# Medigold Health working in partnership with EPM

The provision of a Remote Management Referral service

Keeping people in work, safe and well.



epm

# Introduction

Medigold Health provide expert Occupational Health services to Schools and educational establishments, electing to access our services via EPM. Our support to these organisations enables the safe recruitment of employees and effective management of absence.

The advice and guidance provided by Medigold Health's full-time employed clinical team of qualified Physicians and Nurses, has meant that even the most complex and sensitive of cases have been satisfactorily brought to conclusion. Now, more than ever, the clinical insight we routinely offer is enabling our clients to maintain a healthy workforce, as we all strive to meet the challenges resulting from the current COVID-19 crisis.

We at Medigold Health, in conjunction with EPM, would, therefore, like to enable even more educational organisations to access our professional medical opinion, and benefit from continuing to maintain and manage employee health whilst we all come to terms with adapted working practices- so that we're all ready for when things return to normal.

To do this, we have created a simple to use referral form which is designed to gather comprehensive information about individual cases and, which, once submitted, will immediately enter our workflow to be clinically triaged and a consultation be arranged. Of course, with the current restrictions in place consultations are coordinated remotely, but the information below from our Group Medical Director, Gareth Williams, explains how these consultations will add value, and enable you as employers to evidence and maintain your obligations, along with duty of care, to your employees throughout this difficult period.

# A message from Medigold Health's Medical Director, Dr Gareth Williams, on the importance of maintaining your management referral service.

We are all facing unprecedented challenges in keeping the workforce safe and well in this uncertain time. As Medigold Health's Medical Director, I thought it would be pertinent to communicate with you directly to outline our Remote Management Referral Service and highlight the value of maintaining your Occupational Health provision throughout this challenging period.

# Remote Management Referral Service

To protect the health of our people and our customers, and in keeping with the government's guidelines, we are now offering a completely remote management referral service with consultations taking place over the phone with one of our Occupational Health Advisors (OHAs') or Occupational Health Physicians (OHP's). I would like to reassure you that telephone consultations are the most reliable and common alternative to face-to-face consultations and all of our clinicians are fully trained and experienced in conducting robust consultations via telephone.

#### The importance of maintaining occupational health

I understand that occupational health referrals might not seem to be of paramount importance in the current situation. Nevertheless, we firmly believe that maintaining the health and wellbeing of your employees now is crucial in ensuring your workforce is well placed to return to normal operations come the time which, as we all know, is likely to be another frenetic period.

I have outlined below some further guidance and reassurances around the value of our management referral services in the current situation:

• Our clinicians will consider your employees' current working environment and appropriately adapt the emphasis and outcomes of reports to reflect their current circumstances (including

being fit/unfit for furlough), providing meaningful and practical advice irrespective of their working location;

- Telephone consultations can proactively assist with mitigating any reported negative effects of Musculoskeletal issues and/or Mental Health related problems noticed as a direct result of a change to normal work practices/locations before they become too acute;
- Guidance on Return to Work (RTW) timescales and adapted working hours are still relevant, irrespective of your employees' location;
- Continuing to manage your employees' health conditions (non-COVID-19 related) effectively promotes engagement and wellbeing within your workforce and helps to demonstrate your continued duty of care as an employer;
- Preserving and promoting the health and wellbeing of your employees remains an employer's obligation, irrespective of your workforce's location;
- Continuing to address and manage pre-existing employee ill-health; health-related issues reported as a result of changes in work location/practice, noticeable poor performance (notwithstanding the circumstances), and changes in behaviour or communications at the earliest appropriate opportunity, will enable your HR teams and managers to effectively manage staff remotely throughout this period, and then beyond.

As a nation, we are in this together, and as a leading member of the UK business healthcare community, it is our responsibility to the nation as a whole to act responsibly and continue to protect the health and wellbeing of UK employees, who are especially vulnerable at the moment.

All we require to do that, is an open dialogue, patience, flexibility, and for you to continue to utilise your Occupational Health and Wellbeing services.

