

Salus Return to Work Services
Working Health Services Scotland
Annual Report

01 April 2012 – 31 March 2013

Report comprises:

- Demographic breakdown by geographical area, client gender and age.
- Number of referrals by source and health condition
- Number and type of client interventions
- Client status on entry to programme and salary scales
- Medication changes, health status
- Client Destination Outcomes
- Pre & Post Assessment Outcome Measures
- Client Satisfaction Outcomes
- Appendices 1 & 2

Demographic Breakdown of Referrals

The total number of client referrals from 01 April 2012 until 31 March 2013 is 5367 of which 4379 clients engaged with service.

Total number of Referrals received= 5367

Total number of engaged clients =4379

Total number of live clients=1922

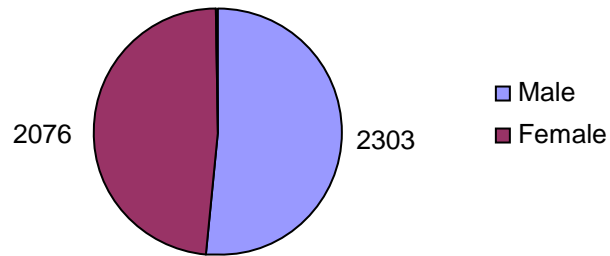
Completions/Discharges = 2457

Geographical Area

Area	Referral Target	Actual Engaged	% of Target achieved
Ayrshire & Arran	180	393	218%
Borders	340	230	68%
Dumfries & Galloway	120	101	84%
Fife	100	164	164%
Forth Valley	250	216	86%
Grampian	380	241	63%
Greater Glasgow & Clyde	300	549	183%
Highland	50	6	12%
Lanarkshire	500	930	186%
Lothian	550	569	103%
Tayside/Dundee	800	980	122%
Total	3570	4379	

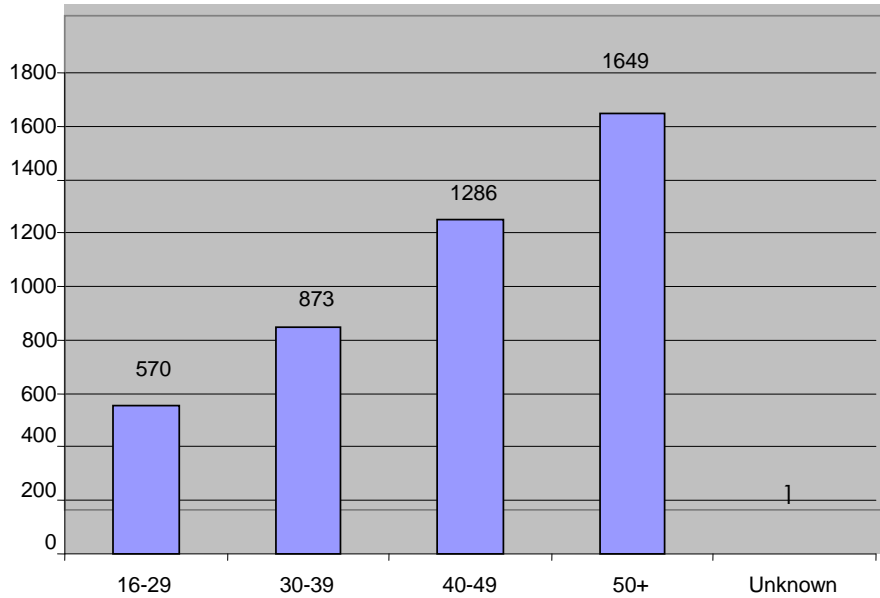
The majority of referrals received are from Dundee/Tayside 980 (22%) followed closely by Lanarkshire 930 (21%), A&A and Lanarkshire impacted by high number of MSK pilot referrals. The following information is based on 4379 engaged clients.

Gender



The gender split is 47% female and 53% male.

Age Range



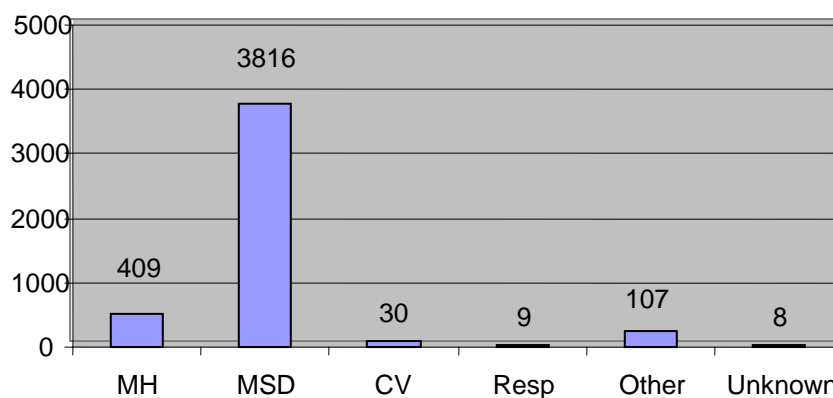
Ages of clients referred to the programme are recorded within age bands ranging from 16- 50+ years, the majority being within the 50+ years age group at 38% , followed by 40-49 category at 29 % , the 30-39 category 20% and the lowest category is found within the 16-29 years age group at 13% .

