Managers’ Guide to making an Occupational Health Referral

This document aims to provide you with guidance on how to effectively use the Occupational Health (OH) management referral procedure in order to get the most appropriate advice from the OH Service (OHS). It covers the following questions:

1. What is OH?
2. When to refer to OH
3. How to complete the Referral Form
4. What to do with the report
5. Confidentiality
6. Can OH offer anything else to help?
7. Staff perceptions versus management perceptions

1. What is OH?

The OHS within the University is one of several advisory functions, alongside HR and Safety Services, which managers can use to support them in their role of managing a team.

OH is a branch of healthcare that is specifically involved in assessing the impact of health on work and work on health. The team is comprised of doctors and nurses with additional qualifications in Occupational Health, which incorporates ergonomics, toxicology, and physiological and functional assessments. Our knowledge base differs from that of a GP or hospital consultant, as we have specific knowledge of the demands of the working environment, and how these impact various health conditions over a period of time. As with any healthcare professional, the practitioner will not be an expert in all areas of medicine, so there will be times when they will not be able to answer all your questions straightaway. Sometimes, they will need to take extra time to carry out additional research, or request specialist reports. We try to focus on what the individual can or can’t do, rather than what is wrong with them.

Advice provided by OH aims to support the referring manager in their decision making when dealing with a health issue in the workplace. Following an assessment of the health problem, a report is provided to the referring manager. This report is not a ‘medical’ report but a ‘management’ report, designed to answer specific questions asked in order to provide guidance in managing the situation.

Evidence shows that a supportive workplace is beneficial to health, and our aim is always to try to enable the member of staff to return to their normal role, with adjustments if necessary. If this is not possible, either because the adjustments required are prohibitive, or because the work itself is likely to have an adverse effect on health, then we will recommend redeployment. Only in very rare cases will we say that someone is unfit for work. It is always up to management to
decide whether or not adjustments can be accommodated, and/or whether or not they are reasonable.

There may be times when our advice differs to the advice given by a GP or specialist. In those cases, it is up to the manager to decide whose advice to take. Government guidance about the fit note states that the information on the note is not binding, and an employer can choose to give precedence to advice given by an OH Practitioner, who will have a better understanding of the workplace and the physical demands for the role.

2. When to refer to OH

There are various reasons why a manager may consider referring a member of staff to OH, and it is important to carefully consider the reasons for the referral, and what information you need, before making the referral. Most issues can be resolved through discussion with the individual, rather than by requesting a medical opinion. Before making a referral, the manager should also speak to their HR Adviser to discuss the case, and explore whether other steps may be more appropriate (such as a stress risk assessments or a DSE assessment, for example).

a. Long-term absence

This is the most common reason for referral to OH. When a member of staff takes time off sick, certain information is needed to manage a team and their workload, which OH can provide you with, such as timescales for absence. In addition, OH can give health advice to the member of staff, which may speed up their recovery, and also manage their expectations of how long they will need to be off sick.

Consider the timing of a referral – some conditions resolve quickly, with no residual effects, so a referral would not provide any additional benefit. Others take longer to resolve, and may have longer-term implications for functionality, in which case, an early referral for assessment would allow signposting to the appropriate support, and prompt identification of any adjustments, which may need to be considered. This, in turn, will help to support an earlier return to work. There is no reason why someone cannot return to work before they have seen OH, as long as appropriate return to work arrangements have been discussed between the manager and member of staff before the return, and reasonable adjustments have been considered, where appropriate.

Once an absence has reached three weeks with no imminent return, you should consider referral.

Evidence shows that supportive work is beneficial to health, so OH will always support
and advise on an early return to work, with adjustments if appropriate. It is a management responsibility to consider and decide whether or not any recommended adjustments can be accommodated. It is advisable to discuss this with HR. If it is not possible to accommodate the adjustments, this must be discussed with the member of staff.

