

RCN Scotland briefing – Scottish Government debate on Long Covid

The scale of the impact that Long Covid is likely to have on health services remains to be seen. However, what is clear is that Long Covid is having an impact on staffing and will put pressure on already struggling services, particularly in the community.

ONS data shows that people working in health and social care are significantly more likely to report having long term sickness as a result of Covid than the wider population. Support for these staff needs to continue and the impact of Long Covid in terms of increased long term absence needs to be factored in to workforce planning.

RCN Scotland does not take a position on what model is best to adopt to treat Long Covid (the merits of the Hertfordshire model, for example). However, whatever model and pathways are used, the workforce requirements for that model is key. RCN Scotland is concerned that to date insufficient consideration has been given to the workforce requirements of treating Long Covid, particularly on community services which are already overstretched.

While funding has been provided, RCN Scotland remains concerned by the lack of attention being given to Long Covid and the impact it is having and will continue to have on health and care services across Scotland. There is a real risk that, on top of all the other pressures on services, Long Covid will disrupt efforts to remobilise health and social care.

Impact of Long Covid on staff

- Across the UK, prevalence of Long Covid amongst staff working in health care and social care is significantly higher than the wider population. [ONS statistics](#) estimate that 3.2% of staff working in health care and 3.5% of staff working in social care report having symptoms of Covid more than 12 weeks after contracting it, compared to 2% in the wider population.
- Research is underway in to the impact of the longer-term effects of COVID-19 on healthcare workers, including an important [study](#) being led by Robert Gordon University. It is vital that the findings of this and other work into Long Covid amongst health and social care staff inform workforce planning needs.
- Long Covid is of such concern to RCN members that a motion has been tabled at RCN Congress in Glasgow next month calling for “equitable and effective support for RCN members who suffer from Long Covid.”
- The RCN has also developed an [advice guide on Long Covid](#), primarily to provide support to RCN members who have Long Covid themselves, are looking to return to work or are experiencing difficulties with their employers.
- NHS staff absent from work with Covid are currently receiving full pay and allowances. RCN Scotland believes that these arrangements should remain in place for as long as possible on the basis.

- NHS Scotland require to ensure that there is adequate ongoing support for staff with Long Covid, this includes enhanced Occupational health provision going forward.
- If normal sickness absence processes were to be phased in, staff should have access to the NHS injury benefit scheme, which is a non-liability scheme and as such should be accepted by employers.

Lived experience of health and care staff

RCN Scotland is working with a significant number of members who are suffering from long term symptoms after contracting Covid. While employers are generally supportive, some members report a lack of support and pressure to return to work.

An RCN member from Edinburgh (who wishes to remain anonymous) gave the following account of her experience:

"I contracted Covid in April 2020. I have not really got better. I returned to work, but I have not been able to work full time since. It was only after unions intervened that I was even permitted to work from home, something that has made a huge difference to me and improved my attendance.

"Unfortunately, Long Covid for me has exacerbated conditions and disabilities I already had. I went off sick long term for the second time in August last year and I am still too unwell to work. My GP remains as frustrated as I am at the long waiting lists to be seen, as well as a frankly unclear framework on where to refer.

"Beyond contact phone calls, there has been extremely limited support from my employer - only intervention from higher up got me an OH appointment, as, due to the pressure they're under with numbers, they are only really able to see those able to think about returning to work.

"Even when I was working, I felt under a great deal of pressure to return to doing what everyone else was in respect of attendance. I was receiving a number of comments around "what was best for me" and whether or not I SHOULD be working.

"I am in limbo: I am not well. Waiting lists are long. I cannot afford to go private. I'm on my own where cognitive and physical limitations because of this mean for every hour I put in, I need one to two hours recovery and rest afterwards. This isn't conducive to work, let alone life. I am actively struggling with activities of daily living. I'm rarely even able to leave the house. The cost-of-living rises are terrifying me and now I'm facing losing my home (if I lose my job).

"You need long Covid clinics and you absolutely need to put in more support for key workers with long Covid. I don't want to queue jump anyone, but with absences in the NHS the way they are, you need to speed things up for us. If you do not, you are going to lose a breadth of experience and huge numbers of staff. If we can't work, you need to make sure we are properly taken care of and compensated. We showed up. Many of us came in on public transport and caught the virus like that because we had no other way to travel. We did our duty, now it's your turn to support us."

Impact on community services

- Recent [statistics from the ONS](#) suggest that around 105,000 people in Scotland have Covid symptoms more than 12 weeks after contracting the virus and with infection rates still high in Scotland, this figure is rising. Health and social care services continue to have to treat and deal with the impact of long covid in our population.
- RCN members working in community nursing are short-staffed while being asked to continue with additional work, including vaccination delivery and increased support for care homes.
- NHS Education for Scotland (NES) [NHS workforce statistics](#) show that, as of December 2021, there are nearly 2,350 community nursing vacancies in Scotland, a record high and a vacancy rate of 16%. District Nursing vacancies were at a record high of 582 WTE, a vacancy rate of 13%.
- Sustained pressure from the RCN led to a Scottish Government commitment in 2019 for a 12% increase in the district nursing workforce by 2024. This is what was required to deliver existing workloads then, not cover extra demands caused by the pandemic.
- As is widely recognised, the pausing of some services, has resulted in people not getting the preventative care that they need and is resulting in patients presenting with increased acuity, particularly in primary services.
- Patients with COVID-19 symptoms are now being asked to contact their GP and those with Long Covid will largely receive treatment in the community. Again there is insufficient consideration in the Strategic Framework Update and the Scottish Government's Workforce Strategy around the workforce implications within primary care of this.

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