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FRESH - Facilitating Return to work through Early Specialist Health-based interventions

Supporting **R**eturn to **W**ork after **B**rain **I**njury

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NHS National Institute for Health Research

This project is funded by the NIHR HTA Programme (project number 11/66/02). The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the HTA programme, NIHR, NHS or the Department of Health.

Work as a health outcome

"Early intervention for those who develop a health condition should be provided by healthcare professionals who increasingly see retention in or return to work as a key outcome in the treatment and care of working age people".

Health and Wellbeing at Work, Black 2008

- The Outcomes Framework 2014/15

Background

- 41% (range 0-85%) of people with TBI in work at 1 and 2 years (Van Velzen et al. 2009)
- If not returned to work within two years post injury, unlikely (Johnson 1987; 1998; Kendall et al. 2006; van Velzen et al. 2009).
- Economic Impact -2.8 Billion Euros (Rickels et al. 2010)
- Patchy UK provision (Deshpande and Turner Stokes, 2004, Playford et al 2011)
- Systematic Reviews - no definitive model, RCTs n=1

Fadyl et al 2009; Hart et al 2006

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Radford KA, Watkins, C, Sutton CJ, Bhakta B, Phillips J, Drummond A, Walker M, Shakespeare D, Playford D, Sach TH, Jones T, Greenwood R, Duley L, Tyerman A, Whiteley G, Holmes J, Hammond A

NIHR HTA Programme http://www.nets.nihr.ac.uk/projects/hta/116602

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Research Questions

- Can we develop an Early Specialist Traumatic Brain Injury VR (ESTVR) package (manual, training and mentoring model) based on an existing NHS service model?

- Can we train therapists in 3 different NHS trauma centres to deliver it and can we measure its effects and cost effectiveness (compared to usual NHS care) on return to work and job retention in a feasibility RCT?

- Is it acceptable to TBI patients, staff & employers when compared to usual NHS rehabilitation?

- Which outcomes matter most to service users, NHS service providers and commissioners?

Feasibility Trial – *Can it be done?*

- Single blind 3-centre prospective individually randomised controlled feasibility trial with feasibility cost-effectiveness evaluation, comparing ESTVR to usual NHS Rehabilitation.

- **102 adults** (age≥16) admitted for ≥48 hours with new Traumatic Brain Injury (TBI) (all severities) who were in/ intending to work or in full time education (paid or unpaid) prior to onset.
  - **Intervention Group:** Early specialist vocational rehabilitation (ESTVR) delivered by an Occupational Therapist, within 8 weeks of TBI + usual NHS Rehabilitation
  - **Control Group:** Usual NHS Rehabilitation

- **Excluded - People not intending to work, living ≥ one hour away**

Miss B

- Admitted to Royal London Hospital following a fall down a flight of stairs.
- Age at time of injury = 33
- CT scan 9 days later: Right temporal parietal extradural haematoma. Mild local mass effect and evidence of some adjacent cortical low density change in the temporal lobe. The ventricles and basal cisterns remain satisfactory
- Admission to discharge 10 days

Personal situation

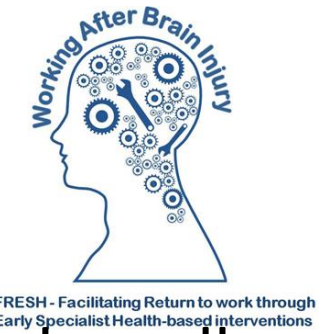
- Lived with a flat mate, family overseas
- Secondary school teacher, teaching English to pupils who spoke English as a second language. Permanently employed for the last 2 years
- Also studying art course for her own interest, two evenings per week from 6pm to 9pm. Had missed 20 hours whilst in hospital.
- Family not living nearby, independent young professional.

Intervention

- Following recruitment into intervention arm of study was assessed by OT at her flat one week later NO REFERRALS TO COMMUNITY SERVICES

- ***Wanted to return to work the next week for an hour each day initially!***

Assessment findings



- Headache (severe) – taking tramadol, ran out on and went to walk in centre for repeat prescription. Also taking ibuprofen and paracetamol.
- Impaired hearing in left ear
- Loss of appetite
- Fatigue
- Loss of taste and smell
- Decreased concentration
- Decreased motivation
- Low mood and mild anxiety about prognosis and specific concern re loss of taste and smell
- Impaired balance

Advice and referral

- Recommended not returning until new school year (2 months away)
- Sleep routine
- Referral to local community rehab team, dietician, neuropsych, physio and OT.
- Wrote to GP requesting referral to Audio vestibular physician.
- Information on loss of sense and smell – Headway leaflet
- Info on fatigue post injury
- Reassurance about symptoms and info about brain injury recovery – anxious!
- Suggested contact with employer!! – Resistant!! (*agreed to introduce self and role only*)

But….

- Went to work against advice and was sent home by employer as were concerned for her wellbeing.
- Finally agreed would be useful for a return to work plan to be established and communicated with Head teacher with aim to start graded return to work at the start of new school year.
- Identified memory difficulties and fatigue getting worse. Isolating herself socially. Mood becoming lower.