Heard About the Service

Heard about Service	No of Referrals
GP	1861
MSK Pilot	966
Health Professional	864
Employer	190
Other	498
Total	4379

Of the 4379 clients who engaged with the service, Self referrals are the source of most referrals received. the majority of clients have heard about service from GP's (42%), followed by MSK Pilot (22%), Health Professionals (20%), Employers (4%) and other category (12%) Other Category includes leaflet, webpage, friends, colleagues etc.

Referrals by Condition



Based on Primary presenting condition, Musculoskeletal 3816 clients (87%) is the main category of referral type, followed by Mental Health 409 clients (10%) and Other Conditions 107 clients (2%). The lowest categories of referrals (1%) lie within the Cardiovascular and Respiratory conditions. There are 8 referrals of which the condition was unknown.

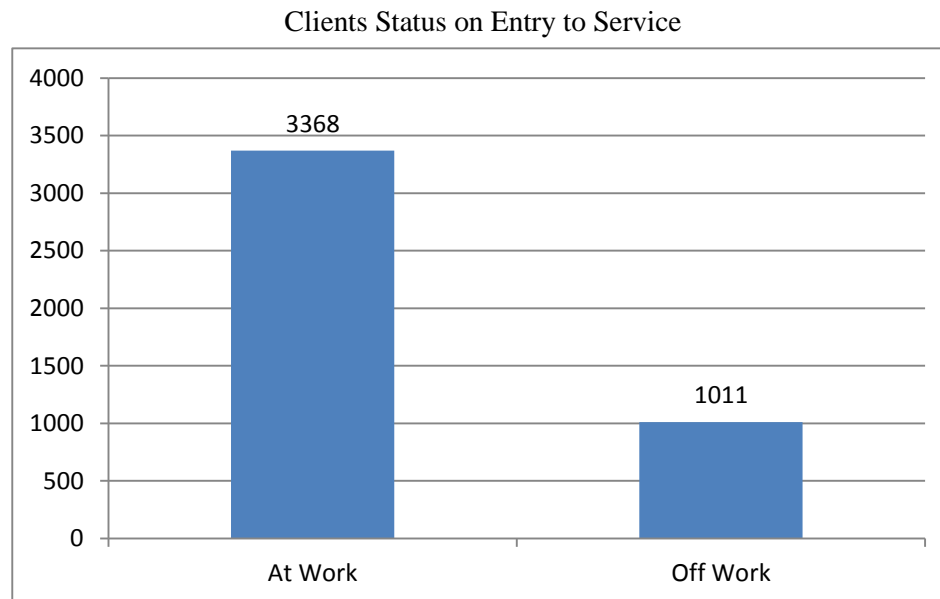
Interventions

All clients have a dedicated Case Manager throughout the duration of the programme, however following assessment it may be necessary to refer on for specific interventions appropriate to the clients needs. Interventions based on 4379 engaged clients.

Intervention Type	No of Referrals Made
Advice about alcohol/drug misuse	3
Advice Debt Management	34
Employment advice	21
Housing Advice	0
Learning & Skills Advice	9
Legal Advice	0
Leisure	0
Occupational Health	6
Occupational Therapist	358
Other	472
Physiotherapist	3465
Psychological Therapies (inc Counselling)	362
Relationship Advice	0
Treatment for MSK conditions (other than physio)	6
Total	4736

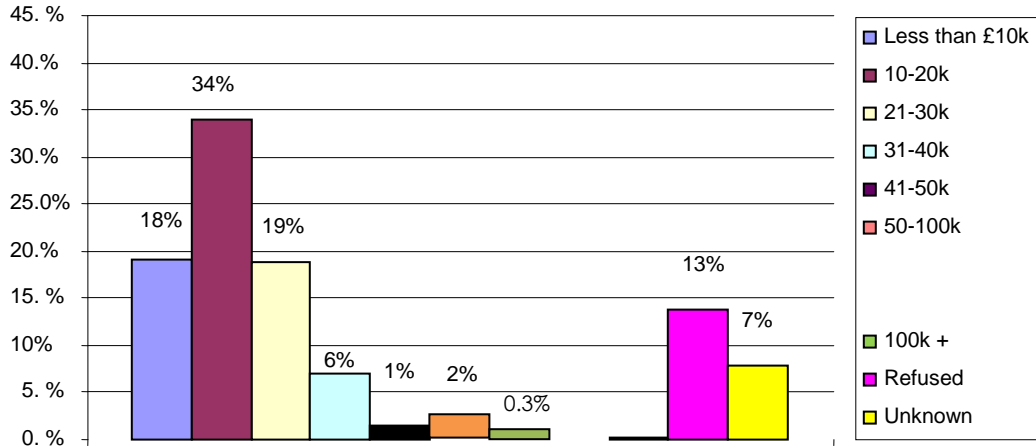
Of the interventions delivered, Physiotherapy is the highest (73%), followed by Psychological Therapies (8%) and Occupational Therapy (7%).

