

WORK-ABLE SOLUTIONS: AN OCCUPATIONAL THERAPY VOCATIONAL REHABILITATION SERVICE

Service Evaluation Report

August 2025



Document prepared by

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How to cite:

Codd, Y., Killeen, G., Kane, D., Glennon, O., Fitzgerald, T., Brownlee, J., Mahon, K., & Somerville, S. (2025). *WORK-ABLE SOLUTIONS: An occupational therapy vocational rehabilitation service. Service evaluation report*. National Clinical Programme for Rheumatology: Dublin.

<https://doi.org/10.25546/112018>

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Executive Summary

- **High completion rates:** More than 9 in 10 participants completed the programme, with an exceptionally low attrition rate of just 3% (n=16).
- **Reduced work absence:** Service users experienced shorter absences from work, supported by graded return-to-work plans and phased re-engagement.
- **Lower illness benefit usage:** Recipients of illness benefit reduced from 72 to 14, easing direct costs to the State.
- **Proven preventative impact:** Early intervention at the work-vulnerable stage prevented job loss and sustained employment.
- **Improved work outcomes:** Service users reported better work performance, enhanced work functioning, and greater work confidence and self-efficacy.
- **Improved quality of life:** Reductions in functional disability and symptom impact in the workplace contributed to sustained employability and well-being.
- **Positive alternative pathways:** Some service users transitioned to full-time education (n=5), retirement (n=4), or full-time caring responsibilities (n=2), representing productive and valued societal contributions.
- **Unmet need identified:** 28% of referrals (n=175) were ineligible as they had been out of the workforce for more than six months and were in receipt of invalidity or disability payments or had no current employment. This highlights a large cohort requiring targeted return-to-work services not currently available and an opportunity for future service development.

Value at a Glance – Economic & Social Impact

- People supported into or retained in work: 354
- Annual savings to Exchequer (conservative): €3.46 million
- Projected lifetime savings for current cohort: €20+ million
- Median patient age: 53 years (≈20 working years remaining)
- Annual programme cost: €350,000
- Productivity yield: 464% return on staffing costs
- Basis of calculation: Fit for Work (2013) €9,776 per patient/year (only verifiable figure available at initial funding application), acknowledged as highly conservative
- Additional uncounted savings: Reduced health service use, increased tax revenue, lower long-term welfare dependency

Background

People living with rheumatic and musculoskeletal disorders (RMDs) frequently experience challenges at work which can lead to both short-term work absences and permanent work disability. These temporary and permanent work absences have a high cost both to the person (loss of earnings, reduced quality of life, decreased social engagement) and to the state (increased cost of welfare expenditure and reduced workforce participation).

Irish research reports that 42% of working-age adults experience permanent work loss due to their RMD contributing to an estimated 7 million lost workdays annually and costing the Irish exchequer over €750 million each year (Arthritis Ireland, 2024; Bevan et al., 2009). Globally, the economic cost of lost productivity associated with RMDs is estimated to be 2% of Gross Domestic Product (Bevan, 2015).

RMDs are among the most common reasons people attend General Practitioner/primary care services in Ireland and internationally. Despite the considerable economic and personal burden of these conditions, current Irish health services offer minimal work-focused support for this population. There are currently no structured vocational rehabilitation services in mainstream healthcare services in Ireland specifically designed to support individuals with RMDs in maintaining or returning to employment.

The Model of Care for Rheumatology in Ireland (2018) acknowledges the importance of addressing this gap and has highlighted the need to reduce vocational disability and work-related costs due to MSK and rheumatic diseases (HSE, 2018). International research suggests that work-focused interventions can promote job retention and return-to-work outcomes in this population. Further reinforcing the potential value of such interventions, the Fit for Work Ireland report (2013) estimates that for each person supported to remain in or return to paid employment, the state could realise annual savings of approximately €9,776 in illness-related social welfare payments alone (Fit for Work Ireland, 2013).

Employment is a recognised determinant of health and well-being, and supporting work as a meaningful occupation is a fundamental role of occupational therapy.

Service overview

Work-Able Solutions was a pilot initiative under the National Clinical Programme for Rheumatology, funded by the Sláintecare Integration Innovation Fund (2022). This innovative occupational therapy intervention was developed to support workforce retention among people with RMDs by providing early access to individualised and tailored evidence-based work-focused interventions. The service was designed to address a current gap in vocational

rehabilitation for people with RMDs, aiming to assist individuals in either remaining in employment or successfully returning to work following periods of illness-related absence. The pilot programme was delivered across Dublin South, Wicklow, Kildare, and Waterford, in collaboration with St. Vincent's University Hospital, Naas General Hospital, and Waterford Primary Care.

Scope of Work-Able Solutions service

The intervention was delivered by clinical specialist occupational therapists. Referrals were accepted from primary care practitioners and rheumatology multidisciplinary team members and were screened within an average of 1.19 working days (range 1-10 days, median 1 day) and assessment commenced within an average of 3.08 working days (range 1-66 days, median 4 days).

Work-Able Solutions employed a person-centred, biopsychosocial approach and used an occupational therapy lens to understand the person, environment and occupation factors which were impacting on a person's work performance. This occupational therapy framework was used to guide the initial assessment (up to two hours duration) and understand individuals' baseline work concerns, needs and work priorities. The assessment aimed to identify barriers to work participation and to collaboratively establish goal-directed, work-focused outcomes to inform the intervention plan.

