



**Rory S. Graham**

Director of Health, Safety & Training

# Workplace

# Rehabilitation

# If They Break or Bend

# We Fix Em! At Work!

The Atlantic Alliance Conference  
CAMBORNE SCHOOL OF MINES



# The Case for Re-Habilitation.

- The escalation of days off work due to sickness and absence.
- The poor Management of sickness and absence.
- Major delays in the provision of Re-hab. Counselling & management of Musculoskeletal injuries (MSD) by the NHS.
- Rising costs of Long Term sickness.
- Increasing Litigation, Compensation and Ins. Premiums.



# What are the National Statistics?

- MSD affects 1.2 Million
- Costs £10 Billion but rising by £0.5 Billion each year.
- Soaks up 12 Million GP Consultations.
- MSD = 60% of all health related absences



# Stress

- Stress = No 1 Cause for long term absence. In non-manual work after 'flu & colds'.
- EU report that 50% of all absences has it's roots in work related stress.
- Rapidly growing area of litigation.
- 8 out of 10 GP's admitted they were over prescribing anti-depressants.( 6 million on pills)





# Injuries at Home

- 2<sup>rd</sup> Largest Cause of Injuries after Work
- Not all injuries are caused by an employers failure at work.
- There is such a thing as contributory negligence
- Lets look at two examples: East Russian Quarry Diving and Mountain Biking!







# Do Foster Yeoman Statistics follow the National Trend?

- 2002/03 We employed 740 people.
- 2 Quarries, 10 Depots, 1 HQ, 2 Contracting.
- Across the group the number of days sickness and absence totalled 3,800.
- Therefore on an average salary of say £18,000 S&A equates to 17 full time employees lost or loss cost of £306,000 per annum.



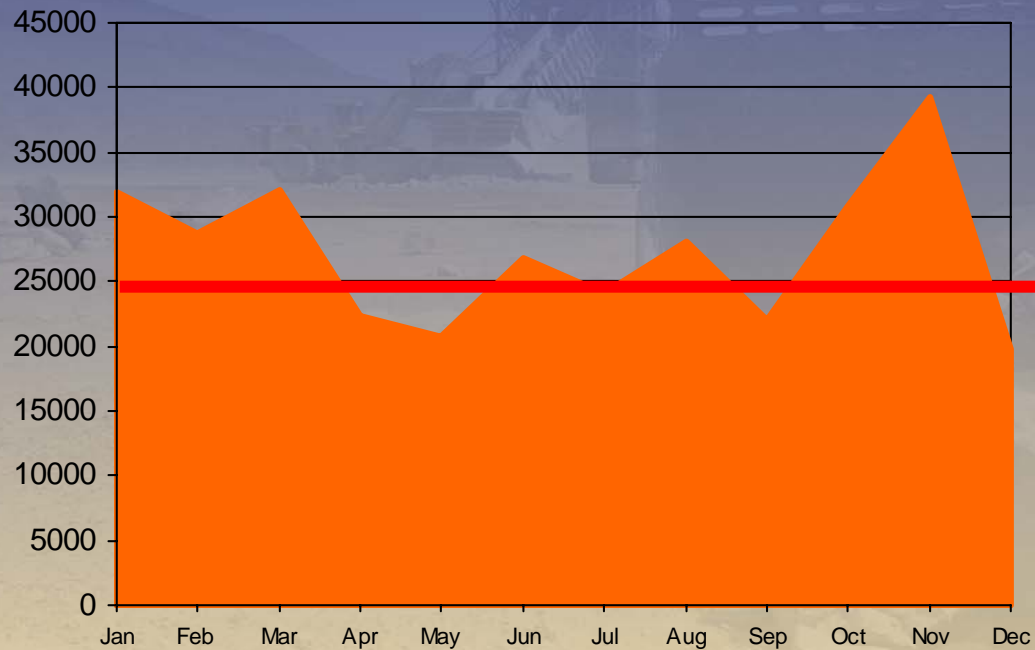


# The Usual Management Stuff

- Absence Management
- Stress Management
- Manual Handling
- Behavioural Safety Schemes
- Private Health Cover
- Sick Pay Scheme
- Occupational Health
- Proactive Drugs and Alcohol Policy.



