

Fit for purpose

Absence and workplace
health survey 2013



Survey sponsored by





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Foreword



The finding in this year's survey that average levels of employee absence have hit a record low is highly encouraging. Since the CBI first started measuring absence levels in the 1980s, they have been on a gradual downward trajectory, but there had been fears of a bounce-back after the deep recession of 2008-09. Instead, further progress has been made.

It is our great pleasure to have worked with Pfizer once again on the latest survey in this long-running series. The survey report continues to be a definitive source of longitudinal data on the extent, costs, causes and solutions to absence in the workplace, making it a valuable resource for employers and policymakers alike.

Although the total direct cost of absence across the economy has been pushed down to £14bn a year, this is still a major burden at a time when businesses need to be investing for growth and public sector budgets are under long-term pressure. This is not a time to relax our efforts.

There are more substantial savings to be made – more than £1.2bn a year – if managers in the public sector can bring absence levels there into line with the private sector. More generally, we need fresh initiatives to tackle the high proportion of total costs generated by long-term absences, where mental health conditions top the list of causes.

The government's introduction of the fit note in April 2010 should have been the catalyst for major changes in the culture of sickness and rehabilitation, responding to employer calls for more support in assessing employee capability.

Sadly, the survey results show we are still some way from achieving that. Introduction of the electronic fit note gives another opportunity to change the system and use it to achieve the objective of helping employees back to work speedily and effectively.

I would like to thank all those who contributed to the survey. I hope they and all users find this report useful.

A handwritten signature in black ink, appearing to read 'Neil Carberry'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Neil Carberry
CBI employment & skills director

Foreword



As one of the world's premier innovative biopharmaceutical companies and as a major global employer, it gives us great pleasure to work with the CBI in delivering this report. Given the nature of our business, we have a direct interest in understanding the drivers of absence, and how we can help to maximise wellness, minimise illness and help people to stay in, or get back to, work. By drawing together data on both absence trends and management strategies, this report provides useful information for both businesses and policymakers.

It will come as no surprise that minor illnesses remain the most common cause of absence. And while short-term absences continue to account for the majority of absence, the relatively few instances of longer-term absence make up nearly one third (30%) of all lost working time, with a cost to the UK economy of over £4bn. Conditions linked to anxiety, stress and depression are the leading cause of long-term absence, with musculoskeletal disorders, cancer and chronic pains problems featuring prominently. Employees off work for lengthy periods are also those most likely to drop out of the workforce entirely, with all the adverse consequences that flow from that for themselves, their families and society at large.

The survey's findings highlight the importance of not only preventing short-term absences turning into long-term absences, but of the need for people to seek the appropriate healthcare advice to try to manage their long-term conditions.

This survey is not only an authoritative source of trends in absence rates, but also provides a comprehensive analysis of policies and programmes which promote wellness and prevent ill health. At Pfizer, saving lives, preventing illness and improving people's health is at the very core of what we do. We remain committed to partnership initiatives across the healthcare system that drive action, so that together, we are working for Britain's national health and wealth.

A handwritten signature in black ink that reads "Jonathan Emms". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Jonathan Emms
Pfizer UK managing director

1 Background to the survey

Levels of absence and employee health have long been issues of concern. The CBI has surveyed employers regularly since the mid-1980s to monitor sickness absence levels and the steps taken by organisations to improve employee attendance at work and wellbeing. This report updates the picture since the last survey in 2011.¹

The CBI absence and workplace health survey 2013 is an authoritative source of long-term data on trends in absence rates. It is intended to help employers benchmark absence levels among their own employees and identify how best to boost attendance and enhance employee health. It also offers policymakers an insight into workplace practices and issues.

The survey was conducted during January and February 2013. Respondents were asked to report their absence data for the 12-month period 1 January to 31 December 2012 and to provide details of their policies and views on key aspects of employee wellbeing.

Useable responses were received from HR practitioners and managers in 153 organisations across the public and private sectors. In total, respondent organisations employed some 850,000 people, representing 3.4% of all employees in the UK.²

The public sector accounted for about one in five respondents (19%), broadly in line with the proportion of the workforce employed in the public sector.³

Respondents by workforce size

Employers of all sizes took part in the survey (**Exhibit 1**). The smallest organisations with fewer than 50 employees accounted for 17% of respondents, while the single largest group of respondents were larger employers with workforces of between 500 and 4,999 (accounting for 39% of responses). Those firms employing fewer than 250 people (**Exhibit 2**) – the government's official definition of a small or medium-sized enterprise (SME) – made up over a third of responses (38%).

Exhibit 1 Respondents by workforce size (%)

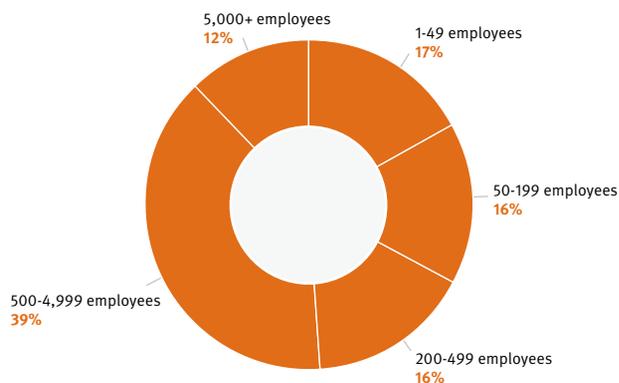
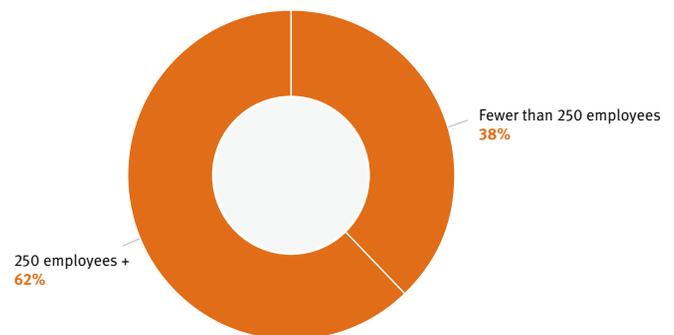


