British Association of Physicians of Indian Origin

Date: 22 April 2020

Letter to: Chief Executives of NHS Trusts (England), Health and Social Care Trusts (Northern Ireland), Health Boards (Scotland and Wales)
Chairs, Clinical Commissioning Boards (England)

Dear Colleagues,

COVID-19: Disproportionate high mortality rates in BAME health and social care (HSCW) workers

BAPIO has been raising concerns about the high mortality rates amongst BAME HSCWs with NHS England and NHS Wales, as well as the media. Indeed in response to our letter to Sir Simon Stevens dated 7 April 2020, he has launched a review meeting on the matter. We will continue to work within the framework of that review in order to address the anomaly that has resulted from COVID-19.

However, we felt that the matter is sufficient import for us to write to you directly. BAME NHS staff constitute over a third of all staff, and in the case of doctors we represent a significantly higher proportion. There is palpable worry, upset and at times anger amongst them that the matter is not being addressed with sufficient urgency. Whilst the review is in progress, and the fact that the high BAME mortality rate continues unabated, we believe that there are some adjustments that you as employing authorities might make which would not just allay their fears, but also make a tangible difference to the increasing mortality rates.

Firstly, you will be aware of the compelling data which shows the disparity. The latest figures from ICNARC[1] reveal that 34% of critically ill ITU admissions are non-Caucasians, of whom the majority are BAME. Data from US shows mortality rates in black population approaching 50 to 70% of all Covid-19 deaths[2]. In the U.K., early data shows that 95% of doctor's deaths and 70% of HCW deaths are from BAME backgrounds.
Emerging opinion suggests that being male, being over 50, visceral obesity, diabetes and metabolic syndrome, hypertension, ischaemic heart disease, chronic lung disease, vitamin D deficiency, might all be implicated in coronavirus susceptibility; all these conditions are commoner in BAME people compared to the white population. The issues of proper protection and testing are generic to all employees and must also be within the bucket of options to tackle the pandemic.

Under current legislation (Management of Health and Safety at Work Regulations (1999 as amended), employers therefore have a legal duty to provide a safe working environment for their employees and to perform a comprehensive risk assessment, given the health risks of COVID-19 pandemic. Unless corroborated evidence is provided to suggest otherwise,

(1) https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports
(2) https://people.com/health/early-data-shows-black-communities-disproportionately-affected-by-coronavirus-in-some-states/
(3) http://www.legislation.gov.uk/uksi/1999/3242/contents/made

existing data suggests that certain demographic characteristics, such as age, sex, ethnic status and certain pre-existing medical conditions are major determinants of mortality from COVID19 infection.

Hence, we are recommending that employers urgently carry out a stratified risk assessment so that those HCSWs on the frontline of tackling the pandemic are not unnecessarily put at risk. Quite apart from the legal duties of an employer that are ethical and moral imperatives to ensure that you put the health of your workforce at the heart of your strategy to treat patients, because a healthy workforce will be better equipped to dealing with this debilitating pandemic. Besides, it is the right thing to do.
We would hope therefore that you will agree that our concerns are genuine, and that the measures we recommend are well intended. We would summarise these as follows:

1. That as a priority all staff on the frontline are risk assessed for age, sex, ethnicity, pre-existing medical conditions, and if at significant risk, they are deployed in non-COVID clinical areas or advised to work remotely. Retired and returning doctors and nurses should be given the highest priority in this assessment.
2. Specifically, we would recommend that BAME staff are tested for vitamin D deficiency, but in the absence of testing due to pressure on chemical pathology labs, that you offer an advisory memorandum for Vitamin D replacement in doses that would address any underlying D3 deficiency. We would like to mention here that this is the advice we have given all BAPIO members, and next week we will be sending complimentary vials of Vitamin D to all members, on request.
3. All frontline staff dealing with suspected/confirmed COVID patients must be equipped with long-sleeve gowns and FFP3 masks, and testing should be freely available in suspected cases.
4. No employee must feel bullied or harassed for raising concerns about unsafe working conditions, rather appropriate support must be offered to allay their concerns.

If we can be of any assistance to you or your staff please do not hesitate to get in touch.

Yours sincerely,

Personal Data

Ramesh Mehta	JS Bamrah	Parag Singhal
President	Chairman	Hon Secretary

cc: Sir Simon Stevens, CEO, NHS England
Mr Niall Dickson, CEO NHS Confederation