Research report

General Practitioners' attitudes towards patients' health and work, 2010–12

by Dr Mark Hann and Professor Bonnie Sibbald

DWP Department for Work and Pensions

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A report of research carried out by the Centre for Primary Care at the University of Manchester on behalf of the Department for Work and Pensions

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Summary

Background

Evidence shows that being in work is generally good for health and can promote recovery, and that worklessness often leads to poorer health. In April 2010, the Statement of Fitness for Work (or fit note) was introduced to replace the traditional sick note. This switched the focus to what patients can do to remain in or return to work.

In autumn 2010, 19 questions on General Practitioners' (GPs') attitudes' to patients' health and work were included the sixth National General Practitioner Worklife Survey, conducted by the Centre for Primary Care (CPC; formerly NPCRDC). These established a 'baseline' against which to compare their future attitudes, and were asked again in 2012 in the seventh General Practitioner Worklife Survey.

Aims

The aims of this research were to:

- re-assess GPs' attitudes to the implementation of 'Improving health and work: changing lives' in 2012; and
- compare GPs' attitudes in 2012 with those established in the 'baseline' survey in 2010.

Methods

As in 2010, 19 questions relating to GPs' knowledge, attitudes and behaviour towards health and work were asked in 2012. These questions were included in the seventh National General Practitioner Worklife Survey conducted by the CPC. The survey was administered by post to a randomly selected sample of 4,179 GPs from England, Wales and Scotland between September 2012 and November 2012.

The questions covered GP's views on:

- the relationship between work and health;
- their role in, and the importance of, facilitating a return to work;
- managing a return to work and confidence in handling patient issues;
- perceived knowledge held around sickness certification and benefits;
- perceived impact the fit note had had on their practice;
- perceived availability of local services to support patients to return to work; and
- whether they had training in health and work in the past 12 months.

Survey sample

Of the 4,179 GPs surveyed, 1,665 GPs completed the survey (a response rate of 40 per cent). The respondent sample was broadly representative of the wider population of GPs in terms of doctors' gender and contract status, but the very youngest (aged under 35 years) and the very oldest (aged 60 years or over) doctors were under-represented, whilst those aged 50 to 59 years were over-represented. Weights were derived to adjust for response biases.

Key findings

- GPs continued to believe, almost universally, that work was beneficial for health and that it was important for them to be actively involved in helping patients return to work.
- GPs' knowledge of the benefits system was still poor, but had improved since 2010.
- GPs were generally increasingly more positive about the impact that the fit note had on their consultations and patients' outcomes. GPs in 2012 were more likely to agree that the fit note had:
  - improved the quality of their discussions with patients;
  - improved the advice they gave to patients;
  - increased the frequency with which they recommended a return to work; and
  - helped their patients make a phased return to work.
- Levels of service provision for good local advice and support remained low in 2012.

The relationship between work and health

In 2012, as in 2010, the overwhelming majority of GPs thought that work was beneficial for health and that worklessness was detrimental to people's health.

Role in, and importance of, facilitating a return to work

In 2012, as in 2010, the overwhelming majority of GPs thought that helping patients to stay in or return to work was an important part of a GP's role and an indicator of success in the clinical management of people of working age.

Managing a return to work and confidence in handling issues

In 2012, as in 2010, the vast majority of GPs felt that a patient did not have to be fully recovered from their condition before they were able to recommend a return to work. However, the vast majority felt obliged to issue sickness certificates for reasons that were not strictly medical. The majority of GPs in 2012 felt confident dealing with patients' 'return-to-work' issues: compared with 2010, GPs were marginally more likely to agree that they felt confident in dealing with these issues.

Perceived knowledge held

In 2012, self-reported current knowledge of sickness certification was good, but current knowledge of the benefits system was poor. However, compared with 2010, GPs were more knowledgeable about the benefits system.

Perceived impact of the fit note on practice

In 2012:

- The majority of GPs reported positive impacts of the fit note on the quality of consultations and outcomes for patients: this was less frequently reported by Scottish GPs than English or Welsh GPs.
- GPs were roughly evenly split on whether fit notes had lengthened consultation times or not: the majority reported disagreement that it had made no change to their practice.

In 2012, compared with 2010, GPs were more likely to agree that the fit note had:

- improved the quality of their discussions with patients;
- improved the advice they gave to patients;
- increased the frequency with which they recommended a return to work; and
- helped their patients make a phased return to work.

In 2012, compared with 2010, GPs were more likely to disagree that the fit note had made no change to their practice. There was no indication that GPs perceived use of the fit note had led to an increase in consultation length between 2010 and 2012.

Perceived availability of local services

In 2012, as in 2010, only a minority of GPs perceived that good services were available locally to which they could refer patients for support or advice about a return to work: Scottish GPs reported better levels of service provision than GPs in England or Wales (in both 2010 and 2012).

Training in health and work

In 2012, as in 2010, a very small minority of GPs had received training in work and health within the past 12 months. Welsh GPs were more likely to have received training in health and work than English GPs in 2012.

Conclusions

Many of the findings of the 2012 survey reiterate those of the baseline survey conducted in 2010. Generally, GPs see themselves as having an important role in promoting the health benefits of work and fit notes increasingly help them to fulfil this role. However, there is still work to do to support GPs to make best use of the fit note's full potential, as well as increasing their awareness of, and their patient's access to, local advice and support about a return to work. Some of these issues may be addressed by the health and work assessment and advisory service proposed in the recent Government response to the sickness absence review, or by the revised guidance for GPs on how to use the fit note.

1 Background

In her 2008 review of the health of Britain's working-age population, Dame Carol Black showed that the economic costs of sickness absence are high, not only in terms of lost productivity to the economy, but in terms of social inequality (Black 2008, p9). The evidence suggested that being in work is generally good for people's health, promoting physical, psychological and economic well-being; while worklessness may have the opposite effect (Waddell and Burton 2006; Ridge *et al.* 2008; Gabbay 2010).

Dame Carol observed that the sickness certification process at the time reflected '*an assumption that illness is incompatible with being in work*' and '*focuses on what people cannot do, thereby institutionalising the belief that it is inappropriate to be at work unless 100 per cent* fit' (Black 2008, p16). She went on to say that 'GPs often feel ill-equipped to offer advice to their patients on remaining in or returning to work' and, therefore, when offering work-related advice 'can be naturally cautious'.

Among the key recommendations arising from the review (Black 2008, p17) were that the sick note should be replaced with a fit note (thereby switching the focus to what people can do), and healthcare professionals should be supported to adapt the advice they provide (via training), thus improving their confidence in supporting patients back to work. The Government subsequently endorsed these recommendations (Department for Work and Pensions and the Department of Health, 2008) and the fit note was introduced in April 2010.

Following its implementation, the Cross-Government Health, Work and Well-being Strategy Unit commissioned the National Primary Care Research and Development Centre (NPCRDC) – now called the Centre for Primary Care (CPC) of the University of Manchester to develop and administer a postal questionnaire survey that would establish baseline measures of GPs' knowledge, attitudes and behaviour towards health and work in Great Britain in 2010, against which improvements over subsequent years could be benchmarked and, thus, enable government to chart progress against its stated objectives. Questionnaire items comprised one page of the eight-page General Practitioner Worklife Survey (sixth in the series), which is a long-running national survey (previously conducted in 1998, 2001, 2004, 2005 and 2008) undertaken by NPCRDC/CPC to assess longitudinal changes in GPs' job satisfaction, intentions to quit, reactions to health reforms, hours of work and pay.

Findings from the 2010 survey (Hann and Sibbald, 2011) indicated that GPs across Great Britain were in almost universal agreement that work was generally beneficial for people's health and that worklessness was generally detrimental. Most GPs felt that they had a proactive role to play in helping patients return to work and that this would not only benefit the patient, but society as well. A majority of GPs agreed that the fit note had had a positive impact on the quality of their consultations and outcomes for patients. However, the vast majority of GPs said either that there was a lack of good local services to which they could refer patients for advice and/or support about a return to work, or that they didn't know if such services were available. Only one in ten GPs in England and two in ten in Wales and Scotland reported that they had received training in health and work within the past year.

The Health and Wellbeing Directorate at the Department for Work and Pensions (DWP) commissioned the CPC to repeat the survey of GPs' attitudes to patients' health and work as part of the seventh General Practitioner Worklife Survey in 2012. The 2012 survey will build on the previous survey by re-assessing GPs' attitudes to the implementation of '*Improving health and work: changing lives*' and comparing GPs' current attitudes with those established in the 'baseline' survey of 2010.

2 Methods

2.1 Aims

The aims of the 2012 survey were:

- To re-assess General Practitioners' (GPs') attitudes to the implementation of 'Improving health and work: changing lives'.
- To compare GPs' current attitudes with those established in the 'baseline' survey in 2010.

2.2 Questionnaire overview and administration

Nineteen questions (see Appendix A) relating to GPs' views on: work and health; their role, training and confidence in promoting the health benefits of work; early experience of fit notes; and the availability of services to support patients to return to work were included in the seventh National General Practitioner Worklife Survey conducted by the Centre for Primary Care (CPC). Questions were developed prior to the 2010 survey through: strategic review of policy documents and published research; discussion with policy customers in the Health Work and Well-being Strategy Unit (HWWB) and officials from the Department for Work and Pensions (DWP); GP focus group; and cognitive testing of candidate items in GP interviews. To ensure maximum comparability with the 2010 survey, item wording was unchanged. However, additional information, in the form of examples, was added to one question (Q14 – see Appendix A), to improve its clarity.

The survey was administered by post to a randomly selected sample of 4,179 GPs from England, Wales and Scotland between September 2012 and November 2012. Non-responders were mailed up to twice more at intervals of three weeks. Each mailing included a covering letter, the survey questionnaire and a reply-paid envelope. Confidentiality was maintained by identifying GPs on the questionnaire with a unique serial number known only to the research team.

2.3 Sampling and power

GP samples were drawn from publically available datasets:

- Data for GPs in England are supplied by the NHS Prescription Services and are available from the Connecting for Health website:
  http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/genmedpracs
- Data for GPs in Wales are supplied by NHS Wales Shared Services Partnership (Contractor Services); this is in the form of a 'live' file.
- Data for GPs in Scotland are supplied by the Information Services Division Scotland and are available from their website:
  http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/

Random samples of 3,000 GPs from England, 750 GPs from Wales and 435 GPs from Scotland were drawn. It was subsequently discovered that six GPs (five from England and one from Scotland) had been sampled twice; that is, a GP held more than one contract and two had been selected. These six 'duplicates' were removed, leaving a final sample of 4,179. This sample of 4,179 GPs covers approximately ten per cent of all GPs from England, Scotland and Wales.

The Health, Work and Wellbeing element of the 2010 survey established a baseline, from which future changes could be measured. In the 2010 survey, 60 per cent of British GPs agreed that the fit note had improved the quality of their discussions with patients about a return to work. This is an appropriate question on which to power this study as there is still considerable scope for change in GPs' opinions (this is maximal at 50 per cent). It is also appropriate to treat the questions as binary (agree/disagree): the lack of variation across response categories for many of the questions – for example, very few responses to 'strongly disagree' for particular questions – dictates that they may not be assumed to be measuring an underlying continuous scale.

Assuming that successive 'survey-wave' samples can be treated as independent (i.e. their 'overlap' is sufficiently small) and that the expected response rate is equivalent to 2010 (i.e. approximately 1,400 responses), the study will have approximately 90 per cent power, at the five per cent level of significance, to detect a change as small as six per cent in the true percentage of GPs in agreement with the above item.

Furthermore, the study will also have approximately 80 per cent power to detect an inter-country difference (England versus Wales) as small as ten per cent (60 per cent versus 50 per cent in agreement) in the above item (based on sampling 3,000 GPs from England with a response rate of 35 per cent and 750 GPs from Wales with a 32 per cent response rate: as per the 2010 survey).

2.4 The respondent sample

Excluding undelivered questionnaires and questionnaires returned because the GP had either left general practice, retired, was currently on maternity leave or had died, the following completed returns were received: England – 1,189 of 2,955 (40.2 per cent); Wales – 300 of 742 (40.4 per cent); Scotland – 176 of 424 (41.5 per cent). The overall response rate was 40.4 per cent, which excludes a small number of duplicate returns (two questionnaires with the same survey identifier). The overall (as well as country-specific) response rate was higher than that in 2010 (33.9 per cent), but down on previous GP Worklife Surveys conducted between 1998 and 2008.

Initially, we explored the data to identify response biases by comparing the country-specific demographic characteristics – age, gender and contract-type – of 2012 responders with those of their respective GP populations. Tables 2.1 to 2.3 illustrate these characteristics. We also comment on how the 2012 respondent sample compared with that of 2010.

The greatest response biases within the 2012 sample were, in general, the same across all three countries: there was an over-representation of GPs aged 50 to 59 years – GPs who are, potentially, the most likely to be leaving the workforce over the next 5–10 years. This was coupled with an under-representation of the very youngest GPs (aged under 35 years) and very oldest GPs (aged 60 years and over). In England and Wales, GPs with non-provider contracts were under-represented. Female GPs were also under-represented in Wales.

Compared with the 2010 respondent sample, the main change in 2012 was a proportionate increase in responses from GPs aged 50 to 59 years at the expense of GPs in younger age-groups; this was the case across all three countries. The proportion of responses from GPs holding provider contracts increased slightly in both Scotland and Wales in 2012, but not England. Response by sex of the GP was unchanged from 2010.

Given the above biases in 2012 respondent characteristics, and in order to ensure that the respondent sample more closely reflected the population it was designed to represent, we derived country-specific 'probability' weights. These are the inverse of the probability of being sampled – by age-group, gender and contract-type – in each country, adjusted for non-response.

Table 2.1 Representativeness of the survey, England

	All GPs (2011 – excl. Registrars) N (%)	2012 Worklife Survey respondents N (%)
Age (years)		
Under 35	4,026 (11.8)	89 (7.7)
35 – 39	5,253 (15.3)	161 (13.9)
40 – 44	5,149 (15.0)	147 (12.7)
45 – 49	6,130 (17.9)	190 (16.4)
50 – 54	6,056 (17.7)	285 (24.7)
55 – 59	4,191 (12.2)	209 (18.1)
60 or over	3,440 (10.0)	75 (6.5)
Gender		
Male	18,621 (54.4)	631 (54.6)
Female	15,624 (45.6)	525 (45.4)
GP 'Type'		
Provider	26,827 (78.3)	996 (86.2)
Non-provider	7,418 (21.7)	160 (13.8)
All	34,245	1,189
Missing age and/or gender and/or GP type		33

Note: 'Non-provider' refers to GPs who hold salaried contracts (including assistant and retainer GPs) and a very small number of locums, but not GP registrars.
Data source for all GPs: Health and Social Care Information Centre (General and Personal Medical Services Statistics).