Exhibit 2 SME and large-firm respondents (%)



2 Absence rates fall to record low

Levels of employee absence declined during the depths of recession in 2008/09, pushing lost time down to a low of just under 6.5 days a year on average. There was concern that, as the immediate crisis passed, the downward trend in absence might be reversed. But our latest survey results show that progress has been maintained, with average levels of absence falling in 2012 to the lowest levels ever recorded by the survey.

Key findings

- The average rate of absence in 2012 was 5.3 days per employee, down from 6.5 days in 2010
- Viewed over the longer term, average annual employee absence levels have fallen by more than a quarter since the 1980s
- There is still room to improve: there is a gap of more than three days a year between the best performing quartile of organisations in terms of average absence levels and the lower quartile of performers
- Absence remains higher amongst manual employees than among non-manual staff but the gap is narrowing over time
- Average levels of absence climb with organisation size. While SMEs average under five days of absence per employee, larger employers average nearly six days
- Average absence levels remain significantly higher in the public sector than in the private sector – closing the gap could save the exchequer more than £1.2bn a year.

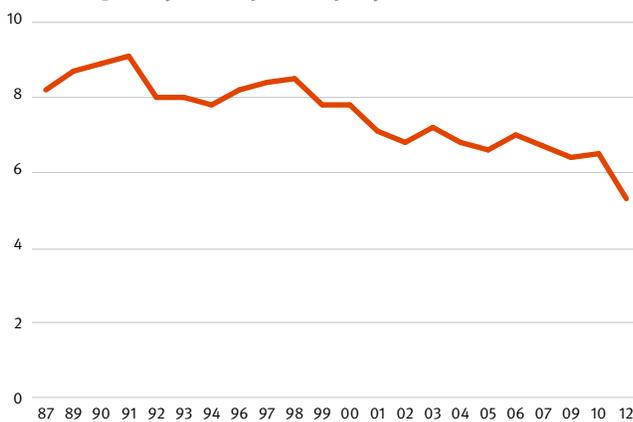
Time lost to absence per employee drops to 5.3 days

Employers were asked for the average number of days of absence per employee in 2012.⁴ The results indicate that absence was reduced to a new low of 5.3 days on average per employee (**Exhibit 3**), well below the previous record low level of 6.4 days in 2009.

Exhibit 3 Levels of absence in 2012

	Average days lost per employee	Private sector (average days lost per employee)	Public sector (average days lost per employee)
Manual	6.7	6.4	8.1
Non-manual	4.7	4.2	6.8
All	5.3	4.9	6.9

Exhibit 4 Trends in absence levels 1987-2012 (average days lost per employee)



There had been concern that there could be an upturn in absence rates from the low levels reached during the depths of recession in 2009. Encouragingly, the signs are that the progress made in recent years has been maintained, suggesting improved workplace management of absence and occupational health – rather than short-term fear of job loss during a recession – have played a major part.

Projecting the number of days lost on average across the UK workforce as a whole indicates that nearly 160 million working days were lost to absence in 2012, down from nearly 190 million days in 2010.⁵

Long-term success in managing absence

Since the CBI surveys of absence in the 1980s and early 1990s, absence levels have followed an overall downward trend (Exhibit 4). From an average of more than eight days a year per employee in the late 1980s and start of the 1990s, levels of absence have dropped by a third to reach 5.3 days on average in 2012. This remarkable progress over the years reflects the efforts employers

have put into managing attendance, improving employee engagement and initiatives to foster employee health. The challenge now is to maintain and take further this greatly improved level of performance to the benefit of businesses, employees themselves and the wider economy.

Still more could be achieved by closing the gap between the best and worst performers

Despite the downward trend in absence levels, there remains significant divergence between the best and worst performing organisations and sectors, showing there is scope for further improvement. Among the best performing quartile of survey participants, the average number of days lost to absence was just 3.5 days per employee in 2012 (Exhibit 5). In contrast, those in the bottom quartile reported losing an average of 7.1 days per employee – twice as much.

It is encouraging that the latest survey indicates the gap between the best and worst performing quartiles has narrowed since 2010, but the results show the importance of organisations benchmarking their absence rates with the aim of matching at least the 2012 average. Achieving this would yield significant savings per employee and an increase in productivity at a time when businesses and public services are under intense pressure to make better use of resources.