Other category may include Self Help Materials, Support Groups, Smoking Cessation, Weight Management, Citizens Advice Bureau etc. Also some clients may receive more than one type of intervention during their participation in the programme.



On entry to the service 3368 clients were presentees (77%), 1011 clients were absentees (23%),

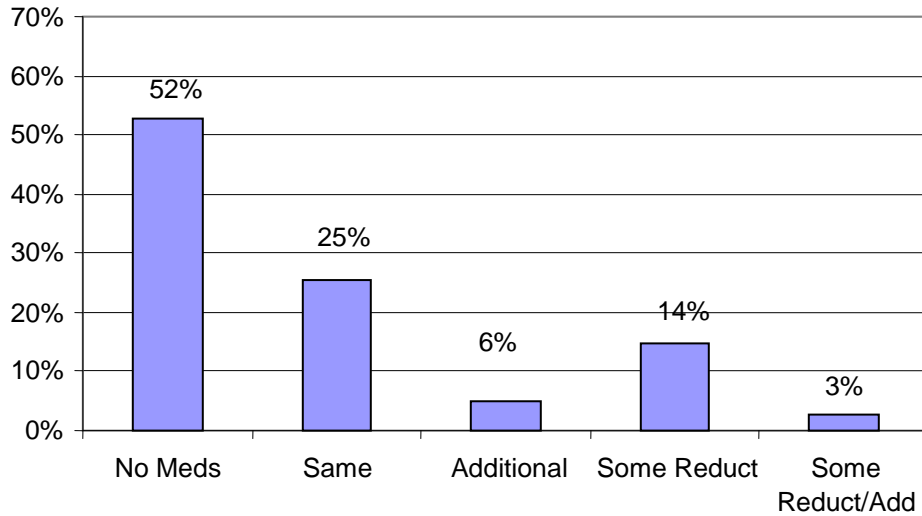
Wage Bands



Highest range of wage band falls within the £10-£20K bracket at 1485 (34%), followed by clients in the £21-£30K bracket at 854 (19%) and less than £10K at 789 (18%) £31-100K at 9% and 20% did not wish to answer or unknown.

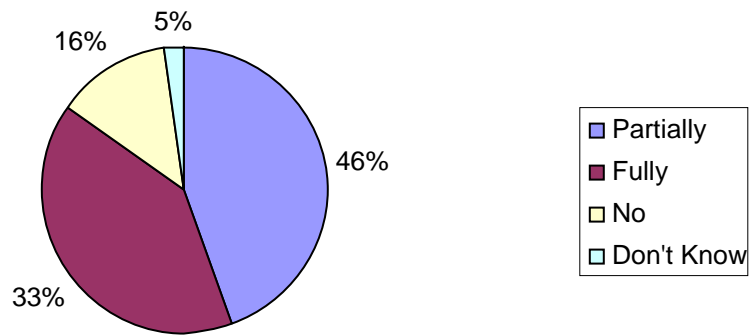
The majority (52%) of clients earn less than £20K.

Medication Change



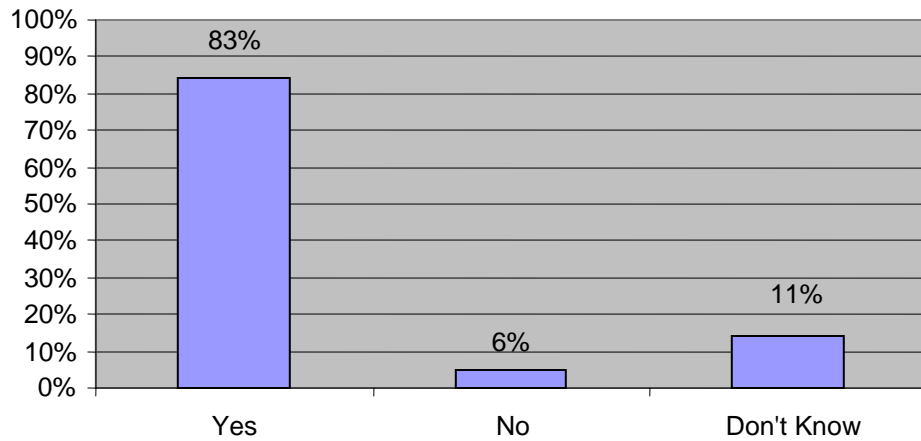
Following programme completion and available exit data, 52% of clients reported that they were not taking any medication, 25% remained on same medication, 6% had some additional, 14% had some reduction and 3% had some reduction and some additional.

Health Issue Resolved



Following completion of the programme and available exit data, 46% of clients reported that their health issue had partially resolved, 33 % fully resolved, 16% of clients felt their health issue had not been resolved and 5% were unknown.

