HEALTHBRIDGE OCCUPATIONAL HEALTH REFERRAL AND REPORTING POLICY

1. PURPOSE

To ensure:

-Standardised referrals with explicit consent and complete data.

-Clinically robust reports addressing workplace needs while safeguarding confidentiality.

-Compliance with GDPR, GMC, and FOM standards.

---

2. SCOPE

-Applies to **all remote OH services**

-Referrers: Employers, HR, employees (self-referrals).

-Staff: Clinicians, admin, and third-party processors.

---

3. REFERRAL PROCESS

3.1 ACCEPTABLE REFERRAL TYPES

Employer referrals: Require:

-Signed/digital employee consent.

-Completed HealthBridge Referral Form.

Self-referrals: Employee-initiated (e.g., adjustment advice).

3.2 REQUIRED REFERRAL INFORMATION

Referrers must submit:

-Completed HealthBridge Referral Form (digital/encrypted)

-Employee photo ID (passport/driving licence) – redacted except name/DOB

-Job description (latest version)

-Absence history (if applicable)

-Signed consent (employer referrals only)

3.3 REFERRAL URGENCY TIERS

Tier	Consultation Scheduling	Report Turnaround	Use Case
Routine	Within 5 working days	48h post-consultation	Non-urgent adjustments
Priority	Next available clinic slot	24h post-consultation	Urgent cases

Notes: Priority consultations are subject to clinician availability and cannot be guaranteed.

4. REPORTING STANDARDS

4.1 REPORT STRUCTURE

All reports must include:

-Employee/Employer Details: Name, role, contact information

-Referral Questions Addressed: Direct responses to employer queries

-Clinical Findings: Work-relevant medical information only

-Fitness Opinion: Clear classification:

~Fit (with/without adjustments)

~Unfit (with estimated duration)

~Requires Further Assessment

-Recommended Adjustments:

~Practical, costed solutions (≤3 options)

~Equality Act 2010 compliance noted

4.2 TURNAROUND TIMES

Stage	Routine	Priority
Consultation	Within 5 working days	Next available slot*
Draft Report	24h post-assessment	<24h post-assessment
Final Report	48h post-assessment	24h (full process)

*Subject to clinician availability

4.3 QUALITY ASSURANCE

Peer Review: 10% of reports audited quarterly for:

-Clinical consistency

-GDPR compliance

Employer Feedback: Annual survey (target ≥90% clarity)

---

5. CONSENT & CONFIDENTIALITY

5.1 EMPLOYEE RIGHTS

Pre-Disclosure Review:

- -7 day window to request redactions

  -Free minor edits within 7 days post-issuance

Veto Power: May withhold:

-Mental health history

-Non-work-related diagnoses

5.2 EMPLOYER OBLIGATIONS

Storage: Encrypted digital or locked physical copies

Access: Limited to HR/line managers

Response SLA: 10 working days to address adjustments

---

6. DATA HANDLING

Data Type	Storage Method	Transmission
OH Reports	AES-256 encrypted cloud	NHSmail/encrypted email
Referral Forms	Password-protected drives	NHSmail/encrypted email

Retention:

OH Reports: **40 years** (FOM)

Referrals: **6 years** (Limitation Act 1980)

---

7. NON-COMPLIANCE

Issue	Action	Timeline
Incomplete Referral	Returned with explanation	24h
GDPR Breach	ICO notification + staff retraining	72h
Repeated Employer Lapses	Contract review	30-day remediation

---

8. GOVERNANCE

Annual Review: Aligned with GMC/FOM updates

Training: Biannual workshops on:

-GDPR (focus on redaction)

-Equality Act adjustments

Contact: [contact@healthbridge.org.uk]

---

9. VERSION CONTROL

Version	Date	Changes Made	Approved By
1.0	30/07/2025	Initial policy draft.	Dr. James Stanley
1.1	[DD/MM/YYYY]		

Approved by: Dr. James Stanley

Contact: [contact@healthbridge.org.uk]

