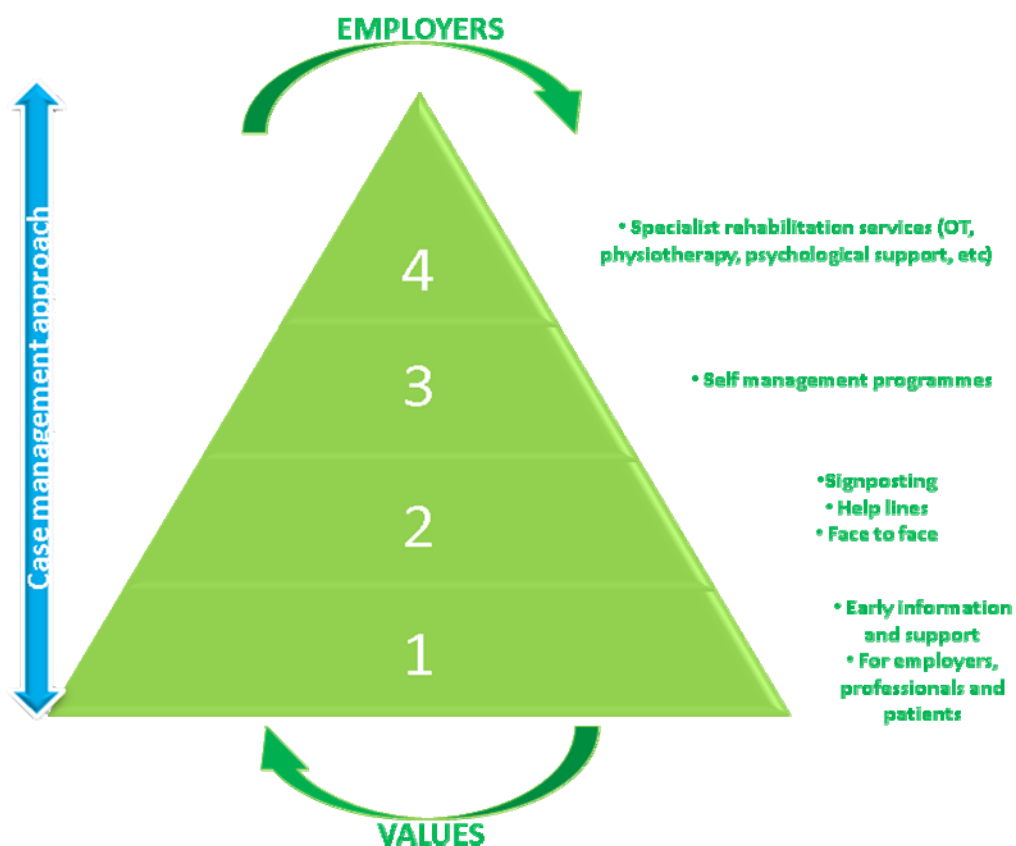


NCSI Vocational Rehabilitation Project

The Vocational Rehabilitation (VR) project is an exciting project which came out of the work of the Work and Finance workstream. This project commenced in December 2009 by inviting proposals to test a new model of vocational rehabilitation for people with cancer. Seven pilot sites across England were established in April 2010 testing a four level model of vocational rehabilitation until July 2011.

The VR four stage model

This is the VR model that the seven pilot sites tested. The four stages of the VR model move from Level 1 and 2 with the provision of information and opportunity to be signposted to further sources of information and support through to Levels 3 and 4 where a case management approach is taken with referrals to programmes of self management and specialist professional rehabilitation services.



The values identified as core to the operation of the model by people living with cancer were Compassion, Respect, Empathy and Dignity. The involvement of employers was also identified as key to the success of the VR model and each of the seven pilot sites incorporates the core values and the involvement of employers.

The seven pilot sites

The locations of the seven pilot sites were

- Sussex,
- London
- Hertfordshire
- Lancashire

- Yorkshire
- Tyne and Wear
- Manchester

The geographical area covered varies according to pilot proposal from region wide, county wide to local authority area.

Type of Pilot site organisations:-

The VR Strategy identified that partnerships were very important to the success of the VR Model and therefore this was reflected in the pilot sites. In general, they were NHS based organisations that took the lead role.

