People's Covid Inquiry February-June 2021

Witness Statement
Dr Latifa Patel

Session 6: 5 May 2021 Inequalities and discrimination

STATEMENT

I (name)	Dr Latifa Patel
Job title/ role/ occupation	Deputy Chair, Representative Body, British Medical Association (BMA) BMA BAME Forum member ST7 Paediatric Respiratory Junior Doctor, NHS

will say as follows:

1. I make this statement for the purposes of the People's Covid Inquiry, which is to be held on 5 May.

2. I am able/unable to attend and give evidence. If unable to attend, I agree to my statement being considered by the Inquiry.

3. What is your job/ role/ occupation – how long doing this for/ brief summary of background/ experience - if possible, attach CV to statement

    1. I am an NHS paediatric respiratory junior doctor, based in the Northwest of England. I graduated in 2011. I was previously an NIHR funded academic trainee for 5 years alongside my clinical training.
    2. I was elected as the deputy chair, of the representative body at the BMA, in June 2019. I am a senior member of the BMA BAME Forum since its inception in January 2021.

4. What is your connection/ interest/ background/ experience relevant to the pandemic in England?

    I have had 2 roles relevant to the pandemic in England –
    1. I am the deputy chair of the representative body at the BMA and a senior member of the BMA BAME Forum, as such I play a part in representing our 160, 000 members.
    2. When the pandemic began, I was a frontline junior doctor. In May 2020 I started working from home (due to shielding) and seeing patients virtually by telephone and video clinics alongside supporting the inpatient team virtually.

5. How are you able to assist the Inquiry – what is your expertise/ knowledge/ specialism?

    I have two areas of experience to offer the enquiry –

1. As a representative of BAME doctors I have an interest on the impact of the pandemic on NHS BAME doctors and contributors to this impact
2. As a frontline NHS worker, I witnessed the impact of the pandemic on BAME and low-income patients

6. <u>What in your view were the original vision and principles underpinning the NHS?</u>

   The NHS was created to serve its people. To ensure that regardless of your background, when it came to your health needs you would all be treated equally with the best care possible. It made it possible for everyone to have that reassurance, knowing that should they fall ill they would be cared for.

   It was not considered as a revenue for financial gain. Indeed, it would need to financed and supported by those who were able to. And if possible it may become self-sufficient. But it was not supposed to become a source of profit, for anyone.

   A safe place for all, where the highest level of care would be offered without judgement or dependency on your personal finance.

   A countries wealth is determined by how well they are able to care for those most vulnerable; babies, children, the older population, those who require physical or mental support. The NHS has made us the wealthiest of countries in this regard. And I am so proud to be a part of it, both as a frontline doctor and a patient.

Please write your evidence here and sign the statement when you have finished. Thank you.

From my role as the Deputy Chair, Representative Body, British Medical Association (BMA) and BMA BAME Forum member

Impact of pandemic on BAME NHS staff:

- NHS staff have felt unsafe at work. They have felt at risk of being exposed to COVID-19 due to a lack of protection and becoming seriously unwell.
- BAME NHS staff have felt an even greater risk in view of the apparent disproportionately risk to them.

According to our latest BMA surveys (February 2021):

- 45% of BAME doctors had been risk assessed and felt confident that necessary adjustments had been made, compared with 59% of white doctors.
- 36% of BAME doctors said they felt adequate PPE was provided in non-AGP areas to make them feel protected, compared with 43% of white doctors.
- Only 23% of BAME doctors felt fully protected, compared with 30% of white doctors. BAME doctors were twice as likely (12%) to say they didn't feel at all protected, as white doctors (6%).
- 8.5% of BAME doctors said they did not report issue for fears of it impacting their career, compared with 4% of white doctors.

According to the latest NHS Staff Survey:

- 29% of BAME staff were required to work from home, compared with 38% of white staff.
- 14% of BAME staff said they had experienced bullying, harassment or abuse from managers, compared with 12% of white staff.

