

THE IMPACT OF FITNESS FOR WORK STATEMENTS AT BANGOR UNIVERSITY

*'Comparing April to October 2010 with April to October 2011'*

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## EXECUTIVE SUMMARY

Over the past 6 months there has been a sharp decline in the number of Bangor University staff that received 'Statements of Fitness for Work' from their GP with advice on how a return from long term sick leave could be supported. This reduction has coincided with an increasing number of people drifting into longer term absence.

GPs advice on 'Fitness for Work Statements' is only of value if the person returning to work needs additional support for their return. When such advice is given, managers respond positively and an early, safe and successful return to work does occur.

Where advice to support a return to work has been given, GPs have made more use of the comments section, offering valuable and supportive information. Such information has enabled managers to gain a better understanding of the actions they can take to support a successful return to work and is welcomed.

## BACKGROUND INFORMATION

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>. At Bangor University the Occupational Health Practitioner (OHP) has complied with the DWP recommendation. An evaluation of 'Fit for Work' medical certificates occurred at the end of 6 months and again at 12 months. Those findings were shared with local GP practices and revealed:

1. That the first 6 months of the Fitness for Work certificate had enabled Bangor University staff to return from sick leave sooner, with greater ease and did not go back off sick<sup>2</sup>. As part of this evaluation the OHP met with staff that returned from sick leave and heard how they benefited from medical advice to support their return. Their experience has been included in a web page to help others in similar circumstances: [www.bangor.ac.uk/hss/wellness/pathways-sick-leave.php.en](http://www.bangor.ac.uk/hss/wellness/pathways-sick-leave.php.en)

A limitation of the initial Review recognised that the first 6 months was not long enough to draw firm conclusions about the impact of Fitness for Work medical statements.

2. An end of year evaluation<sup>3</sup> found the introduction of Fitness for Work medical statements coincided with long term sickness stopping before the 6<sup>th</sup> month of absence. There was also a statistically significant reduction in the duration of psychological illness.

The purpose of this evaluation is to share with local GPs the ongoing impact of medical statements of Fitness for Work for staff at Bangor University.

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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'

<sup>3</sup> Patton, J. (2011) 'The impact of fitness for work statements on the duration of sickness absence at Bangor University between April 2010 and April 2011'

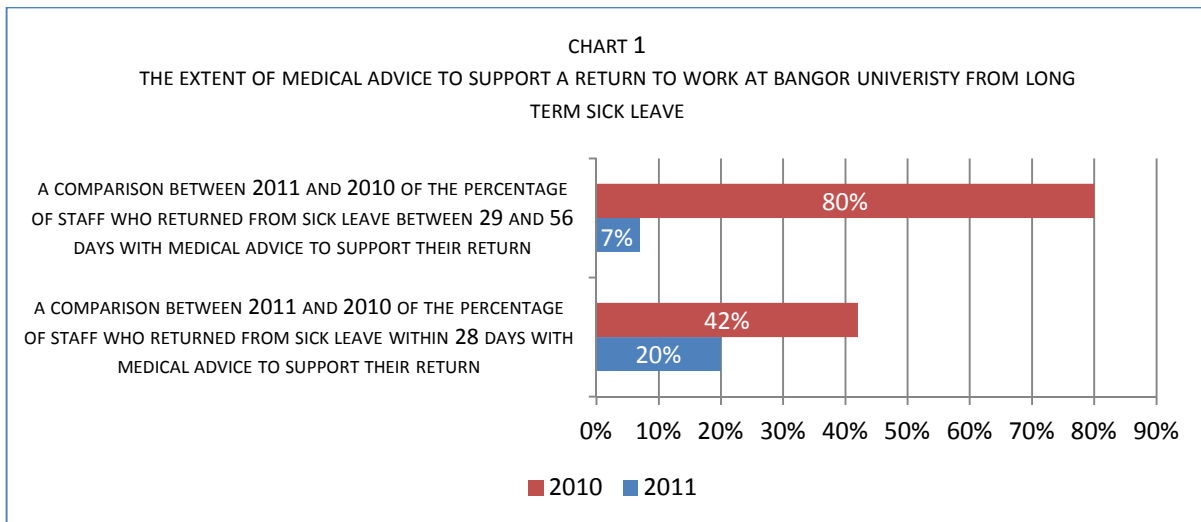
**METHOD**

The number of staff employed at Bangor University has remained fairly constant with approximately 2000 people employed for the past and previous year. When members of staff return from sick leave, the information from medical statements is entered onto a software system<sup>4</sup>. For the purpose of this evaluation, the OHP has used that database to identify and report on the percentage of staff who:

