

GWASANAETHAU IECHYD A DIOGELWCH  
HEALTH AND SAFETY SERVICES

THE IMPACT OF FITNESS FOR WORK STATEMENTS ON THE DURATION OF  
SICKNESS ABSENCE AT BANGOR UNIVERSITY

BETWEEN

April 6<sup>th</sup> 2010 and April 5<sup>th</sup> 2011

An article by

Joe Patton

Occupational Health Practitioner



**20<sup>th</sup> April 2011**

## SUMMARY

It has been a year since the introduction of 'Fitness for Work' medical statements. This review has considered the impact on the duration of sickness absence amongst staff working at Bangor University. The findings show that the introduction of 'Fitness for Work' medical statements has coincided with long term sickness stopping before the 6th month of absence. There is also a statistically significant reduction in the duration of psychological illness.

## INTRODUCTION

On April 6<sup>th</sup> 2010 the 'Sick Note' was replaced by a medical statement of 'Fitness for Work' with a specific recommendation made by the Department for Work and Pensions (DWP) that occupational health professionals should evaluate the impact on their business<sup>1</sup>.

A report on the impact of the first 6 months at Bangor University found that people were returning to work with greater ease and did not go back off sick. These early findings also showed that people who received medical advice to support a return to work returned earlier than those who did not receive such advice<sup>2</sup>.

A limitation of the initial review was recognised that the first 6 months was not long enough to draw firm conclusions about the impact on the duration of sickness absence. Now that a full year has elapsed it is timely to consider whether people are returning to work sooner.

## METHOD

Bangor University requires managers to send medical certificates to the Health and Safety Services department where information is entered onto a software system. This allows the OHP to draw on this data and undertake audits of the duration, location and reasons for sickness absence<sup>3</sup>.

For the purpose of this review the OHP has compared the numbers of staff who:

- Were advised not to work under the old system between April 6<sup>th</sup> 2009 and April 5<sup>th</sup> 2010
- Were advised not to work under the new system between April 6<sup>th</sup> 2010 and April 5<sup>th</sup> 2011

This data has been studied to consider whether the impact of the new medical statement has coincided with a reduced, unchanged or increase in the length of absence for specific illness types.

Excluded from this analysis has been a calculation of the financial and non-financial cost of sickness absence or whether those affected were from particular areas of work. Also excluded from this review are the age, gender and length of service of the staff concerned.

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<sup>1</sup> [www.dwp.gov.uk/docs/fitnote-occupational-health-guide.pdf](http://www.dwp.gov.uk/docs/fitnote-occupational-health-guide.pdf). page 7 accessed on August 6<sup>th</sup> 2010

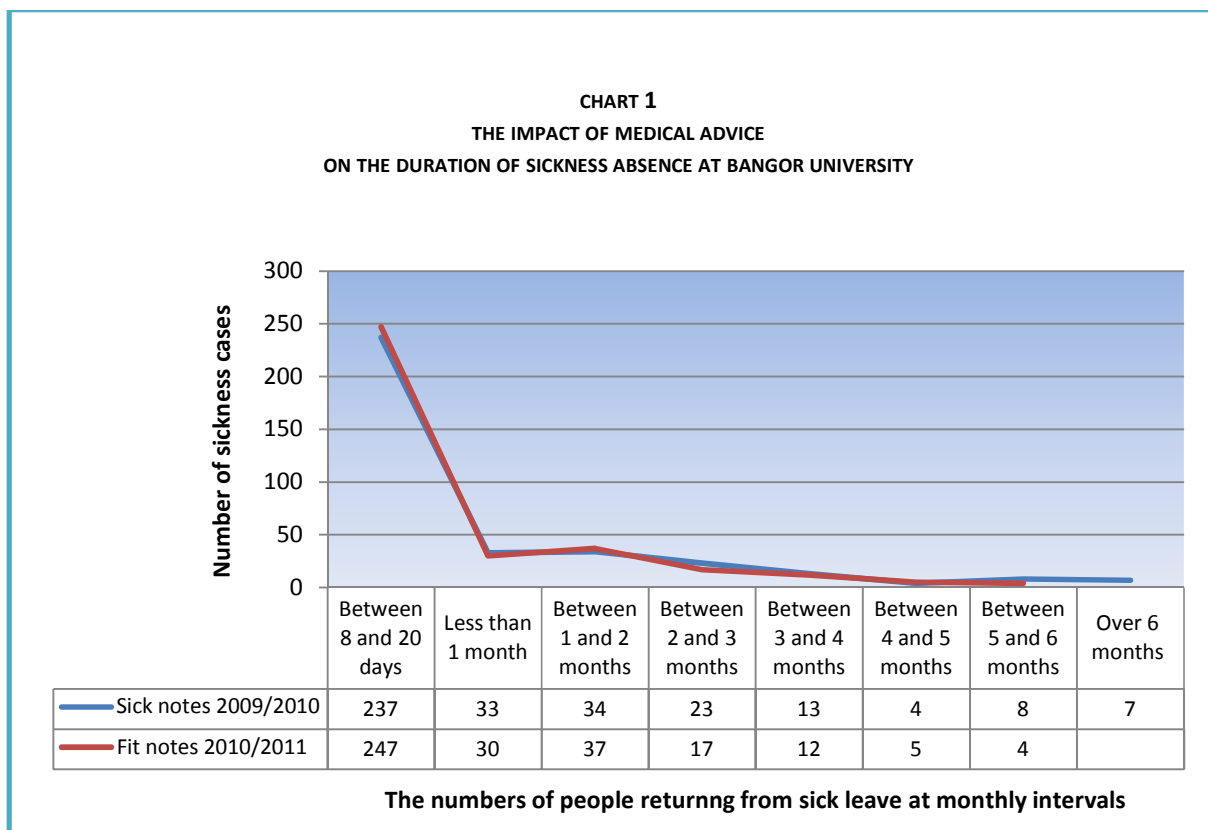
<sup>2</sup> PATTON, J. RICHES, E. (2010) 'The impact of fitness for work statements on long term sickness absence at Bangor University between 6<sup>th</sup> April and 6<sup>th</sup> October 2010' Occupational Health December 2010 Edition Pages 26-27

