



**Occupational  
Health  
Management  
Referrals**

## **(Case management )**

### **1.**

A collaborative process which assesses plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health, care, and employment needs

## Introduction

Management of health-related absence is the responsibility of managers. However, Sugarman Occupational Health participation can help the employer understand what their employee needs to:

- Improve their health and feel better.
- Return to work and ways to support this.
- Aid in them carrying out their job.
- Aspects of their job which may cause further health or absence issues

Sugarman Health and Wellbeing provide independent specialist medical advice for both employee and employers.

The following information provides you with a brief overview of...

- Occupational health.
- Consent and confidentiality.
- Do's and Don'ts of a manager's referral.
- The triage process, who, why, and when.
- The case manager's process.
- The clinicians' report

# Case management is defined as....

A collaborative process which assesses plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health, care, and employment needs

## Occupational Health Advisor. (OHA) -CASE MANAGERS- MEDICAL/MSK/MENTAL HEALTH.

Specialist Occupational Health Nurses holding specialist qualifications in Occupational Health will either be registered as specialist community health nurses (OH). Alternatively, they will be a registered Nurse and may hold an additional Diploma/Degree in Occupational Health and other further qualifications that are relevant to Health surveillance

### Case Manager- Sickness absence.

- 🔍 Expert advice is provided by a team of qualified occupational health nurses who have knowledge of the workforce, needs and demands on individuals, and relevant employment legislation.
- 🔍 Providing advice to assist with the management of work-related aspects of illness and injury and assessing fitness for work.
- 🔍 Providing advice in relation to suggested rehabilitation and recovery programs for individuals who have suffered ill health and/or injury.
- 🔍 Advising individuals who develop a disability whether permanent or temporary, on medical grounds, on reasonable adjustments, to secure and retain work, in keeping with the provisions of the Equality Act 2010.
- 🔍 Participation in the case conference process.
- 🔍 Sign-post and refer for physiotherapy services, and psychological support either through the in-house or external counselling service or via the external physio service.
- 🔍 Escalation of the case to the Occupational Health Physician for further advice and guidance.
- 🔍 Obtain further medical information via the access to medical records process (AMRA) to aid in decision making.
- 🔍 Restriction reviews.



## Occupational Health Physician. (OHP)- CASE MANAGERS

Most cases will initially be case managed by an OHA, however, at times the case may be escalated to the Occupational Health Physician (OHP) or initially scheduled with an OHP if through triage an OHP appointment is deemed as the best cause of action. Escalation will be closely monitored by the Clinical Lead.

Types of cases.....

- 🔍 Long term absence with no likely return to work.
- 🔍 Dispute over fitness for work.
- 🔍 Long term adjusted duties.
- 🔍 Complex cases.
- 🔍 Participation in the case conference process.
- 🔍 A recommendation for retirement can only be made by an appropriately competent person which will usually be the OHP
- 🔍 Complex pre-employment medicals.
- 🔍 Legislated practice requiring an appointed doctor for sign-off. (Asbestos/Isocyanates)
- 🔍 RIDDORS reportable cases.
- 🔍 Health Surveillance escalation. (HAVS Tier 4)
- 🔍 Restriction reviews.



# Getting the best outcome for your referral

## Referral reason and timing

The main reason for referring an employee to occupational health is to help a manager resolve a situation where an employee's health might be affecting their fitness to carry out their job, or their job may be adversely affecting the employee's health in some way.

By submitting a referral, a manager can seek advice on OH matters relating to the employee's fitness for work.

Specific references for referral may include:

- ♥ **Long term sickness absence** - usually defined as continuous absence of four weeks or more.
- ♥ **Recurring short-term absence** - based on the number of episodes and the frequency of absence over a period of time.
- ♥ **Concerns over work performance** - where there may be poor or reduced performance levels due to the health problem.
- ♥ **Investigation of work-related illness/injury** - where an assessment of whether the health problem is likely to be work-related or not.
- ♥ **Substance/alcohol abuse concerns** - where an assessment may be required in relation to suspected or admitted substance abuse affecting work.
- ♥ **Ill-health retirement assessment** - a reference to whether your company scheme for ill-health retirement criteria is met in terms of medical incapacity.





Having made the referral, the next step is for the manager to explain to the employee the purpose and procedure for the referral and obtain their consent to be referred to occupational health.

Examples of what the manager might say include the following:

“I have recently become increasingly concerned about your performance at work. I want to refer you to occupational health so as they can explore whether you might have medical issues or concerns that could be the cause of this and, if so, what can be done to support you in the workplace with health and wellbeing.”

