Non-attendance for Social Security medical examination: patients who cannot afford to get better?

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This paper reports results from a cross-sectional study of 290 consecutive Invalidity Benefit cases in the north-west of England referred to the Benefits Agency Medical Service in 1994. The hypothesis is that socio-economic factors, such as high locality unemployment rates, may be implicated, not only in the initial causation of ill health, but also in its continuance, by giving incentive to the ongoing adoption of the sick role.

Results showed that residence in Liverpool, a diagnosis of anxiety/depression or simple back pain, and age under 40 years were all significantly related to non-attendance (P<0.01). Claimants from Liverpool were also younger, overall, more likely to be called for examination, but less likely to be found fit for work if they attended. This suggests that some claimants may not attend examination because they fear being found fit for work and losing the benefit on which they and their families depend.

Key words: Incapacity for work; non-attenders; sickness certification.

INTRODUCTION

Incapacity for work

The number of people in the UK receiving state benefits for sickness and disability rose rapidly in the early 1990s, and now exceeds the number on the unemployment register. Five hundred and fifty thousand people were certified incapable of work in 1978, 1.5 million in 1993, and almost 3 million in 1999. Seven per cent of the population of working age are now considered unfit for work, while 5% are officially unemployed.¹

After approximately 6 months claiming Statutory Sick Pay (SSP), the sick worker becomes the responsibility of the state benefits system, and may be entitled to Incapacity Benefit (IB). At this time, their general practitioner (GP) is required to complete a Med4 certificate, giving details of their medical condition, prior to assessment by the Benefits Agency.²

Merseyside has relatively high rates of both incapacity and unemployment. Department of Social Services (DSS) data for this study were collected in 1994, prior to changes in the medical test and subsequent change of government, which resulted in a number of welfare-to-work initiatives.¹ Between 1996 and 1998, sickness benefit claims, overall, and the percentage of claimants under 40 years of age have continued to rise in Liverpool, while figures in most other major cities have fallen.³ This suggests that the problem of long-term incapacity in Liverpool is worsening rather than improving, particularly among young people, and that the findings of this study may therefore be even more relevant.

Causes of incapacity

Approximately 50% of incapacity benefits claimants have a diagnosis of either simple back pain or minor mental health problems.⁴ Since the 1980s, Waddell's signs of psychosocial distress have been used to predict poor outcome in patients suffering from back pain,⁵ and a recent study confirmed that psychosocial factors are the main predictors of the development of chronicity in low back pain sufferers without sciatica.⁶ It is therefore apparent that at least half of all chronic work incapacity could potentially be treated by psychosocial interventions.

Audit of GP sickness certification

An audit of GP sickness certification in a group practice with 4505 working age patients in north Liverpool showed that the annual incidence of Med4 certification,
i.e. onset of chronic sickness/disability, was 4%, compared with a national average of 0.5%. The locality unemployment rate fell from 16% in 1995 to 13% in 1998 (UK average 5%), although the under-25s' unemployment rate remained static (around 31% of the unemployed).7

Doctors in the practice suggested that some patients may be 'earning' their living from their sickness/disability and cannot afford to get better because of the depressed labour market. An increase in requests for analgesics and therapeutic interventions, e.g. physiotherapy and specialist referrals, had been noticed by the doctors around the time of the independent medical examination. Further audit showed that patients under 40 years of age who had received a Med4 certificate during the study period were twice as likely not to attend their hospital appointments as the rest of the practice population of working age.

DSS medical examination

All incapacity benefits claims are subject to a review process, during which a decision is made whether or not to summon the claimant for a medical examination. Those about whom there is sufficient information to confirm beyond reasonable doubt their incapacity for work, are exempt from examination.8 DSS figures indicate that younger claimants are more likely to be found fit at examination. However, a substantial minority of those summoned fail to attend for examination, and may continue to receive benefits while they wait for a further appointment.

It has previously been assumed that non-attenders are those claimants who are more severely ill and/or have practical difficulty in getting to the examination centre. This study aimed to challenge this assumption, and to test the hypothesis that incapacity benefits claimants under 40 years of age in Liverpool may be more likely than claimants in the rest of the region to be non-attenders for the medical examination to determine fitness for work.

METHOD

A cross-sectional study of 290 consecutive Invalidity Benefit cases referred to the Liverpool office of the Benefits Agency Medical Service on 13 February 1994. Data were collected on age, sex, postcode, GP diagnosis, whether summoned for examination, attendance at medical examination, and whether found fit for work or not. The sample included men aged 16–65 years, and women aged 16–60 years from the north-west region, covering an area to the west of the M6 motorway between Warrington and Carlisle. Liverpool was the only large urban conurbation included in the region: the remainder of claimants lived in Wirral, Warrington, central Lancashire, the Fylde (including Blackpool) and Cumbria.

