



# **A Manager's Guide to Making Occupational Health Referrals**

Occupational health looks at the effect of work on health and health on work

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## 1. Introduction

Management of health related absence is the responsibility of managers. However Occupational Health involvement can be an effective way of supporting managers in the management of:-

- Long term and short term health related absence or health issues;
- Issues with employee performance;
- Health and safety aspects that may have an impact on a person's health.

## 2. When to Make a Referral

If you answer yes to any of the questions below a referral into Occupational Health (OH) may well be appropriate for your employee. If you suspect an employee may benefit from an OH referral or if you would like any further advice you should contact the OH Advice Line (information below) who can help you with your decision.

- Do you have concerns that an employee may have an underlying medical condition that may be affecting their ability to perform or sustain their role requirements?
- Have you noticed any changes in your employee that worry you and need advice on how to support them (e.g. behavioural changes, lack of concentration, poor time keeping, tiredness)?
- Has an employee expressed concerns to you about their health and the impact it could have on their ability to perform or sustain their role requirements?
- Do you have concerns over an employee's absence levels (long or short term)?
- Do you need advice on an employee's fitness to work or return to work after a period of absence?
- Has a potential RIDDOR event occurred? Please note we will advise you if the evidence reflects that a RIDDOR event has occurred, however it is the organisation's responsibility to report and follow up with the HSE for all RIDDOR events.

### 3. How to Make a Referral

#### 3.1 Informed Consent

- The employee should be fully informed as to why they are being referred to OH and what questions the referrer is seeking OH to address during the consultation
- The referral form should be discussed with the individual prior to attending a consultation.
- The manager must confirm that the referral form has been **discussed** with the employee by completing the check box at the bottom of the referral form.
- Employees are entitled to a copy of the referral form if they request it and at any time thereafter. The referring manager should be aware that whatever is written in the referral form can be viewed by the employee at any stage (for example in the event of a Subject Access Request, or should a case ever go to a Tribunal).
- The employee should be made aware that the outcome report will be provided to the referring manager and/or the HR Business Partner. The employee will be entitled to view the report before it is released.

#### 3.2 What Information Should a Manager Provide in a Referral

- The referrer must provide an **email address**.
- An **appropriate and current contact number for the employee** for the purposes of maintaining contact throughout the referral and consultation process. (NB: referrals will be rejected by OH without this information).
- Please indicate on the form, using the listed activities, what kinds of tasks the employee's job entails (e.g. driving, heavy lifting, prolonged sitting etc.) Copies of job descriptions if these are task specific are useful.
- **Whether or not the employee is currently absent** and if so when the absence began and the reason that has been given.
- **Absence history** – please advise on the dates, length of absence and reasons for absence during the last 12 months (particularly required for frequent, pattern absence).
- **Medical condition/medication where these are already known to you** – don't worry if you have little or no details about these.
- If any **adjustments/suggestions** have already been made in relation to hours, duties etc.
- What adjustments, if any, would be possible or impossible in the context of their job (if known).
- **In cases of work related stress, what issues which have been raised and any measures** the referrer and/or the employee have taken to address these (such as counselling, reduction in hours/duties etc.). This is particularly relevant if there are unresolved issues within the employment relationship.
- **If employee is within or due to progress to disciplinary/capability process** - so that we are aware of the full circumstances of the referral.

**NB:** it is the responsibility of referring managers to ensure that these guidelines are followed to ensure that OH can respond to referral requests in a timely manner. A referral cannot be processed where contact email address and telephone numbers are missing and where the referral has not been discussed with the employee. It is also important to ensure that OH receive the referral well in advance of the expected date of return.

#### 3.3 What Information Should Not be in A Referral

- Specific contractual/non-medical questions (for example, whether an employee should be dismissed). As an OH provider we provide advice in relation to health issues within the workplace but the contractual implications of these health issues are a matter for management.
- We do not provide clarification on policy, procedures and processes of your business practices:

- Questions, such as, 'Should this employee now be taken down the capability/disciplinary route?' would be better phrased: 'Are there any medical considerations that need to be taken into account should the business decide to follow a capability/disciplinary route?'
- Anything that you would not be happy for us to share with the employee.

### 3.5 OH Assessment & Report

- For OHA telephone consultations - the outcome report will be issued to the referring manager within the agreed SLAs, providing the employee consents to this.
- For OHP face-to-face consultations – the outcome report will be issued to the referring manager within the agreed SLAs for the assessment providing the employee consents to this
- In the event an employee attends a Network Physician for a face to face assessment the report will be supplied to us for a senior clinician to interpret the report. This will be sent as per above.
- A copy of the report will be provided to the employee if requested and the employee has the right to review the report before it is sent to management. Where authorisation is not provided within **2 days for electronic copies and 3 days when it has been posted** to the employee, the report will ordinarily be released to the manager/HR.
- If an employee withdraws their consent for an OH report to be released their case will usually be closed. The situation will then need to be managed by the manager/HR without the benefit of advice from OH.