Table 2.2 Representativeness of the survey, Wales

	All GPs (2011 – excl. Registrars) N (%)	2012 Worklife Survey respondents N (%)
Age (years)		
Under 35	261 (12.9)	12 (4.1)
35 – 39	299 (14.8)	28 (9.5)
40 – 44	299 (14.8)	45 (15.3)
45 – 49	373 (18.5)	57 (19.3)
50 – 54	382 (18.9)	69 (23.4)
55 – 59	247 (12.2)	73 (24.7)
60 or over	158 (7.8)	11 (3.7)
Gender		
Male	1,129 (55.9)	185 (62.7)
Female	890 (44.1)	110 (37.3)
GP 'Type'		
Provider	1,778 (88.1)	287 (97.3)
Non-provider	241 (11.9)	8 (2.7)
All	2,019	300
Missing age and/or gender and/or GP type		5

Note: 'Non-provider' refers to GPs who hold salaried contracts (including assistant and retainer GPs) and a very small number of locums, but not GP registrars.
Data source for all GPs: Primary Care Services, NHS Wales Shared Services Partnership.

Table 2.3 Representativeness of the survey, Scotland

	All GPs (2011 – excl. Registrars) N (%)	2012 Worklife Survey respondents N (%)
Age (years)		
Under 35	523 (12.2)	15 (8.7)
35 – 39	599 (14.0)	22 (12.7)
40 – 44	699 (16.3)	24 (13.9)
45 – 49	841 (19.6)	34 (19.7)
50 – 54	798 (18.6)	32 (18.5)
55 – 59	635 (14.8)	39 (22.5)
60 or over	202 (4.7)	7 (4.0)
Gender		
Male	2,175 (50.7)	88 (50.9)
Female	2,112 (49.3)	85 (49.1)
GP 'Type'		
Provider	3,754 (87.6)	154 (89.0)
Non-provider	533 (12.4)	19 (11.0)
All	4,287	176
Missing age and/or gender and/or GP type		3

Note: 'Non-provider' refers to GPs who hold salaried contracts (including assistant and retainer GPs) and a very small number of locums, but not GP registrars.
Data source for all GPs: General Practitioner Contractor Database (GPCD), Information Services Division, NHS National Services Scotland.

2.5 Analysis

The responses to completed questionnaires were entered into Stata (release 12 – StataCorp 2011) for analysis.

Survey responses in 2012 are tabulated, both overall and by country. They are grouped according to 'theme', e.g. the relationship between work and health (questions 1 and 2); GPs' role in facilitating a return to work (questions 3 to 5); managing a return to work (questions 6, 7 and 8); perceived knowledge held (questions 9 and 10); perceived impact on fit note practice (questions 11 to 16); perceived availability of local services (questions 17 and 18); training in health and work (question 19). Responses are summarised and compared statistically (England versus Wales only) and descriptively (with Scotland). Overall responses, across all three countries, are compared between GPs who received formal training in health and work over the past year and GPs not in receipt of such training.

Tabulations and, for key questions, stacked bar charts, compare the overall individual responses from the current survey with those of the 2010 survey. Similarities and differences are highlighted and responses compared statistically across surveys.

3 Attitudes to patients' health and work in 2012

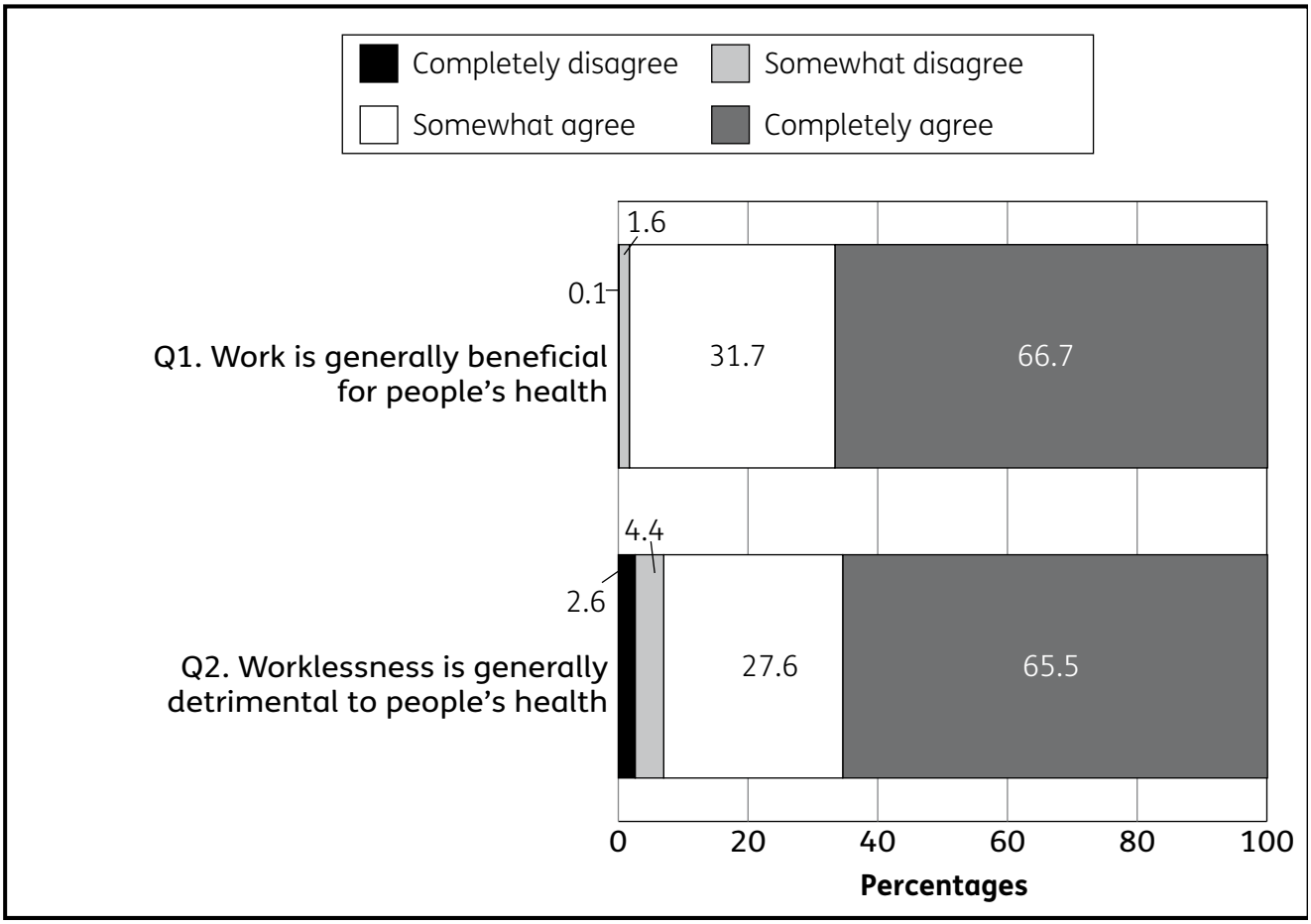
3.1 Responses to the 2012 survey

We report and comment on the 'weighted' frequency distributions (response frequencies) for each of the 19 questions, both overall and by country (see Table 3.1 and Appendix B). The number of reported observations on which these frequency distributions are based varies, due to question-specific missing data.

3.1.1 The relationship between work and health (Questions 1 and 2)

There was almost universal agreement amongst GPs that work was generally beneficial for people's health: less than two per cent (1.7 per cent) did not agree to some extent. In addition, 93.1 per cent of GPs agreed that worklessness was generally detrimental to people's health (see Figure 3.1)

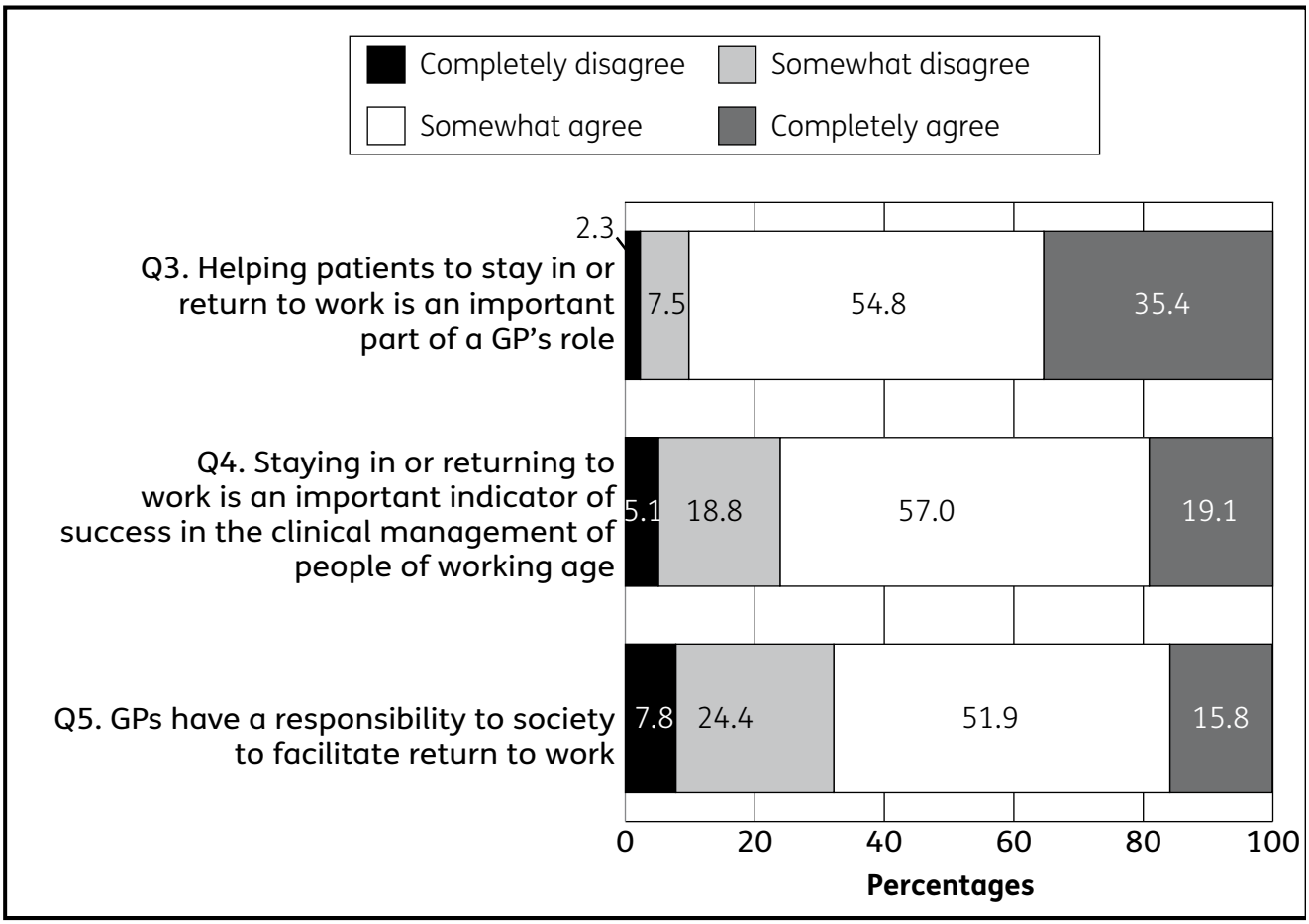
Figure 3.1 Level of GPs' agreement with the attitude statements relating to the relationship between work and health



3.1.2 Role in, and importance of, facilitating a return to work (Questions 3, 4 and 5)

GPs generally felt that they had a proactive role to play: 90.2 per cent agreed that helping patients to stay in or return to work was an important part of their role, whilst just over two-thirds (67.7 per cent) agreed that GPs had a responsibility to society to facilitate a return to work. A little over three-quarters of GPs (76.1 per cent) agreed that staying in or returning to work was an important indicator of success in the clinical management of people of working age (see Figure 3.2).

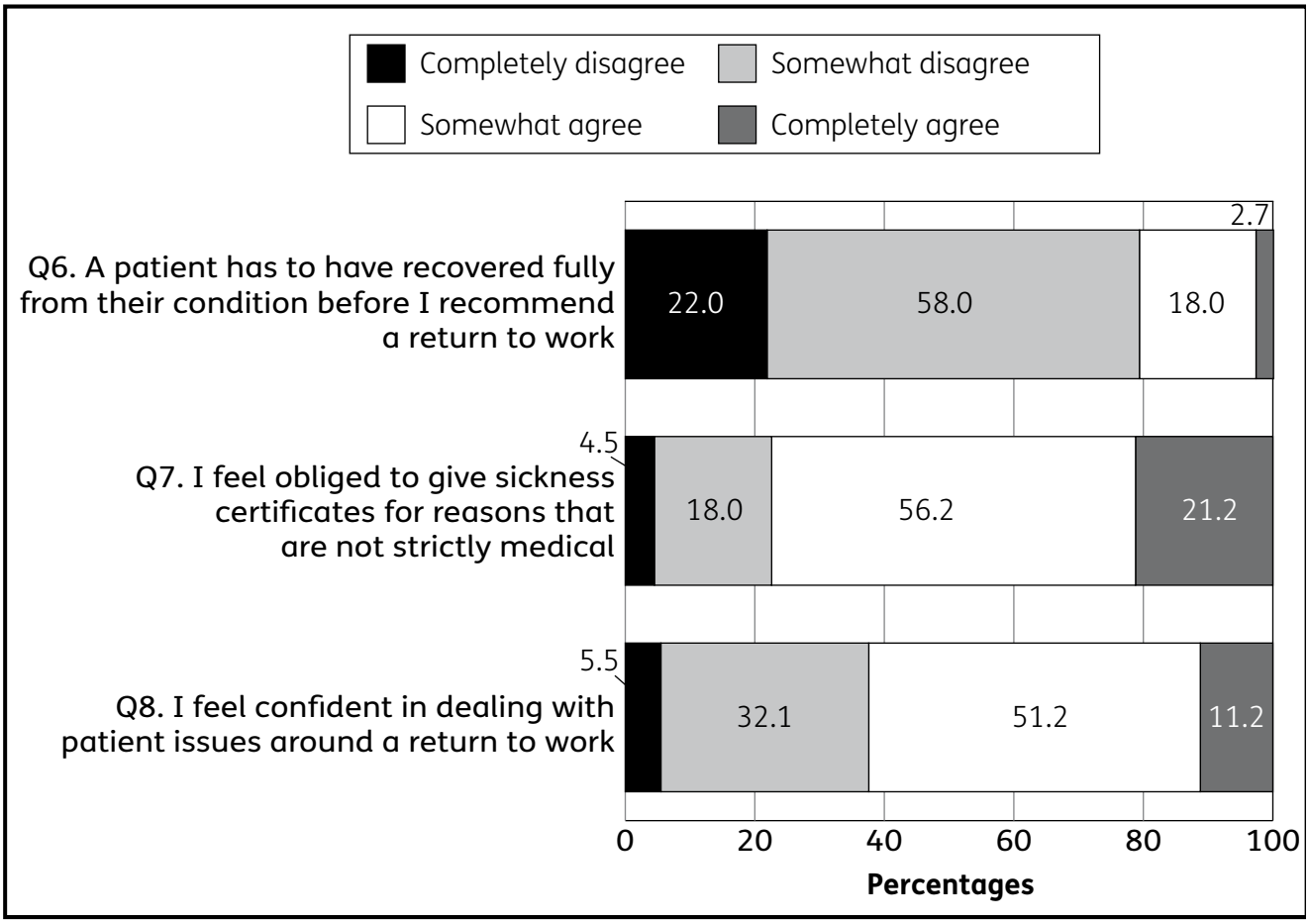
Figure 3.2 Level of GPs' agreement with the attitude statements relating to role in, and importance of, facilitating a return to work



3.1.3 Managing a return to work and confidence in handling issues (Questions 6, 7 and 8)

Nearly 80 per cent of GPs (79.4 per cent) disagreed that the patient had to be fully recovered before they would recommend a return to work: however, more than three-quarters (77.4 per cent) agreed that they felt obliged to give sickness certificates for reasons that were not strictly medical. More than 60 per cent of respondents (62.4 per cent) agreed that they felt confident in dealing with patient issues around a return to work (see Figure 3.3).

