RCGP Response to the Keep Britain Working Engagement Consultation (Great Britain)

May 2025

Submission Questions:

1. What workplace interventions have you seen or implemented that effectively prevent ill health from developing or worsening at work?
2. What workplace interventions have you seen or implemented that effectively help employees stay in work when they become sick or develop a disability, preventing sickness absence?
3. What workplace interventions have you seen or implemented that effectively help employees return to work after sickness absence?
4. What are the key barriers that prevent employers from implementing the interventions you have mentioned in this section?
5. Do you have any other insights, case studies, or recommendations that you believe are relevant to this review?

1. What workplace interventions have you seen or implemented that effectively prevent ill health from developing or worsening at work?

As workplace interventions are outside the direct scope of general practice, this response focuses on the role of GPs in preventing ill health from progressing and supporting patients in managing their health in the context of work.

General practice is often the first point of contact for individuals experiencing early signs of work-related ill health. GPs are well placed to identify and manage conditions such as musculoskeletal pain, stress, anxiety, and infectious illness - many of which, if left unaddressed, can lead to long-term sickness absence. Through delivering preventive care, long-term condition management, and continuity of care, GPs can contribute to the prevention of ill health and injury, reducing the risk of people falling out of work and supporting people to enter, remain in, or return to work.

The Keep Britain Working Review: Discovery Report identifies early intervention as key to reducing long-term economic inactivity. Early intervention is equally important for supporting good health, which is essential for good, safe work, and is a principle widely upheld by the profession. Preventive care is a clinical priority for the RCGP and a core function of general practice, encompassing early identification of risk factors, lifestyle support, and timely intervention to reduce the risk of individuals developing chronic illness and morbidity while enhancing health and well-being outcomes at both an individual and population level. Further, GPs and their teams play a vital role in diagnosing, treating, and effectively managing long-term conditions that can both affect, and are affected by, work – such as mental health and musculoskeletal conditions, asthma, diabetes, cardiovascular disease, and multimorbidity. Through chronic disease care, these teams support individuals to stay well, prevent deterioration, and remain in or return to good, meaningful work. This contribution is significant: people with long-term conditions account for around 50%

of all GP appointments (NHS England), and recent ONS data shows 36% of working-age adults now live with at least one long-term condition, up from 29% a decade earlier – a trend expected to rise with an ageing and growing population.

GPs and their teams also support early intervention through wider person-centred approaches, including social prescribing, supported by the Person-Centred Care toolkit (RCGP, NHS England). This includes practical guidance around linking patients with community and voluntary services to address social determinants of health – such as debt, housing instability, and social isolation. These non-medical factors intersect with, and often contribute to, poorer health outcomes and worklessness. Evidence shows that social prescribing can reduce pressure on GP services and improve wellbeing, confidence, and resilience – particularly among working-age adults (Polley et al., 2020, 2017).

This work is firmly underpinned by the *2025 Healthcare Professionals' Consensus Statement for Action on Health and Work*, to which the RCGP is a signatory. The Consensus recognises work as a key social determinant of health and "good work" as a health outcome, and sets out shared commitments to support people to enter, remain in, or return to work when appropriate. 'Good work' (i.e. good working conditions and supportive management) is linked with improved mental and physical health, while 'toxic' workplace environments or unemployment can negatively impact health. In line with this, GPs provide treatment, promote healthy lifestyles and support people to maintain their wellbeing and/or manage long-term conditions, and provide continuity of care – all of which helps sustain safe and appropriate participation in the workforce and reduces the risk of avoidable work loss.

The effectiveness of GP-led health interventions depends on protected clinical time, adequate resources, and system-level support to address work as a health issue. However, rising demand, growing complexity, and the continued shift of care into the community are placing significant strain on general practice. As of March 2025, each full-time GP in England is responsible for an average of 2,255 patients – 317 more than in 2015. These pressures reduce the opportunity for proactive, work-focused conversations, even when early intervention could prevent long-term sickness absence. It is also notable that many GPs lack access to occupational health support themselves, highlighting wider gaps in prevention and disparities within the healthcare workforce.

Expectations for prevention and early intervention in the context of ill-health and work cannot fall solely to GPs – this must be a shared responsibility. GPs are expert medical generalists, not workplace assessors, and should not be expected to act in isolation. As highlighted in the 2012 DWP-commissioned research *GPs' perceptions of potential services to help employees on sick leave return to work*, GPs often lack the occupational expertise, time, and system connectivity to make detailed work-related recommendations, particularly for patients in insecure employment or with no access to occupational health, often smaller businesses. The RCGP believes in a coordinated system that shares responsibility and interventions across appropriately trained

professions and settings – including health, employers, and occupational expertise. This requires sustainable investment, integration of services, access to appropriately-trained occupational health and employment services and advice, and protected clinical time to ensure individuals receive the right support at the right time.

