Royal Holloway University of London:
Referral guidelines for managers using the occupational health service

OHWorks Ltd
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Introduction
The role of the university’s Occupational Health (OH) Service is to support managers in the management of sickness absence by assessing and advising on employee fitness for work and by supporting and enabling an employee’s return to work. For such support to be of optimum benefit to managers, the quality of communication between managers and the occupational health service is crucial, not only in terms of feedback from OH following assessment of employees, but also in relation to information provided by managers when initially referring employees. These guidelines are intended to help managers gain the most appropriate assistance following referral to Occupational Health. We have outlined below some key principles OH employs in helping employees return to work. The advice provided is based on clinical, legal and Government guidelines on managing sickness absence and is the basis on which we provide our reports. It is helpful if managers understand why we provide our advice in the way we do.
Key principles

Early intervention in key
Preventing short-term health absence becoming long-term absence is essential. The Absence Management Policy outlines the university’s trigger points for managing absence. We would advise you to take note of the trigger points within the policy and ensure that you have followed the relevant stages; don’t delay these stages waiting for the employee to get better or because you believe the illness to be genuine. We would advise that the manager manages the employee in line with the policy, whilst we are working with the employee to try enable their return to work.

All absence should be managed in line with the policy, it is not a case of an illness being genuine or not, it is about managing attendance

Don’t wait for 100% fitness to enable a return to work
There is significant research that suggests an employee becomes disengaged with the workplace after three weeks being absent from work (Government taskforce on public sector sickness, 2004). Getting the employee into work is essential if we are to prevent the absence becoming long-term, even if the employee is not fit to return to work to undertake all of their normal duties.

For these reasons we will often recommend that an employee should return back to work even when they may not be 100% fit. We do not wait for 100% fitness because this may never happen. Research also indicates that if we get employees back to work, even if not 100% fit, they will return to their normal work far quicker than if they had remained at home recovering. By not being 100% fit we ask managers to consider the advice we provide about temporary modifications to duties/working hours to enable an employee to be at work.

Information provided on the referral form
In order to ensure our report is ‘balanced’ it is important to be fully informed of all of the issues from the manager’s perspective. During our consultation with the employee they will provide information from their perspective. The referral form is often the only communication we receive from the manager therefore it is important that we are advised of all of the facts in order that we can make a comprehensive assessment.

We would like to be advised of how often the employee has been off work, what were the reported reasons (the employee often does not know when we ask), if there are any management issues, i.e. capability policy being applied, whether there has been a dispute with the employee, if there is an investigation or grievance issues. This enables us to talk about all of the issues that may be affecting their health at work, not just the issues they report they are off sick with. The employee’s pattern of attendance over a twelve-month period is also important.

If there were specific questions the manager would like answering it is very helpful to have
these included in the referral form.

Whilst we will include relevant medical information, wherever the employee consents us to provide it, we try to focus on the practical implications of the health problem in question. A manager will therefore have enough information to take the appropriate action required, focusing on the advice about the return to work, rather than the medical condition itself.

**The Equality Act 2010 and making adjustments**

The Equality Act 2010 has superseded the Disability Discrimination Act 1995 and underpins the advice we provide. If we discuss the Equality Act (EA) in our reports we are highlighting what we believe are the legal implications to the employee’s health condition. Deciding whether a condition is likely to fall within the EA is ultimately a legal decision, made at an Employment Tribunal, rather than a medical one, and therefore we would encourage managers not specifically to ask this. We will often advise on adjustments, regardless of whether we believe the EA applies and we would encourage managers to act on this advice, where practical to do so. In our reports we will provide you with an informed opinion as to whether we believe the EA is likely to apply, if we believe it is relevant to advise on this.

Under the EA the employer has to consider adjustments. By this we mean the manager has to have explored the possibility of making adjustments, where they can reasonably do so. In our reports we are stating what physical/mental limitations the employee has and what adjustments we believe should be in place for the employee to undertake their role. We are not stating that the manager has to adapt these adjustments; it is for the employer to determine whether these adjustments are reasonable and can be accommodated.

We would strongly advise the manager to take advice from Human Resources (HR) and ourselves around adjustments, especially if the manager believes they cannot be accommodated.

Having an underlying health problem does not give the employee an entitlement to take long periods of time off sick. Some time off sick could be considered an adjustment under the EA. Again HR or we can provide you with some guidance on this.

**Tell the employee they are being referred – and why**

It is essential for the manager to advise their employee why they are being referred prior to the referral. It is not appropriate for us to undertake this role. We are in our rights to not proceed with our consultation if we believe the employee does not know why they are seeing us.