Maintaining supportive communication during the absence is important, as it provides an opportunity to keep them up to date with any changes at work, ensure that they feel included, and not isolated and, ultimately, help make their return to work a positive experience.

b. Performance affected by health

Where a member of staff appears to be having problems carrying out their work, and you have reason to believe that this may be due to a health issue, it is preferable to speak to them about this first. A sympathetic approach to let them know of your concerns will help to prevent any additional stress for them, and may lead to an agreement about what can be done to improve performance in the future. Ensure that HR are involved, as they will be able to advise whether or not formal performance management may be required. Where stress is indicated, refer to the information on the website about this, and follow the guidance on carrying out a stress risk assessment. Make any adjustments that are required. Continue to monitor performance and, if concerns persist, refer to OH for further advice.

c. Fitness to attend meetings

Going through a formal process (grievance or disciplinary, for example) is stressful and, in some cases, members of staff go off sick. As the advocate of their patients, GPs tend to see avoidance of contact with work as the solution, but this is not helpful to long-term recovery, as it delays a resolution, and allows anxiety symptoms to become worse. Ultimately, there is no way of avoiding stress in these situations, so it is essential to work through these processes as quickly as possible, ensuring that appropriate support is in place to minimise distress.

Always check to see if the member of staff has already declared low resilience to stress due to a pre-existing disability, as this may indicate they need additional support or time to process things.

It is important to acknowledge their distress, but explain that the work issue does need to be resolved. Let them know how long you are prepared to postpone meetings
for (if at all). Send them the employee assistance helpline number so they can arrange counselling support, if necessary.

Offer to make adjustments that will promote perceived fitness to attend, ie:

- Allowing the member of staff to be accompanied;
- Factoring in time for comfort breaks, in case they become distressed;
- Holding the meeting in a neutral location;
- Encouraging the member of staff to bring written notes, and providing information in writing outlining the process and possible outcomes.

Maintaining open lines of communication is essential. The member of staff needs to be aware that the process will go ahead, and cannot be postponed indefinitely. You may need to agree how long it can be postponed for, and whether or not meetings can be held in their absence, but you are not expected to postpone things indefinitely.

If there is a genuine concern about the fragility of their mental state, or if you think that their mental state is such that they would not be able to understand the process or defend themselves, then consider a referral. If you are at all unsure, concerns should be discussed with HR and/or OH.

d. **Ill-health that may be due to work**

   It is important for all managers to be aware if there are any health risks associated with their work areas. Safety Services, in conjunction with local Departmental Safety Officers, can help to identify risks and assist with carrying out risk assessments. In high risk roles, where the member of staff indicates symptoms that could be due to work, an urgent referral to OH is appropriate.

   For stress or muscular problems (especially if the member of staff is mainly desk-based) carry out the appropriate risk assessment and make any changes first. Carry out a review after one month and, if there is no improvement, refer to OH.

e. **Short-term absence**

   Short-term absence should always be managed between the manager and HR in the first instance. Only if it appears that absences may be linked due to an underlying health problem or, if it appears that the member of staff is struggling to manage their health, should a referral be considered.

f. **Concerns**
Occasionally, you may have a genuine worry about a member of staff, even though there appears to be no impact on their performance, attendance or behavior. Presenteeism is becoming more problematic as some continue to attend work despite ill-health in order to avoid being seen as ‘weak’, or to avoid going into a reduced pay situation. Discussion with them may help to alleviate their concerns, and you may be able to identify some temporary adjustments that will help them to stay at work. A referral would be appropriate if they would prefer to discuss health concerns in confidence, or if you continue to have concerns about their health.

\textbf{g. Ill-health retirement}

It is hoped that a member of staff would not have reached this stage without already having triggered a referral due to absence or performance, although some cases of serious ill-health do present without warning. Where the member of staff is a member of a pension scheme, OH will be able to provide the medical evidence to support an application for early retirement on the grounds of ill-health. If unsure whether or not this applies, seek advice from the Pensions Team first. In other cases, they will provide evidence to support long-term incapability. This will usually involve several appointments with both a nurse and a physician to carry out a baseline assessment, obtain the appropriate consents to request supporting evidence from their GP or a specialist, and a physical assessment of functionality. There are often delays in processing these applications due to the variable time it can take for GPs or specialists to respond to requests for reports, therefore, these cases should be referred as soon as possible to avoid lengthy delays.

If you are unsure whether or not a referral would help you to take your case forward, please ring OH and speak to one of the Nurse Advisers.

