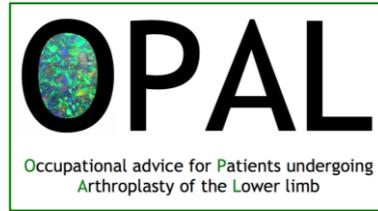


OPAL guidance (Communication):

Guidance for hospital orthopaedic teams to assist with communication between secondary and primary care for patients in the OPAL program.

**Scope of the guidance:**

This guidance is intended for any hospital orthopaedic team members that communicate directly with Primary Care. This will include:

- Surgical teams including the surgeon, specialist trainees, junior doctors, nurse / surgical care practitioners
- Outpatient therapy teams including physiotherapists, occupational therapists and nursing teams
- Inpatient ward teams including junior doctors, physiotherapists, occupational therapists and nursing teams

Section 1: Communication in the outpatient setting

As part of the OPAL program we aim to ensure key information is passed between secondary and primary care. This will help to highlight return to work patients to the primary care teams at the point that they are listed for surgery and provide basic information that they can then use to support the patients return to work process. This is relevant to surgical teams in both the pre- and post-operative setting and therapy teams, particularly in the post-operative setting.

The key information that we would like to be included within any outpatient correspondence includes:

1. A statement that the patient is in work and intending to return to work after their planned surgery.
2. Their occupation as recorded on occupational the check list (Section 2 Qu 1).
3. Any specific activities that they are essential to their work. As recorded on the occupational checklist (Section 2 Qu 2).
4. Information about the patient's type of work type (Section 2 Qu 3) and the number of hours worked (Section 2 Qu 4).
5. Information about whether they drive for work (both in terms of their commute and their work) (Section 2 Qus 6 & 7).
6. Information about whether they have access to an occupational health department (Section 2 Qu 8).
7. Any other pertinent information that you as the treating team feel that is relevant.
8. Information that the patient has been offered the OPAL return to work advice program following their consultation.

An example paragraph:

“Mr Smith has been added to my waiting list today for a total knee replacement. He is currently working as an electrician and intends to return to work following surgery. He works full time for 44 hours a week. In this role he regularly has to kneel, climb and crawl in confined spaces and we have discussed the implications of knee replacement on these activities in clinic today. He drives to jobs and therefore return to driving is an important part

of his recovery. He does not have access to an occupational health department through work. He has been offered the OPAL return to work advice program to assist with his recovery and return to work after surgery”.

Section 2: Communication in the inpatient setting (discharge letters)

The electronic discharge / discharge letter is an important opportunity to correspond with primary care and re-emphasize issues around returning to work. The OPAL program therefore aims to communicate the following information about return to work at the point of discharge.

Within the electronic discharge / discharge letter we request the discharging clinical team member to include the following information:

1. The patients date of surgery and their date of discharge (May already be included).
2. The patients planned date of return to work and the manner in which they intend to return to work based on information from the OPAL patient return to work workbook.
3. Any immediate problems that they have had in the post-operative period that may have impacted on their return to work plan and details of how the return to work plan has been adapted based on these problems.
4. The length of fit note that they have been prescribed (this should correspond to their return to work plan in their OPAL patient return to work workbook) and any additional information provided on the fit note should also be recorded.

Example paragraphs:

“Mr Smith underwent an elective total knee replacement on 01/05/2018. He was discharged on day 2 on 03/05/2018. There were no immediate complications in the post-operative period. Mr Smith intends to return to his job as an electrician 8 weeks following surgery in a phased capacity initially doing reduced hours for the first 4 weeks and then returning to full function. Based on his early recovery we have not needed to revise this target. I have prescribed him a fit note to cover him for 12 weeks with a view that he returns to phased activity 8 weeks following surgery”.

