

# Not Fit for Purpose

An Appraisal of the 'Fit Note' and Assessments of Fitness for Work

Sean Phillips and Stuart Carroll





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## About the Authors

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*Stuart Carroll authors this report solely in his capacity as a Senior Fellow at Policy Exchange. For full transparency, it should be noted Mr Carroll is undertaking a PhD at The University of Nottingham, where his research focuses on social policy and its interaction with public health and the COVID-19 pandemic, and which is entirely sponsored by the Office of Health Economics where he also acts as Senior Visiting Fellow. Mr Carroll is also Director of Market Access & Policy Affairs for Moderna UK & Ireland. This report is authored in a fully independent capacity and is not connected to nor influenced by Moderna.*

# About the Health and Social Care Unit at Policy Exchange

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# Executive Summary

**This report analyses how fitness for work is currently assessed, with a focus upon the use of the ‘Fit Note’ in primary care settings and how incapacity and disability is assessed by the Department of Work and Pensions (DWP) to determine eligibility for health-related benefits.**

In doing so, we examine the link between rising levels of multiple and long-term health conditions, pressures upon key public services and the rise in demand for health-related benefits by asking the question: how far is the current approach a causal factor in driving rising levels of sickness absence and ultimately, the growing number of individuals in receipt of health-related benefits?

**The Statement of Fitness for Work, or the ‘Fit Note’ – as it is more commonly known – is “where economics, politics, law, morality and medicine collide”.**<sup>1</sup> It acts as medical evidence to certify sickness. It is also one of the mechanisms used to validate claims to health-related benefits, including Universal Credit and the Personal Independent Payment (PIP). It therefore plays a vital role, sitting in the middle of a Venn diagram of employers, employees, NHS services, job centres and between the responsibilities of the Department of Health and Social Care (DHSC) and DWP.

**The ‘Fit Note’ is not working as intended – a view now shared by many employers and healthcare professionals alike. The Government also regard the status quo as unsatisfactory and announced at last year’s Autumn Statement that they will consult on future reforms “in 2024”.** In principle, the ‘Fit Note’ was introduced to encourage greater provision of information and guidance for employers to support an employee with amended duties or adjustments after injury or illness, however:

- 93% of fit notes certified by healthcare professionals are currently designated ‘not fit for work’. Just 7%, therefore, are designated ‘may be fit for work’, where adjustments are suggested.
- Around a third of all ‘fit notes’ are issued for five weeks or longer, by which time 20% of people will not return to work (RTW).
- 71% of all fit notes issued between April 2021 to December 2023 contained no diagnosis of an individual’s condition, creating an ‘information gap’ for employers.
- Mental and behavioural disorders are cited as the reason for a fit note being issued in 37% of cases (where a diagnosis is provided). Of these instances, 41% are ‘signed-off’ for between one and three months. In 75% of cases, individuals are signed from two weeks

1. Adrian Massey, *Sick Note Britain: How Social Problems Became Medical Issues* (London, 2019), p. ix

to three months; just 15% from between one and fourteen days.

- In the seven years from 2015/16 – 2022/23, the number of fit notes where a diagnosis of mental or behavioural disorders was provided increased by 7%. However, greater breakdown reveals some starker statistics, namely, diagnoses of ‘Neurotic, stress-related and somatoform disorders’ increased by 292%; diagnoses of Mood [affective] disorders increased by 193%.<sup>2</sup>
- There has been a 108% increase – or a doubling – in the total number of fit notes issued per year since 2015 from 5.2m to over 11m last year.

**Many issues with our current approach to sickness certification have been known for some time.** A Government-commissioned review, published in August 2020, suggested “time constraints in primary care to limitations of the fit note itself” currently limit the effectiveness of sickness certification.<sup>3</sup> There are, therefore, a mixture of behavioural and structural factors that must be considered.

The result of longer absences – down to the rising burden of ill-health (particularly long-term sickness) and because of limited signposting to additional assessment and support via the current ‘fit note’ are factors which have driven greater rates of absence and have also produced significant knock-on effects for state expenditure on welfare and the benefits system.

Those of working age in the UK who self-report a disability that restricts their daily activities was 10.2m in 2023 (which is 24% of the 42.3m people of working age) – up from 6.6m in 2012/13. The Office for Budget Responsibility has recently forecast that disability **benefits spending is set to rise by 49% between 2023-24 and 2028-29, with spending on health and disability benefits forecast to rise by a third (£25.2 billion) to £90.9 billion.** Spending as a share of GDP is set to rise from 1.4% (2023-24) to 1.8% (2028-29), with spending outpacing nominal GDP.<sup>4</sup> In real terms therefore, benefit expenditure related to ill-health and disability is set to be 40 per cent higher in 2027-28 than it was in 2021-22.

**This is an unsustainably trajectory.** As Chris Smyth, Whitehall Editor of The Times has recently put it, “what was once a niche debate is rapidly becoming a question with profound consequences for the sustainability of the British state.”<sup>5</sup>

2. For the 2015-16 figures cited here, see ‘Table 12’ which notes 207,536 diagnoses for neurotic, stress-related and som and 64,415 diagnoses for mood (affective disorders): <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/fit-notes-issued-by-gp-practices-england-december-2014-march-2017>; For the 2023-23 figures, see ‘Table 6’ which shows 813,158 diagnoses for neurotic, stress-related and som and 188,928 diagnoses for mood (affective disorders): <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023>

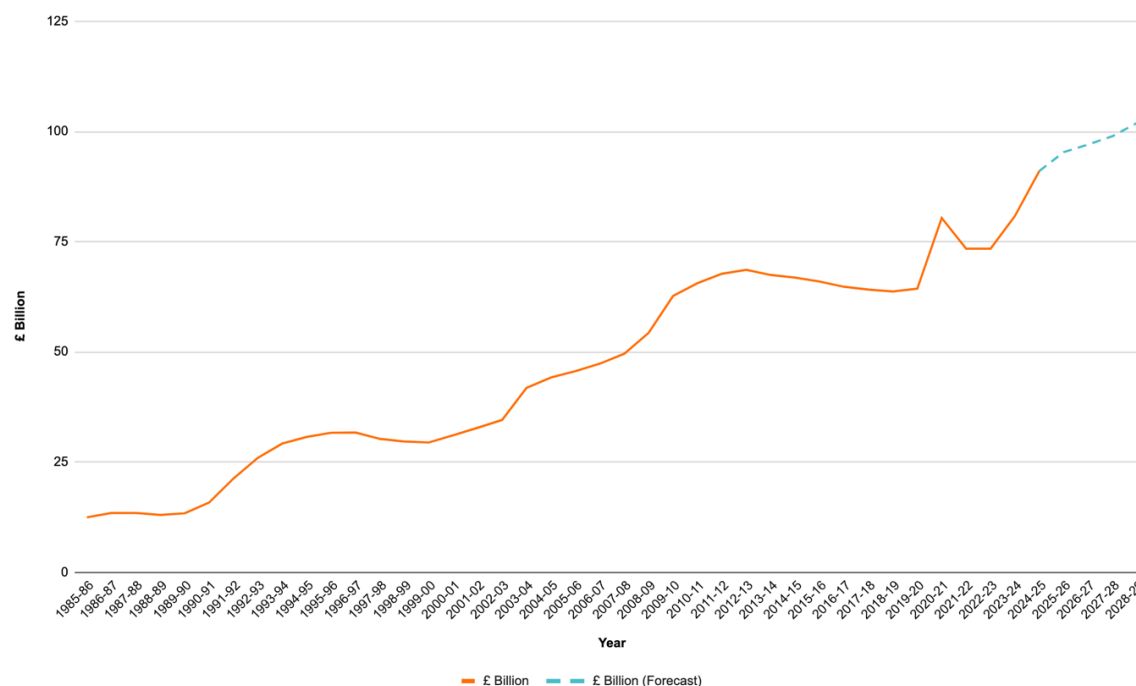
3. <https://assets.publishing.service.gov.uk/media/5f294e94d3bf7f1b111924ac/exploring-perceptions-and-attitudes-towards-extension-of-fit-note-certification.pdf>

4. <https://obr.uk/forecasts-in-depth/tax-by-tax-spend-by-spend/welfare-spending-disability-benefits/>

5. <https://www.thetimes.co.uk/article/benefits-data-reveals-extent-of-claims-over-mental-health-n8cj7007k>



**Figure 1 – Recent and Forecast Expenditure on Universal Credit and Legacy Benefits, 1985-2029**



Source: <https://obr.uk/forecasts-in-depth/tax-by-tax-spend-by-spend/welfare-spending-universal-credit/>

**Health-related, working-age welfare caseloads have increased significantly over the past decade.** Much of the recent growth has been driven by mental ill-health – particularly a rising prevalence of emotional disorders, such as depression and anxiety. Claimants rose by 103.4% from 1995 to 2014 (from 571,600 to 1,136,360), with the growth even steeper in recent years.<sup>6</sup>

**Of all the Work Capability Assessments (WCA) conducted over the last two years, 69% of cases cite “mental and behavioural disorders” as one of the medical factors determining incapacity.** Musculoskeletal conditions, such as back or joint pain was cited in 48 per cent of claims. Claimants however were recorded as having 2.7 health conditions on average, demonstrating the growth in multiple conditions.

**Given this increase, we should reconsider our current approach the assessment of mental and behavioural disorders and ask the question: is our approach to diagnosis suitably nuanced?** Whilst there has been a significant increase in the reporting and prevalence of conditions, partially explained by reduced stigma as well as more effective assessment and diagnosis, it is clear that in too many cases – both with respect to the ‘fit note’ and in the WCA, too many individuals are being ‘signed off’ or are in receipt of state support for protracted periods without further assessment or additional support for mental ill-health, which is unlikely to be in the best interests of the individual, their employer or society at large.<sup>7</sup> As a recent Office for Budget Responsibility report puts it, there is

6. <https://www.cambridge.org/core/journals/bjpsych-open/article/claims-for-sickness-and-disability-benefits-owing-to-mental-disorders-in-the-uk-trends-from-1995-to-2014/6DA7F0F56442BA881979B-B81A6400D04>

7. <https://www.bmj.com/content/358/bmj.j4305/rr-7>. This is a growing subject of scholarly enquiry: <https://www.nature.com/articles/s44220-023-00071-7>

“little regular engagement...either in terms of encouraging employment or reassessing...health”.<sup>8</sup>

**Not all work is good for mental health, but good work is good for mental health.** This is why the Work and Pensions secretary the Rt Hon Mel Stride MP is ultimately right to catalyse a debate about whether “labelling the normal ups and downs of human life as medical conditions” is correct.<sup>9</sup>

**So, what are the options for reform?** Some believe that a medical assessment of fitness to work is an inherently flawed concept. Dr Adrian Massey has argued that “the requirement for doctors to certify it – is folly”.<sup>10</sup> With too little time and information with which to make an effective, detailed occupational assessment, many healthcare professionals also note that the process is determined by the outcome desired by the patient – in effect, a *de facto* system of self-certification.

Suggestions have therefore ranged from taking GPs out of sickness certification altogether to boosting the ability of individuals to self-certify. Others suggest that the most effective approach is to enable local authorities with a devolved budget to tailor approaches to their locality.<sup>11</sup>

Ultimately, the ‘fit note’ in its current form is uniform and analogue, but needs to become a more dynamic, digital tool to capture a complex range of needs: those with multiple or long-term conditions that will need recurrent support with periods in and out of full-time work; the young who are at risk of falling out of employment and education but where more proactive intervention and shorter periods of absence ought to be recommended.

We recommend, therefore, the introduction of two new categories of ‘Further’ and ‘Ongoing’ assessment, limiting the ability for individuals to request lengthy or repeat fit notes without further professional assessment whilst also making it easier for those with chronic or long-term conditions to receive support with relevant occupational adjustments. This aligns with the Government’s intention to create more ‘specialised’ support.<sup>12</sup>

The Government should front-load support for the cohort currently being signed off for 1-3 months – often with mental and behavioural disorders – where the risk of slipping into long-term sickness and long-term welfare dependency is highest.

There is a focus in our recommendations upon ‘form change’, but this must be accompanied by broader changes to the way we approach the link between work and health. Policy Exchange set out a range of measures to enhance occupational health provision in our recent report, *None of Our Business*.<sup>13</sup>

8. [https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#\\_ftn40](https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#_ftn40)

9. <https://www.thetimes.co.uk/article/lifes-ups-and-downs-cant-keep-people-off-work-says-mel-stride-2nx9nr8p9>

10. Adrian Massey, *Sick Note Britain: How Social Problems Became Medical Issues* (London, 2019), p. ix

11. A notable example is Greater Manchester’s proposal for a Working Well system: <https://democracy.greatermanchester-ca.gov.uk/documents/g5286/Public%20reports%20pack%2015th-Dec-2023%2013.00%20NHS%20Greater%20Manchester%20Integrated%20Care%20Partnership%20Board.pdf?T=10>

12. <https://www.pulsetoday.co.uk/news/workload/government-to-consult-on-fit-note-process-reform/>

13. <https://policyexchange.org.uk/publication/none-of-our-business/>

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# Summary of Recommendations

The Government should announce reforms to the 'Fit Note' in 2024.

1. Two new categories should be introduced to create a 'cohort-based' approach. Healthcare professionals should be able to encourage 'Further Assessment' or 'Ongoing Assessment' to incentivise onward referral for more detailed assessment – particularly occupational health professionals
  - a. **'Further Assessment'**: Options should be added to the current 'fit note' to enable healthcare professionals to "Recommend further assessment from an occupational health professional"
  - b. **'Ongoing Assessment'**: Should be introduced for those with long-term or chronic conditions where more routine appraisal of fitness to work would be required.
2. **In any instance where an individual is 'signed off' with a mental or behavioural disorder diagnosis for more than 14 days, they should automatically be referred for 'Ongoing Assessment'.**
3. **Except for a limited number of conditions – such as seasonal respiratory illnesses, and which are defined by the Government – individuals should no longer be able to request a repeat fit note without 'Further' or 'Ongoing Assessment'** which should be delivered by a relevant, qualified professional to provide continuity.
4. NHS England should collect data on the number of 'repeat' fit notes which have been issued as part of its 'Fit Notes Issued by GP Practices' dataset
5. **The Government should expand the range of professionals able to legally certify sickness.** Further to responses received during the Government's 2023 consultation on expanding occupational health, paramedics and podiatrists should be added to the list of qualified practitioners able to conduct sickness assessment.
6. **Employment or 'occupational' information should be more routinely and effectively linked with patient health records.** Occupational health professionals, in addition to e.g., pharmacists and physiotherapists certified to issue 'fit notes' should be able to request updates to the GP record, or to seamlessly inform and update GP staff.

