Department for Work & Pensions

Social Science in Government

Exploring future GP referral to Fit for Work

October 2014

Research Report No 883

A report of research carried out by the Institute for Employment Studies and the University of Liverpool on behalf of the Department for Work and Pensions

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First published 2014.

ISBN 978 1 910219 45 4

Summary

A new Fit for Work service (FFW, previously known as Health and Work Service) will be established in 2014 to provide health and work advice and support for employees, employers and General Practitioners (GPs) to help people with a health condition to stay in or return to work. The aim of this study was to provide an estimate of the likely rate of referral by GPs to the assessment element of the new service, and identify the factors affecting referrals. One of the main ways in which employees will be able to contact the new service is by being referred by their GP. The research is based on data collected from fit notes issued by GPs in a selection of practices between the end of October 2013 and the end of January 2014, supplemented by additional information collected from the GPs involved.

The GPs in this study generally had a positive approach to the health benefits associated with working, in line with previous research. They were also broadly supportive of the new service. It is estimated that GPs are likely to refer 36 per cent of their eligible patients (ie patients absent, or at risk of an absence, from work for four weeks or more) to the new service. Depending on estimates for the size of the eligible population in England and Wales this proportion would generate a potential 310,000 to 450,000 referrals a year.

However, the proportion of referrals varied considerably between practices (from 11 per cent to 72 per cent) and GPs did not consider all their nominally eligible[1] patients to be suitable for the service. GPs will be able to exercise their clinical judgement in deciding whether to refer to the service because some patients may meet the eligibility criteria of the service but have a condition that means a referral would not be appropriate at that time. Also, although they were briefed on the criteria, GPs appeared to have interpreted eligibility for the new service in different ways. Across the sample as a whole only 63 per cent of all nominally eligible patients were deemed suitable for referral by GPs. GPs then said they would refer only a proportion of those whom they had deemed suitable (54 per cent). Conversely, they wanted to refer some non-eligible (e.g. unemployed) patients. Again there was considerable variation between practices.

GPs were more likely to say they would make a referral for patients with a mental health or musculoskeletal health problem and for patients with longer fit notes. The referral rates of GPs with a positive attitude to health and work were higher than those with a less positive attitude. GPs also reported that they would be more likely to refer patients to the new service if it was open to a wide range of patients, e.g. not just employed people, and if they had a good understanding of what the service offered and evidence that it would be beneficial.

GPs would be generally less likely to make referrals where they thought the level of service was poor and, for example, the service was not easily accessible or the referral process was too complicated and/or they felt the type of service provided would not help their patient. GPs were less likely to refer patients who had a clear recovery path and were likely to return to work in due course ‘under their own steam’, patients with a low motivation to return to work, and patients who were already receiving help from their employers’ occupational health service.

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[1] The term ‘nominally eligible’ refers to employed patients with a three week or longer fit note. Patients are able to self-certify for the first week of sickness absence. This equates to a four weeks sickness absence (i.e. long-term sickness absence).

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Acknowledgements

This research was commissioned by the Department for Work and Pensions (DWP) and the authors are extremely grateful for the helpful comments and support they received from Maxine Willitts, Julia Oliveira and their colleagues in the Health, Disability and Employment Directorate at the DWP.

The authors also thank the General Practitioners (GPs) and their practice staff for their co-operation in collecting data for this study.

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List of abbreviations

DWP	Department for Work and Pensions
FFW	Fit for Work
GP	General Practitioner
LFS	Labour Force Survey
LSOA	Lower Layer Super Output Area

Executive summary

As part of its response to the Sickness Absence Review[2], the Government announced the establishment of a new Health and Work Service, now known as Fit for Work (FFW), to provide health and work advice and support for employees, employers and General Practitioners (GPs) to help people with a health condition to stay in or return to work. The FFW will be introduced in late 2014 and will offer two services: advice and assessment, the latter being aimed at employees who have reached, or are expected to reach, four weeks of sickness absence. The intention is that employees would consent to a referral by their GP for an assessment by an occupational health professional, who would look at all the issues preventing the employee from returning to work and draw up a return to work plan.

The aim of this study was to provide an estimate of the likely proportion of eligible employees that GPs would refer to FFW for assessment, to inform the project's communication and engagement activity, identify the type of patients that GPs were most likely to refer and the factors affecting variation in GPs' willingness to refer employees.

Method

A selection of GP practices involved in a previous study of fit notes[3] and which still issued paper-based sickness certificates were invited to take part in the study and those that agreed were given adapted fit note pads which included:

- a carbonised fit note – with the copy retained by the practice; and
- a short questionnaire attached to each fit note for the GP to complete at the end of their patient consultation with a fit note recipient. This questionnaire asked GPs whether the patient was employed, whether the GP would refer them to the new service and if so why and if not, why not.

The data were entered onto a database in the GP practices and anonymised and transferred to the research team. Thirteen practices agreed to take part, with around 72 partners and salaried GPs (plus some sessional GPs) from five different areas of Great Britain, and data were collected from 3,000 fit notes from October 2013 to January 2014. Compared with the data from the previous study the patients in the current study were more likely to be male, younger, live in a less deprived neighbourhood and have a mental health diagnosis on their fit note.

In addition, a brief on-line survey of participating GPs was also conducted asking questions about their attitudes to health and work, and to the new service. A total of 32 GPs responded (a response rate of approximately 45 per cent), with at least one response from every practice.

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2 DWP (2013). *Fitness for work: the Government response to 'Health at work – an independent review of sickness absence'*, London: TSO.

3 Forty-nine practices were involved in the fit note evaluation study (Shiels, C. et al. (2013), *Evaluation of the Statement of Fitness for Work (fit note): quantitative survey of fit notes*; Research Report No. 841, DWP.

Main findings

Referral rates

The assessment element of FFW is designed for people who are **employed**, but on long-term sick leave and who are referred by their GP. However, GPs will be able to exercise their clinical judgement in deciding whether to refer to the service because some patients may meet the eligibility criteria of the service but have a condition that means a referral would not be appropriate at that time. The data collected for this study show that:

- just over 70 per cent of all the patients receiving fit notes in the sample were reported as being **employed**, with considerable variation in the employment rates between the practices, from 42 per cent to over 90 per cent;
- around half (53 per cent) of the employed patients (39 per cent of all patients) in the sample had a fit note lasting for three or more weeks and were therefore on **long-term sickness absence** and **nominally eligible**[4] for the service (Chapter 2);
- **GPs said they would refer** 36 per cent of these nominally eligible patients to the new service, varying between practices from 11 per cent to 72 per cent;
- despite being briefed on the eligibility criteria for the new service, GPs appeared to have interpreted the criteria in different ways. Across the sample as a whole only 63 per cent of all nominally eligible patients were deemed suitable for referral by GPs. GPs then said they would refer only a proportion of those they deemed suitable (54 per cent). Again, there was considerable variation between practices.

GPs also said they would (like to) refer 16 per cent of non-employed patients with a three week or longer fit note (Section 2.1). Further data from GPs indicate that this probably reflected a view among some GPs that the service should be available to unemployed as well as employed patients (Chapter 3).

There were few significant differences between those nominally eligible patients who were referred and those who were not, other than:

- patients with longer fit notes were more likely to be deemed suitable for referral and referred by GPs than those with shorter (six weeks or less) fit notes;
- patients in mid-sized practices (with more than 5,000 and under 10,000 patients) were more likely to be thought suitable and referred than those from larger or smaller practices.

Nominally eligible patients with a mental health problem or a back problem or other musculoskeletal disorder were more likely than average to be referred to the service (with referral rates of 39 per cent, 47 per cent and 44 per cent respectively). Those with below average referral rates included patients diagnosed with neoplasm (29 per cent), bone fracture (29 per cent) or in post-operative recovery (26 per cent) (Section 2.2).