**Work-related stress cases**

Where an employee cites work-related stress as a reason for absence we advise a referral is made immediately. Mental health issues of any kind can lead to long-term absence - understanding the employee’s perceived stressors is therefore important. In our report we will advise you of the employee’s perceived stressors, we are not reporting these as fact.

It is for the manager to explore these perceptions with their employee further. We aim to bring these reported perceptions to the managers’ attention following our assessment in
order to enable discussion and resolution to take place. Where necessary we will advise that the manager undertakes an individual stress risk assessment. Further advice on risk assessments can be obtained from the Health and Safety team within the university.

**Pre-assessment and post-assessment meetings**
Where a case is particularly complex we are able to offer a pre-assessment meeting before we see the employee so we are aware of all of the facts before we see the employee. The advisor you meet with may document this meeting in the employee notes as part of the referral if the advisor considers this is relevant. A pre-assessment meeting can be face-to-face or over the phone and can be booked through our administrator.

If we have provided a report to the manager and the manager requires further clarification or advice we are able to offer a post-assessment meeting for this purpose. The advisor may document this conversation in the employee’s records if the advisor considers it relevant to document the advice.

Although for legal purposes it is important for us to have transparency we would encourage the use of these meetings as our advice can be helpful in helping the manager to make decisions on the next step, or provide clarification to the advice we have provided.

**Specialist/General Practitioner Reports**
Occasionally we will ask for a report from the employee’s Specialist or General Practitioner (GP). The Access to Medical Reports Act means the Specialist/GP will retain the report for three weeks for the employee to view it and provide their consent before it is released. The whole process generally takes approximately six weeks for us to receive the report. We generally usually only obtain a report when we are addressing long-term absence and need to get a long-term view from the employee’s treating specialist on the management of their case. In short-term absence management our own doctor or practitioner is able to make a medical decision without the need for further medical information.

**Permanent Ill Health**
We start to consider permanent ill health when it becomes clear that a condition is chronic and/or is showing little, or no improvement, especially when all treatment options have been exhausted or treatment options are not thought to bring significant improvement. We take these health considerations into account when considering the employee’s role and how their daily living is affected. Before considering permanent ill health we will always look at whether adjustments could be applied to keep an employee in work and whether there are any redeployment options available. Once these options have been exhausted and the employee has capability issues in undertaking the role or is too unwell to attend work then this is usually the point when permanent ill health is considered.

**Occupational Health and General Practitioner opinion**
Whilst OH opinion does not override that of GP opinion, the university is entitled to take the medical opinion it chooses. It is perfectly reasonable for the university to take the opinion of their OH service, as this is a ‘specialist’ opinion, with knowledge of the employee’s health condition and knowledge of the employee’s job role, the workplace and the working
environment, and is in a position to advise management of adjustments to enable their return to work.

We must therefore stress that if a GP ‘fit note’ states that an employee is unfit and we believe the employee is fit to return, you are entitled to take that opinion over that of the GP.

**Our performance**
As already mentioned, early intervention is key to absence management. Our key performance indicator is, therefore, to see an employee at the next available clinic. Our contract with the university is for an on-site clinic one day per fortnight.

**Consent to release reports**
The General Medical Council (GMC) have made it clear we must obtain the employee’s written consent to release the report to the manager and the employee is entitled to see the report before it is released. Although we aim to email our completed report within 48 hours, this may be delayed if we have not yet had the employee’s consent to release. The employee is entitled to comment on our report and request amendments where we have provided factually incorrect information but they are not allowed to change our advice or opinion.

The employee can decide not to provide their consent for the report to be released, in which case the manager will have to manage the case on the information they have available to them. We would advise that further advice is sought from HR services if this was to happen.

If the employee does not consent for the report to be released after 5 working days we will consider that the employee has not consented for its release and advise you that there is no report available for this reason and that you should consider the case based on the information you have.

If we have not received the employee’s consent after 48 hours we will advise you, and again after 5 working days.

**If we have got it wrong tell us.**
Our advice in our reports is provided on the information we have available. Whilst we are unlikely to change our medical opinion, if we have provided advice that is not workable in the workplace please let us know. Also if we have based our advice without having full information please discuss this with us as early as possible, especially if new information becomes available.

If you are happy with our service please tell us; if you are unhappy with our service we would very much like you to give us feedback, this enables us to act upon criticisms and improve the service. We provide a management feedback form with our reports for this purpose to enable us to act on any issues you are unhappy with.