



OCCUPATIONAL HEALTH DEMYSTIFIED

Information to guide interactions and avoid potential pitfalls if you seek OH input



Including:

What is Occupational Health (and what is it not)?

How an encounter with Occupational Health might unfold

Occupational Health report

Special situations

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DISCLAIMER

We recommend that the medical information in this leaflet is discussed with your doctor. It is not intended to be a substitute for personalised medical advice or treatment. You should consult your doctor whenever a new symptom arises, or an existing symptom worsens. It is important to obtain medical advice that considers other causes and possible treatments. Do not assume that new or worsened symptoms are solely because of ME/CFS or Long Covid.



OCCUPATIONAL HEALTH DEMYSTIFIED

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About Dr Helen L Kröning

After a classical education outside the UK and with a background in Biological Anthropology and Forensic Egyptology, I went into medicine as a mature student. Having successfully completed various elements of NHS medical and surgical training, I was obliged to change career plans owing to circumstances relating to health and am currently a speciality trainee (aka resident doctor) in Occupational Medicine. Having gained both personal and professional experience of dealing with health challenges, whilst training and working in the NHS in different settings, I remain passionate about supporting others to navigate complexities associated with chronic conditions.

INTRODUCTION



Occupational Health (OH) is enshrouded by mythology and misunderstanding. This leaflet is intended to help provide information to guide interactions and avoid potential pitfalls if you do seek OH input.

WHAT IS OCCUPATIONAL HEALTH (AND WHAT IS IT NOT)?

Occupational Health professionals will have appropriate knowledge and experience in terms of diagnosis and treatment, but they will not be engaged in direct patient care.

Healthcare professionals in Occupational Health you are likely to encounter include doctors and nurses but also, potentially, allied healthcare professionals such as occupational therapists, physiotherapists and psychologists. The decision as to whom you are assessed by is usually made by the service provider. It will depend on triage of your case and also which professionals are part of their organisation.

Unlike other hospital specialities and GPs, there are two things to remember when dealing with healthcare professionals in Occupational Health:

- They are there to act on behalf of both employer and employee
- They are not an acute service or involved in treatment

Their role is to provide independent medical advice and health guidance for managers/HR, to issue recommendations in relation to work, taking into account your health situation, and to base their conclusions on evidence-based information.

This means that they are not in a position to provide any treatment (although they may be able to do so in a non-OH context, such as if they are still working in a treating service).

They should be suitably qualified to assess your health (the 'medical' side) and impact on work (the 'functional' aspects) and, whilst they are not involved in your treatment, they may signpost to your GP/specialist/other services in accordance with what they deem necessary for your health. As they are still healthcare professionals, they will have appropriate knowledge and experience in terms of diagnosis and treatment, but they will not be engaged in direct patient care.





OH professionals can recommend potential adjustments as they are trained to assess fitness for work and provide a professional opinion in relation to both health and work.

WHAT IS OCCUPATIONAL HEALTH (AND WHAT IS IT NOT)

Occupational Health input may be of benefit for those striving to remain at work, or those seeking a return to work despite ill health. OH professionals can recommend potential adjustments as they are trained to assess fitness for work and provide a professional opinion in relation to both health and work. In contrast to other healthcare professionals, they are qualified to speak on health and safety, fitness to remain in/return to a job, and advise on adjustments ranging from equipment and adaptations to redeployment and other avenues. Some may have specific areas of expertise and might make suggestions on the basis of this (e.g. occupational therapy or physiotherapy), but all registered healthcare professionals are expected to adhere to their profession's standards as well as legal duties and ethical codes, e.g. the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC) stipulations, consent and confidentiality.

