



INVESTOR IN PEOPLE

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THE CHARTERED SOCIETY OF PHYSIOTHERAPY IS THE PROFESSIONAL
EDUCATIONAL AND TRADE UNION BODY FOR THE UK'S 49,000 CHARTERED
PHYSIOTHERAPISTS, PHYSIOTHERAPY STUDENTS AND SUPPORT WORKERS.
THE SOCIETY HAS OFFICES IN LONDON, EDINBURGH, CARDIFF AND BELFAST.

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How healthy is the UK workforce?

SICKNESS **COSTS**

*Physiotherapists call for
action on workplace health*



THE CHARTERED SOCIETY OF PHYSIOTHERAPY

How healthy is the
UK workforce?



The health of the nation could be dramatically improved and billions of pounds saved every year if proven sickness prevention and treatment approaches like physiotherapy were more widely used. This new report from the Chartered Society of Physiotherapy (CSP) shows how the health service, employers, and the benefits system could be saved substantial amounts of money, associated productivity gains could be realised and people's health greatly improved. There is strong evidence for the benefits of early identification and treatment of musculoskeletal disorders (MSDs) such as back pain, in particular.

In Great Britain, MSDs account for nearly a third of the total time taken off sick from work¹ at an estimated cost of around £7.4 billion a year.² In addition, companies lose as much as £15 billion a year through 'presenteeism' when staff are at work but are not performing to their full potential because they are unwell.³

Across the UK more than 550,000 people have MSDs.^{1,4} The prevalence rate of work-related MSDs for people in England is similar to the rates for people in Scotland and Wales. In Northern Ireland the most recent figures indicate about 30,000 people have MSDs, accounting for nearly half of work-related health problems.⁴

£15 billion
COMPANIES LOSE AS MUCH AS £15 BILLION
A YEAR THROUGH PRESENTEEISM

In the current economic climate, there is a strong emphasis on providing health services in cost-effective ways, improving productivity throughout the public and private sectors and reducing spending on ill health and benefits. Pressure on employers and employees, established poor work habits and an ageing workforce are likely to lead to an increase in MSDs, with costs then rising further for employers, the health service and the benefits system.

Urgent action to roll out proven preventative and treatment approaches like physiotherapy is needed if this problem is to be averted and costs reduced.

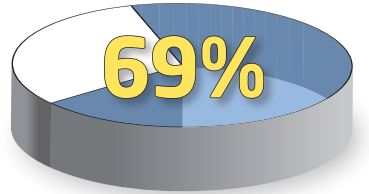
Physiotherapists can help to:

- prevent people going off work in the first place
- get people back to work on full normal duties
- facilitate a managed return to work, if alternative or modified duties are required
- deliver a cost effective service to employers.

Early access to physiotherapy is particularly effective in preventing an MSD from becoming a serious long term problem. If left untreated, MSDs can become increasingly disabling with people experiencing problems such as difficulty walking due to lower back pain or being unable to dress without assistance due to a stiff and painful shoulder.

Substantial numbers of UK employees risk their health and increase the possibility of developing an MSD every day as a result of poor work habits. UK-wide research by the Chartered Society of Physiotherapy (CSP)⁵ found that 25% of people regularly work all day without taking a break and 31% experience physical pain at least once a week, with 46% of workers reporting their physical pains are due to working in the same position for a long time.

69% OF MANAGERS/EMPLOYERS FEEL IT IS IMPORTANT FOR THEIR STAFF TO HAVE AT LEAST 30 MINUTES BREAK AT LUNCHTIME



Encouragingly, the CSP found that 69% of managers / employers in small-medium enterprises (SMEs) feel it is important for their staff's health that they have at least 30 minutes break at lunchtime.⁶

There is a growing body of evidence and acceptance from employers, particularly larger organisations, that investing in the health and well-being of staff has very real business benefits. For example, one employer experienced a return of £34 for every £1 they invested in terms of reduced absence rates and improved staff retention by providing in-house and discounted physiotherapy for its staff.⁷

In these tough economic times, small-medium enterprises (SMEs) may not feel they have the resources to implement health and well-being programmes or be convinced by the business case of investing in staff health. The CSP believes it is vital these concerns are addressed to prevent the social and economic costs of avoidable ill health from escalating and to ensure our workforce is really 'fit for work'.

