

## Rebecca Richards (pseudonym) - Initial Assessment by Video

R Sixth Form College

Date of birth: 01/01/1995

Referral received: 04/10/2023

Assessment: 06/10/2023

Report sent: 09/10/2023

From: Referrer Name

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Organisation: R Sixth Form College

### Report recipients

This report contains confidential information. The recipients named below have a responsibility to process, secure and store this information in accordance with data protection law.

Name	Organisation	Email
<b>Referrer Name</b>	<b>R Sixth Form College</b>	<b>email@email.com</b>
Status: Consent given		
<b>Report Recipient</b>	<b>R Sixth Form College</b>	<b>email@email.com</b>
Status: Consent given		

Dear Referrer,

Thank you for referring Rebecca.

I can offer an opinion on this case based on my assessment of the individual and the information provided, and I have their consent to release this report to the agreed report recipients.

### Reason for referral

Rebecca has been referred today to discuss a specific health issue, short-term absences, and for advice on workplace support. I understand she is currently at work.

### Health background

Rebecca tells me that she has been experiencing gynaecological symptoms relating to her menstrual cycle since her teens. She has tried several different medications in the past, which helped initially, but symptoms then became more intense and debilitating from around last year, which began to affect her ability to attend work, so she spoke with her General Practitioner (GP) again.

Rebecca feels that her GP didn't believe the severity of her symptoms initially, but she was referred for an ultrasound scan in January 2023. She was then referred to a specialist and she was diagnosed with endometriosis in July 2023. This is a long-term condition where tissue similar to the lining of the womb grows in other places, such as the ovaries and fallopian tubes. The symptoms often vary, some women are significantly affected, while others might not have any noticeable symptoms. Common symptoms can include pelvic pain (pain in the lower abdomen or back) which is usually worse during the menstrual cycle and stops an individual doing normal daily activities, heavy bleeding, feeling nauseous, and bowel problems.

Rebecca tells me that she often experiences menstrual cramps during her cycle, but these can also occur at other times during the month. More recently, she has also developed pain and numbness in her legs when the cramps are severe, and she described a constant dull pain in her lower back. Rebecca is trying to manage the symptoms as best she can, but unfortunately, the symptoms can sometimes affect her mobility, and I'm aware that she has had associated absence from work as per the referral information.

### Impact on work

Rebecca tells me that she enjoys her role and that she tries her utmost to attend work. She did become a little

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emotional today during the consultation, she reported feeling stressed in view of her health issues and she also mentioned some personal factors. She is also worried about the number of absences that she's had relating to endometriosis, and she tells me that she is currently in stage 1 of the absence management process.

Rebecca explained that work is always very busy, but she feels that she is coping with her workload at present, but we discussed some further support that may help her to remain at work when her symptoms are heightened.

### Recommendations and responses to questions raised

#### Is the member of staff receiving appropriate treatment, will it aid their recovery and if so, when?

Rebecca appears to be doing everything she can to help manage her symptoms. She is receiving the appropriate treatment for endometriosis in the form of prescribed medication, and she finds that using a microwaveable heat pad helps to ease her symptoms. However, the next step is for her to undergo a laparoscopy, which is a type of surgical procedure that allows a surgeon to access the inside of the abdomen and pelvis. Medical evidence suggests that this surgery can help to improve symptoms by removing or destroying areas of endometriosis tissue.

If symptoms persist after surgery, a hysterectomy is sometimes considered but only as a last resort as this is major surgery and whether this is suitable or not often depends on a woman's age and the specialist's advice.

I have also provided Rebecca with the links to access counselling and an anxiety management service via Smart Clinic, which she may find helpful.

#### Please provide details of any investigations and results received, and any investigations planned

Rebecca has undergone an ultrasound scan, and she is now awaiting surgery.

#### Are there any short-term accommodations to work tasks or environment to assist the member of staff in work or in returning to work? e.g. temporary amended duties, alteration to hours, a phased return plan?

You may wish to help Rebecca with time away from work when she undergoes the upcoming surgery and subsequent recovery. It is difficult to know at this stage how long any relevant support may be required for, but I think it is more likely to be long-term, therefore, please see below.

#### In your view is it likely that the member of staff's condition and/or effects could be considered within the scope of the disability provision of the Equality Act 2010? If so, are there any specific adjustments for management to consider?

In terms of compliance with the Equality Act; you will be aware that ultimately this decision is a legal one and not medical. However, to provide guidance in this matter; it is my opinion having considered the definition of disability that Rebecca is likely to be considered within the scope of the Act. This is because she has a health condition which amounts to an impairment on a historical basis and that would have a significant impact on daily activities without the benefit of treatment.

Adjustments and accommodations may depend on the severity of symptoms, and flexibility and adaptability may be necessary, with cycles of relapse. Rebecca would benefit from having easy access to toilet facilities. She tells me that there is a disabled toilet nearby her classroom and so access to this would be helpful. She may also benefit from using lifts to help reduce the amount of walking required when her symptoms are heightened. Rebecca feels it would also be helpful if consideration could be given to providing her with a microwave in her classroom to allow her to heat up her heat pack when needed, which you may also wish to consider. You may also wish to help her with time away for any medical appointments if they cannot be arranged outside of her working hours.

Please note that adjustments are at management's discretion and dependent on operational feasibility.

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### Would you consider an increase in absence triggers as a reasonable adjustment for Rebecca in light of her endometriosis diagnosis?

Given Rebecca's health history and the severity of her symptoms, I think she may be at risk of having further absence so I think an adjustment to her absence trigger points may be helpful, however, this is also ultimately a management decision.

### Review

I have not planned to speak with Rebecca again, however, I would be happy to do so if required at any stage. If we can be of any further assistance, please do not hesitate to contact us.

I hope you find this report helpful. We are open office hours Monday to Friday and we can be contacted on 0800 862 0142 if you require any further assistance.

### Clinician Name

#### Occupational Health Nurse

Smart Clinic by APL Health

9 Brunel Court, Northwich, CW9 7LP

Email: [hello@smartclinic.com](mailto:hello@smartclinic.com)

Tel: 0800 862 0142