

Post-Covid-19 Staff Survey

Healthwatch Redbridge

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Introduction

Healthwatch is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care.

Our previous collaborative work¹ with Healthwatch Barking & Dagenham and Havering highlighted the impact of Long COVID on the local community.

Many people with Post-COVID-19 syndrome feel isolated, anxious, and distressed. Having a new condition that is not widely understood is an important feature of this.

Together with fears of getting ill again, not being believed, lengthy waits for support and unclear pathways to access information, service users reported often feeling invisible.

Although the Long COVID specialist clinic is extremely well-evaluated, we found considerable access barriers to the service. These included unclear referral pathways from GPs and an unwillingness to seek help due to the fear of not being believed. The Long COVID service is working to raise the profile of the service and to increase accessibility through simpler referral structures.

For this report into Long COVID, we concentrated our survey on staff within the NHS. As of May 2021, estimates by the Office of National Statistics (ONS) suggested that approximately 122,000 healthcare workers were self-reporting symptoms of Long COVID².

The Nursing Times estimates that as many as 10,000 NHS staff could be off sick with Long COVID (Nursing Times January 2023). We wanted to understand the experience of NHS staff who identify with Long COVID. Updated evidence from November 2024³, continues to suggest the impact Long COVID is having on health and care staff.

¹ <https://www.healthwatchredbridge.co.uk/report/2022-12-02/experience-post-COVID-19>

² <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/supporting-long-COVID/>

³ <https://www.rcn.org.uk/Professional-Development/publications/rcn-member-experiences-of-long-covid-uk-pub-011-838>

Background

The National Institute for Health and Care Excellence recommendation (NICE, 2021) is that 'Ongoing symptomatic COVID- 19' be used to describe symptoms that continue after four weeks of contracting COVID-19 and are not explained by an alternative diagnosis.

'Post-COVID-19 syndrome' is used when symptoms continue beyond 12 weeks or newer symptoms develop. Both are commonly called Long COVID. Long COVID presents itself through a wide range of clustered symptoms.

The most recent data from the Office for National Statistics show that an estimated 1.9 million people self-reported experiencing Long COVID symptoms as of February 2023⁴.

Health Inequalities and Long Covid

NHS staff faced frontline responsibilities in the pandemic which put them at greater risk of contracting Covid-19 in the first wave, without vaccination and often inadequate PPE (Personal Protective Equipment). This is linked to a greater incidence of Long Covid.

Methodology

We designed a survey asking for the experience of NHS staff in relation to the effect of Long Covid on:

- **Their health**
- **Accessibility of support**
- **Experience of the support**
- **Impact on their work**

The data collection was between January and April 2023, the survey was disseminated by local NHS Trusts, and we had 30 respondents. Although this is a small number, and we cannot identify the precise Hospitals, there are some dominant themes which suggest further research is necessary.

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronavirusCOVID19infectionintheuk/30march2023>

Findings

We surveyed 30 workers who have experienced Long Covid-19 symptoms.

Gender



Woman - 75%

Man - 21%

Other - 4%

Age



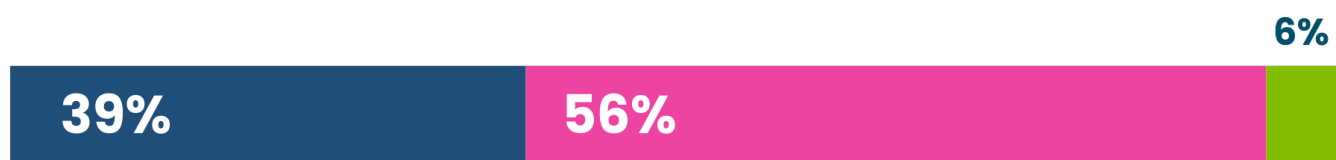
25 - 34 - 64%

35 - 49 - 25%

50 - 64 - 11%

Financial Situation

Our respondents were mostly directly employed by their place of work, with over half identifying their financial situation as 'just getting by.'