### 3.6 Information You Will Receive in the Case Management Report

- The OH Case Management Report will focus on the effects of work on health and health on work.
- The report should indicate if the employee is:
  - Currently fit for work or not
  - What steps the employee might take to optimise their health and wellbeing
  - Whether we have identified further treatment options that might help, and have signposted the employee to their own doctor to explore these
  - What adjustments may help either to return them to work or to keep them in work (e.g. a reduction in hours).
  - In cases of absence, an estimate of when a return to work might be expected, including a date where possible.
  - What perceived or real obstacles to a return to work might exist.
  - To what extent the barriers to work may not be medical in nature and not amenable to a medical approach
- OH will advise if it is believed that the disability provisions of the Equality Act 2010 may be likely to apply to an individual, and if this is in any way relevant (it is for the courts to make the definitive decision)
- Suggested adjustments will not be prescriptive but should enable a manager to determine what can and cannot be reasonably accommodated, in the context of the business, to help an employee in work or back to work.

### 3.7 Information You Shouldn't Expect to Get in the Report

- Prescriptive Management advice
- Non health related advice (sometimes a non-medical issue may be discussed if it is seen to be affecting the employee's health)
- Medical confidential information is not disclosed without the consent of the employee (e.g. medical condition, medication etc.).

## 4. Further Medical Evidence / OH Physician

In most cases we will be able to obtain sufficient medical information from the employee to inform our opinion. However, further medical evidence is sometimes required from the employee's GP or treating Specialist. This is required to gain further factual medical information in order for us to form our opinion as clinical OH specialists on fitness for work. Further medical evidence may also be required as secondary evidence if a case is likely to end in an employment decision. OH will clarify with referring person prior to requesting information to gain consent to proceed.

## 5. Closing cases

Each and every consultation and Case Management Report should stand alone and enable management to progress a case. In general cases will be closed following the initial assessment, particularly where the medical condition and its treatment is stable and/or long-term.

Leaving cases open can lead to a medicalisation of an employee's condition and a reliance on occupational health to take a quasi-treatment role, which is not the purpose of occupational health.

In cases where active treatment plans are in place and there is likely to be a change in the employee's medical condition, the OHA will recommend a review assessment in order to follow it through and assess the impact of treatment or the condition on their ability to work.

In many long-term sick cases, closing the case helps management to examine and progress the case either in the form of finding alternative avenues for treatment, re-deployment or even consideration of ill-health retirement or termination of contract.

In relation to long term medical conditions if/when the individual's status does change, the original referral details and questions are no longer likely to be relevant and a new referral form should be completed that refers back to the original referral but provides OH with updated information and asks the relevant current questions that the referrer needs to be answered.

## 6. Employee FAQ (For Managers)

'What happens if Occupational Health advise that the employee is temporarily unfit to work after having an appointment with the OH service?'

There may be occasions where recommendations are made regarding the job role and fitness for work. These will be reviewed by the employer and the job role may be changed for a period of time until these issues are resolved. In situations where we consider there may be a significant risk to the employee or to others (i.e. in safety-critical job roles) we would bring this to your attention at the earliest possible opportunity, and perhaps even pending your receipt of our full report.

'Where are employee Occupational Health records held and for how long?'

All medical records are held safely, securely and in confidence by the OH Service. General OH records are kept for 8 years after last annotation however there are some parts of an OH record that are required by law to be kept for longer, e.g. health surveillance records for up to 40 or 50 years dependent on the occupational hazard.

‘Is an employee entitled to access their Occupational Health records?’

Yes every individual has the right to access their OH records at any time, as with any other medical record held about them. We have a form for the person to complete to request a copy of their OH record.

Can the employee have an interpreter or friend with them when being seen in Occupational Health if they can’t speak fluent English?’

Yes, the employee may be accompanied by another person with their informed consent.

‘What happens if the OH service discovers a medical condition that the employee didn’t know about?’

We will inform the employee of all findings during their appointment and may advise that a referral to a GP for further tests and treatment as required is recommended. The clinicians will liaise with the GP when clinically appropriate.

## **7. Advice & Support**

If you would like any advice from OH please don’t hesitate to contact us as we will be able to give you the appropriate support or direct you to the appropriate service.

If you would like advice on making a referral, including when to refer, the process of OH referrals and the content of the referral please contact your Chief Medical Officer