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Oral Evidence Session – All-Party Group on Coronavirus

29 June 2021

Caroline Lucas MP

OK good morning everybody, my name is Caroline Lucas and I've been asked to chair this session of the All-Party Parliamentary Group on Coronavirus, sadly our chair Layla Moran is unwell this morning, but I'm very happy to step in and to have this meeting focused very much on the issue of Long Covid. People who have been following our proceedings for a while now will know that we have already had one evidence session looking at Long Covid and indeed as a result of that one of our recommendations was that Long Covid should be treated as an occupational disease for key workers. Today what we want to do is to delve somewhat deeper into to the issues around the impact of Long Covid on the NHS and indeed on employers more generally.

So, in this first of two sessions I am absolutely delighted to welcome first of all Dr David Strain from the BMA, Chief Clinical Lecturer at the University of Exeter Medical School and he heads up the BMA's work on the long-term impact of Long Covid and we are delighted to have you with us. Lauren Walker of the Royal College of Occupational Therapists, Lauren is the Lead for Community Rehabilitation and Housing and has been focusing on the occupational therapy role in the acute and long-term response to Covid-19. We may be joined by Ruth ten Hove who is the Assistant Director at the Chartered Society of Physiotherapy and if she does join us she'll be very welcome, and in the meantime we're also very happy to welcome some of the speakers and evidence givers for our second session, but I'll introduce you when we get to that if that's OK? So, I was going to kick off with a first question really to our first two witnesses, Lauren Walker and David Strain and the very basic first question which is what is the current understanding of Long Covid in terms of a condition or a number of conditions, and I don't know David if you want to start with that?

Dr David Strain

Yes, thank you Caroline. So we are currently in the most rapidly expanding research area in the whole of medicine to be honest. We have identified that there are at least three and probably four different types of Long Covid, some of that can be attributed to the initial hospitalisation, so those who were really sick, those who had ITU admissions. It's almost understandable that they'd be left with a post-ITU type syndrome with lung scarring. We're also seeing another group of people who've got lots of cardiac inflammation, lots of palpitations, still getting chest pains and again that does seem to be more related to severity of the illness in the outset. We then have a further group who have been left with a profound illness, very, very similar to chronic fatigue syndrome or myalgic encephalomyelitis, they've been left with this so-called brain fog, an inability to concentrate. They've been left with aches and pains throughout their body and although this is vaguely related to severity of disease at the outset there is still a vast proportion of these patients who didn't get severe initial acute Covid. I want to be very careful and in case I say it wrong throughout the next 45 minutes or so, I don't think anybody

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who has a mild initial [ph 0:08:29.4] illness and has been left with long symptoms has had mild Covid but very often the two do get conflated if your initial disease, you know you were at home, you only had very mild initial symptoms, but seven or eight months later you are still left with this fatigue and brain, that is still a severe disease and I do apologise if I do say that at any point, I don't mean to in any way suggest that Long Covid is a mild condition.

We've got about £20-30 million worth of Government money has been invested into exploring this and you will all have seen the data that came from REACT-2 and a similar report came from Nish Chaturvedi's group at UCL towards the end of last week looking at the demographics. We now think that this is slightly more common as you get older. It is more common in those who were hospitalised and a separate report that came out on Thursday last week from Brussels shows that it is related to severity of your immune reaction. And that maybe why this is affecting a fitter, healthier population than were adversely affected by the actual initial infection because this does seem to be proportional to how good your immune system is going into it.

Caroline Lucas MP

That's really interesting thank you. Lauren is there anything you would like to add to that please?

Lauren Walker

Yeah, I mean certainly from a therapeutic and a rehabilitation point of view having spoken to occupational therapists and allied health colleagues who are working in Long Covid clinics and rehabilitation settings they're certainly observing the variety and the complexity of symptoms that David has outlined affecting all of the systems of the body really. And what has struck them in their assessments is that every single person they have assessed has been very different and that most people do have more than one of their body systems affected. So their experience of symptoms has been very different and the ways that their lives have been impacted have been very different and there are a lot of working age people that are coming through the clinics and the rehabilitation services as well. And I think that really indicates the importance of having really robustly resourced multi-disciplinary assessment and rehabilitation for people with Long Covid, so with allied health professionals working alongside psychology and medical colleagues so that they can collectively address the breadth and the complexity of the symptoms that people are experiencing. Again, from the conversations that I've had it appears at the moment that the symptom that is most persistent over time and seems to be having the greatest impact upon people's ability to conduct their daily lives and to return to work is fatigue. Occupational therapists, physiotherapists, you know our medical colleagues are very used to working with fatigue but at the moment in terms of research there is a lack of evidence that specifically explores rehabilitation approaches that are most effective for people with Long Covid. So while it's very, very pleasing to see the investment that's been put into research thus far I would certainly say that we must continue to research therapeutic and rehabilitation approaches to Long Covid as well as diagnostic and medical management as well.

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Caroline Lucas MP

Thank you very much and welcome now to Ruth ten Hove, I did introduce you just before you joined us, but we're delighted to have you with us. I don't know whether you heard the initial question which was around current understanding of Long Covid as a condition or number of conditions, I don't know if there is anything you would like to say at this point?

Ruth ten Hove

Yes, thank you, I mean I would absolutely support everything that Lauren has said. I suppose just building a bit on our learning and understanding of Long Covid and drawing on other conditions, so for example as Lauren said, we know the sort of number one symptom for people seems to be fatigue, but there's also issues around breathlessness, deconditioning, impacts on all body systems, whether it's neurological systems, etc. So actually drawing on evidence from other conditions has been really helpful in building rehab packages for people, for example pulmonary rehab or fatigue management or different approaches to rehab to support people with Long Covid, at the same time recognising that really critical role in really listening to people about what their symptoms are and helping support them to make the most of what they've got at this moment in time.

Caroline Lucas MP

Lovely, thank you. I'm just going to come back to David with one follow up which was around can you tell us where we can best access the latest information on the kind of four different kind of conditions that you were talking about and can I wrap into that really my second question which is around has there been a significant rise in the number of NHS absences in the second wave due to Long Covid and are you concerned about the number of cases from this third wave that might be coming?

Dr David Strain

So the easiest answer to the last question is yes, we are very concerned about the potential third wave. So the data is coming out very, very rapidly and it has been evaluated and as I say just Friday last week REACT-2 and UCL published their latest findings. These are all available on pre-print servers and one of the things that we are trying to establish is a rapid way of disseminating that amongst the Long Covid assessment services that are already established. I'm sure you're aware there's now 88 of those and the Government is doing a really good job of getting those assessment services set up, although we will come to the issues about treatment that will follow on from that. And we're looking at setting up a central repository and with the latest set of announcements that the Government have made there is going to be a substantial budget for providing good educational sources for those who need it in both primary care and secondary care and allied healthcare professionals, and I know there is separate physio and OT networks that are underway and there are many different networks for this.

Within the general population actually I have to admit that the news reporting of this from all of the major outlets irrespective of political affiliations, the actual reporting of this within the papers has

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been remarkably accurate and remarkably succinct, they're not over-dramatising it whereas at the same time they are highlighting the importance of it, particularly with the current wave now affecting younger populations, those in their 20s and 30s and the figures suggesting that somewhere between 15-20% of these will be affected by this for the next three months and the potential impact that that could have on the economy going forward, as well as the wellbeing of those individuals, so we are seeing that that is being very well reflected.