Work-Able Solutions was scoped to offer four one-hour intervention sessions, with flexibility for fewer or additional intervention sessions subject to individual need. Evidence-based, individualised interventions were delivered to support work retention or return to work. These interventions were flexible in both content and delivery, and were offered in-person, via virtual platforms, or through workplace visits, depending on service user preference and clinical appropriateness. Typically, time from assessment to discharge took 3.5 - 4 months, although this varied subject to the individual need.

Eligibility for service

Working-age adults with RMDs who were employed or receiving illness payments for ≤ 6 months & have self-reported work-related difficulties & work concerns.

Purpose of Report

Work-Able Solutions became operational in one site in mid-May 2023 and with all three sites fully operational by mid-September 2023. Referral acceptance was temporarily suspended on two occasions during the pilot due to uncertainties regarding continued funding. These suspensions were implemented to ensure that existing service users could be appropriately

managed and supported within available resources (30th September - 31st December 2024, and 11th April - 30th June 2025).

This service evaluation report summarises key findings between the period of 18th May 2023 and 30th June 2025.

Findings

Findings are presented in five main categories, referral overview; profile of participants at baseline; outcomes of intervention; service usage; service user and referrer experiences.

1. Referral Overview

Total number of referrals received

A total number of 630 referrals were received during the pilot period.

Referral sources

Referrals were received from hospital services (n=399, 63%) and from primary care services (n=231, 37%).

Further analysis of referral sources per discipline was conducted and is presented in figure 1 below.

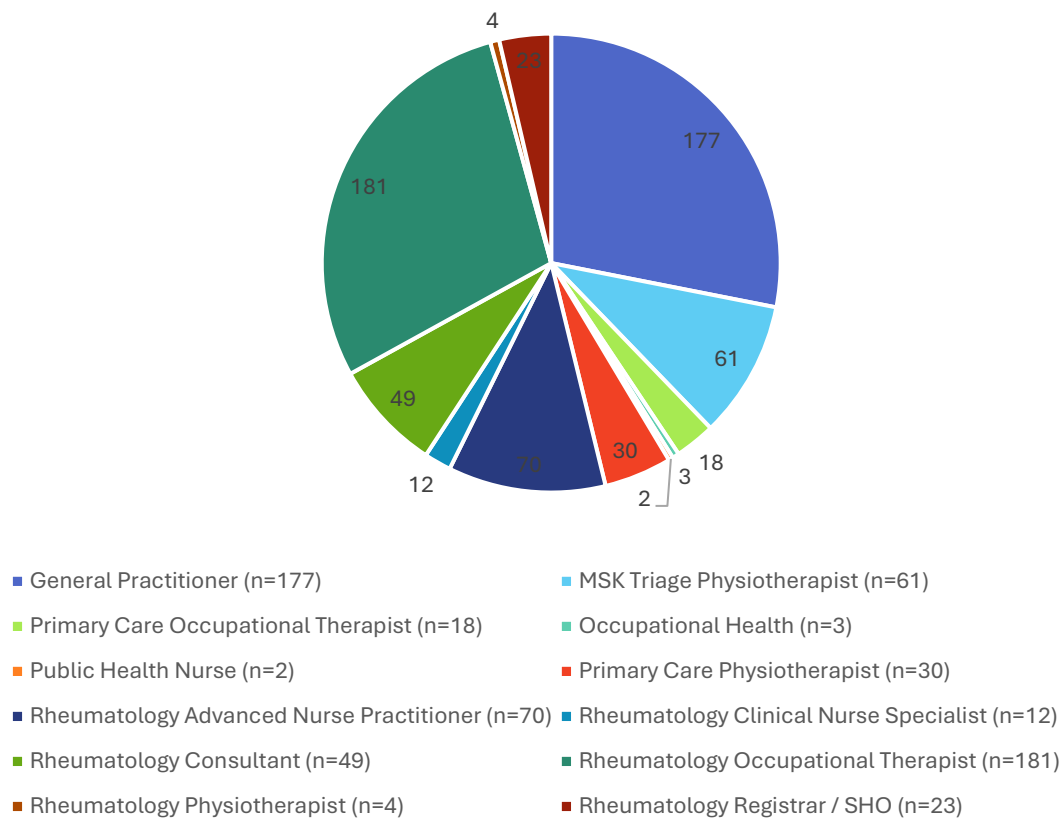


Figure 1: Breakdown for referrals per Discipline

Referrals were initially reviewed to remove duplicates and transfers (n=36) which then confirmed that n=594 single referrals were received during the time period.

Screening out ineligibility

Subsequently, referrals were screened against the eligibility for the pilot and this is presented in figure 2. The majority of ineligible referrals received (n=175) were for individuals who had a self-reported work concern and wished to avail of the work-focused intervention but were work absent for more than 6 months. These individuals were in receipt of social welfare payments (e.g. invalidity or disability benefits) or were permanently out of work and actively seeking new employment and as such were outside of the scope of this pilot. A smaller number of referrals were ineligible as they did not have a self-reported work concern (n=16), or they lived outside of the pilot catchment area (n=4).

