Making a Referral to Occupational Health
Contents

1. Management Role in Sickness Absence ................................................................. 3
2. NICE Guidance on Managing Long-term Sickness, Absence and Incapacity for Work ...... 4
3. Guidance for Managers Making Referrals to Occupational Health.......................... 4
4. How to Decide Whether to Make a Referral .......................................................... 5
5. Checklist for Managers Making a Referral ............................................................. 6
6. Guidance on Completing Referral Paperwork ......................................................... 7
7. The Occupational Health Assessment Process ....................................................... 9
8. Graduated Return to Work ....................................................................................... 10
9. Ill Health Retirement ............................................................................................... 12
10. Guidance for Managers Making Referrals to Occupational Health of Employees with Alcohol Problems ......................................................................................... 13
11. Resources for Managers and Staff on Specific Conditions ..................................... 15
Appendix 1 – About Your Referral to Occupational Health ......................................... 16
1. **Management Role in Sickness Absence**

The Managers Role is Key

**Main Functions**
- Sets Standards
- First point of contact in the early stages of absence
- Keeps in touch during sick leave
- Agrees and implements work adjustments
- Monitors and supports employee on return
- Undertakes return to work interviews

How the manager handles all of the above is the main factor in how the employee perceives their job, wider role and value in the organisation, which will influence attendance and illness behaviour.

The following have been shown to be beneficial in the sickness absence process:

**When the employee is off sick:**
- Regular communication, focussing on wellbeing
- Keeping the employee up to date with work
- Encouraging the team to keep in contact with the person who is off
- Being supportive in terms of:
  - timing for return – not to rush back whilst unwell
  - offering support during absence

**On return to work:**
- Offering a phasing in process where relevant, balancing demands against a meaningful contribution
- Being clear about role and expectations on return
- Meeting the person on their first day back
- Sustaining supportive behaviour beyond the first few days back
- Providing positive feedback where possible to help build confidence

*(Based on CIPD and BOHRF document: Manager Support for Return to Work Following Long-term Sickness Absence: Guidance)*
2. **NICE Guidance on Managing Long-term Sickness, Absence and Incapacity for Work**

[wwww.nice.org.uk/PH19](www.nice.org.uk/PH19)

- Defines long-term absence as longer than 4 weeks
- Initial enquiries should be triggered between 2-6 weeks
  Line manager should:
  - Discuss reasons for absence
  - Whether they have had appropriate treatment
  - How likely it is they will return to work
  - Any barriers to return to work
  - Decide on any actions needed:
    - Referral to Occupational Health for detailed assessment
    - Involvement of independent person to coordinate and produce return to work plan

3. **Guidance for Managers Making Referrals to Occupational Health**

**Role of the Occupational Health Service (OHS)**
The physicians and nurses of the OHS provide specialist medical advice to assist managers to understand the health issues which might affect staff at work.
The advice from Occupational Health:
- is frequently required as part of the monitoring and management of sickness absence
- is impartial
- aims to assist employees to regain their health and return to work as quickly as possible
- helps employees who are unable to return to their normal duties to find the best way forward
- assists managers to plan for the impact of absence or health restrictions.

**Reason for Referral**
Managers may consider referring staff to Occupational Health if there is:
- long term or continuing sickness absence where it is not clear when the person is likely to be able to return to work
- persistent and recurrent short term absence
- evidence or concern that the employee’s health is being adversely affected by their work
- a possibility that health may be a factor in performance or disciplinary issues
- the need to consider re-deployment, dismissal or retirement because of health reasons
- a health problem or disability which might be able to be accommodated in the workplace
4. **How to Decide Whether to Make a Referral**

1. **Is there a clear diagnosis?**
   If not could Occupational Health provide you with a clearer understanding of the medical situation?

2. **Has the normal recovery period been exceeded with no sign of return to work?** (See page 15 'Resources for Managers and Staff on Specific Conditions')
   If yes would advice from Occupational Health assist with longer term planning or case management?

