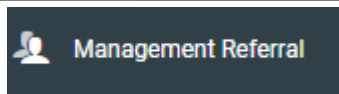
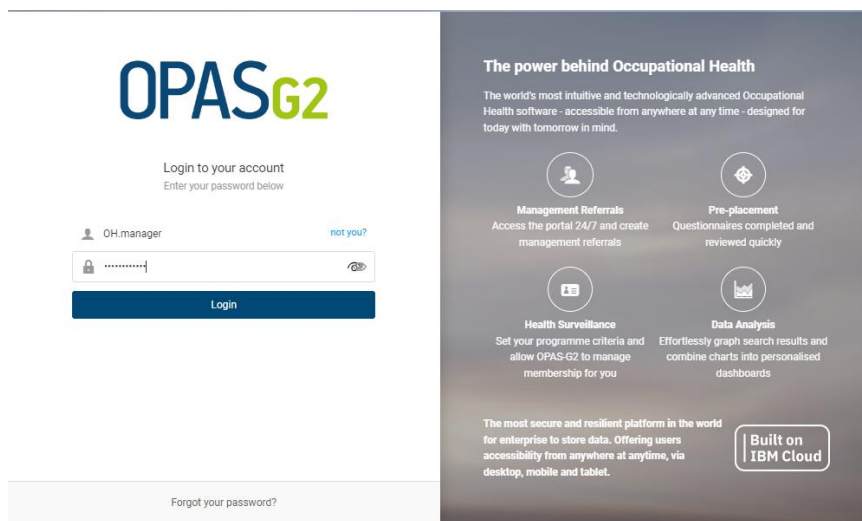


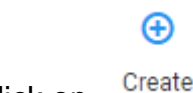
Occupational Health Referrals – Management Referrals			OH Aintree AD312
Managers view			
Author	Diane J Lee	Date	May 2024
Version	0.1	Review Date	May 2026

Process

1. Log on to <https://liverpoolft.opasg2.com/login/form>
2. Type in your Username and Password and click Login



3. On the left hand side, click on



4. In the top right hand corner, click on

5. The first part of the form is about you and if there are any changes to your details, you can change them here

Details of the Referrer
Current information held about the Referrer associated with this record

Full Name OH Manager (C65)	Employment Details
Email Address Diane.Lee@liverpoolft.nhs.uk	Telephone Number

As this is yourself, if any of the details are incorrect, you can update them here [Update](#)

6. The next part can be used if you wish to allow HR to see this referral. Select the person and click on Add

7. You are then on to the Referral Form itself. First of all, fill in the details for the person you are referring to us

Referral Details PENDING

Employee Details
Please enter the details of the employee you wish to refer *

Given Name *	Family Name *
<input type="text"/>	<input type="text"/>
Date Of Birth *	National Insurance Number
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Job Title *	Employment Location *
<input type="text"/>	<input type="text"/>
Email Address *	Telephone Number
<input type="text"/>	<input type="text"/>
Home Address	
<input type="text" value="Address input"/>	

Please note - this referral will be sent to your employee for their consent BEFORE being sent to Occupational Health therefore you need to ensure this e-mail is accessible to your employee in order for this to happen - this may mean using a personal e-mail address

8. Next, fill in the reason for the referral from the drop down list

Reason for Referral
Please select the referral type *

Long Term Sickness Absence x

Please provide full details of the specific reason for this referral *

Kermit has been absent since 29 June 2024 and a doctors note has been provided

9. Next, fill in the section on Work Concerns

WORK CONCERNS

Is there an indication that work or the work environment is impacting on the health of the employee? *

n/a

Has there been a change in attitude, behaviour or performance? If so how has this been addressed? *

Kermit has not always phoned in to keep us up to date and I have concerns about his welfare

Is there a grievance, disciplinary or investigatory process underway? Has a regulatory body (NMC, GMC etc) been informed? Is specific advice about fitness to attend meetings needed? *

no

Have there been any work place adjustments suggested or instigated? If so please provide details of what has been performed and what is or is not possible *

Part time work could be suggested

Are there any other positions available whether temporary or permanent? If so please provide details *

none

Have there been any outcomes to meetings [relevant to this referral] that have taken place such as disciplinary performance or return to work interviews? *