Yours sincerely

#### Dr Gareth Williams

Medical Director, Medigold Health MBChB MFOM Accredited Specialist in Occupational Medicine GMC No. 3120378

# How our Remote Management Referral Service works

Helping organisations to overcome the challenges posed by sickness and related absence, among their employees, has always been a fundamental part of our Occupational Health provision. While all our clinical practitioners have a duty of care to all employees and are bound by the principles of patient confidentiality, they are all experienced in balancing their ethical responsibilities with a commercial commitment to our customers. In order to consistently deliver clear, incisive reports that help them to better manage the health and wellbeing of their workforce.

#### Making our service work for you

We want you to get the most out of this service, so it's really important when considering raising a management referral that you tell us as much information as you can, and that the employee is fully aware of the referral content and has consented to allow you to offer this information.

To help you, Medigold Health operates a Duty Clinical Manager rota, meaning there's always someone on hand to discuss potential referrals with you.

#### Duty Clinical Manager - on hand to provide the support you need, when you need it

On those occasions where it's unclear whether an occupational health assessment is appropriate, for example, where an employee is in recovery post-surgery or awaiting further medical investigations, your account manager will be on hand to discuss with you the merits of a potential referral.

If necessary, they can refer you to our Duty Clinical Manager (DCM) for further guidance. Our DCM is also able to undertake pre-referral discussions with managers regarding more complex cases (such as those where historic factors, disabilities or substance abuse elements need to be considered), can provide support with articulating issues within the referral and can signpost other services that may offer more benefit.

Any conversation with the DCM will follow strict boundaries, with regards to confidentiality, and the clinician will guide managers accordingly.

**Please note** that our Duty Clinical Manger is not available to discuss COVID-19 arrangements on an organisational level. If required, we can arrange a consultative conversation with one of our senior clinicians should you wish to discuss policy, and/or COVID-19 specific arrangements, and any associated health risks to be considered.

#### What makes a good referral?

Management referrals work best when employees engage with the process, which is why we advocate a transparent and 'no surprises' approach. It is vital that, in every case, the referrer explains to the employee the reasons for requesting an occupational health assessment and what questions they will be asking, to ensure that both parties are clear on the purpose of the OH intervention and that the employee feels supported.

It is important to remember that while our clinicians are experienced in providing advice on sickness and absence management, this advice will be based on the information supplied on the referral form: quality referrals promote quality reports. Referral forms should always:

- provide as much relevant detail as possible
- clearly state the reason for referral
- contain context and background (for example, information regarding the employee's attendance and absence history and whether there are any ongoing conflicts, grievances or complaints)
- describe any management intervention so far
- provide details of any known medical information
- include any specific questions for the clinician (a maximum of 14 questions is advised to ensure targeted and valuable responses)

We have developed this referral form with the above in mind, to make it as easy as possible to submit, and to capture all the relevant information we require to provide you with the outcomes you need.

#### Online referrals – offering a streamlined user experience

The screenshots below provide a helpful visual overview:

You can access the referral form directly from the unique form link at the end of this information. Once in the form, you will be asked to enter your details and those of your employee, and you will then be guided step-by-step through the subsequent sections:

MEDIGOLD ONE Reporting OH Portal A	û dmin	
🔵 epm	EPM MANAGEMENT REFERRAL	
	The fields marked with a * next to the question are required. Double check the form before submitting, you are only able to submit this form once.	
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These subsequent sections use a mixture of checkboxes, mandatory fields and free text boxes to obtain all the relevant information. A bar at the top of each section tracks your progress through the form:

The fields marked with a * next to the question are red	juired.
Double check the form before submitting, you are onl	y able to submit this form once.
Click the Submit button at the bottom when you finish	r.
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HISTORY OF ABSENCE	
Reason for referral *	Likelihood of further sickness absence
	Long term/continuous sickness absence
	Poor attendance record due to sickness
	Return from long term sickness
	Alcohol/drug/substance misuse
	Performance deterioration
	Incapability to undertake current role
	Fitness for alternative duties/role change
	Workplace restrictions
	Report following an accident at work
	Specific health concerns

