

# Fit Note Reform: call for evidence

## Background

The department of Work & Pensions (DWP) and Health & Social care (DHSC) is calling for evidence to inform a programme of work announced at the 2023 Autumn statement, to explore reforming the fit note process to support those with long term health conditions to access timely work and health support. General practice is currently under pressure with an unprecedented workload and limited resources. Despite this, as of 18 April following DWP presentation to Clinical Advisor Network, uptake of signing by Allied Health Professionals (AHPs) is low 8.4% by AHPs, **91.6% of fit notes still signed by GPs**. In addition to a lack of capacity, there is limited health expertise in primary care to make an effective assessment of the workplace adjustments needed for patients to work safely. There is no established route to refer people to more tailored or intensive support if it is needed. People with different health conditions and in different types of employment often need tailored support to help them stay in and get back to work. Where further support is required, its availability can vary and is difficult to navigate.

As the Royal College representing GPs, we will respond to the call for evidence prioritising the highest possible standards in general medical practice, including patient safety and the best interests of our members.

**Consultation deadline: Monday 8<sup>th</sup> July 2024 at 11:59pm**

## Responds to call for evidence

### Overarching views of the fit note process

#### **1. How effective do you feel current fit note process is at supporting individuals' or patients' work and health needs?**

- very effective
- effective
- neither effective nor ineffective
- ineffective
- very ineffective
- unsure

#### **2. What works well with the current fit note process to support individuals' or patients' work and health needs?**

The RCGP considers that the current fit note process works well when GPs are able to practice continuity of care. Having a longitudinal relationship with patients allows GPs to holistically assess their needs and make informed decisions upon issuing the initial fit note. This is also particularly helpful when GPs have been involved in the diagnosis and management of the condition requiring the fit note, having those initial conversations ensures patients get access to the appropriate investigations, treatment and management plans.

It is positive that wider members of the multi-disciplinary team (MDT) can sign fit notes which can increase access for patients requiring fit notes and advise. And in many cases, they will also have strong longitudinal relationships with patients. Current workload pressures in general practice mean that it is not always possible to deliver high levels of continuity. As of April 2024, NHS data reports the average number of patients per fully qualified FTE GP as one GP per 2,294 patients in England. This ratio continues to rise, meaning that on average, each GP is responsible for 154 additional patients than they were five years ago. To enable the fit note process to work well, there must be sufficient resourcing for general practice to support and engage with patients.

### **3. What can be done to improve the fit note process to meet individuals' or patients' work and health needs?**

The RCGP position is that patients require better support when trying to extend or renew their fit note. Whilst the initial issuing of the fit note is typically a streamlined process for general practice teams, GP teams often have limited expertise or capacity to support patients through employment or the details regarding the fit note processes. As advocates for our patients, GPs will always prioritise the patient's well-being, which may sometimes require longer periods of time away from work. With an aging population, we are seeing an increase in the number of people living with multiple long-term and complex conditions. In England, it is estimated that more than 14 million people have two or more health conditions, with the most common being hypertension, depression or anxiety, and chronic pain (Stafford et al, 2021). This can make working difficult without the necessary support in place. However, members recognise that often employment can be part of the recovery process as well, which is why it is important that the fit note process is delivered by professionals with health expertise and adequate resourcing working collaboratively with employers to support people back into the work force where appropriate.

#### **Clinicians' and non-clinical professionals' experience**

### **4. Do you agree that issuing fit notes is a good use of a General Practitioner's (GP) time?**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree
- unsure

## **5. Please tell us why you feel that way about fit notes being a good use of GP's time?**

Fit notes are able to be issued by many different health professional colleagues across the NHS. Despite this, as of 18 April following DWP presentation to Clinical Advisor Network, uptake of signing by Allied Health Professionals (AHPs) is low 8.4% by AHPs, **91.6% of fit notes still signed by GPs**. However, general practice is facing unprecedented levels of workload with a reduced workforce alongside other constraints in resources. Whilst it is often appropriate for members of the general practice team to provide fit notes to patients who present to them or who they know, the RCGP does not consider it a good use of GPs time to deal with extending fit notes which should've been longer to begin with. For example, when patients receive a fit note post-surgical treatment in secondary care, it should cover the full recovery time (3 months post hip surgery instead of 2 weeks). Our members feel this is an inappropriate use of their time and would urge all fit note issuers to provide the appropriate time off work to accommodate recovery time.

