

Making a Referral to Occupational Health



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What is occupational health?

Occupational Health is a specialty within medicine that provides the link between work and health. Occupational health specialists give advice on preventing ill health from work, and helping those with health conditions and disabilities to get into work, to be sustained in work, and to return to work at the right time following ill health and injury.



Our service is led by two consultant occupational health physicians who have a national reputation. In turn they are supported by senior specialist nurses, doctors, technicians and support staff. Cordell Health operate to a strict ethical code of practice that recognises the unique role of practice both as health professionals and as advisers to employers.

How can occupational health help me/my employee?

Although occupational health advice is paid for by the employer as it is not available on the NHS, occupational health professionals are independent and provide impartial advice to managers and employees about work-related health concerns. The benefit of occupational health comes from assessments that improve the chances of a speedy resolution to issues of health and work (for example sickness absence) and by helping employers fulfil Health and Safety obligations.

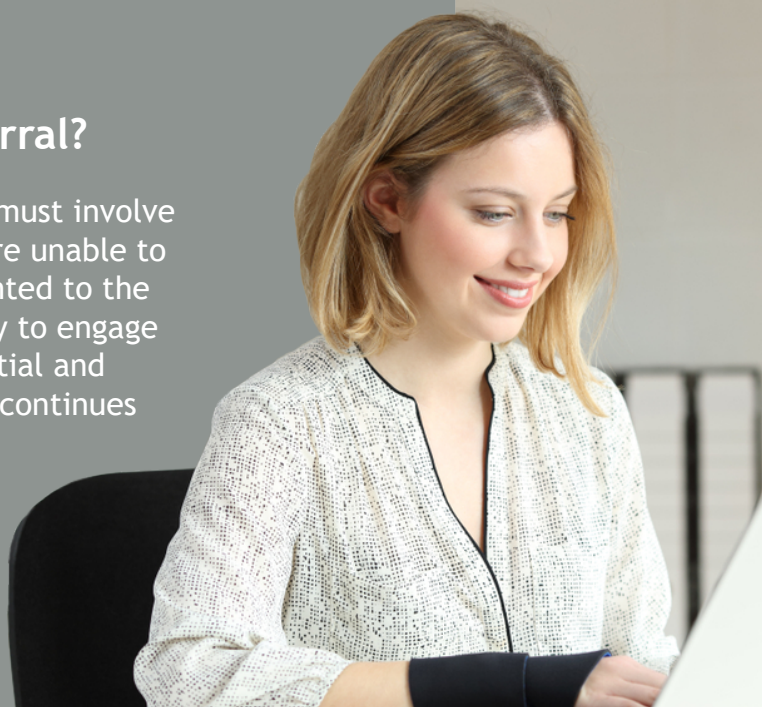
When should I make a referral to occupational health?

If you are concerned about the health, performance or behaviour of an employee, or an employee tells you about a work-related health concern you need advice on. The following are examples where a referral to occupational health is usually indicated:

- ❖ You are concerned that the job or working environment is making the individual unwell
- ❖ Their performance is affected by a health condition
- ❖ You are concerned about their ability to do their work due to a health condition
- ❖ You would like expert advice on what support measures to consider in order to help an employee with a health condition
- ❖ An employee is absent due to sickness for more than 2 working weeks
- ❖ An employee has a planned long-term absence (e.g. due to surgery)
- ❖ They have repeated short-term sickness absence
- ❖ Either the employee or their GP has indicated an absence due to stress related ill health
- ❖ Establishing whether or not the employee is fit to attend a meeting (for example disciplinary or performance hearing)

Do employees have to agree to a referral?

Occupational health assessments are voluntary and must involve mutual collaboration and consent. As a result, we are unable to accept referrals where the employee has not consented to the assessment. In our experience, employees are happy to engage with the process once they understand the confidential and impartial approach taken. However, if an employee continues to decline to take part in an occupational health assessment, they should be advised that their employer has little choice but to base fitness-for-work decisions on the evidence they have available, without the benefit of impartial, clinical advice.



