Getting the best out of Occupational Health

This briefing pack has been designed to help you get the best out of occupational health. It answers FAQs, explains the role & remit of OH, and how using the service effectively can contribute to successful attendance management and improved colleague wellbeing. It is essential that all managers are aware of the PAM Consultation Policy and that this is available to colleagues.

Topics covered:

How do I make a Good Referral?

A good referral

- Leads to a good report. Any referral where there is insufficient information or lack of direction will impede the provision of a good quality report – in OH it is good to remember that "good in leads to good out".
- The report needs to reflect the referral so any questions asked or information provided needs to match this. The briefing and debriefing may help to provide the clinician with information about the job and the organisation.

Steps to making a good OH referral:

- **Make sure you are aware of PAM's consultation policy and privacy policy – freely available on our website https://www.pamgroup.co.uk/**
- See what you can do as a manager to support the colleague at work or to return to work. This approach is a common sense one and you don't need to be a clinician to discuss what may be reasonable from both yours and the colleague's perspective.
- Remember that all of the evidence shows that remaining at work or making an early return is the most helpful thing to do in most instances and it is reasonable that a colleague with an injury, illness or longterm medical condition discusses how they might be able to achieve attendance at work as this is their responsibility under their contract of employment i.e., to work whenever this is feasible – with adjustments if required.
- If you feel a referral to OH is needed in order to provide advice then doing this as quickly as possible is advised.
- Please make sure all referral details are correct including contact numbers and job role. It will be pertinent to provide a brief description in the referral letter of the employee's role profile.
- Make sure you discuss the referral with your employee, including information which will be included in the referral and the questions asked of OH. Notify your employee how the advice from OH will be used to manage his/her case, even if it may lead to a negative outcome and that the employee consents to the referral. The employee can only provide informed consent if he/she is provided adequate information about the referral as mentioned above.
- Once you have obtained consent from the employee to be referred; complete the correct referral form. Where possible, provide a copy of your referral letter to the employee.
- If you are requesting a brief and debrief – ensure they are aware of this and what the discussion could entail (see next paragraph)
- Prepare them for their appointment by ensuring they confirm they will be attending. Remind them of the importance of attending (it's reasonable to mention the cost to the business) and ask them to keep you informed of anything that might later affect their ability to attend.

- Ensure the employee is aware that the discussion will be around 20 to 25 minutes unless there are exceptional circumstances
- Advise your employee that clinician will be required to undertake an assessment so as to answer the mangers questions and report back. This will be in the form of a management report which will be discussed with them prior to the end of the consultation.
- Ask the employee to ensure they bring all medication and any letters from specialists etc. to the appointment or have them available for a telephone appointment.
- Home visits are a welfare matter and would only involve OH in very exceptional instances. They can only go ahead with prior agreement and with a manager in attendance.
- Make sure the colleague is aware that it is a one-to-one meeting in private. Being in private enables a more frank and open consultation. However, if they insist on bringing someone please ensure that either a 4th person is available either by conference call or face to face (a member of management) or they provide PAM notice so arrangements can be made.
- A translator or signer must be a professional and arranged by the client/employer.
- Focus your referral on the positives. Ask what the colleague CAN carry out now or COULD do with some help as you should already have considered this in preparation for the briefing meeting. Don't focus on the negative or limiting effects of the injury, condition or illness.
- Explain what physical functions the colleague's job involves, and what workplace adjustments you've tried to resolve the problem. Ask about other adjustments that could be tried if you are unsure, they are appropriate.
- Don't ask for information about things you already know.
- Don't expect OH to tell you how to manage your case – they give advice for you to consider alongside your other information.
- Don't accept a report if you don't understand it or it hasn't answered your questions. Where the clinician fails to address your concerns then you need to escalate on the same day as you receive it to the appropriate client service office or your contract manager.

Why do we suggest early referrals for stress and musculoskeletal cases?

