

Health, Work and Well-being Directorate

Reforming the Medical Statement

Government response to the consultation on draft regulations: The Social Security (Medical Evidence) and the Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2010

January 2010

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Introduction

1. Between 28 May 2009 and 31 August 2009 the Government undertook a consultation on draft regulations that will support the revised medical statement. The aim is for the revised medical statement to allow a doctor to consider not only whether their patient is unfit for work, but also whether their patient may be able to do work based on the doctor's assessment of the patient's health condition; it also simplifies the suite of medical statements.
2. The Social Security (Medical Evidence) and the Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2010 come into effect on 6 April 2010.
3. The regulations are available on the Office of Public Information's website at: <http://www.opsi.gov.uk/si/si-2010-index>
4. This document is available on the Department's website at <http://www.dwp.gov.uk/consultations/>
5. A paper copy of this document can be obtained from:

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6. This document describes the comments made by respondents and provides the Government's response. The response should not however be taken as an authoritative interpretation of the law. Such interpretation can only be provided by a court.

Summary

7. The consultation document asked respondents to focus on five questions. We received a range of comments mainly regarding the issues that we had raised as questions. The Government response covers all significant issues made by respondents.
8. One hundred and forty seven responses to the consultation were received from a wide range of stakeholders. These included medical professionals, employers, employer representatives, HR professionals, unions, charity organisations and lawyers. Whilst we have not been able to include every point raised, we have read and considered every response to ensure this report provides a fair representation of the comments that we received. A list of the respondents is at **Annex A**. The Department is very grateful to everyone who took the time to comment on the consultation document.

9. Overall, respondents were broadly positive and supportive of the move to creating a Statement of Fitness for Work. Support was strongest amongst employer representative bodies such as the Confederation of British Industry (CBI), Chartered Institute of Personnel and Development (CIPD), Federation of Small Businesses (FSB), EEF, the manufacturers' organisation, and British Retail Consortium (BRC). We also received positive responses from medical professional bodies such as the British Medical Association (BMA), Royal College of General Practitioners (RCGP), Faculty of Occupational Medicine (FOM) and Society of Occupational Medicine (SOM). Positive responses were also received from other organisations such as MIND; MacMillan Cancer Support; and the Multiple Sclerosis Society.
10. Responses from the Trade Union Congress (TUC) and allied trade unions were cautious, questioning the role of GPs in filling in medical certificates and calling for the introduction of a national occupational health service. However, they also acknowledged that there is a need to reform sickness certification. We subsequently met with the TUC to discuss their concerns and will be working with them and other stakeholders on the implementation of the new statement.
11. A copy of the revised Statement of Fitness for Work is at **Annex B**.

Responses to the consultation

12. This section summarises the main points made by respondents to the consultation and sets out the Government's response.

Consultation Question 1: Do you have any further information, data or analysis which would be useful for improving the quality of the analysis in our Impact Assessment?

Points made

13. Around a quarter of respondents commented on this question. Data on the number and frequency with which medical statements are issued, their duration, and the characteristics of people receiving them is scarce. This is why we sought the views of external stakeholders to attempt to identify other valuable data which may help with this task. The responses provided little additional national data on medical statements though some very helpful comments were received on the analyses carried out in the Impact Assessment.
14. A few respondents felt that the likely benefits of the new medical statement were over-estimated. They thought GP training costs were under-estimated while the benefits to GPs in terms of fewer consultations and to the economy as a whole were too high. A number of other respondents believed that it would be helpful to include the costs to employers of the new medical statement and any reasonable adjustments that might be made to facilitate an earlier return to work.

15. Concerns were raised by a few respondents about the DWP study comparing the current medical statement to a trial prototype new medical statement. It was felt that the study was too limited. It was suggested that a pilot of the new medical statement should have been carried out with actual consultations for an intervention group and parallel non-intervention control group. A number of respondents also highlighted the importance of monitoring and evaluating the outcomes following implementation.
16. A few respondents thought it would be useful to consider how the new medical statement may impact on different regions and countries, and on different illnesses and disabilities.

