

Management Referral Process and Guidance

HR/Managers may request that an employee be assessed by an Occupational Health Practitioner so that objective information can be given to both the HR/Manager and the employee if there are concerns about their health, performance (where there may be health implications) or level of sickness absence.

WE WILL SEND YOU A REPORT GIVING CLEAR ADVICE, WHICH WILL COVER:

- Fitness to work
- Prognosis on returning to work
- Possible adjustments to role

A consultation can usually be carried out within 5-10 working days and the report will be written within three working days. The consultations will be mainly conducted by telephone or video call and in certain circumstance they can be face-to-face.

GUIDANCE ON WHEN TO REFER TO OCCUPATIONAL HEALTH
Typical events that could trigger a referral include:

- An employee has been, or is likely to be, off sick for longer than 4 weeks or where there is no foreseeable return-to-work date.
- An employee has frequent incidences of short-term absence with one or more reported illnesses.
- A manager believes that an employee's health is being affected adversely by his work (e.g. stress, upper limb disorders or back pain).
- Individuals that have an underlying medical condition where the managers need to understand the likely short and long-term fitness for role (with or without adjustments).
- Prolonged adjusted duties with unknown timescales of fitness to return to full duties/role/hours.
- An employee is about to be transferred to another job or is about to be promoted and a medical assessment is required, or the individual has an underlying medical condition.
- An employee's performance at work may be compromised because of ill health.
- An employee is diagnosed with a critical illness such as psychiatric ill health, cancer or heart disease.
- An employee is thought to be suffering from alcohol, drug or substance misuse.
- An employee has notified you that they are concerned about their own ill health, particularly if they believe their health is being affected by work.
- Advice is required on rehabilitation programmes for sick or disabled employees.
- You require a report regarding an employee's fitness to attend a disciplinary or grievance hearing.
- Individuals working with vulnerable groups where there are concerns regarding current psychological fitness for role.
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If you are unsure if a referral is required, please contact Debbie Holder to discuss the case on
07842 245450

REFERRAL PROCESS

STEP ONE

Please complete the Management Referral form giving us as much relevant background information as possible including a summary of their job tasks and demands, sickness absence records for past 2 years (reason for absence and days off), performance issues or concerns, relevant risk assessments (e.g. DSE, stress risk assessment, pregnancy) and any other relevant information that is available.

Please see Appendix 1 at the end of this document for more guidance on completing the referral form.

We request that you note any performance or relationship issues (where appropriate) on the referral form as it is important for us to be aware of this so that we are able to balance the information provided by the employee, the examining OH Practitioner and the organisation in order to come to an appropriate recommendation.

STEP TWO

Please ensure you have read and fully understood the sections on Confidentiality and Medical Ethics and then discussed the referral with the employee. Please give the employee the information for employees document as this explains the process and answers any questions they may have about their referral.

STEP THREE

Upon receipt of the referral form, the Case Manager will decide whether any further information is needed, and will discuss with you if there are any questions or clarification required. We will contact the employee to book the appointment. Once booked, the referrer and the employee will receive email confirmation of the appointment date, time and type of consultation (telephone, zoom, face-to-face). Cancellation charges will apply if the appointment is cancelled within 3 working days, if the employee does not attend, if the employee arrives more than 15 minutes late for their appointment (or does not answer the phone within 15 minutes of their appointment time – the OH practitioner will try 3 times), or if they don’t consent to the report being released.

STEP FOUR

The initial assessment takes approximately 45-60 minutes and aims to collect sufficient information to provide an accurate and objective opinion regarding fitness to perform the role. The individual will

be asked about their health condition, current symptoms, treatment, their job, and any difficulties they have with any work tasks or normal daily activities. There are times when the individual has a very complex health history and the consultation or report writing takes significantly longer than usual. In these instances, there may be a slight additional charge.