“We are aware that you have a health problem, and we want to make sure we are providing sufficient support for you.”

“Your absence level is higher than average, and we would like OH to advise and provide an opinion on whether anything can be done to support your health to ensure that you are fit for work.”

It is also critical to get the timing of the referral right. For example, if an employee is having medical investigations e.g., waiting to have a scan carried out, or is pending surgery, the best time to refer would be following completion of the investigations or surgery. An employee who has undergone surgery will need time to recover, and usually will see their surgeon for a post-surgical assessment, therefore, a referral should be placed to coincide with their post-operative review.

## **Manager is unable to contact the employee.**

Where an individual is absent and cannot be contacted by telephone, Line Managers should make contact in writing, advising of the intention to submit a referral to OH, and requesting that the individual make contact to discuss the referral. Unless an objection is raised, Line Managers should complete the manager's referral form and indicate on the referral that the employee has been informed, and given their verbal consent however it has not been possible to obtain a physical signature.

The Occupational Health Assessment Referral Form once received is retained in the individual's online medical record held by the Sugarman Occupational Health and retains this documentation for 10 years as per the Record Retention guidelines. The individual, their line manager, OH employees, and HR are the only people who can then see this form.

## **Refusal to attend the OH Appointment.**

As stipulated above, Line Managers 'MUST' obtain an employee's consent to be referred to OH. If consent is refused/revoked from the individual to refer, the referral cannot be made. In these cases, further advice should be sought from HR.

Where an employee fails to co-operate either by not attending an appointment or refusing to engage with Occupational Health the referring line manager and HR will be informed.

## **Completing a Management Referral Form**

A standard management referral form must be completed before an employee can be booked for assessment. It is essential that key information is provided to the assessing OH practitioner, and the quality of this information is vital to the effectiveness of the referral process. Without adequate background information, the assessing OH practitioner may be unable to fully assess a problem and respond to the questions asked.





## Common questions asked include:

- ? Is the employee fit for work?
- ? When is the employee likely to be fit for work?
- ? Does the employee have a condition that would be captured under the current legislation in relation to the Equality Act (2010) Disability?
- ? Are there any restrictions/adjustments recommended (temporary/permanent)?
- ? Is there an underlying medical reason for recurrent short-term absence? Is the underlying health problem likely to improve?
- ? What can be advised to facilitate an early return to work?
- ? Is the illness caused or made worse by work, if so what advice is recommended for consideration?
- ? What can be done to reduce the risk of further health problems in work?
- ? Is reduced performance likely to be due to or impacted by health problems?
- ? Is the employee fit to attend management meetings, including investigatory disciplinary meetings?
- ? Does the employee meet the criteria for ill health retirement, based on your Ill health retirement policy?

## Medical confidentiality

Medical details are private and confidential. Occupational Health nurses and doctors are bound by their professional code of conduct in relation to patient confidentiality and the non-disclosure of confidential medical information. Consent to release information is usually by written consent, however in some instances (telephone/video consultation) this is documented as verbal consent by the OH practitioner.

Employers do have several responsibilities relating to the health of their employees for which they can ask specific questions of the occupational health service. In this scenario, the OH practitioner acts as the filter between the employee and obtaining medical information and details, which OH can interpret to provide management and HR with a medical opinion.

Employers are not responsible for all aspects of their employees' state of health, but they are charged with a duty of care, ensuring the employee is medically fit for a certain job (for example driving tasks), and that the work conditions do not cause adverse health effects on one of their workforce (such as an occupational illness).

## What Occupational Health does not do?

- OH does not diagnose, treat or prescribe other than in limited areas of physiotherapy/ counselling and immunization.
- OH is not intended as an alternative to a GP service or the A&E Department.



## What is helpful

- ✓ OH find it useful if management details about the employee's job, their length of service, absence record (if appropriate), date of birth, and any conflicting interests at the workplace, such as grievances or complaints that are currently ongoing.
- ✓ The specific reason for the referral should then be clearly stated, along with the questions to be answered by the OH practitioner.
- ✓ Ideally, referrals should be limited to about four to six questions, as there is unlikely to be sufficient time for the OH practitioner to address more.
- ✓ Occupational Health Advisors are allocated one-hour slots to assess the employee and write the report.
- ✓ OH advise that the employee be provided with a copy of the referral form, and ideally should also sign a consent form before it is sent to OH for the appointment to be arranged.