Exhibit 5 Variations in absence performance (average days lost per employee)

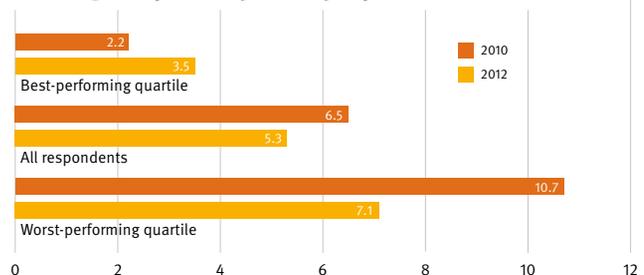
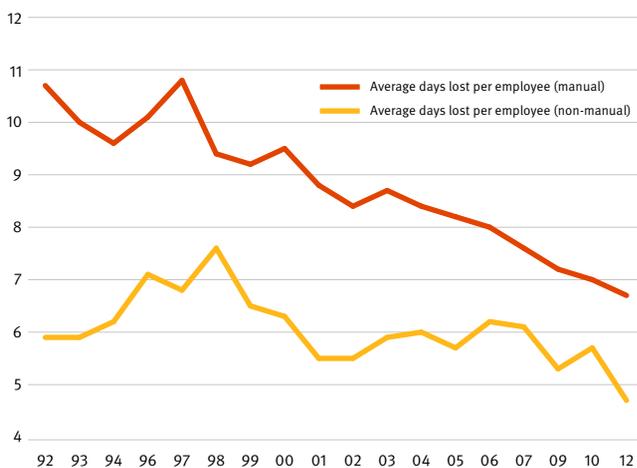


Exhibit 6 Absence levels for manual and non-manual employees, 1992-2012 (days)



Non-manual employees' attendance levels still ahead...

There is a long-established pattern of manual employees recording higher average levels of absence than non-manual employees. In 2012, the average number of days lost to absence was 6.7 days for a manual employee compared with 4.7 days for a non-manual employee (**Exhibit 3, page 7**).

The nature of manual work – particularly jobs which involve a lot of physical work such as lifting – provides part of the explanation for manual employees' higher average rates of absence. It is, however, by no means the full story.

...but the gap is narrowing

In the past decade, the manual/non-manual gap in average absence rates has narrowed from around three days to around two days a year (**Exhibit 6**). The shrinking disparity between the absence rates of manual and non-manual workers has mainly been driven by a faster reduction in absence among manual employees. This trend suggests a range of factors have been addressed – such as raising levels of engagement, a more stable workforce, a stronger culture of attendance and better occupational health provision – which previously contributed to the gap.

Larger organisations average higher absence levels

A key determinant of an organisation's attendance performance is the size of its workforce. Absence averages well under five days a year per employee in SMEs, but rises to an average of nearly six days a year in larger organisations (**Exhibit 7**).

A range of factors lie behind this pattern. Employees in smaller organisations tend to be more keenly aware of the impact their absence can have on their colleagues and the business. The greater contact between employees and managers – and managers' knowledge of individual employees – means that absence tends to be managed more closely, leading to generally higher levels of attendance.

Exhibit 7 Average levels of absence by workforce size (number of days)

Employees	All	Manual	Non-manual
Fewer than 250	4.3	6.8	3.4
More than 250	5.8	6.9	5.4

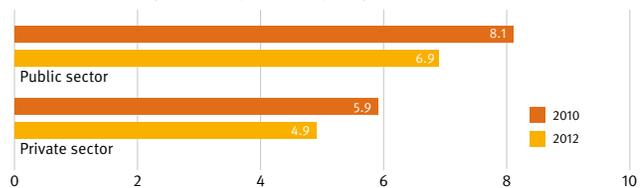
Sectoral disparities narrow – but there is scope for major savings

Levels of employee absence vary according to sector. Over the years, the public sector has consistently reported higher levels of absence than the private sector (**Exhibit 8**). The 2012 results continue this pattern, showing absence levels still two days a year higher on average in the public sector – at 6.9 days per employee – compared to a private sector average of 4.9 days. This is, however, more than a day a year better than the 2010 public sector average of 8.1 days of absence.

The reduction of just over a day in absence on average in the public sector saved the exchequer more than £700m in 2012.⁶ But there is scope for greater savings again. If public sector absence levels were brought into line with the private sector average, this would save more than £1.2bn a year.

It remains to be seen whether the fall in public sector absence levels reflects successful efforts by public sector managers to improve attendance for the longer term or whether worries over of potential job losses have been concentrating the minds of some public sector employees in the short term on the need to improve their attendance record. There is plainly more to do to make the best possible use of resources at a time when public service budgets are under intense pressure.

Exhibit 8 Average days of absence by sector (average days lost per employee)



‘If public sector absence levels were brought into line with the private sector average, it would save more than £1.2bn a year’

3 Costs and causes of absence

Each absent employee cost their employer an average of £975 in 2012 through a combination of direct costs in sick pay, lost output and provision of cover through temporary staff or overtime. Across the economy as a whole, the direct costs alone amount to more than £14bn a year. While genuine sickness and health problems are the main cause of absence, other major contributory factors include personal problems, care for dependants and the misuse of sick pay provision by some employees.

Key findings

- The average total cost for each absent employee in 2012 was £975, while the median was lower at £622
- Absence costs tend to rise with size of organisation, with a median cost per absent employee of £553 in SMEs compared to £650 in larger organisations
- The direct costs of absence alone amounted to over £14bn across the economy in 2012
- Non-work related illness and injury is by far the most widespread driver of employee absence, followed by post-operative recovery time
- Other factors contributing to absence include personal problems, caring responsibilities and misuse of sick pay provision by some employees
- Nearly a third (30%) of all working time lost to employee absence is attributable to long-term conditions
- Minor illnesses are the most common cause of short-term absences, but back pain, musculoskeletal disorders and non-work related mental health conditions are major contributors
- Non-work related mental health issues are most commonly identified as causing long-term absence, but cancer, chronic back pain and other musculoskeletal disorders are also important factors.

