



Guidelines for supporting our NHS people affected by Long COVID

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Introduction

Many of our NHS colleagues contracted COVID-19 during the pandemic. The time it takes for each individual to recover is different for everybody, and while many people feel better within a few days or weeks and most will make a full recovery within 12 weeks, for some colleagues the symptoms can last longer.

The National Institute for Health and Care Excellence (NICE) defines 'long COVID' as the term commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post-COVID-19 syndrome (12 weeks or more).

As the impact of Long COVID is still very new and we are continuing to learn more about the condition every day, these guidelines have been drafted to help our NHS line managers and leaders understand what Long COVID is and how they can support colleagues who are experiencing its symptoms. These guidelines include information about what Long COVID is, advice on HR elements such as sick pay and how to record Long COVID-related absence, as well as practical tips on the benefits of having regular health and wellbeing conversations with your teams to talk about Long COVID and reasonable adjustments that might need to be made to support colleagues to return to work.

The information contained in these guidelines is correct as of 31 January 2022. These guidelines were developed by the Health and Wellbeing Team at NHS England and NHS Improvement, with support from a Task and Finish Group comprising members of other national organisations such as the Department of Health and Social Care (DHSC), Health Education England (HEE) and NHS Employers, as well as internal colleagues from relevant teams and regional roles. The membership also included NHS colleagues with lived experience of Long COVID who were willing to share their experience of seeking support.

Given the pace at which guidance is evolving, the national Health and Wellbeing Team will review these guidelines on a six-weekly basis to ensure the advice is updated regularly and correct. There is further work to do to understand the support offer to primary care colleagues and we will ensure that the review of the guidelines reflects this going forward.

Understanding Long COVID

What is Long COVID?

Long COVID is a term to describe the effects of COVID-19 that continue for weeks or months beyond the initial illness. NICE defines Long COVID as signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 from 4 to 12 weeks and post-COVID-19 syndrome lasting for more than 12 weeks. The World Health Organization (WHO) defines Long COVID as “symptoms that last for at least two months and cannot be explained by an alternative diagnosis”, occurring in individuals with a history of probable or confirmed SARS CoV-2 infection, usually three months from the onset.

The latest [update](#) from the Office of National Statistics notes that as of 6 January 2022, an estimated 1.3 million people living in private households in the UK (1.9% of the population) were experiencing self-reported Long COVID (symptoms persisting for more than four weeks after the first suspected coronavirus infection that were not explained by something else). This figure has increased from 1.1 million (1.7%) as of 5 September 2021, reflecting sustained increased COVID-19 infection rates in August 2021. It is anticipated that given the high infection rates with Omicron, a large number of people, including our NHS colleagues, will continue to develop Long Covid for some time yet.

More than a third (35%) of the above patients stated they were experiencing Long COVID symptoms more than a year after their first suspected infection, and almost two thirds (65%) said their symptoms limited their daily activities.

What are the symptoms of Long COVID?

Long COVID is associated with a wide range of different symptoms that can impact physical, psychological and cognitive health, for patients of all age groups. It is likely that some colleagues who experience symptoms of Long COVID may return to work and shortly need further time off if symptoms reoccur. Symptoms will be different for everyone, and line managers are encouraged to recognise this and support colleagues on an individual basis.

The [NHS guidelines](#) advise that common symptoms of Long COVID can include:

- extreme tiredness

- dizziness
- shortness of breath, heart palpitations, chest pain or tightness
- problems with memory and concentration ('brain fog')
- difficulty sleeping
- a high temperature
- changes to taste and smell
- pins and needles
- tinnitus or earache
- joint pain
- depression and anxiety

Whilst the above list outlines the common symptoms that patients with Long COVID may experience, it is worth noting that there are likely to be additional and new symptoms as this disease emerges. Colleagues may also experience persistent, unexplained symptoms that are not diagnosed as Long COVID until a year or more later after medical care is sought.

One of the largest studies completed to date, undertaken by [University College London](#), identified 200 symptoms affecting 10 organ systems in people with Long COVID, at higher levels than in people who were fully recovered. They included hallucinations, insomnia, hearing and vision changes, short-term memory loss and speech and language issues. Other studies have reported gastrointestinal and bladder problems, changes to periods and skin conditions. The severity of these symptoms varies, but many sufferers have been left unable to perform tasks like showering or grocery shopping; some may even experience communication problems such as word-finding difficulties (aphasia).