Government Response

17. Having considered the comments received, the Government has made a number of improvements to the Impact Assessment, including:
- the inclusion of costs to employers to facilitate an earlier return to work based on data for reasonable adjustments for disabled employees;
 - looking at the impact of an increase in the average training time for GPs to read the guidance on the new medical statement;
 - a reduction in the numbers of individuals impacted by the change in order to generate even more conservative estimates.
18. These changes have not affected the overall conclusions of the Impact Assessment. The new medical statement is still expected to result in a net benefit for individuals, employers, the Government and the economy as a whole.
19. The Impact Assessment utilises available data on medical statements from the DWP study comparing the current medical statement to a trial prototype new medical statement. Estimates on impact produced are believed to be conservative and as accurate as possible at present. It should be noted that due to the lack of information it has not been possible to monetise all benefits. In particular, an overall improvement in health from an earlier return to work for some employees should lead to subsequent savings to the NHS and longer-term benefits including a reduction in long-term sickness absence and flows onto health-related benefits. These are expected to increase the overall benefits.
20. It has not been possible to pilot the new medical statement. Medical statements are used as evidence to support claims to health-related benefits and therefore to introduce different styles of forms in different areas would create unacceptable inequalities in the benefit system. These forms are also required by employers as evidence to support payments of Statutory Sick Pay. National consistency is needed to ensure everyone has the same access to entitlement of payments as well as maintaining a system that is straightforward for employers to administer.

21. The Government recognises the importance of monitoring and evaluating the outcomes of the new medical statement in order to improve processes and outcomes where required. An evaluation will be undertaken. This will use a mixed methods approach and will involve commissioning new qualitative and quantitative research to be published in 2012/13. These will be supplemented by internal monitoring of sickness absence data and other quantitative survey data covering the areas of health and work from 12 months after implementation. Each evaluation strand will consider the impact on different regions and countries and on different illnesses and disabilities where possible, as well as impact by gender, age and race.

Consultation Question 2: The Government welcomes views on whether listing common types of changes is helpful; whether those listed are sufficient; and on whether 'Occupational Health assessment' should be added to the revised statement.

Points made

22. Just over half of the respondents addressed the question of whether listing common types of changes is helpful, of which the majority were in favour. Most of those who agreed considered that this would be very helpful for employers, as it gives employers a basis from which to begin working with their employees to facilitate an early return to work. It raises awareness of the potential options amongst all parties and helps assist in discussions between doctor and patient as well as employee and employer. A few respondents felt that it is important that this is accompanied with clear advice from the doctor. Even though these are common changes it is to be hoped that further training and guidance will enable GPs to develop the skills needed to give meaningful advice which employers are able to act upon with confidence.
23. Very few respondents felt that listing common types of changes would be unhelpful. The main concerns from these respondents were over the doctor's ability to give sufficient advice. There were reservations about the doctor's knowledge, understanding of their patient's job role and the limited time they have during appointments to gain an understanding of this.

Government Response

24. The Government agrees that listing common type of changes will encourage further discussions between the doctor and their patient, as well as between the employee and their employer regarding the potential options that could be considered which may help a return to work.
25. Doctors do not need to have comprehensive knowledge or understanding of an individual's job role or need any special occupational health expertise. Suggestions made by the doctor will be based on the patient's health condition and not job-specific. Through discussions with their patient and their knowledge

and expertise of their patient's condition, the doctor will be in a position to consider if it would be beneficial to their patient to recommend one or more of the changes.

26. We will be issuing guidance for doctors on the new medical statement and are working with key stakeholders to ensure that this includes the information doctors require and is delivered in a useful format. Currently the Department is also working with the RCGP, FOM and SOM to develop a web portal on health and work for GPs. In addition the RCGP, supported by DWP, are running a series of half-day workshops for GPs on managing work and health issues across Great Britain.

Points made

27. A third of respondents addressed the question about whether the options listed were sufficient. The majority of respondents agreed that the list is sufficient; striking the right balance between being comprehensive whilst also simple and covering the main types of changes likely to be recommended. Some respondents added that it would be helpful if these were supported by specific details from the doctor, with a few suggesting stating the period this should apply for as this could form a basis for employers and employees to discuss options to help a return to work.

28. Those few respondents that did not agree suggested various options that should also be included, such as, job role; flexible hours; healthy/lifestyle intervention; light duties; supported return to work; other.

