MANAGEMENT AND SELF REFERRALS TO OCCUPATIONAL HEALTH

Guidance Document for Managers

The Occupational Health Service can be accessed in two ways:

- Management Referral
- Self Referral

The following guidance document will describe each of these pathways and provide information on the purpose and outcome of each. The document also contains guidance on managing employees who advise that they are suffering from stress.

Management Referral

A management referral is made when there are concerns regarding the health of employees and the manager requires an independent opinion on the employees’ fitness for work.

When to access the OH service

Long Term Absence

A manager would normally make a management referral if an employee has commenced a period of sick leave that is likely to be long term i.e. lasting more than 4 weeks.

The purpose of the referral in this circumstance would be for the manager to receive information on the likely length of the absence, a possible date of return to work, whether the employee will require any adjustments on their return to work and if their condition is likely to be covered under the Equality Act 2010.

It is important to note that not all long term absences require referral to Occupational Health at 4 weeks absence. Examples of this are – routine surgery where an expected recovery of 6+ weeks has been identified or complex fractures where the employee has restricted movement.

Altered Behaviour at Work

Referral would be appropriate if there is a change of behaviour within the workplace and the employee has not been able to provide their manager with an explanation for this. Such circumstances could be:

- Change of appearance
- Irregular pattern of timekeeping
- Smelling of alcohol
- Change in performance
- Irritable or emotional

In all the circumstances listed above, it would be expected that the manager would have a meeting with the employee in the first instance to raise their concerns and to seek a reasonable explanation for the change. If a reasonable explanation is not provided then a referral can be made even if the employee is still attending work.

**Pattern of Work Related Absence**

Frequent bouts of absence that are directly attributable to the workplace should be considered for referral to OH. Examples of these would be bouts of asthma when using certain chemicals, frequent migraines occurring only at work, dermatitis caused by use of specific products or wearing of specific brands of gloves.

Frequent short term absence does not require a referral to Occupational Health unless the above criterion is present. If no clear occupational link is identified, managers should discuss the absence pattern with the employee and specifically ask if the employee has any underlying health condition that has resulted in a high level of absence. If the employee does not identify any specific health condition their response should be documented and they should be managed in line with the current attendance management policy. Referral to Occupational Health should not be considered unless specifically requested by the employee to discuss a health issue that they do not wish to raise with their manager.

**How to Make a Management Referral**

An electronic referral form is available on the Occupational Health page on HR Connect. This should be completed online and emailed to the Occupational Health inbox – occhealth@ggc.scot.nhs.uk.

All boxes in the form should be completed prior to sending. Incomplete forms will be returned thus delaying the referral process. Inappropriate referrals will also be returned with an explanation to the manager why they are inappropriate.

The manager must complete the ‘additional information’ section of the form to facilitate a meaningful and useful consultation. If no information is provided the consultation may be led by the employee and the manager is unlikely to receive the information they require to assist with their management of the employee.

If the referral is being made for the employee to receive physiotherapy or counselling then this form should not be used. Physiotherapy can be accessed by completing and submitting the online form available on the Occupational Health section of the HR Connect site.
Counselling can be accessed by dialling the Occupational Health appointments line on 0141 201 (8) 0626 or 201 (8) 0627.

What would be considered useful information?

Relevant background to the workplace or domestic situation should be provided. Measures already taken by management should be identified. These may include commencement of an investigatory process, consideration or implementation of redeployment, adjustments already in place within the workplace. It is vitally important not to include any information that has not previously been discussed with the employee, such as suspected alcohol or drug abuse. The referral and any attached documents supplied by the manager will be shown to the employee to form part of the referral discussion and a copy of the referral and the report will be provided to the employee at the end of the consultation. Concerns not previously identified to the employee should not be raised at an Occupational Health assessment.

Section 5 – Specific Questions

The manager should ask specific questions such as:

- When will the employee be fit to return to work?
- Are there any adjustments required on their return?
- Are these adjustments required on a temporary or permanent basis?
- Is there a specific health related condition that has resulted in this period of absence
- If not, can you please advise if there are measures I should consider as line manager?
- Are there any other factors that I should take into consideration for the management of this employee’s attendance at work?

The purpose of asking questions is to enable the manager to get the specific information they require to assist with the management of the employee.

How will the Occupational Health Assessment take place?

All management referrals are triaged by a senior member of the Occupational Health team. The referrals are allocated to an Occupational Health Nurse, Physiotherapist or Physician. The referrals are further subdivided into a ‘face to face’ appointment or a telephone consultation.

The employee will be seen within 12 working days of the fully completed referral form. A copy of the appointment letter will be emailed to the referring manager.

