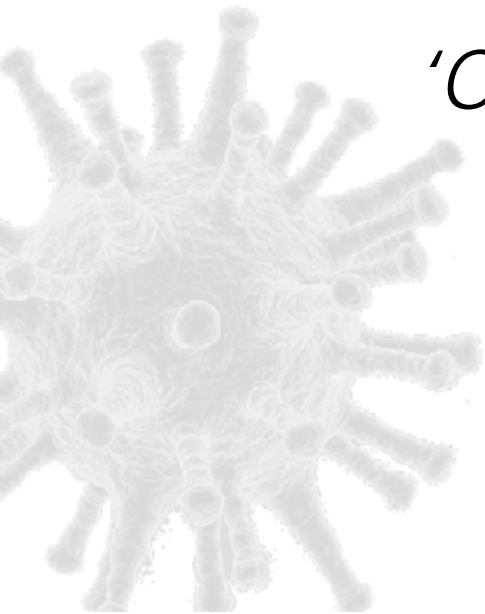


Long Covid Nurse Group Meeting

SUMMARY

'Occupational Health Challenges'

Tuesday 18 July 2023
2pm - 3.30pm, via Zoom



1. Welcome and Introductions

Helen Donovan, QN, Long Covid Programme Lead, The QNI, @HelenDon_RN

- Welcome everybody to this meeting.
- According to Office for National Statistics (ONS): an estimated 2.0 million people living in private households in the UK - 3.1% of the population - are living with Long Covid.
- The Long Covid Nurse Group (LCNG) is a community of practice for nurses in the community to improve care and increase understanding about the physical, mental and emotional effects of Long Covid.
- The network was created in 2021 commissioned by NHS England and offers an online network of nursing colleagues; bimonthly meetings with expert speakers; regular newsletters; dedicated pages on the QNI website; Long Covid resources.
- Contact me at helen.donovan@qni.org.uk
- To find out more or join the network, go to: <https://qni.org.uk/nursing-in-the-community/long-covid-nurse-group/> or scan the QR code below:



2. Occupational Health: Facts and Myth Busting

Sarah Fowler, Independent Occupational Health Nurse Practitioner, Flex Occupational Health Ltd.

- I've attended many of these meetings and there have been a wide range of speakers. I've heard a few misconceptions about occupational health and what we do and what's come across has been a lot of poor experiences with occupational health so hopefully today I thought I'd give an occupational health 101. Tracy will follow this with a case study.
- I've been qualified since 1995, since 1996 in community and have had a variety of roles. I've been a Marie Curie nurse, sexual health nurse and 13 years ago I found my home in occupational health. I'd like to share what a wonderful area of nursing it is.
- Definition of occupational health: put simply occupational health is concerned with the effects of work on health and health on work.

The impact of health on work and work on health

12.7 million working-age people with a long-term health condition

118.6 million working days (3.6 days per worker) of sickness absence in 2020

1.7 million workers suffered a work-related illness in 2021:

- 822,000 workers reported suffering work-related stress, depression or anxiety

- 470,000 workers reported suffering from work-related musculoskeletal disorder (SOM, 2022)

The longer a person is off work the lower the chances of returning (Burton et al., 2003)

Even when the condition is compatible with work

Few people return to any form of work after 1-2 years absence, irrespective of further treatment



2. Occupational Health: Facts and Myth Busting

Sarah Fowler, Independent Occupational Health Nurse Practitioner, Flex Occupational Health Ltd.

- There's a strong association between worklessness and poor health: higher mortality, poorer general health, poorer mental health, higher medical consultation, medication and hospital admission rates
- Good work is good for the health and wellbeing of employees as well as society, the economy, and healthcare services.
- The importance is in it being good work, it's about self esteem too. Feeling unhappy at work isn't good either.
- Where do we do OH? This week I've been working at Somerset House working with a construction team who work on historic buildings and I've been doing spirometry tests and noise surveillance. They are exposed to lots of hazards at work. I've recently worked at a window factory, where it's all nickel coated, so I've been doing urine tests and spirometry tests.
- We're specialists but also generalists with what we know being able to support issues. These issues that can impact on health at work might not necessarily be adequately managed. 50% of UK employees have access to OT although some say a lot less, down to 15% even.

