

Introduction

The OPAL research team are developing a return to work intervention to help and support patients that are in work prior to hip or knee replacement and intending to return to work and usual activities after surgery. As described in the terminology work is defined as 'A job or activity that is done regularly'. This may include paid work, self-employment or unpaid work (e.g. volunteering or caring). For the purpose of the OPAL study it does not include housework or childcare.

The first round of our Delphi consensus process includes 3 questions. Question 1 asks you to input your initials and select your job role. This is done so that we can record who has completed the questionnaires and enable us to feedback individual responses to each participant. Please be assured your responses are confidential and each participants responses will not be shared with other Delphi participants. Question 2 and 3 relate to the proposed content of our return to work intervention and are described in more detail below.

Our initial work, based on a review of the literature and interviews with patients, healthcare professionals and employers, has allowed us to identify a range of actions that could be included as components in our return to work intervention. these components fall into 3 groups:

Group A: 'Advice and Information' components.

We are certain that patients and the teams supporting their return to work will need to be provided with advice and information. However, we are unsure which pieces of advice and information are most important and will be the most useful to the patients, carers, employers and healthcare teams. **We will therefore ask you to help us prioritise the relative importance of the advice and information components we propose to give so that we target the most important areas. Question 2 will ask about this aspect of the intervention.**

Group B: Components that could supplement the 'Advice and Information' components.

This group includes a number of potential intervention components that could supplement those in Group A. We are unsure about them because we either don't know how important they might be to hip or knee replacement patients or whether they would be deliverable within current NHS care pathways. For each component we are asking you to rate their importance and deliverability so that we can make a decision about whether they should or should not be included within our return to work intervention. **Question 3 will ask about this aspect of the intervention.**

Group C: Components we are certain need to be excluded from the return to work intervention we are designing.

These are components that fall outside the remit of OPAL and things we are unable to influence. While things like government policy and employer sickness policy are likely to influence return to work we cannot impact on these through our OPAL return to work intervention. **We will therefore not be asking you about these components.**

Each of the proposed components aims to help either **the patient, carers, their employer or their healthcare team** (Surgeon, Physiotherapist, Occupational Therapist, Nurse, GP) manage the return to work process. Please be aware that not all of the proposed components relate to the patient.

This list is varied but not exhaustive and if you have further suggestions please add them to the comment box at the end of the statement list.

Terminology and Definitions

The following definitions are intended to help you understand the terminology used by the OPAL team within this questionnaire:

- **Return to Work:** Defined as a return to the persons place of work and/or return to their work role to recommence working after a period of sickness absence (NB In the case of some carers return to work role may be the only one that applies).
- **Therapy:** Defined as treatment given by the rehabilitation team (physiotherapists and occupational therapists supported by specialist nurses and care practitioners).
- **Return to Usual Activities:** Defined as return to the patients usual level of work and recreational activities e.g. return to all usual activities of daily living and hobbies.
- **Work:** Defined as a job or activity that you do regularly. This may include paid work, self-employment or unpaid work (e.g. volunteering or caring). For the purpose of the OPAL study it does not include housework or childcare.
- **Occupational Health:** Defined as the branch of medicine dealing with the prevention and treatment of job-related injuries and illnesses. Occupation in this sense relates specifically to the work place.
- **Occupational Therapy:** Defined as the provision of practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. This support increases people's independence and satisfaction in all aspects of life. Occupation in this sense refers to practical and purposeful activities that allow people to live independently and have a sense of identity. This could be essential day-to-day tasks such as self-care, work or leisure.
- **Hospital Orthopaedic Care Team:** Defined as the entire hospital team including surgeon, orthopaedic juniors, nurses, health care assistants, care practitioners, physiotherapists and occupational therapists.

Question 1 : Your initials and job role.

* 1. Please could you enter your initials in the box provided below:

* 2. Please could you confirm which participant category you are when completing this Delphi Survey

Options

Participant Category

Other (please specify if none of the above)

Question 2 : Advice and information components

This question relates to the advice and information resources (written and/or online) that we propose to develop to support all stakeholders (patients, carers, GPs, employers, surgeons and allied health professionals) manage the return to work process. Please consider whether you think the components listed below should be included in an intervention aimed at helping patients return to work.