As for the other question about healthcare workers, actually you'd be surprised at how little central information is known about the number of healthcare workers that are known about this, I mean within the diagnosis itself there are currently 15 different SNOMED codes, 15 different codes within the primary care system for coding Long Covid because everything is international and every country has got its own definition. Within the UK we were the first to establish a definition and we were the first to have the code for this going back to January, but as Europeans and the States and Canada start to climb onboard with very subtle differences we end up with multiple codes which does make keeping track of them very difficult.

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Caroline Lucas MP

Is there anything that could be done about that, would you lose too much of the subtlety and complexity if you tried to come up with a code that was common across the board and therefore, we have to deal with the diversity that you're describing?

Dr David Strain

At the moment what we need to see is all of these codes of how they reflect different people and bring them in. Ideally we would have one national standard for Long Covid and within that then have the further sub-types of the different disease appearances that both Lauren and Ruth highlighted really nicely that have got different requirements going on. Ideally that would be the scenario but in the first instance just getting a register within the UK of people who've got Long Covid and the symptoms that they've got, remembering all the information we've got at the moment come from population sample extractions, whether that be the ONS, REACT-2, the UCL, the databases and what we are seeing is within primary care database recording of Long Covid is proportionate to what services are available locally. So if your nearest Long Covid service isn't actually accessible for your patients as yet then you're less likely to spend your time making sure the notes are adequately up to date and more likely to spend that same time having the conversation with the patients about how they can do it. Whereas if there is a referral that's available then getting it coded is much easier and we do see that discrepancy up and down the country.

As more Long Covid assessment services come online we will see that we would hope anyway, that coding is going to be better.

Caroline Lucas MP

I was just going to say, one of our real concerns is that so many of the Long Covid clinics are not yet up and running and so those distances that people are facing are pretty huge in terms of accessing them in some places.

Dr David Strain

Absolutely and I'm sure we will come onto that but just one of the questions you did ask is do we have an estimate of the number of healthcare workers that are affected. The current estimate is set at about 122,000, it's about three times higher than the population, but I want to stress that is an estimate based on the people that are reporting symptoms and the people that are affected. It's got to be said that there are many healthcare workers that are left with Long Covid but are able to do their Monday to Friday nine to five, or you know I say that, very few healthcare workers work nine to five Monday to Friday, but they're able to do their 40-45-50 hour week as normal, but that then leaves them with their entire weekend as a recovery period, or they're unable to provide the extra overtime that they may have provided leaving wards short-staffed. So actually getting a true grip of the number of people that have been affected is very difficult and that's in secondary care where occupational

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health is pretty good. You move into the primary care setting or many of the community workers, much of the community work that the allied healthcare professionals take place, they don't have the same access to occupational health and as a result even getting the numbers, let alone offering them workplace treatment, is incredibly difficult.

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Caroline Lucas MP

Thank you very much, that's very, very clear. Lauren, would you like to add anything?

Lauren Walker

Yeah, I mean absolutely reiterate everything that David has said really and just to say I appreciate that the focus of this particular session is on the NHS but we absolutely do need to consider the impact on the wider health and care workforce and I know that the group is aware of that, but just to hold that in mind that yeah, that is absolutely part of the discussion here because we know the figures from the Office for National Statistics that the entire health and care workforce has been affected in greater numbers than workers from other sectors. Yes, as David says at present the data isn't particularly available to help us understand the full impact on the health and care workforce, either at a local or a national level and that does make it very difficult to plan services that will effectively meet their support and rehabilitation needs and to address the likely knock-on effects of staff availability. With regard to the third wave that certainly is a concern because there are people who became ill during the first wave who still haven't received rehabilitation support, so any increase in numbers during this wave is going to stretch services and increase waiting lists even further.

Very important to consider the need for support in the community will continue long after the pressure on hospitals has receded so on-going support with symptom management and rehabilitation must remain a priority for health and care staff affected by Long Covid. But we also need to protect the wellbeing of staff working in community settings who may well be overwhelmed by demand arising from Covid in the general population, so there are two strands to this. Because there's the direct impact of Long Covid for the health and care staff who have it themselves, but there's also the indirect impact of the pandemic on staff wellbeing more widely, so I'm aware of preliminary findings from the NHS Check survey which indicate that substantial levels of probable common mental disorders and PTSD amongst healthcare workers and some of the groups appear to be at increased risk include women, nurses and younger staff as well as those who reported high levels of moral injury.

I know as well that the Scottish Government this week has announced £8 million of additional funding for health and social care workforce wellbeing with the view of leading to a national wellbeing programme and that's certainly an approach that we should be considering across the UK for that on-going support of the entire health and care workforce.

Caroline Lucas MP

Brilliant, thank you so much. And Ruth if you had anything to add to that?

Ruth ten Hove

Yeah just to make some additional points. I think the issue around the visibility of services within the community is a really key issue in this debate and that actually there is a lot of visibility around the

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acute management of people with Covid and Long Covid, but actually once they leave hospital the visibility is much, much less and there are many staff who are community based who are dealing with this on a much longer term. I think it's also really important to add the impact of lockdown on a wider population of people with long-term conditions, I know that isn't the reason for this discussion but actually that has increased demand on those community services as well, so we are looking at a real kind of increase in the general rehab needs of people outside of hospital and I think we would be looking to the Government to really think about, really how we can use this opportunity, use this learning from Covid to think about how we can expand provision within the community, looking at the use of the support worker workforce, the use of digital technologies, the use of the advanced practice agenda as well and really building capacity and capability within the community to support the workforce more effectively.

Caroline Lucas MP

OK, thank you very, very much. I'm going to hand over now to Baroness Finlay.

Baroness Finlay

Thank you and I think a short question probably for a fair concise answer because we've got a lot of questions to get through and that is what do you think the role of Long Covid clinics play in the management of Long Covid given that we have no evidence base over the best way to handle this?

Dr David Strain

Thank you Baroness, great question. So the first thing to say is the clinics at the moment are very much about the assessment of Long Covid, for the last 18 months many people haven't visited their practice and one of the first priorities is to make sure there's not an alternative diagnosis, that we're not sat on diabetes or a cancer or something else that's presenting with these non-specific symptoms. After that they are then effectively triaged into the appropriate rehabilitation whether that be pulmonary, cardiac or a chronic fatigue service type rehabilitation. Each of those have got their own expertise that are drawing on information. We are expecting announcements in the next week or so from Government, or from the NIHR about the next round of research which is going to be looking exclusively at the best treatment options and I'm not going to speak too much to that because I'm one of the collaborations that is probably the largest bidder. We are hoping to look at the social inequalities, set up a platform for looking at what treatments are available and also looking at the best way to provide the most holistic service, the most holistic assessment and set out with the management going forward.

We are ahead of the rest of the world when it comes to establishing these platforms. We saw that in the acute disease. We are ahead of the rest of the world in the Long Covid, but as you rightly highlight there is still a long way to go before we have, or we know for certain what the right treatments are.

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Ruth ten Hove

I think to add to David as well that what's really key in the effective delivery of Covid assessment clinics is that they are multi-disciplinary clinics as well, so that if people have requirements for particular types of rehab that actually even though they might be put on a pathway for rehab or referred for rehab they can actually be given self-management advice at that time as well, which is really critical. I think the other thing that's really important about the clinics is that they are building our understanding about Long Covid and that is really important for all health professionals as well as the patient population to understand more about the disease.

Baroness Finlay

Lauren, do you have anything you want to add?

Lauren Walker

I would absolutely reiterate what Ruth has said and that multi-disciplinary approach is so crucial because yes we are still learning about Long Covid every single day but actually as a professional group we do have a long history of expertise in treating many of the symptoms and the challenges that people are facing as a result of Long Covid. So while we're learning we can absolutely be applying those expert skills in assessment and rehabilitation and self-management. So yeah, that holistic and multi-disciplinary approach is really crucial and very, very helpful for people.