3. \textbf{How to complete the Referral Form}

The following steps will help you to complete the referral form so that you get the best possible outcome from the service for yourself and your member of staff.

\textbf{a. Discuss the referral with your HR Adviser}

If you are happy that your referral is appropriate (see section 2), contact your HR Adviser in the first instance. Complete the referral form as far as possible, prior to your meeting with the member of staff concerned. Make sure that you include your own and HR’s contact details.
b. Discuss the Referral Form with the individual

The reasons for the referral **must** be discussed with your member of staff. They should be fully informed as to why they are being referred to OH, and what information you, as their manager, require from the OH assessment. The signature on the back of the form indicates they understand the reasons for the referral. If you are unable to get a signature, it is essential that you indicate that you have discussed the referral, and that they have understood the reasons for referral.

Referral forms can be sent to OH by email, but as this means the individual cannot sign the form, the manager must state in the e-mail that the individual is fully aware of the details in the referral. Best practice means a copy of the completed management referral form should also be given/sent to the member of staff.

It is advisable to stress to your member of staff that every effort should be made to attend their appointment, and should there be a need to cancel or reschedule, they give as much notice as possible so that their space can be reallocated. Non-attendance will generate a recharge to your department. Note any specific dates or times that they will be unable to attend such as annual leave dates.

**Please also ensure that you give the correct address and contact details for the member of staff.**

 c. Background information

Good quality background information is vital to the effectiveness of the referral process, and the subsequent report back to the manager. Without adequate background information, OH may be unable to fully assess a problem and respond to the questions asked. Complete all the fields on the form, providing as much detail as possible. Some key points are listed below for you to check that you have included all of the relevant information.

Have you:

- Provided enough detail about current and previous absence(s) to include the number of days and periods of absences, along with the cause of the absence for each? Where possible, include a twelve-month history of absence, or up to three years, if you think this is relevant to the referral.

- Indicated any potential factors, which may be contributing to the member of staff’s absence, either internal to the University or external? If external/ personal, they should not be pressured to divulge specific circumstances, as this
can be explored further during their OH appointment. If work factors have been disclosed, have you looked at what you can do first, before referring to OH, such as a Stress Risk Assessment, or Display Screen Equipment Assessment? If you have, and have subsequently made adjustments, these should be trialed for four to six weeks first. If problems persist, refer to OH, and enclose a copy of the relevant risk assessments.

- Given sufficient information about the working environment? Are there any potential exposures that we need to be aware of, such as repetitive work, work with vibrating tools, lab work, work with chemicals, etc.
- Already implemented adjustments to help support your member of staff in reducing their absence, or facilitated a return to work? If so, have you included these details?
- Included an up to date Job Summary Form (JSF) which will help OH to suggest any suitable reasonable adjustment(s)? A copy of the JSF is also a useful tool for clarity of the role and expectations required. If a JSF is unavailable, please be as descriptive about the role as possible, especially if you are requesting reasonable adjustments to be considered as part of the referral. Remember, a JSF can be useful, but it doesn’t always tell us what the member of staff actually does on a day-to-day basis. Sometimes, it is more helpful to specify that they spend 50% of their time at desk, 20% in meetings, 20% lecturing in classrooms, and 10% marking paper-based assignments, for example; or 50% using a ride-on lawnmower, 30% using vibrating tools, and 20% carrying out microscope work in a lab etc.

d. Questions to ask

There are a range of questions you may wish to ask, depending on the reasons for the referral. Ideally, limit the referral to three or four questions, as this helps the OH Practitioner to complete reports within the allotted timeframe. Common questions you may wish to ask include:

- Is the member of staff fit for work?
- What are the timescales for resumption of normal duties?
- What adjustments are required to enable the member of staff to carry out their role, and for how long will these be required?
- Is a phased return to work appropriate and, if so, over what period of time?
- Is their health likely to be affected by their work?
- Is the member of staff’s medication likely to impair their ability to work safely?
- Is the member of staff fit to attend a disciplinary or grievance process?
• Does the member of staff meet ill-health retirement criteria, or income protection benefit criteria?

If there is any doubt about how best to word a referral, contact OH for advice.