Did WHS Help You to Remain in Work



On completion of the programme where exit data was available 83% of clients reported that Working Health Services (WHS) had helped them to remain at/in work, 6% reported that it hadn't helped them and 11% was unknown.

Destination Outcomes

Of the 1427 clients who have an outcome destination following completion of programme at 31 March 2013

- 1074 were in work (presentees) on entry and remained in work on completion of programme
- 250 were off sick (absentees) on entry and returned to work on completion of the programme
- 46 were in work on entry but were off sick on completion of the programme
- 57 were off sick on entry and remained off sick on completion of the programme

In conclusion:

Of the recorded exit data, 93% of clients remained in or returned to work from sickness absence on completion of the programme, 81% of clients returned to work after a period of sick leave and 7% remained sick or went off sick during programme.

Service Costs

Costs associated with service vary across Health Board areas, average cost per client £363.40. This sum is considerably lower than the National average cost identified by DWP evaluation of Pilot sites across UK.

Funding is allocated to each board area based on previous performance and agreed number of engaged referrals.

Throughout the duration of the service funds have been redistributed according to performance. Three areas have benefited from increased funding and four areas have had a marked underspend therefore receive funding appropriate to performance levels. This is reviewed on a quarterly and annual basis.

WHSS: Activity & Performance Measures April 2012 to March 2013

Introduction

5,367 clients were referred to WHSS between 1/4/2012 and 31/3/2013. This represents a 65% increase compared to the previous year (N = 3245).

Current Client Status

Based upon recorded dates of assessment and discharge, 2457 clients had participated in the service and had been discharged. The following summaries refer to the 2457 clients who had participated in the service and had been discharged.

Presenting Condition (s)

Up to two presenting conditions could be recorded per client.

Presenting Conditions	N	%
Musculoskeletal (MSD)	1923	78%
Mental Health (MH)	207	8%
MSD + MH	126	5%
MSD + Other	129	5%
Other	60	2%
MH + Other	10	0%
Missing	2	0%
Total	2457	100%

13% of referrals involved a MH problem and 88% of referrals involved a MSD problem.

Presenting Condition (s) and Commissioned Treatments (s)

The three most common forms of commissioned treatments offered to clients are Physiotherapy, Counselling and Occupational Therapy.

Collectively, 1950 (79%) of the 2457 clients attended at least one session of a commissioned treatment.

Presenting Conditions	N	Physiotherapy	Counselling	Occupational Therapy
Musculoskeletal (MSD)	1923	1576 (82%)	12 (1%)	54 (3%)
Mental Health (MH)	207	12 (6%)	104 (50%)	43 (21%)
MSD + MH	126	83 (66%)	21 (17%)	13 (10%)
MSD + Other	129	83 (64%)	12 (9%)	4 (3%)
Other	60	15 (25%)	1 (2%)	11 (18%)
MH + Other	10	3 (30%)	1 (10%)	4 (40%)
Missing	2	-	-	-
Total	2457	1772 (72%)	151 (6%)	129 (5%)

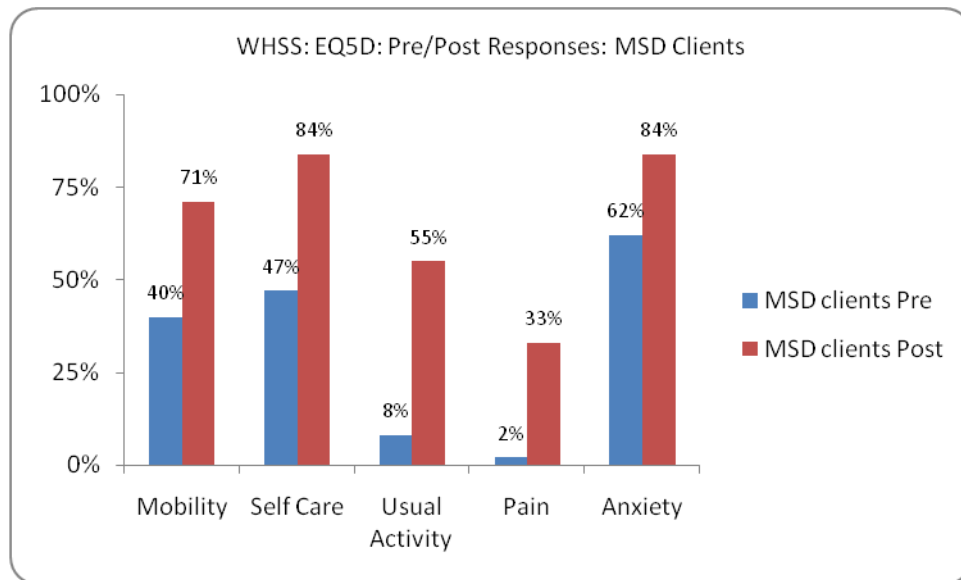
The number of clients in each Presenting Category who attended at least one session of each treatment is shown in columns 3, 4 and 5. For example, 1576, or 82%, of the 1923 clients who presented with a "simple" musculoskeletal presentation attended at least one session of physiotherapy.

