

# Doctors follow-up survey (DFS): Methods and Questionnaire

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## Background

As part of a study to assess the nature and degree of the work relatedness of illnesses reported in the Labour Force Survey (LFS), a sample of respondents reporting an illness in the 2010 LFS were re-interviewed as part of the Work-Related Illness Survey (WRIS). This involved collecting more details about their illness and its connection with their work. The study included one further element. To confirm the information given by the respondent, with their permission, their doctor was contacted and asked to complete a short questionnaire. Details about the Doctors Follow-up Survey (DFS) fieldwork are described below along with some information about the questionnaire.

## Fieldwork

At the end of the WRIS interview which was undertaken by the Office For National Statistics (ONS), respondents were informed about the Doctors Follow-up Survey, and those willing to take part signed a physical consent form and returned it to the survey team at the ONS. More details are available in the WRIS technical report<sup>1</sup>. The ONS forwarded the consent forms and a database of the relevant personal details to the HSE to allow a doctor from the HSE to contact the doctor or specialist treating the respondent.

The study involved patients providing consent for the HSE research team to contact NHS doctors, and the doctors consulting patients' records to complete a short questionnaire. To take forward this part of the study, clearance from an NHS Research Ethics Committee was required, along with NHS permission from each Primary Care Trust (PCT), Community Health Partnership (CHP), Local Health Board (LHB) and Hospital Trust where the doctors were located.

The consent forms (for telephone and face-to-face interviews) were designed following the National Research Ethics Service guidelines. A local NHS Research Ethics Committee reviewed the DFS, along with all the documentation associated with the full study, and granted a favourable response on 7 June 2010. Unfortunately, defining the mechanism for obtaining NHS permission and obtaining permissions took a lot longer than anticipated; all NHS permissions (129) were granted by the end of June 2011.

Once NHS permission had been granted, the doctor identified on the consent form was sent the following:

- A signed consent form
- An introductory letter
- An information leaflet about the study
- A short questionnaire for completion
- A claim form
- A pre stamped addressed envelope

A set medical fee, in line with British Medical Council guidelines, was paid to the doctors for providing the medical information. A copy of all the documents, except the consent form and claim form, can be found in Appendix 1. The consent form is located in the WRIS technical report. Two reminders were sent to non-responding doctors.

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<sup>1</sup> *Office for National Statistics 2010 Work-Related Illness Survey (WRIS): Technical report* can be found on the HSE website at: <http://www.hse.gov.uk/statistics/causdis/research/wristech.pdf>

## Questionnaire

To help the doctors identify the relevant consultation they were provided with a copy of the respondent's answers to certain questions, these were descriptions of: the illness; the date of the most recent consultation for this illness; the occupation; the industry and how the illness was caused. The doctor was then asked to confirm whether they had a record of the illness or even the patient, whether the patient had accurately described their illness and whether the doctor thought that the illness was work-related (see Appendix 1).

# Appendix 1

## a) Introductory letter

Redgrave Court  
Merton Road  
Bootle  
L20 7HS

Date

Ref <ref no>

Dear Doctor

### **HSE STUDY OF WORK-RELATED ILLNESS: DOCTORS FOLLOW-UP SURVEY**

Patient's Name	Patient's Date of Birth
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Your patient, named above, recently participated in a survey conducted for the Health and Safety Executive, by the Office of National Statistics, about illness caused or made worse by work.

Your patient has signed the enclosed consent form for me to contact you for further information about the illness they have reported. I would be grateful if you could complete the attached questionnaire and return it to me in the prepaid envelope provided.

A single fee of £52.50 (incl. VAT) is payable and a claim form is attached at the end of the questionnaire for you to complete. Please ensure all parts are completed correctly, otherwise payment will be delayed.

A leaflet is enclosed for information but should you have any questions about the study, do not hesitate to contact me.

Thank you for your co-operation.

Yours sincerely,

**J Osman**  
**Chief Medical Adviser**  
**Chief Scientific Adviser's Group**

## **b) Information sheet about study**

### **INFORMATION SHEET**

#### **HSE STUDY OF WORK-RELATED ILLNESS: DOCTORS FOLLOW-UP SURVEY**

##### **The need for information**

No single source of statistical information on work-related illness provides a full picture of its incidence and distribution in the population. Information comes mainly from the compensation scheme administered by the Department for Work and Pensions, employers' statutory reports and voluntary medical surveillance systems. However, these sources tend to be restricted to well-established occupational diseases, and cover only the more serious cases

In order to move beyond these restrictions, over the past decade, the Health and Safety Executive (HSE) has used the Labour Force Survey (LFS) to ask all adults in a representative sample of households in Great Britain about any work-related illness they have suffered from during the previous year. The resulting data have given estimates of the prevalence of different kinds of work-related illness, and has shown how illness rates vary by occupation, industry, region, age and sex. These results are published annually on the HSE web site and have proved to be of great value in developing HSE's priorities for occupational health.