Or

“Mr Smith underwent hip replacement surgery on 01/05/2018. He was discharged 7 days later on 08/05/2018. His planned return to work date was 8 weeks following surgery. Unfortunately in the perioperative period Mr Smith has developed a deep vein thrombosis and had a small pulmonary embolism. He has been started on appropriate anticoagulation and will need to continue this for a minimum of 6 months. This unfortunately has hampered his early recovery. Due to his shortness of breath his exercise tolerance in the short term is reduced. We have therefore advised him that instead of going back to work at 8 weeks following surgery it would be prudent to extend this to 12 weeks to allow him to make a full recovery from both his hip surgery and the post-operative complication that he has suffered. I have therefore provided him with a fit note for 12 weeks off work. At the end of this period I have advised him to see his GP in primary care to assess his recovery from both the surgery and from his post-operative VTE event”.

Statement of Fitness for Work- For social security or Statutory Sick Pay

Patient's name

Mr, Mrs, Miss, Ms *Stephen Hunter*

I assessed your case on:

07 / 06 / 2018

and, because of the following condition(s):

Left Total Hip Replacement 04/06/18

More detail on surgical procedure

I advise you that

you are not fit for work.

you may be fit for work taking account of the following advice:

If available, and with your employer's agreement you may benefit from:

a phased return to work

amended duties

altered hours

workplace adaptations

More detailed advice on patient's return to work

Comments, including functional effects of your condition(s):

- Simple data entry on laptop at home, 30 min twice a day*
- Walking short distances with 2 sticks*
- See Return to Work plan for further detail*
- Next appointment 31st July*

This will be the case for

6 weeks

or from

/ /

to

/ /

I will/will not need to assess your fitness for work again at the end of this period.
(please delete as applicable)

Doctor's signature

Dr Hitchen

07 / 06 / 2018

Employer made aware that further RTW assessment by hospital doctor not anticipated

Bagshot Ward, Orthopaedic Unit

Goodfellows Hospital

North Wixtonshire

Tel. 01608 578947

Impact on work Example 3: Postal worker

1. Does your joint limit the time you spend doing your work or your ability to do your usual work?
NOTES: <i>I sometimes have problems at work depending how my knee is. If I am struggling with it I will work less hours or get someone else to help me with the things I struggle with</i>
2. Does your joint make it difficult for you to get around your place of work?
NOTES: <i>I work on the ground floor and everything is on the level so getting around isn't too difficult</i>
3. Does your joint make it difficult to do specific tasks or activities in your place of work?
NOTES: <i>I am expected to carry heavy bags of money which I find puts too much pressure on my knee. I also sit at a counter for most of the day and I find this difficult over long periods</i>
4. Does your joint affect the way you feel at work?
NOTES: <i>The pain sometimes gets me down. My workmates are very supportive but I don't like asking for help as I'm not that type of person</i>
5. Does the treatment you are receiving for your joint e.g. painkillers, physiotherapy, affect your ability to work?
NOTES: <i>I try not to take strong painkillers at work in case it affects my concentration. As I'm working with money it is essential I keep a clear head. This means that I am often in pain at work</i>
6. Does your joint make it difficult for you to concentrate and make decisions at work?
NOTES: <i>If I was taking strong painkillers at work I believe it would which is why I choose not to take them</i>
7. Are there any 'essential' tasks that you need to be able to do in your place of work that you cannot do because of your joint?
NOTES: <i>I should be carrying cash bags as this is part of my job, but unfortunately I can't at the moment</i>
8. Are there any tasks that you feel are unsafe because of your joint?
NOTES: <i>No not really</i>

Job Demands Example 2: Part-time shop worker

Job demands: What are the demands of your job? (This might include physical, mental or social demands)
NOTES: I work two days a week in a convenience store that's owned by a friend of mine. Basically it's a shop which sells everything.
Work Environment: Where do you work and are there any hazards you need to think about? Are there any specific issues relating to the layout or design?
NOTES: One of the days I work on a Wednesday they have a delivery to the shop. Part of my duties are unloading the stock from the delivery van on large crates with wheels
Work pattern: What is your pattern of work, are your hours fixed, do you work shifts and how does this affect your ability to work?
NOTES: I work there two days a week on a Wednesday and a Sunday evening.
Travel to work: How do you get to work and do you have to travel or drive while at work?
NOTES: I drive to work, it's not far.
Support and interaction: Do you have colleagues to support you in your place of work or do you work alone? Do you have to interact with members of the public while at work?
NOTES: There's a few colleagues, there's a variety of ages, some older, some younger. They help with the lifting. Also people come in and pay for things from the shop.
Equipment: Do you use equipment at work?
NOTES: I just unload the large crates on wheels.