STEP FIVE

Once the employee has had their appointment, the OH Practitioner will write the report within three working days. If the employee has already provided consent for release of the report at the time of the appointment, the report will be forwarded to you immediately. If the employee wants to see the report before it is sent, they will be sent the report and asked to confirm consent to release of the report within two working days. You will be kept informed on the progress of the report if there is any significant delay in the report coming to you.

If additional clinical information is required from the employee's GP or specialist, the appropriate consent will be obtained by the OH Practitioner at the time of the appointment, and the report will not be requested without authorisation from the person making the referral. The GP or specialist is likely to charge for this report, and will be asked to send the invoice for this directly to the referrer.

STEP SIX

If you have any queries, concerns or require further clarification on the content of the report, please contact us as soon as possible on 07790807088, so that we can address these as soon as possible. The invoice will be sent to you once the report has been sent to you. If a review appointment is recommended by the OH Practitioner, you will be contacted prior to the review date, to identify if you would like to go ahead with a review appointment at that time, and we will book it as per the process above.

FURTHER INFORMATION ON REPORTS TO MANAGEMENT

Occupational health reports are advisory only. The content of the report will depend on the reason for the referral, the specific questions that have been asked, and any necessary specific recommendations. If there are any questions about the report, please contact OHS for clarification. Please note that the OH practitioner can clarify the report and advice given verbally, but will not answer any new or additional questions without consulting the individual.

CONFIDENTIALITY AND MEDICAL ETHICS

Occupational Health Services Ltd (OHS) is subject to a range of statutory restrictions that ensure patient confidentiality and protection of sensitive medical information.

The reason for the referral must be discussed with the individual prior to the appointment being booked and the employee should be given a copy of the referral form.

Medical reports from us will not include clinical details about diagnosis, treatment or symptoms without the informed consent of an employee. In line with the General Medical Council guidance (GMC) the individual will be offered the chance to see a copy of the report before it is sent to management. Prior to release of the report to management, the employee has a right to have factual inaccuracies amended, but if the individual does not agree with, or feel that the OH practitioner's opinion is correct, they have the right to withdraw consent from the report being issued, or they can

send a separate statement that can be appended to the report when issued. In this situation, you will be notified of the outcome.

Given the sensitive nature of medical information, the organisation and OHS must comply with the following provisions:

1. MEDICAL RECORDS	All medical records are held by OHS. These are held centrally, securely and confidentially in accordance with the regulations relating to the Data Protection Act, the General Data Protection Regulation (GDPR) and the Access to Medical Records Act.
2. INFORMED CONSENT	Informed consent of employees is required before access to clinical information may be granted to others, unless disclosure is required by law, or is in the public interest.
3. OBTAINING GP/SPECIALIST REPORTS	This is covered by the Access to Medical Reports Act 1988. A summary of the employee's rights is provided on the Consent Form which is completed at the time of the request.
4. EMPLOYEE ACCESS TO MEDICAL REPORTS	Under the Data Protection Act and GDPR patients have access to their medical records. In most cases this will also include management reports prepared by us.
5. MANAGEMENT REFERRALS	It is good practice for managers to provide employees with a copy of the management referral form. The referral form will form part of the medical record and the individual has the right to see it if requested.

APPENDIX 1.

GUIDANCE ON COMPLETING THE REFERRAL FORM

In order to get the best out of a management referral, it is important to provide the OH Practitioner (OHP) with good quality background information from the organisation's perspective, so that they can also balance this with the perspective of the employee. This is likely to provide the OHP with a more balanced overall view in order to provide good quality and useful advice to you in their report.

Being clear on the reason for referring an employee

Before making a referral it is important that you know why you are making the referral and where you are going with the case managerially (e.g. is this the first stage of understanding someone's condition and possible impact on work if they have just been diagnosed with a condition, are you wanting to understand what support you can give to someone who is struggling at work, or is this a case where someone is incapable of performing their role due to ill-health and it is the last stage of the capability process which could lead to dismissal?) Knowing the reason for the referral should help clarify the specific questions you are asking as part of the referral. It is helpful for the OHP to be aware of where you are managerially with the case (e.g. is this the first line of support, or an assessment prior to possible dismissal) so that they can handle the conversation and frame the answers in the report more appropriately.

