



# Exploring future GP referral to Fit for Work

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A new Fit for Work service (FFW) 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.

## Main findings

GPs contacted for the study were broadly supportive of the new service and most had a positive approach to the relationship between health and work.

It is estimated that GPs are likely to refer 36 per cent of their nominally eligible patients (i.e. patients absent, or at risk of an absence, from work for four weeks or more) to the new service. However the proportion of referrals varied considerably between practices (from 11 to 72 per cent), and GPs did not consider all their nominally eligible patients to be suitable for the service.

GPs will be able to exercise their clinical judgement in deciding whether to refer patients because some may meet the eligibility criteria of the service but have a condition that means a referral would not be appropriate at that time. Also, 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. However, of those, GPs said they would refer 54 per cent. Conversely, GPs wanted to refer some non-eligible (e.g. unemployed) patients. Again there was variation between practices.

Depending on the size of the eligible population in England and Wales it is estimated that there could be between 310,000 to 450,000 referrals by GPs a year, not all of whom would necessarily attend an initial assessment.

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.

## Method

A selection of GP practices involved in a previous study of fit notes<sup>1</sup> and which still issued paper-based notes 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;
- a short questionnaire attached to each fit note which 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, anonymised and transferred to the research team. Thirteen practices agreed to take part, with 72 partner and salaried GPs (plus some sessional GPs) from five areas of Great Britain, and collected data from 3,000 fit notes between October 2013 and January 2014.

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.

## Referral rates

The assessment element of Fit for Work is designed for people who are **employed**, but on long-term sick leave and who are referred by their GP (or employer). 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;

- 53 per cent of employed patients (39 per cent of all patients) in the sample had a fit note lasting for three or more<sup>2</sup> weeks and were therefore on **long-term sickness absence** and **nominally eligible** for the service;
- **GPs said they would refer** 36 per cent of these nominally eligible patients to the new service, varying between practices from 11 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 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. 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.

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 between 5,000 and 10,000 patients) were more likely to be thought suitable and referred than those from other 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

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<sup>1</sup> Shiels, C. et al. (2013), *Evaluation of the Statement of Fitness for Work (fit note): quantitative survey of fit notes*; Research Report No. 841, Department for Work and Pensions (DWP).

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<sup>2</sup> Patients are able to self-certify for the first week of sickness absence. A three weeks fit note equates to a four weeks sickness absence (i.e. long-term sickness absence).

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).

## Factors affecting referrals

The main reasons why the GPs 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 was 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.

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 health and work.

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, the quality of the service received and evidence of benefits;
- **patient-level factors** – including the nature of their health problem, their motivation to return to work, and whether they were already receiving sufficient support.

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.

## 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<sup>3</sup> 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.

This study estimates that GPs would refer around 36 per cent of nominally eligible patients suggesting a volume of referral of between 310,000 and 450,000.

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 of using the service.

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<sup>3</sup> DWP (2014), *Long term sickness absence in the UK*, Ad hoc statistical analysis.

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