



An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

By Victoria Chenery

Background

The Government introduced the Statement of Fitness for Work or 'fit note' in April 2010, to replace the previous medical statement (which was known as the 'sick note'). This was intended to help more people return to work from sickness absence as soon as they are able to.

GPs use fit notes to assess whether their patient 'may be fit for work' or is 'not fit for work'. If a patient 'may be fit for work', the GP should then tick at least one of four boxes outlining common return-to-work approaches to help their patient. There is also free-text space for the GP to give further advice about what their patient can do at work.

The patient and their employer can discuss the advice on the fit note to identify possible changes that could facilitate a return to work in either a full or limited capacity as soon as possible.

This Fit Note Survey adds to our understanding of how fit notes are used in practice, by asking people who have had fit notes about their experience of the consultation, the advice they were given and any actions which followed.

Key findings

- The likelihood of someone receiving a fit note varied by individual characteristics such as disability, occupational classification and sex.
- Eighty-two per cent of individuals returned to work following their sickness absence. Most sickness absences lasted between eight and 14 days.
- Fifty-nine per cent of respondents had spoken with their GP about their jobs and 70 per cent of these agreed that their GP had understood what types of changes were possible in their circumstances.
- Nineteen per cent of secondary fit notes advised that an individual 'may be fit for work' compared to four per cent of first (or only) fit notes.
- Just over half of all respondents discussed changes to help them return to work with their employer, and 77 per cent of these reported that changes were made by their employer.
- Seventy-one per cent of respondents agreed that the fit note had been helpful in identifying changes that could help them back to work.

Survey methods

The Fit Note Survey was carried out by the Office for National Statistics between January and June 2012. The sample used comprised of 1,398 eligible adults consenting to be interviewed. The survey sample is representative of the whole GB population in terms of key characteristics such as age and sex but does not include enough respondents to break results down by region.

The survey included only individuals who were over the age of 16, in employment, and who had had a period of sickness absence from work that was covered by a fit note in the last 12 months. This included individuals who had been issued with more than one fit note for one episode of sickness absence. Individuals were interviewed mainly by telephone (with a small number interviewed face to face).

- Respondents were asked to recall any discussions relating to their sickness absence with their GP and employer in the last 12 months. It is worth noting that there is a potential reduction of accuracy and completeness in respondents' ability to recall past events and experiences.

Types of individuals likely to receive one or more fit notes

The survey found that the likelihood of someone receiving a fit note is related to a number of characteristics, the most significant being whether they were disabled. Other key characteristics included occupational classification, sector worked in, sex and age. In particular:

- disabled respondents were more likely to receive a fit note compared to non-disabled respondents;
- those working in semi-routine and routine occupations were more likely to receive a fit note than those working in managerial and professional occupations;

- those working in the public sector were more likely to receive a fit note than individuals working in the private sector;
- men were less likely to receive a fit note than women.

The fit note discussion and advice given by GPs

During the GP consultation for the first (or only) fit note, 59 per cent of respondents recalled speaking to their GP about their job. Specifically:

- 21 per cent discussed a phased return to work and 14 per cent discussed changes that could help them return to work. Disabled respondents were more likely to discuss a phased return to work and/or 'other changes' than non-disabled respondents;
- disabled respondents were most likely to discuss changes to work area (e.g. changes to work equipment or building modifications) than non-disabled respondents;
- 93 per cent of respondents agreed that when their first (or only) fit note was being issued their GP understood the nature of their work.
- seven in ten respondents agreed that their GP understood what types of changes were possible in their circumstances (70 per cent).

Respondents were more likely to be advised that they 'may be fit for work' on secondary fit notes (19 per cent) compared with first (or only) fit notes (four per cent).

When fit notes advised that an individual 'may be fit for work', 78 per cent suggested a phased return to work, 52 per cent suggested amended duties, 49 per cent altered hours and 21 per cent workplace adaptations.

Role of employers before and after a fit note was received

The survey found that:

- 52 per cent of respondents discussed changes with their employer and 74 per cent of those reported that this was standard procedure in their organisation;
- 77 per cent of respondents who discussed changes with their employer also reported that changes were made by their employer. The most common change made by employers was modified days or reduced working hours (59 per cent). Working from home (12 per cent) was the least common change made by employers;
- generally, the likelihood of discussing modified days or reduced working hours with the employer increased with respondents' age and was more likely to be discussed by public sector employees than private sector employees;
- the implementation of modified days or reduced working hours was more likely for those working in managerial and professional occupations than those working in semi-routine and routine occupations;
- overall, 90 per cent of respondents agreed that their employer had understood the nature of their illness or condition. The majority of respondents also agreed that their employer had understood the types of changes in work that would be helpful to them (82 per cent).

Individuals' perceptions of the fit note and perceived impact on their return to work

Respondents were asked to rate how helpful the fit note was in terms of helping them to identify changes that could help them back to work:

- 71 per cent of respondents agreed that the fit note was helpful;
- 67 per cent of respondents agreed that the fit note and discussions with their GP helped them to discuss changes with their employer;
- around half of respondents agreed that the fit note and discussions with their GP made a difference to their employer's willingness to make changes to help them return to work (52 per cent);
- 70 per cent of respondents agreed that GPs had understood the types of changes in work that would be helpful to them.

Conclusions

Although the fit note can facilitate useful discussions between patients and GPs (and respondents appear to find them helpful), many fit notes did not recommend changes, and nearly half of respondents did not discuss changes with their employer. This may be partly explained by the fact that most fit notes were for between eight and 14 days, and short-term absences did not require changes to be advised or discussed.

The vast majority of fit notes advised that the respondent was 'not fit for work'. This implies that there may be more scope to support GPs to advise patients that they 'may be fit for work', where appropriate, so that their patients can discuss a return to work with their employer. The recently published fit note guidance for GPs, employers and patients may help to achieve this.

Mental health conditions were the most commonly specified health condition reason for sickness absence and one in ten respondents with a mental health condition did not return to work. This may be a potential area for more research.

The Government has recently committed to setting up a new health and work assessment and advisory service aimed at helping employees who reach four weeks' absence from work due to sickness. This new service will have an important role to play in addressing some of the issues raised in this survey, and the findings presented in this report will in turn help with the design and delivery of the service.¹

¹ Department for Work and Pensions. (2013). *Fitness for work: the Government response to 'Health at work – an independent review of sickness absence'*. Available at: <http://webarchive.nationalarchives.gov.uk/+/http://www.dwp.gov.uk/docs/health-at-work-gov-response.pdf>

© Crown copyright 2013.

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 909532 40 3. Research Report 840. June 2013).

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

Other report summaries in the research series are also available from the website above.

If you would like to know more about DWP research, please email: Socialresearch@dwp.gsi.gov.uk