## What's not helpful on the referral information

- ✗ Being too vague about the problem or issue. Management and HR should be factual and base the referral on what the current issues are that have led to the referral.
- ✗ Factual accounts of the details given to the manager are best relayed objectively to OH avoiding presenting what could be viewed as subjective information, or a manager's opinion.
- ✗ Questions around medication are usually irrelevant and confidential to the person. If there is an issue with the fitness of the individual in relation to medication e.g., machinery operation, the OH practitioner will highlight this when giving an opinion on fitness for work.
- ✗ Is the employee likely to be in regular attendance in the future? – this is often very difficult or sometimes impossible to predict as attendance depends on so many variable factors. Managers will be advised that often the best indicator of future absence is dictated by previous absence records and prompted to review these as part of your management process.
- ✗ Prognosis and providing reliable service in the future, is also often hard to predict, and often there is no way of knowing what potentially will happen with the progression of certain medical conditions. This will often depend on how complex the medical issues are, investigations that the individual is undergoing etc.
- ✗ Management should be aware that everything that is written on the form will be shared with the individual prior to the commencement of the assessment. All information will be read out and disclosed to the employee at the time of the referral as transparency and 'informed' consent is required. All OH information, notes, and reports are recoverable to the employee under General Data Protection Regulations (GDPR) and Access to Medical Reports Act (1988).

Once the referral is received via email, the referral will be triaged following the clinical Triage procedure and the appropriate next steps taken.

New Management referrals will be triaged and we allow 2 working days to attempt contact with the employee and will book an appointment within 5-10 working days dependent on the employee and appropriate clinicians' availability.

The administration team will make 3 attempts to contact the employee and should they continue to fail to make contact they will refer back to the employer.

## The Clinical Triage Procedure.



### The triaging clinician will consider the following questions as part of the decision-making process.

- Has the referral been completed correctly?
- Has consent been given by the employee?
- Is the content appropriate?
- What is the nature of the problem?
- How urgent is it?
- Who are the parties involved?
- Is a mental health problem causing or contributing to the situation?
- Is a clinical opinion or legal needed? Or both?
- What can be gained from these opinion(s)?
- What should be done next and why?
- What is the extent of the employer's duty of care?
- Who is doing what, when and how: HR, line manager, clinician, and/or lawyer?
- Has consent been obtained?

Cases are triaged, and an appointment is offered if necessary/required.

On occasions, if the referral is not completed adequately or is deemed to be inappropriate the triaging clinician will return it and ask the referrer to amend or provide further information.

In some cases, additional medical information requested with employee consent or feedback may be provided should the clinician feel that an appointment with Occupational health is not required.

Where appropriate a telephone interview may be offered. At each stage of the case the appropriate Occupational Health resource is used to provide a cost-effective, efficient and safe service delivery.



## When is an appointment with a clinician likely to be offered?.



- Your employee is absent from work due to a medical/mental health or muscular skeletal condition.
- If your employee is prescribed medication that may impact on their ability to carry out their full role.
- If it is likely that your employee will require restrictions on medical grounds.
- Consideration for ill health early retirement.
- Work related illness or injury on duty.
- If your employee requires a restriction review.
- High-risk pregnancy.
- Frequent absence.
- Where the individual is in work, personal issues that can be addressed through Management however may require additional psychological support.
- DSE equipment request, clarification of a diagnosed MSK condition.
- Request for psychological support for stress management due to personal or work-related issues.

## When an appointment with a clinician is not required



- In work carrying out full duties with no impact from the condition.
- Flexible working requests, not based on medical grounds.
- Environmental or workload issues such as, Annual leave requests, agile working for childcare issues, absence due to childcare issues, re-deployment, work location.
- Operational issues that can only be resolved by management.
- Low-risk pregnancy that can be managed by line management risk assessment.
- Undergoing fertility treatment, should be managed by HR policy.
- Learning Disabilities- That should be managed through the company Equality and Diversity/ HR/ Learning and development directorates.
- Requests for close-proximity parking, not based on medical grounds.
- Uniform issues not linked to a medical condition.

The employee will be assigned to the appropriate case manager and an appointment will be arranged by the Occupational health unit administration team.

