DWP Department for Work and Pensions

GPs' perceptions of potential services to help employees on sick leave return to work

By Fiona Fylan, Beth Fylan Gwynn and Lauren Caveney

This report presents the results of a series of six focus groups with General Practitioners (GPs) to explore their views on a possible new support service to help employed people who are off sick from work to return to work quickly and prevent them from falling out of paid work. The Government's *Independent Review of Sickness Absence* (Black and Frost, 2011)[1] recommended that such a service be developed and the research presented here aims to inform the Department for Work and Pension's (DWP's) consideration of the nature and organisation of a potential Independent Assessment Service (IAS).

Method

GPs were recruited from different locations and had a range of practice experiences. Participants included GP partners, GPs in their first five years of practice, GPs practising in rural and urban areas, and GPs with a special interest in a wide range of professional areas. This variety in the sample provides confidence that the results can be generalised beyond those GPs who participated and will resonate with the wider population of GPs. Focus groups took place in August and September 2012 and a total of 39 GPs took part.

During the focus groups GPs were presented with four different possible models for an IAS and asked to discuss their views on each of them. Option A would be based on the current sickness certification process with enhanced guidance available for GPs when they are completing the fit note. In Option B, GPs would be able to refer patients to an independent occupational health expert, who would assess their capability to work and offer advice on adjustments that could be made to facilitate their return to work. Option C would offer a more holistic case-managed service which provides patients with support individually tailored to meet their return-to-work goals. The support options extend beyond their medical needs and can include workplace mediation and financial advice. Finally, it would be possible to combine these different models into a staged approach in which patients can progress through the levels of the service or be referred directly to the level that best suits their needs.

We explored GPs' perceptions of each of these four possible IAS options, their perceptions of the nature and scale of need for an IAS and how patients should access it as well as how it should be organised. We also explored GPs' views on the benefits of the proposed service and any influence it might have on how they view their role.

Key findings

We found that GPs support the idea of an IAS and would be happy to engage with one. They recognise the benefits of work to patient wellbeing and view the services within an IAS as supporting and complementing their role.

GPs' perceptions of possible models for an IAS

GPs recognise the value in each of the tiers of support, however, there was a widespread preference for a staged model in which the level of support is tailored to the individual needs of the patient.

Option A would help GPs to develop appropriate recommendations for the fit note and employers to implement them. They believe that smaller employers are most likely to use this option as

[1] Black, C., Frost, D. (2011) *Health and work – an independent review of sickness absence*. HMSO. http://www.dwp.gov.uk/docs/health-at-work.pdf

they are less likely to have access to their own occupational health service. It does not, however, overcome the problem that GPs can experience when their role as patient advocate makes it difficult for them to challenge the patient's account of their condition.

Another challenge that GPs can face is their lack of occupational health expertise which limits the extent to which they can make detailed recommendations about workplace adaptations. They, therefore, welcome the ability to refer patients for an expert occupational health assessment as in Option B.

GPs believed that patients who would benefit most from Option B are those with clearly defined and non-complex conditions such as musculoskeletal conditions that would respond well to more specific or complex workplace adaptations than they are able to suggest.

Most GPs, however, would prefer this option to include the ability to refer patients for a face-to-face assessment rather than one conducted over the telephone, which is the model proposed for Option B. They believe that patients who are reluctant to return to work could more readily misrepresent their condition over the phone than they could do during a face-to-face consultation.

GPs believed that employers who had been reluctant to implement workplace adaptations they had suggested on the fit note may feel more obliged to do so when faced with a more detailed report and recommendations made by an independent occupational health expert.

Of all the possible models of an IAS, GPs believe that Option C would provide the highest level of support for the patient and its holistic nature makes it particularly beneficial for patients with complex conditions that include both medical and social aspects and for patients with mental health conditions. GPs highlighted that even with this holistic service the patient must be willing to return to work, even if they need support to increase their motivation or confidence to return. However, they are aware of the potential cost of Option C and believe that relatively few of their employed patients would need this level of support to return to work.

For that reason their preferred model is the staged approach in which patients would progress through Option A, to B and then to C, although with the flexibility to allow GPs to refer patients directly to B or C where they believe this is more appropriate. GPs stressed that the referral process should be straightforward and should not add to their administrative burden.