Cost of absence averages £975 per employee...

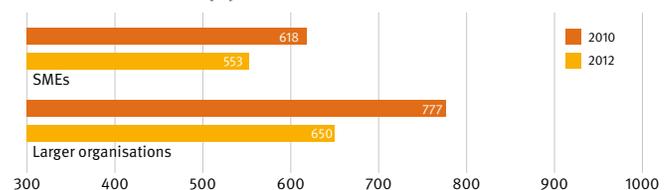
The survey asked respondents to quantify the total cost of absence per absent employee in 2012. This included the salary cost of absent individuals and replacement costs – for example through temporary staff or overtime working by other employees. The survey results show the average cost of absence per employee as £975 and the median cost as £622 in 2012. The average is pulled up by the relatively small proportion of employees on costly long-term absence.

These figures need to be seen as broad indicators of costs, but they illustrate the major scale of potential savings that could be achieved if employers can reduce further the extent and duration of employee absences.

While there is wide variation between organisations, the median total cost per absent employee rises broadly in line with the number of employees (**Exhibit 9**). Firms employing fewer than 250 people had a median cost of £553 per absent employee, whereas the median cost for larger organisations was £650. For both categories of organisation, however, the results show progress in pushing down the costs of absence since 2010.

The higher costs for larger organisations are due in part to the higher rates of absence among their employees, combined with higher average levels of remuneration and wider availability of occupational sick pay.

Exhibit 9 Median cost per employee by workforce size (£)



...while total direct costs of absence top £14bn a year

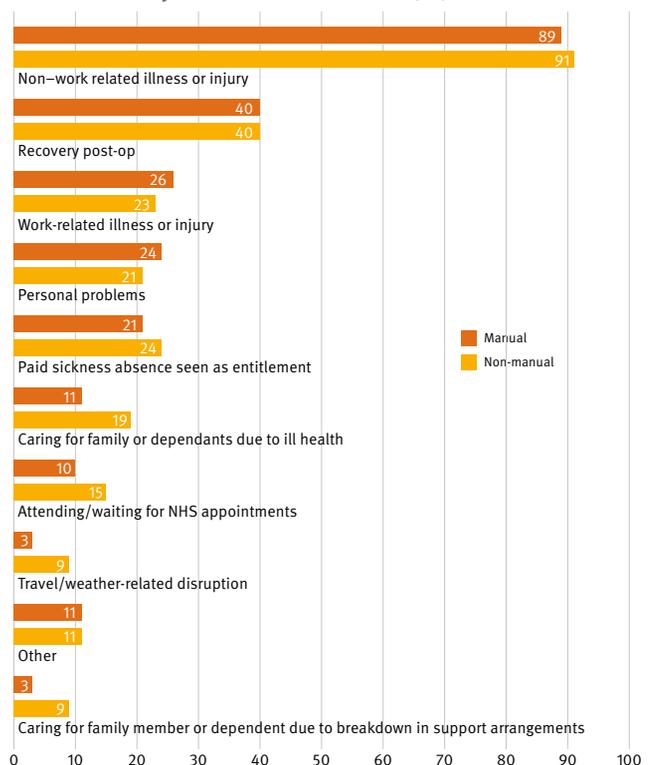
Limiting analysis solely to the direct costs of absence, our results show the average absence level per employee of 5.3 days in 2012 generates a cost of more than £14bn across the UK economy.⁷ This is a big improvement on our 2010 results, when absence costs amounted to more than £17bn in all, but there is no scope for complacency. At a time when the economy is still battling to achieve sustained recovery, with businesses needing to invest for growth and budgets across the public sector under pressure, employee absence imposes a massive bill that the UK can ill afford.

Genuine illness is the major driver of absence...

Respondents were asked what the three main causes of absence were in their organisation in 2012 (**Exhibit 10**). Overwhelmingly the most common cause of absence amongst both manual and non-manual workers is genuine sickness or injury unrelated to the workplace, with nine out of ten employers pointing to this as a driver of absence (89% for manual employees and 91% for non-manual grades).

Post-operative recovery time is the second most common cause of absence, identified by four out of ten employers for manual (40%) and non-manual employees (40%). Employers understand that employees need time off following surgery in order to achieve a full recovery. Good management practices such as return-to-work interviews, phased resumption of work and an agreed rehabilitation plan can be valuable in achieving a smooth transition back to work.

Exhibit 10 Top drivers of absence (%)



Over £14bn
Cost to the UK economy
of absence in 2012

Close to a quarter of employers (26% for manual and 23% for non-manual) see work-related illness or injury as a factor in absence. This finding highlights the importance of the resources committed to occupational health and safety provision and the scope for improved workplace practice.

