

**Project Title:** Physiotherapy for musculoskeletal disorders  
**Sponsor:** Leatham Green, Head of Business & Workforce Planning  
**Customer Department:** Chief Executives  
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### **Background (including links to other projects)**

- 1.1 According to the Health and Safety Executive (HSE) musculoskeletal disorders (MSD's) are the most common occupational illness in the UK, affecting one million people per year. MSD's are conditions which affect the muscles, tendons, ligaments, nerves or other soft tissues and joints. In particular they cause pain and discomfort in the back, neck, shoulders, arms, wrists and fingers. These conditions are usually related to overuse and can become debilitating if left untreated.
- 1.2 The HSE document Securing Health together recommends that employers work towards the following targets by 2010:
  - 20% reduction in the incidence of work related ill health
  - 30% reduction in the number of work days lost due to work related ill health
  - employees currently off work due to ill health are made aware of opportunities for rehabilitation back to work.

### **Musculoskeletal Disorders within the Council**

- 2.1 The total cost of sickness absence to the Council in 2003/ 2004<sup>1</sup> was £7.2 million. Time lost to musculoskeletal injuries between April 05 and September 05 was approximately 5000 days. This is 13% of total sickness absence. Current reporting attributes 53% of sickness absence to Sickness Other. Until the new system of sickness reporting is fully established, no truly accurate figures can be produced. A breakdown of this information is attached at Appendix A
- 2.2 Recent in depth work on cases of chronic (long term) sickness absence within the Council shows that a more accurate figure for MSD's within the Council is 50% of total absence figures.
- 2.3 National statistics support this figure indicating that MSD's account for approximately 60% of all absenteeism, with a cost to industry of nearly £500 million per year.<sup>2</sup>

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<sup>1</sup> Please note that this is the most recent figure provided by Business & Workforce Planning as they are currently liaising with Serco and Payroll in order to determine the best way to calculate the annual cost of sickness absence from SAP.

<sup>2</sup> The Back and Pain Revolution: Gordon Waddell 1998

## National Musculoskeletal Management System (MMS)

- 3.1 The National Musculoskeletal Management System (MMS) effectively manages injured employees back to work through the provision of rapid early access to physical therapy treatment using a network of associate clinics. The aim is to return an individual safely to full working duties by providing the most appropriate cost effective treatment in the shortest possible time.
- 3.2 MMS research proves that implementing early rehabilitation and return to work policy will significantly reduce the number of minor and acute injuries developing into more serious and/ or chronic injuries, and serious injuries from becoming disabling. MMS unique feedback and reporting system assists businesses in identifying, reducing or eliminating the 'cause', thereby preventing a re-occurrence.
- 3.3 MMS will manage the whole process from the first report of sickness absence through to the individual's return to work. Managers will be kept informed of the progress of cases at all times, and full reports will be available for each individual undergoing treatment.<sup>3</sup>
- 3.4 MMS can operate independently of the Occupational Health Service and liaise directly with line managers, or can work in conjunction with the existing Occupational Health Service.
- 3.5 MMS aim to complete treatment in 5 or less appointments per referral. 5 treatments are the average number required to resolve an acute musculoskeletal injury. Some may require more appointments and some less. The MMS service is operated on a pay as you go scheme, and we will only be billed for the number of treatment sessions provided. MMS operate a built in cost control/authorization process and all services are provided with pre-agreed spend limits.
- 3.6 **...key features of MMS service:**
  - provide a fully qualified experienced physical therapist to manage our account
  - liaise directly with management to discuss the progress of a referred employee
  - help cut absence caused by musculoskeletal injuries through early intervention
  - give employees fast, local access to treatment of injured employees through a fast feedback and reporting system
  - give organizations the data needed to manage absence costs effectively
  - help strengthen employee relations and staff morale by offering an important, cost effective benefit
  - carry out return to work patient assessments specific to job role, with reintegration plans
  - help control unauthorized absence

<sup>3</sup> See appendix C for examples.

- monitor musculoskeletal health and safety risk management
- mitigate and deflect personal injury claims
- offer specialist advice on all aspects of musculoskeletal injury prevention in the workplace

### Required Outcome/Objectives

- 4.1 Immediate assistance for individuals reporting sickness due to musculoskeletal injury.
- 4.2 Facilitation of fast return to work.
- 4.3 In depth reporting on all cases stipulating whether the individual is fit, or not fit to work.
- 4.4 Reduction of Chronic (long term) sickness absence cases.
- 4.5 Prevention of acute (short term) sickness absence cases becoming chronic (long term) cases.

### Benefits

#### ...case study – British Polythene Industries plc

- 5.1 British Polythene Industries plc (BPI) introduced rehabilitation services in 2001 at a cost of £16,000 for 3,500 employees.<sup>4</sup> They have demonstrated savings of £12 for every £1 spent on rehabilitation. This amounts to £176,000 saved in one year.
- 5.2 Demonstrable benefits to their business include:
  - Over 80% reduction in the average number of working days lost due to MSD's.
  - Only 16% of referrals to physiotherapists had to take time off work.
  - 70% of employees referred are fit for work, and 14% are put on restricted duties.
  - A significant reduction in civil compensation claims.

#### ...liability insurance claims

- 5.3 A significant number of claims for compensation are lodged against the Authority each year in respect of musculo-skeletal injuries. Most of these arise from lifting and handling activities and typically involve care staff, teachers in special schools, and countryside management staff. The average cost of an Employer's Liability claim is in the region of £30,000 to £40,000 but such claims can potentially be as high as £500,000 or more in respect of loss of earnings alone.
- 5.4 Increasingly, large employers, such a Local Authorities, are turning to using rehabilitation as a means of reducing claims. It is not only seen as good practice but will also, in the longer term, lead to a reduction in

<sup>4</sup> This covered the cost of around 400 treatments with an average of 3 treatments per referral.

insurance premiums. John Butcher, the County Council's Insurance and Risk Management Officer, has confirmed that our insurance premiums are based on our claims record and any measures that lead to a reduction in the overall cost of liability claims will subsequently reduce our premiums.

