

Work problems due to low back pain: what do GPs do? A questionnaire survey

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Background. Low back pain can affect work ability and remains a main cause of sickness absence. In the UK the GP is usually the first contact for patients seeking health care. The UK government intends that the GP will continue to be responsible for sickness certification and work advice. This role requires a considerable level of understanding of work rehabilitation, and effective communication between GPs, patients, employers and therapists.

Objectives. The aim of this study was to identify GPs' current practice in managing patients whose ability to work is affected by low back pain, and their perception of the support services required.

Method. A postal questionnaire of 441 GPs in the South Nottinghamshire area of the UK was carried out. Areas covered included referral patterns, sickness certification, and communication with therapists and employers.

Results. There was a 54.6% response rate. The majority of GPs (76.8%) reported that they did not take overall responsibility for managing the work problems of patients arising from low back pain. Few 'mainly agreed' that they initiated communication with employers (2.5%) and/or therapists (10.4%) regarding their patients' work.

Conclusion. The results of this study demonstrate that most GPs do not readily engage in vocational rehabilitation and do not initiate contact with employers or other health care practitioners regarding patients' work problems. Thus the current government expectation that GPs are able to successfully manage this role may be unrealistic; considerable training and a change in the GPs' perception of their role will be required.

Keywords. Back pain, GP, primary care, sick leave, work.

Introduction

In the UK, it is estimated that a third of the population are affected by back pain in any 1 year¹ and ~20% will consult their GP.² Low back pain also continues to be a main cause of sickness absence in the UK³ where an estimated 4.1 million working days were lost in 2007/8 through musculoskeletal disorders mainly affecting the back.⁴

In 2005, the UK government published its strategy for improving the health and well-being of the working age population, with one of the key objectives to help employees obtain early and appropriate treatment, so that where possible they can remain in work.⁵ Employment rates are relatively high in the UK (74.5% in 2007⁶) but ~7% of working age people remain on state disability benefits, and 3% are off work

sick at any one time. Ill health can also 'impair economic productivity even if it does not lead to immediate absence'.⁷

In the UK, the GP is usually the first point of contact for patients seeking National Health Service health care, acting as the 'gatekeeper' for access to treatment interventions. GPs also have a statutory obligation for sickness certification; the first 7 days of sickness absence can be self-certified by the worker. The current sickness certificate includes a 'remarks' section for GPs that can be used to record advice that a patient need not refrain from work and that certain workplace adjustments may be appropriate.⁸ The majority of employees in the UK do not have access to occupational health services^{3,9} and thus the GP remains the resource for sickness certification and advice on working

with back pain for many. However, the GP also relies on other practitioners especially physical therapists to provide advice and interventions, when available.

Previous studies have shown that a wide range of factors impact upon the ease with which GPs apply the relevant evidence, particularly in relation to sickness certification. For example, GPs' own attitudes and beliefs can negatively influence the advice they give to patients about activity and work.^{10,11} Extensive research has also demonstrated that there is much scope for improved communication between GPs, occupational health professionals, employers and therapists.¹²

The UK government intends to introduce a 'fit note' in place of current sickness certification whereby GPs will be required to give an indication of the patient's ability to work and of the type of work that may be suitable.¹³ Little is known about how GPs manage the needs of this client group currently, much less how they might meet the increased challenges of the new certification process. A greater understanding of these factors could facilitate the success of new government strategies.

This paper reports on the results of a questionnaire survey carried out in South Nottinghamshire. The aims of the study were to identify GPs' reported current practice in managing patients whose ability to work is affected by low back pain and their perception of the services required to support this client group in returning to and/or retaining employment.

Methodology

A postal questionnaire survey of all GPs in the South Nottinghamshire area of the UK ($n = 441$) was carried out between June and August 2008. The survey included GP practices from two Primary Care Trusts (PCTs). Ethical approval was granted by the Nottingham 1 Research Ethics Committee and the Research and Development Departments of the PCTs concerned. Both quantitative and qualitative methods were used.

There were three research questions:

1. What action do GPs take to help patients who present with low back pain that affects their ability to work?
2. What are GPs' experiences of therapy/rehabilitation for patients with low back pain that affects their ability to work?
3. What service improvements would GPs recommend to help them manage their patients' work problems?

The instructions stated that the questions were concerned with 'the management of patients with

persisting or recurrent low back pain (without red flags) which affects their ability to work'. The first two research questions were each addressed by a series of statements. The questionnaire was designed with ease of completion as a main priority. Respondents were asked whether they 'mainly agreed' or 'mainly disagreed' with each statement. The statements relating to GPs' preferred management strategies at different stages (i.e. symptoms continuing past 2, 6 and 12 weeks) allowed for three optional responses: referral to physiotherapy or rehabilitation or an open response. Information was sought on referral patterns, use of sickness certification and the frequency and methods of communicating with employers and providers of therapy/rehabilitation. Free space invited the participants to add additional comments.