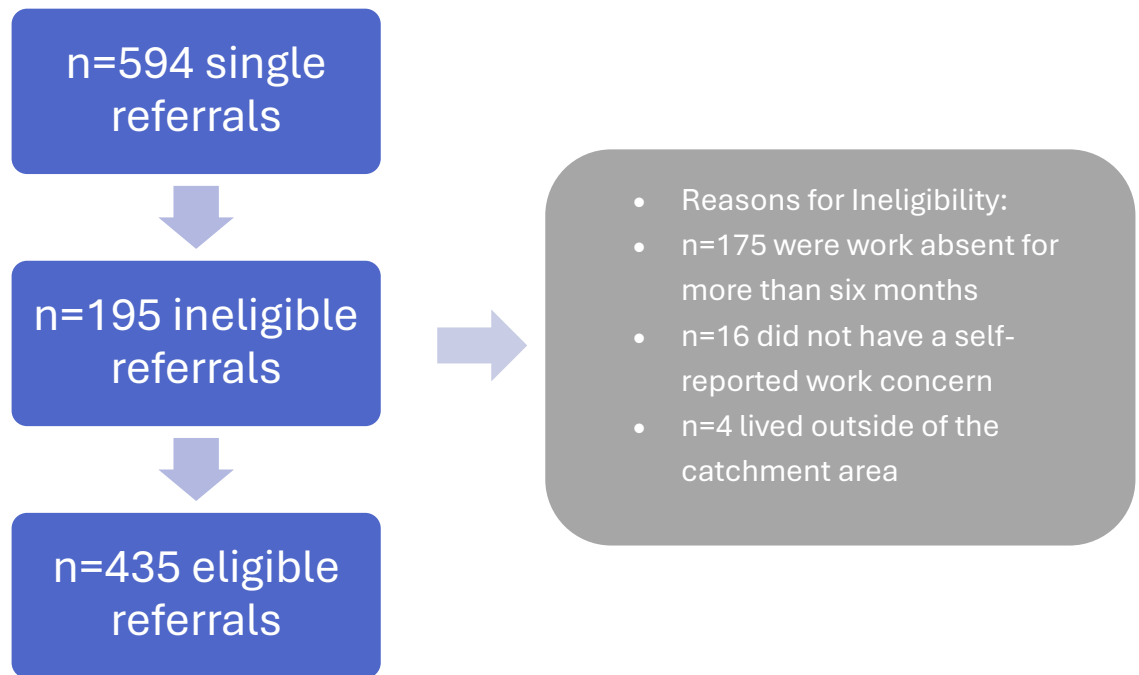


Figure 2: Breakdown of eligible and ineligible referrals

2. Profile of service users at baseline

435 eligible service users received an initial assessment of up to two hours duration.

Demographics

The gender and age profile of service users at baseline is present in table 1.

Table 1: Demographics of eligible service users at Baseline

Gender	Female n=306	Male n=128	Prefer not to say n=1
Age	Average 47.18 years	Range 18-79 years	Median 53 years

Employment information

Reported work status and use of illness benefit at baseline is presented in table 2. Most service users (81.4%) were in work and reporting work difficulties at baseline assessment, although a significant number were absent from work and in receipt of illness benefit.

Table 2: Work status and illness benefit usage of eligible service users at Baseline

In Work	Work Absent	Receiving Illness Benefit
354	81	79

There was representation of all job types as classified by the ISCO-08 (see figure 3), however the most commonly reported job types were in services and sales roles (n=122), professionals (n=89), and technicians and associate professionals (n=73).

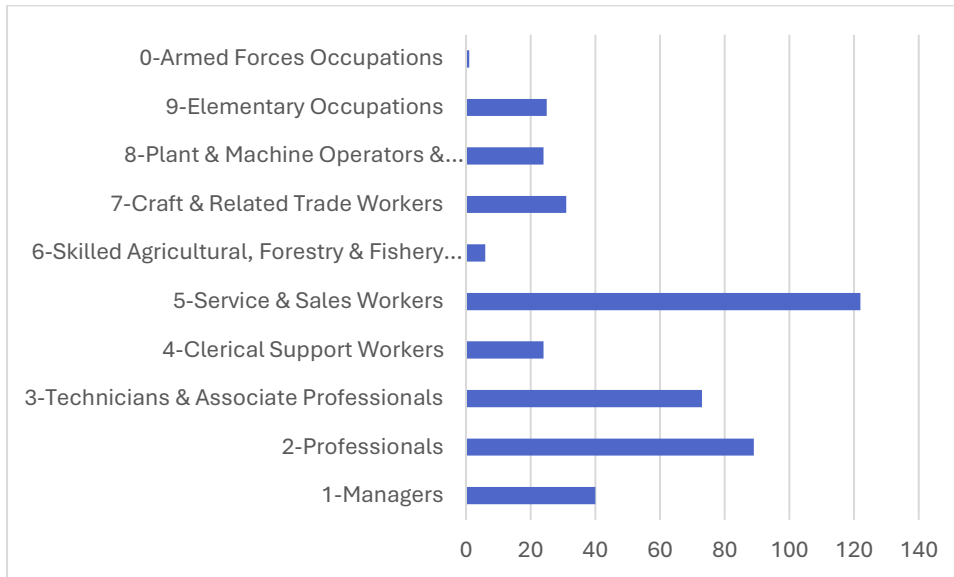


Figure 3: Job type role using the ISCO-08 major groups classification

Most service users reported holding a permanent contract, full or part time (n= 319), however a significant number were self-employed (n=47) (see figure 4).