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[4] The term ‘nominally eligible’ refers to employed patients with a three week or longer fit note. Patients are able to self-certify for the first week of sickness absence. This equates to a four weeks sickness absence (i.e. long-term sickness absence).

Factors affecting referral rates

The main reasons why the GPs in the study would refer patients to the new service were that they felt their patient either needed support to cope with their health condition at work and/or were keen to return to work. GPs said they would not refer patients if they believed the patient was already receiving the support they required. Other reasons for not referring patients mainly related to the patient's condition and whether they were already on a pathway to getting back to work (Sections 3.1 and 3.2).

GPs generally thought that work was beneficial for people's health, but were a little less clear about whether it was their role to get people back to work and whether patients needed to have fully recovered before they recommended a return. GPs were also generally positive about the prospect of the new service. Two-thirds of GPs agreed that the new service would be helpful to their patients. Referral rates were higher among GPs with the most positive attitudes to work and health (Section 3.3).

Most GPs (59 per cent) felt that the service should be open to all patients, whether employed or not and only half said they understood why it was reserved for employed people. Also, while most (62 per cent) thought it made sense to focus the service on the long-term sick, most GPs also thought the service should be open to all patients, not just those at risk of a long-term sickness absence. A significant proportion of GPs (44 per cent) were unsure whether patients would need the service if they had access to an occupational health service through their work.

The key factors affecting GPs' propensity to refer a patient to the new service included:

- service-level factors – to do with the nature or level of service, including whether it was open to all patients (not just the employed) and the efficiency of the referral process, length of waiting times, etc;
- patient-level factors – including, the nature of their health problem, their motivation to get back to work, and whether the support they were already receiving was thought to be sufficient (Section 3.4).

Detailed analysis of the fit note data indicated that patients with a mental health or any musculoskeletal diagnosis were more likely than average to be referred. Also, referral rates rose with the number of fit notes patients received, suggesting that GPs were more likely to refer patients the longer they were absent from work (Section 3.5).

In the on-line survey, and in comments on the fit note questionnaire, GPs indicated that the factors affecting a patient's inclination to take up the service included the ease by which they could access the service and the quality of the service they received, their awareness of the benefits the service could offer and the trust they had in the service to look after their interests (Section 3.4.3).

GPs also said they were more likely to make referrals if they had a good understanding of what the service offered and had evidence that it would be beneficial.

Estimating levels of referrals

The number of patients accessing the new service will depend on:

- the size of the **eligible population** – ie the number of people who are eligible to be referred to the service in a given year (ie on leave of absence from their employer due to ill-health for four weeks, or at risk of such an absence);

- the **referral rate** – ie the proportion of the eligible population who are referred to the service by their GP;
- the **attendance rate** – ie the proportion of patients referred who agree to attend the service, or at least an initial assessment.

There are no confirmed data on the number of long-term sickness absentees nominally eligible for the service. Rough estimates can be made from either the number of people who are certified sick who are employed, or, vice versa, the number of employees who are absent from work due to ill-health. Based on data from the present and previous fit note study there is an estimated 1,260,000 people in England and Wales who meet the criteria of being employed and on a four-week period of absence (ie those with a fit note for three weeks or more) in any one year. An alternative estimate using data from the Labour Force Survey (LFS)[5] indicates that there are around 865,000 absences from work lasting four weeks or more due to sickness or ill-health a year in England and Wales (Chapter 4).

This study estimates that GPs would refer around 36 per cent of nominally eligible patients therefore, depending on which population estimate is used, suggesting a volume of referral by GPs of between 310,000 and 450,000 (Chapter 4).

The study also suggests that referral rates may be lower in the early years of the service as GPs and patients build up their knowledge of, and confidence in, what the service can offer.

Findings from the study could be used to help the design and marketing of the new service at local or national level. They underline the need to have clearly understood and accepted eligibility criteria, a clear specification of the services on offer, an easily accessible service with high service standards and available evidence of the benefits that patients could enjoy from using the service (Chapter 5).

[5] DWP (2014), *Long-term absence in the UK*, Ad hoc statistical analysis.

1 Introduction

Although the rate of sickness absence has fallen in recent years, 131 million days were lost due to sickness absences in the United Kingdom (UK) in 2013[6]. In 2010 the Government asked Dame Carol Black and David Frost CBE to carry out an independent review of sickness absence, which reported in 2011[7]. As part of its response[8] to the review, the Government announced the establishment of a new Health and Work Service, now known as Fit for Work (FFW), to provide health and work advice and support for employees, employers and General Practitioners (GPs) to help people with a health condition to stay in or return to work.

The new service will be introduced in late 2014 and is aimed at employees who have reached, or are expected to reach, four weeks of sickness absence. The intention is that eligible employees would normally be referred by their GP for an assessment by an occupational health professional, who will look at all the issues preventing the employee from returning to work. GPs will be able to exercise their clinical judgement in deciding whether to refer to the service because some patients may meet the eligibility criteria of the service but have a condition that means a referral would not be appropriate at that time, and attendance by patients referred would be consent based. Following the assessment, employees would receive a return to work plan with recommendations to help them to return to work more quickly and information on how to get appropriate help and advice. In addition, employers, employees, GPs and others will be able to access general health and work advice through a phone line and website.

In October 2013, the Department for Work and Pensions (DWP) commissioned the Institute for Employment Studies and the University of Liverpool to estimate the expected level of interest in the service among GPs and the likely proportion of patients that might be referred.

To investigate likely referrals from GPs, the research team adopted an approach which involved collecting data from GPs at the point where they provide patients with a medical statement, known as a fit note, supplemented by an on-line survey of GPs involved with the study about their attitudes to health and work, and considerations around making referrals to FFW and its design.

In the rest of this chapter we briefly explain the approach adopted in more detail and provide background information on the data collected. The rest of the report presents our findings about the proportion of patients who would be referred to the new service by GPs and the factors that appear to influence the level of referral.

1.1 Method

The aim of the study was to provide an estimate of the likely proportion of eligible employees that GPs would refer to FFW. In addition the research aimed to identify:

- the characteristics of employees who GPs felt were eligible for referral and who would benefit from such a service, and why (or why not);

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6 ONS (2014). *Sickness Absence in the Labour Market*, February 2014.

7 Black and Frost (2011). *Health at work – an independent review of sickness absence*, London: TSO.

8 DWP (2013). *Fitness for work: the Government response to 'Health at Work – an independent review of sickness absence'*. London: TSO.

- the point during an employee's sickness absence at which referral to the service is likely to be made;
- the factors affecting variation in GPs' willingness to refer employees.

A selection of GP practices involved in a previous study of fit notes and which had not moved onto the new system of issuing fit notes electronically were asked to take part in the new study[9]. It was not possible to collect fit note data from those practices which had adopted electronic fit notes due to technical and contractual reasons. However, in the practices still issuing paper-based notes, these were replaced by specially adapted fit notes. Adapted fit note pads were distributed to 17 practices in October 2013 which included:

- a carbonised fit note – with the copy retained by the practice; and
- a short questionnaire attached to each fit note for the GP to complete at the end of their patient consultation with a fit note recipient. This questionnaire asked GPs whether the patient was employed, whether the GP would refer them to the new service and if so why, and if not, why not.

Each GP was sent a one-page briefing about the new service (see Appendix A). Data from the fit note and the questionnaire were entered onto a spreadsheet by practice administrators, anonymised and transferred securely to the research team.

1.1.1 Participating practices

Seventeen practices originally signed up to the study, and of these, 14 actually started collecting data. Three practices dropped out mainly due to their GPs feeling that they did not have enough time to complete the questionnaire during a 10-minute consultation. One small practice had only transferred data from 15 fit notes by the time data collection finished and this practice was excluded from the analysis. Another ceased data collection at the end of December 2013, but the data transferred (for November and December) have been included. Of the 13 fully participating practices, most were in the East Midlands (see Table 1.1).

