



Department  
for Work &  
Pensions

# An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

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June 2013

Research Report No 840

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# Summary

## Background

The Government introduced the Statement of Fitness for Work or 'fit note' in April 2010, to replace the previous medical statement (known as the 'sick note'). GPs use fit notes to assess whether their patient 'may be fit for work' or is 'not fit for work'. The patient and their employer can discuss the advice on the fit note to identify possible changes that could facilitate a return to work.

## Methods

The Fit Note Survey was carried out by the Office for National Statistics (ONS) between January and June 2012. The sample used was comprised of 1,398 eligible adults consenting to be interviewed. The survey included only individuals who were over the age of 16, in employment, and who had had a period of sickness absence from work that was covered by a fit note in the last 12 months. Individuals were interviewed mainly by telephone. Respondents were asked to recall any discussions relating to their sickness absence with their GP and employer in the last 12 months.

## Key findings

Respondents were asked to rate how helpful the fit note was:

- seventy-one per cent of respondents agreed that the fit note was helpful;
- around two-thirds of respondents agreed that the fit note and discussions with their GP helped them to discuss changes with their employer;
- around half of respondents agreed that the fit note and discussions with their GP made a difference to their employer's willingness to make changes to help them return to work;
- the majority of respondents agreed both that GPs and employers had understood the types of changes in work that would be helpful to them (70 and 82 per cent respectively).

The survey found that the likelihood of someone receiving a fit note is related to a number of characteristics, the most significant being whether they were disabled. Other key characteristics included occupational classification, sector worked in, sex and age.

Overall, the majority of individuals returned to work following their sickness absence (82 per cent). It was also found that: non-disabled respondents were most likely to return to work (88 per cent); most sickness absences lasted between eight and 14 days; and mental health conditions were the most common health condition specified on fit notes, followed by injuries and other musculoskeletal conditions.

Ninety-six per cent of first (or only) fit notes and 81 per cent of secondary fit notes recorded that the individual was 'not fit for work'. When fit notes had advised that an individual 'may be fit for work', 78 per cent ticked the box suggesting a phased return to work, 52 per cent suggested amended duties, 49 per cent altered hours and 21 per cent workplace adaptations

Around three-quarters of the total changes discussed by respondents with their employers were consequently made by respondents' employers. The most common change made by employers was modified days or reduced working hours (59%).

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# Glossary of terms

<b>Basic pay</b>	Refers to the pay received without taking into account any additional benefits or bonuses, such as a car, medical cover, commissions, clothing, food, etc. It also refers to the amount of pay before making any deductions such as tax.
<b>DDA (Disability Discrimination Act) disabled respondents</b>	The Fit Note Survey uses a DDA definition of disability, DDA is a piece of legislation that has promoted civil rights for disabled people and protects disabled people from discrimination. The DDA generally defined someone as disabled if <i>'he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'</i> . From 1 October 2010, provisions in the Equality Act 2010 (EA) replaced the majority of provisions in the DDA. In general, the definition of disability in the EA is similar to that which applied for the purposes of the DDA. Unlike the DDA, it does not require a disabled person to demonstrate that, where their impairment adversely affects their ability to carry out a normal day-to-day activity, that activity involves one of a specified list of capacities, such as mobility, speech, or the ability to understand.
<b>Employer</b>	The term employer in this report can refer to the respondent's manager, or to personnel working in human resources or occupational health departments.
<b>First fit note</b>	This implies that the recipient had 'multiple fit notes' and that this one was their 'first' for that episode of sickness absence.
<b>Last fit note</b>	This implies that the recipient had 'multiple fit notes' and that this was their last one for that episode of sickness absence.
<b>Multiple fit notes</b>	Any number of fit notes greater than one, issued for the same continued episode of sickness absence.
<b>National Statistics Socio-Economic Classification</b>	The National Statistics Socio- Economic Classification (NS-SEC) is an occupationally-based classification designed to categorise the whole respondent population. It replaces Social Class based on Occupation (SC, formerly Registrar General's Social Class) and Socio-Economic Groups (SEG). The information required to create the NS-SEC is occupation coded to the unit groups (OUG) of the Standard Occupational Classification 2000 (SOC2000) and details of employment status (whether an employer, self-employed or employee; whether a supervisor; number of employees at the workplace).

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<b>Odds ratio</b>	The odds ratio is the ratio that compares the probability of getting a result (success) to the probability of not getting that result (failure).
<b>Only fit note</b>	This implies that the recipient was only issued with one fit note for that particular episode of sickness absence.
<b>Return to work</b>	This includes returning to the same employer or to a different one.
<b>Secondary fit note</b>	This refers to the 'second' fit note the recipient was issued with.
<b>Statistically significant</b>	This indicates the probability with which we are confident that the difference between the estimates under examination did not occur by chance. Unless stated, all significance referred to in this report is at the 95 per cent level. This means that the probability that the difference happened by chance is low (one in 20). However, significance testing can sometimes produce a false positive result; that is results are concluded to be significant by chance.
<b>Work-limiting disability</b>	Work-limiting disability includes those who have a long-term disability which affects the kind or amount of work they might do.

# Notes to tables

The following conventions have been used in tables:

- 0 Less than 0.5 per cent;
- No responses were given;
- .. The data is suppressed if the unweighted observations are less than three.

Figures are rounded to the nearest whole value. This could have an impact on row or column percentages which may not add to 100 per cent.

The individual figures for unweighted sample sizes are rounded to the nearest ten cases and may not add up to the figures shown in the totals.

A few respondents did not answer some questions. These 'no answers' have been excluded from the analysis. Tables that describe the same population have varying bases.

Where estimates are considered unreliable (less than 30 observations) due to relatively high sampling error, figures in the tables are presented in brackets. Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of the bracketed figures must be accompanied by this disclaimer.

Only statistically significant findings are discussed in this report. Data in the tables that are not included in the commentary have been omitted because they were not statistically significant. Some data in the tables are contained in brackets (i.e. less than 30 respondents) and may be unreliable. No analysis has been run on these figures.

# Executive summary

## Background

The Government introduced the Statement of Fitness for Work or 'fit note' in April 2010, to replace the previous medical statement (which was known as the 'sick note'). This was intended to help more people return to work from sickness absence as soon as they are able to.

GPs use fit notes to assess that their patient 'may be fit for work' or is 'not fit for work'. If a patient is 'may be fit for work', the GP should then tick one of four boxes outlining common return-to-work approaches that they think may help their patient. There is also free text space for the GP to give further advice about what their patient can do at work.

The patient and their employer can discuss the fit note to identify possible changes that could facilitate a return to work in either a full or limited capacity as soon as possible.

This Fit Note Survey adds to our understanding of how fit notes are used in practice, by asking people who have had fit notes about their experience of the consultation, the advice they were given and any actions which followed.

## Survey methods

The Fit Note Survey was carried out by the Office for National Statistics (ONS) between January and June 2012. The sample used was comprised of 1,398 eligible people consenting to be interviewed. The survey sample is representative of the whole GB population in terms of key characteristics such as age and sex but does not include enough respondents to break results down by region.

The survey included only individuals who were over the age of 16, in employment, and who had had a period of sickness absence from work that was covered by a fit note in the last 12 months. This included individuals who had been issued with more than one fit note.<sup>1</sup> Individuals were interviewed mainly by telephone (with a small number interviewed face to face).

Respondents were asked to recall any discussions relating to their sickness absence with their GP and employer. It is worth noting that because the recall period for the survey was 12 months there is a potential reduction of accuracy and completeness in respondents' ability to recall past events and experiences.

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<sup>1</sup> See the Glossary of terms for a definition of 'multiple fit notes'.

## **Findings**

### **Likelihood of receiving a fit note depends on individuals' characteristics**

The survey found that the likelihood of someone receiving a fit note is related to a number of characteristics, the most significant being whether they have a disability as defined in the Disability Discrimination Act (DDA).<sup>2</sup> Other key characteristics include occupational classification<sup>3</sup>, sector worked in, sex and age. In particular:

- respondents with a DDA disability had three times the odds of receiving a fit note compared to those without one;
- individuals working in semi-routine and routine occupations were more likely to receive a fit note than those in managerial and professional occupations;
- individuals working in the public sector had nearly double the odds of receiving a fit note than individuals working in the private sector;
- men were less likely to receive a fit note than women;
- part-time employees (working less than 16 hours a week) were more likely than full-time employees (working more than 30 hours a week) to have had multiple fit notes to cover a sickness absence episode.

### **Several factors affect sickness absence and a return to work**

Overall, the majority of individuals returned to work following their sickness absence (82 per cent). It was also found that:

- respondents with no disabilities were most likely to return to work (88 per cent). DDA-disabled respondents were more likely to return to work (73 per cent) than those with a work-limiting disability (69 per cent);<sup>4</sup>
- those working in small organisations (19 per cent) were more likely than those working in than larger organisations (11 per cent) to report short sickness absences (lasting seven days or less);
- most sickness absences lasted between eight and 14 days;
- mental health conditions were the most common health condition specified on fit notes (14 per cent), followed by injuries (13 per cent) and other musculoskeletal conditions (nine per cent). However, nearly a fifth of all respondents cited unspecified 'other' reasons for their sickness absence;
- the reporting of sickness absences due to poor mental health decreased with age. Mental health conditions accounted for 18 per cent of sickness absences amongst 16-34 year olds and nine per cent amongst 50-64 year olds.

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<sup>2</sup> See the Glossary of terms for further details, including the Equality Act 2010 which has replaced the majority of provisions in the DDA.

<sup>3</sup> See the Glossary of terms for a definition of 'National Statistics Socio-Economic Classification'.

<sup>4</sup> See the Glossary of terms for further details, including work-limiting disability.

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The survey found considerable differences in sick pay practice by employers. Ninety-two per cent of public sector employees received full basic pay for some or all of their sickness absence, compared with 62 per cent of private sector employees.<sup>5</sup>

### **Changes discussed with their GP**

During the GP consultation for the first (or only) fit note, 59 per cent of respondents recalled speaking to their GP about their job.<sup>6</sup> Specifically:

- twenty-one per cent discussed a phased return to work and 14 per cent discussed changes that could help them return to work. DDA-disabled respondents<sup>7</sup> were most likely to discuss a phased return to work and/or 'other changes' than non-disabled respondents. A quarter of DDA-disabled respondents discussed a phased return to work compared with 18 per cent of non-disabled respondents; DDA-disabled respondents were more likely to discuss 'other changes' compared with non-disabled respondents. (19 per cent compared with 11 per cent);
- DDA-disabled respondents were most likely to discuss changes to work area (e.g. changes to work equipment or building modifications) than non-disabled respondents (27 per cent compared with 17 per cent);
- ninety-three per cent of respondents agreed that when their first (or only) fit note was being issued their GP understood the nature of their work;
- seven in ten respondents agreed that their GP understood what types of changes were possible in their circumstances (70 per cent).

Ninety six per cent of first (or only) fit notes and 81 per cent of secondary fit notes recorded that the individual was 'not fit for work'.

When fit notes advised that an individual 'may be fit for work', 78 per cent ticked the box suggesting a phased return to work, 52 per cent suggested amended duties, 49 per cent altered hours and 21 per cent workplace adaptations (it was possible to tick more than one box).

### **Changes discussed with their employer**

The survey found that:

- fifty-two per cent of respondents discussed changes with their employer and 74 per cent of those reported that this was standard procedure in their organisation;
- around three-quarters of the total changes discussed by respondents with their employers were consequently made by respondents' employers. The most common change made by employers was modified days or reduced working hours (59%);
- generally, the likelihood of discussing modified days or reduced working hours with the employer increased with age (54 per cent of those aged 16-34 years discussed these changes compared with 71 per cent of those aged 50-64 years) and were more likely to be discussed by public sector employees than private sector employees (71 per cent compared with 59 per cent respectively);
- the implementation of modified days or reduced working hours was more likely for respondents in managerial and professional occupations than respondents working in semi routine and routine occupations (64 per cent compared with 49 per cent respectively);

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<sup>5</sup> See the Glossary of terms for a definition of 'full basic pay'.

<sup>6</sup> See the Glossary of terms for definitions of both 'first fit note' and 'only fit note'.

<sup>7</sup> See the Glossary of terms for a definition of 'DDA-disabled respondents'.



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- overall, 90 per cent of respondents agreed that their employer had understood the nature of their illness or condition;
- a higher proportion of respondents (82 per cent) agreed that their employer had understood the types of changes in work that would be helpful to them; this compared with 70 per cent of respondents agreeing that GPs had understood this point.

### **The fit note's role in helping respondents return to work**

Respondents were asked to rate how helpful the fit note was in terms of helping them to identify changes that could help them back to work:

- seventy-one per cent of respondents agreed that the fit note was helpful;
- sixty-seven per cent of respondents agreed that the fit note and discussions with their GP helped them to discuss changes with their employer;
- fifty-two per cent of respondents agreed that the fit note and discussions with their GP made a difference to their employer's willingness to make changes to help them return to work.

### **Conclusions**

Although the fit note can facilitate useful discussions with GPs (and respondents appear to find them helpful), many fit notes did not recommend changes, and nearly half of respondents did not discuss changes with their employer. This may be partly explained by the fact that most fit notes were for between eight and 14 days, and short-term absences did not require changes to be advised or discussed.

The vast majority of fit notes advised that the respondent was 'not fit for work'. This implies that there may be more scope to support GPs to advise more respondents who they 'may be fit for work' where appropriate so that their patients have the possibility of discussing a return to work with their employer. Encouraging GPs to give practical advice where appropriate – and supporting employers to discuss this advice with employees – is clearly an area where more work is possible. The recently published fit note guidance for GPs, employers and patients may help to achieve this.

The Government has recently committed to setting up a new health and work assessment and advisory service aimed at helping employees who reach four weeks' absence from work due to sickness. This new service will have an important role to play in addressing some of the issues raised in this survey, and the findings presented in this report will, in turn, help with the design and delivery of the service.<sup>8</sup>

Mental health conditions were the most commonly specified health condition reason for sickness absence and one in ten respondents with a mental health condition did not return to work. This may be a potential area for more research. Given the differences reported between respondents who were DDA-disabled and other respondents, more research could also be considered about the disability status of people with chronic health conditions; for example, exploring whether they are DDA-disabled or work-limiting disabled.

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<sup>8</sup> Department for Work and Pensions. (2013). *Fitness for work: the Government response to 'Health at work – an independent review of sickness absence'*. Available at: <http://www.dwp.gov.uk/docs/health-at-work-gov-response.pdf>

# 1 Introduction

This report presents the findings of the analysis undertaken on the Fit Note Survey. The report will look at the working age population in employment, and their last period of sickness absence from work that was covered by a fit note. Tables and commentary on discussions with employers, consultations with GPs and changes made to facilitate returning to work and the perceived helpfulness of the fit note are also included in this report.

## 1.1 Research brief

The Health, Work and Well-being Directorate in the Department for Work and Pensions (DWP) commissioned the Office for National Statistics (ONS) to carry out the Fit Note Survey to examine individuals experience and the perceived impact of the Statement of Fitness for Work. The Statement of Fitness for Work, commonly known as the 'fit note' (and referred to as such through the remainder of this report), was implemented on 6 April 2010, replacing the 'sick note', and helps GPs switch the focus of their advice to what people can do rather than what they cannot. The change is designed to improve the flow of information between employers, individuals and GPs to facilitate an earlier return to work.

This research forms part of a larger programme of work to assess the overall effectiveness of the fit note in meeting key policy objectives.

## 1.2 Policy background

Dame Carol Black's (2008) review of Britain's working age population highlighted the importance of early intervention to prevent longer-term or repeated sickness absences. GPs are particularly important in this regard as, in the vast majority of cases, they are a person's first port of call when they fall sick and need advice about fitness for work. Their advice has a significant impact on whether a person is absent from work, for how long and whether they take steps to return to work.

The Black Review recommended changes to the medical statement which GPs use to give advice on an individual's fitness for work. Individuals can use medical statements to provide evidence of sickness to employers, or to support claims to health-related benefits. Individuals only need a medical statement after seven calendar days of absence – they can self-certify until this point.

Based on this recommendation, the Government developed the fit note, engaging a broad range of stakeholders in the process. This replaced the previous medical statement, known as the 'sick note'.

Following a trial with over 500 GPs, a public consultation and an impact assessment, the fit note was implemented on 6 April 2010 across England, Wales and Scotland.

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The previous form (sick note) simply asked a GP to record a diagnosis and indicate whether or not the individuals should or should not be working. The fit note introduced a number of changes, including:

- the introduction of a new option to record that an individual ‘May be fit for work taking account of the following advice’;
- increasing space for GPs to provide patients with comments on the functional effects of their condition; and
- tick boxes to indicate simple adjustments or adaptations that could aid return to work.<sup>9</sup>

The key policy aim of the fit note is to reduce sickness absence and support people with health conditions to stay in or return to work more quickly – meaning less time off work and reduced risk of long-term sickness absence and incapacity.

The fit note aims to achieve this by:

- improving back to work advice for individuals on sickness absence;
- improving communication between individuals, GPs and employers about how a patient’s condition could be facilitated in work;
- influencing GP behaviour on issues of sickness certification;
- contributing to raising awareness of the health and work messages that:
  - appropriate work is good for health;
  - individuals do not need to be 100 per cent ‘fit’ to do some work;
  - individuals with health conditions can often do some kind of work;
- adding to the knowledge base about GP, employer and individual behaviour on sickness absence issues.

Influencing certification behaviour among GPs is central to ensuring employees return to work as soon as they can and receive the necessary employer-based support to enable them to do so. Earlier return to work rates mean less time off work and reduced risk of long-term sickness absence and incapacity. The success of the fit note will play a significant part in reducing the overall spend on inactive health-related benefits. This will reduce Government spending on benefits and employer costs associated with sickness absence. Equally it will enable as many people as possible to enjoy the benefits of work and remain in work for as long as possible.

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<sup>9</sup> More information on the new fit note is available from the DWP website:  
<http://www.dwp.gov.uk/fitnote/>

## **1.3 Aims and objectives of the Fit Note Survey**

The purpose of the survey was to help strengthen the evidence base on sickness absence and fit notes. The findings will help to build an understanding of whether the introduction of the fit note is having the intended effect.

A number of factors may influence the likelihood of individuals being assessed as 'may be fit for work' or 'not fit for work' and how quickly they return to work following a period of sickness absence. The Fit Note Survey had the following aims:

- to identify types of individuals most likely to receive one or more fit notes and how they compare to the general population (individual characteristics; job characteristics; whether they have a long-term health condition);
- to estimate duration of the sickness absence from work;
- to understand the fit note discussion and advice given by GPs in the consultation and on the fit note itself, including whether the individual's job was discussed and whether it is feasible to return to work in a reduced capacity and advice on possible changes to a person's job role or working conditions;
- to understand the roles that employers played prior to, and following receipt of, the fit note from individuals and any actions taken to support an earlier return to work, for example, whether adjustments were made to job role or working conditions or whether occupational health services were accessed;
- to identify individuals' perceptions of the fit note and perceived impact on return to work.

## 2 Survey methods

### 2.1 Development of the Fit Note Survey questionnaire

The Fit Note Survey was an ad-hoc survey commissioned by the Department for Work and Pensions (DWP). The survey ran for six months from January to June 2012.

The Fit Note Survey was developed by DWP in collaboration with The National Institute of Economic Social Research (NIESR) and the Office for National Statistics (ONS). The Fit Note Survey questionnaire uses Computer Assisted Personal Interviewing (CAPI). The questionnaire was programmed using Blaise which is a highly adaptable and flexible computer assisted interviewing system and survey processing tool; which facilitates flexibility in the mode of data collection as well as enabling complex routing and data checking during the interview.

### 2.2 Survey design

The Labour Force Survey (LFS) was chosen as a vehicle for the Fit Note Survey because it is the largest regular household survey in the UK and is intended to be representative of the whole population (although the Fit Note Survey does not include Northern Ireland). The population covered by the LFS is all people resident in private households, all persons resident in National Health Service accommodation and young people living away from the parental home in a student hall of residence or similar institution during term time.

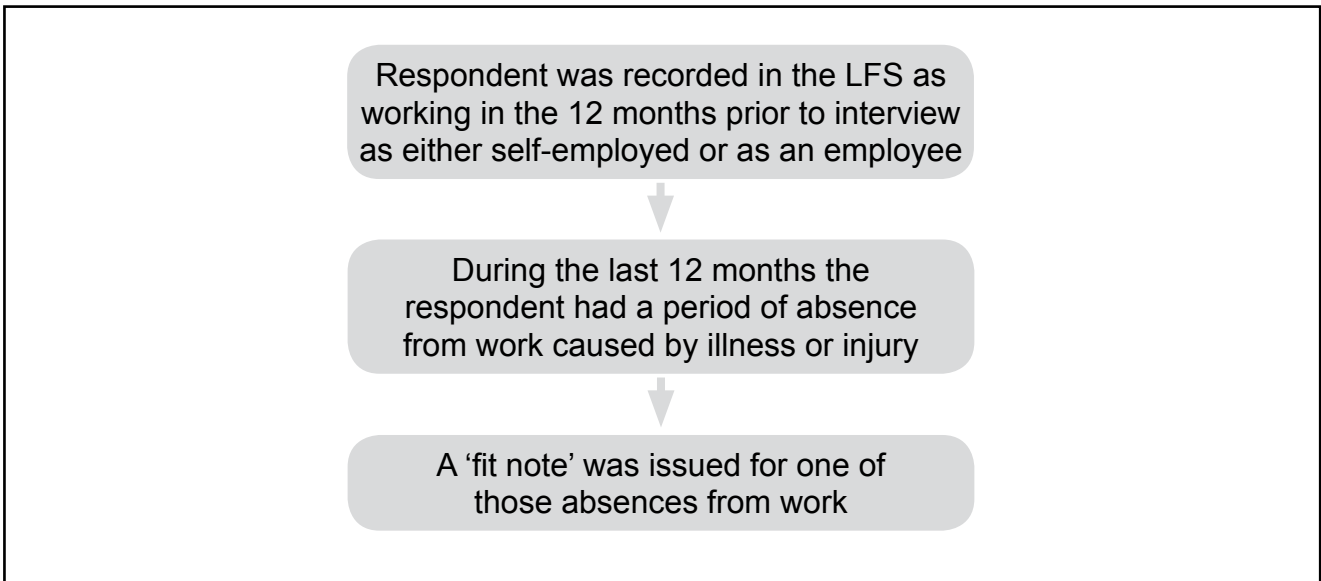
The LFS is a longitudinal survey whereby respondents are interviewed five times over the course of a year. The Fit Note Survey was attached to the final LFS interview, and conducted over the telephone.

The LFS sample currently consists of around 41,000 responding households in Great Britain every quarter, representing about 0.16 per cent of the population of Great Britain. More detail on the LFS sample design can be found in Appendix C.

The LFS does not include households where all residents are aged over 75 years past wave 1; although an individual aged 75 years or over may be interviewed in subsequent waves when they live in a household with residents aged under 75 years. The analysis in this report is focused on individuals aged 16-64 years.

LFS respondents were selected for the Fit Note Survey depending on responses they had given during the LFS interview. The selection criteria are outlined in Figure 2.1.

Figure 2.1 Fit Note Survey selection criteria



Overall, 1,398 people met the selection criteria during their LFS interview and gave consent to be interviewed for the Fit Note Survey.

As the Fit Note Survey respondents are also LFS respondents, it has been possible to use some LFS variables in the analysis of the Fit Note Survey data; such as socio-economic classification. It should be noted that some LFS variables such as trade union membership are not collected on the LFS at every quarter. Therefore, it has not been possible to include these in the analysis. LFS variables that had a significant amount of missing data when mapped onto the Fit Note Survey respondents' dataset have similarly been excluded because their use would have yielded findings that were not reliable.

# 3 Sickness absences in the working population

## 3.1 Introduction

This chapter looks at the characteristics of the employed adult population who are more likely to receive a fit note for a sickness absence from work. This is the only section of the report that includes people who were not issued with a fit note to identify those characteristics that can predict the likelihood of an individual being in receipt of a fit note. Research findings from previous studies are presented from the Office for National Statistics (ONS), Labour Force Survey (LFS) (ONS reported, 2012) and the Department for Work and Pensions (DWP) survey of employers (Young and Bhaumik, 2010). The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) are also mentioned.

### 3.1.1 Previous sickness absence research

#### The Labour Force Survey

In the UK in 2011, 131 million days were lost to sickness absence, down from 178 million days in 1993, representing a fall of around 26 per cent. In 1993 around 7.2 days were lost per worker; in 2011 this had fallen to 4.5 days per worker. The total number of working days lost through sickness remained similar between 1993 and 2003 and has fallen since then.

Women have consistently had higher sickness absence rates than men but both sexes have seen a fall over the past 20 years. Men have gone from losing around 2.5 per cent of their hours due to sickness in 1993 to around 1.5 per cent in 2011. Over the same period women have seen a reduction in hours lost from 3.3 per cent to 2.3 per cent.