<sup>3</sup> [www.agresso-business-world.com](http://www.agresso-business-world.com)

## RESULTS

The number of staff employed at Bangor University has remained fairly constant with 2000 people for the past and previous year this review covers. The number of staff that submitted a medical statement that advised them against working under the old sick note system was 359 people. The number of staff who received medical advice not to work under the new system was 352 people.

From the data collected it is apparent that the impact of medical advice given since April 6<sup>th</sup> 2010 has coincided with a halt in the drift of long term sickness absence cases beyond 6 months (Chart 1).



The problem with illustrating data on a summary chart is the effect evens out any changes in return to work timescales for different illness types. For this reason a data collection table has been completed to understand the duration of sickness absence for each type of illness during the year of fit notes and then the year of sick notes (table 1).

The impact of fitness to work medical statements on various illness types has been grouped (table 2) according to the types of illnesses where:

- (a) The introduction of fit notes coincided with a reduction in the time taken to return to work
- (b) Fit notes were not coinciding with a change to the duration of the sickness absence or
- (c) The use of fit notes coincided with illnesses that require longer off work

TABLE 1  
DATA COLLECTION TABLE

Fit Notes April 6 <sup>th</sup> 2010 – April 5 <sup>th</sup> 2011	< 20 days	< 1 mth	1-2 mths	2-3 mths	3-4 mths	4-5 mths	5-6 mths	>6mths	Total
Back problems	24	3	3	0	0	0	1	0	31
Benign or malignant tumor	2	1	0	2	2	0	1	0	8
Blood disorders	1	0	0	0	0	0	0	0	1
Colds & flu	7	0	0	0	0	0	0	0	7
Diabetes	4	1	2	1	0	0	0	0	8
ENT and eye conditions	16	2	1	0	1	0	0	0	20
Epilepsy	3	1	0	0	0	0	1	0	5
Gastrointestinal problems	19	1	1	0	2	1	0	0	24
Genitourinary conditions	11	0	3	1	1	0	0	0	16
Headache & migraine	2	1	2	0	1	0	0	0	6
Heart & circulatory illness	11	3	2	1	0	1	0	0	18
Other musculoskeletal	40	6	10	6	4	2	1	0	69
Pregnancy related	11	0	4	4	0	0	0	0	19
Psychological conditions	31	6	5	2	1	1	0	0	46
Respiratory infection	40	1	0	0	0	0	0	0	41
Skin conditions	3	0	0	0	0	0	0	0	3
Viral infection	5	1	1	0	0	0	0	0	7
Other specified reasons	17	3	3	0	0	0	0	0	23
<b>Annual total</b>	<b>247</b>	<b>30</b>	<b>37</b>	<b>17</b>	<b>12</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>352</b>
Sick notes April 6 <sup>th</sup> 2009 – April 5 <sup>th</sup> 2010	< 20 days	< 1 mth	1-2 mths	2-3 mths	3-4 mths	4-5 mths	5-6 mths	>6mths	Total
Back problems	19	2	2	3	4	0	0	1	31
Benign or malignant tumor	0	0	0	2	0	0	3	0	5
Blood disorders	3	0	0	1	0	0	0	0	4
Colds & flu	18	0	0	0	0	0	0	0	18
Diabetes	2	2	0	0	0	0	0	0	4
ENT and eye conditions	15	0	0	0	0	0	0	0	15
Epilepsy	1	1	1	0	0	0	0	0	3
Gastrointestinal problems	25	1	1	0	0	0	0	0	27
Genitourinary conditions	21	2	2	2	2	0	0	3	32
Headache & migraine	0	0	0	0	0	0	1	0	1
Heart & circulatory illness	4	2	1	2	1	0	0	0	10
Other musculoskeletal	18	6	5	3	2	3	1	2	40
Pregnancy related	11	0	0	0	0	0	0	0	11
Psychological conditions	23	6	17	6	2	1	1	1	57
Respiratory infection	43	2	2	0	2	0	0	0	49
Skin conditions	4	2	0	0	0	0	0	0	6
Viral infection	4	0	0	1	0	0	0	0	5
Other specified reasons	26	7	3	3	0	0	2	0	41
<b>Annual total</b>	<b>237</b>	<b>33</b>	<b>34</b>	<b>23</b>	<b>13</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>359</b>