Table 1.1 Sample of participating practices

	Size		
Location	Small (<5,000 patients)	Medium (5-10,000 patients)	Large (>10,000 patients)
East Midlands	1	4	2
Wales	3		
Scotland		1	
Sussex	1		
North West	1		

Source: IES/University of Liverpool fit note/GP survey, 2014.

[9] Forty-nine practices were involved in the fit note evaluation study (Shiels, C. *et al.* (2013), *Evaluation of the Statement of Fitness for Work (fit note): quantitative survey of fit notes*, Research Report No. 841, DWP).

The practices involved in this study have been compared with all those in the previous study[10] and the results are presented in Table 1.2. There were no significant differences in terms of size, location and deprivation status of practices, which indicates that the two samples are comparable.

Table 1.2 Comparison of practices in present study and the previous fit note evaluation

	13 practices in present study	49 practices in previous study[1]	
	%	%	P
List size under 5,000 patients	31	29	
5,000-10,000	46	43	0.93
Over 10,000	23	29	
	100	**100**	
Rural location	46	37	0.54
Urban location	54	63	
	100	**100**	
Low deprivation	61	43	
Moderate deprivation	15	24	0.48
High deprivation	23	33	
	100	**100**	

[1] Shiels, C. et al. (2013).

Source: IES/University of Liverpool fit note/GP survey, 2014.

1.1.2 Fit note level data

Fit note data were collected for three months, from late October/early November 2013 to the end of January 2014. When the data collection was finished we had information from almost 3,000 fit notes. A comparison between the data collected in the present study and the previous fit note study is presented in Table 1.3. It shows that the new sample of fit notes appears to have a slightly higher proportion of notes from men and from older people, and fewer notes from patients from a deprived neighbourhood than the population as a whole. However, the profile of diagnoses on fit notes looks broadly similar.

[10] ibid.

Table 1.3 Comparison of fit note data in present and previous fit note studies

	Present study (total fit notes=2,943) % of all notes	Previous study[1] (total fit notes=58,695) % of all notes
Proportion of fit notes issued to:		
Males	47	43
Over 50s	37	32
Patients in the most deprived neighbourhoods	20	28
Proportion of fit notes issued to patients in diagnostic category:		
Mild-moderate mental disorder	36	35
Severe mental disorder	1	1
Back problem	8	9
Other musculoskeletal	3	4
Bone fracture	2	2
Other injury	6	4
Causes of injury	1	1
Infectious/parasitic	3	3
Neoplasm	1	1
Endocrine/nutrition/metabolic	1	1
Nervous system/sense organ	3	3
Circulatory	3	3
Respiratory	6	6
Digestive	2	3
Genitourinary	1	1
Pregnancy/childbirth	1	1
Skin	1	1
Symptoms	9	9
Procedures/invest/treatments	1	1
Post-op recovery	10	9

[1] Shiels, C. et al. (2013).

Source: IES/University of Liverpool fit note/GP survey, 2014.

1.1.3 Patient-level data

The fit note data comes from 1,829 separate patients (Table 1.4). Sixty-two per cent of patients received only one fit note in the collection period and 63 per cent had a period of sickness certification totalling three weeks or more.

Over 54 per cent of patients were female, 35 per cent were aged over 50 and 19 per cent lived in one of the 20 per cent most deprived 'neighbourhoods' (lower layer super output area (LSOA) or data zone) in their respective country of residence (whether England, Wales or Scotland). Seventy-two per cent of patients were recorded as usually being in paid employment.

One-third of patients had a mild to moderate mental health disorder (usually depression, anxiety or stress) recorded as the main health problem leading to their sickness certification. Eleven per cent of patients presented with a back-related or other musculoskeletal problem, with a similar proportion being issued with a fit note(s) to assist with recovery from a recent surgical operation.

Table 1.4 Characteristics of patients receiving one or more fit notes in the data collection period

Characteristics of patients	N	Column %
Number of fit notes in collection period		
One fit note received	1,131	62
2-3 fit notes	592	32
More than 3 fit notes	106	6
	1,829	**100**
Total period of sickness certification		
Less than 3 weeks	667	37
3 weeks or longer	1,145	63
	1,812[1]	**100**
Gender		
Male	840	46
Female	989	54
	1,829	**100**
Age group		
Aged under 30	325	18
Aged 30-50	857	47
Aged over 50	647	35
	1,829	**100**
Social deprivation of 'neighbourhood'		
Living in one of most deprived 20% of LSOAs or data zones in country (Quintile 1)	345	19
Quintile 2	254	14
Quintile 3	435	25
Quintile 4	350	20
Living in one of least deprived 20% of LSOAs or data zones in country (Quintile 5)	392	22
	1,776[2]	**100**
Employment status		
Usually in employment	1,318	72
Not in employment	451	25
Not recorded	60	3
	1,829	**100**

Continued

Table 1.4 Continued

Characteristics of patients	N	Column %
Category of main health problem		
Mild-moderate mental disorder	610	33
Post-op recovery	194	11
Symptom (without diagnosis)	168	9
Back problem	148	8
Respiratory	128	7
Injury (non-fracture)	102	6
Infectious/parasitic	59	3
Other musculoskeletal	55	3
Nervous system/sense organ	51	3
Circulatory	51	3
Bone fracture	44	2
Digestive	34	2
Neoplasm	31	2
Severe mental disorder	30	2
Procedures/investigations/treatments	23	1
Genitourinary	21	1
Pregnancy/childbirth	19	1
Causes of injury	15	1
Endocrine/nutrition/metabolic	14	1
Skin	14	1
	1,829	**100**

[1] Period of sickness certification not computed for 17 patients.

[2] Deprivation score not computed for 53 patients.

Source: IES/University of Liverpool fit note/GP survey, 2014.

Compared with the patient data from the previous study, the patients in the current study were more likely to be male, younger, live in a less deprived neighbourhood and have a mental health diagnosis on their fit note (Table 1.5).

Table 1.5 Comparison of patient group in present study and previous fit note evaluation

	Present study (number of patients=1,829)	Previous study[1] (number of patients=25,189)
	Column %	Column %
Males	46	43
Females	54	57
	100	**100**
Aged 18-30	18	20
Aged 30-50	47	49
Aged over 50	35	31
	100	**100**
Living in one of 20% most deprived neighbourhoods	19	27
Living in one of 20% least deprived neighbourhoods	22	17
Living in other neighbourhood	58	55
	100	**100**
Proportion of patients with specific health problem:		
Mental health problem	35	31
Musculoskeletal/back problem	11	13
Other health problem	54	56
	100	**100**

[1] Shiels, C. et al. (2013).
Source: IES/University of Liverpool fit note/GP survey, 2014.

In the rest of the report we focus on patient-level data. It will be people who will be referred to the service and constitute the potential level of demand.

Analysis of the fit note data

Each time they wrote out a fit note, GPs were asked to indicate whether the patient was employed, whether they thought the patient was suitable for referral to the service and whether they would refer them or not. The responses have been aggregated for each practice and across the sample, and analysed against other data collected from the fit note and patient records (e.g. employment status, age diagnosis).

In addition, multivariate regression analyses were conducted to identify the factors affecting a GP's likelihood to refer a nominally eligible[11] patient.

Any differences highlighted in the report are statistically significant at a 95 per cent confidence level.

[11] In the rest of this report the term 'nominally eligible' refers to employed patients with a three week or longer fit note.

1.1.4 GP on-line survey

In addition, a brief on-line survey of participating GPs was also conducted asking questions about their attitudes to work and health and to the new service. A total of 32 GPs responded (which is a response rate of approximately 45 per cent), with at least one response from every practice. Just over half, 18, provided the details necessary to allow their responses to the on-line survey to be linked to their patients in the fit note data.

2 Referrals to FFW

In this chapter we examine the data from the fit notes and accompanying General Practitioner (GP) questionnaire, and estimate the proportion of fit note recipients that GPs thought they would refer to the new service.

