once the process has been developed and agreed, those involved in its implementation should be made aware of their responsibilities, a communications plan should be developed and there should be a clear understanding of what is being evaluated.

Evaluation provides focus and ensures that activities align to the objectives. Evaluation is often an afterthought but by factoring this into planning stages provides a check in for regular target reviews and demonstrates the impact of your programme.



Developing a communication plans ensure that all staff are aware of the policy and the best ways to implement it. Here's some things to think about when choosing your communication channels:

- How many staff are you targeting with the intervention?
- Where are they based – are they across multiple sites?
- Does your target audience work remotely? Can they regularly check emails or access the intranet?
- Would posters or payslip leaflets be an effective way of reaching your audience?

For more in-depth information on evaluation and communication you can access our free [📄 communications guide](#) which can help when you are implementing a rapid access process for staff.

It is essential that NHS organisations that use rapid access schemes collect data to show the effectiveness of their strategy. The collection of data prior to implementation is vital to achieve a base line with which to benchmark progress. Consider making regular reports to the board to expand the service.

Working with HR, occupational health and finance colleagues will allow those implementing the policy to collect data about patients, sickness absence, reductions in associated costs and most importantly the reduction in length of absence that is facilitated by the rapid access process.

You can listen to our [🎧 health and wellbeing leads network webinar](#) on evaluation which focuses on how to robustly evaluate health and wellbeing interventions.

The [📄 NHS Employers eight elements to sickness absence](#) provides information on collecting and [📄 evaluating data](#) to help you demonstrate the importance and impact of your rapid access service.

## Conclusion

[📄 The NHS Constitution](#), states that: “The NHS commits to provide support and opportunities for staff to maintain their health, wellbeing and safety”.

Implementing a successful rapid access scheme that meets the needs of your staff and organisation will help employees feel valued, increase staff morale in individuals and amongst teams, and help reduce staff sickness. In turn this will save the organisation money and most importantly, staff will be well at work to provide better patient care.



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## 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.

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