Government response

29. The Government recognises that the options listed are not exhaustive and may not be suitable for certain health conditions or job roles. However, even by having a more comprehensive list, there will always be circumstances for which the options would not be appropriate. Furthermore, not only is it unfeasible to provide a comprehensive list but it would also overcomplicate the process of completing the medical statement. This list covers the main types of changes likely to be considered, however, it is not exhaustive. Where a doctor considers another option is more appropriate for their patient they will have the opportunity to state this in the comments box.

Points made

30. Approximately two thirds of respondents addressed the question as to whether 'Occupational Health assessment' should be added to the list. There was an even split from respondents as to whether or not 'Occupational Health assessment' should be added.

31. Those respondents that felt that an 'Occupational Health assessment' option should be added were of the opinion that even though occupational health may not be widely available to all, including it would help to raise the profile and awareness of occupational health. Others felt that an occupational health referral tick box should be included, but only if occupational health services that are free at the point of care are radically expanded. A few respondents felt that doctors do not have the expertise to consider any workplace changes and that occupational health specialists are best placed to make these decisions.
32. Those that disagreed felt that such an option would be counterproductive. In this view, such an option would become an easy 'default' option for GPs to select and would not reflect the reality that the vast majority of the population do not have access to such services. Some employer respondents who have in place their own referral mechanisms to access such services (which may be at odds with the view of the GP) had concerns over prompting conflict and dispute with their employees. Most expressed concerns surrounding the availability of, access to and costs of such services especially for small and medium employers.

Government response

33. Having considered the points made, we have decided against adding an occupational health tick-box. We do not want this to be viewed as a 'default' option, thus leading to doctors being seen as not having considered or discussed with their patient what would help a return to work. We believe that there are circumstances where, when properly considered, a GP could indicate in the comments box that an occupational health referral would be beneficial. This could apply, for example, when the GP considers the issues to be more complex or when they feel there may be a work-related element to the causation or aggravation of the condition. We will provide comprehensive guidance for GPs to support them to appropriately complete the new statement.

Consultation Question 3: Will the changes described in paragraph 40 ensure that the current functions of the special statement – form Med 5 – are accurately incorporated in the revised form Med 3?

Points made

34. Just under half of the respondents addressed this question, the majority of whom agreed that the current function of the special statement (Med 5) has been accurately incorporated into the new revised medical statement.
35. They felt this was a positive move and a welcome simplification. A further point made by a few medical professionals was on the rule that written reports issued by other doctors or healthcare professionals cannot be more than one month old in order for them to be used by the doctor issuing the statement. They felt that, in reality, it may be necessary and reasonable to allow reports written more than one month previous.

Government response

36. The Government will continue with this simplification by incorporating the function of the special statement (Med 5) into the revised medical statement (Med 3), thereby reducing the number of medical statements that the doctor has to choose from to issue to their patient. In addition, having taking into account the point made by medical professionals regarding written reports, we have agreed to remove the one month restriction. It will be for the individual doctor to decide whether the information provided from a written report is still relevant and valid at the point that the statement is issued.

Consultation Question 4: The Government welcomes views on whether medical statements should only be issued when a patient is assessed as 'not fit for work' or 'may be fit for some work'.

Points made

37. Over two-thirds of respondents addressed this question and the views expressed were mixed. There was no consensus amongst the respondents as to whether or not the new medical statement should only be issued when a patient is assessed as *'not fit for work'* or *'may be fit for some work'* thus removing the need for a *'fit for work'* option.
38. Some of those that agreed with having two options felt that keeping the *'fit for work'* option would have the effect of delaying discussions about an early return and preventing people returning to work. They argued that this would be counterproductive and undermine the objectives of the revised statement.
39. A few respondents felt that it is for the employer to determine whether or not the individual is *'fit for work'* and not the doctor. They suggested that doctors do not have the knowledge of the job role and the risks involved and that this is the employer's responsibility. Others were in agreement that there are many unnecessary appointments made solely for the purpose of obtaining a statement stating that the patient is *'fit for work'*. They suggest that removing this option frees up appointment times for those individuals who require medical attention.
40. Several respondents agreed that whilst there is no legal obligation to issue a *'fit for work'* statement, there is a general misapprehension that not having a *'fit for work'* statement affects the employer's liability insurance.
41. Some employers stated that, from their experience, most of their employees do not obtain a *'fit for work'* statement before returning to work so it is reasonable not to have this option.
42. Some respondents agreed with the principle of just having the two options, but felt that statements declaring the patient is *'fit for work'* are needed for some safety-critical jobs, as information from such a statement could assist employers considering whether a return to work is appropriate. However, they also noted that in such roles the opinion expressed on a medical statement would certainly not, in most circumstances, be sufficient evidence on which to assess the risks of

a return to work. Also, now that doctors have to confirm whether they need to assess their patient's fitness again on the revised new statement, this removes the need for a *'fit for work'* option.

