

For immediate release

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Urgent need for occupational health for people with Long COVID

At least two million people in the UK have experienced ongoing debilitating symptoms following COVID-19 infection, known as 'Long COVID'¹. However, only half the UK workforce can access occupational health support to enable their return to work by meeting the challenges Long COVID presents. A recent report found that 5% of people with Long COVID have already been forced out of their jobs². The Society of Occupational Medicine (SOM) Long COVID Group estimates a significantly larger percentage remain at risk without adequate understanding and support for this new syndrome.

COVID-19 can impact any part of the body and damage any organ. It causes multimorbidity (many different symptoms in the same person). It differs from person to person, and so does not present to treating doctors with a convenient list of conditions and diagnostic criteria and may be even more baffling to employers. As a result, pre-pandemic sickness absence policies will see workers losing their jobs because of what is often a many months long recuperation, necessitating prolonged absence, along with an uncertain prognosis while research is under way.

Long absence from work due to sickness must be seen by all doctors as a 'red flag' for urgent medical assessment and advice. Occupational health (OH) providers are finding that when they get referred by their employers, workers have had little support and advice when what they need is someone to listen to their symptoms and advise how to improve their functioning and make a sustainable, flexible return to work.

Professor Ewan Macdonald, Chair of the SOM Long COVID Multidisciplinary Group, said: *"Many people with Long COVID have not been in hospital, have not had their health problems properly assessed, and generally neither have they had appropriate rehabilitation – they often have not been understood by their doctors and they have struggled to get advice."*

Dr Clare Rayner, an occupational physician who has long term health problems, including due to COVID-19, and an active member of the SOM Long COVID Group said: *"Long COVID patients are being bounced around the healthcare system from pillar to post, and the consistent message we get from the Long COVID support groups, is their difficulty in getting medical assessment, diagnosis, treatment of symptoms and occupational health support."*

Lesley Macniven FCIPD, contracted COVID-19 in March 2020 and became a campaigner for patient group Long Covid Support. Now chair of their multidisciplinary Employment Group, Lesley said: *"It makes no sense, morally, ethically, or economically, that healthcare and other key workers, who contracted COVID-19 whilst working during the pandemic's first wave, are being discarded; losing their vocation, their livelihood and their health. They need more than warm words and memories of weekly applause. Employers need solid guidance and practical advice from occupational health and patient groups who have built up significant expertise on managing Long COVID. Workers need to convalesce, then recuperate through a very gradual, phased return to work (over many months if absence has already been prolonged) to allow a sustainable return."*

The NHS is starting to organise itself to deal with this tsunami of, mainly working aged people, struggling to get back to normal. But there is no consistent pattern across the four nations – England

¹ <https://www.bbc.co.uk/news/health-57584295>

² TUC report - <https://www.tuc.org.uk/research-analysis/reports/workers-experiences-long-covid>

has one stop shop clinics across the country, Scotland is basing services on GPs, Wales is organising services through GPs for the Allied Health Professionals, and Northern Ireland is to be confirmed. Private sector occupational health providers are engaged with the NHS to ensure their flexible and additional resources are considered for effective rehabilitation of workers. There is also an urgent need for research to evaluate the different approaches, though we cannot wait to act until ongoing research is concluded.

Recommendations from The Society of Occupational Medicine (SOM) include:

- **The NHS needs to support Long COVID patients return to work with access to occupational health, as occurs in Finland³.**
- **Support for occupational health (OH) for healthcare professionals and other key workers with Long COVID, with specific attention to retaining workers where skills shortages exist.**
- **Appropriate flexible working options are needed to improve return to work after absence, and to support the new trend towards hybrid working options for all.**
- **All organisations should develop a clear and accessible policy on Long COVID, with input from affected workers and/or patient advocates, that managers are supported to implement in conjunction with the worker.**
- **OH services need investment to support the needs of workers with Long COVID.**

Notes for editors:

About The Society of Occupational Medicine (SOM): a multidisciplinary professional society whose membership includes 1,800+ OH doctors, nurses, physiotherapists, occupational therapists, and technicians. SOM Patrons are Lord Blunkett, Dame Carol Black, and Sir Norman Lamb. Its Long COVID Multidisciplinary Group chaired by Professor Ewan Macdonald of the University of Glasgow consists of Long COVID patients, OH specialists, psychiatrists, rheumatology, vocational rehabilitation, occupational therapy, and physiotherapy, from all four devolved NHS organisations. SOM uses patient advocates to produce guidance to support managers on Long COVID such as: https://www.som.org.uk/sites/som.org.uk/files/COVID-19_return_to_work_guide_for_managers.pdf

SOM's inaugural **Occupational Health Awareness Week** 28th June-2nd July promotes the value of OH to employers and the wider community. Resources are available on our website [here](#). For the week, SOM is running a free webinar on "How can we build back better? - The new world of work" on Thurs 1st July 1-2pm with Rachel Suff from CIPD on *What HR can do to manage absence and reduce presenteeism* and Dr Doreen Miller on *How OH supports your business needs*. Register [here](#). The week's activities also aim to raise the profile of OH, including as a career. Our campaign will direct people to the SOM [career area](#) and we will be featuring [OH professionals](#) to bring awareness to the range of careers in OH.

Occupational health (OH) helps people of working age access and stay in appropriate work and live full and healthy working lives despite underlying disabilities or health conditions. Occupational clinicians help employers reduce sickness absence and increase productivity by providing advice on best practice. They advise on fitness for work, return to work programmes, workplace adjustments to enable people with health conditions to return to/remain at work, suitable alternative work, and early retirement on ill health grounds. The need for robust and increasing OH services in many sectors has been highlighted during the COVID-19 crisis. The need for advice from OH on all aspects of business policy and how to protect workers has never been greater.

³ <https://www.ttl.fi/en/>

Long Covid Support: The Long Covid Support Facebook Group was founded in May 2020 and provides peer support to over 40,000 people www.longcovid.org. The Employment Group grew out of emerging evidence that considerable numbers were of working age but unable to work. Employment challenges are becoming a more pressing issue for campaigners. Its mission of Rehabilitation, Research and Recognition has evolved to include sustainable Return to Work.

A TUC report last week <https://www.tuc.org.uk/research-analysis/reports/workers-experiences-long-covid> stated that 52% had experienced some form of discrimination or disadvantage. Workers were faced with disbelief and suspicion, with 19% having their employer question the impact of their symptoms and 13% facing questions from their employer about whether they had Long COVID at all. Respondents were also concerned about what the future might hold for them at work given the amount of sick leave they had been forced to take due to their Long COVID symptoms. For 18%, the amount of sick leave they had taken had triggered absence management or HR processes and 9% had used up all their sick leave and had been told there would be negative consequences if they took more. 5% had been forced out of their jobs because they had Long COVID.

NHS England Guidance on Long COVID <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/06/C1312-long-covid-plan-june-2021.pdf>

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- Long Covid Support media contact: Employment Group chair Lesley Macniven FCIPD leads on employment related media. They can field experts from several relevant areas and facilitate access to patient case studies and interviewees. Email: lesleymacniven@longcovid.org Twitter: [@lesleymacniven](https://twitter.com/lesleymacniven)