

The quality of e-fit notes issued in secondary care

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Abstract

Background: Few data are available on the pattern of use of fit notes issued in secondary care settings.

Aims: To evaluate the pattern and quality of e-fit notes issued in an NHS Trust.

Methods: Anonymised data on patients admitted to Guy's and St Thomas' NHS Foundation Trust (London, UK) who had an e-fit note issued from 1 January to 31 August 2017 were analysed using descriptive statistical methods. Thematic analysis was used to group the free text comments into distinct categories and themes.

Results: 815 fit notes were issued during the study period. 659 (81%) fit notes advised that patients were "not fit" for work, whilst 156 (19%) advised that they "may be fit" for work. The specialty with the highest proportion of patients assessed as may be fit was plastic surgery 46/104 (44%), whilst the lowest was ear, nose and throat surgery 0/57 (0%). The majority 151/156 (97%) of fit notes which advised that patients may be fit for work used the tick box sections on the fit note to recommend work modifications. Of the free text comments in section 4 of the 'may be fit' e-fit notes issued, 91/114 (80%) were related to the functional ability of patients.

Conclusions: Our study suggests that doctors in secondary care are more willing to use the 'may be fit' option on the fit note than primary care practitioners. Most fit notes, which advised that a patient may be fit for work suggested workplace modifications.

Key words: Fit-note; occupational health; evaluation; secondary care.

Introduction

A new statement of fitness to work or 'fit note' (Figure 1) was introduced in 2010 on the recommendation of Dame Carol Black (1). It was designed to replace the Med3 'sick note' and to encourage clinicians to consider the functional ability of patients and how they may be able to work when suffering from ill health rather than solely advising them on their inability to work. When used as intended, the fit note can enhance patient consultation by providing an opportunity for doctors and patients to identify and agree work expectations, to gain a clear understanding of the patient's job requirements and to provide coaching on psychological obstacles that may be preventing a patient's return to work (2). However, evidence suggests that in primary care the fit note has not been utilised as intended (3) and interventions to support its wider implementation and use in secondary care have not been fully effective (4-6). In 2016 NHS hospital commissioners reinforced the Department of Work and Pensions (England, UK) advice that clinicians in secondary care should issue fit notes when clinically appropriate to do so.

The aim of this study was to examine the pattern and quality of e-fit notes issued following attendance and assessment at hospital (including Accident and Emergency) at Guy's and St Thomas NHS Foundation Trust (London, UK).

Methods

In 2016, following a request from the local NHS clinical commissioners to increase the use of fit notes among hospital doctors, Guy's and St Thomas' NHS Foundation Trust worked in partnership with their Information Technology department to create a bespoke electronic fit note (e-fit note) system that could be integrated into the electronic health records used in the Trust. The e-fit note was introduced into the Trust on 1 January 2017. Senior doctors in the Trust were provided with no specific training beyond the Department for Work and Pensions (DWP) online guidance notes. Junior doctors (who were the group most likely to be writing fit notes) were given a preparatory overview of the introduction and use of e-fit notes to the Trust, along with the DWP online guidance, as part of their clinical induction and teaching sessions (7)

Anonymised data on all patients admitted to Guy's and St Thomas NHS Foundation Trust who had an e-fit note issued from 1 January 2017 to 31 August 2017 were retrieved. The data were cleaned, and patient identifiable information removed. The information extracted from the database included: the date of issue, grade and specialty of the doctor issuing the e-fit note; the gender, age and medical

condition of the patient; advice given, whether a phased return to work, work place adaptations, altered or amended duties were recommended, length of absence from work, reassessment date, outcomes of either “not fit” or “may be fit” for work, and whether additional advice to the patient and employer was given. The following data were excluded from analysis: duplicated entries that had been entered within the same hour on the same date; entries that were an amendment of the advice given in a previous e-fit note but were otherwise identical with the most recent advice retained, and all entries of patients under 16 years.

To assess compliance with the DWP guidance (7), we assessed what proportion of patients given fit notes were advised to refrain from work completely and what proportion were considered possibly fit to work. In addition, we analysed how long fit notes were given for and whether work modifications had been recommended, if so what type of adjustment was suggested. Descriptive statistics were produced using IBM SPSS version 22 for windows statistical software (8).