# Cost of Absenteeism: 2002



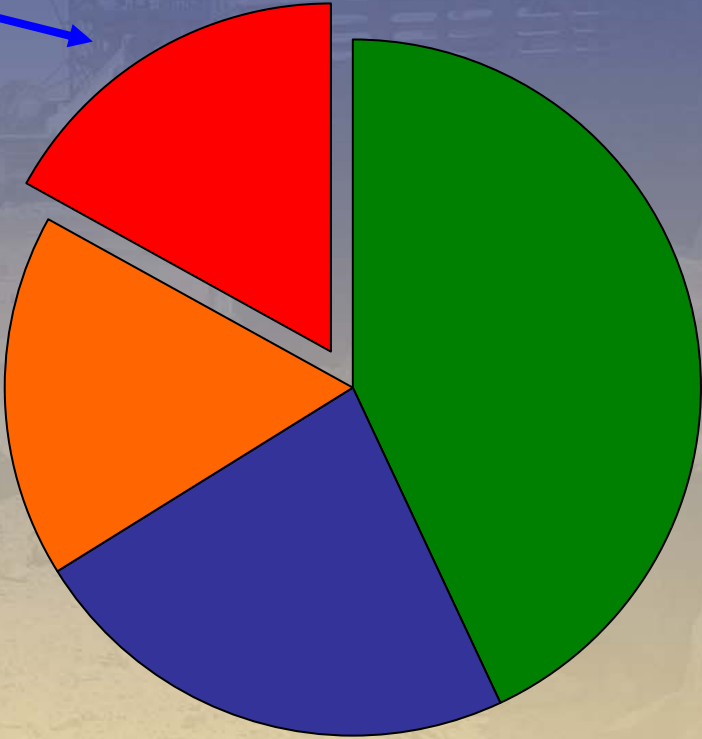
Average Cost  
£25500 p/month

2002



# Average length of sick leave

Most Costly Segment



- 1-2 Days
- 3-4 Days
- 5-6 Days
- 6 Days +

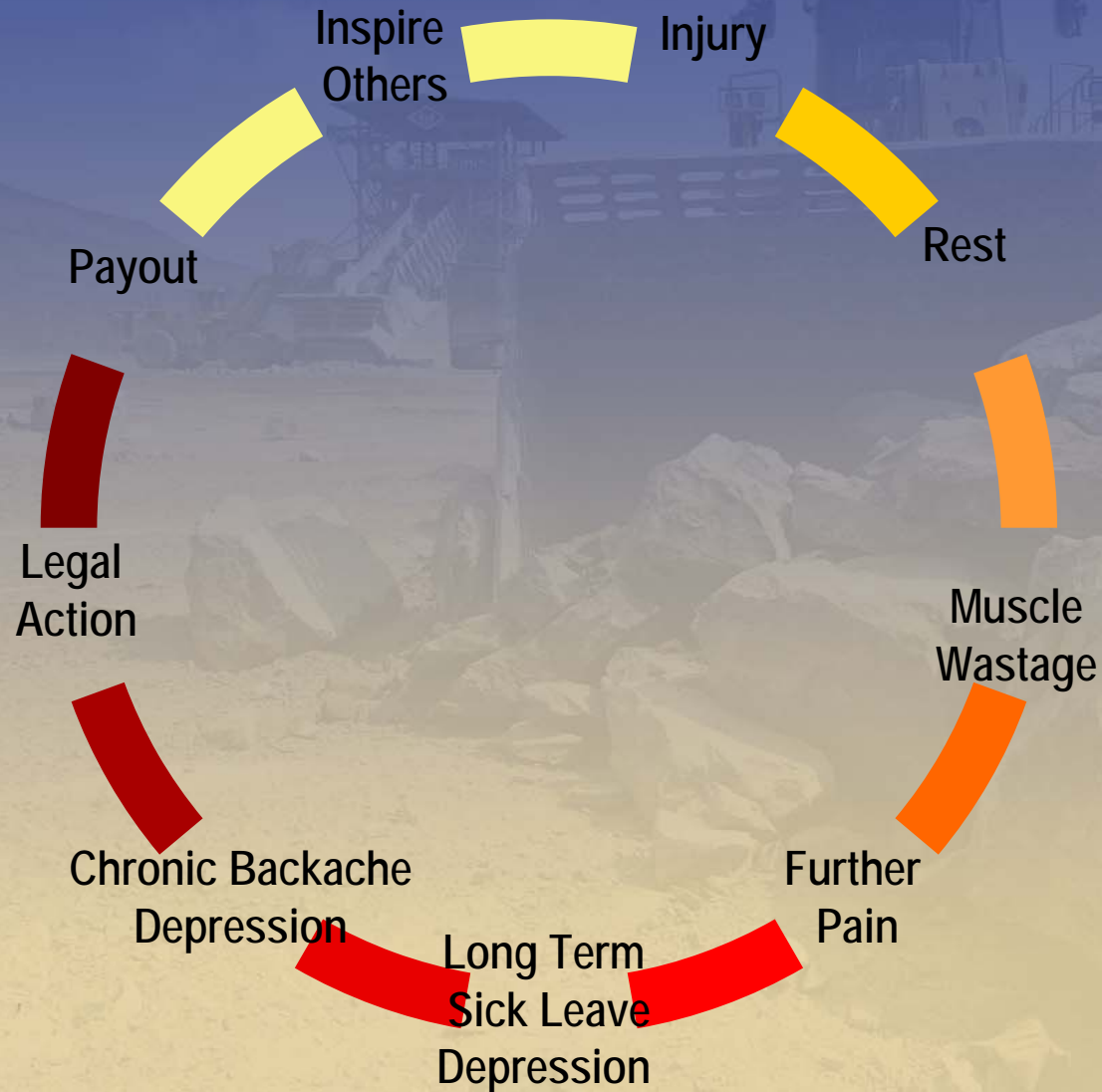


## Aren't present measures enough?

- Back strains and Injuries caused at Home
- Staff using 'sickies' not using Private Medical Health Care.
- GP's signing off for 2-3 weeks rest and recuperation.
- Average time delay for Consultants 10 weeks, for counselling, months.



