

BETTER COMMUNICATION BETWEEN PATIENTS AND GPs

Patients may be thinking: *What have I got? How serious is it? How long will I take to get better? How long will I need off?*

The patient may be worried about taking time off but also worried that he or she will be signed back as fit for work too soon. *Will the doctor understand why I need to be signed off (what I do at work, how demanding it is, and how I feel about work)?*

Without changes at work patients may worry that they will not be able to cope when they return to work. *Is it really possible to change things at work? Is there really any other work that I could do?*

The patient may need to explain the capability procedure, or that sick pay at work is due to run out.

He or she may be anxious that people at work will doubt that they are really ill, anxious about their reception when they go back or depressed from being at home on their own for so long.

GPs will need to consider: *Should I wait for the patient to be fully recovered or return to modified duties during their recovery? Might an early return to work make things worse? What did the hospital say?*

The GP needs to know about the patient's job, and the impact that a long period of time-off might have, financially and in terms of the patient's job security. *Would the patient be putting anyone else at risk if they return to work too soon?*

When patients are reluctant to return to work the underlying reasons may be hard to work out. *Are there domestic reasons for a request for more time off-sick? How difficult are things at work? Can anything be done to speed disciplinary procedures that often lead to stress and time off-sick?*

The GP will depend on the patient to find out what kind of support is available at work from human resources departments or occupational health personnel, line managers or trade unions.

What managers need to know

Line managers need to plan, so they need to know how long employees are going to be off-sick. Knowing the diagnosis may help. Uncertainty is a problem. To plan for a return to work it will be necessary to know if the employee's ability to work is restricted.

Finding these things out and coordinating a return to work requires contact, but managers may be uncertain about how much contact is too little and how much is too much.

If the problem is slow to resolve does the employer need a medical report or an occupational health assessment? *Is the problem a disability which will have legal implications for the employer? Should they be referred to occupational health?*

Lack of contact can lead to suspicions about whether the employee is really ill or is already able to return to work.

MEDICAL REPORTS PROVIDED BY GPs FOR EMPLOYERS

An employer can obtain a medical report from the patient's GP or an occupational health specialist. The patient must consent to the request and may ask to see the report and ask for changes to be made. If the patient does not agree to the GP being contacted or asks for a report not to be sent, the employers are entitled to make decisions on the basis of the information they have. GPs may charge employers for these reports.

Reports normally cover:

- 1 What the diagnosis is, without clinical details,
- 2 How the patient is affected by it.
- 3 What treatment the patient is receiving (again without specific detail)
- 4 When the patient is likely to be able to return to work
- 5 Whether they have a disability as defined in law and
- 6 Whether there are any adjustments that might aid in the patient's sustainable return to work.

What is a disability?

A disability is any health problem causing substantial limitation of normal activities for 12 months or more, or likely to do so. This includes mental health conditions.

RESOURCES

Detailed guidance for GPs, which has been produced in partnership with the Royal College of General Practitioners and the British Medical Association, is available on the DWP website www.dwp.gov.uk/fitnote

Leaflets containing guidance for Occupational Health professionals, hospital doctors and employers are also available on the same website

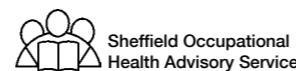
For employee representatives, the TUC has produced a leaflet on Changes to the Medical Certificate. This is available at <http://www.tuc.org.uk/extras/fitnote.pdf>

For employers, useful resources include the guide, *Manage absence and sickness*, from Business Link, <http://www.businesslink.gov.uk>

Absence measurement and management, from the Chartered Institute for Personnel Development, <http://www.cipd.co.uk/subjects/hrpract/absence/absncman.htm?lsSrchRes=1>

For workers, there is description of the Fit Note at <http://www.direct.gov.uk>

Employees, employers and managers in small and medium-sized businesses, can access occupational health support on the Health and Work Adviceline **tel: 0800 0 77 88 44**, www.health4work.nhs.uk



WHAT IS A FIT NOTE?