**Further reforms to incapacity and sickness benefits should be made to improve support and return to work.**

7. A single assessment process for incapacity and work capability should be created which merges the current Work Capability Assessment and assessment for the Personal Independence Payment.<sup>14</sup>
8. Data collected by the DWP should be enhanced to provide greater precision of the burden of ill-health amongst those in receipt of disability and incapacity benefits. Currently it is of limited use to quantify the proportion of benefit claimants with objective evidence of clinically significant disease.<sup>15</sup>
9. The Government should seek to shift the proportion of assessments (Work Capability Assessment) and for the Personal Independence Payment (PIP) which are exclusively paper-based to those which are conducted remotely (via video) or are conducted in-person.

14. This was proposed in 2019: <https://www.disabilityrightsuk.org/news/2019/march/combining-wca-and-pip-assessments-what-does-it-mean>

15. Adrian Massey, *Sick Note Britain: How Social Problems Became Medical Issues* (London, 2019), p. 6

# Chapter 1 – The Use of the ‘Fit Note’ Today

“What we’ve seen over the past couple of years is a very significant rise in the number of people who are being deemed unfit to work. And that’s something that is concerning to me...Now, in the last decade, that system hasn’t been reformed at all and you’ve seen the number of people who are signed off has tripled. Now do I think our country is three times sicker than it was a decade ago? The answer is no, and the system is not working as it was designed to work”

**Rt Hon Rishi Sunak MP**

“Our country is facing a perfect storm. Millions of people trapped out of work, costing the economy billions a year, leaving the public services that could help creaking, and in some cases, literally crumbling. Long-term sickness, including rising mental health illness, is choking off growth.”

**Sir Keir Starmer MP**

Last year across the UK, 186 million working days were lost due to sickness (or injury).<sup>16</sup> Just a decade ago, a third fewer working days were being lost.<sup>17</sup> The average sickness absence per employee is currently 7.8 days – the highest level in a decade and two days more on average than it was in 2019.<sup>18</sup>

This growth in sickness absence is not a uniquely British phenomenon. French workers took 18 days of sick leave on average last year.<sup>19</sup> In Germany, employees were absent on over 19 days in 2023, the highest number since 2000 which has wiped €26bn (£22bn) or 0.8% off annual gross domestic product (GDP). For those signed off with mental ill-health in Germany, absences average six weeks.<sup>20</sup>

In any given month, between 150,000 and 200,000 people are temporarily sick – that figure has been fairly consistent since the early 1990s. What has changed however are the numbers of people who are ‘long-term’ sick – a figure currently standing at 2.7 million, a growth of 22% percent since March 2020. This growth is of particular concern because it represents a reversal of the trajectory between 2010 and 2019.

16. <https://assets.publishing.service.gov.uk/media/64b8f7baef5371000d7aef2d/occupational-health-working-better-consultation.pdf> (p. 13)

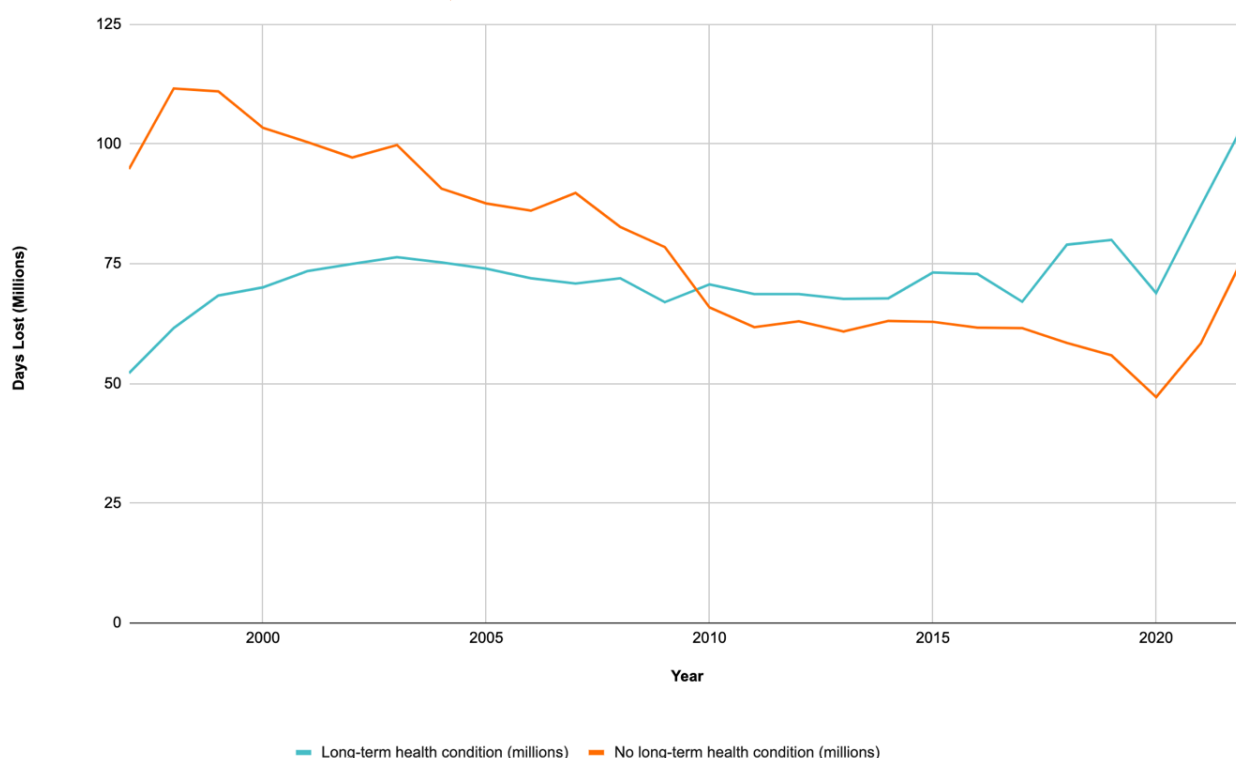
17. [https://webarchive.nationalarchives.gov.uk/ukgwa/20160105160709/http://www.ons.gov.uk/ons/dcp171776\\_265016.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20160105160709/http://www.ons.gov.uk/ons/dcp171776_265016.pdf)

18. <https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/8436-health-and-wellbeing-report-2023.pdf> (p. 2)

19. <https://www.thetimes.co.uk/article/french-workers-take-sick-leave-in-record-numbers-hp8gtd20j>

20. <https://www.telegraph.co.uk/business/2024/02/26/germany-literally-sick-man-europe/>

Figure 2 – Number of days lost through sickness absence, comparing those with long-term health conditions (and those without), 1997 to 2022, UK



Source: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket>

As a result, businesses are spending almost a thousand pounds per year per employee on sickness absence.<sup>21</sup> This burden of ill-health – it has been estimated – costs £150 billion per year, a figure almost as large as the entire annual budget of NHS England.<sup>22</sup> The associated costs are split between the Government (24%), the individual (57%) and employers (19%) in lost income, sick pay, benefits and lost tax receipts.<sup>23</sup>

Two-thirds of all long-term sickness absence has been attributed to musculoskeletal conditions, mental and behavioural disorders and cardio-respiratory conditions.<sup>24</sup> Many individuals will have two or more of these conditions. This is also having a considerable impact upon health services – particularly in primary care, because GP services have responsibility for conducting the vast majority of sickness certification (indeed, GPs currently certify over 90% of ‘fit notes’).

### What is the Fit Note?

The Statement of Fitness for Work, or the ‘Fit Note’ is the critical link between the workforce, employers and the welfare state, described as a form of “medical gatekeeping”.<sup>25</sup>

Britain has long had a process of certification to determine sickness and incapacity dating back to the Elizabethan Poor Laws where aid was

21. A leading employee benefits insurer estimated sickness absence costs employers an average of £781 per employee per year. See: <https://assets.publishing.service.gov.uk/media/6560bc741fd90c000dac3b7a/occupational-health-working-better-responses.pdf> (p. 11)

22. For details on the NHS England annual budget, see: <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget#:~:text=What%20is%20the%20NHS%20budget,as%20staff%20salaries%20and%20medicines.>

23. This list is not exhaustive, see: [https://www.som.org.uk/sites/som.org.uk/files/Occupational\\_health\\_the\\_value\\_proposition\\_0.pdf](https://www.som.org.uk/sites/som.org.uk/files/Occupational_health_the_value_proposition_0.pdf) (p. 15)

24. <https://ore.exeter.ac.uk/repository/bitstream/handle/10871/131835/PRP%20OH%20REPORT%20ORE%203.pdf?sequence=4&isAllowed=y>

25. <https://academic.oup.com/book/43843/chapter/369855214>

administered by ‘overseers of the poor’ before the work of ‘friendly societies’ in the nineteenth century and the National Insurance Act of 1911 which created ‘panel doctors’ and ‘sick visitors’. Modern sickness certification however really began in 1948, when family doctors assumed responsibility for certifying sickness on behalf of the then Ministry of National Insurance.<sup>26</sup> Table 4 in the Appendix details how sickness certification has developed since the late 1940s.

The ‘Fit Note’ is a form of medical evidence which acts as a statement of fitness for work. It is the basis upon which an individual can access health-related benefits. It can be issued after the first seven days of sickness absence if a healthcare professional (currently, almost always a GP) assesses that a patient’s health affects their fitness to work. Legislation “requires a healthcare professional to undertake an assessment, either through a face to face, video call, telephone consultation or through considering a written report by another healthcare professional, in order to complete a fit note”.<sup>27</sup>

The previous form (the ‘sick note’ or sometimes referred to as the ‘medical statement’ or ‘doctor’s note’) had been largely unchanged since it was introduced in 1948 and asked a GP to indicate whether or not the individual presenting should or should not be working. Professor Dame Carol Black’s review of the working age population, *Working for a healthier tomorrow* (published in 2008) recommended changes to the ‘sick note’.<sup>28</sup>

The ‘Fit Note’, which was introduced across England, Wales and Scotland in April 2010 brought about a number of changes, including a new option to record that an individual ‘may be fit for work taking account of the following advice’, increasing space for GPs to provide patients with comments on the functional effect of conditions and the ability to indicate adjustments or adaptations that could aid return to work (RTW).<sup>29</sup> The premise of the reforms was that it would help to determine what patients *can do*, rather than what they *cannot do*.

Based on the current form, the healthcare professional can decide the patient is either: **‘unfit for work’ or ‘may be fit for work subject to the following advice...’**

Healthcare professionals are advised to provide the following when completing the ‘fit note’<sup>30</sup>:

- Record advice given to the patient, along with other factual information including an accurate diagnosis, except on the occasions when a doctor feels that it could be prejudicial to their patient’s wellbeing if true diagnosis is provided.
- [They] should not speculate but provide only factual information; should not certify something they are unable to verify.
- Those certifying the ‘fit note’ [are] reminded that they may be asked to provide further information.

26. <https://academic.oup.com/book/43843/chapter/369855214>

27. <https://www.gov.uk/government/publications/fit-note-guidance-for-healthcare-professionals/getting-the-most-out-of-the-fit-note-guidance-for-healthcare-professionals>

28. <https://assets.publishing.service.gov.uk/media/5a7c55bee5274a1b0042313c/hwwb-working-for-a-healthier-tomorrow.pdf>







29. <https://assets.publishing.service.gov.uk/media/5a7c9a0fe5274a0bb7cb8254/rrep840.pdf> (p. 19)

30. <https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/issuing-fit-notes>

GPs, the healthcare professionals – who were until 2022 solely responsible for sickness certification – and today still issue the vast majority of ‘fit notes’ issuing roughly twenty to their patients per week.<sup>31</sup> Over the last eighteen months, ‘digital’ fit notes have been introduced, allowing the form to be issued using GP IT systems without the need for a ‘wet’ signature.

In recent months, the DWP and DHSC have sought to take pressure off GPs by enabling nurses, occupational therapists, pharmacists and physiotherapists to certify ‘fit notes’, in addition to GPs.<sup>32</sup>

### How is the ‘Fit Note’ Currently Being Used?

	<p>11,011,137 ‘fit notes’ were issued last year across England (from April 2022 to March 2023).<sup>33</sup></p> <p>Between April 2023 and December 2023 (the latest figures), 7,464,230 fit notes were issued.</p>
	<p>59.3% of the total number of ‘Fit Note’ recipients between April-December 2023 were women; 40.7% were men.<sup>34</sup></p>
	<p>93.5% of all ‘fit notes’ were signed as ‘not fit for work’ between April 2023 and December 2023</p>
	<p>Of all the fit notes issued between April 2021 and December 2023 (29,509,394), a diagnosis (against NHS England coding) was not provided in 71% of cases.</p>
	<p>1,137,414 (41.0%) fit notes were for 5 weeks or longer in Q3 2023-24 compared to 1,141,801 (40.6%) in Q3 2022-23</p>
	<p>Of all fit notes issued in England between April 2021 and December 2023 (where a diagnosis was provided):</p> <ul style="list-style-type: none"> <li>- 38% were for mental and behavioural disorders, such as anxiety and depression</li> <li>- 17.5% were for musculoskeletal or connective tissue conditions, such as osteoporosis or rheumatoid arthritis</li> <li>- 13% were for endocrine, nutritional or metabolic disorders, such as diabetes</li> </ul>

31. <https://bjgp.org/content/62/595/e147>

32. <https://www.lexology.com/library/detail.aspx?g=6bd-7d6c6-04e5-4789-9a82-207fae8eeda2>

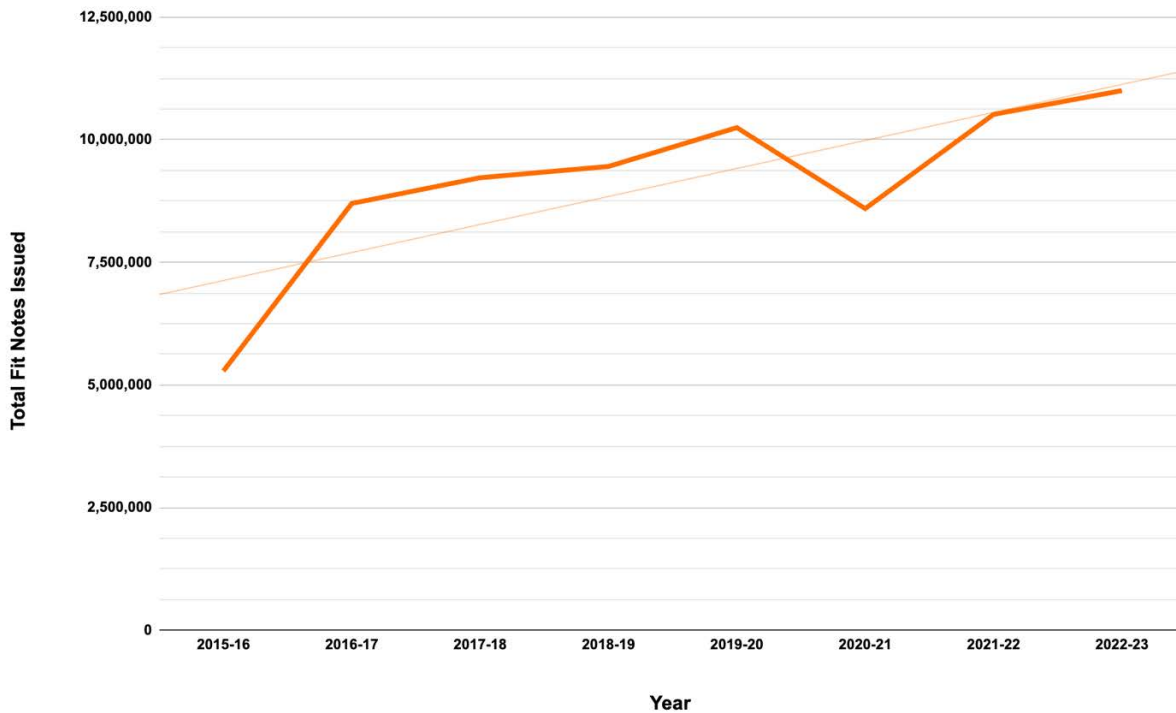
33. We should note that this figure does not necessarily mean 11m individuals were in receipt. Many individuals may have been in receipt of multiple ‘fit notes’ over the course of a calendar year.