Finally, in order to ascertain the representativeness of the sample of returned questionnaires and to target non-respondents, the practice code of each GP practice was written at the top of each questionnaire, with a unique identifying number for each GP. Each questionnaire was personally addressed. A covering letter was attached, and stamped addressed envelope was included. A follow-up letter and further questionnaire were sent to each GP who had not responded within 3 weeks. Quantitative data were entered onto SPSS and analysed using descriptive statistics. Qualitative thematic analysis¹⁴ of free text data was conducted by two of the researchers (CC and PJW), who reviewed and agreed the themes inductively.

Results

Of the 441 questionnaires, a total of 241 were received; a response rate of 54.6%. The majority (160) was received from the initial mailing. The response was fairly evenly distributed between the two PCTs and clusters within those PCTs. A total of 94 GPs used the free space given for additional comments.

Actions taken by GPs: referral patterns

There were differences in the patient management strategies used by GPs, and these varied according to the length of time that patients had experienced difficulty working due to low back pain. If patients had experienced difficulties for >2 weeks, the majority of GPs (55.2%) agreed that they mainly referred to/advised physiotherapy, with a lesser number (14.9%) mainly referring to a specialist back rehabilitation programme and a substantial number (29.9%) choosing to state an alternative strategy. The alternatives stated included one or more of the following: advice; medication; exercises; continued management by GP and providing literature. Eight GPs chose more than one 'main' option.

For those patients who had been experiencing problems for >6 weeks, an increased number of GPs mainly agreed that they would refer on either to physiotherapy (60.2%) or to a specialist back rehabilitation programme (38.2%) or both. Two of these GPs indicated that they might also refer to a specialist. Three GPs stated that they would mainly self-manage. One GP would mainly continue with simple advice regarding back exercises.

If symptoms had been affecting work ability for >3 months, the majority of GPs reported that they would mainly refer to either a specialist back rehabilitation programme (72.2%) or to physiotherapy (23.2%) or both. A larger proportion of GPs (9.1%) stated that they would mainly refer to a specialist, or would consider this option, compared with the earlier timescales of 2 and 6 weeks.

Actions taken by GPs: perceived role and communication with employers and/or therapists

Table 1 shows the results from replies to the statements concerning the actions taken by GPs to help patients manage low back pain affecting their ability to work. Less than a quarter of GPs mainly agreed that they took overall responsibility for this area. Although most GPs responded to written communication from employers and/or therapists about managing their back pain at work, few mainly agreed that they initiated such contact themselves. As regards sickness certification, the majority of GPs mainly agreed that they advised patients that they could return to work before the expiry of the certificate, if able to, but only a third mainly agreed that they used the remarks section in the certificate to make recommendations to employers on duties/hours. Less than half of the GPs mainly agreed that they provided written information to patients about managing their health problems at work, and nearly three-quarters mainly agreed that they lacked up-to-date information on resources that may provide help to patients with work problems due to low back pain.

Fourteen GPs (6%) made references in the comments section of the questionnaire to problems associated with their role and responsibilities regarding managing work problems. Examples of the themes identified were as follows:

- that it was not perceived to be the role of the GP; for example

I feel the decision regarding suitability for work should be made by a dedicated occupational health professional. There is a clear conflict of interest for patient's own GP to make the final decision on whether they are suitable for work. (GP 6)

- that workplace health care may be limited; for example

Employers have hugely variable attitudes to physical problems and work—we don't want you back until you're better is very common. Access to occupational health and "work through it and we'll see if we can help" is unfortunately unusual. (GP 178)

- that GPs did not have sufficient ability to advise on work issues; for example

I don't feel I have the skills or training to assess patients back pain and its impact on the working environment. Also it is hard to decline a medical certificate, even though you feel the patient is fit for work, when they tell you they are unable to perform their job. (GP 71)

- that providers of therapy/rehabilitation might have these skills; for example

It would be nice to receive suggestions to help manage return to work that we can communicate to employers and on sick notes if necessary. (GP 189)

Experience of and recommendations for therapy/rehabilitation services

Table 2 shows the results from replies to the statements regarding GPs' experience of therapy/rehabilitation services for patients with low back pain affecting their ability to work. Only a quarter of GPs mainly agreed that services were adequate. The vast majority mainly agreed that these services needed to be more clearly defined, better co-ordinated and more accessible. Thirty GPs (12%) made reference to lack of clarity regarding referral criteria and treatment pathways in the comments section of the questionnaire. Examples of the problems associated with the referral process were as follows:

- the number of different mechanisms; for example

So many protocols, guidelines, special forms, new electronic pages/websites—no wonder we forget what's out there! (GP 11)