The components are listed under the following headings:

- 1. Information about the surgery and surgical recovery**
- 2. Information about services available to help with the return to work process**
- 3. Specific information about the workplace and returning to work**

1. Information about the surgery and surgical recovery (Information for all):

- * 3. A broad overview written for all stakeholders, of what to expect following surgery (rates and timing of expected recovery)

Options

Rating

- * 4. Information about expected level of function at different time - points following surgery

Options

Rating

- * 5. Information about post-operative precautions, restrictions and activities to avoid following surgery

Options

Rating

- * 6. Information about how long the hip and knee replacement prostheses will last

Options

Rating

- * 7. Information about revision (redo) surgery

Options

Rating

* 8. Information about managing more than one joint replacement in close succession

Options

Rating

* 9. Information about exercises and rehabilitation following surgery

Option

Rating

* 10. Information regarding post-operative complications and their management

Options

Rating

Continuation of Question 2 : Advice and information components

1. Information about the surgery and surgical recovery (Information for all) continuation:

- * 11. Information about how having surgery may impact on social relationships

Options

Rating

- * 12. Tips and tricks to help the patient manage around their home with day to day activities immediately following surgery

Options

Rating

- * 13. Information about returning to driving

Options

Rating

- * 14. Signposting to DVLA guidance

Options

Rating

- * 15. Information about managing pain, types of analgesia and side effects

Options

Rating

- * 16. Guidance for orthopaedic care teams and G.Ps on how to use and prescribe a fit note

Options

Rating

- * 17. Examples of the correct use of fit notes

Options

Rating

* 18. Information about symptom management in relation to return to work and specific occupations e.g. expected levels of fatigue, pain, swelling

Options

Rating



Continuation of Question 2 : Advice and information components

2. Information about services available to help with the return to work process (Information for all):

* 19. Information for patients and employers about how to access occupational health services

Options

Rating

* 20. Information about when it might be appropriate for patients and employers to access occupational health services

Options

Rating

* 21. Information and resources to support self-advocacy and empowerment

Options

Rating

* 22. Information about how to access resilience training courses and other resources aimed at helping people cope better during challenging times. Courses such as these improve the patient confidence in their ability to bounce back from the many pressures and adversities they encounter in today's workplace

Options

Rating

* 23. Information for the patient about who to ask if they are having a problem returning to work

Options

Rating

* 24. Signposts to national and local **support** services e.g. Fit4Work, Citizens advices, ACAS

Options

Rating

* 25. Links to national, workplace legislation and guidance e.g. information on workers rights, employment law

Options

Rating

Continuation of Question 2 : Advice and information components

3. Specific information about the workplace and returning to work (information for patient and employer):

- * 26. Testimonials and case studies of patients who have successfully returned to work after surgery

Options

Rating

- * 27. Information for the patients about how to ask for help at work from their employer and colleagues

Options

Rating

- * 28. A list of potential workplace modifications, aids and adjustments that could be used to assist with return to work, with examples

Options

Rating

- * 29. Advices about adaptations to working patterns to assist return including the use of phased returns, modified hours and altered work schedules

Options

Rating

- * 30. A list of potential return to work barriers for patients and employers to consider

Options

Rating

- * 31. Guidance on how to set an appropriate provisional return to work date based on the date and type of surgery

Options

Rating

- * 32. Advice about how psychosocial and emotional factor influence return to work

Options

Rating

* 33. Guidance and frameworks to facilitate meetings to discuss sickness and return to work between the patient and their employer

Options

Rating

* 34. Guidance for employers about how to perform a work capacity assessment

Options

Rating

35. This is the end of the statements for Question 2. If you have any other suggestions for 'advice and information' components please enter them in the box below....

Question 3 : Additional supplementary components

This question relates to potential components of our return to work intervention that will supplement the information and advice described in Question 2. These are components for which we are unclear about their importance or deliverability within current NHS care pathways.

We would like you to consider whether each of the proposed components of our return to work intervention is IMPORTANT and DELIVERABLE. Please consider the following when assessing the statements:

- Is the proposed action likely to be of benefit in helping a patient return to work and usual activities after their hip or knee replacement?**
- Would the proposed action complement current care?**
- Is the proposed action deliverable alongside current care?**

We recognise that some of you may not have experience of what 'current care' for hip and knee replacement patient is. If you feel unable to answer the question about whether the proposed intervention component is DELIVERABLE please tick the 'I am unable to answer' option.