# Why a Rehabilitation Solution?







# Why a Rehabilitation Solution?

- People who do not return to work in 6-7 weeks have a 29% chance of never coming back
- Rehabilitation achieves very good outcomes. Average absences of 28 days were reduced to averages of 4 days in Australia.
- It's makes good business sense. It matters not that it occurred at home, contributory negligence, or beyond their control. They are not at work!



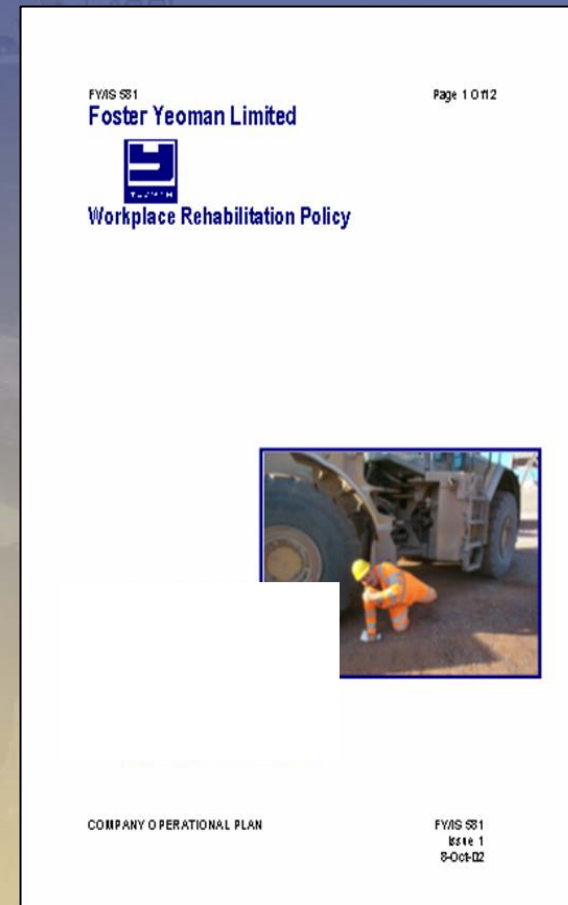
# Why a Rehabilitation Solution?

- Major difference between Absence management is:
  - Commitment to suitable, restricted duties.
  - Medical management of condition at work
  - Group decision between Doctor, Employer and Patient.



# Draw Up A Rehabilitation Policy

- Essential Items:
  - Commitment to Reasonable/ Selected Duties.
  - Full Pay while on Rehabilitation.
  - Commitment to meaningful work.
  - Commitment to re-training if required.
  - Commitment to Doctor/ Patient/ Employer management of injury or illness.






# Step 1

- Chap X has an accident or is injured.
- If we are on the ball, he is given a Company Medical Certificate to take to Doctors.

**FOSTER YEOMAN LIMITED**  
**MEDICAL CERTIFICATE**



I certify that

Surname	First Name/s	Date of Birth

Is/Was suffering from (*medical diagnosis*)


Which the claimant states was caused by

--

Injury/disease is consistent with claimant's description of cause  Yes  Uncertain

Capacity for Work

I find this claimant (*tick appropriate box and fill in date/s*)

Is fit to return to work from

Is fit to return to work from   
but requires treatment from  to

Is fit to return to suitable duties from  to

- specify any work restrictions or limitations

--

- contact has been made with Foster Yeoman  Yes  No

Is totally incapacitated for work from  to

and is due for review on

Date of Examination  First seen at this practice/hospital on

Signature: \_\_\_\_\_  
GMC No.: \_\_\_\_\_  
Date: \_\_\_\_\_

Practice/ Hospital Stamp

HSP121-00  
v216.1  
25 Oct 2001

**EMPLOYEE COPY**





## Step 2

- Manager informs Rehab, Co-ord. who contacts GP for referral to ( BUPA) or specialist of choice.
- Medical consent is required therefore the following forms are required.

