FOCAL POINT

What helps people with MSK pain stay in the labour market if they are self-employed, precarious or portfolio workers? FCPs' views.

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FOCAL POINT

Musculoskeletal (MSK) pain and work

- Chronic pain is defined as **pain that lasts three months or more** (which can either be always-present or fluctuating[1])
- It is often linked to **musculoskeletal (MSK) conditions**.[2] One of the largest surveys of its kind found 24-35% of all adults report MSK pain at any time, and 50% say that it greatly interferes with their work.[3,4]
- **'Good' work** (work which is physically and psychologically safe and appropriate) can protect against many psycho-social and physical problems, aiding esteem and functioning[5], including people living with MSK pain.[6]

GOOD WORK

Work which is physically and psychologically safe and appropriate

FOCAL POINT

Existing research on MSK pain and work

- We know quite a lot about the kind of things can support people living with MSK pain to achieve good working lives.
- Examples include having an **understanding workplace**, **supportive medical practitioners** and knowing where find out about **rights and responsibilities** which can enable the best workability set-up for each person.[7]
- Most **research focuses on full-time or part-time work for organisations** as opposed to people with more 'precarious' work situations (for example, zero-hours contracts), self-employed people, contract or freelance workers, or people holding down multiple jobs at once.[8,9]

Work in the UK

1.1 million people aged 16 - 65 are currently on **zero-hours contracts** in the UK.

73.5% of these are in **severely insecure work**, leading to **lack of access to protections and rights,** as well as **financial insecurity**. [10]

From January to March 2024, there were 28.64 million people working in the UK as **employees**, while a further 4.25 million were **self-employed**.

Increases in employment since 2011 have been largely driven by people working as **employees**, although the number of people working in **self- employment** has also increased. [11]

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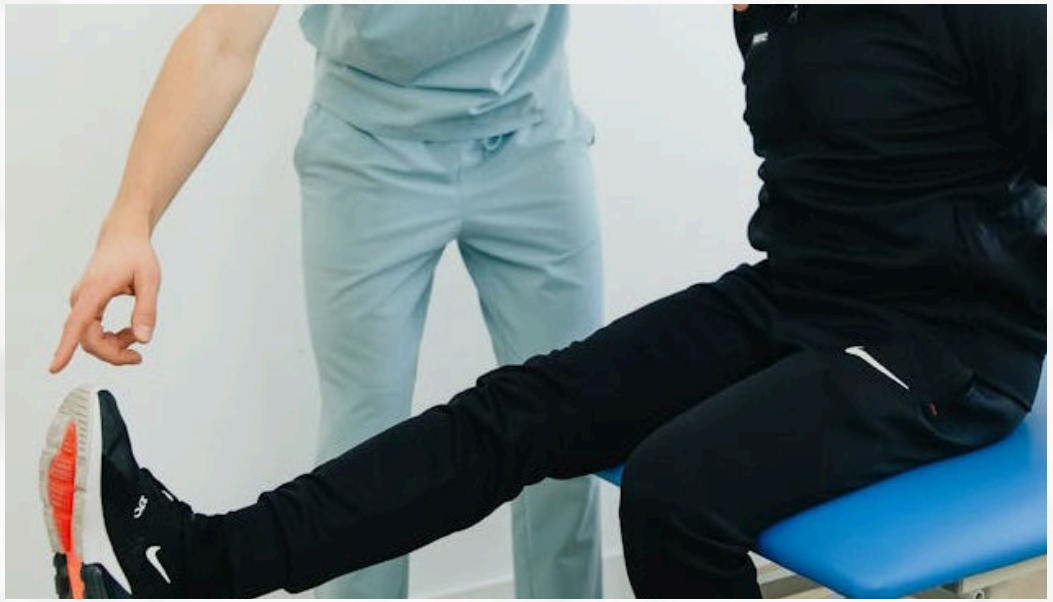
FOCAL POINT

First Contact Practitioners (FCPs) and their role in work support



FIRST CONTACT PRACTITIONER (FCP)