34. Aligns with the broader trend of women having greater periods of sickness absence than men: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-024-17679-8>

Source: NHS England, <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023>



Figure 3 – Total ‘Fit Notes’ issued by GP Practices, 2015-2023

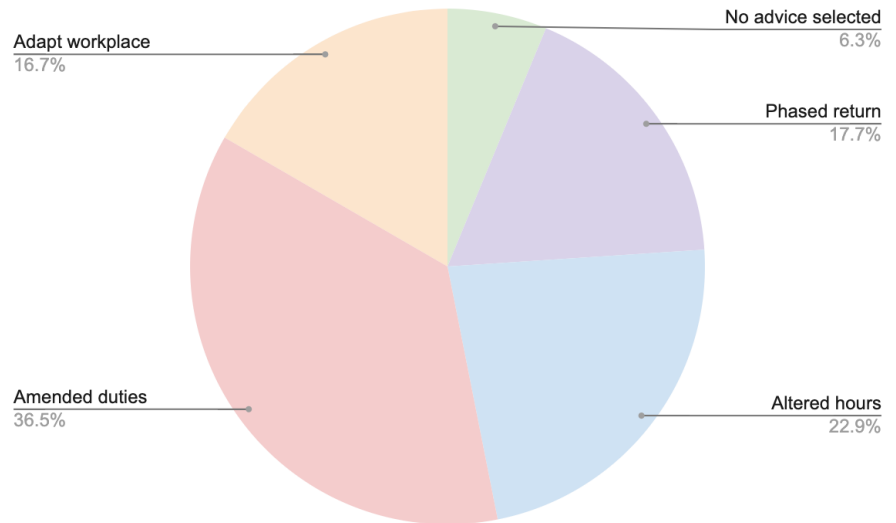


Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices>

Fig. 3 shows that there has been a steady increase in the number of total ‘fit notes’ issued over time. Indeed, the total number has more than doubled since 2015. Whilst over 94% of ‘fit notes’ meanwhile issued last year were designated ‘not fit for work’, this isn’t an entirely new phenomenon. In 2018/19, only 6.9% of fit notes indicated that an individual ‘may be fit for work’ and offered workplace advice. It was a similar figure between 2016 and 2017 also.

Of the 6.6% of fit notes which currently note the individual ‘may be fit for work’, roughly a third recommended the individual undertake amended duties (see Fig. 4).

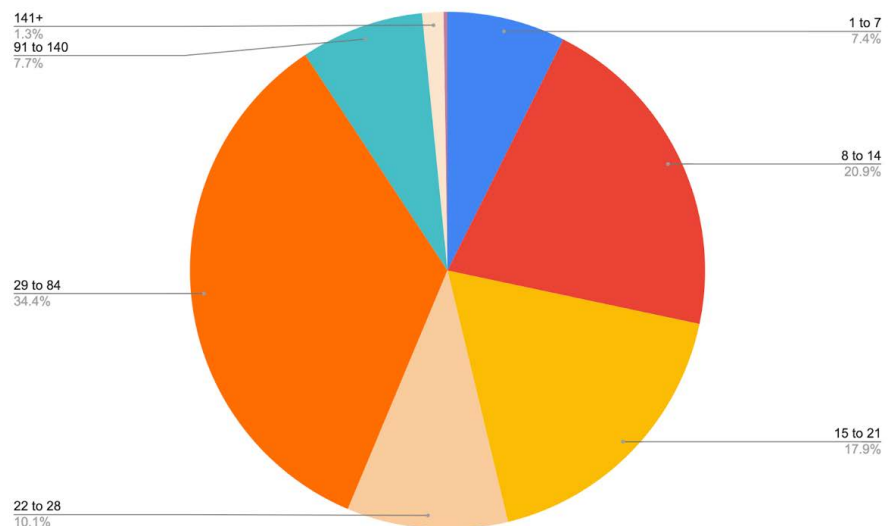
Figure 4 – Number and proportion of ‘Not Fit for Work’ and ‘Maybe Fit for Work’ fit notes issued and advice given, England, April 2021 to December 2023



Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023>

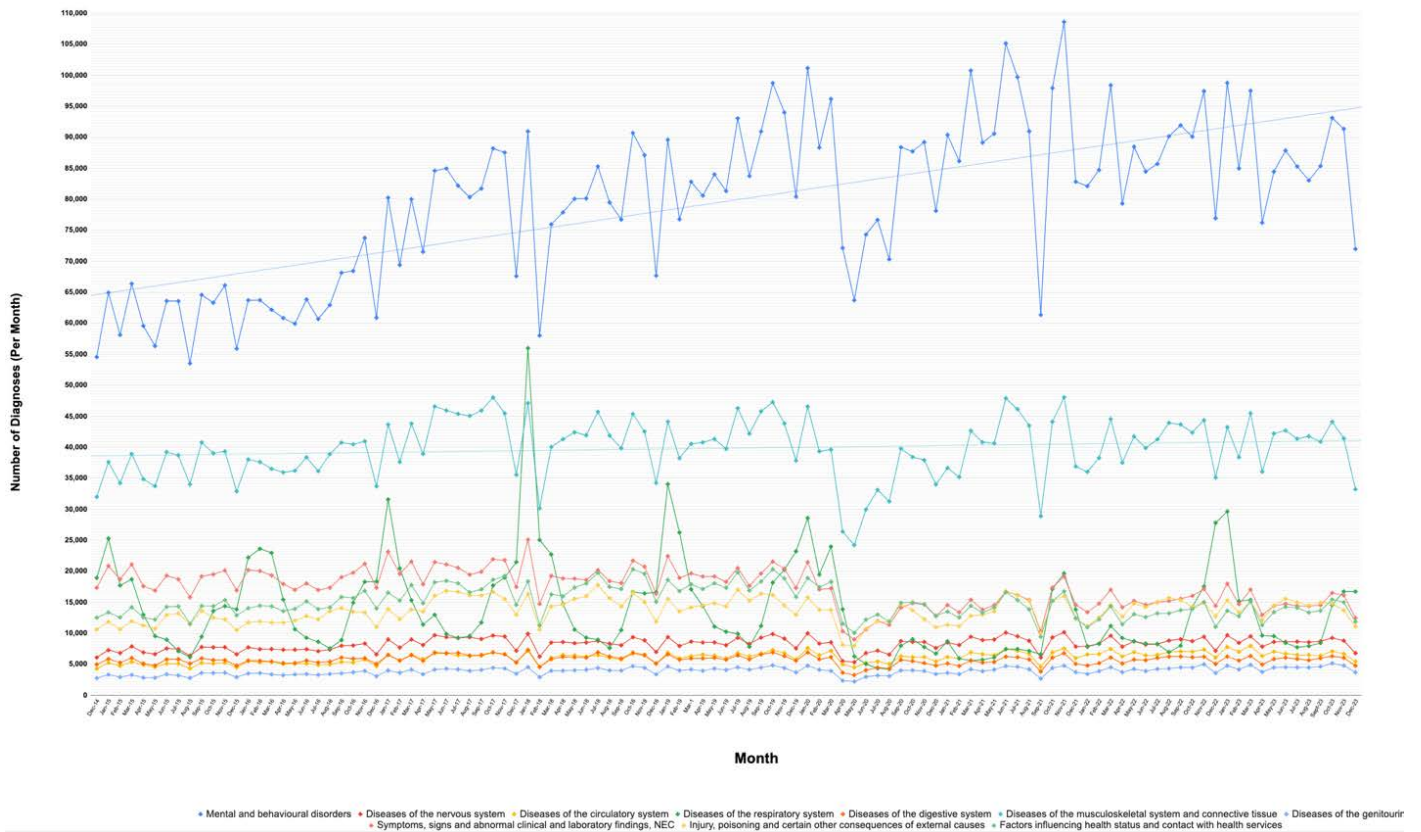
Over a third of ‘fit notes’ provide stipulations that the individual will be unfit for work for between a month and three months.

Figure 5 – Duration (in days) of ‘fit notes’ issued by healthcare professionals, April 2021-September 2023



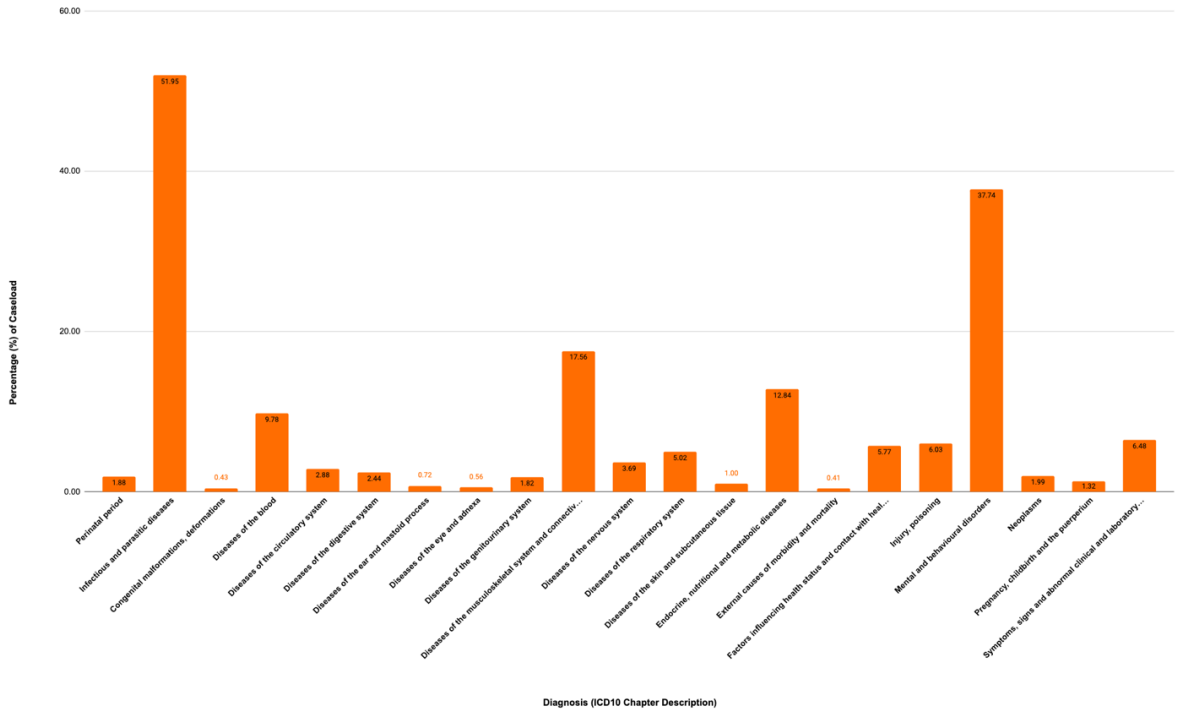
Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/september-2023>. Note: the purple section is ‘indefinitely’.