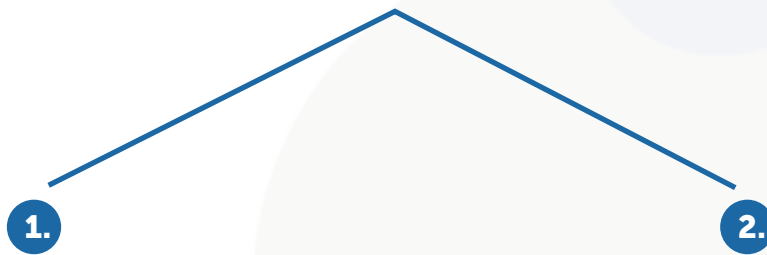
## The assessment/consultation

- The OH practitioner will take details of the employee's medical history as well as an overview of their job, specifically assessing any potential hazards or stressors involved.
- Depending on the case model used i.e., face to face/telephone/video, some medical examination or functional capacity physical assessment may be required (subject to the employee's consent). For example, conditions such as lower back pain may require some form of functional assessment with face-to-face appointments.
- Medical reports may need to be obtained from the employee's doctor for more complex medical issues and consent from the employee will need to be obtained to request this.
- Management and HR should be aware that employees are primarily under the care of their GP who is their primary carer. OH practitioners can give an opinion that may differ from that of their GP, and if need be can write to the employee's GP to challenge their medical opinion. This is rare but can be utilised where a conflict situation arises.
- The OH practitioner is not able to carry out investigations, make referrals to other specialist medical practitioners or treat employees. However, depending on the OH service procured, extra resources such as counselling or physiotherapy for rapid assessment and treatment are set up as part of the contract. In these circumstances, the OH practitioner would make this recommendation within their report and await confirmation before an onward referral for triage and assessment.



## Outcome report

The employee is offered the following options before the report is released



**1.** EITHER Employee is happy with the contents of the report and consents to it being sent to the referring managing, HR and self

**2.** OR Employee wishes to review the report before it is released to the referring manager and HR

If after the **2 working days** the employee has not responded, OH will deem this as consent and automatically send the report to the person who had referred them.

- Written and informed consent is needed from the employee for the OH report (verbal by phone consultation) to be provided to management/HR. The General Medical Council (GMC) guidance recommends that the employee has the right to see the report before it is sent to their manager.
- In situations where the employee wishes to view the report before release, OH will state to the employee that this will be for the purpose of correcting any factual inaccuracies. The OH practitioner will not be able to change their medical opinion if requested as their opinion is based on their qualifications and experience in OH matters. This will be explained to the employee, in cases where a conflict situation arises pertaining to OH opinion, an addendum to the report will be included detailing the employee's concerns.
- The report will address the main reason for the referral as succinctly as possible and answer the specific questions posed by management.
- The final step is for the report to then be sent to the manager, with a copy to the employee and HR (as consented). Some OH services also copy this report to the employee's GP.
- The case manager will endeavor to send their report within 2 working days of their assessment, however, if there is a dispute regarding contents this may take longer.
- The line manager will be informed via email by the OH administration team if the employee wishes to review the report, delaying feedback.

Example.

*XXXX attended their occupational health appointment (Date), a report has been drafted and in-line with GDOR guidance they have requested to review the report before it is released to management. They are permitted 2 days to review the report and if I do not hear back from them by day 3 consent will be presumed and the report will be released. I will contact you should there be any further delay to the release of their report.*

## If consent is withdrawn or withheld.

An email will be sent to the line manager and HR stating that the employee has attended an appointment with OH and has withdrawn consent for a report to be submitted to the business. Therefore, Occupational Health is unable to advise on their fitness to be at work.

*Under exceptional circumstances a report would only be sent to the business when consent has been withdrawn if the clinician feels it is justified.*

*Disclosure may be justified to protect individual, business or society from risks of serious harm, such as from serious communicable diseases, risk to self or others or serious crime. In these circumstances medical confidentiality will be maintained and the clinician will simply declare the employee's fitness status.*

## Additional Medical Information

Based on the OH practitioners' assessment and opinion, it may be necessary (and add value) to obtain further medical information in the form of a report from the employee's GP or specialist. This is only done where there are clear work-related medical benefits in doing so, for example where specific medical information will influence the view of prognosis or alter advice provided to the management.

In some cases, it may also be required to corroborate aspects of the clinical history or to clarify issues the employee may not be able to provide in sufficient detail.

Where additional medical information is required, permission will be sought from the referring manager (organization) to action such a request as this will incur additional cost. The reasons for the request will always be made clear to the referring manager when requesting permission.

## Manager report review

On receipt of the report, the manager should review the information, considering, the written advice and any recommendations in the OH report. Ultimately, the best reports enable the manager to at least move the situation forward, and ideally to resolve it completely.

OH practitioners work within their own set of medical ethics and professional standard guidelines. The most important of these is the preservation of patient confidentiality. The challenge for an OH practitioner is to know how much medical information to detail in the report to ensure that it is useful, commercially focused and that the employee has been fully informed and has consented to the report's content.

