Lasting Harm: The Impact of Long Covid on Scottish Health and Social Care Workers

A Survey by Scottish Healthcare Workers Coalition, in partnership with Thompsons Solicitors
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Executive Summary

When Covid-19 emerged in early 2020, Health and Social Care staff were at increased risk of contracting Covid-19 and of subsequently developing Long Covid or other post-Covid illness. Staff were inadequately protected from contracting Covid-19 and were often exposed to higher viral loads; this was in part due to lack of preparedness, poor risk assessment and inadequate guidance at all levels of the system.

Those impacted by Long Covid or other post-Covid illness have been poorly supported by their employers, including experiencing stigma and discrimination. Workplaces have failed to adequately support those with chronic health issues and disabilities resulting from Covid-19, in order for them to continue to contribute to the workforce. Furthermore, a significant number of workers are so severely affected that they are unable to carry out essential daily living, let alone remain in employment. Many are struggling financially, have lost their jobs and are at risk of losing, or have already lost their homes. Compensation schemes, injury allowances and ill-health pensions have not been made available appropriately. In addition to the personal cost of chronic illness, there is also a wider societal economic impact; a large proportion of respondents are now no longer able to contribute to the workforce and rely on state benefits.

The provision of health services for those with Long Covid has been patchy and inconsistent across Scotland. Existing services are inadequate, primarily focusing on rehabilitation without an attempt to treat underlying pathology. The political and societal desire to move on from the events, hardships, and subsequent traumas of the first two years of the Covid-19 pandemic is short-sighted and has led to inadequate ongoing risk mitigation. Current mitigations within health and social care, and in wider society, are lacking and continue to put both the health and social care workforce and wider population at risk of further unnecessary harm.

Recommendations

- Long Covid should be recognised as an occupational disease.
- Workplace-acquired infections, including Covid-19, should be reported under the RIDDOR process.
- Covid-19 remains prevalent and as such health and social care workers continue to be exposed. Mitigations are required to ensure that staff and patients are breathing clean air in health and social care settings, thereby minimising workplace exposure to Covid-19. This should be done by improving ventilation, the use of filtration devices and the use of high grade Respiratory Protective Equipment (RPE).
- Public Health messaging should warn society about the ongoing risks of Covid-19 and Long Covid, so that informed decisions can be made.
- Robust multi-disciplinary Occupational Health services should be funded and accessible to all health and social care staff.
- Employees with ongoing chronic illness and disability should be supported to rejoin the workforce using flexible approaches that accommodate the fluctuating nature of Long Covid. Organisations should value the contributions that can be made by staff with Long Covid. There needs to be an increased awareness and understanding of Long Covid among managers and colleagues.
- Union representatives should be trained to understand Long Covid. It would be beneficial if the unions could work alongside employers and their members to ensure workplace support is appropriate. Where it is not, unions should offer support to their members to undertake legal proceedings with the aim of building case law.
- Specialist Long Covid services should be commissioned and funded throughout Scotland for both health and social care staff and the wider population who are living with Long Covid and post-Covid illness.
- Scotland should fund and enable its clinical researchers to collaborate with both United Kingdom (UK)-wide and international Long Covid research.
- Financial support and compensation should be made available to health and social care workers who have caught Covid-19 in the workplace and have subsequently developed long term illness and disability. This should include Ill-health retirement, Personal Injury claims, Industrial Injuries Disablement Benefit and NHS Injury Allowance where applicable.
- Information about financial support should be made more readily available. Similar to the process applied for Military Injury Compensation, health and social care workers injured as a result of their job should be supported to maintain financial stability, enabling them to keep their own homes. This is particularly pertinent to those who were, and continue to be, inadequately protected.

Introduction

Scottish Healthcare Workers Coalition is a group of health and social care professionals who worked in Scotland during the pandemic and have subsequently developed Long Covid or other post-Covid illness.

In partnership with Thompsons Solicitors, Scottish Healthcare Workers Coalition launched this survey on 20th September 2023 with the aim of assessing the impact of Covid-19 on health and social care staff that worked in Scotland during the international public health emergency stage of the Covid-19 pandemic. The survey was an online self-selecting group, the majority of whom are members of the Scottish Healthcare Workers Coalition. Data was gathered anonymously using multi-choice options, which has been reported referring to the number of respondents and with the use of percentages or fractions. Further qualitative data was gathered using free text options. The qualitative data underwent thematic analysis and predominant themes are presented. All questions were optional.