Figure 6 – Number of Diagnoses Made Each Month, Top Ten Fit Note Diagnoses, England, December 2014-December 2023



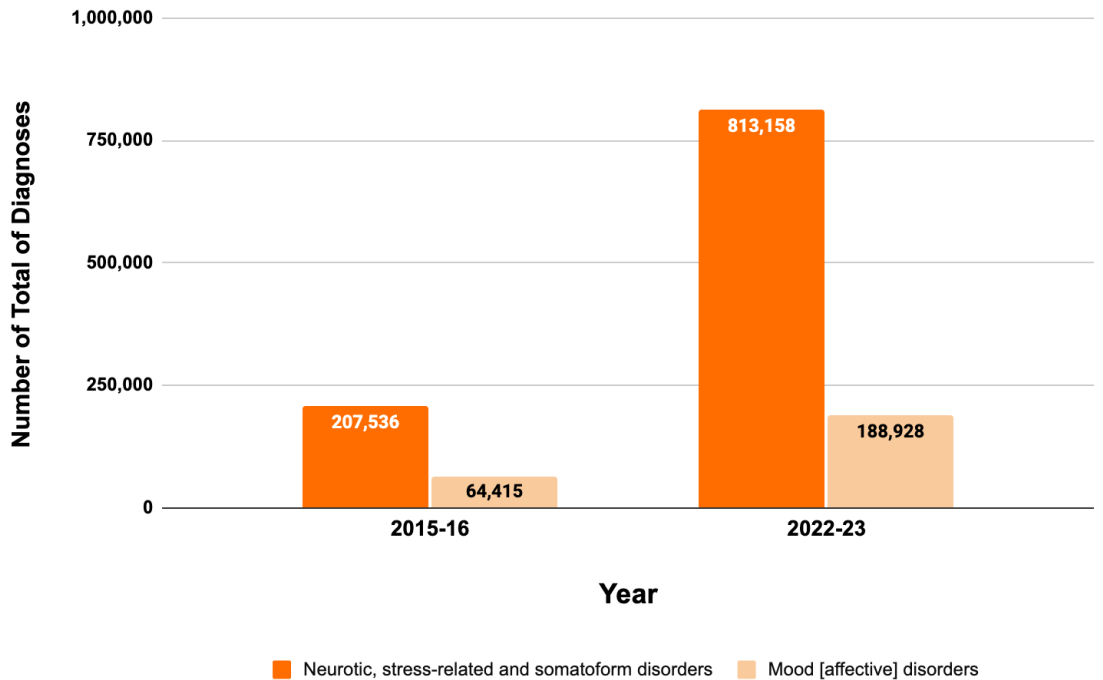
Source: Diagnosis according to ICD10 chapter. Data available from: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices>

Figure 7 – Fit notes, by diagnosis (ICD10 chapter), England, as a proportion of total fit notes issued, April 2021 to December 2023



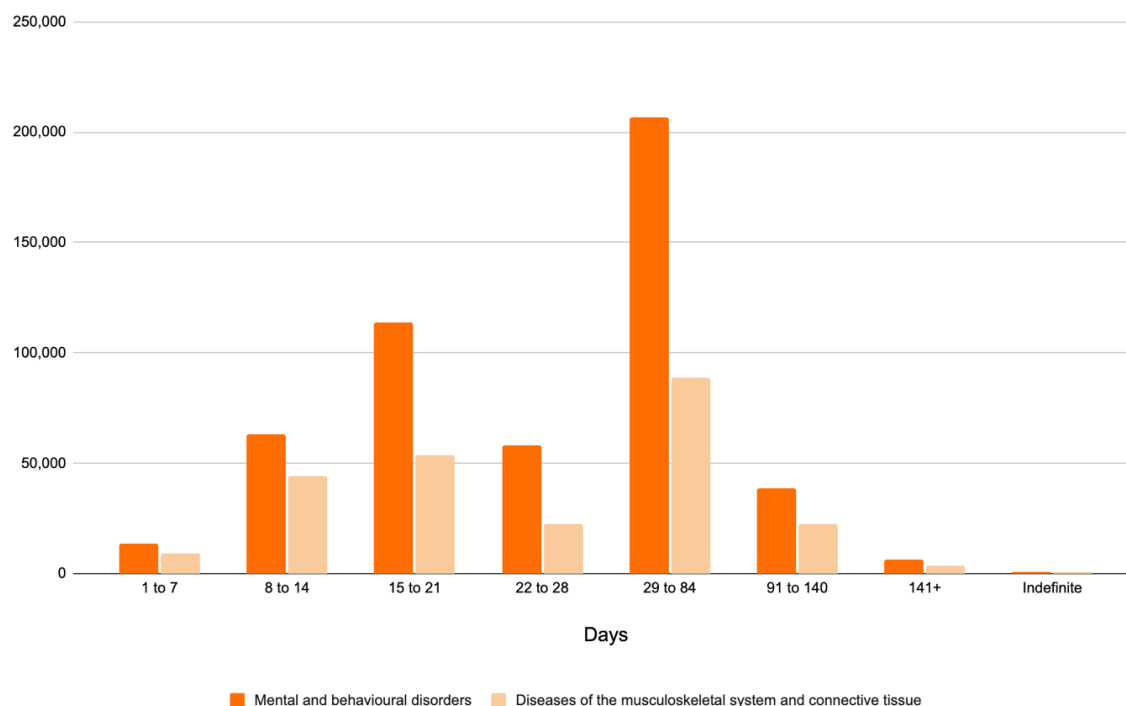
Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023>

Figure 8 – Number of fit notes issued over time by diagnosis (ICD10 code), England (2015/16 & 2022/23)



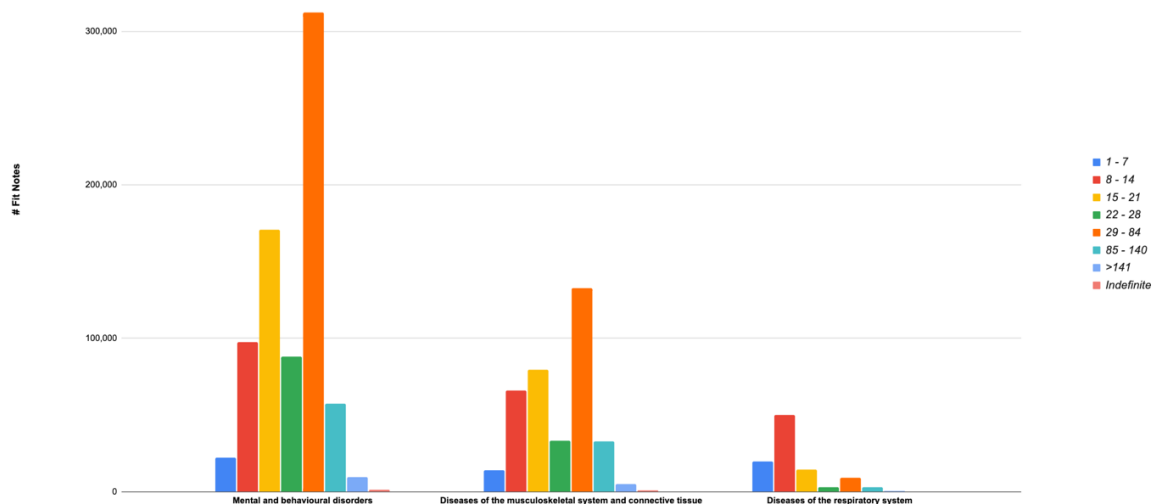
Source(s): For the 2015-16 figures cited here, see 'Table 12' which notes 207,536 diagnoses for neurotic, stress-related and som and 64,415 diagnoses for mood (affective disorders): <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/fit-notes-issued-by-gp-practices-england-december-2014-march-2017>; For the 2023-23 figures, see 'Table 6' which shows 813,158 diagnoses for neurotic, stress-related and som and 188,928 diagnoses for mood (affective disorders): <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023>

Figure 9 – Duration of fit notes for diagnoses of mental and behavioural disorders and diseases of the musculoskeletal system, England, April 2021 to September 2023



Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/september-2023>.

Figure 10 – Duration of fit notes (days) by diagnosis (ICD10 chapter), England, April 2023 to December 2023



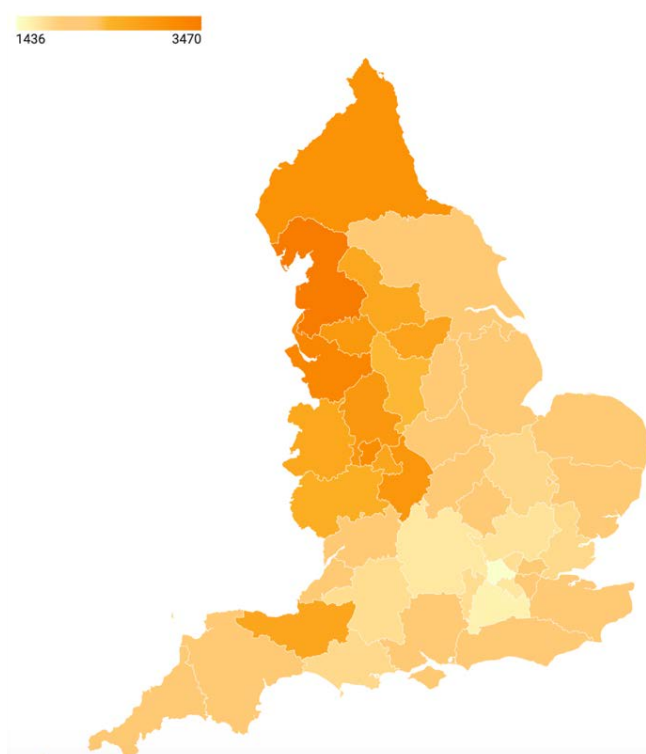
Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023>

What the above analysis reveals is that amongst the ‘top ten’ diagnoses detailed in ‘fit notes’, most conditions have remained relatively consistent over time. There has been a slight growth in diagnoses of musculoskeletal conditions, but a far greater increase in the diagnoses of mental and behavioural disorders, where there has been a 7% increase in the overall diagnoses from December 2014 to December 2024. Fig. 8 which presents a more granular perspective on the increase in diagnoses amongst mental and behavioural conditions in the period, but it is not clear why there is such a stark increase.

A significant number of these individuals (40%) in receipt of a ‘fit note’ where a diagnosis of mental or behavioural disorders was provided were deemed ‘not fit for work’ for between a month and three months (see Figs. 9 and 10, above). This is highly significant because we ought to regard absence from work for 1-3 months as a pivotal period, whereafter the proportion of individuals who return to work drops quite dramatically.

There are also significant regional variations in the proportion of ‘fit notes’ issued. Fig. 10 shows how the proportion of fit notes issued by GP practices vary by each of the forty-two integrated care board (ICB) geographies. This is however quite an abstraction – variation ought to be examined at the practice level in order to provide a more nuanced interpretation of this variation.

**Figure 11 – Number of fit notes issued per 100,000 GP Practice population of 18- to 65-year-olds by NHS geography, England, April 2021 to September 2023**



Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/september-2023>

## The Fit Note from The Perspective of the Individual, the Employer and Healthcare Professionals

### The Individual

**The current approach can create negative consequences for the individual.**

- Limited information provided on a fit note about how an employer could support the employee more effectively or linking the ‘fit note’ to effective occupational assessment reduces the likelihood of access to expert support to remain in or to return to work.
- **The evidence shows that the longer you are signed off, the less likely you are to return to work.** The Society of Occupational Medicine have stated that one-third of people are signed off work for four weeks or longer, by which time 20% will never return to work. Once people are signed off for six months, 80% of them will never return to work.<sup>35</sup>
- **A gradual transition to working a greater number of hours enables an individual to remain in work** – this is particularly the case for mental ill-health.<sup>36</sup>

### The Employer

**The current approach does not respond to the needs of employers.**

- **There is a substantial ‘information gap’.** The majority of employers who responded to a recent Government consultation described how it was sometimes difficult to act on fit notes because the information was “not always clear, unambiguous or written in plain English”.<sup>37</sup>
- **There can also be misunderstandings over the purpose of the ‘fit note’**, which is framed as providing general advice on employees’ fitness to work verses what some employers want: for specific guidance on an employee’s ability perform their job. This is the reason why enhanced occupational health provision is advisable and why Policy Exchange has advocated for enhanced provision in our recent report, *None of Our Business?*<sup>38</sup>
- **Employers expect a diagnosis, but do not regularly get one, representing a disconnect between how employers and healthcare professionals regard as the primary function of the fit note.** Of the 892,816 fit notes issued in England in September 2023, a diagnosis against NHS England’s coding (ICD10 chapter) was not provided in 625,045 cases (70% of the total). Of diagnoses which were provided in September 2023, over 40% were for mental and behavioural disorders and a further 20% were for diseases of the musculoskeletal system. For a break down, see Fig. 11 below.

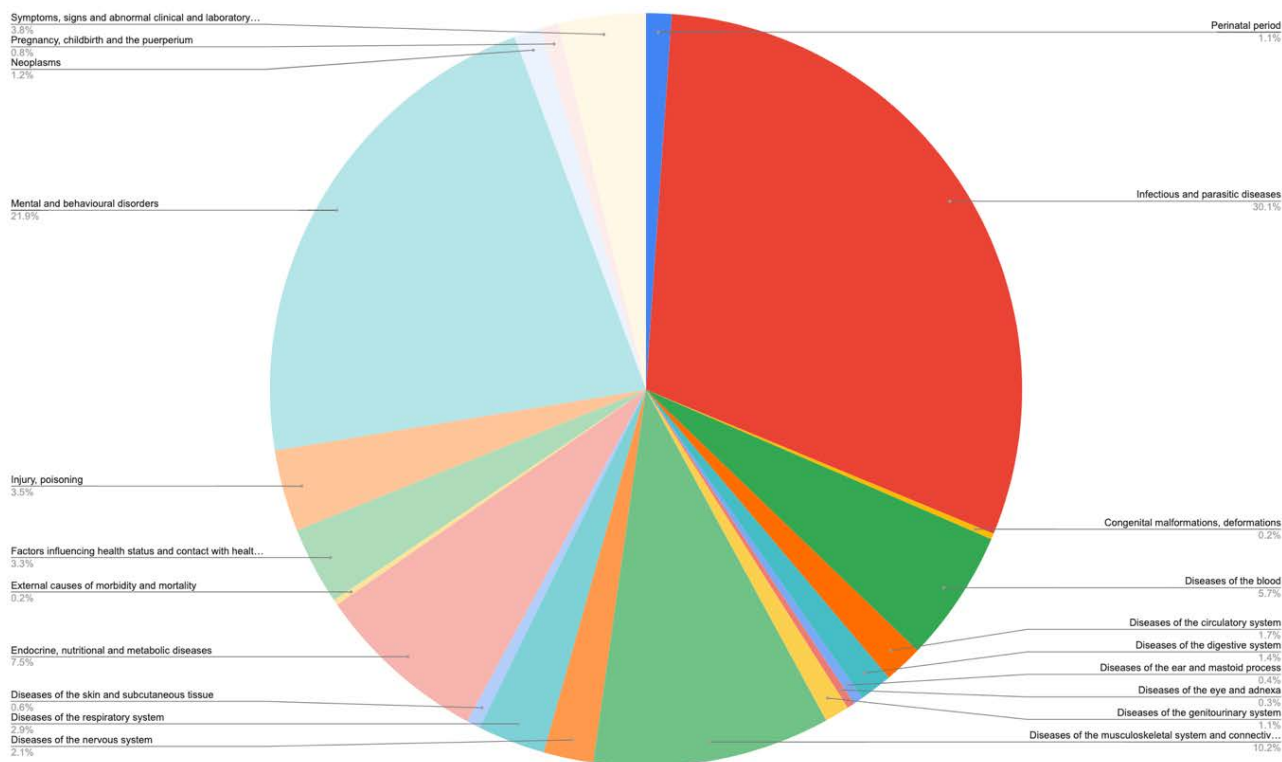
35. <https://www.peoplemanagement.co.uk/article/1813638/doctors-may-told-sign-fewer-people-off-work-%E2%80%93-mean-hr>

36. <https://assets.publishing.service.gov.uk/media/5f294e94d3bf7f1b111924ac/exploring-perceptions-and-attitudes-towards-extension-of-fit-note-certification.pdf>

37. <https://assets.publishing.service.gov.uk/media/5f294e94d3bf7f1b111924ac/exploring-perceptions-and-attitudes-towards-extension-of-fit-note-certification.pdf>

38. <https://policyexchange.org.uk/publication/none-of-our-business/>

Figure 12 – Number of fit notes, by diagnosis (ICD10 chapter), England, April 2021 to December 2023



Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023>

- **Employers want guidance on how to support their employees health effectively and to tailor workplace support.** Employers need a reliable guide as to who has or does not have ‘work-limiting’ conditions or disabilities. As one respondent to the recent Government consultation said:

‘It’s quite frustrating the level of detail some of the doctors will put on fit notes... We’ve had fit notes before where it just says ‘unwell’ and you’re like ‘well what does that mean?’ and they’ve been signed off for a month... ‘Does that mean they’ve got a cold? They’ve broken their leg?’. Unless your employee’s going to then give you more information... you can’t do anything [to support them] as you don’t know what the issue is. That’s really not uncommon...’