Save Referral

10. You can at any stage

11. Next, fill in the section on Work Details

WORK DETAILS

Hours worked per week * Number of days worked per week *

Does the employee work nights * Yes No

12. Under Absence Details, further boxes will open if the person is currently absent from work

Absence Details

Is the employee currently absent from work? * Yes No

Has the employee been absent for greater than 4 weeks? Yes No

Start date of the absence *

Reason for Absence *

Is the absence a result of an accident at work or work related ill health? If so, please provide details attaching additional information * Yes No

Please include absence history over the last 12 months [longer if relevant] including reasons for absence - attach as separate sheet if necessary

13. Under Work Duties, let us know whether each of the tasks detailed are a High, Medium or Low risk to the person or Not Applicable

WORK DUTIES

PLEASE INDICATE WHETHER HIGH, MEDIUM OR LOW RISK/ FREQUENCY OF OCCURRENCE OR MARK N/A

Driving * <input type="text" value="2 - Low"/>	Making repetitive movements * <input type="text" value="2 - Low"/>
Working from home * <input type="text" value="3 - Not Applicable"/>	Lifting or carrying objects greater than 5 kg unaided * <input type="text" value="1 - Medium"/>
Food handling * <input type="text" value="2 - Low"/>	Standing for prolonged periods * <input type="text" value="2 - Low"/>
Frequent travel / peripatetic work * <input type="text" value="3 - Not Applicable"/>	Working with dangerous machinery * <input type="text" value="1 - Medium"/>
Performing Exposure Prone Procedures * <input type="text" value="3 - Not Applicable"/>	Using a PC/ DSE * <input type="text" value="0 - High"/>
Walking for prolonged periods * <input type="text" value="3 - Not Applicable"/>	On call, shift work or night duty * <input type="text" value="2 - Low"/>
Lifting weights/ equipment with mechanical aids * <input type="text" value="3 - Not Applicable"/>	Sitting for prolonged periods * <input type="text" value="3 - Not Applicable"/>
Lone Working * <input type="text" value="1 - Medium"/>	Bending, kneeling, squatting, stretching * <input type="text" value="3 - Not Applicable"/>
Working at heights * <input type="text" value="1 - Medium"/>	Working in confined spaces * <input type="text" value="2 - Low"/>
Use of ladders or stairs * <input type="text" value="3 - Not Applicable"/>	Restraint of patients / clients * <input type="text" value="2 - Low"/>

14. You then reach a section – Advice required from Occupational Health. These are the questions that you want us to answer in our report back to you

Advice required from Occupational Health

WHAT QUESTIONS DO YOU WANT ANSWERING FROM THIS ASSESSMENT. PLEASE SELECT WHICH QUESTIONS YOU REQUIRE A RESPONSE TO

What is the likely duration of the absence? Please indicate likely date of return to work: Yes No

Is there an underlying medical condition responsible for the absence(s)? Yes No

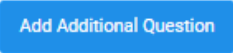
Is the absence likely to recur? Yes No

Are there any temporary or permanent restrictions on the person's ability to perform the duties of their post? Yes No

Are there any work adjustments or modifications which would facilitate a return to work: Yes No

Is a phased return plan relevant? Yes No


Is redeployment to alternative duties considered appropriate? Yes No

15. If there are any other questions not covered here that you want our Clinician to ask, click on 

16. If you have any documents that are relevant to the referral that you need our Clinician to see, you can upload them

Documents

Please attach the following where applicable: Job Description, Accident Report, Absence Reports, Risk Assessment, Medical or other Supporting Information along with any other relevant documentation to this referral by either dragging the documents to the area below, or by using the Browse for files button shown.

Drag your files here or... 

17. Finally, please click Yes to the Declaration

Declaration

Please confirm that this employee understands that the purpose of this referral is to obtain objective independent Occupational Health advice to assist with a management decision. Please note this referral will be passed to the employee for their consent before it is sent to Occupational Health *

Yes No


18. Click on  Submit & request consent

19. You will receive this message

Confirm submission of Referral for consent


Once you have submitted this referral for consent, you will no longer be able to make any further changes to the information you have provided (unless the employee referee contests the information).