43. The few respondents that disagreed with just having the two options, felt that keeping the *'fit for work'* option was useful for employers and employees, especially in cases of long-term absences. Others had concerns that individuals would return to work when they were clearly not ready to return, especially those with a long-term mental health condition who may need more support and monitoring to aid their return to work. Some felt that there may be cases of individuals returning to work when not ready to do so solely for financial reasons.
44. A few respondents had concerns over the wording of *'you may be fit for some work'* as they felt it was unnecessarily ambiguous and open to interpretation. Several options were proposed such as removing *'may be'* from the statement or just having *'is fit for some work now, subject to the comments below'*.

Government response

45. The Government realises that this is a complex and finely balanced issue. A key plank of our health, work and well-being strategy is to change broader cultural norms around sickness and work, in particular, the erroneous belief that if you are not 100% fit you should not be in work or, indeed, that work can hinder recovery.
46. Whilst we understand that some stakeholders believe that there may be some practical benefits from retaining *'fit for work'* statements, especially for those involved in safety-critical roles, doctors completing the medical statements do not have the knowledge or expertise about an individual's job role and the risks involved. The doctor will have to indicate on the new revised statement whether or not they need to assess their patient's fitness for work again, making the need for a *'fit for work'* option unnecessary.
47. In all cases it is the employer's responsibility to carry out a risk assessment when an employee returns to work to ensure there is minimal risk to the employee and others in the workplace. We have met with the Association of British Insurers to confirm that a *'fit for work'* statement is not needed for Employers' Liability Compulsory Insurance (ELCI) reasons.
48. Having considered the points made we have decided to remove the *'fit for work'* option and keep only two options *'unfit for work'* and *'may be fit for some work'*. We consider this would best meet the policy's objective to empower individuals to make their own positive decisions to return to work and would also potentially reduce unnecessary appointments for doctors, which can then be used for those patients who require medical attention.
49. In relation to the point made by stakeholders on the wording of *'may be fit for some work'*, having considered several options we have decided to change the wording to *'you may be fit for work taking account of the following advice'*.

50. This acknowledges that it is not the doctor, but the employer, in consultation with their employee, who is best-placed to make the decision as to whether they can accommodate any changes to facilitate a return to work. The doctor is giving advice on what an individual can or cannot do based on the patient's health condition. It encourages employers to initiate discussions with their employee, to consider what could help to achieve an early return to work, and whether or not any changes can be made. In the event of an employer not being able to facilitate a change or an adjustment, the advice given on the statement will be evidence that an individual has a health condition which prevents them carrying out their current role. There will thus not be a need for the individual to revisit the GP for a revised statement.
51. This change to the wording has been discussed with some key stakeholders, including the CBI, FSB, EEF, BRC, BMA, RCGP, TUC and CIPD. All were broadly supportive of the change.
52. However, crucially, the wording still remains very close to the wording we tested in the trial of a prototype medical statement and to that which we consulted on.

Consultation Question 5: The Government welcomes views on whether the draft regulations, including the rules, achieve the intentions expressed in the commentary. In particular bearing in mind the Government's aim of reducing sickness absence and supporting people with health conditions to return to work at the earliest opportunity, should the maximum duration of a medical statement be less than 6 months (see rule 13).