Musculoskeletal conditions and stress / mental health problems are the top two causes of sickness absence across all business sectors. An early referral to OH for these absences can mean:

- Colleagues have much speedier access to expert help, supporting them in their recovery and working towards a successful return to work.
- Colleagues are signposted to appropriate sources of help from an early stage in their condition or sickness absence.
- Seeking early advice from an OH clinician helps the manager to focus on the issues that are affecting the employee's performance or preventing them from attending work.
- All stress/mental health referrals can discuss their concerns and be signposted to sources of help.

PAM client managers and colleagues have said in surveys that they find the advice they receive following fast track referrals helpful in agreeing Fit for Work plans.

Remember:

- Your objective is to enable colleagues to manage their condition whilst remaining at work, and to succeed in their role. Managers need to be sensitive and supportive whilst encouraging self-sufficiency. It is essential not to unnecessarily medicalise the problem.
- Try to find ways to help your colleague to perform their current role prior to considering any alternative job. Focus on what they can do, or could do with help, rather than what they can't do.
- Draw a line under the reasonable adjustments process when you've done all you reasonably can and then refer to OH with your specific concerns outlined.
- Where you need to know about a disability for e.g., bonus reasons, then this needs to be explained to the colleague and to OH
- If you wish to have an opinion on whether an individual could be considered disabled then please ensure this question is asked on the referral.

Key questions the manager should ask before making the referral:

- What has this colleague said THEY would like as an outcome and it is achievable?
- How can I help them to do, or reintroduce them back to, their normal job?
- What parts of the job has the colleague said that they can / can't do? Build upon the "can do" and look to make plans with timescales.
- Has the colleague suggested anything to try and overcome the problem and ensuring they retain primary ownership of the problem?
- How do they overcome the problem in their home life?
- How have they handled the issue in previous jobs? Ask them to try techniques that have worked elsewhere.
- What self-help measures have they explored? If they haven't considered this, encourage them to do so.

PAM role in the reasonable adjustments process:

- Via standard referral for reasonable adjustment advice.
- Advice and treatment for musculoskeletal conditions from Physio Info Line.
- Advice and treatment for mental wellbeing issues from PAM Wellbeing.

Briefing and debriefing

Briefing calls are useful to get a balanced perspective of the role but also enables the clinician to understand better the organisation; what adjustments are feasible and what specific concerns the manager may have in relation to the individual's ability to undertake the role; however, it does not replace the information required in the referral form. Questions asked in a briefing cannot be answered as the report must match the referral. All reports must reflect the referral from a consent and GDPR perspective and therefore if there is little information on the referral then the report may not be adequate. All briefing and debriefing calls are documented as part of the individual's clinical record so only information that is relevant to the referral, and that could be discussed with the employee should be included. Should the employee request subject access, then they will be provided with that information. You need to ensure your employees are aware of the call, information provided to the clinician and what will be discussed. If there are any management concerns i.e., Facebook updates; hygiene issues etc., these must have been discussed internally first. Any information provided by email in relation to the employee must be made known to the employee, as this will be discussed during the consultation and will be added to the clinical record.

What makes a good Quality Report?

Every report should give a clear assessment of what your colleague is capable of doing (or might be able to do with help) and offer specific advice on actions you can take. NEVER accept a report with unclear recommendations. Please note that OH reports are audited regularly. Colleagues are not given a copy of the report unless they are seen by an OH Doctor but are ALWAYS told what will be in it. The employer is advised to discuss the report and provide a copy as soon after the referral as possible.

OH Reports should cover all of the following as standard:

- Background to the referral
- Current issues as reported by you and the colleague
- An opinion based on an assessment of the individual
- OH, Advice to include advice on the employee's current health status and prognosis
- The likely return to work date or return to full duties
- Advice on the employee's current functional ability. If work is affected, whether this is likely to be short term, long term or permanent.
- What adjustments are advised either temporary or permanent
- A rehabilitation plan where appropriate with timescales

Outcome reports MUST do all the following:

Give precise, suitably qualified recommendations

The clinician must use precise language and recommendations should be suitably qualified within the body of the report.

Be work-focused:

- In line with the fit note, the emphasis should be on what a colleague can do. If a colleague should not carry out particular functions, the clinicians should always say how long for, and what functions the employee can, or might be able to carry out with help.
- The clinician should look at what the real or perceived barriers to performing the task are, and identify how these might be overcome.