Sickness absence rates increase with age. Employees aged between 16 and 34 years lost around 1.5 per cent of hours due to sickness in 2011 compared with around 2.5 per cent of hours lost for workers aged 50 to 64 years.

The percentage of hours lost to sickness in the private sector is lower than in the public sector, 1.6 per cent and 2.6 per cent respectively.

The most common reason given for sickness absence from work in 2011 was minor illness such as coughs, colds and flu. This type of illness tends to have short durations and the greatest number of working days lost was actually due to musculoskeletal problems (34.4 million days). This includes symptoms such as back, neck and upper limb problems. Around 27.5 million days were lost due to minor illness, such as coughs and colds, and 13.1 million days were lost to stress, depression and anxiety.

#### Survey of employers

Research findings from the *Health and well-being at work: a survey of employers* (Young and Bhaumik, 2010) showed that a third of employers had taken some action to keep employees with health problems in work or facilitate their return to work.

The most common actions were allowing employees to work reduced or different hours. These employers were more likely to be in large organisations and the public sector.

### 3.2 Reporting of injuries, diseases and dangerous occurrences regulations

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires employers and others with health and safety responsibilities to report certain types of injury, some occupational diseases and dangerous occurrences that arise out of, or in connection with, work.

As of 6 of April 2012, the over-three-days reporting requirement changed to over-seven-days. This means that employers are legally required to report injuries where employees are absent from work or are unable to carry out the full range of their normal duties for more than seven consecutive days (not counting the day of the accident but including weekends and rest days). Employers are also given a longer period to report, increasing from ten to 15 days from the time of the accident. The increase in the reporting threshold from over three to over seven days helps align injury reporting more closely with the fit note, which employees must obtain from their GP if they are absent from work due to ill health or injury for more than seven days.

It is anticipated that the change to RIDDOR will reduce administrative costs for businesses as well as help employers to better manage sickness absence.<sup>10</sup>

### 3.3 Characteristics of respondents with fit notes

This section analyses the characteristics that may predict the likelihood of an individual having received a fit note for sickness absence from work.<sup>11</sup> This research is focused on the fit note and makes no comparisons with the previous medical statement (sick note) it has replaced. This analysis was run on people that did and did not have a fit note in the last 12 months, to identify predictor characteristics in the fit note population against the general population. The likelihood of receiving a fit note is presented through odds ratios. Here, odds ratios calculate the change in odds of a respondent with a particular characteristic being in receipt of a fit note when compared with a respondent that does not possess that particular characteristic.<sup>12</sup>

For the odds ratio analysis, the variables pertaining to disability status, socio-economic status, sector worked in (private or public), number of hours worked, sex and age were tested. The variables for who raised the discussion of an employee's job during the GP consultation did not yield significant findings, and have been dropped from the analysis.

For all of the analysis in this report, the country variables were dropped because the numbers of observed cases in Wales and Scotland were low and would have produced unreliable estimates. Industry variables were also dropped from the analysis because the breakdowns would have resulted in low numbers of observed cases and groupings would

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<sup>10</sup> Lekka, C. (2013, forthcoming). *Research to Explore the affect of the Post 'Common Sense, Common Safety'*.

<sup>11</sup> See Appendix B for outputs.

<sup>12</sup> See the Glossary of terms for more information about 'odds ratios'.



## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

have been combined to an extent that the categories would have little analytical value.

The likelihood of a person in the working GB population being in receipt of a fit note is significantly related to a number of characteristics; the most significant being whether they have a disability as defined in the Disability and Discrimination Act (DDA). This is defined as someone who *'has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'*.<sup>13</sup> The odds of respondents with a DDA disability having a fit note are around 3.4 times the odds of non-disabled respondents, and respondents with a work-limiting disability have odds of around 2.6 times the odds of non-disabled respondents. Respondents with a work-limiting disability are defined as *'people who have a long-term disability which affects the kind or amount of work they might do'*.

A person's socio-economic classification is a significant characteristic that leads to a person being in receipt of a fit note.<sup>14</sup> Respondents working in semi-routine and routine occupations have odds of around 1.4 times the odds of respondents in managerial and professional occupations, and respondents in intermediate occupations have odds of around 0.9 times the odds of respondents in managerial and professional occupations.

Whether a person works in the private or public sector is also a significant predictor in determining if a person is likely to have had a fit note issued in the 12 months prior to interview. Respondents working in the public sector had odds of around 1.9 times the odds of respondents working in the private sector to have had a fit note in the 12 months prior to interview.

Respondents who were working less than 16 hours a week were statistically significantly more likely to have had a fit note in the last 12 months than respondents who were working 30 hours or more. Respondents who worked less than 16 hours a week had odds of around 1.6 times the odds of respondents who worked more than 30 hours a week. Respondents who worked between 16 and 29 hours a week had odds of around 0.9 times the odds of respondents who worked more than 30 hours a week.

Sex was also found to be statistically significant, with the odds of men having a fit note for a sickness absence from work being less than women; men had an odds ratio of around 0.6 times the odds of women.

Respondents aged 50-64 years had an odds ratio of 1.03 times that of respondents aged 35-49 years of having a fit note in the last 12 months, those aged 16-34 years had odds 0.8 times the odds of those aged 50-64 years. The ratio 1.03 is shown to two decimal places to highlight the slightly higher odds for those aged 50-64 years, presenting this to one decimal place (1.0) would indicate the odds are the same when they are not.

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<sup>13</sup> See the Glossary of terms for more information about the Equality Act 2010 replacing the majority of the provisions provided in the DDA.

<sup>14</sup> See Appendix D for a breakdown of the occupations within the classifications.

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 3.1** Characteristics that predict the likelihood of receiving a fit note

LFS respondents <sup>1</sup>	<i>Great Britain</i>
Variable	Odds ratio
<b>Current disability status</b>	
Non-disabled (reference)	
DDA-disabled	3.39
Work-limiting disabled	2.58
<b>Socio-economic status</b>	
Managerial and professional occupations (reference)	
Intermediate occupations	0.89
Semi-routine and routine occupations	1.43
<b>Sector worked in</b>	
Private sector (reference)	
Public sector	1.94
<b>Total hours worked in reference week</b>	
More than 30 hours (reference)	
Less than 16 hours	1.60
16-29 hours	0.95
<b>Sex</b>	
Female (reference)	
Male	0.56
<b>Age group</b>	
35-49 years (reference)	
16-34 years	0.84
50-64 years	1.03

(See Table B.3).

<sup>1</sup> Includes all respondents from wave 5 (January-March 2012) of the LFS.

# 4 Last sickness absence from work covered by a fit note

## 4.1 Introduction

This section looks at the return-to-work status of respondents who received a fit note for a period of sickness. Respondents were asked if they returned to work following their sickness absence either to the same or to a different organisation. Respondents could answer 'yes', 'no – still off sick', or 'no', with the response being their return-to-work status. This chapter also discusses reasons why some respondents did not return to work (either to the same or to a different organisation) following their period of sickness absence.

### 4.1.1 Return-to-work status

The majority of respondents (82 per cent), returned to work after their sickness absence, 14 per cent were still off sick at the time of interview and five per cent of respondents did not return to work. (Table 4.1)

Respondents working in intermediate occupations were more likely to return to work than respondents in semi-routine and routine occupations (84 per cent compared with 77 per cent respectively). There were no significant differences between these respondents (working in intermediate and semi-routine and routine occupations) and respondents in managerial and professional occupations. (Table 4.1)

Nine out of ten (90 per cent) of respondents who worked in medium sized organisations (between 50 and 249 employees) returned to work following their sickness absence, compared with eight out of ten (81 per cent) respondents who worked in small organisations (49 or fewer employees). There was no significant difference between the respondents in large organisations (250 employees or more) return-to-work status and respondents in the small or medium sized organisations. (Table 4.1)

Respondents who rated their health as 'very good' or 'good' were more likely to return to work than respondents who rated their health as 'fair' (87 per cent compared with 75 per cent respectively). (Table 4.1)

Disability status had an effect on whether or not a respondent returned to work. Eighty-eight per cent of respondents with no disability returned to work following their sickness absence, compared with 73 per cent of respondents registered as Disability Discrimination Act (DDA)-disabled and 69 per cent of respondents with a work-limiting disability only. Respondents with a work-limiting disability, but not DDA-disabled, were least likely to return to work following their sickness absence.<sup>15</sup> (Table 4.1)

Nearly all full-time employees (working 30 hours or more) returned to work following their sickness absence, 99 per cent compared with just over half (52 per cent) of part-time employees (working less than 16 hours).

The differences found between public sector and private sector employees were not statistically significant.

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<sup>15</sup> See the Glossary of terms for a definition of 'work-limiting disability'.

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

Overall, return-to-work status was found to be associated with hours worked, self-reported general health and who raised the subject of work in the GP consultation (for the first fit note). (See Table B.7)

**Table 4.1 Return-to-work status, by characteristics of respondents**

<i>All respondents<sup>1</sup></i>	<i>Great Britain</i>				
<b>Characteristics of respondents</b>	<b>Returned to work (%)</b>	<b>Still off sick (%)</b>	<b>Did not return to work (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>All</b>	82	14	5	1,360	1,506
<b>Age group</b>					
16-34 years	85	[10]	[5]	290	373
35-49 years	82	14	[4]	550	607
50-64 years	79	16	[4]	520	526
<b>Sex</b>					
Male	84	12	[4]	470	534
Female	80	14	5	890	955
<b>Socio-economic classification</b>					
Managerial and professional occupations	83	13	[4]	620	692
Intermediate occupations	84	11	[5]	330	364
Semi-routine and routine occupations	77	17	[6]	380	411
<b>Size of organisation</b>					
Small (1-49 employees)	81	17	[3]	510	556
Medium (50-249 employees)	90	8	[1]	300	329
Large (250+ employees)	85	14	[1]	410	450
<b>Self-reported general health</b>					
Very good or good	87	10	3	330	1,030
Fair	75	18	[7]	340	375
Very poor or poor	49	37	[14]	100	101
<b>Current disability status</b>					
DDA-disabled	73	20	8	480	473
Work-limiting disabled only	69	[26]	[5]	70	95
Not disabled	88	9	[3]	800	927
<b>Sector worked in</b>					
Public	86	13	[1]	530	559
Private	84	14	[3]	720	832
<b>Total hours worked in reference week</b>					
Less than 16 hours	52	37	11	460	534
16-29 hours	96	[2]	[1]	240	246
More than 30 hours	99	[1]	[1]	660	726

<sup>1</sup> Includes respondents who have had a sickness absence in the last 12 months covered by a fit note. Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

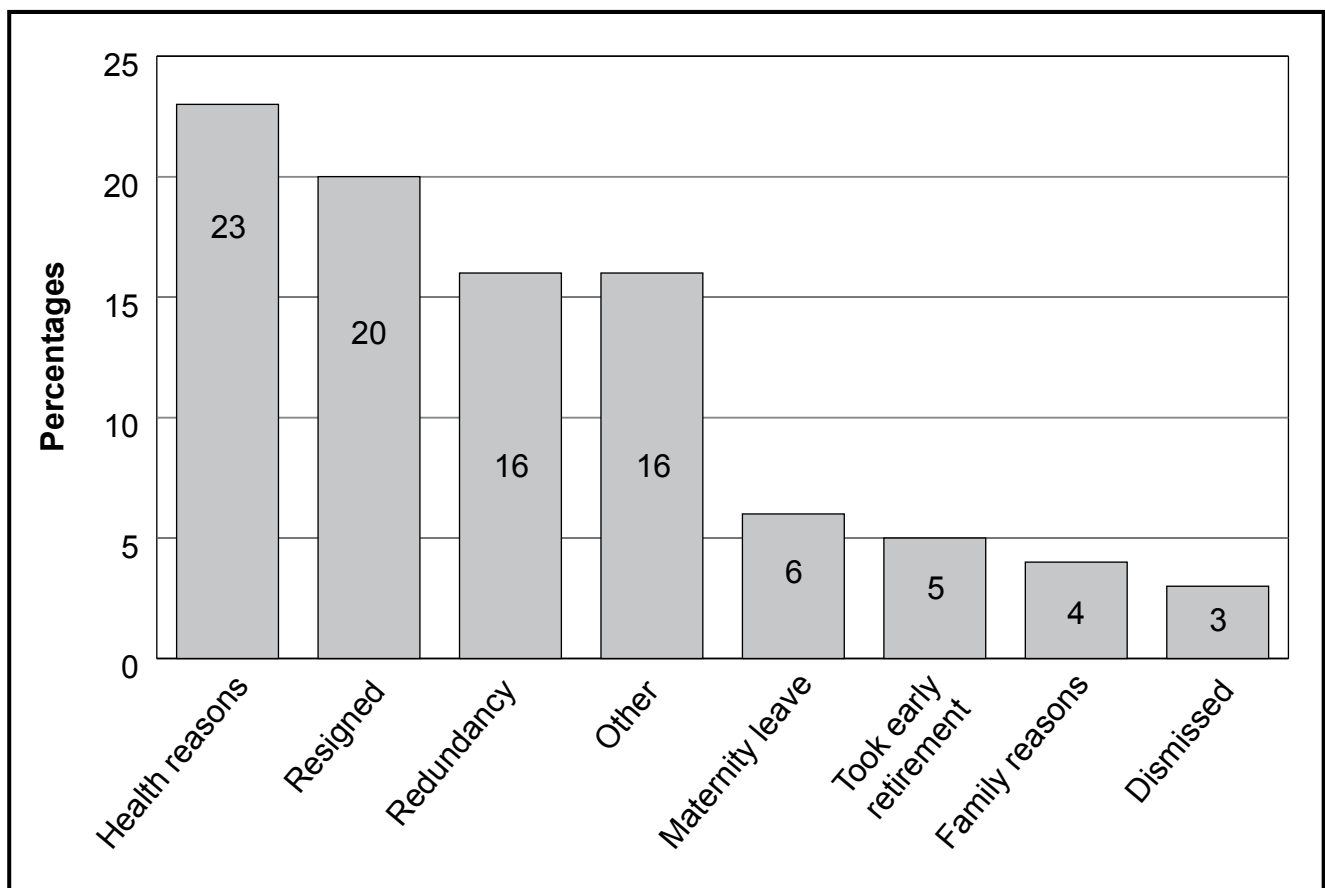
Percentages may not total 100 due to rounding.

### 4.1.2 Reasons why respondents did not return to work

Figure 4.1 shows the main reason why respondents did not return to work. Twenty-three per cent of respondents did not return to work for health reasons, 20 per cent of respondents resigned and 16 per cent took redundancy (including voluntary). Sixteen per cent of respondents cited 'other' as their main reason for not returning to work; however, it is not clear if health reasons were a factor.

Reasons for not returning to work such as temporary job ending, sick pay running out, unpaid leave and retiring at pension age have not been included because their bases comprised of less than three observations. Caution should be applied when looking at the results displayed in Figure 4.1 because each category is based on less than 30 observations.

Figure 4.1 Reasons why respondents did not return to work



## 4.2 Introduction

This section looks at the duration of the last sickness absence covered by a fit note and the type of pay (if any) received during this absence. This section focuses only on respondents who returned to work following their sickness absence.

### 4.2.1 Duration of sickness absence

Of respondents who did return to work following their sickness absence, 16 per cent had seven or less days off work, 31 per cent had between eight and 14 days off work, and 23 per

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

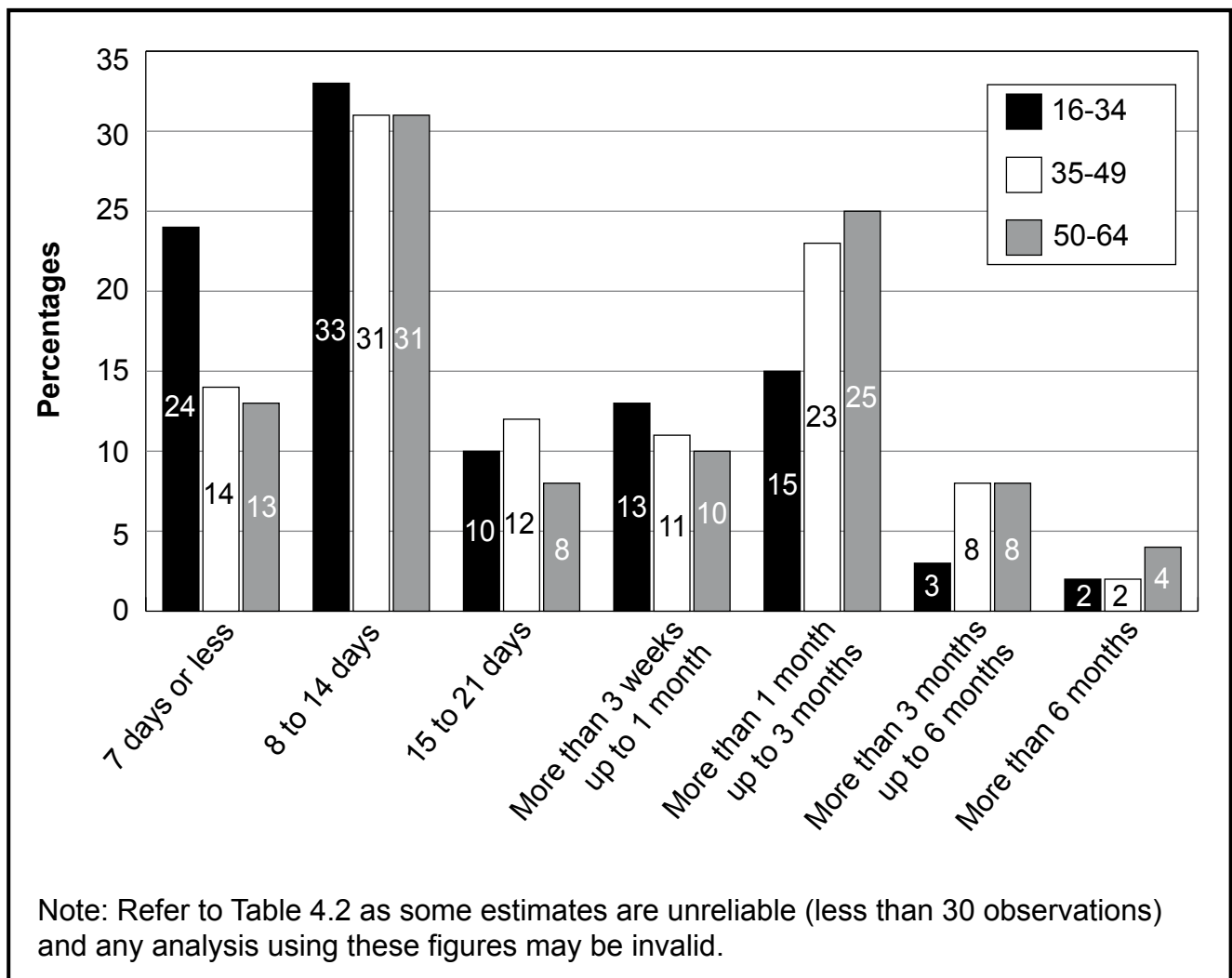
cent had more than one month off work (including 14 per cent with sickness absences that lasted one to three months, seven per cent that lasted three to six months, and two per cent that lasted six months or more). (Table 4.2)

Younger respondents (aged 16-34 years) were more likely than older respondents to have had a shorter sickness absence; 24 per cent of 16-34 year olds had a sickness absence of seven days or less compared with 14 per cent of 35-49 year olds and 13 per cent of 50-64 year olds. There was no statistically significant difference between respondents aged 35-49 years and respondents aged 50-64 years for sickness absences of seven days or less. (Table 4.2)

Younger respondents were less likely to have had a sickness absence of more than one month but less than three months; 15 per cent of 16-34 year olds, compared with 23 per cent of 35-49 year olds and 25 per cent of 55-64 year olds. There was no statistically significant difference between 35-49 year olds and 50-64 year olds. (Table 4.2)

Figure 4.2 illustrates that the duration of sickness absence for the younger age group (16-34 years) has a peak of between eight and 14 days. Respondents aged 35-49 and 50-64 years were more likely to have a longer sickness absence.

**Figure 4.2 Duration of sickness absence from work, by age**



## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

The likelihood of sickness absences lasting seven days or less decreased the larger the organisation size. Nineteen per cent of respondents working in small organisations (49 employees or less) had seven days or less off work, compared with 11 per cent of respondents in large organisations (250 employees or more). (Table 4.2)

Self-reported general health appears to affect length of sickness absence. Respondents who rated their health as 'very good' or 'good' were more likely to have had a sickness absence of seven days or less than those who rated their health as 'fair' (18 per cent compared with 12 per cent respectively). (Table 4.2)

A sickness absence may be planned, for instance for a hospital admission. In these cases the duration of sickness absence tends to be longer. Of planned sickness absences, 17 per cent were for more than three weeks and up to one month compared with ten per cent of unplanned sickness absences lasting this long. Of sickness absences that lasted between one and three months, approximately three in ten (31 per cent) were planned and around two in ten (19 per cent) were unplanned. (Table 4.2)

Analysis found a significant relationship between length of time off work and disability status, age and number of fit notes. (See Table B.4)

Sickness duration by main health condition reason was also examined, but the number of cases in each group was too small so is not presented here.

**Table 4.2 Duration of sickness absence, by characteristics of respondents**

<i>Respondents who did return to work</i>		<i>Great Britain</i>							
Characteristics of respondents	7 days or less (%)	8 to 14 days (%)	15 to 21 days (%)	More than 3 weeks up to 1 month (%)	More than 1 month up to 3 months (%)	More than 3 months up to 6 months (%)	More than 6 months (%)	Unweighted base	Weighted base (000s)
<b>All</b>	16	31	10	11	14	7	2	1,110	1,229
<b>Age group</b>									
16-34 years	24	33	[10]	13	15	[3]	[2]	240	317
35-49 years	14	31	12	11	23	8	[2]	450	497
50-64 years	13	31	[8]	[10]	25	8	[4]	410	415
<b>Sex</b>									
Male	18	31	11	11	21	[6]	[3]	390	459
Female	15	32	10	12	21	7	[3]	720	769
<b>Socio-economic classification</b>									
Managerial and professional occupations	15	31	12	11	22	6	[3]	50	575
Intermediate occupations	19	32	[9]	[11]	22	[4]	[3]	270	304
Semi-routine and routine occupations	16	31	9	13	20	[9]	[3]	290	318
<b>Size of organisation</b>									
Small (1-49 employees)	19	30	7	14	21	[6]	[3]	410	435
Medium (50-249 employees)	16	32	[9]	[10]	23	[8]	[3]	270	297
Large (250+ employees)	11	31	15	9	23	[7]	[3]	350	382
<b>Self-reported general health</b>									
Very good or good	18	32	11	11	21	5	[2]	800	899
Fair	12	30	[9]	[10]	23	[10]	[6]	260	281
Very poor or poor	[17]	[28]	[4]	[19]	[16]	[12]	[5]	50	50
<b>Current disability status</b>									
DDA-disabled	15	28	11	10	23	9	[5]	160	344
Work-limiting disabled only	[11]	[25]	[7]	[17]	[22]	[11]	[7]	50	65
Not disabled	18	34	10	12	20	5	[1]	710	817



34 **Table 4.2 Continued**

		Great Britain								
<i>Respondents who did return to work</i>										
Characteristics of respondents	Sector worked in	7 days or less (%)	8 to 14 days (%)	15 to 21 days (%)	More than 3 weeks up to 1 month (%)	More than 1 month up to 3 months (%)	More than 3 months up to 6 months (%)	More than 6 months (%)	Weighted base (000s)	
									Unweighted base	
	Public	15	31	12	12	22	7	[2]	460	481
	Private	16	32	9	11	22	6	[4]	600	695
<b>Total hours worked in reference week</b>										
	Less than 16 hours	20	27	[10]	[13]	23	[5]	[3]	230	276
	16-29 hours	[12]	36	[8]	[9]	22	[9]	[4]	230	236
	More than 30 hours	16	32	11	12	21	6	[2]	660	717
	Planned Absence									
	Planned	[5]	27	[9]	17	31	[9]	[3]	250	268
	Not planned	20	33	11	10	19	6	[3]	860	261

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid. Percentages may not total 100 due to rounding.

### 4.2.2 Payments during sickness absence

During a period of sickness absence, an employee is legally entitled to £85.85 per week Statutory Sick Pay (SSP) paid by employers for up to 28 weeks. To qualify for SSP, employees have to have been absent from work due to sickness for four or more days in a row (including non-working days). Note that £85.85 per week is the minimum amount that employees are entitled to; some employees may receive higher amounts of sick pay for longer periods of time depending on their employer's sick pay policy. Some employers may top up SSP to the equivalent of employees' full pay for an initial period of time and then reduce the amount as time goes on. It is possible for employees to be fully paid at the start of their sickness absence, then drop down to part pay, statutory pay and then no pay depending on the length of the sickness absence.