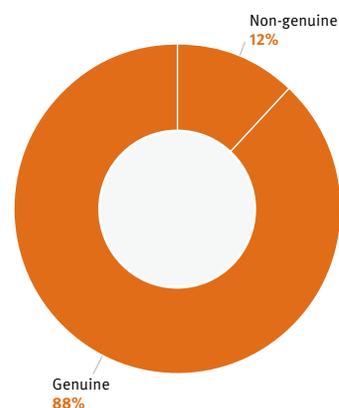
...but there are also other drivers

Over a fifth of employers (24% for manual workers and 21% for non-manual) see employees' personal problems – involving for example drink, drugs and relationship difficulties – as among the major causes of absence. These figures are both up on the 2010 findings (19% for manual workers and 17% for non-manual).

Caring for family members or other dependants is another potentially growing factor behind absence (cited by 11% of employers for manual workers and 19% for non-manual in 2012). Moreover, breakdown in support arrangements can act as an added factor on occasion (with 9% of employers seeing this as a major driver of absence among their non-manual employees). At a time when growing numbers of employees find themselves caring for elderly relatives as well as children, this may become an increasing trend. The results point to the importance of employers conducting return to work interviews to identify the true causes behind an employee's absence and considering what other support may be appropriate.⁸

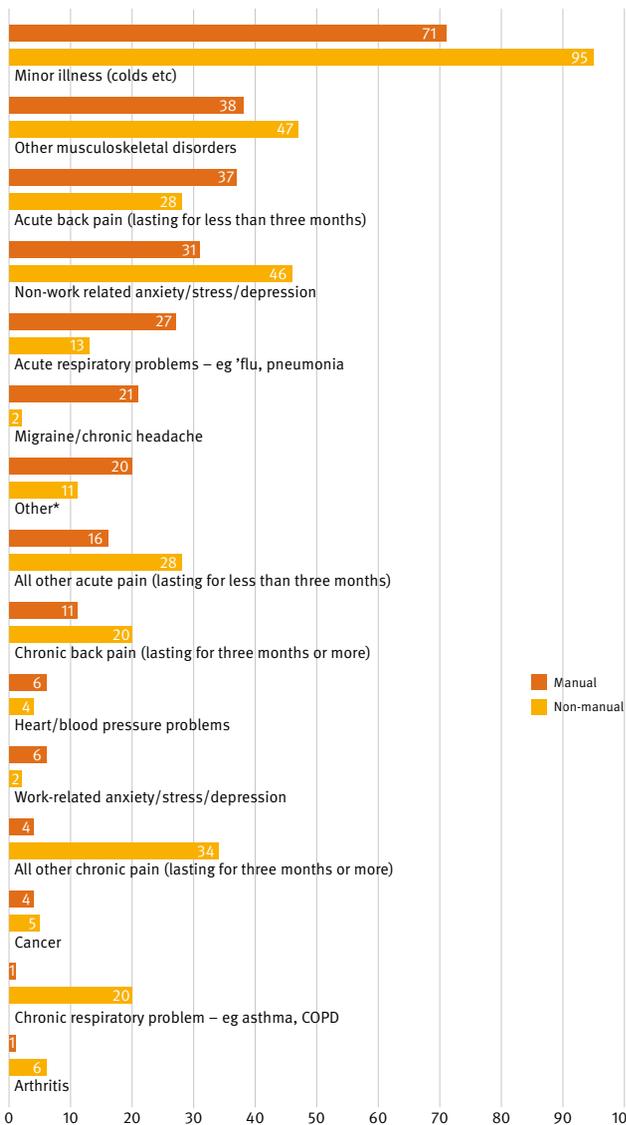
A serious concern to employers is the perception among some employees that taking days of paid 'sickness' is an entitlement, the equivalent of an addition to annual leave. Over a fifth of employers (21% for manual workers and 24% for non-manual employees) cite this as one of the three main causes of absence in their workforces. These figures are worryingly high, adding to business costs and imperilling the provision of sick pay arrangements for those employees who are genuinely unwell. Employers estimate that around 12% of total sickness absence – equal to one day in eight of 'sickness' absence – is non-genuine, at a cost of around £1.7bn a year to the economy (**Exhibit 11**).

Exhibit 11 Proportion of sickness absence believed to be non-genuine (%)



£1.7bn
**Cost of non-genuine
 sickness absence
 to the UK economy**

Exhibit 12 Illnesses causing short-term absence (%)



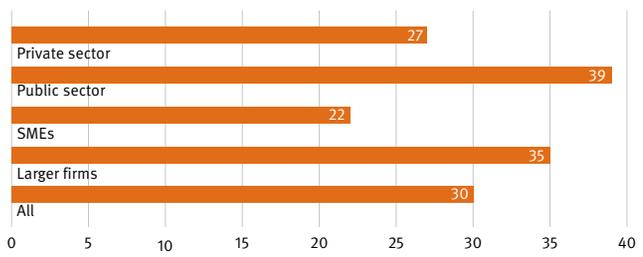
* includes compassionate leave relating to bereavements

Minor illnesses are the most common cause of short-term absence

The survey asked respondents to specify the five main causes of short-term absence within their organisation in 2012 (Exhibit 12). Across manual and non-manual employees, by far the most common cause of short-term absence was minor illness such as common colds (71% and 95% respectively). Back problems feature prominently as another cause, with over a third of employers (37%) reporting acute back pain as a leading cause of absence among manual workers and more than a quarter (28%) among non-manual employees. Other musculoskeletal disorders – problems with the movement of muscles and limbs – are also identified as a widespread cause of short-term absence (by 38% of respondents for manual employees and 47% for non-manuals).