Performance Measures

The following series of results are based upon the paired data completed by clients who had participated in the service, been discharged, and who completed *both* pre- and post- measures.

EQ5D

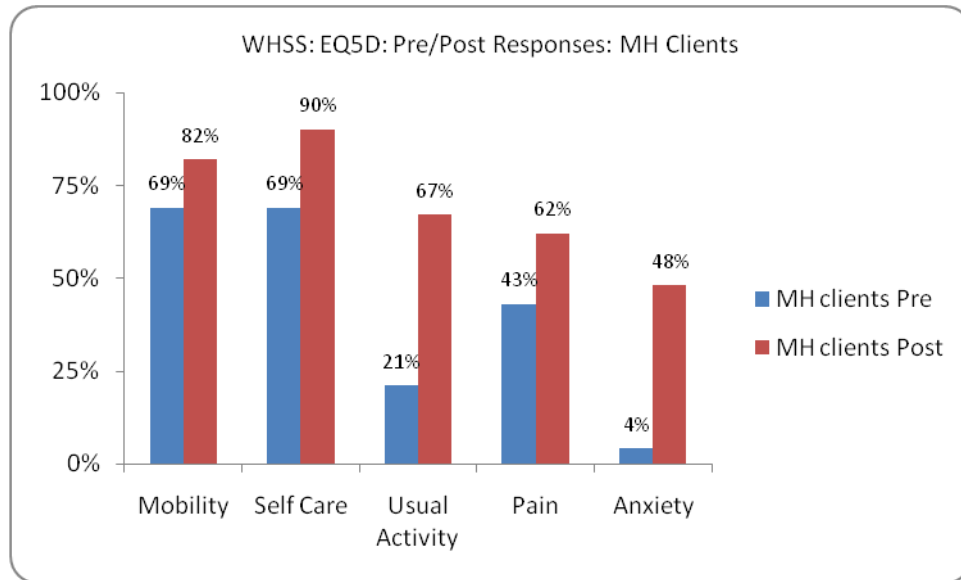
MSD clients



MSD clients		
	Pre	Post
Mobility	40%	71%
Self Care	47%	84%
Usual Activity	8%	55%
Pain	2%	33%
Anxiety	62%	84%

Prior to intervention 40% of clients who presented with a MSD complaint reported no problems with mobility. Following intervention this proportion has increased to 71%.

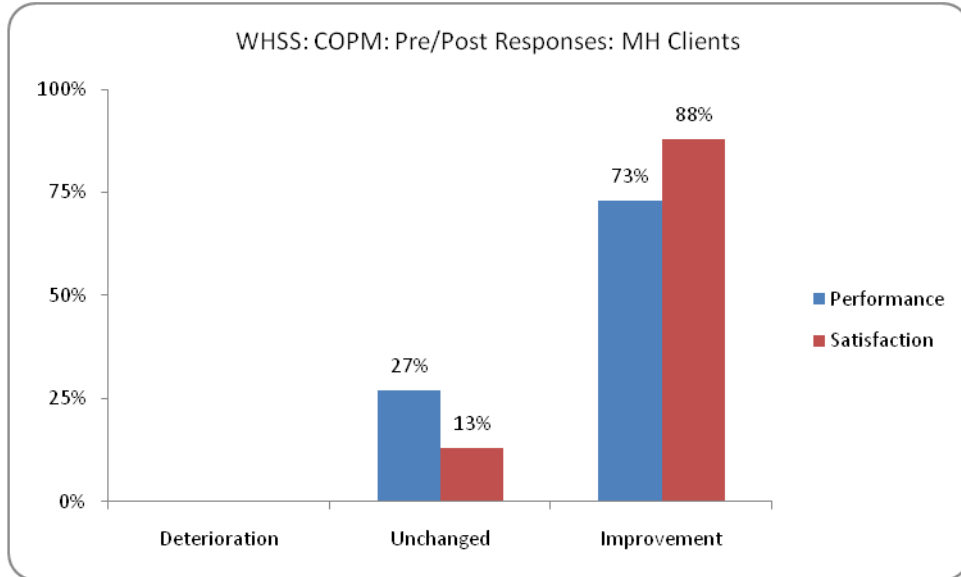
MH clients



MH clients		
	Pre	Post
Mobility	69%	82%
Self Care	69%	90%
Usual Activity	21%	67%
Pain	43%	62%
Anxiety	4%	48%

Prior to intervention 4% of clients presenting with a MH disorder reported that they were not anxious. This proportion rises to 48% following intervention.

