Working with GPs to support a return to work from sickness absence

It is over 2 years since medical statements of Fitness for Work were introduced and published articles have warned that fit notes have made no difference to sickness absence[1] and that if employers want the fit note to work, they need to take more initiative when it comes to making contact with GPs[2]

To celebrate the 2nd anniversary of 'Statements for Fitness for Work' a number of local GPs were invited to meet occupational health practitioners from the North West Wales public sector. The areas represented are a main source of employment for all people living in North West Wales, namely: Betsi Cadwaladr University Health Board, Bangor University and Gwynedd Council.

The purpose was to highlight employer health at work programmes and discuss the impact of fitness for work medical statements, so that any operational problems arising from the use of Fitness for Work could be discussed. In attendance were HR officers.

Gwynedd Council Occupational Health Service

Gwynedd Council Occupational Health Service (OHS) explained to local GPs the way in which health at work and a return to work from sickness absence is organised, and that their efforts were recognised when in March 2011, Gwynedd Council was awarded the Gold Level Corporate Health Standard.

The Council has a robust sickness absence policy in place. Staff and managers are fully aware of the OHS's role in improving health and wellbeing; either reactively when conducting sickness absence consultations, or through focussed pro-active health promotion activities that aim to prevent ill health in the first place.

To support health at work, employees of Gwynedd Council benefit from early access to services[3] such as physiotherapy and counselling; any staff member who is absent from work due to a musculoskeletal or stress / mental health issue are referred to the occupational health service on their first day of absence.

The OHS works closely with the Musculoskeletal Health Advisor who works within the Back Care Team. The team have contributed to the reduction in sickness absence due to MSD's over the past 2 years.

Another development has been *Care Call*; whereby individual employees, on his/her first day of absence, receives a phone call from one of the OHS nurses. The nurse provides the employee with advice to support their recovery and obtains the individuals consent to let the employee's line manager know what is wrong and the health advice that has been given. A leisure centre manager who has been participating in the scheme says:

> *"The Centre has taken part in the Care Call Scheme since November 2010 and since then the level of sickness absenteeism has plummeted. There have been some months without any absences but when Care Call has been required, the feedback from the Nurse has been very useful to me".*

The scheme has also been introduced within the Home Care Service, one member of staff who has received a Care Call said:

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[1] Chamberlain, L (2012) 'Fit notes have made no difference to sickness absence' Personnel Today 14th May 2012
[2] Paton, N (2012) 'Employers to play a crucial role on the success of the fit note' Occupational Health June 2012
[3] Black, C (2008) 'Working for a healthier tomorrow' Executive summary: Early interventions' www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf

"I received useful advice, this advice was certainly of benefit to my health – it made me think of other reasons for my symptoms. I am of the opinion that the service offered through Care Call is positive and something that we should be thankful for as a workforce".

Meeting with GPs is certainly of great benefit. It facilitated their understanding of the various routes of assistance available to staff, and of the role that occupational health services undertake within in Gwynedd Council. Our discussion also provided an opportunity to raise concerns and question each other about the 'Fitness for Work' process.

The importance of improved communication with GPs will undoubtedly support the staff that Gwynedd Council's OH team deliver a service to, especially as our service level agreements extend beyond Council employees to those employed by Snowdonia National Park and Ynys Mon Council.

Betsi Cadwaladr University Health Board (BCU)

BCU is one of the largest employers in North Wales and supporting the health and wellbeing of the workforce is crucial to the delivery of excellent patient care. Many of the recommendations cited in the Department of Work and Pension (DWP) guidance are already in place within the organisation. Conversations between the employee and Occupational Health and Wellbeing take place on how a return to work will be managed. As suggested in the DWP guidance, advice is given to the manager on adjusted duties, phased return and flexible working taking into consideration the patients duties, fitness standards, and work area.

BCU has taken the support offered to employees' one step further with the introduction of a service which provides support to employees prior to the requirements for a fitness to work certificate at seven days sickness absence. The HSE suggest that early intervention is the key to increasing the chances of an employee making a full recovery and a speedy return to work[4] . With this in mind Occupational Health and Wellbeing has introduced CARE (Confidential Advice Relating to Employees). CARE offers early support and advice for employees from day one of sickness absence or if they are experiencing health or social difficulties whist in work.

The cause of sickness absence in the workforce can range from common health conditions through to personal and social reasons, such as financial or relationship problems which also effect health and can impact on ability to work. CARE is a voluntary service which operates by providing employees with key information and advice to help them cope and function, promoting their own recovery or adapting to their personal or work situation. Specially trained CARE advisers are available to offer confidential practical information and guidance to support employees with the issues or symptoms affecting their health. It is based on an early intervention biopsychosocial approach which looks at all circumstances and not just the disease as in a medical model. The adviser will keep in touch with the employee at regular intervals and provide continued support to help them back to health and back to work.

