# The fit note and the primary care OH gap

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#### The fit note



- Sign off for > 4 weeks → 20% never return to work
- Sign off for 6 months → 80% never return to work

#### How well do we use the fit note?

- 6M fit notes issued in 2020
- 95% not fit for work
- 1/3 5 weeks or longer

- 2019: similar profile but around 10M fit notes issued
- 2021: data from April- September already 4.6M fit notes 95% not fit for work

#### OH in primary care...

- GPs sign patients as 'not fit for work' 95% of the time
- GPs are the initial gateway to sick leave
- Not all patients signed off by their GPs have access to OH

#### **Case study**

- Challenges using the fit note in primary care
- Making the most out of the fit note in a GP setting
- Primary care filling a gap in OH provision
- How this relates to social determinants

#### 59 year old man with 'tiredness'





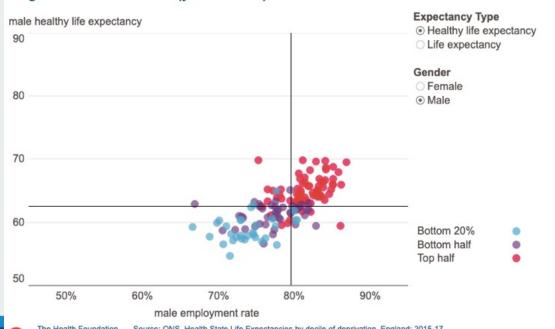
#### Social determinants of health





## Relationship between healthy life expectancy, decile of deprivation and employment

Healthy life expectancy at birth by decile of deprivation and employment rate, England: 2015-17 *Male (years of life)* 





## Imperial College Face to face follow up London





#### "Should he have time off work?"



#### **Occupational history**

- What does he actually do at work
- Breakdown of tasks
- Hours and shifts
- Risks of the workplace environment
- Relationship with colleagues
- Support

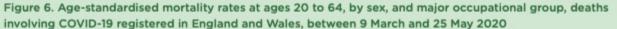
## London

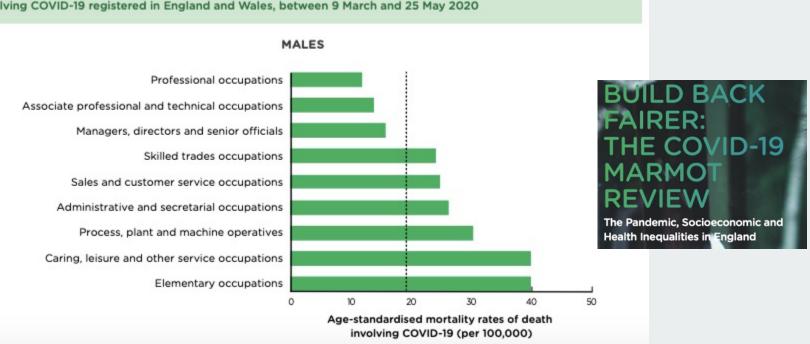
#### Imperial College The relationship between his work and his health

#### Risk, capacity, psychosocial factors

POSITIVE FACTORS	RISK FACTORS
Enjoys job Social aspect Financial incentive to work Keeping physically active Supportive colleagues	Physically demanding in context of fatigue Manual handling risk Working in non-ventilated crowded space

### **COVID-19 mortality and occupation**





#### The fit note



- May be fit for work with the following advice...
- Review in three weeks

## Imperial College London "I don't want to lose my job... I need the money"

#### Falling through the cracks in SSP

- Domestic employment
- International labour providers
- Agencies
- Zero hours
- Self employed
- Gangmasters
- Employer discretion 'If your employee returns to work on reduced hours, you should consider whether your employee might be financially disadvantaged. In such cases you may decide to pay sick pay for the hours not worked, or to pay full pay despite the reduced hours'

#### **Referral to OH?**



#### **Back to the patient**

- Diagnosed with lymphoma on haematology 2WW
- Has discussed his work with his specialist team
- Still working at restaurant on reduced duties

#### How this case relates to OH in primary care

- Social determinants of health
- Occupational history
- Relationship between work and health
- Getting the most out of the fit note and challenges with time and expertise
- OH provision

#### Tools we have available in GP

- Fit note!
- Only used to its full potential 5% of the time
- This is where we in GP can interface between a patient's health and work
- Keep under review to prevent long term worklessness ... once off for five weeks 20% will never return

- Occupational history
- Adjustments and adaptations
- Review periods
- Shared decision

#### Are GPs well trained in OH and using fit notes?

- Undergraduate training
- Postgraduate training
- Barriers to CPD



#### OH provision in primary care: Any ideas?

- Allied health care professionals
- PCN level funding
- An OH consultant per ICS
- GPs with portfolio careers

#### **Conclusions**

#### Gap in OH provision

- Primary care has struggled to fill this gap
- E.g. how the fit note is used in practice
- Most socioeconomically vulnerable workers will lose out the most

#### **Opportunities**

- PCN
- MDT
- Changes to fit note
- ICS

#### References

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