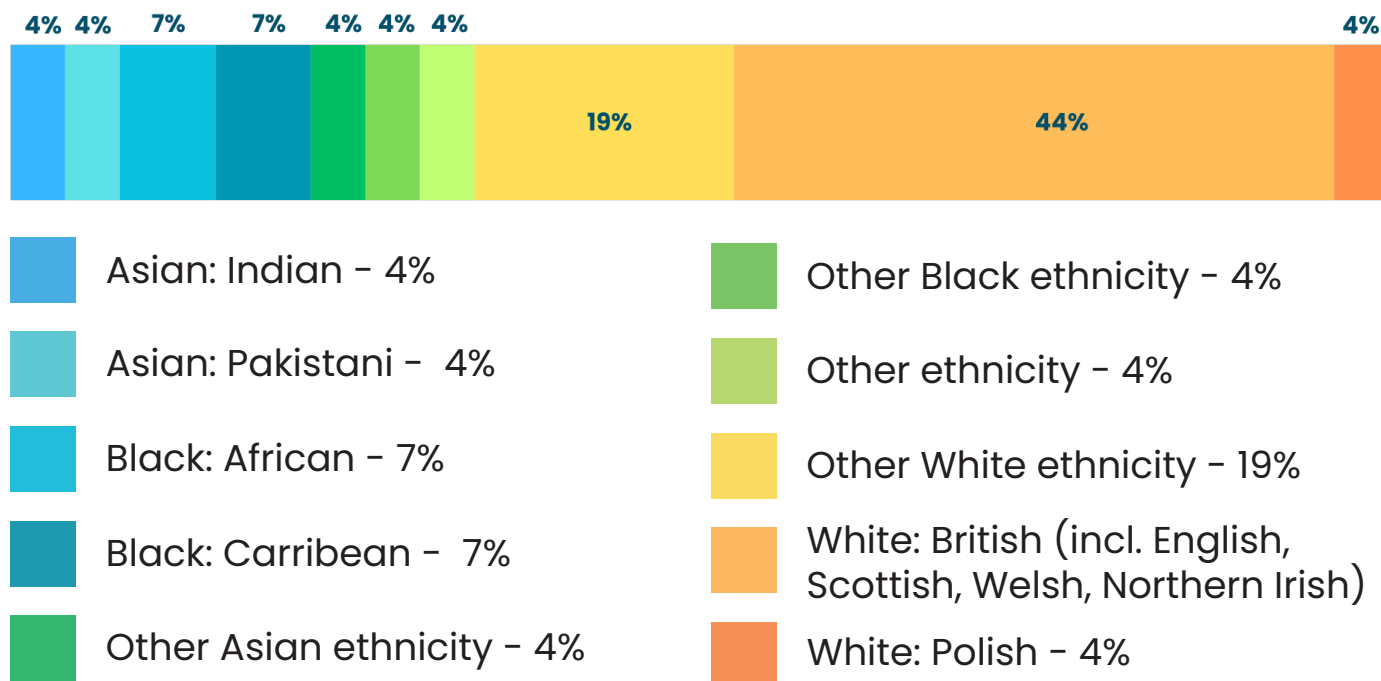
Quite comfortable (I have more than enough money for living expenses, and a LITTLE spare to save or spend on extras) - 39%

Just getting by (I have just enough money for living expenses and little else) - 56%

Really struggling (I don't have enough money for living expenses and sometimes run out of money) - 6%

Ethnicity

Just under half of respondents were of White British ethnicity, 55% were of other ethnicities and are reflective of our diverse communities in Redbridge.



Demographics in Detail

Approximately a quarter (22%) of respondents identified as disabled people, with a smaller number (16%) identifying as neurodivergent.

- Physical Disability – 3 people
- Sight/Blindness – 2 people
- Deafness – 1 person
- Mental health related – 1 person
- Long term health condition – 1 person
- Breathing problem – 1 person
- Traumatic brain injury – 1 person
- Learning disability – 2 people
- Autism – 1 person
- ADHD – 1 person
- Dyslexia – 1 person

Occupation

- Health professional – 33%
- Admin/reception – 15%
- Manager or director – 10%
- Housing – 3%
- Personal care – 3%
- Other non-managerial – 13%
- Involvement rep – 3% (one person)

