

HEALTH ASSESSMENT IN RELATION TO WORK PROTOCOL

Document Reference	Prot526
Version Number	3.0
Author/Lead Job Title	Catrina Hughes Occupational Health Manager
Date of Last Changes (this version)	January 2023
Date of Next Review	January 2026
Ratified by: Date	Steve McGowan - Head of Workforce and OD 13 January 2023

VALIDITY – Protocols should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	June 2015	New protocol
2.0	18 Oct 2016	MANAGEMENT REFERRAL changed to Health Assesment in Relation to Work
3.0	13 Jan 23	Reviewed. Approved by director sign-off (Steve McGowan – 13/01/23).

Contents

1. BACKGROUND.....	3
2. AIM.....	3
3. OBJECTIVES.....	3
4. LEGISLATION.....	3
5. ROLES AND RESPONSIBILITIES.....	4
5.1. Employer	4
5.2. Occupational Health Department.....	4
5.3. Employees.....	4
6. REFERRAL PROCESS.....	5
6.1. Employer’s Referral	5
6.2. Self-Referral.....	5
6.3. Allocation of Appointments with an Occupational Health Physician.....	5
6.4. Medical Conditions to be seen by the Occupational Health Physician.....	5
6.5. Degree of Disruption Health is having on Employment.....	6
7. ASSESSMENT.....	6
7.1. Employer Referrals	6
7.2. Self-Referrals.....	6
8. OCCUPATIONAL HEALTH REPORTS.....	7
9. MAINTENANCE OF AND COMPLIANCE WITH THESE STANDARDS.....	7
10. REFERENCES	7

1. BACKGROUND

During employment concerns can arise in relation to a change in health status of employees potentially affecting their ability to effectively, and safely, perform their usual employment. This may arise from work or non-work related factors. This may be recognised by managers or the employee and present as sickness absence, repeated short term or long term, as deterioration in performance, or by development of symptoms in relation to work activity. In such circumstances independent, confidential and fair Occupational Health advice is frequently required in order to fairly manage these situations. Access to the Occupational Health department for advice can be by managerial referral, self-referral by the employee, or by employee union or safety representatives. The monitoring and management of sickness absence is the responsibility of line managers. Periodic health surveillance is a type of mid-employment assessment but is considered in the health surveillance policy.

2. AIM

The aim of the Occupational Health service is to provide fair and independent advice about the way in which work affects health and health affects work whilst maintaining the ethical standards of occupational medical practise.

3. OBJECTIVES

To provide advice that will:

- Assist employees regain their functional capacity for work as quickly and safely as possible.
- Assist employees and employers to determine the most appropriate way forward when an employee is unable to return to their former duties.
- Assist managers in planning for future possible absences or restrictions in duties of employees.

4. LEGISLATION

Occupational Health assessments and subsequent advice provided must comply with all relevant legislation/industry standards including:

- The Health and Safety at Work Act 1974 and all subsequent empowering regulations.
- Disability Discrimination Act 1995. Equality Act 2010
- Reporting of Diseases and Dangerous Occurrence Regulations (RIDDOR,2013).
- Acts or Parliament, Regulations and industry standards related to fitness standards such as:
 - Diving Regulations 1997
 - Road Traffic Act 1988
 - Fire and Rescue Services Act 2004
 - Offshore Safety Act 1992
 - Data Protection Act 1998 and General Data Protection Regulation May 2018
 - Access to Medical Reports Act 1988

5. ROLES AND RESPONSIBILITIES

5.1. Employer

- To keep accurate records related to sickness absence.
- To ensure employees are aware of required attendance and performance standards.
- To identify absence trends or performance issues that may indicate the need for Occupational Health advice and seek such advice when appropriate.
- To obtain the agreement of the employee for the referral to the Occupational Health Department and to tell the employee the reason for the referral and the specific advice requested.
- To provide a referral to the Occupational Health Department, via the Cority Portal, prior to the employees appointment.
- To identify, where appropriate, whether modified or alternative duties are available on a temporary or permanent basis.
- To make all decisions with regard continued employment, terms and conditions of employment, and termination of employment.
- To fairly and consistently manage matters of health in relation to work.
- To monitor and improve the effectiveness of the management of health in relation to work.