The CSP's recent survey of employers reveals that although 56% of SMEs appear to accept the business case of investing in health and well-being initiatives, more than a third of SMEs (34%) feel that only big companies can afford to invest in such initiatives for their staff and 63% of SMEs do not provide occupational health services such as physiotherapy.⁶ To tackle MSDs effectively, managers and employers need to be aware at an early stage that their staff are having symptoms or problems. However CSP's survey found that

30% of workers would not report feeling physical pain as they believed their manager or HR department would be unsympathetic. A quarter (25%) of people go to work when feeling unwell because they fear they will be sacked or made redundant if they take time off sick and nearly half of workers do not feel their employer cares about their physical health at work.⁵

Calls to action

The CSP is calling on health services, governments across the UK, employers, employer organisations and trade unions to work together to improve work place health. In particular the CSP is calling for a commitment from commissioners, planners and purchasers of health services to ensure that sufficient and appropriate occupational health services (including early access to physiotherapy) are available to employers at a reasonable cost. The CSP is also calling on governments across the UK to widen opportunities for people to self-refer for physiotherapy.

Cost-effective and clinically proven approaches to treating and preventing MSDs which utilise physiotherapy have been shown to have substantial business benefits for organisations of all sizes. Businesses, organisations and staff need to be resilient if they are to survive these difficult economic times and good physical health is key to developing that resilience. For the sake of the nation's health and the economy, now is the time to act.

The cost of MSDs

Illness or injury was responsible for 29.3 million days taken off sick in Great Britain during 2008/09. Nearly a third of this, 9.3 million days, was due to musculoskeletal disorders for which each person affected took an estimated 17.2 days off work on average.¹ The Work Foundation estimates this costs society about £7.4 billion a year.² Employers also lose as much as £15 billion a year through presenteeism, when staff are at work but are not performing to their full potential because they are unwell.³

Twenty-two per cent of people on Incapacity Benefit / Employment Support Allowance (IB/ESA) have MSDs at a cost of about £1.3 million in benefits alone. More than a third of GP consultations are for MSDs. The Boorman Report⁸ found that half of sickness absence among NHS staff was due to MSDs, the direct cost of which is more than £0.5 billion a year.

In addition to these costs, an unknown number of people are on restricted duties at work because they have an MSD, which has a significant impact on their work productivity.

What are musculoskeletal disorders?

Musculoskeletal disorders (MSDs) refer to a group of conditions characterised by pain and a loss of physical function in the body. MSDs cover a wide range of symptoms and may include lower back pain, joint injuries, muscular aches and strains and non-specific arm pain (a term for some types of pain found in the fingers and/or wrists, forearms, neck and shoulders previously commonly called RSI). MSDs are common health problems with 60% of the adult population

suffering from them at some time; once present they may recur. MSDs may be brought on by awkward postures, repeated, sustained or forceful activities or by accidents.

Whatever the cause, physiotherapists have the knowledge, skills and experience to treat these problems and prevent recurrence through a whole-person approach. That is, one which considers not only physical factors but also psychological

and social issues that might be causing or worsening the person's condition. Physiotherapy can also help to prevent them occurring in the first place. Early intervention with physiotherapy is particularly effective in preventing an MSD becoming a serious long term problem. If left untreated, MSDs can cause severe difficulties. These include problems with manual handling tasks or walking due to lower back pain, or being unable to type due to wrist and hand pain.

Number of people with MSDs

More than 550,000 people in the UK are estimated to have problems caused by MSDs, consistently the most commonly reported type of work-related illness since records began.^{1,4}

The prevalence rate of work-related MSDs for people in England is similar to the rates for people in Scotland and Wales (Table A). However, within England, the North East has a statistically significantly higher rate than for England as a whole, while London was found to have a statistically significantly lower rate.¹

Incidence of MSDs by occupation suggests statistically significantly higher rates in skilled agricultural trades, health and social welfare associate professionals (eg nurses, midwives, medical radiographers, dental technicians) and skilled construction and building trades.¹

Table A

Number of people with MSDs		
Country	Estimated number of people with MSDs	Estimated Rate per 100,000 employed in last 12 months
England	477,000	1820
Wales	22,000	1550
Scotland	38,000	1430
GB	538,000	1770

Source: HSE 2008/09

Note: available statistics for Northern Ireland are from 2003 and estimate 31,400 people have a MSD.