Baroness Finlay

Good, thank you. I'll hand back to you Caroline, thank you.

Caroline Lucas MP

Thanks so much Ilora, so now to Baroness Masham for the fourth question.

Baroness Masham

What is the role played by occupational health and rehabilitation in the management and care of Long Covid patients and how well equipped are they to manage the demands and what about children with Long Covid, which are on the increase? Perhaps David first.

Dr David Strain

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So if I talk about the occupational health and then defer to Lauren and Ruth's greater expertise on the rehabilitation. Secondary care occupational health is actually very well set-up where we are supported, in my own Trust I am fortunate to have a tremendous consultant with a team who works for him that have supported the patients, the staff who became patients through this. Primary care network currently is not as well established, however we had a meeting towards the end of last week with representatives of NHSEI and they are looking at putting in quite a substantial investment into the wellbeing of the whole of the NHS and embedded with that hopefully there will be an opportunity for occupational health to provide it to primary care and community care and there will be a webinar early next month describing to the Commissioners exactly how they can access the funds and get better source of it. Clearly these were all plans that we are expecting will still take place with our new Secretary of State for Health obviously wanting to support the healthcare system.

When it comes to children there is a lot of research underway and there is a fabulous unit based in Birmingham that are doing tremendous amounts of research looking at the best ways of identification and supporting them and of course children of healthcare workers are potentially increasingly affected and therefore the healthcare workers will need support as the parent of children even if they're not directly affected. And I am not going to talk about rehabilitation when we've got two infinitely more knowledgeable people in Lauren and Ruth so I'll pass over to them to talk about those sides of things.

Baroness Masham

Thank you very much. Are there enough staff to man occupational health?

Dr David Strain

We need a long-term training programme for it. We do have just about adequate staff but one of the issues is that much of occupational health training then results in far more lucrative contracts working in the private sector with Tesco's, Sainsburys, British Airways, these big corporations can offer considerable support, so we do need to expand training in occupational health, but one key element is that that cannot be Covid specific, there is no point establishing training programmes in occupational health to meet the current demand and then in three to five years' time saying that's great, Covid's over back to business as usual, because actually the need for occupational health spans way beyond just the Covid issue that we've got at the moment.

Baroness Masham

Thank you. Now Lauren.

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Lauren Walker

Thanks, yeah so I've been speaking to occupational therapists who've been leading occupational health and rehabilitation services actually and someone that I spoke to last week described their approach as being like a stool with three legs, and so those three legs, the first one was supporting people to address their health, so their symptom management essentially. The second pillar was about managing their home life and then the third pillar was about addressing their work life and she was saying that it's incredibly important to address all of those three aspects and give them equal weighting. But actually to start with how people are experiencing their home lives, we know that people's entire existences have been completely turned upside down by Long Covid and I think there is perhaps a slight risk of purely focusing on returning to work as being a priority, especially for health and care staff.

I also spoke to an occupational therapist last week who has been experiencing Long Covid symptoms herself and has been off work for over 12 months now and I asked her what she would say to you if she was sitting here instead of me, and she said that she wants to be treated like a person rather than a commodity. She is deeply frustrated and angry that she has caught Covid in the course of doing her job, she feels that she's had very little support from her employer for over a year and when that support has finally been offered it's been purely focused on getting her back into the job that made her ill in the first place. So I would say in a nutshell the role of occupational health and the role of rehabilitation is to help people feel human again.

We've seen occupational therapists moving into newly created roles actually within the occupational health teams of some NHS Trusts as David alluded to, some NHS Trusts have been really proactive in expanding their occupational health offer and expanding the range of professionals involved in that to include occupational therapists, psychologists, physiotherapists and again adopting that multi-disciplinary approach which we are increasingly realising is so very, very important. So they've been providing rehabilitation and return to work support for their NHS colleagues and are having impact in that area and that's through developing personalised recovery plans and liaising with employers, so working with managers as well to make adjustments to working practices and what they're saying is it's absolutely not a one-size-fits-all approach, it does need to be that very personalised approach to all of this.

But not all NHS Trusts are doing this so as David has said access to occupational health and rehabilitation is extremely patchy at the moment and that is true for health and care staff but it's true for the general population as well, so it's really important that the newly announced funding from NHS England is put to good use and that that funding remains in place for as long as it's needed. I'll stop there I think and let Ruth chip in.

Baroness Masham

It's very, very true because rural areas have nothing.

Ruth ten Hove

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Yes, I think I'll just add to what Lauren and David have said is that this is an illness that we're learning about all the time, it's also a spectrum illness so when is the right time to intervene we're also learning about and I think just to add to others what's really key is really listening to people about what their symptoms are, supporting them with the particular issues they have, the particular impacts on their life and identifying the right intervention for them at that moment in time. Underpinned by a sort of strongly supportive self-management approach with things like pacing and rest and activity, so people really are building their resilience to recover from Long Covid as well. I mean I guess we're going to come on to talk about the question of if people have to wait or if services aren't available in a minute so we can pick that up in a bit more detail then.

Caroline Lucas MP

Thank you so much, right I'm going to come to Lord Russell for the next question.

Lord Russell

Yes, Caroline thank you very much. David this initially is directed to you and it's really a question in three parts. The first is do you have a sense of what the waiting lists are like at the moment for being treated in one of these centres? Secondly, are there any defined sort of standards in terms of waiting times and follow up, or are they still being evolved? And thirdly, given the different groups that you described in terms of the types of symptoms, are some groups appearing to respond better and more positively than others?

Dr David Strain

OK, so I'll try and remember all three parts of that. So, let's start with the numbers. The most recent figures for the regions suggest that the waiting lists are expanding and as you may expect the waiting lists are expanding more in the regions that were hit most in the second wave, so if you look in the Midlands for example there is currently just over 3,500 people on their waiting list and in all cases the waiting lists appear to be getting longer. I think actually here in the South-West we are very fortunate, we are probably the only place in the country that's keeping on top of our waiting list and I want to say that's nothing to do with me, that's to do with the tremendous worth of the MDT that I will be joining immediately after this meeting actually, that are keeping on top of the patients coming in.

The difficult bit there arises is whether we are even measuring the correct metrics on that waiting list. If you've got a service that is very new it would be expected that you will see a huge surge of referrals to that, so 800 people for example waiting to see in one particular clinic, the first thing we really need to look at is how long are they waiting and what has already been provided. So at the moment everybody on referral to a service should be provided with those self-help, the management group, the access to the Your Covid Recovery app which provides a lot of additional support. That has been written by Sally Singh and her team in Leicester. It's actually got a tremendous base of the existing

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knowledge that we've got about other similar conditions, about how to self-manage and at the very worst to prevent people from getting worse while they sit on the waiting list.

We know that about 50% of people get better between week five and week 12 and that's a figure that's come from both ONS, the REACT and the UCL. So, I would suggest, it's not ideal, but I would suggest that up to three months on a waiting list can be tolerated providing people have been given the appropriate self-help direction, knowing that 50% of people are going to get better within that timeframe. And I say tolerated, that is not ideal, if you are a healthcare worker, to be honest if you've got this in your line of work in any route you want to be seen by the occupational team as soon as possible to give you the best possible recovery. But, tolerated is the word as opposed to the acceptable standard.

I've already forgotten what the second question is let alone ...

Ruth ten Hove

Can I just add in a bit about Your Covid Recovery because I think it's really important to have this very positive support that can be given to people while they wait. Lauren and I were both involved in the development of Sally Singh's work on Your Covid Recovery, it's a really excellent self-management resource, but actually people don't really know about it. So anything that can be done to really promote that I think would be incredibly helpful.