Ultimately, GPs prioritise the health and wellbeing of their communities, as patient advocates, and are not best placed to make decisions on benefits or employment outcomes. GPs must be enabled to remain focused on the needs of the patient, and any reforms to workplace health policy should ensure this role is protected, not undermined or overburdened. General practice has a meaningful contribution to make in preventing health-related job loss, but this requires a system that is properly resourced, joined up, and realistic about what GPs can and cannot do. Responsibility must be shared across trained professionals and services, not placed on an already overstretched profession.

2. What workplace interventions have you seen or implemented that effectively help employees stay in work when they become sick or develop a disability, preventing sickness absence?

GPs aim to support patients to remain in good work during periods of ill-health through ongoing and patient-focused care, appropriate use of fit notes (statement of fitness for work), and consideration of how the individual's health interacts with their job demands and vice vera. Good employment is generally beneficial for physical and mental health, but only when employers are supportive, and workplace conditions are safe, flexible, and accommodating.

Employers of all sizes have a role in enabling people to stay in work, and their ability to do so can be strengthened through access to occupational health advice, clear guidance, and system-level support. GPs can advise on functional limitations, but are not responsible for designing or implementing job-specific interventions or modifications. Effective strategies, such as occupational health-led phased return plans, regular reviews, and flexible working arrangements, require coordinated input beyond general practice.

It is particularly helpful when employers take steps to understand and offer appropriate flexible working arrangements in response to health needs – such as phased returns or amended duties – helping avoid a binary 'fit or not fit for work' approach. Access to occupational health advice is essential in this process, particularly for small and medium-sized employers, to ensure that individuals and their GPs are supported with accurate, job-specific information. It is also important to note that this depends on mutual trust: GPs trust the patient's account of their work and health, and employers must trust and act on the clinical advice to support safe, sustained participation in good work. These approaches help ensure fit notes are acted on meaningfully and that people receive the right support to stay in meaningful work, without placing unrealistic expectations on general practice.

Individuals should be included and enabled to lead conversations about what support they may need at work, encouraged appropriately to do so through relevant DWP services and support. Employers also have a responsibility to ensure staff have sufficient time and flexibility to access healthcare when needed, including time away from work for routine or ongoing appointments, not just during acute illness. Without these workplace accommodations, individuals may struggle to manage their health effectively, increasing the risk of deterioration and extended time away from work due to ill health – outcomes that could often be prevented through timely access to care and early intervention, as expanded in the previous question. RCGP recognises that such supports and wider processes may carry costs, particularly for smaller businesses, but believes the long-term costs of health inequalities, lost productivity, and preventable ill health are far greater.

Protecting the GP's role as the patient advocate, focused on medical care – while enabling others to address workplace adaptations – will best support patients with long-term conditions to remain in meaningful employment. The RCGP supports improved investment in, and access to occupational health services, particularly for smaller and medium employers, and reiterates that enabling people to stay in work must be a shared responsibility.

A 2012 DWP-commissioned study (mentioned previously) found that surveyed GPs were in favour of an intervention model in which the level of support is tailored to the individual needs of the patient. These GPs believed the holistic approach and sustained support would help patients who could potentially work move from sickness or other benefits into paid employment. They reported that the ability to refer patients for an independent, expert occupational health assessment may support them to fulfil their role as patient advocates, without overstepping their expertise nor compromising their relationship with the patient.

GPs will continue to manage generalist medical care that fit within their role – managing conditions and treatments, issuing fit notes, and encouraging patients' confidence where appropriate – and will always prioritise the patient's wellbeing in decisions about fitness for work. As highlighted in the previous question, for GPs to continue these efforts and valuable contribution to an inclusive society and a healthy economy, general practice must be properly resourced and valued for the breadth and depth of work it undertakes every day.

3. What workplace interventions have you seen or implemented that effectively help employees return to work after sickness absence?

GPs play an important role in supporting patients to return to work safely after a period of illness, primarily through clinical care and appropriate fit note use. The fit note enables GPs to recommend phased returns or adjustments, however this depends on adequate time to discuss options, integrated services and access to occupational health service advice (particularly for complex situations or long-term conditions beyond 3 months), and a realistic prospect that employers will act on the advice provided.