5.2. Occupational Health Department

- To assess individual's health in relation to work based on bio-psychosocial models of assessment and taking clinical guidelines into account where relevant. To provide fair and independent advice when requested on matters of health in relation to work without disclosing clinical details but on functional capacity. Such advice should may include:
 - Likely duration of absence
 - Potential to undertake modified or alternative duties on a temporary (rehabilitation) or permanent basis.
 - Areas of support for health-related problems affecting work including Access to Work, Industrial Injuries Disablement Benefit and information concerning retirement on medical grounds.
- Wherever an employee's contract of employment is in question for possible health reasons the advice of an Occupational Health Physician is required.
- To maintain accurate and confidential medical records with appropriate rights of access under the Data Protection Act (DPA) 2018 and General Data Protection Regulation (GDPR) 2018
- To comply with the Medical Reports Act (1990).
- To inform the employee of the advice that is given to the employer and to ensure the employee understands the implications of this advice. The employee will be offered the opportunity to see the letter prior to it being sent to the manager as per the revised 2009 GMC guidelines. Should the Employee refuse consent for the letter to be sent to the Manager, the letter will not be sent, but the Manager will be informed in writing that consent to send a letter of advice was refused.

5.3. Employees

- To attend the Occupational Health Department when requested having agreed to this following request from the employer.
- To understand the confidential and independent nature of the Occupational Health Service.

6. REFERRAL PROCESS

6.1. Employer's Referral

The referral must be via the Cority Portal and contain:

- Details for the employee being referred including name, date of birth, current home address and telephone number, job title, specific duties, and reason for referral.
- Information concerning any previous communication or workplace matter related to the reason for referral.
- Information from relevant risk assessments related to the work area and reason for referral.
- The employee must be made fully aware of the reason for referral and the contents of the documentation provided to the Occupational Health Department. They should be informed of the independent and confidential nature of the Occupational Health Service.
- Following receipt of the referral an appointment is sent to the employee via email or My Cority Portal and copied to the manager. This appointment should be made within 5 days of receipt of referral for OHA and 10 days for OHP.

6.2. Self-Referral

- These cannot be made to an Occupational Health Advisor, Occupational Health Physician or Back care specialist
- Requests for appointments from employees or their representatives should be via the Cority Portal.
- Appointments to be given within 5-10 days.

6.3. Allocation of Appointments with an Occupational Health Physician

Referral to or case discussion with the Occupational Health Physician will depend upon the following factors identified at the time of referral or during clinical assessments:

- Medical condition
- Extent of disruption health is having on employment.

6.4. Medical Conditions to be seen by the Occupational Health Physician

When there is clinical suspicion during assessment or management concern about alcohol or other substance misuse. The need for Occupational Health Physician assessment is identified from this case discussion.

- Back pain classified as simple backache using the Royal College of General Practitioners' Clinical Guidelines for the Management of Acute Low Back Pain that has caused absence from work of greater than three months.
- Back pain classified as simple backache using the Royal College of General practitioners Clinical Guidelines for the Management of Acute Low Back Pain that after provision of key information has not significantly improved six weeks after initial assessment.
- Back pain that cannot be classified into simple backache using the Royal College of General practitioners Clinical Guidelines for the Management of Acute Low Back Pain.
- Mental health disorders requiring hospital admission or outpatient specialist psychiatric care.
- Mental health disorders with a psychotic component.
- Mental health disorders resulting in absence from work of more than three months where there is no progress towards a return to work.
- Mental health disorders resulting that have not achieved a return to work at six months absence.
- Any pattern of symptoms in which clear diagnosis has not been established from appropriate primary and secondary care assessments.