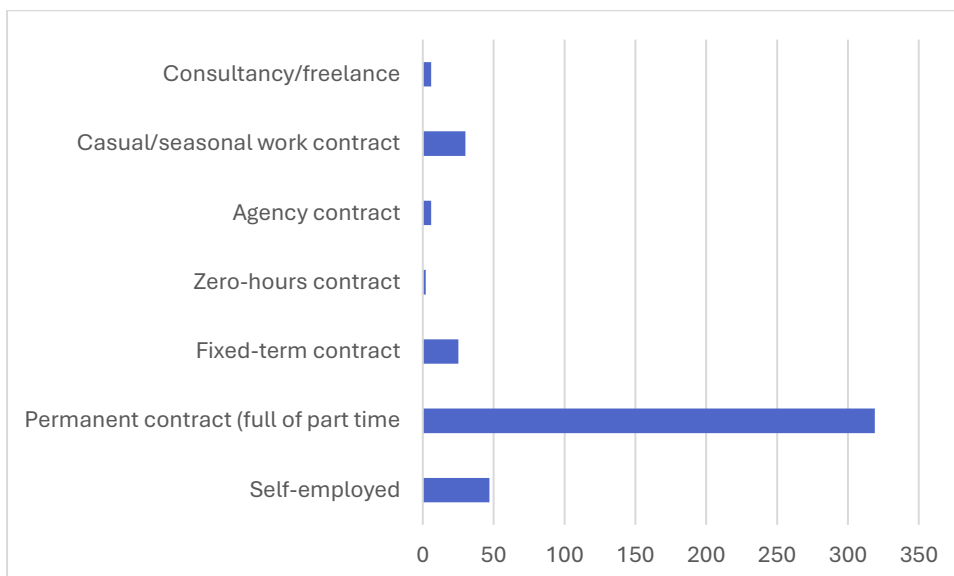


Figure 4: Type of contract

Sole income earners in their household accounted for 174 (40%) service users.

Clinical presentation

At baseline assessment eligible service users presented with a range of diagnoses that were impacting on work ability and work absence (figure 5). There was comparable presentation of inflammatory and non-inflammatory conditions which were impacting on work ability. Other (n=7) included osteoporosis, myofascial pain syndrome, chronic fatigue, vasculitis, and those been treated as but not confirmed with fibromyalgia.

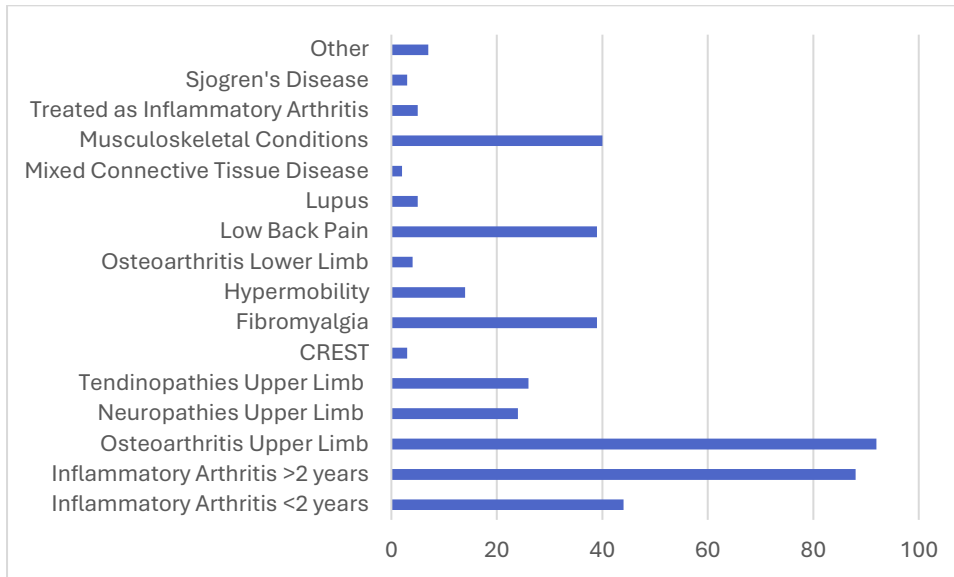


Figure 5: Diagnoses impacting on Work ability

Noncompletion due to attrition and pilot closure

49 service users who completed baseline assessment began but did not complete the intervention within the pilot timeframe.

This group of non-completers was reviewed and are broken into two main categories: i) those who were disengaged from the service and were lost to follow up (n=16) and ii) those who did not have their intervention completed before pilot programme closure and so were transferred back to referrer (n=33).

3. Outcomes of interventions

A total of 386 service users completed the intervention, their pre- and post-intervention outcome measures are presented in this section.

Impact of this occupational therapy work-focused intervention was measured in a number of ways including: i) work return or work retention; ii) reduction in illness benefit usage; iii) work performance and work functioning; iv) quality of life; v) work confidence; vi) symptom impact.