FOSTER YEOMAN LIMITED  
MEDICAL REPORT REQUEST

FOSTER YEOMAN LIMITED  
ACCESS TO MEDICAL RECORDS

FOSTER YEOMAN LIMITED  
MEDICAL REPORT CONSENT

To:     
Surname First Name/s Date of Birth

On behalf of Foster Yeoman Limited, its Partners or Subsidiaries, I wish to obtain a Medical Report for Company Funded Injury Rehabilitation purposes from:

Name of Doctor/s Practice Address

Authorising Signature Position in Company:

Your rights under the Access to Medical Reports Act 1988:

You can ask to see the medical report before the company receives it either from:

- the Company when you grant us permission to obtain it (in which case we will tell the doctor of your request and let you know when we apply for the report), or
- the doctor at a later date, but before the report is submitted to the Company.

If you ask to see the report:

- you must contact the doctor to arrange access within 21 days of the Company applying for the report, otherwise the doctor can give the report to us without showing it to you and without your consent (under point 2, above you must contact the doctor within 21 days of notifying that you wish to see the report),
- having seen the report, you can ask the doctor (in writing) to amend anything which you think is incorrect or misleading (if the doctor does not agree, a statement of your views will be attached to the report at your request),
- provided you have seen it, the report will not be given to us unless you give the doctor your consent.

You will not be entitled to see any part of the report which:

- indicates the doctor's intentions in respect of you,
- reveals information about another person, or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional involved in your care).

The doctor will let you why access to the whole or part of the report is refused. Your rights of amendment will only apply to the disclosed part of the report. The doctor will only give the report to the company with your consent.

You do not have to give the company permission to obtain a medical report. However the inability to obtain up-to-date medical information may affect decisions made about your employment with the company.

You may ask to see any medical reports relating to you which the doctor has provided for employment purposes in the last six months (if prepared on or after 01.01.89). Such a request should be made to your doctor in writing.

HSF/125-00  
8216 1  
26 Oct 2001  
Page 1 of 2

HSF/126-00  
8216 1  
26 Oct 2001  
Page 1 of 2

HSF/124-00  
8216 1  
26 Oct 2001  
Page 1 of 2





## Step 3

- Choose your Doctors Carefully for each task:
  - Most of us use Occupational Health Doctors. Debate their usefulness? Are they experts in injury rehabilitation.
  - Orthopaedic Surgeons aren't experts in rehabilitation
  - Sports Doctors (Dip Sports Medicine) are good & most work injuries very closely resemble sporting injuries.



# Step 4

- Most GP's are quite surprised and pleased that the company is helping and willing to assist a quick return to work.
- To formalise this we use a letter and explain the Pre-injury Work details to the Dr.
- We also have Physical Job Descriptions that accompany these forms.

FOSTER YEOMAN LIMITED  
PRE-INJURY WORK DETAILS

YEOMAN

Name:  Work Phone:   
Position:  Department:   
Supervisor:  Supervisor Phone:   
Nature of Injury:  Date of Injury:  /  /

**Pre-Injury Duties**

Tasks	Critical Physical Demands
<b>Tell the Doctor what the person does physically ie. Walk, Climb, Run crawl, Lifting up to 50kgs lifting and twisting. Work in Confined Spaces.</b>	

Signature

Case Co-ordinator:  Date:  /  /

HS&F 123-00  
4448 1  
26 Oct 2001


MEDICAL PRACTITIONER COPY



# Step 5

- The appointed Specialist examines & completes the RTW Plan.
- This is a planned medical RTW with set targets and goals to be achieved.

**FOSTER YEOMAN LIMITED**  
**RETURN TO WORK PLAN**



**MEDICAL PRACTITIONER COPY**

Name:  Work Phone:   
Position:  Department:   
Supervisor:  Supervisor Phone:   
Nature of Injury:  Date of Injury:  /  /   
Rehabilitation Goal:   
Fit for normal duties:   
Fit for transitional duties:  until  /  /   
Doctor's advice/restrictions (as per certificate):  
  
Duties Arranged                      Considerations  

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

  
Specific duties to be avoided:   
Hours/days of work:   
Commence date:  /  /       Review date:  /  /   
Comments:   
  
Signatures:  
Employee:       Date:  /  /   
Supervisor/Employer:       Date:  /  /   
Case Co-ordinator:       Date:  /  /   
Doctor:       Date:  /  /


HSP122-00  
Rev 1  
25 Oct 2001



# Step 5

- Rehab Co-ord sits down with Manager & Employee to determine reasonable adjustments based on the Specialist's report
- This is formalised in a letter to all.
- Additional treatment times, rehab activities such as gym, rehab equipment are also included.
- We then all monitor ongoing progress.