- 23% for BAME staff, said they had experienced bullying, harassment or abuse from colleagues compared with 17% of white staff.
- 17% of BAME staff said they had experienced discrimination from colleagues, compared with 6% of white staff.
- For those BAME staff who said they had faced discrimination at work, 85% said this was on the basis of ethnicity, compared with 22% for white staff.

R**isk assessments:**

- In April 2020 the BMA raised concerns about risk assessments. Our chair of council wrote to Sir Simon Stevens asking for him to ensure that a consistent approach is taken to risk assess and protect workers in every corner of the NHS, particularly those working in hazardous clinical settings and those identified as high risk. We pointed out that guidance for conducting risk assessments at the time, published on the Faculty of Occupational Medicine didn't give sufficient practical advice to organisations. We were very concerned about the reported local variation from our members.
- The BMA asked for a national system for assessing the level of risk facing individual doctors
- Over 50% of respondents to a recent BMA survey were not aware of any risk assessment in their place of work.

Bullying and harassment culture in the NHS

- In 2018, the BMA published survey findings showing that BAME doctors were twice as likely as White doctors to say they would not feel confident about raising safety concerns, as well as highlighting other differences around bullying, fear and lack of respect for diversity and inclusion.
- The GMC's Fair to Refer report identifies overseas-qualified doctors, locums and SAS doctors, all of whom are mainly BAME, as being most likely to be 'outsiders' and lacking support at work.

Summary:

- The BMA made it very clear from very early on in the pandemic that BAME NHS staff were becoming more unwell and were more likely to die.
- The BMA lobbied for protection and effective risk assessment for BAME workers, particularly those with underlying disease
- Racial, ethnic and cultural disparities have long existed in the NHS both for its staff and for the people it serves.
- COVID-19 has brightened the spotlight on this disparity.
- 38 out of at least 44 of those doctors we know who have died were from BAME backgrounds (86%).

From my role as a frontline NHS doctor

Impact of pandemic on BAME and low-income patient groups

Pre-existing disparities:

- As demonstrated by data collected by the Kings Fund, patients from BAME backgrounds reported significantly poorer experiences in accessing healthcare
- BAME patients also have poorer health outcomes than white British or Irish patients

Virtual NHS platforms:

- The expedited roll out of virtual clinics and appointment systems disproportionately disadvantaged BAME and low-income patient groups further

- BAME and low-income patient groups were more likely to find it difficult to navigate these systems
- These systems discriminated financially, requiring patients to have a good WiFi connection, a functioning high resolution front facing camera, a working microphone
- Access to appointment systems required not only technology and internet literacy but also the ability to read and write English
- There was no translator function when NHS England's Attend Anywhere virtual consultation was initially rolled out. Therefore, those requiring translator services were asked to attend hospital
- These groups were more likely to live in multigenerational homes with limited private spaces to attend virtual appointments

Communication with patients during the pandemic:

- Appointments were sent out using mobile numbers. We know that low-income families are more likely to have pay as you go mobile phones and therefore more frequently change numbers. These groups were more difficult to get in contact with and were at risk of failure to attend and therefore be discharged prematurely
- These groups were least likely to receive communications about accessing healthcare services and more likely to therefore miss opportunities to access the care they needed resulting in delayed presentations

Access to NHS services:

- These groups were more likely to require public transport when attending hospitals
- These groups were more likely to be employed in key worker roles; supermarkets, public transport, etc. Virtual appointments were therefore less accessible for these groups during normal working hours as they were less likely to be working from home.

Summary:

- The pandemic widened the digital divide further, significantly impacting on poorer health outcomes for BAME and low-income patient groups

I confirm that the opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

2nd May 2021

SIGNED **DATE**

Please return to inquiry@keepournhspublic.com

Thank you
Olivia O'Sullivan
Secretary to the panel
The People's Covid Inquiry

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