For each statement there are 2 questions:

- To what extent do you feel that the proposed component of the return to work intervention would help people return to work after their hip or knee replacement (IMPORTANT)?**
- To what extent do you feel that the proposed component of the return to work intervention is deliverable within the limitations of current NHS care (DELIVERABLE)?**

Again these statements have been listed under the following headings:

- 1. Identification of patients at risk of prolonged sickness absence/ struggling to progress**
- 2. Patient advocacy and support**
- 3. Rehabilitation and recovery**
- 4. Timing of surgery and follow up**
- 5. Peer support**
- 6. Communication and collaboration between stakeholders**
- 7. Workplace interaction / return to work planning**

1. Identification of patients at risk of prolonged sickness absence/ struggling to

progress

The intervention should include.....

* 36. A mechanism for pre-operative identification of patients at 'high risk' of prolonged sickness absence following surgery

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 37. A post-operative mechanism for the identification of patients that are not progressing toward return to work as planned

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 38. A standard pathway delivering the same level of care to **all** patients aiming to return to work following their surgery

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 39. The ability to 'step up' the level of care and provide additional help and support for patients identified as 'high risk' of prolonged sickness absence or those that are not progressing towards return to work as planned

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 40. A separate intervention for **hip** and **knee** replacement patients that are not progressing towards return to work as planned

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

Continuation of Question 3 : Additional supplementary components

2. Patient advocacy and support

The intervention should include.....

* 41. A named 'return to work' team that are members of the hospital orthopaedic care team and are responsible for communicating with patients and actively monitoring their progress and return to work after surgery

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 42. Interaction between the healthcare team and patient by phone, email or 'on-line' so that members of the care team can monitor progress and help the patient use the advice and information provided

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 43. A specific 'return to work' co-ordinator that liases with the employer, G.Ps and hospital services on behalf of the patient (with the patients consent)

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 44. The ability for patients to be highlighted within the hip/knee replacement pathway documentation e.g. 'Return to work patient' in order to increase awareness amongst members of the hospital orthopaedic team

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 45. Training for members of the hospital orthopaedic care team to increase awareness about return to work issues

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

Continuation of Question 3 : Additional supplementary components

Rehabilitation and Recovery

The intervention should include.....

* 46. Greater access, over and above the standard care, to therapy services for **all** patients aiming to **return to work** following surgery

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 47. Specific therapy services/classes to oversee the rehabilitation of **all** patients aiming to **return to work** after hip and knee replacement

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 48. A prescribed post-operative rehabilitation therapy program including assessment at regularly defined intervals following surgery

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 49. Continued therapy involvement until the point at which the patient returns to work

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 50. A progress chart to document recovery that could be completed by the patient and relevant members of the hospital orthopaedics care team and shared with the employer

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 51. Routine pre-operative **therapy assessment** during which a **return to work plan is developed** between the patients and the **hospital orthopaedic care team**

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 52. Guidance for health services defining 'best practice' for patients returning to work after hip and knee replacement surgery

IMPORTANT

DELIVERABLE

Rating

Continuation of Question 3 : Additional supplementary components

4. Timing of Surgery and Follow up

The intervention should include.....

* 53. Consideration of patients' work schedules when listing for surgery

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 54. Specific pre-operative, pre-assessment and educational classes for 'return to work' patients to facilitate co-ordination of their care

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 55. The ability for 'return to work' patients to be seen by their surgeon at additional or alternative post-operative time points to those offered routinely

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

Continuation of Question 3 : Additional supplementary components

5. Peer Support

The intervention should include.....

* 56. The development of a local network for patients that have experienced the process of returning to work after hip or knee replacement to provide peer support and guidance

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 57. Information from patients that have experienced the process of returning to work after hip or knee replacement within the pre-operative education process

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 58. Links to national and local online forums for peer support

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

Continuation of Question 3 : Additional supplementary components

6. Communication and Collaboration between stakeholders

The intervention should include.....

* 59. The ability for copies of clinic letters to be sent to employers with patients consent

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 60. A mechanism by which employers, GPs and Surgeons could communicate directly with one another and share information about the care and progress of the patients (with the patient's consent)

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 61. The ability for the hospital orthopaedic care team to record information about the duration of and information provided in fit notes issued to individual patients

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 62. A process by which work status can be included in referral information for all patients referred from primary care into secondary care for consideration of hip or knee replacement

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 63. The ability to document and share information between stakeholders about whether workplace interventions/ adaptations and changes to work schedules have been used

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

* 64. Guidance on when in the return to work process patients can safely be discharged back to primary care for continued management of their return to work

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

Continuation of Question 3 : Additional supplementary components

7. Workplace interaction/ return to work planning

The intervention should include.....

