

Policy Title:	Occupational Health Referrals Policy	
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Author & Role	C Harwood – School Business Manager	
Ratified by:	Governors Policy Committee	
Responsible signatory:	Chair: H.McCann	Vice Chair: W.Blundell
Date:	May 2021	
Amendments / Comments	Model Policy – adopted Appendix 1 and 2 added. Hyperlink changed from portal to school website / policies for our latest Guidelines for Managing Sickness Absence in Delegated Schools	
Outcome:	This Policy: is intended to support referring managers with the Occupational Health referral process.	
Cross Reference:	Managing Sickness Absence	

EQUALITY AND DIVERSITY STATEMENT

Astley Park School is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

POLICY REVIEW

To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, please contact the author of the policy.

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Occupational Health Referrals

An increasing number of schools are being charged for Occupational Health appointments which don't go ahead primarily due to issues surrounding employee consent. This is costing schools money, causing additional stress for employees and delaying processes.

Occupational Health will share the referral information with the employee. It is therefore crucial that the employee has been informed about the reasons for the referral, the questions to be asked of OHU, and that they understand and agree to the referral process. This summary is intended to support referring managers.

1. Reason

*Have a clear reason for the referral and discuss this with the employee, including what background information will be supplied (usually absence record and any specific concerns about performance or work capability and/or conduct that could be underpinned by a health related issue) and the types of questions that are being asked. **See appendix 1** for sample questions can be viewed.*

2. Employee Consent

*Provide the information from (1) to the employee and seek their response so that there is no dispute regarding what has been discussed and whether they have consented. Ideally this should be done in writing but at the very least this should be done verbally. The on line system requires referring managers to confirm they have obtained consent **See Appendix 2** FAQ 'What is 'employee consent'?*

3. Logistics

Advise the employee to ensure they have use of a private room and that they have details of their medication and medical appointments. Obtain both a landline and mobile number for the employee which they are happy for Occupational Health to use. If the employee uses a 'call barred list' on their phone advise them to review the settings to ensure the Occupational Health number is not barred. Ensure the employee is aware that the call will be from an unknown number. Provide the employee with information regarding what will happen at the appointment (further information about this can be found on the portal [here](#); under the FAQ "What happens during an Occupational Health Consultation"?)

4. Employee not consenting

If this happens managers should explain:

- *it is part of their Terms & Conditions of employment to engage with the Occupational Health process;*
- *management decisions may need to be made regarding their capability for their role or ability to sustain regular attendance without the benefit of medical advice which, depending on the circumstances, could ultimately put their employment at risk.*

See [Guidelines for Managing Sickness Absence in Delegated Schools](#) or contact the Schools' HR Team for further information. In addition, Occupational Health have provided guides to creating and tracking referrals [here](#).

Appendix 1

Sample Occupational Health Questions

Often the quality of an Occupational Health report depends on whether the manager is clear on the reason for the referral and consequently the questions to ask. The more specific the questions, the more likely they are to get answers that help them move the situation forward.

Any standard Occupational Health referral with Optima Health will cover:

1. Advice on the health condition(s) and prognosis;
2. Current work capability;
3. An estimate of a return to work date and a return to work plan (if necessary);
4. If a return to full duties is unlikely, advice on modifications to allow continued employment and the duration of such modifications;
5. An opinion on disability according to current legislation.

In addition to the above managers can then ask a further 3 questions and the below sample questions may help with this. It is important to note that managers do not have to ask additional questions – sometimes just knowing whether the employee is fit for work can help move the situation forward.

Sickness absence or underlying condition which may impact on the employee's ability to undertake full duties/sustain regular attendance

- *Is the employee medically fit to work in this role?*
- *Is the employee fit to return to work in the foreseeable future?*
- *Are there any reasonable adjustments that can be considered by school?*
- *Are there any restrictions in what the employee can do in their role and if so for how long?*
- *Are there any side effects from the treatment/medication the employee is receiving that may impact on their ability to carry out their role safely and effectively either on a short-term or long-term basis?*
- *Is there any additional support that can be offered to the employee to enable them to return to work?*
- *Is the employee receiving any counselling and if not would it be beneficial for the school to consider funding this?*
- *In your opinion, given the employee's medical history and attendance levels is the employee likely to be able to sustain regular attendance in the future?*

For critical or terminal illness

- *Is the condition likely to have an impact on the employee's ability to carry out their full role?*
- *Would it be useful for OHU to obtain a report from the employee's specialist/consultant/GP?*
- *Should the employee be considered for ill-health retirement? (NB It is important that this question is discussed with the employee beforehand)*

When the employee wishes to be considered for ill-health retirement (support staff only)

- *Does NAME meet the criteria for ill-health retirement*

Disciplinary/Capability

- *Is the employee fit to attend meetings under the Disciplinary/Capability Procedure?*
- *Is the employee fit to instruct a work colleague or trade union representative to accompany him/her or represent him/her in his/her absence?*

- *Is the employee fit to provide a written response as an alternative to attending meetings to enable him/her to participate in the disciplinary/capability proceedings?*
- *Are there any other adjustments that should be considered to enable the employee to participate in the disciplinary/capability process?*
- *When is the employee likely to be fit to engage with the disciplinary/capability process?*

Referrals to occupational health that are not appropriate and tend not to help include:

- ***Please review*** – this is too vague. Review what: left ear? Right foot?
- ***What are the details of this person's illness?*** – this is confidential information.
- ***What medication is the employee taking?*** – this is confidential and irrelevant.
- ***"Needs heart and lung transplant"*** – what is it exactly the manager wants from OH?
- ***"What do you think is the diagnosis and prognosis?"*** Occupational Health's role is not to diagnose conditions and in terms of prognosis if there's not yet a diagnosis in a complex case still undergoing investigations there's no way of knowing the prognosis until investigations are completed.

The opinion of an OH specialist may be crucial in supporting managers in how to manage a capability, disciplinary or attendance issue. Occupational Health's role is to advise and in order to provide quality advice it's important that they have the full background and that the right questions are asked. Ultimately, how the situation is moved forward is often a management decision, however it is key that, in the event of an employment tribunal claim, managers can evidence that they carefully examined the medical information available.



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What is Employee Consent?

When processing a referral using the on-line referral system managers/Headteachers must tick a box to confirm they have obtained the employee's consent to progress with a referral to occupational health.

'Employee consent' or 'informed consent' is terminology used by occupational health that provides them with assurances that, when a referral has been made, the referring manager has informed the employee:

- they are being referred to the occupational health service and discussed the reasons for the referral with them.
- of the full content of the referral document and any additional questions asked in the referral that will be raised as part of the occupational health assessment.
- of the content of any additional documents that have been attached to the referral document e.g., an individual risk assessment.
- the assessment will result in a formal occupational health report being produced and made available to the referring manager(s) named on the referral document.
- of the possible outcomes from the consultation with OH e.g., that recommendations may be made in the OH report that can impact on the way in which the employee does their job.
- their personal details may be shared with one of the OH external contractors where interventions such as counselling, CBT or physiotherapy is to be provided.

As part of the terms and conditions of their contract all Lancashire County Council employees are required to co-operate with the occupational health assessment process.

The employee should be advised that during the OH consultation they will be asked by the Occupational Health Advisor (OHA) if they give consent to the consultation going ahead and for an OH report to be produced for the referring manager(s). If they decide to withdraw their consent to proceed with the OH consultation this may result in management decisions being made regarding their capability to undertake their job role without the benefit of medical advice.

Please also see the guidance document for referring managers on [consent and the sharing of OH information](#).

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