



Department of Health and Social Care

Occupational Health Service

Making a Referral to Occupational Health Guidance for Managers

Version: January 2019
Review: January 2022

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1. Guidance for Managers Making Referrals to Occupational Health

This is guided by a number of policies, procedures and guidance which management should be familiar with. These include managing capability, disciplinary and grievances procedures, sickness absence procedure, phased return to work policy etc.

Common reasons for referring an employee to the Occupational Health Service (OHS) are:

- long term sickness absence and it is not clear when the person is likely to return to work
- persistent and recurrent short term absence disrupting business needs
- evidence or concern that the employee's health is being adversely affected by their work
- A possibility that health may be a factor in performance, work incidence/accident or other issues requiring investigation and disciplinary.
- Capability management when re-deployment, dismissal or retirement need to be considered because of health reasons

2. Role of the Occupational Health Service (OHS)

OHS provide advice to assist managers understand the relationship between employees health and work. OHS provide confidential and impartial advice. The aim of the advice is:

- To help managers understand employees fitness to fulfil expected duties and any limitations
- To identify work hazards that may affect health
- To identify health factors likely to affect performance, attendance or safety
- To signpost employees to relevant and helpful resources such as physiotherapy and Staff Welfare
- To assist managers to make workplace adjustments
- To helps employees make an informed decision if unable to return to their normal duties
- To assist managers plan for the impact of absence or health restrictions
- To assist managers and employees fulfil requirements outlined in the policies, ethically and legally

Occupational health advice is for guidance purposes only and it is ultimately for managers to decide and determine what level of adjustments can be accommodated in relation to business and operational needs.

3. Management Role in Sickness Absence

This is guided by Sickness Absence Procedure. NICE Guidance on Managing Long-term Sickness (www.nice.org.uk/PH19), defines long-term absence as longer than 4 weeks. The advice is to trigger an occupational health referral between 2-6 weeks. Line manager should:

- Discuss reasons for absence
- Whether they have had appropriate treatment
- How likely it is they will return to work
- Any barriers to return to work
- Decide on any actions needed such as referral to OHS or alternative support such as staff welfare

Based on CIPD and BOHRF 'Manager Support for Return to Work Following Long-term Sickness Absence' Guidance:

When the employee is off sick it is beneficial to offer support by:

- Regular communication, focussing on wellbeing
- Keeping the employee up to date with work
- Encouraging the team to keep in contact with the person who is off

On return to work the manager is advised to:

- Meet the person on their first day back
- Offer adjustment to include a phasing in process where relevant
- Be clear about role and expectations on return
- Sustain supportive behaviour beyond the first few days back
- Provide positive feedback where possible to help build confidence

4. OHS Referral Decision Making

- i. **Is there a health problem affecting attendance, performance, relationships or safety? If yes, is there a clear treatment plan or foreseeable recovery period?**

If not could OHS provide you with a clearer understanding of the medical situation?

- ii. **Is the health problem affecting business needs e.g. reduced production, long waiting times or increased complaints? If yes, is it sustainable?**

If no, would advice from OHS add value, assist with longer term planning or case management?

iii. Are work-factors likely to contribute to poor health or barriers to return to work?

If yes, will OHS advice improve the situation or prevent further harm? Examples:

- Musculoskeletal problems in a physically demanding role
- Dealing with workplace hazards such as chemicals, biological agents etc.
- Work related stress

iv. Is legal requirement to meet standards for health and safety a concern?

If yes, will OHS clarify safety concerns? Examples:

- Public transport (drivers, particularly Group 2 Standards)
- Responsibility for vulnerable groups (health care workers)

v. Is advice needed on management of long term work limitations, rehabilitation programme or support?

e.g. Equality Act

vi. Do you need occupational health advice to assist you make decisions?

e.g. Capability management or disciplinary processes

5. Checklist for Managers Making a Referral

- Identify/establish the need for the referral
- Discuss with HR if advice is needed.
- Discuss the reason for the referral with the member of staff and tell them what questions will be asked. Check they are in agreement and agree to attend.
- Complete Management Referral Form. This is designed to ensure the OHS fully understands the purpose of the referral and advice required (Appendix 1).
- Attach supporting information. A summary of the previous attendance record is always helpful. A full copy of the job description is usually *not* necessary. It is sufficient to highlight any unusual or onerous job demands in the written section of the referral.
- Ideally a copy of the referral should be sent to the employee so that they are fully aware of the reasons for the referral.