- * 65. A return to work plan that can be completed and agreed between the patient, their employer and relevant members of the healthcare orthopaedic care team

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

- * 66. The ability for patients to document and share the outcomes of the return to work meetings and discussions with their employer and members of the hospital orthopaedic care team

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

- * 67. A screening checklist to help stratify work demands and provide a way of tailoring the expected time a patient will require to recover following their surgery before they return to work and the support they may need

	IMPORTANT	DELIVERABLE
Rating	<input type="text"/>	<input type="text"/>

68. This is the end of the statements for Question 3. If you have any other suggestions for 'additional supplementary' components please enter them in the box below....

You have now completed Round 1 of the OPAL Delphi survey. We will contact you within the next 4-6 weeks, for Round 2, which will also include feedback on your individual responses for Round 1. Thank you for the time taken to complete the survey.

Round Two Statements: Defining the delivery and format of the intervention

Introduction

Dear Delphi member,

Thank you for your participation with Round one of the Delphi process. In Round two we intend to (i) seek further views on statements where there was disagreement about importance and obtain participant views on new items suggested by Delphi members in Round one (ii) explore how the intervention might be delivered, and (iii) how we might measure the success of our intervention in helping patient return to work.

In Round two the statements will be structured into 3 sections:

Section 1: Clarification of areas of uncertainty and new statements suggested from Round one.

Section 2: Statements about the delivery, format and timing of the intervention.

Section 3: Statements about the measurement of 'return to work'.

As in Round one all statements will be rated using the following scale:

- Strongly Agree / Agree / Disagree / Strongly Disagree / Don't Know

The list of statements that will be presented to you is varied but not exhaustive and if you have further suggestions please add them to the comment box at the end of each section.

1. Please enter your initials here.

Section 1: Clarification of areas of uncertainty and new statements suggested from Round one.

Statements from the 'Additional Content' section:

7. Question 44: The ability for the patients to be highlighted within the hip/knee replacement pathway documentation e.g. 'Return to work patient' in order to increase awareness amongst members of the hospital orthopaedic team.

Options

Rating

8. Question 47: Specific therapy services/ classes to oversee the rehabilitation of all patients aiming to return to work after hip and knee replacement.

Options

Rating

9. Question 48: A prescribed post-operative rehabilitation therapy program including assessment at regularly defined intervals following surgery.

Options

Rating

10. Question 56: The development of a local network for patients that have experienced the process of returning to work after hip or knee replacement to provide peer support and guidance.

Options

Rating

11. Question 58: Links to national and local online forums for peer support.

Options

Rating

12. Question 65: A return to work plan that can be completed and agreed between the patient, their employer and relevant members of the healthcare orthopaedic care team.

Options

Rating

13. Question 67: A screening checklist to help stratify work demands and provide a way of tailoring the expected time a patient will require to recover following their surgery before they return to work and the support they may need.

Option

Rating

Section 1: Clarification of areas of uncertainty and new statements suggested from Round one.

New statements based on suggestions from Delphi participants Round one:

14. Patients should be encouraged to identify someone within their employment organisation, for example a specific co-worker or case worker, to help support them through the return to work process.

Options

Rating

15. FREETEXT COMMENT BOX:

Section 2: Statement about the delivery, format and timing of the intervention

This section will present a range of statements relating to the delivery, format and timing of the intervention. At the start of this section we will provide you with a summary of the content agreed upon by the Delphi panel based on the responses to Round One. This information should help you to decide on the best format and mode of delivery.

Based on responses from the first round of the Delphi process, agreement was reached that the following content should form part of the intervention. We now need to reach consensus on when it should be delivered, what form this content should take and how it should be delivered.