## Funding & Costs

### ...planning & implementing a pilot scheme

- 6.1 It is recommended that a pilot population of 1,000 employees from the Adults and Social Care Department is used in order to supply sufficient data to analyse the effects of introducing rapid access to rehabilitation.<sup>5</sup> MMS is an all inclusive service with all case by case and collated reporting included in the session cost of the treatment.
- 6.2 Whilst Children's Services are currently showing the highest rates of sickness absence caused by MSD's, strategies are already in place to manage this absence and the average days lost to sickness are declining.
- 6.3 There are currently no key strategies in place to manage the rising sickness absence within the Adults and Social Care Department and it is recommended that the pilot population for the programme is taken from this department.
- 6.4 MMS estimate that 10% of any population will access the service in one year.
- 6.5 MMS charge £45 + VAT per treatment, and aim to complete treatment within 5 sessions or less.
- 6.6 The estimated cost to the Council of running this pilot programme would therefore be £22,500 + VAT.<sup>6</sup>

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<sup>5</sup> A minimum population of 500 could be considered, with the running costs calculated pro rata.

<sup>6</sup> See appendix B – comparison of costs

**appendix a**  
**Breakdown of days lost to sickness absence for the period**  
**April 05 – Sept 05**

Illness	Adult Social Care	Chief Executive's	Children's Services	Corp Resources Directorate	Transport and Environment	Schools	Grand Total
<b>Musculoskeletal</b>	<b>1,267.99</b>	<b>136.70</b>	<b>689.78</b>	<b>30.00</b>	<b>97.35</b>	<b>2,774.17</b>	<b>4,995.98</b>
<b>Sickness – Other (reason for sickness unknown)</b>	<b>6,575.75</b>	<b>989.29</b>	<b>3,352.89</b>	<b>539.79</b>	<b>973.43</b>	<b>7,888.54</b>	<b>20,319.69</b>
<b>All other Sickness</b>	<b>2,908.01</b>	<b>555.36</b>	<b>1,332.88</b>	<b>275.49</b>	<b>258.62</b>	<b>8,057.95</b>	<b>13,388.32</b>
<b>Total days lost to Sickness Absence – all categories</b>	<b>10,751.75</b>	<b>1,681.35</b>	<b>5,375.55</b>	<b>845.28</b>	<b>1,329.40</b>	<b>18,720.66</b>	<b>38,703.99</b>

We are confident that 50% of the category Sickness – Other are in fact due to musculoskeletal disorders.

A full breakdown of sickness absence categories can be provided on request.

## appendix b Project Justification

### ... current system

- An employee is experiencing back pain and visits their GP. Part of their role is working on a computer and the rest of their time is spent in meetings and on home visits. The home visits involve some handling of children i.e. picking them up and some of these children have unpredictable behaviour. They visit their GP who signs them off sick for four weeks.
- They remain at home and the pain gets worse. They become anxious about this and are worried that they are not able to return to work and the financial implications of this. They visit their GP and inform them that the pain has not improved. He signs them off sick for a further four weeks. They contact their manager and their absence is triggered. A health enquiry is sent to the Occupational Health Department. A further three weeks go by.
- Following receipt of the health enquiry the Occupational Health Service write for GP report. This takes 8 weeks to receive. In the meantime the employee has been becoming more anxious and depressed about their pain and the GP has added depression to the sick certificate and has commenced anti-depressants.
- Once the GP report has been received in the Occupational Health Department it is reviewed by the Occupational Health Physician which takes a further 7 days. He writes to the manager to inform him that the GP has signed the employee off for a further two months and the GP has now referred the employee for physiotherapy.
- The employee will now have been absent for six months and the likelihood of a successful return to work has reduced by 50%. They also have associated health problems and their work has either been covered by employing another member of staff at significant cost or is being covered by other members of the team with a possible cost to their health.

### ...approximate cost to the Council

Assuming that this individual is entitled to full pay for their first 6 months of absence, and that they are earning the average Council wage, the approximate cost to the council under the current system could be as follows:

Average F/T wage	£20,320
Cost of 6 month absence on full pay	£10,160
Cost of 0.5 FTE to cover absence	£5,080
<b>Total cost of absence</b>	<b>£15, 240</b>

**... MMS system**

- An employee is experiencing back pain and visits their GP. Part of their role is working on a computer and the rest of their time is spent in meetings and on home visits. The home visits involve some handling of children i.e. picking them up and some of these children have unpredictable behaviour. They visit their GP who signs them off sick for four weeks. Their manager refers them directly to MMS.
- MMS call the employee immediately, assesses their referral and refers them to a local physiotherapist.
- Their first physiotherapy session takes place within 72 hours (3 days) of their referral.
- After two weeks and two physiotherapy sessions the individual returns to work, and continues treatment for a further 3 sessions until their condition is resolved.
- MMS provide a detailed report about the employee including specific reference to their fitness (or not) to work and a summary of the treatment they have received.

**...approximate cost to the Council**

Assuming that this individual is entitled to full pay for their first 6 months of absence, and that they are earning the average Council wage, the approximate cost to the council under the MMS system could be as follows:

Cost of 5 sessions of physiotherapy, admin & reporting (inc VAT)	£265
Cost of 2 weeks of sickness absence	£780
Cost of 0.5 FTE to cover absence	£390
<b>Total cost of absence</b>	<b>£1,435</b>

**Offering a saving of £13,805 per person over the current system.**