

# How to support patients in getting back to work

Dr Rob Hampton discusses fit notes and how GPs can successfully encourage patients to return to work

GPs are in a tough position with fit note consultations. To our patients, our advocacy roles conflict with the perception that we are gatekeeper to benefits. Despite this, in most cases, conversations about work can be constructive for both GPs and patients.

GPs are vital in this process of helping the long-term sick. When a person has been off work for four to 12 weeks, there is a 10-40% chance that they will still be off work at one year.<sup>1</sup> This is typically the period in which they will see their GP. Once an episode of sickness absence exceeds six months, 90% will never return to work.

Initially, patients at risk of long-term worklessness might doubt that we can provide any help, but, in my experience, it pays to explore their doubts and raise the subject of workplace modifications over a few consultations. Generally, patients' concerns either derive directly from workplace environments – both cultural and physical – or from struggling with entering employment. GPs should keep in mind that being employed is generally associated with better health than being out of work. We can promote behavioural changes in consultations and use fit notes to stimulate dialogue and open opportunities for rehabilitation.

## Understand the importance of work

There is growing acknowledgement that all healthcare professionals, especially GPs, can make a difference to patients' work situations during consultations.<sup>2</sup> The case for a change is so compelling

that the Academy of Medical Royal Colleges has released a consensus statement that work is an important outcome of the healthcare we provide.<sup>3</sup>

I find the Health and Work Clinical Consensus Statement<sup>3</sup> a vital resource. It explores the long-term effects of health-related worklessness; incorporates discussions about working in the context of a health outcome; supports GPs to understand the wider health and work system; clarifies how they can work alongside other health professionals; and recognises GPs' roles in looking after their own and their colleagues' wellbeing.

## Look into consultation techniques

Simple consultation techniques can help GPs to assess how a patient's condition affects their ability to work.

Motivational interviewing has been shown to promote behavioural changes and improve the doctor-patient relationship and therefore the efficiency of the consultation.

GPs can employ these techniques through brief interventions commonly used for drug and alcohol problems, smoking cessation and weight loss. They have also been proven to motivate patients to consider a return to work.

The RCGP has delivered training workshops to almost 3,000 GPs across the UK<sup>4</sup>, which identified the following brief intervention questions as effective:

- How important is it for you to go back to work right now?
- How confident are you about going back to work?

These open conversations can explore the patient's ideas, concerns and beliefs, identify obstacles and facilitate their successful return to work.

This approach was piloted in 18 primary and secondary care settings, by 32 doctors in 358 consultations. The results provisionally show that GPs' confidence in conversations about returning to work leapt from 66% to 94%.<sup>4</sup>

In my unevaluated experience, a simple, three-question approach can work well with even the most reluctant patients. These questions might be:

- How is this affecting your ability to work?
- Can you see a way back to work?
- How could we help you with that/to think differently about that?

## Consider using fit notes differently

The fit note is a helpful tool in a consultation. It belongs to the patient, can be issued with flexible timescales and can adapt to a changing story.

The Pulse Learning article '10 ways to make better use of fit notes'<sup>5</sup> provides practical tips on how sickness certification can encourage the patient to ask their employer about workplace modifications. Simple, reasonable adjustments can make an enormous difference to patients but, until recently, there was a lack of guidance for GPs on these conversations.

*Talking Work: A Guide to Discussing Workplace Modifications with Patients*<sup>6</sup> from the Council for Work and Health includes a checklist for the health and work conversation, as well as case studies and examples of useful phrases for the comments section of the fit note, such as 'avoid duties involving loaded rotation from the trunk' and 'desk-based or walking duties are safe and appropriate' (see box, right).

The Department for Work and Pensions (DWP) fit note guidance booklets also provide good advice for GPs, hospital doctors, employers and patients. They help to bust some common myths and provide some examples of situations where fit notes are not required.

Other tips in the Pulse Learning article on fit notes include reminding patients they can keep a copy of their fit note and use the DWP Fit for Work service.<sup>7</sup>

## The relevance of fit notes

### Is the fit note binding on employers?

No. The assessment about whether the employee is or is not fit for work is classed as advice, as is any other information in the fit note. Employers may determine whether or not to accept it.

### Do patients need a fit note to say they are fit for work?

No. People do not need to be signed back to work and there is no option on the fit note to do so. If a patient is

assessed as being fit for work, they will not be issued with a fit note.

### Will employers be covered by liability insurance?

Liability insurance does not prevent employees who may be fit for work from returning to work. Employers should ensure they take account of the advice in the note, perform any relevant safety procedures and consider whether a risk assessment is necessary.



**Examples of phrases commonly used in fit notes**

- Consider avoiding loaded rotation and lifting but all walking and desk-based duties are appropriate
  - Avoid lifting duties from below waist level
  - Avoid duties involving loaded rotation from the trunk
  - Avoid manual handling duties above shoulder height
  - Desk-based and walking duties are safe and appropriate
  - Upper limbs have full function
  - Would mediation be feasible?
  - Consider workplace meeting for return-to-work plan
  - Consider applying for Access to Work scheme: gov.uk/access-to-work
  - Consider discussion of return-to-work plan with specific awareness of measures for psychological symptoms. Resources available for employers at [returntoworkmh.co.uk](http://returntoworkmh.co.uk)
  - Consider discussion of return-to-work plan with specific awareness of measures for people with cancer. Resources for employers at [macmillan.org.uk/work](http://macmillan.org.uk/work)
  - Is a workplace mentor available to support the person coming back to work?
  - Can working hours be adjusted?
  - Consider addressing the reported workplace relationship issue
  - Can the employee avoid customer-facing duties?
  - Consider prioritising one deadline at a time for the return-to-work plan
  - Consider relocation for short term as part of return-to-work plan?
- Source: Dr Rob Hampton*

**Get acquainted with resources**  
 NHS initiatives are improving. PHE and Health Education England offer work and health e-learning modules covering specific areas, such as patients with musculoskeletal conditions and older adults.  
 A number of charities have produced specialist guides for patients and employers, which GPs can signpost to. I recommend the Mind training opportunities for employers to improve mental health support,<sup>8</sup> the Macmillan scheme to support patients to help themselves when returning to work<sup>9</sup>, and the Versus Arthritis work and wellbeing resource.<sup>10</sup>  
 More broadly, the Government's Access to Work scheme<sup>11</sup> provides funding for equipment, adaptations or support to help people with disabilities to stay in work.  
 Most GPs aren't aware that people on

Employment Support Allowance are allowed to perform up to 16 hours of 'permitted' paid work, or unlimited voluntary work, with no effect on their benefits. Claimants should request this through their Jobcentre Plus office. This can be a low-risk step into the workplace for people who are not confident of a successful and sustained return to work.  
 Employment advisers are available alongside therapists in more than 40% of Improving Access to Psychological Therapies (IAPT) services in England. This enables the service to combine psychological and employment support for people with mental health conditions who are looking to find work, remain in work or return to work.  
 For IAPT referrals of people whose mental health problems are affecting their work, GPs should ask if their local service has embedded employment support.

**Look to the future**  
 The Government's White Paper *Improving Lives: The Future of Work, Health and Disability*<sup>12</sup> outlines initiatives to transform employment outcomes for working-age disabled people in the UK.  
 The changes in the GP contract should improve access to employment support services across primary care.  
 Social prescribing navigators and first contact allied health professionals (AHPs) are useful for work and health. Social prescribing link workers signpost patients to non-medical services, while AHPs are emerging as the primary points of contact when musculoskeletal or mental health conditions affect work.  


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