How do I make the referral?

Before referring your employee, you need to discuss it with them to ensure they understand the purpose of the assessment and confirm that they agree. Please provide them with our supplementary document 'Employee's Guide - Case Management Referrals', and submit the referral using the client portal.

What should I put in the referral form?

The short answer is as much information as possible. The more information you can provide about the role itself and the health issues as far as you understand them, the more detailed and helpful our report can be. Remember the employee can ask for copies of their occupational health records, so please do not include any information that you do not want disclosed.

Examples of things to include are:

- ❖ Any particular aspects of the work which are causing the employee problems
- ❖ Any observed behaviours relating to their health
- ❖ What adjustments or measures you have already taken to support your employee at work
- ❖ Sickness absence records or the date they first went absent if still off from work
- ❖ Relevant information about absence including previous occupational health reports if undertaken by a different provider
- ❖ If there are any disciplinary issues or actions being taken, it is useful to include this in the referral in order that the clinician can be prepared to consider the employee's responses to questions in the correct context.
- ❖ Whether consideration for retirement on ill health grounds is appropriate. In this instance, it would be useful to know if an ill health retirement scheme is applicable.
- ❖ Any questions regarding medical fitness to attend meetings where relevant.

What happens during an occupational health consultation?

The clinician will make a full assessment based on the information provided by you, the employee, external health reports (where applicable) and their own observation. A detailed clinical history is obtained primarily; physical examinations are only undertaken if necessary.

Will you obtain a GP or specialist report?

Not usually as the consistent and detailed history suffices in most cases. Your employee will be asked to bring relevant copy clinical letters to the assessment however there may be occasions when the clinician will need further clinical information to enable them to fully understand the medical situation. In this instance, your agreement will be sought to obtain a GP or specialist report due to the additional costs involved.

What is in the Management Report?

The report deals with functional issues - what the employee can and cannot do - rather than specific medical diagnoses, unless specific consent is obtained from the employee to share this with you as the employer in the report. If you have any specific questions, please be clear on the referral document to help the clinician tailor the report to your needs.

The following questions will always be covered in our standard report:

- ❖ The employee's current fitness for work
- ❖ Details of the underlying health condition, subject to employee consent, in as much as the effect on their ability to undertake their role
- ❖ The impact of their health condition on daily activities
- ❖ Relevant information regarding further investigations and treatment
- ❖ The outlook plus likely timescales
- ❖ Whether or not their condition is likely to meet the disability provisions of the Equality Act 2010 ([please see page 5](#))
- ❖ Whether the health condition is likely to be work-related
- ❖ What they can and cannot do at work
- ❖ If absent, when their expected return to work date is
- ❖ What measures are likely to improve their health and wellbeing
- ❖ What changes to the workplace or job may help accommodate their problems, within the scope of what we know of your workplace and role flexibility.

Can the employee tell you what to write?

The employee can request amendments to any factual inaccuracies, for example dates. They are not however permitted to request any changes to the opinion of the occupational health professional, nor their recommendations or any conclusions made in the report. On occasion the employee's views may be included. It will be clearly stated that these are the employee's views rather than fact. These are included where relevant, for example to put the report into context, particularly when they may be barriers to a return to work.

When will I get the report?

In order to meet the requirements of the GDPR and in keeping with guidance published by the health professional bodies, a copy of the report will always be provided to the employee. The employee will be offered the option of a copy of the report being sent to them at the same time it is sent to the employer, or alternatively before it is sent to you as the employer.

If the employee has chosen to receive a copy at the same time it is sent to you, you will usually receive your report within the timescales agreed in the contract.

If the employee wishes to see the report prior to its release to you, we will contact them if they haven't agreed to the release of the report after two working days.

What should I know about confidentiality and consent?