In addition, members feel that better support should be provided for GPs to support patients in advising on the appropriate adjustments needed from their employer. As stated above, the limited time, resourcing and lack of information makes it difficult for GPs to comprehensively assess whether the workplace conditions meet the needs of the patient or how to best support their employment journey.

## **6. What can be done to improve the fit note process to meet healthcare professionals' needs to provide more health and work support for patients?**

To summarise previous points made, the RCGP recommends the following improvements:

1. Patients who are anticipated to need an extension on their fit notes should have access to further support outside primary care to help them back into the workplace where appropriate.

2. Ensure all those involved in issuing fit notes, have sufficient training on the full fit note process as well as the health and wellbeing implications.
3. The issuer of the fit note should ensure that the patient has the appropriate amount of time off work in light of their recovery. This will reduce the unnecessary workload within general practice.

#### **7. What are the enabling factors for healthcare professionals to have an in-depth work and health conversation with individuals requesting a fit note?**

Our members have highlighted that much of the conversation regarding fit notes may be best placed with an occupational health specialist. Therefore, it is important for there to be improved interface between employers, community care and occupational healthcare specialists to help patients access the most appropriate service for their needs.

Involving professionals with varied expertise—including GPs, occupational health specialists/therapists, physiotherapists, and mental health professionals—ensures that fit notes accurately represent the patient's medical condition, address all aspects of their health, and suggest suitable workplace adjustments. This collaborative approach enhances care quality, aids in patient recovery and return to work, and provides employers with comprehensive guidance on managing workplace health issues.

#### **8. What are the challenges for healthcare professionals to have an in-depth work and health conversation with individuals requesting a fit note?**

As stated above, due to the constraints in resourcing and increased workload GPs are expected to comprehensively assess patients within a 10–15-minute appointment slot with limited expertise in the workplace adjustments options available for patients. Additionally, patients have limited knowledge on the occupational health services available outside of general practice which may better support their needs.

In order to overcome this challenge, the RCGP advocates for improving the interface between community care, occupational health services and employers, patients will be able to have improved access to comprehensive services to support their needs. Collaboration between occupational health services, employers and general practice can enhance employee health management by combining specialised workplace health strategies with medical expertise, ensuring better prevention, treatment, and rehabilitation outcomes.

#### **9. What are the enabling factors for healthcare professionals in providing detailed and applicable advice in 'may be fit for work' fit notes to support patients' work and health needs?**

Similarly to the above statement, RCGP members have expressed that working collaboratively with employers and occupational health would help provide detailed and holistic 'may be fit for work' fit notes which support their needs. But as mentioned previously, for GPs to do this comprehensively the appointment times need to be longer as well as improving the interface between employers, general practice and occupational health services within primary care.

Regardless of which healthcare professional the patient sees, continuity of care is beneficial when issuing fit notes allowing for more personalised and tailored support which improves the patient's journey back into the workplace. Having that longitudinal relationship with patients provides a holistic approach to managing the patient's overall well-being, addressing not only immediate health issues but also related physical, mental, and social factors which might be hindering their ability to work.

#### **10. What are the challenges for healthcare professionals in providing detailed and applicable advice in 'may be fit for work' fit notes to support patients' work and health needs?**

As stated above, workload and workforce pressures make it difficult for GPs to provide longer appointments with in-depth support for patients seeking 'may be fit for work' fit notes. Furthermore, better integration is needed with occupational health and employers to ensure patients have access to the appropriate services depending on the request.

Members have highlighted experiences where they are still required to provide MED 3 certificates despite the patient already speaking with occupational health services. In addition, sometimes these initial occupational health assessments were not sent to the GP which makes it difficult to determine if the right adjustments have been put in place for the patient to return to work. Therefore, the RCGP strongly recommends employers to provide comprehensive occupational health assessments which can be accessible to GPs and other professionals when advising patients. This will require occupational health services and general practice to have an improved interface for transferring patient information.

