



LCG Occupational Health Solutions Ltd

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Guidance for Managers : Management Referrals

1. When should I make a referral to Occupational Health?

Occupational Health (OH) is a useful service that is used to provide the business with specialist medical advice to help them make decisions about the management of individuals who have health needs. Occupational Health will provide information relating to the individual's health need as well as tailored advice relating to support that is available to either facilitate a return to work or ensure that consistent attendance is maintained.

Remember:

Occupational health is an advisory service. They have a dual responsibility to employers and employees and must remain impartial.

Process:

When booking an appointment Occupational Health will issue log on details to our health Informatics/electronic records system and instructions on how to make the referral and receive the report.

2. The Referral

The quality of the report that you receive from Occupational Health is often informed by the quality of the referral that you submit. It is therefore important when making the referral that you:

- The referring person (line manager/Human Resources) is to ensure that the individual is aware of the referral and its content. This allows for compliance with the Data Protection and provides for a clear and transparent process. Those referred are entitled to copies of all paperwork between themselves, line managers, HR and Occupational Health throughout.
- Personal details of third parties should not be included in the referral to ensure data protection. If information is required to give context please use terms such as "a colleague", "a member of the public", "a relative" etc rather than names to ensure data protection.

- Please clearly outline the functions of the employee's role so that the clinician has an understanding of what is required of them in the workplace. This will help the clinician give advice on adjustments.
- Ensure that you provide full background detail to the case. This should include the sickness record (include dates and reasons), job description and any other relevant information or documentation. Additionally, if you have any 'risk assessments' in place at the time of the referral it would be beneficial if these are also shared.
- Provide details of any reasonable adjustments to support the employee which you have already made.
- Be clear about what it is that you expect from occupational health. You can tailor your response from them by asking specific relevant questions.
- Do not expect Occupational Health to be able to provide quick solutions for longstanding/complex cases. Occupational Health are able to provide likely timescales and prognosis where appropriate.
- Talk positively to employees about Occupational Health to ensure that the employee continues to engage with the process.

Examples of additional questions which managers may wish to include (case dependent):

If you are a line manager and unsure of the additional questions that you should ask, please liaise with your HR team.

1. Are there any short/long-term adjustments that would help facilitate a return to work or rehabilitation?
2. Is the employee taking all the necessary steps in relation to their own health and wellbeing?
3. If absent, are they likely to be able to return to work? If not, is there a likely timeframe for a possible return to work?
4. Is a phased return to work recommended or any other adjustments?
5. If the employee is taking medication, is it likely to impair their ability to do their job safely and effectively?
6. Are further absences likely to occur in the future?
7. Can the individual complete their contractual shift pattern?
8. Can the individual undertake safety critical tasks?

2. Psychological-related illness (including anxiety, depression or stress)

In cases of psychological health please identify if your company has access to an employee assistance programme or if the company would support a referral to local services. Please encourage employees to access their primary care giver (GP) for psychological treatment. Occupational Health does not replace the role of the primary care giver but will advise on adjustments required in the workplace/fitness for role.

3. Work Related Stress

Work related stress is not a medical diagnosis or disease. The term is often used to describe a wide variety of symptoms, behaviors and inter-personal disputes or pressures at work, leading to absence or sub-optimal work performance. Where the symptoms of individuals appear to be related to their perceived difficulties at work and reaction to them. Work related Stress will not have a medical solution and needs to be addressed by management. Early resolution of the workplace issues will aid recovery and prevent any further deterioration of health.

Please identify on the referral if your company has a stress risk policy/process and if this has been actioned.

4. All other absence cases

Line managers are responsible for the management of the staff member's absence. In some cases there may be a need to consider a referral to the Occupational Health for a medical opinion.

Early intervention is the key to effective sickness absence management. When the referral is completed by the manager/HR it will be triaged by an Occupational Health clinician and an appointment will be arranged. Dependant on clinical need appointments may be offered face to face, telephone or virtual.

5. Pregnancy-related medical conditions

There is no requirement for managers to refer pregnant staff to Occupational Health as a matter of routine. Managers can make reasonable adjustments and should complete a pregnancy risk assessment as per HSE (Health and Safety Executive) guidance. Managers should be guided by the individual's primary carer, however, a referral to Occupational Health can be made if an individual is suffering from a medical condition related to their pregnancy and requires supportive measures.

6. Performance

Individuals who are being dealt with in respect of performance, capability, discipline etc. should not automatically be referred to Occupational Health. A referral should only be referred when the individual reports a medical condition.

7. Equality Act 2010

Only a proportion of individuals who declare themselves disabled will need to be referred to Occupational Health Unit for advice about possible adjustments. Where you and the individual are in agreement in respect of the nature of the condition and the adjustments required, referral will often not be necessary. Should medical opinion be required please complete a referral.

8. What will happen at the Occupational Health Appointment?

During the assessment, the nurse or doctor may or may not need to examine the employee, request tests and/or external reports from other health professionals who may have been involved in the employee's treatment and/or for independent opinion.

The Occupational Health Team aim to support employees in managing any health issues relevant to the workplace. We provide medical expertise to advise managers and employees on Occupational Health matters.

Occupational Health Clinicians are not a treatment service for injuries or conditions requiring medication however we will signpost employees to the relevant sources of help and advice.

The clinician may offer confidential advice, health promotion on how to look after a medical condition or signpost to other sources of help.

Following the assessment, the clinician will discuss the next stage of the process and the key points of the report with the individual. This report will then be forwarded on to the person who made the referral (generally the line manager/HR) with the individuals consent.

Clinical Assessment

When forming a clinical opinion our clinicians will use a variety of different sources of information and facts. As a general guideline they will adopt the following 5 steps when making an assessment:

1. History of the illness or injury; including pain levels, treatment, effect on employment and impact on daily living.
2. Observations; Movement and or coping strategies where appropriate.
3. Examination: A description of symptoms provided by employee or their healthcare provider; health surveillance and assessment or MSK assessment.
4. Logical Reasoning; based on an assessment of all available information.
5. Justified Opinion; based on the evidence and giving explanations.

It is important for the employee to know that their medical records/information is confidential and can only be disclosed with their consent. Consent can be applicable to part disclosure and therefore the employee can indicate that they only wish to give consent pertinent to certain sections of your medical history. Occupational Health can only work with details which the employee has provided and they seek to support them via this knowledge to allow a comprehensive understanding of the condition and subsequent needs. The Occupational Health clinician or member of the HR Team will discuss any concerns or queries you may have in respect of this process.

If the employee has any mobility/sensory issues, this should be highlighted in the referral to OH, where necessary arrangements