Lord Russell

The second question David was are there any, I think the answer is probably no. Are there any clearly defined standards in terms of waiting times and follow up or is that still being evolved?

Dr David Strain

It is still being evolved and I think a big part of that will come as we start to see the different management structure, so as we start having studies that say you need to start on drug X or you need to start with respiratory exercises at this time point, that will become the standard. They don't exist as yet, we're just trying to do it as quickly as possible.

Lord Russell

And the last one was of the different groups, are any of them appearing to respond or recover better than others? Or is it too early to tell?

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Dr David Strain

It probably is too early to say but really what we can talk more here about is referrals on, so our assessment service we will say you need respiratory rehabilitation, or you need cardiac rehabilitation and then we would pass them into the standard NHS service that provides that, we don't have a separate Long Covid respiratory rehabilitation service as yet. Of the three particular types the chronic fatigue service and the myalgic encephalomyelitis service, the CFSME service, has probably been the most under-funded coming into this and you know people have been talking about this for 20 years but that notwithstanding it's only very recently that the Royal College of General Practitioners' guidelines have been updated to reflect NICE and remove things like GET and move to paced exercise and making sure everything stays under control. That's the one area that we suspect is going to have the biggest problem because there's been the least research coming into that and it's the most under-funded service.

Lord Russell

OK thank you very much, Caroline I think that probably covers that question so back to you.

Caroline Lucas MP

OK thank you, I'm going to hand over to Philippa Whitford.

Philippa Whitford MP

Thanks very much Chair, if I also could start with David but obviously will be asking Lauren and Ruth to contribute. So this is very much pulling together what we've been discussing, what are the key messages to Government, particularly around what is the NHS and social care need going forward, so we're talking about treating members of the public who are suffering from these various versions of Long Covid that we recognise, obviously the impact of absences in health and social care when you're trying to do that, but as was referred to earlier I'm a Scottish MP, the kind of need to take a wellbeing approach to NHS and care staff or they simply won't be able to deliver, whether it's on Long Covid or catching up back-log. So if I could start with you David, then Lauren, then Ruth. Just what do you think Governments, I would say, need to be thinking about now with regards Long Covid?

Dr David Strain

So, the first thing is to get a centralised register, so we can get a greater idea of the extent of the problem. As we've already touched on we still don't know the extent of the problem. So a centralised register to get accurate measurements of numbers and severity. And remember, it's not just being off work sick, there are many people who will go into work but then spend the rest of their personal time trying to recover from the fact that they've just done a shift. Coming into that is supporting the wellbeing of the individuals who are suffering from this, that's the personal wellbeing. Financial

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wellbeing is also playing a part, I know within England, within secondary care most healthcare workers, I'm not aware of any healthcare workers specifically that have dramatically lost out of earnings, there are many cases of people in primary care who don't have that same support and there is always the threat on the horizon that the tremendous sick leave, it's not really sick leave, the tremendous support that we've been given in secondary care is not going to last forever and you know we've got people who are now 12 months in, so their statutory sick period is well and truly up. They are being supported but in order to make a good recovery the fear of feeding the family and keeping the roof over their head should not be there. So that needs to be there for both primary care and secondary care.

And I say primary care, I emphasise that because in England there have been issues where primary care are not regarded as part of the NHS, rather they're regarded as sub-contractors to the NHS and therefore have not been given, or not had access to the same support. Speaking of access next would be occupational health, sorry for all the buzzes going on in the background, the access to occupational health and again I am hugely proud of the occupational health team in the South-West that has got together, we have a full multi-disciplinary approach, many other Trusts have not got this proactive, that should be actively encouraged across the board and I'm sure Lauren and Ruth would highlight that there are not enough therapists in order to provide the service that we need but I'm going to leave them to highlight the importance of that. That needs to be accessible in primary care as well as secondary care, remembering that the GPs are worked to the bone at the moment in order to do their blended in-between face to face and virtual and everything else that they're trying to cover, they need to be given that same occupational support. I think I already highlighted that would also involve training of occupational health physicians and occupational health therapists to go forward, but they need the job security to know that they're not going to spend the next three years training to do something that someone will turn around and say Covid is over, we don't need it anymore.

And then the last is just the broad considerations about making sure that the funding is there to provide the service that NHS workers and the public alike need to combat Long Covid, remembering that this is likely to turn into another long-term condition on top of the many other long-term conditions that we are currently trying to get on top of the back-log and I think that comes back to Lauren's fabulous point about the tripod, that providing only a work, will only work effectively when the other two legs are supported.

Philippa Whitford MP

That's lovely, if I could come to Lauren then, it's very much the same, what would your advice be if Sajid Javid was across the table from you and agreed to do anything you asked?

Lauren Walker

Thank you, well very supportive of everything that David has said, the impact of Long Covid on the health and care workforce isn't fully understood at the moment and that means that their needs aren't being effectively supported at present, so we would ask that gathering and acting upon that data which demonstrates that need and that impact should remain a priority. Health and care staff and indeed everyone affected by Long Covid needs equitable access to assessment and rehabilitation

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which enables participation in daily life as well as supporting a return to work and that must remain a priority, but as David says with the kind of background knowledge that the services that will be providing that support are already stretched and are already under-resourced, so it absolutely needs to be a high priority in terms of continued funding spending decisions.

Health and care staff affected by Long Covid need equitable access to effective employment support as well, I know that this is something that we've spoken to the APPG about previously, so we would ask that the group continues to support the call for all health and care workers to have effective employment support and employment rights regarding the diagnosis and the on-going management of Long Covid. And finally as has already been mentioned the indirect impact of Covid on the wider health and care workforce needs continued consideration and support, so understanding and addressing the psychological impact of the pandemic upon the whole health and care workforce, not just those directly affected by Long Covid, and that additionally must remain a priority. Thank you.

Philippa Whitford MP

I think the kind of broader wellbeing approach will be critical, otherwise we could be in a position of setting people with Long Covid against someone who's been in intensive care for 16 months dealing with people dying and putting relatives in touch with an iPad, you know whatever your morbidity from this pandemic I think we will need to make sure that people actually as you say have equitable access to support, whether that is psychological or the management of Long Covid. And finally to you Ruth, I don't know if you've anything to add?

Ruth ten Hove

I think in summary what Covid has done is really shine a spotlight on what are the many benefits of rehabilitation for people with Covid, but actually what it's really highlighted is the many gaps that exist within the system as well and I think just emphasising your point about the longer term will be Long Covid being another long-term condition alongside many other long-term conditions which present significant rehabilitation need and the importance of looking across the whole system, not just to secondary care but to the infrastructure and support that needs to exist within the community in order that services can be delivered to the standard that they need to be delivered to enable people to live their lives as they would wish to live their lives. So I think there's some really important questions for the new Secretary about the role of rehabilitation services within the community, Covid has really taught us that we can look differently at rehab, we've got a multi-system disease that we need to really think about the person at the centre of that, their physical and mental health needs and what those are and actually looking at someone as a person, not with a whole bunch of different symptoms, and working out what really matters to them and that's absolutely key I think in the reform of rehab services going forward, that they build around the needs of the individual person, not necessarily based on single conditions because people present with a whole range of different needs.

Philippa Whitford MP

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Yeah, I mean even my background is breast cancer, you know trying to take a holistic approach with patients is really central to manage any on-going condition. Just before we wind up, can I just ask, I mean obviously dealing with people who have had chronic fatigue syndrome in the past and have often felt rather dismissed and rather under-served, do you think that actually as perhaps there is a recognition of that component of Long Covid and services are expanded that actually some of those patients will actually have access to better support and better treatment because of the recognition of it finally.