Patients in paid employment, who have been absent from work due to sickness for a minimum period of four weeks (including one week of self-certification before the first fit note), or at risk of a four-week or longer absence will be able to be referred by GPs to the new service. Just over 70 per cent of all the patients receiving fit notes in the sample were reported as being employed.

Table 2.1 is divided into three sections. The first section reports the proportion of employed patients in each of the practices in the study. It shows considerable variation in the employment rates between the practices, from 42 per cent to over 90 per cent.

The middle section of the table shows that just over half (53 per cent) of the employed patients (39 per cent of all patients for whom there are full data) in the sample had a fit note lasting for three or more weeks and were therefore **nominally eligible** for the service

The middle section also shows the numbers of these nominally eligible patients that GPs said they would refer to the service and expresses this number as a percentage of the eligible total. Across all the practices, GPs said they would refer 36 per cent of their employed patients on long-term sickness absence for an assessment. Again, the variation between practices was marked – ranging from 11 per cent in Practice E to 72 per cent in Practice J. One of the reasons there was considerable differences between practices was that despite being briefed on the eligibility criteria for the new service, GPs interpreted the criteria in different ways.

The last section of the table shows that across the sample as a whole only 63 per cent of all nominally eligible patients were deemed suitable for referral by GPs (varying from 19 per cent in Practice I to 78 per cent in Practice J). GPs then said they would refer only a proportion of those they deemed suitable (54 per cent). Again, there was variation between practices (from 16 per cent in Practice E to 88 per cent in Practice J).

Table 2.1 Indicative referrals to FFW by GPs

	All patients			Employed patients[1]							
Practice	Number of patients with a certified absence	Number of employed patients	% of all patients recorded as employed	Number of patients nominally eligible to FFW	% of patients nominally eligible to FFW	Number of patients nominally eligible AND would be referred	% of patients nominally eligible AND would be referred	Number of patients deemed suitable to FFW by their GP[3]	% of patients deemed suitable to FFW by their GP among nominally eligible patients	Number of patients deemed suitable AND would be referred	% of patients deemed suitable AND would be referred
A	192	157	*82*	77	*40*	36	*47*	57	*74*	36	*63*
B	59	55	*93*	22	*40*	4	*18*	14	*63*	4	*28*
C	92	69	*75*	36	*52*	17	*47*	24	*67*	15	*62*
D	140	104	*74*	46	*44*	24	*52*	34	*74*	22	*65*
E	92	61	*66*	46	*75*	5	*11*	25	*54*	4	*16*
F	432	267	*62*	150	*56*	53	*35*	85	*57*	53	*62*
G	261	192	*74*	113	*59*	39	*34*	70	*62*	39	*56*
H	94	83	*88*	42	*51*	16	*38*	31	*74*	15	*48*
I	48	39	*82*	21	*54*	4	*19*	4	*19*	1	*25*
J	135	57	*42*	32	*56*	23	*72*	25	*78*	22	*88*
K	124	105	*85*	47	*45*	10	*21*	30	*64*	10	*33*
L	119	96	*81*	50	*52*	19	*38*	32	*64*	16	*50*
M	41	33	*80*	22	*67*	5	*23*	14	*64*	3	*21*
All	**1,829**	**1,318**	***72***	**704**	***53***	**255**	***36***	**445**	***63***	**240**	***54***

Notes:

1 Total certified sickness not calculated for 17 patients. 1,812 included in analysis.

2 Patients nominally eligible are: employed patients with total certified sickness of three weeks or more.

3 Patients deemed suitable are: nominally eligible (i.e. employed patients with total certified sickness of three weeks or more) AND deemed suitable for referral by their GP as a result of their interpretation of the eligibility criteria.

Source: IES/University of Liverpool fit note/GP survey, 2014.

The differences between those nominally eligible patients who were referred for an assessment and those who were not have been analysed and no statistically significant differences emerged other than:

- patients with longer fit notes were more likely to be deemed suitable for referral and referred by GPs than those with shorter (six weeks or less) fit notes;
- patients in mid-sized practices (with more than 5,000 and under 10,000 patients) were more likely to be thought suitable and referred than those from larger or smaller practices.

2.1 Non-employed referrals

A number of GPs also said they would refer some non-employed patients for an assessment (who by definition were not nominally eligible for the service). Across the sample GPs said they would (like to) refer 16 per cent of non-employed patients with a three week or longer fit note. Further data from GPs indicate that this probably reflected a view among some GPs that the service should be available to unemployed as well as employed patients (see Chapter 3).

2.2 Patient diagnoses and potential referral to FFW

GP referral to Fit for Work (FFW) varied according to the main health problem causing the patient's long-term sickness certification (Table 2.2).

Nominally eligible patients with a mental health problem or a back problem or other musculoskeletal disorder were more likely than average to be referred to the service (with referral rates of 39 per cent, 47 per cent and 44 per cent respectively). Those with below average referral rates included patients diagnosed with neoplasm (29 per cent), bone fracture (29 per cent) and in post-operative recovery (26 per cent).

Table 2.2 Categories of main patient health problem, length of certified sickness, employment status and potential eligibility and referral to FFW

	Total number (%) of patients with certified sickness ≥ 3 weeks	Number of employed patients with certified sickness ≥ 3 weeks (nominally eligible)	Number would be referred	% of patients nominally eligible that would be referred
Mild-moderate mental disorder	464 *(76)*	238	94	39
Severe mental disorder	28 *(93)*	7	2	28
Back problem	86 *(59)*	53	25	47
Other musculoskeletal	41 *(74)*	25	11	44
Bone fracture	34 *(77)*	28	8	29
Other injury	59 *(58)*	47	18	38
Causes of injury	4 *(27)*	2	1	50
Infectious/parasitic	17 *(29)*	15	8	53
Neoplasm	27 *(93)*	21	6	29
Endocrine/nutrition/metabolic	7 *(54)*	5	1	20
Haematology	2 *(50)*	1	1	100
Nervous system/sense organ	27 *(53)*	19	8	42
Circulatory	40 *(80)*	27	9	33
Respiratory	20 *(16)*	11	4	36
Digestive	15 *(44)*	12	6	50
Genitourinary	7 *(35)*	6	2	33
Pregnancy/childbirth	9 *(47)*	5	-	-
Skin	6 *(43)*	3	2	67
Congenital	10 *(100)*	2	0	-
Symptom (without diagnosis)	95 *(56)*	64	21	33
Procedures/invest/ treatments	20 *(87)*	15	3	20
Post-op recovery	125 *(66)*	98	25	26
No diagnosis recorded	2 *(50)*	0	-	-
Total	**1,145 *(63)***	**704**	**240**	**36**

Note: Total certified sickness not calculated for 17 patients. 1,812 included in analysis.
Source: IES/University of Liverpool fit note/GP survey, 2014.

2.3 Other factors associated with the likelihood of referral

The chances of a patient being referred for an FFW assessment did not vary by age or gender, however, the social deprivation of patients' area of residence and 'intensity' of certification (number of fit notes issued to the patient) were associated with potential referral to FFW. GPs said they would refer nearly 44 per cent of employed, long-term sick patients living in one of the most deprived neighbourhoods in the country, compared with only 32 per cent of those living in less deprived areas. Patients receiving more fit notes in the relatively short data collection period were also significantly more likely to be considered to be eligible and referred by the GP (see table in Appendix C).

3 Factors affecting referrals

In this chapter we examine the reasons why General Practitioners (GPs) said they would, or would not, refer a patient for an assessment by the new service and the factors affecting their propensity to make a referral, based on two sources of information. The first two sections report the data provided by the 75 or so GPs who completed the questionnaires accompanying the 3,000 or so fit notes they issued. The next sections examine the responses from the on-line survey completed by 32 of these GPs. Finally, the results of more detailed analysis of the data from the fit notes and the factors affecting the rate of referral are reported.