- Any pattern of symptoms in which the working diagnosis identified by primary and secondary care providers is not consistent with the occupational health practitioner's opinion.

6.5. Degree of Disruption Health is having on Employment

- Eligibility assessment for medical retirement required.
- Reasonable likelihood of restrictions to work being required for the foreseeable future, or permanently.
- Timescale of a return to work unlikely to be acceptable to the employer.
- An agreed rehabilitation program between the employer and employee can not be identified.
- Rehabilitation program fails to reach an agreed satisfactory outcome for both employer and employee.
- Occupational Health practitioner identifies a safety risk to colleagues or customers from employee under assessment.
- Occupational Health practitioner identifies an uncontrolled safety risk to the employee.
- Absence duration has been or is expected to be greater than six months.

Referrals to the department containing requests to see a specific occupational health practitioner for an initial assessment could if possible be accommodated other than for Medical conditions to be seen by the occupational health physician as set out above, they must be referred onto the occupational health physician.

7. ASSESSMENT

Clinical assessments are made using the bio-psychosocial model and advice provided as per the General Medical Counsel Supplementary Guidance September 2009; Confidentiality: disclosing information for insurance employment and similar purposes.

7.1. Employer Referrals

- The consultation format is the same as for pre-employment assessments (refer to this policy), this involves introduction of self and role, explanation of medical record confidentiality and employee rights of access, and that written advice will be provided with the knowledge of the content by the employee who will be sent a copy of this. In addition, the revised GMC guidelines of 2009 advise that the employee is offered the opportunity to read the letter prior to sending it to the manager and may withhold their consent for this to be sent. Should this be the case, the manager will be informed as to the reason why no advice has been sent to them. Requests for written reports must comply with the Medical Reports Act 1988.
- The advice letter should be sent to the manager making the request within ten working days of the assessment. A copy of the advice letter should be sent to Human Resources unless the employee objects to this.
- Cancelled and rearranged appointments should be confirmed in writing and a copy sent to the manager making the request.
- Non-attendance letters are sent to the manager requesting the referral within five days of the missed appointment. This will be usually by email and a further appointment will be made for the individual. If they Do Not Attend (DNA) again, they are discharged from Occupational Health

7.2. Self-Referrals

- These are made via the Cority Portal
- These can only be made for Counselling, Physiotherapy and the Workforce Wellbeing team
- The Employer is not made aware of appointments following self-referrals

8. OCCUPATIONAL HEALTH REPORTS

Occupational Health Reports to employers must be in writing and should, when appropriate, include:

- Functional (not clinical) details of limitations in function, unless clinical information will support the employer's understanding and fair management of the employee and is with the consent of the employee.
- An estimate of likely duration of incapacity.
- Ability to undertake adjusted or alternative duties (the potential for rehabilitation).
- If the case may be reportable under the RIDDOR Regulations.
- Whether further review is indicated.
- The employee must always know the content and as far as practical the implications of the report. A copy of the report must be freely available and the employee informed that they can have a copy of the report that is provided. Consent must be documented in the client's notes.
- Whenever reports could affect the contract of employment of an individual these must be discussed with the Occupational Health physician prior to them being sent.

9. MAINTENANCE OF AND COMPLIANCE WITH THESE STANDARDS

- Audit of compliance with time standards will take place annually.
- Review of waiting time for appointments notified to the Occupational Health Manager if these approach three weeks for new appointments.
- Clinical audit of advice letters using SAIL 3 or more cases for each clinician at least annually.
- Management referrals are reviewed for MoHAWK

10. REFERENCES

The Role of Occupational Health in the Process of Managing Sickness Absence. ANHOPS Dec 1996

Ethics for Occupational Health Physicians. The Faculty of Occupational Medicine. May 1999

Good Medical Practice for Occupational Physicians. Dec 2001

General Medical Counsel Supplementary Guidance September 2009; Confidentiality: disclosing information for insurance employment and similar purposes