

Disability Rights UK response to the Fit Note reform consultation

Disability Rights UK (DR UK) is a national charity and Disabled People's Organisation (DPO). We are the UK's leading organisation led by, run by, and working for Disabled people.

Our vision is a world where Disabled people have equal rights, opportunities, and access to power and our work is rooted in the lived experience of Disabled people. We are a membership organisation and work closely with DPOs across the country.

This consultation was launched by the Prime Minister Rishi Sunak stridently claiming in an irresponsible [speech](#) that Britain is suffering from a "sicknote culture".

He also claimed that GPs are signing people off sick for work "by default", and that there is a risk of "over-medicalising" normal worries by diagnosing them as mental health conditions.

The Ministerial Introduction to the Fit Note consultation itself is more measured but from the same assumptions. It says –

"Across England in primary care 93.8% of fit notes were issued as 'not fit for work'. This means that over 10 million fit notes each year are issued where the patient is simply signed off, resulting in a missed opportunity to help people get the appropriate support they may need to remain in work.

All too often, people are written off work without an objective assessment of what they could do with the right support, rather than what they cannot."

It adds:

"We are testing shifting the responsibility for issuing the fit note away from primary care and reforming the way fit notes are issued so that people who can stay in work, or return to work sooner with the right help, are given exactly that.

This will not only help create a system better tailored to an individual's health and work needs but should also free up valuable time for GPs and primary care teams."

Firstly, while the figure of the number of fit notes issued may be correct, there is no additional information obtained as to the context of their issue gathered by NHS England.

The assumption is that these fit notes were issued “patient sight unseen and “unheard” on patient demand while they are in fact “fit for work”.

However, again there is no evidence cited as to the number of fit notes issued with no direct in-person or verbal contact with the patient.

A consultation based on a false premise

The consultation’s premise relies on only from the rise in the of number fit notes issued.

No other quantitative evidence was put forward or any qualitative evidence cited to justify the damning comments on patient and GPs motivations or behaviour.

The rationale of the consultation is that there has been no rise in the working age ill health to justify the number of fit notes issued so that a significant percentage must be wrongly issued.

Yet NHS England’s own figures show that a high proportion of fit notes are issued [for 5 to 12 weeks](#) - 42.6% in Q2 2023-24.

Such fit notes are unlikely to be issued for minor ailments of short term duration.

A June 2024 report by the Resolution Foundation, [Under Strain](#), debunks the claim that the growing disability and incapacity benefit caseload is due to it being “too easy” to receive support.

The report’s authors caution that there is no evidence to support this claim – award rates for new Personal Independence Payment (PIP) claims have been stable since its introduction in 2013, as have awards rates for those moving from the predecessor benefit Disability Living Allowance (DLA) onto PIP.

Instead, they point to a more straightforward explanation – the number of working-age people reporting that they have a disability has increased from 5.9 million in 2012/2013 to 8.9 million in 2022/2023.

As a result, the report finds that rushed attempts to simply restrict benefit eligibility are therefore likely to result in people with acute needs having their support and living standards cut without improving their underlying health conditions and job prospects.

The Foundation outlines that the only sustainable way to reduce overall benefit spending is to tackle the underlying cause of why so many

working-age people in Britain today have underlying health conditions or impairments that restrict their ability to work or incur additional costs.

This is a task it says as much for the NHS, wider public services, and employers as it is for the Treasury and DWP.

We agree – it is the under resourcing of health services, social care, education, housing and transport, that are excluding Disabled people driving us into poverty and increasing ill health.

Not the so-called “easy” obtainability of fit notes.

The rise in poor mental health and waiting lists

What is not addressed in the consultation is the issue of NHS mental health capacity, with NHS where overwhelmed services not coping with a big post-Covid increase in people needing help.

We would highlight fully echo this response to the Prime Minister’s consultation launch speech by [Dr Sarah Hughes](#), Chief Executive of the mental health charity Mind, who said:

“We are deeply disappointed that the prime minister’s speech continues a trend in recent rhetoric which conjures up the image of a ‘mental health culture’ that has ‘gone too far’.

This is harmful, inaccurate and contrary to the reality for people up and down the country.

The truth is that mental health services are at breaking point following years of underinvestment, with many people getting increasingly unwell while they wait to receive support.”

To imply that it is easy both to be signed off work and then to access benefits is deeply damaging.

It is insulting to the 1.9 million people on a waiting list to get mental health support, and to the GPs whose expert judgment is being called into question.

People need to be offered tailored support from mental health professionals if they are to return to work, not face threats of losing what little money they currently have to live on. The support just isn’t there. Demonising people for failures of the systems meant to support them is incredibly unhelpful and we urge the government to reassess its approach to this issue.”

This view as to the need to tackle waiting lists as the main issue is reinforced by BMA GP Committee England chair [Dr Katie Bramall-Stainer](#):

“So rather than pushing a hostile rhetoric on “sicknote culture”, perhaps the Prime Minister should focus on removing what is stopping patients from receiving the physical and mental healthcare they need, which in turn prevents them from going back to work”.

Dr Bramall-Stainer adds:

“Fit notes are carefully considered before they are written, and a GP will sign their patient off work only if they are not well enough to undertake their duties.

“We do recognise the health benefits of good work, and that most people do want to work. But when they are unwell, people need access to prompt care.”

Conclusion

In announcing the fit note consultation, the Prime Minister was again demonising disabled people and those with long term health conditions.

It is disingenuous to call out so called “sicknote culture”.

Statutory sick pay in the UK is [low by international standards](#), and UK workers take fewer sick days than those in France, Germany or the US.

Rising poverty caused by inadequate benefit levels, the two child benefit the benefit cap, the bedroom tax and sanctions are a major cause in the increase in ill health.

In addition, long NHS waiting lists for healthcare – there are now nearly two million people waiting for to get mental health support and approaching 8 million for elective treatment

In July 2022, changes meant that nurses, occupational therapists, pharmacists, and physiotherapists can now also issue fit notes.

While decrying that too many people are “signed off sick”, the suggestion to take the fit note duty away from doctors and the professionals above - from the people who know their patients, their illness, and their treatments - and hand the task to undefined “work and health professionals and work and health advisers” who won't.

The issue of a fit note should be seen as a medical issue and part of the health treatment process, which may also include at the same time the prescription of medication or referral for specialist support

Measures aimed at the reduction in the issue of fit notes ignore the reality of the increase in physical and mental ill health.

The best and most constructive ways to help more people into work is to ensure the workplace is inclusive, Access to Work is working effectively, provide good quality employment support to everyone on voluntary basis.

Back to work support must be co-produced by Disabled people and involve us in its implementation.

Those of us who want to work and are able to do so will seek support if it is effective.

The growing number of people who are out of work because of ill health is a reflection of demographic changes and discrimination in the workplace.

The focus needs to be on improving the workplace, not on fit note removal, sanctions and compulsion.

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