#### **11. What steps might the government take to support healthcare professionals or work advisers to have an in-depth work and health conversation with individuals requesting a fit note?**

The RCGP recommends the following steps for government to support general practice to have an in-depth work and health conversation with individuals requesting a fit note:

1. Improved interface between employers, community care and occupational healthcare specialists to help patients access the most appropriate service for their needs. Therefore, when patients seek further support beyond the initial fit note, they can access specialised services which can help them return to work.
2. Support general practice by allocating further resources to reduce workload and increase recruitment of GPs. This will allow for longer appointments times which facilitate a richer discussion with patients when issuing fit notes and meet patient demands.
3. If government decides to reform the fit note process by utilising specialised health assessors or work advisers, they must ensure that supporting the patients' needs and well-being are integral when assessing fitness to work. Patients should not be made to work if physically unable or without appropriate adjustments at work.
4. Support employers to provide comprehensive occupational health assessments which can be accessible to GPs and other professionals issuing fit notes. This will require occupational health services and general practice to have an improved interface for transferring patient information.

## **12. Which patients do you feel would benefit most from more in-depth work and health conversations?**

The RCGP are committed to addressing health inequalities and ensuring that all patients receive equitable access to the healthcare support they need. As a result of the cost-of-living crises, the population are experiencing unprecedented levels of ill health with nearly half (48%) of the poorest 40% of families in the UK contain at least one person with poor health (The Health Foundation, 2022).

93% of GP respondents were concerned that the rising number of patients needing support with the cost of living would limit their ability to provide the medical care that patients need. Members have identified patients who experience poor health due to inadequate housing, poverty or limited access to good nutrition can benefit from enhanced support outside of what general practice can offer. If these social determinants of health aren't addressed, it will likely mean that patients will continue to be in ill-health for prolonged periods of time making them economically inactive.

## **13. How can those patients who would benefit most from more in-depth work and health conversations be identified?**

RCGP encourages the DWP and DHSC to ensure any reformation the fit note process prioritises the patient's needs, particularly those from underserved communities and those facing difficulty in accessing health services. However, social indicators outside of NHS patient records (such as housing status, poverty, employment) is not easily

accessible compared to chronic illness status. This would make it difficult to identify patients who may require further support to recover after receiving a fit note.

Leicester, Leicestershire and Rutland ICB introduced the 'LLR Care Record' which has joined up both health and care records allowing for improved decision making across the sector. This is not available for every ICB, the government would benefit from investing in integrating systems across both health and care sectors to allow for ease in identifying patients needing more in-depth work/health conversations.

Aside from what has been mentioned above, indicators highlighted by our members which can help identify the patients with high levels of need may include the following:

1. Their duration of economic inactivity
2. Patients who have been on long-term sick leave which make have conditions that are becoming chronic.
3. Those requiring access to specialised services such as social prescribing and mental health
4. Those who access charitable organisations such as food banks, housing support or various homelessness services.

#### **14. What, if any, are the benefits and drawbacks of patients using online private companies to issue online 'work sickness certificates'?**

In the long-term, the college believes that government should focus on boosting resources within primary care to support patients in accessing the services they need. However, due to the current increased pressures facing general practice and resource constraints the RCGP are not opposed to the utilisation of private companies to reduce the workload in the short-term.

Members have expressed concerns with utilising online private companies to issue 'work sickness certificates', primarily how the patients' best interests will be prioritised and whether this is the best use of resources. Private companies will have limited information regarding the patient's medical history which limits their ability to provide holistic assessment of their fitness to work. Furthermore, there are concerns regarding if private companies will prioritise patients' well-being over reaching arbitrary government targets. Government should ensure private companies employed health professionals are adequately trained in understanding the full fit note procedure. Additionally, the priority should still be made to boost resourcing within general practice and increase the overall workforce to help meet patient demands.