Example 7: Teaching Assistant, Local Authority

Job demands: What are the demands of your job? (This might include physical, mental or social demands)
NOTES: I work as a teaching assistant in an Infants School. Everything is low level and I need to do lots of running around.
Work Environment: Where do you work and are there any hazards you need to think about? Are there any specific issues relating to the layout or design?
NOTES: I work in classes with younger children so I need to bend down, kneel and generally get down to level of the children. The furniture is all scaled down too which makes bending and crouching difficult because of my hip. There are also stairs to negotiate and running around when I do playground duty.
Work pattern: What is your pattern of work, are your hours fixed, do you work shifts and how does this affect your ability to work?
NOTES: I work normal school hours but often need to be in earlier to set things up or later to pack things away. As I have OA and RA this often makes me overtired and in pain and discomfort. I have to pace myself.
Travel to work: How do you get to work and do you have to travel or drive while at work?
NOTES: I drive to work. I have an automatic car so I anticipate that I will be able to drive long before I go back to work. I do not use my car for work.
Support and interaction: Do you have colleagues to support you in your place of work or do you work alone? Do you have to interact with members of the public while at work?
NOTES: I work with other teachers and teaching assistants who help me where they can. Unfortunately I am on my own a lot of the time so have to struggle on if I'm having a bad day. I obviously spend most of my day with the children who range between 4 and 7 years old.
Equipment: Do you use equipment at work?
NOTES: I don't use equipment although I do have a chair with wheels that is adjustable. The children's chairs are too low for me so I use the wheeled chair where I can.

Return to Work plan Example 3: Self-employed taxi business

<p>Goals of the Return to Work Plan What do you want to be able to do? e.g. To return to work in my job as a full-time primary school teacher by 8 weeks after my hip replacement</p>	<p>NOTES: To be able to go back to running my own taxi business within 6 weeks of my operation</p>
<p>Planned date of return to work (REFER TO STEP 2)</p>	<p>NOTES As soon as possible. Because I am self-employed I need to return as quickly as I can.</p>
<p>What difficulties will I face returning to work? – List the things that most concern you about your return to work (REFER TO STEP 1)</p>	<p>NOTES: My main concern is when I will be able to return to driving a taxi. Obviously driving as a job can be physically tiring particularly after having a knee replacement. I am worried that this may cause me pain and discomfort if I go back too quickly</p>
<p>How might I overcome these difficulties? – List any ideas plans you might have to overcome these problems. This might include adjustments to your working arrangements, job role, equipment or environment.</p>	<p>NOTES: My plan is that I will work in the taxi control room initially. I am hoping that I might be able to do this from 4 weeks after surgery as I will be able to sit down and my wife can give me a lift there and back. I would like to be driving a taxi again after 6 weeks, particularly as I have an automatic car and it is my left knee that is being replaced.</p>
<p>Who will review my progress and how/when will this take place? - Name and contact details of those who will oversee your return to work process</p>	<p>NOTES: As I am self-employed I am responsible for my own return to work plan. However, due to the public liability element of my job, I have to undergo a driving assessment to satisfy the requirements of my insurance. I also need a note from my GP or hospital consultant to support this. The assessment is organised by the local authority so is not in my control</p>
<p>When do I need to contact them? – Any changes will need to be agreed with your ‘employer’ and your colleagues in advance of your return to work. It is useful to give them as much notice as possible (SEE STEP 5)</p>	<p>NOTES: I have already notified the local authority about my surgery and am waiting for them to get back to me. I have also informed my other drivers and plan to return as quickly as possible.</p>
<p>Who will oversee my return to work and how will they review my progress? – Set a date for a review meeting after surgery for you to meet your ‘employer’ and discuss your progress.</p>	<p>NOTES: I will be overseeing my own return to work with the support of my wife who works in the business. I will need to see my GP for a certificate to supply to the local authority who will inform my insurance company of my fitness to drive following my assessment.</p>