3. **Is there a possibility that work might have contributed to the condition or might aggravate it on return to duty?**
   Cases to which this might apply include:
   - Back, neck or limb injuries in physical roles*
   - Dermatitis*
   - Work related stress or depression*

4. **Are there health and safety considerations regarding a return to work?**
   E.g.:  
   - Driving duties (particularly Group 2 Standards)
   - Responsibility for vulnerable groups
   - Cross infection risks

5. **Is advice needed on a rehabilitation programme?**

6. **Do you need occupational health advice to assist you to make decisions?**
   E.g. under capability or disciplinary processes

7. **Do you need HR advice to assist in following the correct process?**

* These problems should be referred at the earliest opportunity to ensure the employee has received optimum advice about managing their condition.  DH and DSC employees should be encouraged to self refer in the first week of absence, for advice on how to access appropriate help.
5. **Checklist for Managers Making a Referral**

- Identify/establish the need for the referral (for example, can Occupational Health provide a clearer picture about the medical situation?)
- Discuss with HR if advice is needed.
- Discuss the reason for the referral with the member of staff and tell them what questions will be asked.
- Complete referral paperwork (Management Referral Form). This is designed to ensure the OHS has correct contact details for the employee and fully understands the purpose of the referral.
- Attach supporting information. A summary of the previous attendance record is always helpful. A full copy of the job description is *not* always necessary. It may be sufficient to highlight any unusual or onerous job demands in the written section of the referral.
- Depending on your Department’s referral policy send the referral either direct to OHS or via HR. If you send the referral direct to Occupational Health send a copy to your HR Adviser. A copy of the referral paperwork should be sent to the employee so that they are fully aware of the reasons for the referral.
6. **Guidance on Completing Referral Paperwork**

**MANAGEMENT/HR REFERRAL TO OCCUPATIONAL HEALTH SERVICE**

*This form should be posted, faxed or e-mailed to:*
Department of Health, Occupational Health Directorate, Garaghyn Glass, Strang, Braddan, IM4 4RJ
Tel: (01624) 642150, Fax: (01624) 642730, Email: occupationalhealth.dh@gov.im

<table>
<thead>
<tr>
<th>Referral made by: (PLEASE PRINT FULL NAME)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager’s work address for correspondence:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Details of person being referred: *(All of the information requested in this section is essential for the referral to be processed)*

<table>
<thead>
<tr>
<th>Full Name of Employee:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Surnames:</td>
<td>Date of Birth: <em>This is essential to locate the correct file</em></td>
</tr>
<tr>
<td>Home Address:</td>
<td>All appointments are sent to the persons home address so make sure this is up to date</td>
</tr>
<tr>
<td></td>
<td><em>Home:</em> Phone contact may be needed to change appointments</td>
</tr>
<tr>
<td></td>
<td><em>Mobile:</em> Post Code:</td>
</tr>
<tr>
<td>Department / Division / Area:</td>
<td></td>
</tr>
</tbody>
</table>

Are there any dates / times the employee will be unavailable (annual leave etc) in the next 3 weeks?

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**

**1. Description of Job Demands relevant to this referral:**

Occupational Health staff are aware of the demands of most jobs within the Department. Use this section to highlight any unusual or onerous demands which could be relevant.

**2. Reason for Referral:** *(Does health problem affect work or is it exacerbated by work?)*

- **Attendance**
- Concern about health and impact of work
- To assist in management of performance / disciplinary issues
- To assist in the capability process
- To request advice about adjustments

NB. Referral would not normally be warranted following routine surgery where return to work is expected within usual timescales
3. **Sickness Absence:** (Please give the reason, duration and frequency for the last 2 years or attach absence record. This is essential background if absence is a reason for referral.)

| Continuation long term absence – start date |
| Persistent and recurrent short term absence – detailed record is essential |
| Previous records give context |

4. **Reason why health is causing concern:**

- Brief outline of the health problem and why there is concern

5. **History of performance problems:** (if relevant)

- If previous or current high standards of work say so
- Give details of how health is affecting work performance

6. **Management action taken to reduce absence / resolve problem / support employee prior to this referral:**

| List anything which has been done so far |
| It is helpful for Occupational Health to know which stage of capability the person is on, if relevant |

7. **Details of any duties that cannot currently be undertaken:**

List anything which the employee is not able to do

8. **Questions you wish the Occupational Health Service to answer:** (tick as appropriate)

<table>
<thead>
<tr>
<th>Fitness for current job?</th>
<th>Limitations to consider?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prognosis on absence/return to work?</td>
<td>What you as a Manager and Occupational Health can do to assist the employee?</td>
</tr>
<tr>
<td>Any other questions? (please write below)</td>
<td></td>
</tr>
</tbody>
</table>