Findings are presented descriptively and report measures of central tendency and dispersion. Any statistical analysis used SPSS 10.2 V29 software and tests were determined based on preliminary analysis to determine distribution of the data.

Work retention and illness benefit usage as outcomes

Work attendance improved with this intervention both with helping people who were in work and experiencing work difficulties to remain in work, and also in supporting many of those who were absent to return to their work role (table 3). A notable 80% decrease in illness benefit usage was noted in the post-intervention outcomes.

It is also noteworthy that of those who were absent from work post-intervention, five of these elected to return to fulltime education in order to sustain future work ability.

Table 3: Work (retention and return) and illness benefit as outcome measures

Pre-intervention			Post-intervention		
In Work	Work Absent	Receiving Illness Benefit	In Work	Work Absent	Receiving Illness Benefit
314	72	72	354	32**	14

**This figure includes n=5 returned to fulltime education, n=4 who retired, n=2 who ceased work for fulltime caring responsibilities.

Analysis was completed to understand if the intervention had more impact on work return and illness benefit per ISCO-08 job type (table 4) and per presenting diagnosis (table 5).

Table 4: Work (retention and return) and illness benefit per ISCO-08 job type

ISCO-08 Major Group	Pre-intervention				Post-intervention		
	n=	In Work	Work Absent	Receiving Illness Benefit	In Work	Work Absent	Receiving Illness Benefit
1-Managers	1	0	1	1	0	1	1
2-Professionals	34	29	5	5	33	1	0
3-Technicians & Associate Professionals	82	72	10	10	79	3	1
4-Clerical Support	66	57	9	9	61	5	3
5-Service & Sales	20	18	8	4	19	1	1
6-Skilled Agricultural, Forestry & Fishery	102	79	23	21	90	12	5
7-Craft & Related Trade	6	6	0	0	6	0	0
8-Plant & Machine Operators	27	21	6	6	26	1	0
9-Elementary Occupations	19	12	7	7	15	4	2
0-Armed Forces Occupations	29	20	9	9	25	4	1
TOTAL	386	314	72	72	354	32	14

Table 5: Work (retention and return) and illness benefit per presenting diagnosis

Diagnosis	n=	Pre-intervention			Post-intervention		
		In Work	Work Absent	Receiving Illness Benefit	In Work	Work Absent	Receiving Illness Benefit
Inflammatory Arthritis <2 years	36	26	10	10	35	1	1
Inflammatory Arthritis >2 years	80	72	8	8	72	8	4
Osteoarthritis Upper Limb	85	77	8	8	80	5	2
Neuropathies Upper Limb	23	21	2	2	22	1	0
Tendinopathies Upper Limb	25	22	3	3	23	2	1
CREST	3	3	0	0	3	0	0
Fibromyalgia	31	26	5	5	29	2	0
Hypermobility	13	11	2	2	12	1	0
Osteoarthritis Lower Limb	2	1	1	1	1	1	1
Low Back Pain	34	18	16	16	26	8	4
Lupus	5	4	1	1	5	0	0
Mixed Connective Tissue Disease	2	2	0	0	2	0	0
Musculoskeletal Conditions	35	22	13	13	33	2	0
Treated as Inflammatory Arthritis	4	4	0	0	4	0	0
Sjogren's Disease	3	2	1	1	2	1	1
Other	5	3	2	2	5	0	0
TOTAL	386	314	72	72	354	32	14

Work performance and work role functioning as outcomes

The WHO Health and Work Performance Question B10 (Kessler et al., 2003) and the Work Role Functioning Questionnaire v1 (Abma et al., 2013) were used to examine the impact of the intervention on work performance and work functioning (tables 6 and 7).

Table 6: WHOHPQ scores

	Pre-Intervention	Post-intervention	p-value (paired t-test)
Mean	7.66	8.15	<0.001
Median	8	8	
Mode	8	8	
Standard deviation	1.721939713	1.357385	

Table 7: WRFQ scores

	Pre-Intervention	Post-intervention	p-value (paired t-test)
Mean	79.3%	89.55%	<0.001
Median	83.33%	85.65%	
Mode	94.44%	100.00%	
Standard deviation	15.46%	11.27%	

Work self-efficacy and future job expectations as outcomes

Numeric rating scales (0-10) were used to determine work self-efficacy (Gignac et al., 2004) and are presented in Table 8. Low scores indicate low work-self efficacy, and higher scores indicate high work self-efficacy.

Table 8: Work Self Efficacy scores

	I feel confident that I can work		I feel confident in my ability to manage my condition in the work environment		I feel confident in general that working would not make my condition worse	
	PRE	POST	PRE	POST	PRE	POST
Mean	7.44	8.45	6.54	8.12	5.31	7.12
Median	8	9	7	8	5	8
Mode	10	10	8	10	5	8
Standard deviation	2.5304	1.8131	2.4902	1.9686	2.9176	2.3198

The Future Job Expectation Scale (Gignac, et al, 2004) was used to measure the impact of this intervention on future working (tables 9 & 10).