Overall, 72 per cent of respondents received full basic pay during their last sickness absence covered by a fit note, 21 per cent received SSP, ten per cent received part pay and six per cent received no pay. (Table 4.3)

Younger respondents (16-34 year olds) were less likely to receive full basic pay than respondents aged 35-64 years; approximately three-quarters of respondents aged 35-49 years and 50-64 years received full pay (75 per cent and 76 per cent respectively), compared with 62 per cent of respondents aged 16-34 years. Nearly a quarter of respondents (24 per cent) aged 50-64 years received SSP compared with 18 per cent of respondents aged 35-49 years. (Table 4.3)

Women were more likely to receive full basic pay than men, three-quarters (75 per cent) of women compared with 68 per cent of men. There was a significant difference between socio-economic groups in the receipt of full basic pay, 84 per cent of respondents in managerial and professional occupations received full basic pay for their last sickness absence covered by a fit note compared with 76 per cent of respondents in intermediate occupations and half (50 per cent) of respondents in routine and semi-routine occupations. (Table 4.3)

Respondents who reported their general health as 'very good' or 'good' were most likely to have received full basic pay compared with respondents who reported their general health as 'very poor' or 'poor'; 76 per cent and 63 per cent respectively. In terms of disability status, respondents with a DDA disability were significantly more likely to have received part pay and SSP than respondents who were not disabled (12 per cent compared with seven per cent for part pay and 25 per cent compared with 19 per cent for SSP respectively). (Table 4.3)

The likelihood of receiving full basic pay increases with the number of hours worked. Sixty-four per cent of respondents who work 16 hours a week or less received full basic pay compared to 79 per cent of respondents who work more than 30 hours per week. Respondents working less than 16 hours per week were most likely to receive SSP than respondents who worked more than 30 hours per week; 27 per cent compared with 17 per cent respectively. (Table 4.3)

Ninety-two per cent of respondents working in the public sector received full basic pay for their last sickness absence from work covered by a fit note compared with 62 per cent of respondents working in the private sector. Respondents working in the private sector were more likely to receive part pay and SSP than respondents working in the public sector, 12 per cent of respondents in the private sector received part pay compared with six per cent in the public sector; 28 per cent of respondents in the private sector received SSP compared with eight per cent in the public sector. (Table 4.3)

There are a number of things to consider when interpreting differences in payments received, such as differences in the types of jobs between the private and public sector and the fact that some sectors have higher likelihoods of sickness than others. Additionally, on average, women had more sickness absence than men and there was a higher proportion of women working in the public sector. Respondents working in the private sector were also less likely to be paid for a sickness absence than respondents working in the public sector.

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 4.3 Type of pay received during sickness absence, by characteristics of respondents**

<i>All respondents<sup>1</sup></i>	<i>Great Britain</i>					
<b>Characteristics of respondents</b>	<b>Full basic pay (%)</b>	<b>Part pay (%)</b>	<b>Statutory sick pay (%)</b>	<b>None (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>All</b>	72	10	21	6	1,220	1,463
<b>Age group</b>						
16-34 years	62	12	23	10	280	365
35-49 years	75	8	18	[5]	530	591
50-64 years	76	10	24	[4]	510	507
<b>Sex</b>						
Male	68	10	23	[5]	450	534
Female	75	9	20	6	870	929
<b>Socio-economic classification</b>						
Managerial and professional occupations	84	7	15	[2]	610	677
Intermediate occupations	76	9	20	[4]	320	355
Semi-routine and routine occupations	50	14	34	13	360	394
<b>Size of organisation</b>						
Small (1-49 employees)	66	10	25	7	490	538
Medium (50-249 employees)	75	8	23	[4]	300	325
Large (250+ employees)	83	9	13	[3]	400	443
<b>Self-reported general health</b>						
Very good or good	76	8	18	5	890	1,000
Fair	65	13	30	[5]	340	366
Very poor or poor	63	[15]	[28]	[14]	100	97
<b>Current disability status</b>						
DDA-disabled	68	12	25	8	470	464
Work-limiting disabled only	65	[21]	[25]	[5]	70	92
Not disabled	76	7	19	4	780	896
<b>Sector worked in</b>						
Public	92	6	8	[1]	520	802
Private	62	12	28	8	700	550
<b>Total hours worked in reference week</b>						
Less than 16 hours	64	13	27	9	450	513
16-29 hours	71	[10]	22	[6]	230	242
30+ hours	79	7	17	[3]	650	708

<sup>1</sup> Includes respondents who have had a sickness absence in the last 12 months covered by a fit note. Does not total 100 per cent because respondents could choose more than one response. Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

## 4.3 Introduction

This section looks at the health reasons for respondents' last sickness absence covered by a fit note. All respondents who received a fit note are included, regardless of whether they returned to work or not. A long list of health conditions were included in the coding frame, however the majority of respondents cited 'other' as the main health condition reason for their sickness absence. As it is impossible to surmise what may be included in this category, a table has been provided of the respondents who cited 'other', to give an indication as to their characteristics.

### 4.3.1 Main health condition reasons for sickness absence

Table 4.4 gives a breakdown of the main health condition reasons for sickness absence by age. Nearly a fifth of all respondents (19 per cent) cited 'other' reasons for their sickness absence, followed by mental health conditions (14 per cent), injuries (13 per cent) and other musculoskeletal conditions (nine per cent). The high level of individuals selecting 'other' as the main health condition reason for sickness absence was unexpected and we do not know what reasons these involve (in Table 4.8 we look at the 'other' group and see that their characteristics are quite different). (Table 4.4)

The likelihood of respondents having a sickness absence due to mental health decreased with age. Mental health conditions accounted for 18 per cent of sickness absences for 16-34 year olds, compared with nine per cent of 50-64 year olds. Respondents aged 35-49 years were more likely to be off work because of a mental health condition than 50-64 year olds (15 per cent and nine per cent respectively). Mental health conditions were less likely to be the reason given for sickness absence for 50-64 year olds compared with 16-49 year olds. (Table 4.4)

**Table 4.4 Main health condition reason for sickness absence, by age**

<i>All respondents</i>	<i>Great Britain</i>			
<b>Main health condition</b>	<b>Age</b>			
	<b>16-34 years (%)</b>	<b>35-49 years (%)</b>	<b>50-64 years (%)</b>	<b>All (%)</b>
Other <sup>1</sup>	17	21	19	19
Mental health conditions <sup>2</sup>	18	15	9	14
Injuries <sup>3</sup>	14	15	11	13
Other musculoskeletal conditions <sup>4</sup>	[5]	9	13	9
Back pain	[7]	8	[9]	8
Respiratory conditions <sup>5</sup>	[5]	7	9	7
Gastrointestinal conditions <sup>6</sup>	[9]	5	[5]	6
Cough, cold or flu	[6]	[4]	[6]	5
Genitourinary conditions <sup>7</sup>	[4]	[3]	[4]	4
Other infections or parasitic conditions <sup>8</sup>	..	[6]	[2]	4
Eye, ear and nose infections	[3]	[3]	[3]	3

Continued

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 4.4 Continued**

<i>All respondents</i>	<i>Great Britain</i>			
<b>Main health condition</b>	<b>Age</b>			<b>All (%)</b>
	<b>16-34 years (%)</b>	<b>35-49 years (%)</b>	<b>50-64 years (%)</b>	
Heart, blood pressure and other circulatory diseases	[1]	[2]	[4]	2
Cancers	..	[1]	[7]	3
Pregnancy related conditions	[8]	[1]	–	2
<i>Weighted base</i>	369	598	525	1,492
<i>Unweighted base</i>	290	540	520	1,350

<sup>1</sup> Including skin conditions, migraines, dental problems, anaemia and diabetes.

<sup>2</sup> Including stress, depression, anxiety and schizophrenia.

<sup>3</sup> Including sprain, fracture, wounds, dislocation and broken bones.

<sup>4</sup> For example, viral infections.

<sup>5</sup> Including asthma, bronchitis and pneumonia.

<sup>6</sup> Including indigestion, vomiting, nausea, diarrhoea, sickness and other digestive system conditions.

<sup>7</sup> Including urine infections, bladder disorders, prostate conditions, menstrual problems.

<sup>8</sup> Including gout and arthritis.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

.. Data suppressed.

- Zero responses.

Table 4.5 gives a breakdown of the reasons given for sickness absence by sex. Reasons for sickness absence are very similar between men and women. The only statistically significant difference was sickness absences because of injury, which was nearly double for men than it was for women (19 per cent compared with ten per cent respectively).

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 4.5 Main health condition reason for sickness absence, by sex**

<i>All respondents</i>	<i>Great Britain</i>		
<b>Main health condition</b>	<b>Male (%)</b>	<b>Female (%)</b>	<b>All (%)</b>
Other <sup>1</sup>	19	19	19
Mental health conditions <sup>2</sup>	11	15	14
Injuries <sup>3</sup>	19	10	13
Other musculoskeletal conditions <sup>4</sup>	10	9	9
Back pain	8	8	8
Respiratory conditions <sup>5</sup>	6	8	7
Gastrointestinal conditions <sup>6</sup>	6	6	6
Cough, cold or flu	[6]	5	5
Genitourinary conditions <sup>7</sup>	[3]	4	4
Other infections or parasitic conditions <sup>8</sup>	[2]	5	4
Eye, ear and nose infections	[3]	3	3
Heart, blood pressure and other circulatory diseases	4	[1]	2
Cancers	[3]	[3]	3
Pregnancy related conditions	N/A	4	2
<i>Weighted base (000s)</i>	<i>547</i>	<i>946</i>	<i>1,492</i>
<i>Unweighted base</i>	<i>470</i>	<i>880</i>	<i>1,350</i>

<sup>1</sup> Including skin conditions, migraines, dental problems, anaemia and diabetes.

<sup>2</sup> Including stress, depression, anxiety and schizophrenia.

<sup>3</sup> Including sprain, fracture, wounds, dislocation and broken bones.

<sup>4</sup> For example, viral infections.

<sup>5</sup> Including asthma, bronchitis and pneumonia.

<sup>6</sup> Including indigestion, vomiting, nausea, diarrhoea, sickness and other digestive system conditions.

<sup>7</sup> Including urine infections, bladder disorders, prostate conditions, menstrual problems.

<sup>8</sup> Including gout and arthritis.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Table 4.6 details the reason for sickness absence broken down by the usual number of hours worked in the reference week.

These results suggest that part-time employees (working less than 16 hours a week) are more likely to have a sickness absence for a mental health condition than full-time employees (working more than 30 hours a week). Seventeen per cent of part-time employees' last sickness absence was due to a mental health condition, compared with 11 per cent of full-time employees. It may be that respondents with a mental health condition were more likely to work part-time than full-time. There were no statistically significant differences between respondents working between 16 and 29 hours week with the other working hours groups. (Table 4.6)

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 4.6 Main health condition reason for sickness absence, by usual hours worked in reference week**

<i>All respondents</i>	<i>Great Britain</i>			
<b>Main health condition</b>	<b>0-15 hours (%)</b>	<b>16-29 hours (%)</b>	<b>30+ hours (%)</b>	<b>All (%)</b>
Other <sup>1</sup>	20	17	20	19
Mental health conditions <sup>2</sup>	17	14	11	14
Injuries <sup>3</sup>	12	[12]	14	13
Other musculoskeletal conditions <sup>4</sup>	12	[8]	8	9
Back pain	7	[9]	9	8
Respiratory conditions <sup>5</sup>	[6]	[10]	8	7
Gastrointestinal conditions <sup>6</sup>	[5]	8	6	6
Cough, cold or flu	[4]	[7]	6	5
Genitourinary conditions <sup>7</sup>	[3]	[6]	[3]	4
Other infections or parasitic conditions <sup>8</sup>	[2]	[4]	5	4
Eye, ear and nose infections	[2]	[2]	[4]	3
Heart, blood pressure and other circulatory diseases	[3]	[1]	[3]	2
Cancers	[4]	[1]	[3]	3
Pregnancy related conditions	[3]	[3]	[1]	2
<i>Weighted base (000s)</i>	<i>530</i>	<i>244</i>	<i>718</i>	<i>1,492</i>
<i>Unweighted base</i>	<i>460</i>	<i>233</i>	<i>650</i>	<i>1,350</i>

<sup>1</sup> Including skin conditions, migraines, dental problems, anaemia and diabetes.

<sup>2</sup> Including stress, depression, anxiety and schizophrenia.

<sup>3</sup> Including sprain, fracture, wounds, dislocation and broken bones.

<sup>4</sup> For example, viral infections.

<sup>5</sup> Including asthma, bronchitis and pneumonia.

<sup>6</sup> Including indigestion, vomiting, nausea, diarrhoea, sickness and other digestive system conditions.

<sup>7</sup> Including urine infections, bladder disorders, prostate conditions, menstrual problems.

<sup>8</sup> Including gout and arthritis.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

### 4.3.2 Main health condition reason for sickness absence and return-to-work status

Table 4.7 shows the main health condition reason for sickness absence by return-to-work status. One hundred per cent of respondents who were off work due to a cough, cold or flu returned to work, as did 96 per cent of respondents who were off work due to 'other infections and parasitic conditions' (for example, gout or arthritis). Respondents who were off work because of 'other musculoskeletal' conditions (for example viral infections) or because of a mental health condition were less likely to return to work.

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

Approximately two-thirds (67 per cent) of respondents whose sickness absence was due to 'other musculoskeletal conditions' returned to work. Slightly fewer than three-quarters (73 per cent) of respondents whose sickness absence from work was due to a mental health condition returned to work. One in ten (ten per cent) respondents off work with a mental health condition did not return to work. (Table 4.7)

**Table 4.7 Main health condition reason for sickness absence, by return-to-work status**

<i>All respondents</i>	<i>Great Britain</i>				
<b>Return-to-work status</b>	<b>Returned to work (%)</b>	<b>Still off sick (%)</b>	<b>Did not return to work (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
Other <sup>1</sup>	84	13	[4]	270	287
Mental health conditions <sup>2</sup>	73	17	10	180	203
Injuries <sup>3</sup>	83	[12]	[4]	170	198
Other musculoskeletal conditions <sup>4</sup>	67	28	[5]	130	141
Back pain	85	[10]	[5]	110	122
Respiratory conditions <sup>5</sup>	89	[10]	..	100	111
Gastrointestinal conditions <sup>6</sup>	84	[12]	[5]	80	88
Cough, cold or flu	100	–	–	70	78
Genitourinary conditions <sup>7</sup>	89	[8]	..	50	54
Other infections or parasitic conditions <sup>8</sup>	96	..	–	50	56
Eye, ear and nose infections	89	[11]	–	40	42
Heart, blood pressure and other circulatory diseases	[74]	[24]	..	40	35
Cancers	[63]	[20]	[17]	40	44
Pregnancy related conditions	[73]	[27]	–	30	34

<sup>1</sup> Including skin conditions, migraines, dental problems, anaemia and diabetes.

<sup>2</sup> Including stress, depression, anxiety and schizophrenia.

<sup>3</sup> Including sprain, fracture, wounds, dislocation and broken bones.

<sup>4</sup> For example, viral infections.

<sup>5</sup> Including asthma, bronchitis and pneumonia.

<sup>6</sup> Including indigestion, vomiting, nausea, diarrhoea, sickness and other digestive system conditions.

<sup>7</sup> Including urine infections, bladder disorders, prostate conditions, menstrual problems.

<sup>8</sup> Including gout and arthritis.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Respondents who cited 'other' as their main health condition reason for sickness absence were more likely to be older, female, professional and in good health (for example, aged between 35-49 years, in a managerial or professional occupation, not disabled and reporting their health to be 'very good' or 'good'). (Table 4.8)



## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 4.8 Respondents who cited ‘other’ as their main health condition reason for sickness absence from work, by characteristics of respondents**

<i>All respondents who cited ‘other’ as a reason for their sickness absence</i>			<i>Great Britain</i>
<b>Characteristics of respondents</b>	<b>Other condition for sickness absence (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>Age group</b>			
16-34 years	21	50	61
35-49 years	45	120	128
50-64 years	34	100	98
<b>Sex</b>			
Male	36	100	103
Female	64	170	184
<b>Socio-economic classification</b>			
Managerial and professional occupations	48	120	133
Intermediate occupations	26	70	71
Semi-routine and routine occupations	27	70	74
<b>Size of organisation</b>			
Small (1-49 employees)	40	90	104
Medium (50-249 employees)	27	70	70
Large (250+ employees)	34	80	88
<b>Self-reported general health</b>			
Very good or good	64	170	182
Fair	29	80	82
Very poor or poor	8	70	22
<b>Current disability status</b>			
DDA-disabled	31	70	87
Work-limiting disabled only	8	20	23
Not disabled	61	160	174
<b>Sector worked in</b>			
Public	43	110	115
Private	57	140	154
<b>Total hours worked in reference week</b>			
Less than 16 hours	36	90	103
16-29 hours	14	40	41
More than 30 hours	50	140	142

Percentages may not total 100 due to rounding.

## 5 GP Consultation

### 5.1 Introduction

This section looks at the GP consultation when the first (or only) fit notes and last fit notes (if applicable) were issued. The extent of discussions respondents had with their GPs is explored including if the respondent's job was discussed and what (if any) work place changes were made to help the respondent return to work sooner; and the advice recorded on the fit note.

#### 5.1.1 Issuing fit notes

Multiple fit notes can be issued to cover a period of illness. This could be in circumstances where an illness has worsened over the time period covered by the first fit note, or fit notes may be given periodically during a recovery from a hospital procedure, for example. This section will focus initially on the first (or only) fit note issued by a GP and discussions respondents may have had with their GPs about their conditions; the consultations for last fit notes will be discussed towards the latter part of this section. All respondents who received fit notes are included in these tables.

#### 5.1.2 Number of fit notes issued to cover sickness absence

Respondents were asked how many fit notes they had received to cover their last period of sickness absence from work. Fifty-three per cent of respondents reported having one fit note to cover their sickness absence; 47 per cent reported having more than one fit note. (Table 5.1)

The likelihood of having more than one fit note to cover a sickness absence increases with age. Thirty-five per cent of 16-34 year olds had more than one fit note to cover their sickness absence compared with 48 per cent of those aged 35-49 years and 51 per cent of those aged 50-64 years. (Table 5.1)

The likelihood of having multiple fit notes to cover a sickness absence increased if general health was rated as 'very poor' or 'poor' and if an respondent was Disability Discrimination Act (DDA)-disabled. Sixty-three per cent of respondents who rated their health as 'very poor' or 'poor' had multiple fit notes to cover their last sickness absence compared with 41 per cent of respondents who rated their health as 'very good' or 'good'. Respondents who rated their health as 'very good' or 'good' were also less likely to have multiple fit notes compared with respondents who rated their health as 'fair' (54 per cent). Respondents registered as DDA-disabled were more likely to have more than one fit note to cover their sickness absence than respondents who were not disabled, 55 per cent compared with 41 per cent respectively. Differences found between these groups of respondents and respondents with a work-limiting disability only were not statistically significant. (Table 5.1)

Part-time employees (working less than 16 hours a week) were more likely to have multiple fit notes than full-time employees (working more than 30 hours a week); 56 per cent compared with 39 per cent, respectively. (Table 5.1)

There were no statistically significant differences by sex, socio-economic classification, size of organisation worked for or sector when comparing between respondents who had one or more than one fit note.

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

Analysis showed the number of fit notes given had a significant relationship with age; the advice 'not fit for work' on the first fit note, hours worked and who raised the issue of work in the first GP consultation. (see Table B.9)

**Table 5.1 Number of fit notes issued for the same episode of sickness absence, by characteristics of respondents**

<i>All respondents</i>	<i>Great Britain</i>			
<b>Characteristics of respondents</b>	<b>Number of fit notes issued</b>		<b>Unweighted base</b>	<b>Weighted base (000s)</b>
	<b>One (%)</b>	<b>More than one (%)</b>		
<b>All</b>	53	47	1,350	1,497
<b>Age group</b>				
16-34 years	65	35	290	373
35-49 years	52	48	550	600
50-64 years	49	51	520	524
<b>Sex</b>				
Male	57	43	470	547
Female	53	47	890	950
<b>Socio-economic classification</b>				
Managerial and professional occupations	55	45	620	689
Intermediate occupations	54	46	330	363
Semi-routine and routine occupations	51	49	370	408
<b>Size of organisation</b>				
Small (1-49 employees)	53	47	510	561
Medium (50-249 employees)	59	41	300	328
Large (250+ employees)	55	45	400	445
<b>Self-reported general health</b>				
Very good or good	59	41	910	1,023
Fair	46	54	340	375
Very poor or poor	37	63	100	100
<b>Current disability status</b>				
DDA-disabled	45	55	470	469
Work-limiting disabled only	49	51	70	94
Not disabled	59	41	800	923
<b>Sector worked in</b>				
Public	55	45	530	556
Private	56	44	720	826
<b>Total hours worked in reference week</b>				
Less than 16 hours	44	56	460	531
16-29 hours	53	47	230	245
More than 30 hours	61	39	660	721

Percentages may not total 100 due to rounding.

### **5.1.3 GP consultation for issue of first (or only) fit note**

This section looks at the GP consultation during which the first (or only) fit note was issued and the discussions respondents may have had with their GPs in relation to returning to work. Discussions may have included job duties, phased return to work and/or specialist aids and adaptations that may have been needed to help respondents return to work. The data reflects that the response categories are not mutually exclusive and respondents could have discussed any or all of the topics and could choose more than one answer.

The responses captured were from respondents' recollections of the consultation, which could have been up to 12 months before the interview. Therefore, it is worth recognising that there is potential for respondents to have recall bias, which is a difference in accuracy or completeness when recalling past events or experiences.

Table 5.2 shows that 59 per cent of respondents recorded speaking to their GP about their job, 21 per cent discussed a phased return to work and 14 per cent of respondents discussed other changes that would help them get back to work. Twenty-four per cent of respondents did not speak to their GP about these specified topics but did speak to their GP. Eleven per cent of respondents reported not speaking to their GP at all before their first fit note was issued to them.

Young respondents (aged 16-34 years) were more likely to discuss their job with their GP than 50-64 year olds (68 per cent and 54 per cent respectively). Respondents aged 50-64 years were more likely to have not spoken with their GP before their first fit note was issued than respondents aged 16-34 years (27 per cent and 19 per cent respectively). Women were more likely than men not to have spoken to their GP before their first fit note was issued, 13 per cent of women compared with eight per cent of men. (Table 5.2)

Respondents working in intermediate occupations were most likely to discuss their job with their GP; respondents working in managerial and professional occupations were least likely to discuss their job (63 per cent compared with 55 per cent respectively). There were no statistically significant differences found between these groups of respondents and respondents in semi-routine and routine occupations. (Table 5.2)

DDA-disabled respondents were most likely to discuss a phased return to work and or 'other changes' that would help them return to work. Twenty-five per cent of DDA-disabled respondents discussed a phased return to work compared with 18 per cent of non-disabled respondents; 19 per cent of DDA-disabled respondents discussed other changes that would help them return to work compared with 11 per cent of non-disabled respondents. (Table 5.2)

Respondents working in the private sector were most likely to discuss other changes to help them return to work than respondents working in the public sector, 16 per cent compared with 11 per cent respectively. (Table 5.2)

Thirty-one per cent of respondents who worked between 16 and 29 hours spoke with their GP before their first fit note was issued, but not about the topics specified in Table 5.2, compared with 21 per cent of respondents who worked less than 16 hours per week.

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 5.2 Discussion with GP before issue of first (or only) fit note, by characteristics of respondents**

<i>All respondents</i>							<i>Great Britain</i>
<b>Characteristics of respondents</b>	<b>Job (%)</b>	<b>Discussion with GP before issue of first (or only) fit note</b>				<b>Unweighted base</b>	<b>Weighted base (000s)</b>
		<b>Phased return to work (%)</b>	<b>Other changes to help returning to work (%)</b>	<b>Did not speak to the GP (%)</b>	<b>None of these but did speak to the GP (%)</b>		
<b>All</b>	59	21	14	11	24	1,340	1,478
<b>Age group</b>							
16-34 years	68	23	15	[9]	19	280	366
35-49 years	59	21	15	10	24	540	598
50-64 years	54	21	12	14	27	510	514
<b>Sex</b>							
Male	61	24	15	8	25	460	539
Female	58	20	13	13	23	880	939
<b>Socio-economic classification</b>							
Managerial and professional occupations	55	22	15	12	26	610	683
Intermediate occupations	63	19	13	13	22	330	361
Semi-routine and routine occupations	62	21	13	10	23	360	399
<b>Size of organisation</b>							
Small (1-49 employees)	58	22	15	11	26	500	558
Medium (50-249 employees)	59	19	[10]	9	27	300	324
Large (250+ employees)	59	21	14	13	22	400	447
<b>Self-reported general health</b>							
Very good or good	60	20	13	11	23	900	1,009
Fair	57	23	15	13	27	340	371
Very poor or poor	60	[24]	[21]	[8]	[28]	100	98
<b>Current disability status</b>							
DDA-disabled	57	25	19	12	24	470	463
Work-limiting disabled only	63	[38]	[23]	[10]	[24]	70	94
Not disabled	60	18	11	11	24	790	912
<b>Sector worked in</b>							
Public	57	18	11	13	25	530	553
Private	60	23	16	10	24	710	821
<b>Total hours worked in reference week</b>							
Less than 16 hours	60	24	14	12	21	450	517
16-29 hours	56	17	[12]	11	31	230	240
More than 30 hours	60	21	15	11	24	660	721

Does not total 100 per cent because respondents could choose more than one response. Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

### **5.1.4 Changes discussed with GPs**

Table 5.3 focuses on the discussions respondents had with their GPs about changes that could be made to help them return to work.