Health professionals (often physiotherapists) with advanced practice skills to work with patients living with MSK pain

- The **First Contact Practitioner (FCP)** role was developed for health professionals with advanced practice skills to work with patients living with MSK pain.[12,13]
- It is important for healthcare professionals such as FCPs who work with patients living with MSK pain to discuss **work and health**.[14]
- FCPs are being encouraged to incorporate 'good' work as a key health outcome in their appointments, but they **find this challenging**.[15, 16]
- The FCP role is valued and valuable but **still developing**.[16]
- Little is known about how FCPs can best support patients living with MSK pain with their work when this work is **precarious**, or falls into **patterns outside full and part-time work within organisations** (i.e. self-employed, contractors, freelance)

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What did we want to know?

What do FCPs report could help them better support people living with MSK pain to stay in the labour market when they are self-employed, or in flexible or otherwise 'non-traditional' work situations?

Methods

- **Type of study**: Qualitative research via one-on-one interviews
- **Target population**: FCPs.
  - Initially limited to those working in NHS Grampian (the study funder has a particular focus on the needs of this region).
  - Scope was subsequently broadened to consider FCPs across the UK (as the FCP role and skillset is a core issue no matter the location).
- **Sampling strategy**: Purposive.
  - FCPs selected are likely to have the experience to enable us to elicit rich data.[17]
- **Target sample size**: 15 participants
  - We aimed *a priori* for 15 FCPs, using the concept of information power.[18,19]
- **Data collection**: Online interview
  - Data were collected via audio recording of semi-structured interviews with 7 open questions, held online via MS Teams.
- **Data analysis**: Reflexive thematic analysis
  - Audio transcribed verbatim and anonymised, and reflexive thematic analysis was conducted on anonymised transcripts[20, 21]
- **Patient and public input**: We used an egalitarian model of PPIE throughout[22]. Patient partners worked with us on the research question, methods, and interpretation of the findings

Findings

Interviews were conducted between **May 2023** and **February 2024**.

We interviewed **13 FCPs in total** (below our initial target, but sufficient data for analysis)

We collected very rich data:

- Total interview audio - 8 hours 45 minutes
- Individual interview time:
  - Mean - 40 minutes 24 seconds
  - Range - 33 minutes 14 seconds to 52 minutes 33 seconds

We used iterative, interview-by-interview analyses[21] and the concept of information power[18] to determine when we had collected sufficient data.

Participant characteristics (n = 13)

Location

- 5 NHS Grampian (2 Aberdeen City, 3 Moray, 0 Aberdeenshire)
- 8 outside NHS Grampian (4 Scotland, 2 England, 2 Northern Ireland)

Gender

- 10 Female
- 3 Male

Age

- Mean 42
- Range 28 to 57

Ethnicity

- 13 white

Theme 1

There is extra complexity when patients are in these job roles

Theme 1: Extra complexity when patients are in these job roles

Sub theme 1: Structural pressure

Analyses suggest FCPs find the lack of structures like occupational health (OH) or human resources (HR) can be a barrier to having effective health and work conversations:

"…it's a more vulnerable group…because they won't be having the same kind of support."

- Participant 7

"…and sometimes the employer doesn't even want to consider the adjustments, because they can just get somebody else."

- Participant 1

"I think maybe for us, to feel that we're confident about what do these people, that are in these kind of jobs, what are their contracts; what do they say; what support do they get? I guess we don't always know that."

- Participant 1

Theme 1: Extra complexity when patients are in these job roles

Sub theme 1: Structural pressure

Analyses suggest FCPs find shift work can be manage when trying to have effective health and work conversations:

"I get a lot of [shift workers at one company] workers so again, when you're giving them rehab and self-management, when are they able to fit it in, it's quite a difficult one particularly with the hours that they work because they're just absolutely shattered and tired across the board. Yeah, understanding the background into all of that has a lot of different implications really."