What she wanted to know!

- Follow up appointment in neurology clinic 2 months after d/c from hospital.
- Wanted to ask about lump on back of her head
- Wanted to know what happened?
- Worried about how she was going to remember what was said to her at the follow up appointment.

Additional Symptoms

- Impaired memory
- Word finding difficulties
- Irritability
- “Empty head”
- Need to lie down
- Avoiding groups of people and dynamic conversations
- Weight loss
- More aware of fatigue!

Intervention

- Letter to employer - agreed meeting prior to new school year!
- Fatigue management
- Memory strategies
- Referral to GP re low mood
- Educations re brain injury.
- Discussions about how to avoid social isolation and what to say to friends and family.
- Meetings with employer x 3
- Consistent liaison via email and letter.

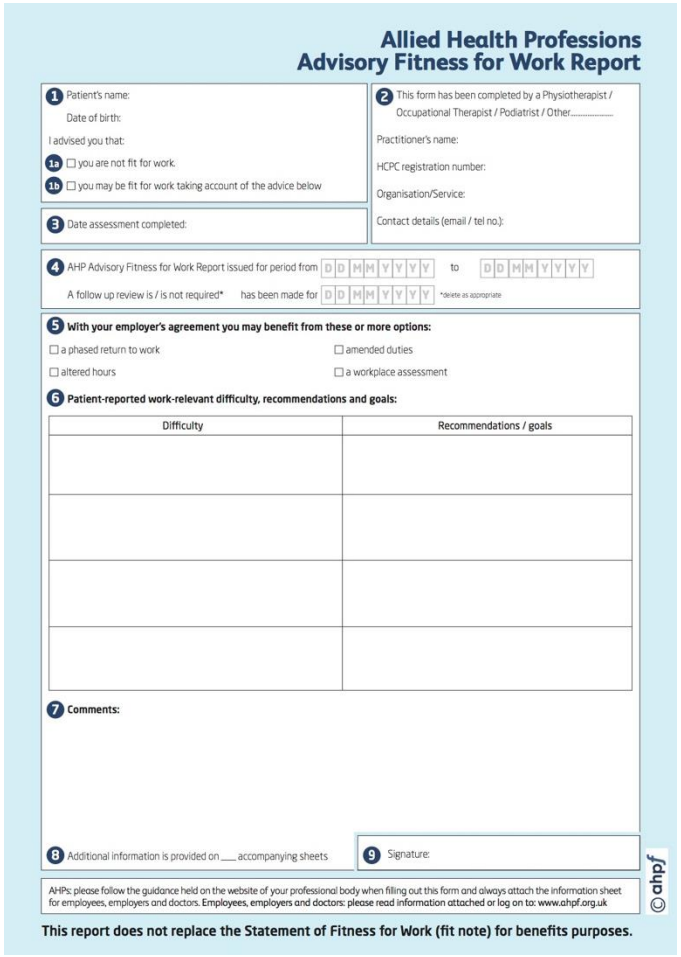
Graded return

1. To start work at 9.30 am
2. To have a break of 20 minutes minimum between lessons where Miss B is encouraged to sit quietly by herself somewhere and not engage in any activity during this time.
3. To teach 2 x 1 hour lessons per day.
4. To attend work as above on Monday, Wednesday and Friday.

Final Outcome – after one year

- Full time hours with reduced responsibility
- 4 lessons on two days of the week only
- 3 lessons on other days with no more than two consecutively
- After 6 months start to increase additional responsibilities e.g. after school clubs and parent meetings and projects
- No work life balance
- School holidays starting again – advised to maintain activity levels consistently
- Referral to local rehab services to continue intervention

AHP Fit Note



Allied Health Professions Advisory Fitness for Work Report

1 Patient's name:
Date of birth:
I advised you that:
1a ☐ you are not fit for work.
1b ☐ you may be fit for work taking account of the advice below

2 This form has been completed by a Physiotherapist / Occupational Therapist / Podiatrist / Other.....
Practitioner's name:
HCPC registration number:
Organisation/Service:
Contact details (email / tel no.):

3 Date assessment completed:

4 AHP Advisory Fitness for Work Report issued for period from D D M M Y Y Y Y to D D M M Y Y Y Y
A follow up review is / is not required* has been made for D D M M Y Y Y Y *delete as appropriate

5 **With your employer's agreement you may benefit from these or more options:**
☐ a phased return to work ☐ amended duties
☐ altered hours ☐ a workplace assessment

6 **Patient-reported work-relevant difficulty, recommendations and goals:**

Difficulty	Recommendations / goals

7 **Comments:**

8 Additional information is provided on ___ accompanying sheets

9 Signature:

AHPs: please follow the guidance held on the website of your professional body when filling out this form and always attach the information sheet for employees, employers and doctors. **Employees, employers and doctors: please read information attached or log on to: www.ahpf.org.uk**

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This report does not replace the Statement of Fitness for Work (fit note) for benefits purposes.

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Department of Health Disclaimer:
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Thank-you

Questions?

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