Telephone Consultations

Why use telephone consultations?

Occupational Health (OH) as a speciality has had to respond to the changing face and demands of business, especially with the cost of long-term sickness absence (LTS) impacting on organisations' financial bottom line. There is increased pressure on agreed sickness key performance indicators (KPIs) for OH to have assessed the employee and given the advice in a written format within a quicker time frame. LTS absence and its costs have a huge impact on organisations. This focus has gained increased importance when it comes to the services OH provides, as practitioners respond to business demands and become more aware of the commercial pressures placed on them to deliver added value. One way to address this increased business pressure is to move away from the more traditional face-to-face assessment typically carried out by OH practitioners for LTS absence, frequent short-term sickness absences or those working with health issues that could impact performance, to offering telephone consultations. Telephone consultations can potentially enhance access to OH services for employees who are absent from work, returning to work, on rehabilitation programmes, require counselling or Cognitive Behavioural Therapy (CBT) or have identified health concerns.

They can be used to provide effective counselling / CBT services, give health advice, appropriately signpost employees to other support services, receive information or updates from clients, reduce travel time and costs to clients and improve continuity and convenience of service. They can also help reduce missed appointments, improve client satisfaction and offer a more timely service to employers with a reduced impact on productivity. The time allocated for a consultation would usually be 1 hour, within an allocated timeframe, and this includes writing clinical notes and the management report, although more straight forward cases could be scheduled for less.

Who decides if an OH Consultation takes place by telephone or in person?

When a referral is received it is triaged by a senior clinician who, based on the information in the referral, will allocate the case to an Occupational Health Advisor, Therapist or Physician either by face to face or via telephone.

What are the benefits of a telephone consultation?

A key benefit of a telephone consultation in an Occupational Health referral is convenience. A telephone assessment can be conducted at a time that suits the employee. The employee is in an environment where they feel comfortable to talk on the telephone about confidential health matters and may disclose more information due to a sense of anonymity. They should be expecting the call within a designated appointment time frame, so calling the employee

within this time goes some way to reducing the anxiety of receiving a call and helps reduce fail to attend appointments. Less complex cases can be dealt with in a timelier manner and therefore clinics do not overrun, giving more time for other tasks e.g. pre-employments or reviewing GP reports.

It also means employees do not have to travel anywhere for the appointment, which can often be a relief for someone struggling with ill health who is currently off work – they can take the call in the comfort of their own home, and will not have to pay for transport, petrol or parking to make their appointment.

If the referral has been made on a proactive basis, it can also be more cost effective for the employer as the employee does not have to take time away from work to gain OH advice. The employee can take a call during work time if they can talk in a quiet confidential environment. Working in this way means that OH is being appreciative of and responsive to changing business needs. For the employee, the impact of a telephone assessment would mean less travel to OH appointments, either in or out of work time.

Are there risks?

No, as Occupational Health consultations are not used for diagnostic purposes; in OH it is rare that physical examination is helpful, patient's GP's are responsible for their medical management, there is however a loss of non-verbal communication and opportunities for discussions relating to lifestyle choices may be reduced, but these are mitigated by robust protocols, practices and training. If during a teleconsultation the OH practitioner feels that the case is inappropriate for this type of consultation the appointment will be suspended and a face to face appointment arranged. The skill in carrying out a telephone consultation is to gain a quick rapport with the employee and keep the consultation focussed. However, as the time for the assessment will be allocated, it is important to establish early boundaries regarding time allocation for the appointment and ensure all clinical questions are covered.

Are they suitable for everyone?

No, employees with hearing, speech or other communication difficulties, those with a limited grasp of the English language or severe psychiatric illnesses are unlikely to be suitable for telephone consultations, but these will be identified at the triaging stage. Also, very complex cases, safety critical roles and mobility issues affecting fitness for role would require to be assessed face to face. Cases should always be triaged by senior clinician to ensure that telephone consultations are appropriate.

One of the main clinical reasons a telephone assessment would not be appropriate would be where there is an inconsistency in the clinical reporting from the employee. OH practitioners are aware of many of the causes, as well as treatment and recovery, of clinically treated conditions. If during the telephone assessment it becomes apparent there is a vast difference, then it would be necessary to meet in person to allow an OH adviser to assess with sight as well.

What if I don't want a telephone consultation?

Clients may specifically request a particular mode of consultation, but this may have a negative impact on the time taken to secure an appointment, a specific request may be over-ruled by the triaging clinician if it is clinically inappropriate.

Who carries out the telephone consultation?

Telephone consultations are carried out by Occupational Health Advisors, Occupational Therapists, Counsellors, CBT Practitioners or Occupational Health Physicians.

What about confidentiality?

Telephone consultations carry the same degree of confidentiality as a face-to face one. Identity is confirmed; clinical notes are generated and are stored in the employee's file or electronic record in accordance with current data protection legislation. The report to the employer is discussed with the employee and consent is obtained and recorded for its processing. As with face-to-face appointments, employees have the option to preview the report before it is released to the employer or receive a copy at the same time. If consent for the telephone assessment is refused at the outset of the appointment, the employee may still be happy to attend a face-to-face consultation instead.

Is there an evidence base supporting them?

Yes. Research carried out in 2009-10 by an Optima Advisor comparing outcomes of telephone consultations v face to face consultations found comparable satisfaction levels; a 2013 Department for Work and Pensions publication led by Kim Burton OBE, an OH Consultant and Professor, advocated their use and again found they compared favourably with face to face consultations, finding robust evidence based on a synthesis of academic, institutional and best practice sources.

Such findings were also evident in a 2015 report produced by Chris Rhodes, chief nursing officer for the Government's Fit for Work Service; and most recently in 2016 Catherine D'Arcy Jones and Anne Harriss when summarising telephone consultations stated "used effectively and with the correct case types, telephone assessments can be a safe and efficient way of providing OH advice to businesses in a timely fashion. OH advisers are able to add additional value to businesses and the increased demands of business efficiency with the advantages it brings".