4 Changing perceptions of fitness for work
Chapter 4 – Changing perceptions of fitness for work

This Review sets out a new vision for health and work in Britain, based on an acknowledgement of the positive relationship between health and work and its importance in relation to the well-being and prosperity of individuals, families, organisations and society as a whole. Achieving this vision will require abandoning the idea that it is inappropriate to be at work unless 100% fit and that being at work normally impedes recovery.

This chapter sets out the implications for achieving such a change in understanding and the steps needed to bring it about. All those with an interest in working age health will be affected.

Employers’ perceptions of ill-health

Even when the most effective strategies are in place to promote and protect their health and well-being, employees can still become unwell. When this happens, employers need arrangements to enable an early return to productive employment, accelerating where possible, but never compromising, the individual’s sustained recovery.

Employers have significant scope to facilitate an employee’s early return from sickness absence. Early, regular and sensitive contact with employees during sickness absences can be a key factor in enabling an early return to work. It ensures absent employees feel valued and do not become isolated from the workplace, and it assists line managers in understanding the consequences of the health problem and how to enable a return to work. Yet as many as 40%\(^{35}\) of organisations have no sickness absence management policy at all and this is of concern given the high costs of sickness. There is evidence that some employers are reluctant to contact absent staff for fear of being accused of harassment. However, where contact with sick employees takes place in the context of clearly stated policies on sickness absence management, there should be no grounds for such fears.

Secondly, employers are often unaware of the evidence that work can be good for health and therapeutic in recovery. Employers have much to gain from acceptance that people do not have to be 100% fit to return to work. In many cases, an early return to work, with appropriate adjustments, can accelerate recovery without causing harm. For employers’ sickness absence management policies to be successful, line managers need to be trained appropriately to implement them.

Line managers may need training in how best to regularly contact absent staff to stay in touch, offer support, and suggest back-to-work plans. It is important that line managers feel equipped and confident about approaching sensitive or difficult areas of conversation.

Lord Leitch’s 2006 Review of Skills\textsuperscript{36} in the UK discussed the need to improve management skills. In order to be effective, this needs to include management skills in sickness absence, as well as management of the health and well-being of the workforce more holistically. The development of a health standard in Investors in People will provide a benchmark for employers on these aspects.

Employers are also often reluctant to contact GPs about the options for a return to work and instead believe they should wait for the GP to produce a health report. In contrast, some employers take a proactive approach to proposing a return-to-work plan to the GP and ask the GP to confirm that this will not aggravate the health condition. Organisations that take this approach have generally found that GPs are receptive to being contacted in this way and that such an approach often facilitates an earlier return to work.

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**Case study**

ClinPhone is a company which uses internet and telecommunications technology to accelerate the drug development process for the pharmaceutical industry. They employ 726 staff and have an annual turnover of £33.9 million. As soon as a member of staff is signed off work with a sick note, the line manager and HR team proactively work with their occupational health adviser, the employee and the GP to formulate a tailored return-to-work plan. As a result of this, and their other health and well-being strategies, ClinPhone have a low staff absence rate, averaging just 3.2 days per employee per year.

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**The public**

In parallel with a change in perceptions among employers, there is an urgent need for a shift in public attitudes. Too many people think that work is bad for health, that work should be avoided when they are unwell and that they should only return to work when they are 100% fit. These misconceptions are reinforced by family and friends, resulting in many people seeking to be signed off work by their GP while awaiting or undergoing treatment. We need to change this behaviour if we are to make real progress.

\textsuperscript{36} Leitch Review of Skills: Prosperity for all in the global economy – world class skills – 2006.
A change in public attitudes towards health and work will only be achieved through consistent messages reinforced by healthcare professionals, employers, trades unions, government and media. Healthy workplaces need to become the expected norm. As will be seen in Chapter 8, schools, further education and higher education have a role in embedding these expectations in the next generation.

The role of healthcare professionals

Healthcare professionals are key to providing much of the support people need to stay in or return to work. Their advice is often crucial in influencing a person’s belief about their ability to work and available courses of action. GPs are particularly important here, as they are usually a person’s first port of call when they fall ill and need advice about fitness for work. This advice has a huge impact on whether a person is absent from work, for how long and whether they take steps to return to work.

