Introduction

There is increasing evidence of positive links between good work and health. As a consequence, national and local policy in Scotland endorses work as an outcome for health services and they have a role in helping people remain in work, return to work from sickness absence or enter the labour market if they have been out of work. Vocational rehabilitation (VR) defined as ‘a process that enables people with functional, psychological, developmental, cognitive and emotional impairments to overcome barriers to accessing, maintaining or returning to employment or other useful occupation’ can provide a clear focus and framework for work focused interventions in health settings.

The Vocational Rehabilitation Service (VR Service) was a pilot service for people with cancer, Multiple Sclerosis (MS) and inflammatory bowel disease (IBD). It was delivered between June 2011 to July 2014 by NHSGGC and external partner agencies including Macmillan Cancer Support, Glasgow City Council, NHS Healthy Working Lives Greater Glasgow and Clyde and the Scottish Government.

The Service had a target of engaging 160 clients by the end of July, 2013. At the end of the pilot data collection period:
- 303 people had used the VR service;
- 260 had been discharged;
- 43 clients were still receiving support.

This is almost double the numbers of clients which had been expected. The main referral sources were the NHS and self referrals which were signposted from a range of sources including health professionals. The case managers were successful in raising awareness of the service and encouraging health professionals to refer and signpost.

Key Features of the Service Model

The service model offered:
- A tiered case management process with 3 Tiers. Tier 1 was self help and was offered to all acute patients of working age with cancer, MS or IBD. Tier 2 offered moderate support
- which could involve giving information about how to manage health conditions at work, providing a positive message about work and signposting or referrals to other services. Tier 3 offered specialist and intensive support using a bio-psycho-social model.
- Specialist support with a strong focus on clients’ work needs delivered by case managers who are vocational rehabilitation specialists.
- Client led support.
- Open access with referrals accepted from a wide range of sources.
- Links to other services to facilitate referral and signposting.

Case Management Interventions

The interventions offered to clients involved:
- Detailed assessment of work skills and capacity, job requirements and demands, work environment and social support systems.
- Prioritising key issues and setting short term and long term goals.
- Problem solving.
- Supporting work preparedness and work readiness activities - building confidence.
- Strategies for managing particular health problems in the workplace.
- Negotiating a phased return to work, not just in hours but also tasks and responsibilities.
- Psychological interventions including coaching and other interventions underpinned by a range of CBT principled activities.
- Information and advice on disclosing diagnosis to managers and colleagues – legal rights and responsibilities.
- Referral or signposting to support services including career advice and guidance.
- Liaison with employers including visiting work sites.
- Modifications to the work environment.
- Supporting withdrawal from work.
Client Views of the VR Service
Client interviews indicated several felt isolated and had no access to support around work before they joined the Service. Nearly half (45%) were off work sick and looking for support to get back to work. The next most important reason for engaging with the service was help to remain at work with just under a quarter looking for this kind of support. Smaller numbers were looking for support around changing job and giving up work.

The case management service was evaluated very positively by clients. The most valued aspect was the specialist knowledge and support of the case managers. Clients also valued the Service’s accessibility and flexibility focus on progression, and client led delivery.

Outcomes
The evaluation showed the Service was associated with a range of outcomes including improvements in health. The EQOL5D was used to measure this. There were improvements across all domains with the biggest increases in the numbers with ‘no problems’ in the domains of self care, ability to take part in usual activities, pain and discomfort and depression and anxiety. It should be remembered that these clients have severe and enduring health conditions and any positive shift is important.

The Hospital Anxiety and Depression Scale (HADS) was used to measure two aspects of psychological health relevant to patients, anxiety and depression. There were declines in anxiety and depression between joining and discharge.

The Service was also associated with an increase in the numbers of people in work and reduction in the numbers off sick. These work outcomes were sustained as a follow up survey of 6 months after clients were discharged showed 92% of people who were in work when discharged were still in work. Some clients who were not at work when they were discharged had also returned to work so that the overall proportion of those in work at discharge has increased from 66% to 90%. The Service worked effectively with clients with complex needs who face more barriers to returning to work including those living in the most deprived areas and in lower paid occupations.

Cost Benefit Analysis
The financial benefits which can be attributed to the pilot were substantial relative to the cost of delivering. In excess of £6 in benefits were realised for every £ spent within the 3 year pilot period. Benefits include evidence of significant savings in terms of Health Service usage and benefits to the national Exchequer through reduced welfare payments and increased tax and national insurance revenue.

The pilot also delivered a range of difficult to value benefits, including higher levels of satisfaction with health services and increases in self management.

In a roll out scenario, there is the potential to lower the unit cost of delivering the VR Service as the systems are already set up, referral arrangements are in place and capacity building work would be reduced.

Conclusions
Aspects of the service delivery which contributed to the outcomes are the following:

- Intensive case management which was a critical element of the VR Service and contributed to the achievement of outcomes for clients with complex needs.
- The types of interventions developed by the case managers which were effective and included increasing clients’ confidence about returning to work; developing strategies to help clients to cope better at work and reduce stress; improving self management; and negotiating with employers to make workplaces more accommodating for clients.
- The good relationships with referrers (both external to the NHS and within acute services) assisted in the delivery of holistic support to clients as well as helping to reach clients who could benefit from the VR Service.
- The way the service was delivered. The best evidence of this is the clients’ views which were very positive. The positive aspects of the service included the professional and knowledgeable approach of the case managers; the way the service was person centred and offered continuity of care and the proactive way the case managers sought help and support for clients. Nearly two thirds of clients (85%) felt the service had a positive impact on their work situation (with 66% agreeing strongly that it had).