Digital Exclusion

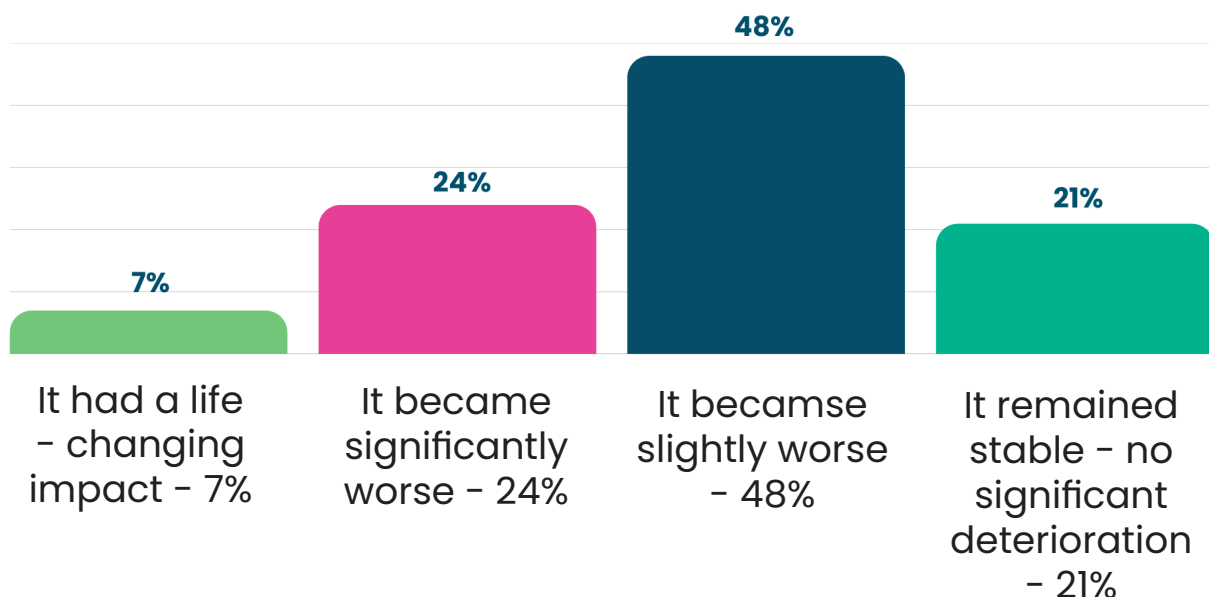
Digital exclusion remains a factor for consideration in the NHS staff community. This is especially relevant when considering access to support for Long Covid which is predominantly online.

Available Technology:

- Desktop computer – 15%
- Laptop – 76%
- Tablet – 30%
- Smart-phone – 70%
- Internet – 70%
- Internet on phone – 56%

Impact of Covid-19 on Health

Nearly one-third of respondents felt that Long Covid had caused a significant or life-changing deterioration in their health.



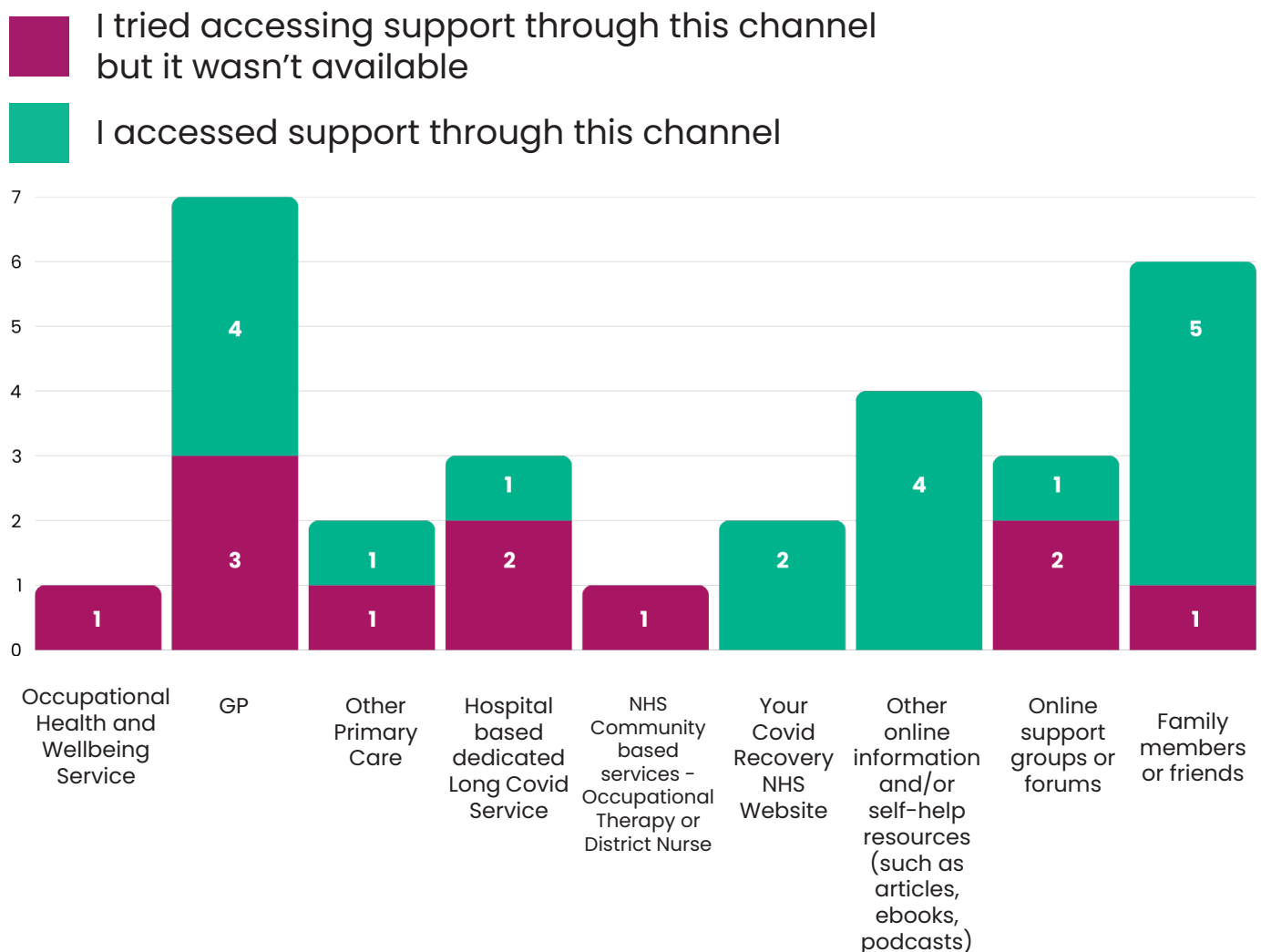
A third (38%) of respondents felt that they had stopped undertaking certain activities, such as exercise. Specific difficulties included:

- Walking/running
- Exercise
- Irregular menstruation
- Coughing
- Headaches
- Fatigue

Service Accessibility

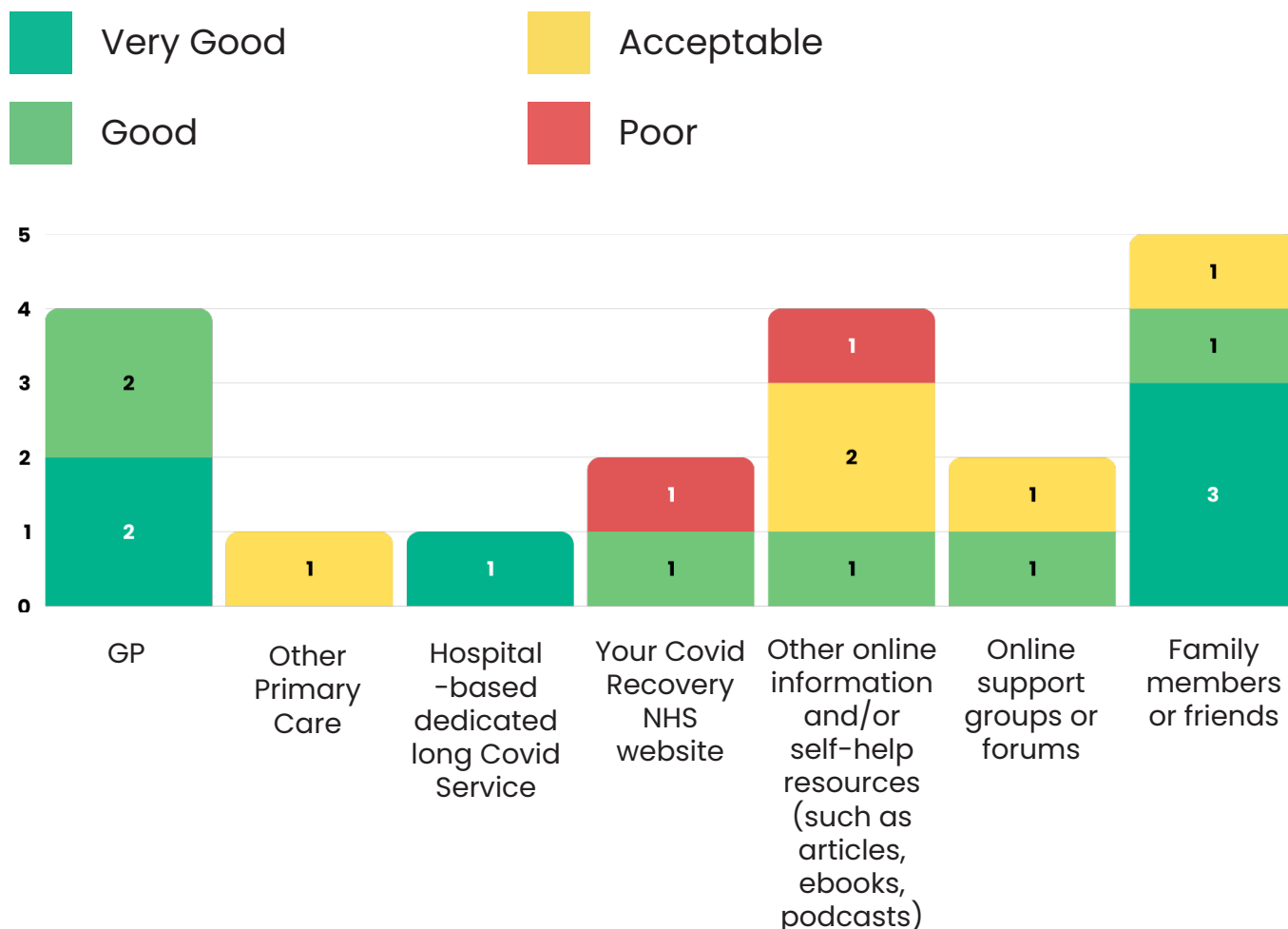
A third of respondents tried to access support for Long Covid, with a significant dependence on online resources, family, and friends.

