Asking questions

I agree that we are indeed witnessing avoidable human tragedy through the rise of toxic political regimes and institutional inequality.[1]

The two main global threats that have exacerbated and shone a spotlight onto health inequalities are, of course, the pandemic and the racial injustices. Unfortunately, they are disproportionately impacting the most vulnerable communities in our society. I feel there hasn't been the degree of visibility on this issue that many would have liked. The disproportionate impact of COVID-19 on BAME communities and frontline healthcare workers needs to be addressed at pace. There may be ongoing work being conducted, but the time is now.

I think the political and medical fraternities have missed opportunities. Furthermore, more than 90% of all of the doctors who tragically died because of COVID-19 were from ethnic minority backgrounds. The Office for National Statistics published some of the most detailed data analyses to date recently on this topic and the content was a difficult read, to say the least — it was as tragic as it was upsetting.

We each have our own story to tell about how the pandemic has taken its toll on our lives. Myself and others have suffered personal losses of ethnic minority colleagues, friends, and family. I'm proud to say that the Royal College of General Practitioners membership has a sizeable proportion of ethnic minority GPs and we need to be a representative organisation that provides clear guidance and steps to mitigate risk and protect our most vulnerable members.

I know that the party line thus far on this topic has been that we are working closely with our stakeholders and doing all we can to reduce inequalities. Public Health England published its second report recently and provided some recommendations. It's a good start but, unfortunately, I feel that the time for simply reiterating politically correct catchphrases — and repeatedly summarising epidemiological data that we already know — has passed. Now is a time for decisive action and an opportunity to move beyond the data and to show that we genuinely care about equality, diversity, and inclusion.

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DOI: https://doi.org/10.3399/bjgp20X711881

Appreciating our colleagues

I am a GP who immigrated 17 years ago to the UK for learning, a new work experience, and a better quality of life.[1] What is different for me is that I am a woman.

Being an Asian woman who is working as a medic in the UK, running a household, half-British, half-Indian, and raising children in a new environment, can be very challenging at times to say the least.

I try to blend in; I am not sure if I ever can! If it is so hard, why not go back where I came from?

Well, I love living in the UK. It has provided me with the opportunities that I did not have in India, especially for a woman. I have security and respect. I feel my daughters are safer in the UK.

I really, truly appreciate all the support I have had from my colleagues, my trainer, and wider community. It is nice that the contributions of Asian doctors are being appreciated, I would like to add that women deserve a special mention and applause. We are a different cohort; our challenges are different.

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DOI: https://doi.org/10.3399/bjgp20X711893

Can opportunities from this crisis help to tackle another?

The notion that with crisis comes opportunity is certainly thought provoking. Undoubtedly COVID-19 has caused great harm, but perhaps, as we re-evaluate what is important, changes within communities can allow us to focus more on disease prevention and provide us with an opportunity to tackle the pre-existing crisis of obesity.

Lockdown rules stated that, beyond essentials, exercise was the only reason to leave the house. Overnight the pavements were crawling with runners and the roads jam-packed with cyclists. After years of encouraging people to exercise, it appeared as though everybody was.

Looking for statistical proof of this, Haxby Group Practice asked patients to complete an online questionnaire, comparing levels of exercise before and during lockdown. Over 5000 patients responded.

Of these patients, 28.7% were exercising more often during lockdown. For some this was exercising weekly rather than monthly, whereas for others it was exercising daily instead of not at all. Of those now exercising daily, almost 10% had exercised only a few times a month at most prior to lockdown, suggesting a positive shift in the attitudes and efforts of our patients towards a more active lifestyle.

Inevitably some patients were exercising less (20.8%). However, almost 30% of those exercising less during lockdown were still exercising a few times a week, which we would consider a healthy amount. If we consider that an individual's ability to exercise may also have been influenced by changes in occupational circumstances, or childcare arrangements, or by shielding, this is not so discouraging.

Perhaps what's more exciting are the ambitions of our patients post-lockdown. Although 50% planned to return to previous exercise regimes, 30% planned to continue exercising more frequently than previously, and 17% planned to continue with new activities.

If, as a consequence of the COVID-19 lockdown, people have taken steps towards a healthier lifestyle, it is important to recognise this and use this as an opportunity to build momentum. New exercise habits have been formed, and, with encouragement and support from primary care, this could be maintained, resulting in a healthier, less obese population.

Perhaps from one crisis we have the opportunity to prevent another.

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DOI: https://doi.org/10.3399/bjgp20X711905