I have been confused about the acute and chronic back pain pathway, the (rehabilitation) team and referral pathways. (GP 46)

- and frequent changes in services; for example

The provision seems to keep changing so it is difficult to keep up with the best system for each patient. (GP 103)

TABLE 1 *Actions taken by GPs to help patients manage low back pain that affects their ability to work*

Statement from questionnaire	Mainly agree	Mainly disagree	Don't know	Missing
I take overall responsibility for managing patients' work difficulties resulting from low back pain.	52 (21.6%)	185 (76.8%)	2 (0.8%)	2 (0.8%)
I respond to written communication from patients' employers about managing their low back pain at work.	215 (89.2%)	21 (8.7%)	—	5 (2.1%)
I respond to written communication from patients' therapists about managing their low back pain at work.	216 (89.6%)	21 (8.7%)	—	4 (1.7%)
I initiate written communication with patients' employers about managing their low back pain at work.	6 (2.5%)	233 (96.7%)	2 (0.8%)	—
I initiate written communication with patients' therapists about managing their low back pain at work.	25 (10.4%)	213 (88.4%)	3 (1.2%)	—
I explain to patients, if writing a sickness certificate, that they can return to work before it expires, if able to.	219 (90.9%)	21 (8.7%)	—	1 (0.4%)
When writing sickness certificates, I use the 'remarks' section to make recommendations on work duties/hours.	85 (35.3%)	153 (63.5%)	—	3 (1.2%)
I provide patients with written advice and information about managing health problems and back pain at work.	80 (33.2%)	157 (65.1%)	—	4 (1.7%)
I lack up-to-date information on resources that may provide help to patients with work problems due to low back pain	172 (71.4%)	62 (25.7%)	2 (0.8%)	5 (2.1%)

TABLE 2 *GPs' experiences of therapy/rehabilitation for patients with low back pain which affects their ability to work*

Therapy/rehabilitation to help low back pain patients with their work problems	Mainly agree	Mainly disagree	Don't know	Missing
Is adequate	61 (25.3%)	166 (68.9%)	4 (1.7%)	10 (4.1%)
Needs to be more clearly defined	210 (87.2%)	23 (9.5%)	3 (1.2%)	5 (2.1%)
Needs to be more accessible	217 (90.1%)	16 (6.6%)	2 (0.8%)	6 (2.5%)
Needs to be available more promptly	223 (92.5%)	12 (5.0%)	2 (0.8%)	4 (1.7%)
Provided by local health authorities	166 (68.9%)	49 (20.3%)	14 (5.8%)	12 (5.0%)
Needs to be more effective	205 (85.1%)	23 (9.5%)	6 (2.5%)	7 (2.9%)
Needs to be better co-ordinated	209 (86.7%)	18 (7.5%)	7 (2.9%)	7 (2.9%)

By setting up more 'care packages' more 'teams' more 'assessment and treatment pathways' are not helping. It is just confusing patients let alone the frontline GPs. (GP 9)

As shown in Table 2, nearly all GPs mainly agreed that services needed to be available more promptly, and 22 (9%) made reference to the problems associated with lengthy waiting lists in the comments section of the questionnaire. Examples of the problems perceived to be associated with delay were as follows:

- that patients may lose motivation to work; for example

Delays between referral and first appointment often mean patient already adopting 'sick role' and prompt appointments would nip this in the bud. (GP 213)

- or fail to take up the therapy/rehabilitation being offered; for example

I feel that in all areas there is an unacceptable delay, and it is too easy to encourage DNAs (did not attend). (GP 97)

- or lose employment; for example

Probably get to see the (rehabilitation) team when it's too late i.e. already lost job. (GP 20)

Most GPs mainly agreed that services should be provided by local health authorities, but a larger proportion of GPs (31.1%), either mainly disagreed with, were unsure or did not respond compared to the other statements about service provision.

Discussion

Responses from the GPs in this study indicated that there is a wide variation in their approach to their management of patients who have work difficulties resulting from low back pain. Few reported that they initiated communication with other key players, and only a third reported that they used the remarks section on sickness certificates to advise employers. There were mixed responses as to whether GPs reported taking overall responsibility for managing patients' work difficulties; although most mainly disagreed that they did so, at least one-fifth reported otherwise. Effective vocational management may be hindered by a lack of clarity as to the roles and responsibilities of those concerned, whether it be the GP, patient, employer, line manager or therapist. Other studies have illustrated some of the reasons why GPs are reluctant to take on this role, for example: limited expertise; the impact on the GP-patient relationship; employers' attitudes; conflict of interest; lack of awareness or access to local services and difficulty in providing continuity of care.¹⁵⁻¹⁷