TABLE 2  
THE IMPACT OF FITNESS FOR WORK MEDICAL STATEMENTS ON THE DURATION OF SICK LEAVE FOR SPECIFIC ILLNESS TYPES

ILLNESS TYPES THAT REQUIRED LESS SICKNESS ABSENCE FROM WORK	ILLNESS TYPES THAT REQUIRED THE SAME LENGTH OF TIME OFF WORK	ILLNESS TYPES THAT REQUIRED LONGER OFF WORK
Back problems	Benign and malignant tumor	Gastro-intestinal illnesses
Blood disorders	Diabetes	Headache & migraine
Colds & flu	Ear, nose, throat & eye conditions	Other musculoskeletal conditions
Genitourinary conditions	Epilepsy	
Psychological	Heart & circulatory illness	
Respiratory infections	Pregnancy related	
Skin conditions	Viral infection	
Other unspecified reasons		

Because the individual numbers of people that suffered from specific illness types is low, a difficulty exists in calculating any statistically significant difference between the duration of absence under the fit note system and absences under the sick note system. The exception is where differences have been identified in the return to work patterns for staff suffering psychological illness (Table 3).

TABLE 3  
THE IMPACT OF FITNESS FOR WORK MEDICAL STATEMENTS ON THE DURATION OF SICK LEAVE FOR PSYCHOLOGICAL ILLNESS

Number of sick leave absences due to psychological illnesses	Proportion returning to work in <20 days (%)	Proportion returning to work between 20 and 54 days (%)	Proportion returning to work >20 days (%)
2009-2010 = 57	40.4%	40.4%	19.2%
2010 -2011 = 46	67.4%	23.9%	8.7%

The finding for psychological reasons for absence reveals that:

1. Fitness for work medical statements coincided with over 67% of staff suffering from psychological illness returning to work in less than 20 days compared to just over 40% in the previous year
2. The percentage who then returned after 20 days was proportionately distributed
3. Differences in the return to work patterns were significantly different between those staff who used the fit note system and those that did not (chi-square test=7.60, distribution frequency=2, p=0.022)

The other illness types that required less time off work included flu. Here the confounding influence of pandemic flu is the reason for high numbers sickness absence in 2009-2010 compared to 2010-2011.

There is no statistical significance in the remaining data for illness types requiring less or more time off work and most people returned to work before their illness extended beyond 20 days.

#### CONCLUSION

Over the past 2 years there has been no difference in the number of staff employed at Bangor University and no significant difference in the number of staff advised by their doctor to take sick leave. This consistency helps conclusions to be drawn about the impact of the medical statement of fitness to work on the duration of sickness absence.

The impact of medical advice given since April 6<sup>th</sup> 2010 has coincided with a halt in the drift of long term sickness absence cases beyond 6 months is worthy of note. Preventing sickness absence from extending into the 6<sup>th</sup> month and beyond is known to reduce an 80% chance of then being off work for 5 years.<sup>4</sup>

The new system has enabled people with psychological illnesses to make an earlier return to work. The low numbers of other illness types prevents firm conclusions being drawn about the statistical significance of data collected.

<sup>4</sup> Waddell and Burton 2006, cited in NICE public health guidance 19 (March 2009) [www.nice.org.uk/nicemedia/PH19quickreferenceguide](http://www.nice.org.uk/nicemedia/PH19quickreferenceguide) pg 7