Figure 1 here

An excel spreadsheet was used to collate free text comments recorded on the e-fit notes and to conduct a thematic analysis (9). To analyse the “functional ability” advice provided, the free text comments were examined, coded to describe the doctor’s recommendation of what functional affect the patient’s condition had on their ability to work and then collated into categories and themes that explained their meaning and purpose. This process was informed by also referring to key government policy (10) Mind maps and memos were used to aid constant review of the categories and themes in context of both the coded extracts and whole data set. To improve validity, underlying assumptions and the conditions under which the category might change were considered. The categories were then discussed with members of research team (SS, IM, VP) for consensus to reduce the risk of bias. The project was registered as a service evaluation exercise with the Trust’s clinical audit department (reference 7609) and ethical approval was not required.

Results

A total of 815 e-fit notes issued met the study inclusion criteria, 439 (54%) were issued for female patients and 376 (46%) for male patients. The age range of the patients was 17 to 83 years with a mean age of 39.4 years (SD 13.3 years). E-fit notes were issued in 37 specialities, however, 427 (52%) of the

e-fit notes were issued by four specialities: orthopaedics 145 (18%); gynaecology 109 (13%); plastic surgery 104 (13%) and general surgery 69 (8%). Thirty doctors of all grades and responsibilities completed the 815 e-fit notes included in this study with a completion rate for each doctor ranging from 1 to 34 e-fit note issued.

Most, 659 (81%) patients issued with an e-fit note were classified as “not fit” whilst 156 (19%) were advised that they “may be fit” for work. The specialty with the highest proportion of patients assessed as “may be fit” was plastic surgery, whilst the lowest was in ear nose and throat (Figure 2).

Figure 2 here

Of those who were recommended that they were not fit for work, 250/659 (38%) were advised to refrain from work for 8-14 days (Figure 3). Only 6/659 (1%) of the patients who were advised not to work were given fit notes recommending absence from work for more than 91 days. Two of these fit notes were due to terminal illness.

Figure 3 here

Of the not fit cases, there was a wide variation in the length of work absence advised on the fit notes between specialties. For example, accident and emergency certified sickness absence under seven days 13/22 (59%) of cases; conversely, most 100/105 (95%) of the e-fit notes issued in orthopaedics were for over seven days of sickness absence.

The frequency and type of work modifications that were recommended in the fit notes issued are summarised in table 1. Of the “may be fit” e-fit notes issued 151/156 (97%) recommended one or more work modification using the tick box options available on the fit note. Whilst 5/156 (3%) did not indicate any modifications, but these were for absences under seven days where self-certification may have been more appropriate. Several, 13/156 (8%) “may be fit” e-fit notes made use of all available tick box options (phased return to work, altered hours, amended duties, and adjusted duties).

Of the “not fit” e-fit notes issued, 33/659 (5%) still recommended one or more work modifications.

Free text comments were correctly entered in 144 “comments, including functional effects of your condition(s)” (section 4 of the fit note as indicated in figure1), with a total of 114 comments entered in the 156 “may be fit” e-fit notes. Most of the comments on the “may be” fit notes, 91/114 (80%) operated in the context of “functional ability” and were consistent with the DWP guidelines. The remainder pertained to medical management of the condition (Figure 4). The longest duration of a work modification (adaptation) recommended “working from a laptop” for six months due to an unstated “chronic disease” and the shortest adjustment period was for three days, advising “no lifting following ureterostomy and JJ stent”.

Figure 4 here

The most frequent advice given on fit notes issued in the accident and emergency department was about wound or injury protection for example, ‘keep dressing dry’ and ‘wear a sling’. Whereas, in the orthopaedic specialty the advice focussed on mobilisation, for example, ‘can fully weight bear’, ‘pain will reduce with movement’ and ‘no weight bearing on ankle’. Fit notes given in gynaecology tended to be more avoidant in nature for example, ‘reduce activity’, ‘unable to self-care’, ‘avoid lifting’ and ‘no strenuous work’.