Poor work habits = MSDs

Substantial numbers of UK workers risk their health and increase the possibility of developing MSDs every day as a result of poor work habits.

A UK wide survey of more than 2000 employees by the CSP⁵ found that:

- one in four people (25%) regularly work all day without taking a break
- 31% experience physical pain at least once a week
- 46% of workers say their physical pains are due to working in the same position for a long time
- 53% cent of workers said they 'always or usually' go to work when they feel physically unwell.

Heavy workloads seem to be largely responsible for these poor work habits:

- half of those who work through their breaks (50%) do so because they have too much work to do
- almost a third (31%) say it is because there are too few staff to cover the workload.

A recent TUC report reveals that across the UK more than 5 million people worked on average in excess of seven hours a week unpaid overtime in 2009 – worth more than £27.4 billion.⁹ This type of work culture has a detrimental impact on physical and mental well-being which can drive down an individual's ability to cope. Performance and productivity can actually decline.

Encouragingly, when the CSP surveyed managers and employers⁶, 69% of small-medium enterprises (SMEs) said they felt it was important for their staff's health that they had at least a 30 minute break at lunchtime.

Potential increase in MSDs

Even greater pressure on employers and employees is likely to come about due to cuts in public spending. The CSP is concerned that this could result in the continuation of the poor work practices identified in the CSP's research⁵ and an associated increase in work-related illness, such as MSDs.

The ageing workforce is another factor supporting the likelihood of an increase in MSDs. Health and Safety Executive figures show that the incidence rate of MSDs for men aged 55 years plus and women aged 45 – 54 is statistically significantly higher than that for all age groups as a whole. According to Department of Work and Pension estimates, by 2024, nearly 50% of the adult population will be 50 and over.¹⁰ The combination of an ageing population and an increase in the state retirement age is directly linked to an ageing workforce and a higher incidence of MSDs.

An increase in MSDs will mean more sickness absence, reduced productivity and increased costs for the health services, employers and the state – to say nothing of the personal cost to individuals affected and their families.

Barriers to tackling MSDs

Employees have a duty to take reasonable care of their own health and safety at work and need to report health problems as soon as possible to their line manager or another responsible person at their place of work. Providing treatment quickly when someone has the first symptoms of an MSD is important for a swift recovery and to prevent the problem becoming recurrent and serious. Managers may only become aware of a problem when it has become so bad an employee can no longer hide it – because,

Martin - John Lewis



Martin sustained multiple fractures of his foot, outside of work. Once they were stabilised, he was able to access physiotherapy quickly at work. The combination of physiotherapy treatment, reduced hours and duties as part of a graded return to work plan really helped. As Martin spends a lot of time on his feet on the shop floor, he wouldn't have been able to start back in his usual capacity straight away. Martin reports his company was very supportive and he has now returned to his full hours and duties.

for example, they are unable to pick up a phone or use equipment due to severe pain in their hands or arms.

However the CSP's research⁵ shows that:

- 30% of employees would not report physical pain because they feel their manager / human resources department would be unsupportive
- a quarter (25%) of people go to work when feeling unwell because they fear they will be sacked or made redundant if they take time off sick.
- 48% of employees believe their employer does not care very much or at all whether their work affects their physical health.

While there are of course many employers, managers and HR professionals who take an active and positive interest in their staff's health, looking at these survey findings it is perhaps unsurprising there is a lot of hesitation on the part of employees in reporting problems.

Better health means business benefits

The CSP's UK-wide survey reveals that although 56% of SME managers/employers appear to accept the business case of investing in health and well being initiatives, more than a third of SMEs (34%) feel that only big companies can afford health and wellbeing initiatives for their staff. Twenty-one per cent of SMEs stated that in a recession, such initiatives are a luxury they cannot afford. The survey also found that 63% of SMEs do not provide occupational health services such as physiotherapy.⁶

However, companies and organisations of all sizes that have addressed staff health and wellness through physiotherapy have reaped substantial business benefits.