GPs' views on the nature and scale of an IAS

While GPs' estimates of the numbers of patients that they would refer to an IAS are low, when scaled up, this could amount to a large volume of service users nationally. They believe that most of their employed patients are keen to return to work as quickly as possible and can do so under the current system of sickness certification but there are some who would benefit from additional support. They estimate that each full-time GP would use Option A for around ten to 15 patients per month, they would refer four to six patients to Option B and one to two per month to Option C.

GPs highlighted that most of the patients they write long-term medical statements for are on sickness benefits and only around ten per cent are for people who are in employment. They believed the holistic approach and sustained support available in Option C would help patients who could potentially work move from sickness or other benefits into paid employment.

GPs identified the services that they would like patients to be able to access through the proposed IAS, most commonly counselling, psychological therapies, physiotherapy, workplace occupational health visits, and workplace mediation. Careers advice, addiction services, general and lifestyle advice, occupational therapy, work skills, pain management, acupuncture and deep tissue massage were also identified as being important to offer, albeit for a smaller number of patients.

GPs anticipated that an IAS would need to be a national service encompassing a wide range of support and offering personalised expert help. While

GPs would prefer it to have national guidelines and procedures, they also thought it should be able to take into account local issues and make use of, rather than duplicate, existing local services.

GPs' views on the benefits of an IAS and any influence on their own role

We found that GPs believe that an IAS would have both economic and social benefits. All the GPs who took part believed that there would be potential for patients to benefit tremendously, both psychologically and financially from a support service that facilitates them to return to work sooner than they would otherwise have been able to.

GPs felt that employers would benefit financially from reducing their costs arising from sickness absence, and that small employers would particularly benefit as they are less likely to have access to their own occupational health support.

Benefits to society were also highlighted by GPs. By preventing people from moving from paid work into unemployment or sickness benefits, GPs thought that an IAS has the potential to save money, and as such would be a good investment.

GPs also felt they themselves would benefit because, in the few cases where they suspect that patients are reluctant to return and so are exaggerating their symptoms, they could refer the patient to an independent service without compromising their relationship with the patient.

We found that GPs already recognise the importance of work for health and wellbeing and so the proposed IAS would not change this perception of their role, rather, they would welcome the expansion of their role to be a gatekeeper to services, such as advising patients on changing their employer or their occupation.

Policy considerations

The findings raise a number of issues for consideration when developing policy. This section outlines our interpretation of the key findings from the study which have implications for the design of any future services.

Clear but flexible guidelines

While GPs want clear guidelines about who to refer and when to do so, they also want the referral process to be flexible so that they are able to use their knowledge of the patient when considering the level and timing of support. For this reason they preferred a staged model but with the additional facility to refer their patients for a face-to-face assessment rather than a telephone assessment.

Defining the target group

While GPs recognised the value of an IAS for helping people remain in work, they believed that far greater numbers of their patients who are not in employment could benefit from the support offered by such a scheme.

Ensuring occupational health expertise

As GPs often felt that they lacked occupational health expertise, they wanted any services to be a source of authoritative back-to-work advice for patients and their employers. Staffing any future services in this area with people who have occupational health expertise is likely to promote GPs' trust and of use of them.

Minimising the administrative burden

To promote take-up, any new service would need to place as little additional administrative pressure on GPs as possible.

Complementing existing provision

GPs believed that to avoid a 'postcode lottery' the IAS should be a national organisation with national policies but the support accessed through the IAS should integrate with and make best use of existing local provision rather than duplicate services. They supported fast-tracking to assessment or treatment providing it is based on purchasing additional services rather than existing NHS provision.

Developing clear messages about the purpose of an IAS

Messages to GPs and patients about the purpose of an IAS should clarify that the service would exist to assist patients to return to work. GPs were concerned that patients would be apprehensive about being assessed and feel suspicious that its purpose is a work capability assessment. Messages could usefully incorporate evidence on the effectiveness of the IAS, as the evidence base is developed.

Funding

GPs believe that the IAS should be organised and funded separately from the NHS and that funding should, at least in part, come from employers.

The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 909532 00 7. Research Report 820. November 2012).

You can download the full report free from: http://research.dwp.gov.uk/asd/asd5/rrs-index.asp

Other report summaries in the research series are also available from the website above.

If you would like to know more about DWP research, please email: Socialresearch@dwp.gsi.gov.uk