Yet despite the importance of work in maintaining health, until recently many GPs and other healthcare professionals have not seen it as their role to offer advice in this area. They are often concerned that being in work could be bad for health or that an early return to work could aggravate a health condition. Also, they may be concerned about damaging the doctor-patient relationship and they often have to rely, to some extent, on patients’ own perceptions of the nature of the condition, especially with mental health.

At the heart of this problem is a wider lack of understanding about the impact of work on patient health and the role healthcare professionals can play in helping their patients to stay in or return to work. In spite of a growing evidence base on health and work, these issues have not been incorporated into the training of healthcare professionals. The result is that, despite their best intentions, the advice that healthcare professionals give to their patients can be naturally cautious and may not be in the best interests of the patient for the long term.

This was highlighted by recent research carried out for Government by Doctors.net.uk which found that, of 1,500 GPs surveyed, two-thirds did not know of recent evidence showing that work is good for health. It is encouraging that almost 90% said that this evidence could help to change their behaviour.
Developments in professional education, training and practice

Healthcare professionals have been working with the Department for Work and Pensions and the Health Departments to raise awareness of the evidence base where it is available, improving the training of future and existing healthcare professionals, and providing practical support to help them in their day-to-day work.

Leaders of the healthcare profession have demonstrated their commitment to promoting the link between good work and good health by signing the Healthcare Professionals’ Consensus Statement on Health and Work. Focused on recognising that work can be good for patients and that supporting patients to remain in or return to work should be part of a healthcare professional’s clinical function, this groundbreaking statement represents a significant step forward.

The opportunity exists to build on this consensus. Healthcare professionals, supported by Government, must take responsibility for helping to translate this pledge into reality.

Commissioners of health services

It is not enough to focus on those providing services. There needs to be a change in understanding by those responsible for commissioning services. To help bring this about, Government needs to ensure that commissioners of health services understand the importance of tackling working age ill-health, the needs of working age people and the interventions that are most effective in tackling the health conditions suffered by them. In England, the Department of Health’s Commissioning Framework for Health and Well-being contained a very welcome chapter on work and health. However, Government needs to ensure that positive intentions, such as these, are translated into real action at a local level. Simple guidance for commissioners would help.

Moving from a sick note to a ‘fit note’

The current sick note asks a GP to state briefly what a person’s health condition is and for how long they should be absent from work as a result of this. In short, it focuses on what a person cannot do. The sick note includes a ‘remarks’ section which can, for example, be used by the GP to suggest amended duties as an aid to rehabilitation. However, it does not readily encourage GPs to explore with patients and employers the options for prompt return to work and the workplace adjustments which would facilitate this. Dating in its current form from 1922, it reflects an age when an employer expected an employee to do a specific job rather than today’s more flexible workplace.
Changing perceptions of fitness for work

Healthcare Professionals’ Consensus Statement

Statement on Health and Work

“Work which is appropriate to an individual’s knowledge, skills and circumstances, and undertaken in a safe, healthy and supportive working environment, promotes good physical and mental health, helps to prevent ill-health and can play an active part in helping people recover from illness. Good work also rewards the individual with a greater sense of self-worth and has beneficial effects on social functioning.

People who have never worked, but who have the potential, should be encouraged and helped to gain the necessary skills and experience to get a job, and be supported throughout this process. Similarly, those who have been unable to work because of illness or disability, but who have the potential to work, should be supported to make a timely return to appropriate work.

The crucial relationship between work and health dictates that, where appropriate, remaining in or returning to suitable work must be a critical outcome measure for success in the treatment and support of working age people.

Supporting employees’ occupational health is also a fundamental responsibility for employers. It is central to good management and – through its impact on productivity – good business. Whatever the nature of the business and wherever the place of work may be, we look to employers of all sizes to make use of the advice available from experts in employee health; and in the light of that advice to seek to:

- prevent ill-health by assessing and controlling the risks to employee health, safety and well-being;
- promote healthy lifestyles;
- tackle all forms of discrimination – especially the stigma too often associated with mental health conditions;
- support people to help keep them in work;
- facilitate a timely return to work, should ill-health occur, including, for example, the use of amended duties, flexible working options or rehabilitation services.