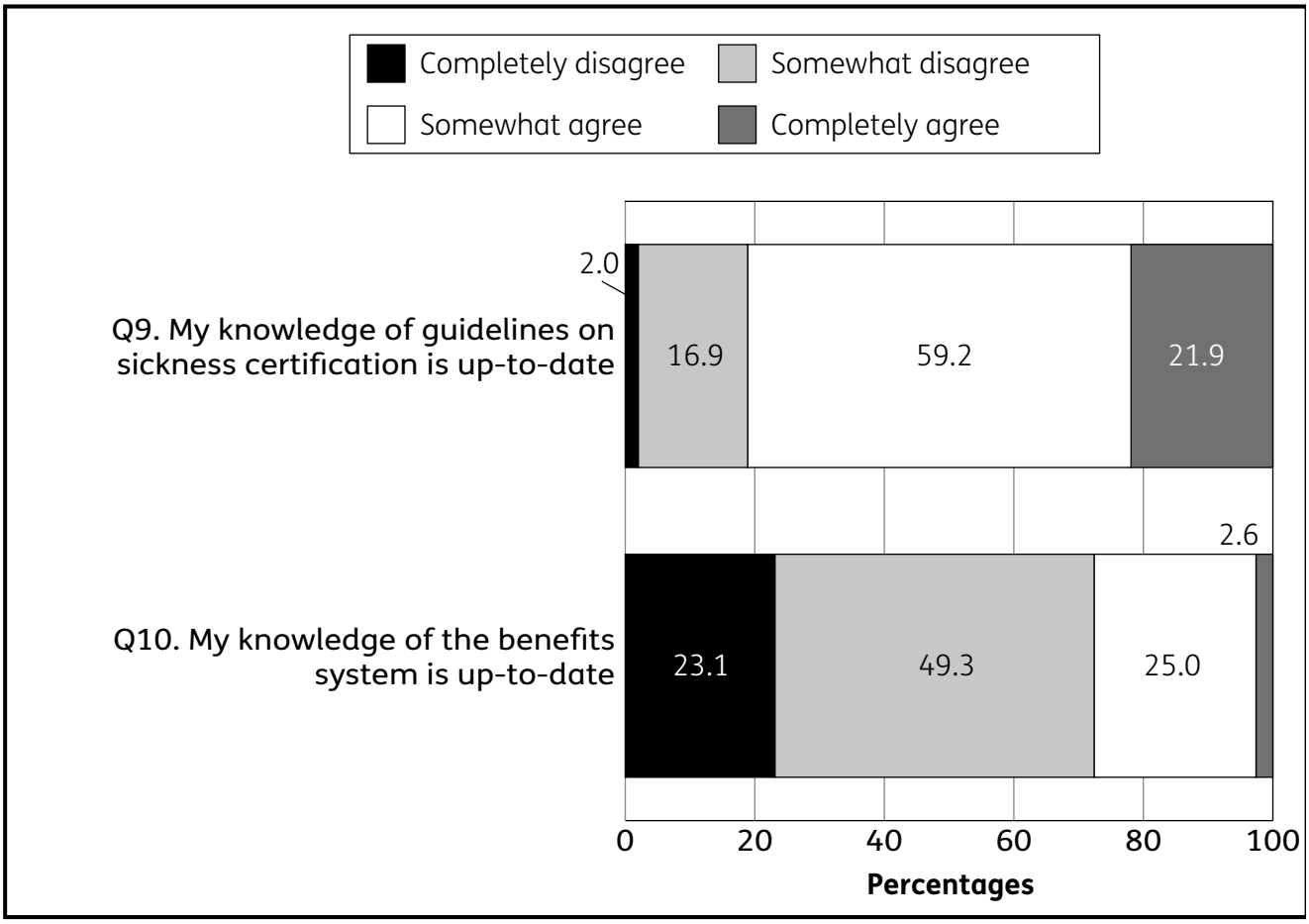
Figure 3.3 Level of GP's agreement with the attitude statements relating to managing a return to work and confidence in handling issues



3.1.4 Perceived knowledge held (Questions 9 and 10)

More than 80 per cent of GPs (81.1 per cent) agreed that their knowledge of guidelines regarding sickness certification was up-to-date; however, only a little over a quarter (27.6 per cent) agreed that their knowledge of the benefits system was up-to-date (see Figure 3.4).

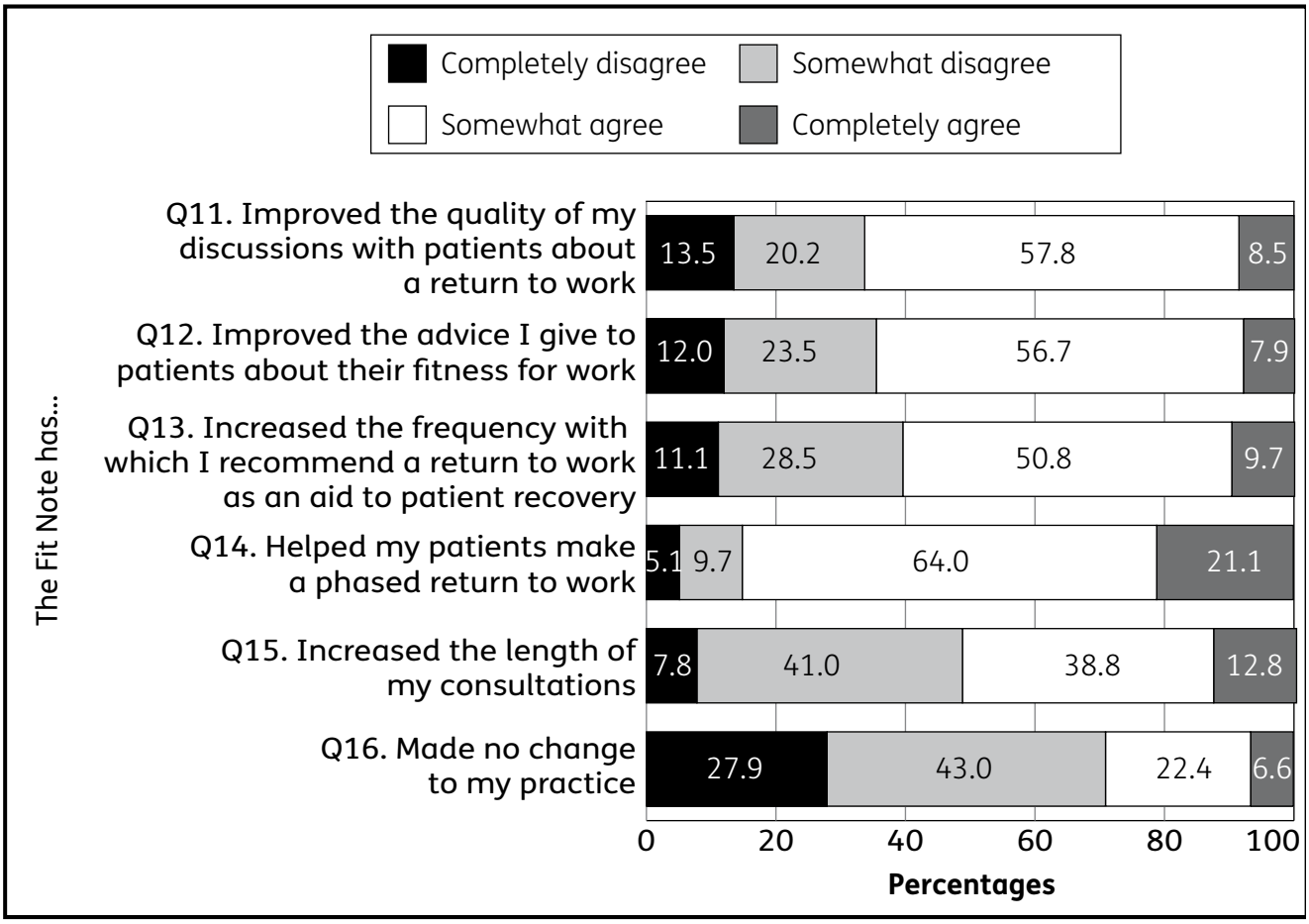
Figure 3.4 Level of GPs' agreement with the attitude statements relating to perceived knowledge held



3.1.5 Perceived impact of the fit note on practice (Questions 11 to 16)

Two-thirds of GPs (66.3 per cent) agreed that the fit note had improved the quality of their discussions with patients about a return to work; a similar percentage (64.5 per cent) agreed that it had helped improve the advice given to patients about their fitness for work. A little over 60 per cent (60.5 per cent) agreed that it had increased the frequency with which they recommended a return to work as an aid to patient recovery and over 70 per cent (70.9 per cent) felt the fit note had made a change to their practice. Eighty-five per cent of GPs agreed that the fit note had helped their patients make a phased return to work. GPs were fairly evenly split on whether the fit note had increased consultation length or not (51.6 per cent agreed that it had) (see Figure 3.5).

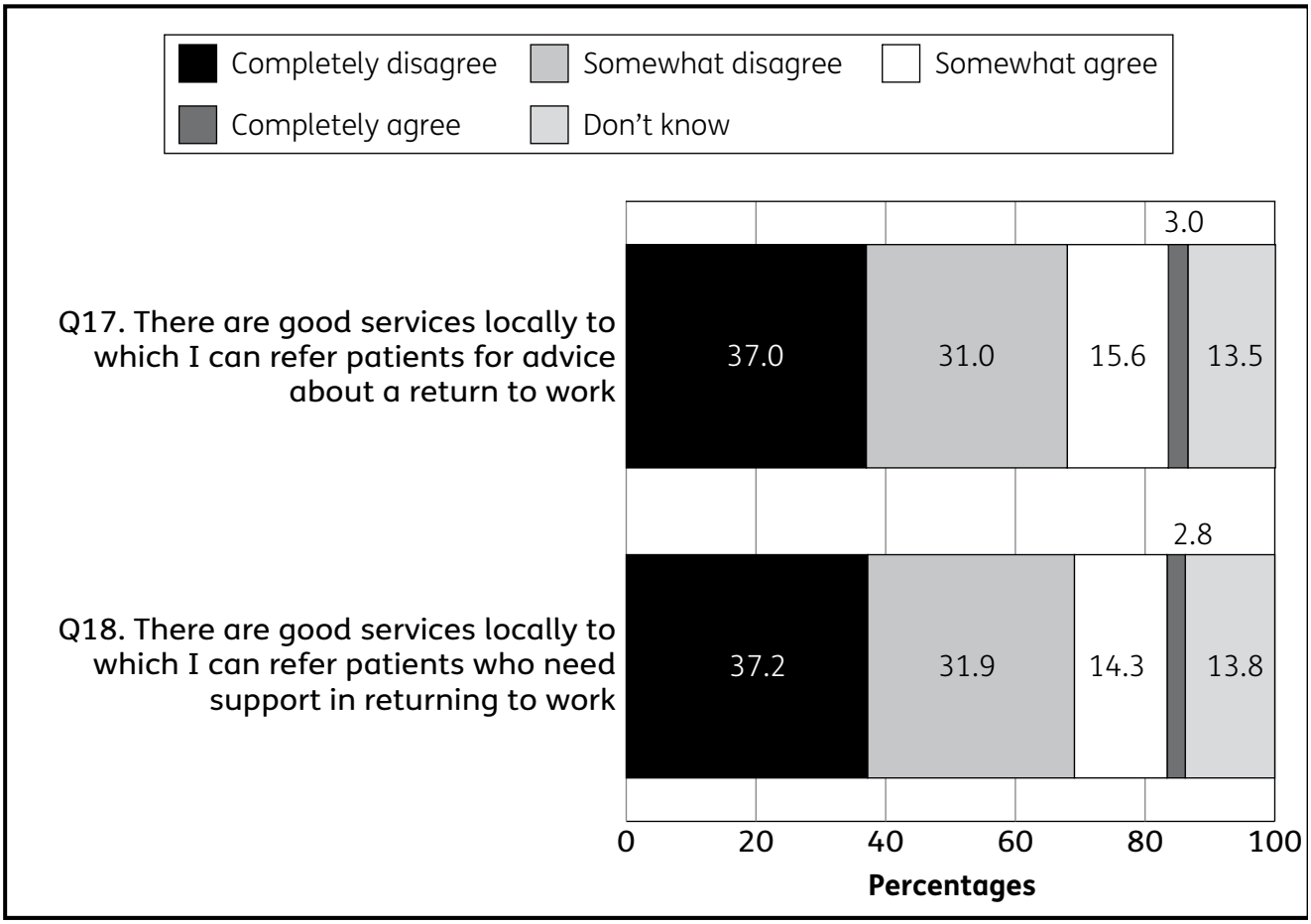
Figure 3.5 Level of GP's agreement with the attitude statements relating to fit note practice



3.1.6 Perceived availability of local resources (Questions 17 and 18)

Less than 20 per cent of GPs agreed that there were good services locally to which they could refer their patients for advice about a return to work (18.6 per cent)/could refer their patients to obtain support in returning to work (17.1 per cent). In both instances, around one in eight GPs (13.5 per cent and 13.8 per cent respectively) did not know if there were good services locally. It is unclear whether GPs thought that such services did not exist or that they were not aware of them (see Figure 3.6).