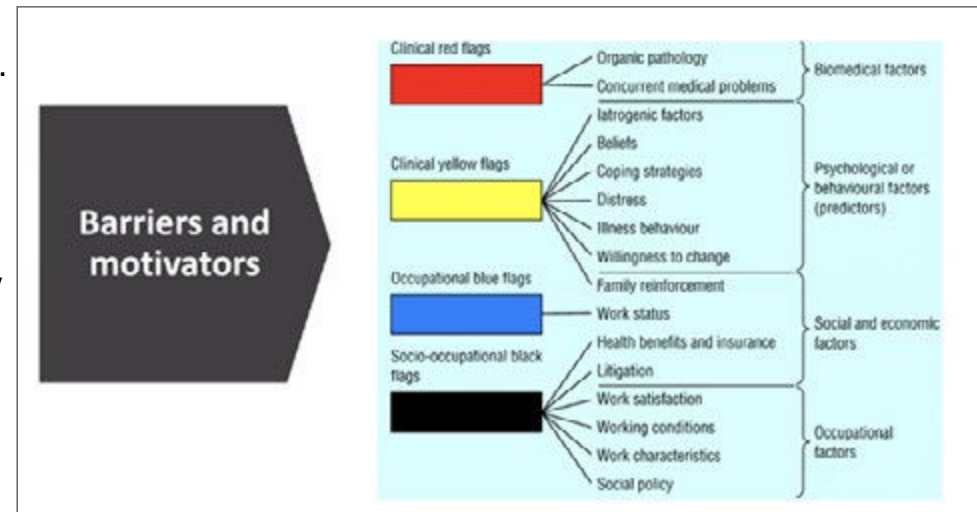
How do we assess in OH?

Employment history and demands of role
Full medical history
Current issues
Recent events, treatments, tests, referrals
Impact on daily activities
Assessment of pain, mobility, mental health etc
Lifestyle/family/ social aspects
Health promotion- signposting
Discuss barriers and motivators
Agree next steps
Consent options for report

3. Occupational Health - Long COVID & Return to Work: a practical approach and the importance of collaborative working

Sarah Fowler, Independent Occupational Health Nurse Practitioner, Flex Occupational Health Ltd.

- Quite often issues have become quite embedded. I spend 30 to 60 minutes with an employee during a consultation by video, I tend not to use the telephone, this is best thing next to being face to face. That gives us a lot of time to get through these aspects list. There are various models of OH- my husband works in NHS and during first wave of Covid he was redeployed and caught covid, he was referred to OH and his consultation was 13 minutes long...no discussion about his job role, nothing. I think it's important to say that thinking of criticisms of OH not all OH is the same! There are different models!
- Have to take into account all issues that can prevent further sickness and absence. We look at beliefs.
- During consultation we talk about current coping strategies and what they might want to consider.
- I don't tell people what to do, I support them with their decisions making, it's an important part.
- We look at family structure and support at home, are important people supportive of return to work? Or do they think it's harmful to them.



3. Occupational Health - Long COVID & Return to Work: a practical approach and the importance of collaborative working

Sarah Fowler, Independent Occupational Health Nurse Practitioner, Flex Occupational Health Ltd.

- We're public health nurses. I'm interested in people that's why I want to be a nurse. I want to share with patients and employees the steps they might take if they wish to. We're not nursing in the traditional sense.
- We can say if someone is fit or not fit.
- As OH nurses we have to be impartial - there's no taking sides.
- Employees/workers are not our patients and we are not their advocates, but we can have a positive effect on health and wellbeing.
- We are not providing care - we are assessing within a biopsychosocial framework and providing a clinically justified opinion via a written report.
- We have a common law duty of confidentiality and cannot disclose anything to the employer without consent.
- Consider the impact of sickness absence, does it benefit them? Does it need to be as long or as short?
- Challenge poor OH!

How can you help us?

					
Remember the impact of health on work and work on health	Think of work as a health outcome	Consider the impact of sickness absence on your patient	Be an ambassador for your OH colleagues	Suggest OH referral on fit notes where appropriate	Challenge poor OH practice and provision...