A 2008 report by PricewaterhouseCoopers⁷ found consistent evidence that health and well-being initiatives by 55 UK employers ranging in size from 70 to 100,000+ employees had reduced absence rates and improved productivity. In one instance, a call centre experienced a return of £34 for every £1 they invested in terms of reduced absence rates and improved staff retention by providing in house and discounted physiotherapy for their staff.

Anglian Water have reduced direct absence costs by £289,000 through the use of physiotherapy-based services, with a return on investment of £3 for every £1 spent. In addition, claims for back pain reduced by 50% and ill health retirement by 90%.

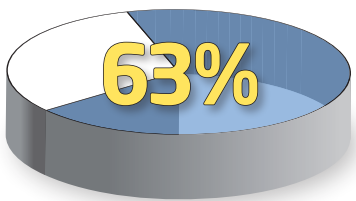
York Hospitals NHS Foundation Trust cut its long term sickness rates by more than 40 per cent through early intervention with physiotherapy and psychotherapy. The number of staff off work for more than four weeks dropped from 99 to 57 and the number of staff off sick for more than three months dropped from 52 to 28. The Trust's return on investment was 2:1.

The Royal Mail set up a national occupational support and therapy programme, which includes physiotherapy, and has had substantial financial benefits with the programme providing a return of approximately £5 for every £1 invested. Absence was cut by 25% over three years and 3,600 employees, absent through illness or injury, were brought back into work.

Physiotherapy crosses the boundary between health and industry, taking an individual through the activities of work to develop the strength and stamina necessary to carry out their job.

**A CALL CENTRE
RECEIVED A
RETURN OF 34:1 IN
BUSINESS BENEFITS
BY PROVIDING
PHYSIOTHERAPY**

**63% OF SMES DO NOT PROVIDE OCCUPATIONAL
HEALTH SERVICES SUCH AS PHYSIOTHERAPY**



Legal responsibility

Employers have a legal duty to reduce the occurrence of risks of injury or illness, which are reasonably foreseeable in relation to their employees. Injury or illness covers not only musculoskeletal disorders, but also work-related stress. Employers must have a health and safety policy that sets out their general approach, objectives and the arrangements in place for managing health and safety. Employees also have a duty to take reasonable care for their own health and safety and of others who may be affected by their actions.

Disclaimer: This is not a comprehensive statement of legislation relating to health and safety in the workplace. For full details please contact the HSE www.hse.gov.uk/legislation/hswa.htm

Returning to work is now used as an outcome to measure the success of physiotherapy treatment. The cost benefits are a calculation of the value of treatment.

Physiotherapists can help to:

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- deliver a cost effective service for employers.

Practical steps to reduce sickness absence

Good management is the key, low cost way to improve staff health. For example, making sure staff take breaks and holding regular team meetings to encourage an atmosphere of openness and trust are vital in promoting better health. Staff need to feel confident their manager will be sympathetic if they report feeling physical pains otherwise there is a risk the problem will be swept under the carpet and become a much bigger, more costly issue because it is not dealt with early.

The CSP is calling on all businesses and organisations to consider what steps they can take to reduce levels of staff sickness. Cutting edge organisations are making wellness a part of the company's overall mission statement.⁷ Building a culture of wellness in SMEs may well be easier than in large enterprises, as smaller cultures tend to be more amenable to change and the positive benefits can be more readily communicated between management and employees.

Some low cost ideas include:

- encouraging staff to get active in their breaks and lunchtimes – this will benefit them at work and in their personal lives.
- displaying free CSP leaflets and posters offering advice on health at work
- encouraging staff to report physical problems early and reassuring them these will be treated in confidence
- allowing staff experiencing problems to take time off to visit their GP or a physiotherapist
- encouraging flexible working

- modifying vending machines and cafeteria menus to include healthy food and snacks
- company-sponsored participation in locally-run sports events, e.g. walk-a-thons for charities
- making use of the many low cost and free information and advice services available to SMEs such as, in England, the Health for Work advice line www.health4work.nhs.uk or call 0800 077 88 44

Working with trade union stewards and safety representatives who have access to information and training is another way in which employers can ensure they are not only meeting their legal obligations but also addressing work-place health issues in a constructive manner.

Supporting employers

There is a growing acceptance that contributing to society through meaningful work is good for both our physical and mental health. The longer people are off work sick and on benefits, the more unlikely it is they will ever get

back into employment.¹¹ Therefore, getting people off sickness benefits and back into work and keeping people healthy and working productively is good for everyone.


