

07 June 2020

Dear Mr Hancock and Ms Badenoch,

**RE: Response to the 'Disparities in the risk and outcomes of COVID-19' report**

We, the undersigned, are writing in response to the above report commissioned by the Department of Health and Social Care and published by Public Health England (PHE) into the excess morbidity and mortality from COVID-19 affecting black, Asian, and ethnic minority (BAME) communities in England. As organisations representing thousands of BAME healthcare professionals on the frontline and working within our communities as health advocates, we remain alarmed by the disproportionate impact COVID-19 continues to have on our communities. We are no strangers to the effects of the inequalities in our society. As the majority of doctors who have died from COVID-19 are from BAME backgrounds, this disturbing fact is not likely to be a coincidence.

We welcomed the premise of the review which, as per the terms of reference, sought to understand how factors including ethnicity impacted outcomes from COVID-19. We have long been aware of ethnic disparities in health outcomes; sadly, this review does nothing to further our understanding, and we must express our profound disappointment. It does rather demonstrate to us the failure of visible leadership that will engage and reform the institutional racism that Sir Simon Stevens has referred to.

We accept that further work is needed to improve the analyses as explicitly stated in the review. There are large gaps in our understanding of the root causes of these disparities among disaggregated non-White ethnic groups, in the distribution of risk factors, and the role of discrimination and intersecting inequalities. Particularly vulnerable groups include those with protected characteristics such as religious groups and those with disabilities who have been excluded. We must also move beyond deaths and hospital admissions to include analyses of community transmission and access to healthcare.

During multiple stakeholder sessions, many of which our organisations contributed towards, the determination of the PHE review to understand wider social and structural factors and gain qualitative insights through the lived experiences of BAME communities from COVID-19 was affirmed. The published report however does not include the findings of these extensive community engagement exercises, nor the submissions from over 1,000 individuals, and erases the voices of BAME communities. It is vital that this information is published immediately without redaction.

Furthermore, when comparing the findings against its stated objectives, the review does not include an analysis of risk factors, which are strongly linked to poorer outcomes from COVID-19, nor their explanation. The review does not include adequate occupational data on BAME healthcare workers to make any meaningful assessment of the impact of occupation, or indeed protective factors such as adequate PPE. We have known about differential attainment and workplace discrimination for a long time among BAME healthcare workers. There is no discussion around the role of discrimination or racism experienced by healthcare workers in the review which have been highlighted in multiple other reports as contributory factors.

The terms of reference also indicated that there would be recommendations as part of the review, and which did not materialise in the published report. We were also subsequently advised that it would be led by Professor Kevin Fenton. We are deeply concerned about press reports that ministers have held back on recommendations made by the review team and that Professor Fenton's role was not mentioned in the report. BAME health professionals and community members who have lost relatives, friends and colleagues are aghast, and question the value – and even the intent – of such a report. As a priority, PHE and the Government must urgently publish, in full, any recommendations and actions it plans to take to address inequalities that BAME communities face. This is a crisis of confidence and credibility that we cannot afford.

We welcome the proposal to discuss the results of the review with relevant community stakeholders and the recognition that guidance, policies, and data surveillance must be adapted. BAME groups must be an integral part of this conversation and subsequent solutions co-produced that are practical, robust, timely, and address not only short-term measures but also long term structural and social disadvantages and discrimination.

We have been in status quo for a long time. The system must move beyond rhetoric and implement urgent measures to safeguard BAME staff and communities in the manner we saw from the Francis Public Inquiry and patient safety, following the review into significant failures at Mid Staffordshire Trust.

We need actions that are credible and enduring. These include and are not limited to: fair and equitable implementation of workforce risk assessments; proper PPE for frontline staff; mandating BAME representation and visibility in all levels of NHS management, clinical education and curricula; timely and contextualised public health communications which speak to BAME communities; robust legislative and contractual levers which ensure that reporting and addressing these inequalities become a statutory public duty; and ensuring comprehensive data on protected characteristics are openly available to allow for accountability and monitoring.

Transparency and trust are vital, and compassionate and inclusive leadership is required. It is imperative that the Government remains fully committed to eliminating health and social disparities in our society and takes every means necessary to achieve this. **We must move beyond statements and acts of performative solidarity.** Failing to do so will mean yet more BAME lives and livelihoods will suffer.

We would be pleased, as a group, to have the opportunity to meet with yourselves, PHE, and NHS England & Improvement, to progress the matter and therefore would be delighted if you would be in touch.

Signed,

1. Dr Aliko Ahmed, Co-Convenor – **BAME Health and Care Networks**
2. Dr Wail Ahmed, Secretary – **Sudan Doctors' Union - UK Branch**
3. Dr Ohidul Alam, Director – **Bangladeshi Doctors in the UK**
4. Dr Gaggandeep Singh Alg, President – **British Sikh Doctors Organisation**
5. Dr Sharif Kaf Al-Ghazal, President – **British Islamic Medical Association**
6. Dr Zakariye Ashkir, President – **British Somali Medical Association**
7. Dr Rafid Aziz, President – **United Iraqi Medical Association UK and Ireland**
8. Professor JS Bamrah CBE, Chair – **British Association of Physicians of Indian Origin**
9. Dr Titilola Banjoko, Co-Convenor – **Better Health for Africa**
10. Dr Ibrahim Bolaji, President – **Medical Association of Nigerians Across Great Britain**
11. Dr Amir Burney, President – **Association of Pakistani Physicians of Northern Europe**
12. Olamide Dada, Founder – **Melanin Medics**
13. Francis Fernando, **Senior Filipino Nurse Leader**
14. Dr Sukhpal Gill, President – **UK Sikh Doctors and Dentists Association**
15. Dr Enam Haque, Chair – **AskDoc**
16. Dr Md Ziaul Haque, General Secretary – **Bangladesh Medical Association UK**
17. Rose Hombo, President – **Cameroonian Nurses Association UK**
18. Dr Ahmed Kafafy, Chair – **Midlands Egyptian Society in the UK**
19. Dr Chandra Kanneganti, National Chairman – **British International Doctors' Association**
20. Dr William Kedjanyi, President – **Ghanaian Doctors and Dentists Association UK**
21. Dr Ramesh Khoju, Chair – **Nepalese Doctors Association UK**
22. Dr Enayat Modasser, Chair – **Association of Afghan Healthcare Professionals UK**
23. Dr Montio Morgan, Chairperson – **Cameroon Doctors in the UK**
24. Dr Santosh Mudholkar, President – **British Indian Psychiatric Association**
25. Chaand Nagpaul, Chair – **British Medical Association**
26. Odunayo Oyedele, Project Manager – **African and Caribbean Medical Mentors**
27. Wendy Olayiwola, President – **Nigerian Nurses Charitable Association UK**
28. Mr Shakeel Puri, President – **Association of Pakistani Physicians and Surgeons UK**
29. Dr Mohamed Yasser Sabouni, President – **Syrian British Medical Association**
30. Dr Hina Shahid, Chair – **Muslim Doctors Association**
31. Dr Sukhdev Singh, Chairman – **Sikh Doctors Association**

cc: Rt Hon Boris Johnson, Prime Minister

cc: Duncan Selbie, CEO Public Health England

cc: Sir Simon Stevens, CEO NHS England & Improvement