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SAFFRON WALDEN
TOWN COUNCIL

11th August 2020

The Rt Hon Matt Hancock MP
Secretary of State
Department of Health and Social Care
39 Victoria Street
London, SW1H 0EU

Dear Mr Hancock

Immediate implementation of risk reduction action plan for BAME NHS and care workers called for by Chair of BMA; and enacting of the COVID-19 report recommendations

At the Full Council meeting on 13 July 2020 Saffron Walden Town Council unanimously resolved to call on the UK Government to "Implement immediately an action plan as requested by the Chair of the British Medical Association to reduce the risk to BAME NHS and care employees and to address the underlying causes, and to carry out the recommendations of the COVID-19 report*."

Data published in the Health Service Journal detail the disproportionately high rate of BAME individuals among Health and Care Workers who have died from COVID-19. Among all staff employed by the NHS, BAME groups account for approximately 21%, including roughly 20% among nursing and support staff and 44% among medical staff (i.e doctors and dentists). Initial analysis of health and care worker BAME COVID-19 deaths suggest they account for 63%, 64% and 95% of overall deaths in the aforementioned staff groups respectively.

Dr Chaand Nagpaul, BMA Council chairman, said it was "critical" action was taken to protect BAME doctors. Dr Nagpaul said protection for staff had to be improved as a matter of priority. (BBC News, 13 June 2020).

At the end of April, NHS England recommended that ethnic minority healthcare workers should be risk-assessed for coronavirus (ITV News, 29 April 2020). Scotland, Wales and Northern Ireland issued similar guidance. Risk assessments should have been in place for weeks, so that hospitals and GP practices could identify high-risk individuals to allow them to do different sorts of work to protect themselves from serious infection. The feedback is that large numbers of BAME

doctors feel let down, have not been given timely information, neither the right assessment, nor the right opportunities for redeployment.

In the absence of common national system different Trusts and practices responded independently with a significant variance in outcomes. A group of GPs in Manchester has designed a risk-assessment scorecard to help doctors do their jobs safely. It's based on a scoring system that evaluates a doctor's risk based on a number of factors such as ethnicity, age, gender, body mass index (BMI), vitamin D levels and medical conditions. At the Oxford University Hospitals Trust, where both the chief people officer and chief medical officer are from BAME backgrounds, their request for staff to complete risk assessments also seeks to allay fears as there were concerns that there could be discrimination as a result of completing an assessment.

By mid-June, BBC News reported that it had contacted 25 BAME medical groups and received 1600 responses of which 1040 respondents had not been assessed, 408 of 704 who responded on their feeling of personal risk, put it at high or moderate. BMA findings 10 days later found that four out of 10 BAME compared to seven out of 10 white doctors felt that the PPE supplied provided for safe contact. Similarly, the Royal College of Nursing found that 43% of BAME nurses compared to 66% white nurses reported that sufficient eye and face protection was adequate.

Whilst the disproportionality in deaths and illness between BAME and white staff may well include both genetic and economic reasons, the variance in responses to staff's perception of personal risk and provision of safety may well reflect structural and systemic racism within the health and care sector.

When the Public Health England COVID-19 report, 'Beyond the Data: Understanding the Impact of COVID-19 on BAME groups ', June 2020* is being enacted, we ask that you ensure that the following is done:

With regard to the first Recommendation of the report:

"1. Mandate comprehensive and quality ethnic data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities."

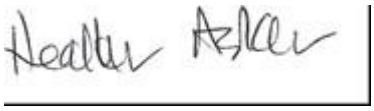
Ensure that data collected should not be shared with the Home Office, as the very evident 'hostile immigration environment' for some BAME communities will deter response and this will render data collection less accurate and meaningful. Also, the data collection exercise must be subject to Equalities Impact Assessment protocols to mitigate bias,

Regarding the last Recommendation of the report:

“7. Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised. “

As Professor Marmot’s studies, since the 60s, have consistently have shown that inequality and ill health go hand in hand, if we are to have a productive, healthy and happy society the scourge of structural and systemic racism must be eradicated. “

Yours sincerely



Councillor Heather Asker
Mayor of Saffron Walden