Ruth ten Hove

I think that's definitely the case, I mean the validation and recognition of the fatigue symptoms through Long Covid I think has really highlighted the impact, the disabling impact of fatigue on people with actually all long-term conditions. I mean if you could draw on evidence from people with stroke and multiple sclerosis and other illnesses where fatigue is a real feature and the learning that services have needed to take from that, to use for people with Long Covid, but actually it's really highlighted that very disabling impact that fatigue has on people with long-term conditions.

Philippa Whitford MP

OK thank you very much, back to you Chair.

Caroline Lucas MP

I think David, one last word.

Dr David Strain

I used to do a fair amount of work in chronic fatigue prior to Covid, actually I have to admit there are many people with chronic fatigue service that might feel a little bit put-out that they've been crying about this for the last 20 years, 30 years, longer in some cases and it took this pandemic to come along for their condition to be recognised as a very real, physical condition. What we can hope going forward and what I would really hope for is that much of the research that's occurring in Long Covid also includes those individuals with chronic fatigue so that the learnings from this can hopefully benefit everybody who has been suffering from this condition.

One other point that I would like to say and actually it's your comment about what would we say to our new Secretary of State if we were sat across him, he gave an announcement last night about the easing of lockdown and the key checks that still need to be in place that seem to be met. We would ask him to consider Long Covid as one of those key parameters. 22,000 people were diagnosed yesterday and we know the vaccine is doing a tremendous job of keeping those out of hospital,

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stopping them dying of pneumonia and hopefully our hospitals will not become overwhelmed, but if the figures are anything to go by, of those 22,000 that were diagnosed yesterday that we will end up with 4,000 who will have symptomatic Long Covid in three months' time. And they're the sorts of numbers that we're facing and that's going to have a huge impact on health service and the overall economy, so we would implore him to consider that with his easing of lockdown.

Philippa Whitford MP

I mean I would absolutely echo that and the other point I raised in his first statement yesterday is the risk of new variants, we know that the Kent variant, the Alpha got to emerge because it was allowed to run unchecked in the Autumn and we could see exactly the same and therefore have the risk of something that's much more vaccine resistant and sets us backwards. So the combination of the risk to younger people with Covid, Long Covid, and the risk of a variant means we shouldn't be dismissing this current surge. Thank you very much, back to you Chair.

Caroline Lucas MP

Thank you very much and thank you to all three of our witnesses from this first session, it's been really invaluable to get your experience and advice and recommendations so thank you so much, you're very welcome to stay for the second session if you like but I understand you're all very busy people, so we won't be offended if you need to run off and do other things.

A warm welcome to our three guests for the second session who have been sitting through the first session for which we are very, very grateful. This second session now is going to be looking at the impact of Long Covid on employers and we are delighted to have with us Dr Steve Boorman, CBE, Chair of the Council for Work and Health and as you'll know the Council consists of 35 professional organisations whose members are specialists in aspects of managing workers' health and Steve is also of course the author of the landmark Boorman Review of the health and wellbeing of NHS staff. Simon Hodgson is Head of Public Policy at Unum UK since 2018 where he directs the firm's public policy activities and oversees interaction with policy makers and trade bodies. He is also the public policy chair of GRID, the Group Risk Development trade body for the group risk insurance sector. And Dr Kim Burton, OBE, Dr Burton is an Occupational Health Consultant, Health Research Consultant and expert advisor to the Department for Work and Health and a member of the Industrial Injuries Advisory Board. And you are all most welcome and thank you again for being with us.

I was just going to kick off this second session with a very broad opening question really which is what is the current understanding of Long Covid in the workplace, and maybe I'll put that to Dr Steve Boorman first.

Dr Steve Boorman

Thank you Chair. I guess it would be fair to say that our understanding is strengthening and improving with time. My background is as an Occupational Physician working in occupational health for the last

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30 years or so and the most difficult conditions to manage are those that actually are conditions that affect multiple systems, that are unpredictable in their timescale and prognosis and in which there is fluctuation where on a daily basis things might change. And also conditions that might cause neuro-cognitive impairment which we're seeing as a key feature of Long Covid. And clearly in terms of the workplace, particularly neuro-cognitive impairment and fatigue are issues for safety critical work, for higher demand work or for work that requires high quality as part of it.

I guess our understanding, and it links into the first session, is really about the critical importance of managed recovery, phased rehabilitation and adjusting work to fit function and I know that Kim will talk a lot more about that. Two other things I would just add, I think we're increasingly recognising that presenteeism is actually just as important as absenteeism. So absenteeism is very obvious because people go off sick because they can't cope, but I think we will see that there are significant numbers of people with undiagnosed Long Covid that have actually been struggling on at work and just about coping but maybe are performing under par. I've done a lot of work with the NHS and I'm doing a lot of work at the moment in strengthening the NHS workforce, but I think this is a particular issue in professions where the drive has been to stay at the front and to stay on parade as it were, and that there will be people that actually are making mistakes, are under-performing and suffering with the symptoms.

And I guess finally in terms of understanding, I was speaking to an NHS HR Director yesterday and he was saying that as we get longer and longer cases emerging, so a number of the clinical staff that have been off sick for more than a year, we're seeing people feeling in limbo in terms of their employment because they're not eligible for ill health retirement because they don't reach the permanency criteria, they're beginning to suffer significant financial loss, many of them have also relied on overtime to actually top up their incomes and clearly if they can't work they can't actually access that overtime to actually supplement the family income, and so we're seeing people increasingly struggling and employment policies are not necessarily keeping pace with that.

Caroline Lucas MP

Thank you very much. I'll come to Simon Hodgson next if that's OK.

Simon Hodgson

Thank you. I think just to kind of add a bit of a different perspective I suppose to Dr Boorman, I mean [inaudible 0:58:36.6] a survey of SMEs because we really wanted to understand how small and medium sized employers were dealing with this. I think for the very large employers who have more than 250 staff they tend to often have pretty good services and support in place and they have very clear HR policies and that tends to help them quite a lot. I think for smaller and medium sized employers they have been blind-sided by the [inaudible 0:59:05.9]. And they have had to then deal with on top of that a situation where one of their members of staff or perhaps multiple members of staff could be taken away at any time and indefinitely, so we wanted to understand more about that.

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We surveyed just over 1,000 SMEs and we wanted to look first of all at the prevalence of Covid and Long Covid and then secondly the attitudes that they had to this and what they were doing about it. So in terms of the prevalence we found that 45% of SMEs reported to us that to their knowledge at least one employee had been diagnosed with Covid-19. And about 35% of the SMEs reported that they had an employee who had had Long Covid which in this survey we defined as having symptoms lasting longer than 12 weeks.

If you exclude sole proprietorships, which is what we did in the survey, we wanted to look at people employing staff there's about 4.4 million of those SMEs in the UK, so in terms of the order of magnitude that we're talking about here, that would imply somewhere around half a million small and medium sized firms that have had an employee with Covid-19 with the symptoms lasting for that length of time. And in our data we pick up a greater representation of those people in medium sized businesses and in firms where there's a dedicated HR resource and we consider that to be due to better data collection on their part.