The interviewer asked respondents about changes they may have discussed with their GP to help them back to work, which included the following (asking if they had discussed each or not in turn).

Respondents were asked to select from a list of things which they had discussed with their GP to help them back to work:

- modified hours or days or reduced work hours;
- working from home;
- modified duties;
- changes to your work area, work equipment or building modifications;
- changing the way you work with your line manager or other colleagues;
- some other change, write in.

Respondents could choose more than one response that covered their discussions with their GP. Only respondents who discussed changes with their GP are included in the tables.

Sixty-four per cent of respondents who discussed changes with their GP discussed modified duties, 62 per cent discussed modified hours/days or reduced working hours and 33 per cent discussed how changes in the way they work with their line manager or colleagues may help them return to work. Twenty-one per cent of respondents discussed possible changes to their work area (such as adaptations or specialist equipment) and 15 per cent discussed working from home. (Table 5.3)

The discussion of modified hours/days or reduced hours was more likely as age increased; 71 per cent of 50-64 year olds discussed this compared with 53 per cent of 16-34 year olds. (Table 5.3)

DDA-disabled respondents were more likely to discuss changes to work area than non-disabled respondents; 27 per cent compared with 17 per cent respectively. Changes to the work area can include (amongst other things) adaptations to the work area, work equipment (such as an ergonomic keyboard or chair) or building modifications (such as a wheelchair ramp). (Table 5.3)

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 5.3 Changes discussed with GPs before the issue of first (or only) fit note, by characteristics of respondents**

<i>All respondents<sup>1</sup></i>							<i>Great Britain</i>
<b>Characteristics of respondents</b>	<b>Changes discussed with GP before the issue of first (or only) fit note</b>					<b>Unweighted base</b>	<b>Weighted base (000s)</b>
	<b>Modified hours/ days or reduced hours (%)</b>	<b>Working from home (%)</b>	<b>Modified duties (%)</b>	<b>Changes to work area (%)</b>	<b>Change interaction with line manager or colleagues (%)</b>		
<b>All</b>	62	15	64	21	33	470	522
<b>Age group</b>							
16-34 years	53	[12]	73	[17]	34	90	120
35-49 years	60	16	65	21	32	200	223
50-64 years	71	[16]	57	23	32	180	180
<b>Sex</b>							
Male	59	18	64	19	32	180	203
Female	64	13	64	22	33	290	319
<b>Socio-economic classification</b>							
Managerial and professional occupations	66	23	63	20	34	230	254
Intermediate occupations	62	[10]	70	[17]	31	110	122
Semi-routine and routine occupations	54	[4]	64	26	32	120	135
<b>Size of organisation</b>							
Small (1-49 employees)	61	[11]	63	17	32	190	213
Medium (50-249 employees)	61	[20]	73	[22]	31	100	106
Large (250+ employees)	64	[17]	60	26	31	140	148

Continued

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 5.3 Continued**

<i>All respondents<sup>1</sup></i>	<b>Changes discussed with GP before the issue of first (or only) fit note</b>						<i>Great Britain</i>
<b>Characteristics of respondents</b>	<b>Modified hours/ days or reduced hours (%)</b>	<b>Working from home (%)</b>	<b>Modified duties (%)</b>	<b>Changes to work area (%)</b>	<b>Change interaction with line manager or colleagues (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>Self-reported general health</b>							
Very good or good	59	12	63	20	31	300	336
Fair	68	[19]	65	[20]	34	130	140
Very poor or poor	70	[22]	73	[28]	40	50	46
<b>Current disability status</b>							
DDA-disabled	65	19	65	27	36	180	181
Work-limiting disabled only	[65]	[16]	[61]	[17]	[33]	40	46
Not disabled	60	12	64	17	30	250	294
<b>Sector worked in</b>							
Public	68	[11]	62	19	28	170	180
Private	59	16	66	21	34	260	302
<b>Total hours worked in reference week</b>							
Less than 16 hours	65	[13]	66	21	35	160	185
16-29 hours	56	[12]	70	[24]	40	80	85
More than 30 hours	62	17	61	20	28	230	252

<sup>1</sup> Includes all respondents who discussed their job, phased return or other changes that would help them return to work.

Does not total 100 per cent because respondents could choose more than one option.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Table 5.4 explores the GP consultation further. Respondents were asked who brought up the subject of returning to work during their consultation. Just over seven out of ten respondents (71 per cent) recalled raising the issue of returning to work themselves, compared with less than one in ten (nine per cent) recalling that the GP raised the issue. Respondents who worked 16 hours a week or more were more likely than those who worked less than 16 hours a week to have raised the issue of returning to work during the consultation (77 per cent compared with 59 per cent respectively).



## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 5.4 Who first raised the subject of return to work, by characteristics of respondents**

<i>All respondents<sup>1</sup></i>						<i>Great Britain</i>
<b>Characteristics of respondents</b>	<b>Who first raised the subject of return to work</b>				<b>Unweighted base</b>	<b>Weighted base (000s)</b>
	<b>GP (%)</b>	<b>Respondent (%)</b>	<b>Both (%)</b>	<b>Neither (%)</b>		
<b>All</b>	9	71	7	13	1,240	1,339
<b>Age group</b>						
16-34 years	[11]	74	[6]	[10]	260	338
35-49 years	10	70	6	13	700	553
50-64 years	8	69	9	14	300	479
<b>Sex</b>						
Male	10	71	7	13	430	501
Female	9	71	7	13	810	868
<b>Socio-economic classification</b>						
Managerial and professional occupations	9	71	8	12	560	624
Intermediate occupations	[8]	69	[10]	13	300	330
Semi-routine and routine occupations	9	72	[4]	15	340	382
<b>Size of organisation</b>						
Small (1-49 employees)	8	74	[6]	11	470	519
Medium (50-249 employees)	[8]	72	[10]	[10]	260	289
Large (250+ employees)	11	67	[8]	14	380	416
<b>Self-reported general health</b>						
Very good or good	9	72	7	12	820	921
Fair	12	65	[8]	14	320	351
Very poor or poor	[4]	71	[5]	[20]	100	98
<b>Current disability status</b>						
DDA-disabled	9	71	[6]	14	450	444
Work-limiting disabled only	[6]	70	[13]	[11]	70	87
Not disabled	10	71	7	12	720	828
<b>Sector worked in</b>						
Public	10	69	9	12	500	519
Private	8	73	7	12	650	749
<b>Total hours worked in reference week</b>						
Less than 16 hours	12	59	[7]	22	430	492
16-29 hours	[4]	77	[8]	[11]	210	222
More than 30 hours	9	77	7	6	600	656

<sup>1</sup> Includes all respondents who had a discussion with their GP about changes that would help them return to work.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

### 5.1.5 GP consultation before last fit note was issued

This section looks at respondents who had more than one fit note for their last period of sickness absence and the consultation when the last fit note was issued. This research does not assume the last fit note issued was a second fit note; respondents may have been issued any number of fit notes between the first one and this fit note issued at the end of their last period of sickness absence.<sup>16</sup>

Fifty-six per cent of respondents discussed their job with their GP before their last fit note was issued, 37 per cent of respondents discussed a phased return to work, and 24 per cent of respondents discussed other changes. Twenty-two per cent of respondents did speak to their GP but not about the topics stipulated above, and 13 per cent of respondents receiving a last fit note did not have any discussion with their GP. (Table 5.5)

Men were more likely than women to have discussed their job with their GP, 64 per cent compared with 52 per cent respectively. Men were also more likely than women to have discussed other changes to their work, 30 per cent compared with 21 per cent respectively. (Table 5.5)

The likelihood of discussing a phased return to work was more likely for respondents working in managerial and professional occupations than respondents working in semi-routine and routine occupations (43 per cent compared with 30 per cent respectively). Respondents working in managerial and professional occupations were also more likely to discuss other work changes with their GP than respondents working in semi-routine and routine occupations and intermediate occupations (30 per cent compared with 20 per cent and 19 per cent respectively). (Table 5.5)

Respondents working in large organisations (250+ employees) were most likely to discuss their work with their GP; 65 per cent compared with 53 per cent of respondents working in small organisations (1-49 employees). There were no significant differences between these respondents and respondents in medium sized organisations (50-249 employees). (Table 5.5)

Just over a quarter (26 per cent) of respondents who rated their general health as 'fair' spoke with their GP before their last fit note was issued, but not about any of the specific topics listed, compared with 17 per cent of respondents who rated their health as 'very good' or 'good'. (Table 5.5)

Non-disabled respondents were more likely to discuss their job with their GP before their last fit note was issued, 61 per cent, compared with 48 per cent of DDA-disabled respondents. Disabled respondents were more likely to have spoken to their GP about topics other than their job or changes to it compared with non-disabled respondents, 29 per cent compared with 19 per cent respectively. (Table 5.5)

Full-time employees (working more than 30 hours a week) were more likely than part-time employees (working less than 16 hours a week) to discuss their job with their GP (63 per cent compared with 47 per cent respectively); and a phased return to work (42 per cent compared with 32 per cent respectively). Respondents who worked less than 16 hours a week were more likely than respondents who worked more than 30 hours a week to have spoken with their GP about other things during their consultation. (Table 5.5)

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<sup>16</sup> See the Glossary of terms for clarification between 'first', 'only', 'secondary' and 'last' fit notes.

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**Table 5.5 Discussion with GP before issue of last fit note, by characteristics of respondents**

<i>All respondents<sup>1</sup></i>		<i>Great Britain</i>					
<b>Characteristics of respondents</b>	<b>Job (%)</b>	<b>Discussion with GP before issue of last fit note</b>				<b>Unweighted base</b>	<b>Weighted base (000s)</b>
		<b>Phased return to work (%)</b>	<b>Other changes (%)</b>	<b>Did not speak to the GP (%)</b>	<b>None of these but did speak to the GP (%)</b>		
<b>All</b>	56	37	24	13	22	620	670
<b>Age group</b>							
16-34 years	53	[27]	[23]	[15]	[22]	100	128
35-49 years	58	38	24	14	21	260	284
50-64 years	55	41	24	[10]	24	260	258
<b>Sex</b>							
Male	64	41	30	[9]	20	210	232
Female	52	35	21	14	23	410	438
<b>Socio-economic classification</b>							
Managerial and professional occupations	55	43	30	14	21	280	302
Intermediate occupations	57	36	19	[9]	21	150	167
Semi-routine and routine occupations	56	30	20	[13]	25	180	191
<b>Size of organisation</b>							
Small (1-49 employees)	53	35	24	14	21	230	259
Medium (50-249 employees)	54	39	[23]	[11]	[23]	120	128
Large (250+ employees)	65	43	27	[11]	15	180	196

Continued

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 5.5 Continued**

<i>All respondents<sup>1</sup></i>		<i>Great Britain</i>					
<b>Discussion with GP before issue of last fit note</b>							
<b>Characteristics of respondents</b>	<b>Job (%)</b>	<b>Phased return to work (%)</b>	<b>Other changes (%)</b>	<b>Did not speak to the GP (%)</b>	<b>None of these but did speak to the GP (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>Self-reported general health</b>							
Very good or good	61	38	24	12	17	380	410
Fair	51	40	25	[16]	26	180	200
Very poor or poor	[39]	[24]	[19]	[7]	[43]	60	60
<b>Current disability status</b>							
DDA-disabled	48	37	22	15	29	250	248
Work-limiting disabled only	[58]	[56]	[49]	[10]	[12]	40	47
Not disabled	61	35	23	11	19	330	368
<b>Sector worked in</b>							
Public	61	42	23	12	16	240	248
Private	55	35	25	12	23	320	353
<b>Total hours worked in reference week</b>							
Less than 16 hours	47	32	21	14	29	250	285
16-29 hours	59	40	[28]	[14]	[15]	100	108
More than 30 hours	63	42	26	[10]	18	270	277

<sup>1</sup> Includes all respondents who reported they had discussed returning to work with their GP and had more than one fit note for their most recent absence.

Does not total 100 per cent because respondents could choose more than one option.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

This section compares the discussions respondents had with their GP before the issue of their first and secondary fit note. It compares the key characteristics of all respondents from Tables 5.4 and 5.5; therefore, respondents who had only one fit note are also included here.

Overall, respondents were more likely to discuss a phased return to work and other changes that would help them return to work before the issue of a secondary fit note than after the issue of a first fit note. This was the case for:

- respondents aged between 35 and 64;
- males and females;
- respondents in managerial and professional occupations;
- employees in small organisations (between 1-49 employees);
- employees in large organisations (more than 250 employees);
- respondents who rated their health as 'very good' or 'good';

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

- respondents who rated their health as 'fair';
- non-disabled respondents;
- public and private sector workers;
- respondents who worked more than 30 hours a week.

Respondents most likely to just discuss a phased return to work before the issue of a secondary fit note than a first fit note were:

- respondents in intermediate occupations;
- employees in medium sized organisations (between 50 and 249 employees);
- DDA-disabled respondents;
- respondents who worked between 16 and 29 hours a week.

Younger respondents (aged 16-34) were more likely to discuss their job with their GP before the issue of a first fit note rather than before a secondary fit note (68 per cent compared with 53 per cent respectively).

The duration of fit notes are dependent on the GP's assessment of the patient, some GPs may allow plenty of time for the patient to recover from their condition and lessen the need for a secondary fit note, whereas some GPs may prefer to have regular follow-ups and administer fit notes that cover shorter periods of time to assess when the patient can return to work. Hence, discussions about a phased return to work or other changes may be more likely to occur when a secondary fit note is administered. More than one fit note may be required for more chronic conditions and so discussions about a manageable way of returning and remaining in work may be needed with the GP.

### **5.1.6 Advice recommended on the fit note**

The majority of fit notes that were issued advised that the respondents were not fit for work. Overall, nine per cent of fit notes issued recorded a 'may be fit for work' recommendation. Ninety-six per cent of first (or only) fit notes and 81 per cent of last fit notes recorded 'not fit for work'. The advice 'may be fit for work' was more likely on a last fit note, with 19 per cent recording this advice. (Figure 5.1)

Work-related changes to assist the individual's return to work can be recorded on fit notes; changes were recommended on six per cent of first (or only) fit notes and 19 per cent of last fit notes. (Figure 5.2). The recommended changes could be something specific suggested by the GP or something chosen from four options (a phased return to work, altered hours, amended duties or workplace adaptations).

The higher proportion of recommendations made on last fit notes may be indicative of last fit notes being used to cover longer work sickness absences and possibly health conditions that were more chronic which would benefit more from changes to the workplace, as opposed to a long work sickness absence.

Over three-quarters (78 per cent) of respondents whose fit notes had advice, reported that their fit notes recommended a phased return to work, 52 per cent recommended amended duties, 49 per cent recommended altered hours and 21 per cent recommended workplace adaptations. (Figure 5.3). The fit notes may have recommended one or any number of these options.

Figure 5.1 Advice given on fit note

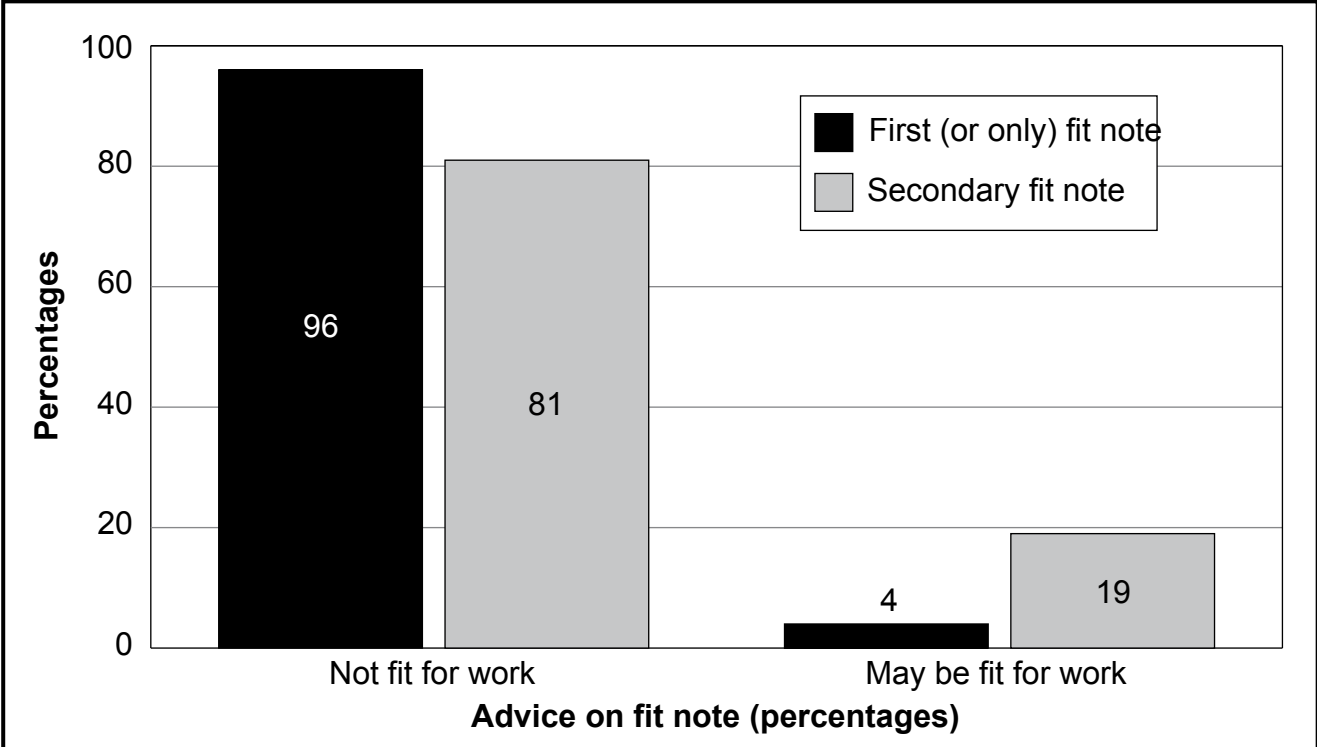


Figure 5.2 Fit notes recommending work-related changes

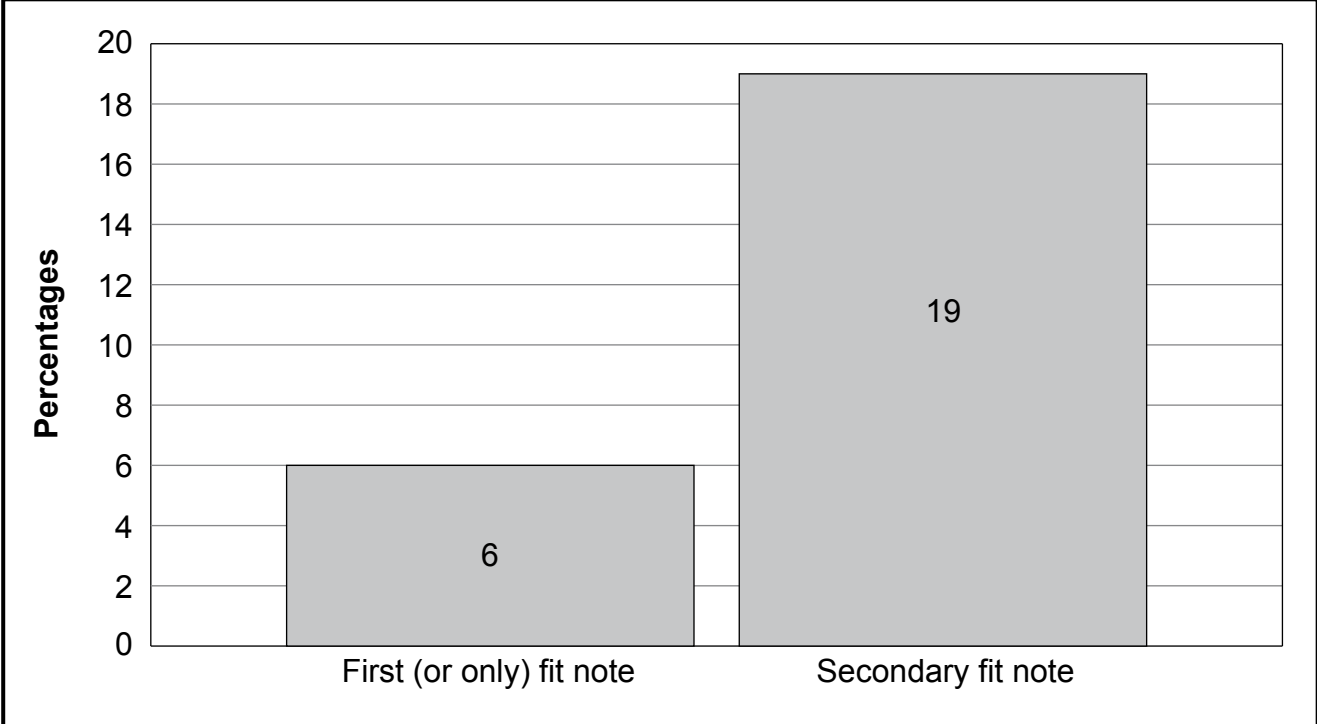
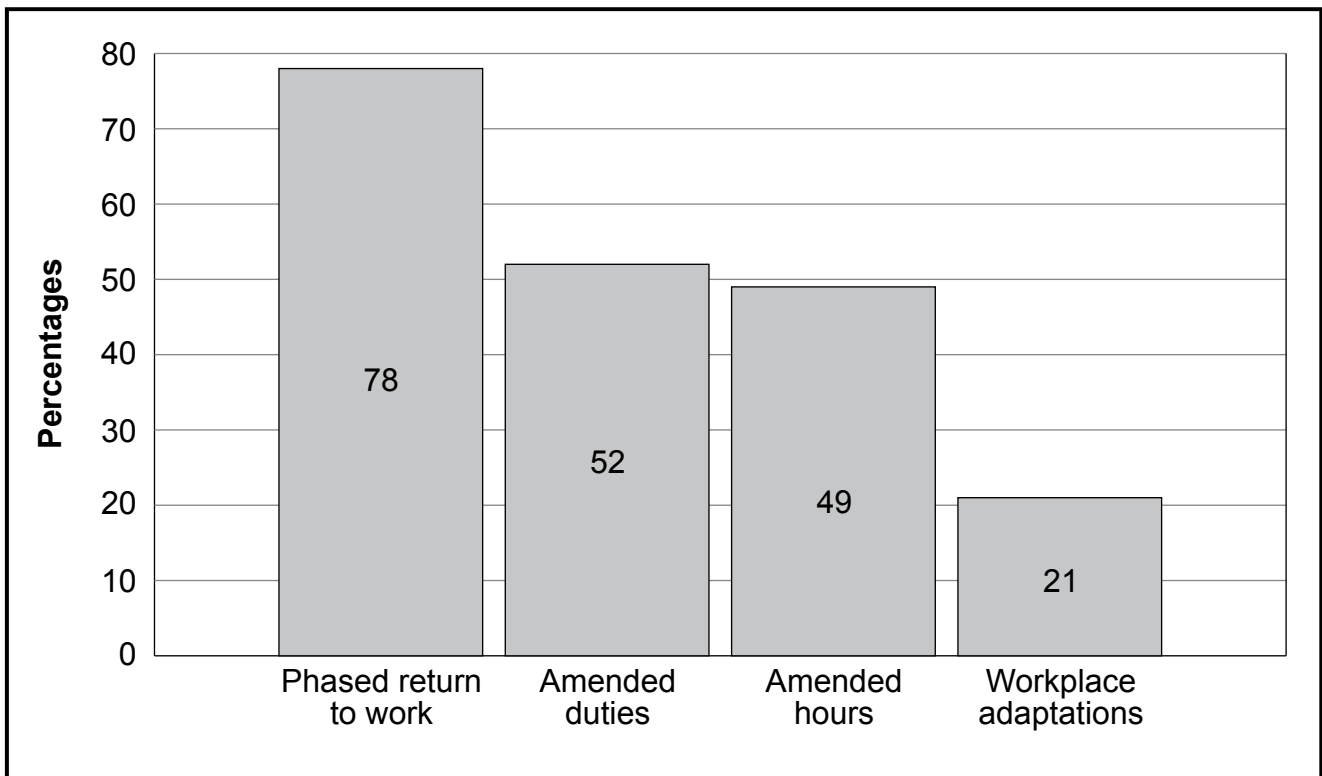


Figure 5.3 Suggested work related changes advised on all fit notes



## 5.2 Introduction

This section looks at the extent of agreement/disagreement for a series of statements by key respondent characteristics. All respondents were asked to rate the extent to which they agreed or disagreed with a number of statements that may or may not describe their experience of the fit note consultation. A four-point rating scale was used ranging from 'strongly agree' to 'strongly disagree'.