- Participant 12

Theme 1: Extra complexity when patients are in these job roles

Sub-theme 2: Anxiety caused by relative novelty of managing these work types

There is anxiety for FCP that these kinds of jobs are different from what they have been used to supporting:

"…there is a lot of anxiety still surrounding us giving advice in those situations [when people have the types of working in our study] which are different from the norm."

- Participant 6

"I would definitely say though that I would feel much more confident probably giving advice to people who I know could be supported. And it could be that I'm actually coming with this illusion that these employers on these kind of contracts aren't so supportive, but that might not be the case. That's just what I'm thinking at the moment, just because lack of experience workingwith those types of patients. Getting information from the patients will be really helpful as well for us to reflect as well."

- Participant 1

"…with variable working patterns and multiple jobs, then it's quite a lot of things for us to consider because if you're giving any structured workplace advice, you want to be able to tell them not necessarily what they aren't allowed to do, but what they are allowed to do...having someone on a zero hours contact as and when, or variable one, we often can't grade that return to employment back in a staged process, so they either have come back to do everything or nothing, which again, causes a lot of anxiety."

- Participant 6

Theme 1: Extra complexity when patients are in these job roles

Sub-theme 3: Zero hours and variable contracts impedes the philosophy one does not have to be 100% fit to return to work

FCPs are content with managing some uncertainty that may be entailed in enacting the dictum that one does not have to be completely fit to return to work. However, the job roles we consider in this study make tools such a staged approach more challenging and expand uncertainty:

"…with variable working patterns and multiple jobs, then it's quite a lot of things for us to consider because if you're giving any structured workplace advice, you want to be able to tell them not necessarily what they aren't allowed to do, but what they are allowed to do...having someone on a zero hours contact as and when, or variable one, we often can't grade that return to employment back in a staged process, so they either have come back to do everything or nothing, which again, causes a lot of anxiety."

- Participant 6

"They've [patients] also got that uncertainty that if they do go back and they're not able to fulfil that role, then they won't have their contract renewed or they won't be offered hours in the future."

- Participant 6

Theme 1: Extra complexity when patients are in these job roles

Sub-theme 4: *FCPs perceive economic pressure changes patient behaviour and what FCPs want to know about*

There was unanimity that the cost-of-living crisis has put more pressure on people to work even when clinically they would be better off having a targeted rest period:

"…even though they've got debilitating conditions, I [sic] have to work."

- Participant 5

"[I] try and have those conversations of this is an overuse condition and a period of relative rest would be great but the expectation of them being to see that in reality is quite tricky."

- Participant 5

"…there is a tendency to work beyond a safe time."

- Participant 3

The economic situation changes what FCPS want to know about – Participant 3, Participant 4 and Participant 7 state they want to learn more about the benefits system

Theme 1: Extra complexity when patients are in these job roles

Sub-theme 5: *Self-employed people are a different class of worker*

FCPs reported that self-employed people may need to return financially but are also more motivated to return – this can be to their detriment:

"…there is a tendency to work beyond a safe time."
- Participant 3

Self-employed have *"passion"* for their work (Participant 4):

" …[they are] more driven to really focusing in on a return to work."
- Participant 7

Theme 1: Extra complexity when patients are in these job roles

Sub-theme 6: shared decision-making can be difficult

FCPs reported that these job roles may not affect clinical management but does change the nature of shared decision making and how recommendations might be enacted:

"…try and have those conversations of this is an overuse condition and a period of relative rest would be great but the expectation of them being to see that in reality is quite tricky."
- Participant 5

"…just get rid of the pain so they can do their 12 hours…"
- Participant 3

"Our input is when they're on zero hours it's hard because the situation is, if they don't work, they don't get paid."
- Participant 7

"It's difficult to know what they want from us sometimes in our recommendations but ultimately they are worried about loss of earnings."
- Participant 3

"If they're working in more than one job, they are generally hard working and actually they don't see my suggestions as feasible."
- Participant 3

Theme 2

“It’s the same no matter what.”

Theme 2: “It’s the same no matter what.”