Non-work related stress, anxiety and depression also play a major part in short-term absence, cited by nearly a third of employers (31%) in relation to their manual workers and by nearly half (46%) for non-manual employees. While minor illnesses among employees are unavoidable, the role played by back pain, musculoskeletal disorders and mental health problems in contributing to short-term absence points to the scope for initiatives to improve employee health and wellbeing. With these conditions, there is also the risk that short-term problems can all too easily turn into long-term absence.

Exhibit 13 Working time lost due to long-term absence (%)



Long-term absence accounts for a third of lost working time

The vast majority of episodes of sickness absence are for short periods. The relatively few instances of long-term absence, however, account for a major proportion of all working time lost through employee absence (**Exhibit 13**). Across respondents as a whole, long-term absences lasting over four weeks made up nearly a third (30%) of total working time lost.

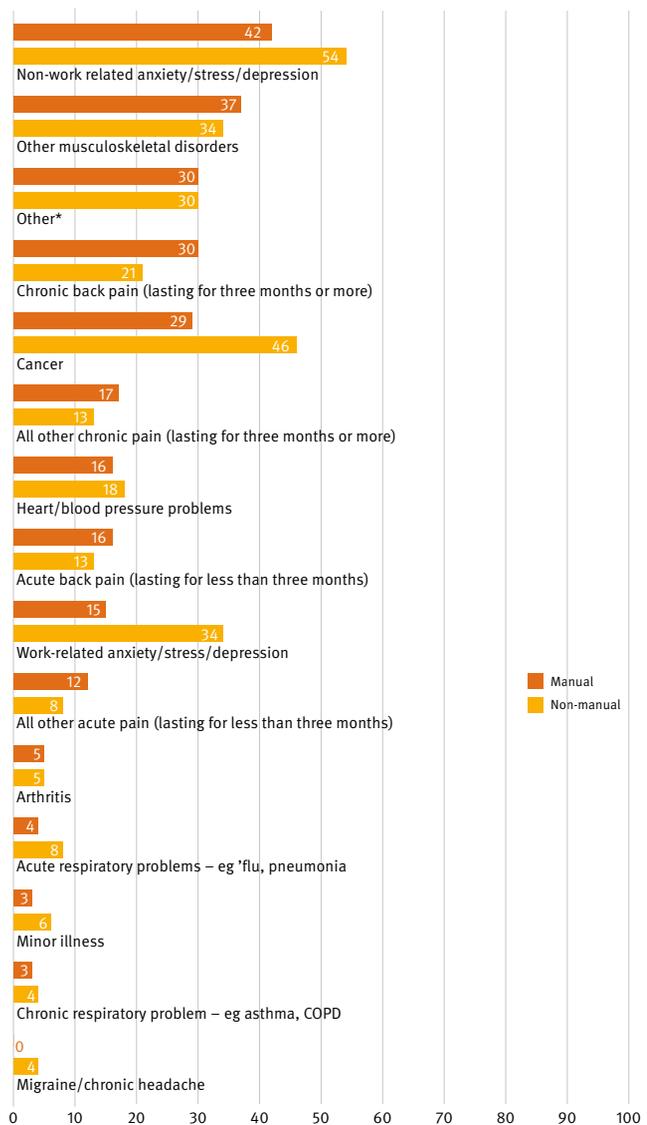
The large proportion of lost working time attributable to a relatively small number of employees – costing the UK economy over £4bn a year – highlights the importance of managing long-term absence effectively and facilitating a return to work wherever possible. The longer employees remain off work, the harder it becomes for them to be reintegrated into the workplace.

Stress, anxiety and depression are leading causes of long-term absence

Mental health conditions emerge as the single most widespread cause of long-term absence amongst both manual and non-manual workers when respondents were asked for the five main causes (**Exhibit 14**). These were cited by 42% of employers for manual workers and by 54% for non-manual employees.

Musculoskeletal disorders were the second most commonly identified cause of long-term absence for manual workers (37%) closely followed by chronic back pain (30%). Cancer represented a significant cause of long-term absence for both manual (29%) and non-manual employees (46%). Among non-manual employees cancer was the second most frequently reported cause of long-term absence

Exhibit 14 Illnesses causing long-term absence (%)



* includes more complex surgery and broken bones

4 Tackling stress and anxiety

Mental health has long been the ‘Cinderella’ area of occupational healthcare, but the widespread nature of mental health problems and their contribution to both short- and long-term absence make a strong case for active interventions by employers and NHS agencies to help affected employees overcome their difficulties and return to work. There is scope to achieve substantially improved performance on both mental health and pain conditions and our survey results show employers are responding.

Key findings

- Nine out of ten organisations (92%) operate stress and anxiety management policies of some type
- In two thirds of larger businesses (68%) these are formal policies while SMEs are more likely to have informal arrangements (50%)
- The most widely used practices to help support employees are flexible working arrangements (82%), counselling (79%) and occupational health support (78%).

Nine out of ten employers offer employees support for stress and anxiety

Awareness has greatly increased in recent years about health issues in general and mental health in particular. The major part played by mental health problems in causing loss of working time has increasingly led employers to take action to tackle stress and related conditions among their employees.

As demonstrated in chapter 3, problems related to anxiety, stress and depression are major causes of both short- and long-term absence. In addition, many of the conditions related to pain – which is also an important cause of absence – have a psychological component.