Demographics

- There were 57 survey respondents.
- 96% of respondents had a diagnosis or suspected diagnosis of Long Covid or other post-Covid illness.
- 81% of respondents were either sure or thought it was highly likely they had contracted Covid-19 at work.
- 88% worked in health care settings and 12% worked in social care settings.
- Professional groups represented included: administration and ancillary staff; Allied Health Professionals (AHPs); care home staff, doctors; healthcare or social care assistants; management; midwifery; nursing; pharmacy; psychology; Scottish Ambulance Service staff; and social work.
- The majority of those that answered were between 35-64 years of age.
- 75% were female, 21% male, 2% non-binary, 2% preferred not to say.
- 87% of respondents identified as heterosexual, 4% as bisexual, 2% as pansexual, 7% preferred not to say.
- 92% identified as white, 4% of respondents identified as Asian, 2% were from mixed or multiple ethnic groups, 2% preferred not to say.
- In terms of protected characteristics as outlined by the Equality Act (2010) the representation was as follows: 18% said they had a disability pre-2020; and post-Covid infection this number now stands at 51%.
- Other protected characteristic demographics: 7% age; 2% gender reassignment; 7% marriage or civil partnership; 2% pregnancy or maternity; 5% race; 9% religion; 5% sex and 3% sexual orientation.
- There was representation from staff working across the range of banding groups and medical grades.
- In terms of level of education 58% were educated to degree level or above, 25% HNC level, 12% school leavers, 5% declined to answer.
- All respondents had experienced a Covid-19 infection. 63% of respondents contracted their first infection in 2020.
- 51% had experienced at least 2-3 infections or more.

Contents of the Report

Personal Protective Equipment (PPE)

Health and social care workers felt that they had been put at an unreasonable level of risk whilst working as keyworkers during the pandemic. Both inadequate Personal Protective Equipment (PPE) and poor guidance at both national and local levels contributed to such risks. Some respondents commented on the lack of recognition that Covid-19 is an airborne virus.

> "Covid is airborne and this is not being acknowledged by the UK"
>
> "I felt let down, like cannon folder, in the initial wave due to inadequate PPE. I was actively denied a Covid test when I was unwell"
>
> "Keyworkers were abused and not treated like people"

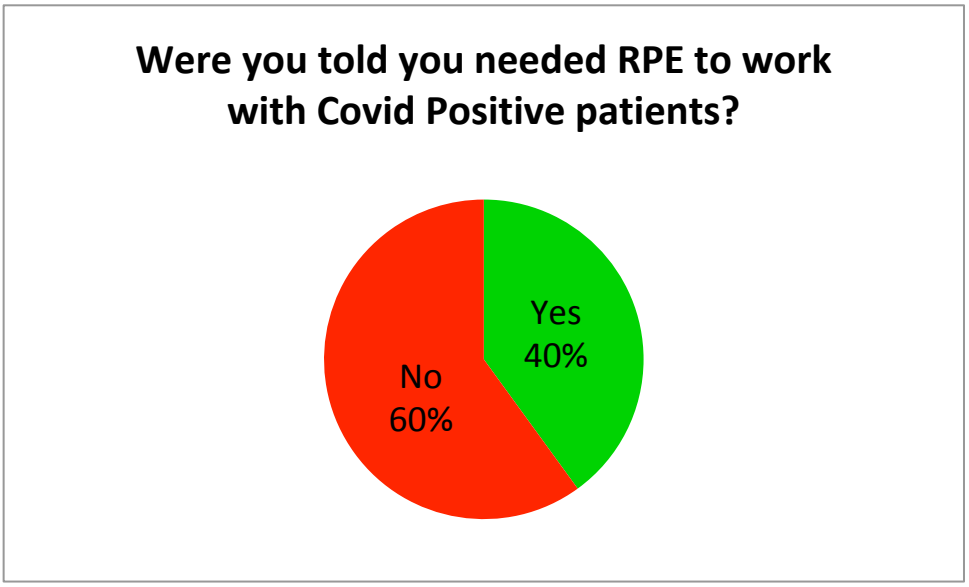
PPE is equipment worn to minimise exposure to hazards that cause serious injuries or illnesses. The Scottish Government Action Plan (28 October 2020) lists PPE as FFP3 respirator masks, FFP2 masks, Type IIR surgical masks (also known as fluid resistant surgical mask or FRSM), gloves, eye protection, plastic aprons and non-sterile gowns.

It has now been demonstrated beyond doubt that Covid-19 is an airborne virus, which spreads by aerosols suspended in the air. It can also spread via other routes including larger droplets (Baranuik, 2021). As such, face masks form a critical component to interrupt the transmission of Covid-19. It is essential to recognise that only certain types of face mask provide adequate protection against airborne pathogens; tight-fitting FFP3 or FFP2 masks, also known as Respiratory Protective Equipment (RPE) or

'respirators'. Type IIR Fluid Resistant Surgical Masks (FRSM) only offer protection from larger droplets and are therefore ineffective against airborne inhaled viral aerosols. Respiratory Protective Equipment (RPE) has been found to significantly reduce the risk of Covid-19 infection when compared to FRSM (The Royal Society, 2023).