Table 9: Future Job Expectation Scale question 1 scores

	Yes		No		P-value (paired t test)
	PRE n (%)	POST n (%)	PRE n (%)	POST n (%)	
Concerns about health affecting your work in next 2 years	294 (76.2%)	196 (50.7)	92 (23.8%)	190 (49.2%)	<0.001

Table 10: Future Job Expectation Scale question 2 scores

Likelihood of leaving your job in the next 12 months because of your conditions	PRE n (%)	POST n (%)	P-value (Wilcoxon Signed Rank Test)
Very unlikely	121	178	<0.001
Unlikely	159	169	
Likely	70	30	
Very likely	36	9	
TOTAL	386	386	

Quality of life as an outcome

The EQ5D5L (EuroQol Research Foundation, 2019) was used to measure quality of life pre and post intervention by examining the difference in health profiles (table 11) and EQ visual analogue scores at the two time points (table 12).

Table 11: EQ5D5L Health profiles

	Mobility n (%)		Self-Care n (%)		Usual Activities n (%)		Pain / Discomfort n (%)		Anxiety / Depression n (%)	
	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST
Level 1 (No problems)	202 (52.3%)	248 (64.2%)	257 (66.6%)	314 (81.3%)	133 (34.4%)	217 (56.5%)	20 (5.2%)	63 (16.3)	182 (47.1%)	256 (66.3%)
Level 2 (Slight problems)	112 (29%)	96 (24.8%)	97 (25.1%)	57 (14.7%)	147 (38%)	117 (30.3%)	154 (39.9%)	200 (51.8%)	124 (32.1%)	90 (23.3%)
Level 3 (Moderate problems)	60 (15.5%)	38 (9.8%)	29 (7.5%)	14 (3.6%)	82 (21.2%)	48 (12.4%)	170 (44%)	111 (28.7%)	63 (16.3%)	37 (9.6%)
Level 4 (Severe problems)	12 (3.1%)	4 (1%)	3 (0.8%)	1 (0.2%)	18 (4.6%)	4 (1%)	37 (9.5%)	10 (2.5%)	13 (3.4%)	2 (0.5%)
Level 5 (Extreme problems/ unable to do)	0	0	0	0	6 (1.5%)	0	5 (1.3%)	2 (0.5%)	4 (1%)	1 (0.2%)
Total	386	386	386	386	386	386	386	386	386	386

The EQ visual analogue scores data are presented using measures of central tendency and measure of dispersion.

Table 12: EQ Visual analogue scores

	Pre-Intervention	Post-intervention	p-value (Wilcoxon Signed Rank test)
Mean	64.03	73.03	<0.001
Median	65	75	
Mode	70	80	
Standard Deviation	17.45439	15.5245	

Symptom impact as an outcome

Numeric rating scales (0-10) were used to understand the impact on symptoms on function. Lower scores indicate mild symptoms, and higher scores indicates more severe symptoms and difficulties.

Table 13: NRS Symptom and functional impact scores

	Functional disability		Pain		Fatigue		Sleep	
	PRE	POST	PRE	POST	PRE	POST	PRE	POST
Mean	5.78	4.61	5.00	3.70	5.88	4.80	4.77	3.64
Median	6	5	5	4	6	5	5	3
Mode	7	3	5	5	7	5	0	0
Standard deviation	2.1784	2.465	2.4356	2.5486	2.9151	2.9829	3.2535	3.087

4. Service Usage

All service users received initial assessment of up to two hours duration.

Subsequently, interventions were scheduled subject to client needs – data on the number and types of interventions sessions are presented in table 14.

Table 14: Service usage

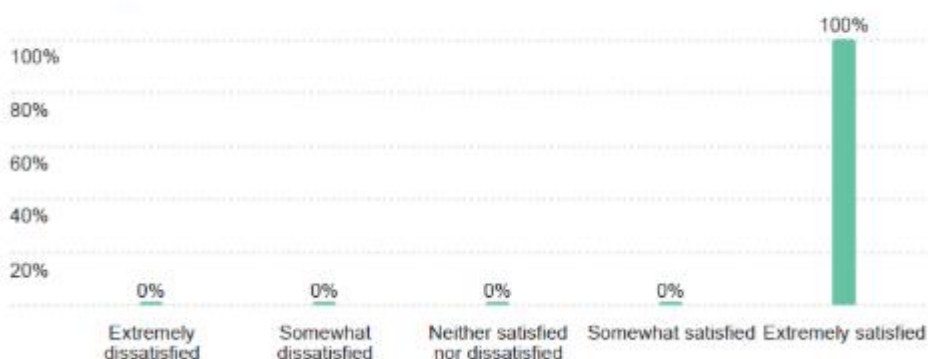
	Intervention sessions
Total number of intervention sessions delivered	1738
Mean	3.99
Median	4
Mode	4
Standard deviation	2.126197578
Number of interventions per delivery format	
Face-to-face sessions	1028
Virtual sessions	710
Workplace visits	37**
**counted in the face-to face platform figures	

5. Service user and referrer experiences

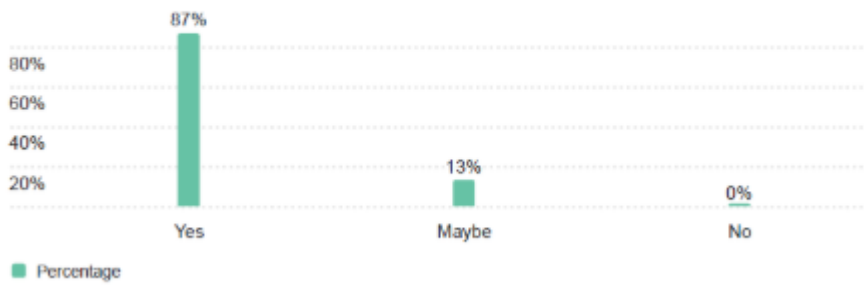
Service user experiences

A snapshot service user satisfaction survey was undertaken in July 2024. The survey was open for two weeks and received 23 responses. The outcomes of this survey are shared below. Service location and clinician data has been redacted for anonymity.

