
HELPING MAJOR TRAUMA PATIENTS RETURN TO WORK



Why trauma patients need support to return to work

At least 20,000 people suffer trauma in England each year. Thanks to medical advances, more and more people are surviving. But once someone has left hospital, they need support to reintegrate into the community, including with returning to work.

FACT!

Trauma is the main cause of death in people under forty and the main cause of disability. Major trauma costs the NHS around £0.3-0.4 billion a year. The annual lost economic output as a result of major trauma is between £3.3-3.7 billion

Going back to work is one of the main goals for many trauma patients. On top of income, work offers social contact, a sense of status and identity, and purpose. It can be critical to mental wellbeing.

Despite this, only half of the individuals suffering trauma return to work quickly. Nearly one in five do not return to work at all.

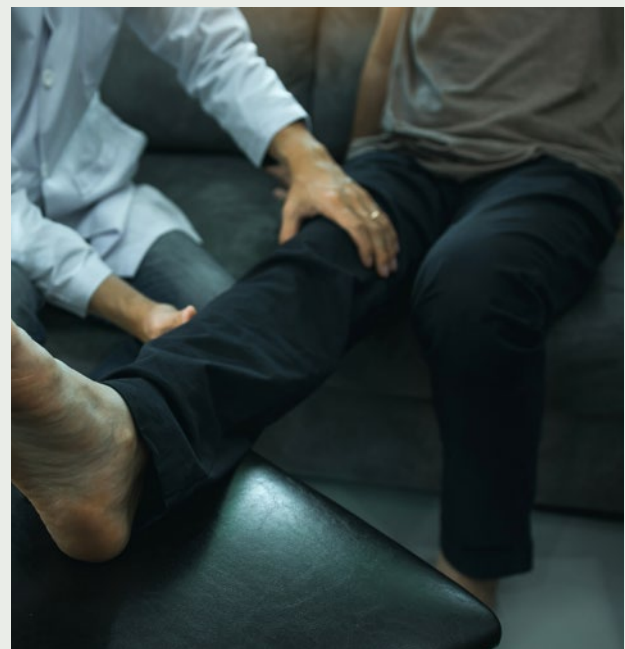
Nearly one in five trauma patients do not return to work

The evidence suggests that providing return-to-work support, sometimes called vocational rehabilitation (VR), can have a major impact on helping trauma patients return to work more quickly. One analysis showed that employees who have access to early intervention and rehabilitation services tend to see their long-term absences cut by nearly 17%.

Today, however, trauma patients have very limited access to this kind of help. For example, many patients

Currently many patients are discharged from trauma care with limited or no local specialist follow up. There are few rehabilitation case management and co-ordinating services in the NHS outside of the trauma centre network

leaving hospital with musculoskeletal (MSK) issues, such as back pain, do not qualify for local health and social care services. They may receive little or no follow-up to help them reintegrate into the community and return to work.



“ I found when I tried to go back to work that I just wasn't mentally able to cope with it. I had to give it up... That was a low point for me.”

Vocational rehabilitation at the right place, at the right time

When a patient experiences major trauma, issues around returning to work can fall quickly down the priority list. Yet the evidence is that early intervention around employment issues is far more effective than waiting until the patient is discharged.



Trauma patients should be offered return-to-work support from a vocational rehabilitation specialist as early as possible in their treatment pathways. They would have positive conversations with the patient and their family while the individual is still in hospital, providing information and guidance that could save their job. Furthermore, the model would also promote return to work as a key health outcome with hospital clinical staff.

The specialist would develop a return-to-work plan with the individual and help make it a reality by coordinating between the family, health professionals, and community support groups. In some cases, they would even liaise directly with the patient's employer.

Once the individual is discharged, the support would be provided through remote case management via phone, video conference, or conferencing platform or email.

We recommend focusing on those suffering from severe musculoskeletal injuries because of the lack of consistent rehabilitation services. Cases can be divided into two groups:

Job retention:

those who already had a job before the trauma and need help in managing a safe and effective return to work

Job seekers:

those who do not have a job to return to after the trauma and need help to identify, seek, and gain work

Our proposed model

We propose to embed employment advisers into acute or major trauma rehabilitation settings.

They would triage patients and deliver stepped vocational rehabilitation in line with patient needs:

All patients would be assessed and asked about their employment status and interests and receive information, advice, guidance and signposting before discharge;

People with concerns about managing work and their injury recovery would be provided with advice and resources to support self-management via phone or email;

People with more complex needs would be offered an intensive vocational rehabilitation service including specialist support when trying to return to work.