When the pandemic struck, normal protocol for airborne viruses was implemented across the UK, i.e. full RPE was provided for healthcare workers who were caring for patients suspected of, or positive for, Covid-19. This tended to occur in particular contexts, such as specialist teams in Infectious Diseases and Intensive Care. It quickly became apparent that all healthcare workers would need to be protected. At this stage, for the most part, PPE recommendations were then rapidly downgraded to droplet precautions only; FRSM, plastic gloves and aprons. FFP3 masks were then mandated for 'Aerosol Generating Procedures' only: medical procedures that can result in the release of aerosols from the respiratory tract. These include tracheal intubation and extubation, bronchoscopy, non-invasive ventilation, induction of sputum and respiratory suctioning. It was not recognised that when a person coughs, speaks or even breathes, they also generate aerosols.

Eight in ten respondents reported having contact with patients who may have had Covid-19. 60% were told they did not require to use RPE. Although Scotland has not provided any legal recognition of health or social care workers who contracted Covid-19 because of workplace exposure, 82% reported that they were either sure or thought it was likely they caught Covid-19 at work.



The survey considered overall pandemic preparedness by asking if healthcare workers had been fit tested for RPE prior to 2020. Acknowledging that some respondents may have had a non-patient facing role, the overwhelming majority (80%) had never had a fit test for RPE prior to 2020. Of those that had been fit tested in the past, the majority of respondents noted that the recommended three year 'test, retest' time frame had not been followed.

At the onset of the Covid-19 pandemic, fit testing became essential to enable access to RPE. 20% had been fit tested in the first half of 2020 and 20% from July 2020 onwards. The remainder have not been fit tested.

The Office of National Statistics (ONS) states that the average prevalence of Long Covid in the general population is around 2.69%. In social care workers it is 5.72% and healthcare workers 4.45%. Health and social care workers faced high levels of exposure to Covid-19 as a part of their day-to-day work and consequently had a higher risk of developing Long Covid. The majority of healthcare workers were wearing only fluid resistant surgical masks (FRSM), when available, which provided inadequate protection against Covid-19. Key concerns about PPE listed by respondents include: low grade PPE; lack of PPE; disparity in who could access PPE. Of those who were permitted to use RPE, 63% said they couldn't always access it when needed.

"[Doctors] were prohibited from wearing FFP3 masks in [the] assessment centre as it would 'worry the nurses' who were in surgical masks."

Many staff felt that due to their lack of protection they were often forced into positions that placed not only themselves at risk, but also other staff, their families and their patients. Difficulties experienced included: badly fitting PPE; expired PPE; re-use of PPE; staff not being allowed to purchase and use higher grade PPE. Respondents felt this lack of protection was unethical.

"I was told I had to wear the blue mask and not anything I'd purchased that gave higher protection"

"I asked Occupational Health if I could wear RPE to protect myself but was told I wouldn't be allowed due to infection control"

"The day I think I caught Covid I contacted my lead to ask to wear a blue mask to [care for] a patient who was discharged from hospital with a cough and was told that I couldn't wear one and that I would lose my job if I went ahead and wore one because the patient hadn't tested positive... I went on to infect at least six other patients, another member of staff, and my whole family between that visit and symptoms presenting"

Some respondents were aware FRSMs were insufficient, but others incorrectly believed they offered adequate protection. The majority of respondents raised concerns about access to and guidance for use of RPE. However, there was also a significant number of respondents who did not feel able to raise their concerns, which should be considered troubling with regard to organisational culture. Often senior staff or managers referred staff back to policy documents or said there was nothing they could do. Respondents suggested that such issues ultimately lay with inadequate

Scottish Government and Public Health guidance and policy, which had the potential for overly rigid interpretation and application.

It is clear that some respondents have experienced moral injury as a direct consequence of what was demanded of them by their employers during this period.

Covid-19 Risk Assessment in the Workplace

NHS bodies and providers of independent healthcare or social care in Scotland have a moral and statutory duty of care to protect employees health and safety, and provide a safe environment to work. (Employment Rights Act (1996); Health and Safety at Work Act (1974)). Respondents were asked about risk assessments of their general working environment and of their individual risk.

Work environment risk assessments consider a specific workplace setting and associated risks relating to Covid-19. An infection control-based management plan is then implemented in order to reduce or eliminate transmission pathways. Examples of environmental risk management strategies include: the use of PPE and RPE; reducing the number of individuals in a room; use of screens; distancing of desks; social distancing; cleaning regimes or changes in ventilation.

35% of the respondents didn't know if a risk assessment had been completed for their working environment. 35% were aware that a work environment risk assessment had been carried out and 30% reported that their work environment had not been risk assessed.

It was reported that in some situations there was an inability to follow risk management plans due to constraints of the physical environment, e.g. it was not possible to distance desks by 2 metres. Just over a third of the sample said they hadn't been made aware of where the work environment risk assessments were stored and how to access them.

> "I didn't see the risk assessment; rules weren't followed consistently"

Personal risk assessments consider an individual staff member's circumstances within their specific work environment. Common risk factors relating to Covid-19 risk included: age; ethnicity; disability; comorbidities; pregnancy. For staff who were deemed as being at particularly high risk from Covid-19 a range of mitigations were put in place, e.g. the requirement to work from home or being protected from seeing known Covid-19 positive patients. Some staff were also covered by the UK wide shielding guidance.