6. The Occupational Health Assessment Process

Following receipt of the referral the OHS will send an appointment to the employee. This will usually be within 2 weeks and an information sheet (Appendix 2) will be sent to the employee with the first appointment letter.

OHS will undertake a clinical assessment of the employee. Depending on the situation, a report from person's General Practitioner or Specialist may be requested, with employee's written consent.

When all information is available a written report is provided to the manager answering specific questions. The report may include:

- a. an opinion about fitness to work
- b. a prediction about the likelihood of a return to work
- c. work factors likely to affect health
- d. health and safety requirements
- e. Suitable adjustments to include possible restrictions and phased return to work

With employee's written consent (Appendix 3), formal advice from OHS is provided in writing with a copy to the employee. Employees have a right of access to their Occupational Health Records which include all correspondence, emails and records of telephone conversations received by the OHS.

The Occupational Health Service is not able to:

- Expedite specialist appointments, hospital investigations or treatment.
- Provide a second opinion, if one is unhappy with medical treatment received.
- Make management decisions such as termination of employment.
- Disclose confidential medical information without the specific consent of the employee.
- Take on the role of a union representative or mediation.

7. Difficult/Complex Cases

- The quality and clarity of advice provided by the OHS is dependent on the quality of information provided and specific questions asked by managers.
- Where it is relevant, the OHS has a duty to make managers aware of how employees feel about their work situation particularly in cases of work related stress. Perceptions and feelings are reported as such and not as fact.
- A case conference may help in complex cases

8. Phased Return to Work

This is guided by Phased Return to Work Policy

https://www.gov.im/lib/docs/hr/HR_Policies/phasedreturntoworkpolicyfinalw.pdf

This can either be in length of working hours and/or the nature of the work, depending on circumstances. It is tailored to the individual's circumstances. It is usually supported by OHS after long term sickness absence due to a complex condition.

The purpose of a graduated return to work following a period of sickness absence is:

- To ease the employee back to work
- To facilitate early return to work
- To help build confidence and stamina after prolonged ill health

Return to work plan should include:

- Regular work attendance to help the employee reintegrate quickly into the work environment
- Meaningful tasks which gradually increase in either duration or complexity
- A clear plan to resume normal work within an agreed timescale

The agreed plan should be clearly documented and the employee and the manager should agree what will be communicated to work colleagues to make them aware of a temporary change in hours or duties. Regular monitoring meetings (1-2 weekly) should be arranged to review progress.

9. Ill Health Retirement

Ill health retirement is a last resort. It is guided by specific criteria to be met. There has to be objective medical evidence that the employee is permanently incapacitated to undertake their employment, have exhausted all treatment and the employer is unable to accommodate them.

In most cases one will require specialist care for investigations and treatment. This may take months or years depending on hospital waiting times. Reports will be required from the treating specialist.

10. Employees with Substance Misuse Problem

Managers will be guided by appropriate policy and procedures. Reports of an individual reporting to work under influence of a substance or alcohol such as smelling of alcohol are often raised as part of a referral and can be difficult to prove or disprove. If this information is included in the referral, ensure this has been discussed with the employee and provide as much detail as possible including time, dates and circumstances.

If a referral to Occupational Health is required, the manager should:

- Stress that the referral will be made in confidence.

- Advise that the problem will be managed as any other health issue.
- Advise that the outcome of the occupational health assessment will enable management to decide how best to manage the situation e.g. through sickness / capability or disciplinary procedures
- Be clear with the employee about what would be unacceptable behaviour e.g. intoxication at work, consuming alcohol at work.