Essentially, it is also useful for the manager to know about the employee's functional abilities – what they can or cannot do within their job role – rather than any medical details per se. Sometimes several appointments are required before final advice can be given.



## Employee Perceptions vs Management Perceptions

One common area of concern, particularly where there may be work-related problems suspected, is being able to determine the “truth” about causation and work. Very often an employee will express their perceptions that lead them to believe work has caused their illness while management may have a different view and have concerns that employee perceptions are accepted at face value by the assessing OH practitioner.

Common problem areas in this respect include:

- Employees rarely accept that their performance is suboptimal, whereas management may take a different view.
- In cases of “work-stress”, employers are often concerned that employees and their GPs have too easily attributed the cause to work.

Assessing whether an employee is unwell due to “stress” or whether they have removed themselves from the workplace in response to a situational difficulty that could be resolved through management action i.e. not a medical problem, can be challenging. In some cases, the initial stress has caused a diagnosable illness such as anxiety or depression.

This highlights the need for referring managers to provide sufficient detail in their referral form, to enable the assessing OH practitioner, to obtain a broad view of the problem. The assessing OH practitioners do need to test employee perceptions and not take employee statements at face value. Their role is to independently assess the situation, taking into account their experience in dealing with occupational issues and their knowledge of the workplace. This normally provides a more balanced view of the problem, one that will stand up to scrutiny and challenge if need be in the future. In such cases, OH practitioners are advised to use evidenced-based questionnaires to ascertain whether the symptoms stated by the employee, potentially fall into a diagnosis of a clinical condition such as anxiety or depression e.g., PHQ9 assessment for depressive features, GAD7 for anxiety and Core-10 for distress and anxiety, are all useful tools to use.

- Where the Line Manager wishes further clarification on a point of advice following receipt of a report, they should contact the case manager directly.
- The case manager will contact them via email or telephone and provide further advice should they feel that it is appropriate and does not breach confidentiality.
- Where there are further specific questions arising, the Line Manager should put these in writing as clear documentation to ensure transparency throughout the audit process by completing an updated referral form.

## Key points



- The clearer and more relevant the reasons behind the referral, the better the value from the referral report will be obtained by management.
- The process needs to be done in a manner that meets medical ethical and practitioner professional standards and guidelines are adhered to.
- The more factual support information provided on the referral, the more likely a beneficial outcome will be attained. Trying to manage an 'exit process' via occupational health on medical grounds without having medical evidence rarely works in practice.
- Managers have the right to ask certain questions about their employees' fitness to work, but not the medico-legal right to enquire about the medical details of the employee.
- The report from OH services should allow the manager to at least move the situation forward, and, ideally, to resolve it entirely.
- It should be remembered that not all OH practitioners know everything about every disease, and at times it may be necessary to seek further reports or information. The OH practitioner will always try in the report to answer the referral questions accurately and as fully as possible. However, it should be understood, that medicine, often deals with probabilities and not certainties. OH practitioners, do not have a 'crystal ball', in trying to foretell the future of how medical conditions progress. Advice and opinion need to be done with care and honesty, considering an evidenced based approach.
- OH practitioners, need to gain the trust of the employee in a very short space of time, otherwise the full details of the situation (medical and occupational health) will not be apparent.
- OH must be clear when questioning whether an employee is "suitable for his/her job" and distinguishing skills and abilities to do the job (which is for the manager to assess) from medical fitness to work (which is for OH to assess).





## SUMMARY



- OH provides advice, but the decisions are ultimately made by the line manager, on the basis, of advice from OH and HR.
- It is up to the manager to consider and decide if any recommended adjustments or restrictions can be accommodated. They may choose to ignore or change the advice from OH, but if things then go wrong, the manager may have to defend and justify their decision to a higher legal authority or an employment tribunal.
- If in doubt, a phone call and discussion with the OH practitioner is the best way forward. Honesty is vital in such discussions. There is no point in pretending to support an employee if, truly, exit options are being sought. Complete clarity about your real aims and intentions will help the OH practitioner have a better all-around picture of the situation.
- A collaborative approach between the line manager, HR, and OH is ultimately the most favourable way to bring about a resolution of the underlying situation in which an employee's health might be of relevance to their ability to carry out their occupation and to bring the best potential outcome for both employee and employer.
- OH practitioners, must stay completely impartial and objective not on either the employer side or that of the employee. The OH practitioner, should be a bridge between the two, able to provide advice and guidance on how best to address the given situation.



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