Managers need to be aware that all information sent to OH regarding a referral (including any supplementary emails, letters or phone calls) will form part of an individual’s confidential OH record and will, therefore, be available to them in line with the requirements of any legislation associated with data protection.

e. Questions/issues to avoid

• **How will they cope with future change/how much absence will they have in future?** It is not possible to respond to these questions with any clinical accuracy, other than to indicate current resilience of health levels and potential to change. We are also unable to indicate what levels of absence are reasonable. It is up to management to decide what is reasonable, and can be accommodated by the business.

• **A generic request to review** (often used when the manager is aware that the member of staff does have an underlying health condition). Unless the member of staff has started to experience problems at work, or their condition has deteriorated and is beginning to affect performance, this will not provide you with a helpful report. Be clear about why you think a review is needed, and what information you need to be able to manage the member of staff at work.

• **What are the details of this person’s illness/can you confirm diagnosis/what treatment are they receiving?** This is confidential information, and is generally not helpful. If OH think that this information would be helpful for you to know (for example epilepsy or diabetes), the member of staff will be asked if it can be revealed to the manager.

• **If suffering from medical condition X, will it affect their performance?** A lot of people suffer from medical conditions at some point in their lives, some have quite significant symptoms, but it does not affect their performance or attendance. Having a medical condition should not be an automatic referral, unless the member of staff is under-performing, or their attendance is affected. In these cases, it is important to indicate how it is affecting them at work, and ask what can be done to support them. If it isn’t affecting them at work, there is no need to refer them.
• **X has expressed concerns about work-related stress.** It is important to consider what you can do as a manager first, before asking for a medical opinion. In most cases, the answer lies with management, and is not something that needs medical treatment. Don’t be tempted to medicalise issues of misconduct.

• **Their colleagues complain that he has BO/we think they have an alcohol problem/we have Facebook evidence of...** These are all issues that should be first addressed by the manager. You need to discuss this with them yourself, and set targets for improvement. Only if there is no change, or you have not been able to resolve it should you refer them, and you must have discussed this with them first.

• **Please assess suitability for this job.** Suitability for a role deals with skills and abilities which are for a manager to assess, as opposed to fitness for the job, which involves medical assessment.

  f. **Forward the completed form to your HR Adviser**

   Once the referral form has been fully completed, please send it to your HR Adviser, who will review it and forward to OH on your behalf.

4. **Once you have received the OH report**

   On receipt of the report, check that you understand the information. If you have any queries, please contact the report author for clarification of any unfamiliar terms, but bear in mind that opinions expressed in the report are based on specialist clinical knowledge and experience of the workplace and are, therefore, not subject to negotiation or amendment.

   Of course, the advice given by the OH Practitioner is just that, advice. You, as the manager, have to consider whether the advice given to you is practical to implement, taking into account organisational factors. However, you would also need to be able to justify why you didn’t implement the advice, having sought it, should the situation end up as an employment tribunal case.

   Arrange a meeting with your member of staff to discuss the contents of the report. If modifications or adaptations have been advised, the discussions should cover how these can be implemented. Although you have received the advice from OH, your local HR team member may need to be involved with this part of the process.

   Unless warranted, once the member of staff has returned to work, routine review appointments with OH will not be arranged. Managers are encouraged to arrange regular meetings with the
member of staff concerned, in order to monitor their progress or any problems they may be experiencing. Should the member of staff continue to have problems, you could consider re-referring them to OH with an updated referral form, outlining measures that have been implemented to date, and your continued concerns. If OH are unable to fully respond to your questions, or if the member of staff’s health is expected to change significantly, a review will be arranged to assess progress, and provide more up to date advice. If this appointment is not required, it is the responsibility of management to inform the OHS so the appointment can be reassigned to another member of staff.

5. Confidentiality

All information received by OH about a member of staff becomes part of a confidential health record, and is subject to legally binding medical confidentiality rules as defined by NMC, GMC and Faculty of Occupational Medicine. A breach of patient confidentiality is, therefore, a professional misconduct issue and so all our staff, including the administrative personnel, are required to sign a confidentiality agreement on commencing work within the OHS.