Completing the referral form	
Please provide as much relevant detail as possible, to give us context to the referral. Bullet points/headlines of the main points is sufficient, if too much detail is provided, the key points may get lost if the reader is overloaded with superfluous information.	
1.	Employee details
	Please ensure all boxes are completed, in particular the correct contact phone number and email address, as this is what we will use to contact the employee to book the appointment.
2.	Job role
	A generic job description on its own is not always helpful as it is often full of industry-specific buzz words and doesn't help us understand the physical and mental demands of the role. It is more helpful for us to have a short summary (in simple terms) of the main purpose of the role, key tasks and specific demands e.g. working hours, shift patterns, hazards (e.g. night work, lone working, working at heights, driving long distances daily, tight deadlines, management responsibilities, global travel 3 times a year).
3.	Reason for referral
	Identify the main reasons for referral and delete those not relevant.
4.	Details of current problem
	It is helpful for you to put a diagnosis (if known) or a summary of the problem (e.g mental health problem, stress, back pain, tiredness) so that we have a basic idea of what health issues are relevant, and how you have observed/they have reported it affects them at work (e.g. lots of absence, unable to perform certain tasks, slower pace, making mistakes). Providing sickness absence data (if relevant) is important, including dates and reasons for absence. If someone has been referred as they have a lot of absence, they may not remember when they have been off and what for, so it is important that we are provided with that information so we can have a more useful discussion. If you have copies of any relevant GP or specialist reports, or previous OH reports, it is helpful for you to include these with the referral (with the employee's consent).
5.	Employee's concerns
	Please detail any concerns the employee has already raised about the workplace e.g. chair not adjustable/comfortable, relationship difficulties with colleagues, work-related stress, workload too high.
6.	Concerns about performance, timekeeping or motivation at work
	It is helpful for us to know about this from the organisation's perspective, as the employee may not recognise these issues themselves. Therefore if you don't tell us there is an impact on work, our report may reflect that the employee does not perceive any impact on work, and there will not be a balanced view within the report.
7.	Disciplinary warnings/actions
	It is important that we know of any current, or relevant past disciplinary warnings/actions/grievances as this provides important context and helps understand other possible dynamics at play when we are making our assessment. It is also helpful for us to

	understand if there are any known relationship difficulties that could impact on the employee's health and feelings about being at work/returning to work.
8.	Actions taken to address the problems outlined in the referral
	It is important to outline/bullet point what you have already done to support the individual (e.g. allowing extra breaks, working from home, changed workstation, altered shift pattern, reduced hours, reduced workload, provided more management support) as often the employee doesn't always recognise what has already been put in place and may report that they have not been given any help or support.
9.	Providing a copy of the referral to the employee
	It is important that the employee is made aware of why they are being referred and what information has been provided about them. Best practice is to provide the employee with a copy of the referral form. It forms part of their medical record, so they have a right to see if it they request a copy from OHS. There should also be no surprises in the form. If the employee has performance issues and this is detailed on the form, they need to be told about this before they have their OH appointment. If they are unaware of performance issues and we discuss it as part of the referral, if it is the first they have heard about it, they can understandably be upset or angry, which can then be a barrier to a successful and useful OH assessment.
10.	Questions to be addressed in the report
	The standard 8 questions are likely to cover most of the information that is helpful for you to manage an employee's absence or attendance issues. Please delete the questions you don't want answering, or that aren't relevant. We allow an additional three questions for any specific questions that are not covered in the standard questions. Please do not add additional questions that are duplicates of the standard questions or say the same thing in a different way, as this can add a significant amount of time to complete the report and does not add any additional value to you or the report.

If you have any questions about whether to refer someone, what information to provide in the referral or what questions you want us to answer in the report, please contact OHS for advice before you refer.