To meet the requirements of the Data Protection regulations, consent is required for sensitive personal information, for example that regarding health, to be shared with others. Therefore, information about an employee's health provided to an occupational health clinician, either from another health professional (e.g. their GP) or by the employee themselves in the course of an occupational health assessment, cannot be shared with you as the employer without the employee's informed consent. On rare occasions this might occur by exception for reasons of health and safety. For all consultations the occupational health professional is required to obtain informed consent from the employee (usually confirmed in writing) to send reports to the referring line manager and/or HR as applicable.

Consent can be withdrawn at any time by the employee, but in our experience this is rare. Wherever possible, we work with the employee to release a report which is factual and objective in order that the referrer has information to assist in best managing the employee. If this does occur however, we will provide advice on how to manage the case without breaching confidentiality.



During the consultation, confidentiality of personal sensitive information is discussed and the amount of detail regarding the medical condition that is included in the report is agreed. This is usually sufficient for the manager to understand the requirements for any adjustment but will not be the detail taken for clinical notes. To meet Data Protection regulations, we are required to consider what is sufficient information for the purpose of the report.

What is the Equality Act 2010 and how does that relate to a management referral?

The Office for Disability Issues Equality Act 2010 Guidance states that:

The Equality Act 2010 prohibits discrimination against people with the protected characteristics that are specified in section 4 of the Act. Disability is one of the specified protected characteristics. Protection from discrimination for disabled people applies to disabled people in a range of circumstances, covering the provision of goods, facilities and services, the exercise of public functions, premises, work, education, and associations. Only those people who are defined as disabled in accordance with section 6 of the Act, and the associated Schedules and regulations made under that section, will be entitled to the protection that the Act provides.

Please note that the ultimate decision regarding whether an impairment meets the disability provisions of the Equality Act 2010 lies with an employment tribunal or Court.

However, occupational health specialists will provide our opinion of whether the person meets the criteria of the Act as follows:

- ❖ The person must have an impairment that is either physical or mental;
- ❖ The impairment must have adverse effects which are substantial.
- ❖ The substantial adverse effects must be long-term; and
- ❖ The long-term substantial adverse effects must be effects on normal day-to-day activities.

We will also provide an opinion on whether the impairment is likely to meet the disability provisions of the Act.



What should I do after I get the report?

We would recommend that you meet with your employee, discuss the recommendations and agree a plan of action, then review progress as appropriate.

Do I have to do what the report suggests?

Our advice is given from a medical perspective and it is ultimately up to you, their employer, to decide what adjustments recommended by an occupational health professional are reasonable and practicable to implement. The adjustments may have a minor, moderate or major impact on your operations, or on the rest of the team. Therefore you as the manager will need to decide if the adjustments can be accommodated, and if so, for how long. If you require further advice about your responsibilities in providing reasonable adjustments you may wish to discuss this with your HR representative/ advisor. Where they are thought to have a significant impact on the business, we would usually contact you to discuss them before including them in the report. In all cases, we do strive to ensure that adjustments are practical and justified in the report.

Our advice stems from many years of clinical experience in this field - it is impartial and based on up-to-date clinical evidence. The aim is to facilitate either a successful return to work or to keep your employee performing optimally. In our report we would highlight where an individual is unfit/ unsuitable for their role from a medical perspective.

What if the employee and/or I disagree about the findings within the occupational health report?

If you have concerns, please contact us for clarification at admin@cordellhealth.co.uk or 0118 207 6190. This can be discussed with the occupational health professional who provided the report.

What if expected timescales alter?

The occupational health report may state that the employee is expected to improve in a given timescale. These timescales will be given based on clinical experience and up to date medical evidence where available, however there will inevitably be those who don't proceed as expected. In this case we would recommend you contact us for further occupational health advice.





Who are we?

Cordell Health Ltd is a social enterprise specialising in providing early intervention and expert support to organisations in delivering workplace health and wellbeing.

We are able to provide support to all levels of an organisation and have a number of training packages as well as other services available. If you would like further information please enquire at: training@cordellhealth.co.uk.

Please Contact Us

 cordellhealth.co.uk

 enquiries@cordellhealth.co.uk

 0118 207 6190

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