Statement of action

“We, the undersigned, will work with government, other healthcare workers, the voluntary sector, employers and trades unions, to promote and develop ways of supporting individuals to achieve the socio-economic and health benefits of work. This pledge includes a commitment to continue to educate the healthcare community, employers and people of working age about the benefits that work can provide; and, as appropriate, to do all we can to help people enter, stay in or return to work.”

Signatories

Association of UK University Hospitals
Barts and the London School of Medicine and Dentistry
British Medical Association
British Psychological Society
British Society for Rheumatology
British Society of Rehabilitation Medicine
Chartered Society of Physiotherapy
College of Chiropractors
College of Occupational Therapists
Council of Heads and Deans of Dental Schools
Ergonomics Society
Faculty of Occupational Medicine
Faculty of Public Health
General Medical Council
Institution of Occupational Safety and Health
London Deanery
Medical Schools Council
NHS Alliance
Postgraduate Medical Education and Training Board
Queen Mary, University of London
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Nursing
Royal College of Obstetricians and Gynaecologists
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Professional Organisation in Occupational Safety and Health
Royal College of Pathologists
Royal College of Physicians and Surgeons of Glasgow
Royal College of Physicians of Edinburgh
Royal College of Physicians of London
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of Edinburgh
Royal College of Surgeons of England
Society of Occupational Medicine
UNISON
Vocational Rehabilitation Association
The Department for Work and Pensions is currently carrying out a review of the sick note system, working in partnership with stakeholders to ensure that it is more positive in outlook and supports GPs to offer helpful advice to patients and, ultimately, employers as well. The Government should take this opportunity to be radical and facilitate a process allowing GPs to create an entirely new ‘fit note’ system, focused on what patients can do. Drawing on the expertise of the *Fit for Work* teams proposed in the next chapter the ‘fit note’ can become a vehicle for providing practical advice to both the patient, and potentially their employer, about how a return to work can be achieved.

Currently the sickness certification scheme is paper-based. This has resulted in a lack of robust information on how many sick notes are issued, how many are received by employers and what they are used for. Improved recording and analysis of certification would prove helpful to both the healthcare profession and employers. It would allow GPs to compare standards of clinical practice with their peers and so improve treatment of their patients– as well as facilitating easier identification of regional or local health issues, public health surveillance and service planning. It would enable employers to identify patterns of absence within particular departments or roles and so deal with possible health problems in the workplace.

Data collection would be improved by the introduction of an electronic certification system across Britain, linked to GP computing systems. Such a system could also be used to promote quicker and easier communication between GPs and employers – with the potential for ‘fit notes’ to be passed between them electronically if patients agrees.

However, even the most supportive healthcare professional can only have a limited impact if the appropriate treatments and interventions are not available for them to refer their patients to. Often, GPs sign sick notes because they feel they have no alternative available.

The next chapter sets out proposals for a new model of early intervention which will give GPs new options for referral and provide a minimum level of work-related health support to all employees, preventing mild to moderate conditions becoming chronic and ending the mutual frustration for patient, GP and employer of an often long wait for appropriate treatment.
Recommendations

• Government should launch a major drive to promote understanding of the positive relationship between health and work among employers, healthcare professionals and the general public.

• Building on the commitment from the leaders of the healthcare profession in the recent consensus statement, GPs and other healthcare professionals should be supported to adapt the advice they provide, where appropriate doing all they can to help people enter, stay in or return to work.

• The paper-based sick note should be replaced with an electronic fit note, switching the focus to what people can do and improving communication between employers, employees and GPs.

• NHS professionals and their organisations – along with their regulators – should recognise retention in or return to work as a key indicator of the successful treatment of working age people and appropriate data should be collected to monitor it.

• Medical professional bodies, together with Government, should consider the establishment of a network of GPs interested in health and work to be a source of growing expertise at a regional and local level.