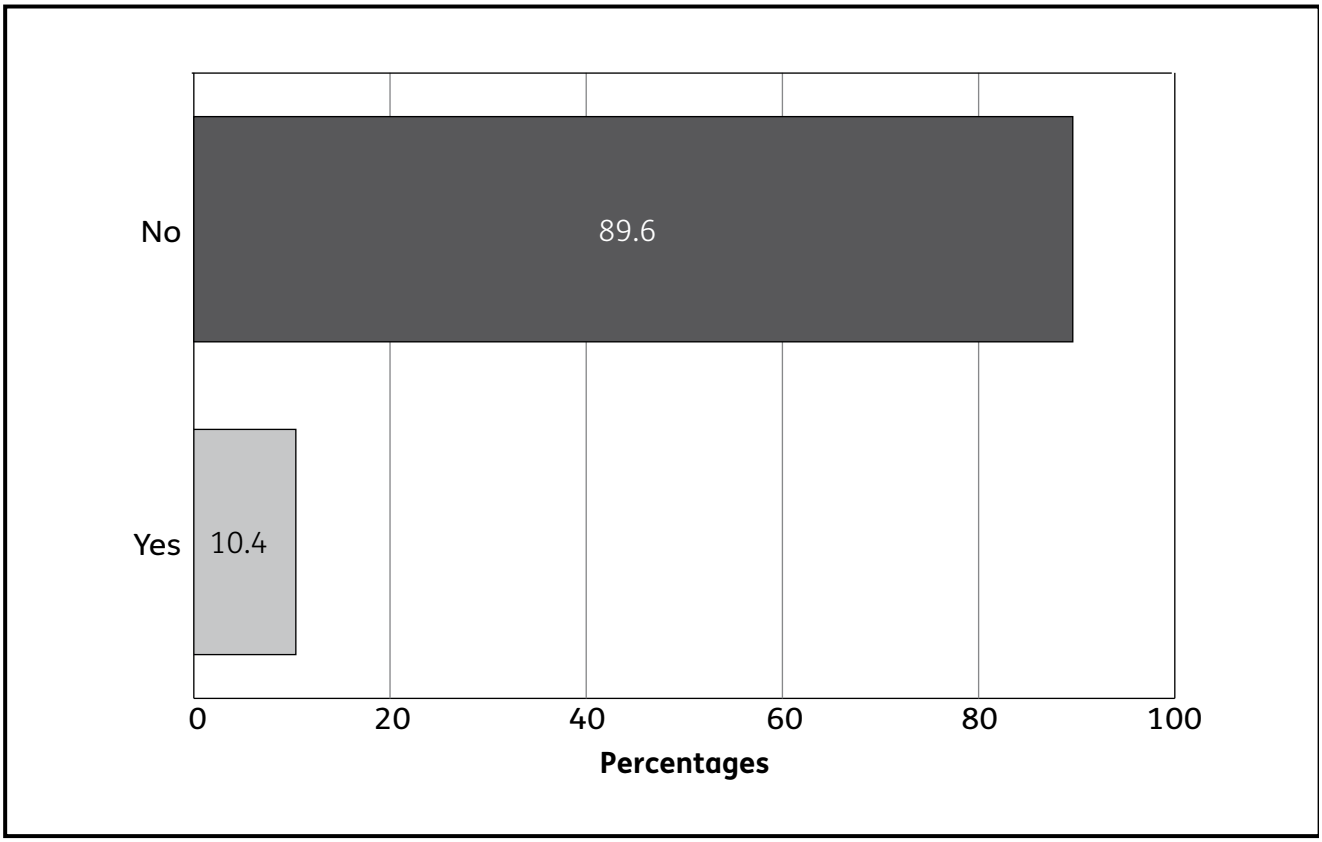
Figure 3.6 Level of GPs' agreement with the attitude statements relating to perceived availability of local resources



3.1.7 Training in health and work (Question 19)

The vast majority (89.6 per cent) of GPs reported that they had not received training in health and work within the past 12 months. Training included anything that GPs viewed as training in health and work that they had received within the last 12 months (see Figure 3.7).

Figure 3.7 Level of GPs' agreement with the attitude statement 'Have you received training in health and work within the past 12 months?'



3.1.8 Inter-country comparisons

Appendix B also provides details of the differences in response by country for each question. The distribution of responses for England and Wales was formally compared, statistically, using a 'design-corrected' F-test. Informal, descriptive comparisons with Scotland were also made. The key findings are summarised below.

There was a single significant difference between the distribution of responses to individual questions of GPs practicing in England and Wales: a greater percentage of GPs in Wales (15.4 per cent) reported having received health and work training within the past 12 months compared to GPs in England (10.0 per cent). There was weak evidence that GPs in Wales were more likely to disagree that 'A patient has to have recovered fully from their condition before I recommend a return to work' than GPs in England.

Notable non-significant differences included all questions relating to the fit note. GPs in England were less likely to agree that the fit note had increased consultation length or had made no change to their practice than GPs in Wales. Otherwise, GPs in England were consistently in greater agreement with regard to questions pertaining to the fit note than GPs in Wales (i.e. their views of the fit note appeared to be more 'favourable').

The views of GPs in Scotland, in relation to the fit note, were, in general, less 'favourable' than those of GPs in England and Wales. A smaller percentage of GPs in Scotland agreed that consultation length had increased (44.4 per cent versus 52.2 per cent/56.9 per cent), but a greater percentage agreed that the fit note had made no change to their practice (36.8 per cent versus 28.0 per cent/30.0 per cent). Otherwise, GPs in Scotland were much less likely to be in agreement with regard to these questions. GPs in Scotland were, however, considerably more likely to agree that good local services existed to which patients could be referred for advice (33.1 per cent versus 16.7 per cent/19.5 per cent) or support (27.1 per cent versus 15.8 per cent/17.9 per cent). Twelve per cent of GPs in Scotland had received health and work training within the past 12 months, a smaller percentage than Wales, but a greater percentage than England.

Table 3.1 Level of GPs' agreement with each attitude statement in 2012

Row percentages

Attitude statement	Completely disagree (%)	Somewhat disagree (%)	Somewhat agree (%)	Completely agree (%)
Q1. Work is generally beneficial for people's health.	0.1	1.6	31.7	66.7
Q2. Worklessness is generally detrimental to people's health.	2.6	4.4	27.6	65.5
Q3. Helping patients to stay in or return to work is an important part of a GP's role.	2.3	7.5	54.8	35.4
Q4. Staying in or returning to work is an important indicator of success in the clinical management of people of working age.	5.1	18.8	57.0	19.1
Q5. GPs have a responsibility to society to facilitate a return to work.	7.8	24.4	51.9	15.8
Q6. A patient has to have recovered fully from their condition before I recommend a return to work.	21.9	57.5	18.0	2.7
Q7. I feel obliged to give sickness certificates for reasons that are not strictly medical.	4.5	18.1	56.2	21.2
Q8. I feel confident in dealing with patient issues around a return to work.	5.5	32.1	51.2	11.2
Q9. My knowledge of guidelines on sickness certification is up-to-date.	2.0	16.9	59.2	21.9
Q10. My knowledge of the benefits system is up-to-date.	23.1	49.3	25.0	2.6

Row percentages

The fit note has:	Completely disagree (%)	Somewhat disagree (%)	Somewhat agree (%)	Completely agree (%)
Q11. Improved the quality of my discussions with patients about a return to work.	13.5	20.2	57.8	8.5
Q12. Improved the advice I give to patients about their fitness for work.	12.0	23.5	56.7	7.9
Q13. Increased the frequency with which I recommend a return to work as an aid to patient recovery.	11.1	28.5	50.8	9.7
Q14. Helped my patients make a phased return to work (e.g. amended duties, altered hours, workplace adaptations).	5.1	9.7	64.0	21.1
Q15. Increased the length of my consultations.	7.8	40.7	38.8	12.8
Q16. Made no change to my practice.	27.9	43.0	22.4	6.6

Continued

Table 3.1 Continued

Row percentages

Local resources	Completely disagree (%)	Somewhat disagree (%)	Somewhat agree (%)	Completely agree (%)	Don't know (%)
Q17. There are good services locally to which I can refer patients for advice about a return to work.	37.0	31.0	15.6	3.0	13.5
Q18. There are good services locally to which I can refer patients who need support in returning to work.	37.2	31.9	14.3	2.8	13.8

Training	Yes	No
Q19. Have you received training in health and work within the past 12 months?	10.4	89.6

Notes: Data represent the weighted percentage of GPs in Great Britain in each response category. Rows may not total 100 per cent due to rounding errors.

3.2 Responses to the 2012 Survey by receipt of training in health and work

We investigated whether GPs who reported receiving training in health and work within the past 12 months were more likely to agree or disagree with the remaining statements than GPs who had not been in receipt of such training. The detailed findings are reported in Appendix C and summarised here. Caution must be used when interpreting these results: the small number of 'trained' GPs (in relation to untrained) may give rise to less reliable comparative data. Training included anything that GPs viewed as training in health and work that they had received within the last 12 months.

3.2.1 The relationship between work and health (Questions 1 and 2)

There were no significant differences in the distribution of responses by receipt of training for either of these questions.

3.2.2 Role in, and importance of, facilitating a return to work (Questions 3, 4 and 5)

There were no significant differences in the distribution of responses by receipt of training for any of these questions. Notably, however, for all three questions, GPs who had received training were more likely to 'completely agree' than GPs who had not had training.

3.2.3 Managing a return to work and confidence in handling issues (Questions 6, 7 and 8)

Surprisingly, GPs that had been trained in health and work within the past 12 months were more likely to agree that a patient had to be fully recovered before they would recommend a return to work: 26.6 per cent of such GPs agreed to some extent, compared with 20.1 per cent of GPs not in receipt of training. These findings may genuinely reflect reality, but must be interpreted cautiously due to the small numbers of 'trained' GPs (in relation to untrained GPs).

In addition, nearly 75 per cent of respondents who'd had training agreed to some extent that they felt confident in dealing with patient issues around a return to work, compared to 61.0 per cent who hadn't been trained. There was no significant difference in the distribution of responses in relation to the obligation to give sickness certificates for reasons that were not strictly medical.

3.2.4 Perceived knowledge held (Questions 9 and 10)

There were significant differences between responses to both questions relating to knowledge, with GPs who had received health and work training more likely to agree with the statements.

3.2.5 Perceived impact of the fit note on practice (Questions 11 to 16)

There were significant differences between responses to five out of the six questions relating to the fit note: no significant differences were observed in changes to practice (Q16), although GPs receiving training were more likely to completely disagree with the statement. GPs who had received health and work training were more likely to agree to some extent that the fit note had improved the quality of their discussions with patients about a return to work (73.9 per cent versus 65.2 per cent) and that the fit note had increased the frequency with which they recommended a return to work as an aid to patient recovery (75.6 per cent versus 58.3 per cent). Further, this group of GPs were more likely to completely agree that the fit note had helped improve the advice given to patients about their fitness for work (14.9 per cent versus 6.9 per cent) and that the fit note had helped their patients make a phased return to work (28.0 per cent versus 20.2 per cent). However, trained GPs were more likely to agree that the fit note had increased their consultation length: 59.3 per cent agreed compared with 50.7 per cent of non-trained GPs.

3.2.6 Perceived availability of local resources (Questions 17 and 18)

GPs who had been trained were significantly more likely to agree that there were good local services to which they could refer their patients for advice about a return to work or to obtain support in returning to work. In both instances, a smaller percentage of trained GPs responded that they did not know if there were such services.

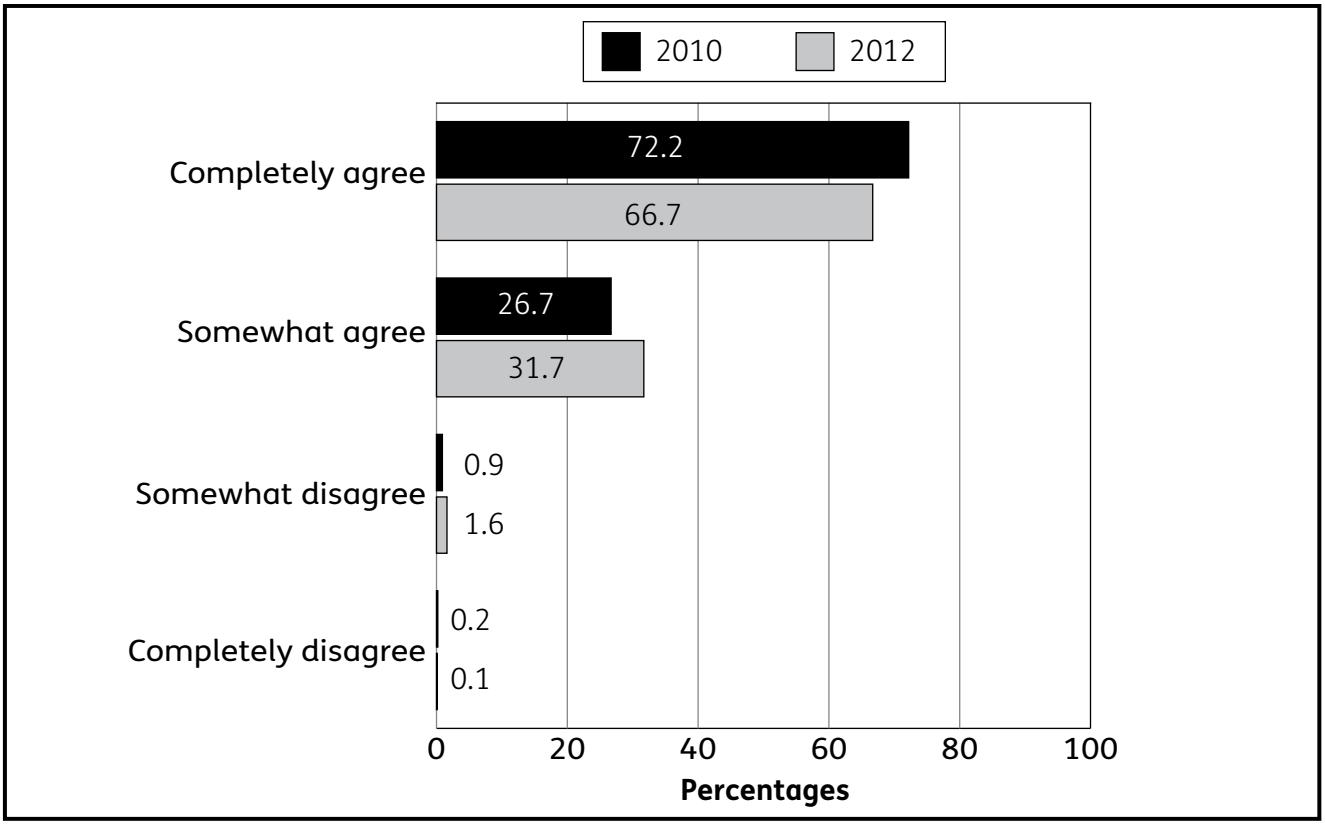
4 Changes between 2010 and 2012

The sixth General Practitioner Worklife Survey, conducted in 2010, established a 'baseline' against which to compare GPs' views of their role in patient health, work and wellbeing in the future. Table 4.1 summarises the distribution of responses to each of the 19 questions across England, Wales and Scotland in both 2010 and 2012. Assuming that the respondent samples are sufficiently independent[1], we test for changes in the distribution of responses between the two surveys; we do not, however, control for potential confounders of change (e.g. age and gender) in these analyses. The distribution of responses differed significantly between the two years for ten of the 19 questions.