It was agreed that the following advice and information should be provided. These statements are listed in order based on strength of agreement with the statements for which there was the strongest agreement at the top:

1. Information about exercises and rehabilitation following surgery.
2. Information about returning to driving.
3. A broad overview written for all stakeholders, of what to expect following surgery (rates and timing of expected recovery).
4. Information about managing pain, types of analgesia and side effects.
5. Information about post-operative precautions, restrictions and activities to avoid following surgery.
6. Information about symptom management in relation to return to work and specific occupations e.g. expected levels of fatigue, pain, swelling.
7. Tips and tricks to help the patient manage around their home with day to day activities immediately following surgery.
8. Information regarding post-operative complications and their management.
9. Signposting to DVLA guidance
10. Information for the patient about who to ask if they are having a problem returning to work.
11. Information about expected level of function at different time-points following surgery.
12. Advice about adaptations to working patterns to assist return including the use of phased returns, modified hours and altered work schedules.
13. Information and resources to support self-advocacy and empowerment.
14. Information about when it might be appropriate for patients and employers to access occupational health services.
15. Information for patients and employers about how to access occupational health services.
16. A list of potential workplace modifications, aids and adjustments that could be used to assist with return to work, with examples.
17. Information for the patients about how to ask for help at work from their employer and colleagues.
18. Guidance on how to set an appropriate provisional return to work date based on the date and type of surgery.
19. Guidance for the orthopaedic care teams and G.Ps on how to use and prescribe a fit note.
20. Signposts to national and local support services e.g. Fit4Work, Citizens advice, ACAS.
21. Information about how having surgery may impact on social relationships.

- 22. Advice about how psychosocial and emotional factor influence return to work.
- 23. Information about how long the hip and knee replacement prostheses will last.
- 24. Examples of the correct use of fit notes.
- 25. A list of potential return to work barriers for patients and employers to consider.
- 26. Information about managing more than one joint replacement in close succession.

It was also agreed that the following **additional components** should be developed. For these statements agreement was reached that they were **both** important and deliverable. These statements are again listed in order based on strength of agreement with the statements that were rated as being the most important at the top:

1. A post-operative mechanism for the identification of patients that are not progressing toward return to work as planned.
2. Guidance for health services defining 'best practice' for patients returning to work after hip and knee replacement surgery.
3. Training for members of the hospital orthopaedic care team to increase awareness about return to work issues.
4. Interaction between the healthcare team and patient by phone, email or 'on-line' so that members of the care team can monitor progress and help the patient use the advice and information provided.
5. A mechanism for pre-operative identification of patients at 'high risk' of prolonged sickness absence following surgery.
6. Guidance on when in the return to work process patients can safely be discharged back to primary care for continued management of their return to work process.
7. Routine pre-operative therapy assessment during which a return to work plan is developed between the patients and the hospital orthopaedic care team.
8. A separate intervention for hip and knee replacement patients that are not progressing towards return to work as planned.
9. A process by which work status can be included in referral information for all patients referred from primary care into secondary care for consideration of hip or knee replacement.
10. Information from patients that have experienced the process of returning to work after hip or knee replacement within the pre-operative education process.

Based on the responses from Round One, the OPAL team are planning to create a 'core' return to work intervention providing generic information and advice for **all patients** intending to return to work after their hip and knee replacement. We are aware that for the majority of patients this information, combined with the routine help and support delivered by their healthcare teams; employers and occupational health departments; friends and family will be enough to get them back to work within the expected timeframes. However, for some patients this 'core' intervention will not be enough. The intervention will therefore include a mechanism to identify patients at 'higher risk' of prolonged sickness absence following surgery (both before and after surgery), allowing us to provide these patients with additional **individualised** help and support over and above the 'generic' elements of the intervention. This additional individualised help and support may be different for hip and knee replacement patients. This process will be supported by routine therapy assessment pre-operatively and interaction between the healthcare teams and the patient to monitor their progress.

Based on this model we have therefore created two tiers of patients that we will refer to in later sections. Patients could be stepped from one to the other based on their progress and individual need:

Group A: Patients felt not to be at risk of a prolonged sickness absence following surgery and/or patients that are able to manage with generic information, advice and support – The '**core**' return to work intervention group.

Group B: Patients identified either pre- or post-operatively to be at 'higher risk' of a prolonged sickness absence following surgery – The '**higher risk**' return to work intervention group.

16. FREETEXT COMMENT BOX:

Section 2: Statement about the delivery, format and timing of the intervention

Based on the information provided above, please consider the following statements about the delivery, format and timing of the return to work intervention:

Statements are grouped together as 'topics' that explore similar ideas and themes. we suggest you read all statements in the group before choosing how to rate them:

Delivery, format and timing of the intervention:

Topic: Responsibility for delivery and co-ordination of the return to work intervention.