We then looked at some questions around how SME owners and decision makers thought about Long Covid and also kind of the pandemic more generally. We've found that about half of them thought that the pandemic would mean that they need to change the way they manage workplace health forever, about half of them, the same proportion also admitted that they fear doing the wrong thing when it comes to sickness absence and disability at work, so clearly there's some fear and reluctance on the part of SMEs in terms of how to actually manage this condition if it sort of comes their way. And just over half, I think it was 56% I'd have to check, believe that Long Covid was likely to result in an increase in their own sickness absence levels in their business [inaudible 1:01:33.8]. So clearly this is a problem that has affected a lot of small businesses and in some way this is almost the hidden side of the economic crisis that we've had is that businesses that perhaps haven't been able to furlough staff or rely on that level of support and have been instead sort of valiantly trying to remain open, have been perhaps stricken by random indefinite employee absences which is obviously ...

Caroline Lucas MP

Sorry Simon, I might just stop you there because I know that our next question ... sorry Simon I was interrupting you just because I know that our next question is going to go into that in a little bit more detail so we'll come back to that in a second if that's alright and maybe I could just get a first response from Dr Kim Burton on the general question about the current understanding of Long Covid in the workplace. I think you're still on mute, sorry. Inevitably.

Dr Kim Burton

I do it all the time. Thank you Caroline, good day all. I've wrote down in my answer to this question the word uncertain, so basically I think that the workplace or employers are uncertain about what to do about what they can do and about what they should do, but also about how to do it. And we're going to be seeing people as Steve said, struggling at work with their employer not knowing what to do about it. I think that possibly is the key thing that I would want to say at this stage and I'll not drift

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into the other questions at the moment but I'll just leave it at that and then we hopefully can pick up on some of the things that need to be done as we go along.

Caroline Lucas MP

OK thank you very much, very disciplined. I'm going to come to Barbara Keeley for the second question.

Barbara Keeley MP

Thanks Caroline, thanks Chair. It is as Caroline just indicated a question about how well set up are UK businesses to deal with the potential for long-term sicknesses such as Long Covid?

Dr Steve Boorman

Shall I lead off on that? I think perhaps it's a question of glass half full and glass half empty. So if I start with the glass half empty, we know from the consultation exercise Health is Everyone's Business back in 2019 that there were significant gaps in business ability to access advice, particularly occupational health advice but also rehabilitation advice in relation to helping support those with long-term sickness. We still haven't had the formal response to Health is Everyone's Business in terms of improving access to those sorts of services which are as I said earlier actually critical in this fact.

Whilst I'd hate to disagree with another panellist actually there is still huge inconsistency and variability in terms of access, so even in the NHS although David talked about adequate and good services there are actually significant numbers of inadequate services supporting the NHS, a third of large employers actually don't have access to occupational health and overall across the country it's probably less than 50% have access to occupational health and specialist rehabilitation type services. So I think there are big gaps there and I think there are big gaps in terms of line managers understanding, in terms of employers understanding and their awareness of how to access those services. So that would be the glass half empty.

But I think actually Covid has unexpectedly taught us quite a lot that can benefit in the management of particularly Long Covid as well but also other long-term sickness in that UK workforces have been challenged to work in different ways, they've been challenged to do more home working, they've been challenged to be more flexible about hours, they've been challenged to think about travelling for example and they've been challenged to think about the creative use of technology and all of those things are actually going to help employers be set up to manage this condition in terms of providing more flexible working arrangements going forward.

Barbara Keeley MP

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Thank you. Simon Hodgson I think you started about this particular question from the SME point of view.

Simon Hodgson

Thank you, yeah I suppose the way to sum it up is that in general UK businesses and I suppose talking specifically about SMEs are not particularly well set up in general to deal with long-term sickness and obviously that applies to Long Covid as well. One of the things that I would highlight is that we looked particularly at whether businesses had a formal sickness absence policy in place, we consider this to be something which is a relatively good signifier of whether the business is sort of set up and has thought about this issue or not. We found that there was an extremely large disparity between you know those businesses that had a dedicated HR function and those that didn't, so with those without an HR function only 14% had a formal strategy that they said was reviewed regularly and maybe around a third said they had a strategy of some kind. For those with an HR function that goes right up to around three quarters of the firms that we surveyed so clearly there is a kind of significant gap here and I suppose for those smaller businesses and those with less HR support or less perhaps means to put plans in place they're particularly poorly prepared for this and I suppose it tends to be something that they cross that bridge when we come to it which in our experience really doesn't work particularly well and we've found that our research in 2019 and in 2021 shows that where businesses report they have a very proactive strategy, they've thought about these issues in advance, they have some support in place, they're much, much less likely to then report having lost an employee for health reasons compared with those businesses that are using a statutory approach or just kind of making sure they follow the absolute minimum requirements when it comes up. And I'll probably stop there apart from just to say I totally support the comments that Dr Boorman just made, particularly around the Health is Everyone's Business report.

Barbara Keeley MP

Thank you. And Dr Burton.

Dr Kim Burton

I'll follow on from Simon on that one I think from a slightly different perspective. I've been doing some work with the University of Derby of late where we've been asking people who have had Covid and post-Covid syndrome, what they think they need to help their work ability and one of the things that came out of that was the absolute importance of the company they work for having a Covid-friendly policy if you like. So it's like Simon is saying that internal policies need to be there and probably they're going to be the same sort of policies as you would have for other long-term illnesses. So that was the experience of the people, the workers themselves.

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But thinking about Steve's glass half full, I think the workplace is in a position to help with long-term sickness absence. We know from research that's been done, we know a lot of what to do in terms of how we structure things within the workplace to help to reduce long-term sickness absence by having proactive policies as well as having early intervention to help people maintain their work ability. So in a sense we do know what to do but actually getting it in place has proved to be quite tricky in many instances, particularly for SMEs.

Barbara Keeley MP

Thank you, back to you Chair.

Caroline Lucas MP

Thanks Barbara. I'm coming now to Lord Strasburger for the next couple of questions.

Lord Strasburger

Good afternoon to all our panellists. Could I start with you Dr Burton, what can we learn from other conditions in our management of Long Covid and enabling employees to return to work?

Dr Kim Burton

That's a really interesting question and it begs the question as to whether Long Covid is inherently different in some way from other long-term conditions and it may well be from a medical perspective, but from an occupational perspective and if the outcome that we're looking for it to help people's work ability and help them return to work then the answer is that there may not be a lot of difference in terms of what we're going to do to actually improve the situation for people who are struggling. Shall I leave it at that, or would you like me to ...

Lord Strasburger

Yes that's fine, thank you. Dr Boorman would you like to come in?

Dr Steve Boorman

Yes I think David mentioned in the first session about learning from some of the difficult to manage conditions like chronic fatigue syndrome but also from some of the more complex mental health conditions, from arthritis, from some of the difficult GI conditions and some of the difficult

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neurological conditions and I guess from an occupational health and rehabilitation perspective many of those conditions have some very common features, so they have fatigue, they often have pain, they're often associated with comorbid mental health and they're often associated with some functional loss either caused by breathlessness or reduced muscle function or things like that. What we've learnt in those conditions is that carefully phased ... we've learnt that actually work is therapeutic, that actually it's good for people to actually get back to work providing that work is well-structured and well-supervised and safe for that person to actually return to.

So I think the biggest thing that we can actually learn is that actually the diagnostic label is relatively irrelevant and I'm sorry to be heretical about that in terms of Long Covid, but actually it's the person's function that actually matters and we heard from the therapists in the first session that actually this is about understanding individual needs and making that clear fit between what the level of function that individual has and the work that we make available to them and that we, yeah Kim is a great expert in what he would call stepped care in terms of actually phasing that rehabilitation and stepping up as time is needed. So yes, I do think we can learn from the other chronic conditions.

Lord Strasburger

And Simon is there anything you'd like to add to that?

