Heddlu Police
DYFED-POWYS

MANAGEMENT REFERRAL PROCEDURE

	Name	Title	Signature	Date
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AIM

The aim of this procedure is to specify the standard for management referrals in Dyfed Powys Occupational Health Department. (DPPOHD)

SCOPE

This procedure applies to all Dyfed Powys Police Occupational Health (OH) clinicians, including agency occupational health clinicians who are undertaking clinical work on behalf of DPP. This procedure is to aid OH clinicians. It is the responsibility of the OH clinician to ensure that they are working within their professional competence. Each Occupational Health professional is responsible for their own professional practice. This procedure exists to supplement that practice.

PROCEDURE

Clinicians must be satisfied that they have **informed consent** which should be **freely given**, **explicit and unambiguous** before carrying out any consultation, examination or investigation or providing treatment.

A management referral is received via Sickness Management System (SMS) into the Occupational Health admin email inbox. This is then placed into the electronic duty folder for Dyfed Powys Police Occupational Health advisor to triage accordingly to OHA/Force Medical Advisor (FMA)/Physiotherapist or counselling. Depending on location of the referred individual will dictate whether or not a face to face or telephone assessment is booked. An email is sent to occupational Health admin inbox with instructions on type of appointment to book.

An appointment letter/email will then be issued to the referred individual with their contact details asking then to confirm that the contact details are correct along with time/date and type of assessment. When the individual answers the call or if you see them face to face ensure that data protection is adhered to, and you confirm name/date of birth, postcode, and payroll number to ensure correct identity.

At the start of the call the following script should be adhered to.

Hello; is that XX ?

- My name is xx, and I'm an Occupational Health Nurse Advisor from Dyfed Powys Police, were you expecting my call?
- For data protection purposes, could I please check your full name, PIN number, and post code?
- Can I check that you are in a confidential area and are able to take this call?
- We have received a referral form your line manager. Are you aware of what this is for?
- This telephone assessment will take about 20 minutes. I will be asking you some questions in relation to your health at work. You will hear me typing the answers into your confidential clinical notes.

- At the end of the assessment, I will discuss with you a report that I will be sending back to your referring line manager and HR advising on your fitness for work, any adjustments required and answering any questions asked on the referral form.
- Consent – you have a choice of receiving the report at the same time it is sent to your manager and HR or you can have prior viewing.
- Prior viewing means any factual inaccuracies can be changed but the clinical opinion cannot. If you receive the report via email, you have 48 hours to respond with your consent or to request a change of any factual inaccuracies. If it is posted to you then its 5 days. If we do not hear from you in the specified time, then we will take this a withdrawal of consent and will inform your Line Manager and HR.
- As the assessment is approximately 20 minutes, I may need to interrupt you if you are veering off the topic as I need to ensure that I obtain all the required information.
- There will be an opportunity to ask me questions at the end.
- Further information regarding data protection can be found on the intranet.
- You can withdraw consent at any time during the consultation are you happy to proceed?

Work Related Consent Script
I do understand that you have had a negative experience; within this appointment it is helpful for me to gain an understanding of the broader work-related concerns. For example, relationships, workload, but the most important aspect I need to understand is the impact this may have had on your health as health is my priority. Therefore, I would like to understand what symptoms you have been having ……..

There must be clear affirmative action by the staff/officer that they have understood the information provided and understand – this may be an oral acknowledgement via telephone or signing a consent form if attending a face-to-face assessment.

Proceed to read through the management referral with the individual ensuring that they are fully aware of why they have been referred and the questions asked by the referrer. Please ascertain at this point if they wish to see the report before it is sent to line manager and HR Support staff inbox.

It is important that they understand that without their consent, we are unable to give any advice on the health condition to their manager or HR who are responsible for their case. If consent is withdrawn or withheld OH shall inform HR / Management that the report cannot be released. This may lead to HR / Management making decisions without the advice of Occupational Health.

The staff/officer may refuse to allow the clinician to write to their GP with information about their case. There should be a discussion with them that if they declined to consent to write to the GP after assessment, any treatment recommendations may not be possible to action. Attempts to explore the reasons for them declining consent to share with the GP in case this could resolve the situation.

If after an assessment has been conducted the staff/officer still refuses consent for information sharing with the GP, then the clinician must make a risk assessment of whether any issues have been identified that may require disclosure of information to protect patients and others in line with GMC guidance ‘ Confidentiality: good practice in handling patient information’. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/disclosures-for-the-protection-of-patients-and-others#paragraph-50

This may include issues such as:

- Disclosing information about adults who may be at risk of harm

- Legal requirements to disclose information about adults at risk
- Disclosing information to protect adults who lack capacity
- Disclosures required or permitted by law
- Disclosures approved under a legal process
- Disclosures in the public interest
- Disclosures prohibited by law (Please see Consent procedure)

At the end of the assessment of the staff/officer ensure all questions have been covered, ensure that you have informed them of what the report will contain and ask again what consent option they would like, release the report at the same time or for them to have prior sight before management. Please ensure that they are fully aware that only factual inaccuracies will be changed the clinical opinion will remain the same. Document consent option in the clinical notes.

Ensure you ask them how they would like to receive the report, whether emailed to work/personal address or posted. Ensure that you have checked the details are correct.

Complete the clinical notes ensure time of start and end of call. Complete management report and release as per consent.

Please refer to consent procedure for further information on consent release.

If an individual fails to answer the call document the date and time in their electronic notes and try again in 5 minutes. If after the 2nd attempt there is still no answer, then this is classed as a Did Not Attend – DNA and should be documented in the clinical notes. The LM and HR should be notified of this DNA.

If when calling a mobile number, it goes to voice mail leave a brief message asking them to call back and give your name and the Occupational Health Dept number, do not leave any other details on the voicemail.

REFERENCES

General Data Protection Regulations 2018

General Medical Council Confidentiality: good practice in handling patient information'. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/disclosures-for-the-protection-of-patients-and-others#paragraph-50

Kloss, D., Consent, and confidentiality in occupational health reports http://www.fom.ac.uk/wp-content/uploads/conffomoct09kloss.pdf

Nursing & Midwifery Council https://www.nmc.org.uk/standards/code/read-the-code-online/

Society of Occupational Medicine. Guidance as to an Occupational Health report to management. https://www.som.org.uk/sites/som.org.uk/files/SOM_Guidance_for_a_OH_referral_report_%20DRAFT_V3_Jan_2020.pdf