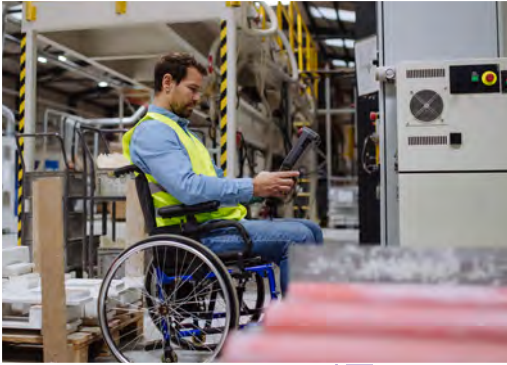
It is important to note that not everyone has access to Occupational Health in the UK as this is determined by the employer and their arrangements. Ideally, anyone in employment should be able to request OH input, but this is currently mainly aspirational. In the absence of OH opinion, HR and management may make ultimate decisions on the basis of their own conclusions.

Occupational Health providers vary significantly in terms of their training, qualifications, expertise and remit; although there is a drive for a national standard and accreditation via SEQOHS (Safe Effective Quality Occupational Health Service), this is not obligatory and you may be assessed by someone who is not SEQOHS-accredited. It may be helpful to explore the OH provider's credentials before or after the encounter if there is scope for choice. You may also wish to consider using an accredited service where professionals are more likely to be suitably qualified and experienced with reference to your situation.

If there is opportunity to access OH, this is likely to be possible via self-referral and/or management referral, depending on local set-up. In cases of referral by management, an OH report is shared with you and the referring manager (if you consent to this) and, if you self-refer, you may choose to show a copy of any reports to appropriate parties, but this is up to you.



WHAT IS OCCUPATIONAL HEALTH (AND WHAT IS IT NOT)



Reference is often made to “reasonable adjustments”, but it is vital to recognise that the matter of an adjustment being “reasonable” is for the employer

It is also worth bearing in mind that any advice from Occupational Health is just that – i.e. it is not prescriptive or legally binding. Whilst many managers will take OH opinion into account, any decisions, including regarding adjustments, ultimately rest with HR/management. It is usually prudent to consider OH input, but the healthcare professionals have no involvement in practical implementation of recommendations and have no authority to enforce guidance (unless there is a legal basis or statutory requirement because of the nature of the work in question). Reference is often made to “reasonable

adjustments”, but it is vital to recognise that the matter of an adjustment being “reasonable” is for the employer (and if legal escalation occurs for a court) to determine. OH professionals are unable to go beyond assessment and opinion/recommendations and, technically, their involvement ends after they have issued their report to the employer.

Finally, you may wish to note that OH Services are not usually involved in any benefit assessments or claims; the assessors linked to benefits services are not necessarily trained in OH in any form. OH professionals are only connected to you and your employer. They have no role in recommending or withdrawing benefits and do not act in conjunction with the Department for Work & Pensions (DWP).

HOW MIGHT AN ENCOUNTER WITH OCCUPATIONAL HEALTH UNFOLD?

Occupational Health is usually linked to either pre-employment stages (e.g. offer of a job) or current employment (e.g. related to sickness absence). Overall, processes are likely to be similar in terms of assessment and outcome, although obviously the former will lead to recommendations relating to your prospective role (i.e. you perhaps being deemed fit to take up the job, with potential adjustments advised), whilst the latter will result in guidance regarding remaining in / returning to work and how your employer may be able to support this.



Basically, the following journey may occur:

Disclosure (in context of job offer or sickness absence and current employment)

You may choose to declare to your prospective or current employer that you have a health condition and explain how it impacts on you.

■ N.B. You are not obliged to disclose unless there is a statutory requirement (e.g. it is a safety-critical job), but any potential adjustments can clearly only be considered if the employer is aware that you have a health problem.

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Occupational Health assessment

■ It is imperative that you understand that this is “voluntary” and requires your consent at all stages.

■ For some individuals, there may be a legal duty/statutory requirement for you to engage, depending on your job, so you should ensure you are fully aware of this in the context of your contractual obligations.

■ As with any medical encounter, you have the right to withdraw consent at any point in the process; however, you should be mindful of potential implications (e.g. HR/management decisions are made without OH input if you do not consent to this element).