Exhibit 15 Larger firms operating stress and anxiety management policies (%)

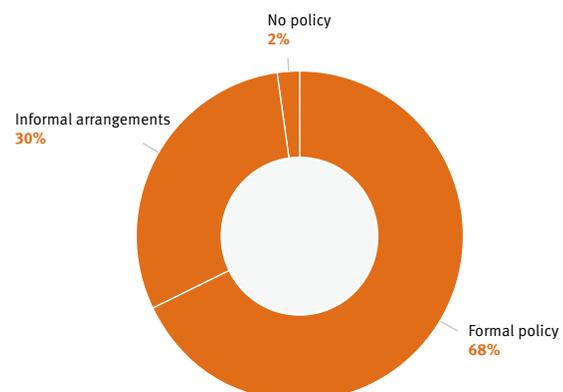


Exhibit 16 SMEs operating stress and anxiety management policies (%)

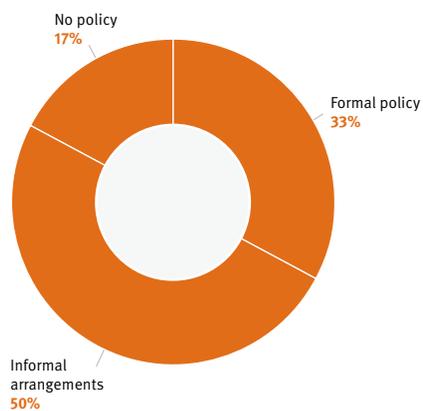
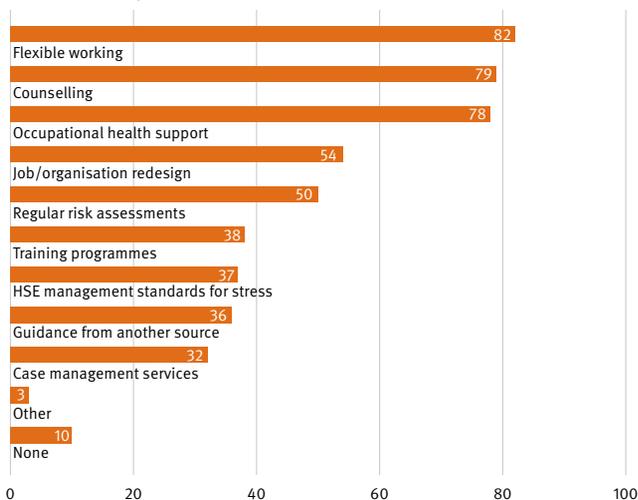


Exhibit 17 Practices used in managing stress and anxiety (%)



As part of their response, an increasing number of employers have arrangements in place for stress and anxiety management. Overall, more than nine out of ten organisations (92%) taking part in the survey operate a formal or informal policy for their employees. Formal stress and anxiety management policies are widespread among larger employers, with two thirds (68%) of businesses employing over 250 people operating them compared with just under a third (30%) taking an informal approach (**Exhibit 15**). In small and medium organisations, informal stress and anxiety management policies are more common (50%) than formal ones (33%), in line with their generally less formal style of people management (**Exhibit 16**).

Help with stress, anxiety and depression can take many forms

There are a variety of measures organisations use to help employees manage mental health conditions (**Exhibit 17**). Flexible working (82%) is widely used to enable employees to work in ways which meet their particular needs, reducing stress and anxiety caused for example by clashes between home and work responsibilities. Counselling is also widely used (79%) to help employees better understand and manage their conditions, together with access to occupational health support (78%). Just over half (54%) of employers say they have redesigned jobs or the organisation of work where possible to help employees cope better.

Half of employers conduct regular risk assessments for stress or other workplace causes of mental health problems (50%) and there are a number of sources of guidance available for employers concerned about the issue.⁹

5 The fit note scheme: in need of a tonic

Employers were optimistic when the government introduced its new capability-based fit notes in April 2010 to outline what work employees can do, rather than being signed off from work completely by a doctor. The intention was – rightly – to help more people stay active in work rather than drift into long-term sickness absence. While some employers report a positive impact, the scheme is currently failing to live up to its potential.

Key findings

- The launch of the fit note was welcomed by employers who had high expectations of the impact it could have as a guide for their health interventions
- Practical experience of the fit note scheme has not so far lived up to expectations. Only a fifth (19%) of employers report the fit note has helped their rehabilitation policies and the same proportion (20%) say fit notes contain constructive advice
- Only one employer in ten (10%) is confident doctors are sufficiently trained to use the fit note differently from old-style sick notes, while only one in 20 (5%) is sure doctors have sufficient workplace understanding to make the most of fit notes
- Only 17% believe the new fit notes have changed the culture around rehabilitation and return to work.

The fit note is a positive initiative welcomed by business...

There had been a longstanding concern among employers that GPs have limited understanding of workplace health and tended to sign employees off work too readily for lengthy periods. Given the positive impact of work on health and that at least some elements of most jobs can be tackled by those with particular health problems, firms have long called for a different approach.