The initiatives and physiotherapy services detailed here have a vital role to play in supporting employers in addressing work health issues, as well helping commissioners, including GPs, and planners in providing and designing cost effective services.

The Statement of Fitness for Work – or ‘fit note’ – introduced following Dame Carol Black’s report¹² replaced the ‘sick note’ in England, Scotland and Wales in April 2010. The ‘fit note’ gives GPs the option of stating a person ‘may be fit for work’ and how they may be able to return to work through, for example, amended duties or altered hours. This has been welcomed by employers with 76% of respondents in a CBI survey saying it would help people get back to work.¹² Physiotherapists can help in this regard by giving specific advice on work capabilities, which helps both employers and employees.

The UK Government’s emphasis on reducing the numbers of people on IB/ESA, and plans to make GPs in England responsible for commissioning health services, means GPs have an ever increasing role to play in decisions around the provision of occupational health services such as physiotherapy and support for employers.

The Health, Work and Wellbeing initiative, set up under the last Government, is providing support to GPs, employers and employees. The National Education Programme for GPs, run by the Royal College of General Practitioners, is currently running sessions for GPs on health and work issues.

Paul – Royal Mail



Paul, a postman for 16 years, started experiencing back pain that eventually graduated to severe spasms. His employer put him on a 12-week course which used physiotherapy and included circuit training, in-depth talks on how the body works, diagnosing problems and pain-management. Paul was able to return to work and his employer has now built in a 15-minute stretch to the start of each shift to maintain the progress he has made.

Sixty-three per cent of employers in a recent CBI survey said they want better occupational health training for GPs and 56% want to see better working relationships between GPs and occupational health professionals.¹³

Other Health Work and Wellbeing initiatives include the free Occupational Health Advice Line for GPs and small businesses, and also Fit for Work pilots, a service aimed at supporting individuals in getting back to work.

NHS Plus in England offers a range of services through a network of more than 100 NHS Occupational Health businesses, designed to meet the needs of both large and smaller businesses.

In Wales, a number of initiatives from the Welsh Assembly Government address work place health. These include the Small Workplace Health Awards and extensive resources on their Health at Work web site.¹⁴

Carly – Anglian Water



When office worker Carly's hands started swelling up and the pain made it hard to pick anything up, she immediately reported it to her employer.

A physiotherapist goes into her office every Thursday so Carly was able to have her workstation assessed and be given exercises that would help treat her injury. Over the course of three sessions with the physio the swelling went down, which enabled her to work pain-free and to continue playing the saxophone in her spare time.

The Scottish Centre for Healthy Working Lives is part of NHS Health Scotland and is funded by the Scottish Government.¹⁵ Through this initiative, a network of advisers work, mainly with SMEs, to improve health, safety, welfare and employment outcomes within Scottish business. The Working for Health strategy in Northern Ireland, together with numerous partner organisations, seeks to raise the profile of health in the workplace and is promoting good practice on workplace issues through regular conferences and NI Workplace Health network events.¹⁶

A wealth of information on promoting work health is also available from organisations such as the CSP, the Health and Safety Executive (HSE), the Chartered Institute of Personnel and Development (CIPD), Business Link, the National Institute for Clinical Excellence (NICE), NHS Plus and NHS Employers, the CBI, the Department of Work and Pensions (DWP), Governments of the devolved countries and charities such as Business in the Community.

These, and other similar initiatives and services, are to be applauded and need to be protected, expanded and promoted if the increasing pressures on employers are not to result in even higher rates of ill health and costs to employers and society.

Move for Health

As part of our Move for Health initiative, the Chartered Society of Physiotherapy is calling on employers, employees, health professionals and governments across the UK to work together to improve workplace health, and recognise the value of occupational health physiotherapy in the fight against work-related ill health.

The CSP wants to see early action to prevent the expected rise in MSDs and to promote the health of the working age population. This is particularly important at a time when not only is the workforce ageing, but employers and employees are facing significant pressures due to the economic situation.

