

# General Practitioners' attitudes towards patients' health and work

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## Introduction

In March 2008, Dame Carol Black's review of the health of Britain's working-age population was published. Among the recommendations was replacing the existing 'sick note' with a fit note, switching the focus to what people can do instead of what they cannot. The response to Dame Carol Black's review, published in 2008, announced plans to introduce the fit note, which was implemented on 6 April 2010.

The response also identified seven indicators to develop baselines for and measure progress against. These included measuring: 'knowledge and perceptions about the importance of work to health and health to work' among employers, working-age adults and health professionals.

This research with General Practitioners (GPs) was conducted in autumn 2010 and gathered baseline data on GPs' attitudes towards health and work issues amongst their patients and their views on whether and how the fit note has changed their clinical practice.

## Study methodology

Questions relating to GPs' attitudes towards patients' health and work were included in the 6th National General Practitioner Worklife Survey conducted by the National Primary Care Research and Development Centre (NPCRDC). The survey was administered by post to a randomly selected sample of 4,185 GPs from England, Scotland and Wales between September 2010 and November 2010, and a response rate of 34 per cent was achieved (1,405 GPs). The respondent sample was representative of the wider population of GPs in terms of doctors' sex

and contract status, but very young and very old doctors were under-represented.

NPCRDC developed the set of questions, which were cognitively tested with GPs. The final question set comprised of 19 items and covered GPs' views on: the relationship of work to health; GPs' role, training and confidence in supporting patients with health problems into work; their views on the fit note; and the availability of services to support patients into work.

## Summary of findings

Table 1 summarises the GPs responses to the questions.

There was almost universal agreement among GPs that work is generally beneficial for people's health: only one per cent of GPs did not agree to some extent. In addition, 96 per cent of GPs agreed that worklessness is generally detrimental to people's health and over three-quarters (77 per cent) of GPs agreed that staying in or returning to work is an important indicator of success in the clinical management of people of working age.

GPs generally felt that they had a proactive role to play: 88 per cent somewhat or completely agreed that helping patients to stay in or return to work was an important part of their role, while two-thirds (66 per cent) agreed that GPs had a responsibility to society to facilitate a return to work. When asked about a return to work, 81 per cent of GPs somewhat or completely disagreed that the patient had to be fully recovered before they would recommend a return to work.

Eighty per cent of GPs agreed that their knowledge of guidelines regarding sickness certification was up-to-date: however, less than a quarter (23 per cent) agreed that their knowledge of the benefits system was up-to-date.

When asked about their confidence in dealing with patient issues around a return to work, 59 per cent of GPs somewhat or completely agreed that they felt confident in dealing with such issues. However, a large percentage (77 per cent) of GPs agreed that they 'feel obliged to give sickness certificates for reasons that are not strictly medical'.

In terms of the impact of the fit note, 61 per cent of GPs somewhat or completely agreed that the fit note had improved the quality of their discussions with patients about a return to work, while just over half (53 per cent) agreed that it had helped improve the advice given to patients about their fitness for work. Just under half (48 per cent) agreed that it had increased the frequency with which they recommend a return to work as an aid to patient recovery and 62 per cent felt the fit note had made a change to their practice. Seventy per cent of GPs agreed that the fit note had helped their patients make a phased return to work. GPs were evenly split on whether the fit note had increased consultation times or not.

One in five (20 per cent) GPs agreed that there are good services locally to which they can refer patients for advice about a return to work. A similar percentage (19 per cent) reported that there are good services locally to which they can refer patients who need support in returning to work. In both instances, 17 per cent of GPs reported that they did not know if services were available locally. The majority of GPs (89 per cent) reported that they had not received training in health and work in the previous 12 months.

## Inter-country comparisons

### England and Wales

There were very few notable differences between the distribution of responses to individual questions from GPs practicing in England and Wales: only two were significant. A greater percentage of GPs in Wales (19 per cent) had received health and work training within the previous 12 months compared to GPs in England (ten per cent). The other difference was that

GPs in England reported greater agreement with the statement 'The fit note has improved the quality of my discussions with patients about return to work' than GPs in Wales.

There was also evidence that GPs in England were more likely to be in agreement with the statement that 'Staying in or returning to work is an important indicator of success in the clinical management of people of working age' than GPs in Wales.

## Comparisons with Scotland

Overall, the views of GPs in Scotland were very like those of GPs in England and Wales. However, there were a number of exceptions. Most notably, GPs in Scotland were considerably more likely to agree that good local services existed to which patients could be referred for advice or support and were considerably less likely to agree that the fit note had increased consultation length. The percentage of GPs in Scotland who had received health and work training within the past 12 months was similar to that in Wales. Views on the fit note in relation to the quality of discussions with patients were also similar to GPs in Wales.

## Conclusions

These findings provide the first robust data on GPs views on the fit note six months after implementation. They show that the majority of GPs perceive the fit note to have had a positive impact on the quality of consultations, the advice they give on fitness for work and importantly, outcomes for patients. GPs were evenly split on whether the fit note had increased the length of consultations: this may be because at six months after implementation it was too early for GPs to assess the impact of the fit note on consultation times. As the fit note further embeds into GPs practice, future research may be able to identify consensus on this issue.

In terms of broader attitudes to health and work, the majority of GPs thought that work was beneficial for health, that worklessness was generally detrimental to health and that helping patients stay in or return to work was an important part of a GPs role.

A longer report describing all the findings from the research and presenting more detailed analysis will be published in summer 2011.

**Table 1 GPs' Role in Patient Health, Work and Well-being**

Table shows percentage of GPs (weighted for non-response by doctors' age, sex and contract status).

Lines may not total 100 per cent due to rounding.

		<b>Completely Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Completely Agree</b>	
1.	Work is generally beneficial for people's health.	0	1	27	72	
2.	Worklessness is generally detrimental to people's health.	2	2	26	70	
3.	Helping patients to stay in or return to work is an important part of a GP's role.	2	10	57	31	
4.	Staying in or returning to work is an important indicator of success in the clinical management of people of working age.	4	19	57	20	
5.	GPs have a responsibility to society to facilitate return to work.	9	25	52	14	
6.	A patient has to have recovered fully from their condition before I recommend a return to work.	21	60	16	3	
7.	I feel obliged to give sickness certificates for reasons that are not strictly medical.	5	18	55	22	
8.	I feel confident in dealing with patient issues around return to work.	5	35	49	10	
9.	My knowledge of guidelines on sickness certification is up-to-date.	2	18	57	23	
10.	My knowledge of the benefits system is up-to-date	27	50	21	2	
<b>The Fit Note has:</b>		<b>Completely Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Completely Agree</b>	
11.	Improved the quality of my discussions with patients about return to work.	14	25	54	7	
12.	Improved the advice I give to patients about their fitness for work.	14	33	48	5	
13.	Increased the frequency with which I recommend return to work as an aid to patient recovery.	14	38	42	6	
14.	Helped my patients make a phased return to work.	9	21	60	10	
15.	Increased the length of my consultations.	8	43	36	13	
16.	Made no change to my practice.	20	42	26	12	
<b>Local resources</b>		<b>Completely Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Completely Agree</b>	<b>Don't know</b>
17.	There are good services locally to which I can refer patients for advice about return to work.	34	29	17	3	17
18.	There are good services locally to which I can refer patients who need support in returning to work.	32	32	17	2	17
<b>Training</b>			<b>Yes</b>	<b>No</b>		
19.	Have you received training in health and work within the past 12 months?		11	89		

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The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 84712 958 1. Research Report 733. April 2011).

You can download the full report free from: <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

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