All consultations will be conducted using a standard assessment form. The employee will be asked about their job, hours worked, main duties and previous occupational history. They will be asked about their medical history, their family medical history and for details of their social history – such as who lives at home with them and if they have caring responsibilities. They will be
asked about their smoking, alcohol and social drug habits. The reason for referral and the specific health related issues will be discussed in detail. The employee should be aware that they may be given advice on diet and exercise, alcohol intake, smoking and maintaining good mental health. This health promotion advice is provided in line with the Scottish Government agenda for improving the health of the nation.

Telephone management referrals are offered under some of the following circumstances:

• Where there is a chronic health condition that may make it difficult for the employee to travel.
• Where there is a mental health condition that may be exacerbated by travelling, sitting in a large waiting area with other people or where a face to face interview would be distressing,
• If the employee has been diagnosed or is being treated for cancer where exposure to other people could increase their risk of infection
• Where there has been a surgical procedure and information is required on the procedure and if there have been any complications
• Where some initial fact finding is required such as the nature of the condition, GP initial opinion, medication that has been prescribed and if any specialist treatment has been suggested or progressed.

**Report to Manager**

The report that will be returned to the manager will be completed during the consultation. The employee will be consulted on each part of the report form and their opinion will be taken into consideration. A difference of opinion between the employee and the Occupational Health clinician will be recorded by noting both opinions but clearly identifying the professional view.

The report back to the manager should contain sufficient information to enable the manager to make a management decision.

Please note that Occupational Health are unable to make dismissal recommendations but will advise on fitness for work/likelihood of returning to work, adjustments required or ability to provide regular and effective service.

Under terms of the Data Protection Act the report will only be provided to the referring manager and the named Human Resources contact.

**Equality Act 2010**

Managers should note that it is the responsibility of Occupational Health clinicians to advise on adjustments that are required to facilitate a return to work where a condition is likely to be applicable under the Equality Act 2010. It is the responsibility of managers to determine if the adjustment is ‘reasonable’ or not. This should be discussed with HR in the first instance before making any final decision.
Case Conferences/ Case Reviews

The Occupational Health clinician may recommend either a case conference or a case review within their report back to the manager. The purpose of these meetings is as follows:

Case Conference

The purpose of the case conference is for the manager to get further independent and impartial advice on the management of an employee with a persistent or chronic health condition. No confidential information will be provided but guidance will be provided to the manager on management of the employee and to identify specific questions that may be appropriate to be asked at a further appointment.

Case conferences can be used for multiple cases where the manager has a number of employees with persistent or chronic health conditions. A representative from Human Resources is normally present at these meetings to give further guidance and support to the manager.

Case Reviews

There are occasions where a case review will be suggested with the employee and they will be given the right to have a staff representative present, if they so wish. This would normally be done where the employee has had difficulty engaging with management due to the nature of their health condition or where there has been some difficulty in all parties agreeing a way forward and a group meeting is deemed as beneficial.

Confidential health information will not be disclosed at this meeting.

Self Referrals

The self referral option to Occupational Health can be exercised by any employee who feels that they would benefit from some independent advice in relation to their health and work. This is not intended to replace or to be used as a GP service and employees should be aware that the Occupational Health staff cannot prescribe medication nor treat conditions.

Managers should not use the self referral option as a means of fast tracking employees for an appointment or for access to a report without making an official management referral. A self referral appointment will not generate a report to management but the employee may be advised to ask their manager to make a management referral.

A self referral appointment is unlikely to be a quicker option than a management referral unless a short notice cancellation appointment has become available. Management referrals appointments are allocated within 12 working days of receipt of the fully completed management referral form.
Work Related Stress

There is no automatic requirement for a manager to refer an employee who has presented a ‘fit note’ advising that they have work related stress. When an employee contacts their manager to advise that they have been deemed unfit for work due to stress; the manager should ask what has caused the stress and seek to reach a resolution as quickly as possible.

Short term solutions such as altering starting or finishing times or temporary relocation to another area must be discussed with HR and a clear indication given to the employee of the duration of the adjustment.

Personal Stress

An employee who advises that they are suffering from non-work related stress should be given the details of the employee counselling service and advised to contact them. As with ‘work related stress’ consideration should be given to making temporary adjustments to accommodate the home stressor. This again should be discussed with HR and a clear timescale for the adjustment given.

Useful HSE websites for Stress

1) For HR manager:  
http://www.hse.gov.uk/stress/roles/hrmanagers.htm

2) For line manager:  
http://www.hse.gov.uk/stress/roles/yourteam.htm

2) General management standards:  

Further information on stress can be found on the Occupational Health section within HR Connect.