Discussion

In this secondary care setting, most of the e-fit notes were issued to advise patients to refrain from work. Clinicians in orthopaedics and plastic surgery were most likely to issue e-fit notes stating that a patient may be fit for work. The most common work modification advised was amended duties. Collectively free text comments (relating to ‘light duties’, ‘unable to use hand’, ‘able to work’ etc) were used correctly in that they were more likely to advise patients and the employers of a patient’s functional ability and adjustments that would facilitate a safe return to work rather than to provide information on medical management of the patient’s condition.

We found that secondary care doctors were more likely than primary care doctors to use the may be fit option on the fit note (19% versus 7% respectively) (3, 11). This may be attributable to doctors in secondary care feeling less pressured than general practitioners to classify patients as being not fit for work. We do not know if the e-fit notes issued were the first fit note, so we cannot ascertain if the 25% of fit notes recommending absence from work for seven days or less

were used inappropriately, when self-certification might have sufficed. It is interesting that clinicians in orthopaedic surgery and plastic surgery were the most likely to use the 'may be fit' option. Clinicians in these specialities are used to assessing the function of their patients and may be this is an explanatory factor in their willingness to suggest that their patients may be fit for work. And it is heartening that 70% of the total 'may be fit' e-fit notes issued contained functional ability advice in their free text sections. Our finding that functional ability advice was given to 81% of patients who were considered to be may be fit for work is similar to the proportion found in primary care (11).

Our clinicians received minimal training in the use of the fit note and perhaps the quality of fit note use would improve if more training was given. A recent cross-sectional study investigating doctors' attitudes towards patient occupation in a London teaching hospital found that 37/42 (88%) of secondary care doctors would value training on the importance of occupation and its role as a clinical outcome in care-planning. (12) An e-learning module on the use of the fit note, directed at junior doctors, was introduced at one NHS Trust and resulted in an improvement in the confidence of use of the fit note, but uptake of the learning module was poor (5).

We had access to a complete set of e-fit notes issued in secondary care during the study period. However, we did not have information on the context in which the e-fit notes were issued, for example the interpersonal nature of the patient / doctor relationship, the influence of other comorbidities, the nature of the patient's employment and the doctors personal beliefs and attitudes in relation to their role in issuing e-fit notes. Furthermore, we do not know the extent to which doctors' clinical decision making when categorising patients as either "not fit" or "may be" fit of work may have been influenced by the personal preferences expressed by patients. We only analysed data from fit notes soon after they were introduced to the trust and we do not know if the quality of their use improved or decreased over time. Moreover the fit notes we analysed were issued by a total of thirty doctors and we do not have data on whether they attended the trust training sessions on fit note use, or if others who attended did not issue any fit notes during the study period.

In this secondary care population, the doctors were more likely to use the may be fit option on the fit note than primary care practitioners and advice on functional ability was given as frequently on the may be fit notes as is given in primary care. It is important that doctors in secondary care are made aware of the therapeutic benefits of considering return to work in a patient's

overall care plan. Incorrectly directing hospital patients to their general practitioner when they require a fit note delays the patient planning their return to work, especially if the discharge paperwork is not received by the general practitioner in a timely manner. Furthermore, asking a patient to attend a general practitioner for the sole purpose of requesting a fit note, when it could have been issued by a secondary care doctor is a waste of resources. There remains scope to investigate how best to improve the quality and completeness of the fit notes that are issued in secondary care settings.

Key learning points

What is already known about this subject:

- The Department for Work and Pensions provide advice and recommendations for fit note use in secondary care.
- To date, research has focussed on the use of fit notes in primary care and little is known about the quality of fit notes issued in secondary care.

What this study adds:

- In this study the doctors in secondary care were more likely to use the 'may be fit' option on fit notes compared with primary care practitioners.
- In this secondary care setting, most fit notes, which advised that a patient may be fit for work suggested workplace modifications.

What impact this may have on practice or policy:

- Doctors in secondary care have an important role in writing fit notes for patients. They should receive training to improve their confidence and knowledge in writing fit notes, which would lead to enhancement of patient care and decrease the burden of work of their primary care colleagues

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Figure 1: DWP fit note sample

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4

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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:

☐ you are not fit for work.