### 5.2.1 Perceived level of GPs' understanding of the nature of respondents' work

In the first instance, respondents were asked to rate the extent to which they agreed with the following statement:

*'When my (first) fit note was issued, my doctor understood the nature of my work.'*

Overall, 93 per cent of respondents agreed with the statement that their doctor understood the nature of their work and seven per cent disagreed. The majority of respondents strongly agreed with this statement (81 per cent), 12 per cent slightly agreed, four per cent slightly disagreed and three per cent strongly disagreed. The likelihood of respondents strongly agreeing with the statement increased with age; 75 per cent of those aged 16-34 years strongly agreed compared with 85 per cent of those aged 55-64 years. The likelihood of respondents slightly agreeing decreased with age, 17 per cent of 16-34 year olds compared with nine per cent of 50-64 year olds. (Table 5.6)

Respondents working in medium sized organisations were less likely to slightly agree with the statement than respondents working in small organisations (eight per cent compared with 14 per cent respectively). (Table 5.6)

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 5.6 Perceived level of GPs' understanding of the nature of respondents' work, by characteristics of respondents**

<i>All respondents</i>	Perceived level of GPs' understanding of the nature of respondents' work				<i>Great Britain</i>	
<b>Characteristics of respondents</b>	<b>Strongly agree (%)</b>	<b>Slightly agree (%)</b>	<b>Slightly disagree (%)</b>	<b>Strongly disagree (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>All</b>	81	12	4	3	1,300	1,398
<b>Age group</b>						
16-34 years	75	17	[4]	[4]	280	361
35-49 years	82	11	[4]	[4]	520	573
50-64 years	85	9	[3]	[3]	490	494
<b>Sex</b>						
Male	82	12	[4]	[3]	450	530
Female	81	12	4	4	840	898
<b>Socio-economic classification</b>						
Managerial and professional occupations	79	12	[4]	[4]	580	649
Intermediate occupations	83	12	[2]	[3]	320	352
Semi-routine and routine occupations	84	11	[3]	[2]	360	393
<b>Size of organisation</b>						
Small (1-49 employees)	79	14	[4]	[3]	480	537
Medium (50-249 employees)	84	8	[4]	[4]	280	311
Large (250+ employees)	81	13	[3]	[3]	390	427
<b>Self-reported general health</b>						
Very good or good	81	12	4	3	870	977
Fair	81	11	[4]	[4]	320	354
Very poor or poor	83	[10]	[4]	[3]	100	98
<b>Current disability status</b>						
DDA-disabled	82	9	4	4	280	453
Work-limiting disabled only	83	[11]	[4]	..	70	87
Not disabled	80	13	[3]	[3]	760	879
<b>Sector worked in</b>						
Public	82	12	[3]	[3]	510	383
Private	81	12	4	[3]	680	583
<b>Total hours worked in reference week</b>						
Less than 16 hours	79	12	[5]	[4]	430	492
16-29 hours	80	[12]	[4]	[4]	230	236
More than 30 hours	83	11	[3]	[3]	640	700

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Percentages may not total 100 due to rounding.



## 5.2.2 Rating GPs' understanding of types of possible changes that could be made to respondents' work

Respondents were asked to rate the extent to which they agreed with the following statement:

*'When my (first) fit note was issued, my doctor understood what types of changes in work were possible in my circumstances.'*

Seventy per cent of respondents agreed with the statement that their doctor understood what types of changes in work were possible in their circumstances and 31 per cent disagreed. Half (50 per cent) of all respondents strongly agreed with this statement, 20 per cent slightly agreed, 14 per cent slightly disagreed and 17 per cent strongly disagreed with this statement. Respondents in managerial and professional occupations were more likely to strongly agree with the statement than respondents in intermediate occupations, 53 per cent compared with 43 per cent respectively. (Table 5.7)

Respondents who rated their health as either 'very good' or 'good' or 'very poor' or 'poor' were more likely to strongly agree with the statement than respondents who rated their general health as 'fair'. Eighty-one per cent of respondents who rated their health as 'very good' or 'good' and 83 per cent of respondents who rated their general health as 'very poor' or 'poor' compared with 47 per cent of respondents who rated their general health as 'fair'. (Table 5.7)

Respondents with 'fair' self-reported general health were more likely to disagree with the statement. They were over three times more likely to slightly disagree with the statement than respondents who reported their health to be 'very good' or 'good' (14 per cent compared with four per cent respectively); and over five times more likely to strongly disagree with the statement than respondents who reported their health to be 'very good' or 'good' (17 per cent compared with three per cent respectively). (Table 5.7)

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 5.7 Perceived level of GPs' understanding of the possible changes in respondents' workplace, by characteristics of respondents**

<i>All respondents</i>						<i>Great Britain</i>
Characteristics of respondents	Perceived level of GP's understanding of the possible changes in respondents' workplace				Unweighted base	Weighted base (000s)
	Strongly agree (%)	Slightly agree (%)	Slightly disagree (%)	Strongly disagree (%)		
<b>Total</b>	50	20	14	17	960	1,042
<b>Age group</b>						
16-34 years	46	24	15	14	210	274
35-49 years	51	20	13	17	380	422
50-64 years	52	17	13	19	350	346
<b>Sex</b>						
Male	52	21	14	14	340	397
Female	48	20	13	19	610	646
<b>Socio-economic classification</b>						
Managerial and professional occupations	53	20	13	14	440	486
Intermediate occupations	43	23	13	21	230	258
Semi-routine and routine occupations	51	19	13	17	250	270
<b>Size of organisation</b>						
Small (1-49 employees)	50	22	11	17	360	396
Medium (50-249 employees)	50	19	15	16	200	217
Large (250+ employees)	50	17	14	19	290	322
<b>Self-reported general health</b>						
Very good or good	81	12	4	3	630	977
Fair	47	22	14	17	240	252
Very poor or poor	83	[10]	[4]	[3]	80	98
<b>Current disability status</b>						
DDA-disabled	46	24	13	18	350	345
Work-limiting disabled only	[56]	[15]	[17]	[12]	50	66
Not disabled	51	19	13	17	530	624
<b>Sector worked in</b>						
Public	47	21	14	19	370	383
Private	52	19	13	16	500	583
<b>Total hours worked in reference week</b>						
Less than 16 hours	51	22	14	14	310	359
16-29 hours	53	[12]	[18]	[18]	160	163
More than 30 hours	48	22	12	18	480	520

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Percentages may not total 100 due to rounding.

# 6 Discussions with employers and changes made in the workplace

## 6.1 Introduction

This section looks at the discussions respondents had with their employers about returning to work following receipt of a fit note and, if changes were discussed, which ones were implemented.

### 6.1.1 Discussion with employer

Respondents were asked about what changes they had or had not discussed with their employer to help them return to work. Respondents were asked whether they discussed with their employer: a) a phased return to work (until they could go back to normal hours and duties); b) other changes that could help them back to work; or c) none of these.

Fifty-three per cent of respondents had a discussion with their employer about changes that could help them return to work either before or on their return to work; 47 per cent had not. (Figure 6.1)

Of those who had discussed returning to work with their employer, 74 per cent did so because it was standard procedure, 23 per cent did so although it was not standard procedure and three per cent of respondents felt their discussions fell into both categories. (Figure 6.2)

**Figure 6.1** Proportion of respondents who discussed changes with their employer

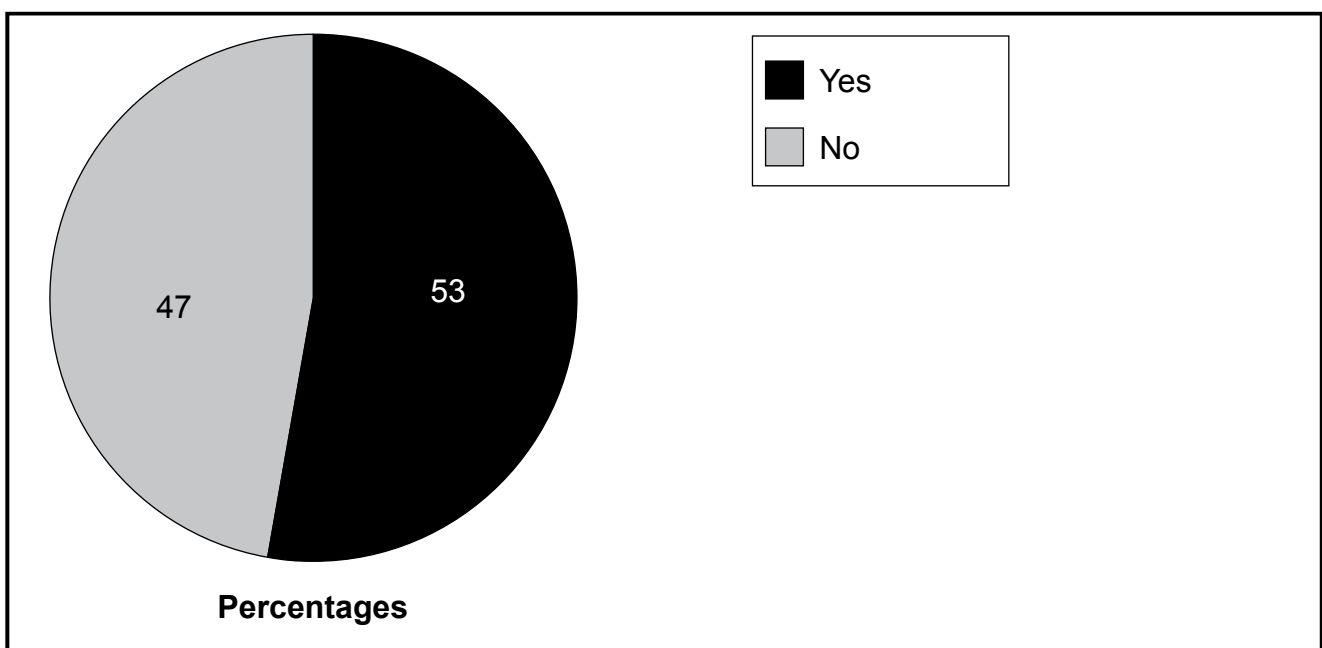
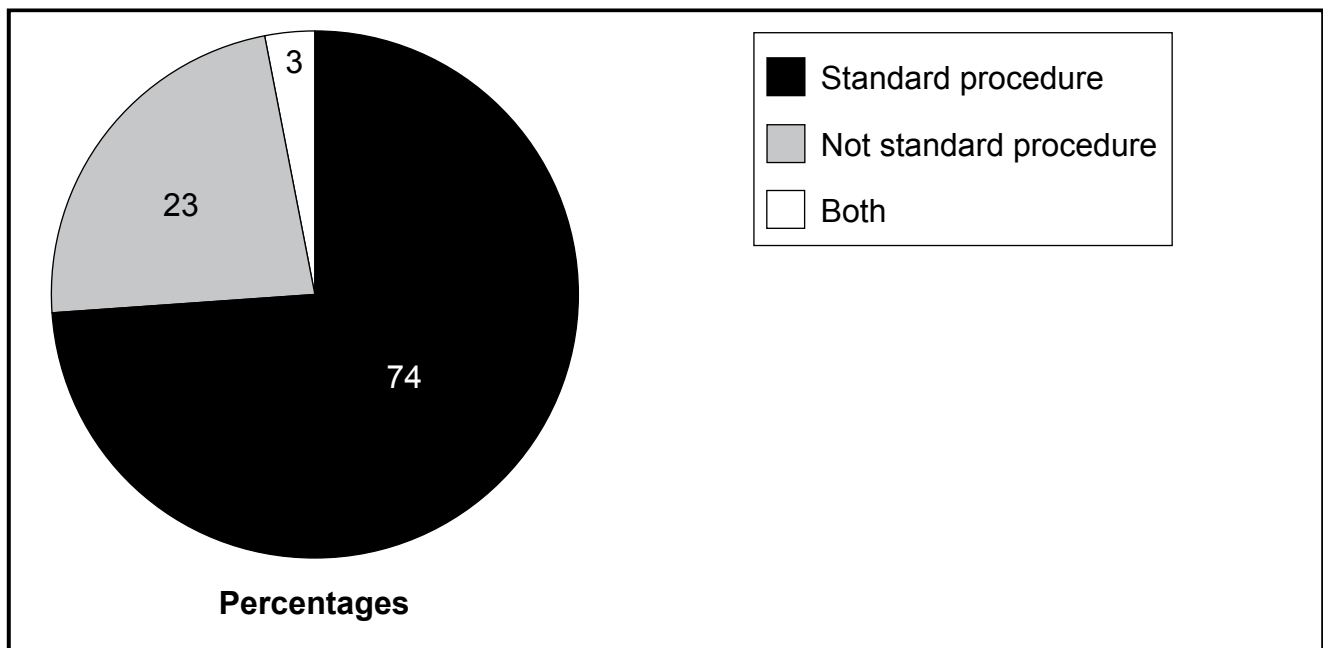


Figure 6.2 Discussion with employer was part of job procedure



### 6.1.2 Nature of discussion with employer about returning to work

Respondents who had a discussion with their employer about possible changes that could aid in their return to work were asked to select any number of changes from the list, including: modified days/reduced work hours, working from home, modified duties, changes to work area and changing ways of working with colleagues/managers. Note that respondents could select more than one answer.

Table 6.1 shows that 64 per cent of respondents discussed modified days and/or reduced work hours with their employer, 62 per cent discussed modified duties, 30 per cent discussed changes in how they could work with their colleagues or managers, 27 per cent discussed changes to their work area and 16 per cent discussed working from home. Significant differences were only found for discussions with employers about modified days or reduced working hours.

The likelihood of having discussed modified days and reduced working hours increased with age, 54 per cent of 16-34 year olds discussed this compared with 71 per cent of 50-64 year olds. There was no significant difference between 35-49 year olds and the other two age groups. (Table 6.1)

Women were more likely to discuss modified days or reduced hours than men (68 per cent compared with 57 per cent respectively). (Table 6.1)

Respondents working in managerial and professional occupations were most likely to discuss modified days or reduced working hours than respondents working in semi-routine and routine occupations; 69 per cent compared with 56 per cent respectively. (Table 6.1)

Public sector employees were more likely to have discussed modified days or reduced working hours with their employer compared with private sector employees, 71 per cent compared with 59 per cent respectively. Part-time employees (working less than 16 hours a week) were more likely to have discussed modified days or reduced hours with their employer than full-time employees (working more than 30 hours a week), 70 per cent compared with 57 per cent respectively. (Table 6.1)

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 6.1 Changes discussed with employer, by characteristics of respondents**

<i>All respondents<sup>1</sup></i>							<i>Great Britain</i>
<b>Characteristics of respondents</b>	<b>Changes discussed with employer</b>					<b>Unweighted base</b>	<b>Weighted base (000s)</b>
	<b>Modified days/ reduced work hours (%)</b>	<b>Working from home (%)</b>	<b>Modified duties (%)</b>	<b>Changes to work area<sup>2</sup> (%)</b>	<b>Changing ways of working with colleagues/ managers (%)</b>		
<b>All</b>	64	16	62	27	30	590	646
<b>Age group</b>							
16-34 years	54	[16]	67	27	34	120	156
35-49 years	63	19	62	28	28	240	262
50-64 years	71	[13]	59	26	29	230	228
<b>Sex</b>							
Male	57	18	67	26	32	210	239
Female	68	15	59	28	28	380	407
<b>Socio-economic classification</b>							
Managerial and professional occupations	69	27	59	26	30	300	334
Intermediate occupations	59	[9]	56	29	32	130	143
Semi-routine and routine occupations	56	..	74	31	28	140	157
<b>Size of organisation</b>							
Small (1-49 employees)	61	[13]	65	21	31	220	240
Medium (50-249 employees)	58	[17]	64	28	33	130	145
Large (250+ employees)	70	17	56	31	24	190	203

Continued

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 6.1 Continued**

<i>All respondents<sup>1</sup></i>							<i>Great Britain</i>
<b>Characteristics of respondents</b>	<b>Changes discussed with employer</b>					<i>Unweighted base</i>	<i>Weighted base (000s)</i>
	<b>Modified days/ reduced work hours (%)</b>	<b>Working from home (%)</b>	<b>Modified duties (%)</b>	<b>Changes to work area<sup>2</sup> (%)</b>	<b>Changing ways of working with colleagues/ managers (%)</b>		
<b>Self-reported general health</b>							
Very good or good	61	15	62	26	27	370	414
Fair	67	20	61	28	32	160	181
Very poor or poor	69	[7]	64	[34]	[48]	50	51
<b>Current disability status</b>							
DDA-disabled	65	[12]	64	33	34	220	222
Work-limiting disabled only	[74]	[17]	[64]	[21]	[39]	40	49
Not disabled	61	18	60	25	26	320	371
<b>Sector worked in</b>							
Public	71	16	62	26	26	230	238
Private	59	15	61	26	32	320	368
<b>Total hours worked in reference week</b>							
Less than 16 hours	70	[14]	66	29	32	190	216
16-29 hours	69	[15]	58	28	[25]	110	112
More than 30 hours	57	18	60	26	30	290	318

<sup>1</sup> All respondents who reported discussing changes to help them to return to work with their employer.

<sup>2</sup> Including work equipment or building modifications.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

.. Data suppressed.

### 6.1.3 Changes made by the employer

Respondents who had a discussion with their employer were asked to select, from a list of changes, those changes which were made by their employer to help them return to work.

Table 6.2 focuses on the changes that were actually made in the workplace as a result of discussions with employers. Fifty-nine per cent of respondents had their days modified or their hours reduced, 57 per cent had their duties modified, 22 per cent changed the way they interacted with their colleagues, 20 per cent had changes made to their work area and 12 per cent of respondents began working from home.

The implementation of modified days or reduced work hours was more likely for older respondents aged 50-64 years than those aged 16-34 years (68 per cent compared with 50 per cent respectively). There are no significant differences between the other age groups. (Table 6.2)

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

Respondents working in managerial and professional occupations were more likely than respondents working in semi-routine and routine occupations to have had modified days or reduced working hours made by their employer (64 per cent compared with 49 per cent respectively). However, seven in ten (70 per cent) of respondents working in semi-routine and routine occupations had their duties modified compared with half (50 per cent) of respondents working in managerial and professional occupations after discussing possible changes with their employer. There were no other significant differences between the socio-economic classifications. (Table 6.2)

**Table 6.2 Changes made by the employer, by characteristics of respondents**

<i>All respondents<sup>1</sup></i>							<i>Great Britain</i>
<b>Changes made by the employer</b>							
<b>Characteristics of respondents</b>	<b>Modified days/ reduced work hours (%)</b>	<b>Working from home (%)</b>	<b>Modified duties (%)</b>	<b>Changes to work area<sup>2</sup> (%)</b>	<b>Changed ways of working with colleagues/ managers (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>All</b>	59	12	57	20	22	450	496
<b>Age group</b>							
16-34 years	50	[6]	61	[19]	[28]	100	128
35-49 years	58	[16]	51	22	21	190	207
50-64 years	68	[11]	60	[18]	23	161	161
<b>Sex</b>							
Male	52	[14]	62	18	22	170	190
Female	63	[10]	53	21	22	290	305
<b>Socio-economic classification</b>							
Managerial and professional occupations	64	19	50	18	25	230	258
Intermediate occupations	58	[6]	57	[19]	[18]	100	108
Semi-routine and routine occupations	49	..	70	[24]	[20]	110	119
<b>Size of organisation</b>							
Small (1-49 employees)	58	[10]	60	19	26	170	194
Medium (50-249 employees)	58	[11]	60	[18]	[27]	110	118
Large (250+ employees)	64	[13]	50	23	[17]	140	154

Continued

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 6.2 Continued**

<i>All respondents<sup>1</sup></i>	<b>Changes made by the employer</b>					<i>Great Britain</i>	
<b>Characteristics of respondents</b>	<b>Modified days/ reduced work hours (%)</b>	<b>Working from home (%)</b>	<b>Modified duties (%)</b>	<b>Changes to work area<sup>2</sup> (%)</b>	<b>Changed ways of working with colleagues/managers (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>Self-reported general health</b>							
Very good or good	57	12	58	20	20	300	338
Fair	66	[11]	56	[17]	25	120	130
Very poor or poor	[60]	..	[43]	[26]	[38]	30	28
<b>Current disability status</b>							
DDA-disabled	64	[6]	58	22	22	160	155
Work-limiting disabled only	[59]	[17]	[66]	[19]	[36]	30	38
Not disabled	57	14	54	19	20	260	301
<b>Sector worked in</b>							
Public	64	[11]	59	22	20	180	179
Private	57	[11]	55	19	24	260	302
<b>Total hours worked in reference week</b>							
Less than 16 hours	65	[5]	58	[15]	[21]	110	126
16-29 hours	61	[13]	54	[28]	[21]	90	99
More than 30 hours	56	14	57	19	23	250	271

<sup>1</sup> All respondents who reported they had discussed changes to help them to return to work.

<sup>2</sup> Including work equipment or building modifications.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

.. Data suppressed.

## 6.2 Introduction

This section looks at the extent of agreement for a series of statements by key respondent characteristics. Respondents who had had discussions with their employer were asked to rate the extent to which they agreed that their employers understood their illness or health condition and the types of changes that would help them return to work. A four-point rating scale was used ranging from 'strongly agree' to 'strongly disagree'.



## 6.2.1 Rating employers' understanding of respondents' illness or condition

Respondents were asked to rate the extent to which they agreed with the following statement:

*'My employer understood the nature of my illness or condition.'*

Approximately 90 per cent of respondents agreed with the statement that their employer understood the nature of their illness or condition and 11 per cent disagreed. Seventy-seven per cent of respondents strongly agreed with this statement, 13 per cent slightly agreed and eight per cent strongly disagreed with the statement. The likelihood of respondents strongly agreeing with the statement increased with age, 71 per cent of 16 to 34 year olds strongly agreed compared with 81 per cent of 50 to 64 year olds. (Table 6.3)

Respondents who rated their health as 'very good' or 'good' were more likely to strongly agree with the statement compared with respondents who rated their health as 'fair' or 'very poor' or 'poor', 81 per cent compared with 67 per cent respectively. (Table 6.3)

Respondents with a work-limiting disability were the least likely to strongly agree with the statement and non-disabled respondents were the most likely to strongly agree with the statement. (Table 6.3)

**Table 6.3 Perceived level of employers' understanding of a respondents health condition, by characteristics of respondents**

<i>All respondents</i>					<i>Great Britain</i>	
<b>Characteristics of respondents</b>	<b>Employer understood the nature of the illness or condition</b>				<i>Unweighted base</i>	<i>Weighted base (000s)</i>
	<b>Strongly agree (%)</b>	<b>Slightly agree (%)</b>	<b>Slightly disagree (%)</b>	<b>Strongly disagree (%)</b>		
<b>All</b>	77	13	3	8	1,330	1,469
<b>Age group</b>						
16-34 years	71	14	[8]	[8]	280	362
35-49 years	78	13	[2]	7	750	821
50-64 years	81	11	[3]	[6]	300	286
<b>Sex</b>						
Male	78	11	[3]	8	460	534
Female	76	14	4	7	870	935
<b>Socio-economic classification</b>						
Managerial and professional occupations	77	13	[3]	7	600	675
Intermediate occupations	75	16	[4]	[7]	320	360
Semi-routine and routine occupations	78	11	[3]	[8]	360	396

Continued

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 6.3 Continued**

<i>All respondents</i>	<i>Great Britain</i>					
<b>Characteristics of respondents</b>	<b>Employer understood the nature of the illness or condition</b>				<b>Unweighted base</b>	<b>Weighted base (000s)</b>
	<b>Strongly agree (%)</b>	<b>Slightly agree (%)</b>	<b>Slightly disagree (%)</b>	<b>Strongly disagree (%)</b>		
<b>Size of organisation</b>						
Small (1-49 employees)	79	12	[3]	7	500	548
Medium (50-249 employees)	79	13	[3]	[6]	300	321
Large (250+ employees)	76	14	[4]	7	400	443
<b>Self-reported general health</b>						
Very good or good	81	10	[3]	6	630	1,006
Fair	67	21	[4]	[8]	240	364
Very poor or poor	67	[13]	[6]	[14]	80	99
<b>Current disability status</b>						
DDA-disabled	74	14	[4]	8	470	464
Work-limiting disabled only	61	[20]	..	[15]	70	88
Not disabled	79	12	[3]	6	780	906
<b>Sector worked in</b>						
Public	81	12	[2]	5	520	549
Private	76	13	4	7	710	812
<b>Total hours worked in reference week</b>						
Less than 16 hours	75	10	[5]	10	440	512
16-29 hours	81	13	[2]	[4]	230	241
More than 30 hours	76	14	[3]	6	650	716

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Percentages may not total 100 due to rounding.

.. Data suppressed.