There may be specific questions in relation to disciplinary e.g. fit to attend a hearing

*Before sending this referral, the manager must discuss it with the employee. A copy of the referral should be sent to the employee so that they are fully informed of the reasons for their occupational health appointment. Employees are advised of this by Occupational Health when the initial appointment is sent out and the contents of this referral will be discussed fully with them at the appointment.*

<table>
<thead>
<tr>
<th>Signed (Referrer):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Don’t send to OHS unless you have discussed it with employee. Send a copy to the employee.
7. The Occupational Health Assessment Process

Following receipt of the referral the OHS will:

1. Send an appointment letter direct to the employee. This will usually be within 2 weeks and an information sheet (Appendix 1) will be sent to the employee with the first appointment letter.

2. Undertake a clinical assessment of the employee. This may take several appointments and may need to involve obtaining specific medical details from the person's General Practitioner or Specialist.

3. Provide a written report which may include:
   a. an opinion about fitness to work
   b. a prediction about the likelihood of a return to work
   c. an opinion about the contribution of work to any health issue and how this might be modified
   d. recommendations about health restrictions
   e. advice about help or support for example a phased return to hours or duties

   This report will be copied to the employee and the relevant HR Adviser. General Medical Council Guidance requires that the employee is given the option of receiving their copy before the report is sent to the manager. This may result in a delay in dispatching the managers / HR copy which is routinely held for 3 days before dispatch.

The Occupational Health Service is not able to:
- Expedite other specialist appointments or hospital investigations and treatment.
- Provide a second opinion for staff who are unhappy with the medical treatment they have received.
- Make management recommendations or decisions such as whether an employee should be dismissed.
- Disclose confidential medical information without the specific consent of the employee.

Unless it is particularly relevant and the employee consents to disclosure, detailed clinical information will not be included in OHS reports.

Formal advice from the Occupational Health Service will always be provided in writing with a copy to the employee. Informal discussion by telephone or email may take place with the employee's consent but this will tend to be of a general rather than specific nature. It should be noted that employees have a right of access to their Occupational Health Records which include all correspondence, emails and records of telephone conversations received by the OHS.

Difficult/Complex Cases
The quality and clarity of advice provided by the OHS is largely dependant on the background information, detail and specific questions provided by managers for each referral. In some cases there may be conflicting views and perceptions about work issues and further updates and clarification should be provided by the manager, if this will assist the OH Practitioner in understanding the case. Where it is relevant, the OHS has a duty to make managers aware of how employees feel about their work situation particularly in cases of work related stress. Perceptions and feelings are reported as such and not as fact.
8. **Graduated Return to Work**

The purpose of a graduated return to work following a period of sickness absence is:

- To ease the employee back to work
- To enable an earlier return to work than might be possible if the person had to regain full fitness for duty
- To help build confidence and stamina after prolonged ill health

This is usually considered after a prolonged period of absence and where the job involves high levels of physical or emotional work demands.

The return to work plan should therefore include:

- Regular attendance at work - this helps the person reintegrate more quickly back into the work environment
- Meaningful tasks which gradually increase in either duration or complexity
- Regular contact with work colleagues
- A clear plan to resume normal work within an agreed timescale

The temporary adjustments can either be in length of working hours and/or the nature of the work, depending on what can be accommodated within the needs of the service.

**Phasing in of Hours**

In a standard working week this could be achieved by working half days (eg 3.5 - 4 hours) for the first 1 – 2 weeks of return and then increasing hours over a further 2-4 weeks up to full time working. An alternative may be to allow increased flexibility in starting and finishing times for the first month of return, if this can be accommodated within the demands of the service.

**Phasing in of Duties**

This usually relates to the more physically demanding aspects of a role and may require the work to be arranged so these are initially avoided and gradually reintroduced or limited in duration and intensity. Other adjustments might include a temporary reduction in caseload or other demands of the role until the person has regained confidence and stamina.

**Arrangement of a Graduated Return**

If the return is uncomplicated this can be agreed and arranged between the person and their line manager. Occupational Health can provide advice on more complex cases.

**Documentation**

The agreed plan should be clearly documented and the employee and the manager should agree what will be communicated to work colleagues to make them aware of a temporary change in hours or duties.