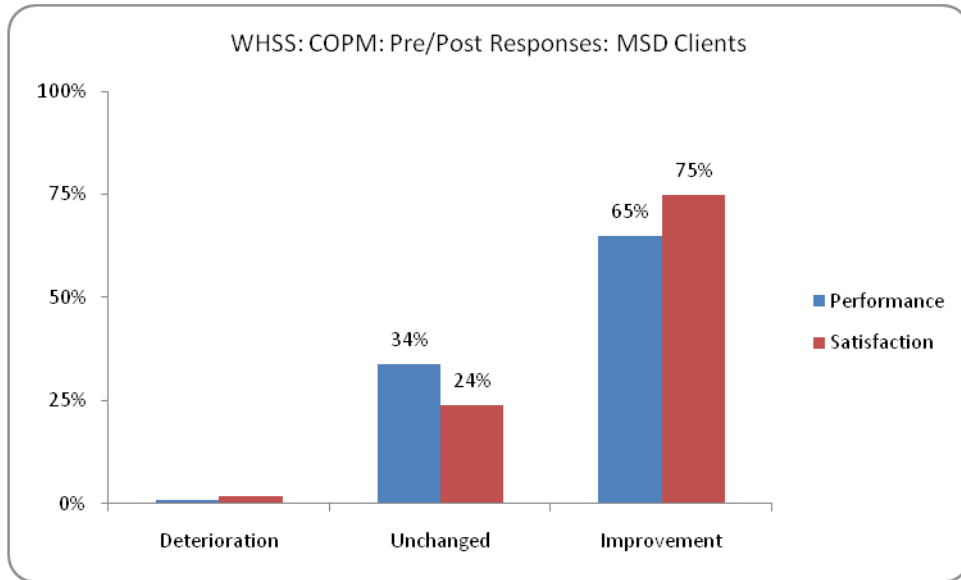
COPM
MH clients



	“Clinically Significant” Improvement	Unchanged	“Clinically Significant” Deterioration
Performance	82 (73%)	30 (27%)	0
Satisfaction	98 (88%)	14 (13%)	0

73% of MH clients perceive that their performance improved following intervention.
88% are more satisfied with their performance following intervention.

MSD clients



	“Clinically Significant” Improvement	Unchanged	“Clinically Significant” Deterioration
Performance	373 (65%)	192 (34%)	6 (1%)
Satisfaction	425 (75%)	134 (24%)	10 (2%)

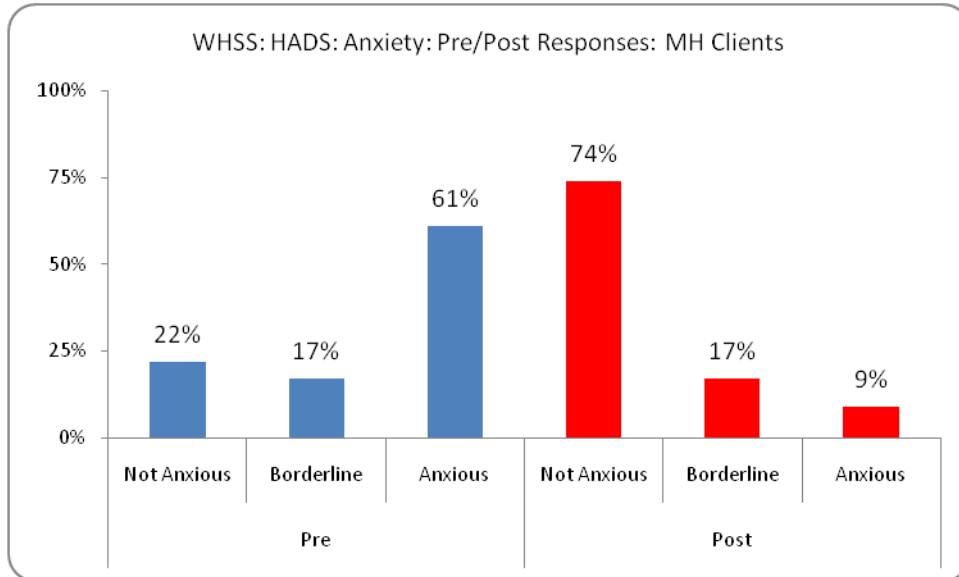
65% of MSD clients perceive that their performance improved following intervention.

75% are more satisfied with their performance following intervention.