3.1 Reasons for making a referral

When GPs indicated that they thought that they would refer a patient to the service, they were asked to provide a reason why, either by ticking one or more options on the mini questionnaire or writing in an answer. Table 3.1 summarises the reasons indicated by the GP for employed patients with three or more weeks certified sickness absence who they considered suitable for referral and who they would have referred to Fit for Work (FFW).

Fifty-six per cent of patients would have been referred to FFW because their GP felt that they needed support to cope with their health condition at work. For 44 per cent of referred patients, the GP indicated that the patients themselves were keen to return to work. In 15 per cent of patient cases, both these reasons for referring were indicated by the GP.

Table 3.1 Reasons for referring employed patients with certified sickness of three weeks or more, considered suitable by GP

Reason GP would be willing to refer patient to FFW	% of notes with box ticked	N
Patient needs support to cope with their health condition at work	56	135
Patient is keen to get back to work	44	106
Patient needs support with non-health problems at work	5	13
Patient needs support with non-health problems elsewhere	5	12
Other (comment)	4	10
No reason given	6	14
		240

Percentages total more than 100. GPs could indicate more than one reason for referring an eligible patient to FFW.
Source: IES/University of Liverpool fit note/GP survey, 2014.

3.2 Reasons for not making a referral

Disappointingly, there was no indication made by the certifying GP of the reason(s) for their decision not to refer for nearly 23 per cent of the nominally eligible patients that would not have been referred to FFW (Table 3.2). For nearly 40 per cent of the eligible patients not considered for referral, GPs indicated that they believed the patient was already receiving the support they required. Other reasons for not referring patients mainly related to the patient's condition or other circumstances.

Table 3.2 Reasons for NOT referring employed patients with certified sickness of three weeks or more, considered eligible by GP

Reason GP would not be willing to refer patient to FFW	% of notes with box ticked	N
Patient is getting the support they need, e.g. occupational health	39	81
Patient has a long-term health condition that restricts their ability to work	13	27
Patient is not interested in getting back to work	3	7
Not GP role to help patients back to work	–	0
Other (including short-term condition, receiving employer support (other than occupational health), condition still under investigation)	25	51
No reason given	23	47
		207

Percentages total more than 100. GPs could indicate more than one reason for not referring an eligible patient to FFW.
Source: IES/University of Liverpool fit note/GP survey, 2014.

3.3 GPs views of health and work and the new service

In addition to the data collected when filling out a fit note, we asked GPs from the practices taking part in the study to complete a short on-line survey. A total of 32 GPs responded (which is a response rate of approximately 45 per cent). It is important to recognise the limitations of such a small sample in drawing wider conclusions from these data, although the views expressed in this survey are broadly in line with a recent national survey of GPs[12].

GPs generally agreed that work was beneficial for people's health, but were a little less clear about whether it was their role to get people back to work and whether patients needed to have fully recovered before they recommended a return (Table 3.3).

[12] Hann, M. *et al.* (2013). *Seventh National GP Worklife Survey*, University of Manchester.

Table 3.3 GPs' attitudes to health and work

	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)
Work is generally beneficial for people's health	56	44			
Helping patients to stay in or return to work is an important part of a GP's role	25	66	9	3	
Staying in or returning to work is an important indicator of success in the clinical management of patients	22	56	12	9	
A patient has to have recovered fully from their condition before I recommend a return to work			22	66	12

N = 32
Source: IES/University of Liverpool GP online survey 2014.

In general our sample of GPs was broadly supportive of the new FFW service (Table 3.4).

Table 3.4 GPs' attitudes to FFW

	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)
FFW would be helpful for my patients	6	59	31	3	
I understand why the service is reserved for employed people		50	22	25	3
It would be better if the service was open to all patients regardless of whether they are employed or not	6	53	34	6	
It makes sense to focus referral to the service on patients who have been absent (or are at risk of being absent) from work for four weeks	3	59	31	6	
Patients won't need such a service if they have access to an occupational health service through their work		41	44	16	
The service should be open to all patients not just those at risk of a long-term sickness absence	9	44	31	16	

N = 32
Source: IES/University of Liverpool GP online survey 2014.

The survey results show that:

- two-thirds of GPs agreed that the new service would be helpful to their patients. The remaining third did not feel able to agree perhaps because they felt that its capability had not been demonstrated yet;
- most GPs (59 per cent) felt that the service should be open to all patients, whether employed or not and only half said they understood why it was reserved for employed people;
- while most (62 per cent) thought it made sense to focus the service on the long-term sick, most GPs also thought the service should be open to all patients not just those at risk of a long-term sickness absence;
- a significant proportion of GPs (44 per cent) were unsure whether patients would need the service if they had access to an occupational health service through their work.

We also asked GPs about the factors they took into account when potentially referring patients to the new service. The results indicate that, at least to some extent, GPs thought about whether the patient would take up the referral and the adequacy of any health support they were receiving already, either from an occupational health department or elsewhere (Table 3.5).

Table 3.5 Factors taken into account when potentially referring eligible patients to the new service.

	A large extent (%)	A little extent (%)	No extent (%)
The adequacy of any support they receive at the moment from other health support agencies	47	50	3
The adequacy of any support they receive at the moment from occupational health	50	44	6
Whether the patient is likely to take-up the referral	37	44	19

N = 32
Source: IES/University of Liverpool GP online survey 2014.

3.4 Factors affecting referral rates

3.4.1 Factors affecting GPs' inclination to refer a patient to the service

In the on-line survey GPs were asked what would make them more likely to refer patients to the new service and respondents were given space to write in their answers. There were a number of themes underpinning their responses:

- The precise specification of the service.
- The willingness or interest of the patient in getting back to work.
- Whether the GP thought it would benefit the patient in their particular circumstances.
- Having a better understanding of what the service offered and evidence that it would be beneficial.

In some cases GPs made a number of comments which covered more than one category.

Service specification

A number of GPs said that their attitude to referrals was dependent on the nature of the service offered and, in particular, some were keen that it was offered universally, and not just to employed patients and/or after four weeks sickness absence. They were also keen that it would operate efficiently and effectively. For example, one said they would be more likely to refer if they thought it was a:

> *'Supportive service which is able to provide additional services and is accessible to all ie local.'*

Willingness of patients to return to work

Some GPs indicated that their response to the service would depend on the attitude of their patient and the extent to which they were motivated to return to work and/or had a specific problem with which the service might help. Example comments included:

> *'Patient is enthusiastic and willing to take part.'*

Patient needed specific support

Some GPs specified areas in which they thought their patients could particularly benefit from support potentially offered by the new service. Examples included:

> *'Support negotiating/agreeing graduated returns.'*

> *'Changes at work to be made that would facilitate return to work.'*

> *'If they don't have good occupational health support from their employer … If they don't have the confidence to return to work before being 100 per cent.'*

In some cases this was also linked to the patients' willingness to return to work

> *'If patient was agreeable. If I was having difficulty negotiating return to work.'*

One GP on the other hand, felt the service could be most helpful where patients were not keen to return to work and employers were not being co-operative:

> *'Poor employer support. Lack of enthusiasm to return to work.'*

Clearer understanding of the service offer and its benefits

Finally another set of comments suggested that the more that GPs knew about the service and the more convinced they were that it would benefit their patients, the more likely they would be to make a referral.

> *'Having a clearer understanding of who was eligible, and what it would do.'*

> *'Knowledge of service and demonstrated benefits.'*

3.4.2 Factors affecting GPs' inclination not to refer a patient to the service

The on-line survey also asked about what would make GPs less likely to refer patients to the new service. Their responses generally fell under one of two headings:

- Service-level factors – to do with the nature or level of service.
- Patient-level factors, such as the support they were already receiving and whether they were likely to return to work anyway or, conversely, were uninterested in returning to work.