39% of respondents stated that they had pre-existing health conditions or a disability. Of this subgroup, 16 respondents had not been offered a personal risk assessment; a failure of duty of care by their employers. Additionally, some respondents felt individual risk assessments were inadequate and that their individual risk factors such as age and pre-existing health conditions had not been considered.

75% of respondents had concerns about how health and social care organisations managed risk at all levels: national; organisational; departmental; or immediate work area. These concerns included how risk assessments were used and/or the lack of risk assessments. More than half of these individuals raised their concerns. Some respondents felt their concerns weren't taken seriously and many felt that they were being dismissed as having 'anxiety'.

> "I raised concerns about the removal of mitigations and was advised to seek psychological help"

Many respondents raised concerns about the lack of Covid-19 mitigations at the time of the survey. This included the removal of mask wearing in health and social care, the absence of free testing for Covid-19 and the agreement that staff are permitted to come to work even if they have tested positive for Covid-19. As such, those working in health and social care continue to have an increased risk of repeated Covid-19 infections due to ongoing unmitigated exposure.

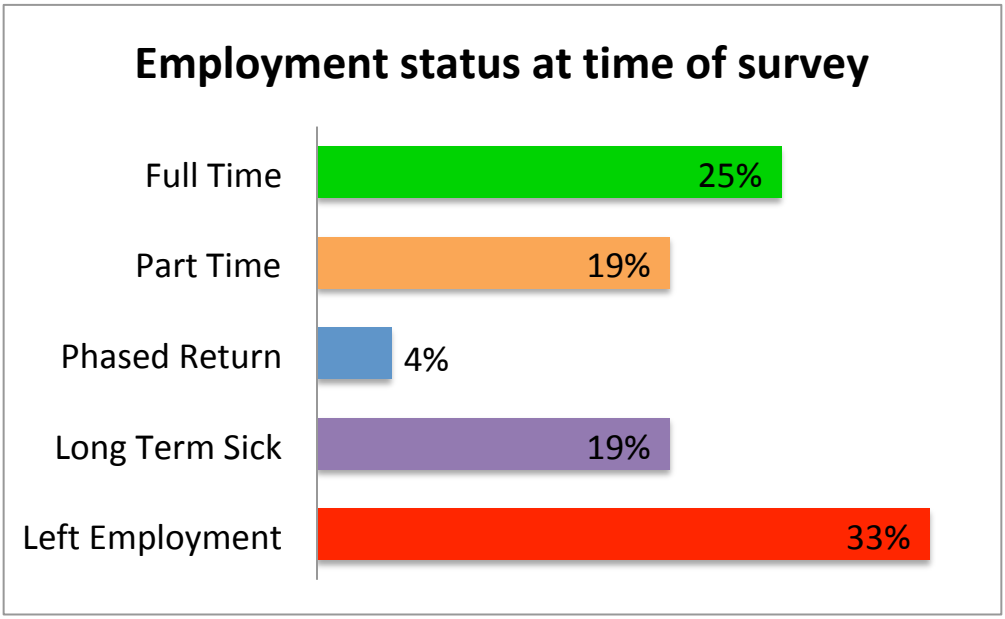
It was strongly felt that mitigations were not sufficient and that lessons have not been learned. Many felt that the current public health approach towards Covid-19 does not protect against repeated infections and therefore places the whole population at ongoing unnecessary risk from Covid-19, including Long Covid or post-Covid illness.

> "I am deeply disappointed that there has been no investment in achievable actions to protect the population from ongoing infections. Children in particular face the hardest time as they will be dealing with the highest number of infections across their lifetimes. This is immoral and negligent"
>
> "Presenteeism is now policy"

Support from Employer, Occupational Health and Union

Employment Statistics

- 19% of respondents were on long-term sick leave.
- 47% had returned to work in some capacity: 14 were working full time; 11 were working part time; 2 were on a phased return. Of this subgroup, over half reported working fewer hours.
- 33% had lost their jobs for reasons of ill health: none had been offered redeployment; 15 had their contract terminated and 4 had either resigned or retired.



Respondents reported employment policy issues including: the incorrect application of policies; insufficient support relating to policy decisions; lack of awareness of the policies which should be applied.

"After special leave ended, I was informed [that] if I couldn't return to work in 3 months I would be dismissed. [As] it takes at least 3 months to obtain a diagnosis, and the likely recovery timescales are much longer, this does not feel like a reasonable time period. Returning to work too quickly is likely to delay recovery. This was a blanket approach applied by my health board."

