



Department
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An evaluation of the Statement of Fitness for Work (fit note): quantitative survey of fit notes

By Chris Shiels, Jim Hillage, Emma Pollard and Mark Gabbay

The Statement of Fitness for Work (known as a 'fit note'), was introduced on 6 April 2010 across England, Wales and Scotland. Fit notes are issued by doctors as evidence of their advice about an individual's fitness for work. They are the normal method for employees to provide evidence of sickness to employers after the seventh day of absence.

Doctors 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 doctor should tick at least one of four boxes outlining common return-to-work approaches to help their patient. There is also space for the GP to give further advice.

The fit note was introduced to improve back-to-work advice for individuals on sickness absence and communication between individuals, doctors and employers on what a patient could do at work, thereby reducing sickness absence levels.

As part of the wider fit note evaluation programme, the Department for Work and Pensions (DWP) commissioned the Institute for Employment Studies (IES) and the University of Liverpool to conduct a quantitative assessment of the fit note to strengthen the evidence base on sickness certification. To achieve this 49 GP practices in five areas of Great Britain collected these data for 12 months, resulting in 58,700 fit notes distributed to 25,000 patients. Data collection took place between October 2011 and January 2013.

The findings reported here are based on an examination of fit notes and the patients receiving them.

Key findings

- Over a third of the fit notes issued were for mild-to-moderate mental health disorders. The highest rates of fit notes being issued for mild-to-moderate mental health disorders were in practices in the most socially deprived areas.
- Twelve per cent of patients had been given fit notes with a 'may be fit for work' assessment.
- GPs' use of the fit note varied significantly within and between practices including the use of the 'may be fit for work' option, the provision of return-to-work advice and indicating the need for reassessment at the end of the fit note period.
- Just over a fifth of fit notes were issued for a period of one week or less, around half for between one and four weeks, around a quarter for between a month and three months and the remainder for longer than three months.
- Almost one in five sickness absence episodes (covered by linked fit notes) lasted over 12 weeks and four per cent lasted longer than 28 weeks. Older people, males and those living in the most socially deprived areas were more likely to have a long-term sickness episode over 12 weeks.

A third of fit notes covered mild-to-moderate mental health disorders

By far the largest proportion of all fit notes in the database (35 per cent) was issued to patients for mild-to-moderate mental health disorders (including depression, anxiety and stress). Specific back problems were cited on nine per cent of notes and a further nine per cent were issued to patients following a recent surgical operation. This pattern is repeated if the data are analysed by patient – a third (34 per cent) of the patients in the database received a fit note for a mild-to-moderate mental health disorder, 11 per cent for a back problem and ten per cent for a respiratory condition.

Most fit notes lasted for four weeks or less

Twenty-two per cent of the individual fit notes issued were for a period of one week or less, 50 per cent were for between one and four weeks, 24 per cent for between one and three months and four per cent for longer than three months.

The length of time covered by the fit note varied by the diagnosis. Severe health problems, such as neoplasm and severe mental health disorders, were the most likely to lead to a fit note lasting over four weeks. Over 43 per cent of fit notes issued to patients suffering from a musculoskeletal disorder, other than a back problem, were over four weeks long. Conversely, 63 per cent of fit notes issued for a respiratory problem were for one week or less. Fit notes for mild-to-moderate mental health disorders were ten times more likely and those citing a back problem were nearly five times more likely than those for respiratory illnesses to be for longer than four weeks.

Male patients were 72 per cent more likely to receive a long-term fit note (over four weeks) than females and fit notes issued to older patients were significantly more likely to be long-term. Fit notes issued to patients in the most socially deprived areas were nearly five times more likely to be long term than those issued in the least socially deprived areas.

Patients in the most socially deprived areas were more likely to have received a fit note for a mild-to-moderate mental health disorder

Mild-to-moderate mental health disorders were the most common diagnosis given in all fit notes across the country, accounting for over 41 per cent of fit notes issued to patients living in the most socially deprived areas and less than 31 per cent of fit notes issued to those in the least socially deprived areas.

Women were more likely than men to receive a fit note for a mild-to-moderate mental health disorder, while men were more likely to be diagnosed with a back problem. Younger people were more likely than older patients to be diagnosed with a mild-to-moderate mental health disorder.

