Reporting and prediction of work-related sickness absence by general practitioners

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Background

Information on sickness absence (SA) duration from General Practice is difficult to record. The duration of absence certified by the GP can be viewed as a prognosis of return to work. The Health & Occupational Research network in General Practice (THOR-GP) collects SA information from GPs associated with cases of work-related ill-health (WRIH); a sample of these cases is followed up, one year retrospectively, to gather information on the duration of absence.

Objectives

To examine the extent of the underestimation of the routinely reported SA data, and to investigate how well GPs predict patients' return to work.

Methods

THOR-GPs prospectively submit WRIH incident case and associated SA information using a web-based form. The reporting GP also states whether they think the patient will return to work at the end of the initial period of certified absence. Cases are selected at random for audit, one-year retrospectively. GPs who submitted the selected cases are sent a questionnaire asking the total number of days sickness absence and whether the patient has returned to work.

Results

Between June 2005 and December 2012, 6367 incident cases of WRIH were reported to THOR-GP. Of these 3116 (49%) were issued with SA certification, 1059 (34%) of which were selected for retrospective audit. The response rate was 73% and some cases were lost to follow-up, resulting in a dataset of 699 cases which had both prospectively and retrospectively SA certification information.
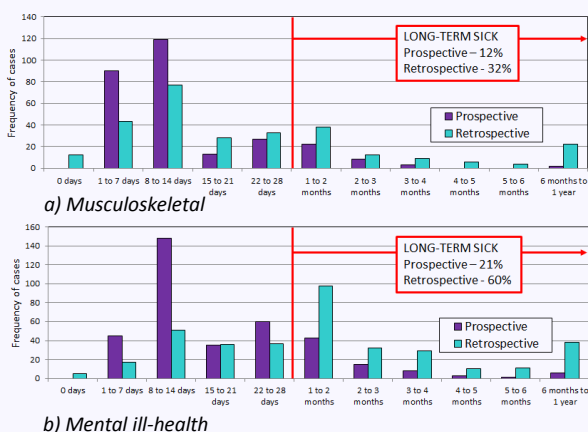

a) Musculoskeletal

b) Mental ill-health

Figure 1. Frequency distribution of number of days sickness absence reported prospectively and retrospectively for (a) musculoskeletal diagnoses and (b) mental ill-health diagnoses

The mean number of days reported prospectively was 25 days per case compared to the information collected one-year retrospectively which gave a mean of 63 days per case. This results in an under-estimate of 61%. Figure 1 illustrated the prospective and retrospectively collected data for musculoskeletal and mental ill-health cases and the difference in the proportion of cases classed as long-term sick.

A much larger proportion of the musculoskeletal cases reported were predicted to return to work after the initial period of SA certification compared to reports of mental ill-health (Figure 2)
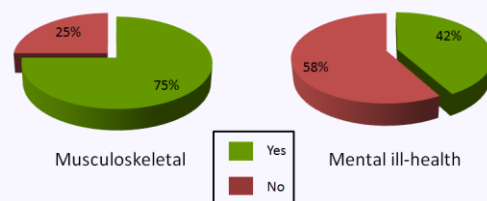

Musculoskeletal — Mental ill-health
Yes / No

Figure 2. Cases predicted to return to work after initial period of SA certification

In over half the reported cases, the return to work was longer than the GP initially predicted.
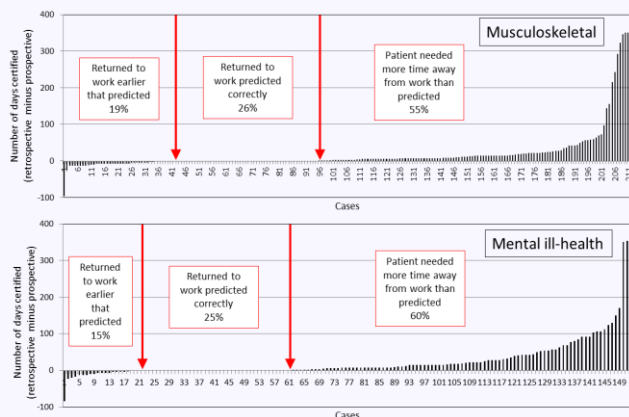

Figure 3. The difference in number of days certified sick (retrospective minus prospective data) for patients predicted to return to work after initial period of sickness certification

Conclusions

THOR-GP prospectively collected sickness absence data underestimates the total length of absence; however these data can examine the episodic rates of absence within different groups. GPs' ability to predict the length of time a patient will be away from work is important to enable treatment and rehabilitation planning in order to decrease the likelihood of a patient falling into long-term sickness absence.