**Employer, 50-249 employees, HR function, mostly office-based work)<sup>39</sup>**

39. <https://assets.publishing.service.gov.uk/media/5f294e94d3bf7f1b111924ac/exploring-perceptions-and-attitudes-towards-extension-of-fit-note-certification.pdf>



- **Employers are concerned about misuse of sickness certification.** Employers expressed concern about individuals ‘shopping’ around for fit notes also thought that it may lead to longer periods of time off work than was necessarily required.<sup>40</sup> An improved NHS IT infrastructure could mitigate these risks by ensuring that more healthcare professionals have access to patient clinical records. Policy Exchange has advocated for this consistently, including in *A Fresh Shot*.<sup>41</sup>
- **Employers often have ineffective or limited processes in place to manage individuals whose fitness to work is limited.** Two in five employers (41%) do not have a specific policy in place to manage sickness absence.<sup>42</sup> One in eight employers do not report paying any form of sick pay (13%).<sup>43</sup> Large employers are far more likely to have some form of occupational health provision and are more likely to purchase long-term contracts (48%) compared to small and medium employers (24% and 26% respectively).<sup>44</sup> Policy Exchange has explored the topic of occupational health provision in some length in our recent report, *None of Our Business*.<sup>45</sup>

### Healthcare Professionals

“Everyone it seems has something to gain from sickness certification, except for the besieged doctors in the middle of it all”

**Adrian Massey, *Sick Note Britain: How Social Problems Became Medical Issues* (London, 2019), p. 258**

Although some sickness certification is undertaken in secondary care settings, general practitioners (GPs) have remained largely responsible for the task since the foundation of the NHS. From April 2021 to December 2023, GPs certified over 91% of fit notes (see Table 1, below).

The proportion of GP appointments dedicated to the task of assessing an individual’s fitness for work can be quite extensive and has been estimated to be in region of 10 to 35% of all appointments.<sup>46</sup>

40. <https://assets.publishing.service.gov.uk/media/5f294e94d3bf7f1b111924ac/exploring-perceptions-and-attitudes-towards-extension-of-fit-note-certification.pdf>

41. <https://policyexchange.org.uk/publication/a-fresh-shot/>

42. <https://assets.publishing.service.gov.uk/media/60f59b6c8fa8f50c774582d9/sickness-absence-and-health-in-the-workplace-report.pdf>

43. <https://assets.publishing.service.gov.uk/media/60f59b6c8fa8f50c774582d9/sickness-absence-and-health-in-the-workplace-report.pdf>

44. <https://assets.publishing.service.gov.uk/media/60f59b6c8fa8f50c774582d9/sickness-absence-and-health-in-the-workplace-report.pdf> (p. 94)

45. <https://policyexchange.org.uk/publication/none-of-our-business/>

46. <https://academic.oup.com/fampra/article/25/1/20/707693?login=false>

**Table 1 – Number and proportion of fit notes issued by Issuer Profession, England, April 2021 to December 2023**

	Doctor	Nurse	Pharmacist	Physiotherapist	Occupational Therapist
# of fit notes issued	7,287,306	534,393	108,985	48,459	2,184
% of total fit notes issued	91.3	6.7	1.4	0.6	0.1
% of fit notes “not fit for work”	93.6	94.6	94.3	72.9	87.2
% of fit notes “maybe fit for work”	6.4	5.4	5.7	27.1	12.8

Source: <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023>

However, amid significant pressures in primary care, greater discussion over the prospective reforms – and even the future role of GPs in sickness certification have been discussed. A Government-commissioned review, published in August 2020, highlights the current issues which range from “time constraints in primary care to limitations of the fit note itself”.<sup>47</sup>

In the mid 2000s, the British Medical Association suggested that patients ought to be able to self-certify for a longer period and were highly critical of recent suggestions to seek for GPs to reduce the number of fit notes issued overall, describing the notion as ‘ridiculous’.<sup>48</sup>

- **Many GPs believe that the system has become de-facto self-certification and that certifying a patient ‘not fit for work’ has become the ‘path of least resistance’ in a time-pressured, ten-minute appointment.**<sup>49</sup> As one of the respondents to a recent consultation said: “I don’t have the power to say to a patient: ‘I don’t agree with you, I think you should go to work’, if a patient says I can’t work... As a GP, we only have 10 minutes with the patient, and we’re certainly not trained to assess people’s occupational health.” This can be quantified. One study found 70% of GPs felt the patient’s judgment had to be relied upon: effectively a system of ‘certification upon demand’.<sup>50</sup> As one author has recently put it rather scathingly: “the medical consultation is now less a consultation, where the professional offers their unvarnished opinion in good faith and with the best interests of the individual in mind, and more like booking a holiday with a travel agent. The individual’s assertion that they are ill is challenged no more than their expression of desire to take a holiday”.<sup>51</sup>

47. <https://assets.publishing.service.gov.uk/media/5f294e94d3bf7f1b111924ac/exploring-perceptions-and-attitudes-towards-extension-of-fit-note-certification.pdf>

48. <https://www.pulsetoday.co.uk/news/politics/gps-may-be-asked-to-limit-fit-notes-as-part-of-ridiculous-government-plans/>

49. <https://assets.publishing.service.gov.uk/media/5f294e94d3bf7f1b111924ac/exploring-perceptions-and-attitudes-towards-extension-of-fit-note-certification.pdf>

50. <https://academic.oup.com/occmed/article/55/7/523/1421931>

51. Adrian Massey, *Sick Note Britain: How Social Problems Became Medical Issues* (London, 2019), p. 145

- **Many GPs are concerned about professional liability**, with some reflecting that the “complaints rules are stacked against us”. As one experienced GP has put it, “any attempt to thwart even blatantly fraudulent claims can set in motion a process which takes months to resolve, wastes countless hours and has a very negative effect on the doctor. Not only that, all complaints have to be disclosed at the annual appraisal and can result in your licence to practice being called into question. No surprise doctors avoid confrontation.” Indeed, patients are reporting doctors to the General Medical Council (the doctor’s regulator) with increasing frequency. This is despite Government advice on the matter stating: “Your liability for the advice you provide goes no further than your responsibility to carry out a suitable clinical assessment of your patient’s health condition. Your patient’s employer is responsible for undertaking a suitable risk assessment to accommodate your clinical judgement.”<sup>52</sup>
- **Some GPs are of the view that the ‘fit note’ is not being effectively used in its current form.**<sup>53</sup> A report conducted by the Department of Work and Pensions found that GPs felt that the fit note had improved their ability to advise patients about returning to work, however, there is a disconnect between the desire of GPs to maintain a trusting, effective relationship with their patients and the amount of detail they wish to share, i.e. a diagnosis for the purposes of the fit note, which is desired by employers.<sup>54</sup>
- **GPs have long cited a lack of training in the ‘occupational’ nature of their work – or specifically in occupational medicine in both undergraduate and postgraduate curricula as a limiting factor in the ability to provide effective advise on adjustments or return to work.**<sup>55</sup> In one study, 63% of GPs stated they had either no or exceptionally limited training in sickness certification – citing 4.1 hours over the course of medical school studies on average.<sup>56</sup> GPs with an interest in health and work, such as those with the Diploma in Occupational Health working in general practice, could be instrumental in cultivating good practice around making the most of the fit note in their teams and networks. In one study, 10%–32% of patients seen by GPs who had received the Diploma in Occupational Medicine used the ‘maybe fit for work’ option.<sup>57</sup>
- **Extending ‘fit note’ certification to a broader range of health care professionals.** In June 2022, DWP enabled a wider range of healthcare professionals to certify fit notes, including nurses, occupational therapists, pharmacists, and physiotherapists.<sup>58</sup> All of the participant groups of a study conducted by Ipsos on behalf of DWP noted that the extension of fit note certification powers to a wider range of health care professionals could reduce instances of fit note misuse and enhance advise on adjustments.<sup>59</sup> Based on the latest evidence, physiotherapists, who certify only 0.7% of all

52. <https://www.gov.uk/government/publications/fit-note-guidance-for-healthcare-professionals/getting-the-most-out-of-the-fit-note-guidance-for-healthcare-professionals#:~:text=You%20should%20consider%20the%20health,of%20your%20patient's%20health%20condition.>

53. See for instance: <https://bjgp.org/content/71/712/525>

54. <https://www.gov.uk/government/publications/general-practitioners-attitudes-towards-patients-health-and-work-2010-to-2012-rr-835>

55. <https://academic.oup.com/occmed/article/61/3/152/1510919?login=false>. See also: <https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/influence-of-prior-training-on-gps-attitudes-to-sickness-absence-certification-postfit-note/2B4A8D-532FA0486B49FC92495E2E47EE>

56. <https://academic.oup.com/occmed/article/59/8/580/1371098?login=false>

57. <https://oem.bmj.com/content/75/7/530.long>

58. <https://www.pulsetoday.co.uk/news/workload/government-may-further-expand-professionals-who-can-sign-fit-notes/>

59. <https://assets.publishing.service.gov.uk/media/5f294e94d3bf7f1b111924ac/exploring-perceptions-and-attitudes-towards-extension-of-fit-note-certification.pdf>

fit notes are far less likely to sign 'not fit for work' (in only ca. 70% of cases). Expanding the range of professionals able to certify – to the practice nurse, occupational therapist, physiotherapist or pharmacist can enable the particular skill sets of each professional group to provide more tailored advice to patients and make better use of the 'may be fit for work' section—a physiotherapist advising on return to work for a patient with back pain, for example.<sup>60</sup>

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60. <https://academic.oup.com/ocmed/article/72/8/503/6881486?searchresult=1>

## Chapter 2 – The Link Between Sickness Certification and Welfare

In the UK, the total economic cost of sickness absence and ill health as a result of lost productivity through worklessness, informal care giving, and health-related productivity losses, are estimated to be over £100bn annually. The costs to the UK Government in benefit payments, additional health costs, and forgone taxes and National Insurance – are estimated to be £50bn.<sup>61</sup>

**Table 2 – Health-Related Benefits and Sickness Absence Support**

Employed	Benefit Claimant	Explainer	
Day 1	'Self-Certification' of Sickness/No requirement to produce 'fit note'	Employment and Support Allowance (ESA)  Universal Credit (UC)	In absences between 1-7 days, an employer may request that a private 'fit note' is produced by a GP practice – this incurs a charge.
Day 3	<b>Claim for Statutory Sick Pay (SSP) can be made</b>  If an individual is employed but cannot work, the employer will often pay SSP for up to 28 weeks.	Claimants of Universal Credit (UC) can claim SSP, but UC payments reduced as a result.	The UK government spent <b>approximately 72 million pounds</b> on statutory sick pay in 2021/22, compared with 54 million in 2020/21. A growth of 33%. <sup>62</sup>
Day 7	<b>Fit Note required.</b> Self-Certification of Absence no longer permitted		
Day 28		Recipients of UC required to submit documentation and to attend the <b>Work Capability Assessment (WCA)</b>	
Day 196	SSP no longer covered past twenty-eight (28) weeks of absence		Only France and the Netherlands have longer legal durations of sick pay (both 250 days)

61. [https://assets.publishing.service.gov.uk/media/5ff3064cd3bf7f089339c039/PHE\\_WH\\_infographics\\_V18\\_3.pdf](https://assets.publishing.service.gov.uk/media/5ff3064cd3bf7f089339c039/PHE_WH_infographics_V18_3.pdf)

62. For a comparison of sick pay regimes internationally, see: <https://www.sciencedirect.com/science/article/pii/S016885102200104X>

Day 197	Individual may become eligible for Universal Credit or Employment and Support Allowance (ESA)		
Indefinite Timeframe		No maximum legal duration of sickness benefits	UK's spending on incapacity-related benefits (1.3 per cent of GDP) was slightly below the OECD average (1.6 per cent of GDP).  Most states stipulate a limited period for sickness benefits (unlike the UK), Portugal at 800 days and Netherlands (700+) are two of the most generous <sup>63</sup>

**Health-Related Welfare encompasses:**

- **‘Incapacity’ benefits**, which includes health-related universal credit (UC) and employment and support allowance (ESA). These are both means- and needs-tested for those out of work;
- **‘Disability’ benefits** – which includes the personal independence payment (PIP) and its predecessor (the disability living allowance (DLA))– which are needs- (but not means-) tested and are intended to cover the costs faced by disabled people, both in and out of work.<sup>64</sup>

**Bending the Demand Curve**

There have been significant changes to the geography and demography of welfare recipients in recent decades. In the mid 1990s, “a quarter of all men between fifty-five and sixty four were receiving incapacity benefits”.<sup>65</sup>

Today, the number of working age people in the UK self-reporting a disability that restricts their daily activities was 10.2m in 2023 (24% of the 42.3m people of working age) up from 6.6m in 2012/13. Compared to the figures for the year 2016-17, monthly onflows in 2022-23 had nearly doubled for disability benefits (up 97 per cent) and nearly tripled for incapacity benefits (up 180 per cent).<sup>66</sup> The incapacity approval rate has also risen over time. In the Work Capability Assessment’s first full year of operation in 2009-10, 35 per cent of new claimants assessed were approved. This share increased rapidly over the following years, doubling to 70 per cent by 2014-15.<sup>67</sup>

