

Back pain management

Occupational health
practice in the NHS
in England

A national clinical audit

Executive summary



Royal College
of Physicians
Setting higher medical standards

fom
Faculty of Occupational Medicine

NHS
Plus

Executive summary

The first national clinical audits in occupational health were coordinated by the Occupational Health Clinical Effectiveness Unit (OHCEU) in 2008. Two comparative clinical audits were conducted, providing a starting point for the occupational health community to raise standards and reduce variability of occupational health care in the NHS.

This report describes the findings of one of these first audits: the national audit of occupational health management of back pain measures how well the staff of NHS trusts in England¹ with back pain are cared for by occupational health doctors and nurses.

The Audit Lead, supported by the multidisciplinary Audit Development Group, developed an audit tool based on the Faculty of Occupational Medicine (FOM) Guidelines for the Management of Low Back Pain.² Occupational health professionals used the tool to audit case notes. The audit included only first consultations with an occupational health doctor or nurse for employees who had a new episode of back pain. The anonymised data were analysed by the OHCEU. In addition to the national results presented below, each participating trust received its own local confidential results.

The overall results form a baseline relevant both to trusts that participated and those that were unable to. Local results (provided to all participants) will enable occupational health services to compare themselves against best practice and to benchmark against other occupational health services across England. Each trust can use the results to identify areas in which improvements are needed, supported by the OHCEU. Future rounds of audit will measure performance against the baseline and identify further areas in which improvements could be achieved.

How to interpret your trust's results

Each participating trust has received its own results for comparison with the national results. These sets of data only provide part of the picture: we advise that they are considered in conjunction with the following factors:

- A sample of 40 cases is considered large enough to reliably indicate local practice. Trust results based upon a small number of cases may not accurately represent local practice.
- Audit relies on documentation and we recognise that actions may have been carried out but not recorded. This may be due to competing priorities and/or lack of resources. We comment on the importance of good documentation in the Introduction and we expect that this audit will lead to improvements in documentation as well as practice.
- All audits demonstrate variation in practice both within and between trusts. Those that participated now have a baseline from which they can measure improvements in performance through future audit rounds. An occupational health service that has taken part in this early stage in the audit cycle indicates a willingness to improve its practice.

¹ NHS Plus, the commissioner of the OHCEU, is funded by the Department of Health for England.

² Waddell G and Burton K (2000) *Occupational Health Guidelines for the Management of Low Back Pain 2000: Evidence Review and Recommendations* Faculty of Occupational Medicine.

- This audit measures a very specific area of occupational health practice. The results cannot be extrapolated as a measure of the full range of diverse activities undertaken by occupational health services. Each occupational health service will operate under different local circumstances. We also note that results could be heavily influenced by local policies and practice.
- The OHCEU has not ranked trusts. The local results should be interpreted by each trust itself, taking into account knowledge of its service.
- The report is a tool for reviewing the occupational health care provided to the staff of a trust. It should be used by each trust for facilitating dialogue between occupational health services and the trust management to develop the most effective mechanisms for improvements.
- We recognise that the exact questions asked in a consultation for back pain will vary depending on the presentation of the case. Guidelines do not override the professional judgement of health professionals.

Key findings and recommendations

Participation

- National clinical audit of occupational health practice in the NHS in England is achievable, with 65% of trusts participating in this first back pain audit round. Many of the remaining trusts will be able to share the results obtained by their occupational health provider, as many services provide care for the staff of more than one trust (see *Section 2*).
- Over half of trusts entered fewer than ten cases and will need to interpret their local results with caution as they may not be truly representative of local practice. We suggest these trusts pay particular attention to the national findings.

Case note audit: first consultation with NHS staff with a new episode of back pain³

- We found wide variation in practice. There were very high levels of compliance with the FOM Guidelines for the Management of Low Back Pain in some consultations (regardless of the severity of the case), and low levels of compliance in others.

This finding shows that the guidelines can and are being followed in some occupational health departments and that further work is needed to achieve a higher and consistent standard of care nationally. Documentation in the case notes should be comprehensive.

- 69% of cases had been absent from work during the episode of back pain audited. These individuals had been absent for an average of four weeks by the time of their first appointment with the OH professional.
- 44% of cases were screened for serious spinal disease and nerve root problems (red flags). When red flags were found, the GP or specialist was contacted within four weeks for 61% of cases. 35% of cases were screened for psychosocial risk factors for developing

³ Separated from any previous episode by at least four weeks.

chronic back pain (yellow flags). When yellow flags were found they were acted upon in 80% of cases.

These findings suggest that screening for red and yellow flags is not routine practice amongst all OH professionals. This is a missed opportunity to find indicators of serious spinal disease and to correct erroneous beliefs that lead to long-term back pain and disability.

- OH professionals asked about the impact of symptoms on activity, and on work, in three quarters of cases but asked about barriers to recovery/returning to work in only half of cases.

These findings indicate that OH professionals should take and document a full clinical, disability and occupational history for more of their cases.

- 74% of consultations included an assessment of whether the back pain was caused by work and it was thought to be so in just over a third of these cases. Advice on further investigation of the causes in the workplace was given for 55% of such cases.

