

## **NHS Greater Glasgow & Clyde Occupational Health Management Referral Guidance for Managers**

### **Occupational Health Self Referral**

An employee can use the self referral option where they feel that they would benefit from 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. 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 on their behalf if appropriate following discussion with a nurse.

A self referral appointment is unlikely to be a quicker option than a management referral unless a short notice cancellation appointment has become available.

### **Occupational Health Management Referral**

A manager can use a management referral to request advice in relation to an employee's health and work.

### **Situations where a management referral may be appropriate:**

- In cases of long-term sickness absence- where the employee has been absent from work for 29 days or more, for advice on likely return to work and rehabilitation
- In some (but not all) cases of frequent, short-term sickness absence or where there are patterns of absence for advice on whether there is an underlying health condition and / or work is adversely affecting health
- In cases where advice on the possible rehabilitation or redeployment of an employee particularly with reference to the Equality Act 2010 is required.

- In cases where advice on the possible Ill Health Retirement of the employee is required.
- To seek advice to explore any concerns that may be impacting on the employee's health and work
- To seek advice and support for employees who are on Stage 3 of the Attendance Policy

### **Referral Advice**

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 essential 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.

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. Some employees may not feel comfortable or able to discuss their health issues with their manager but find it easier to discuss them with Occupational Health clinicians.

### **Injuries at Work**

If the employee has been injured at work, please follow NHS Greater Glasgow & Clyde Health & Safety Guidance and ensure a Datix is completed. Seek further advice from the Health and Safety Service regarding RIDDOR reporting. You do not require to report injuries at work to Occupational Health unless the employee has had a needlestick or similar injury and these should be reported via our needlestick & similar injury line on 0141 201 0595. . Employees can self-refer to OH physio if required via HRConnect.

### **Occupational Related Illness**

If you suspect the employee has a disease or condition caused by or made worse by their work, please seek further advice initially from OH on 0141 201 9594 before making a referral. Please follow NHS Greater Glasgow & Clyde Health and Safety Guidance and ensure a Datix is completed.

### **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 discuss further with the employee the perceived causes of stress and seek to reach a resolution as quickly as possible. A stress risk assessment should be undertaken if required. Further guidance can be found in the stress in the workplace section of [HRConnect](#).

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 for support if required. 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.

### **Return to Work/ Phased Return following long term absence**

If the case is in relation to an imminent return to work then you as line manager should explore the details of this with your member of staff in the first instance. If there is any concern regarding potential residual symptoms that may impact on their ability to deliver their normal role you may wish to consider whether modified duties may be feasible. E.g. a temporary change in duties or a temporary reduction in any duties that an employee finds difficult.

A phased return may also enable a more successful transition back to work. The new NHS Scotland wide policy in this regard enables a 4 week phased return on full pay NOT requiring the use of accrued leave. A phased return should be discussed with the employee prior to returning back to work and should take into account any modified duties if required. It is useful to look at breaking working weeks to reduce the impact of fatigue on return to work e.g. working non-consecutive days, working reduced hours and gradually phasing up the staff members hours back up to their normal hours.

If the phased return needs to extend beyond 4 weeks, the employee will be expected to contribute any accrued annual leave. However, if an employee does not wish to use their annual leave they can opt to be paid according to the actual hours worked during the phased return period. (Phased returns should not normally last for periods of longer than 8 weeks).

## **How to complete a Management Referral Form**

A management referral is intended to be a supportive process. Where an employee does not engage in the referral process this will limit the information made available and the manager's ability to support them. It is essential that the content of the referral is discussed with the employee before the referral form is submitted to Occupational Health.

### **Reason For Referral - What would be considered useful information?**

Relevant background to the workplace or domestic situation should be provided. This should include a short explanation of the reason for referral including any reasons for absence and details of any known health conditions which are impacting in work or the employee's attendance at work. Measures already taken by management should be identified and full details provided. 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. It may also be helpful to attach the job description if the employee is experiencing difficulties with tasks and duties. 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.