Q1 - Overall, how satisfied were you with your experience with Work Able Solutions?



Q2 - Do you think this service supported you to return to, or remain in work?



Q3 - Would you recommend Work Able Solutions to someone who is out of work, or struggling to stay in work?



Q4 - If you would like to share any additional comments, please let us know in the box below.

I found the experience with [REDACTED] to be very impactful. The exercises have and will continue to support me with the pain in my thumbs. I've picked up plenty of tips to build up strength and also to prevent pain developing and these have been very effective. Also reassuring to know that being proactive with the condition will help maintain movement and reduce pain.

[REDACTED] came to my work place and assisted with my work station

Great service.

I received great advice and support in dealing with my pain and exercises to help my movement. This service was invaluable to me. I am in a much better place now. I can take care of my condition with the knowledge I learned.

I found the workable solutions a really useful service that is so needed for people who ,like myself, struggle sometimes with pain while working.

Thanks to [REDACTED] who assessed me with my daily lifestyle, home & work, I am now in my same role at work but have been seen more by occupational health regarding my condition & they have a better understanding of my situation than before.

I would highly recommend this service to be put in place permanently as so many people I have spoken to about my experience have said they were enquiring with their gp about this service that is so needed

[REDACTED] has been great not only with helping with my work and arthritis but gone above and beyond to listen and support me.

This programme helped me to find direct solutions to issues I had at work caused by my condition. It would be a shame to not provide similar opportunities to other people in need, should this trial was not extended for future.

It's always important to get help .

Fantastic service, highly recommended. I believe it would be of huge benefit to those people who are currently working who maybe considering leaving their jobs due to pain and suffering with symptoms that can be managed through this service. I learnt so much and gained valuable skills that will help me throughout my working life . No one should suffer in silence with this service.

It was good to speak about my hand arthritis and the issues I'm having as a result. I received some helpful gadgets and some sound advice. I found the group therapy very good as I met others with similar issues & gained some useful tips.

[REDACTED] was great, very informative and gave lots of practical advice which helped me understand my condition and manage it much more effectively than I had previously

I'm very grateful for all the help I got in [REDACTED] from [REDACTED] and her colleagues and sincerely believe this service to be invaluable in helping people get back to work. Kind regards

[REDACTED] was excellent, super supportive and informative .Thanks a lot [REDACTED]

I found the service to be both very professional and extremely helpful in assisting me to successfully manage my arthritis and continue to be able to work

My experience was very good and it gave me ideas of how to look after myself in work to continue working and also further assistance if needed, I've started strength training and have good days and bad days but I'm very optimistic

Specialists very respectful and considerate, added a dimension of care and understanding of how my condition affects my daily life which was otherwise lacking during the process of diagnosis/treatment. Advice was practical and actionable, and most importantly adjusted and discussed with regard to my specific situation.

I am very grateful for the advice and support I have received through WorkAbility, I have found pain relief and I feel much more optimistic about continuing to work on into the future without much difficulty. WorkAbility has given me a new feeling of well-being. Thank you.

Referrer satisfaction

There was a high level of referrer satisfaction among all specialties across both primary care and acute hospital settings. Referrers wrote directly to the National Clinical Programme for Rheumatology to highlight their positive experiences of engaging with and referring their patients to the Work-Able Solutions service. Below are a sample of the endorsements received from General Practitioners who used the service.

Tel: (059) 8631352
Email: info@barrowviewmedical.com
Website: www.barrowviewmedical.com



Please Note New Address

Primary Care Centre
Dublin Road, Athy
Co. Kildare. R14DX9

Healthmail: barrowviewmedicalpractice.gp@healthmail.ie

Barrowview Medical Practice

Work-Able Solutions has quickly become an invaluable resource. As a primary care physician, I cannot emphasise enough the importance of timely local access to occupational therapy for my patients. We are all aware that the longer the time out of work, the lower the chance of sustained return to work.

One of the most striking aspects of the service is the quick access it offers. My patients have been seen promptly. In the case of people who are struggling in work, the short waiting time has avoided the need for sick leave at all.

Having a local service means a wide inclusive cohort of people have access. Knowing that my patients can access high-quality occupational therapy right in our community brings a sense of reassurance. It eliminates the barriers of distance and inconvenience, allowing individuals to focus on their health and well-being without added stress.

I have referred several patients to Work-Able Solutions, and the feedback I've received has been overwhelmingly positive. Work Able Solutions is set apart by the high quality of care provided. The tailored approach to therapy considers not only the physical aspects but also the unique demands of each person's life and work environment. My patients have expressed gratitude for the personalised care they've received and the tangible improvements they've experienced in their daily lives. One person had particularly benefitted from the information provided on non-pharmacologic chronic pain management.