64. <https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#chapter-2>

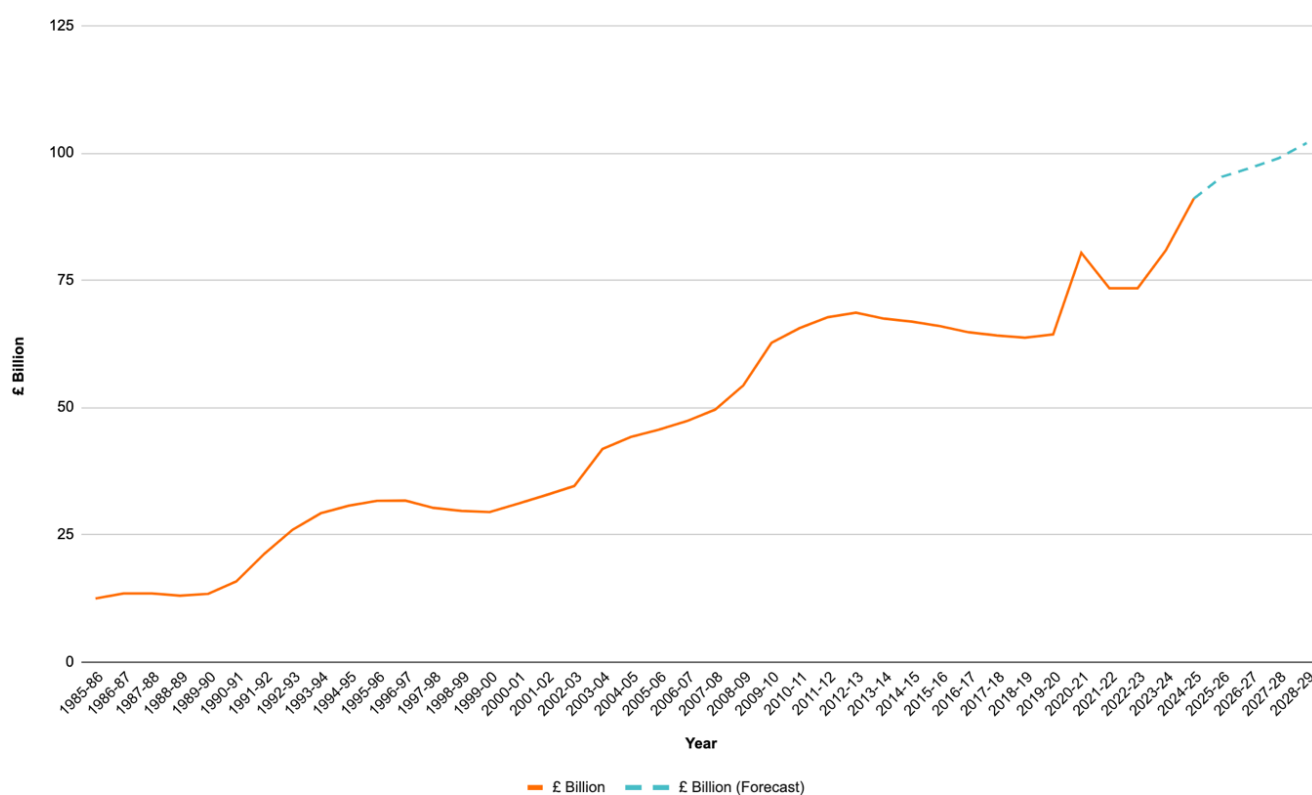
65. Paul Johnson, *Follow The Money* (London, 2023), p. 161

66. [https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#\\_ftn31](https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#_ftn31)

67. [https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#\\_ftn31](https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#_ftn31)

63. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3593413](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3593413)

Figure 13 – Recent and Forecast Expenditure on Universal Credit and Legacy Benefits, 1985-2029



Source: <https://obr.uk/forecasts-in-depth/tax-by-tax-spend-by-spend/welfare-spending-universal-credit/>

As the Office for Budget Responsibility (OBR) has recently concluded, “there appears to be little evidence that changes in the generosity, purely in money terms, of different parts of the welfare system have contributed significantly to rising health-related benefit caseloads and therefore to people describing themselves as inactive due to long-term sickness”. However, they also state: “it is worth considering whether the welfare system itself might have contributed to the rise in measures of health-related economic inactivity. One reason for a link is that people’s responses to inactivity-related questions in the Labour Force Survey are likely to be strongly influenced by how the welfare system classifies and engages with them. A causal link between welfare and inactivity might arise due to changes in some combination of the generosity of support (relative to unemployment benefits), their degrees of conditionality, the functioning of the assessment regimes, and the extent of back-to-work support provided to people on health-related benefits.”<sup>68</sup>

68. [https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#\\_ftn31](https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#_ftn31)

### Employment and Support Allowance (ESA)

- Individuals can be eligible if employed but don't have access to SSP (because employer does not pay it), if you're not earning enough, if you have been off more than 28 weeks (and SSP has ended) or if you're unemployed.

### Universal Credit

- **1.8 million of the current 5.6 million on Universal Credit (UC) are so for health-related reasons. This is roughly a third of the total (32%)**
- **The proportion of people in receipt of UC health-related benefits without conditionality (currently 37%) has increase** (See Fig. 16 & 17).<sup>69</sup>
- Whilst the number of assessments has risen across all age groups and across all regions, there are significant regional variations in the assessment caseload (See Fig. 19)

When applying for UC, claimants are asked whether they have a health condition or disability that affects their capability for work. If that health condition or disability continues for four weeks or more, individuals are referred for a **Work Capability Assessment (WCA)**, the first stage of which is to complete the 'Capability for Work' (UC50) health questionnaire.

The WCA was introduced in 2008 to determine entitlement to benefits that help cover day-to-day living costs for people whose capability for work is limited by a disability or health condition. Medical evidence must be provided to support claims. Assessments are carried out by a private provider on behalf of the DWP, called the Health Assessment Advisory Service (HAAS). The majority of assessments are currently conducted remotely (see Fig. 14).

Following the WCA, the health care professional undertaking the assessment will send an outcome report with advice and recommendations to DWP. The decision maker will consider that advice and recommendations alongside any other relevant medical information available. Using these resources, they will decide if the claimant is one of the following<sup>70</sup>:

1. **Fit for work:** the individual has limited capability, so is fit for work
2. **Limited Capability for Work group (LCW):** will be asked to perform some work-related activities, including: attending work-focused interviews with a job coach or undertaking work-focused training that might help you get a job in the future.<sup>71</sup>
3. **Limited Capability for Work and Work-related Activity (LCWRA)** [will be renamed 'Health Group' following recent consultation, used to be called 'Support Group']: This cohort will not be expected to work or perform any work-related activity, nor be expected to attend work-

69. <https://www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-11-january-2024/universal-credit-statistics-29-april-2013-to-11-january-2024>

70. <https://www.gov.uk/government/publications/universal-credit-if-you-have-a-disability-or-health-condition-quick-guide/universal-credit-if-you-have-a-disability-or-health-condition#limited-capability-for-work-and-work-related-activity>

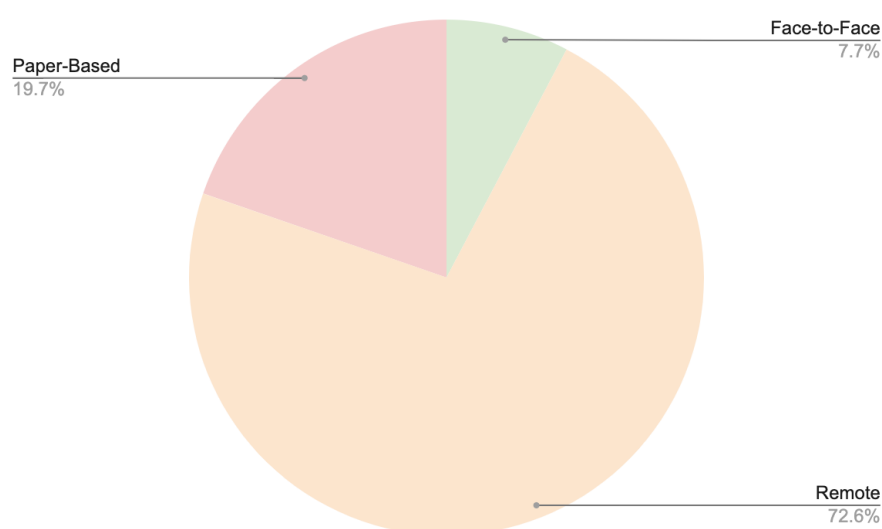
71. <https://www.mentalhealthandmoneyadvice.org/en/welfare-benefits/will-i-need-a-work-capability-assessment-to-claim-benefits/work-capability-assessment-decisions-and-groups-explained/#:~:text=The%20DWP%20usually%20decide%20what,or%20illness%20is%20severe%20and>



focused interviews or other activities that help find employment. They receive an additional £4,700 a year on top of the £4,400 standard allowance (more than doubling the standard award for single claimants), and face no conditionality. Including those in the equivalent parts of the legacy and contributory systems, there were 2.3 million claimants in this group in 2022-23.<sup>72</sup>

If individuals have been determined as having either Limited Capability for Work (LCW) or Limited Capability for Work-Related Activity (LCWRA), currently, they will not need to undergo another WCA unless a review is due, or unless their health condition changes.

**Figure 14 – UC Assessment Modality, May 2023**



Source: <https://questions-statements.parliament.uk/written-questions/detail/2023-06-19/190229>

These outcomes determine:

- entitlement to Employment and Support Allowance (ESA),
- entitlement of Universal Credit (UC) claimants to an additional 'limited capability for work and work-related activity' (LCWRA) amount for ill health or disability,
- whether UC claimants without children are allowed to earn a certain amount each month (the work allowance) before their UC payment is affected, and
- what, if any, work-related conditions claimants are required to meet.

72. [https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#\\_ftn31](https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#_ftn31)

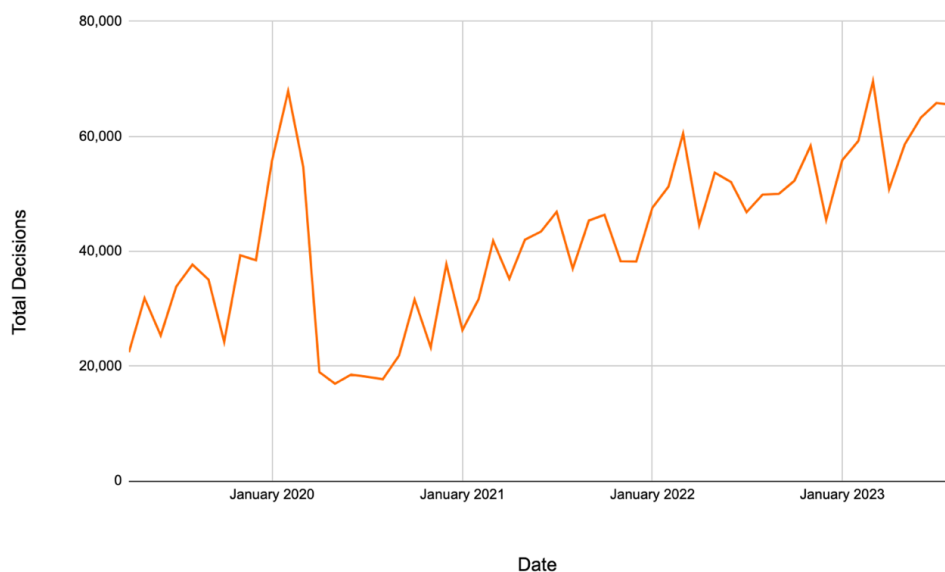
**What the Current Data Tells Us<sup>73</sup>**

**3.2 million claimants were in the health-related part of the means-tested, working-age welfare system in 2022-23.**

**Of which, 1.8 million people were on 'UC health' in 2023.<sup>74</sup>**

- of these, 230,000 (12%) had acceptable medical evidence of a restricted ability to work pre-WCA;
- 340,000 (18%) were assessed as limited capability for work (LCW),
- 1.3 million (70%) were assessed as limited capability for work and work-related activity (LCWRA)
- 52% of claimants were female
- 38% were aged 50+; 11% aged under 25
- The latest DWP figures show that average of 2.7 types of medical condition recorded.<sup>75</sup>
- Mental and behavioural disorders are now the most likely medical condition to be recorded (69%), with musculoskeletal issues (48%) the second most likely.<sup>76</sup>

**Figure 15 – Universal Credit Work Capability Assessment - Total decisions, April 2019 to August 2023**



**Source:** <https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-september-2023/universal-credit-work-capability-assessment-april-2019-to-september-2023#:~:text=Of%20those%20on%20the%20caseload,for%20work%20and%20work%2Drelated>

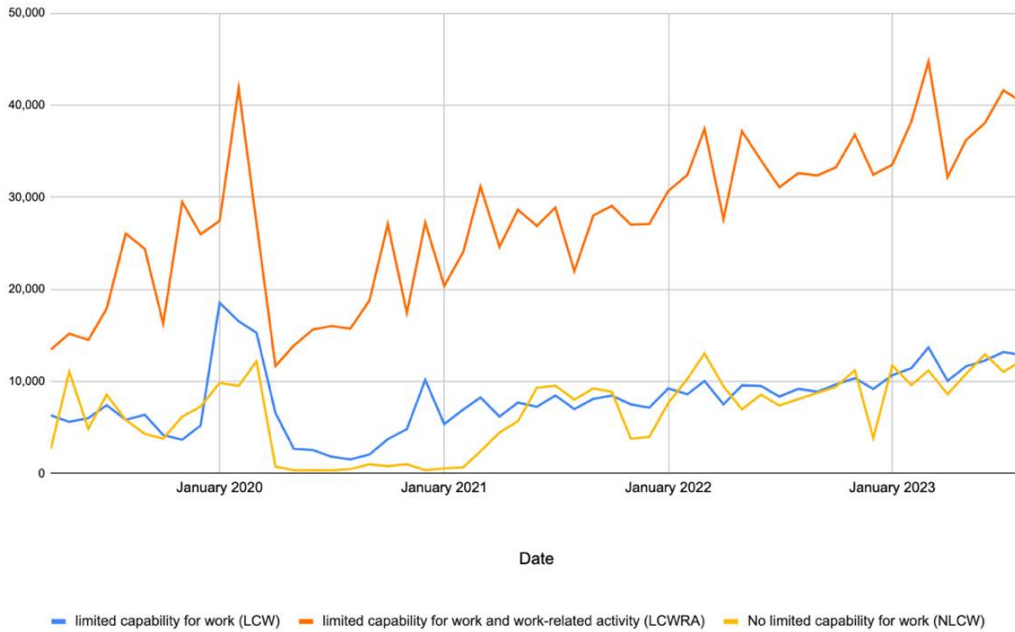
73. In mid-March 2024, the DWP published data on the medical conditions recorded during Work Capability Assessments for UC. The data will be made available quarterly and is accessible here: <https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-december-2023/universal-credit-work-capability-assessment-april-2019-to-december-2023>

74. <https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-september-2023/universal-credit-work-capability-assessment-april-2019-to-september-2023#:~:text=Of%20those%20on%20the%20caseload,for%20work%20and%20work%2Drelated>

