

Economic Development and Transport Committee

Date: 16 June 2004
Time: 9.00 am to 12:30 pm
Venue: National Assembly, Cardiff Bay
Title : Policy Review: Economic Inactivity – British Medical Association, Cymru-Wales

Briefing Note for Committee on Economic Development.

Sicknotes in Wales Why so many "ill" people?

1. It is worth remembering that ill health is related to
 - Poor Housing.
 - Low income
 - Unemployment
 - Poor education
2. Wales has high levels of all of these. If we really want to address ill health, we have to address these as a matter of priority. These are the underlying causes of ill health and must be tackled if we are to decrease long term sickness in Wales. We cannot blame the NHS for those things outside its control.
3. Public Health medicine over the past 200 years has shown that health can be improved more rapidly by improving these factors, than by any developments or progress in treating disease. There is an argument that says that the current high levels of sickness in Wales are due to those whose desire for profits in the past, before workers wellbeing i.e. the employers themselves. It is felt that it is big business that has left us the legacy of ill health associated with our poor economic situation.

4. Many sicknotes are issued because of the excessive waiting times experienced by patients in Wales, especially when compared to areas in England. The wait of over 12 - 18 months for investigations like MRI scans to exclude Disc prolapse affecting the spinal cord, leave patients on the sick for much longer than they need to be simply because the GP and other doctors are unable to exclude serious disease. The same can be said for Cardiology, Rheumatology, Dermatology, Surgical and other secondary care referrals. It is not reasonable to expect GPs and patients to take the risk of making their conditions worse by an inappropriately early return to work because the current capacity of the NHS in Wales does not allow for timely investigation.
5. Equally, many sicknotes are issued in Wales due to the excessive waiting times for operations. Those waiting for Orthopaedic operations, for example, will often have to wait 18 months or more. During this time, if many of them are unable to work, but could have returned to work months earlier if they could have had the operation done in a more timely fashion. The same can be said for Cardiac and General Surgery, Gynaecology operations etc. Again we must not blame GPs for keeping people on the sick when it is the delays within the NHS that is actually prevents them from returning to work.

Inappropriate Demand

6. Many sicknotes issued by GPs are ones that should be issued by Hospitals for conditions treated there e.g. fractures and should be given to the patients by the treating doctor. This would save GP appointments and reduce the patient's inconvenience at having to make another appointment to see their GP solely to get a sicknote.
7. This has been recommended by the Cabinet Office's Working Group on GP workload, but is implemented very patchily throughout Wales. If this was fully implemented, it would help to improve patient access to general practice by not wasting scarce appointments for "non-medical" reasons.
8. There is a growing need for enlightened employers who will take people back early on "light duties" but many will not take the responsibility for having the person back until the doctor signs them off completely.
9. There is a lot of room for more flexibility in employer's attitudes to early return and light duty work to encourage early return to work.
10. Some employers add to the sicknote burden by demanding sicknotes from their workers for the first 7 days of any illness, when this should be covered by the SSC1, the self-signing certificate. This additional work, usually for minor and self-limiting illness is a significant waste of GPs time and adds to the impression of excessive doctor sicknote use.
11. Many GPs have reported patients attended surgery having been sent there by the DWP "for a

sicknote". The reasons usually involve the patient telling the GPs that the DWP department has told them that they are unable or unfit to work and so need to get the GP to sign them off.

12. There is a feeling among GPs that this is an attempt to get people off the unemployment register to massage the figures, and give the impression of fuller levels of employment. This is a widely held view.

Doctor – Patient Relationship

13. GPs first and foremost concern and responsibility is to their patients, not to their patients' employers.
14. We have to work on a basis of trust. If our patients tell us they feel they are not yet ready or fit for work, for whatever reason, we must start from the position that they are telling us the truth. The doctor-patient relationship is the basis of general practice and, if damaged, can effect a person's medical care in the future.

Support to GPs to help people get back to work

15. GPs refer many people to the DWP for assessment of their sickness and their ongoing need to remain on the sick. Many of these are never seen or reviewed due to a lack of capacity within the department. My personal experience is that only around 20-30% of my referrals are ever actually seen and assessed. Even then the time from referral to assessment can be more than 6 months. Here GPs are trying to determine patients' suitability for remaining on the sick, but are not supported in this by the DWP.
16. Some GPs have experienced threats, verbal and physical violence when suggesting that a person could now come off the sick and return to full employment. We must not put GPs or their staff into situations where they are in direct danger of being assaulted. We have to look at ways of reviewing people and if necessary removing them from the sick without placing any NHS or other staff at risk.

Alternative Provision

17. GPs are not occupational physicians. They are not trained, as a matter of course, in the aspects of Occupational Medicine, itself a separate medical speciality. We need to be careful we do not ask of them expertise that is not part of general practice or that they are unlikely to develop, especially when they are being asked to concentrate more and more on clinical services to patients.
18. GPs would be very happy to have this onerous task taken off them and provided by Occupational Physicians, whether employed by the WAG or employers organisations. There are several large

pilots schemes being run at the moment (one in a large Coca Cola factory in N. England) where it is proving that removing the issuing of sicknotes from GPs to occupational services, has resulted in an earlier return to work for those involved.

19. We would support the development of these occupational health services for patients and their employers being developed in Wales and the transfer of this task from GPs to such a service.

Dr Andrew Dearden
Chairman GPC Wales.