For those who wish to learn more about Long COVID, HEE has developed an online learning module available through the e-Learning for Healthcare (eLfH) website: www.e-lfh.org.uk.

What is the impact of Long COVID on our NHS people?

As of 18 May 2021, estimates by the Office of National Statistics (ONS) suggest that approximately 122,000 healthcare workers and 31,000 social care workers are self-reporting symptoms of Long COVID, however this data is not inclusive of the full NHS workforce and excludes roles such as agency staff and those working within primary care.

These figures show that Long COVID is having a significant effect on our workforce, service delivery and recovery at an individual, organisational and healthcare system level. Colleagues absent from work, especially those absent for long periods of time, will likely require additional organisational support both while on leave, and when returning to work. Line managers will need to work with their local HR teams and occupational health teams to consider flexible approaches and reasonable adjustments that support their colleague's wellbeing and ability to return. This could, for example, include understanding when a phased return would be appropriate, and how to approach this.

What is the purpose of these guidelines?

These guidelines have been drafted to help our NHS line managers and leaders understand what Long COVID is and how they can support colleagues who are experiencing symptoms of Long COVID. These guidelines include details on what Long COVID is, advice on HR elements, such as sick pay and how to record Long COVID related absence, as well as practical tips on the benefits of having regular health and wellbeing conversations with your teams to talk about Long COVID and reasonable adjustments that might need to be made to support colleagues to return to work. Colleagues who are personally experiencing symptoms of Long COVID may also find it helpful to read these guidelines.

Advice for line managers

How can I support a colleague who is experiencing symptoms of Long COVID?

Recovering from Long COVID can be a lengthy process and colleagues will need to be supported to recover at their own pace. All line managers are therefore encouraged to read about the varying symptoms of Long COVID and acknowledge that this can affect colleagues in different ways.

Long COVID is considered an illness with a complex recovery (this can sometimes be referred to as a 'non-linear recovery'), which means it is likely that relapses will occur. Some colleagues might return to work when feeling better or able to perform their duties, and shortly need to take time off again when symptoms return or affect their ability to work. The recovery process will be different for each colleague, and therefore line managers are encouraged to support colleagues on a one-to-one basis, seeking to understand and respect their experience of Long COVID.

If you are supporting someone who has returned to work after taking time off due to Long COVID, we would encourage you to:

- Offer regular health and wellbeing conversations to check in and see how colleagues are feeling.
- Use these health and wellbeing conversations to discuss whether it would be helpful to consider any reasonable adjustments to their working pattern, for example asking if working flexibly would support them to adjust back into the workplace.
- Link in with local occupational health and wellbeing services (where available) to understand how they can support your colleague.
- Share details of the [wellbeing support available to colleagues](#), including mental health hubs, local NHS services and the national support offer.
- Encourage attendance at local or national Long COVID support groups and peer networks to meet others who are experiencing similar symptoms. Colleagues can find details of these groups through their local GP or through [Your COVID Recovery \(YCR\)](#).

- Read the [guidance](#) produced by Unison to consider best practice in supporting colleagues experiencing Long COVID, as well as the [guidance](#) published by the Faculty of Occupational Medicine, aimed at managers and employers to assist them in facilitating the return to work of people who may find this difficult because of Long COVID.

Feeling confident and able to talk to your colleagues about their wellbeing is key to supporting those affected by Long COVID (and in supporting all your colleagues in general). Line managers across the NHS can access free training in having safe and effective wellbeing conversations and can then use wellbeing conversations as an opportunity to explore how your colleague is feeling, and whether they need any further support. If you are feeling unsure about how to have a wellbeing conversation, and how to approach the subject, the national training programme can be accessed [here](#).

What health and wellbeing support is available for those affected by Long COVID?

Many people reporting Long COVID symptoms were not admitted to hospital during the acute phase of their infection. Many will self-manage or access self-support directly (without a referral), such as the online information and guidance platform [Your COVID Recovery \(YCR\)](#).

Anyone concerned that they might have Long COVID, that is not improving as expected, should seek advice and support from their general practice. Their GP team will be able to assess them and may offer a range of tests that are tailored to their individual signs and symptoms. This will help to rule out acute or life-threatening complications and confirm if symptoms are likely to be caused by Long COVID or a new, unrelated diagnosis. If appropriate, they may refer them to a Post COVID service.