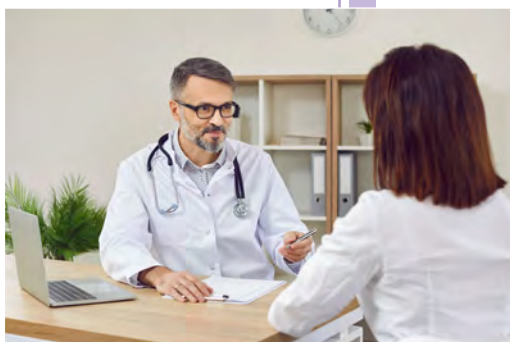
■ You are entitled to see your manager’s referral and should request a copy, ideally before the appointment with OH.

■ The assessment may occur via telephone, virtual platform or face-to-face – you may be able to request a certain format.



HOW MIGHT AN ENCOUNTER WITH OCCUPATIONAL HEALTH UNFOLD

■ You can expect to be treated with respect by the OH professional but should also be prepared to engage with them in a courteous manner – N.B. communication is often key in these situations and just as important as it would be in a GP or hospital setting.



OH is not involved in diagnosis or treatment; however, the OH professional may ask for your consent (in writing) to access further medical information, including insight into relevant GP records, test results or treatment plans.

■ The OH professional is likely to take a history (including occupational / employment background in addition to the medical aspects), and you may be asked further details about your job.

■ The OH professional will undertake an assessment (this may just be verbal but can include physical and functional examination); there is not usually a requirement for further investigations as OH is not involved in diagnosis or treatment; however, the OH professional may ask for your consent (in writing) to access further medical information, including insight into relevant GP records, test results or treatment plans – again this is voluntary, and you are not obliged to consent, but carefully consider before making a decision.

■ Any medical information shared by your treating healthcare professional(s) is subject to the Access to Medical Reports Act 1988, and one aspect of this means that you are entitled to see copies of anything that is forwarded to OH (including before it is sent).

Occupational Health report

■ After the assessment, the OH professional will issue an opinion regarding your fitness to work – for prospective jobs, this means that you may be deemed either unfit to take up the role (with possible alternatives then needing to be discussed) or fit to undertake the job (usually there will then also be recommendations regarding potential reasonable adjustments which HR/management may need to consider). For those already in employment, this may include comments about how to support you to remain at/return to work despite health challenges or advice on alternative actions, including contemplation of redeployment if appropriate.

■ Ideally, you should be offered a copy of the OH report before it is sent to management/HR, but, in any case, you should be fully aware of the report contents, including OH opinion and potential recommendations such that there are no unexpected surprises in the resulting document.



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HOW MIGHT AN ENCOUNTER WITH OCCUPATIONAL HEALTH UNFOLD

- Reports should only contain relevant information (i.e. there is no need to share full details with management/HR, but medical points can be made as pertinent to questions about work – e.g. comments about functional impact, medication side-effects, symptoms in relation to tasks and ability to undertake these).
- Reports will likely be quite different from any correspondence you have received from the GP/hospital specialists and relate specifically to health and work. There will be less about your symptoms/condition as the focus should be on how you are affected in relation to the job, and there will be little on treatment (other than possibly a professional opinion on whether further medical input might be indicated or if there may be scope for medical intervention, treatment optimisation and symptom control).
- Release of any reports is again dependent on your consent, and you may choose to withhold this; as with other parts of the process, you should weigh up pros and cons of your decision.
- Exceptions to this are instances such as those where OH professional statements are legally binding or pertain to a safety-critical role (e.g. if you are unsafe to do the job or if there is a potential health and safety/general risk to you or others at work, the OH professional is duty-bound to share this particular conclusion with management/HR and can do so without your consent); however, information should be kept to what is necessary, without disclosure of excessive information.
- You should note that you are entitled to request amendments to the report, but you may only ask for correction of factual errors and you cannot expect a professional's opinion to be altered; you may choose to agree or disagree with the report/outcome, but you are not in a position to change professional conclusions.
- If you have any questions, remain in doubt or are uncertain about the report, you should have opportunity to contact the OH provider to ask for clarification; you may also wish to explore points with management/HR (with or without reference to the actual report).