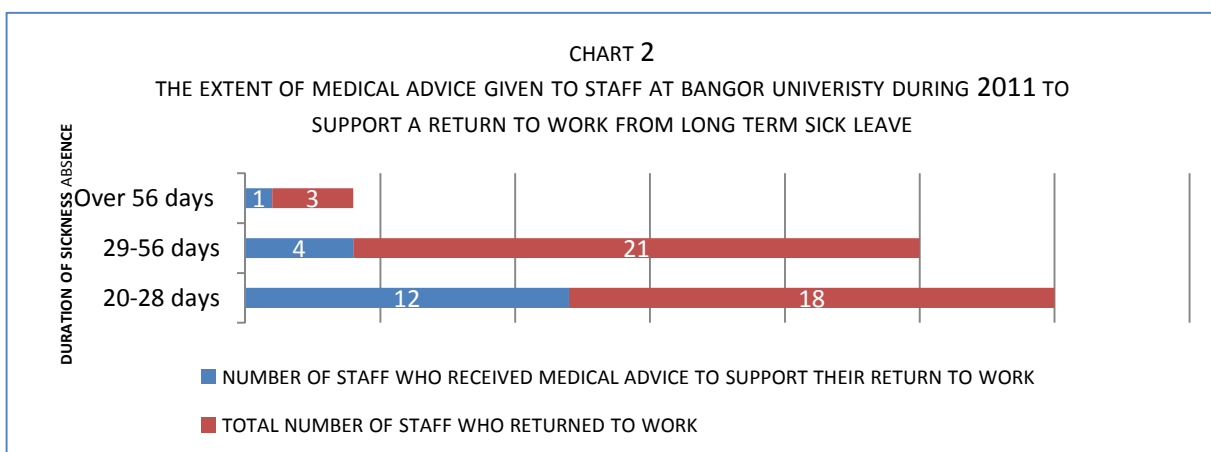
1. Returned to work with medical advice between April 6<sup>th</sup> 2010 and October 6<sup>th</sup> 2010
2. Returned to work with medical advice between April 6<sup>th</sup> 2011 and October 6<sup>th</sup> 2011
3. Drifted into longer term sickness absence (i.e. over 28days) for both time intervals

**RESULTS**

The actual numbers of staff who were off work between April and October from over 20 days of sickness absence were 42 people in 2010 and 59 people in 2011. To understand the extent of medical advice, comparisons have been made (Chart 1):

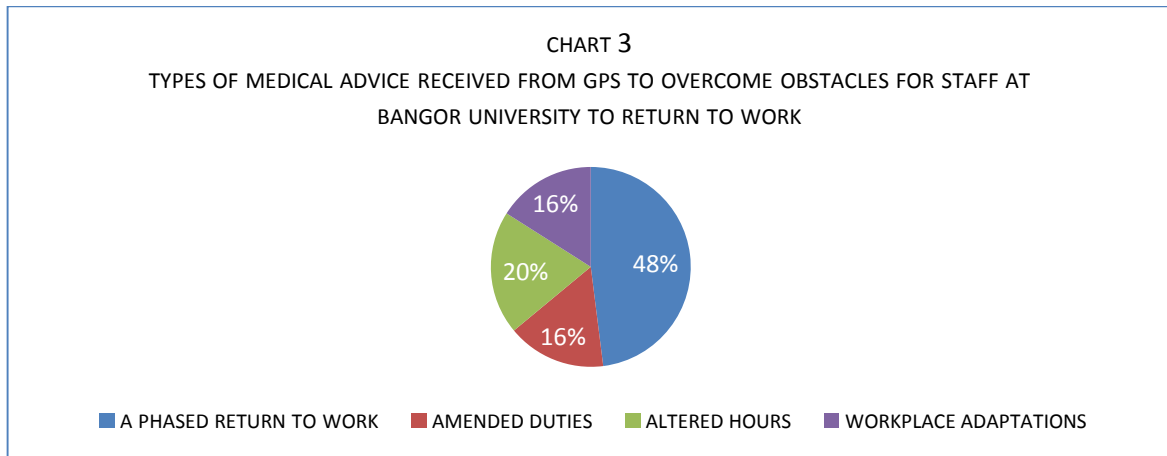


The following chart illustrates the exact numbers of people who returned to work from long term sick leave over the past 6 months and of this number, how many people actually received medical advice to support their return (Chart 2):