Getting to the root cause of the problem:

Sometimes a manager hasn't been able to get to the root cause and OH will explore that this might be, for example – A colleague states they are unable to work in a customer-facing role. Is this a concern about personal security, an ability to cope with the number of people? Is it sitting for prolonged periods, a need for frequent breaks, or a hearing problem etc.?

Suggest adjustments that could enable the colleague to stay in their present job:

Could that colleague stay in the customer-facing role if they had short term adjustments e.g., moved to a more secure location, conducted fewer transactions, had longer breaks or were able to leave the department at short notice? Could they continue if periods of work were shortened, or they could move around, or be moved to an area with less background noise?

How do I escalate issues within OH?

- Please ensure that the appropriate client services or PAM manager is contacted immediately following the clinic or at the latest within 48 hours so that any concerns can be discussed with the clinician and feedback provided.
- Unresolved matters must be escalated to the Key Client Contact for discussion with an OH Director.
- It is unreasonable to complain about OH Reports outside of the above timescales as the clinician will need to provide feedback and any delay will make it more difficult to provide effective information.
- Management Complaints are monitored by the contract management team at OH using an Issues Log and forms part of the contractual KPI.
- Colleague complaints must be made directly to PAM by the individual as per the Consultation Policy and not sent on by a client manager. Where colleagues raise concerns to management, the underlying cause of the dissatisfaction must be established to ensure it is not an employment matter and where it isn't then the Complaints Process must be provided at which time it is no longer a client matter.

Equality Act and reasonable adjustments

PAM clinicians do not routinely report on whether an individual could be considered disabled. This is because we do routinely report on whether adjustments are advised and if operationally feasible. Should the client need to understand our view on whether someone could be considered disabled; then, they are advised to ask this question on the referral form. Our clinicians use a disability checklist with the employee to come to their opinion. A standard phrase is used when reporting to ensure we cover the legal aspects of this question. Our clinicians cannot comment on the percentage sickness absence expected or which could be considered. We can comment on whether future absence will reflect past absence.

What are the criteria for face to face versus telephone consultations?

Most cases can be undertaken effectively by telephone. PAM clinicians have specific training on how to undertake assessments by telephone. There are times when it is effective to see the individual face to face and in those cases a video consultation can be as effective. There may be the occasional need for a face-to-face appointment but these need to be assessed individually.

The benefits associated with telephone consultations include:

- Less time for the colleague and the organisation to wait for an appointment as response times are rapid;
- Less time away from duty for the colleague if they are in work;
- Less travelling for colleagues if they are off work;
- More convenient for colleagues with mobility problems.
- Less anxiety provoking for the individual.
- Safer from an infection control perspective (COVID 19)

Our physiotherapists are also able to take a good history, matched to researched evidenced via telephone.

Interpreting can be undertaking by telephone as can deaf support. Professional groups are able to deliver this when commissioned by our clients.

When would we refer to our MSK (musculoskeletal) or psychological experts?

MSK - When the concern is purely musculoskeletal and short or long term. Our MSK clinicians – physiotherapists and rehabilitation specialists are also able to identify mental health issues that may be impacting on musculoskeletal health and can support with fitness levels; breathing techniques as well as pain management.

Psychological – Our psychotherapists can identify the most effective treatment for individuals as well as providing person centred or trauma focused support.

Why don't OH seek further medical reports in every case?

Managers often feel that seeking further medical evidence (FME) is the only way to validate what the colleague is saying to the practitioner. This is not the role of OH. Remember the following:

- The OH clinician's role is not to diagnose or verify the condition but to consider the impact on work. FME is sought in less than 1% of cases where there is a clinical need, where the information will add value to a report, or if there is a doubt about the individual's condition.
- Clinicians must take account of the information given by both employer and colleague to reach a balanced decision regarding work options. It's helpful for both colleague and manager to discuss the referral, so that they are aware of the other's perspective prior to the referral.
- PAM clinicians take care not to quote information provided as being factual if there is no supporting evidence. This requires statements such as "X reports they" or "x tells me" – this does not imply there is any doubt but is appropriate language when compiling management reports
- After the consultation, the clinician summarises their recommendations with the colleague and seeks their verbal consent to release the report. If the colleague disagrees with the content, it doesn't mean the clinician will change his/her mind, or will not include the information. If this happens, the clinician will advise at debrief that the colleague does not agree with the recommendations and issue the report to the manager as usual. However, it the colleague withdraws consent for the report to be provided, the referring manager will be notified accordingly.
- Recommendations made by occupational health are **advisory**, not compulsory, and made on the information available. Managers are free to reach their own conclusion on a case, taking account of all the information to hand.