☐ 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

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

Unique ID: Med 3 (04/10-

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants

If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Postcode

Date of birth

National Insurance (NI) number

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

If you have signed this form for someone else, please tick here: ☐

Figure 2: Number of e-fit note issued by speciality n=815

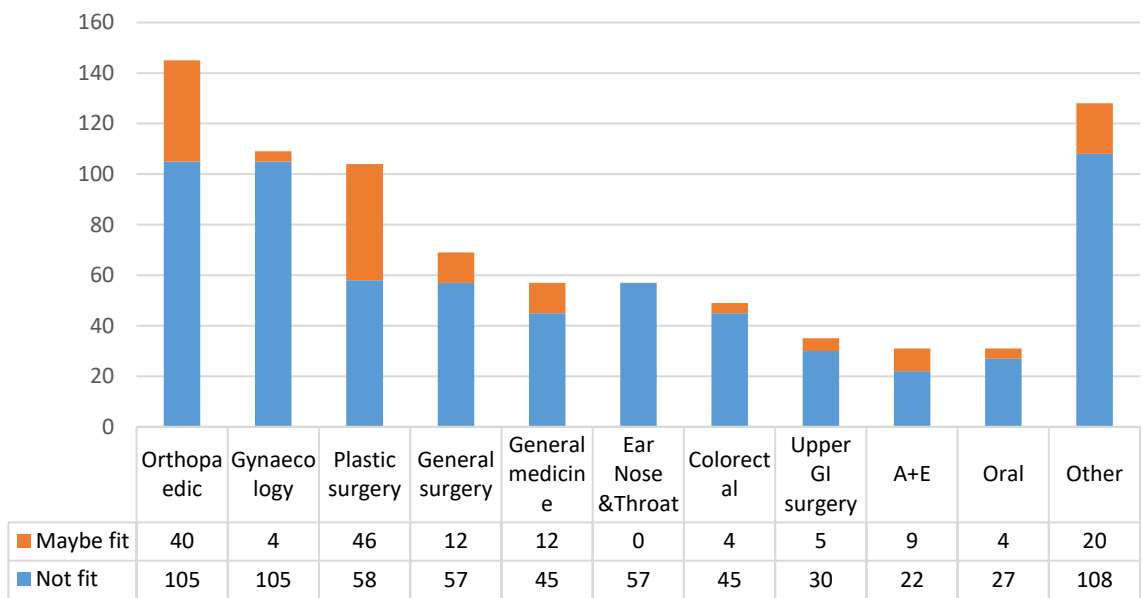


Figure 3: Duration of work absence recommended for those who were considered not fit to work

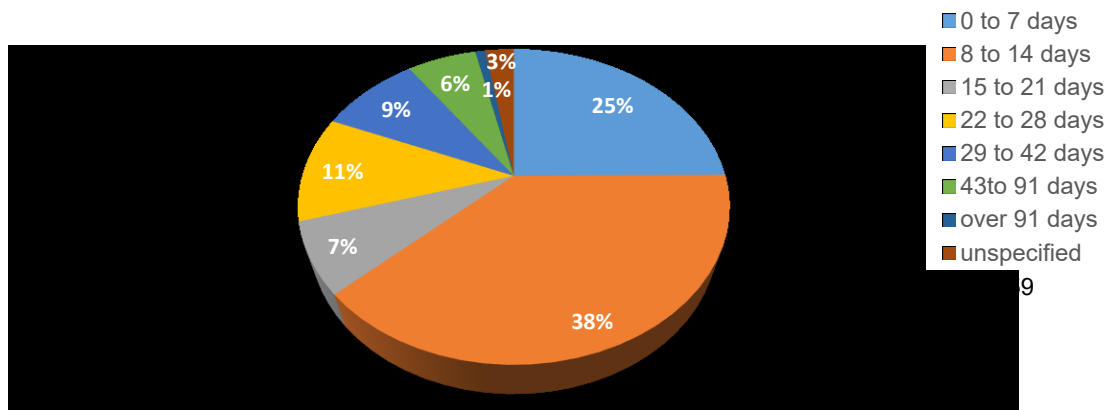


Figure 4: Categorisation of comments made on the fit notes where patients were considered 'may be fit' (* the total number of free text comments and not the total number of e-fit notes issued)

