

Making a Good Referral

What is the Purpose of a Management Referral?

This guide has been produced to provide information to line managers with advice on what is required when making a referral to Occupational Health. To ensure that you get the information you require to progress a case, please ensure that all the following steps are followed.

1. Reason for Referral

It is important that the reason for referral is clearly explained so that the practitioner can understand why the employee has been referred. The following steps should be followed with all referrals.

- State why you are referring this employee at this time.
- What advice/information are you hoping to obtain from referring this employee?
- What management action will you be considering on receipt of the Outcome Summary Report?
- Absence Details of the employee
- Is the employee currently absent from work?
- What is the diagnosis on their medical /self-certificate?
- What was the first day of their absence?
- Do you have a confirmed return to work date or an indication from the employees GP how long they may absent?

2. Background History

The more background you can provide the better response you should receive from Occupational Health. Remember to let Occupational Health know of any information that you have which you believe may be relevant.

- Is the employee's attendance pattern causing concern?
- Is the employee able to carry out their job?
- Is there a rehabilitation plan in place that has not progressed as expected?
- Is the employee on long term sickness absence?
- Does the employee have any previous history of their current condition?
- Are there any personal issues?
- Does the employee's condition impact on their social/domestic activities that you are aware of?
- Is the employee expected to return to work at any point in the future?

3. Management Contact

From the regular contact that you have maintained as part of the absence strategy you should be able to provide a lot of information to Occupational Health before the person is assessed.

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- Are there any perceived barriers to returning to work? For example, immobility, physical limitations, surgery, conflicts at work or with management?
 - Is the employee due to see their GP or a specialist in the future?
 - Are you aware of any external support the employee maybe receiving, for example physiotherapy, counselling?
 - Is the employee due to attend any specialist investigations?

Please also provide details of how you have obtained the information from the employee, e.g. through telephone contact or face-to-face meeting) to ensure that there is no duplication of investigatory activity following your referral.

4. Adjustments or Modifications

In some cases you may have brought an employee back to work on adjusted duties however you may still require Occupational Health advice. You should therefore include the following information with any referral that you make.

- Has there been a local agreement on adjusting the employees work practice?
- If so was it successful? If not, what difficulties was the employee experiencing?
- Were these adjustments made as a requirement of the Equality Act?

5. Further Flexibilities

It is important that you let Optima Health know what available work there is in your unit and what further adjustments you could support, the Business Referral Form should therefore include information on the following:

- What adjustments, modifications are you able to reasonably support and for how long?
- e.g. a rehabilitation plan, alternative work patterns, contractual changes, alternative office locations, job share etc.

6. Duties

It is also important that Occupational Health are aware of the role the employee is performing so that this can be taken into account if rehabilitation is required. The Business Referral Form should therefore include the following:

- What role is the employee contracted to do?
- Is this the job they are currently doing?
- Does the employee work full time or part time?
- Does the employee work shifts?
- Does this role involve overtime?
- What type of work does the employee do? e.g. manual, admin, security, nursing, DSE user?
- Would you want to discuss the employee's role with practitioner prior to appointment?
- Does the employee's role involve repetitive tasks?
- Does the employee's role involve driving?
- Does the employee's role involve walking; do they use a stand and bend for long periods?
- If their current duties are not their contracted duties is this a sustainable long term option?

7. Specific Questions

The Occupational Health practitioner will address the following questions/issues as a matter of course:

- Advice on the employee's current health status
- The prognosis for the condition
- The likely return to work date or return to full duties
- Advice on the current functional ability of the employee. If work duties are affected, advice on if this impairment is likely to be short term, long term or permanent.
- A specific rehabilitation plan; advice on adjustments, if appropriate, with clear timescales.
- Advice on disability in accordance with the Equality Act 2010

8. Special Requirements

If an interpreter is required please contact your Human Resources department who will assist you in arranging the necessary support.

If a chaperone is required for modesty purposes, Occupational Health will ensure that one is provided, however the referred employee may have to travel to a location where one is available.

If you are aware of any specific dates the employee will not be available to attend an appointment, please enter the details in the special requirements box on the referral form.

Other Relevant Information

Is there any other information, which would help the scrutiny practitioners manage and route this case appropriately? For example, is there a date for a dismissal hearing, are there any outcomes from appeals or conduct meetings, is the employee undertaking other work outside of the organisation?

Remember, the better the information you provide, the better the quality report, the better able you are to manage sickness absence.

Remember that any information in your referral becomes part of the medical record and discoverable in law.