Infinity Occupational Health
Princess House
Princess Way
Swansea SA1 3LW
Email: admin@infinityoh.co.uk
Tel: (01792) 482481

Date of assessment:	**18-Mar-2020**
Location of assessment:	**Video consultation**
Employee Details	
Name	
Date of birth	
Job Title	
Work status	**Absent from work**
Fitness recommendation	**Fit for work with recommendations**
Primary medical issue	**Possible minor cognitive difficulty following stroke** **No severe cognitive difficulties identified on history and examination** **Requires adjustments and observation as outlined in the report**

Dear Mr ….,

BACKGROUND

Thank you very much for asking me to see this lady whom I spoke with today as part of a video occupational health consultation, to assess her fitness for work.

Following discussion regarding the referral, she understood the purpose of the assessment and gave consent for a report to be sent to her employer at the same time that she is sent a copy. The opinion and contents of the report are based primarily on the information provided during the consultation together with the supplementary information which included your very detailed referral letter.

EMPLOYMENT AND WORK FACTORS

Thank you very much for the extremely helpful details provided as part of the referral and in particular the job description and duties and the problems that you feel that Ms …… has been experiencing since her return from illness. I understand that she has worked in the role for several years and therefore is experienced in what is required.

I note that it is the issues regarding counting and those activities that require cognitive effort which seem to have caused the problems that were identified in the referral letter. I note the high

level of concern that is expressed in the referral regarding potential reduction of fitness for work. Ms ..... tells me that she was not aware at the time that there were any issues. There is a plan for her to return to work following the occupational health assessment working three days per week until you are comfortable with the level of performance and accuracy.

MEDICAL SITUATION

Ms ..... was diagnosed with a stroke which occurred in Oct 2019. She had the acute onset of neurological symptoms including tingling around the face, with symptoms than in the left arm associated with swallowing difficulties. She was admitted to hospital on to a specialised stroke ward where the prognosis is generally better than when treated on a general medical ward. Fortunately, the symptoms that were experienced appeared to resolve relatively quickly by the time she was discharged. CT scanning and a subsequent MRI confirmed that she had had a stroke towards the back part of the brain called a posterior stroke due to a blockage of a blood vessel. Unfortunately the timeframe involved in presentation was not suitable for "clot-busting" (thrombolysis) but despite this the functional improvement and recovery appears to have been subjectively good.

Since discharge, she has been feeling well without any residual neurological issues following the stroke so clinically her recovery appears to have been very good. She has not perceived any significant difficulties in various aspects of cognition in her day-to-day life and as above did not identify any problems in work, although these seem to have been observed repeatedly by the organisation. Specifically, she has not found difficulties with mental arithmetic, visuospatial issues, problems with attention or orientation or any marked difficulty with short-term memory and recall. Because of her suspension she has contacted the Stroke Association who suggested a GP review and she is due to see her GP for an assessment in the near future. Currently Ms ..... seems to be managing very well in day-to-day life and is hopeful of being able to return to work and to resolve any issues that have affected her.

EXAMINATION

On examination during the consultation Ms ..... had a very pleasant demeanour and seemed emotionally reactive without any features whatsoever of a psychological medical condition.

On speaking with her she seems to understand all relevant information and appeared organised and quite cognitively sharp.

She very kindly agreed to participate in a cognitive scoring questionnaire called the Montréal Cognitive Assessment. This is a 30 point assessment which looks at different areas of cognition (such as those mentioned above) and is a good test for identifying subtle degrees of cognitive difficulty.

Using video technology I was able to remotely perform the assessment including the visuospatial aspects.

Ms ..... generally did well throughout the test and in most domains, she scored normally and had

no problem providing answers. The only aspect in which she did less well were on the 5 item recall which tests short-term memory (scoring only 2 out of 5) and a test of serial subtraction repeatedly taking seven away from 100. Ms ..... scored full marks on the subtraction test but did have to take quite a long time to reach the correct answer.

Her overall score was 25/30, which is just below 26 or above which would be considered normal.

OPINION AND RECOMMENDATIONS

Fitness for work and discussion

Ms ..... is potentially fit to return to work with observation and adjustments.

She scored slightly below normal in the formal cognitive testing without any apparent functional difficulties perceived by her family in day-to-day life. This could represent very mild cognitive difficulties, although there are no indications of global cognitive problems such as stroke dementia. The only issues are of memory with a subtle difficulty with subtraction although immediate recall of the five items was good and I would only expect that this should cause issues with tasks where she would have to remember details for a few minutes or so.

