

# FIT FOR WORK IRELAND

## POSITION PAPER APRIL 2013

Musculoskeletal disorders (MSDs) are the leading cause of temporary work disability amongst Ireland's working age population<sup>1,2</sup>. The social costs of MSDs are enormous, often over-shadowing those of other chronic conditions<sup>3</sup>. In Ireland, 14 million days are lost each year due to absence and ill health in the workforce, with half of those attributable to MSDs. This costs Ireland €750m each year and 7 million days in absenteeism.

Work is good for your health<sup>1</sup> and it is important to people living with MSDs and their families, both financially and for their quality of life and well being. Such a significant issue is reducing the level of labour productivity in the Irish economy and is damaging the competitiveness and effectiveness of private and public sector organisations.

The Fit for Work initiative is based on a ground-breaking pan European study, conducted across 25 countries, which examined the impact of MSDs on an individual's ability

to work, the cost to the economy and society as a whole. Fit for Work Ireland is a coalition of key stakeholders (see appendix) instrumental in the quest to improve employees' ability to work with MSDs, reduce the impact of MSDs on workplace absenteeism and contribute positively to getting Ireland competitive again.

This will benefit the employer, the employee, the Irish economy as a whole and also address the wider causes of absenteeism.

### THE CHALLENGE?

MSDs account for a staggering 7 million lost days in absenteeism each year, amounting to over €750m in costs to the economy<sup>1</sup>. This figure includes annual Illness Benefit payments from the Department of Social Protection in the region of €275m, overtime payments to

cover absence, lost productivity and costs to the health system. The average illness benefit payment duration for an MSD is 22 weeks compared to the national average of 11 weeks<sup>2</sup> demonstrating why it is a challenge to employability, business productivity and the capacity for

health and social security systems. The financial, social and physical impact of MSDs on the employee and their families are significant and include lost salary, loss of overtime, lost savings, lost retirement benefits and increased burden of medical costs.

### CURRENT PRACTICES ARE LACKING!

Many companies actively manage absenteeism and most will have rates of less than 3%.

The IBEC 2011, Report on Employee Absenteeism<sup>4</sup>, revealed absence rates amongst its membership range from 1.6% to 3.7%. Recent reports<sup>5</sup> looking at the public sector suggests an average rate of 4.9% with some organisations reporting rates above 6% and even exceeding 10%.

### MSD ABSENTEEISM SET TO INCREASE, BUT A WINDOW OF OPPORTUNITY EXISTS – FOR NOW!

Many Irish people with MSDs experience delays in diagnosis<sup>6</sup> and many leave work unnecessarily. In Ireland, we currently have a relatively young workforce compared with other European countries. However, as our population ages, MSDs will also increase, as has been borne out in Europe. For example 25% of people diagnosed with rheumatoid arthritis leave the workplace within 5 years<sup>7</sup>, a significant impact on unemployment rates. According to the Institute of Public Health<sup>8</sup>, 11.9% of all adults 18+ were clinically diagnosed with an MSD in the last twelve months and in the next ten years, this will rise to 12.6%.

Whilst 30% of all Illness Benefit claims relates to MSDs, this is lower than the EU average of 49%<sup>9</sup>, thus creating a window of opportunity if Ireland acts swiftly. Addressing the MSD challenge now could reduce absenteeism and produce real and significant savings to the exchequer as witnessed in other countries.

Work is good for your health and the physical and mental well-being of employees. The coalition acknowledge that significant work has been done on health and safety in the workplace and welcome the guidelines developed by the Health & Safety Authority on prevention and management of MSDs<sup>10</sup>.

## EARLY INTERVENTION - THE OPPORTUNITY!

With the absence of a consistent policy on intervention, the health of the Irish workforce will continue to suffer as will our economy. It is long accepted within the medical arena, that early intervention in the treatment of MSDs can result in a fitter population and an earlier return to work, albeit where necessary and feasible, changes to an individual's work practices.

Recent reports suggest that over €500m is lost to absenteeism in the Public Sector accounts. The Fit for Work Coalition advocates that even a very small reduction in this number, through the introduction of a national intervention policy, will result in

significant savings to the exchequer. Even a reduction in the illness payment duration of 22 weeks for MSD workers to the standard of 11 weeks, could result in measurable savings to the exchequer.

## EARLY AND APPROPRIATE INTERVENTION<sup>11</sup> COULD RESULT IN:

- ▶ **Healthier workforce**
- ▶ **Improved attendance at work**
- ▶ **Reintegration of employees with MSDs**
- ▶ **Increased productivity**

There are many examples of companies that have successfully reduced poor absenteeism rates. Some of these relate to absence through MSDs, some through other illnesses, but all have benefited from early intervention. Best practice suggests that effective intervention tends to happen where there is good access to occupational health facilities.