4.1 The relationship between work and health (Questions 1 and 2)

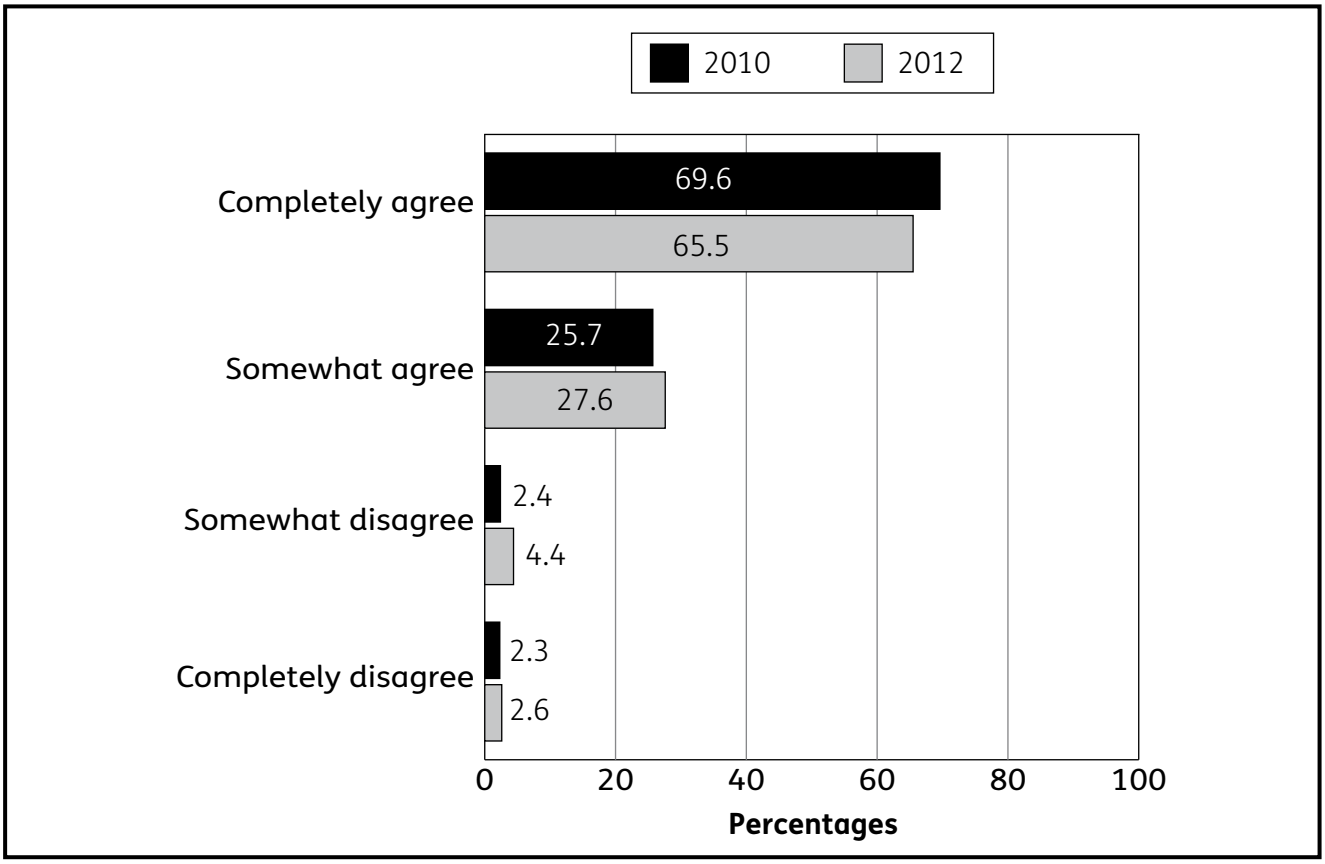
Both questions saw significant changes in the distribution of responses between 2010 and 2012, but not a 'shift' in GPs' opinion from disagree to agree (or vice versa), but from completely agree to somewhat agree (or vice versa). For example, there was very little change in the percentage of GPs who agreed that 'work is generally beneficial for people's health' between 2010 and 2012, but the overall distribution of responses was different between the two years. This is due to a 'shift' from 'completely agree' to 'somewhat agree' in 2012. A similar change can be observed for 'worklessness is generally detrimental to people's health' (see Figures 4.1 and 4.2).

Figure 4.1 Level of GPs' agreement with the attitude statement 'Work is generally beneficial for people's health', in 2010 and 2012



[1] It is estimated that 123 GPs responded to both surveys (8.8 per cent of the respondent sample in 2010; 7.4 per cent in 2012).

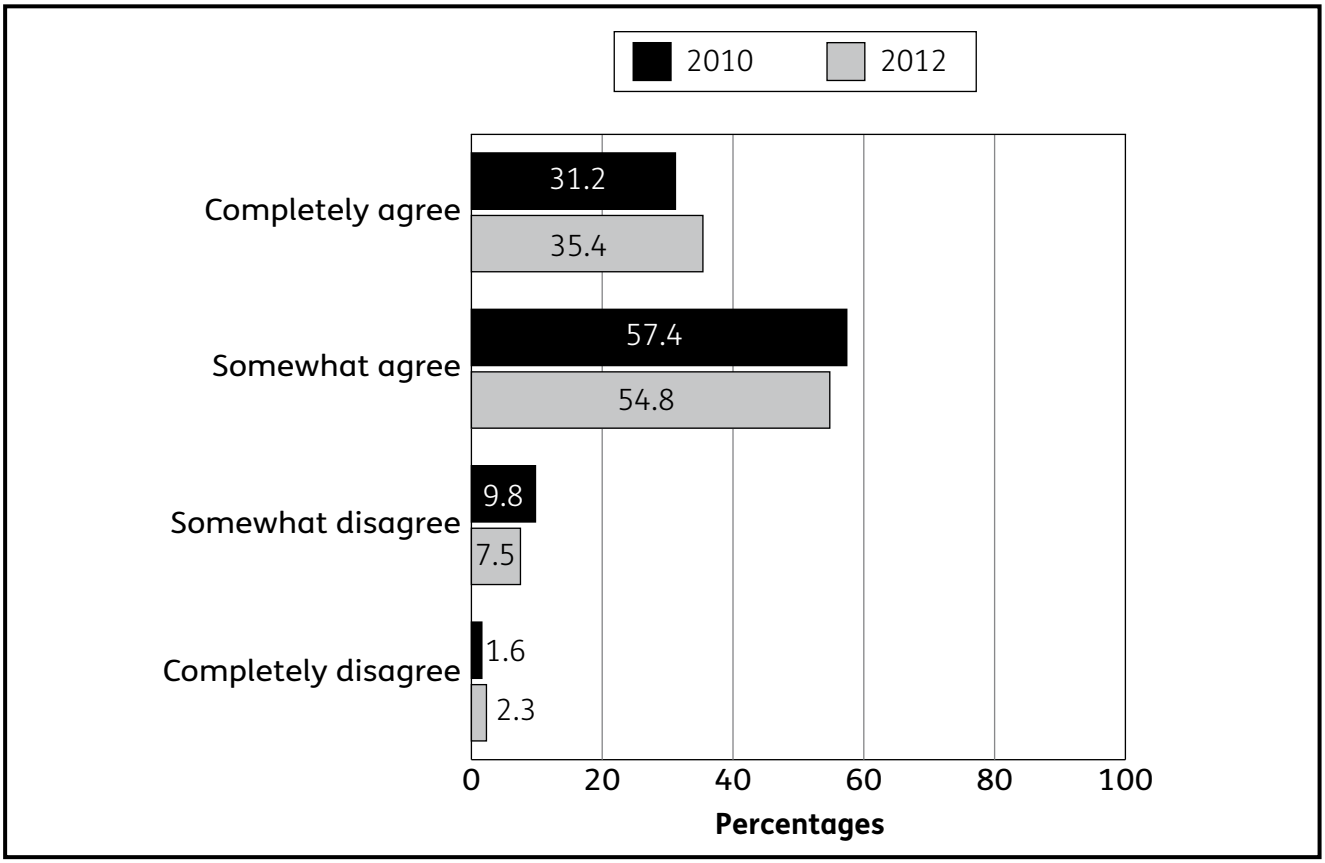
Figure 4.2 Level of GPs' agreement with the attitude statement 'Worklessness is generally detrimental to people's health', in 2010 and 2012



4.2 Role in, and importance of, facilitating return to work (Questions 3, 4 and 5)

A significant change in the opposite direction to that described above (i.e. from 'somewhat agree' to 'completely agree') was evident for 'helping patients to stay in or return to work is an important part of a GP's role' (see Figure 4.3). There were no significant changes in the distribution of responses to the other two questions.

Figure 4.3 Level of GPs' agreement with the attitude statement 'Helping patients to stay in or return to work is an important part of a GP's role', in 2010 and 2012



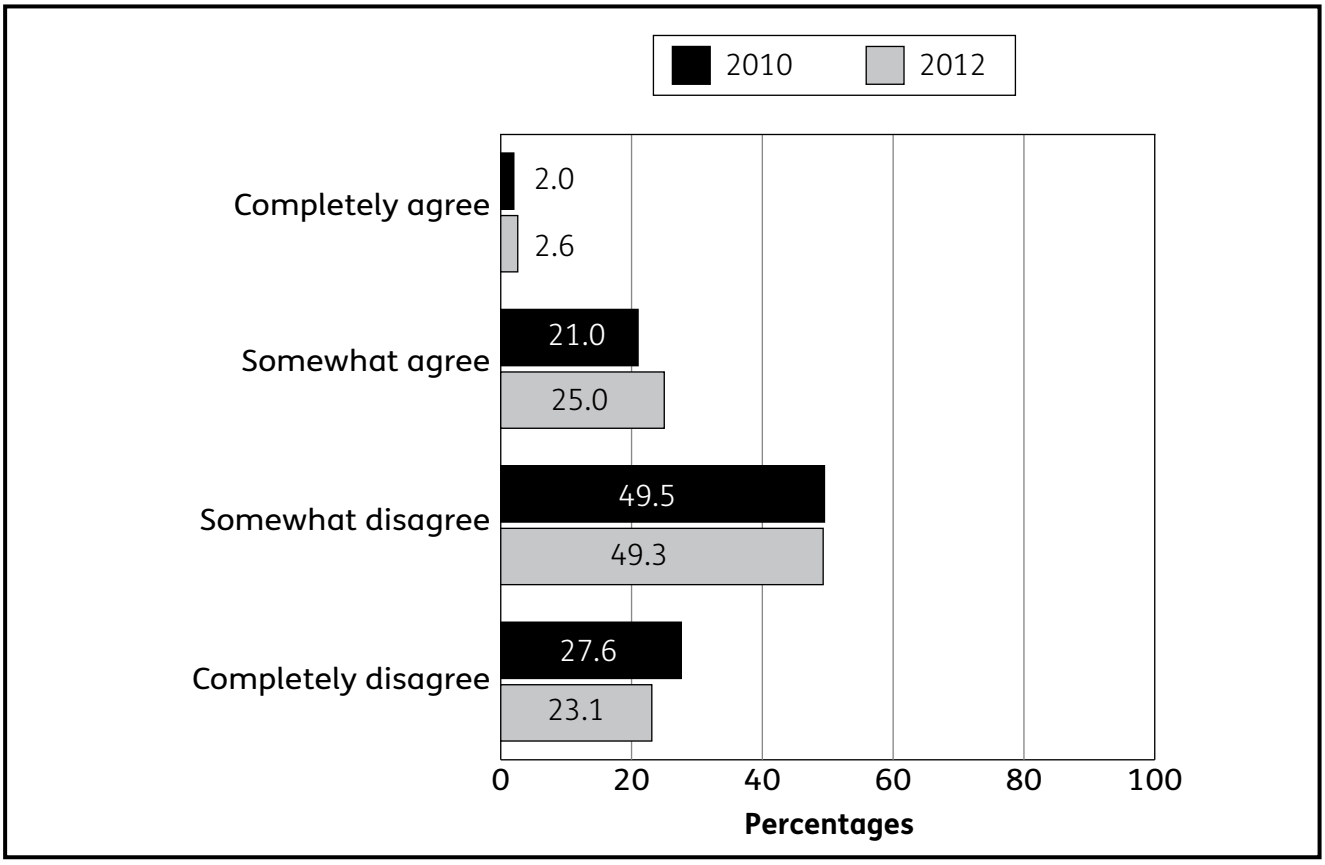
4.3 Managing a return to work and confidence in handling issues (Questions 6, 7 and 8)

There were no significant changes in the distribution of responses between 2010 and 2012 for any of these three questions.

4.4 Perceived knowledge held (Questions 9 and 10)

GPs were significantly more likely to agree that their knowledge of the benefits system was up-to-date than in 2010 (4.6 per cent more GPs agreed to some extent than in 2010), but no changes occurred in relation to knowledge of guidelines on sickness certification (see Figure 4.4).

Figure 4.4 Level of GPs' agreement with the attitude statement 'My knowledge of the benefits system is up-to-date', in 2010 and 2012



4.5 Perceived impact of the fit note on practice (Questions 11 to 16)

The greatest changes occurred on questions directly relating to the fit note (Questions 12, 13, 14 and 16). In particular, GPs were now more likely to agree (both somewhat and completely) that the fit note had improved the advice they gave to patients (11.3 per cent more GPs agreed to some extent than in 2010), had increased the frequency with which they recommended a return to work (12.3 per cent more GPs were in agreement in 2012) and had helped their patients make a phased return to work (14.8 per cent more GPs were in agreement in 2012). In addition, there was greater disagreement that the fit note had made no change to a GPs' practice (8.8 per cent more GPs disagreed to some extent than in 2010). GPs were also more likely to agree that the fit note had improved the quality of their discussions with patients (5.5 per cent more GPs were in agreement in 2012). There was, however, no significant change relating to an increase in consultation length (see Figures 4.5, 4.6, 4.7 and 4.8).