17. Individual orthopaedic surgeons should be responsible for co-ordinating the return to work intervention for their own patients.

Options

Rating

18. A nominated member(s) of the hospital orthopaedic department should be responsible for co-ordinating the return to work intervention for those patients they refer for consideration of hip and knee replacement.

Options

Rating

19. Primary care teams (G.Ps, MSK services, community physiotherapy) should be responsible for co-ordinating the return to work intervention for the patients they refer for consideration of hip and knee replacement.

Options

Rating

20. Every member of the patient's healthcare team (primary and secondary care) should be responsible for co-ordinating the return to work intervention but the process should be **led by the hospital orthopaedic care team.**

Options

Rating

21. Every member of the patient's healthcare team (primary and secondary care) should be responsible for co-ordinating the return to work intervention but the process should be **led by the primary care team**.

Options

Rating

Topic: Pre-operative identification of patients at 'higher risk' of prolonged sickness absence following surgery that may require additional individualised help and support.

22. A written assessment completed by the patients and returned to a member of the hospital orthopaedic team should be used to identify patients at 'higher risk' of prolonged sickness absence following surgery.

Options

Rating

23. A face-to-face assessment with a staff member trained in the return to work intervention should be used to identify patients at 'higher risk' of prolonged sickness absence following surgery.

Options

Rating

24. A phone assessment with a staff member trained in the return to work intervention should be used to identify patients at 'higher risk' of prolonged sickness absence following surgery.

Options

Rating

25. The Patient should decide whether they will need the 'core' or 'higher risk' return to work intervention based on their own assessment of their personal and work circumstances.

Options

Rating

26. The orthopaedic surgeon should decide whether their patient will need the 'generic' or 'higher risk' return to work interventions based on their assessment of the patient and their experience of the recovery following hip and knee replacement.

Options

Rating

Section 2: Statement about the delivery, format and timing of the intervention

Topic: Pre-operative needs assessment.

27. **Hospital occupational therapy teams** should see **all patients** intending to return to work prior to their surgery.

Options

Rating

28. **Hospital physiotherapy teams** should see **all patients** intending to return to work prior to their surgery

Options

Rating

29. **Hospital occupational therapy teams** should see **all 'higher risk' patients** intending to return to work prior to their surgery.

Options

Rating

30. **Hospital physiotherapy team** should see **all 'higher risk' patients** intending to return to work prior to their surgery.

Options

Rating

31. Development of a return to work plan should be a routine part of the pre-assessment process for **all patients** undergoing hip and knee replacement.

IMPORTANT

Rating

32. Development of a return to work plan should be a routine part of the pre-assessment process for **all 'higher risk' patients** undergoing hip and knee replacements.

Options

Rating

33. Pre-operative education sessions conducted by the hospital orthopaedic team should routinely include information about returning to work after surgery.

Rating

34. Patients intending to return to work after surgery should should have their own pre-operative education sessions so that return to work issues can be openly discussed.

Options

Rating

35. Patients should be encouraged to have a meeting with their employer prior to surgery to discuss their recovery and plans for returning to work.

Options

Rating

Section 2: Statement about the delivery, format and timing of the intervention

Topic: Post-operative identification of patient's at risk of an extended period off work after surgery.

36. All return to work patients should be offered a routine **physiotherapy** review after discharge from hospital to help monitor their progress and identify those patients at risk of an extended period off work after surgery.

Options

Rating

37. All return to work patients should be offered a routine **occupational therapy** review after discharge from hospital to help monitor their progress and identify those patients at risk of an extended period off work after surgery.

Options

Rating

38. All return to work patients should be contacted by a member of the therapy team after discharge to help monitor their progress and identify those patients at risk of an extended period off work after surgery.

Options

Rating

39. No return to work patient should receive additional follow up (over and above standard care for the unit). The onus should be on the patient to contact a member of the hospital orthopaedic team should they be having problems.

Options

Rating

40. The hospital should provide a means of contact (phone, email etc) through which patients in need of additional help and support can contact the hospital orthopaedic team.

Options

Rating

41. Patients should be encouraged to have a meeting with their **employer** in the 4 weeks **following surgery** to discuss their recovery and plan for return to work.