**The Royal Mail<sup>12</sup>** in the UK reduced its rate from 7.0% to 4.5% over 3 years resulting in a saving of over £270 million. A number of NHS Trusts in the UK were successful in reducing their absenteeism due to MSDs. At Sandwell and West Birmingham Hospitals Trust, active management of sickness and a proactive programme has seen absence fall from 4.78% in 2007/08 to 3.86% in 2009/10.

**THE ROYAL MAIL REDUCED ABSENTEEISM FROM 7.0% TO 4.5% OVER 3 YEARS WITH SAVINGS OF OVER £270M.**

**Abbott Vascular** in Clonmel introduced an early intervention programme which triggers after day 5 of an employee being absent from work with any illness. Through onsite occupational health support and a comprehensive preventative programme that focuses on workforce health and well-being, Abbott has saved over 213 workdays during the first 6 months of 2012 that would have otherwise been lost through sickness.

**Sandwell and West Birmingham Hospitals NHS Trust** embarked on a comprehensive staff engagement programme. The Trust wanted to engage with staff on things that mattered to them with the objective of improving their working lives and achieving better service outcomes for patients. Through their "Listening into Action" programme introduced in April 2008, the Trust has successfully managed to make significant improvements for staff and positive impacts on their quality of working lives. This, combined with other initiatives such as proactive rehabilitation, has seen overall sickness absence fall from 4.78% in 2007/08 to 3.86% in 2009/10.

**IN 2006/07, BLACKPOOL, FYLDE & WYRE HOSPITALS TRUST HAD AN ABSENCE RATE OF 5.34%. THROUGH A COMPREHENSIVE INTERVENTION PROGRAMME THEY IMPROVED SICKNESS ABSENCE BY OVER 10% AND WORKPLACE STRESS BY OVER 50%.**

**West Suffolk Hospitals Trust** introduced a system of priority treatment referrals to a local physiotherapist for injured staff. In the first nine months of operating the system, 104 staff was referred, the number of days lost to sickness was reduced by 40% and the direct costs of MSD injuries to the Trust were reduced by more than £170,000 at a cost of £21,000.

**Irish Life Corporate Business** reduced its absence rate from 2.25% to 1.75% by the introduction of a follow up service by the HR department.

**THE DUBLIN AIRPORT AUTHORITY (DAA) ABSENCE MANAGEMENT PROGRAMME REDUCED OVERALL ABSENCE BY 25% WITH A 62% REDUCTION IN LONG-TERM ABSENCE.**

An interesting approach was adopted by the **Instituto Madrilenio de Salud in Spain<sup>13</sup>** whereby they integrated a secondary care intervention programme into the health system and offered it to the working population. The total number of working days saved was 104,808. Direct and indirect costs were significantly lower in the intervention group. In terms of costs-benefit, every euro invested in the programme produced savings of between \$8 and \$20 at the end of the second year.

**IN 2008 THE DEPARTMENT OF EDUCATION AND SKILLS INTRODUCED A NATIONAL OCCUPATIONAL HEALTH SERVICE THAT REDUCED OVERALL ABSENCE BY 17% OR 70,000 WORK DAYS AND PRODUCED A 12 FOLD RETURN ON INVESTMENT BASED ON TEACHER SUBSTITUTE SAVINGS ALONE.**

These savings by the **Department of Education and Skills** were made in conjunction with a number of budgetary and allocation decisions.

## CONSIDERATIONS TO BE TAKEN IN THE DEVELOPMENT OF A FIT FOR WORK INTERVENTION PROGRAMME

The Fit for Work Coalition believes that a programme that concentrates on the health and well-being of the workforce will ultimately reduce workplace absenteeism and improve the lives of people living with MSDs. However there are a number of issues and areas to consider in moving this forward. The Fit for Work Coalition is calling for a cross departmental group involving, initially, the Department of Health and the Department of Social Protection, to engage the expertise and insights of the coalition members to make this a reality. The main areas to consider are;

1. EARLY AND EFFECTIVE INTERVENTIONS
2. RISK ASSESSMENT AND PRIORITISATION
3. IMPROVING ORGANISATIONAL BEHAVIOURS AND PERFORMANCE

### 1. EARLY AND EFFECTIVE INTERVENTIONS

**A significant amount of staff ill-health stems from common musculoskeletal disorders that are receptive to early, effective intervention, enabling staff to return to work quickly and benefiting the individual, the employer and the state. A Workstream of the Coalition should engage with the relevant health and social protection areas to develop early and effective intervention guidelines.**