Figure 4.5 Level of GPs' agreement with the statement 'The fit note has improved the advice I give to patients about their fitness for work', in 2010 and 2012

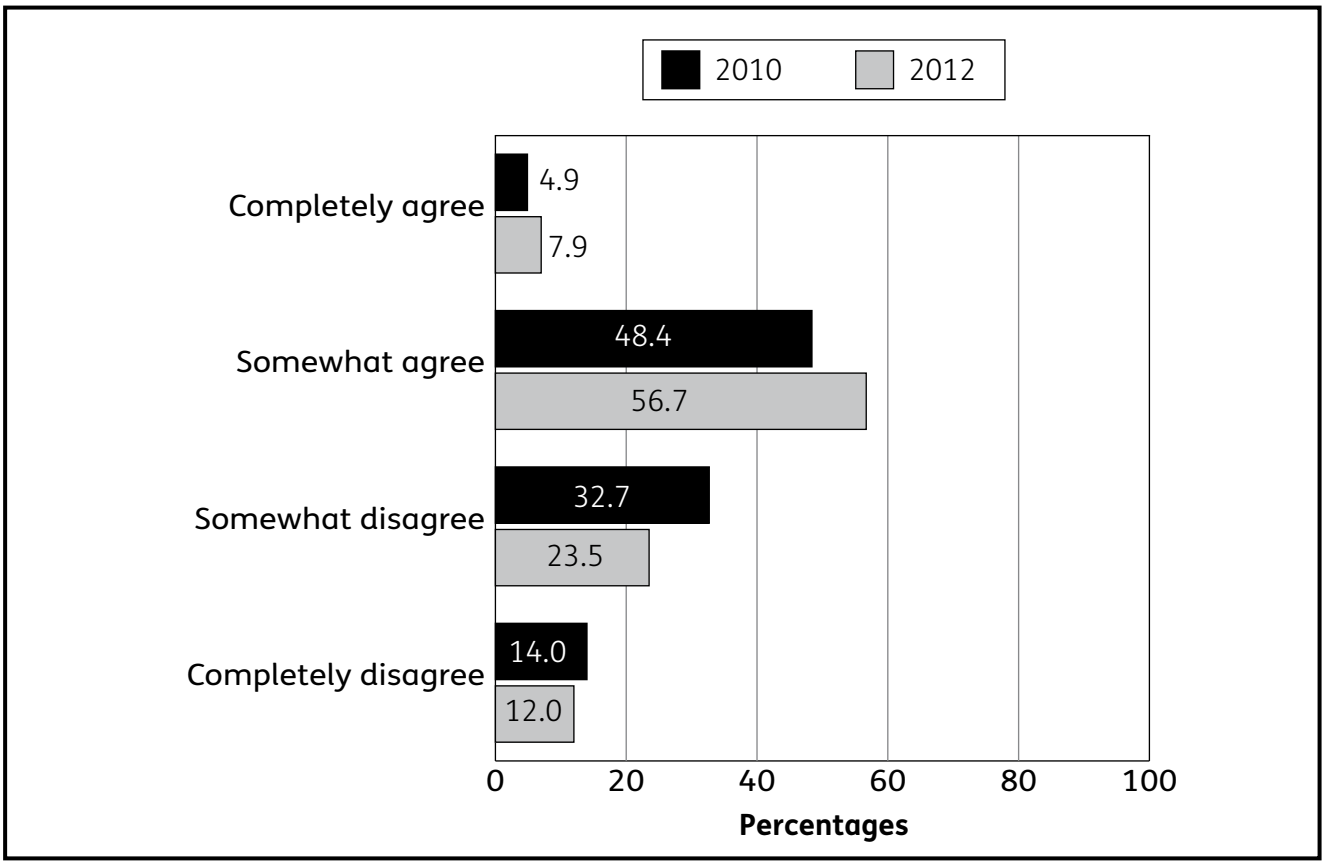


Figure 4.6 Level of GPs' agreement with the statement 'The fit note has increased the frequency with which I recommend a return to work as an aid to patient recovery', in 2010 and 2012

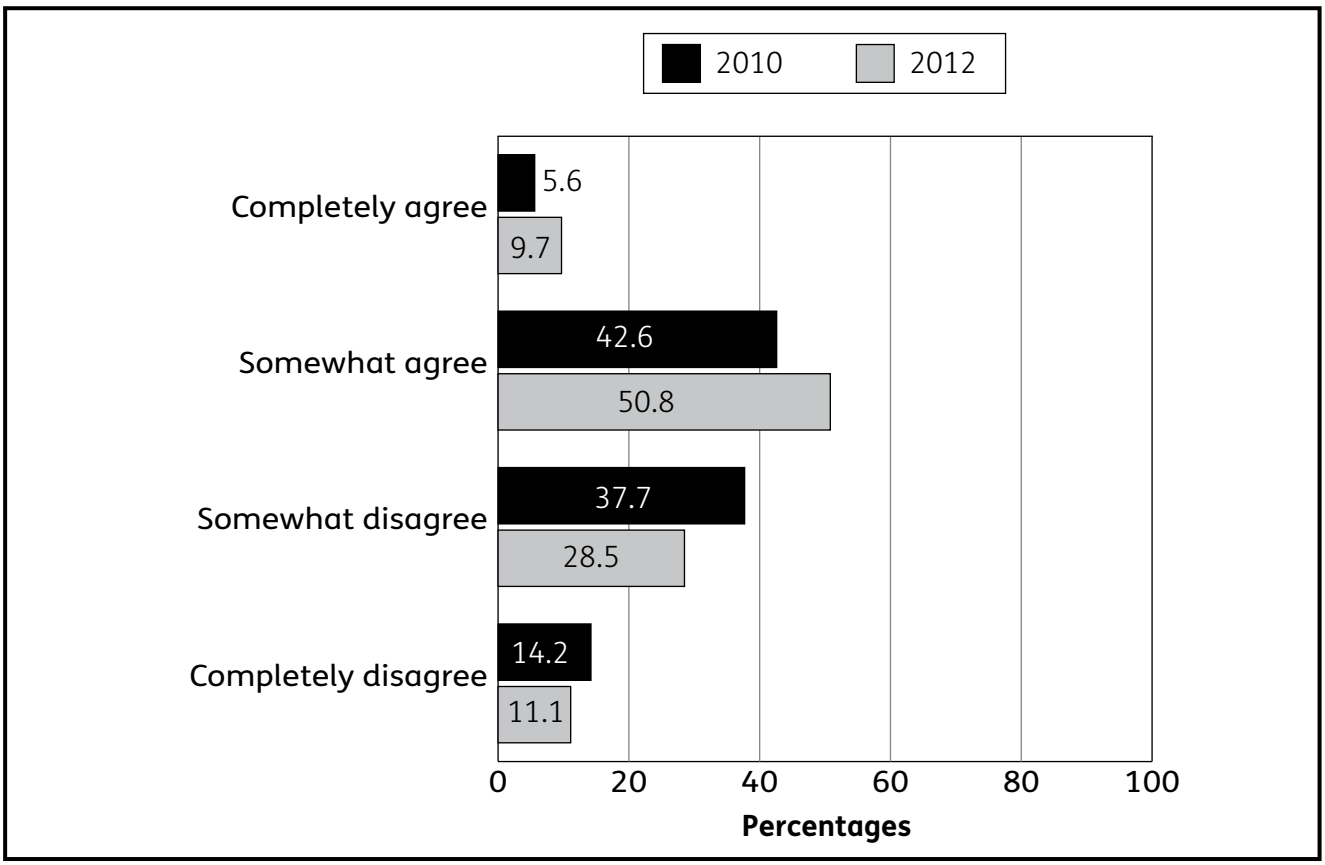


Figure 4.7 Level of GPs' agreement with the statement 'The fit note has helped my patients make a phased return to work', in 2010 and 2012

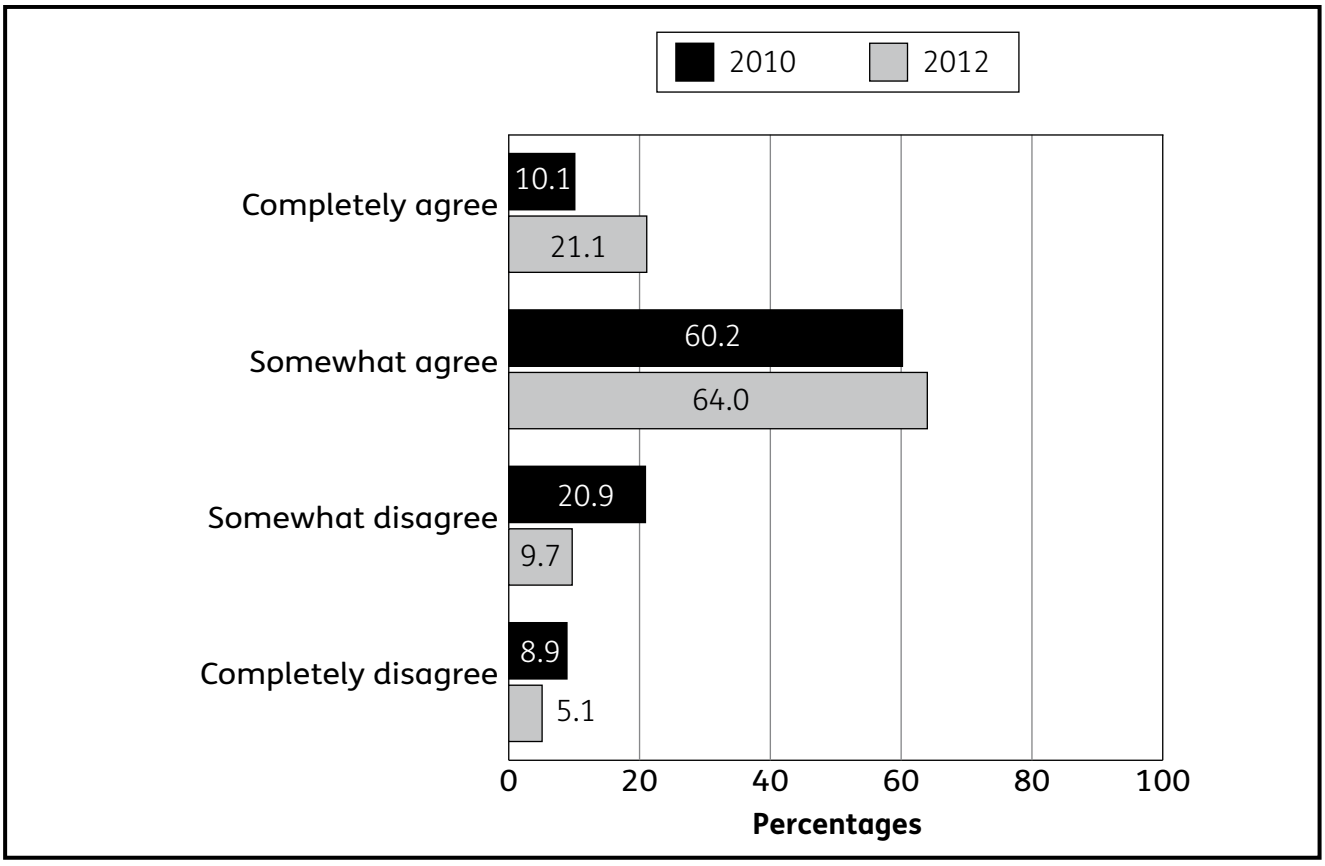
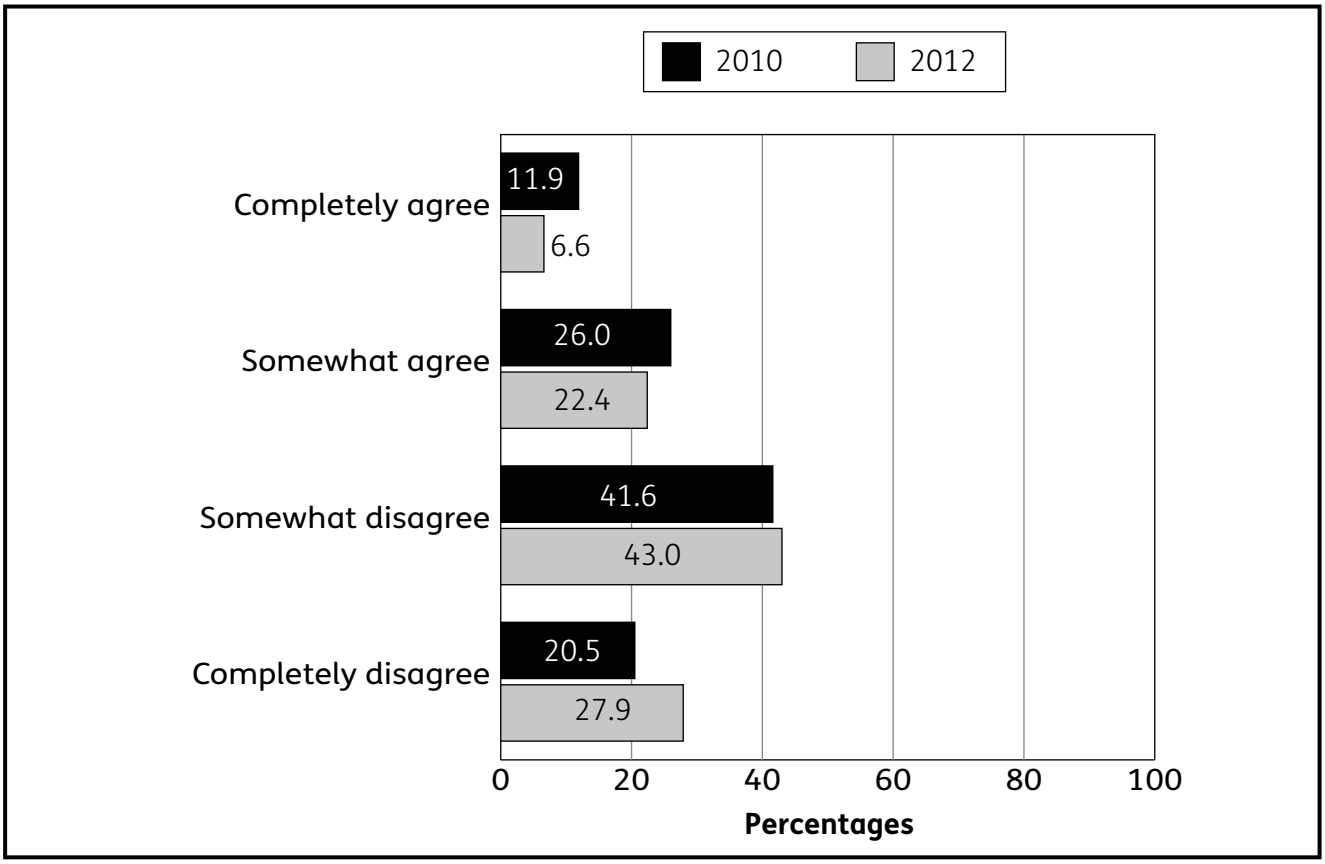


Figure 4.8 Level of GPs' agreement with the statement 'The fit note has made no change to my practice', in 2010 and 2012



4.6 Perceived availability of local resources (Questions 17 and 18)

GPs were significantly less likely to agree that there were good local services to which a patient could be referred for support in returning to work than in 2010; a smaller percentage also responded that they did not know. No significant changes were observed in respect of providing advice about a return to work.