Points made

53. Around a fifth of the respondents addressed the question as to whether the draft regulations, including the rules, achieve the intentions expressed in the commentary. The majority of those respondents agreed that the regulations do achieve the intentions expressed in the commentary.
54. Those few that disagreed supported the Government's aim of helping people with health conditions to return to work as soon as they feel ready but do not believe that the changes, however well-meaning, will achieve their desired outcomes without considerable training of doctors and the provision of occupational health advice to employers.
55. One respondent felt that the rule 1 should include a definition for '*functional effects*' and another felt that rule 8 does not require the doctor to include details of the functional effects. Another respondent felt that rule 9 (which enables a doctor to specify a condition less precisely as its disclosure may affect the patient's well-being or their position with their employer) needs to be expanded to be more in line with the needs of patients with HIV. A further respondent felt that the original rule 8 (which allowed a doctor to state a diagnosis as '*unspecified*' when there were no clinical signs of a disorder and in the doctor's opinion the patient need not refrain from work) should remain - especially for some diseases which cannot be diagnosed from an initial examination.

Government Response

56. Defining '*functional effects*' in the rules would be exceptionally complex as this will vary according to each patient's condition. Using the terminology '*state the reasons*' permits the doctor to comment on other relevant issues which may apply to the patient's condition and not just on the functional effects.
57. The comment made about rule 9 is not practical as it may apply to conditions other than HIV. In relation to the point made about the removal of existing rule 8, there is no reason why a medical statement should be issued whilst the doctor considers the patient's condition or awaits the outcome of any further investigations needed if the patient is fit to return to work. Keeping this rule may keep individuals out of work, when they actually can be in work whilst waiting further investigations or the outcomes of tests.

Points made

58. Approximately half of respondents addressed the question as to whether the maximum duration of a medical statement should be less than 6 months. The majority of respondents agreed that this should be the case and options between 2 to 4 months were given. Most agreed that 6 months does not support people with a health condition to return to work.
59. Those respondents that disagreed felt that for health conditions which require intensive treatment or prolonged treatment (such as some mental health conditions or cancer), the duration should remain at 6 months.

Government response

60. The Government recognises that there will always be some health conditions that do require a statement for periods of 6 months or longer. However, we do not believe that it helps support the majority of individuals to return to work at the earliest opportunity by signing them off for such long periods, especially initially.
61. Some conditions may change or improve during the first 6 months which may enable a person to work and by issuing a statement for such a long period would not help facilitate a return to work. There also may be some individuals who do have health conditions which require intensive or prolonged treatment who may want to do some work and we do not want to preclude them from doing so if it helps in their recovery. Therefore, we will reduce the maximum duration a medical statement can be issued for from 6 months to 3 months during the first six months of their health condition.

Other points made

62. We received some responses requesting that advanced nurse practitioners (mainly employed within general practice) should also be permitted to issue medical statements. Presently they can diagnose and treat patients but cannot issue statements.

63. Some respondents were concerned about the timetable for implementing the revised statement. The Government currently intends to implement the change from April 2010 and a few respondents felt that, in order to give employers time to plan for the changes, this date should be put back by six or twelve months.
64. The majority of respondents were in agreement of moving towards a computer-generated format of the new revised statement as it will improve legibility.

Government response

65. The Government is aware that changes within the NHS now allow advanced nurse practitioners in surgeries and other healthcare professionals' greater responsibility in the clinical care of their patients. We want to ensure that the statement will be more user-friendly and help doctors to provide clearer and better quality fitness for work advice for patients and their employer.
66. We have not ruled out allowing other healthcare practitioners to issue statements in the longer term but feel that it is important at this stage to embed the new statement using those who have most experience of, and familiarity with, the process. As we start to see the results of the evaluation of the new statement we will consider further options. It should also be noted that research has shown that other healthcare professionals do not generally support large-scale extension of their work into this area¹.
67. The Government believes that the introduction of the new 'Statement of Fitness for Work' will help support more people with health conditions to work. This is in the interests of individuals, their employers and the healthcare professionals treating them. As a result the Government believes that introducing the change at the earliest opportunity (April 2010) will help the largest number of people benefit from the change.
68. We are working with representatives of employers and healthcare professionals to ensure that employers and doctors are aware of the change and how it will impact them. To enable people to prepare for the change, specific guidance for individuals, their employers and healthcare professionals will be available shortly after publication of this document. There will also be a communications campaign to ensure doctors, employers and patients/employees are aware of the change.

Thanks

69. The Government would once again like to thank everyone who took the time to comment on this consultation document. The views expressed have been of considerable help in developing solutions to issues and helping to highlight areas of potential difficulty where further refinement has been required. Throughout the development of the new medical statement the involvement of and engagement by stakeholders has been critical and we are extremely grateful for that support.