### 6.2.2 Rating employers' understanding of helpful changes that can be made

Respondents were also asked to rate the extent to which they agreed with the following statement:

*'My employer understood the types of changes in work that would be helpful.'*

Overall, 82 per cent of respondents agreed with the statement that their employer understood the types of changes in work that would be helpful and 19 per cent disagreed. The likelihood of respondents strongly agreeing with the statement increased with age, 54 per cent of 16-34 year olds compared with 64 per cent of 35-49 year olds and 68 per cent of 50-64 year olds. (Table 6.4)

Respondents who worked between 16 and 29 hours were most likely to strongly agree with the statement; 75 per cent compared with 61 per cent of respondents who worked less than 16 hours a week and 60 per cent of respondents who worked 30 hours or more a week. (Table 6.4)

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 6.4 Perceived level of employers' understanding of helpful work place changes, by characteristics of respondents**

All respondents	Great Britain					
Characteristics of respondents	Employer understood the types of changes that would be helpful				<i>Unweighted base</i>	<i>Weighted base (000s)</i>
	Strongly agree (%)	Slightly agree (%)	Slightly disagree (%)	Strongly disagree (%)		
<b>All</b>	63	19	6	13	950	1,038
<b>Age group</b>						
16-34 years	54	23	[9]	[15]	210	273
35-49 years	64	16	[4]	16	530	412
50-64 years	68	19	[5]	[9]	210	353
<b>Sex</b>						
Male	63	20	[5]	13	330	388
Female	63	18	6	13	610	650
<b>Socio-economic classification</b>						
Managerial and professional occupations	64	21	[4]	11	440	499
Intermediate occupations	63	17	[6]	15	230	249
Semi-routine and routine occupations	61	18	[7]	15	240	261
<b>Size of organisation</b>						
Small (1-49 employees)	67	18	[5]	11	350	377
Medium (50-249 employees)	64	21	[6]	9	210	235
Large (250+ employees)	61	20	[7]	12	290	316
<b>Self-reported general health</b>						
Very good or good	65	18	4	12	630	704
Fair	58	21	[8]	13	240	255
Very poor or poor	54	[16]	[11]	[20]	80	79
<b>Current disability status</b>						
DDA-disabled	61	18	[8]	13	350	342
Work-limiting disabled only	58	[21]	..	[17]	50	65
Not disabled	65	19	[4]	12	530	623
<b>Sector worked in</b>						
Public	64	18	[5]	13	360	576
Private	64	21	6	9	510	381
<b>Total hours worked in reference week</b>						
Less than 16 hours	61	17	[6]	16	320	370
16-29 hours	75	[13]	[4]	[9]	160	165
More than 30 hours	60	22	6	12	460	503

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Percentages may not total 100 due to rounding.

.. Data suppressed.

# 7 Impact of the fit note's role in helping respondents return to work

## 7.1 Introduction

Respondents were asked to rate statements on the impact of the fit note, and primarily if the fit note affected their return to work. The respondents who were asked to rate these statements had received fit notes advising that they 'may be fit for work', had fit notes suggesting changes that could help them return to work or had discussed their job with their GP. This chapter looks at the extent of agreement/disagreement for a series of statements by key respondent characteristics. A four-point rating scale was used ranging from 'strongly agree' to 'strongly disagree'.

## 7.2 The fit note helped to identify changes during GP consultation

Respondents were asked to rate the extent to which they agreed with the following statement:

*'The fit note and discussions with my doctor helped me to identify the changes that would help me back to work.'*

Seventy-one per cent of respondents agreed with the statement that both the fit note and discussions with their doctor helped them to identify changes that would help them get back to work and 30 per cent of respondents disagreed. Forty-seven per cent of respondents strongly agreed with the statement, and 24 per cent slightly agreed.

Disability Discrimination Act (DDA)-disabled respondents were more likely than non-disabled respondents to strongly disagree with the (22 per cent compared with 14 per cent respectively). (Table 7.1)

Fifty-one per cent of private sector employees strongly agreed with the statement compared with 40 per cent of public sector employees.

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 7.1** Level of agreement with the statement *'the fit note and discussions with my doctor helped me to identify changes that would help me back to work'*, by characteristics of respondents

<i>All respondents</i> <sup>1</sup>	Fit note and discussions with my GP helped to identify changes to return to work				<i>Great Britain</i>	
<b>Characteristics of respondents</b>	<b>Strongly agree (%)</b>	<b>Slightly agree (%)</b>	<b>Slightly disagree (%)</b>	<b>Strongly disagree (%)</b>	<b>Unweighted base</b>	<b>Weighted base (000s)</b>
<b>All</b>	47	24	13	17	720	794
<b>Age group</b>						
16-34 years	43	27	[13]	[17]	160	214
35-49 years	47	22	13	19	290	314
50-64 years	51	23	12	14	260	265
<b>Sex</b>						
Male	48	20	16	17	250	294
Female	47	26	11	17	460	500
<b>Socio-economic classification</b>						
Managerial and professional occupations	49	25	10	16	330	367
Intermediate occupations	41	23	20	16	170	194
Semi-routine and routine occupations	48	23	10	19	190	210
<b>Size of organisation</b>						
Small (1-49 employees)	48	23	10	20	270	305
Medium (50-249 employees)	40	26	12	22	150	171
Large (250+ employees)	51	22	15	12	220	243
<b>Self-reported general health</b>						
Very good or good	48	23	12	16	480	532
Fair	45	26	[12]	16	180	202
Very poor or poor	[41]	[21]	[15]	[24]	60	59
<b>Current disability status</b>						
DDA-disabled	46	21	10	22	270	270
Work-limiting disabled only	[46]	[22]	[18]	[15]	50	61
Not disabled	48	25	13	14	400	459
<b>Sector worked in</b>						
Public	40	27	15	18	280	288
Private	51	21	11	17	390	451
<b>Total hours worked in reference week</b>						
Less than 16 hours	48	24	13	15	230	272
16-29 hours	53	[21]	[12]	[14]	120	126
More than 30 hours	44	24	12	19	360	396

<sup>1</sup> All respondents who had fit notes advising they may be fit for work or advised of changes that could be made to help the respondent return to work.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Percentages may not total 100 due to rounding.

## 7.3 Whether fit note helped in suggesting changes

Respondents were also asked to rate the extent to which they agreed with the following statement:

*'The fit note and discussions with my doctor helped me to suggest changes to help me back to work with my employer.'*

Sixty-seven per cent of respondents agreed with the statement that the fit note and discussions with their doctor helped them to suggest changes to return to work with their employer and 33 per cent disagreed. Forty-five per cent of respondents strongly agreed, with the statement and 22 per cent of respondents slightly agreed.

Overall, the proportion of respondents who agreed with the statement was very similar across all age groups. However the tendency to 'slightly agree' decreased with age, 29 per cent of 16-34 year olds compared with 17 per cent of 35-49 year olds. (Table 7.2) Older respondents were more inclined to 'strongly agree' with the statement than younger respondents.

Private sector employees were more likely than public sector employees to strongly agree with the statement (49 per cent compared with 37 per cent respectively). Public sector employees were more likely to slightly agree with the statement than private sector employees (28 per cent compared with 18 per cent respectively).

Part-time employees (working less than 16 hours a week) were less likely to strongly agree with the statement than those working more hours. Fifty-five per cent of respondents who worked 16-29 hours strongly agreed with the statement compared with 41 per cent of respondents who worked less than 16 hours.

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 7.2** Level of agreement with the statement ‘*the fit note and discussions with my GP helped to suggest changes to my employer*’, by characteristics of respondents

<i>All respondents<sup>1</sup></i>					<i>Great Britain</i>	
<b>Characteristics of respondents</b>	<b>Fit note and discussions with my GP helped to suggest changes to my employer</b>				<b>Unweighted base</b>	<b>Weighted base (000s)</b>
	<b>Strongly agree (%)</b>	<b>Slightly agree (%)</b>	<b>Slightly disagree (%)</b>	<b>Strongly disagree (%)</b>		
<b>All</b>	45	22	14	19	710	770
<b>Age group</b>						
16-34 years	38	29	[14]	[19]	160	209
35-49 years	46	17	18	20	290	311
50-64 years	47	21	12	19	260	267
<b>Sex</b>						
Male	49	20	16	16	250	288
Female	42	23	14	21	460	498
<b>Socio-economic classification</b>						
Managerial and professional occupations	48	22	13	17	330	364
Intermediate occupations	40	22	16	21	170	196
Semi-routine and routine occupations	44	19	18	19	180	203
<b>Size of organisation</b>						
Small (1-49 employees)	45	23	12	20	270	305
Medium (50-249 employees)	42	20	18	20	150	161
Large (250+ employees)	44	23	16	16	220	242
<b>Self-reported general health</b>						
Very good or good	46	20	14	20	470	532
Fair	44	25	[17]	[15]	180	196
Very poor or poor	[35]	[25]	[17]	[23]	60	59
<b>Current disability status</b>						
DDA-disabled	44	20	13	23	260	266
Work-limiting disabled only	[54]	[19]	[19]	[8]	40	55
Not disabled	44	23	15	18	380	461
<b>Sector worked in</b>						
Public	37	28	15	20	280	289
Private	49	18	15	19	380	438
<b>Total hours worked in reference week</b>						
Less than 16 hours	41	24	16	19	240	279
16-29 hours	55	[16]	[16]	[13]	110	120
More than 30 hours	44	22	13	21	350	388

<sup>1</sup> All respondents who had fit notes advising they may be fit for work or advised of changes that could be made to help the respondent return to work.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Percentages may not total 100 due to rounding.

## 7.4 Whether fit note made a difference to employers' willingness to make changes in the workplace

Respondents were asked to rate the extent to which they agreed with the following statement:

*'The fit note and discussions with my doctor made a difference to my employer's willingness to make changes to help me back to work.'*

Respondents were equally likely to 'strongly agree' as 'strongly disagree' with the statement that the fit note and discussions with their doctor made a difference to their employer's willingness to make changes; both proportions were just over a third (34 per cent). The numbers of respondents answering that they slightly agreed or slightly disagreed were also very similar (18 per cent and 14 per cent respectively).

Respondents working in managerial and professional occupations were twice as likely as respondents working in semi-routine and routine occupations to slightly agree with the statement (24 per cent compared with 12 per cent respectively). Forty per cent of respondents in intermediate occupations strongly disagreed with the statement compared with 29 per cent of respondents in managerial and professional occupations. (Table 7.3)

Private sector employees were more likely to strongly agree with the statement than public sector employees, 38 per cent compared with 29 per cent respectively. Whereas respondents working in the public sector were more likely to slightly agree than respondents working in the private sector, 21 per cent compared with 17 per cent respectively.

Part-time employees (working less than 16 hours per week) were more likely to strongly disagree with the statement. Forty-two per cent of respondents who worked less than 16 hours per week strongly disagreed with the statement compared with 29 per cent of respondents who worked 30 hours or more per week and 30 per cent of those respondents who worked between 16-29 hours per week.



## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 7.3** Level of agreement with the statement *'the fit note and discussions with my doctor made a difference to my employer's willingness to make changes to help me back to work'*, by characteristics of respondents

<i>All respondents<sup>1</sup></i>	<i>Great Britain</i>					
<b>Characteristics of respondents</b>	<b>The fit note and discussions with my doctor made a difference to my employer's willingness to make changes to help me back to work</b>				<b>Unweighted base</b>	<b>Weighted base (000s)</b>
	<b>Strongly agree (%)</b>	<b>Slightly agree (%)</b>	<b>Slightly disagree (%)</b>	<b>Strongly disagree (%)</b>		
<b>All</b>	34	18	14	34	670	747
<b>Age group</b>						
16-34 years	34	[15]	[16]	35	160	202
35-49 years	33	17	13	37	270	297
50-64 years	36	22	13	29	240	248
<b>Sex</b>						
Male	36	19	13	31	240	277
Female	33	18	14	35	430	470
<b>Socio-economic classification</b>						
Managerial and professional occupations	33	24	13	29	310	342
Intermediate occupations	33	15	13	40	160	183
Semi-routine and routine occupations	37	12	17	34	180	198
<b>Size of organisation</b>						
Small (1-49 employees)	33	20	12	35	260	293
Medium (50-249 employees)	37	18	15	30	140	154
Large (250+ employees)	35	17	17	30	210	224
<b>Self-reported general health</b>						
Very good or good	34	19	14	34	450	517
Fair	38	18	[15]	29	170	180
Very poor or poor	[25]	[17]	[7]	[51]	50	50

Continued

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table 7.3 Continued**

<i>All respondents<sup>1</sup></i>					<i>Great Britain</i>	
<b>Characteristics of respondents</b>	<b>The fit note and discussions with my doctor made a difference to my employer's willingness to make changes to help me back to work</b>				<i>Unweighted base</i>	<i>Weighted base (000s)</i>
	<b>Strongly agree (%)</b>	<b>Slightly agree (%)</b>	<b>Slightly disagree (%)</b>	<b>Strongly disagree (%)</b>		
<b>Current disability status</b>						
DDA-disabled	35	17	11	37	240	240
Work-limiting disabled only	[30]	[21]	[23]	[26]	40	56
Not disabled	34	19	15	32	380	447
<b>Sector worked in</b>						
Public	29	21	16	34	260	281
Private	38	17	13	32	360	410
<b>Total hours worked in reference week</b>						
Less than 16 hours	28	16	14	42	220	255
16-29 hours	40	[19]	[12]	30	110	118
More than 30 hours	36	20	14	29	340	375

<sup>1</sup> All respondents who had fit notes advising they may be fit for work or advised of changes that could be made to help the respondent return to work.

Figures in brackets indicate the estimates are unreliable and any analysis using these figures may be invalid.

Percentages may not total 100 due to rounding.

## 8 Conclusions

The purpose of the Fit Note Survey was to strengthen the evidence base on sickness absence and certification by looking at employees' self-reported experience of fit notes in the previous year.

### 8.1 Types of individuals likely to receive one or more fit notes and comparison with the general population

Results from analysis comparing employees both in receipt and not in receipt of a fit note (from the working-age population) showed that hours worked, employment sector, disability status, age and sex were the statistically significant factors in predicting whether a person was likely to have had a fit note issued for a sickness absence in the 12 months prior to interview.

The analysis also found that respondents who worked less than 16 hours a week, public sector employees, respondents with a disability, respondents aged 50-64 years and females were the respondents most likely to be in receipt of a fit note.

### 8.2 Duration of sickness absence from work

Sickness absences were typically short in duration and most commonly lasted between eight and 14 days (31 per cent); 16 per cent of absences were for seven or less days and 14 per cent were for more than one month but less than three months.

The findings showed that periods of shorter sickness absences (lasting seven days or less) were more common for employees who worked in smaller organisations: 19 per cent of respondents working in small organisations had seven days or less sickness absence from work compared with 11 per cent of respondents in large organisations.

### 8.3 Fit note discussion and advice given by GPs in the consultation and on the fit note itself

The advice given on a first (or only) fit note was most likely to be 'not fit for work' (96 per cent). The advice 'may be fit for work' was more likely to be on a respondent's last fit note issued for the same sickness absence episode; with 19 per cent of last fit notes recording this advice.

Changes to work practices or work places were recommended on six per cent of first (or only) fit notes and 19 per cent of last fit notes. The higher proportion of recommendations made on last fit notes may be indicative of them being used to cover longer sickness absences and possibly health conditions that were more chronic. From looking at all of these fit notes where changes were recommended, most respondents (78 per cent) reported that their fit note recommended a phased return to work.

During the last fit note consultation, the likelihood of discussing a phased return to work with a GP was more likely for respondents working in managerial and professional occupations than respondents working in semi-routine and routine occupations (43 per cent compared with 30 per cent respectively).

## **8.4 Role of employers prior and following receipt of the fit note from individuals**

The majority of respondents who reported discussing returning to work with their employer (74 per cent) did so because it was standard procedure. Therefore, changes made to bring about an earlier return to work may have been as a result of a discussion initiated by the employer as part of the employer's standard procedure, rather than as a result of suggestions made on a fit note.

The implementation of modified days or reduced working hours was more likely for older respondents aged 50-64 years and respondents in managerial and professional occupations.

Although the fit note can facilitate useful discussions with the GP (and respondents appear to find them helpful) there is still more that needs to be done to increase the willingness of employers to act on the changes that are discussed in GP consultations. In 48 per cent of cases, respondents were not having discussions with their employer about changes that could help them return to work.

Most sickness absences were for between eight and 14 days, this may be why few fit notes recommended changes and why few employers had discussions with their employees about changes to help them return to work.

## **8.5 Individuals' perceptions of the fit note and perceived impact on return to work**

A significant number of respondents agreed that discussions with their GP helped them to identify and suggest changes to their employer to help them back to work. The fit note gives respondents and GPs an opportunity to identify changes which can then be suggested to their employers. Respondents were equally split in terms of strongly agreeing or disagreeing about their employer's willingness to make the suggested changes to help them back to work. This suggests that employers may be able to make more use of the recommendations on the fit note to support their employees back into work.

## **8.6 Potential future research**

Mental health conditions were the most commonly specified health condition reason for sickness absence and one in ten respondents with a mental health condition did not return to work. This may be a potential area for more research. Given the differences reported between respondents who were Disability Discrimination Act (DDA)-disabled and other respondents, more research could also be considered about the disability status of people with chronic health conditions; for example exploring whether they are DDA-disabled or work-limiting disabled.

Future research of this kind should also use a larger sample to enable more detailed analysis within narrower sub-group banding (for example, more detailed age groupings) and a shorter reference period which would reduce potential respondent recall bias.

# Appendix A

## Weighting and calibration of the Fit Note Survey

This chapter describes the weighting and calibration of the Fit Note Survey, concluding with comments on the use of the weights calculated.

The Fit Note Survey is an ad hoc follow-on to the Labour Force Survey (LFS). Data was collected for the first two quarters of 2012 (January-June), with approximately 1,400 individuals taking part.

### A.1 LFS sample structure

The LFS has a five-wave sample structure, with a new sample of addresses drawn every quarter. This sample is then in the survey for 5 quarters – so that an address in Wave 5 during January-March 2012 would have entered the survey in Wave 1 of January-March 2011.

The boost sample has four waves, where a new sample is drawn every year. The address is then sampled annually for four years. Addresses in wave 4 of the boost in January-March 2012 would have entered the boost in wave 1, 2009. The LFS quarters do not coincide exactly with calendar quarters, for instance January-March quarter started on 9 January 2012.

Respondents from wave 5 of the LFS, and wave 4 of the boost sample were asked if they were employed and had a period of sickness in the last 12 months that was covered by a fit note. This determined their eligibility for the Fit Note Survey.

### A.2 Population for weighting

The LFS does not include households where all residents are aged over 75 years past wave 1; although an individual aged 75 years or over may be interviewed in subsequent waves when they live in a household with residents aged under 75 years. Therefore, for weighting purposes, only individuals in Great Britain aged 16-74 years were included, although this report only focuses analysis on individuals aged 16-64 years.

The dataset comprises of:

- 229,156 people in the whole LFS and boost sample (Set S1);
- 36,430 people in wave 5 of the LFS and wave 4 of the boost (Set S);
- 44,444,783 in the 16-74 years age group, in Great Britain (the population).

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On average:

- each person in Set S1 represents about 194 people in the general population (= 44,444,783/229,156);
- each person in Set S will represent about 1,220 people in the general population (= 44,444,783/36,430);
- the Set S is just under one sixth of Set S1 (= 36,430/229,156).

### A.3 Strategy

The sampling for the Fit Note Survey is two-phase:

- sampling of households for the LFS and boost;
- sampling people in wave 5 of the LFS, or wave 4 of the boost.

The role of weighting is to start from Set S and provide weights which will scale to the GB population. With these weights, the fit note set can be treated as a sub-domain. This process requires design weights and two types of calibration.<sup>17</sup> The first calibration is to population variables known from external sources, and the second calibration is to estimates which are produced from the whole LFS and boost samples.

### A.4 Design weights

The design weight is calculated by UALA, this reflects the stratification of the LFS and boost sample. The weight for the whole sample is calculated as the probability of selection of a household within the UALA from the general population. These weights are denoted by  $a_{1k}$ . The second set of weights to calculate are the probabilities of a household being in Set S, given that the household is in Set S1. These weights are denoted  $a_{2k}$ . The design weight used is the product of these two weights,  $d_k = a_{1k} a_{2k}$ .

### A.5 Calibration

The initial calibration groups were chosen to be as close to the LFS as possible, and this calibrates to age, sex and region. As the fit note sample is much smaller than the whole LFS sample, some groups had to be coalesced. In particular, the population totals by UALA were causing problems. To include geography, population totals are corrected within each govt of (government office region), leading to the partitions:

- 1 sex by five-year young age group (2 x 3 = 6 groups);
- 2 sex by govt of by ten-year age group (2 x 12 x 6 = 144 groups).

Here, the following definitions are used:

- five-year young age groups are: 16-20, 21-25, and 26+;
- ten-year age groups are: 16-25, 26-35, 36-45, 46-55, 56-65 and 66+.

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<sup>17</sup> Estevao, V.M. and Särndal, C.E. (2009). *A new face on two-phase sampling with calibration estimators*, Survey Methodology.

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Govtof and sex are defined in the LFS user guides (2012).

The calibration estimates for groups 1 and 2 are created using ONS population estimates.

The rest of the calibration groups use totals calculated from the whole sample, but these have not been independently calibrated to known totals. The partitions, defined in this way, were chosen from an analysis of which factors affect the probability of having a fit note. (See Appendix B)

For each partition, the missing values are put into a separate category. Where the variable is only defined for the employed population (i.e. public [work in public or private sector]), two extra groups are created. One group is the employed (by ilodefr=1) and undefined, the other group is not employed (ilodefr<>1) and undefined.

An additional four partitions were used in the calibration:

- 1 Discurr (Current disability status)
- 2 Nsecmj10 (Socio-economic classification)
- 3 Publicr (Whether working in the public or private sector)
- 4 Tothrsgrp: a grouping of tothrs (Total number of hours worked in the reference week)

Discurr – Current disability status

- 1 Both DDA (current disability) and work-limiting disabled
- 2 DDA-disabled (current disability) only
- 3 Work-limiting disabled only
- 4 Not disabled

NSECMJ10 'NS-SEC major group (SOC2010 based)'

- 1 Higher managerial and professional
- 2 Lower managerial and professional
- 3 Intermediate occupations
- 4 Small employers and own-account workers
- 5 Lower supervisory and technical
- 6 Semi-routine occupations
- 7 Routine occupations
- 8 Never worked, unemployed, and nec (also undefined).

PUBLICR - Whether working in public or private sector

- 1 Private sector
- 2 Public sector

TOTHRS – Total number of hours worked in reference week

**0-96** Hours of work

**97** 97 or more

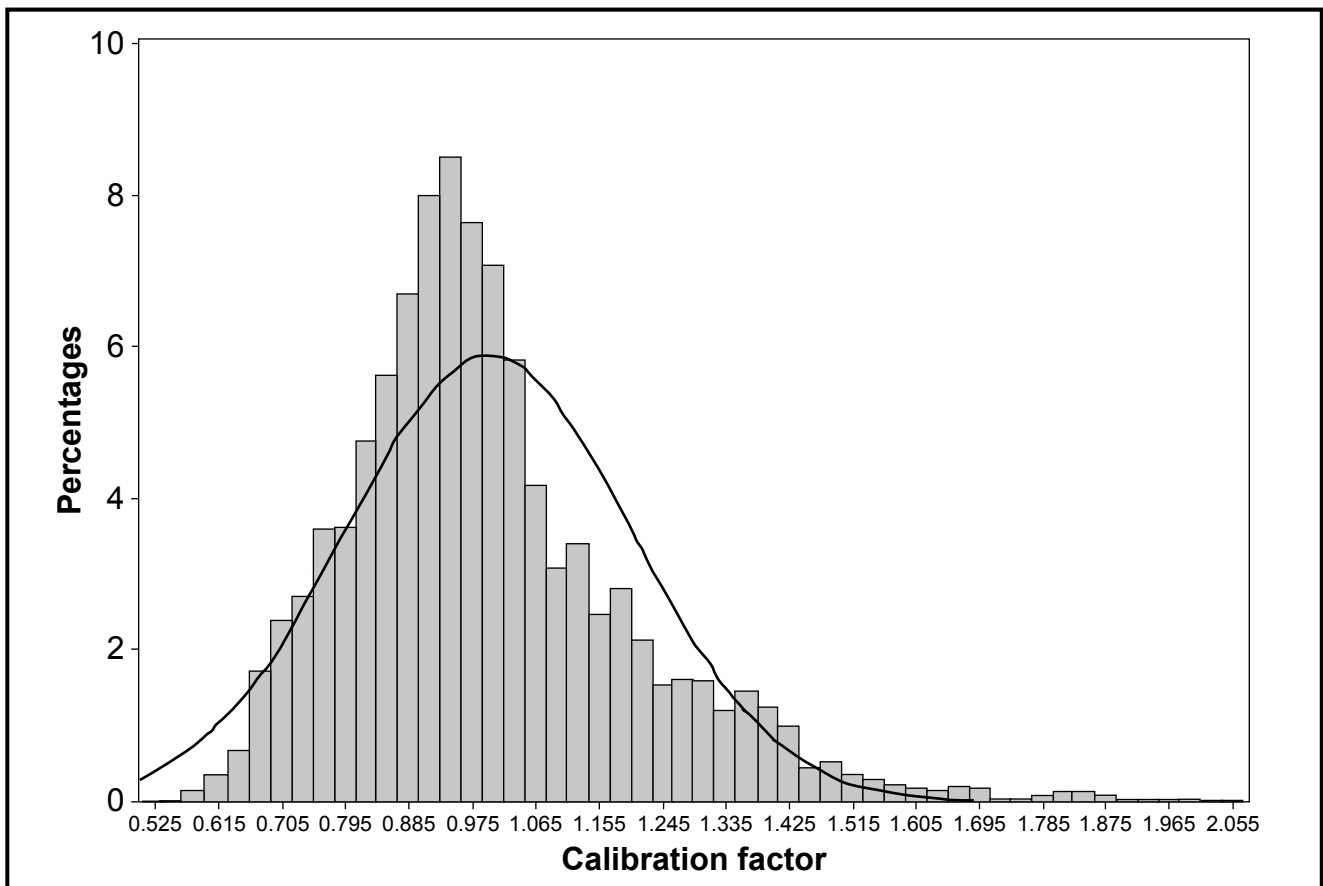
**98** Away from job

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The calibration program and weighting use GES and SAS, following the strategies used for the LFS/APS. Within the calibration, a multiplying factor (gweight) for the original design weight is calculated. Using the partitions above, this gweight has values between about 0.5 and 2.0, without any further constraints being defined. Too much variability in the weights will tend to increase the variability of the estimates.