4.7 Training in health and work (Question 19)

There was no significant change in the percentage of GPs reporting that they had received training in health and work over the past 12 months between 2010 and 2012.

Table 4.1 Level of GPs' agreement with each attitude statement in 2010 and 2012

Row percentages

	2010					2012					
Attitude statement	**Completely disagree (%)**	**Somewhat disagree (%)**	**Somewhat agree (%)**	**Completely agree (%)**	**Don't know (%)**	**Completely disagree (%)**	**Somewhat disagree (%)**	**Somewhat agree (%)**	**Completely agree (%)**	**Don't know (%)**	**Change 2010 – 2012 (%)**
Q1. Work is generally beneficial for people's health	0.2	0.9	26.7	72.2		0.1	1.6	31.7	66.7		-0.5*
Q2. Worklessness is generally detrimental to people's health	2.3	2.4	25.7	69.6		2.6	4.4	27.6	65.5		-2.2*
Q3. Helping patients to stay in or return to work is an important part of a GP's role	1.6	9.8	57.4	31.2		2.3	7.5	54.8	35.4		+1.6*
Q4. Staying in or returning to work is an important indicator of success in the clinical management of people of working age	4.5	18.9	57.1	19.5		5.1	18.8	57.0	19.1		-0.5
Q5. GPs have a responsibility to society to facilitate a return to work	8.9	25.4	52.1	13.5		7.8	24.4	51.9	15.8		+2.1
Q6. A patient has to have recovered fully from their condition before I recommend a return to work	20.8	60.1	16.0	3.1		21.9	57.5	18.0	2.7		-1.5
Q7. I feel obliged to give sickness certificates for reasons that are not strictly medical	4.8	18.1	55.4	21.8		4.5	18.1	56.2	21.2		-0.3

Continued

Table 4.1 Continued

Row percentages

Attitude statement	2010 Completely disagree (%)	2010 Somewhat disagree (%)	2010 Somewhat agree (%)	2010 Completely agree (%)	2010 Don't know (%)	2012 Completely disagree (%)	2012 Somewhat disagree (%)	2012 Somewhat agree (%)	2012 Completely agree (%)	2012 Don't know (%)	Change 2010 – 2012 (%)
Q8. I feel confident in dealing with patient issues around a return to work	5.4	35.4	49.2	10.0		5.5	32.1	51.2	11.2		+3.2
Q9. My knowledge of guidelines on sickness certification is up-to-date	1.9	17.6	57.3	23.3		2.0	16.9	59.2	21.9		+0.5
Q10. My knowledge of the benefits system is up-to-date	27.6	49.5	21.0	2.0		23.1	49.3	25.0	2.6		+4.6*
Q11. The fit note has 'improved the quality of my discussions with patients about a return to work	14.3	25.0	54.1	6.7		13.5	20.2	57.8	8.5		+5.5*
Q12. The fit note has improved the advice I give to patients about their fitness for work	14.0	32.7	48.4	4.9		12.0	23.5	56.7	7.9		+11.3*
Q13. The fit note has increased the frequency with which I recommend a return to work as an aid to patient recovery	14.2	37.7	42.6	5.6		11.1	28.5	50.8	9.7		+12.3*
Q14. The fit note has helped my patients make a phased return to work	8.9	20.9	60.2	10.1		5.1	9.7	64.0	21.1		+14.8*

Continued

Table 4.1 Continued

Row percentages

	2010					2012					
Attitude statement	**Completely disagree (%)**	**Somewhat disagree (%)**	**Somewhat agree (%)**	**Completely agree (%)**	**Don't know (%)**	**Completely disagree (%)**	**Somewhat disagree (%)**	**Somewhat agree (%)**	**Completely agree (%)**	**Don't know (%)**	**Change 2010 – 2012 (%)**
Q15. The fit note has increased the length of my consultations	7.7	43.2	36.2	12.9		7.8	40.7	38.8	12.8		-2.4
Q16. The fit note has made no change to my practice	20.5	41.6	26.0	11.9		27.9	43.0	22.4	6.6		+8.8*
Q17. There are good services locally to which I can refer patients for advice about a return to work	34.0	29.4	16.7	3.2	16.7	37.0	31.0	15.6	3.0	13.5	-1.3
Q18. There are good services locally to which I can refer patients who need support in returning to work	32.3	31.6	16.9	2.1	17.1	37.2	31.9	14.3	2.8	13.8	-1.9*
Q19. Have you received training in health and work within the past 12 months?		Yes 11.3; No 88.7					Yes 10.4; No 89.6				-0.9

Notes:
Data represent the weighted percentage of GPs in Great Britain in each response category.
Rows within each year may not total 100 per cent due to rounding errors.
Figures in bold typeface indicate the 'desired response' – the response that would indicate that GPs' knowledge, attitudes and behaviour towards health and work suggested that they were 'engaging' with the Governments' recommendations.
Change denotes the difference in the percentage of GPs reporting the 'desired response' between 2010 and 2012.
* denotes a significant difference between the overall distribution of responses in 2010 and 2012.
Range of N: 2010 = 1,351 to 1,364; 2012 = 1,638 to 1,646 (except for Q19, where N = 1,611).

5 Conclusions

The response rate to the 2012 survey was an improvement on that observed in the 'baseline survey' of 2010 and yet is still relatively low. Therefore, the findings reported herein need to be treated with caution, due to the potential for response bias. The respondent sample was broadly representative of the wider population of GPs in terms of GPs' gender and contract status, but very young and very old GPs were under-represented, whilst those aged 50 to 59 years were over-represented. We adjusted for response biases in the reporting of all results of this survey. However, when comparing the results of this survey with those of 2010 it would also have been prudent to control for potential confounders of change (e.g. GP and general practice characteristics) using appropriate regression models.

GPs across Great Britain still believed – almost universally – that work was generally beneficial for people's health and that worklessness was generally detrimental. Indeed, on the whole, GPs' attitudes to the management of patients' health and work had changed very little since 2010. The vast majority of GPs agreed that being actively involved in helping their patients return to work was important and that patients did not have to be fully recovered before they could return to work. However, GPs still generally felt pressured to issue sickness certificates for reasons that were not strictly medical. Generally, GPs acknowledged that they were 'up to speed' with guidance on sickness certification, but much less so with the 'workings' of the benefits system (although GPs were more likely to report that their knowledge of the benefits system was up-to-date in 2012).

GPs' attitudes in relation to the use of the fit note had changed significantly from those reported in the 2010 survey. Increasingly, GPs were in agreement that the fit note had had a positive impact on the quality of their consultations and outcomes for patients (more so in England and Wales than in Scotland), whilst noting minimal impact on consultation length. GPs were more likely in 2012, than in 2010, to have reported disagreeing that the fit note had not changed their practice.

GPs still had limited awareness of local services in 2012 to which they could refer their patients for advice and/or support about a return to work, which is an area of potential concern. It is unclear though whether GPs thought that such services did not exist in their local area or that they were simply unaware of them. This would depend on the GPs' local knowledge and/or experience, neither of which we have an indication of in this context. It is, therefore, possible that respondents indicated that they disagreed rather than they did not know. GPs in Scotland offered the most 'favourable' opinions on this issue.

The number of GPs who reported that they had received training in health and work in the last 12 months was still very low in 2012; overall, only around one in ten. Those who had received training were more confident and knowledgeable of issues around return to work and more positive about the impact of the fit note on the quality of their consultations and outcomes for patients, but surprisingly more likely to believe that patients had to be fully recovered. The extent of any training received though is unknown and depends on what GPs class as training in health and work. As it is a small group of GPs reporting having received training, these findings should be treated with caution. It should be recognised that GPs don't necessarily require specialist training, or occupational health expertise, to offer good return-to-work advice and can offer simple advice on fit notes.

The change in focus brought about by the introduction and use of the fit note appears to be having the desired effect: a random sample of British GPs are now more likely to agree that they are able to aid patient recovery, resulting in a return to work, than a corresponding sample surveyed in 2010. Repeat surveys are required at regular intervals to monitor subsequent changes in GPs' attitudes. The availability and/or GPs' awareness of good local advisory and support services for patients remains a key area for improvement, as does further provision of GP training in health and work (including to improve their knowledge of the benefits system). Some of these issues may be addressed by the health and work assessment and advisory service proposed in the recent government response to the sickness absence review (Department for Work and Pensions, 2013), or by the revised guidance for GPs on how to use the fit note (Available at: www.dwp.gov.uk/fitnote).

Appendix A
Final 2012 questionnaire

Please indicate the extent to which you agree with the following statements.

Attitude statement	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
Q1. Work is generally beneficial for people's health.	☐1	☐2	☐3	☐4
Q2. Worklessness is generally detrimental to people's health.	☐1	☐2	☐3	☐4
Q3. Helping patients to stay in or return to work is an important part of a GP's role.	☐1	☐2	☐3	☐4
Q4. Staying in or returning to work is an important indicator of success in the clinical management of people of working age.	☐1	☐2	☐3	☐4
Q5. GPs have a responsibility to society to facilitate a return to work.	☐1	☐2	☐3	☐4
Q6. A patient has to have recovered fully from their condition before I recommend a return to work.	☐1	☐2	☐3	☐4
Q7. I feel obliged to give sickness certificates for reasons that are not strictly medical.	☐1	☐2	☐3	☐4
Q8. I feel confident in dealing with patient issues around a return to work.	☐1	☐2	☐3	☐4
Q9. My knowledge of guidelines on sickness certification is up-to-date.	☐1	☐2	☐3	☐4
Q10. My knowledge of the benefits system is up-to-date.	☐1	☐2	☐3	☐4

The fit note has:	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
Q11. Improved the quality of my discussions with patients about a return to work.	☐1	☐2	☐3	☐4
Q12. Improved the advice I give to patients about their fitness for work.	☐1	☐2	☐3	☐4
Q13. Increased the frequency with which I recommend a return to work as an aid to patient recovery.	☐1	☐2	☐3	☐4
Q14. Helped my patients make a phased return to work (*e.g. amended duties, altered hours, workplace adaptations*).	☐1	☐2	☐3	☐4
Q15. Increased the length of my consultations.	☐1	☐2	☐3	☐4
Q16. Made no change to my practice.	☐1	☐2	☐3	☐4

Local resources	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Don't know
Q17. There are good services locally to which I can refer patients for advice about a return to work.	☐1	☐2	☐3	☐4	☐5
Q18. There are good services locally to which I can refer patients who need support in returning to work.	☐1	☐2	☐3	☐4	☐5

Training	Yes	No
Q19. Have you received training in health and work within the past 12 months?	☐1	☐2

Note: The text in italics was added to the attitude statement numbered 14 in 2012.

Appendix B
Tables of inter-country differences in 2012

Table B.1 Q1, Work is generally beneficial for people's health

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	0.1	0.0	0.3	0.1
Somewhat disagree	1.8	0.0	0.9	1.6
Somewhat agree	32.1	26.8	34.9	31.7
Completely agree	66.0	73.2	63.9	66.7

Inter-country comparison of England and Wales: Design-based F = 0.811; P = 0.482.
Number of observations = 1,644.

Table B.2 Q2, Worklessness is generally detrimental to people's health

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	2.1	6.7	2.7	2.6
Somewhat disagree	4.5	3.1	4.8	4.4
Somewhat agree	27.4	30.2	25.0	27.6
Completely agree	66.0	60.1	67.5	65.5

Inter-country comparison of England and Wales: Design-based F = 0.374; P = 0.767.
Number of observations = 1,638.

Table B.3 Q3, Helping patients to stay in or return to work is an important part of a GP's role

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	2.4	1.8	2.1	2.3
Somewhat disagree	7.3	8.5	8.1	7.5
Somewhat agree	53.9	60.8	57.6	54.8
Completely agree	36.4	29.0	32.1	35.4

Inter-country comparison of England and Wales: Design-based F = 0.626; P = 0.594.
Number of observations = 1,642.

Table B.4 Q4, Staying in or returning to work is an important indicator of success in the clinical management of people of working age

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	5.1	5.8	4.2	5.1
Somewhat disagree	18.1	23.2	21.5	18.8
Somewhat agree	57.3	56.0	54.4	57.0
Completely agree	19.5	15.1	19.9	19.1

Inter-country comparison of England and Wales: Design-based F = 0.670; P = 0.566.
Number of observations = 1,639.

Table B.5 Q5, GPs have a responsibility to society to facilitate a return to work

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	8.0	5.7	8.0	7.8
Somewhat disagree	23.8	28.4	27.8	24.4
Somewhat agree	51.9	53.4	49.5	51.9
Completely agree	16.3	12.5	14.6	15.8

Inter-country comparison of England and Wales: Design-based F = 0.666: P = 0.566.
Number of observations = 1,644.

Table B.6 Q6, A patient has to have recovered fully from their condition before I recommend a return to work

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	22.3	20.1	19.0	21.9
Somewhat disagree	56.2	64.7	63.8	57.5
Somewhat agree	18.8	13.3	13.3	18.0
Completely agree	2.7	1.9	4.0	2.7

Inter-country comparison of England and Wales: Design-based F = 2.207; P = 0.094
Number of observations = 1,643

Table B.7 Q7, I feel obliged to give sickness certificates for reasons that are not strictly medical

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	4.9	2.1	2.1	4.5
Somewhat disagree	18.8	13.3	16.2	18.1
Somewhat agree	55.3	63.8	56.5	56.2
Completely agree	21.0	20.8	25.2	21.2

Inter-country comparison of England and Wales: Design-based F = 2.088; P = 0.104
Number of observations = 1,641

Table B.8 Q8, I feel confident in dealing with patient issues around a return to work

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	5.7	4.6	3.7	5.5
Somewhat disagree	32.2	30.0	34.9	32.1
Somewhat agree	50.8	54.7	52.4	51.2
Completely agree	11.4	10.7	9.0	11.2

Inter-country comparison of England and Wales: Design-based F = 1.095; P = 0.349.
Number of observations = 1,641.

Table B.9 Q9, My knowledge of guidelines on sickness certification is up-to-date

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	2.1	1.6	1.0	2.0
Somewhat disagree	17.0	14.2	20.9	16.9
Somewhat agree	58.6	65.7	55.7	59.2
Completely agree	22.3	18.4	22.4	21.9

Inter-country comparison of England and Wales: Design-based F = 1.235; P = 0.295.
Number of observations = 1,645.