Fit notes issued to patients with a mild-to-moderate mental health disorder living in the most socially deprived areas were most likely to be for depression (40 per cent of all mild-to-moderate mental health disorder fit notes issued). However, fit notes issued to patients with a mild-to-moderate mental health disorder in the least socially deprived areas were more likely to be issued for stress (34 per cent of all fit notes issued for a mild-to-moderate mental health disorder). Fit notes issued for alcohol/drug addiction were more common in the most socially deprived areas.

The average length of a fit note episode was four weeks

Patients may need more than one fit note to cover a period of sickness absence. Fit notes relating to the same incidence of ill-health were grouped together into discrete episodes. Overall, there were 31,000 separate episodes identified in the fit note database. Four out of five (79 per cent) of patients had only one episode of ill-health during the course of the study. The median episode length was four weeks, although 18 per cent lasted over 12 weeks and four per cent lasted over 28 weeks.

The shortest episodes tended to be for respiratory conditions. The diagnoses most likely to lead to a long-term sickness absence episode (i.e. of at least 12 weeks) were neoplasm, severe mental health disorder, a musculoskeletal condition other than a back problem, a circulatory problem or a mild-to-moderate mental health disorder.

Males were 29 per cent more likely than females to have an episode of over 12 weeks. Episodes experienced by patients living in the most socially deprived areas were over twice as likely to be over 12 weeks, compared to those in the least socially deprived areas.

'May be fit for work' was the advice given to 12 per cent of patients

Nearly 12 per cent of all patients received at least one fit note which advised that they 'may be fit for work'. A quarter of these patients received more than one fit note.

Six per cent of the fit notes in the database advised that the patient 'may be fit for work'. However, there was considerable variation between practices. In one practice only one per cent of fit notes had a 'may be fit for work' assessment, while another gave that assessment in 15 per cent of cases. Eight of the 12 practices with the lowest rates of completing 'may be fit for work' advice were classed as highly or very highly deprived.

Older patients were significantly more likely to receive a fit note advising that they 'may be fit for work'. A 'may be fit for work' assessment appeared to be more prevalent when the patient had been incapacitated due to physical illness or injury. Only four per cent of fit notes for mild-to-moderate mental health disorders advised that the patient 'may be fit for work'; significantly lower than for other diagnoses.

In most cases where the 'may be fit for work' assessment had been used, GPs also provided advice that could help the patient return to work, either by ticking one or more of the structured options on the fit note and/or writing comments in the space provided. However, on seven per cent of fit notes with a 'may be fit for work' assessment the GP provided no additional advice.

Of the individual tick boxes representing common approaches to return to work, 'amended duties' was most often indicated by GPs. While in most cases where GPs had checked one of the structured options, they had gone on to provide further supplementary comments, 29 per cent of fit notes with a 'may be fit for work' assessment had one or more structured options ticked, but no supplementary comment.

The fit note also requires doctors to state whether the patient's fitness for work needs to be assessed again when the fit note expires, to help plan for return to work as normal. Forty-four per cent of all fit notes did not have this item completed; again there was variation between practices on this issue.

Comparisons with a previous study indicated a rise in mental health disorders and a fall in long-term sickness absence

In seven practices in this study comparative 'sick note' data had been collected in a previous study by the Mersey Primary Care R&D Consortium in 2001/02 using a similar methodology.

Comparisons between the two studies need to be treated with caution as the composition of GPs and patients will have changed in the period between studies. That said, comparing the two sets of data found that:

- mild-to-moderate mental health disorders have increased in importance as a cause of certified sickness absence and respiratory-related sickness absence has become less prevalent. While in 2002, these were cited on 32 per cent of sick notes and were the main reason for 26 per cent of sickness episodes, in 2013 these figures had risen to 41 per cent and 38 per cent, respectively;

- the proportion of sick/fit notes with durations over four weeks decreased. In 2002, 42 per cent of all sick notes were of this length, as opposed to 36 per cent of fit notes in the 2013 study. At five of the practices, the likelihood of a long-term certificate being issued was significantly reduced between the two time periods, after controlling for patient and diagnostic factors;
- approximately the same proportion (19-20 per cent) of episodes in each study exceeded the 12-week threshold of continuous certified sickness. However, in three of the practices, the use of the fit note was independently associated with a reduction in sickness absence episodes of longer than 12 weeks.

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The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 909532 41 0. Research Report 841. June 2013).

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

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