Options

Rating



Section 2: Statement about the delivery, format and timing of the intervention

Topic: Additional care for Patients identified as 'higher risk' of an extended period off work after surgery.

In addition to the 'core' components of the intervention, patients at 'higher risk' of an extended period off work after surgery should receive:

42. Additional post-operative physiotherapy review with a physiotherapist until specific work related rehabilitation targets have been achieved.

Options

Rating

43. Additional post-operative occupational therapy review.

Options

Rating

44. Ongoing therapy involvement until 'return to work' has been achieved.

Options

Rating

45. Access to additional procedure specific information and advice.

Options

Rating

46. Referral to the Fit4Work service.

Options

Rating

47. Other:

Topic: Scope of training for staff.

48. **All members of the hospital orthopaedic team involved in the treatment of hip and knee replacement patients** should receive training regarding the return to work intervention.

IMPORTANT

Rating

49. **Specific staff members with responsibility for delivering 'return to work' advice** should receive training regarding the return to work intervention.

Options

Rating

50. **All members of the therapy teams treating hip and knee replacement patients** should receive training regarding the return to work intervention.

IMPORTANT

Rating

51. Training regarding the return to work intervention should be offered to **local G.P groups**.

Options

Rating

52. Training regarding the return to work intervention should be offered to **local employer groups**.

Options

Rating

Section 2: Statement about the delivery, format and timing of the intervention

Topic: Communicating occupational status and progress between stakeholders

53. The details of the patient's occupational status should be recorded in the primary care referral letter.

Options

Rating

54. Details of the patient's occupational status should be confirmed and recorded in all interactions with secondary care (e.g. pre-operative outpatient appointments, discharge summaries post-operative follow-up appointment letters).

Options

Rating

55. Any information developed with the healthcare team as part of a patient return to work plan should be made available to the G.P.

Options

Rating

56. Any information developed with the healthcare team as part of a patient return to work plan should be made available to the patient's employer and/or occupational health provider with their consent.

Options

Rating

57. It is the patients and not the healthcare teams responsibility to communicate with their employer about their return to work.

Options

Rating

58. At the point of discharge from the orthopaedic service the surgeon should make a written assessment of the patient's current functional status and estimated timeframe to return to work that is given to the patient and forwarded to their G.P.

Options

Rating

59. All post-operative assessments by members of the therapy team should generate a statement about the patient's current functional status and estimated timeframe to return to work that is given to the patient and forwarded to their G.P.

Options

Rating

60. For **all patients**, the hospital orthopaedic department should facilitate communication between secondary care, primary care and employer by actively contacting these groups on behalf of the patient.

Options

Rating

61. For **'higher risk' patients**, the hospital orthopaedic department should facilitate communication between secondary care, primary care and employer by actively contacting these groups on behalf of the patient.

Options

Rating

Section 2: Statement about the delivery, format and timing of the intervention

Topic: Fit notes.

62. Fit notes should be completed in accordance with Department for Work and Pensions Fit Note Guidance.

Options

Rating

63. Hospital orthopaedic departments should actively ask each and every patient if they require a fit note prior to discharge.

Options

Rating

64. To discourage extended periods off work patients should be issued with a basic fit note excusing them from work for **2 weeks**. Further fit notes can be issued based on progress towards recovery and access to phased return or amended duties and hours.

Options

Rating

65. To discourage extended periods off work patients should be issued with a basic fit note excusing them from work for **4 weeks**. Further fit notes can be issued based on progress towards recovery and access to phased return or amended duties and hours.

Options

Rating

66. G.Ps should be responsible for administering subsequent fit notes based on progress reports from the hospital orthopaedic team.

Options

Rating

67. Members of the hospital orthopaedic care team should be responsible for administering subsequent fit notes based on the patients progress after surgery.

Options

Rating

68. Co-ordination of fit note prescribing could be a role for a nominated member(s) of the hospital orthopaedic department.

Options

Rating



Section 2: Statement about the delivery, format and timing of the intervention

Topic: Format and delivery of patient information.

69. All of the information and advice components relevant to patients should be included within a **written** patient booklet that is given to **all patients**. Information for other stakeholders will be delivered separately.

Options

Rating

70. Only **the most important** (based on the ranking listed previously) information and advice components relevant to patients should be included within a **written** patient booklet that is given to **all patients**. Additional information could be made available via a website.