The NHS has a range of support offers and services available to NHS colleagues to support with their overall health and wellbeing, which includes support for those with the varying symptoms of Long COVID. All the following national support offers are available to NHS colleagues in all roles, both clinical and non-clinical, and including those working in secondary and primary care. These national support offers include:

- Colleagues can seek a referral to their local Post COVID service via their GP. The 90 NHS post-COVID assessment clinics are available nationwide and can offer physical, cognitive, psychological assessments, along with vocational rehabilitation for those who need it, with the aim of providing consistent services for people with Long COVID.
- Access to a range of health and wellbeing offers through the national support programme, including free access to a range of health and wellbeing apps, talking therapies through the Samaritans helpline and a range of coaching and counselling offers. All these offers can be accessed via england.nhs.uk/people.
- Access to online information and guidance through [Your COVID Recovery \(YCR\)](#).
- NHS colleagues who are also experiencing mental health symptoms can seek a rapid clinical assessment through one of the 40 system-wide [mental health and wellbeing hubs](#) in place to provide proactive outreach and assessment services, including rapid clinical assessment and supported onward referral to mental health services and psychological support where needed. Colleagues can self-refer or seek a referral to their local mental health and wellbeing hub through their line manager.

Many colleagues working across the NHS will also have access to occupational health and wellbeing services and local employee assistance programmes (EAPs) through their employing organisations. It is likely that referral into occupational health and wellbeing services will need to be via a line manager, but access to EAPs is often direct.

To note, the delivery of occupational health and wellbeing services and local EAP services will vary for those working within primary care, and line managers and leaders within primary care are encouraged to check with their local clinical commissioning group (CCG) or primary care network clinical director to understand what is available.

How should I record Long COVID sickness absence?

For organisations who use the NHS Electronic Staff Record (ESR) as a method to record sickness absence, Long COVID related sickness absence should be

recorded as an episode of sickness with the most appropriate reason for absence selected (for example respiratory problems). Under the related reason field, 'Coronavirus (COVID-19)' would need to be selected.

For example, a Sickness Level 1 Reason of 'S15 Chest & Respiratory Problems' with a 'Related Reason' value of 'Coronavirus (COVID-19)'.

The screenshot shows a form with the following fields and values:

- Absence Type:** Sickness (dropdown menu)
- Level 1 Reason:** S15 Chest & respiratory problems (with a search icon)
- Level 2 Reason:** S15001 Breathing problems (with a search icon)
- Surgery Related:** (empty field with a search icon)
- Related Reason:** Coronavirus (COVID-19) (with a clear 'x' icon and a search icon)
- Assessment Date:** (empty field with a calendar icon)

At present, the way in which Long COVID related sickness absence is recorded is the same as how we record COVID-19 sickness absence. To understand the impact of Long COVID on our NHS workforce, NHS England and NHS Improvement will class absence episodes that last 28 days or more as Long COVID and those that are not as 'normal' COVID-19.

For organisations which do not use ESR, including the primary care sector, line managers are asked to record Long COVID-related sickness absence through their current sickness absence recording processes. For example, this could be through CCG sickness and absence SITREP reporting, if this is still ongoing.

Understanding sick pay for colleagues taking COVID-19 related sickness absence

As part of the emergency response to the current COVID-19 pandemic, DHSC introduced temporary non-contractual workforce guidance and [supporting FAQs](#) as part of its strategy to support workforce leaders and NHS staff to respond to the pandemic.

The guidance aimed to support infection control measures and the health, safety, and wellbeing of NHS colleagues by introducing a temporary enhanced provision of 'COVID-19 sick pay'. This new provision was designed to ensure that when staff go off absent with the COVID-19 virus, they receive full pay (the same as if they were

at work) for as long as they are off work due to COVID, and therefore did not feel pressured to be at work while unwell. While this provision is available, it is possible that it may change. Future iterations of these guidelines will advise when a change is made.

For sickness absence that is not related to COVID-19, normal sick pay provisions will apply.

Please note that the above guidance on sick pay predominantly applies to those who are on an NHS employment contract. Please see the later section on 'What do these guidelines mean for colleagues working in primary care, or who are contracted externally to provide NHS services?' to understand what this means for those working in primary care and on non-NHS contracts.

How should I manage colleagues on long-term sickness by COVID-19?