The role of Occupational Health includes:

- To support the employee
- Assess fitness to their duties whilst undergoing treatment / rehabilitation.
- Identify health and safety concerns
- Act as a central liaison point between the employer and any treating agencies in order to monitor progress towards rehabilitation / recovery.

OHS does not test for substances in the system such as doing breath testing or taking blood alcohol levels. This can be perceived negatively by employee and can be counterproductive. OHS may take blood to monitor long term impact of alcohol on the body. This is part of support to the employee and not for punitive purpose.

11. Appendix 1- Referral form

1. Description of tasks relevant to this referral:

Use this section to highlight any unusual or onerous demands which could be relevant and specific tasks to the role

2. Reason for Referral:

- Recurrent sickness absences disrupting services
- Long term sickness absence
- Concern about health and impact to work (safety critical, poor performance)
- Investigation of workplace injury or illness
- Return to work assessment
- Fitness to attend management, disciplinary or investigatory meeting
- Ill health retirement or capability assessment
- Other (please specify)

3. Sickness Absence record:

SICKNESS ABSENCE DETAILS (within the last 2 years)			
From	To	Total days absent	Reason given

4. Additional information relevant to this referral

Use this space to provide more details such as explaining the implications health problems has on work and what has been observed over time

5. Management action taken to reduce absence / resolve problem / support employee prior to this referral:

Use this space to explain support offered and challenges observed, if any

6. Questions you wish the Occupational Health Service to answer: (tick as appropriate)

- Is the employee currently fit to carry out the duties outlined in the job description?
- Is there an underlying medical condition affecting performance or attendance at work?
- In your opinion is there a further requirement for medical support / intervention?
- Are there any adjustments to work tasks or to environment that would be helpful?
- What is the likely time-scale for recovery / anticipated return to work?
- Is the health problem likely to recur / affect future attendance / performance?
- In your opinion, does the employee have a physical / mental impairment which has a substantial and long term effect on their ability to carry out their normal day to day activities outlined in the job description?
- Other (specify)

Referral Authorisation

To be completed and signed by the manager requesting the assessment

I confirm I have discussed the reasons for referral with the staff member Yes/No/NA

I am aware that the member of staff will receive a copy of the resulting report Yes/No/NA

I confirm I have notified my department's HR Partner / Adviser Yes/No/NA

* If you've notified your HR Partner / Adviser please enter their name(s)

If you have answered 'No' to any of the above please state why

Signature

Date

12. Appendix 2 – About Your Referral to Occupational Health

This leaflet explains about what you can expect from your Occupational Health consultation.

Confidentiality

Occupational Health Professionals are bound by the same rules on medical confidentiality as all other members of the medical profession.

Confidential medical or personal information will not be disclosed to your manager or Human Resources unless you give your permission for this to happen.

Personal information may only be disclosed without consent in exceptional cases where the benefits to an individual or to society outweigh the duty to the employee to maintain confidentiality. For example, we could do so in order to protect your safety in an emergency, in order to protect the safety of another person, or if ordered by a Court of Law to do so.

It is essential that the OHS team remains impartial and maintains confidentiality regarding health issues in the workplace. This creates an environment where employees can raise sensitive matters in confidence and only appropriate advice regarding fitness for work is provided to management.

Why have you been referred?

Your manager or Human Resource should have discussed the reason for the referral with you. You should have been informed of the questions which have been asked of the OHS. If not, please contact your manager or Human Resources before your OHS appointment and request a copy of your referral form.

What will happen at the appointment?

The OHS Doctor or Nurse will discuss with you your health and work situation. They may ask to examine you if you have a physical problem.

They may ask your permission to write to your own GP or Specialist to obtain more detail about your health problem. In this instance, they will only contact them with your written consent.

Once the assessment has been completed, the OHS professional will discuss with you their recommendations and the content of their report to your manager. You may choose to see a copy of the report before it is released; to see a copy of the report at the same time as it is released or not to see a copy of the report. You may choose not give consent. You can withdraw your consent any time before the report is sent out. You may choose to have a copy of the report sent to your GP. A copy to HR is usually recommended.

Should there be any factual inaccuracies you can bring this to the attention of OHS immediately upon receipt so that the report can be amended if required.