FCP consultations about work and health have fundamentally similar elements no matter what the type of job the person does:

Sub-theme 1: Relationship building

Relationship building is key no matter who your patient or what their working situation. Multiple examples of this in the dataset e.g. Participant 1 and Participant 6 both discuss the need to build *“trust”* and a *“therapeutic”* setting for the consultation.

Participant 9 highlights the importance of communication skills in all situations:

“Communication is extremely important regarding where the patient is going to and how it’s going to work and when it’s going to change and that always helps the situation.”
- Participant 9

Sub-theme 2: A personalised approach

FCPs report that it is critical to understand as much as you can about your patient’s individual situation and what matters to them. This is key no matter who your patient or what their working situation.

Multiple examples of this in the dataset (e.g. from Participant 11, Participant 5) and encapsulated by Participant 10 with the importance of *“get[ting] to the bottom of what their concerns are.”*

Theme 2: “It’s the same no matter what”

Sub-theme 3: Work as a transaction

Work itself as an activity can have similar fundamental elements no matter its type, which means that even in difficult situations, the state of play can at least be ascertained.

“On the whole there’s a great desire to work and then I think the tragedy is often when the nature of the work that the person wants to do just doesn’t suit their current health issues and as much as they want to do it or need to do it, if there’s a mismatch, and you can see it from both sides, the employer needs somebody to lift and push and pull and if they’re just not able to, it’s hard, it’s hard for both parties then.”

- Participant 13

Theme 3

The fit note exemplifies FCPs' value, but can be complex to use with this patient group.

Theme 3: The fit note exemplifies FCPs' value, but can be complex to use with this patient group

Although none of our interview questions directly asked about the fit note, rather we simply asked about enablers and barriers to having effective health and work conversations, the fit note was discussed by nearly every participant. This is perhaps unsurprising since being able to certify is new, but it is striking how the fit note exemplifies some of the extra complexities present in the consultation when the patient is in one of the working roles in our study.

Sub-theme 1: Self-employed people do not want or need fit notes

"They don't really want it [the fit note] because they'll just make the adjustments themselves. They don't want to not work, they're very different."
- Participant 3

Sub-theme 2: Harder to use the fit note due to worries about lack of support

"I think it's not the initial sign off, I think we're happy to say if somebody's sick, but it's that returning and that renewal of the fit note that's causing a little bit of anxiety...I think with people in more structured employment, they will have the HR governance behind them in terms of having that assurance, and they will have a fully functioning HR department and an Occupational Department to support them with that discussion. Whereas as somebody on more precarious contracts don't have that robust mechanism, so it is a case of the decisions that you make regarding fit note are often, need to be more definitive in that clientele because there is no middle ground like there is with a phased redeployment or alternative working patterns that you do have in a more full-time employment with robust HR policies."
- Participant 6

Theme 3: The fit note exemplifies FCPs' value, but can be complex to use with this patient group

Sub-theme 3: Certification speed engenders confidence

"I think what tends to happen in GP land and GP surgeries, they're obviously so busy and med threes are, I wouldn't say, they're not as regularly reassessed and it's left up to the patient when they feel that they can go back to work, whereas if I sign somebody off with a med three, I would always have a follow up appointment with them, be it on the phone or a face to face. I would always create some sort of follow up so that there's accountability, there's reassessment, we can reassess what you can do now, what you can't do now and it's always changing and it's not just a blanket oh wait you've been off for now six months and it's explaining to the patient as well that they can go back to work anytime they want. And use that kind of, make them more empowered about their injury."