**FOSTER YEOMAN LIMITED**  
**RETURN TO WORK PLAN**



**MEDICAL PRACTITIONER COPY**

Name:  Work Phone:   
Position:  Department:   
Supervisor:  Supervisor Phone:   
Nature of Injury:  Date of Injury:  /  /   
Rehabilitation Goal:   
Fit for normal duties:   
Fit for transitional duties:  until  /  /   
Doctor's advice/restrictions (as per certificate):  
  

Duties Arranged	Considerations
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

  
Specific duties to be avoided:   
Hours/days of work:   
Commence date:  /  /  Review date:  /  /   
Comments:   
  
Signatures:  
Employee:  Date:  /  /   
Supervisor/Employer:  Date:  /  /   
Case Co-ordinator:  Date:  /  /   
Doctor:  Date:  /  /

HSP122-00  
Rev 1  
25 Oct 2001





# Step 6

- Dr's Medical Report.
  - Details the medical diagnosis.
  - Details “What this individual can physically do”.
  - What would be the likely prognosis without intervention.
  - What's required for complete re-habilitation.:
    - Physiotherapy
    - Psychologists
    - Gym Work
    - Surgeons
    - MRIs/ CAT Scans

BUPA  
Wellness

Medical report

Date: 24/04/2008

Name: XXXX  
Date of Birth: 2.2.69 (64)  
Address: XXXX

GP Name: Dr XXXX  
GP Address: The Surgery, XXX  
Occupation: Filter

**Injury site/reason for referral:** Back Pain  
**Diagnosis:** Facet joint compression and dysfunction due to poor posture  
**Date of onset:** 8-10 years

**History**

Long standing discomfort in low back, perhaps onset aged 26 - off work for a week with 'trapped nerve' (not associated with sciatica type referred pain). Since that time he has had intermittent episodes of localised low back pain, again restricted to low back. Always goes suddenly, sometimes with heavy lifting, but has come on with trivial motion e.g. shutting land rover door. Characterised by fairly disabling discomfort necessitating prolonged rest. Duration 8-4 days until up to 1 month. Has probably lost about 10 weeks in the last 5 years. Frequency - probably x1 per year until the new boat arrived. Off work for a month July/August 02 in bed for 2 days max - in house for 5 days then gradual increase in exercise. Has found that the old commuter boat to the quarry was a major contributing factor (much better now as seats better designed). No sensory or motor loss, no bowel or urinary symptoms. Recent weight gain 1-2 stone in the last few years.

**Occupational and sporting history**

Building gang. - Heavy construction water pipe construction concreting. Has a more supervisory role now and spends about 2 days a week in the office. Reasonably comfortable office environment. Drives a variety of different plant. Not a great deal of work in confined spaces. Able to delegate heavy work if necessary but tries to use lifting aids where possible.





# A Few Examples. (Without Rehab)

- Chap A.
  - Sudden Marriage Break up
  - 1-3 Month Sign Off with Depression.
  - 3-4 wait for Psychologist or Psychiatrist
  - Lost Wages: £4500
  - Medical Bill: £Nil
  - Recruit Replacement: £3000
  - Train Replacement: £Nil
  - Estimated Legal Bill: £Nil
  - Total Cost: £7500





# A Few Examples. (With Rehab)

- Chap A.
  - Sudden Marriage Break up
  - Death of Spouse.
  - Immediately seen by Counsellors.
  - Immediate referral to Psychologist
  - Graduated Return to Work
  - Lost Wages: £750
  - Medical Bill: £600
  - Recruit Replacement: £Nil
  - Train Replacement: £Nil
  - Estimated Legal Bill: £Nil
  - Total Cost: £1350
  - Saving: £6150





# A Few Examples. (Without Rehab)

- Chap B.
  - Damaged Shoulder
  - Required Reconstruction
  - NHS wait time 4-6 months
  - Recovery time 3-4 months
  - Lost Wages: £12000
  - Medical Bill: Nil
  - Recruit Replacement: £3000
  - Train Replacement: £3000
  - Estimated Legal Bill: £25000
  - Total Cost: £43'000







# A Few Examples. (With Rehab)

- Chap B.
  - Damaged Shoulder
  - Required Reconstruction
  - Private Operation 2 week wait
  - Recovery time 3 months (during which some work can be performed under restrictions)
  - Lost Wages: £1500
  - Medical Bill: £3500
  - Recruit Replacement: Nil
  - Train Replacement: Nil
  - Estimated Legal Bill: £5000
  - Total Cost: £11'000
  - Saving: £32'000



# A Few Examples (Without Rehab)



- **Chap C.**
  - **Alleged** Back Injury
  - NHS wait time 4-6 months
  - Recovery time 3-4 months
  - Lost Wages: £12000
  - Medical Bill: Nil
  - Recruit Replacement: £3000
  - Train Replacement: £3000
  - Estimated Legal Bill: £25000
  - **Total Cost: £43'000**





# A Few Examples. (With Rehab)



- Chap C.
  - **Alleged** Back Injury
  - Private Consult 1 week
  - Private MRI & CAT Scan 2 weeks
  - No Injury Found
  - Refer to Private Pain Psychologist & Gym & Weight Watchers
  - Lost Wages: £1500
  - Medical Bill: £900
  - Estimated Legal Bill: £Nil
  