The management referral form should set out the reasons for the referral along with any specific issues and questions. This may include questions about the following:

- Whether there is an underlying health condition that may impact on work
- Whether the condition should be considered under the Equality Act 2010
- The prognosis of a health issue and any likely effect on fitness for work
- Workplace restrictions or adaptations to support the employee to remain at or return to work, with timescales for review
- Any programme of support including timescales
- Return to work programme e.g. the times / work-patterns and recommended duration of a phased return
- Information regarding ill-health retirement or redeployment.

- Fitness to participate in processes held under NHSScotland Workforce Policies

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

### **Sickness Absence Details**

It is essential that the details of the employee's current absence are provided if they are absent. If they are still at work, please provide details of their relevant sickness absence over the past 2 years e.g. absences related to their health conditions. This allows the Occupational Health clinician to assess if the employee's health issues are worsening or if work is having an impact on an underlying condition.

### **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 either an Occupational Health Nurse, Physiotherapist or Physician. Appointments will either be 'face to face' or a telephone consultation, this will be determined by occupational health following triage. Due to the ongoing pandemic, the majority of appointments will be carried out by telephone or Attend Anywhere video consultation.

The employee will be seen within 12 working days of the fully completed referral form being submitted. 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 health behaviours such as smoking, alcohol intake and social drug use. 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.

### **Equality Act 2010**

Managers should note that it is the responsibility of Occupational Health clinicians to advise on reasonable 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.

### **Ill Health Retirement**

To be eligible for ill health retirement, the individual must; be a member of the SPPA NHS Superannuation scheme with at least 2 years qualifying service; be permanently unfit for NHS work; have been assessed by a hospital specialist and exhausted all possible treatments for their condition; and be under normal pension age. Normal Pension ages for those in the SPPA scheme's are age 60 in the 1995 scheme, age 65 in the 2008 Section and State Pension Age, or age 65 if this is higher, for members of the 2015 Scheme. Please note the final decision to award ill health retirement benefit is taken by medical advisors for the SPPA and not by Occupational health. Please discuss with Human resources before referring to Occupational health for consideration of ill health retirement.

### **Case Conferences & Reviews**

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.

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. Managers should discuss a request for a case conference with the Occupational health clinician directly.

### **Consent**

The employee will be asked to provide consent for the report to be released to the manager. This may be electronic or verbal depending on the type of appointment.



Under the terms of the GDPR the report will only be provided to the referring manager and the named Human Resources contact. If the employee does not provide consent, the report cannot be released. If this occurs occupational health will advise the manager of the situation.

### **Sending the management referral form to Occupational Health**

We are now using an electronic referral process via our new Occupational Health system online – OPAS G2. You will have been provided with a login to access this new system with links available on Edge under GGC favourite shortcuts or via the Occupational Health service webpage. A further guide on submitting a referral using this new system can be found on the Occupational Health service webpage. Please contact our administration team if you have any difficulties or you require a login.

All required sections of the form should be completed prior to sending. Incomplete forms will not be processed thus delaying the referral process. Inappropriate referrals will also be returned with an explanation to the manager why they are inappropriate.

**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. All employees can self refer to counselling by calling 0141 201 0600**

The manager must complete the 'Reason for referral' section of the form to facilitate a meaningful and useful consultation. Please provide a short explanation of the reason for referral including any reasons for absence and details of any known health conditions, which are impacting on work or the employee's attendance at work. Please also provide any background information that is relevant to the referral. You also require to provide details of any adjustments that have already been made please make sure that all information is factual and accurate.

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.

Please note there are two mandatory questions on the new referral which must be completed for all referrals 'Is this employee medically fit for their current role?' 'Would any adjustments and/or restrictions to the employee's working environment be appropriate to improve their ability to fulfil their current role' both of these must be defaulted to Yes and Managers can then submit any other questions as required by clicking on the 'add additional questions' link. Please make sure each question is asked individually by clicking on this link for each additional question.

Management referrals appointments are allocated where possible within 12 working days of receipt of the fully completed management referral form.

It is recommended that you provide the employee with a copy of the referral prior to their referral appointment and complete the required declarations regarding consent.

If you require any advice with making a management referral e.g. content, what questions to ask, please contact the nursing team on 0141 201 0594.