¹ See The potential for certification of incapacity for work by non-medical healthcare professionals Research Report No. 225 By Karen Niven at http://www.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_225.asp

ANNEX A

List of respondents

Arthritis Care
ASDA
Association of British Insurers
Association of Chartered Physiotherapists in Occupational Health and Ergonomics
Association of Occupational Health Nurse Practitioners (UK)
Advice Northern Ireland
Association of Friendly Societies
Association of School and College Leaders
Aviva
Aylesbury Housing Trust
Black Disabled People Association
British Association for Counselling and Psychotherapy
British Medical Association (GPC), England, Scotland and Wales
British Medical Association, Northern Ireland
British Retail Consortium
Buckinghamshire County Council
BUPA
Calderdale and Huddersfield NHS Foundation Trust
Centre for Workplace Health
Chartered Institute of Personnel and Development
Chartered Institute of Personnel and Development-Hertfordshire
Chartered Institute of Personnel and Development-Northern Ireland
Chief Fire Officers Association North West Fire and Rescue Services Occupational
Chronic Pain Policy Coalition
Civil Engineering Contractors Association
College of Occupational Therapists
Commercial Occupational Health Providers Association
Communication Workers Union North West Safety Forum
Confederation of British Industry
COPE Occupational Health & Ergonomic Services Ltd
Derbyshire County Council
Disability Action, Northern Ireland
DWF LLP
East Riding of Yorkshire Council
EEF, the manufacturers' organisation
Employers' Forum on Disability
Employment Lawyers Association
Energy Networks Association
Faculty of Occupational Medicine

Faculty of Occupational Medicine, Northern Ireland
Federation of Small Businesses
Federation of Small Businesses, Northern Ireland
First Group
Forum of Insurance Lawyers
G Ruth Slessor, Condition Management Programme Director
George House Trust and NAT (National AIDS Trust)
Gipping Occupational Health Ltd
GMB
Gofal Cymru
Grimsby institute of Further and Higher Education
Group of Respiratory Disease Specialists
Health and Safety Executive
Health Group
Herriard Estates
Highland User Group
HMV
Homeluxnenplas
Institute of Payroll Professionals
Institution of Occupational Safety and Health
International Underwriting Association of London Ltd
IOSH Scottish Healthcare Group
Jaguar Land Rover
John Lewis Partnership
Kent Local Medical Committee
Leeds Council
Liability (Oxford) Ltd
Liverpool Local Medical Committee
Liverpool Law Society
Lloyds TSB
Local Government Employers
Macmillan Cancer Support
Marks and Spencers plc
MIND
Morrisons Supermarkets plc
MS Society
MWB Business Exchange
National Trust
National Association of Head Teachers
National Association of Welfare Rights Advisers
National Autistic Society
National Union of Teachers
Newspaper Society
NHS Counter Fraud and Security Management Service
Northern Ireland General Practitioners Committee
North West Local Authorities' Employers' Organisation
North Wyke Research

North Yorkshire police
Northumberland County Council
Occupational Health nurse - Fiona King
Occupational Health Nurse Managers Group NHS Scotland
Open University
Parkinson's Disease Society
Police Federation of England and Wales
Police National Attendance Management Forum
Police Service of Northern Ireland
Priority Occupational Health Ltd
Public and Commercial Services Union
Renfrewshire Council
Rethink
RNIB
Road Haulage Association
Royal College of General Practitioners
Royal College of Nursing
Salus Occupational Health & Safety
Sandwell Metropolitan Borough Council
Scottish Association for Mental Health
Shandwell
Shaw Trust
Society of Occupational Medicine
South East Employers
Sunfield Children's Homes Ltd
Tesco
Thompsons Solicitors
Trades Union Congress
Transport for London
Twinings
UCATT
UNISON
UNITE
Universities and Colleges Employers Association
University of Liverpool
University of Manchester
VOX - Voices Of eXperience
Walsingham
Weightmans LLP
West Midlands Fire Service
Wiltshire Police
Yorkshire Coast Homes

In addition, 20 responses were received from private individuals

ANNEX B

Statement of fitness for work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that:
 you are not fit for work.
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours workplace adaptations
Comments, including functional effects of your condition(s):

Sample

This will be the case for
or from to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address