75%	
ATTACHED DOCUMENTS	
Completed and signed consent form *	Max size: 45
	Add attachment
History of absences: return to work interview/disciplinary meeting notes within the last 6 months	Max size: 45
TOLES WILLING THE LOSE OF TIMPILUS	Add attachment
GP certificates	Max size: 45
	Add attachment
Self certifications	Max size: 45
	Add attachment
Relevant invoice information (e.g. PO No, Cost Code, Employee Ref/Payroll ID)	Max size: 45
	Add attachment
Any other relevant documents	Max size: 45
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83%	
NOTES	
Questions you would like answered or any other notes regarding this form. Please give any other information you think may be helpful.	Max size: 1500
	1500 characters available Add attachment
	Save for later Previous Page Next Page

The final two sections of the form are where you can attach any relevant supporting documents and ask any specific questions.

Once the form is complete, you will be asked to submit it (you'll also have the option to print a copy) and will receive an email confirmation of receipt:

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	Click the <b>Submit</b> button at the bottom when you finish.	
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	For more information on how we process your data, you can access our privacy notice at:	
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	Medigold Health is committed to the principles and requirements to both the Access to Medical Reports Act 1988 and the General Data Protection Regulations and hold the necessary notification and registration for the processing of your data.	
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### Clinical triage – providing expert allocation

Our aim, always, is to provide occupational health reports that enable managers to completely resolve the situation that prompted a referral, or at least help them to move it forward. We are proud of our track record in achieving this for our clients – only 12% of the cases we handle are re-referred and only 10% require any form of review or further OH involvement.

At present, all consultations are being coordinated by either web-based apps or telephone, although our careful clinical triage will determine which competency of clinician is best utilised (Physician or Nurse) and also endeavour to decide, as early in the process as possible, whether or not additional information from a treating GP or specialist is required to comprehensively inform on the outcome.

#### High-risk cases

Our triage nurses also play an important role in ensuring that any high-risk cases are dealt with appropriately. Where a referral indicates that an employee may pose a risk to themselves or others (for example, they may have expressed suicidal thoughts or thoughts of self-harm, or be displaying unusual or uncharacteristic behaviours that may indicate a serious mental health issue), the case will be immediately escalated to our Duty Clinical Manager (DCM).

The DCM will contact you to discuss the situation, provide interim advice on how to manage it and inform you regarding your duty of care, in terms of ensuring the employee's immediate safety.

If necessary, the DCM may also liaise with the appointment scheduler to arrange an urgent appointment, so that further advice on the longer-term management of any underlying issues can be offered as soon as practicable.

#### Scheduling the appointment

All appointments will be scheduled using our live diary system which allows a real-time view of our clinical availability across all our sites. When making a booking, the team will be led primarily by the triage nurse's recommendations and will always offer the earliest possible appointment. However, they will also take into account, and accommodate where possible, any preferences specified in the referral when selecting the consultation date and time.

Details of the appointment will be shared with the employee and you as the referrer, and we will keep you updated on case progress with a number of automated email messages, so you know where the case 'is' at any time.

#### What about GDPR?

All aspects of our appointment, notification, data processing and storage arrangements are fully compliant with the GDPR regulations.

All referred employees will be offered our privacy statement, and their consent at each step of the referral and reporting process will be sought and recorded.

# The consultation

All management referral appointments are scheduled for 45 minutes. We believe this is the minimum amount of time required to facilitate an effective consultation whereby employees feel listened to, and our clinicians are able to gather full details regarding the issues that prompted the referral.

Our aim is for employees to feel supported during their assessment – this encourages them to engage more readily with the referral process, which in turn enables our clinicians to produce more insightful reports to the ultimate benefit of both them and management.

At the end of the consultation, the clinician will discuss with the employee the information and advice that they plan to include in their report. They will also confirm whether the employee wishes to see a copy, prior to its release to management, in accordance with accepted clinical best practice and the spirit of GDPR.

# Your occupational health report - giving you the right information, at the right time

The final stage of the management referral process is the production and dispatch of the occupational health report.

