



## Submitting a Management Referral

Louise Breen – Operations Manager



## Key Contacts

CMO – Alasdair Emslie

Clinical Operations Manager – Helen Bendelow

Operations Manager – Louise Breen

Customer Associate Team – Sheri Titherly and Rebecca Dorrill

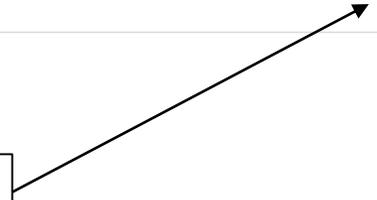
[Nuffieldteam@healthpartners.uk.com](mailto:Nuffieldteam@healthpartners.uk.com)

01273 443757

All queries to be routed through to the Customer Associate Team who will refer appropriately

Welcome to the Client Portal

Click Register



To register please visit <https://portal.healthpartners.uk.com/#/>

## User Registration

Please enter your email address and the registration code for your company in order to register for HPOnline.

**E-mail:**  \*

**Registration Code:**  \*

I'm not a robot  reCAPTCHA  
[Privacy - Terms](#)

[Continue](#)

Please use your work email address – this must be using the domain @nuffieldhealth.com

The registration code is 8NrSMqKB

## User Registration

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Your account registration has been successful!

In order for us to verify your email address, you will shortly receive an account activation link.

Once your account has been activated you will be able to log into the site.

---

Dear Jane Doe,

Your account is almost ready. In order to complete the registration, please verify your email address by clicking on the link below:

<https://project16-clientportal.azurewebsites.net/#/verify/6ced9ba6538f47d99f51957b453e206a>

Kind Regards,

The Occupational Health Service

This email was sent from an unmanned mailbox.

You will then receive a verification email. Please click on the link within the email to complete your registration

## User Registration

Please enter a password to use for this site.

Password:	<input type="password" value="Password"/>	*
Confirm Password:	<input type="password" value="Password"/>	*

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Please select a password, this must be at least 8 characters in length and contain a mix of upper and lower case letters, numbers and symbols.

## User Registration

Please enter the following information.

Title:	<input type="text" value="Title"/>	*
Forename:	<input type="text" value="Forename"/>	*
Surname:	<input type="text" value="Surname"/>	*
Job title:	<input type="text" value="Job title"/>	*
Telephone number:	<input type="text" value="Telephone number"/>	*
Mobile number:	<input type="text" value="Mobile number"/>	*
Division:	<input type="text" value="Select a division"/>	*
Location:	<input type="text" value="Please select a &lt;i&gt;division&lt;/i&gt; before selecting a location"/>	*
Department:	<input type="text" value="Please select a &lt;i&gt;location&lt;/i&gt; before selecting a department"/>	*

[Back](#)[Register](#)

This information is only requested at your first log in and will be saved. You can amend this at any point once logged in

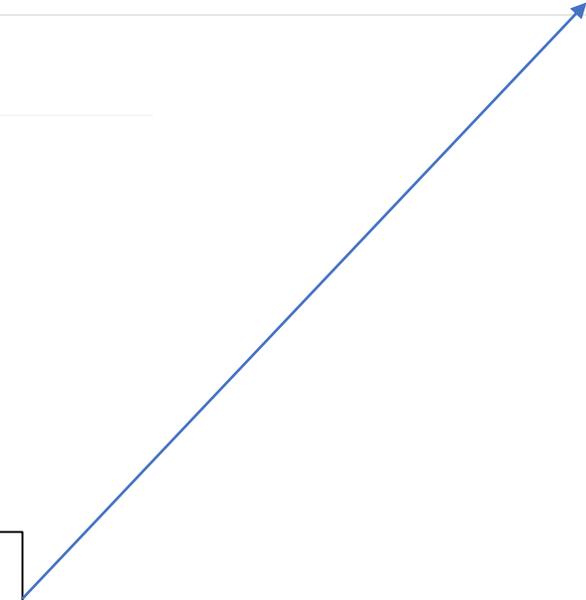
## Account Verification

Your account has been successfully verified!

You will shortly be redirected to the login page where you can login and access your account.

If you are not automatically redirected, please click [here](#).

If this does not automatically take you to the Login page, you can click Login in the top right hand corner



Click "Launch" on the Management Referral

**Recent Notifications**

21/05/2018 @ 14:19  
A new outcome report has been published for DEMO/WS/18/1  
[View](#)

21/05/2018 @ 14:14  
The 'Management Referral' case for Danielle Thomson has been triaged and assigned a reference of DEMO/WS/18/1.

21/05/2018 @ 14:12

**How to Make a Good Referral**

**Library and Information**

- [Your Guide to Consent and Medical Ethics](#)
- [Your OH Referral Guide](#)
- [Your Data Protection, Privacy and Subject Access Rights](#)

**Forms**

<p>Referral</p> <p>Management Referral</p> <p><b>Launch</b></p>	<p>Referral</p> <p>Workstation Assessment</p> <p><b>Launch</b></p>	<p>Referral</p> <p>IHR Referral</p> <p><b>Launch</b></p>
<p>Screening</p> <p>Pre-Placement Questionnaire</p>	<p>Screening</p> <p>Night Worker/ Working Time Directive Form</p>	<p>Screening</p> <p>DWFRS Night Worker Form</p>

**Partially Completed Forms**

Created	Form	Action
No records to display		

**Case Tracking** Expand

Select a Column  **Search**

	Case Reference	Name	Submitted	Status	Outcome Documents	Referrer	HR Referrer
▶	Not Assigned	Jones, David	21/05/2018 14:27	Waiting to be triaged		Doe, Jane (me)	
▶	<a href="#">DEMO/WS/18/1</a>	Thomson, Danielle	21/05/2018 14:14	Closed	<b>View</b>	Doe, Jane (me)	
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▶	<a href="#">DEMO/MR/18/12</a>	Blunt, Emily	21/05/2018 14:08	Triaged		Doe, Jane (me)	
▶	Not Assigned	Smith, John		Form not complete (employee)		Doe, Jane (me)	

Page 1 of 1 5 total records.