HOW MIGHT AN ENCOUNTER WITH OCCUPATIONAL HEALTH UNFOLD



You are entitled to request amendments to the report, but you may only ask for correction of factual errors and you cannot expect a professional's opinion to be altered.

After the OH encounter & report release

- If you do not consent to OH input in any form (including if you withhold consent to release the report), management/HR will make a decision without this information. Bear in mind that this means management/HR are likely less informed and unaware of your health situation and potential adjustments.
- If you consent to release, the report should be shared only with appropriate parties and may form the basis of any further discussions or next steps (e.g. job offer upheld/withdrawn, reasonable adjustments considered, meetings to facilitate return to work or redeployment).
- Thereafter, the OH professional's duty has been discharged, and there will be no further interaction unless you or HR/management specifically request this.
- If you have union representation and feel it would help, you may wish to ask for support from your union in relation to the whole OH process, including, for example, accompanying you to the assessment.
- Alternatively, you may be able to request support from family, but bear in mind their role in the process.
- OH assessment and recommendations should be in accordance with professionalism. You may find it difficult to understand the objective nature and obligation associated with these particular healthcare professionals as it will be different from interactions with your GP/specialist/therapist.
- OH professionals are there to provide independent advice about health and work, not to engage in advocacy or treatment.

HOW MIGHT AN ENCOUNTER WITH OCCUPATIONAL HEALTH UNFOLD

Special situations, sticking points and other questions

■ If an OH opinion about health and safety implications is issued, this will be based on evidence and professional judgment and has to take into account all relevant parties – e.g. only the DVLA can determine whether you are fit to drive, but an OH professional can provide opinion on this aspect and, if they feel a potential risk could arise for you or others at

work because of your health condition, they are duty-bound to point this out, regardless of impact on your job or your own opinion. Remember that this will be professional obligation and not subjective or emotionally driven.

■ If a second opinion is requested (depending on whether this is even an option in your case), you/management may wish to explore this, particularly if it is felt that the outcome of the initial OH assessment has not been satisfactory or adequate for requirements.

■ There may also (if this option is available via the set-up arranged) be opportunity for a “case conference” which is essentially a round-table discussion; this can only occur with your consent and usually involves you, management/HR (your representative) and OH. The OH role is merely advisory and serves to facilitate discussion between employee and employer (e.g. providing answers to medical questions, bound by confidentiality and consent but sharing pertinent points); OH is not there to “take sides”.

Disclosure

You may choose not to disclose your diagnosis to your employer, but bear in mind the consequences; if an employer is unaware that your health may affect your work, they are not obliged to even consider potential adjustments and adaptations, and it will make it more difficult for you and them to comply with employment and health and safety legislation. You will be “in charge” of details and how much/when/to whom to disclose; however, remember that you may have a contractual obligation (e.g. safety-critical role, professional registration, driving is part of your job), and conversely employers have a legal obligation to consider “reasonable adjustments”.



Occupational Health professionals are there to provide independent advice about health and work, not to engage in advocacy or treatment.





It's important to make sure that the occupational health staff are aware of any key ME/CFS symptoms that are going to impact on what you can and cannot do at work.

OCCUPATIONAL HEALTH AND ME/CFS

As with any other group of health professionals, there will be occupational health professionals who take a variety of views on both the cause and management of ME/CFS. Some will view ME/CFS as a complex medical problem; others will still view it as a purely psychological illness. And there will be many who view it as having both physical and psychological components.

Some will be aware that there is a new NICE guideline on ME/CFS, which no longer recommends graded exercise therapy. Others will not be aware that the original guideline has been replaced, or that there is a NICE guideline on ME/CFS!