Poor level of service

Some GPs would be less likely to refer their patients to the new service if they were unhappy with either the type of support being offered or the efficiency of the service. For instance some GPs said they would be less likely to make a referral if:

> *'… the evidence was negative.'*

Others were more concerned about *'delays in service'*, the absence of *'local facilities'* or the *'duplication'* of existing services.

Patient circumstances

A number of responses referred to the circumstances of the individual patient and, for example, the level of support they were already receiving from their employer's occupational health service. Thus GPs would be less likely to make a referral if patients had access to:

> *'… good occupational health support and supportive employers with whom they have had a dialogue about returning to work.'*

Another set of comments referred to those patients who were likely to get back to work under their own steam and in good time and not needing further support:

> *'Patient … has a short term illness e.g. an infection or have had an operation with no complications from which they will make a recovery in a predetermined time, e.g. hysterectomy, gall bladder surgery.'*

> *'If they have confidence that they will be returning to work as soon as their health has improved enough and that improvement is obvious.'*

At the other end of the scale, GPs were reluctant to refer patients who were not interested in a quick return to work and/or would resist a referral:

> *'If obviously not interested in getting back to work, alcoholic/drug misuse as unlikely to take up offer.'*

Finally there were some patients, off work due to a specific health condition, who the GP felt could not be helped by the service:

> *'If terminal diagnosis or poor prognosis and sick notes likely to continue whilst treatment undertaken, e.g. Radiotherapy.'*

> *'Patients going through mental health conditions related to their employment and not seeing their current employment as somewhere they can return to.'*

3.4.3 What would encourage eligible patients to take up the service

GPs were also asked what they thought would encourage referred patients to contact and participate with the service. Responses centred on the quality of the service and whether the patient could see the benefit from getting involved.

Quality of service

GPs thought their patients would be particularly interested in being able to access the service easily (one suggested free travel and local availability) and that it gave a quick response. One added that:

> *'I think patients should be able to self-refer to show their motivation to return to work. I do not see why referral should be the job of the GP – we should simply be expected to signpost to the service. We are busy enough without having to get involved in referral and chasing up of occupational medicine.'*

Others referred to the type of service offered, such as:

> *'Helpful, friendly staff with lots of information. Asking patient what they want and how they feel they can be helped. Awareness that not every patient can return to work.'*

> *'Non-judgemental service, easily accessible, with good liaison with employers.'*

> *'Easy to use, perceived as beneficial and supportive and not 'get back to work at all costs'.'*

Awareness and benefits

A number of GPs felt that good publicity for the service would encourage patients to get involved, as would clearly seeing that they could benefit from attending:

> *'If they felt it would make their chances of future work more successful.'*

> *'If they felt they would receive support in dealing with difficult employers. If they had enough information about the service and could see that it would benefit them as much as their employers – they don't want to feel that it is yet another government backed 'stick' to force them to work when they aren't well enough. If they felt that there are practical things that can be done to help them – examples of the type of help available may encourage them to take up the service.'*

Trust

As indicated in the previous comment, a few GPs felt it was important that patients felt they could trust the service to help them. Others added:

> *'If its role was understood and perhaps if it had some 'authority'. There are lots of patients where there is a problem with the employer or work-related stress and it is rather difficult to find a way forward. It would concern me, however, if any new service became another way of confusing or causing conflict in an already rather messy area.'*

Incentives

Finally a few GPs thought patients might need incentivising to attend, while some clearly meant a positive incentive, one preferred a 'stick' approach:

> *'Cut their benefits both from employer and state unless they showed some willingness to engage. Likewise cut state support to employer unless they also engage in the process.'*

3.5 Predictors of referral to FFW

Another way of identifying the factors that appeared to influence GPs' willingness to refer patients is to further analyse the fit note data to see whether there was any association between the characteristics of the patient, the nature of the health problem causing sickness absence and the GP's consideration of eligibility and willingness to refer.

When taking all the possible variables into account in a complex analysis there was no statistically significant variation by age, gender or social deprivation. However, compared to post-operative recovery, patients were 2.05 times more likely to be referred when the reason for sickness absence was a mental health problem or 2.73 times more likely when musculoskeletal diagnosis. The number of fit notes received by the patient was also a statistically significant factor. Patients receiving more than three notes were 5.56 times more likely to be judged eligible and referable, compared to patients only receiving one note in the collection period (see Appendix C).

GPs' attitudes to health and work

Further analysis of the survey data indicated that there is an association, at practice level, between GPs' views on health and work and their potential to refer patients to the new service, with higher referral rates from practices where GPs expressed the most positive attitudes towards work and health. For details please see Appendix D.

4 Estimating the level of referrals to FFW

The number of potential people contacting the service for assessment will depend on a number of factors:

- the **eligible population** – ie the number of people who are eligible to be referred to the service in a given year (ie on leave of absence from their employer due to ill-health for four weeks, or at risk of such an absence). The size of this group will depend on the precise definition of eligibility and also on the General Practitioners (GP's) understanding and interpretation of the eligibility rules;
- the **referral rate** – ie the proportion of the eligible population who are referred to the service by their GP. This rate will in turn depend on a range of factors such as: the GP's knowledge and understanding of the service and whom it might benefit and how; the GP's attitudes to health and work; the GP's assessment of the patient; and whether the patient would benefit or be interested in attending such a service;
- the **attendance rate** – ie the proportion of patients referred who agree to attend the service, or at least an initial assessment. This will depend on their knowledge and understanding of the service, their motivations for returning to work and their assessment of the extent to which the service might help them to do so.

The data in this report can be used to roughly estimate the eligible population and the referral rate and provide some insights as to the possible attendance rate.

4.1 Eligible population

We have identified two possible approaches for estimating the eligible population:

- estimating the number of employed patients with certified sickness absence of at least three weeks from the data collected from fit notes;
- estimating the number of employed people absent for over four weeks from the Labour Force Survey (LFS).

The overall size of the 'fit note recipient population' can be estimated by calculating the average number of fit note recipients per practice in a year and grossing up by the total number of practices. In the previous fit note study[13] the average number of fit notes issued per practice was 514. However, the average size of the practices (measured in terms of the patients per practice) in that study (8,290) was significantly larger than the average for the country (Great Britain) as a whole (6,100[14]) and so the average number of fit notes issued is likely to be an overestimate for the overall population. We can adjust for this by factoring down the average number of fit notes proportionally to 379. If we multiply this figure by the number of practices in England and Wales (8,562)[15] a figure for the overall number of fit note recipients of around 3.25 million is obtained (Table 4.1).

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13 Shiels C. *et al.* (2013), *Evaluation of the Statement of Fitness for Work (fit note): quantitative survey of fit notes*, Research Report No. 841, DWP.

14 Calculated from Department of Health (2012) and ISD Scotland (2013) data.

15 BMA (2012), General Practitioners Briefing Paper.

Table 4.1 Estimate of number of fit note recipients (England and Wales)

Fit note recipients per practice (Shiels et al. 2013)	514	
Re-weight due to oversized practices in Shiels et al. 2013	379	
Total no. practice in E&W (BMA)	8,562	
Overall fit note population		3,245,956

Source: IES/University of Liverpool, 2014.

This population includes the recipients of any fit note whether employed or not and regardless of the length of their certificated absence. In the present study around 39 per cent of patients objectively met the criteria of being employed and on a four-week period of absence (ie those with a fit note for three weeks or more) – this equates to a total of around 1,260,000 people (Table 4.2).

Table 4.2 Eligible FFW population, based on fit notes of three weeks or more (England and Wales)

Percentage of fit note recipients in employment with fit note of 3 weeks or more (current survey)	38.9%	
Eligible FFW population		1,261,122

Source: IES/University of Liverpool, 2014.