Confidentiality will not inhibit the quality of advice provided to managers. However, if members of staff do not believe the OH assessment process is medically confidential, they are unlikely to be honest and open about their health issues. This can then sometimes undermine the effectiveness of the process.

So, when reporting to management, confidential clinical details are omitted, unless expressly permitted/agreed by the referred member of staff. It is, however, possible to provide responses to the questions asked without releasing confidential information. For example, a manager can resolve a health-related issue without knowing the actual diagnosis, as long as they understand some of the key functional issues and what they can do to assist.

The OH Practitioner will inform the member of staff what they intend to write in the report. At this stage, the member of staff has the right to request to see a copy of the report before it is sent to management, and they are entitled to ask that any factual inaccuracies are corrected. Where they disagree with the opinion of the OH Practitioner, they are entitled to submit an accompanying letter to management.

In some cases, they may ask that the report is not sent. In these cases, the manager will be informed, and will need to progress without the benefit of OH advice.

All members of staff have the right to request full copies of their OH records at any time. HR and management are not entitled to request the release of any OH records without the express consent of the member of staff.
6. **What else can OH do?**

   a. **Case Conference**

   In some cases that are particularly complex, or following long-term absence, it may be useful to have a Case Conference – a meeting involving HR, the manager, OH, the member of staff and, if required, the relevant Union Representative, with the purpose of discussing adjustments, timescales, limitations, and agreeing a way forward.

   These offer an opportunity to share information from a variety of sources, identify any barriers to case resolution, identify any new approaches to management of a case, and agree a plan of action.

   A case conference should always be led by HR, and notes taken for inclusion on the member of staff’s file.

   The manager must be prepared to present the adjustments that can be made for OH, and the member of staff to confirm whether or not these would be suitable.

   The aim is for an agreement to be reached on when the member of staff will return to work, what adjustments will be in place, how long they will be required for, and the nature of any progress reviews that will be carried out.

   b. **Specialist Referrals**

   Occasionally, a situation arises where the OH clinician may recommend a specialist assessment outside of NHS healthcare channels, resulting in a cost which would be recharged to the referring manager – either to substantially shorten delays, or because the NHS would not provide the assessment. In those circumstances, prior agreement will be sought from the referring manager, with an explanation as to the reason for the request.

7. **Staff perceptions versus management perceptions**

   It is sometimes stated by managers that OH does not challenge perceptions, and accepts everything the member of staff says at face value. This is incorrect.

   During their assessment appointment, the member of staff will be encouraged to express their perceptions about their health, their fitness to work, and the causes. This is relevant, as fitness to work is not just about physical health, but about an individual’s motivation and beliefs about
work. Someone may be physically fit to work, but due to lack of motivation and a sincere, but misguided, belief that work will harm their health, they are unlikely to be able to return.

The OH Practitioner will independently assess the situation, taking into account their experience in dealing with occupational issues, and their specialist knowledge of the workplace. A detailed history will be taken, including details on relevant, and past, health issues, treatment, day-to-day restrictions, and work issues. OH will ask about the social situation, and about what the member of staff is doing to manage their own health and well-being. Where appropriate, the OH Practitioner may undertake an assessment to determine functional capability. This normally provides a more balanced view of the problem, one that will stand up to scrutiny and challenge.

It is important to remember that, sometimes, there are two different views of the same situation. In reflecting to the manager the perceptions of the member of staff, this does not mean the OH clinician is ‘taking their side’. If a manager is not made aware of differing views, this cannot be discussed with the member of staff. Unresolved differences may serve as a barrier to a return to work. It is not the role of OH to challenge the member of staff’s perception of workplace issues, rather to offer a way forward in resolving these. Ultimately, it is up to management to offer opportunities for discussion with the member of staff, in order to reach a common ground from which to move forward.

It does, therefore, highlight the need for the referring manager to provide sufficient detail to help the OH Practitioner to obtain that balanced view of the problem.

If you have any questions in relation to the referral process, or require clarification on any of the above information, please do not hesitate to contact the OH Team to discuss further.

**OH Contact Details**

Telephone: (0116) 252 3260  
Email: ochealth@leicester.ac.uk  
Location: 1st Floor, Freemen’s Cottages, Welford Road, Leicester, LE2 6BF