As already noted, it is not the diagnostic label that is important when looking at occupational health - the effect of the illness on your ability to carry out a role for which you are being assessed.

So it is important to make sure that the occupational health professional is aware of any key ME/CFS symptoms that are going to impact on what you can and cannot do at work.

In particular, you may wish to discuss activity-induced fatigue and post-exertional malaise, cognitive dysfunction, orthostatic intolerance (inability to stand up for more than a short time), pain and problems with balance.

As a fluctuating condition with symptom variation throughout and from day to day, the impact on function may be difficult to predict, and it might be helpful to ask for this to be highlighted in any discussions at work.

More Information

Research and analysis: The Impact of Fluctuating Health Conditions on Assessment

DWP research report, available on the Government website here:

<https://tinyurl.com/yrd7ktaf>



SOME TIPS THAT MIGHT AID DISCUSSIONS

Representation and support

If you have access to support (via a family member, a union, or an organisation), you may wish to use this as appropriate; it is up to the OH provider to agree to someone accompanying you to the appointment. Most OH Services will likely accommodate, e.g. a union representative accompanying you to the appointment, but you may wish to clarify this beforehand to avoid disappointment or erroneous assumptions. Nevertheless, be mindful of the role any representatives/other individuals play in the process and whether this is going to be more (or perhaps less) helpful to you.

Additional things that might help you with the OH process:



If you have access to support (via a family member, a union, or an organisation), you may wish to use this as appropriate.

- **Request information in advance:** This can include anything from basics about the OH service to details of your appointment.
- **Ask for extra time and/or breaks if possible** to facilitate, process and aid communications – This may be applicable to interactions with HR/management and OH.
- **Be open and honest:** Whilst you are not “on trial”, deliberately withholding or misconstruing information may not be in your best interest; the OH professional is not a “judge” and should treat any information provided in a professional manner, but equally you should not seek to mislead them as this is not helpful for any party involved.
- **Carefully consider sharing medical information:** Think about when, how much and with whom to share medical details; you are not obliged to supply full information to your employer, but it is usually helpful to provide consent for the OH professional to have insight into the medical background. You may wish to take copies of investigation results or letters from specialists with you; however, it is more useful to use up-to-date and relevant information rather than overwhelm the professional with documents or materials that may (or not) be conducive or pertinent to the process.
- **Be prepared for all possible eventualities but try not to become overly emotionally involved during the process (remember, this in itself is energy-consuming and potentially detrimental to your health, and the situation is very different from those encountered in the treating context, so there may be more potential for miscommunication and**

Be prepared for all possible eventualities but try not to become overly emotionally involved during the process (remember, this in itself is energy-consuming and potentially detrimental to your health).



SOME TIPS THAT MIGHT AID DISCUSSIONS

conflict from the outset): OH is not punitive and should act in line with professional duties and, whilst there may be biases on both sides, the interaction needs to focus on relevant facts; becoming embroiled in an argument is not appropriate for anyone involved in the process, and heated debates are not constructive in any case, regardless of how you feel or what you may have heard from others.

■ **Consent, empowerment and autonomy:** Consent is required for all elements of the OH process from initial referral through to report release. If you do not agree with something, you have a right to withdraw consent at any point in the process but do weigh up pros and cons before any knee-jerk reaction. You are unlikely to change the healthcare professional's opinion through inappropriate behaviour, and it may not aid your cause if you challenge everything from the outset without reason.

It may be difficult to acknowledge, but there can be misinformation, bias and misunderstandings on both parts and, whilst the OH professional will not be advocating for you as such, they are also not there to mete out "punishment". As healthcare professionals, their role is to make a professional judgment based on objective assessment, and although they will take into account all information available (contents of referral, medical information provided, your account, management comments, job description), the aim is not for you to establish a "link" with them; instead, the goal is for sound recommendations to be made as relevant to your health and work so that you and your (prospective/current) employer can move forward on the basis of this medical opinion.