GP diagnoses were coded according to the WHO International Classification of Health Problems in Primary Care. 'Simple back pain' corresponds to ICHPPC 2-def 7242 (low back pain with no radiation or neurological complications), and 'anxiety/depression' (minor mental illness) to code numbers 3000–3004 (anxiety and non-psychotic depression). Back pain with sciatica was coded separately, as it is known to have a worse prognosis.6 Data were analysed using the Statistics Package for Social Scientists (SPSS) to calculate means, analysis of variance (ANOVA), chi-squared tests and multiple logistic regression.

RESULTS

Almost two-thirds of the sample of 290 were male, and more than half were aged over 40 years (Table 1). Forty-five per cent had a diagnosis of either simple back pain or anxiety/depression, while other common diagnoses were osteoarthritis, sciatica, psychotic disorders, alcoholism and ischaemic heart disease.4

The prevalence of the two main diagnoses was significantly different in men and women (P<0.001). Twenty-nine per cent of men suffered from back pain (20% of women), while 30% of women were suffering from anxiety/depression (13% of men). However, there were no significant differences between men and women in age, place of residence or in the likelihood of being summoned, not attending or being found fit at examination.

Forty-two of the 290 subjects were from Liverpool (the city itself, and its immediate suburbs such as Crosby and Maghull). Claimants from Liverpool were significantly younger with a mean age of 38 years, in comparison with 42 years in the rest of the sample (ANOVA P=0.03).

Liverpoolians were 2.35 (95% confidence interval (CI) 1.36–4.06) times more likely to be summoned for medical examination, compared with those from other areas. Having been summoned, Liverpoolians were

Table 1. Outcomes of medical examination according to diagnosis and postcode

<table>
<thead>
<tr>
<th>Cases (n)</th>
<th>Ratio, male:female (%)</th>
<th>No. with depression and back pain (%)</th>
<th>No. under 40 years of age (%)</th>
<th>No. summoned (%)</th>
<th>No. that did not attend (%)</th>
<th>No. that attended and found fit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All (290)</td>
<td>180:110 (62:38)</td>
<td>131 (45)</td>
<td>128 (44)</td>
<td>81 (28)</td>
<td>16 (20)</td>
<td>23 (35)</td>
</tr>
<tr>
<td>Liverpool (42)</td>
<td>27:15 (64:36)</td>
<td>21 (50)</td>
<td>23 (55)</td>
<td>20 (48)</td>
<td>8 (40)</td>
<td>2 (17)</td>
</tr>
<tr>
<td>Other (248)</td>
<td>153:95 (62:38)</td>
<td>110 (44)</td>
<td>105 (42)</td>
<td>61 (25)</td>
<td>8 (13)</td>
<td>21 (40)</td>
</tr>
</tbody>
</table>

Numbers (percentages) of all references to Bootle Medical Service centre, those with Liverpool postcode, and those from other areas who had a GP diagnosis of depression or back pain, were under 40 years of age, summoned for medical examination, did not attend medical and those who attended and were found 'fit for work'.
almost three times more likely not to attend the examination (relative risk (RR) 2.89, 95% CI 1.44−5.80) while non-Liverpoolians were significantly more likely to be found fit (RR 1.32, 95% CI 1.07−1.64).

Logistic regression was used to develop an explanatory model for non-attendance at DSS medical examination (Table 2). Residence in Liverpool, a diagnosis of anxiety/depression or uncomplicated back pain, and age under 40 years were all significantly related to non-attendance (P<0.01). After adjustment for the effects of diagnosis of anxiety/depression or back pain and age under 40 years, incapacity benefit claimants from Liverpool were almost 13 times more likely to be non-attenders for examination (Table 2).

**DISCUSSION**

Compared with incapacity benefits claimants from other areas in the north-west of England, those from Liverpool were younger. They were more likely to be summoned for medical examination, but less likely to attend or to be found fit for work. Non-attenders were more likely to be suffering from simple back pain or anxiety/depression, particularly in Liverpool, but prevalence of these diagnostic groups amongst incapacity benefits claimants as a whole was not significantly different according to area of residence.

The significantly younger claimant population in Liverpool may explain their increased likelihood of being summoned for medical examination. Long-term incapacity in the under-40s has very important economic consequences, and DSS administrators might reasonably expect that rehabilitation measures may be more successful for younger people. DSS recommendations at the time of the data collection applied less stringent criteria to older incapacity benefits claimants.

Expected reasons for non-attendance for medical examination include transport difficulties and severity of illness. However, Liverpoolians were shown to be less likely to attend for medical examination in spite of a well developed local transport network and two centrally situated examination centres. It is also possible that a small number of claimants with relatively minor illness returned to work when called for assessment, but failed to cancel their appointment.

