

The NHS, COVID-19 and Lockdown Black, Asian, Minoritised Ethnic & Refugee experience

The Trust for Developing Communities
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Commissioned by Sussex NHS Commissioners



Sussex
NHS Commissioners

Research and consultation by local groups

The Trust for Developing Communities

Sussex Interpreting Services

Hangleton and Knoll Project

Voices in Exile

Network of International Women

Fresh Youth Perspective

Report Author

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Purpose

Feedback about experiences of Covid-19 from Black, Asian, minoritized ethnic, refugee and migrant communities

- ▶ Information received
- ▶ Access to care
- ▶ Recommendations to support communities





Findings: Contracting Covid-19

- 13% of respondents had Covid-19
- 6% had symptoms but weren't tested

Comparing to previous years, all-cause mortality was almost 4 times higher than expected among Black males for this period, almost 3 times higher in Asian males and almost 2 times higher in White males. Among females, deaths were almost 3 times higher in this period in Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females.

Public Health England Beyond the Data



Findings: Working conditions and Covid-19

- Many respondents were key workers, especially women
- Many key workers who contracted Covid-19 were BAMER
- 21% of the BAMER key workers in this research felt they were expected to take more risk compared to white colleagues

I was constantly moved to cover higher risk areas. My white colleague would request the move and my line manager would approve. I am expected to be the one who travels and enters spaces with others who have may have been in situations where social distancing was not observed

A survey respondent that identified as a British Black woman



Findings: Information & Communication

- 5% of respondents uncertain about symptoms
- Main sources of information were
 - television
 - social media
 - friends and family
 - government briefings
 - local newspapers
 - voluntary sector groups

Well maybe some simple language information that told you what to look out for, maybe there was already a lot of it about. But I don't remember seeing much of it. I never saw any leaflets from the surgery or anything. Maybe that would have helped some. Then I would not have to rely on my children as much.

Interviewee 143, woman of Nigerian heritage

Findings: Accessing NHS care

- High levels of trust in the NHS; 70% had positive response to NHS generally
- 49% had negative experiences
- **Negative experiences included**
 - communication and language difficulties
 - cancellation of appointments often leading to poor health outcomes
 - perception of discriminatory treatment
- Lack of knowledge and information more likely for those with language needs

They didn't understand the nuanced messages and thought GP surgeries were closed completely rather than just not seeing patients in person. Others didn't understand the text messages from GP's or the long answerphone messages.

Findings: The lockdown experience

- Most expressed

Anxiety

Distrust

Stress

Conflict

Confusion

Fear and panic

- Lack of access to GPs had a negative impact on mental health
- BAMER communities disproportionately affected by poverty, health inequality and poor housing conditions
- Self-help strategies used

Have needed help with finances. Friends and family abroad have sent them money. No recourse to public funds. Interviewee 127, a woman of Arab heritage



Recommendations



Support employers to implement **Equality Assessment Frameworks**



Provide **clear, local information**, in different languages



Conduct **Equality Impact Assessments** on access to healthcare



Fund and sustain approaches to **tackling racial inequality**



Build closer, **collaborative relationships with BAMER communities**



Promote **health education in partnership with BAMER communities**

Conduct more **analysis of survey data**