##### **The present study**

The LFS has limited space for detailed questions on work-related illness. The Office for National Statistics (who administer the LFS) have re-interviewed individuals identified in the 2010 LFS as having a work-related illness, collecting more detailed information about their illness and its connection with their work. The Work-Related Illness Survey (WRIS) is designed to supplement the information gathered in the LFS, providing a better understanding of the nature of the relationship between work and the reported illness, and the impact the reported illness has on the individual's day-to-day life.

### **Independent validation**

An important element in this study is the independent validation of the information provided by respondents, with their consent. We would be very grateful if you would assist us in doing this by completing the attached questionnaire about your patient.

### **Use of the results**

The HSE will use the results to improve its understanding of self-reported information on work-related illness. This will help it improve its statistical methods for measuring work-related illness. Good statistics are essential to guide preventative activities to areas where they are most needed. Full results from this study will be published by HSE, and a shorter version will be carried by an appropriate journal.

### **Survey Confidentiality**

A National Health Service Research Ethics Committee has approved the Doctors Follow-up Survey, and NHS permission has been granted for this research to proceed. The information you provide will be treated as strictly confidential as directed by the Code of Practice for Official Statistics.

### **Further information**

We hope this makes our intentions clear, and that you will agree to assist in this study. If there are any further questions you would like to ask before completing the questionnaire please contact:

Dr J Osman, Chief Medical Adviser, Chief Scientific Adviser's Group, Health and Safety Executive. Tel: xxxxxx

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## SURVEY OF WORK-RELATED ILLNESS

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### QUESTIONNAIRE FOR GP OR OTHER TREATING DOCTOR

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Information reported by patient:

In an interview in <month and year of interview> the patient named on the accompanying consent form reported that in the preceding 12 months they had suffered from an illness, disability or physical problem that was caused or made worse by their work. (The work in question is not necessarily their current work).

The following extract from the interview describes the illness and the work in question as recorded by the interviewer:-

QUESTION	RESPONSE
1. In a few words how would you describe the illness or physical problem that was caused or made worse by your work?	
2. Do you know or remember what your doctor said was the matter with you?	
3. Was your problem caused by your work or did your work simply make it worse?	
4. What was your job that affected your complaint?	
5. Can you describe in a few words how your work n/k	

The date of your patient's most recent consultation for this complaint was reported as: < month and year of consultation>

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# SURVEY OF WORK-RELATED ILLNESS

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<ref no>

Information requested from doctor:

**1. Do you have a record of a complaint for this patient that might fit the previous description?**  
(Please tick one box only)

YES

NO - no record of having seen this patient either directly or through their employer.

NO - none of the recorded consultations fit the previous description.

UNCLEAR - the patient had consultation(s) (at least one) but on the available information I cannot be sure which (if any) they had in mind when making the responses.

*If YES please continue, OTHERWISE please return this form.*

**1a. Do you have reason to believe that this patient has lost the capacity to give the enclosed consent?**

*If NO please continue, OTHERWISE please return this form.*

**2. Has the patient reported their diagnosis accurately?**

YES

NO

**If NO, please give a more accurate diagnosis (please help our input staff by writing technical words clearly).**

**3. On what date was the earliest recorded consultation for this condition?**

MONTH

YEAR

# SURVEY OF WORK-RELATED ILLNESS

<ref no>

4. During consultation(s) on this condition, was the patient's work discussed?

- YES
- NO
- DON'T RECALL/DON'T KNOW

If YES, please continue, OTHERWISE go to Question 6.

5. Did your patient suggest that their work caused or exacerbated their condition?

- YES
- NO
- DON'T RECALL/DON'T KNOW

6. Please tick boxes (one in each row) which best represent your opinion of any relationship between the patient's work and their illness. Use the space below if you have any additional comments.

	The patient's work is:					
	Definitely	Probably	Possibly	Unlikely to be	Definitely not	Insufficient information
The main underlying cause of their illness						
A contributory underlying cause of their illness						
A cause of symptoms of their illness						

Additional comments:

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# SURVEY OF WORK-RELATED ILLNESS

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<ref no>

**7. Has your patient been referred to a specialist for this illness?**

YES

NO

*If NO, please return this form.*

**If YES, please indicate the specialism(s) consulted for this illness by ticking the appropriate box(es)**

Dermatology

Orthopaedics

Neurology

Rheumatology

Physiotherapy

Respiratory medicine

Occupational medicine

Psychology

Psychiatry

Other(s) (please specify)

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