■ **OH is advisory and neither prescriptive nor practically involved in adjustments:** Any recommendations issued are purely guidance, and your employer may choose to act on or ignore points made in the report. Whilst there are legal obligations on employers, including, for example, to consider "reasonable adjustments", ensuing implementation decisions rest with management/HR, and OH has no part to play in practice thereafter.

■ **Equality Act 2010 (disability provisions):** This is often misunderstood, but basically, OH does not take any actions regarding this; whether the Equality Act applies is a legal and not a medical decision and, although an OH professional can provide an opinion on possible applicability, ultimately this is solely for a tribunal to determine. Information elsewhere explains the background in more detail, and many individuals may find that all parts of the definition (i.e. "physical or mental impairment",

SOME TIPS THAT MIGHT AID DISCUSSIONS

“substantial”, “long-term”, “negative effect” on “ability to do normal daily activities”) are likely to apply to them, but remember that it is not the diagnosis that is important here (as unfortunately often wrongly thought

by some, including professionals). You may be asked about the impact of your symptoms on activities of daily living in the context of the OH assessment and there may be comments about this in the OH report but, in the final analysis, this is only really relevant in relation to “reasonable adjustments”; as pointed out above, “reasonable” is not in the remit of OH but instead rests with the employer and legal professionals. Emphasis is again on guidance/advice in the context of OH.

■ Absence management policies, sickness triggers, etc:

OH can provide independent professional advice, but ultimate decisions rest with your employer/manager (e.g. adapting trigger points in relation to sickness absence policies and consequences is a management, not OH, discretion).

■ **Ask rather than assume:** If you are unsure of something, seek clarification rather than jumping to (perhaps wrong) conclusions. OH professionals may not be able to answer all the questions, but they should have insight into medical aspects, impact on work and will direct you to appropriate contacts (including back to your manager/HR if it is a question for them or signpost to other agencies such as Access to Work or your GP).



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Employment Issues

An essential guide that features employment law, returning or continuing to work as a disabled person, reasonable adjustments, sickness absence, leaving work due to ill health, national insurance, benefits, ill-health early retirement and pensions, reasonable adjustments, termination of employment and unfair dismissal.

You can download a free PDF file of this item here:

<https://meassociation.org.uk/vo36>



FINALLY

Some final advice (from someone who has been on “both sides of the room”):

Be prepared to encounter scepticism and potential challenges. However, be mindful of underlying biases and associated tensions and acknowledge that misunderstandings can exist on either “side”.

Do not waste valuable energy on arguments as this merely accelerates breakdown of relationships and hampers communications. Confrontation is not the best strategy, and both “sides” should be receptive to sharing information in a reasonable manner.

Whilst the evidence base for the condition is growing, research is still in its relative infancy, and this may have negative or positive implications; although healthcare professionals can be expected to be up-to-date and unbiased, it is a well-known fact that scope for change remains on all fronts.

It would be desirable for any OH professional to act objectively and in accordance with their code of conduct, including in relation to their responsibility to employer and employee; however, this also means that they must stay “neutral” and can only provide medical/occupational health advice which is evidence-based.

Ultimately, decisions and actions will be determined by you and management/HR, so you may wish to reflect on the role of OH now you have hopefully developed a better understanding based on the above information.



“Thank you for producing such a helpful magazine. The standard is consistently high and each edition is interesting and varied. I need all the help I can get and this magazine is consistently encouraging, realistic, and helpful.”



HOW WE CAN HELP

■ **COMMUNITY:** We provide a safe and welcoming community for people affected by ME/CFS and Long Covid who come together and benefit from sharing their experiences. We provide membership, an essential support service, excellent website resources and we host engaging discussions on the most popular social media channels. Knowing that you are not alone can be a great comfort and we are happy to answer your questions and share helpful tips.