75. <https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-december-2023>

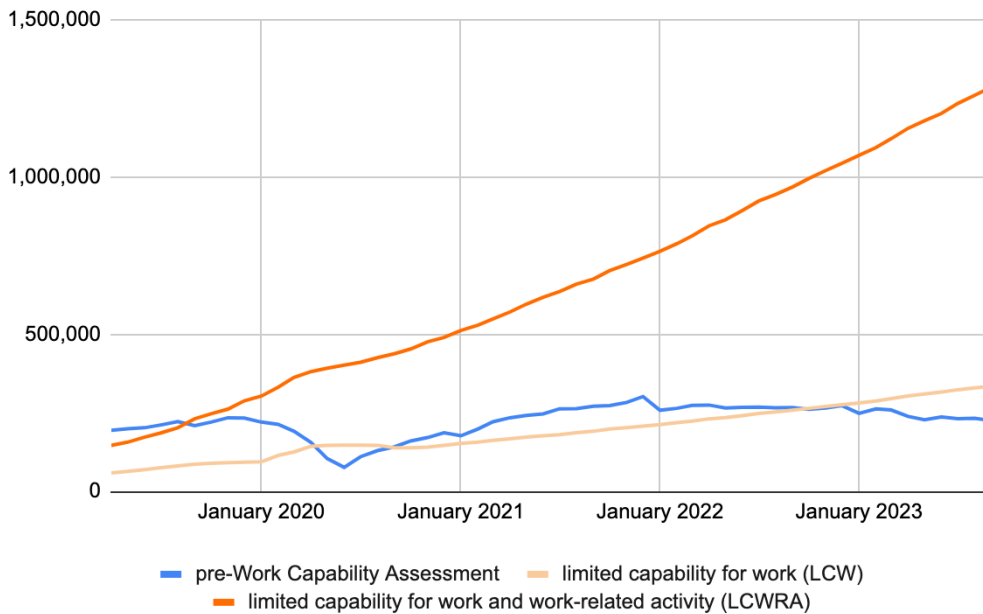
76. <https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-december-2023>

Figure 16 – Universal Credit Work Capability Assessment decision outcome each month, April 2019 to August 2023



Source: <https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-september-2023/universal-credit-work-capability-assessment-april-2019-to-september-2023#:~:text=Of%20those%20on%20the%20caseload,for%20work%20and%20work%2Drelated>

Figure 17 – Work Capability Assessment Outcome, April 2019 to September 2023



Source: <https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-september-2023/universal-credit-work-capability-assessment-april-2019-to-september-2023#:~:text=Of%20those%20on%20the%20caseload,for%20work%20and%20work%2Drelated>

Figure 18 - UC WCA caseload by age band, April 2019 to September 2023

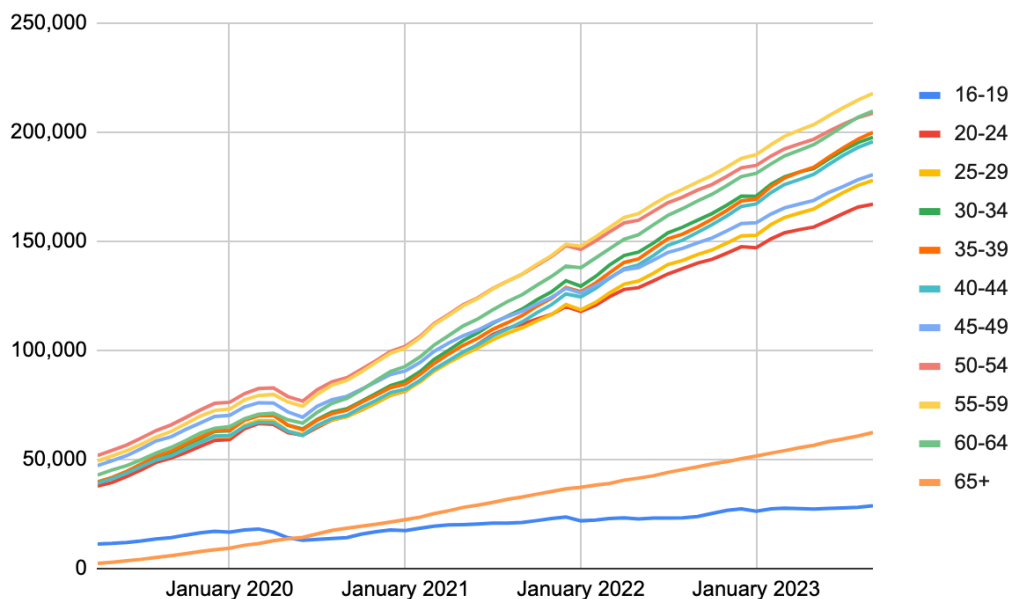


Figure 19 - UC WCA caseload by region and proportion of Universal Credit claimants, April 2019 to September 2023

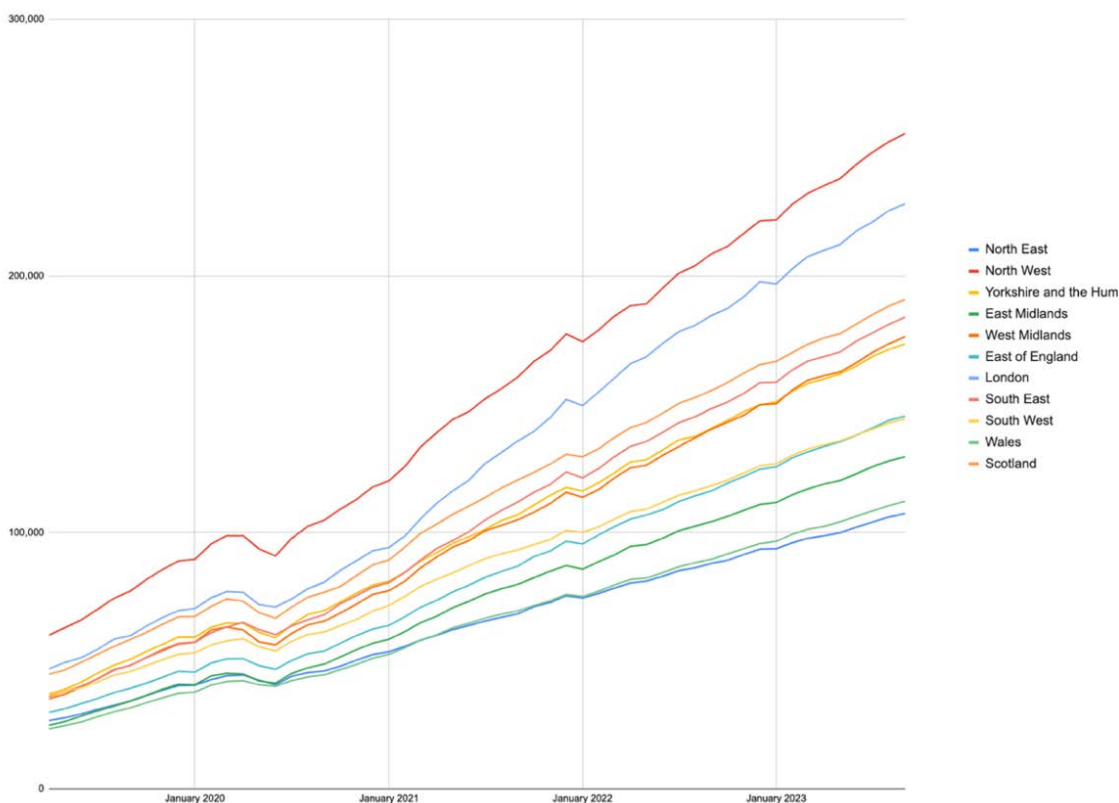
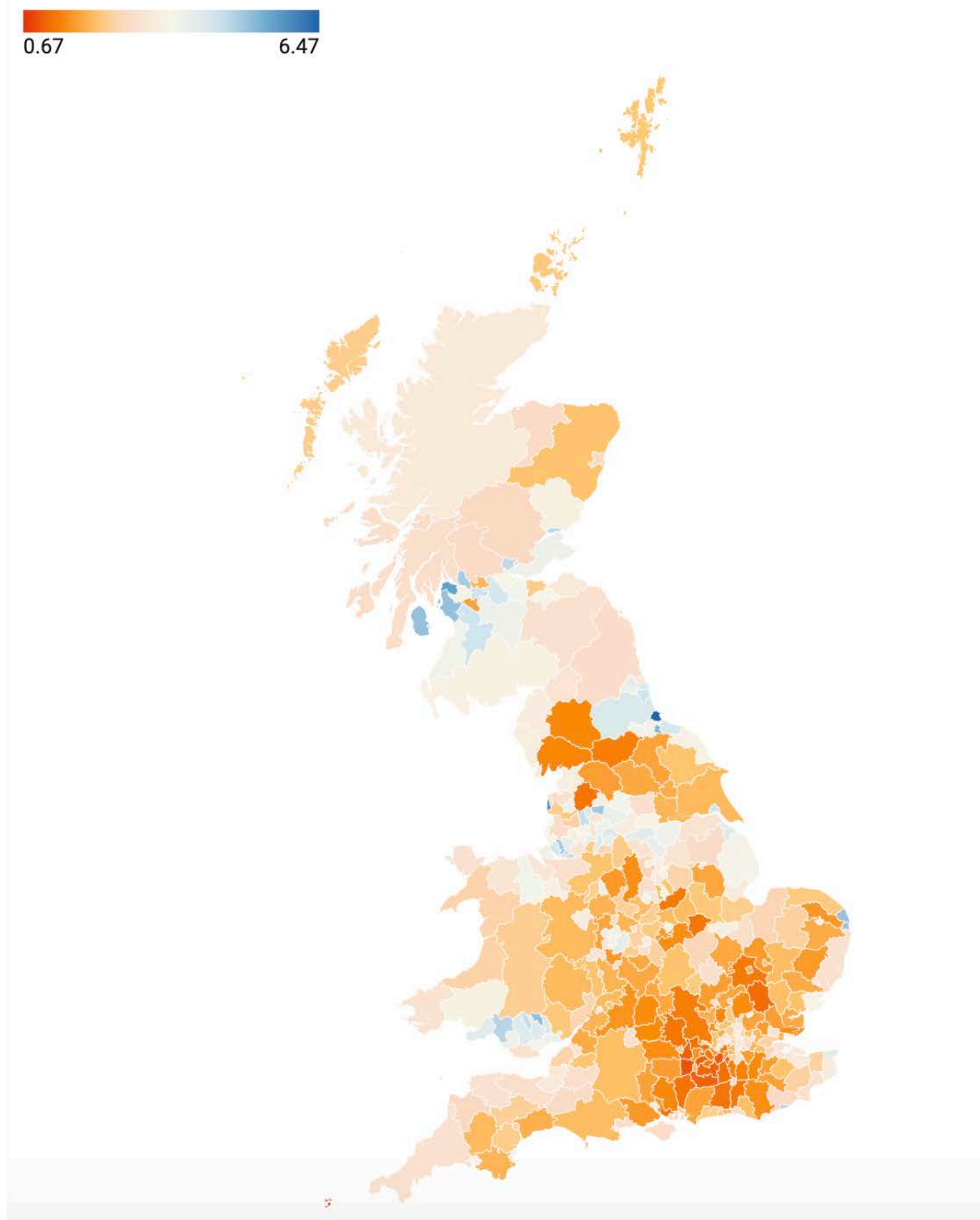


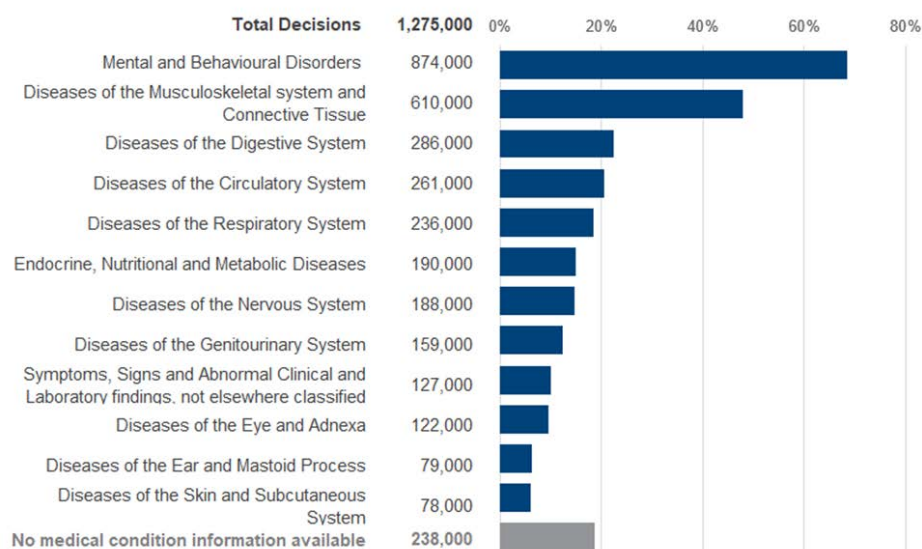
Figure 20 – A Heatmap Depicting % Total Local Authority Population by Universal Credit Work Capability Assessment Caseload, September 2023



**Table 3 – Twenty Local Authorities in England, Scotland and Wales with the Current Highest Proportion of WCA Caseloads**

#	Local Authority	% Total Population by Universal Credit / Work Capability Assessment Caseload
1	Hartlepool	6.47
2	Blackpool	5.71
3	Inverclyde	5.56
4	Middlesbrough	5.21
5	Blaenau Gwent	5.08
6	North Ayrshire	5.07
7	Great Yarmouth	5.05
8	Knowsley	4.96
9	Burnley	4.95
10	West Dunbartonshire	4.89
11	Hastings	4.76
12	Neath Port Talbot / Castell-nedd Port Talbot	4.75
13	Dundee City	4.67
14	Clackmannanshire	4.67
15	Merthyr Tydfil / Merthyr Tudful	4.61
16	Blackburn with Darwen	4.61
17	Halton	4.56
18	Glasgow City	4.56
19	East Ayrshire	4.49
20	Sunderland	4.49

Figure 21 – Universal Credit WCA decisions, Great Britain, January 2022 to November 2023 by medical condition (ICD summary group)



Source: <https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-december-2023/universal-credit-work-capability-assessment-april-2019-to-december-2023>

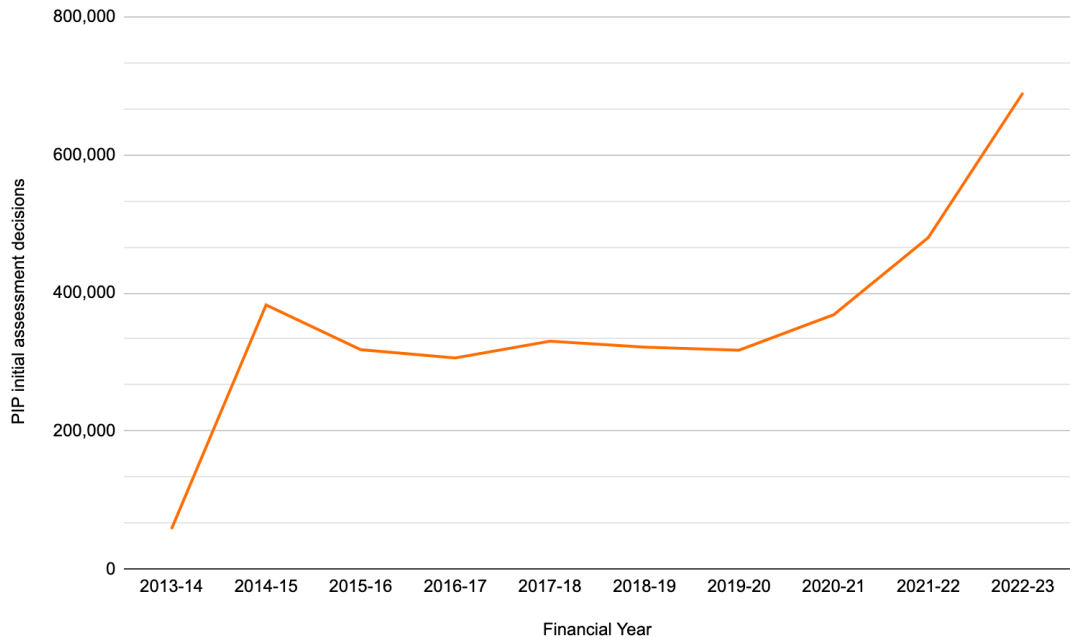
Note: Claimants can be recorded across multiple ICD10 Classifications, but are only shown once within a Classification. Primary conditions are not recorded.