3. Occupational Health - Long COVID & Return to Work: a practical approach and the importance of collaborative working

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- If you want to know more about OH, see the following links:

National School of Occupational Health:

<https://eastmidlandsdeanery.nhs.uk/occupational-health/national-school-occupational-health>

Faculty of Occupational Health Nursing:

<https://www.fohn.org.uk/>

Society of Occupational Medicine:

<https://www.som.org.uk/>

The Association of Occupational Health and Wellbeing Professionals (iOH):

<https://ioh.org.uk/>

- If you would like to get in touch, do email me at: sarah@flexoh.co.uk



3. Occupational Health - Long COVID & Return to Work: a practical approach and the importance of collaborative working

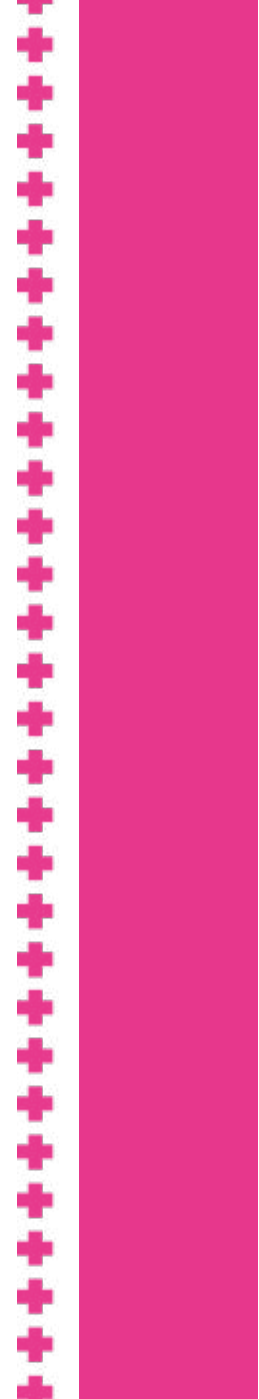
Tracie Mckelvie, Registered Nurse & Specialist Nurse Practitioner in Occupational Health

- Long Covid appears to be most prevalent amongst females, 35 to 49, people living in deprived areas, and those working in social care, teaching, education or health care
- Fatigue continues to be more common symptom reported, with muscle ache and shortness of breath also reported

What do we know.....?
According to the Office For National Statistics (ONS) & The Institute for Public Policy Research (IPPR)...

1) LC is still very relevant amongst UK working population groups	2) COVID-19 has been "the most significant health shock in modern history"	3) COVID-19 has resulted in the largest fall in economic growth in over 300 years	4) Between June – Aug 2022, 2.5 million people reported LT sickness as the main reason for economic inactivity
5) Since the Pandemic, the number of people out of work due to LT sickness has risen by 363,000 ...	6) ... this is thought to be attributable to symptoms associated with LC	7) As of March 2023, an estimated 1.9 million people were experiencing self-reported symptoms of LC	8) 1.5 million people (79%) who reported LC symptoms reported an adverse effect on their day-to-day activities ...
9) ... with 381,000 (20%) reporting that their day-to-day activities were "limited a lot"	10) 23.3% of people between the ages of 16-64 with self-reported LC are reported to be economically inactive		

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3. Occupational Health - Long COVID & Return to Work: a practical approach and the importance of collaborative working

Tracie Mckelvie, Registered Nurse & Specialist Nurse Practitioner in Occupational Health

Challenges/impact of Long Covid to to the Employee:

- cognitive impairment, physical pain and discomfort, physical and mental fatigue, sleep disturbance, visual disturbance, shortness of breath
- low mood and motivation
- social isolation
- personal relationship issues
- fear of not being listened to and understood
- financial worries
- loss of professional identity
- loss of confidence
- de-skilling concerns
- getting 'back to normal'

Challenges/impact of Long Covid to to the Employer:

- understanding the impact on health and wellbeing
- time constraints - duty of care/welfare support
- managing the existing workforce
- impact on skilled workforce - temp/permanent loss of specialist staff
- impact on cost and productivity
- training / re-training considerations
- managing an extended Return to Work
- managing expectations (individual and business)
- managing longer term goals
- stress support for managers



3. Occupational Health - Long COVID & Return to Work: a practical approach and the importance of collaborative working

Tracie Mckelvie, Registered Nurse & Specialist Nurse Practitioner in Occupational Health

- OH is the bridge or conduit to work and recovery
- Employee and employer need to be on the same song sheet, agree what hours they're going to work and what level of support the employee can expect from the manager
- OH is very complex, it's not slow paced, it's very fast paced.
- Early intervention is key.
- Employee engagement is very important: often employees think that OH are 'spies', for example one client asked me 'Is this referral so that my employer can fire me?'
- The case study: occupational background below:



The case study – Occupational Background

- Male employee aged mid 50's, employed by the business for 7 years
- FT Facilities Officer with no adjustments / restrictions
- Standard core hours, & he WFH when not doing site visits
- Extensive travel requirements ranging from 15 mins to 2 hours driving (own vehicle - manual) each way
- No performance / grievance issues, happy in role, and there were no personal issues disclosed
- Very conscientious and independent gentleman with minimal sickness history
- Sickness absence policy = 6/12 FP – 6/12 ½ HP



The case study – Social Background

- Lives with his wife, in a house with stairs – no access issues
- Wife also had Long COVID, but her symptoms were less severe
- No direct caring responsibilities – sometimes looks after grandchildren (x 4 ages between 7 – 11)
- Non-smoker, minimal alcohol intake, no recreational drugs
- Relatively healthy diet
- Usually fit and well, and fully independent and self caring
- Usual exercise / activity regime – walking the dog daily, running every other day (5k), cycling club, DIY, gardening (small holding)
- Unable to engage in normal functioning – Including physio exercises - due to symptoms
- He was able to rest daily and engage in meditation and found he needed to do this to be functional to some sort

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3. Occupational Health - Long COVID & Return to Work: a practical approach and the importance of collaborative working

Tracie Mckelvie, Registered Nurse & Specialist Nurse Practitioner in Occupational Health

- In this case, the collaborative approach was very beneficial and involved: the GP, the physiotherapist, OT team in local authority, LC assessment team leader, OH colleague, HR, the employee.

The OH process

- First OH apt. 2 weeks after referral – (Feb 2022) – employee underwent x 5 OH appointments in total – over a period of 13 months.
- Bespoke OH involvement with careful exploration of symptoms / functional ability and coping / self-expectations etc.
- Video consultations - discussions re symptoms, progress, acceptance, and onward planning – to include MDT involvement as required
- Thorough exploration of driving ability – safety / DVI A compliance etc.
- Setting the scene from the offset in terms of the likelihood of longer-term adjustments (to both the working and home life)
- Exploring the input & involvement of other HP’s – barriers and enablers
- Case discussion with HR held to advise on anticipated RTW plan and progress etc. to ensure a thorough understanding
- Collaboration with GP / HCP’s & OH report/s shared with GP (with consent) to enhance the collaborative approach to achieving a *sustainable* RTW
- Recs included extended phased RTW and flexibility, with **SEPARATE** consideration to duties undertaken, VAS / read aloud / dictate functions when entering data, temp admin assistance, smart pen technology, ATW referral re assistance with and specialist equipment / tech / transportation costs, portable perch stool.
- He RTW on 1-2 hours every other day undertaking carefully selected tasks – hours and duties were gradually built up over a period of 8-9 months.

Important Factors & Considerations that form part of a Long COVID OH assessment ...

- A thorough biopsychosocial assessment is essential in order to obtain a full picture of the circumstances
- Everyone is different – symptoms will present and impact in many different ways, and as such, it is important to educate everyone involved about “common comparability’s”.
- This is the same for the **impact at work** – impact will depend on job role, environment, expectation, available support, employee engagement and motivation etc.
- Work disability sets in within just a few weeks – therefore the timing of a referral is key - early referral to OH is ALWAYS advised
- Viewing and promoting work as a health outcome is a positive approach, and once a RTW is achieved it should be seen and promoted as a contributory marker towards health care recovery
- RTW too early can be detrimental – to both the employee and the business
- Employers maintaining contact essential
- It is important to address treatable factors as early as possible – before 3 months
- It is helpful if individuals can manage their symptoms at work, whilst undertaking their role, or elements thereof; whilst OH are the experts in occupational settings and in workplace health and wellbeing, liaising with, and collaborating with other HCP’s can be incredibly beneficial to compliment the holistic approach

Future meeting dates:

- 22nd September 2023, 10.00 – 11.30 am
– focus on Women's Health and Menopause: featuring Ruth Bailey Nurse Lead on the FSRH board and Kathryn Gayle Chair of the RCN Women's Health forum
- 23rd November 2023, 1.00 – 2.30 pm
– focus on Community Rehabilitation Alliance Standards

To book your free place on the next meeting, please go to:

<https://qni.org.uk/news-and-events/events/long-covid-nurse-group-meeting/>



Thank you to all delegates who attended today's meeting.

FEEDBACK:

Thank you both
you are clearly both
passionate OH
Nurses

Fantastic
presentations
today, thank you
:)

Thanks
fantastic
presentations.

Really informative presentations.
I look forward to the next meeting.

Thank you both.
Great talks.

Really supportive
discussion
today.
Thank you

Thank you
for sharing.