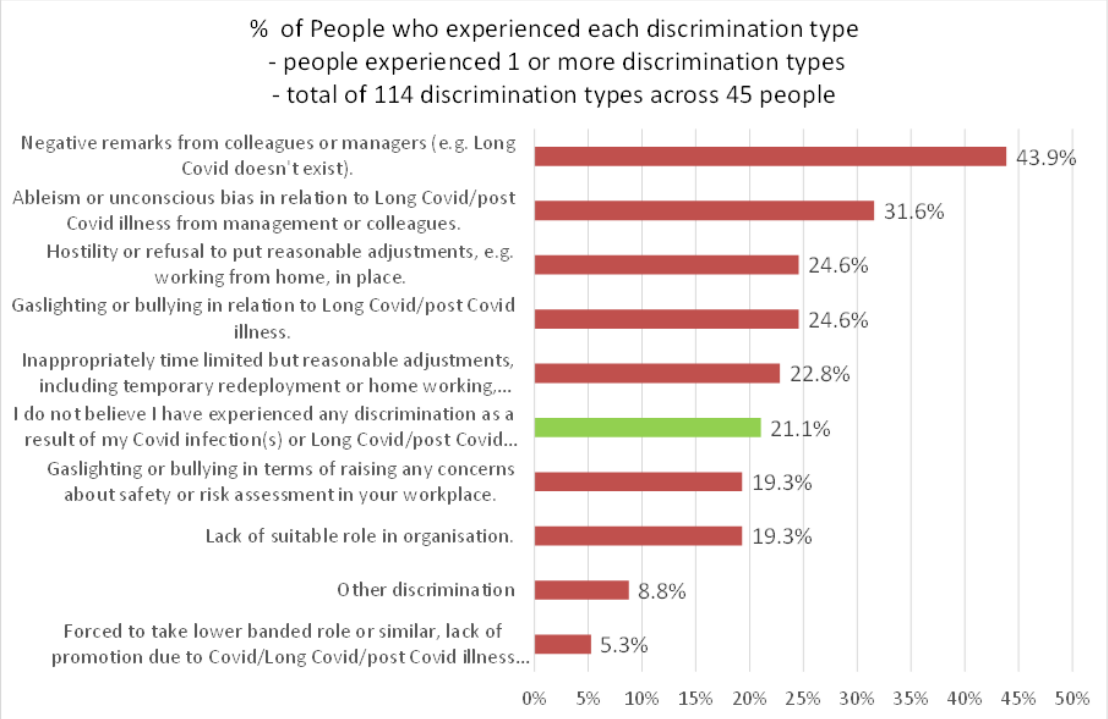
"Scotland are ignoring their keyworkers negatively impacted by Covid and Long Covid...there are huge amounts of gaslighting and discrimination in the NHS'

Discrimination

The Equality Act (2010) legally protects people both from discrimination in the workplace and in wider society.

- 79% of respondents felt they had experienced discrimination within the workplace as a result of Long Covid or post-Covid illness.
- 24.6% felt that they had not been believed or had been bullied in relation to their illness.
- 31.6% of respondents reported experiencing ableism or unconscious bias from management or colleagues in relation to Long Covid or post-Covid illness.
- A common overarching theme was the lack of understanding of the experience of Long Covid.
- Four respondents had made a claim of disability discrimination, of which one respondent was able to report they had had an outcome.
- 19% of respondents were unaware that they could make a claim in these circumstances.

The data collected is in keeping with the recent Trade Union Congress (TUC)/Long Covid Support survey which sampled a much wider spectrum of work sectors than healthcare alone and reported 16% experiencing bullying and harassment (TUC & Long Covid Support, 2023).



"I felt bullied for having a Long Covid absence"

"I feel discriminated against as I ask for well-ventilated rooms"

"When telling colleagues about illness, I could see glazed expressions crossing their faces as if they did not believe my symptoms."

Respondents were asked about their experiences of reasonable adjustments:

- 61% (31 respondents) of those who returned or who were imminently returning to work at the time of the survey reported that they had been provided with some reasonable adjustments.
- 23% of all respondents felt that the time period provided for reasonable adjustments was too short. When this data was narrowed down to those that had attempted a return to work, half felt their adjustments were too short.
- 29% had not been offered any adjustments and had experienced hostility about or refusal to make reasonable adjustments.
- From the survey it would appear that those working part-time hours were more likely to be offered reasonable adjustments than those working full-time.

Types of adjustment offered to those who had either returned to work or who were about to return

Reasonable Adjustment	**Number of respondents provided each adjustment**
Reduced hours	11
Hybrid working	9
Extra breaks as needed	8
Working from home	3
Specialist equipment	2
Redeployment	0

Respondents also shared additional information regarding reasonable adjustments offered: workload reduced to capabilities; allowed to use annual leave every week to reduce hours until it runs out; no night shifts, aim to provide at least 2 consecutive days off, micro-breaks; not taking exercise classes or outdoor walking patients as a physio; use of accrued leave for a phased return.

National statistics demonstrate a significant increase in individuals who are out of the workplace for health reasons across the UK of which Long Covid has been recognised as a contributing factor (ONS, 2022). Many people with Long Covid are unnecessarily leaving employment due to employers who appear to lack willingness to make accommodations and adjustments that could support an individual with a chronic illness or disability.