Alongside these guidelines, we would encourage all line managers to read the [guidance](#) developed by the NHS Staff Council to understand how employers and trade union representatives can support colleagues with long-term COVID-19 sickness absences. It is worth noting that all NHS organisations have the ability to be flexible in how sickness absence is treated and it is worth being aware of any additional, local policies.

According to the above DHSC temporary non-contractual guidance, periods of COVID-19 sick pay would not be counted towards a colleague's normal sickness entitlements. However, if a colleague is approaching long term sickness (for a period of 12 months or more), the employing organisation would be expected to complete a review at 12 months to understand the ongoing need and potential challenges with a return to work. Consideration of dismissal due to the colleague being unable to fulfil their contract should only be considered if redeployment is not an option.

Supporting colleagues into early retirement

Under existing ill-health retirement regulations in the NHS Pension Scheme, NHS colleagues can be supported into early retirement if they are judged to be permanently unable to fulfil their role and carry out their duties due to ill-health.

If a colleague feels unable to fulfil their role due to their symptoms, consideration of early retirement due to Long COVID should be treated the same way that an early retirement request due to any other illness would be considered.

The eligibility criteria for early retirement remains the same, in that NHS colleagues seeking early retirement due to ill-health must be considered permanently incapable of their NHS employment or permanently incapable of regular employment of like duration. Members will be assessed on an individual basis and on the evidence provided and will need to satisfy the criteria for entitlement to ill-health retirement.

Supporting locum colleagues, those working in primary care, or those who are contracted to provide NHS services

Colleagues working in primary care who are employed by an independent contractor (for example a GP practice, partnership, Federation or an employing organisation who do not use the NHS Terms and Conditions such as a privately owned dental practice or pharmaceutical chain) may still have access to the DHSC COVID-19 sick pay provision.

During the pandemic, NHS England and NHS Improvement made additional funding available to GP practices via the General Practice COVID Capacity Expansion Fund and encouraged practices to use this funding to offer full pay to those who were absent from work with COVID-19 or suspected COVID-19. The Fund was designed to support additional capacity in general practice and to deliver seven priority areas – one of which was the provision of funding for backfill for staff absences, where it was agreed by the CCG, was required to meet demand, and the individual was not able to work remotely. The details of the Fund are available in letters published in [November 2020](#) and [March 2021](#).

Supporting colleagues on international sponsorship who need time off due to Long COVID

NHS employees on visas, including international medical graduates, must comply with visa requirements for ongoing sponsorship, this is the responsibility of the sponsor (usually the employer). These include savings levels and minimum income levels. Where an individual requires reduced hours (this could be through medical advice eg occupational health, GP, etc) they may be unable to comply as they will then fall below the required income level. We would advise that this be treated on a

case-by-case basis and solutions should be explored through one-to-one conversations between the employer and the employee.

Support for doctors in training who take time off due to Long COVID

Doctors in training, including those on GP or dental placements, are employed through the national NHS Terms and Conditions either through a local employer, such as NHS trusts or practice, or a single lead employer (also NHS trusts) and therefore will have access to the normal NHS sickness absence provisions.

Best practice case studies

The [Faculty of Occupational Medicine](#) has published a selection of examples of NHS trusts around the country sharing how they have supported colleagues with Long COVID. These case studies include a helpful [video presented by an occupational therapist](#) from The University Hospitals of Derby and Burton NHS Foundation Trust which outlines how managers can support staff with ongoing COVID-19 related symptoms to return to work safely.

In June 2021, NHS Employers hosted a webinar for NHS colleagues to explore what employers and line managers can do to support colleagues with Long COVID. A recording of this webinar, which includes speakers such as the legal firm Capsticks and Professor Ewan Macdonald OBE from the University of Glasgow Director, MacOH Ltd, can be accessed here:

<https://www.nhsemployers.org/events/supporting-your-nhs-colleagues-long-covid>

Unison, the public service union that many NHS colleagues may be members of, have also published the following guide on 'Bargaining guidance on supporting members with Long COVID or post-COVID-19 syndrome'. This guidance can be accessed online at the following link:

<https://www.unison.org.uk/content/uploads/2021/06/Bargaining-to-support-those-who-have-long-COVID-final-1.pdf>

We recognise that we currently have limited case examples related to supporting primary care colleagues and we are working with our integrated care systems to build on this for future iterations of the guidelines.

Further support

If you have any questions about these guidelines or would like to ask for further support, please contact the national Health and Wellbeing team at ournhspeople.hwb@nhs.net.



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