- ▶ The key goal of the Workstream should be to develop and propose nationally agreed service standards for early intervention. The Coalition proposes that intervention is made as soon as possible. This should be done with the consent of the employee and employer working in a collaborative manner.
- ▶ Cost effective solutions need to be explored whereby every employer has access to an outsourced occupational health facility that ensures a “Case Manager” is assigned to each employee. Best practice suggests that this service, along the lines of a primary care centre, would service a number of companies collectively and may cover a population cluster of approximately 3,000 employees.
- ▶ The Case Manager in the care centre would be the central link between employee, employer and local medical infrastructure especially the local GP. The GP should still continue to be the advocate for the patient.
- ▶ The Coalition recognises that the primary initial point of contact with the employee is their own GP. Therefore, it is proposed that a complete review of sickness certification be carried out with the Irish College of General Practitioners (ICGP). The aim of such a review is to facilitate a more co-ordinated approach to support more informed and appropriate intervention decisions. The Coalition recognises that Data Protection laws are in place to protect the privacy of the employee.
- ▶ The Workstream should explore and recommend ways and means of funding this service.
- ▶ Collaboration between insurers and employers to ensure quick and timely access to physiotherapy and other appropriate services. This may be facilitated by insurers providing tailored health insurance packages and offering significant discounts to employers who demonstrate the adoption of a Fit for Work Programme.
- ▶ The Coalition recognises that issues of employee terms and conditions and employers rights and duties within current absence management policies, must be recognised and respected throughout the process. Consideration should be given to avoiding placement of any additional costs on the employee.

## 2. RISK ASSESSMENT AND PRIORITISATION AT EMPLOYER LEVEL

**The Fit for Work Coalition recognises that good prevention measures in the workplace will help reduce the risk to staff health, both physical and mental.**

It is also recognised that considerable work has already been done in this area such as through the Health and Safety Authority<sup>10</sup> and the National Disability Authority<sup>14</sup>.

## 3. IMPROVING ORGANISATIONAL BEHAVIOURS AND PERFORMANCE

**The Fit for Work Coalition recognises that the promotion of staff health and well-being should be embedded in the culture of all organisations and that its importance is consistently demonstrated through the way in which staff and managers behave.**

- ▶ The Coalition recommends that all leaders and managers are developed and equipped to recognise the link between staff health and well-being and organisational performance.
- ▶ We do not seek to prescribe the specific training tools and modules required as we recognise that there is considerable work already undertaken by organisations such as the Health and Safety Authority and the Nutrition and Health Foundation and we advocate for the adoption by employers of such programmes.
- ▶ We recommend that employers and employee representatives engage with the relevant primary and secondary care health providers to ensure that work is addressed as a clinical outcome of any early intervention programme. This requires the collaboration of such organisations as the Irish College of General Practitioners, the Royal College of Physicians in Ireland, the Irish Society for Rheumatology and the Health Service Executive.





## APPENDIX

### 1. DEFINITION OF MSDS

Musculoskeletal disorders (MSDs) are a group of disorders that affect the body's bones, joints, muscles and the tissues that connect them. Common MSDs include back pain, rheumatoid arthritis, osteoarthritis, osteoporosis, and spinal disorders. Work related neck and upper limb disorders (WRULDs) are MSDs affecting the upper part of the body caused or aggravated by work and the working environment.

### 2. FIT FOR WORK COALITION MEMBERSHIP

NAME	INSTITUTION / COMPANY
Dr. Don Thornhill	Independent Chairperson
Mr. John Church	Arthritis Ireland
Dr. Joe Clarke	HSE Primary Care Clinical Lead
Dr. Maurice Collins	Irish College of General Practitioners
Ms. Christina Doyle	Irish Rheumatology Nursing Forum
Prof. Oliver FitzGerald	HSE Rheumatology Clinical Lead
Ms. Martina Fitzpatrick	Irish Society of Chartered Physiotherapists
Dr. David Gibney	HSE Rheumatology GP Lead
Ms. Paula Guerin	AbbVie
Mr. David Harney	Irish Life Corporate
Dr. Martin Hogan	Royal College of Physicians of Ireland
Ms. Esther Lynch	Irish Congress of Trade Unions
Ms. Eimear Lyons	Association of Occupational Therapists of Ireland
Dr. John McDermott	VHI Corporate Solutions
Ms. Kara McGann	Irish Business & Employers Confederation
Ms. Gráinne O'Leary	Arthritis Ireland
Mr. Francis Power	Health & Safety Authority
Dr. Robert Ryan	Royal College of Physicians of Ireland
Mr. Seoirse Smith	Ankylosing Spondylitis Association of Ireland
Dr. Frances Stafford	Irish Society for Rheumatology

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