Are you sure you wish to submit this referral now?

Cancel 

20. Click on 


21. You will receive confirmation that this has been saved and has been e-mailed to your member of staff

Management Referral Saved 



Management Referral Saved

The following actions and communications also occurred:

- Management Referral - Pre-Consent Requested was sent to dianelee4172@gmail.com 


22. Click on  Continue

Important - The referral will be sent, by e-mail, using the e-mail address you provided in the Employee Details section, to your member of staff to gain their consent to the referral. They will have the option to give their consent, or to request changes from you before they give their consent.


Only after they have given their consent will the referral be submitted to Occupational Health

Checking on the status of the referral

23. When you return to your Homepage, you will see the Active Management Referral and its status of Awaiting Employee Pre-Consent

Active Management Referrals (1)		Name...	See more
Status	Employee		 Open
Awaiting Employee Pre-Consent	Kermit Frog		

What to do if your employee contests the referral

24. If your employee contacts you to say they need some information changing, you can do this and then resend the referral to them. Click on the  Open button





25. Click on **Employee Contested**

26. Note the amendments

27. Click on SAVE and then 

28. You can then go into the referral and make the changes

29. Once completed, click on  Save Referral and  Continue and the amended referral will be sent to your employee

Accessing the report

30. We will ask your employee to consent to the report at the appointment and in most cases, this happens. This means that the report will come back to your Dashboard within 48 hours of the appointment. In the event that your employee does not give consent during the appointment, we will prepare the report and e-mail it to them to review. We ask them to click on Consent which will then push the report back to your Dashboard. You will see these in the Recently Finished section

Completed	Status	Employee Name	Referral Type	Actions
12/07/2024 0 days 0 hours ago	Complete	Kermit The Frog	Long Term Sickness Absence	Open

31. Click on

[Open](#)

32. On the left hand side, you will see

Referral Details COMPLETE ^

which is what you filled in and

OH Advice EMPLOYEE CONSENTED COMPLETE ^

which is our report back to you

33. Open this by clicking on ^

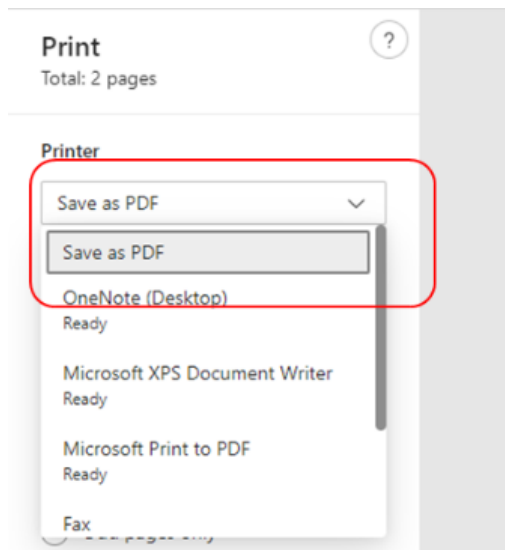
34. On the right hand side you will see every step of the process for audit purposes

Saving the report

35. If you wish to save the report in your employee's file, click on Print Referral

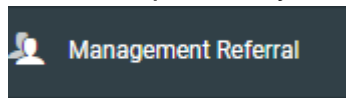
The screenshot displays the 'Management Referral' interface for Donald Trump (OS). The main panel shows 'Current Status: Complete' and details for the Referrer (Diane Lee) and Employee (Donald Trump). On the right, the 'Additional Information' section provides a chronological audit trail of the process steps, including 'Referral Completed', 'Appointment Booked', 'Triager - Consultation Arranged', 'Employee Details Validated', 'Employee gave consent for the referral to be submitted to OH', and 'Employee pre consent requested'. A red box highlights the 'Print Referral' button in the top right corner of the interface.


36. and then click on



Resending the referral

37. Your employee has 7 days to consent. If they do not do this within 7 days, their link will expire and you will need to resend the referral. To do this, click on




38. Click on 

39. Find the referral



and click on

40. At the top of the page, click on 

ENDS