## Management Referral Form

Management Referral Form

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This referral form should be completed by the Human Resources Department or Line Manager responsible for the colleague. This form is confidential when complete and will form part of the colleague's occupational health record.

This form should not be used for referrals for Workstation assessments, Ill health retirement applications or to the OH services' 'Chronic Conditions Support Programme'. Each of these has their own specialist referral form which is available upon request.

Save

Next

### Management Referral Form

Colleague's Details 2 / 8

Title  \*

Forename  \*

Surname  \*

Date of Birth   \*

Job Title  \*

Division  ▾ \*

Location  ▾ \*

Department  ▾ \*

PO / Cost Centre Number

Home Telephone  \*

Work Telephone  \*

Mobile  \*

Email Address  \* ?

Address Line1  \*

Address Line2  \*

Address Line3

County

Postcode  \*

Please tick if the colleague had access to:  PMI  PHI/GIP  EAP or Counselling

Are there any dates the colleague cannot attend an assessment?

Will the colleague require any special assistance at the assessment?

## Management Referral Form

Reason for Referral 3 / 8

Currently absent from work with a diagnosis of:

Reason for referring

- Has recently had a work related accident, injury or disease
- Has absence levels that exceed the organisation's attendance targets
- Has both high levels of absence and reduced performance in the workplace
- Has reduced performance in the workplace but acceptable attendance
- Appears to be struggling at work but not absent
- Works in a safety critical role and needs to be medically fit to do so.
- Has/is about to return to work after surgery, an accident or injury
- May have an addiction issue
- Has requested an OH referral for advice/support.
- An OH opinion has been suggested by the colleague's GP or other Healthcare Practitioner

Please give further details of reason for referral

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## Management Referral Form

Absence Data

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If applicable, please provide the following information

First day of absence



Total days absent in the calendar/rolling year

Total spells of absence in the calendar/rolling year

Diagnoses of absence

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## Management Referral Form

Activities or risks associated with the colleague's role

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Select as many as apply from the following list:

- Computer or DSE work
- Prolonged sitting
- Prolonged standing
- Prolonged telephone work
- Extensive walking
- Repetitive tasks
- Target driven or pressurised environment
- Lone working
- Working nights and/or shift work
- Occasional overseas travel
- Extensive travel (within the UK/overseas)
- Vocational driving
- Driving fork lift trucks
- Driving LCVs/PVVs
- Lifting or carrying heavy items
- Working at heights/Climbing
- Working in confined spaces
- Working outside
- Working with chemicals
- Working with biological agents/laboratory work
- Working with skin irritants/sensitizers
- Working with dangerous machinery
- Working with dust, silica or fumes
- Working with food/food handling
- Working with noise hazards
- Working with children or vulnerable adults
- Working in a healthcare environment
- Exposure to hazards to unborn child/pregnancy
- Other

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## Management Referral Form

Occupational Health Advice

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The OH Service will report on the following outcomes

Nature of the underlying medical problems, current fitness for work/ estimated return to work date, if absent.

The impact of these and psycho-social factors on work attendance and medical efficiency in the workplace

What the colleague can do to help themselves remain fit and improve their health to promote work stability

What clinical support will improve your colleague's health status

What work place support you may wish to consider to improve work stability and enhance an early but safe return to work

What issues management may wish to consider using the organisation's policies for guidance

Whether Disability Legislation is considered likely to be relevant

The likelihood of work relatedness on colleague's fitness for work

The likely benefit of OH Services' support programmes to enhance attendance and medical efficiency

Signposting you and the colleague to other sources of advice and support

Next steps to close case

For health surveillance or fitness against specific tasks or roles, the OH Service will report on either

Fitness for work, fitness with specific adjustments or whether colleague is unfit

If you have any additional questions that are not covered above,  
please add them here

We will share the outcome report with the colleague's GP or other Healthcare Professionals, with their consent.

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The system allows you to attach files, so if you have any previous reports or sickness absence records these can be uploaded here

## Management Referral Form

Supporting Documents 7 / 8

Please provide us with any supporting documents you feel may be relevant to this referral.

[Add Files](#)

[Back](#) [Save](#) [Next](#)

## Management Referral Form

Declaration 8 / 8

I confirm the colleague is aware of this referral. (Please note the employee may request access to this document as part of their medical record at any time).

I confirm the colleague is aware they may receive an e mail from the OH Service, requesting further information prior to his/her assessment.

[Back](#) [Save](#) [Complete](#)

## Management Referral Form

### Form Successfully Submitted!

Your form has been successfully submitted and will be processed shortly.  
You will be automatically re-directed in 5 seconds, if you are not redirected automatically, please click [here](#).

You will be notified once a report is ready and can view either through recent notifications or case tracking

You will be able to keep an eye on the status of the case through Case Tracking

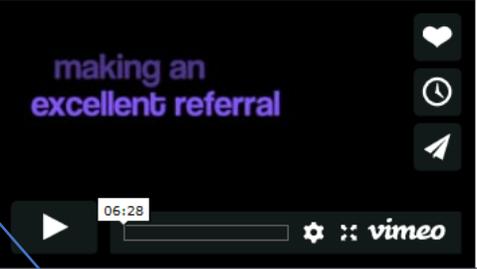
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