■ **MEMBERSHIP:** We put the interests of members at the heart of everything we do. Your subscription means that we can support more people, campaign more effectively and fund more medical research. Members receive the exclusive ME Essential magazine which carries the latest news, medical information, personal stories, and feature articles. **Join us today.**

■ **SUPPORT:** ME Connect is the charity's support and information service. We listen and we understand. We provide a personalised service and we're here when you need us most. We have knowledge and understanding of these medical conditions. To view the ME Connect telephone helpline opening hours please visit: <https://www.meassociation.org.uk/me-connect>

■ **INFORMATION:** We produce reliable and timely information written by topic experts and have the **largest range of free literature covering all aspects of life with ME/CFS and Long Covid**. We can show you how to recognise and manage symptoms, get an accurate diagnosis, a referral to specialists, and to obtain the healthcare that you deserve. We also provide an **e-newsletter** and free access on the website to **Medical Matters** and other relevant information.

■ **RESEARCH:** We fund medical research via the **Ramsay Research Fund** and are especially interested in research that can find diagnostic markers, causes, and treatments. We support the UK ME/CFS Biobank and the Manchester Brain Bank, and have invested over £1m in medical research in the last 10 years.

■ **MEDICAL EDUCATION:** We arrange training for healthcare professionals, offer a medical magazine, ME Medical, and are working with the Government, NHS, Royal Colleges of Medicine, and Local Authorities to implement the recommendations of the 2021 NICE Clinical Guideline on ME/CFS – the successful result of 14 years lobbying and hard work.

“The MEA is doing exactly what it said it would by providing support, actively lobbying for recognition, improvements to health and social care, and funding biomedical research.”



HOW WE CAN HELP

■ **LOBBYING:** We campaign to raise awareness and bring about positive change. We believe in collaboration and work with the NHS and social care services, the Department of Health and Social Care, the British Association of Clinicians in ME/CFS (BACME), Forward-ME, the ME Research Collaborative (MERC), DecodeME, the All-Party Parliamentary Group (APPG) on ME, Physios4ME, the Chronic Illness Inclusion project (CII), Hidden Disabilities Sunflower, and Long Covid initiatives.

■ **HEALTH & SOCIAL CARE:** The charity works with healthcare providers to successfully implement the NICE Guideline recommendations on ME/CFS and Long Covid to ensure that everyone receives the very best healthcare, wherever they live in the UK. We want well-trained healthcare professionals providing excellent services because timely intervention can lead to better health outcomes and improved quality of life.

■ **DONATIONS:** In order to help more people and invest in medical research we depend on your generosity. If you feel able to make a donation or want to raise funds in other ways, please get in touch with the fundraising team: fundraising@meassociation.org.uk or you can **make a direct donation via the website.**

WHAT ARE ME/CFS AND LONG COVID?

We answer key questions about these medical conditions and compare similarities and differences. You'll also find the NICE Guideline reproduced in full in an easy-to-use **database.**

MEDICAL MATTERS

Medical Matters is an easy to use online supplement to the more detailed literature. The same topic experts provide answers to commonly asked questions.

NHS REFERRAL SERVICES

If you need to locate an ME/CFS specialist service or Long Covid Clinic then we can help. We have listed all secondary care referral services in an easy-to-use **database.**



THE ME ASSOCIATION

me

ME CONNECT

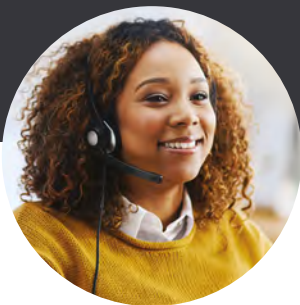
The Support and Information Service
for people affected by ME/CFS/PVFS
and Long Covid

3 WAYS TO GET IN TOUCH:
by phone, email
or social media private message



Freephone
0808 801 0484

For opening hours visit:
meassociation.org.uk/me-connect



HERE TO LISTEN

We are here to listen, validate and empathise with any issues you might be facing.



VITAL SUPPORT

We are here to help you reach an informed decision.



SAFE ENVIRONMENT

We provide a safe, confidential and understanding environment where you can be heard and understood.

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