- Participant 4

Theme 3: The fit note exemplifies FCPs' value, but can be complex to use with this patient group

Sub-theme 4: Fit notes illuminate the value of FCPS in primary care

Multiple examples in the data set of FCPs stating that as they have more time with each person than a GP, they are able to certify appropriately:

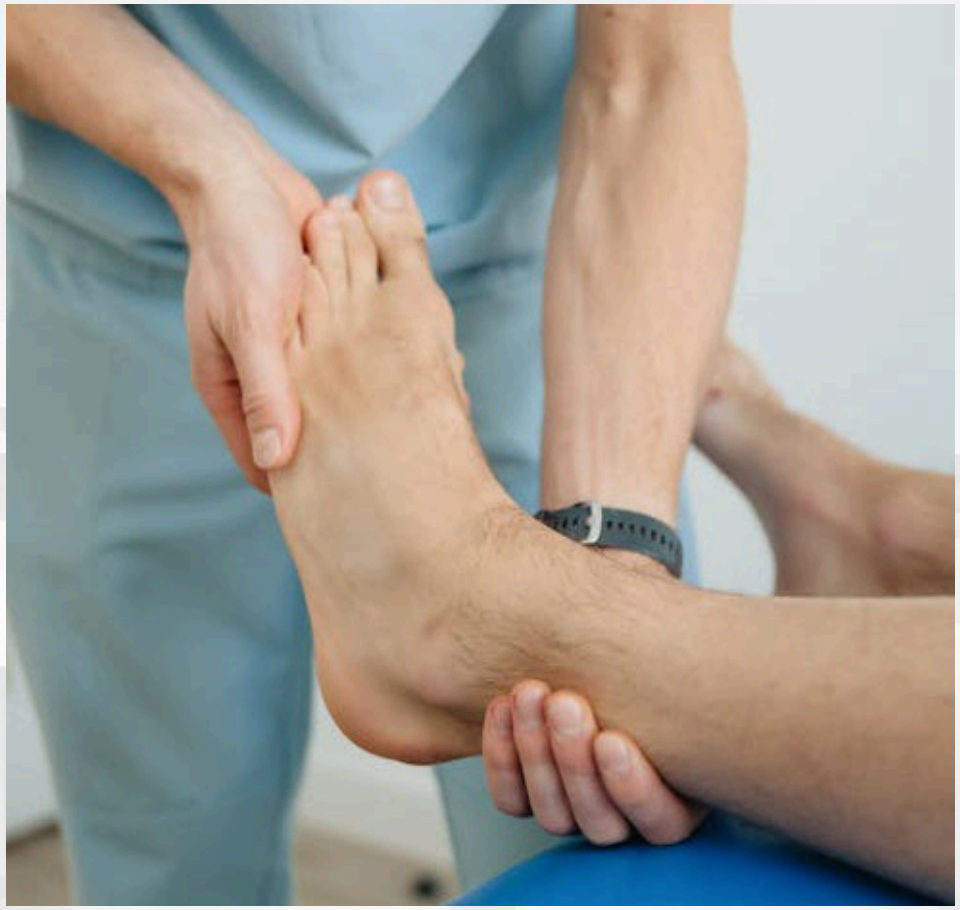
"I will get patients that will ask me outright, "Should I be off my work?" or "What do you think I should do here?" and I, it's probably quite frustrating for them but I try to be more supportive and enabling than, "Well this is what you need to do". I would put it back to them and go, "Well how would you feel, how would next week look if you went back? You've got these 12 hour shifts, you need to do three in a row. How are you going to do these bending things? What support is there to help you? Could you speak to your boss?". We'd explore all that and that's where I think having that extra time is really valuable because it can help the fear side of it. Somebody going into the doctor thinking I'm probably going to get signed off, I'll not be allowed to work. And then they'll worry about money and all these, you know the other things that come with that. Whereas, well I would hope that folk have said to me before when we've had these chats, "That's really good, I'll go and give that a try. I didn't know I could do that". They feel a wee bit more empowered to stay in work or to go and get some help."

