The Health and Social Care Alliance Scotland (the ALLIANCE)

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Fit Note Reform: Call for Evidence ALLIANCE response

8 July 2024

Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the call for evidence on fit note reform, issued by the UK Department for Work and Pensions and Department of Health and Social Care in April 2024[1]. The ALLIANCE rejects the premise behind the proposed changes to fit notes, which would potentially see the responsibility for issuing them removed from General Practitioners (GPs) and allocated to an as-yet unspecified alternative. We consider these proposals to be overly and unduly focused on the UK government's agenda relating to work, rather than on genuine concern for improving people's health and wellbeing.

Whilst we would certainly welcome genuine measures to support disabled people and people living with long term conditions into work, we do not believe these proposals would help achieve that aim. Instead, we are concerned they would force people to return to work before it is appropriate for them to do so, potentially worsening their health in the long term. Rather than addressing the root causes of ill-health, including poverty and the inability to access adequate healthcare, this appears to be a misguided attempt to treat the resulting symptoms.

We also share many of the concerns expressed by our members that removing responsibility for issuing fit notes from GPs would mean putting decisions around fitness to work in the hands of people who lack the necessary medical knowledge. In addition, although health is devolved and these proposals would not automatically apply in Scotland, we consider there to be a serious risk of knock-on effects due to the complex interactions between devolved and reserved policy areas.

The ALLIANCE therefore strongly recommends that these proposals do not go ahead.

Overarching views of the fit note process

Question 4: How effective do you feel current fit note process is at supporting individuals'/patients' work and health needs?

Short periods of ill-health or injury which limit people's ability to work are a natural and inevitable part of life. When these circumstances arise, the priority must be on ensuring that people have the time they need to rest and recover. Failure to allow for adequate recovery time can result in long term negative consequences, including potential worsening of health that results in more time off work in future.

The ALLIANCE are concerned that the proposed changes are overly focused on work at the expense of health. As with aspects of the social security system, the narrative surrounding fit notes has become punitive and judgemental. The degree of fraud and incorrect use is exaggerated, whilst the reason for the system existing in the first place, which in this case is to ensure people who are unwell or injured have time off work to recover, is downplayed or ignored.

According to NHS England statistics, almost 60% of fit notes issued in 2022-23 were for periods up to four weeks, with around 30% covering periods of no more than two weeks[2]. This reflects the reality that most people who are given a fit note are experiencing an ultimately transient period of ill-health or injury that resolves after appropriate treatment and time for recovery. Very few people in these circumstances are likely to need or benefit from work related support, and the current system therefore works well in ensuring employability support and resources are not wasted on people who do not need it.

Question 5: What works well with the current fit note process to support individuals'/patients' work and health needs?

Being able to access fit notes through the same process by which they may be receiving treatment or a diagnosis is both convenient and makes sense. As the medical professionals in question will likely understand a person's

health and how it has been impacted, it is reasonable for them to be able to issue a fit note.

Question 6: What can be done to improve the fit note process to meet individuals'/patients' work and health needs?

As emphasised throughout our response, the primary focus of the fit note process should be on ensuring it best supports a person's health. The ALLIANCE circulated a short survey amongst our membership to hear their views on the proposed changes.

Some of the ALLIANCE members who responded to our member survey considered that GPs having primary responsibility for fit notes was an issue. These respondents generally raised concerns about pressures on GPs' capacity, acknowledging that GP practices were often already very stretched. This was felt to impact both the practice, adding to workload, and people requiring a fit note, who could struggle at times to get an appointment.

The possibility of pharmacists being able to issue a fit note alongside medication for mild ailments, with a role for doctors and occupational health for longer term conditions, was suggested in one particularly detailed response to our survey. In all cases, this would involve somebody with at least some form of medical qualification signing off on a fit note. Such approaches may be worth consideration, though any general competence for pharmacists to issue sick notes should be thoroughly consulted on with the Royal Pharmaceutical Society and any other relevant professional bodies.

Information gathering and wider system integration

Question 35: What knowledge, skills and support would healthcare professionals need to accurately assess the impact of a patient's health condition on their ability to work?

Most healthcare professionals likely to be involved in issuing fit notes will by definition possess the knowledge necessary to understand how a person's health condition may impact on what activities they can undertake. Beyond this, they may benefit from an understanding of the person's job and responsibilities, as the impact on ability to work will vary depending on condition and role. This could easily be established through discussion with the person in question.

Question 36: What knowledge, skills and support would work advisers need to accurately assess the impact of a patient's health condition on their ability to work?

It is important to be clear that work advisers are not medical professionals, nor are they social workers, care workers, or (for the people they are supporting) unpaid carers. Many of the members who responded to the ALLIANCE survey stated their firm belief that only people with appropriate medical qualifications should be able to issue fit notes.