Figure A.1 shows the distribution of gweights.

**Figure A.1 Distribution of gweights**



A final weight ( $\text{calweight} = \text{design weight} \times \text{gweight}$ ), for everyone in LFS wave 5 and the boost wave 4 in January-June 2012, aged 16-74 is calculated. These final weights are used to relate back to the general population. Essentially, the 16-74 year-olds with a fit note are now treated as a domain.

A description of LFS weighting and calibration can be found in the LFS User Guide.<sup>18</sup>

## A.6 Non-response

After wave 5 of the LFS and wave 4 of the boost, there are some people who did not respond to the fit note survey, or who were marked as ineligible due to other variables being unavailable. There was no correction for this group.

<sup>18</sup> *Labour Force Survey User Guidance*. (2011). Volume 1: Background and Methodology.



# Appendix B

## Logistic regression analysis

A logistic regression model has been produced using 'Fnpers' (received fit note or not) as the response variable. The variables Comdis (current disability status) NSSEC (socio-economic classification), Publicr (sector worked in), Hrswork (total hours worked in reference week), Sex and Age were found to be significant.

### B.1 Recoding of variables

Current disability status: Discurr recoded as Comdis

<b>Current disability status</b>	<b>Discurr</b>	<b>Comdis</b>
Current and work-limiting disability	1	1
Current disability only	2	1
Work-limiting disability only	3	2
Not disabled	4	3

Socio-economic classification: Nsecmj10 recoded as NSSEC

<b>Socio-economic classification</b>	<b>Nsecmj10</b>	<b>NS-SEC</b>
Higher managerial and professional	1	1
Lower managerial and professional	2	1
Intermediate occupations	3	2
Small employers and own-account workers	4	2
Lower supervisory and technical	5	3
Semi routine occupations	6	3
Routine occupations	7	3
Never worked, unemployed	8	3

Total hours worked in reference week:

<b>Total hours worked in reference week</b>	<b>Hrswork</b>
0-15 hours	Hrswork=1
16-29 hours	Hrswork=2
30+ hours	Hrswork=3

Age groups:

<b>Age groups</b>	<b>Age50</b>
16-34	Age50=1
35-49	Age50=2
50-64	Age50=3

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Main cause for sickness absence: Maincond recoded as Newmaincond. This was necessary because Maincond has 19 categories; some of these have small cell counts.

Main cause for sickness absence	Maincond	Newmaincond
Mental illness	7	1
Injury	10	2
Back pain	8	3
Other	All other categories	4

## B.2 Logistic regression analysis

A Wald chi-square statistic was used to test the significance of the significant variables detailed below. They are given in order of significance. (Table B.1)

**Table B.1 Analysis of effects**

Effect	DF	Wald Chi-Square	Pr > ChiSq
comdis	2	349.3167	<.0001
nssec	2	43.7598	<.0001
publicr	1	112.0695	<.0001
hrswrk	2	47.7776	<.0001
sex	1	79.0099	<.0001
age50	2	7.0778	0.029

The maximum likelihood method was used to estimate the values of the parameters for each category of the explanatory variables selected. A Wald statistic is used to identify whether the parameter estimates are significantly different from zero. (Table B.2)

**Table B.2 Analysis of maximum likelihood estimates**

Parameter	DF	Estimate	Standard Error	Wald Chi-Square	Pr > ChiSq
Intercept	1	-2.3006	0.0547	1770.4581	<.0001
comdis	1	0.4982	0.0575	75.1006	<.0001
comdis	2	0.2254	0.0881	6.5515	0.0105
nssec	2	-0.1956	0.0478	16.7191	<.0001
nssec	3	0.2778	0.0421	43.4948	<.0001
publicr	2	0.3332	0.0315	112.0695	<.0001
hrswrk	1	0.314	0.046	46.4919	<.0001
hrswrk	2	-0.1841	0.053	12.0716	<.0001
sex	1	-0.2875	0.0323	79.0099	<.0001
age50	1	-0.1301	0.0495	6.9194	0.0085
age50	3	0.0815	0.0428	3.6287	0.0568

## B.3 Odds ratio estimates

The odds ratio indicates the change in odds of the response variable occurring when comparing each category of an explanatory variable with the reference category. If the estimate is larger than one, then the odds of the outcome occurring for that specific category are higher when compared to the reference category. If the value is lower than one, the odds are lower for that category.

The reference group is the 'not disabled' group (Comdis=3). Each current disability status category has higher odds of receiving a fit note than those who are not disabled. As an example, the odds for those who only have a work-limiting disability (Comdis=2) are 2.583 times the odds of someone who is not disabled. (Table B.3)

People in higher managerial and professional occupations have the highest frequency and this is the reference category; recoded as Nssec=4. For those of intermediate occupations, Nssec=2, the odds of receiving a fit note are lower than those in the reference category. However, those of semi-routine and routine occupations, Nssec=3, have higher odds of receiving a fit note. (Table B.3)

The category with the highest frequency are those in the private sector, Publicr=1 and so this has been re-coded as Publicr=3. The odds of receiving a fitnote for those in the public sector are 1.947 times those in the private sector. (Table B.3)

The reference category for Hrswork is category 30+. Hrswork=1 has higher odds of receiving a fit note than those who worked 30+ hours in the reference week, with an odds ratio of 1.559. While those who worked 16-29 hours have lower odds of receiving a fit note, Hrswork=2 has an odds ratio of 0.947. (Table B.3)

As before, the reference category for Sex are females where Sex=2. The odds ratio is 0.563 for males. The estimate is lower than 1 and so the odds of receiving a fit note for males are lower than when compared to women. (Table B.3)

The category with the highest frequency are those aged 35-49, Age50=2. This has been recoded as Age50=4. The category of those aged 16-34 has lower odds of receiving a fit note than those in the reference category. While those aged 50-64 have higher odds, the odds ratio is 1.034. (Table B.3)

**Table B.3 Odds ratio estimates**

Effect		Point Estimate	95% Wald Confidence Limits	
comdis	1 vs 3	3.393	2.976	3.87
comdis	2 vs 3	2.583	1.988	3.357
age50	1 vs 2	0.893	0.763	1.045
age50	3 vs 2	1.433	1.249	1.645
fnum	2 vs 1	1.947	1.721	2.203
newmaincond	1 vs 2	1.559	1.356	1.792
newmaincond	3 vs 2	0.947	0.803	1.118
newmaincond	4 vs 2	0.563	0.496	0.639
age50	1 vs 4	0.836	0.714	0.98
age50	3 vs 4	1.034	0.904	1.182

## B.4 Ordinal logistic regression

When considering the length of time off work as a response variable, an ordinal logistic regression was implemented because the variable has more than two ordered categories.

Ordinal logistic regression takes the cumulative probability of the response variable, the probability that the response falls at or below a particular point. These probabilities reflect the ordering of the categories of the variable, with  $P(Y \leq 1) \leq P(Y \leq 2) \leq \dots \leq P(Y \leq J) = 1$ . Models for these probabilities do not use the final probability,  $P(Y \leq J)$ , since it necessarily equals 1. The logit of the cumulative probabilities are taken. These are known as cumulative logits:

$$\text{Logit } [P(Y \leq j)] = \log \left[ \frac{P(Y \leq j)}{1 - P(Y \leq j)} \right] \text{ where } j=1, \dots, J-1.$$

Length of time off work: Hlabs1 regrouped and renamed Time2:

Length of time off work	Hlabs1	Time2
7 days or less	1	1
8 -14 days	2	2
15-21 days	3	2
3 weeks – 1 month	4	2
1 month – 2 months	5	3
2 months – 3 months	6	3
3 months-6 months	7	4
6 months – 9 months	8	5
9 months – 1 year	9	5
more than 1 year	10	5

Predictors that were found to have a significant relationship with the response variable are Comdis (current disability), Age50 (age), Fnum (number of fit notes) and Newmaincond (main condition causing sickness absence). Comdis is the least significant with  $p=0.0122$ . Table B.4 includes the Wald statistic for each variable and its associated p-value.

**Table B.4 Analysis of effects**

Effect	DF	Wald Chi-Square	Pr > ChiSq
comdis	2	8.8109	0.0122
age50	2	18.2301	0.0001
fnum	1	309.4133	<.0001
newmaincond	3	13.1059	0.0044

Table B.5 shows the odds ratio estimates. If the ratio is above 1, then the estimated odds of that category being in a lower ordered category rather than a higher ordered category of the response variable are higher when compared to the reference group. If the ratio estimate is lower than 1, then the odds for this event are lower than the reference category and so this particular category has lower odds of being in a lower category of the response variable. So, in this case, an odds ratio higher than 1 means that this category has higher odds of having less time off work rather than a longer duration of time off work than the reference category and, if the ratio is lower than 1, the category has lower odds of having less time off.

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For the variable Comdis, the highest frequency group is Comdis=3 and so this is the reference group. The odds ratios show that for those in Comdis=2, those with a work-limiting disability but not registered disabled, the odds ratio is 0.483. Therefore, the odds of having less time rather than more time off are lower than those in Comdis=3. For those in Comdis=1, those who have a current disability and work-limiting disability, the odds of having less time off are also lower than those in the reference category. The odds here are 0.77. (Table B.5)

For age, the reference group are 35-49 year olds. For those aged 16-34, the odds ratio is 1.762 and so the odds of having less time off are higher than those aged 35-49. Those aged 50-64 have lower odds of having less time off with an odds ratio of 0.892. (Table B.5)

Fnum is the variable for how many fit notes a responder has had, where Fnum=1 is for one fit note and Fnum=2 is for two or more fit notes. The reference category is those with one fit note. The odds ratio of 0.064 shows that those with two or more fit notes have lower odds of having less time off than those with only one fit note. (Table B.5)

The reference category for main cause of sickness absence is Newmaincond=2, (respondents with an injury). Each ratio shows that each category has higher odds of being off less time than those in the reference category. For example, those with Newmaincond=3 (back pain) have an odds ratio of 1.315 and so have higher odds of having less time off. (Table B.5)

**Table B.5 Odds ratio estimates**

<b>Effect</b>		<b>Point Estimate</b>	<b>95% Wald Confidence Limits</b>	
comdis	1 vs 3	0.770	0.593	0.998
comdis	2 vs 3	0.483	0.274	0.851
age50	1 vs 2	1.762	1.289	2.409
age50	3 vs 2	0.892	0.683	1.165
fnum	2 vs 1	0.064	0.047	0.087
newmaincond	1 vs 2	1.001	0.627	1.597
newmaincond	3 vs 2	1.315	0.776	2.23
newmaincond	4 vs 2	1.665	1.161	2.389

## B.5 Nominal logistic regression

For this regression analysis, the variable of return-to-work status (Retwrk), is the response variable. The variable has three categories which are unordered and so the model treats the response scale as nominal. The variable has the following categories:

<b>Return-to-work status</b>	<b>Retwrk</b>
Yes	1
Still off sick	2
No	3

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J denotes the number of categories for the response variable, in this case J=3.

$\{\pi_1, \pi_2, \pi_3\}$  denotes the response probabilities, which satisfy  $\sum_3 \pi_j = 1$ . Multicategory logit models use all pairs of categories by specifying the odds of the outcome in one category instead of another. Each category will be paired with a baseline category with the baseline category being the last category, Retwrk=3 in this case. The baseline-category logits are:

$$\log \left( \frac{\pi_j}{\pi_J} \right) \text{ where } j=1, \dots, J-1$$

This gives the log odds that the response is j.

Predictors found to have a significant relationship with Retwrk are Hrswork, Dvhealth and Dvwhoraise which all have a significance of <0.0001. (Table B.6)

**Table B.6 Analysis of effects**

Effect	DF	Wald Chi-Square	Pr > ChiSq
hrswork	4	165.2244	<.0001
dvhealth	4	35.0038	<.0001
dvwhoraise	6	48.6477	<.0001

The odds ratio estimates have been produced in the output (Table B.7). In this case, an odds ratio is given for the two categories of the response variable which are being compared with the baseline category and for each the odds of being in that category for one level of an explanatory variable is given in comparison to the reference category of that variable.

**Table B.7 Odds ratio estimates**

Effect	Retwrk	Point Estimate	95% Wald Confidence Limits		
hrswork	1 vs 3	1	0.038	0.015	0.097
hrswork	1 vs 3	2	4.692	1.08	20.383
hrswork	2 vs 3	1	0.674	0.158	2.871
hrswork	2 vs 3	2	2.221	0.279	17.675
dvhealth	2 vs 1	1	0.446	0.239	0.833
dvhealth	2 vs 1	2	1.035	0.543	1.973
dvhealth	3 vs 1	1	0.203	0.093	0.442
dvhealth	3 vs 1	2	1.015	0.487	2.114
dvwhoraise	1 vs 2	1	0.493	0.211	1.154
dvwhoraise	1 vs 2	2	1.112	0.460	2.688
dvwhoraise	3 vs 2	1	1.815	0.406	8.112
dvwhoraise	3 vs 2	2	3.057	0.651	14.353
dvwhoraise	4 vs 2	1	0.245	0.126	0.48
dvwhoraise	4 vs 2	2	1.479	0.785	2.787

Hrswork are the groups for total hours worked. The reference categories are those working 30+ hours. When considering those who returned to work, Retwrk=1, the first ratio shows that the odds of returning to work are lower for those working 0-15 hours when compared to those working 30+ hours. The odds ratio is 0.038. Those working 16-29 hours also have

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lower odds of returning to work than the reference category, with an odds ratio of 0.674. When considering the event of not returning to work due to sickness, Retwrk=2, both those working 0-15 hours and 16-29 hours have higher odds of not returning to work when compared to the reference category.

Dvhealth is the new grouping for the variable of state of a respondent's health, Qhealth1. The reference category being those with good health, Dvhealth=1. Dvhealth has the following groupings:

<b>Self-reported health</b>	<b>Qhealth1</b>	<b>Dvhealth</b>
Very good	1	1
Good	2	1
Fair	3	2
Poor	4	3
Very Poor	5	3

For Retwrk=1, for both categories of fair and poor health, the odds of returning to work are lower than when compared with the reference category of good health. For Retwrk=2, the odds of not returning to work are higher for those with fair and poor health when compared with the reference category.

Dvwhoraise is the variable for who brought up the subject of going back to work. The reference category, Dvwhoraise=2, are those who brought up the topic themselves. Dvwhoraise has the following categories:

<b>Who raised discussion with doctor</b>	<b>Dvwhoraise</b>
Doctor	1
You	2
Both	3
Neither	4

For Retwrk=1, when the doctor brought up the subject of returning to work or neither brought up the subject, the odds of going back to work were lower in comparison with those who brought the subject up themselves. The ratio estimates are 0.493 and 0.245 respectively. For when both brought up the subject, the odds of returning to work are higher in comparison. When Retwrk=2, all of the categories have higher odds of not going back to work due to illness when compared to the reference category. (Table B.7)

## B.6 Logistic regression for binary response variables

The following regressions have been carried out on binary response variables and so a straight forward logistic regression can be used.

Logistic regression was carried out on the binary response variable Fnum (number of fit notes). The categories are Fnum=1 for those who have had one fit note and Fnum=2 for those with more than one fit note.

Variables found to be significant were Age50, Dverdict (verdict not fit/may be fit for work), Newmaincond, Hrswork and Dvwhoraise. The order of their significance is shown using the Wald statistic. (Table B.8)

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**Table B.8 Analysis of effects**

<b>Effect</b>	<b>DF</b>	<b>Wald Chi-Square</b>	<b>Pr &gt; ChiSq</b>
age50	2	19.3868	<.0001
dverdict	2	27.0248	<.0001
newmaincond	3	14.4479	0.0024
hrswork	2	15.9781	0.0003
dvwhoraise	3	8.3631	0.0391

Table B.9 shows the corresponding odds ratios in the output. If the estimate is above 1 then the odds of the event occurring are higher, and if the estimate is lower than 1 then the odds of the event occurring are lower in comparison to the reference category.

Age50 is grouped as before with the age band 35-49 as the reference category. For those aged 16-34, the odds of receiving more than one fit note are lower than those in the reference category. However, the odds for those aged 50-64 are 1.233 times the odds for those ages 35-49. (Table B.9)

DVerdict gives the verdict written on a respondent's first fit note. There are three categories, where the reference category is those who had a verdict of not fit. The other two categories are those who may be fit for work and those who are fit (spontaneous response only). Both of these have an odds ratio lower than 1 and so have lower odds of receiving more than one fit note than those said to be not fit. (Table B.9)

In this regression, Newmaincond has a reference category of 1, those who have a mental health condition. Each other category has lower odds of receiving more than one fit note. For example, where Newmaincond=3, those with back pain have an odds ratio of 0.512. (Table B.9)

For the variable Dvwhoraise, the reference category is the patients who brought up the conversation of returning to work. The only category which has higher odds of receiving more than one fit note are those where both the doctor and the respondent both brought up the topic, the odds ratio is 1.565. (Table B.9)



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**Table B.9 Odds ratio estimates**

Effect		Point Estimate	95% Wald Confidence Limits	
age50	1 vs 2	0.579	0.415	0.808
age50	3 vs 2	1.233	0.933	1.629
dverdict	2 vs 1	0.41	0.206	0.816
dverdict	3 vs 1	0.162	0.075	0.351
newmaincond	2 vs 1	0.811	0.493	1.331
newmaincond	3 vs 1	0.512	0.289	0.908
newmaincond	4 vs 1	0.525	0.359	0.768
hrswork	1 vs 3	1.792	1.345	2.387
hrswork	2 vs 3	1.19	0.844	1.679
dvwhoraise	1 vs 2	0.803	0.517	1.249
dvwhoraise	3 vs 2	1.565	0.965	2.538
dvwhoraise	4 vs 2	0.7	0.479	1.023

Only one predictor had a significant effect on the model, Dvsugchanges. (Table B.10)

**Table B.10 Analysis of effects**

Effect	DF	Wald Chi-Square	Pr > ChiSq
dvsugchanges	1	38.4797	<.0001

## B.7 Binary regression for suggested changes on fit note

Dvsugchanges is also a binary variable which states whether a respondent had a suggested change on their first fit note in order to help them go back to work. Dvsugchanges=1 have had suggested changes whereas Dvsugchanges=2 have not. Dvsugchanges=2 is the reference category. Table B.11 shows the odds ratio that those with suggested changes on their fit note have higher odds of being fit for work when compared to those in the reference category.

**Table B.11 Odds ratio estimates**

Effect		Point Estimate	95% Wald Confidence Limits	
dvsugchanges	1 vs 2	10.305	4.931	21.534

The variable DVverdict2, the verdict on the respondent's final fit note also had more than two categories and so was regrouped and renamed as Advice2. This has the same categories as Advice. Predictors found to be significant were Hrswork and Dvsugch2, given in order of significance. (Table B.12)

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

**Table B.12 Analysis of effects**

Effect	DF	Wald Chi-Square	Pr > ChiSq
dvsugch2	1	83.6038	<.0001
hrswork	2	8.029	0.0181

Dvsugch2 states whether there is a suggested change on a respondent's final fit note. Dvsugch2=1 have had suggested changes whereas Dvsugch2=2 have not. The reference category contains respondents who have not had any suggested changes, Dvsugch2=2. The ratios show that those with suggested changes on their fit note have higher odds of being fit for work. (Table B.13)

The reference category for Hrswork is those who have worked 0-15 hours. The estimates show that for both groups of higher working hours the odds of having a verdict of fit for work are higher when compared to the reference category. As an example, the odds of being fit for work for someone working 16-29 hours are 2.616 times the odds of a respondent who works 0-15 hours. (Table B.13)

**Table B.13 Odds ratio estimates**

Effect		Point Estimate	95% Wald Confidence Limits	
dvsugch2	1 vs 2	16.203	8.919	29.436
hrswork	2 vs 1	2.616	1.254	5.453
hrswork	3 vs 1	2.058	1.116	3.793

Further model diagnostics should be carried out before any of the models are used extensively for inference purposes.

In ordinal regression, the score test for the proportional odds assumption can be used to test the validity of the model. Since the ordered logit model estimates one equation over all levels of the response variable, it tests whether the one-equation model is valid. If we were to reject the null hypothesis, we would conclude that ordered logit coefficients are not equal across the levels of the outcome and we would fit a less restrictive model.

In the case of the ordinal model for the response variable, duration of time off work, we have failed to reject the null hypothesis and so this model can be used,  $p=0.3461$ . (Table B.14)

**Table B.14 Score test for the proportional odds assumption**

Chi-Square	DF	Pr > ChiSq
26.1409	24	0.3461

For nominal and binary logistic regression, the likelihood ratio can be used as a diagnostic. The likelihood ratio can be used to test the goodness of fit of the model along with the p-value associated with the chi-square distribution. For each model the test gave a statistically significant p value,  $<0.0001$ .

# Appendix C

## Labour Force Survey sample design

The Labour Force Survey (LFS) uses a rotational sampling design, whereby a household, once initially selected for interview, is retained in the sample for a total of five consecutive quarters. The interviews are scheduled to take place exactly 13 weeks apart so that the fifth interview takes place one year after the first. There is an 80 per cent overlap in the samples for each successive quarter.

The sampling frame used for private households in Great Britain, south of the Caledonian Canal, is the Postcode Address File (PAF).<sup>19</sup> The PAF is updated by Office for National Statistics (ONS) every six months. The number of addresses selected for the LFS from the PAF for wave one, each quarter is currently 16,640.

A different approach is taken for sampling north of the Caledonian Canal. A one-stage sample drawn from the telephone directory is used. Currently 80 addresses are selected for wave one each quarter.

A further nine units are also drawn from the sampling frame for NHS accommodation. This frame was specifically designed by ONS and details district health authorities and NHS trusts who responded to a request to supply a complete list of their accommodation.

Households are interviewed face to face or by telephone the first time they take part in the survey and by telephone, if possible, at quarterly intervals thereafter.

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<sup>19</sup> The PAF is a computer list, prepared by the Royal Mail, of all addresses (delivery points) to which mail is delivered.

# Appendix D

## National Statistics – Socio-economic classification

The table below shows the nested structure of the NS-SEC, the operational level collapsing into various analytic variables.<sup>20</sup> The three-class model is used in this report.

Operational categories	Analytic variables		
	Eight (Nine) classes	Five classes	Three classes
L1 Employers in large organisations	1.1 Large employers and higher managerial occupations	1 Managerial and professional occupations	1 Managerial and professional occupations
L2 Higher managerial occupations			
L3 Higher professional occupations	1.2 Higher professional occupations	1 Managerial and professional occupations	1 Managerial and professional occupations
L4 Lower professional and higher technical occupations	2 Lower managerial and professional occupations		
L5 Lower managerial occupations			
L6 Higher supervisory occupations			
L7 Intermediate occupations	3 Intermediate occupations	2 Intermediate occupations	2 Intermediate occupations
L8 Employers in small organisations	4 Small employers and own-account workers	3 Small employers and own-account workers	3 Small employers and own-account workers
L9 Own-account workers			
L10 Lower supervisory occupations	5 Lower supervisory and technical occupations	4 Lower supervisory and technical occupations	4 Lower supervisory and technical occupations
L11 Lower technical occupations			
L12 Semi-routine occupations	6 Semi-routine occupations	5 Semi-routine occupations	3 Routine and manual occupations
L13 Routine occupations	7 Routine occupations		
L14 Never worked and long-term unemployed	8 Never worked and long-term unemployed	Never worked and long-term unemployed	Never worked and long-term unemployed

<sup>20</sup> Rose, et al. (2005). *The National Statistics Socio-economic Classification: Origins, Development and Use*.