While the specific information included may vary, dependent on the individual case, all our reports will contain details of your employee's occupational history, the medical factors that prompted the referral and conclusions and recommendations from the clinician, as shown in the table below:

Occupational history	Reason for, and duration of, absence (if employee absent) Details of presenting concern (if employee not absent)	
Medical factors (any medical information included will be subject to the employee consenting to its disclosure)	<ul> <li>Details (as applicable) of:</li> <li>any underlying medical conditions</li> <li>any claimed work-related contributing factors</li> <li>any external contributing factors (i.e. in the employee's personal life)</li> </ul>	
	<ul> <li>any ongoing and/or planned treatment and any potential treatment the employee may wish to consider</li> <li>how symptoms affect the employee's ability to perform their role</li> </ul>	
Conclusions and recommendations	<ul> <li>Advice (as applicable) on: fitness for role <ul> <li>(if the employee is fit to return to work (even if working remotely):</li> <li>whether any specific adjustments/restrictions are required (temporary or permanent and considering the probable temporary work environment)</li> <li>whether a phased return is appropriate (the clinician will consider the current work environment and impact on health and rehabilitation)</li> <li>if employee is not fit to return to work:</li> </ul> </li> </ul>	
	<ul> <li>why a return to work isn't currently possible</li> <li>whether management should withhold contact with the employee for any medical reason</li> <li>the likelihood of return to work within reasonable timescales and whether any adjustments/restrictions or a phased return are recommended (as above)</li> </ul>	

	<ul> <li>whether alternative roles should be considered/ whether the employee will likely be eligible for early ill-health retirement</li> </ul>	
	<ul> <li>risk of future absence and strategies to mitigate/manage any absence</li> </ul>	
	<ul> <li>whether any further intervention is recommended (e.g. is an occupational health review appointment or GP/consultant report required? Should any company-funded treatments be considered?)</li> </ul>	
	<ul> <li>whether the Equality Act 2010 is likely to apply</li> </ul>	
	The above advice will accommodate the provisions already noted in our Medical Directors letter concerning the COVID-19 situation.	
Responses to specific questions	If a clinician is unable to answer a question, they will state the reasons why a response can't be offered.	

Our clinicians dictate their reports for typing by our Secretariat, a team of medical audio-typists who ensure that all reports are produced to a standardised format and that any issues are recognised and escalated accordingly. For example, where a clinician has omitted to answer a question posed by a manager in the referral, or where there is a lack of clarity that may impede understanding of the report, the audio-typist will refer the dictation back to them for review.

# Report release – completing the referral process

Our report release protocol conforms to current legislation and observes accepted best practice as advocated by the Faculty of Medicine (FOM) in respect of informed consent. We, therefore, offer employees the opportunity to view occupational health reports before they are released to management, so they are aware of the content and have the opportunity to request amendments, should they wish to. Employees cannot ask clinicians to change their medical opinion or recommendations – any amendments to reports will be limited to the correction of factual errors.

Many employees are happy to receive a copy of their report at the same time. If they do ask to see it first and we do not hear back from them within three working days\* of issuing a copy to them, the report will automatically be dispatched to management.

(\*or within four working days if the report is sent out by post rather than by email.)

If an amendment request is submitted, the release process will be halted and the clinician will either:

- agree the changes and issue a revised report to the employee
- OR
- issue a response to the employee explaining why they are not happy to make the changes requested and offer the option for their comments to instead be included as an addendum to the original report.

The employee can then either consent to the release of the report (with or without the addendum) or withdraw their consent for the report to be released.

Consent is a continuous process and employees have the right to withdraw their consent for a report to be issued up until the point of release. We will always make employees aware that if they do choose to withdraw their consent for us to release their report, management will have to base any future decisions regarding their employment on the information available to them, without the benefit of occupational health advice. Reports will be released to you via encrypted email, and reports are sent to employees either by firstclass post or password-protected via email dependent on preference.

The release of the occupational health report will complete your employee's referral cycle. Once a report has been issued, unless further occupational health intervention is recommended, we will consider the referral closed.

# Submitting a referral

All you need to do to access this service is follow the link and use the password below to start completing a new referral. The technology we've utilised behind the scenes will automatically capture your activity for invoicing through EPM, with no need for you to do anything else.

URL - https://www.medigoldone.com/Responses/6442

Password - EPM.MR

If you have any further questions about this service or need any further clarification, please email <u>medigoldcs5@medigold-health.com</u>