Regular monitoring meetings (1-2 weekly) should be arranged to review progress.

**Timescales**

The usual duration of a phased return to work is between 2-4 weeks.
Leave
Taking long periods of accrued leave during a phased return will not be beneficial as it disrupts a gradual build up of strength and stamina.

Prolonged Phased Returns
Occasionally a longer phasing in period may be recommended e.g. in cases of chronic fatigue syndrome and advice from Occupational Health and HR should be obtained in these cases.
9. Ill Health Retirement

Ill health retirement is a last resort and will only be an option if specific criteria can be met i.e. there is objective medical evidence that the employee is permanently incapacitated to undertake their employment, comparable employment or in some cases any gainful employment.

There is a rigorous process for assessing cases so it is important not to raise employee expectations. IHR should be considered as one of a range of possible options as an application may not be successful.

Permanent means up to normal retirement age which is 65 in the Unified Scheme.

In most cases in order to demonstrate evidence of permanent incapacity the individual will have undergone all relevant investigation and treatment options – this will require specialist care and may take months or years if there are prolonged waits for surgery or other treatment.

Reports will be required from the treating specialist. In both the Unified scheme and the Teachers Pension scheme there are 2 Tiers of benefit and at the lower, most commonly awarded level, there is no enhancement of service.

The process under the Unified Scheme requires the employer to demonstrate that all reasonable steps have been taken to return the individual to work either in their own job with adjustments or into comparable employment.

If the manager and employee decide to progress with an application for ill health retirement, the manager should obtain the relevant form from the Pensions Division. There is a section to be completed by the manager and the employee and then a section to be completed by Occupational Health before the form is sent to the Scheme Independent Medical Advisers for a decision on whether the medical criteria are met.

Any questions about the process and eligibility should be directed to the Pension Division.
10. **Guidance for Managers Making Referrals to Occupational Health of Employees with Alcohol Problems**

**Guidance for Managers**
The role of Occupational Health in the management of employees with alcohol problems is to:

1. Provide confidential, impartial advice and support for the employee.
2. Assess whether the employee is fit to continue to undertake their duties whilst undergoing treatment / rehabilitation.
3. Act as a central liaison point between the employer and any treating agencies in order to monitor progress towards rehabilitation / recovery.

**Making a referral to Occupational Health where there is concern about an alcohol problem**

1. **If the employee acknowledges the problem:**
   - Stress that the referral will be made in confidence.
   - Advise that the problem will be managed as any other health issue.
   - Be clear with the employee about what would be unacceptable behaviour e.g. intoxication at work, consuming alcohol at work.

2. **If the employee does not acknowledge a problem:**
   - Ensure that the reasons for you making the referral and raising the issue are based on factual evidence e.g. patterns of absence, lateness, changes in behaviour or performance.
   - These reasons should be discussed with the employee as part of the referral process.
   - There is no point in making the referral unless there is credible evidence which might indicate an alcohol problem.
   - Advise the employee that the reason for the referral is for you to understand if there are any health issues underlying the change in work performance / behaviour, one of which might be an alcohol problem.
   - Advise that the outcome of the occupational health assessment will enable you to decide how best to manage the situation e.g. through sickness / capability or disciplinary procedures.

**Smell of Alcohol**
Reports of an individual smelling of alcohol are often raised as part of a referral and can be difficult to prove or disprove. If this information is to be written in the referral ensure that this has been discussed with the employee and provide as much detail as possible including time, dates and circumstances such as last Tuesday immediately after he / she returned from lunch his work colleagues noted … or a patient complained that …

**Acting on the Occupational Health Report**
It is essential that a meeting takes place with the employee as soon as possible after receipt of each occupational health report. This should be to discuss any advice and recommendations and agree any action or monitoring.
Dealing with Relapses
If an employee with a problem is undergoing treatment and rehabilitation there is a significant possibility of a relapse in the initial stages. The standards agreed for work behaviour will continue to apply and there may need to be a risk assessment undertaken if there are concerns about the individual’s capacity to work safely.

Monitoring Liaison
Detailed monitoring needs to take place throughout the rehabilitation process. It is important for Occupational Health to be provided with regular updates regarding the individual’s work performance and any managerial concerns. Review appointments usually take place in Occupational Health monthly, so a monthly update to inform this assessment is helpful.