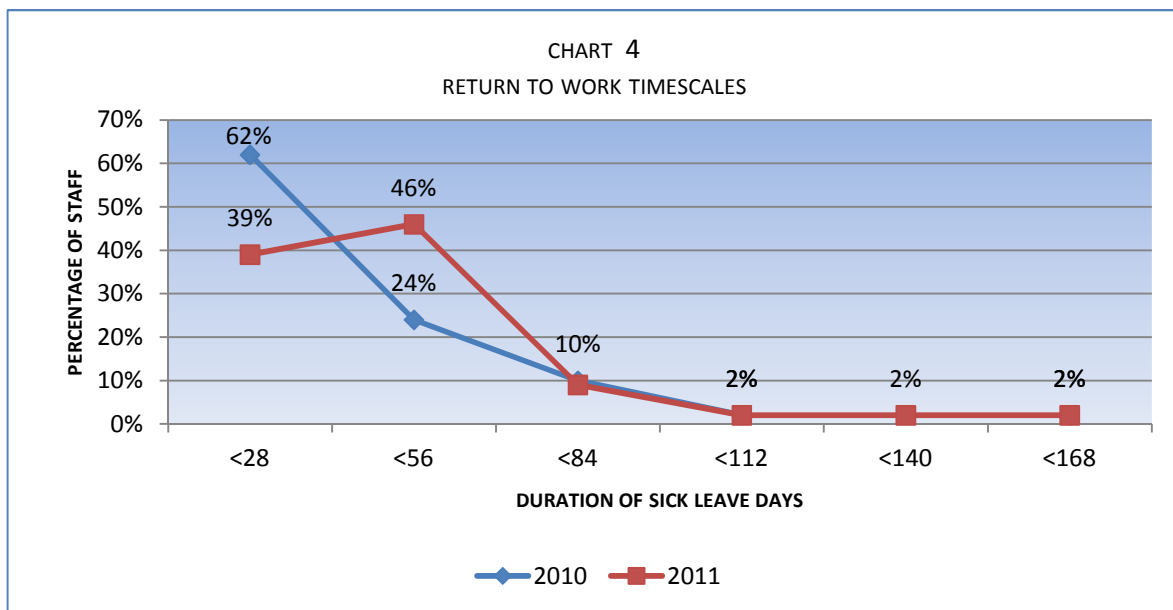
<sup>4</sup> [www.unit4.com/products/agresso-business-world](http://www.unit4.com/products/agresso-business-world)

When the statement of Fitness for Work has been used to suggest how obstacles to overcome a return can be addressed, the proportion of people receiving advice for a phased return, amended duties, altered hours, workplace adaptations, or a mixture of these approaches, has been recorded (chart 3):



Qualitative examples of how these approaches have been of direct benefit to staff are included in the appendix to this report.

Finally, the past 6 months has witnessed an increasing drift in the percentage of staff that remained off work beyond 84 days (Chart 4):



## MAIN FINDINGS

Over the past 6 months a reduction in medical advice to support a return from long term sick leave has coincided with a 16% drift towards and beyond 84 days absence. Those same people returned to work without any medical advice that could have supported their earlier return.

When medical advice to support a return has been given, the majority of GPs have added comments in the free text section that gives valuable guidance to managers about:

1. The functional ability of the absent member of staff and
2. How the limitations of the persons illness can be overcome to enable a safe and successful and return.

## DISCUSSION

The immediate challenge is to match the progress that had occurred during the first 6 months of using the fitness for work medical statement. To explain the importance of GPs advice, the following examples show how the fitness for work medical statement has helped our people (Table 1); the appendix to this evaluation contains quotes from members of our staff that describes how GPs advice helped them.

TABLE 1  
EXAMPLES OF HOW MEDICAL ADVICE IS APPLIED AT BANGOR UNIVERSITY

<i>'IF AVAILABLE AND WITH YOUR EMPLOYERS AGREEMENT, YOU MAY BENEFIT FROM'</i>	<i>EXAMPLES OF HOW MEDICAL ADVICE HAS HELPED OUR PEOPLE TO OVERCOME THE BARRIERS OF AN EARLIER RETURN TO WORK</i>
Phased return	A phased return is helpful when absence is greater than 4 weeks. The process works by staff slowly increasing their hours and days at work over 3 weeks. The approach is not suitable for part time staff working 20 or fewer hours a week. Managers agree with the member of staff what work can be reasonably undertaken whilst working reduced hours. People are paid as though they are working their normal hours at work
Altered hours	The approach provides flexibility in the times that people start or finish work.
Amended duties	This approach has proven to be very helpful to people advised to avoid strenuous manual handling tasks and for people with lower limb problems (e.g. leg or ankle injury) who were then restricted to office work. Amended duties have also supported the return to work of people recovering from psychological conditions.
Workplace adjustments	Matches the work environment and a persons responsibilities at work to their ability