Another drawback is the health inequality implications for patients who cannot afford private services, particularly with the current cost-of-living crises. Whilst it can potentially be beneficial for reducing the workload within general practice and address capacity constraints, alternatives should still be well resources and available to help

deliver fit notes for those who cannot afford to privately access 'work sickness certificates' (whether this is through general practice or a specialised DWP health assessors).

### **Information gathering and wider system integration**

#### **15. What knowledge, skills and support would healthcare professionals need to accurately assess the impact of a patient's health condition on their ability to work?**

The college's position is that all health professionals should be trained accordingly with the proper safeguards in place to ensure fit notes are being issued appropriately. This particularly important for any potential reforms where DWP/DHSC trained health assessor become the primary issuer of fit notes. Additionally, the patients' health and well-being must always be prioritised over meeting government targets. Patients should not be made to work if they are physically incapable or without the appropriate workplace adjustments.

As previously stated, 63% of GPs have reported that they felt they were insufficiently trained in the issuing of fit notes. Therefore, up-to-date and regular training should be available for all health professionals regarding the fit note process. We have consulted our clinical advisory network who have identified the following knowledge/skillsets needed to accurately assess the impact of a patient's health conditions regarding their ability to work:

1. The medical history of the patient and accompanying management plans for their health condition.
2. Knowledge of the patients' social circumstances
3. Employer review of impact of health condition on their ability to perform their duties and guidance on whether amended duties can be accommodated.

#### **16. What knowledge, skills and support would work advisers need to accurately assess the impact of a patient's health condition on their ability to work?**

Whilst the RCGP prioritises addressing the pressures faced within general practice and generally support efforts to reduce workload where possible, this cannot come at the expense of the patients' best interests.

Members have expressed their concerns with shifting fit note responsibility away from GPs as patients have experienced difficulty when dealing with the DWP's benefits assessors. Therefore, we urge that all potential reforms prioritise the patient's well-being ensuring people get adequate support from their employers. There is no point saying a patient can work if reasonable adjustments are made if the employers can't or won't make them.



The following knowledge/skills were highlighted as necessary to accurately assess the impact of a patient's health condition on their ability to work by our members:

1. Patient current and past medical conditions
2. Knowledge of their social circumstances
3. Knowledge of current management for health condition, likely prognosis and duration of condition
4. Knowledge of workplace, work duties and employer assessment in light of the employees' health condition

### **17. How could we utilise digital and telephony systems to gather information to better support work and health conversations?**

The RCGP supports improving access to health services for patients through utilising up-to-date digital and telephony systems. However, whilst digital innovation is crucial, it is also essential to account for individuals who lack access to digital technology, prefer not to use it, or have limited broadband capabilities that restrict their technology use.

Currently, the digital forms would be improved by including questions which specifically ask patients what symptoms they are having that make work difficult for them currently, and if there is anything their employer could do to facilitate a return to work. Members have found it helpful when digital forms include these questions, however it is acknowledged that this may not be an adequate option for all workers/patients who may have limited capacity to access/navigate digital tools, due to connectivity issues, poor digital literacy, or even, due to language barriers.

### **18. How could the fit note process more effectively link to different forms of work and health support, such as vocational rehabilitation, occupational health, and employment support?**

General practice has always embraced change and reformations which benefit our patients. Therefore, the RCGP support connecting general practice with various professional services within the fit note process to support the needs of our patients.

As previously stated, our members feel that issuing initial fit note can be appropriately dealt with by GPs. However, when patients are still concerned about returning to work after receiving a 3-month fit note, this can create an increased workload which may be suitable for other qualified colleagues with further expertise in occupational health. The collaboration between occupational health services and general practice can enhance employee health management by combining specialised workplace health strategies with medical expertise, ensuring better prevention, treatment, and rehabilitation outcomes. Members have expressed that when patients requesting more than 3 months off work, they would benefit from getting an occupational health assessment to identify

the health risks related to the job and receive professional suggestions to enhance workplace safety. Patients and employers would benefit from improved communication regarding how occupational health services can support their working needs, this information should be readily available for them and accessible.