Some access routes were more difficult to navigate, such as the GP and Hospital based Long Covid Service. Both areas have been previously identified.



Service Access Experience

When support was available, there was generally good experience across a variety of settings. It is interesting that staff were not accessing the Hospital based Long Covid service, and this might be an avenue of further research.



Long Covid-19 and Work-Life

Just over a quarter of staff surveyed asked for sick leave because of Long Covid.

"I initially was quite unwell for about 2 months, I was very tired, foggy and had chest pain. I found my manager very supportive actually. I have smell loss, so I feel like it pales in significance to other issues, but actually 15 months later I'm finding it quite depressing."





“Work permanently at home, manage tiredness and symptoms by adjusting my working hours and reducing my work week (with reduction in pay)”

“Return to work plan not followed and referrals to occupational health not followed up. Managers understanding, however as there is no support for either managers or staff from occupational health, it becomes lip service.”



Workplace adaptations had been requested by 21% of respondents.



“There is no obvious evidence of it – however I only work weekends”

“It can be stressful, as sometimes stress can cause me to get breathless. Breathlessness has led to some anxiety during meetings and presentations.”



27% of respondents asked for sick leave as a result of Long Covid (3 took long term sick leave and 5 took only small amounts of sick leave). All respondents had access to sick leave; only one person was paid a lower rate than their normal salary during illness.

Two people said their finances were severely affected by their Long Covid; four said they were slightly impacted.

More than half of those who believed they needed amended duties did not ask for them.

Conclusions and Recommendations

There is a link between our previous report¹ and staff survey findings, in that there are access barriers to Long COVID support for staff too.

Of particular concern is the finding that some staff were not feeling comfortable asking for adjustments. The small number of overall respondents could also indicate an unwillingness to share experience. This would also be worthy of further research.

The large numbers of staff facing long term sickness is acknowledged to be a considerable point of concern for the NHS².

Working to reduce the barriers and acknowledging the need to gain access to support for Long COVID are a critical workforce issue. This would serve greater transparency, collaboration and recovery for staff.

- Further research into local NHS workforce culture about illness and asking for help and the freedom to speak up within the staff community
- Increased staff access to the Hospital Long COVID service for a well-evaluated and available system of support
- Ensure there are routes of support for digitally excluded staff
- Highlight reasonable adjustments for staff early in sickness leave

Current Information

Estimates of the prevalence of self-reported Long COVID and associated activity limitation, using UK Coronavirus (COVID-19) Infection Survey data for data covering the four weeks to 5 March 2023. An additional data table contains the data covering the four weeks to 5 February 2023. Experimental Statistics³.

¹ <https://www.healthwatchredbridge.co.uk/report/2022-12-02/experience-post-covid-19>

² <https://www.kcl.ac.uk/news/long-covid-symptoms-prevalent-among-healthcare-workers>

³ Long COVID is an emerging phenomenon that is not yet fully understood. These are Experimental Statistics. The estimates are currently under development, which means that they may change as scientific understanding of long COVID improves.

Further impact was shown in a Lancet article from March 2023, suggesting further research was needed into the impact of Long COVID.

If you are worried about new or ongoing symptoms four or more weeks after having COVID-19, there are resources available to help.

See the NHS webpages long term effects of coronavirus⁴, and recovery⁵, which can help you to understand what has happened and what you might expect as part of your recovery.

The time it takes to recover from COVID-19 is different for everyone and the length of your recovery is not necessarily related to the severity of your initial illness or whether you were in hospital.

⁴ [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(23\)00239-4/fulltext#seccestitle240](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(23)00239-4/fulltext#seccestitle240)

⁵ <https://www.nhs.uk/conditions/coronavirus-COVID-19/long-term-effects-of-coronavirus-long-COVID/>

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