  - Total Cost: £2'400
  - Saving: £39'600



# A Few Examples (Without Rehab)



- Chap D.
  - **Drinking Problem!**
  - **Lost Licence**
  - NHS wait time For Re Tox.4 months
  - Recovery time 2 months
  - Lost Wages: £9,000
  - Medical Bill: NHS free
  - Recruit Replacement: £3'000
  - Train Replacement: £ 3000
  - Estimated Legal Bill: £ ??
  - Total Cost:£15000



# A Few Examples. (With Rehab)



- Chap D.
  - **Drinking Problem!  
Lost Licence**
  - Private Counselling
  - Lost Wages: £3000
  - Medical Bill: £650
  - Estimated Legal Bill: £Nil
  
  - Total Cost: £3650
  
  - Saving: £11,350 .

# A Few Examples (Without Rehab)



- **Chap C.**
  - **Knee Injury**
  - **NHS wait time 4-6 months**
  - **Recovery time 3-4 months**
  - **Lost Wages: £12000**
  - **Medical Bill: Nil**
  - **Recruit Replacement: £3000**
  - **Train Replacement: £3000**
  - **Estimated Legal Bill: £25000**
  - **Total Cost: £43'000**



# A Few Examples (With Rehab)



- Chap C.
  - Knee Injury (initial NHS treatment)
  - Private Consult
  - Private Operation
  - Private Physiotherapy
  - Gym Costs
  - Lost Wages: £3500
  - Medical Bill: £5700
  - Recruit Replacement: £Nil
  - Train Replacement: £Nil
  - Estimated Legal Bill: £Large but aimed at NHS Emergency Mis-treatment
  - Total Cost: £9200
  - Saving: £33'800





# A Few Examples (Without Rehab)

- **Chap D.**
  - **Death of Spouse.**
  - **1-3 Month Sign Off with Depression.**
  - **3-4 wait for Psychologist or Psychiatrist**
  - **Lost Wages: £4500**
  - **Medical Bill: £Nil**
  - **Recruit Replacement: £3000**
  - **Train Replacement: £Nil**
  - **Estimated Legal Bill: £Nil**
  
  - **Total Cost: £7500**





# A Few Examples (With Rehab)

- **Chap D.**
  - **Death of Spouse.**
  - **Immediately seen by Counsellors.**
  - **Immediate referral to Psychologist**
  - **Graduated Return to Work**
  - **Lost Wages: £750**
  - **Medical Bill: £600**
  - **Recruit Replacement: £Nil**
  - **Train Replacement: £Nil**
  - **Estimated Legal Bill: £Nil**
  - **Total Cost: £1350**
  - **Saving: £6150**





# Good Benefits...

## What are the Costs?

- 600 Employees it takes on average about 20% of Re-hab's co-ordinators time per month.
- For 3000 employees you'd need a full-time rehabilitation co-ordinator.
- Health Insurance Excess ( £100) and Claims Experience