- Participant 8

FOCAL POINT

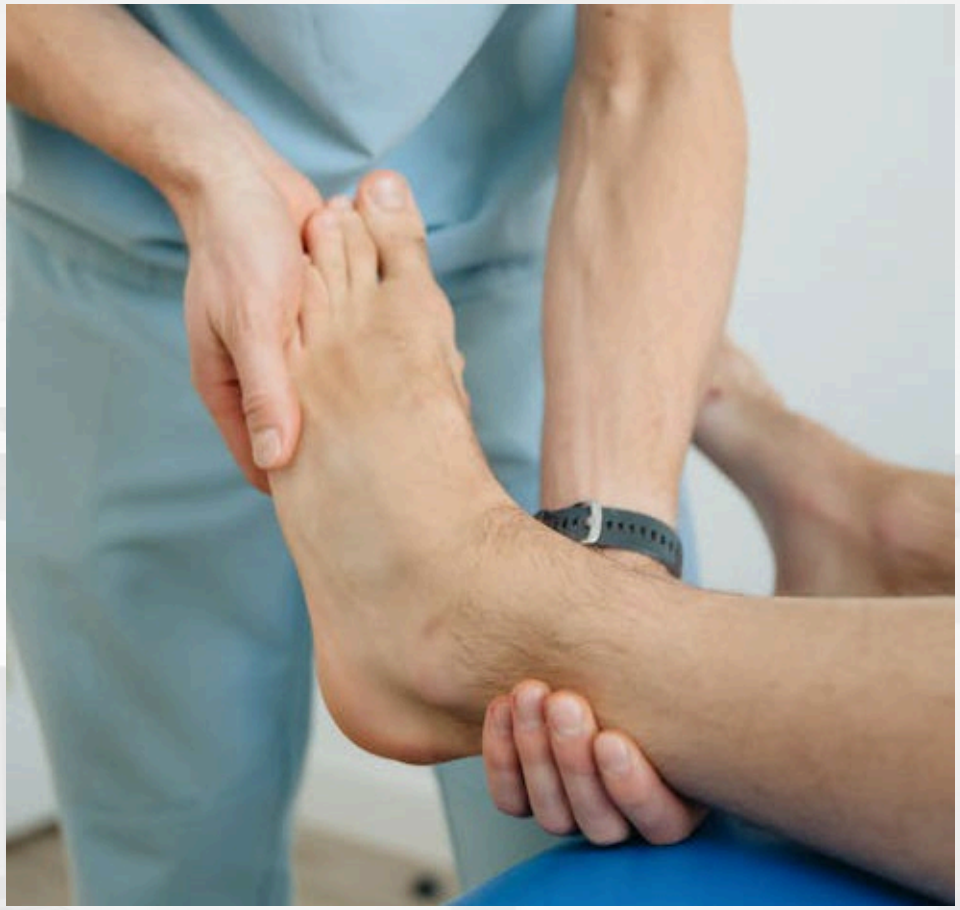
Discussion

- There is **extra complexity** for FCPs in the consultation when patients are in more ‘precarious’ or ‘flexible’ job roles.
- There is a need to know **which kind of working patterns and types people have** in order to support them appropriately.
- FCPs feel **more confident supporting mainstream workers**. This is down to more experience in the role supporting these workers, and more confidence in the knowledge that people have support in the workplace to facilitate changes.
- **Zero-hours** and **variable** contracts can make it difficult to enact the philosophy one does not have to be 100% fit to return to work.

