

Why has it taken so long for the government to publicly acknowledge the inequities that the BAME community and healthcare workers face despite the pandemic having shone a spotlight on these existing disparities and exacerbating them even further? Is it because the government now feel pressure to address the concept that if BAME communities are good enough to disproportionately die on the front line serving their communities and healthcare service; they are good enough to be granted equal access to socioeconomic and health opportunities, and roles in key senior decision-making positions?

Public Health England's initial review on disparities in COVID-19 fell short of tackling ethnic inequalities.<sup>1</sup> While it was an important first step in acknowledging the problem, it largely reiterated what was already known on the topic and provided an epidemiological summary and overview of the situation rather than clear guidance. Furthermore, the report failed to address the higher proportion of BAME healthcare workers who have tragically died from COVID-19, specifically the high proportion of doctors being from BAME backgrounds.<sup>2</sup>

#### A LACK OF OWNERSHIP

Public Health England have subsequently released a report, which includes stakeholder consultations, a rapid review, and recommendations.<sup>3</sup> On the whole, the recommendations seem to be generally vague sweeping statements and straplines at best. There are, however, long-term strategies suggested in the report that address broader healthy living and other socioeconomic factors.

All of these seem sensible and necessary but can take many years to achieve. There are no time frames for the delivery of the objectives, nor any specific detailed roadmaps to move beyond the data and rhetoric. There seems to be a lack of ownership and accountability as there is no detail of which organisations take responsibility for delivering these objectives.

While appraising and reviewing this

document critically, I was asking myself the question — 'so what; and now what?' Unfortunately, for me, the 'now what?' part of the question was not answered in any specific detail.

There seems to be an abundance of words in this report but a relative lack of decisive, clear advice and guidance on how to mitigate risk and protect the BAME community and healthcare workers from the disproportionate impact of COVID-19.

#### INSTITUTIONAL RACISM IN THE NHS

There is no mention of the following possible factors: disproportionate numbers of BAME staff in patient-facing roles; suboptimal access to infection-control training/PPE; greater reluctance of BAME staff to raise concerns; disproportionate BAME staff deployed into higher risk front-facing roles; and the greater proportion of BAME people among agency staff, which may be used to 'plug the gaps' in service provision in higher exposure settings.

The report does not address matters relating to the institutional racism within the NHS nor workplace race discrimination. There is no mention of the relative lack of ethnic diversity at senior board-level positions of health-related organisations to reflect that of the workforce composition of the NHS. The lack of senior BAME leaders in the co-design and strategic corporate decision-making process is also not mentioned in the report. There are clear associations between the socioeconomic wider determinants of health outcomes and that race/ethnicity is linked to these in such a complex way, that the covariation cannot be easily separated.<sup>4</sup>

It is therefore important to ensure that any measures designed to reduce health inequalities for BAME groups intuitively dovetail the psychosocial, cultural, and occupational determinants so that the inverse care law can be challenged head on.

We need urgent action and practical guidance on how to mitigate risk for BAME healthcare workers and protect those in public-facing roles.

There has been a paradigm shift in global race-relations and inequality in recent times. James Baldwin said that, *'Not everything that is faced can be changed. But nothing can be changed until it is faced.'*<sup>5</sup>

It is time that the government acknowledge, admit, and apologise that too little has been done historically to address health inequalities, and now is the time for earning the trust of the public and saving countless lives by making things right through the implementation of swift decisive action.

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#### REFERENCES

1. Public Health England. *Disparities in the risk and outcomes of COVID-19*. 2020. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf) [accessed 9 Sep 2020].
2. Cook T, Kursumovic E, Lennane S. Exclusive: deaths of NHS staff from COVID-19 analysed. *Health Service Journal* 2020; **22 Apr**: <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article> [accessed 9 Sep 2020].
3. Public Health England. *Beyond the data: understanding the impact of COVID-19 on BAME groups*. 2020. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf) [accessed 9 Sep 2020].
4. Marmot M, Allen J, Boyce T, et al. *Health equity in England: the Marmot review 10 years on*. Institute of Health Equity, 2020.
5. Baldwin J. As much truth as one can bear; to speak out about the world as it is, says James Baldwin, is the writer's Job as much of the truth as one can bear. *The New York Times* 1962; **14 Sep**: <https://www.nytimes.com/1962/01/14/archives/as-much-truth-as-one-can-bear-to-speak-out-about-the-world-as-it-is.html> [accessed 9 Sep 2020].

*"There are no time frames for the delivery of the [Public Health England's] objectives, nor any specific detailed roadmaps to move beyond the data and rhetoric."*