The alternative way is to use data from the LFS, which was the approach adopted in the Sickness Absence Review[16]. Estimates based on an analysis of the LFS from October 2010 to September 2013[17] indicate that there were around 865,000 absences from work lasting four weeks or more due to sickness or ill-health a year in England and Wales.

The two estimates of the total Fit for Work (FFW) population come from very difference sources. The first takes the number of people who are sick (and have a fit note) from a sample of GP practices, applies an estimate of the proportion employed and is then grossed up to England and Wales as a whole. The second starts with a UK national retrospective survey of employees and calculates the proportion who are on long-term sick leave by applying the ratio of long-term sickness absences to the total days of sickness absence from a second survey[18] and the numbers allocated proportionally to England and Wales. Both approaches rely on a number of assumptions and are liable to sampling error. The results should therefore be treated with a degree of caution, but taken together can be used to provide rough estimates of the potential number of people eligible to be referred to the service.

However, it should also be noted that although GPs in this study were briefed about the eligibility criteria for the service, there appeared to be some confusion about how they were applied. In some cases GPs said they would refer patients who were not employed. While this may have been as a result of a misunderstanding of the eligibility criteria, it may also

16 DWP (2013). *Fitness for work: the Government response to 'Health at work – an independent review of sickness absence'*, paragraph 147, London: TSO.

17 *Long-term absence in the UK*. DWP, February 2014.

18 Young, V. and Bhaumik, C. (2011). *Health and well-being at work: a survey of employees*. DWP Research Report No. 751.

reflect the fact that, according to the responses to our on-line survey, a number of GPs felt the service should not be restricted to just employed people and should, for instance, be available to people who could not get work because of ill-health. We also found that in only about 60 per cent of cases where fit notes for longer than three weeks were issued to employed people did the GP consider them suitable for referral to the service (whereas in theory nearly all these cases should have been eligible).

The implications of these findings are that eligibility and referral criteria, and the rationale behind them, need to be very clearly communicated and reinforced to GPs. Even then GPs may want to refer people who they think could benefit from a service to which they may not be eligible or not refer people who would be eligible.

4.2 Referral rate

According to the data we have collected for this study, GPs say they would refer just over a third (36 per cent) of nominally eligible patients to the service (Table 2.1).This figure can be applied to our estimates of the eligible population to produce estimates for the number of referrals (Table 4.3).

Table 4.3 Potential number of referrals to FFW England and Wales

Eligible FFW population		Number of referrals based on 3-week referral rate (36%)
Three-week fit note based eligibility	1,261,122	454,004
LFS-based eligibility	865,000	311,400

Source: IES/University of Liverpool, 2014.

Depending on which population estimate is used we obtain estimates of between 310,000 and 450,000 in England and Wales. In our judgement, the likely number of referrals is likely to be at the bottom end or even below this range, especially in the first few years of the service. The data we have collected from GPs suggest that GPs may adopt a fairly conservative approach to referrals, especially in the early years of the service and that some GPs would want to be confident that the service could help their patient before making a referral and would wait to see evidence of benefits before suggesting it to them.

Referral point

Most GPs thought that it made sense to focus referral to the service on patients who have been absent (or are at risk of being absent) from work for four weeks. While some indicated that they would prefer a lower threshold, the fit note data suggest that some GPs were more likely to refer patients with longer certificated absences.

Also it should be borne in mind that when the service starts, there will be a stock of long-term sickness absentees who may be referred to the service and who may have different characteristics to the regular flow of referrals (see the previous fit note evaluation[19] for an examination of the characteristic of people, for example, with fit note episodes of 12 weeks or more).

[19] Shiels C. *et al.* (2013), *Evaluation of the Statement of Fitness for Work (fit note): quantitative survey of fit notes*, Research Report No. 841, DWP.

4.3 Attendance rate

We have no direct data on what proportion of patients would attend a service. However, it does look like GPs would generally filter referrals towards those most likely to attend. GPs also thought that patients would be more likely to attend if they were confident of receiving a high quality service that they could see had the potential to benefit them. This suggests that attendance rates may be lower in the early days of the service until it has been able to build up a positive reputation.

5 Conclusions

The aim of the study was to provide an estimate of the likely proportion of eligible employees that General Practitioners (GPs) will refer to Fit for Work (FFW) and the factors affecting GPs' willingness to refer employees.

GPs said they would refer around 36 per cent of nominally eligible employees (ie patients absent, or at risk of an absence, from work for four weeks or more). Patients with a clear recovery path and who were likely to return to work in due course under their own steam were less likely to be referred, while patients with common mental health problems and in particular back and musculoskeletal disorders were most likely to be referred.

GPs identified a number of factors that could make them more likely to refer patients to FFW and which could be built into the design and marketing of the new service at local or national level.

These include:

- the precise specification of the service and in particular some GPs would be more inclined to make referrals if the service was open to a wider range of patients, not just employed people. There is a possibility that some GPs will refer some ineligible (e.g. unemployed) patients, at least until the referral criteria become well established and accepted;
- the GP's assessment of the willingness or interest of the patient in getting back to work;
- whether the GP thought it would benefit the patient in their particular circumstances;
- having a good understanding of what the service offered and evidence that it would be beneficial.

GPs indicated that they would be less likely to make a referral where they thought the level of service was poor and, for example, the service was not easily accessible or the referral process was too complicated. They said they would also be less likely to refer patients who were either already receiving good support and/or likely to return to work anyway or, conversely, were uninterested in returning to work.

Detailed analysis of the fit note data also indicated that the referral rates among GPs with a positive attitude to health and work were higher than those with a less positive attitude.

The data also show that some GPs were more likely to refer patients with longer certified absences and when the service starts, there will be a stock of long-term sickness absentees who may be referred to the service and who may have different characteristics to the regular flow of referrals.

The findings from this study therefore underline the need to have:

- clearly understood and accepted eligibility criteria, so that GPs know whom to refer and why;
- a clear specification of the services on offer, so GPs can see to whom it would apply and patients can understand what they may be signing up to;
- an easily accessible service, with low or no waiting times;
- high service standards; and
- available evidence of the benefits that patients could enjoy from using the service, to reassure both GPs and patients that a referral would be worthwhile.

Appendix A
GP briefing

The Health and Work Service (now known as Fit for Work)[20]

The Health and Work Service (HWS) will make independent expert health and work advice more widely available to General Practitioners (GPs), employees, and employers. It is expected to launch in 2014.

The intent is to help employees who have been absent from work for around 4 weeks due to sickness to return to work; give GPs access to work-related health support for their patients; and support employers regardless of size to better manage sickness absence.

Plans are still being finalised but it is expected that there will be two elements to the service.

1. Assessment

- **Eligibility – the person must:**
  - be employed (irrespective of if claiming benefits), but not self-employed; and
  - have reached, or be expected to reach, four weeks of sickness absence (including the seven days covered by self-certification). [Note: referral is possible before four weeks' sickness absence is reached, if it is expected that the four-week point will be reached in due course].
- **Referral for assessment:**
  - Referral is made by the GP (or, subsequently, an employer). Employees will not be able to self-refer.
  - Referral is voluntary – GPs may judge if referral is appropriate; and the employee must consent to referral.
  - Details of the referral process (e.g. electronic or paper) are to be confirmed.
- **Purpose and output of assessment:**
  - The assessment will identify all the obstacles preventing a return to work, and any measures, steps or interventions that would facilitate a return to work.
  - Obstacles can be health-related, work-related, or non-health/non-work-related.
  - Recommendations for these will be included within a 'return to work plan' that will be shared with the employee, employer and GP for consideration.

[20] At the time this research was carried out, Fit for Work (FFW) was known as the Health and Work Service.