What should you bring to the assessment?

- **Medicines:** A list of medication. Include any self-prescribed medicines as well
- **Hospital information:** Dates of forthcoming hospital appointments. Copies of clinic letters sent to you from your Specialist/Consultant.
- **Other treatment:** Details of any other treatment e.g. physiotherapy or complementary therapy.

What if you don't agree with the advice given by OHS to Management?

If you do not agree with the advice, contact the OHS professional in the first instance to explain your concern. If this does not resolve the matter then you can raise your concern with the OHS Manager or you can withdraw your consent.

Should you choose not to attend the appointment or to withdraw consent, management may make decisions about your employment without OHS input.

Will your manager have to comply with the advice?

It is important to remember that OHS can only advise management. Ultimately it is a matter for management to decide how they respond to this advice, taking into account any organisational demands.

Can you bring someone with you to the appointment?

The main consultation will be undertaken on a one-to-one basis. A family member, representative or friend may be included with prior agreement from the OHS professional. This will be at their discretion.

Children should not be brought to appointments other than in exceptional circumstances and with prior agreement from the OHS.

Getting to the OHS

The OHS is based on the Nobles Hospital site in Strang, Braddan. There will be a map on the reverse of your appointment letter. Parking is available in the area. Transport Infoline (01624) 662525 or see www.iombusandrail.info.

Further information

If you have any queries with regard to health and safety please contact your line manager or Health and Safety Representative.

Further help and advice

If you have any concerns or worries relating to your work and health please feel free to contact the Occupational Health Service in confidence.

Keeping Occupational Health up to date

Please let us know if you change your contact details or have any significant changes to your health status.

Opening hours

Monday to Thursday: 8.30am - 5.00pm and Friday: 8.30am 4.30pm (excl. Bank Holidays)

(Revised December 2018)

13. APPENDIX 3 – Information and Disclosure Agreement

Department of Health and Social Care

Information and Disclosure Agreement for Employees attending Occupational health for Health Assessment

Please will you read the following information, before you see the doctor or nurse

1. Reason for your Assessment

Your Human Resources (HR) or Manager will have discussed the reason for this appointment. If you are not clear about the reason for this appointment you should discuss the matter with your Manager or HR before your appointment date.

The purpose of an occupational health assessment is:

- To offer you advice and support
- To assess your fitness to work
- To ensure your health and safety at work.

You will be seen by an Occupational Health Physician/Nurse who will make an assessment, which may include a physical examination. They may require further information from your GP or specialist. If this is the case your rights under the Access to Medical Reports Act 1988 will be discussed with you. If you agree to Occupational Health approaching your doctor for a report you will be asked to sign a separate consent form.

2. Confidentiality

Medical or other sensitive information obtained by the Occupational Health Service remains confidential to the Service. General Data Protection Regulation 2018 and UK professional clinical record keeping standards applies to Occupational Health record. Our record storage systems are completely separate to other health and government systems and only Occupational Health staff has access to the information. The information about you is only used to provide advice about your health and work.

3. Reports to Management or Human Resources

Once all the necessary information is gathered a written report is sent electronically or by post to your named manager and HR, unless you specify otherwise. Medical information will only be disclosed to HR and your Manager with your consent and if it is relevant to your health and safety at work. HR or manager will upload this report to your personal file. Sensitive personal data within the report is restricted to named members for processing or monitoring purposes.

The report will:

- Advise on your work capacity
- Respond to specific questions as detailed on the referral form by your Manager/HR
- Make recommendations on workplace adjustments if necessary.

If you have significant health problems you may be restricted from undertaking some or all of the duties required of your post. If this is the case a statement will be made of suitable alternative tasks you could undertake. This can be done without giving detailed medical information. The doctor or nurse will discuss their recommendations with you.

You will be offered a copy of the same report that is written to your manager. You can see this before it is sent to your manager and can comment on the report or point out/correct any factual inaccuracies. You cannot change the medical opinion given.

We have a leaflet 'What we do with information we hold about you' which is available in our waiting room or by request. This provides more detail about our record keeping standards.