Some responses showed particular concern about the possibility of non-medical professionals or externally contracted providers having either a direct or implied target of reducing the number of fit notes issued. It was felt this could lead to people being denied a fit note even when this was the most appropriate outcome. One respondent stated:

"I would have concerns that things would not be reviewed on a case-by-case basis, and the more vulnerable members of our society will be penalised financially, and unfairly. GPs have the medical knowledge and patient's medical history to base their decisions on."

Another respondent reflected on how proposed changes would impact disabled people and their view of DWP-administered processes:

“This will adversely affect disabled people. Only GPs are qualified to comment on a person’s ability to work. The criteria set by [the] DWP is too black and white.”

Yet another respondent shared their worries that proposed changes would leave people feeling unsupported, as well as that it may make acquiring a fit note more onerous:

“I think this could make people feel as though they were not getting the support they wanted… as when it is from your GP, you know that they have accurate long-standing knowledge of your condition and understand the personal and emotional impact. I think if this were to be completed by a private company… people may have to travel significant distances or they may not meet the assessor in person.”

As such, we strongly recommend that work advisers must never be put in the position of directly assessing the impacts of any person’s health condition on their ability to work. They would therefore need to be equipped with the skills and knowledge necessary to assess the evidence provided by professionals on the one hand, and by the relevant person and those who may be supporting them on the other. The role of a work adviser should not be to issue fit notes, but instead to offer support with returning to work in cases where that is deemed medically appropriate.

Question 37: How could we utilise digital and telephony systems to gather information to better support work and health conversations?

As noted in our response to other questions, there are significant pressures on the capacity of GP practices at present. Appropriate use of digital and telephone systems can be an effective means of reducing some of those pressures, for example by offering shorter telephone consultations for people who may need a fit note rather than a full in-person appointment.

This may be particularly useful where someone has already been seen by a doctor in person when they initially became unwell, and there is no meaningful change in their condition by the point at which they require a formal fit note to be issued. Likewise, digital appointments can be more accessible for people who have limited mobility.

It is however important that digital approaches are offered as a choice and not made mandatory. The ALLIANCE in partnership with Scottish Care and Voices of Experience (VOX) developed a set of "Human Rights Principles in Digital Health and Social Care"[3], which include "digital as a choice". This recognises that people have a range of preferences and capabilities in relation to digital technologies and emphasises the importance of respecting these.

Question 38: How could the fit note process more effectively link to different forms of work and health support, such as vocational rehabilitation, occupational health, and employment support?

As stated in our responses to other questions, the ALLIANCE do not agree that fit notes should be viewed primarily through the lens of work. The primary purpose of issuing a fit note should be to ensure people have the best health possible, by allowing them reasonable time off work to recover when they are ill or injured. Where the fit note process is being used as an avenue towards employment support, for example after a period of longer term absence, it would be reasonable to signpost individuals to appropriate rehabilitation and occupational health support.

Information gathering and wider system integration

Question 39: What, if anything, can be done to incentivise and increase "may be fit for work" fit notes issued by healthcare professionals, where being in work is the best outcome?

The consultation paper notes that "only" 6.2% of fit notes are issued as "may be fit for work", but it does not provide any analysis or evidence for why this may be the case. No data is provided to back up the implicit assumption that this figure is too low and should be higher, nor is any data

provided to suggest that fit notes are not being issued as “may be fit for work” where being in work is the best outcome. From the data available, it is not possible to gauge whether 6.2% is an objectively positive, neutral or negative figure.

The ALLIANCE therefore strongly disagrees with the premise of this question. Whilst we would support genuine, well-intentioned measures to support people to return to and stay in work if that is appropriate, we are not convinced that is the purpose, nor would it be the effect, of the changes being proposed. Rather than representing an unacceptably low figure, the current proportion of “may be fit for work” fit notes issued may simply reflect the genuine, expert opinion of the medical professionals issuing them.

If this is felt not to be the case, then further, specific evidence gathering should be undertaken to prove it. This should aim to identify the barriers that GPs and others currently issuing fit notes feel are in place to doing so on a “may be fit for work” basis. Only then should any reforms be put in place, in consultation with relevant stakeholders, which seek to remove those barriers in a fair and non-judgemental way.

Question 41: Is there anything else you would like to tell us about the fit note process?

As noted in the consultation paper, as health is devolved proposed changes to issuing fit notes would apply only in England. Despite this, the ALLIANCE are concerned by the potential knock-on effects of changes in Scotland. Particularly where absence due to injury or ill-health results in accessing the social security system, we perceive there to be a risk that the Department for Work and Pensions (DWP) may demand that Scottish processes align to those in England.