Simon Hodgson

Thank you Lord Strasburger, I think the most important point that obviously Professor Burton and Dr Boorman have made is around the focus on the individual being absolutely paramount, so you know the way that we would see things in the insurance sector and I suppose the kind of wider vocational rehabilitation sector is certainly that you know what matters is how that particular condition is affecting that particular person and they may have a range of different employment and home circumstances which make it particularly difficult for them in certain ways. And so the primary learning I suppose is that the important thing is to focus on the individual, to intervene early and to make sure that you're taking a kind of holistic view of the circumstances and the condition which is affecting them, find what the barriers are in terms of their work ability, their functional capacity to return to their occupation and then seek to address those barriers in consultation with the employer and with the employee.

Lord Strasburger

Thank you very much. My second question is about guidelines for employers and employees, if you were putting together such guidelines what would be the key messages that they'd contain? Perhaps we'll start with Dr Boorman.

Dr Steve Boorman

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I think my headline would be don't assume. Don't assume and put labels on what you think people might need because actually needs are highly variable and often people need specialist and tailored approaches. I think employers need to be flexible, they need to recognise that actually keeping people in some work is actually better than keeping people in no work, so being more flexible to actually adapt and enable people to do what they're actually capable of. I think employers should have guidance in terms of how to access the many organisations that the Council represent, many of them have produced excellent self-management guidance to help employees and employers manage these conditions without necessarily the need of some of the specialist resources, so helping employers to signpost to those resources and knowing which ones are good resources and which ones are maybe trying to sell them something is really important.

And then the last thing I think I'd build into this is help employers recognise the value of good quality occupational health and vocational rehabilitation because there is inequality of access to that and it really is important in the management of this particular condition.

Lord Strasburger

And is there anything you'd have to say to employees rather than employers?

Dr Steve Boorman

Yeah I mean I think very much this is a two-way street and employees can take responsibility and that's why I referred to things like self-management, but also I think encouraging them to trust their employers to have the dialogue in terms of what they actually need. Particularly we've seen, particularly with mental health, chronic mental health issues that sometimes employees distrust their employers to actually disclose and to ask for things because they feel that actually it might be either stigmatising or career limiting to actually say I need help in this and what I would really do is encourage employees actually to have that dialogue with their line managers and their employers. Particularly in small businesses actually that can be quite hard when there aren't specialist HR departments or OH departments to actually recognise that people may be in trouble.

And then sorry one last thing, one of the things that's taking shape in the NHS at the moment is something called Healthy Conversations and that's simply encouraging employees and their line managers to have a regular check-in and actually ask are you OK and is there anything more you need.

Lord Strasburger

Thank you very much. Dr Burton is there anything you'd like to add to the guidance for employers and employees?

Dr Kim Burton

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Yes, thank you. I started off by talking about uncertainty and that I think is a key issue when we're talking about guidance for the employers and the workplace to give them solid evidence based information and advice and giving them tools to use to achieve what Steve's just been talking about and I'd like to pick up on Steve's mention of line managers and one of the things I think that would be key in any guidance and it's certainly something that we tried to incorporate into the Society of Occupational Medicine guidance and it's also in the Faculty of Occupational Medicine guidance, is the key role of the line manager to have that conversation with the worker to plan their return to work or their continuance in work, to identify those obstacles that Simon was talking about. What is it for you that's making it especially difficult for you to maintain or to stay at work or return to work. And importantly what can we do in the workplace to ease that transition back into work. What sort of accommodations can we make that help you. And these are processes that we know from the evidence are hugely effective, the difficulty we've got I think is that the majority of line managers don't have the understanding and knowledge to be able to perform their role to their best advantage.

I'll also just finish off by emphasising what Steve said at the beginning and that's this idea of flexibility. The people we've talked to wanting to return to work after their Covid experience are asking, they're saying we need our employer to understand our needs and recognise that flexible working is a way to help us to maintain our work ability.

Lord Strasburger

So it's collaboration and flexibility I'm picking up from both of you. Simon, is there anything you'd like to add to that?

Simon Hodgson

Thank you, I think I would reiterate the points that Drs Boorman and Burton have made, I think for us I suppose guidance in general we believe should sort of focus on three key areas, so the first of those I think would be, you know I suppose perhaps it's a bit of an insurancery term but what I would call risk perception, so the need to engage with employers before something happens I think is actually key and this goes beyond Covid into kind of long-term conditions more generally which is I think a lot of smaller businesses tend to sort of think this is something that happens somewhere else, it hasn't happened to them so they're not really thinking about it. And actually you need to think about ways that you can get businesses to prepare for and plan for these types of events.

The second theme would be around the importance of early intervention and employer engagement and what I mean by employer engagement is addressing that kind of fear barrier, that uncertainty barrier, helping employers to realise how important it is for them to remain engaged with and conversing with their employee, making sure they're staying in regular contact with them, if they're off sick or if they're struggling or what have you, to make sure that they retain that connection to their work.

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And then the third theme would be picking up on Dr Boorman's point around where can SMEs actually go for advice and support, what services can they use, what tools can they use and what services in particular can they put in place to prevent and/or manage sickness absence when it does occur.

Lord Strasburger

Thank you very much all of you. Back to you Caroline.

Caroline Lucas MP

Thank you very much Paul and over now to Lord Russell.

Lord Russell

Yes, thank you very much. This is a question about how to we compare in the United Kingdom compared to other countries, so to the extent that you are aware of how we compare and are we or should we be learning from the ways in which other countries are responding to this, we'd be most interested to hear. So if I could start off with Dr Boorman please?

Dr Steve Boorman

Thank you. I think that's quite a complex question because other countries approach the structures around sickness absence in very different ways. So there are administrations within Europe, I'm thinking of the Netherlands and Germany which mandate case management and occupational health intervention as part of the employer's duty of care. We have ... but you know the problem is that different administrations have different employment rights, they have different sick pay structures, they have different access to disability benefits and so it makes it quite a complex picture in terms of learning what works. But certainly some of the countries that have very well structured and well resourced occupational health and rehab service are benefiting and the World Health Organisation talks about the three critical Rs in the management of Long Covid, recognition, research and rehabilitation and for me that last R is the most important, it's the quality of rehabilitation services that could be offered that seems to be a key message in this. And I think it's no accident that in the States where basically the costs of healthcare are often met by the employer that actually they've been beefing up rehabilitation services.

Lord Russell

And are there any countries we should be learning from in rehabilitation other than the United States?

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Dr Steve Boorman

No, I wouldn't claim to be an absolute expert in international approaches, but I think those structured case management approaches, and I mentioned the Netherlands and Germany, do have benefits.

Lord Russell

OK thank you very much. Dr Burton, could I ask you the same question please?

Dr Steve Boorman

Sorry, can I just come back before Kim starts? Sorry, there is one other international message that came out very strongly in the first session as well is that what works is multi-disciplinary approaches rather than simply relying on a one-horse pony. Sorry.

Lord Russell

Absolutely. Dr Burton.

Dr Kim Burton

Yes, thank you. Steve's already mentioned the Netherlands and German experience and those were the examples I was going to point us to because just because the way their systems work permit this or mandate a case management approach to managing sickness absence. Various states in Australia have the same sort of approach and so does New Zealand, although their legal systems are somewhat different and they don't necessarily mandate it, it's more through insurance and workers' compensation and such like.