Access to Work Scheme

The Access to Work scheme has been set up to help individuals obtain or stay in employment if they have a physical or mental health condition, or disability. It is funded by the UK Government and offers specialist equipment or extra transport costs. A very small number of respondents had applied to Access to Work and some respondents weren't aware it was available to them.

Occupational Health

Occupational health (OH) is a type of specialist health service. It is accessed either through an employer's own occupational health service or from an outside agency. OH typically supports employees when they are struggling with work due to their physical or mental health. OH can offer input on reasonable adjustments and some services will offer assessment and treatment for work-related health issues such workplace injuries and work-related stress.

In Scotland some health boards commissioned Long Covid Occupational Health services within their OH department. However, this was not standard across the country.

The majority of those who provided details on types of Occupational Health intervention spoke about Allied Health Professional (AHP) support, with particular reference to Occupational Therapists (OT). This group of professionals has key skills

and competencies, which can help, facilitate the transition from sick leave back into the workplace and can also support staff to remain in employment.

- 86% of respondents had been able to access an Occupational Health assessment.
- 50% had seen an Occupational Therapist.
- Many of those that were able to access Occupational Health services felt that they were offered either minimal assessment or treatment, or none at all.
- Some respondents stated that only self-management advice was given.
- Some respondents spoke positively about learning fatigue self-management approaches, such as pacing, which is often taught by OTs.
- Frustrations were raised about the lack of access of doctors and medical treatments, and the lack of access to more specialist services.
- Only 14% had been able to access specialist Long Covid services within Occupational Health. 23% had difficulties accessing Occupational Health services.

"Although work says they are being supportive it does not feel that way as [I] am being set up to fail in my return to work"

Union Support

Most respondents reported being in a Union, but over half felt they had experienced either mixed or inappropriate levels of support.

Wider Health Care Access - Assessment and Treatment of Long Covid

Respondents were asked about their experiences of assessment and treatment in relation to Long Covid or post-Covid illness. One of the key themes that emerged was the lack of specialist Long Covid services within NHS Scotland.

- 40% knew of Long Covid services in their area (this figure includes both NHS and private provision).
- Respondents reported: lack of clinical pathways; lack of knowledge by primary care of referral routes; long waiting times.
- 31% felt they had accessed appropriate general medical support from the NHS, for example, via their General Practitioner (GP), a Cardiologist or a Respiratory Physician.
- 51% had no access to specialist services within the NHS; this figure includes both specialist Long Covid services and specialist medical departments such as Cardiology.
- Those that reported accessing a Specialist Long Covid service commented on the limited range of staff and in fact no one reported that they had been able to access more specialist medical treatment, pertinent investigations or assessments via the NHS.

- Unlike many services in England, NHS Scotland services focus only on rehabilitation and self-management rather than treatment of the underlying pathophysiology.
- The lack of timely assessment and treatment for Long Covid and other post-Covid illnesses is an issue about which many people expressed anger.
- NHS prescribing restrictions were commented on, particularly as much of current pharmacological treatment is experimental.
- Respondents spoke about a lack of provision for associated conditions often triggered by initial Covid-19 infections such as Postural Orthostatic Tachycardia Syndrome (POTS), with a reported example of Cardiology refusing to accept referrals for patients with Long Covid.
- Respondents told us it was necessary for them to pay to obtain treatment for Long Covid, Mast Cell Activation Syndrome (MCAS), POTS and micro-clots. Many highlighted that this came with a significant financial burden, and some stated they could no longer afford to pay for private health care. 22% of respondents had sought private healthcare for assessment and treatment for both Long Covid specifically and for other conditions exacerbated by Covid-19.
- There were reports of inappropriate provision of treatment, e.g. exercise-based treatments which are unsuitable for individuals with Post Exertional Malaise (PEM).

"[I] had an appointment with respiratory consultant but felt gaslighted as he said symptoms were just deconditioning and I should try Couch to 5K"

"Long Covid is not a political or clinical priority in Scotland"

"There's a postcode lottery in terms of trying to get Long Covid support"

"[My] GP has been great but as a whole Scotland is lagging behind in its treatment and referrals for Long Covid patients"

Strikingly, an overall experience of loss was a predominant theme that ran throughout the findings. Respondents talked about loss of health, financial stability, friends and family. There was a clear sense of feeling abandoned and let down by the Scottish Government, the NHS and society as a whole. There was a sense that the country wished to move on from the pandemic and that Long Covid was no longer cared about.

The burden of illness was expressed throughout the findings. This included navigating the complex and lengthy benefits system with little support and coping with a new illness with minimal support from public sector services.