HADS

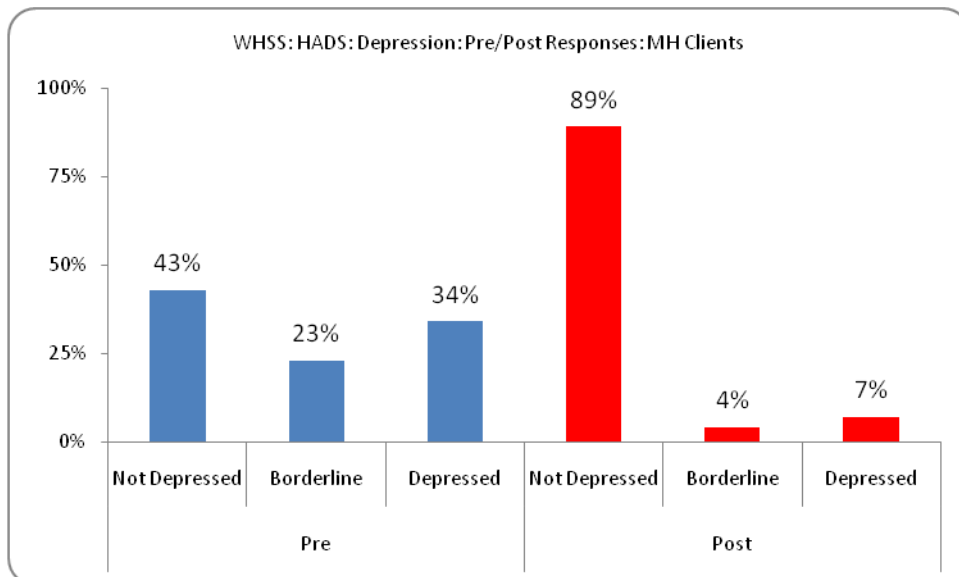
MH clients: Anxiety

61% of MH clients were anxious pre intervention. This decreases to 9% post intervention.



Depression

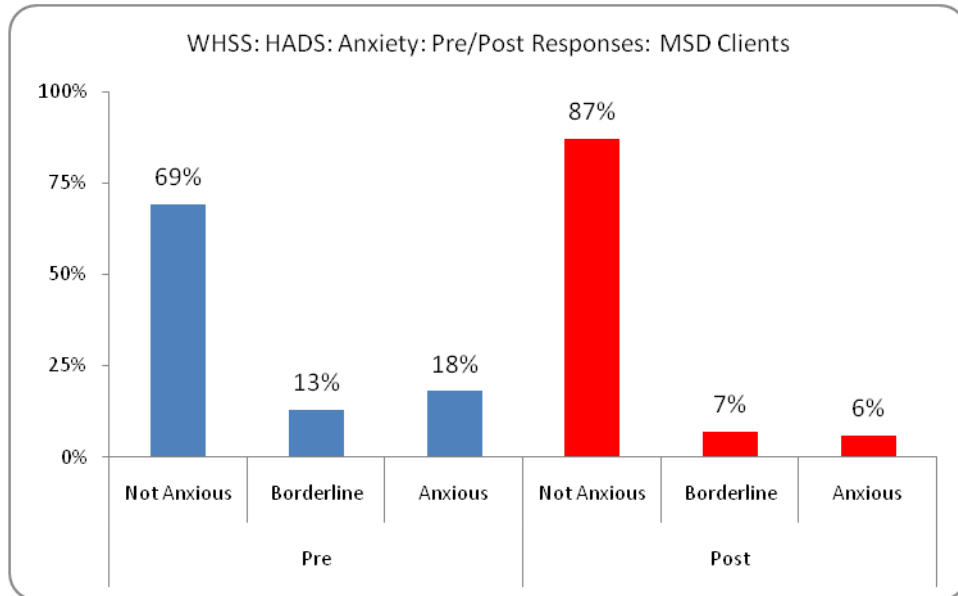
34% of MH clients were depressed pre intervention. This decreases to 7% post intervention.



HADS

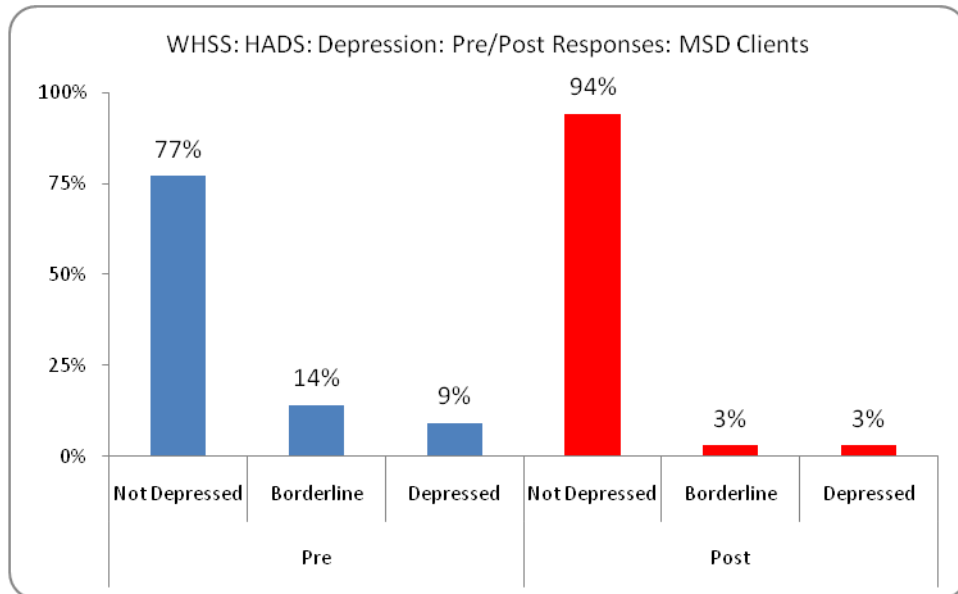
MSD clients: Anxiety

18% of MSD clients were anxious pre intervention. This decreases to 6% post intervention.