Occupational Health will liaise regularly with the treating agency and will request regular update reports so that they can confirm compliance and co-operation with treatment back to the employer.

Alcohol Breath Testing
As part of their monitoring procedure Occupational Health may use an alcometer to assess compliance with treatment. This can only be undertaken with the individual’s consent. It can be useful to the employee who wishes to prove that they have not been drinking.

Summary
The assessment and support of employees with alcohol problems can be a prolonged process requiring long term monitoring and repeated occupational health reviews. The success of this process depends on open and clear communication between all parties at each stage, in particular:

- The manager ensuring that clear parameters are set regarding work performance and behaviour.
- Careful monitoring of the health & work situation over the rehabilitation period with regular feedback regarding problems or successes.
11. Resources for Managers and Staff on Specific Conditions

Royal College of Surgeons
www.rcseng.ac.uk/patient_information/return-to-work/
Downloadable leaflets on returning to work after:
- Coronary artery bypass graft
- Slipped disc (discectomy with sciatica)
- Gall bladder removal (laparoscopic cholecystectomy)
- Removal of thyroid (thyroidectomy)
- Knee surgery (total knee replacement and meniscectomy)
- Carpal tunnel release
- Breast surgery
- Groin hernia repair
- Total hip replacement
- Cataract surgery
- Wisdom teeth extraction
- Oesophagectomy
- Nasal septoplasty
- Lung resection
- Nephrectomy

Royal College of Psychiatrists
www.rcpsych.ac.uk/mentalhealthinfo/workandmentalhealth.aspx
General guidance on returning to work after mental health problems.
Links to the SHIFT line managers web resource.

Royal College of Obstetricians and Gynaecologists
www.rcog.org.uk
Downloadable leaflets on:
- Abdominal hysterectomy
- Laparoscopic hysterectomy
- Laparoscopy
- Mid urethral sling operation for stress incontinence
- Pelvic floor repair operation
- Recovering from surgical management of a miscarriage
- Vaginal hysterectomy
- Endometrial ablation

Work and Cancer
www.macmillan.org.uk
Downloadable tool for staff and managers on working through cancer.

www.cancer.org.im
Isle of Man cancer information website
Appendix 1 – About Your Referral to Occupational Health

About Your Referral to Occupational Health – information for employees referred to the Occupational Health Service by their Manager or Personnel / HR Department

What is Occupational Health?
Occupational Health is a confidential, impartial, medical advisory service. Our role is to advise about the health of employees in order to help managers prevent or reduce work related health problems and manage the impact of health problems at work.

Why have I been referred?
Staff are usually referred to Occupational Health because their managers would like to understand more about their medical situation and how this will affect work. Your manager should have discussed the reason for the referral with you. You should have been informed of the questions which have been asked of the Occupational Health Service. If not please contact your manager or Personnel/HR Department before your Occupational Health appointment.

How is the referral organised?
Your manager or Personnel/HR Department will have completed a referral form or letter which has been sent to the Occupational Health Service. You should have received a copy of this. It will explain the reason for the referral and will include the questions which your manager would like us to answer. We are now sending you an appointment to see one of the Occupational Health Nurses or Doctors.

What will happen at the appointment?
The first appointment takes approximately 45 minutes. The Doctor or Nurse will discuss with you your health and work situation. They may ask to examine you if you have a physical problem. They may ask your permission to write to your own GP or specialist to obtain more detail about your health problem. At the end of the consultation the doctor or nurse will discuss with you their advice and recommendations. A report will be sent to your manager and/or Personnel/HR Department and you will be sent a copy of the report.

Confidentiality
Confidential medical or personal information will not be disclosed to your manager or Personnel / HR unless you give your permission for this to happen.

How to get there?
The Occupational Health Service is situated at Garaghyn Glass, Strang, Braddan, IM4 4RJ on the new Noble’s Hospital site, where there are some parking facilities. There will be a map on the reverse of your appointment letter. The following buses serve Noble’s Hospital, Strang – 5, 9, 13, 23, 25.

What should I bring to the appointment?
Please bring details of any specialist appointments or dates for scans or other tests you may have had. Please also bring details of your current medication or any other treatment and let us know if you have any special needs or requirements for your appointment.

(Revised September 2011)
Making a Referral to Occupational Health

The information in this document can be provided in large print or audio tape/CD on request.