Overall the test performance was good, and I do not think that there were features that would suggest that Ms ..... would not be able to cope with the type of tasks that she does. If her score had been well below 20, for example, then this would have been much more concerning.

We do not know whether Ms ..... may have had some difficulties such as this before the stroke as the type of stroke that she had would not typically cause issues with arithmetic, but there have not been observed problems previously so I can only assume that any problems are as a result of the stroke.

Based on the assessment today she should be able to cope adequately within the workplace with the tasks that she has to do although I do accept that you were concerned about the number of errors that were made.

Advice regarding possible adjustment(s) and support which the employer could consider.

I would support her returning to work, on three days per week if you feel that this would be most appropriate and perhaps working reduced hours during the time of initial assessment would be helpful to minimise the likelihood of any subtle fatigue following the stroke which can impair performance.

I would recommend providing her with clear guidance on what targets are in place and what would be expected of her.

Providing clarity on how long she would have to be able to reach such targets.

Providing written instructions for any task as well as verbal to minimise the impact of any memory difficulty.

I would recommend recording when she is provided with tasks to see if any mistakes that are made could be pinpointed to a specific time of day (such as post-stroke fatigue making performance worse later in the day).

Having more frequent performance review meetings would be particularly beneficial to regularly demonstrate when and what errors had been made to be able to map this out.

In case of reduced processing speed, giving extra time to meet deadlines and allowing some additional breaks within the working day at least over the first 2-3 months may minimise fatigue and allow a more accurate assessment of her overall performance.

A generally sympathetic and supportive environment with regular feedback in a constructive manner with praise where this is due is crucial in helping enable a person with cognitive difficulties to function within the workplace and to maintain confidence and self-esteem.

If problems continue, then I would also recommend consideration of an Access to Work assessment to identify specific equipment or software particularly programs with the ability to provide automatic reminders, task lists and notes. The evaluation could also advise on specific purchases and costings. Funding through the scheme in the form of a grant is often available for adjustments suggested.
Information on the scheme can be found at:
https://www.gov.uk/access-to-work/overview

If performance is considered reasonable, then increasing over the course of 2-3 weeks back to full hours would be recommended.

It would be reasonable to supportively monitor performance throughout the course of her employment. If there seems to be a very high level of errors that are not modified by feedback and observation, then it would be for the organisation to consider what level of performance would be appropriate long-term for the job. In this case redeployment or as a last resort ill-health retirement could be considered although based on today's assessment, I feel that that would be unlikely.

Are they having appropriate treatment, will it aid their recovery, and if so when?

Treatment provided is to minimise the likelihood of any further stroke occurring in future by minimising vascular risk factors such as blood pressure and cholesterol for example. It is unlikely there is any medical treatment that would be indicated at this point to help with cognition, particularly where this is perceived to be relatively mild. The hope is that there could be some further spontaneous improvement.

There is the possibility that any stroke damage causing difficulties with performance could improve over 3-6 months. Hence, it is possible that any deficiency could spontaneously lessen over time sometimes up to a year or so although after that any further recovery would be unlikely.

Will they be likely to be able to provide regular and effective service in the future?

At this point, I am relatively optimistic that Mrs ..... will be able to provide this. However, it will depend on a real-life period of observation with adjustments over months to ensure that she can do this reasonably. I do not have a significant concern about her cognition at this point and as referenced above I would be optimistic that she should be able to undertake the role as it stands without needing long-term adjustments to the role. Observation is critical and if there are further concerns, then another occupational health assessment would be prudent.

In your view, is the employee expected to be covered under the disability provisions of the Equality Act 2010?

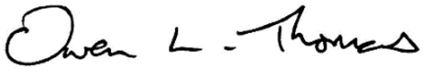
I do not think the Equality Act 2010 applies currently as I do not believe there is a medical condition at this point which gives rise to a long-term and substantial adverse impact on day-to-day activities. It is still helpful to put in place adjustments if indicated and operationally feasible to enable a return to/maintenance of employment. Ultimately this is a legal rather than a medical decision which can only be made by an employment tribunal or higher legal body.

FOLLOWUP

I would suggest continuing to observe performance and attendance within the workplace, and assuming that you are more satisfied about performance, then a further occupational health assessment will not be necessary routinely.

However should you have any concerns, please let us know and we would be more than happy to arrange another appointment. Also, if you require any clarification on the points in the report I would be more than happy to provide this.

Yours sincerely



Dr Owen Thomas
Occupational Physician & Clinical Director
Infinity Occupational Health
GMC Number 4576736