Among the cases I've referred, there are notable examples of complex and challenging scenarios. For instance, a patient suffering from months of debilitating lumbar nerve impingement has been able to continue working while awaiting decompression. Similarly, an individual with epicondylitis has successfully returned to a demanding physical occupation, thanks to the tailored therapy received.

I wholeheartedly recommend Work-Able Solutions Occupational Therapy to anyone seeking expert care that is both accessible and effective. The commitment to helping individuals stay engaged in their occupations is truly commendable, and I am grateful to have such a valuable resource in our community.

Sincerely,



Dr. KEVIN KIDNEY IMC 372024



Workable Solutions

22 May 2025

To whom it Concerns,

I am writing this letter in relation to the Work-Able Solutions Vocational Rehabilitation Service that has been available to us in the practice since September 2023.

We have found this service to be immensely useful for multiple patients who have had difficulties in remaining in work or returning to the workplace due to rheumatological issues. In short, the feedback from those patients using the service has been unanimously positive and we have had multiple cases where individuals were able to re-engage with employment sooner than would otherwise have been achieved. I would appreciate if you can consider our experience in any review of the service that may be undertaken.

Sincerely Yours

Dr Austin Byrne

Dr Dermot Nolan

Dr Aoife Hayden

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Dr Penny Nolan B.A., MB, BCh, BAO
Dr Donna Sinnott B.A., MB
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Nurse Emma Hannon R.N.G.
Nurse Jude Green R.N.G.
Elisha Holohan General Practice Assistant

Cost savings

When submitting the initial SIIF funding application, the National Clinical Programme for Rheumatology applied an estimated saving of €9,776 per patient per annum, based on the Fit for Work (2013) report. While this figure is now dated, it was the only robust, verifiable source available at the time, and was therefore used as the benchmark in our cost-benefit calculations.

This estimate reflected the difference between the costs of disability payments and the cost of occupational therapy intervention at that time. However, following consultation with the Chief Medical Advisor to the Department of Social Protection, we recognise that this figure is highly conservative. It does not take into account:

- Additional payments and tax credits available to those on disability allowance
- The loss of tax revenue from reduced workforce participation
- Increased utilisation of health and social care services

Work-Able Solutions as an occupational therapy work-focused intervention has successfully supported 354 people to remain in, or return to, paid employment. Even using the older conservative estimate, this equates to an annual recurring saving to the Exchequer of €3,460,704.

In addition, illness benefit usage among our service users has notably decreases, from 72 recipients pre-intervention to 14 post-intervention. This is evidence of how Work-Able Solutions further reduced the direct and indirect costs to the State.

With a median patient age of 53 years, and an estimated 20 years of working life remaining, the projected lifetime savings for this cohort alone could exceed €20 million.

The service operated at an annual cost of approximately €350,000, delivering a productivity yield of 464% relative to staffing costs. This represents outstanding value for money and long-term economic impact.

Conclusion

The Work-Able Solutions occupational therapy work-focused pilot initiative received a high number of referrals reflecting strong demand and clear relevance to both service users and referring clinicians. Primary care engagement has been significant, with 118 General Practitioner referrals received, demonstrating the value of the dual-referral pathway from both hospital rheumatology teams and primary care. This early, work-focused intervention enables support at the work-vulnerable stage rather than when individuals with rheumatic and musculoskeletal disorders are already work-absent, allowing for graded returns and work-phasing that reduce absence duration, improve satisfaction, and sustain employment.

The Work-Able Solutions occupational therapy work-focused programme has achieved exceptionally low attrition (3%), with more than 9 in 10 participants completing the intervention. Work absences and illness benefit usage have both notably decreased (illness benefit recipients reduced from 72 to 14), demonstrating its preventative impact. In addition, service users reported improved work performance, enhanced work functioning, and greater

work confidence and self-efficacy, as well as improved quality of life through reductions in functional disability and the impact of symptoms in the workplace, all contributing to sustained employability and well-being. While the majority of participants returned to work, others transitioned to full-time education (n=5), retirement (n=4), or full-time caring (n=2), all of which represent positive and productive pathways.

Even when using the older, conservative benchmark of €9,776 annual saving per patient (the only verifiable figure available at the time of the initial SIIF application), the programme's impact is substantial. To date, 354 people have been supported to remain in or return to employment, equating to €3.46 million in annual recurring savings to the Exchequer. With a median patient age of 53 years, and an estimated 20 years of working life remaining, projected lifetime savings for this group alone could exceed €20 million.

Importantly, 28% of referrals (n=175) were ineligible because they had been out of the workforce for more than six months and were in receipt of invalidity or disability payments or had no current employment. While outside the scope of this pilot, this sizeable cohort represents a clear unmet need for dedicated, work-focused rehabilitation and return-to-work supports. Addressing this gap would extend the reach and economic benefit of the programme, while reducing long-term welfare dependency.

In summary, Work-Able Solutions has delivered measurable savings, prevented job loss, and enabled individuals to remain active, productive, and engaged in their communities. It is evidence of a preventative investment with significant scope for expansion, both to scale its current success and to meet the needs of those currently beyond its remit.

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