# Appendix E

## Statement of Fitness for Work (sample form)

<b>STATEMENT OF FITNESS FOR WORK FOR SOCIAL SECURITY OR STATUTORY SICK PAY</b>	
Patient's name	<input type="text" value="Mr, Mrs, Miss, Ms"/>
I assessed your case on:	<input type="text" value="/ /"/>
and, because of the following condition(s):	<input type="text"/>
I advise you that:	<input type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):  <input type="text"/>	
This will be the case for	<input type="text"/>
or from	<input type="text" value="/ /"/> to <input type="text" value="/ /"/>
I will/will not need to assess your fitness for work again at the end of this period. <i>(Please delete as applicable)</i>	
Doctor's signature	<input type="text"/>
Date of statement	<input type="text" value="/ /"/>
Doctor's address	<input type="text"/>

# Appendix F

## Fit Note Survey questionnaire

Everything in *italics* is read out.

**Non-italics** are pre-codes or instructions not to be read out.

Feeder

**EligIntro**

**IF (WORKING=1 or JBAWAY=1 OR OWNBUS=1 OR RELBUS=1)**

*The Department for Work and Pensions is carrying out a study about sickness absence. To assess your eligibility, I just need to ask you a few questions.*

Press <1> to continue

**EligEmp**

**IF (WORKING =1 OR JBAWAY=1 OR OWNBUS=1 OR RELBUS=1) and STAT<>1  
(person is working in reference week)**

**OR**

**IF EVERWK=1 AND LEFT JOB IN LAST 12 MONTHS (LEFTYR, LEFTM, LEFTW) (person is not working in reference week but had a job in the last 12 months) and stat<>1  
(person is not working in reference week but had a job in the last 12 months not as an employee)**

*Have you been working as an employee at any time during the last 12 months?*

1 Yes

2 No ->END

**EligDays**

**IF ((WORKING =1 OR JBAWAY=1 OR OWNBUS=1 OR RELBUS=1) AND STAT=1 AND Illwk=No ) (employees in reference week who did not have a sickness absence)**

**OR EVERWK=1 AND LEFT JOB IN LAST 12 MONTHS (LEFTYR, LEFTM, LEFTW) and stat=1 (person is not working in reference week but had a job in the last 12 months as an employee)**

**OR EligEmp=Yes (people not working as employees in the reference week but who worked as employees during the last 12 months)**

*During the last 12 months, did you have any days off work because you were sick or injured?*

1 yes

2 no ->END

9 Don't know

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

FNPers

### **IF ILLWK=YES or Elig7Days=YES or Elig7Days=Don't know**

*Did you get a fit note issued by a doctor for any of your sickness absence from work?  
A fit note may also be known as a doctor's note, sick note, medicate certificate, medical statement or doctor's script.*

Interviewer note: Please exclude self-certified notes.

Interviewer note: record term used by respondent and use same terminology throughout interview.

1 yes

2 no->Calweek

3 don't know ->END

FNProx

### **PROXY**

*Did he/she get a fit note issued by a doctor for any of your sickness absence from work?  
A fit note may also be known as a doctor's note, sick note, medicate certificate, medical statement or doctor's script.*

Interviewer note: Please exclude self-certified notes.

Interviewer note: record term used by respondent and use same terminology throughout interview.

1 Yes

2 No

3 Do not remember/don't know ->END

### **IF YES AND HAD A FIT NOTE FNProx=1, FIND OUT WHEN BEST TO CONTACT RESPONDENT, END**

Calweek

#### **4b IF FNPers=2 OR FNProx=2 (did not get fit note)**

*Were any of <your>/<their> sickness absences for more than one calendar week?*

Interviewer note: this is a consecutive calendar week.

1 yes ->Q5

2 no ->END

9 dk

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

EligReas

### **IF Calweek=1**

*What were the main reasons why you didn't get any fit notes for your sickness absences?*

*IF PROXY: What were the main reasons why <person> didn't get a fit note for any of his/her sick absences?*

*Prompt as necessary*

1. employer did not require or did not ask for fit note
2. Not an employee at the time of absence
3. Not entitled to sick pay
4. Casual/temporary job
5. Working for a family business
6. Have a long-term or chronic condition which my employer is aware of
7. Other, record reason

8 dk

MULTI-CODE

END

FNINT

### **IF FNPers=1**

*Based on the information you have given me we would like to ask you some additional questions about your sickness absence in a few moments on behalf of the Department for Work and Pensions.*

*Before we continue with this, I just need to ask you a few more questions which make up part of your LFS interview, then your LFS personal interview will be completed.*

1 – to continue

2 – spontaneous refusal (route through the remaining LFS but not the FNS)

Enter <1> to continue

Last absence with a fit note

LAbInt

*NOW I'D LIKE TO ASK YOU ABOUT YOUR MOST RECENT SICKNESS ABSENCE FROM WORK WITH A FIT NOTE. THINKING ABOUT THAT TIME.....*

DELETED



## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

RetWrk

*Did you return to work at the end of your sickness absence?*

Interviewer note: this could be with the same organisation or another organisation

1 yes

2 no – still off sick

3 no

9 dk

HLAbs1

**IF RETURNED TO WORK RetWrk =1**

*How long were you absent from work?*

1 1 week or less (that is 7 consecutive days or less)

2 more than 1 week but less or equal to 2 weeks (i.e. 8-14 consecutive days)

3 more than 2 weeks but less or equal to 3 weeks (i.e. 15-21 consecutive days)

4 more than 3 weeks but less than or equal to 1 month

5 more than 1 month but less than or equal to 2 months

6 more than 2 months but less than or equal to 3 months

7 more than 3 months but less than or equal to 6 months

8 more than 6 months but less than or equal to 9 months

9 more than 9 months but less than or equal to 1 year

10 more than 1 year

Dk

SameFirm

**IF RETURNED TO WORK RetWrk =1**

*Did you go back to work with the same organisation?*

1 yes

2 no

9 dk

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

WhyNotBk

**IF HAVE NOT RETURNED YET OR DID NOT RETURN TO WORK OR NOT BACK AT WORK WITH SAME COMPANY/ORGANISATION/FIRM RetWrk =3 OR SameFirm =2**

*Why did you not go back to work <with the same organisation> at the end of your sickness absence?*

PROMPT AS NECESSARY, RECORD MAIN REASON

- 1 you were dismissed
- 2 you were made redundant or took voluntary redundancy
- 3 your temporary job which came to an end
- 4 you resigned
- 5 you gave up work for health reasons
- 6 your sick pay ran out and you claimed benefits (ESA)
- 7 you took early retirement
- 8 you retired (at or after State Pension age)
- 9 you gave up work for family or personal reasons
- 10 you went on maternity leave
- 11 you took unpaid leave
- 12 other, specify

HLAbs2

IF STILL OFF SICK RetWrk=2

*How long have you been absent from work?*

- 1 1 week or less (that is 7 consecutive days or less)
- 2 more than 1 week but less or equal to 2 weeks (i.e. 8-14 consecutive days)
- 3 more than 2 weeks but less or equal to 3 weeks (i.e. 15-21 consecutive days)
- 4 more than 3 weeks but less than or equal to 1 month
- 5 more than 1 month but less than or equal to 2 months
- 6 more than 2 months but less than or equal to 3 months
- 7 more than 3 months but less than or equal to 6 months
- 8 more than 6 months but less than or equal to 9 months
- 9 more than 9 months but less than or equal to 1 year
- 10 more than 1 year

dk

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

HLAbs3

IF NOT RETURNED TO WORK RetWrk =3

*How long were you absent from work before <Q9 response>*

- 1 1 week or less (that is 7 consecutive days or less)
- 2 more than 1 week but less or equal to 2 weeks (i.e. 8-14 consecutive days)
- 3 more than 2 weeks but less or equal to 3 weeks (i.e. 15-21 consecutive days)
- 4 more than 3 weeks but less than or equal to 1 month
- 5 more than 1 month but less than or equal to 2 months
- 6 more than 2 months but less than or equal to 3 months
- 7 more than 3 months but less than or equal to 6 months
- 8 more than 6 months but less than or equal to 9 months
- 9 more than 9 months but less than or equal to 1 year
- 10 more than 1 year

dk

Health condition and employment

### **MainCond**

*What was the main health condition that caused you to take this sickness absence?*

1. Cough, cold or flu.
2. Other respiratory conditions e.g. asthma; bronchitis; pneumonia
3. Gastrointestinal conditions e.g. indigestion; vomiting; nausea; diarrhoea; sickness and other digestive system conditions
4. Eye, ear and nose infections/conditions e.g. sinusitis
5. Skin condition
6. Genitourinary conditions (including urine infections; bladder disorders; prostate conditions; menstrual problems)
7. Other infections or parasitic conditions e.g. viral infections
8. Migraine/headaches
9. Dental
10. Mental health conditions e.g. stress; depression or anxiety; schizophrenia
11. Back pain
12. Other musculoskeletal conditions including gout and arthritis
13. Injuries e.g. sprain; fracture; wounds; dislocation; broken bone

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

14. Pregnancy-related; miscarriage; still birth
15. Diabetes, thyroid conditions or other endocrine conditions
16. Anemias or other conditions related to blood
17. Heart, blood pressure & circulation conditions
18. Cancers
19. Other not covered elsewhere
20. Prefer not to give details
21. Do not have a health condition/problem with health PLEASE EXPLAIN.

### **Planned**

*Was the start of the absence planned or pre-arranged (for example for planned surgery or treatment for a pre-existing condition).*

Interviewer note: INCLUDE AS PLANNED OR PRE-ARRANGED ABSENCES WHERE THE LENGTH OF SICKNESS ABSENCE WAS UNCERTAIN OR TURNED OUT TO BE DIFFERENT FROM THAT EXPECTED.

1 yes

2 no

9 dk

WhichJob

### **IF RECORDED AS CURRENTLY EMPLOYED IN THE LFS**

*May I just check what was your main job when you went off sick?*

1 <Main Job from LFS>

2 <Second Job from LFS>

3 None of these

FNIndD

FNIndT

FNOccT

FNOccT

FNOccD

FNMPnE02

FNFPtWk

FNCodeNow

**IF NOT RECORDED AS CURRENTLY EMPLOYED IN THE LFS OR IF NOT IN CURRENT JOB WHEN WENT SICK CurJob=2**

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

What was your main job when you went off sick?

employer size

SIC

SOC

f/t/p/t

First (or only) fit note

*STILL THINKING ABOUT YOUR MOST RECENT ABSENCE FROM WORK WITH A FIT NOTE:*

FNoteNum

*Did you have one fit note or more than one fit note for this period of absence?*

1 one

2 more than one

9 dk

**IF MORE THAN ONE FIT NOTE, FNoteNum=2, read out FNIntro.**

FNIntro

*I'D NOW LIKE TO ASK YOU ABOUT THE FIRST FIT NOTE YOU HAD FOR THIS PERIOD OF ABSENCE. THINKING ABOUT THIS FIRST FIT NOTE...*

FstFN

*Before the doctor issued your <first> fit note, which of the following did you discuss:*

*1 what you do in your job?*

*2 a phased return to work? That is changes to your job or hours for a period until you could go back to normal hours and duties*

*3 other changes which would help you get back to work?*

4 none of these – did not speak to the doctor – spontaneous only

5 none of these but did speak to the doctor – spontaneous only

9 dk

MULTICODE

**DisJob1**

**IF DID NOT SELECT HAD DISCUSSION WITH THE DOCTOR FStFN<>1**

**Does your doctor know what you do for a living?**

**1 – Yes [route to DSChange]**

**2 – No [IF no AND FstFn<>2 OR 3 THEN GO TO Verdict]**

**9 – DK [IF DK AND FstFn<>2 OR 3 THEN GO TO Verdict]**

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

DSChange

**IF HAD DISCUSSION WITH THE DOCTOR FStFN = 1,2 OR 3 OR DisJob1=1**

*I'm now going to read you a list of things that you might have discussed with your doctor to help you back to work. For each one, please tell me whether or not you discussed it:*

*1 modified hours or days or reduced work hours*

*2 working from home*

*3 modified duties*

*4 changes to your work area, work equipment or building modifications*

*5 changing the way you work with your line manager or other colleagues*

*6 some other change, write in*

*7 none of these – spontaneous only*

9 dk

MULTICODE

WhoRaise

**IF HAD DISCUSSION WITH THE DOCTOR ABOUT CHANGES FStFN = 2 OR 3 OR DSChange=1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7**

*Who first brought up the subject of going back to work, Was it your doctor or you?*

1 your doctor

2 you

3 both

4 neither

9 dk

WhoStart

**IF HAD DISCUSSION WITH THE DOCTOR BUT NOT ABOUT CHANGES FStFN=1 BUT NOT (FstFN= 2 OR 3 OR DSChange=1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7)**

*Who started the discussion about what you do in your job? Was it your doctor or you?*

1 your doctor

2 you

3 both

4 neither

9 dk

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

Verdict

*Now thinking about what was written on your fit note, did your <first> fit note say*

*1 not fit for work*

*2 may be fit for work*

*3 both not fit for work and may be fit for work (on the same fit note) –spontaneous only*

*4 neither (doctor did not select 'either not fit or may be fit' for work) – spontaneous only*

*5 fit for work – spontaneous only*

*9 dk*

SuggCh

*Did your <first> fit note suggest changes at work to help you back into work?*

*1 yes*

*2 no*

*9 dk*

Changes

**IF FIT NOTE SUGGESTED CHANGES SuggCh=1**

*Did your <first> fit note suggest any of these changes to help you back into work:*

*1 a phased return to work. That is changes to your job or hours for a period until you could go back to normal hours and duties*

*2 altered hours*

*3 amended duties*

*4 work place adaptations. That is changes to your work area or work equipment such as providing a different chair*

*5 other changes*

*6 Does not apply [spontaneous only]*

*9 dk [spontaneous only]*

MULTICODE

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

DocUndSt

*For each of the following statement, can you please tell me whether you strongly agree, Slightly agree, Slightly disagree or strongly disagree with the statement:*

*a. When my <first> fit note was issued, my doctor understood the nature of my work*

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree
- 5 Does not apply [spontaneous only]

9 dk [spontaneous only]

DocUndCh

*b. When my <first> fit note was issued, my doctor understood what types of changes in work were possible in my circumstances*

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree
- 5 Does not apply [spontaneous only]

9 dk [spontaneous only]

Last fit note

**DisAgain**

**IF MORE THAN ONE FIT NOTE FNoteNum=2**

*STILL THINKING ABOUT YOUR MOST RECENT SICKNESS ABSENCE FROM WORK WITH A FIT NOTE. YOU MENTIONED YOU HAD MORE THAN ONE FIT NOTE FOR THIS. I'D NOW LIKE TO ASK YOU ABOUT THE LAST FIT NOTE YOU HAD FOR THIS PERIOD OF ABSENCE....*

*Before the doctor issued your last fit note which of the following did you discuss :*

*1 what you do in your job?*

*2 a phased return to work? That is changes to your job or hours for a period until you could go back to normal hours and duties*

*3 other changes which would help you get back to work?*

4 none of these – did not speak to the doctor – spontaneous only

5 none of these but did speak to the doctor – spontaneous only

9 dk

MULTICODE



**An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

DisJob2

**IF DID NOT SELECT HAD DISCUSSION WITH THE DOCTOR DisAgain<>1**

*Does your doctor know what you do for a living?*

**1 – Yes [route to DSChange2]**

**2 – No [IF no AND DisAgain<>2 OR 3 THEN GO TO Verdict2]**

DsChang2

**IF HAD DISCUSSION WITH THE DOCTOR DisAgain = 1,2 OR 3 OR DisJob2=1**

*I'm now going to read you a list of things that you might have discussed with your doctor to help you back to work. For each one, please tell me whether or not you discussed it:*

*1 modified hours or days or reduced work hours*

*2 working from home*

*3 modified duties*

*4 changes to your work area, work equipment or building modifications*

*5 changing the way you work with your line manager or other colleagues*

*6 some other change, write in*

*7 none of these*

*9 dk*

MULTICODE

WhoRaise2

**IF HAD DISCUSSION WITH THE DOCTOR ABOUT CHANGES DisAgain = 1,2 OR 3 OR DsChang2=1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8**

*Who first brought up the subject of going back to work, Was it your doctor or you?*

*1 your doctor*

*2 you*

*3 both*

*4 neither*

*9 dk*

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

WhoStart2

**IF HAD DISCUSSION WITH THE DOCTOR BUT NOT ABOUT CHANGES DisAgain=1 BUT NOT (DisAgain = 2 OR 3 OR DsChang2=1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7)**

*Who started the discussion about what you do in your job? Was it your doctor or you?*

1 your doctor

2 you

3 both

4 neither

9 dk

Verdict2

**IF MORE THAN ONE FIT NOTE FNoteNum=2**

*Now thinking about what was written on your last fit note, did it say*

*1 not fit for work*

*2 may be fit for work*

*3 both not fit for work and may be fit for work (on the same fit note) –spontaneous only*

*4 neither (doctor did not select either not fit or may be fit for work) –spontaneous only*

*5 fit for work – spontaneous only*

9 dk

SuggCh2

**IF MORE THAN ONE FIT NOTE FNoteNum=2**

*Did your last fit note suggest changes at work to help you back into work?*

1 yes

2 no

9 dk

Changes2

**IF FIT NOTE SUGGESTED CHANGES SuggCh2=1**

*Did your last fit note suggest any of these changes to help you back into work:*

*1 a phased return to work. That is changes to your job or hours for a period until you could go back to normal hours and duties*

*2 altered hours*

*3 amended duties*

*4 work place adaptations. That is changes to your work area or work equipment such as providing a different chair*

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

*5 other changes*

6 Does not apply [spontaneous only]

*9 dk [Spontaneous only]*

MULTICODE

DocUndSt2

### **IF MORE THAN ONE FIT NOTE FNoteNum=2**

*For each the following statements, can you please tell me whether you strongly agree, Slightly agree, Slightly disagree or strongly disagree with the statement:*

*a. When my last fit note was issued, my doctor understood the nature of my work*

1 Strongly agree

2 Slightly agree

3 Slightly disagree

4 Strongly disagree

5 Does not apply [spontaneous only]

*9 dk [spontaneous only]*

DocUndCh2

### **IF MORE THAN ONE FIT NOTE FNoteNum=2**

*b. When my last fit note was issued, my doctor understood what types of changes in work were possible in my circumstances*

1 Strongly agree

2 Slightly agree

3 Slightly disagree

4 Strongly disagree

5 Does not apply [spontaneous only]

*9 dk [spontaneous only]*

Discussion with employer

*I'd now like to ask you about your employer's role in helping you back to work. Still thinking about the most recent absence that you had a fit note for*

EmpRole

*Did you discuss any changes to help you get back to work with your employer? This might have been with a manager, human resources, occupational health, for example.*

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

Interviewer note: Include discussions before return and on return to work

1 yes

2 no

9 dk

EmpDisc

### **IF DID NOT DISCUSS WITH EMPLOYER EmpRole=2**

*What was the main reason you didn't discuss changes to help you get back to work with your employer?*

1 changes were irrelevant: when you were off you could not have worked whatever changes were made, when you returned you could do your job as normal

2 you thought it would not have been good for your condition

3 you did not think your employer would have been willing to consider the changes needed

4 you did not think the changes needed were practical

5 you did not want to go back to work

6 you did not think about it

7 fit note said 'not fit for work'

8 changes had already been made for you (on-going condition/illness)

9 adaptations/changes were available for your job anyway (e.g. discretion to work from home, accessible workplace)

10 other, write in

99 dk

EmpProc

### **IF DID DISCUSS WITH EMPLOYER EmpRole=1**

*Was this part of a standard procedure, such as a return to work interview or occupational health interview, or not?*

1 standard procedure

2 not standard procedure

3 both

9 dk

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

EmpRet

### **IF DID DISCUSS WITH EMPLOYER EmpRole=1**

*Did you start discussions before returning to work or once you had returned?*

- 1 before return
- 2 once returned
- 3 both
- 9 dk

EmpRaise

### **IF DID DISCUSS WITH EMPLOYER EmpRole=1**

*Who brought up the issue of changes to help you back to work, Was it you or your employer?*

- 1 you
- 2 your employer
- 3 both
- 9 dk

EmpChnge

### **IF DID DISCUSS WITH EMPLOYER EmpRole=1**

*Which of the following did you discuss with your employer:*

- 1 *a phased return to work?( That is changes to your job or hours for a period until you could go back to normal hours and duties)*
- 2 *other changes which would help you back to work?*
- 8 none of these – spontaneous only
- 9 dk – spontaneous only

EmpDChge

### **IF DID DISCUSS WITH EMPLOYER EmpRole=1**

*I'm now going to read you a list of things that you might have discussed with your employer to help you back to work. For each one, please tell me whether or not you discussed it:*

- 1 *modified hours or days or reduced work hours*
- 2 *working from home*
- 3 *modified duties*
- 4 *changes to your work area, work equipment or building modifications*

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

*5 changing the way you work with your line manager or other colleagues*

6 some other change, write in

7 none of these – spontaneous only

99 dk – spontaneous only

MULTICODE

EmpCMade

### **IF DID DISCUSS WITH EMPLOYER EmpRole=1**

*Following your discussion, what changes were made to help you go back to work?*

*1 modified hours or days or reduced work hours*

*2 working from home*

*3 modified duties*

*4 changes to your work area, work equipment or building modifications*

*5 changing the way you work with your line manager or other colleagues*

6 some other change, write in

7 none of these – spontaneous only

99 dk – spontaneous only

MULTICODE

EmpUndSt

*For each of the following statements, can you please tell me whether you strongly agree, Slightly agree, Slightly disagree or strongly disagree with the statement:*

*a. my employer understood the nature of my illness or condition*

1 Strongly agree

2 Slightly agree

3 Slightly disagree

4 Strongly disagree

5 Varied with the manager/some did, some did not - spontaneous only

6 Changed over time - spontaneous only

7 Does not apply [spontaneous only]

9 dk [spontaneous only]

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

EmpUndCh

*b. my employer understood the types of changes in work that would be helpful*

1 Strongly agree

2 Slightly agree

3 Slightly disagree

4 Strongly disagree

5 Varied with the manager/some did, some did not - spontaneous only

6 Changed over time - spontaneous only

7 Does not apply [spontaneous only]

9 dk [spontaneous only]

Effect of the fit note

**IF EITHER FIT NOTES SAID MAY BE FIT FOR WORK OR SUGGESTED CHANGES OR IF HAD DISCUSSION WITH DOCTOR.**

**IF Verdict=2 OR 3 OR SuggCh=1 OR Verdict2=2 OR 3 OR SuggCh2=1 OR IF FStFN=1, 2 OR 3 OR DisAgain=1, 2 OR 3**

Empstate

*To understand whether the fit note or discussions with your doctors affected your return to work, I'm now going to read you a few statements. For each one, can you please tell me whether you strongly agree, Slightly agree, Slightly disagree or strongly disagree with the statement:*

*The fit note and discussions with my doctor*

EmpStatB

*b. helped me to identify the changes that would help me back to work*

1 Strongly agree

2 Slightly agree

3 Slightly disagree

4 Strongly disagree

5 Does not apply [spontaneous only]

9 dk [spontaneous only]

## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

EmpStatA

*a. helped me to suggest changes to help me back to work with my employer*

1 Strongly agree

2 Slightly agree

3 Slightly disagree

4 Strongly disagree

5 Does not apply [spontaneous only]

9 dk [spontaneous only]

EmpStatC

*c. made a difference to my employer's willingness to make changes to help me back to work*

1 Strongly agree

2 Slightly agree

3 Slightly disagree

4 Strongly disagree

5 Does not apply [spontaneous only]

9 dk [spontaneous only]

Pay

**PayRec**

*Now thinking about your pay when you were off sick, which of these did you receive:*

*Interviewer note: code each one even if respondent received for part of the time.*

*1 full basic pay*

*2 part pay*

*3 Statutory Sick Pay at £81.50 per week*

*4 none of these (SINGLE CODE)*

9 dk

MULTICODE



## **An evaluation of the Statement of Fitness for Work (fit note): a survey of employees**

NoPay

*Did you have any time when you received no pay at all (that is no normal pay and no Sick Pay)?*

1 yes

2 no

9 dk

Absence and fit note pattern

AbsIntro

*I'd now like you to think about all the sickness absence you have had in the last 12 months.*

Over7

*How many instances of sickness absence of more than one calendar week have you had in the last 12 months?*

1 one

2 two

3 three

4 four

5 five

6 six to ten

7 more than ten

99 dk

Less7

*How many periods of sickness absence of one calendar week or less have you had in the last 12 months?*

1 one

2 two

3 three

4 four

5 five

6 six to ten

7 more than ten

99 dk

## An evaluation of the Statement of Fitness for Work (fit note): a survey of employees

DaysSick

*And how many working days in total have you had off for sickness absences in the last 12 months?*

record number

99 dk

CondType

**IF MORE THAN ONE ABSENCE (OVER AND UNDER 7 DAYS) IF Q54+Q55 >1**

*Thinking about all your absences in the last 12 months, were the absences:*

*1 all linked to the same condition*

*2 for separate conditions*

*3 a mixture: some linked some separate*

9 dk

FNThanks

*Thank you. That is the end of your FIT note questions.*

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