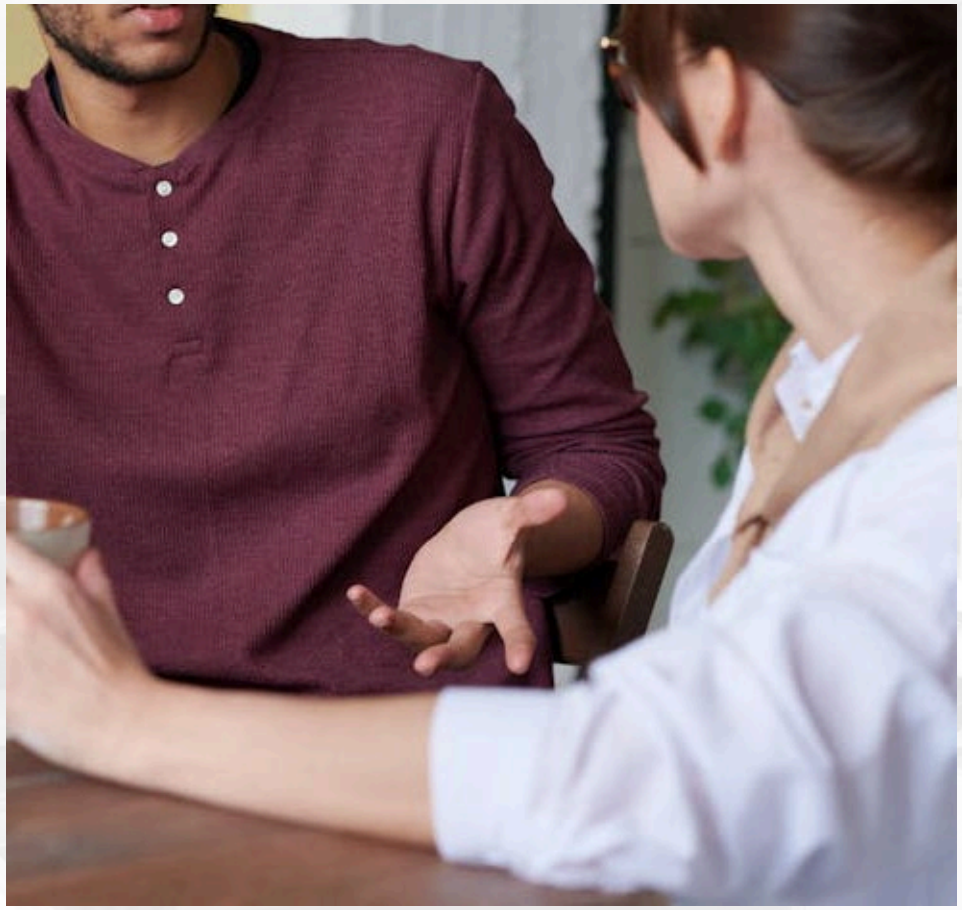


Discussion

- **Economic pressure changes patient behaviours -** patients are more likely to want to stay working or working for longer even when this is not clinically recommended: *"If you're not paid when not at work, you will not take time off"*.
- Key skills of **relationship building**, **communication** and a **personalised approach** all help to support positive health and work discussions in consultations.
- The **fit note** was seen as a positive aid to having effective health and work conversations and to enabling patients to achieve a good working life. It was also seen as **exemplifying the value that the FCP role can have in busy primary care settings**, however, it can be very complex to use with this patient group in particular.



Strengths and limitations of the study



Strengths

- Designed with our PPI partners who have supported our research cycle, including interpretation of findings
- Rich data which was iteratively analysed

Limitations

- Small sample, not generalisable with large variation in where FCPs were working (e.g. devolved nation particularities and the kinds of industries and job roles they discussed in the data varied a lot).
- Note, however, that small qualitative studies are never set up to be generalisable in probabilistic terms.[23]

Conclusion

- To maximise good health and work conversations, **we need to ensure FCPs know where to find information** about rights and responsibilities for patients in these types of jobs and roles
- **Experience will help** – higher confidence over time of consulting with such patients was reported.
- The **fit note** may be more effective with FCPS than GPs due to being able to see (and re-book) the patient faster which facilitates patient self-empowerment. Training and experience over time may help FCPs manage the extra complexity of using the fit note with patients in these working roles.
- Analyses suggests FCPs perceive **fundamental elements to the clinical relationship and consultation** that are the same across the board no matter what kind of work a patient does (*Theme 2*), but there may then be an additional layer of complexity on top (as per *Theme 1*) if patients are in one of our study's target working practices.
- FCPs do not perceive that this extra layer fundamentally changes the FCP-patient relationship, but analyses suggests that there is a shift in perceptions of **what the clinical encounter can do**. This is because the perceived reality of the person's job often stops what might be the best advice from actually happening, more so than when patients have "traditional" working lives.

FOCAL POINT

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FOCAL POINT

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