

WRITTEN STATEMENT BY THE WELSH GOVERNMENT

TITLE COVID 19 and BAME Communities

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There is growing evidence COVID-19 infection is having a disproportionate impact on people with Black, Asian, minority or ethnic (BAME) backgrounds. Many of the health or social care workers who have sadly died from COVID-19 were from BAME backgrounds.

The evidence continues to evolve but, as an example, the UK Intensive Care National Audit and Research Centre (ICNARC) shows a much higher frequency of patients with BAME backgrounds requiring critical care than that expected from the overall population prevalence. The report is at this link: https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports

We do not fully understand the reasons for such impact. People from BAME backgrounds have higher rates of underlying health conditions, such as type 2 diabetes and hypertension, and for this reason may have increased vulnerability.

An urgent investigation is required to understand the factors involved. In particular, we need to identify quickly the evidence that will enable us to act in an informed way and do all that we can to minimise avoidable harm in vulnerable groups.

Welsh Government officials will mobilise efforts to establish whether there are any identifiable factors that could help inform decisions on whether we need to give different public advice regarding comorbidities, isolation, shielding and personal protective equipment (PPE) in relation to people from BAME backgrounds.

The new PHW enhanced mortality monitoring system, which works via the NHS clinical portal, will capture more detailed data on deaths due to COVID-19. All health boards have been asked to ensure the required information is reported. The reporting process will collect additional details on health and social care workers, including information on ethnicity.

In response to the UK ICNARC report, the UK Department for Health and Social Care (DHSC) has commissioned a formal review by Public Health England and NHS England into the apparently higher level of COVID-19 mortality among people from BAME backgrounds. Wales will contribute to this work as our data alone may not contain sufficient numbers to provide a sufficiently robust analysis. Our involvement will also enable Wales to share in any learning from our BAME health care professionals and communities who will advise and inform us in our planning and response to COVID-19.

Finally, I wish to express my concern about this evolving picture. I am committed to ensuring that we learn quickly so we can best protect people in Wales from harm due to COVID-19, and I recognise my duty of care to all those who are working so hard in our health and care system to support the people of Wales.