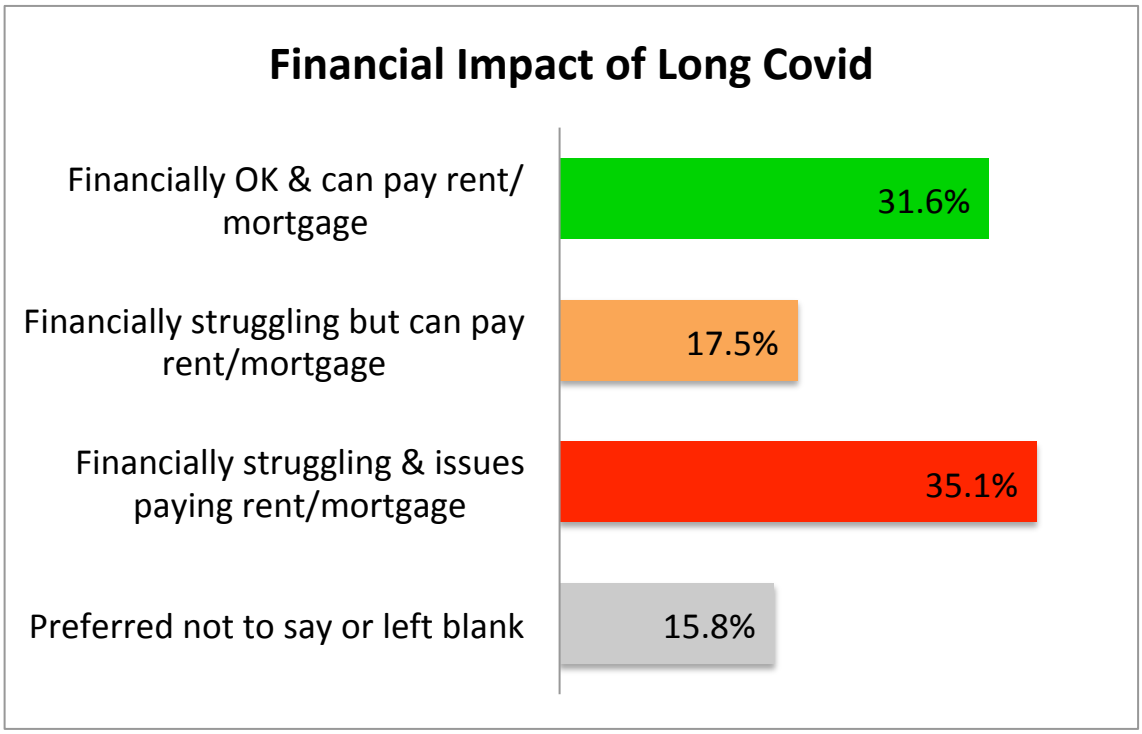
"Everyone is convinced it is over and was nowhere as bad as it was. Everyone wants it and those of us with Long Covid buried as it doesn't fit the narrative"

"It's an absolute joke the way we have been left to get on with managing our symptoms with no medical support nor really financial support after being medically dismissed from a job that you love"

Finances

- 53% of respondents felt they were struggling financially as a consequence of developing Long Covid or post-Covid illness.
- 82% are now earning less than they did pre-pandemic as a result of their illness.
- Some people have completely lost their income.
- 35% stated they were at risk of losing their home due to being unable to continue to pay their mortgage or rent.

These findings are backed up by the TUC/Long Covid Support survey which reported that 50% of individuals with Long Covid have required use of savings in order to maintain financial stability (TUC and Long Covid Support, 2023).



RIDDOR

RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations) is a set of statutory regulations in the UK that places a legal obligation on employers, self-

employed individuals, and employees to report certain workplace incidents. No one who completed the survey had their infection reported under the RIDDOR Regulations (2013), despite 81% of respondents being sure or highly confident they caught Covid-19 in their place of work.

This echoes the findings of the Keyworkers Petition Briefing Paper (2023), the TUC RIDDORS, Covid and Under-reporting Report (2021) and the recent BMA report (2023) which all found low rates of Covid-19 related RIDDOR reporting across the UK. This gross underreporting may impact an individual's ability to access NHS Injury Allowance (BMA, 2023).

Personal Injury Claims

A personal injury is an injury or illness that was either the fault of someone else or of an organisation. If an individual has been injured or an existing condition has been made worse, due to negligence or breach of duty, then an individual can make a personal injury claim.

- Only 7% of respondents had made a personal injury claim and all received legal support from their union to do so.
- All those that had made a claim were still awaiting a decision.
- A large number of respondents reported that they were either not aware they could make a claim or thought it didn't apply to them:
    - 12% felt they had insufficient evidence to make a personal injury claim against their employer.
    - Some respondents felt they couldn't move forward with a claim as they couldn't prove they caught Covid-19 at work.
- A high proportion of respondents didn't go forward with a claim as they were worried about the impact it would have on working relationships, ongoing reasonable adjustments or their future career.
- 7% of the respondents felt too unwell to proceed.
- Some respondents didn't know if Long Covid was covered by current legislation.