The process of devolving disability social security payments has demonstrated that even when a particular system is devolved, the interactions with reserved systems can be complex and limit the flexibility for meaningful policy divergence. We are concerned that the Scottish

Parliament and Government may be forced into making changes against their own policy intentions, with negative implications both for people's lives and the principles of devolution.

As noted in our response to other questions, we also consider the premise of this consultation to be flawed. No distinction has been drawn between long term health conditions and short term sickness, both of which may be covered by the need for a fit note. An individual experiencing an acute but ultimately transient illness due to an infection, for example, does not need support aimed to get them back to work, they need time to recover from their illness. A more work-centric approach to fit notes would be extremely poorly suited to these circumstances.

We are particularly concerned that in such cases the government do not appear to have learned from the experiences of the COVID-19 pandemic and particularly Long Covid. The pandemic significantly raised awareness of issues relating to post-viral fatigue, which can be exacerbated or triggered by people over-exerting themselves before they have fully recovered from an illness[4].

Increasing the pressure on people to return to work before they are fully recovered risks becoming a false economy. In addition, particularly for people whose work must be done in person, returning to work whilst still infectious may lead to them passing on their infection, causing others to lose working time to illness. The long term negative impacts on the population's health and workplace productivity from people being made to work whilst still unwell or recovering may vastly outweigh any benefit from them returning to work a small number of days earlier.

Overall, it appears that this proposal is an attempt to address the symptoms rather than the root causes of issues with the health of the UK's workforce. Over a decade of austerity has left health and social care services in a precarious position, with many people struggling to access the support that they need. At the same time, welfare reforms have led to significant increases in poverty, which carries with it deeply negative

impacts on health and wellbeing. Making the process of obtaining a fit note more onerous does nothing to address the fundamental reasons why many people require them.

If the UK government decides to proceed with reforms to fit notes, they should consider whether to set the threshold for these work-centric processes to begin only after a longer period of time than the current 7 days. For example, 28 days may be a more appropriate period to start discussing potential long term impacts of a bout of illness. Even then, it is important that the basis for discussion is on how best to support a person's health, not on pressuring them to return to work before it is appropriate to do so.

Of the members who responded to the ALLIANCE's survey on the fit note proposals, and the concurrent consultation the basis for Personal Independence Payment, 92% said they were concerned by the proposals, of which 61% said they were very concerned. A recurring theme in responses was distrust of the motives behind the proposed reforms, and fears based on the negative impacts of other work and social security related changes introduced in recent years. Reflecting on the whole group of proposals, one respondent stated:

"Narratives about 'scroungers' are a grotesque diversion from the real issues that face our country. GPs are best placed to judge whether someone is fit to work. This is a damaging and cruel policy direction."

Given the serious concerns we have regarding these proposals, the ALLIANCE strongly recommends that the UK government do not proceed with them.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision,

which is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our purpose is to improve the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience, the third sector, and organisations across health and social care to inform policy, practice and service delivery. Together our voice is stronger and we use it to make meaningful change at the local and national level.

The ALLIANCE has a strong and diverse membership of over 3,500 organisations and individuals. Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing. We manage funding and spotlight innovative projects; working with our members and partners to ensure lived experience and third sector expertise is listened to and acted upon by informing national policy and campaigns, and putting people at the centre of designing support and services.

We aim to:

- Ensure disabled people, people with long term conditions and unpaid carers voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change that works with individual and community assets, helping people to live well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner, and foster cross-sector understanding and partnership.

Contact

Allan Faulds, Senior Policy Officer
E: allan.faulds@alliance-scotland.org.uk

Rob Gowans, Policy and Public Affairs Manager
E: rob.gowans@alliance-scotland.org.uk

T: 0141 404 0231
W: http://www.alliance-scotland.org.uk/

---

[1] UK Government, 'Fit note reform: Call for evidence' (April 2024), available at: https://www.gov.uk/government/calls-for-evidence/fit-note-reform-call-for-evidence/fit-note-reform-call-for-evidence

[2] NHS England, 'Fit notes issued by GP practices, England, September 2023', available at: https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/september-2023

[3] The ALLIANCE, Scottish Care, and VOX, 'Human Rights Principles in Digital Health and Social Care' (2021), available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2021/04/The-Next-Iteration-of-the-Human-Rights-Principles-for-Digital-Health-and-Social-Care_August2021.pdf

[4] Royal College of Occupational Therapists, 'How to manage post-viral fatigue after COVID-19', available at: https://www.rcot.co.uk/how-manage-post-viral-fatigue-after-covid-19-0