# Some Teething Problems

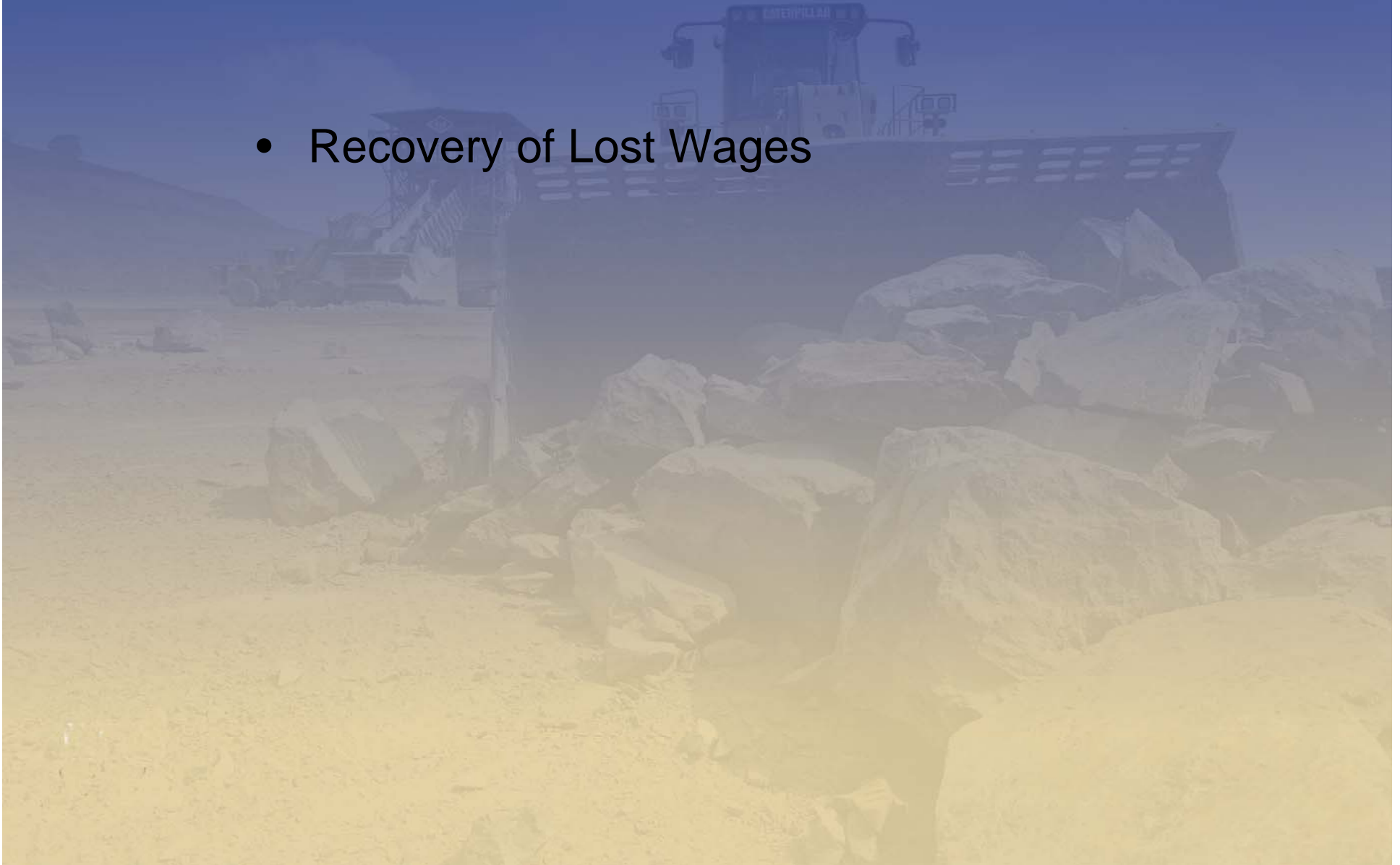
- Slow access to Private Health Providers
- Difficulties accessing skilled Specialists in remote areas.
- No “good” rehabilitation, sports physiotherapists in remote areas.
- Difficulties following up medical referrals (Medical fraternity too slow in writing up their reports)
- Difficulties having managers outside the loop to understand why someone is restricted, and how long restrictions will last