To summarise, FME is only sought when clinically necessary, or where it is a contractual requirement to do so. So, unless there is a doubt about the diagnosis or treatment of the individual, it is unlikely that a medical report from a GP or other specialist will be needed. The FME Policy has been agreed with the Client Contact. FME can also include MSK reports; psychological reports; verbal contact with primary care clinicians and any letters; fitnotes etc. from primary care

Why are Case Conferences recommended?

- Long term absence cases can become problematic if actions aren't taken to focus the manager's mind on how to resolve them.
- Case conferences, which are documented discussions between the manager, colleague - and rep if requested - as well as HR. The focus is on what is preventing a colleague's return to work, and what can be done to put things right.
- It can enable all interested parties to have a clear understanding and provide advice, including a primary care clinician if necessary.

How are case conferences different from an ordinary OH referral?
The main difference is in relation to those attending and it needs to be the key people with knowledge of the case and what actions can be taken. The discussion focuses on what can be done to bring the absence to an end within a reasonable timescale or how to manage a safe and legal exit from the business. Specific consent is required and in writing.

What happens at an OH case conference?
The parties all review the case from their perspective and it may be that real or perceived views will need to be addressed. Each party can make notes and the OH clinician will provide a report following the meeting.

What do I need to contribute as manager?
You should explain what things you have tried to help your colleague, what effect these have had and why there is no scope to do more. It's also important that you ensure all the HR and attendance management actions have been considered.

Why is my colleague involved?
This type of case conference is designed to ensure that all views are heard and considered as the case is at the point where a return to work needs to be agreed or the exit discussion will commence whilst all parties are in attendance.

The Fit Note v OH Advice

In April 2010, the traditional GP medical certificates/sick notes Med3 & Med5 were streamlined into one form to create a new Statement of Fitness for Work (also referred to as 'Fit Note' or Statement').

What should I do if I don't understand the advice on the Fit Note?

- If you don't understand or are unsure about how to act on the Fit Note advice, you should first of all discuss the advice with the colleague as they should be able to give you more information on its context from the GP discussion.
- If you are still unsure, you can contact your PAM Key Contact for advice. They will try to advise you there and then and will tell you if they recommend that you make an OH referral. You can also seek advice from an HR/People Manager.

Do I need to make an Occupational Health referral in every case?

- No. The vast majority of cases will not require an OH referral. The Fit Note is about providing simple, practicable advice on which to base discussions with the colleague.
- An OH referral would be recommended where the severity of the condition might require longer-term workplace adaptations, or your colleague disagrees with their GP's assessment that they should be able to undertake some work in the very near future. An OH referral may also be made if the GP recommends this on the Fit Note.
- When the colleague is absent with a Mental health or musculoskeletal condition, they should be considered for a fast-track referral as noted previously.

Can the fitnote override OH advice

- No – OH advice is independent of the fit note as OH is deemed the experts on workplace health and the GP is known to be their patients' advocate. PAM have a document called "OH vs GP" which can be found in OHIO help > Guidance for customers and this describes case law supporting OH advice; however, it is the customer's decision as to whether they take the OH advice over the advice of the GP. The case law supports the client should they choose the OH advice.

Fitness to attend meetings

It is common for GP's to provide a fitnote detailing "stress at work" for people faced with attending a workplace meeting. The Faculty of Medicine has produced guidance on this and an overview of this guidance can be found in OHIO help > Guidance for customers. It is rare that someone will be found unfit to attend a meeting; however, OH can undertake this assessment objectively and provide advice.