PROTOCOL FOR CASE CONFERENCES AND CASE REVIEW MEETINGS

Protocol owner: Occupational Health

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CASE CONFERENCES

What is a Case Conference?

Case conferences usually consist of face to face discussion between an OH professional; an employee; the employee’s representative (should they wish to invite one); the line manager and an HR representative, to discuss any health related concerns regarding an employee and the impact of these concerns on their employment.

By discussing the employment circumstances and medical background of the employee and the OH recommendations, a case conference aims to reach a common understanding of the issues and to agree a way forward with specific actions, e.g. another appointment at a later date, deciding to ask for consent for GP reports.

This may be particularly helpful where managers have concerns regarding long-term sickness absence; failure of a problem to resolve satisfactorily; queries or difficulty regarding fitness to return to work; the nature of adjustments or restrictions required to allow a return to work or concerns regarding the ability of management to accommodate such adjustments.

It may also be useful where further clarification or discussion regarding occupational health advice is required.

Case conferences are not mandatory, rather they are an opportunity to discuss matters, should this be necessary.

How should Case Conferences take place?

Case conferences are arranged at the request of the manager or HR representative though they may be suggested by OH. They are normally arranged with at least 7 days’ notice. The request for a case conference should first be discussed between the line manager/HR representative and Occupational

There’s more to
Health Advisor to ensure that a case conference is appropriate in the circumstances. If it is agreed this is appropriate, HR will take the lead in communicating this to the employee (and their representative should that be necessary) and setting up the case conference. Case conferences can be chaired by HR or by OH if requested; this should be agreed prior to the meeting.

In our correspondence with employees we inform them that case conferences and reviews are used at the University, using the following statement:

‘Sometimes your employer may ask us for clarification following a report and/or ask to meet us (a case conference). You may also be asked to attend. We may be able to clarify the report and advice given verbally, but we will not answer new or additional questions without consulting you.’

OH should see the employee shortly before the meeting to have the most up-to-date clinical information and to agree what information can be shared at the meeting, recording the agreement in the notes. It is important that the employee gives appropriate consent to the sharing of clinical information during the case conference and the Occupational Health Advisor will be responsible for this consent process.

**When should a Case Conference take place?**

When to call a case conference will vary greatly on a case by case basis. However, in all cases Occupational Health would have first been asked to provide a written report on the employee concerned. For example it may be useful to call a case conference immediately due to difficulties accommodating particular adjustments before an employee returns to work. Appropriate timescales in the case of on-going difficulties and failure of problems to resolve may vary depending on the severity of the problem and any risk factors involved in the job, as well as how much information regarding the circumstances of the health condition are already known. A timely case conference may help with forward planning to assist with resolution or averting long-term problems. Where an employee has been off for 6 months or more duration, consideration of a case conference may also be appropriate.

The duration of such meetings may be variable depending on objectives and areas to be discussed; typically 1 to 2 hours should be sufficient.

A meeting room large enough to accommodate all parties should be arranged. This may be in the Department or in the HR Department.
Who should be present at a Case Conference?

The following people should normally be present at the case conference:

- The employee
- The employee’s representative (see below)
- The Line Manager
- An HR representative
- An occupational health advisor/physician

The employee’s representative: maybe a work colleague or Trade Union official. Alternatively, the employee may ask to be accompanied, but not represented by, a health worker; advocate or similar professional.

The OH professional is usually the person dealing with the case and will normally have seen the employee at least once. On occasion, however, the case conference will take place before the OH professional meets the employee for example when complex circumstances require more explanation from the manager.

The Roles of Participants

Individual roles will vary depending on circumstances; however common roles may include the following:

Manager: To clarify and discuss expectations, requirements, possible adjustments and options available including timescales and limitations. These need not be definitive and the manager need not make final decisions during the case conference.

Employee: To clarify and discuss own wishes and requirements including an up-date of current health, any developments, abilities with regard to work and any adjustments required.

Employee Representative or companion: to represent and promote employee wishes, abilities and any solutions including possible adjustments. This may be particularly important if for whatever reason, including their current health status, the employee has difficulty communicating these aspects themselves. A companion does not have the right to represent the employee but may communicate the wishes of the employee

HR Advisor: To gain a full understanding of the situation; offer advice within the context of the current legislation and University employment policy together with promoting possible solutions.

Occupational Health: To clarify regarding health implications for role, possible and solutions, including adjustments and outcomes, to assist the meeting with reference to advice already provided in report form and with reference to guidelines outlined below. To ensure issues of consent are dealt with appropriately.
Care should be taken to avoid substantial differences with the referral form which should already have been discussed with the employee. The aim is not to discuss confidential clinical information.