The diagnoses associated with non-attendance were not those of severe physical illness, but simple back pain and anxiety/depression. This may suggest psychosocial problems associated with poverty and unemployment, which are acknowledged risk factors for mental health problems. Further qualitative research into the underlying reasons for incapacity claimants' non-attendance for DSS medical examination and therapeutic referrals is urgently required.

### Back pain and anxiety/depression

The predominant diagnosis amongst male claimants was simple back pain, while in females it was anxiety/depression. However, it is possible that this difference may be largely cultural, in that women may be more likely to discuss psychological problems with their GP, and there are well-known psychosocial factors, such as job dissatisfaction, associated with the diagnosis of back pain. Back pain in men may therefore be a somatic presentation of similar problems to those presenting as anxiety/depression in women. Andersson, writing in the *Lancet*, claims that ‘chronic low-back pain has also become a diagnosis of convenience for many people who are actually disabled for socioeconomic, work-related or psychological reasons.'

Swedish research has shown that emotional distress, coping style and perceived disability are associated with sick-leave among patients with musculoskeletal pain, after controlling for pain parameters and sociodemographic variables. Elliott *et al.* found that age, sex, housing tenure and employment status were significant predictors of the prevalence of chronic pain in Aberdeenshire.

The decline of heavy industry and shipping in and around Liverpool, together with high levels of unemployment, low levels of education and training, and low-paid local job opportunities may offer bleak prospects to young adults, particularly if they have children to support. The apparent association of high unemployment rates with correspondingly high rates of incapacity claims in the community may be mediated by the adverse mental health effects of socio-economic deprivation. Koppel and McGuffin have demonstrated that locality unemployment rates may be as good or better predictors of community mental health needs than census-based indices of deprivation.

Younger claimants with back pain and anxiety/depression may not attend examination because they fear being found fit for work and losing the benefit on which they and their families depend. Non-attenders are normally sent another appointment, which might be after a considerable time had elapsed, and benefit will only be withdrawn if the claimant cannot satisfactorily explain their failure to attend. There is therefore a financial incentive for claimants who are unsure of their continuing entitlement to incapacity benefits to avoid a medical examination for as long as possible.

Incapacity claimants who are summoned for examination generally find the experience worrying, and most GPs will be familiar with patients who express feelings of being ‘on trial’ for being sick. It is not surprising, therefore, that those with mental health problems are less
likely to attend DSS medical examination, even though they are statistically less likely to be found fit for work.17

Fitness for work
The reduced chance of Liverpudlians who attend for medical examination being found fit might suggest that they are more sick/disabled than incapacity claimants from the rest of the region. However, an alternative explanation may be that older claimants and those with more serious diagnoses are more likely to attend for examination. Older claimants may have fewer dependants to support and a more respectful/compliant attitude to authority, while awareness of the relatively lenient policy towards their age group may make them less afraid to come to the examination. Like those who are more obviously seriously ill or disabled, they may reasonably expect their benefit entitlement to be confirmed.

The sick role
Models suggested by Parsons18 and Corbin and Strauss19 of the sick role as a ‘career’ may go some way to explaining how individuals may make their living from their incapacity. These patients may request appointments for health care interventions prior to medical examination, to publicly demonstrate their incapacity, while needing to remain sick for psychosocial and/or financial reasons.

On referral to the DSS for review, being on the waiting list to see a specialist may enhance the perceived validity of an incapacity claim. An independent medical examination may even be deferred until the specialist’s opinion has been received, thus ensuring the claimant’s continuing benefit entitlement. It is likely to be difficult for medical assessors to deny a patient’s need to be off sick, if he/she has not yet received treatment recommended by their GP.

However, if the independent medical examination goes ahead before the patient’s referral appointment, and the claim for incapacity benefits is ratified, the threat to the claimant’s livelihood is removed, and access to treatment may become less pressing, or even undesirable. This may explain why requests for referral may rise before DSS medical examination and appointments may not be kept afterwards. The sense of relief following confirmation of benefit entitlement may therefore deter some patients from seeking or complying with interventions aimed at health improvement.

There is also evidence to suggest that patients living in deprived circumstances with low educational levels may have lower health expectations than those from more privileged backgrounds. These patients may fail to seek medical help for remediable conditions, which they perceive to be a normal part of the aging process.20

CONCLUSIONS
Residence in Liverpool, age under 40 years, and diagnosis of simple back pain or anxiety/depression are strongly associated with incapacity benefits claimants’ failure to attend DSS medical examination. Psychosocial and economic factors may be implicated, not only in the initial causation of ill health, but also in its continuance, by giving incentive to the ongoing adoption of the sick role.

REFERENCES