Options

Rating

71. The patient booklet should include a section within which the patient and other stakeholders can record progress and feedback. this information would be held by the patient and could be shared with their permission.

Options

Rating

72. The patient booklet should include a section within which the patient can record the outcome of any meetings and with their employer and/or occupational health team. This information would be held by the patient and could be shared with their permission.

Options

Rating

73. Information and advice should be delivered to **all patients** via online platform using a patient login. This will allow the hospital team to see how often and for how long the patients are accessing the information.

Options

Rating

74. For ease and simplicity the patient information and advice delivered as part of the 'core' return to work intervention should be a simple written patient booklet. Online and website information should be reserved for the delivery of additional information to patients at 'higher risk' of prolonged sickness absence following surgery.

Options

Rating

75. Patients with previous experience of returning to work after joint replacement should be involved in the drafting of any patient facing materials.

Options

Rating

76. The occupational advice intervention should include the ability for local hospital department to upload their own policies and procedures relating to post-operative recovery and return to work.

Options

Rating

77. Primary Care Health professional and support staff should be able to direct potential surgical candidates to return to work information and advice prior to referral.

Options

Rating

Section 2: Statement about the delivery, format and timing of the intervention

Topic: When should the intervention commence?

78. The intervention should commence in primary care prior to referral for consideration of joint replacement surgery.

Options

Rating

79. The intervention should commence in secondary care at the point the patient is listed for joint replacement surgery.

Options

Rating

80. The intervention should commence in secondary care as part of the pre-assessment process. Based on a survey of current practice pre-assessment usually takes place 3-5 weeks prior to surgery.

Options

Rating

81. The intervention should commence in secondary care after the patient has had their operation but prior to discharge.

Options

Rating

Section 3: Statements about the measurement of 'return to work'

Part 1: The statements in this section ask you to consider a patient who is in work prior to surgery and intends to return to the same job after their operation. They are currently recovering from a hip or knee replacement operation. These statements relate to the measurement of when this patient returned to their usual activities and work.

Group: Defining return to work.

82. A patient has 'returned to work' when they return to **any** place of work for employment.

Options

Rating

83. A patient has 'returned to work' only when they return to **their usual place of work** for employment irrespective of whether they were doing the same job or job role as they were doing before their operation.

Options

Rating

84. A patient has 'returned to work' only when they return to **the same job** (usual hours and duties) they were doing prior to surgery.

Options

Rating

85. A patient has 'returned to work' only when they return to **the same job** (usual hours and duties) **and activities outside of work** they were doing prior to surgery.

Options

Rating

86. The day from which the patient starts getting work related pay is the first day they 'returned to work'.

Options

Rating

Group: The aim of the intervention.

87. The return to work interventions primary aim should be to return the patient to their pre-operative work role / level of occupational performance.

Options

Rating

88. The return to work interventions primary aim should be to return the patient to their pre-operative place of employment as soon as possible. Their work role / level of occupational performance is a secondary concern i.e. When a patient returns to work is more important than how they return to work.

Options

Rating

89. The return to work interventions primary aim to return patients to an increased level of work role / level of occupational performance, compared with that preoperatively.

Options

Rating

Section 3: Statements about the measurement of 'return to work'

Measuring return to work.

90. The measurement of return to work should be graded based on specific work milestones for example return to place of work, return to normal hours, return to normal workplace activities.

Options

Rating

91. The measurement of return to work should be based on resumption of specific work related activities (e.g. climbing, lifting, manual tasks) based on a list of pre-operative workplace activities.

Options

Rating

92. The measurement of return to work is a binary measure – the patient has either returned to work or they have not.

Options

Rating

93. When comparing groups of patients it is more useful to think about the percentages of patients returning to work by a particular time-point than comparing the average time taken for each group to return to work.

Options

Rating

94. A suitable time-point for a research team to undertake an assessment of return to work status would be:

Options

2 Months

4 Months

6 Months

12 Months

95. The rates of further sick leave in the 6 months after the patient has returned to work once is an important outcome measure.

Options

Rating

96. The rates (type and duration) of any occupational adjustments implemented by the employer is an important outcome measure.

Options

Rating

97. Asking patients about how they feel about their return to work is important outcome measure.

Options

Rating

98. An assessment of whether or not the patient's preoperative occupational expectations following surgery have been met is an important outcome measure.

Options

Rating