Some examples of the organisations are

- Vocational rehabilitation charity, e.g. Shaw Trust in partnership with an NHS Regional cancer treatment centre, the Christie Hospital, Manchester
- NHS Specialist Hospital, the National Hospital for Neurology and Neurosurgery, London
- Private limited career and outplacement consultancy, Orbital's Ltd in partnership with a Macmillan Cancer Information centre, Olive Tree Support Centre, Crawley Hospital

Two of the pilot sites were successful in bidding for extensions and will run until 31st March 2012 – they are the Shaw Trust at the Christie NHS Trust and the National Hospital for Neurology and Neurosurgery.

How were referrals made to the pilot sites

This was primarily through printed information and referrals at Levels 1 and 2 of the VR Model using Clinical Nurse Specialists, outpatient clinics, visitors to cancer information centres, or a universal telephone number providing a triage service.

Access to VR services

The majority of the pilot sites offered access for all cancer patients. Several of the pilots focussed on more common cancers such as breast and colorectal and some on rarer cancers such as brain tumours. All the pilot sites were aware that patient expectations need to be managed carefully given the short time frame of the project.

Features of the seven pilot sites

- **Shaw Trust & the Christie Hospital**

The vocational rehabilitation charity, Shaw Trust partnered with Christie NHS, a specialist cancer hospital, to set up a pilot in Manchester. The Shaw Trust embedded two VR advisers within the Christie who work closely with the social work and OT departments together with the Cancer Information Centre. This pilot covers a wide range of tumour types.

- **Doncaster Community Healthcare**

This service was based at St John's Information and Support Centre, which is co-located with a hospice in Doncaster. It was supported by services such as an Information Co-ordinator, counselling and disability support services. This pilot had a strong focus on self management programmes. Support options included work simulation environments to build stamina and confidence, and workplace assessments. The service is community based.

- **National Hospital for Neurology and Neurosurgery**

This pilot site, in a London-based hospital, focuses on people with brain and spinal tumours, and therefore is more clinically focused. They accept referrals from other

services within the London area and other brain cancer services. The pilot builds on learning gained from a vocational rehabilitation model the hospital previously developed and tested for people with Multiple Sclerosis (MS).

- **NHS Blackburn with Darwen**

This pilot in Lancashire used the services established by the Government Condition Management Programme in that area, to provide a three month rehabilitation programme with ongoing follow-up support for six months. They worked directly with specialist cancer services, and had a presence in oncology clinics across the county. They built on their existing collaborative partnerships to ensure the service is promoted across all 19 Job Centre Plus offices in Lancashire. They ceased providing a service in March 2011.

- **Mount Vernon Cancer Network**

This pilot operated across the Mount Vernon Cancer Network, which includes Hertfordshire, South Bedfordshire, and parts of Buckinghamshire, Berkshire and London. It was led by a VR Project Manager who focused on developing the capacity of the network in respect of vocational rehabilitation. The VR Project Manager mapped existing services and sources of support across the network. She then identified existing levels of workforce knowledge, skills and devised training programmes which were rolled out across the network together with amendments made to the holistic assessment questionnaire used by CNS with patients.

- **Orbitals and the Olive Tree Information Centre**

This pilot is a partnership between the Olive Tree Cancer Support Centre based at Crawley Hospital, and Orbitals Ltd – a private consultancy specialising in career development and coaching that employs independent coaches. This pilot had a strong focus on engaging and upskilling employers, supported by CADIA, the Gatwick Diamond Employers Association. The pilot provided a service in an area of high deprivation, and used trained volunteers from a variety of backgrounds. The service is continuing with voluntary support from the coaches and volunteers at the Centre.

- **NHS South of Tyne and Wear**

Based in Gateshead, Newcastle, this pilot was led by a Macmillan Cancer Nurse Specialist and Condition Management Team lead. The service was open to individuals of working age diagnosed with Breast, Colorectal or Testicular cancer living in the South of Tyne and Wear PCT district. This service conducted a skills and knowledge audit of clinical nurse specialists and identified training needs in work support/VR. The service was based on the Condition Management Programme and ceased on the 31st March 2011.