- **Nature of assessment**: there will be different levels of service available to the employee, dependent on the level of need. These will include:
  - an initial (phone) assessment. An occupational health professional will use a biopyschosocial approach to identify all the issues preventing a return to work and offer managed self-help and specialist advice. Most employees will not require further assistance. For those that do, this assessment will judge the level of need;
  - a further (face to face) assessment if needed;
  - workplace facilitation: in cases where issues between the employee and the employer have been identified, the HWS will facilitate meaningful conversations between the employee and the employer; and
  - case co-ordination: when multiple interventions are necessary to achieve a return to work, the service will support individuals through the interventions to ensure that they happen in parallel, rather than sequentially.
- The HWS will not take on responsibility for, or fund, ongoing clinical care. When further support is necessary, the HWS will signpost to appropriate external interventions.

2. Advice

Regardless of sickness absence, employers, employees, GPs and others will be able to access, through a phone line and website, advice to assist with issue identification, adjustments and self-help for common obstacles preventing a return to work or to support employment.

For more information about the research please contact: Jim Hillage, Director of Research, IES.

Appendix B
GP online survey[21]

GP Survey

Thank you very much for taking part in our study for the DWP which is trying to estimate demand for the new Health and Work Service. To help us understand the fit note data we have collected in more detail we would be most grateful if you would answer the following short survey.

We would like to link your survey responses to the fit note data you provided over the past three months. If you are willing to do this, please provide us with your name and practice at the end of the survey. However please rest assured that your responses will be treated confidentially. The results will be analysed and reported by the research team in aggregate form only and not attributed to any individual respondent.

As a reminder, the new Health and Work Service, which will be launched later this year, will be designed to help employees who have been absent from work for around 4 weeks due to sickness to return to work. Employees who have reached, or be expected to reach, 4 weeks of sickness absence would be referred by their GP for a voluntary assessment which could lead to further support, including specialist advice and workplace facilitation, depending on need.

21 ibid.

Q1 Do you hold any occupational health or occupational medicine qualifications?

- ◯ Yes
- ◯ No

If so, what qualification do you hold?

Q2 Have you received training, including e-learning, in health and work within the past 12 months?

- ◯ Yes
- ◯ No

If yes, what training have you received over the past 12 months?

Q3 To what extent do you agree or disagree with the following statements about health and work in general?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Work is generally beneficial for people's health	◯	◯	◯	◯	◯
Helping patients to stay in or return to work is a important part of a GP's role	◯	◯	◯	◯	◯
Staying in or returning to work is an important indicator of success in the clinical management of patients	◯	◯	◯	◯	◯
A patient has to have recovered fully from their condition before I recommend a return to work	◯	◯	◯	◯	◯

Q4 To what extent do you agree or disagree with the following statements about the new Health and Work Service?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The new Health and Work Service would be helpful for your patients	◯	◯	◯	◯	◯
I understand why the service is reserved for employed people	◯	◯	◯	◯	◯
It would be better if the service was open to all patients regardless of whether they are employed or not	◯	◯	◯	◯	◯
It makes sense to focus referral to the service on patients who have been absent (or at risk of being absent) from work for 4weeks	◯	◯	◯	◯	◯
Patients won't need such a service if they have access to an Occupational Health service through their work	◯	◯	◯	◯	◯
The service should be open to all patients not just those at risk of a long -term sickness absence	◯	◯	◯	◯	◯

Q5 You have kindly been indicating whether you would potentially refer an eligible patient to the new service. In making this assessment, to what extent have you taken into account the following?

	A large extent	A little extent	No extent
Whether the patient is likely to take-up the referral	◯	◯	◯
The adequacy of any support they receive at the moment from Occupational Health	◯	◯	◯
The adequacy of any support they receive at the moment from other health support agencies	◯	◯	◯

Q6 What factors would make you MORE likely to refer a patient to the service?

Q7 What factors would make you LESS likely to refer a patient to the service?

Q8 What do you think would encourage eligible patients to take up the service?

If you are happy for us to link your survey responses with the fit note data that you provided over the past three months please provide us with your name and practice

Name:

Practice

Thank you for completing the survey

Appendix C
Factors associated with the likelihood of being referred to FFW

Table C.1 Factors associated with the likelihood of referral

	Employed patients with certified sickness absence of 3 weeks or more				
	Univariate analysis		Multivariate analysis[1]		
	% considered referable	P	Adjusted[2] Odds Ratio	95% CI	P
Gender					
Male (n=318)	34.6	0.80	1.00		
Female (n=386)	33.7		0.87	0.59, 1.28	0.48
Age group					
Aged under 30 (n=83)	39.8		1.00		
Aged 30-50 (n=330)	33.6	0.29	0.65	0.36, 1.18	0.16
Aged over 50 (n=291)	33.0		0.74	0.40, 1.37	0.35
Social deprivation of 'neighbourhood'					
Living in one of the LEAST deprived 20% of LSOAs or data zones in country (n=154)	31.8		1.00		
Living in one of the intermediate 60% of LSOAs or data zones in country (n=422)	32.5	0.02	0.82	0.47, 1.44	0.49
Living in one of MOST deprived 20% of LSOAs or data zones in country (n=105)	43.8		1.41	0.68, 2.90	0.35
No of fit notes in data collection period					
One (n=245)	23.3		1.00		
Two/three (n=369)	35.5	<0.001	1.88	1.22, 2.89	0.004
More than three (n=90)	57.8		5.56	2.96, 10.4	<0.001
Category of main health problem					
Post-op recovery (n=98)	25.5		1.00		
Mental health problem (n=245)	37.6		2.05	1.09, 3.85	0.03
Musculoskeletal (inc back problem) (n=78)	43.6	0.07	2.73	1.26, 5.89	0.01
Injury (inc. fracture) (n=75)	29.3		1.25	0.56, 2.81	0.59
Other (n=208)	32.2		1.44	0.76, 2.72	0.27
N = 704					

[1] All patient and diagnostic covariates entered in multilevel (mixed effects) logistic regression model: Level 1=patient, Level 2=certifying GP, Level 3=general practice.

[2] Estimate adjusted for all other covariates in model.

Source: IES/University of Liverpool fit note/GP survey, 2014.

Appendix D
GP's attitudes to health and work[22]

It was possible to link the responses from 18 GPs in the online survey to the fit note data submitted to the study by their respective practices. These GPs had certified the sickness absence of a total of 446 patients in the fit note data set.

Using the responses to seven of the items in the survey (relating to attitudes toward health and work and the new service) we calculated an overall 'positive attitude score' (of between 0 and 100 per cent) for each GP according to whether they answered positively to each of the items[23]. All of the 18 GPs had generally positive scores (of over 60 per cent). However, for the purposes of analysis, three groups were identified (nine GPs had scores of between 60 and 70 per cent, six GPs between 70 and 80 while three GPs scored over 80).

We were able to look at the referral rates for patients certified by the three groups of GPs and found that, regardless of objective or subjective eligibility criteria, the referral rate was significantly higher within the patient group certified by the three GPs with the highest positive attitude scores (38 per cent, compared to 28 per cent and 22 per cent of patients certified by the two other groups of GPs, P=0.02).

This suggests that there is a positive association between GPs' approach to health and work and their potential to refer to the new service at practice level.

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22 ibid.

23 The seven items contributing to the 'positive attitude scale' were asked according to a 5-point rating scale (ranging from 'strongly agree' to 'strongly disagree'):

To what extent do you agree or disagree with the following statements about health and work in general…

- Work is generally beneficial for people's health (strongly agree and agree)
- Helping patients to stay in or return to work is an important part of a GP's role (strongly agree and agree)
- Staying in or returning to work is an important indicator of success in the clinical management of patients (strongly agree and agree)
- A patient has to have recovered fully from their condition before I recommend a return to work' (disagree and strongly disagree)

To what extent do you agree or disagree with the following statement about the new Health and Work service…

- The new health and work advisory service would be helpful for your patients (strongly agree and agree)
- I understand why the service is reserved for employed people(strongly agree and agree)
- It makes sense to focus referral to the service on patients who have been absent (or are at risk of being absent) from work for four weeks. (strongly agree and agree)