## CONCLUSION

- i. GPs advice on Fitness for Work statements is only of value if the person returning to work needs additional support for their return from sick leave. When such advice is given, managers respond positively and an early, safe and successful return to work occurs.
- ii. The type of medical advice has mostly been associated with the patient's hours of work, rather than the job they do. This may be due to GP and patient not having sufficient awareness of the changes that are possible within the workplace to support a return from long term sick leave
- iii. There is a quantifiable reduction in the amount of Fitness to Work statements containing advice from GPs to support the return to work of the patients.
- iv. It is evident that the longer someone is off work, the less likely it is that GPs will offer advice on how a return to work can be supported.

## RECOMMENDATION

By sharing the findings of this Review with local GPs, it is hoped that more staff will begin to receive medical advice to help managers provide a supportive return to work.

In cases where work issues are complex, GPs may wish to ask the OHP for advice on how adjustments to the work environment or the employees' responsibilities at work, would help an earlier and more successful return from sick leave. To access OHP support, the comments section of the Fitness for Work statement can be used for this purpose. Alternatively GPs can either email [j.patton@bangor.ac.uk](mailto:j.patton@bangor.ac.uk) or telephone 01248 382575. In response, the OHP will undertake an assessment and send a report to the GP on the steps that can be taken to support the successful return to work of their patient.

As this evaluation is specific to staff working at Bangor University, a wider review on the impact of statements for Fitness to Work for other major employers in the area may be more informative. To understand whether or not this is the case, GPs will be asked if they would like to mark the 2<sup>nd</sup> anniversary of the Fitness for Work certificate by attending a buffet and presentation with local employers.

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17<sup>th</sup> October 2011

## APPENDIX

### THE IMPACT OF MEDICAL ADVICE TO HELP OVERCOME OBSTACLES FOR A RETURN FROM LONG TERM SICKNESS ABSENCE

“If available, and with your employers agreement, you may benefit from” <sup>5</sup>	Quotes from staff who received medical advice for a supportive return from long term sick leave <sup>6</sup>
A phased return to work	“The phased return plan involved starting work at the normal time and finishing early, slowly increasing both hours and days of work every week for 3 weeks until working normally. During a phased return, I was paid as though working normal hours. This helped to overcome tiredness and allowed time to re-adjust to being at work and the workload involved”.
Amended duties	“Acute anxiety is a deeply dreadful feeling that stops all enjoyment of life and places a heavy burden on those I work with and my loved ones at home. After receiving medical advice from my GP, the OHP conducted a work place stress impact assessment. The outcome has matched my workload and responsibilities to a level that I can cope with. The support I have received at work has most definitely improved my mental health and is having a most positive effect on my quality of life”.
Altered hours	“My health issue is that I have recently been diagnosed with epilepsy. From time to time I have seizures in my sleep. The effect leaves me dazed and confused. My GP suggested I discussed altering the hours I work with my manager. This has resulted in my department being supportive of me, realising there are days when I cannot come into work and times when I arrive later than the normal start of my shift. Knowing that co-workers and managers understand my health issue makes a big difference to reducing the anxieties that could otherwise occur. I very much enjoy my job and being able to continue at work gives me a great peace of mind, structure to my day and a much needed income! “
Workplace adjustments	“The OHP ensured that workplace adjustments were made in advance of the return to work day. These included altering the height and improving the leverage of door handles, reducing the resistance to open corridor (fire) doors, lowering and increasing the amount of office shelving that was usable at waist height, exchanging 4 drawer filing cabinets with lower 3 drawer filing cabinets and modifying lecture room audio visual equipment to ensure it was within a range of convenient reach”.

<sup>5</sup> Extract from the statement of fitness for work [www.dwp.gov.uk/docs/med3-fitnote-sample.pdf](http://www.dwp.gov.uk/docs/med3-fitnote-sample.pdf) accessed on 12/10/11

<sup>6</sup> Case reports [www.bangor.ac.uk/hss/wellness/pathways-sick-leave.php.en](http://www.bangor.ac.uk/hss/wellness/pathways-sick-leave.php.en)