Getting back to work and the new Fit Note

The new Fit Note (which replaces the Sick Note) has been designed to help people to return to work more smoothly. Here we describe the ways in which employers, workers and GPs can communicate with one another during sickness absence.

Most people take time off-sick reluctantly. A third receive only statutory sick pay when off-sick. Many more feel insecure in the current economic climate or because they have not been employed for long. Being back at work often helps workers to make a full and more rapid recovery.



THE FIT NOTE: HOW IT WORKS

Any doctor responsible for a patient's care (GP or hospital specialist) can sign the Fit Note. The doctor can sign it after a phone conversation or a face to face consultation or on the basis of a written report by another registered healthcare professional. (Figure 1 below)

The health condition affecting fitness for work need not be an exact medical diagnosis. If a condition is work-related then this is particularly relevant. (2)

The doctor can sign a patient off as unfit for work (3), and say how long this is for, or the doctor may make recommendations for what will be needed for a successful return to work. (4)

In addition to the alternatives mentioned on the Fit Note (5) this could include referral to an occupational health specialist. If an employer does not adopt the suggestions made, then the employee is not fit for work until the end of the period covered by it. (7 and 8) A trade union representative may be able to help negotiate the changes proposed.

The doctor can also add an explanation of how the health problem affects a patient's ability to work. (6) This could be used to state that the patient has a disability as defined in law. (If a patient has a disability then an employer must consider what adjustments can be made to accommodate them at work).

If the GP has suggested changes at work on the Fit Note the patient will need to speak to his or her manager about them before returning to work.

Patients are assumed to be fit for work (with or without conditions) when the period specified on the Fit Note is over. (7) If the doctor needs to see the patient again this should be written on the Fit Note. Any period of time off up to 3 months can be specified in the first six months of sickness absence. After that any period is valid.

If a patient is unemployed and unable to work because of illness, in most cases they will need to supply Fit Notes to DWP until a Work Capability Assessment is carried out. If a patient is appealing against a decision on Employment and Support Allowance they will continue to need Fit Notes until the appeal decision has been made.

The Fit Note should be completed with the doctor's address dated and signed, to be valid.

The Fit Note is advisory, but employers normally accept the advice on it when deciding to pay Statutory Sick Pay (or occupational sick pay). If it is not accepted, the employee can request a written reason and appeal to HMRC on 0191 2255221.

KEEPING IN TOUCH

The first 7 days

When employees are off-sick, they can self-certify (on an SC2) for the first 7 days – they don't need a note from a doctor to explain why they are off-sick from work. GPs should have SC2 forms. Employers may have their own procedures and forms.

After that employees need a **Fit Note** (also known as a Med3).

Keeping in touch

Employers and employees normally benefit from keeping in touch with one another during sickness absence. Not doing so can be seen as un-supportive. Occasionally employees need to recover without having contact with work. This can apply when work-related stress is the cause of time-off.

However when planning a return to work, phone calls, visits to work and meetings with managers are essential.

Visiting work

Visits to work during sickness absence are useful to prepare for return to work or just to keep in touch with colleagues and friends. Formal meetings between managers and employees as part of sickness absence management must follow agreed policies and procedures. Managers' visits to employees at home can be seen as intrusive.

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: 3 you are not fit for work.
 4 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for
or from / / to / /

10 I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:

Med 3 04/10



Phased Return to Work: A gradual or Phased Return to Work should be planned in advance and monitored from time to time as it continues. A Phased Return should not result in a loss of pay.

Altered Hours: Flexible starts and finishes, working from home, flexitime or changes in shift pattern can all help with the management of a health problem at work.

Amended duties and workplace adaptations: If an employee has a work-limiting health problem, then the health and safety risk assessment should be reviewed and duties amended accordingly. Changes in job design, reduced workloads, working with different staff or in a different role as well as longer term support and training could be asked for here

Referral: The Access to Work Scheme (0141 950 5327) run by the Job Centres can help with workplace adaptations for the long term. Referral to an occupational health professional may be useful.