In March 2023 the government published a health and disability White Paper, which proposed a range of reforms to health-related, including the phasing-out of the Work Capability Assessment (WCA) and its replacement with the current approach taken to the other health-related benefit not yet mentioned, the Personal Independence Payment (PIP).<sup>77</sup>

77. <https://www.gov.uk/government/publications/transforming-support-the-health-and-disability-white-paper/transforming-support-the-health-and-disability-white-paper>

Personal Independence Payment (PIP)

Figure 22 – PIP statistics by period of initial decision (April 2013-September 2023)



Source: <https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-april-2023/personal-independence-payment-statistics-april-2013-to-april-2023>

The WCA does not determine entitlement to the Personal Independence Payment (PIP), which is a different kind of benefit from either Employment Support Allowance or UC. PIP is intended to help with the extra costs arising from ill health or disability, rather than replacing the income of those with limited capability for work, and has a separate assessment process.<sup>78</sup>

Individuals are ‘scored’ on ability to conduct ‘daily living’ tasks and on their ‘mobility’.<sup>79</sup> PIP claimants are entitled to between £117 and £749 per month –the precise amount awarded will ultimately depend however on the severity of disability.<sup>80</sup>

PIP is not means-tested, nor subject to conditionality and can be claimed at the same time as other benefits and by people either in or out of work. It is more commonly claimed among those out of work –16 per cent of the working-age PIP caseload works.<sup>81</sup> Among working-age adults in England and Wales, new claims for PIP have increased by two-thirds (68 per cent) between early 2020 and early 2024. Older adults aged 55-64 are the age group most likely to claim PIP, but among young people, the rise in PIP claims in recent years has been most pronounced. The number of new PIP claims in England and Wales is up 138 per cent for 16-17-year-olds, and up 77 per cent for 18-24-year-olds. Between November-January 2023 and November-January 2024, new claims among 16-64-year-olds in England and Wales increased by 14 per cent.<sup>82</sup>

78. <https://commonslibrary.parliament.uk/research-briefings/cbp-9800/>

79. <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-claim/how-decisions-are-made/>

80. <https://www.econstor.eu/bitstream/10419/282954/1/1869399129.pdf> (p. 4)

81. [https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#\\_ftn31](https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#_ftn31)

82. <https://www.resolutionfoundation.org/publications/a-u-shaped-legacy/>



## Conclusions

**Further reform of the ‘fit note’ system is urgently required.** We propose the development of two new categories called ‘Further Assessment’ and ‘Ongoing Assessment’ to incentivise onward referral and for employers to facilitate more detailed assessment – particularly by occupational health professionals.

- **‘Further Assessment’:** Options should be added to the current form to enable healthcare professionals to “Recommend further assessment from an occupational health professional”
- **‘Ongoing Assessment’:** Should be introduced for those with mental ill-health or chronic conditions where more routine appraisal of fitness to work would be required.

**In any instance where an individual is ‘signed off’ with a diagnosis of mental ill-health for more than 28 days, they should be referred for ‘Ongoing Assessment’.** Except for a limited number of conditions – which should be defined by the Government – individuals should no longer be able to request a repeat ‘fit note’ without ‘Further’ or ‘Ongoing Assessment’ which should be delivered by a relevant, qualified professional to provide continuity.

**Further reforms to incapacity and sickness benefits should be made to improve support for return to work.** The disability employment rate across the UK was 53.6% in Q2 2023, compared to 82.5% for non-disabled people.<sup>83</sup> Far greater emphasis is therefore required in providing the effective support and providing the ongoing assessment to enable individuals to find good work.

Proposed reforms to the WCA would base benefit entitlement on the assessment of mobility and ability to do daily living tasks (currently used for PIP eligibility) – the part of the system that has been growing most quickly for years. As the Institute for Fiscal Studies have noted, “this runs the risk of faster growth in spending on health-related benefits in the future”.<sup>84</sup>

A single assessment for incapacity and work capability should be created, merging the Work Capability Assessment and Personal Independence Payment.<sup>85</sup> In tandem, the Government should set targets to shift the proportion of assessments which are exclusively paper-based to those which are conducted remotely (via video) or which are conducted in-person. The current approach limits effective engagement and we regard it as one of the drivers of the significant proportion of individuals who are in receipt of benefits without conditionality.

Ultimately, creating a more proactive, and effective approach to assessing fitness to work must be regarded as a priority for the Government in the coming months.

83. <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023>

84. <https://www.econstor.eu/bitstream/10419/282954/1/1869399129.pdf>

85. This was proposed in 2019: <https://www.disabilityrightsuk.org/news/2019/march/combining-wca-and-pip-assessments-what-does-it-mean>

# Appendix

**Table 4 – Sickness Certification and Sickness Benefits in England since 1948**

Year	Description
1948	<b>The National Insurance medical certificate, or the ‘sick note’ introduced.</b> <sup>86</sup>
1971	<b>Introduction of Invalidity Benefit</b>
1995	Introduction of Incapacity Benefit
2008	<b>Work Capability Assessment introduced to govern access to the Employment and Support Allowance (ESA) – this replaces Incapacity Benefit.</b>  <b>Publication of <i>Working for a healthier tomorrow</i>.</b> <sup>87</sup>
2010	<b>The Statement of Fitness for Work (or ‘Fit Note’, Med3 form) introduced across England, Wales and Scotland</b> replacing the previous medical statement which had been largely unchanged for forty years.  <b>Publication of <i>Universal Credit: Welfare That Works</i>.</b> <sup>88</sup> Brings jobseeker’s allowance, child tax credit, income support, employment and support allowance, and housing benefit all under one umbrella of ‘Universal Credit’.
2012	DWP funds project to provide GPs with the ability to produce computer-generated fit notes (eMed3).
2013	<b>Personal Independence Payment (PIP) created</b>
2018	Work and Pensions Committee report concludes failings in the assessment and decision-making processes for both ESA and PIP had resulted in the “pervasive lack of trust” that risked undermining the operation of both benefits. <sup>89</sup>
2020	<ul style="list-style-type: none"> <li>● <b>April:</b> devolution of disability benefits to Scotland, accounting for around £3 billion in spending</li> </ul>
2021	<ul style="list-style-type: none"> <li>● <b>December:</b> Government briefly enables individuals to self-certify sickness for 28 days during the coronavirus pandemic (until January 2022).<sup>90</sup></li> </ul>
2022	<ul style="list-style-type: none"> <li>● April: secondary legislation came into force which removed the requirement for a wet ink signature on a fit note. The new form can now be issued digitally, although some may still be physically signed.</li> <li>● July: fit notes were expanded so that they can now be issued in any clinical setting where an assessment of the patient’s fitness is made. As is illustrated in the new case studies, fit notes will now not only come from GPs, but also from other treating practitioners such as physiotherapists or nurses.<sup>91</sup></li> <li>● November: PIP rollout paused the managed migration of legacy DLA claimants to PIP until April 2028</li> </ul>

86. <https://academic.oup.com/book/43843/chapter/369855214>

87. <https://www.gov.uk/government/publications/working-for-a-healthier-tomorrow-work-and-health-in-britain>

88. <https://www.gov.uk/government/publications/universal-credit-welfare-that-works>

89. <https://publications.parliament.uk/pa/cm201719/cmselect/cmworpen/829/82902.htm>

90. <https://nursingnotes.co.uk/news/clinical/employees-can-now-self-certify-sickness-for-up-to-28-days/>

91. <https://www.lewissilk.com/en/insights/understanding-fit-notes-what-can-employers-learn-from-the-new-guidance>

2023	<ul style="list-style-type: none"> <li>● <b>March:</b> In <i>Transforming Support: The Health and Disability White Paper</i> Government proposes legislating to remove the Work Capability Assessment (WCA) so that in future there is only one health and disability assessment – the Personal Independent Payment (PIP) assessment, meaning there would be no need to be found to have limited capability for work and limited capability to prepare for work to get additional income-related support for a disability or health condition.<sup>92</sup></li> <li>● <b>September:</b> Government launches consultation on proposed changes to the Work Capability Assessment (WCA) as it applies to people with conditions that affect mobilising, continence, social engagement, and getting about.<sup>93</sup></li> <li>● <b>November:</b> Government responds to WCA consultation, proposing<sup>94</sup>: <ul style="list-style-type: none"> <li>● Changes to the Chance to Work Guarantee so most claimants with LCWRA not reassessed, even if they try work and it is not successful.</li> <li>● Limited Capability for Work (LCW) will become “Work Preparation” and LCWRA will become “Health Group”.</li> <li>● Office for Budget Responsibility (OBR) estimates that by 2028/29 there will be 371,000 fewer people with LCWRA than would be the case if no changes had been made.</li> </ul> </li> </ul>
2024	<p>Across 2024/25 and 2025/26, £57m will be made available through a grants competition for approximately fifteen areas to become vanguard (pilot) WorkWell services, which will, ‘drive a joined-up approach to integrating the range of work and health services at local level, including ICBs, local authorities and Jobcentre Plus.’<sup>95</sup></p>

92. <https://www.gov.uk/government/publications/transforming-support-the-health-and-disability-white-paper/transforming-support-the-health-and-disability-white-paper#chapter-4-transforming-the-system-for-the-future-1>

93. <https://www.gov.uk/government/consultations/work-capability-assessment-activities-and-descriptors>

94. <https://www.benefitsandwork.co.uk/news/work-capability-assessment-wca-changes-explained>

95. <https://www.pulsetoday.co.uk/news/work-load/government-to-consult-on-fit-note-process-reform/>

**Table 5 – Overview of Current Government Policies to Minimise Economic Inactivity**

Department	Description of Policy
Department of Health and Social Care (DHSC)	
NHS Talking Therapies	Evidence-based therapies for adults with common mental health conditions, including anxiety disorders and depression. Current policy aims to support an additional 384,000 people over the next five years by increasing the average number of therapy sessions per person.
Individual Placement and Support (IPS)	Model of supported employment, integrated within community mental health teams for people who experience severe mental health conditions or have complex mental health needs, which aims to help people gain and retain employment. Current funding will provide for an additional 100,000 people to access support.
NHS Recovery Plans	The successful delivery of DHSC’s recently-published recovery plans, aim to improve performance of core NHS service, as will the recently-published Major Conditions Strategy framework. <sup>96</sup>
Department of Work and Pensions (DWP)	
Additional Jobcentre Support in England and Scotland	Testing how intensive support can help claimants into work who remain unemployed or on low earnings after 7 weeks into their Universal Credit claim.
Extension of Restart Scheme	Work-support programme assisting claimants to get back to work through coaching, CV and interview skills. Claimant referrals being brought forward to six months from nine months.
Claimant review post-Restart	Universal Credit claimants who are still unemployed after the 12-month Restart programme will take part in a claimant review point: a new process whereby a work coach will decide what further work search conditions or employment pathways would best support a claimant into work. If a claimant refuses to accept these new conditions without good reason, their Universal Credit claim will be closed and benefits stopped.
Post-Restart pathway trials (including phased rollout of mandatory work placements)	Claimants who have not taken up suitable local job offers at the end of Restart (18 months into claim for those who start Restart at 6 months) will be required to accept time-limited work experience or another intensive activity to improve their employability prospects. This will be gradually rolled out from 2024, so the model can be tested and refined.
Targeted Case Reviews	Rooting out fraud and error using Targeted Case Reviews to review Universal Credit claims of individuals on an open-ended sanction and disengaged for over eight weeks, ensuring they receive the right entitlement.

96. <https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2#:~:text=The%20major%20conditions%20strategy%20will%20consider%20the%20differential%20impact%20on,considering%20wider%20determinants%20of%20health.>

Universal Support in England and Wales	100,000 people per year will be matched with vacancies. Participants will access up to 12 months of personalised 'place and train' support. The individual will be supported by a dedicated keyworker, with up to £4,000 of funding available to provide each participant with training, help to manage health conditions or for employers to make necessary adjustments.
Joint DWP-DHSC Programmes	
WorkWell	A new service delivered by DWP and DHSC to support 60,000 long-term sick or disabled people to start and stay in work. Integrated Care Systems across England will be encouraged to develop localised work and health strategies. The service will then be delivered in up to 15 pilot areas.
'Fit Note' Reform	Government working with healthcare professionals to reform 'fit notes'. Reforms due in 2024, (which will inform further rollout to a small number of local health systems (trailblazer sites)) to improve the assessment of fitness for work, provide easy and rapid access to specialised work and health support, and enable more people to resume work after a period of illness. Reforms "could lead to GPs being out of the 'fit note' system altogether". <sup>97</sup>

97. <https://www.thetimes.co.uk/article/jobless-will-lose-free-nhs-prescriptions-if-they-refuse-to-seek-work-xnfxthtg>



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