The HR representative will take notes of the meeting.

The outcomes of the meeting need not be pre-determined and may depend on any objectives and the expectations of employer and employee. Further discussion and later decisions may be required, however, it should be hoped that one outcome should be the development towards the resolution of a case.

**CASE REVIEW MEETINGS**

**What is a Case Review Meeting?**

These consist of face to face meetings between OH and HR and/or managers about one or more employees who have been seen by OH.

The OH professional consults the case records of all the employees listed for discussion by the manager/HR and if necessary consult with any other relevant clinician, e.g. OHA consult with OHP.

The OH professional will advise the manager of the way forward on each case and will ensure feedback to the clinician dealing with the case, if any actions are agreed. These should be within the framework listed below.

The advantage of Case Review Meetings over Case Conferences is that a good working relationship can be built up between OH and the manager/HR and lead to consistency of approach. It can save time. Also there is the opportunity to receive advice on how to handle a situation in advance of appointments with the clinician.

**How should Case Review Meetings take place?**

Case Review Meetings are arranged at the request of the manager or HR representative though they may be suggested by OH. They are normally arranged with at least 7 days' notice.

In all situations the name(s) of those employees to be discussed will be required to allow for preparation.

Like a case conference, new questions requiring an OH opinion cannot be addressed. If new questions do arise which are important to understanding and progressing a case, OH should be notified in writing in order that these questions can be appropriately addressed by the relevant OH professional involved and discussed and consented with the individual prior to the meeting.
What can be discussed are issues with reference to the management referral and OH advice already consented with the individual. This may include for example: current status of health; prognosis; likely timescales; workplace adjustments. It also may include discussing and agreeing appropriate actions moving forward, e.g. planning a review appointment, writing to a GP or specialist for a medical report or referral to an external specialist for a medical opinion. It may also involve situations where there has been no referral to OH, for example where there are routine Health Screening concerns before an employee commences their post.

Depending on participants, HR or the manager will take the lead in setting up the Case Review Meeting. Meetings are likely to have a less formal structure than Case Conferences; however they can be chaired by HR if necessary.

**When should a Case Review Meeting take place?**

When to call a Case Review Meeting will vary in similar ways as Case Conferences as outlined above. In addition a Case Review Meeting may assist managers with forward planning and resolution when a number of difficult cases occur in a Department simultaneously.

**Who should be present at a Case Review Meeting?**

The following people should normally be present at the Case Review Meeting:

- The Line Manager and/or one or more HR representatives
- An occupational health advisor/physician

**The Roles of Participants**

Individual roles will vary depending on circumstances; however common roles may include the following:

- **Manager:** To clarify and discuss expectations, requirements, possible adjustments and options available including timescales and limitations. To discuss and if possible agree actions moving forwards.

- **HR Advisor:** To gain a full understanding of the situation; offer advice within the context of the current legislation and University employment policy together with promoting possible solutions. To discuss and if possible agree actions moving forwards.

- **Occupational Health:** To clarify regarding health implications for role, possible and solutions, including adjustments and outcomes, to assist the meeting with reference to advice already provided in report form and with reference to guidelines outlined below. To ensure issues of consent are dealt with appropriately. To discuss and if possible agree actions moving forwards.
As with Case Conferences, the outcomes of the meeting need not be pre-determined and may depend on any objectives and the expectations of the manager and HR representative(s). Further discussion and later decisions may be required, however, it should be hoped that one outcome should be the development towards the resolution of a case.

**OH Procedure in relation to consent, confidentiality and GMC guidelines:**

With reference to GMC Guidance individuals must be offered the chance to see any information disclosed about them before it is sent to/by the OH professional.

The general principle is that there should be no surprises.

Applying this to case conferences and case review meetings:

**Occupational Health can:**

- Receive more information about an employee’s job
- Receive information about relevant business issues and demands, but not personal things specific to the employee that are completely unknown to the employee themselves
- Clarify any points in the correspondence, in line with the employee’s prior understanding
- Suggest other clinical services that might be helpful
- Suggest timing for review appointments or alternative methods of review
- Talk in general terms, e.g. ‘typically for a case of this kind’
- The agreed management referral report should be used as well as any agreed points recorded in the notes.

**Occupational Health cannot:**

- Give an opinion on new questions which have not been discussed with the individual
- Give a second opinion without the individual having been seen
- Change the OH opinion without the individual having been seen or contacted again and given the chance to have a copy of their report before it is sent
- Use the meeting to circumvent consent and disclosure procedures
- Draft documents should not be used as the basis of a case conference