What to me I think is interesting is not so much what countries are doing right now, because we don't really know, we haven't had time to find out and the research hasn't been done, but anecdotally I think what I've picked up is that other countries are thinking about and looking at exactly the same principles that we've been talking about this afternoon. And that is the idea of early intervention to recognise those individuals who are struggling with Long Covid or any other long-term condition for that matter and then accepting that the longer that person is off work, the more difficult it is for them to return and this is a fundamental issue that's not confined to the UK, of course it's not, it's recognised internationally and it's this idea of having an early intervention to do the recognition, to work out those obstacles and then devise ways of overcoming them. And I don't think I can stress too much the importance of the workplace in this. There is a role for healthcare which should be work-focused healthcare, there is a role for the individual to join in and help and work with their line manager, but

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the workplace, if the workplace isn't involved and isn't doing stuff then we just know that nothing much is going to happen and that's as I say an international recognition.

Lord Russell

Thank you. Just to note, Ruth ten Hove very helpfully has just added that from her point of view in terms of best practice and rehabilitation, apart from the Scandinavian countries and I think you mentioned Australia Dr Burton, she also mentioned Israel apparently is doing this very well, rather as it's been quite fast with its vaccination, apparently it's very good on the rehabilitation. Simon, to you last of all, I mean from Unum is an international company, can you see and map across different geographies some countries seem to be managing this better and giving the patients or those suffering a better experience than other countries?

Simon Hodgson

I think in terms of the specific direct findings across the globe in terms of Long Covid, I think it might be slightly early to make a judgement there. I think I would definitely highlight the point that the other two panellists have made in terms of the fact that in the UK I suppose, this is how I would put it, in the UK it sort of looks at first glance as though we're doing rather a lot in terms of establishing Long Covid clinics and so on and I think really that is actually a sort of side-effect of the fact that other countries such as in the Netherlands and Germany, Sweden, this is almost a reaction to the fact that those countries have a system in place which will necessarily simply absorb Long Covid as they have done with various other long-term conditions over a period of decades, but the UK system does not simply really prepare for that. And employers are not really set up for it and really there is very, very little guidance in law at all, or indeed guidance in terms of communications or advice from Government in any sense about how to deal with or manage sickness absence or workplace health. And so this is something that has been a problem for a long time and I think it sort of sits really behind the actions that the UK is having to take now, and I suppose my concern is that we sort of act to try and solve the Long Covid problem in isolation, rather than looking slightly more fundamentally at how it is that other countries have had a system in place already and we haven't and therefore that's really the key takeaway I think is to look at particularly the interplay between sort of sick pay system or social protection system and the set of employment rights and protections that a country has and think about the best combination of those two different things that is required to kind of put a system in place where employers feel like they are responsible for and able to deal with some of these questions.

Lord Russell

Thank you very much, Caroline back to you.

Caroline Lucas MP

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Thank you and to our last question now we come to Baroness Masham.

Baroness Masham

How could the Government best serve UK businesses in terms of managing the potential burden of Long Covid? This must be more difficult for small businesses as has been said, do you think the Government agrees with this?

Dr Steve Boorman

I'll lead off on that Baroness. I think I've already mentioned delivering to Health is Everyone's Business and Health is Everyone's Business was all about improving access, particularly for small businesses and medium businesses to the support that they needed to manage long-term sickness and I think the urgency of that response is now very significant and if we miss out on the opportunity of Long Covid to reinforce that it would be a big mistake.

You challenged earlier on about capacity to actually step-up, I think you talked about a capacity in terms of occupational health and whether there was enough, the simple answer is there isn't. We don't have enough occupational health people and we don't have enough vocational rehabilitation people and we need to think about those two services in perhaps different ways. So more creative use of technology within those services, wider multi-disciplinary working and the redeployment of some of the expertise that we've got elsewhere in the system into working alongside OH and VR would help considerably and Government clearly has the vision to be able to do that.

And then the last thing I would sort of challenge Government to think about is that we've heard repeatedly that people need joined up multi-disciplinary care in this respect. The unfortunate thing is that our healthcare system still does tend to deliver in siloes, in David's evidence he talked about triaging people to a particular form of rehabilitation, at a pulmonary rehabilitation I think was the answer that he used, but the practice is that actually these patients will often need several forms of different rehabilitation to manage their conditions and we need much more joined up system-wide care to support patients in this, and I know that's the direction of travel for care from the NHS but I think it's important.

And then the very last thing I would say is that at the moment much occupational, and most of occupational health and very much vocational rehabilitation is not free at the point of care and therefore is a cost to the employer and indeed actually can be a taxable cost to the employee if they actually receive it. I'm thinking about early intervention physiotherapy for example where HMRC have actually been challenging the providers of early intervention in terms of it becoming a taxable benefit in kind and removing that disincentive to use early intervention would help considerably.

Baroness Masham

I hope the Government will listen to you.

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Dr Steve Boorman

So do I.

Baroness Masham

Dr Kim.

Dr Kim Burton

First off I'd just like to just echo everything Steve has said there, I thought those were really pertinent points. What strikes me is that there's a ... going back to what Steve [inaudible 1:32:38.6] would talk about, it's a stepped approach and I think Government needs to recognise that it's going to have to take a stepped approach to managing long-term conditions within the workplace. Long Covid being one of them. And there are certain things that need to be done to systems to change those to be more friendly, if you like, that will take time. So my thought is what can we do meanwhile, and I'll go back to thinking about the role of the workplace and the role of the line manager and I just wondered whether accepting that they need tools, they need advice, they need help to perform their role, I'm just wondering whether a My Covid app for the line manager might be worth thinking about. It would take a little bit of working out but there are people who could do that.

Baroness Masham

Are there enough guidelines?

Dr Kim Burton

The problem I think with guidelines, we've got some very good guidelines from the Society of Occupational Medicine, from the Faculty of Occupational Medicine and other groups, all saying much the same things, the problem I see is disseminating that information to the right places and our experience from clinical work is that guidelines don't get very well taken up by and large, so we need to be more creative, or Government needs to be more creative in how it's going to actually disseminate what we know works.

Baroness Masham

Thank you so much, and last but not least, Simon.

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Simon Hodgson

Thank you. I think my couple of key messages, first let's not wait for the clinics, so obviously we're establishing the long clinics now, I think it's important not to kind of leave people languishing waiting for those and certainly not to leave businesses confused while they're waiting for their staff to be referred to them and then treated through them. I think it's important that we give those businesses as much guidance as we possibly can as early as possible and so you know suggestions such as Dr Burton's I think are worth considering very carefully. I'd echo the point that Dr Boorman has made around the importance of publishing the follow-up to the 2019 consultation Health is Everyone's Business, I think that is urgently needed.

And then I think the last thing I would particularly mention is the need to look very, very seriously at the structure of the system in the UK and to think about why it was perhaps not set up ideally for the situation that we have found ourselves in and presumably will not therefore be set up ideally for the situation in the future. I would suggest that that could most usefully be done through an independent review of statutory sick pay, particularly with a view to thinking about how the system could be reformed to provide better protection for workers and at the same time support for employers to help reintegrate people back into the workforce. There are other countries that do this particularly well, we've mentioned the Netherlands where the sickness absence reforms reduced absence there by 25%, we've also mentioned Australia where around a third of workers are opted into insurance cover through their automatic enrolment pension which will result in billion of Australian dollars in social security savings over the next few years. So there are other countries that have done these things well, I think for us in the UK it's about finding a model which enables that better protection for workers, support for employers and also that it's sustainable financially for Government as well.

Baroness Masham

Thank you so much to all of you and it's been an important session. Back to Caroline now.

Caroline Lucas MP

Thank you so much Baroness Masham and thank you to all of our witnesses, it really has been an incredibly useful session and will certainly inform the recommendations that the All-Party Group will be bringing forward to Government, so a big thanks for all of your time because I know how busy you all are, really, really very grateful and thank you as well to our previous witnesses too. So I will call this meeting to a close and look forward to staying in touch, thank you.