"I was too ill to think about it and scared of losing my job"

"I was afraid it would be career suicide"

Industrial Injuries Disablement Benefit (IIDB)

Industrial Injuries Disablement Benefit (IIDB) can be claimed if an individual has become ill or disabled because of an accident or disease which has occurred either at work or on an approved employment training scheme or course.

- 7 people had applied for it.
- 2 respondents had been successful, and the remainder were still awaiting a decision.

NHS Injury Allowance

NHS Injury Allowance is available to NHS staff who have been injured or have become ill due to their employment. This allowance provides financial assistance if pay is reduced because of associated health problems.

- 23% of respondents didn't know of NHS Injury Allowance.
- Only 2 people had applied for the allowance.
- No-one had been successful in their application.

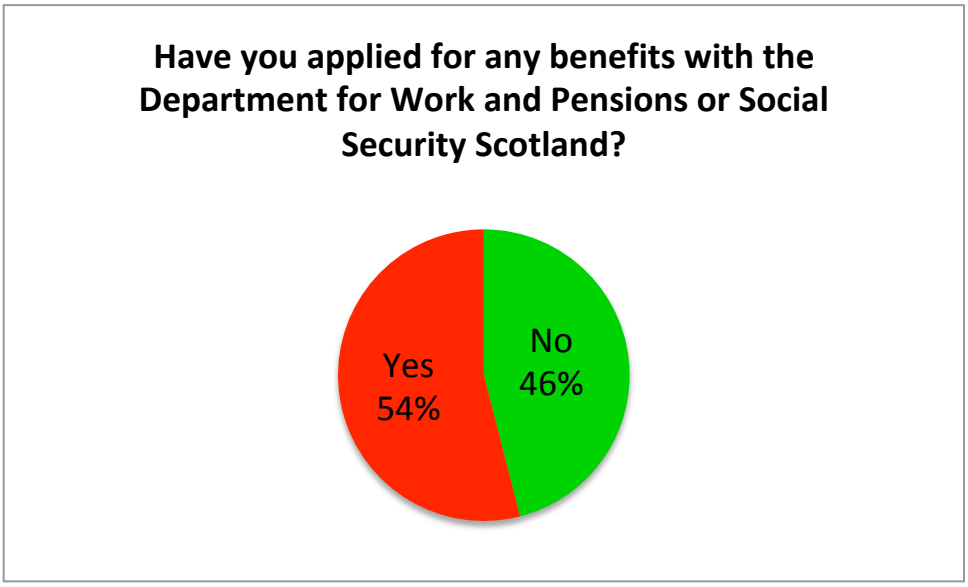
Ill Health Retirement

NHS and Social Care workers can claim their pension before retirement age due to ill health, often without the usual reductions applied to early retirement pensions.

- 17 people were not eligible to apply for ill health retirement, for example due to having made insufficient contributions to date.
- Some respondents were advised not to apply for ill health retirement despite thinking they were eligible.
- 14% took an active decision not to apply, while 21% didn't know what ill health retirement was.
- Of those who applied, 2 respondents were successful, 6 respondents were still awaiting a decision and 1 respondent had not been successful.

Universal Credit, Employment Support Allowance and Disability Benefits

54% of all respondents had applied for benefits of some kind.



Universal Credit (UC) is a UK social security payment which is means-tested. Many respondents will not have been entitled to UC due to partner income or other individual circumstances.

- 6 people had applied for Universal Credit
- All were successful in being awarded.

Employment and Support Allowance (ESA) is a UK welfare payment for adults younger than the state pension age who are having difficulty finding work because of their long-term medical condition or disability. It is a basic income replacement benefit paid in lieu of wages.

- 18 people had applied for ESA.
- The majority of these claimants were successful.
- It was more likely these individuals were placed in the 'Support Group' category. This category is for people with severe health problems or disabilities that prevent them from working.

Adult Disability Payment (ADP) and Personal Independence Payment (PIP) are benefits for disabled working-age adults who live in Scotland. These payments help with the extra costs of being disabled or having a long-term health condition and are non-means tested. Both PIP and ADP payments are split into two components; the first aimed at supporting daily living costs and the second to cover mobility costs

- 30 people had applied for ADP or PIP.
- Most applicants had been successful or were awaiting a decision..
- For the Daily Living component 11 people were awarded the standard rate and 9 people the higher rate.
- For the Mobility component 6 people the standard mobility allowance and 12 people were awarded the higher mobility allowance.

Navigation of the benefits system is challenging and several respondents told us they found this process energy-consuming and stressful. This echoes the TUC and Long Covid Support report findings in which respondents reported worsening of symptoms and relapse as a direct result of engaging with the complex benefit system (TUC and Long Covid Support, 2023). It is clear that many people experiencing Long Covid or post-Covid illness face significant challenges in meeting even the most basic of needs.

"It's constantly trying to prioritise applying for benefits, trying to get on housing and risk registers, speaking to legal people, trying to have your actual rights not be breached, being on the ball about health and medical issues related to long Covid so you're not dismissed out of hand. It's exhausting and the Scottish government does little to nothing."

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