Project evaluation:

- The evaluation methodology is that of realistic evaluation and will collect quantitative and qualitative data through focus groups, expert panel, a pre and post questionnaire based on EQ5D, patient satisfaction and other measures together with an analysis of the health economic data in order to enable robust evidence to be gathered on what services work well and are cost effective. A control group is being used to compare outcomes and perceptions of services. The National Hospital of Neurology and Neurosurgery, part of UCL, is conducting the evaluation bringing their substantial experience of evaluation of VR in other long terms conditions such as MS. The evaluation will be both formative and summative. Five Learn and Share events took place throughout 2010/2011 in order to refine and develop the VR four level model as part of the formative component of the evaluation.

Aims and objectives of the evaluation

Objectives: the pilot sites will be assessed on whether their approaches are: Effective, i.e. have they support people with cancer to remain in or return to work if they so choose.

Aim: to identify a model of vocational rehabilitation for people affected by cancer which is scalable across the UK.

- a) Personalised - services must be focused on, and tailored to meet, the needs and goals of individual patients.
- b) Sustainable – there needs to be clear evidence on the cost effectiveness of the model, to provide evidence for why NHS commissioners, local authorities and government agencies should fund the model long-term.
- c) Scalable - to identify a version of the model is capable of being rolled out nationally

Results so far

First interim evaluation report - September 2010 identified five themes -

- d) Patients want attention to be paid to work issues at an early stage in their illness, and then revisited during the course of treatment and follow-up.
- e) Health professionals inadvertently give patients mixed messages about work.
- f) Line managers are a key point of contact between patients and employers, and do not necessarily have the knowledge and skill to manage a patient's return to work effectively.
- g) Patients are not generally knowledgeable about their rights and responsibilities relating to employment.
- h) Specialist vocational rehabilitation services can predict and pre-empt problems that patients might not (yet) be aware of.

Second interim evaluation report - June 2011 identified six key findings

1. A three level model works better than the initially identified four level model. We propose adaptations to the NCSI Risk Stratification Model to distinguish (i) service providers, (ii) service recipients and (iii) interventions at each of three levels of need and complexity.
2. It is useful to distinguish between 'work support' for people with cancer, and 'vocational rehabilitation'. Everyone with a cancer diagnosis who is employed or who has the potential to be employed should receive support to remain in or return to work. A subset of people with cancer will have complex needs which are best met by a specialist vocational rehabilitation service where the intervention is provided by skilled vocational rehabilitation professionals.
3. The term 'vocational rehabilitation' is not widely understood, and the needs and preferences of the particular audience being addressed should be considered when communicating about cancer work support and vocational rehabilitation.
4. We have identified a specific skill set required by individuals who provide specialist cancer vocational rehabilitation to people with complex employment needs. While there is some overlap with skills needed to deliver vocational rehabilitation in other health conditions, there are important elements that are highly specific to cancer.

5. Individuals providing specialist cancer vocational rehabilitation services are likely to need training to ensure that they have the requisite skills. No cancer-specific vocational rehabilitation training programme currently exists.
6. There is a very wide spectrum of individuals and organisations with an interest in the work support and vocational rehabilitation needs of people with cancer. While there is broad agreement on the overall aim of work support and vocational rehabilitation services in cancer – i.e. to enable people with cancer to remain in or return to work where that is their wish – there are differences in emphasis and in the priorities of the various stakeholders.

The third evaluation report will be published in October 2011 and the final report in February 2012.

Currently over 500 people have made use of VR services. So far we have learned an extraordinary amount regarding what works and what makes a VR Service effective and successful. This includes identification of key stakeholders, importance of local and regional networks, most valued interventions, best locations and indications of volume of people who would wish to access a Work Support/VR Service.

For further information contact

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Useful resources

- First interim evaluation report
<http://www.ncsi.org.uk/what-we-are-doing/vocational-rehabilitation/>
- Second interim evaluation report
<http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/WorkingThroughCancer/ncsi2ndinterimevaluationreportFinalJune2011.pdf>
- VR Strategy Paper
<http://www.ncsi.org.uk/what-we-are-doing/vocational-rehabilitation/>