Asking important questions and taking action concerning workplace factors are an integral part of the OH professional's role and should always be performed.

- 68% of consultations involved discussion about the importance of continuing normal activities. This figure rose to 82% for the cases that had yellow flags present.

These findings are encouraging. However nearer to 100% of consultations should include a discussion of continuing normal activities (there may be a few cases with serious spinal pathology where such advice might be inappropriate).

- The OH professional gave clear information about back pain in a form that could be understood (verbal, written, electronic or other) in 47% of cases.

Information about back pain should be given to all cases at their first consultation in OH. There is a clear case here for using standard, written material, such as the 'Back Book'.⁴

Variations between occupational groups

- A higher proportion of nurses and a lower proportion of doctors were entered into this audit than would be expected from the demographics of the NHS workforce.
- Doctors and clerical staff were the least likely, and nurses and ancillary staff were the most likely, to have been absent from work with back pain at the time of the audited consultation.

It is important that trusts ensure that all staff groups have full access to OH services and are encouraged to seek advice.

- Few other differences between occupational groups were seen in the results for the other audit questions, which is reassuring.

Type of trust analysis

For many of the standards audited, compliance was poorest in OH services provided to Mental Health trusts, best in Primary Care trusts, with Acute trusts usually between the two. Results for the other types of trust varied.⁵

⁴ Burton K *et al* (2002) *The Back Book*, 2nd Edition (The Stationery Office).

⁵ We did not include all the types of trust in these analyses as for some categories there were too few consultations to allow meaningful interpretations to be made.

Employee and line management questionnaires

This section of the audit was voluntary with around 20% of trusts in England participating. 356 questionnaires were returned by employees from 74 trusts, and 404 line manager questionnaires were returned from 76 trusts.

- 79% of employees who responded felt supported by their OH department to stay at, or return to, work during their episode of back pain. 66% of employees felt supported by their line managers in this respect.
- 57% of employees stated that their OH department contacted their line manager to help them stay at, or return to, work. 83% of these employees responded that restrictions or adjustments to work were recommended by the OH department. As a result of these recommendations, 72% of the employees judged that managers implemented adjustments.

The findings suggest that there is scope for OH departments to educate and facilitate managers to support their employees to stay at or return to work. Communication between OH professionals and line managers appeared to be effective when it took place.

We compared employees' and managers' knowledge and beliefs about back pain.

Positive findings included:

- A high proportion (89%) of both employees and managers 'agreed' or 'strongly agreed' that back pain was common.
- There was good knowledge of the need to stay active and not necessarily to rest during an episode of back pain (approximately 60-80% of employees and managers had appropriate knowledge in this area).

Some of the key differences and areas for improvement are highlighted below:

- Among both groups the self-limiting nature of back pain was poorly understood (only 40% agreed that symptoms usually get better in a few weeks).
- Neither group appreciated the poor prognostic importance of prolonged absence for eventual return to work – only 50% of managers and 41% of employees agreed that the longer a person is off sick the less likely they are ever to return to work.
- The important impact of psychological and social factors was much more frequently understood by managers (79%) than employees (46%).

Knowledge about back pain, the impact of psychosocial factors and the importance of continuing at work was poor and needs to be addressed.

Conclusions

The audit results show that there is wide variation across England in the levels of implementation of the FOM evidence-based guidance on the management of back pain.

OH professionals regularly addressed the interaction between health and work: they asked about the impact on activity and on work and usually encouraged staying at or returning to work. Communication between OH professionals and line managers appeared to be effective when it took place. For example, when appropriate, written advice to managers about temporary work-

place adjustments was frequently provided. The findings were largely unaffected by whether or not the back pain was thought to be caused by work, in line with the FOM Guidelines.

OH professionals tended not to be so good at screening for red and yellow flags, and enquiring about barriers to recovery and to return to work. They did not routinely give out clear and comprehensive information about back pain. Employee and line manager knowledge about the impact of psychosocial factors on back pain was poor and needs to be improved.

Next steps

Occupational health providers

We recommend that OH departments consider their own results in light of the targets and in comparison with the national results detailed in this report.

Where consultations do not meet the standards set in the FOM Guidelines, we recommend that OH professionals review their practice and develop mechanisms for service improvement. These might involve some or all of the following activities:

- education and training;
- sharing good practice between staff of the department, regionally and more widely;
- developing tools to facilitate improvement, for example algorithms and action plans;
- developing systems to support comprehensive documentation of consultations.

We recommend that OH departments consider how they could help to improve engagement amongst managers, enable employees to feel more supported, increase knowledge levels and reduce harmful beliefs.

OHCEU

- NHS Plus will host a national conference for OH professionals in Spring 2009. At the conference we will disseminate the findings of the audit and facilitate sharing of good practice. We will begin the process of developing materials and mechanisms for improving OH provision for NHS staff nationally.
- The OHCEU will hold regional workshops and focus groups during 2009. These events will enable participants to share their experiences of using the audit to change practice, barriers to such change, and how these can be overcome.
- The OHCEU will develop tools for implementing change based on audit findings and feedback from the conference, workshops and focus groups. The tools will be disseminated nationally.

The participants in this audit will be key stakeholders for these activities.

Copies of the full audit report are available from NHS Plus:
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