



# British Association of Physicians of Indian Origin

17.04.2020

Chief Executives of all Health Boards in Wales

Dear Chief Executive,

## **COVID-19: Disproportionately high mortality rates in BAME health professionals**

BAPIO has recently written to NHS England & Wales about the Covid19 related high mortality rates amongst the Black and Minority Ethnic (BAME) population. BMA, NMC, BBC, ITV Sky and various other organisations have also highlighted the issue and in response the NHS England has instituted an inquiry.

Following our representations, NHS Wales has also followed suit as of yesterday.

Given that the high BAME mortality rate continues unabated, (3 senior Indian origin clinicians died yesterday) we wish to raise our concerns with the employing health boards about this disproportionate mortality amongst BAME frontline staff with suggestions to mitigate the same.

### **Data:**

1. The latest data from ICNARC reveals that 34% of the critically ill ITU admissions are those of BAME which above the national demographic of 14% BAME population.
2. According to the Office for National Statistics, the age-specific mortality rate (March 2020) due to the coronavirus (COVID-19) increased significantly in each age group, starting from ages 55 to 59 years in males and ages 65 to 69 years in females. Of the deaths involving COVID-19 that occurred in March 2020, there was at least one pre-existing condition in 91% of cases.
3. Data from US shows mortality rates in black population approaching 50 to 70% of all Covid19 deaths.
4. An analysis by Sky News found that of the 54 front line health and social care workers in England and Wales that have died because of COVID-19, 70% were black or from an ethnic minority.
5. Our own updated figures as of 17<sup>th</sup> April show that 51 out of 71 NHS staff deaths from Covid19 were BAME equating to 71%.
6. 15 out of the 15 doctors who have died so far have been BAME

**The available figures suggest that being male, BAME and older adult along with at least one co morbid condition puts them at greater risk of mortality.**

It is a fact that BAME populations have a higher incidence of known risk factors including

1. Visceral obesity
2. Diabetes and metabolic syndrome (According to CDC, these patients probably have **10 times** risk of mortality). South Asian population has diabetic rates around 3-5 times that of white population.
3. Hypertension and Ischaemic Heart Disease.
4. Chronic lung disease including Asthma, COPD or chronic URTI
5. Vit D deficiency.

While research is going on and will take time to complete, it is vital that all of us take cognisance of these disturbing trends and take urgent steps to mitigate against any further and unnecessary tragedies. It is an unmitigated tragedy to hear of a number of nurses with young children dying in their forties.

## **Urgent Action Needed**

The Management of Health and Safety at Work Regulations (1999 as amended) requires employers to ensure that work environment is, as far as reasonably practicable, safe and without risks to health.

Alongside that there should also have been an Equality Impact Assessment to determine whether particular groups of staff might be especially at risk and whether particular groups or communities might be at risk such as the poor (greater likelihood of chronic health conditions) or those from particular communities

The employers therefore have a legal, moral and ethical 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, existing data suggests that certain demographic characteristics, such as age, sex and race are major determinants of mortality from COVID19 infection. We can find no evidence of any such assessments being carried out.

**Hence, we expect employers to urgently carry out a stratified risk assessment so that those Healthcare workers on the frontline of tackling the pandemic are not unnecessarily put in harm's way.**

Likewise, the NHS has the legal and ethical obligation to ensure that retired and returning senior doctors and nurses are not given high risk jobs that are front line facing.

We hope you will take note of our concerns and take immediate action to address the safety of the NHS staff. BAPIO will extend every support and assistance to you while we all deal with this national crisis but our first responsibility is to the NHS patients and our members and in line with the advice from the GMC, BMA, Royal colleges of Surgery and Anaesthetics, we will immediately advise our members of the following.

1. They should not feel pressurised into putting themselves at unwarranted risk particularly with inadequate availability of PPE & in view of their enhanced risk of mortality as noted above. If members find themselves in this position, we would strongly recommend that they comply with GMC guidance by making "a clear a contemporaneous record of their decisions in the event that a concern is raised".
2. They should balance the safety of the patients against their personal and their families' safety.
3. Notify their Line Manager and Occupational Health of their health problems and ask for an urgent risk assessment which needs to be fully documented.
4. Receive appropriate training if redeployed to unfamiliar area.

**Let no one say tomorrow that we failed those who selflessly protect the public.**

CC

Dr Andrew Goodall CBE: DGHS Wales

Dr Frank Atherton: Chief Medical Officer Wales

Charlie Massey: Chief Executive GMC

Keshav Singhal MBE, FRCS, M.Ch(ortho) MS(Ortho)  
Consultant Orthopaedic Surgeon  
Chair BAPIO Wales

Hasmukh Shah BEM  
GP Principal  
Secretary BAPIO Wales