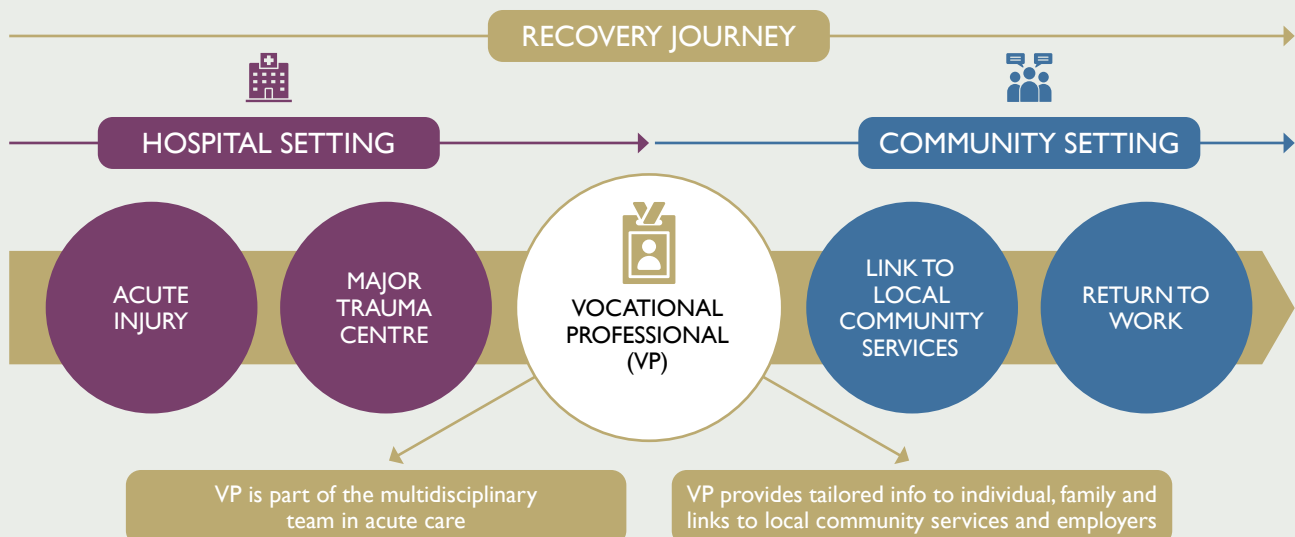
work with the patient to assess individual vocational needs and create a return to work plan. This would be independent from the rehabilitation prescription often used in trauma rehabilitation and would be specifically focused on vocational rehabilitation.

The vocational professional would work closely with the individual to understand their needs and together develop a plan that best positions them to meet their goal. The vocational professional would provide tailored information to each individual and their family depending on need to enable self-management and empower the individual to leverage resources available to enable effective recovery.

For example, a vocational professional could help the individual in coordinating with their employer to secure sick leave, arrange sick benefit payments, and provide emotional support along the way. This type of vocational rehabilitation intervention should be integrated into the hospital trauma treatment and rehabilitation pathway with the vocational professional becoming a part of the hospital and community rehabilitation team to support effective coordination of rehabilitation services once the person has returned home from hospital.

In this model, the support would be provided by a dedicated vocational professional who would accompany the individual on the recovery and return to work journey from the initial stay at the hospital to linking to local community services to securing employment.

The vocational professional would be a part of the multi-disciplinary trauma team, extending their care to



The business case for return to work support

The economic costs of sickness absence and worklessness associated with working age ill-health exceed £100 billion a year.

Musculoskeletal (MSK) disorders alone cost the UK an estimated £7 billion a year. Vocational rehabilitation support can help reduce welfare benefits, boost tax income, and reduce healthcare costs.

In 2018, a new vocational counselling service was evaluated in three Australian spinal cord injury rehabilitation hospitals. In this programme, vocational counselling was delivered by a Vocational Counselling Coordinator, working with the allied health team, medical, and nursing staff at each hospital. The programme was associated with better post-injury employment outcomes.



Studies of rehabilitation and vocational interventions suggests a return on investment ranging anywhere from £2.5 to £8 saved per £1 invested.

Rehab intervention in the USA

A study on vocational rehabilitation services for people with multiple sclerosis (MS) in the US estimated the associated return on investment to be approximately 8 to 1.

Another US study reviewed the cost effectiveness of early versus delayed functional restoration for Chronic Disabling Occupational Musculoskeletal Disorders (CDOMD) finding claimants return to work at least six months sooner if early rehabilitation is provided.

- 64% reduction in healthcare costs
- 80% reduction in disability benefit
- 80% reduction in productivity losses

In total, the savings averaged £111,000 (\$167,000) per individual, over half of which was attributed to reduced healthcare and reduced benefit payments.

Rehab intervention in the Netherlands

Rehabilitation intervention for people with stroke, heart failure or chronic pain in the Netherlands was estimated to have an average cost benefit ratio of over 4 to 1.

The England and Wales Insurance and Solicitor Rehabilitation Code 2015 calls for the “collaborative use of rehabilitation and early intervention” in the insurance related injury and compensation process. The aim is to “help the injured claimant make the best and quickest possible medical, social, vocational and psychological recovery”.

Conclusion

The NHS has saved the lives of an additional 1,600 major trauma patients since services were reorganised in 2012. Now we need to help those people to live fulfilling lives after their trauma. This includes making a successful return to work.

Studies on wellbeing show that people adapt to many negative life events, but they never adapt to being unemployed. Work is one of the top three drivers of wellbeing. Yet after suffering trauma, only half of people return to work quickly while almost 20% drop out of the workforce altogether.

An early intervention vocational rehabilitation service, tightly linked to trauma care and rehabilitation treatment, would help those who suffered from trauma to make a positive return to work faster.

Everyone deserves the opportunity to contribute to society through meaningful work. Early and targeted vocational rehabilitation after a traumatic injury could be the key that gives people the chance to return to as normal a life as possible after a life changing event.

**For more information,
please contact:**

healthandemployment@socialfinance.org.uk

theblackstorkcharity@grosvenor.com

View the full report:

View the full report on our website:

socialfinance.org.uk/traumareport

This project was funded and inspired by the Black Stork Charity.

Social Finance has partnered with the Black Stork Charity, who funded research and development to scope the feasibility of testing an innovative vocational service for trauma care patients. The Black Stork Charity focuses on promoting excellence in rehabilitation services through research, innovation, and best practice. Its first project entailed building the new state-of-the-art rehabilitation centre for the Armed Forces on the Stanford Hall Rehabilitation Estate to replace Headley Court in Surrey. It is now enabling the establishment of the National Rehabilitation Centre (the NRC) on the same site to treat regional NHS patients and provide an academic hub for research, innovation, education, and training.

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