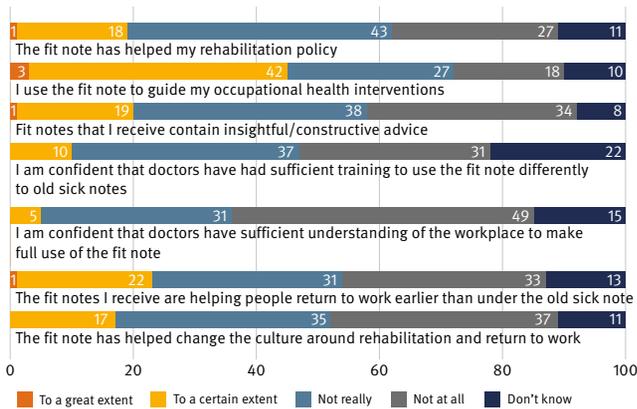
The government aimed to resolve these issues through introduction of the fit note in April 2010. For businesses this was a welcome development. In our 2010 survey – prior to the launch of the fit note scheme – over three quarters of firms (76%) hoped it would help with their rehabilitation policy and a similar proportion (78%) expected they might use it to guide their occupational health interventions. The only reservation was over whether GPs would have sufficient training to use the new fit notes differently from the old sick notes.¹⁰

...but employers' hopes have been disappointed

Despite the positive intentions of the policy and employers' optimism, the fit note scheme has failed to live up to these expectations. After the first eight months of its use, the 2011 survey found two thirds of employers (65%) reporting the fit note was not yet helping their rehabilitation policies and almost half (47%) were not using fit notes to guide occupational health interventions – which should be one of their prime functions.¹¹

The 2013 results show a mixed picture (**Exhibit 18**). While half of employers who express an opinion report that they are using the fit note to guide occupational health interventions, the proportion of employers reporting the fit note as helpful to at least some extent to their rehabilitation policies has dropped from almost a quarter of employers (23%) in 2011 to just under a fifth (19%) in 2013, while more than one in four (27%) say the fit note has not helped at all. Even more troubling, only one employer in five (20%) reports that the fit notes they receive contain insightful/constructive advice, which should be one of their prime purposes.

Exhibit 18 Impact of the fit note (%)



These results clearly indicate that more needs to be done to make the fit note system function as it is supposed to. There had been hopes that as employers familiarised themselves with the system and doctors gained more experience of it, the fit note would become a more valuable tool in helping employees with health problems back to work and keeping them there. The recently relaunched guidance for GPs, employers and individuals – alongside the roll-out of the e-fit note – provide a clear opportunity to revamp the scheme that we cannot afford to squander.

There is scepticism about GPs' buy-in

One of the main worries among employers from the outset was lack of confidence in GPs' capacity and readiness to use the fit note as intended. When asked whether they believed doctors had had sufficient training to make the most of the fit note, only one in eight (13%) said they were confident in 2011. That proportion has now dropped to one in ten (10%), while more two thirds (68%) are not confident that GPs have received adequate training to use the fit note differently to the long-established sick note. The practices of the past seem to be carrying over to the fit note.

One of the main concerns is whether GPs and other medical practitioners have sufficient understanding of the modern workplace to make full use of the fit note. While every work setting is different, the physical demands many jobs may have made in the past have disappeared or diminished as technology has changed. Only one in 20 employers (5%) has any confidence doctors possess sufficient understanding of the workplace to use fit notes to good effect.

The fit note has yet to change outcomes and culture

Nearly two thirds of employers (64%) report that the fit notes they receive are not really helping employees to return to work earlier than under the old sick note regime. On a more positive note, a fifth (23%) say fit notes are helping earlier returns to a certain extent, but a big boost in this proportion is needed if further headway is to be made in reducing levels of absence and helping people back to work.

The feeling among employers is that the old sick-note culture is, regrettably, still in robust health. Under a fifth (17%) of employers consider the fit note has helped change the culture around rehabilitation and return to work, while nearly three quarters (72%) say it has not really helped or hasn't helped at all. There is certainly no room for complacency if the long-standing problem of the sick note culture is to be tackled as part of the drive to avoid those who experience health problems dropping out of the workforce.

References

- 1 *Healthy returns?* Absence and workplace health survey 2011, CBI/Pfizer, May 2011
- 2 Based on 25.24 million employees aged 16 and over in the three months to December 2012, according to the Office for National Statistics (ONS)
- 3 According to the ONS labour market statistics bulletin February 2013, the number of people in public sector employment was 5.75 million in September 2012, equivalent to 22.8% of all employees
- 4 Absence is defined as any absence from work excluding public holidays, annual leave or statutory leave (eg maternity or paternity leave)
- 5 The 2012 figure is based on 29.73 million people in employment in the UK in the period October to December 2012, according to the ONS
- 6 Calculated on median full-time weekly pay excluding overtime in the public sector of £553.2 a week in April 2012 and public sector employment in September 2012 of 5.56 million (a figure excluding financial corporations, FE colleges and sixth form colleges). Source: the ONS annual survey of hours and earnings 2012 and the ONS Labour market statistics bulletin, February 2013
- 7 £14.92bn based on average earnings (excluding bonus) of £445 a week in December 2012 and a UK workforce in employment of 29.73 million, according to the ONS
- 8 Employers are recognising the need to respond to the rising number of carers in the workforce through initiatives such as 'Employers for carers': <http://www.employersforcarers.org/>
- 9 A good starting point for information on stress is <http://www.hse.gov.uk/stress> and Acas has produced a guide to promoting positive mental health at work: <http://www.acas.org.uk/index.aspx?articleid=1900>
- 10 *On the path to recovery:* Absence and workplace health survey 2010, CBI/Pfizer, June 2010
- 11 *Healthy returns?* Absence and workplace health survey 2011, CBI/Pfizer, May 2011





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