The service has been running since November 2011 and early feedback from employees is very positive with over 96% feeling that their views and opinions were listened to and 70% indicating that the advice they had received from CARE had helped them. The benefits of this approach are felt by employees and managers alike. By providing the employee with information and support to help them deal with their

[4]HSE 2004 - http://www.hse.gov.uk/sicknessabsence/guidancehome.htm

symptoms and / or situation, it gives them confidence & resilience to address their needs. This in turn assists their recovery and enables them to return to work quicker. The Sickness absence rate is reduced and productivity increased saving on the cost of backfill and bank staff usage.

BCU has recently been presented with the Silver level Corporate Health Standard Award and the positivity of the CARE service as a resource for employees was reflected in the feedback received. The assessors indicated that In spite of its relatively recent introduction, the CARE initiative as both a preventative and reactive service to sickness absence already seems to have been a great success. The CARE advisers provide advice and support to employees to help them manage recurring problems such as migraines, as well as helping an individual to return to work from a current episode of sickness.

CARE has now been running for six months and early indications are that the service is having an impact on short term sickness absence. From January to March 2012 there were 1249 less sickness absence episodes compared to the same months in 2011. This equates to a mean reduction of 0.4% in the actual sickness absence rate over this time and a productivity cost saving of £193,954.80. The impact on long term absence is yet to be assessed and statistical data will continue to be collected over the next twelve months to identify the long term benefits of the CARE service to employees and the BCU organisation. It is anticipated that with support being provided to employees at an early stage short, medium and long term ill health and the associated costs both to individuals and society will be greatly reduced.

Bangor University Health & Safety Services

The occupational health practitioner organised a focus group[5] to understand the experience of staff returning from long term sick leave. Feedback from the focus group was shared with local GPs:

"The phased return to work from my operation involved starting work at the normal time and finishing early, slowly increasing both hours and days of work every week for 3 weeks. This helped to overcome tiredness and allowed time to re adjust to being at work and the work load involved"

"Amended duties were so helpful. Acute anxiety is a deeply dreadful feeling that stops all enjoyment of life and places a burden on those I work with and loved ones at home. The GP advised amended duties and the occupational health nurse then conducted a workplace stress impact assessment. The outcome matched my workload and responsibilities to a level I can cope with. The support I have received at work has had a most positive effect on the quality of my life both at work and at home"

"Altered hours helped me to cope with recently diagnosed epilepsy. I have fits at night and there are mornings when the consequence makes me feel unwell. My GP suggested having a discussion with my manager about altered hours. This has resulted in the department realising why there are days when I cannot come into work on time. As a result of this discussion, rather than take the whole day off as sick leave, I arrive later than the normal start of my shift. I very much enjoy my job and being able to continue at work gives me great peace of mind, a structure to my day and a much needed income!"

"Workplace adjustments were arranged after a pre-return to work assessment with the Occupational Health Practitioner ensured that changes 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 needed to open corridor (fire) doors, lowering and increasing the amount of shelving that I can use at waist height, exchanging 4 door filing cabinets with lower 3 draw cabinets and modifying lecture room audio visual equipment to ensure everything is within a range of convenient reach. Without these

[5] www.bangor.ac.uk/hss/wellness/pathways-sick-leave.php.en

adjustments, I would not have been able to make an earlier return to work. Now that I am back at work, the adjustments are preventing my health condition from being aggravated"

Feedback to GPs that summarised the extent of medical advice

GPs who attended the meeting received copies of graphs and tables that reviewed the trends in medical advice that 'Fitness for Work' medical statements had followed over the past year. Not everyone returns to work with medical advice to support their return. GPs advice on Fitness for Work statements is only of value if the person needs additional support to overcome barriers that would prevent them from coming back earlier, or when the health and safety of others needs to be considered- e.g. fitness for driving.

Data from Bangor University revealed that between April 2011 and April 2012 a total of 141 staff who returned from long term (i.e. over 20 day's sickness absence). Of this number 65 staff (46%) received medical advice to support an earlier return to work and 76 people (54%) did not. The 76 staff that did not receive medical advice were asked if the GP had discussed the options for an earlier return to work with them. The response revealed that a significant number of people (41%) did not want any support to assist their earlier return to work, 30% did not recall having a discussion about an early return to work with their GP. 29% did not respond to follow-up contact asking for feedback about their GPs advice.

For those staff that did receive medical advice to support an earlier return to work, trends were detected in the type of advice in relation to specific illnesses (Table 1)

- Amended duties and a phased return were the main types of advice for people recovering from psychological conditions.
- Workplace adaptations are the most common type of advice for those returning from musculoskeletal conditions.
- Amended duties and altered hours are commonly recommended to help the return of people recovering from cardiovascular conditions.
- Those recovering from tumors were advised to discuss a phased return or altered hours at work.
- A mixture of altered hours and a combination of workplace adaptations and amended duties has been advised to help with the medical management of unstable diabetics and cases of epilepsy.