Return to Work plan Example 4: Volunteer for cancer charity

<p>Goals of the Return to Work Plan What do you want to be able to do? e.g. To return to work in my job as a full-time primary school teacher by 8 weeks after my hip replacement</p>	<p>NOTES: To go back to my voluntary work within 3 months of my joint replacement</p>
<p>Planned date of return to work (REFER TO STEP 2)</p>	<p>NOTES Sometime in December 2017</p>
<p>What difficulties will I face returning to work? – List the things that most concern you about your return to work (REFER TO STEP 1)</p>	<p>NOTES: The most difficult thing about going back to be a volunteer is that I need to be able to drive. I have to visit people at home over quite a wide rural area with limited public transport</p>
<p>How might I overcome these difficulties? – List any ideas plans you might have to overcome these problems. This might include adjustments to your working arrangements, job role, equipment or environment.</p>	<p>NOTES: I have spoken to the volunteer coordinator who has arranged for me to have lifts off other volunteers initially. She is also going to see if she can find me some other tasks which do not involve home visits</p>
<p>Who will review my progress and how/when will this take place? - Name and contact details of those who will oversee your return to work process</p>	<p>NOTES: The volunteer coordinator, Mrs Val Jones (01342 8234120) will oversee my return although I will be responsible for reporting any difficulties to her or the regional organiser. She is keeping in touch with me by phone initially but will arrange to see me 10 weeks after my op</p>
<p>When do I need to contact them? – Any changes will need to be agreed with your ‘employer’ and your colleagues in advance of your return to work. It is useful to give them as much notice as possible (SEE STEP 5)</p>	<p>NOTES: I have already contacted them but will need to contact the volunteer coordinator at 9 weeks post op to inform her of my progress with a view to meeting up regarding what role I will return to initially</p>
<p>Who will oversee my return to work and how will they review my progress? – Set a date for a review meeting after surgery for you to meet your ‘employer’ and discuss your progress.</p>	<p>NOTES: My return to work will be overseen by the volunteer coordinator. I have to take responsibility for keeping her up to date with my progress as my role is voluntary and it is up to me when and if I return. I must also let her know of any elements of my job that I no longer feel able to do. I will be checking in with her at 9-10 weeks post op.</p>

Return to Work plan Example 5: Livestock farmer

<p>Goals of the Return to Work Plan What do you want to be able to do? e.g. To return to work in my job as a full-time primary school teacher by 8 weeks after my hip replacement</p>	<p>NOTES: I am self-employed so will return to work as soon as I am physically able. I anticipate that I will be able to perform some of my job around 4 weeks post op</p>
<p>Planned date of return to work (REFER TO STEP 2)</p>	<p>NOTES As soon as possible</p>
<p>What difficulties will I face returning to work? – List the things that most concern you about your return to work (REFER TO STEP 1)</p>	<p>NOTES: I work outside with livestock. Because this is an all-weather job and my operation is in the winter, I think I will only be able to go out when the weather is good enough as I don't want to risk slipping. It will be difficult for me to walk around the farm and to physically deal with the sheep initially</p>
<p>How might I overcome these difficulties? – List any ideas plans you might have to overcome these problems. This might include adjustments to your working arrangements, job role, equipment or environment.</p>	<p>NOTES: Because I work with my sons, they will take over most of the outside work at first. I will need to use an all-terrain vehicle to get around. I will not be able to do any of the hands-on part of my job until my knee allows me to kneel and get up by myself</p>
<p>Who will review my progress and how/when will this take place? - Name and contact details of those who will oversee your return to work process</p>	<p>NOTES: I will review my own progress with my family. I intend to test myself on various jobs after the first 2 weeks</p>
<p>When do I need to contact them? – Any changes will need to be agreed with your 'employer' and your colleagues in advance of your return to work. It is useful to give them as much notice as possible (SEE STEP 5)</p>	<p>NOTES: I will be reviewing my progress straight away and will get any information I need from the local physiotherapist who I will be seeing. My family know about the operation and all decisions will be taken with them</p>
<p>Who will oversee my return to work and how will they review my progress? – Set a date for a review meeting after surgery for you to meet your 'employer' and discuss your progress.</p>	<p>NOTES: I am looking after my own progress and will make decisions in my best interests as well as those of the business</p>