While some patients benefit from structured return-to-work plans, GPs are not appropriately trained or resourced to design or coordinate these in isolation. Further, it is important to note that over 90% of all fit notes are signed by a GP, despite 2022 legislation expanding this to other professions. The RCGP supports the expansion of digital fit-note processes, and increased use of multidisciplinary fit note certification to appropriately trained roles, including by physiotherapists and mental health professionals, to improve quality, outcomes for individuals and reduce pressure on GPs. As further detailed in our 2024 response to the Fit Note Reform call for evidence; any reform to the fit note system must consider the GP's role and workload whilst prioritising patient needs, particularly those from underserved communities and those facing difficulty in accessing health services, to prevent further inequalities of heath.

4. What are the key barriers that prevent employers from implementing the interventions you have mentioned in this section?

While details of employment arrangements fall outside of the RCGP's remit, from a GP perspective the College considers there to be a number of specific barriers that hinder employers from implementing beneficial interventions to improve outcomes of individuals with ill-health or disabilities in the context of work.

Limited access to occupational health services is a key barrier which disproportionately affects small and medium-sized businesses, and ultimately the individuals employed within them. This is compounded by the fact that there is no specific requirement in UK law for an employer to buy in or provide occupational health services, alongside workforce and investment challenges faced by the occupational medicine and occupational therapy professions essential to delivering these services.

Further, there is no formal or consistent mechanism for GPs to communicate with employers about workplace adjustments or support. This may exacerbate workload demands and unnecessary time spent for GPs, limit the effectiveness of any advice GPs are able to provide, and leave patients inadequately supported due this to lack of integration.

5. Do you have any other insights, case studies, or recommendations that you believe are relevant to this review?

The Royal College of General Practitioners (RCGP) is the professional membership body for over 54,000 general practitioners (GPs) across the UK. The RCPG's purpose is to encourage, foster and maintain the highest possible standards in general medical practice – supporting GPs through all stages of their career, from medical students considering general practice, through to training, qualified years and retirement.

As defined by RCGP Council, a GP is a doctor who is a consultant in general practice. GPs have distinct expertise and experience in providing whole person medical care whilst managing the complexity, uncertainty and risk associated with the continuous

care they provide. GPs work at the heart of their communities, striving to provide comprehensive and equitable care for everyone, taking into account their health care needs, stage of life and background. GPs work in, connect with and lead multidisciplinary teams that care for people and their families, respecting the context in which they live, aiming to ensure all of their physical and mental health needs are met.

While the RCGP does not seek to directly comment on the structure and delivery of welfare and benefits systems, which lie outside our remit, we are well placed to comment on how general practice supports patients in work, return to work, and health-related transitions. We encourage the Review to consider the RCGP 2024 response to the Fit Note Reform call for evidence, alongside findings and recommendations made in the 2012 DWP-commissioned research *GPs' perceptions of potential services to help employees on sick leave return to work*.

The RCGP recognises the positive impact that good work can have on health and supports the role of GPs in advising patients on staying in or returning to work where appropriate, while working with other professionals to ensure patients receive the occupational support they need.

A key concern for the RCGP is ensuring that as part of any reforms the GP-patient relationship is protected, with particular emphasis on protecting the GP's role as patient advocate, distinct from direct decisions on welfare outcomes. Trusting relationships often built through continuity of care, are shown to improve patient outcomes and experiences and reduce costs within the health system. It is essential that GPs are supported to navigate any new processes, and have access to independent advisors for complex and individualised occupational health advice, ensuring they can focus on providing patient-centred care and are not expected to make decisions that are outside their professional remit. GPs need appropriate support, training, and access to occupational health expertise to provide effective care, in line with the 2025 Healthcare Professionals' Consensus Statement, which highlights the importance of equipping clinicians to engage confidently with work and health.

The RCGP advocates against shifting the fit note responsibility away from GPs in entirety, as issuing initial fit notes can be appropriately dealt with by GPs and supports a whole-person, continuity approach to care. However, the RCGP recognises there are areas for improvement of the existing system, and supports maximising the effectiveness of the fit note system through digital expansion, accessible training and updated, user-friendly guidance for healthcare professionals, alongside improved access to specialist occupational services and input for complex cases or those which may extend beyond 3 months.

In light of potential reforms to DWP processes, including fit notes and referrals for assessment, the RCGP advocates for clear, nationally consistent guidelines that balance the need for flexibility to address local needs, ensuring reforms add value,

without creating duplication and unnecessary bureaucracy. Any changes to these systems should be well resourced and prioritise patient needs, particularly for underserved communities and those with limited access to healthcare, to avoid further health inequalities.

Ends.