# So What's In It For Us

- Recovery of Lost Wages

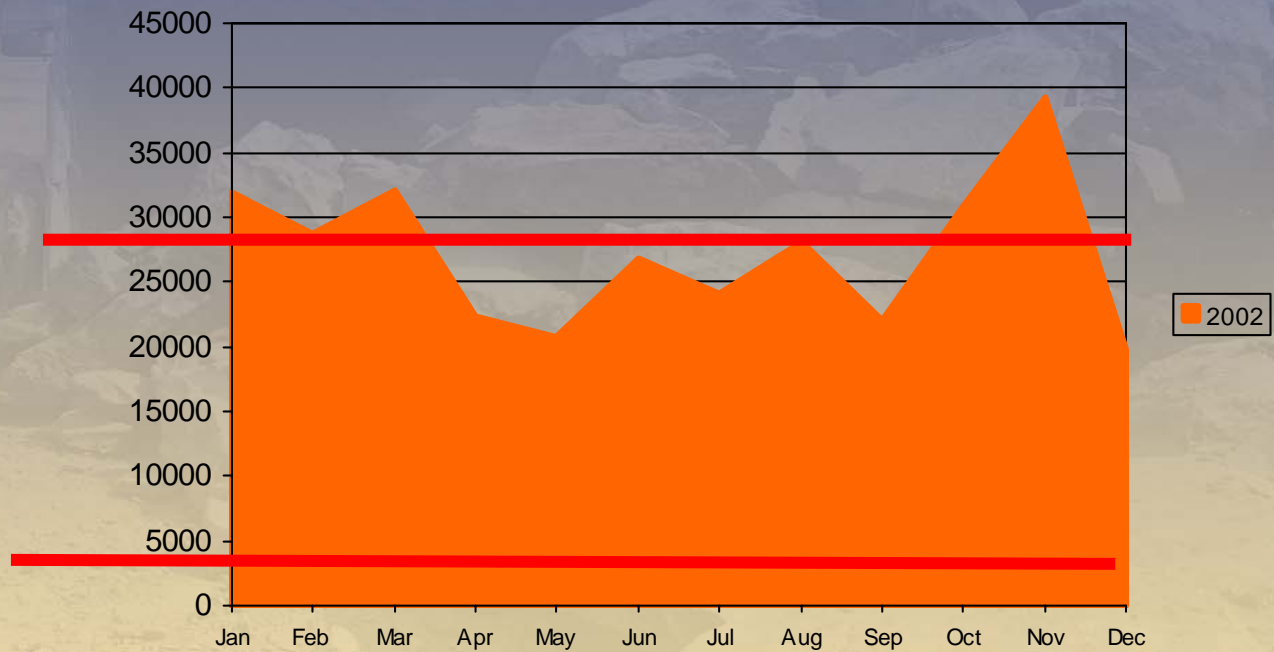




# Recovery of Lost Wages 2002

Average Cost Absenteeism  
£25500 p/month

Average Cost  
Rehab per Patient  
£331.00 x 3/ Month





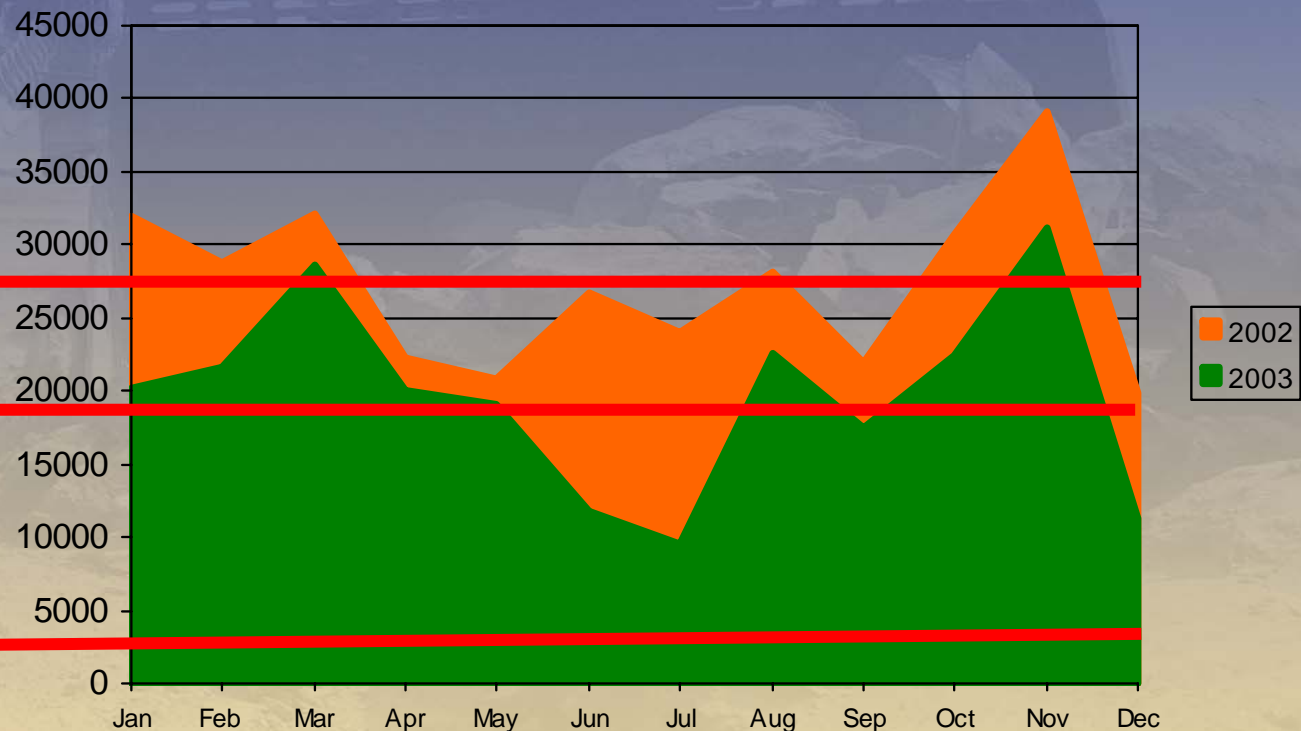
# Recovery of Lost Wages 2003

£75'000 Improvement.

Average Cost Absenteeism  
£25500 p/month in 2001

Average Cost Absenteeism  
£19'250 p/month in 2002

Average Cost  
Rehab per Patient  
£331.00 x 3/ Month





# So What's In It For Us

- **Fits with Union's Philosophy**
- **Cost Reductions – Reduced Insurance Premium. Skilled workers back to work earlier. Retaining Skilled Workers.**
- **Rapid medical intervention deters malingerers & one day 'Sickies.'**
- **Reduced Agency Labour Costs – Replacements**
- **Healthier, Happier and Less Out of Pocket Employees**





# So What's In It For Us

- **Better Capability Management of Employees who we can't help**
- **Comprehensive procedures and medical documentation provide sound defence against litigation and compensation claims.**
- **Repair of Botched NHS Procedures, & avoiding un-necessary ones.**
- **Onsite Fortnightly Access to Physiotherapy has had significant take up for non-work related niggles.**
- **Improved Education about Manual Handling Issues.**



What's in it for all of us

- **A WIN - WIN for all !**

- Thank you.