Free practical physio advice

The CSP has a range of free leaflets giving tips for employers and employees on ways to keep healthy at work. Please visit www.csp.org.uk email: enquiries@csp.org.uk or telephone 020 7306 6666

Finding a Physiotherapist

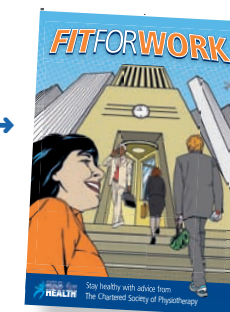
You can be referred to a physiotherapist by your GP or contact your local NHS physio department. To find a local private physiotherapist practitioner visit www.physio2u.co.uk

To find an occupational health physiotherapist visit the Association of Chartered Physiotherapists in Occupational Health and Ergonomics website www.acpohe.org.uk

Self-referral is a system for patients to make an appointment direct with their local NHS physiotherapy department, private practice or independent hospital department, without seeing their GP first. Self-referral is readily available throughout the independent sector and private practices and in some, but not all, NHS physiotherapy departments. Ring your local NHS hospital physiotherapy department to find out if self-referral is available in your area.

CSP resources

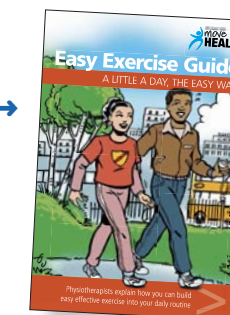
Fit for work →
Simple advice for employees



← **Fit for active work**
Advice for employees in physically demanding or repetitive jobs



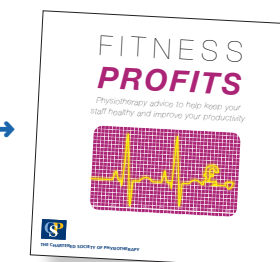
Easy exercise guide →
A guide to help build exercise into your day



← **Fit for the future**
Fun advice on diet and exercise for kids



Fitness profits →
Leaflet for employers on workplace health



Sickness Costs

References

- 1 HSE 2008/09 www.hse.gov.uk/statistics/causdis/musculoskeletal/index.htm
- 2 Work Foundation [www.workfoundation.co.uk/research/publications/Fit for work 2007](http://www.workfoundation.co.uk/research/publications/Fit%20for%20work%202007)
- 3 Sainsbury Centre for Mental Health (2007) Mental health at work: developing the business case
- 4 Northern Ireland: Working for Health Strategy 2003
- 5 CSP survey conducted by Opinium Research with 2628 UK adults, March 2010
- 6 CSP survey conducted by Opinium Research with 529 UK employers/managers, August 2010
- 7 PricewaterhouseCoopers research for the Department of Work and Pensions: www.workingforhealth.gov.uk/documents/dwp-wellness-report-public.pdf
- 8 Boorman report 2009: www.nhshealthandwellbeing.org/pdfs
- 9 TUC: Work Your Proper Hours Day www.tuc.org.uk
- 10 Routes to incapacity benefits: Findings from a survey of recent Claimants 2007. Department of Work and Pensions: www.dwp.gov.uk
- 11 Waddell, G., Burton, A.K. and Kendall, N.A.S. (2008), Vocational Rehabilitation, what works, for whom and when? TSO
- 12 Dame Carol Black Report: Review of the health of the working age population 2008
- 13 CBI: On the path to recovery: absence and workplace health survey 2010
- 14 Welsh Assembly: <http://wales.gov.uk/topics/health/improvement/work/>
- 15 Scottish Centre www.hse.gov.uk/scotland/schwl.htm
- 16 Working for Health Northern Ireland www.workingforhealthni.gov.uk

The CSP calls on:

- the UK Government to ensure the Welfare Reform and Work programme fully addresses health issues if people on IB/ESA are to be successfully re-integrated into the work force
- Governments across the UK to roll out self referral to physiotherapy together with a public information programme to explain self-referral
- commissioners and planners of health services to ensure that sufficient and appropriate occupational health services, including early intervention to physiotherapy, are available to employers at a reasonable cost
- all employers to provide a safe and healthy working environment and proactively promote health and well-being at work. In particular the NHS, as the largest employer in Europe, to embrace the recommendations of the Boorman review by promoting initiatives to improve the health of the NHS workforce
- all employers to provide access to an occupational health service, including physiotherapy, to their employees
- Unions, the CBI and other employers' organisations to build and expand on the work they have already done to promote the benefits of workplace health promotion initiatives and support the sharing of best practice.