TABLE 1

TRENDS IN THE NATURE OF MEDICAL ADVICE FOR AN EARLIER & SUPPORTIVE RETURN TO WORK

APRIL 2011 – APRIL 2012

	Psychological	Muscular-skeletal disorders	Cardiovascular	Benign/malignant tumours	Diabetes/epilepsy
Workplace adaptations	*3%*	*61%*	*11%*		*25%*
Altered Hours	*22%*	*22%*	*20%*	*14%*	*22%*
Amended duties	*43%*	*21%*	*30%*		*6%*
Phased return to work	*42%*	*27%*	*10%*	*21%*	

These findings were similar to those reported in a survey that was conducted 2 months after the introduction of the Fitness for Work medical statement, coordinated by Hyland[6].

To understand the impact of medical advice for an early return to work on individuals, the findings of a survey conducted by the occupational health practitioner at Bangor University revealed:

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[6] Hyland, S (2010) 'Occupational Health of Central England Survey' Occupational Health (page 27) Dec 2010

- That no member of staff suffered a relapse or came to any harm at work
- 54% said they began to feel better through being back at work
- 32% said they did not feel any different from being at work compared to how they were at home
- 4% commented that the return to work was more strenuous than they had expected it to be.

Preventing sickness absence from extending into the 6th month and beyond is known to reduce an 80% chance of individuals then being off work for 5 years[7]. For this reason the impact of the Fitness for Work medical statement needs to extend beyond an understanding of how people are being supported back from sick leave and identify whether the duration of sick leave is actually shorter.

Because the individual numbers of people that suffered from specific illness types at Bangor University is low, a difficulty exists in calculating any statistically significant difference between the duration of absence under the 'Fitness for Work' system and absences under the 'Sick Note' system. Nevertheless, an exception is where differences have been identified in the return to work patterns for staff suffering psychological illness (Table 2).

TABLE 2

THE IMPACT OF FITNESS FOR WORK MEDICAL STATEMENTS ON THE DURATION OF SICK LEAVE FOR PSYCHOLOGICAL ILLNESS AT BANGOR UNIVERSITY

NUMBER OF SICK LEAVE ABSENCES DUE TO PSYCHOLOGICAL ILLNESS	THE PERCENTAGE OF STAFF RETURNING TO WORK IN LESS THAN 20 DAYS	THE PERCENTAGE OF STAFF RETURNING TO WORK BETWEEN 20 AND 54 DAYS	THE PERCENTAGE OF STAFF RETURNING TO WORK AFTER 54 DAYS
2009-2010 = 57	*40.4%*	*40.4%*	*19.2%*
2010 – 2011 = 46	*67.4%*	*23.9%*	*8.7%*

The finding for psychological reasons of absence reveals that the use of 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. The percentage who then returned after 20 days was proportionally distributed. Differences in the returned to work patterns were significantly improved when staff benefited from the 'Fit for Work' process (chi-square test = 7.60, distribution frequency = 2, p=0.022). The duration of sick leave for psychological illness has been significantly reduced.

Despite limited statistical significance, the trends and effect of GPs advice given through the 'Fitness to Work' statement, suggests that people are returning from sick leave with greater ease (and are therefore more productive), in a shorter time (reducing the impact of absenteeism) and with greater success (measured by people not requiring further time off work within weeks with the same illness).

GPs identified areas they would like to see improved.

GPs are looking forward to the introduction of computer generated (electronic) 'Fitness for Work' statement that is compatible with their software systems as this will help communication with other GPs about the advice given to patients; the use of software will also support clinical audit.

GPs shared with HR colleagues their unease of being asked to supply a medical certificate when people are unable to work for less than 6 days. This seems to be a common part of HR absence management policies, not solely in North West Wales, and needs to be addressed by the wider HR community.

[7] Waddell and Burton (2006), cited in NICE public health guidance 19 (March 2009) www.nice.org.uk/nicemedia/PH19quickreferenceguide

We discussed the impact of ill health amongst part time staff. It is common practice when people are only employed to work less than 20 hours for the individual to have a second and even a third job. On occasions staff have been issued a medical statement stating they are unfit for work and receive sick pay from their job public sector and then continue to work elsewhere. Whilst GPs may hold the view that this could be a form of altered hours that helps a person's recovery, contracts of employment prevent the practice of staff submitting a medical statement stating they are unfit for work and then work elsewhere. When it is known this is happening it invariably leads to disciplinary action and dismissal.

The outcome

Our meeting enabled local GPs and occupational health nurses to discuss issues that would normally be restricted to members of these separate professional groups. By crossing 'organisational' barriers, GPs were genuinely interested to hear of the health interventions provided by local occupational health nurses, who in turn felt the discussion fostered a closer relationship with the source of medical advice to refrain or return to work. GPs were more confident that the right level of workplace support is in place to their patients, our employees, for a return to work from sickness absence. We agreed to meet again.

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