Managing work problems due to low back pain: the continued role of the GP

The steps now being taken¹³ may not necessarily resolve these problems. The government has decided that GPs should continue to take the lead on assessing for fitness to work. A revised medical certificate or 'fit note' is currently being tested with a sample of GPs; although the findings from this pilot study have yet to be reported, a decision has been made to introduce the fit note. However, it is unclear who will be ultimately responsible for carrying through any recommendations that the GP makes or whether they are simply to be seen as suggestions which an employer may be unable or unsure how to apply. To increase the knowledge and skills of GPs in advising patients about work, particularly sickness certification, further training is to be offered to GPs. The Department for Work and Pensions (DWP) is to roll out a National Education Programme to all GPs practising in Great Britain from April 2009. This programme is based on a recent pilot of a half-day training session.¹⁸ This training session has been reported as a success by the DWP; however, following training, a substantial number of GPs who reported back remained 'not particularly' or 'not at all confident' on advising patients on management of conditions caused by work (43%), advising on modifications or adjustments (45%) and health and safety issues (49%) and advising on fitness for work (23%). None of the participants felt 'very confident' in the first three categories, with <10% feeling very confident on advising on fitness for work. The present study demonstrates that many GPs may feel unwilling or unable to continue this role, let alone extend it.

Managing work problems due to low back pain: the role of other 'stakeholders'

If GPs remain unwilling or feel unable take overall responsibility for managing the work difficulties of patients with low back pain, it raises the question of who might do so. Relatively few employees in the UK have access to Occupational Health services. Precise data are not available, but a recent report has stated that at least 40% of employers have no sickness policy at all.⁷ Indeed the South Nottinghamshire area covered by this survey, >99% of workplaces are small-to-medium-sized enterprises (<250 employees).¹⁹ Although detailed information is not available as to the exact number of employees in these workplaces, these figures provide an overview of the prevalence of smaller organisations, which are less likely to offer formal structured support for ill health.

The present study has shown that the majority of GPs did refer patients with low back pain affecting their ability to work to local physiotherapy services and/or multidisciplinary rehabilitation. Health care professionals such as physiotherapists are frequently asked to provide advice and recommendations about activities, including work, although work outcomes are not commonly recorded by UK health care providers.²⁰ An earlier study has shown that the majority of non-medical health care professionals report that they would not have difficulty in assessing fitness for certification purposes if provided with training and guidelines.²¹ Thus, it might be more appropriate to train other professionals to assess and manage work problems, such as physiotherapists, case managers or line managers.

Managing work problems due to low back pain: the role of therapy/rehabilitation services in preventing sickness absence

A recent review and scoping study have recommended that referral to a case-managed multidisciplinary programme should take place if a person has not returned to work after 4-6 weeks of absence.²² As a result, the government is to pilot 'fit for work' services, primarily to provide personalized 'back to work' support. However, a more proactive approach might also aid job retention and prevent work disability and reduce the need for patients to consult their GP for sickness certification. It is likely that GPs will want to continue to be able to offer out-patient physical therapy and/or rehabilitation to their patients before a period of sickness absence even occurs, and such services could have an important role in helping to prevent sickness absence. However, as this study shows, there are weaknesses within service provision that add to the difficulty experienced by GPs in their attempts to help patients with low back pain. Many GPs reported that they were not well informed as to the services available to them and that treatment pathways and protocols

were complex and constantly changing. There is no indication within the recent government proposals to address, clarify or build on the role that physiotherapy and rehabilitation personnel might have in liaising with employers and GPs.

Strengths and limitations

The main strength of this study is that it highlights the challenges that are already faced by GPs at a time when the UK government is proposing to extend their role and questions whether GPs will be able to meet these increased demands. The GPs who responded were representative of the geographical area concerned, although they may not have been representative of the GP population nationally. The response rate, although low in general terms, compares well with other GP questionnaire surveys.²³ As the results relied on self report rather than a longitudinal observation methodology their interpretation must be viewed with caution. We were only able to ascertain if the GPs reported that they did or did not engage in a particular activity and were not able to substantiate this or were able to assess the usefulness of any approach if undertaken. Closed dichotomous response options were chosen to enable ease of completion of the questionnaire and increase the response rate, but these limited the degree to which definitive conclusions could be drawn. However, many GPs did make use of the opportunity to add comments.

Summary

These findings indicate that a large number of GPs may be limited in their capacity to advise or manage their patients with work problems due to low back pain. Overall, it would seem that the help GPs offer to patients with low back pain affecting their work is variable, and furthermore, they feel the current provision is inadequate. In conclusion, this study has demonstrated that the government's expectation that GPs are able to successfully manage the responsibility of sickness certification and provision of work advice to this client group may be unrealistic. Considerable training and a change in the GPs' perception of their role may be required, extending the role of other professionals to assess, advise and manage work problems may be more feasible.

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