Table B.10 Q10, My knowledge of the benefits system is up-to-date

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	22.9	24.4	22.4	23.1
Somewhat disagree	49.8	45.8	48.2	49.3
Somewhat agree	24.7	27.3	26.6	25.0
Completely agree	2.6	2.5	2.7	2.6

Inter-country comparison of England and Wales: Design-based F = 0.157; P = 0.925.
Number of observations = 1,643.

Table B.11 Q11, The fit note has 'Improved the quality of my discussions with patients about a return to work'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	12.7	20.9	13.3	13.5
Somewhat disagree	19.5	23.5	25.8	20.2
Somewhat agree	58.8	51.1	53.8	57.0
Completely agree	9.0	4.6	7.1	8.5

Inter-country comparison of England and Wales: Design-based F = 1.950; P = 0.121.
Number of observations = 1,646.

Table B.12 Q12, The fit note has 'Improved the advice I give to patients about their fitness for work'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	11.1	18.9	12.7	12.0
Somewhat disagree	23.1	26.3	25.3	23.5
Somewhat agree	57.5	50.2	55.8	56.7
Completely agree	8.3	4.6	6.2	7.9

Inter-country comparison of England and Wales: Design-based F = 0.692; P = 0.554.
Number of observations = 1,644.

Table B.13 Q13, The fit note has 'Increased the frequency with which I recommend a return to work as an aid to patient recovery'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	10.1	18.7	12.9	11.1
Somewhat disagree	28.1	31.5	28.4	28.5
Somewhat agree	52.2	39.0	50.6	50.8
Completely agree	9.6	10.8	8.1	9.7

Inter-country comparison of England and Wales: Design-based F = 0.747; P = 0.523.
Number of observations = 1,641.

Table B.14 Q14, The fit note has 'Helped my patients make a phased return to work' (e.g. amended duties, altered hours, workplace adaptations)

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	4.7	9.2	4.7	5.1
Somewhat disagree	9.3	12.5	11.5	9.7
Somewhat agree	64.1	63.3	63.4	64.0
Completely agree	21.9	14.9	20.5	21.1

Inter-country comparison of England and Wales: Design-based F = 0.442; P = 0.722.
Number of observations = 1,642.

Table B.15 Q15, The fit note has 'Increased the length of my consultations'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	7.4	12.0	5.2	7.8
Somewhat disagree	40.4	43.7	37.9	40.7
Somewhat agree	39.1	35.9	40.5	38.8
Completely agree	13.1	8.5	16.5	12.8

Inter-country comparison of England and Wales: Design-based F = 1.198; P = 0.309
Number of observations = 1,640

Table B.16 Q16, The fit note has 'Made no change to my practice'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	28.6	22.8	26.5	27.9
Somewhat disagree	43.3	40.4	43.4	43.0
Somewhat agree	22.2	23.4	23.9	22.4
Completely agree	5.8	13.4	6.1	6.6

Inter-country comparison of England and Wales: Design-based F = 0.201; P = 0.895.
Number of observations = 1,640.

Table B.17 Q17, There are good services locally to which I can refer patients for advice about a return to work

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	38.4	25.2	38.1	37.0
Somewhat disagree	31.8	24.7	29.6	31.0
Somewhat agree	13.7	30.5	16.5	15.6
Completely agree	3.0	2.5	2.9	3.0
Don't now	13.1	17.1	12.9	13.5

Inter-country comparison of England and Wales: Design-based F = 0.400; P = 0.805.
Number of observations = 1,644.

Table B.18 Q18, There are good services locally to which I can refer patients who need support about returning to work

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	38.5	25.7	39.3	37.2
Somewhat disagree	32.2	30.4	30.0	31.9
Somewhat agree	13.1	23.7	15.3	14.3
Completely agree	2.7	3.4	2.6	2.8
Don't now	13.4	16.8	12.9	13.8

Inter-country comparison of England and Wales: Design-based F = 0.289; P = 0.882.
Number of observations = 1,644.

Table B.19 Q19, Have you received training in health and work within the past 12 months?

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Yes	10.0	12.1	15.4	10.4
No	90.0	87.9	84.6	89.6

Inter-country comparison of England and Wales: Design-based F = 5.908; P = 0.015.
Number of observations = 1,611.

There was a significant association between responses to this statement and country of practice. A higher percentage of GPs practicing in Wales (15.4% vs. 10.0% in England) reported that they had received training in health and work within the past 12 months.

Appendix C
Tables of responses to the 2012 survey by training in health and work

Note: All data in tables are percentages.

Table C.1 Q1, Work is generally beneficial for people's health by Q19, Have you received training in health and work within the past 12 months?

Q1 by Q19	Q19		
Q1	**Yes**	**No**	**Total**
Completely disagree	0.0	0.1	0.1
Somewhat disagree	1.1	1.6	1.5
Somewhat agree	29.5	32.1	31.8
Completely agree	69.5	66.3	66.6
Total	100.0	100.0	100.0

Design-based F test = 0.225; P = 0.874; Number of observations = 1,608.

Table C.2 Q2, Worklessness is generally detrimental to people's health by Q19, Have you received training in health and work within the past 12 months?

Q2 by Q19	Q19		
Q2	**Yes**	**No**	**Total**
Completely disagree	3.4	2.5	2.6
Somewhat disagree	1.4	4.7	4.3
Somewhat agree	28.1	27.5	27.5
Completely agree	67.2	65.4	65.6
Total	100.0	100.0	100.0

Design-based F test = 1.127; P = 0.337; Number of observations = 1,603.

Table C.3 Q3, Helping patients to stay in or return to work is an important part of a GP's role by Q19, Have you received training in health and work within the past 12 months?

Q3 by Q19	Q19		
Q3	**Yes**	**No**	**Total**
Completely disagree	1.3	2.4	2.3
Somewhat disagree	5.7	7.6	7.4
Somewhat agree	53.9	54.9	54.8
Completely agree	39.0	35.1	35.5
Total	100.0	100.0	100.0

Design-based F test = 0.598; P = 0.615; Number of observations = 1,606.

Table C.4 Q4, Staying in or returning to work is an important indicator of success in the clinical management of people of working age by Q19, Have you received training in health and work within the past 12 months?

Q4 by Q19	Q19		
Q4	**Yes**	**No**	**Total**
Completely disagree	4.9	5.2	5.1
Somewhat disagree	17.9	18.8	18.7
Somewhat agree	51.6	57.9	57.2
Completely agree	25.6	18.1	18.9
Total	100.0	100.0	100.0

Design-based F test = 1.393; P = 0.243; Number of observations = 1,604.

Table C.5 Q5, GPs have a responsibility to society to facilitate a return to work by Q19, Have you received training in health and work within the past 12 months?

Q5 by Q19	Q19		
Q5	**Yes**	**No**	**Total**
Completely disagree	4.9	8.2	7.8
Somewhat disagree	18.7	24.9	24.3
Somewhat agree	57.0	51.6	52.1
Completely agree	19.4	15.4	15.8
Total	100.0	100.0	100.0

Design-based F test = 1.894; P = 0.130; Number of observations = 1,608.

Table C.6 Q6, A patient has to have recovered fully from their condition before I recommend a return to work by Q19, Have you received training in health and work within the past 12 months?

Q6 by Q19	Q19		
Q6	**Yes**	**No**	**Total**
Completely disagree	25.2	21.6	22.0
Somewhat disagree	48.3	58.3	57.2
Somewhat agree	20.2	17.8	18.1
Completely agree	6.3	2.3	2.7
Total	100.0	100.0	100.0

Design-based F test = 3.324; P = 0.019; Number of observations = 1,607.

Table C.7 Q7, I feel obliged to give sickness certificates for reasons that are not strictly medical by Q19, Have you received training in health and work within the past 12 months?

Q7 by Q19	Q19		
Q7	**Yes**	**No**	**Total**
Completely disagree	5.6	4.3	4.4
Somewhat disagree	18.7	18.2	18.2
Somewhat agree	54.1	56.4	56.1
Completely agree	21.6	21.2	21.2
Total	100.0	100.0	100.0

Design-based F test = 0.201; P = 0.896; Number of observations = 1,605.

Table C.8 Q8, I feel confident in dealing with patient issues around a return to work by Q19, Have you received training in health and work within the past 12 months?

Q8 by Q19	Q19		
Q8	**Yes**	**No**	**Total**
Completely disagree	2.8	5.9	5.5
Somewhat disagree	22.4	33.1	32.0
Somewhat agree	60.2	50.2	51.2
Completely agree	14.7	10.8	11.2
Total	100.0	100.0	100.0

Design-based F test = 3.533; P = 0.014; Number of observations = 1,606.

Table C.9 Q9, My knowledge of guidelines on sickness certification is up-to-date by Q19, Have you received training in health and work within the past 12 months?

Q9 by Q19	Q19		
Q9	**Yes**	**No**	**Total**
Completely disagree	0.8	2.2	2.0
Somewhat disagree	7.2	18.1	17.0
Somewhat agree	55.5	59.8	59.3
Completely agree	36.5	20.0	21.7
Total	100.0	100.0	100.0

Design-based F test = 8.346; P < 0.001; Number of observations = 1,609.

Table C.10 Q10, My knowledge of the benefits system is up-to-date by Q19, Have you received training in health and work within the past 12 months?

Q10 by Q19	Q19		
Q10	**Yes**	**No**	**Total**
Completely disagree	9.8	24.6	23.1
Somewhat disagree	40.6	50.3	49.3
Somewhat agree	40.9	23.2	25.0
Completely agree	8.7	1.9	2.6
Total	100.0	100.0	100.0

Design-based F test = 16.949; P < 0.001; Number of observations = 1,607.

Table C.11 Q11, The fit note has improved the quality of my discussions with patients about a return to work by Q19, Have you received training in health and work within the past 12 months?

Q11 by Q19	Q19		
Q11	**Yes**	**No**	**Total**
Completely disagree	9.3	14.0	13.5
Somewhat disagree	16.8	20.8	20.4
Somewhat agree	60.6	57.4	57.7
Completely agree	13.3	7.8	8.4
Total	100.0	100.0	100.0

Design-based F test = 2.547; P = 0.054; Number of observations = 1,611.

Table C.12 Q12, The fit note has improved the advice I give to patients about their fitness for work by Q19, Have you received training in health and work within the past 12 months?

Q12 by Q19	Q19		
Q12	**Yes**	**No**	**Total**
Completely disagree	9.6	12.4	12.1
Somewhat disagree	17.1	24.4	23.6
Somewhat agree	58.4	56.4	56.6
Completely agree	14.9	6.9	7.7
Total	100.0	100.0	100.0

Design-based F test = 4.675; P = 0.003; Number of observations = 1,609.

Table C.13 Q13, The fit note has increased the frequency with which I recommend a return to work as an aid to patient recovery by Q19, Have you received training in health and work within the past 12 months?

Q13 by Q19	Q19		
Q13	**Yes**	**No**	**Total**
Completely disagree	7.1	11.7	11.2
Somewhat disagree	17.4	30.0	28.7
Somewhat agree	59.1	49.6	50.6
Completely agree	16.4	8.7	9.5
Total	100.0	100.0	100.0

Design-based F test = 6.363; P < 0.001; Number of observations = 1,606.

Table C.14 Q14, The fit note has helped my patients make a phased return to work by Q19, Have you received training in health and work within the past 12 months?

Q14 by Q19	Q19		
Q14	**Yes**	**No**	**Total**
Completely disagree	2.9	5.4	5.2
Somewhat disagree	7.0	10.1	9.8
Somewhat agree	62.1	64.2	64.0
Completely agree	28.0	20.2	21.0
Total	100.0	100.0	100.0

Design-based F test = 2.194; P = 0.087; Number of observations = 1,607.

Table C.15 Q15, The fit note has increased the length of my consultations' by Q19, Have you received training in health and work within the past 12 months?

Q15 by Q19	Q19		
Q15	**Yes**	**No**	**Total**
Completely disagree	5.1	8.1	7.8
Somewhat disagree	35.6	41.2	40.6
Somewhat agree	39.1	39.0	39.0
Completely agree	20.1	11.8	12.6
Total	100.0	100.0	100.0

Design-based F test = 2.840; P = 0.037; Number of observations = 1,605.

Table C.16 Q16, The fit note has made no change to my practice by Q19, Have you received training in health and work within the past 12 months?

Q16 by Q19	Q19		
Q16	**Yes**	**No**	**Total**
Completely disagree	35.5	26.9	27.8
Somewhat disagree	38.6	43.4	42.9
Somewhat agree	21.0	22.8	22.6
Completely agree	4.9	6.9	6.7
Total	100.0	100.0	100.0

Design-based F test = 1.519; P = 0.208; Number of observations = 1,605.

Table C.17 Q17, There are good services locally to which I can refer patients for advice about a return to work by Q19, Have you received training in health and work within the past 12 months?

Q17 by Q19	Q19		
Q17	**Yes**	**No**	**Total**
Completely disagree	30.1	37.8	37.0
Somewhat disagree	33.2	30.4	30.7
Somewhat agree	21.7	15.1	15.8
Completely agree	6.8	2.6	3.0
Don't know	8.1	14.2	13.5
Total	100.0	100.0	100.0

Design-based F test = 3.974; P = 0.003; Number of observations = 1,610.

Table C.18 Q18, There are good services locally to which I can refer patients who need support in returning to work by Q19, Have you received training in health and work within the past 12 months?

Q17 by Q19	Q19		
Q17	**Yes**	**No**	**Total**
Completely disagree	27.9	38.2	37.2
Somewhat disagree	35.9	31.3	31.8
Somewhat agree	21.4	13.7	14.5
Completely agree	6.1	2.4	2.8
Don't know	8.8	14.4	13.8
Total	100.0	100.0	100.0

Design-based F test = 4.427; P = 0.002; Number of observations = 1,610.

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This report presents analysis conducted by the Centre for Primary Care (CPC) at the University of Manchester looking at GPs' attitudes, knowledge and reported behaviour towards patients' health and work. The primary aims of this research were to continue to measure progress against the health, work and wellbeing agenda and to compare GPs' attitudes in 2012 with those established in the 'baseline' survey in 2010. As in 2010, 19 questions relating to GPs' attitudes towards patients' health and work were asked in 2012. These questions were included in the seventh National General Practitioner Worklife Survey conducted by the CPC. The survey was administered by post to a randomly selected sample of GPs from England, Wales and Scotland between September 2012 and November 2012.

The questions covered GPs' views on:

- the relationship between work and health;
- their role in, and the importance of, facilitating a return to work;
- managing a return to work and confidence in handling patient issues;
- perceived knowledge held around sickness certification and benefits;
- perceived impact the fit note had had on their practice;
- perceived availability of local services to support patients to return to work; and
- whether they had training in health and work in the past 12 months.

If you would like to know more about DWP research, please email:
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