Depression

9% of MSD clients were depressed pre intervention. This decreases to 3% post intervention.



Client Satisfaction Outcomes (1354 Clients)

How would you rate your overall experience of the service received through Working Health Services Programme?

Poor	Good	Excellent
1%	25%	74%

How helpful was the support you received?

Poor	Good	Excellent
1%	25%	74%

How involved did you feel throughout the entire process?

Poor	Good	Excellent
1%	29%	70%

How would you rate the treatment you received?

Poor	Good	Excellent
0%	5%	95%

How would you rate the venue you were seen in?

Poor	Good	Excellent
0%	2%	98%

I would recommend this service to others?

Agree	Disagree
99%	1%

I would use this service again?

Agree	Disagree
98%	2%

This programme has had a positive impact on my current work situation?

Agree	Disagree
92%	8%

How would you rate the speed and delivery of this service?

Poor	Good	Excellent
1%	24%	75%

Further comments

Is there anything else you would like to add?

“Helped with my confidence feel my mood was dipping, talking and workbooks helped”

“This is an excellent service, especially for self-employed”

“Very professional service, great physio would happily use again”

“Case manager gave me excellent support through phased return and full return to work I wouldn't have been able to do it without this service”

“With the support from my case manager I was able to return on Phased return to work and have managed to sustain it”

“Excellent service, I found the speed of treatment to be very beneficial. Really surprised at how quick and efficient everything was. The service I received really helped me. Thanks very much for all your help.

“Excellent service without this I would definitely be off on long term sick, I have not lost any pay because I was able to work on with pain killers and exercises”

“If I had not contacted working health services then I would still be off work, I would not have had the advice and support that I received which made all the difference”

“Professional and quick service, easy to arrange the appointments”

“I would definitely use the service again, I am happy to be back to work”

Euro Quality of Life 5D (EQ5D)

EQ5D is a standardised non-disease-specific instrument for describing and valuing health-related quality of life.

Designed for self-completion, EQ5D takes only a few minutes to complete, and is also suitable for use as a postal questionnaire.

EQ5D is a public domain instrument and may be freely used except in instances of commercial use.

EQ5D consists of 3 main elements however the third element concerning optional demographic questions is not used by Salus since this is covered elsewhere in the initial assessment. The two elements used are:

1. The EQ5D descriptive system that consists of 5 questions about:

Mobility

Self Care

Usual Activities

Pain/discomfort

Anxiety/depression

Each area is rated on three levels as follows:

No problem = 1

Some problems = 2

Moderate/severe problems = 3

The respondent chooses the level which best describes their health state today.

2. The EQVAS is a 20cm vertical visual analogue scale. The respondent is asked to rate how good or bad their health is today from 0 = worst imaginable to 100 = best imaginable.

A complete user guide and further information can be found at www.euroquol.org

Canadian Occupational Performance Measure (COPM)

COPM is used to measure any changes in an individual's self-evaluation of their occupational performance over time. There are 3 performance areas (items) within which individuals identify their own areas of difficulty:

Self-care

Productivity

Leisure

COPM uses a semi-structured interview, allowing the individual to assess their daily activities in terms of those they want to do, need to do and are expected to do. From these activities, those that are currently difficult to perform can be identified.

The identified activities are then rated on a scale of 1-10 for **importance** and the five most important are recorded. These five areas are then rated for **performance** and **satisfaction**, also on a scale of 1-10. At re-assessment, all of these problems are scored again and compared with the scores at initial assessment.

The scores of the initial assessment are compared with those at the re-assessment, to detect any changes in the individual's self-evaluation that have occurred.

Further information can be found at www.caot.ca/copm

GHQ-12 (GENERAL HEALTH QUESTIONNAIRE 12)

What does GHQ-12 Measure?

The GHQ-12 is used to measure general psychological well-being. It is not used in the diagnosis of specific psychological problems or disorders.

How does GHQ-12 Work?

The GHQ-12 is self-administered and participants circle one of 4 responses for 12 different items. Each of these items is a statement of psychological strain. The responses should relate to their experiences in the past few weeks.

How is GHQ-12 Scored?

The GHQ-12 has two different scoring systems: **Likert** and **Bimodal**. With the Likert scoring system, each of the 4 answers, from left to right, is scored: 0, 1, 2, 3. For the Bimodal system, this is 0, 0, 1, 1. The coded scores for each item are then aggregated. For the Likert system, scores range from 0-36 and, for the Bimodal system, from 0-12.

What do the scores mean?

Regardless of which scoring system is used, a higher GHQ-12 score indicates a higher level of psychological **distress**.

Who can use GHQ-12?

Anyone. The GHQ-12 is self-administered and little training is needed to become competent in the scoring systems.

How long does GHQ-12 take to complete?

The GHQ-12 takes around 2 minutes to complete.

Where is more information on GHQ-12 available?

www.nfer-nelson.co.uk