

Rt. Hon. Mel Stride MP

Secretary of State for Work and Pensions
Department for Work and Pensions
Caxton House, Tothill St
London, SW1H 9NA

Sent via email

15 November 2023

Dear Secretary of State,

A year ago this Friday (17 November), the Industrial Injuries Advisory Council (IIAC) [command paper](#) 'COVID-19 and Occupational Impacts' was presented before Parliament. This paper has not yet been formally responded to by the Department for Work and Pensions. A year on we are requesting that the Department urgently considers and accepts the recommendations of the command paper.

The Council has identified that there is a large body of consistent supporting evidence showing that, for health and social care workers, whose work brings them into frequent close proximity to patients or clients, there is a significantly increased risk of infection of COVID-19, subsequent illness, and death. It therefore recommends five specific conditions resulting from complications of COVID-19 be prescribed as an occupational disease for health and social care workers.

It is crucial that the Government acts on IIAC's recommendations as a first step to recognising Long Covid as an occupational disease in health and social care workers. This could enable health and social care workers in the NHS and independent sector with long term physical conditions caused by COVID-19 to receive much needed Industrial Injuries Disability Benefit.

Health and social care workers worked tirelessly throughout the pandemic to care for patients and as a result many contracted COVID-19, and subsequently, Long Covid. In a BMA survey of doctors with Long Covid across the UK, 77% of respondents who acquired COVID-19 during the first wave of the pandemic in 2020 believe that they contracted COVID-19 in the workplace. Many doctors and healthcare professionals were more exposed to the virus than the general population, with 64% of doctors responding to the BMA survey reporting working in areas with patients who were COVID-positive or suspected positive.

Long Covid has had debilitating effects on numerous doctors, nursing and midwifery staff, many of whom were previously left – or remain – unable to work. This has led to significant financial penalties. For example, nearly half of doctors with Long Covid responding to a BMA survey reported experiencing decreased (or even no) income, requiring those with savings to use them to make ends meet, and increased personal debt.

During the pandemic health and social care workers put their lives on the line. In carrying out their vital roles, they were often exposed to unnecessary risk and, as a BMA study has found, only a small minority of doctors had access to respiratory protective equipment (RPE) around the time that they contracted COVID-19, with 11% of respondents reporting having access to FFP2 respirators and 16% FFP3 respirators.

This is also reflected in the 2nd RCN survey, focusing on the availability and use of personal protective equipment (PPE). Over a third of respondents felt under pressure to care for patients with suspected or confirmed cases of COVID-19 without adequate protection. The situation was significantly worse for Black and Ethnic Minority staff, where over half (56%) felt pressure to work without the correct PPE, for example FFP2/3 respirators.

The UK Government needs to act quickly and provide support now to the many doctors, nursing and midwifery staff and their families who have suffered significant financial losses as a result of contracting COVID-19 in the workplace and then developing Long Covid. Due to the ending of COVID-19 special leave provisions and the severe lack of financial support, many doctors, nurses and midwifery workers suffering the impact of Long Covid are now facing unemployment. Over 50 countries worldwide already provide formal legal recognition for key workers who contracted COVID-19 as a result of workplace exposure and offer corresponding compensation and support schemes.

As a first step to recognise those efforts, we are calling on the Government to urgently consider and accept the recommendations of IIAC's command paper. I look forward to your response.

Yours sincerely,



Professor Phil Banfield
BMA, Council Chair



Professor Nicola Ranger
Royal College of Nursing, Chief Nurse