

## **Is this the moment for radical action on racial health inequalities?**

The magnitude of racial health inequalities reported in the NHS Race & Health Observatory's review comes as no surprise.<sup>1</sup> It highlighted the overwhelming, stark, widespread and longstanding inequalities in access to, experiences of and outcomes of healthcare among ethnic minorities in the UK 'at every stage, throughout the life course, from birth to death' 'rooted in experiences of structural, institutional and interpersonal racism.'<sup>1</sup> This evidence has been known for a long time and the disproportionate impacts of covid-19 triggered even greater attention to and wider recognition of these facts.<sup>2,3</sup> Will evidence, however, be enough to compel those charged with the nation's health to acknowledge and take urgent action to redress these egregious inequalities?

Firstly, there are significant gaps in the literature; as well as poor quality, inconsistent and incomplete data in some places. Secondly, the review only focused on five 'priority' areas: mental health, maternal and neonatal care, digital healthcare, genomic medicine and the NHS workforce. However, what evidence exists (spanning over a decade), and examined by this independent body, should be a wake-up call for the government and the NHS.

Fear and distrust run through most of this review particularly in mental healthcare, maternal care and digital access. Further, negative experiences, poor communication and substandard care marked by insensitive, discriminatory interactions is also common amongst ethnic minorities who are then deterred from seeking care from the NHS. Furthermore, there are significant barriers to accessing psychological therapies including cognitive behavioural therapies and children's mental health services, in part, due to fewer referrals from general practice; but also due to lower levels of health literacy; poorer access to online health services; and resultant challenges to self-referral. This illustrates the need for a broader approach to tackle health inequalities; including addressing areas such as education and poverty.

Ethnic groups, particularly Black individuals, are more likely to face compulsory admission to psychiatric wards, receive harsher treatments and more likely be restrained and put into seclusion.<sup>1,4</sup> NHS ethnic minority staff do not fare any better than the patients. Their experiences are marked by racist abuse – both from patients and other staff – lack of career progression and ethnic pay gap particularly amongst Black, Asian and Mixed ethnic groups.<sup>1</sup>

The review is not short of robust recommendations on how to bring about a radical and imaginative change in policy, practice, attitude and approach. It starts with better, more accurate and granular ethnic data monitoring in the NHS and the linkage of these clinical data across the health service to improve clinical outcomes for ethnic minority groups. It is also necessary to improve access and experiences of care by more targeted investment as well as providing resources for some areas, such as high-quality interpreter services.<sup>1</sup>

There is also so much that needs to be done to build trust. The impact of the current pandemic, especially the lower uptake of covid-19 vaccination, has brought the issue of trust into sharp relief.<sup>6</sup> Trust cannot be built if the government continues to abnegate responsibility and turn its face away from the lived experiences of racism, in particular systemic racism, among ethnic minorities. A sincere attempt to understand and engage will do much to establish trust, which will, in turn, lead to better health outcomes.

Neither evidence nor a clarion call for action alone – no matter how clarifying and stark – would lead to meaningful change. We have been here before. Numerous past inquiries, by governments and independent bodies alike, had made urgent calls for a new approach, only to be frustrated by inaction, endless deferrals and delays.<sup>3</sup>

A strong political will is, therefore, required to turn the wheels of change. Inaction costs lives and would lead to a worsening of systematic socioeconomic and health inequalities. For those of us who have raised the ineluctable facts of racism – in particular systemic racism – as a major driver of racial health inequalities,<sup>7</sup> our position is perhaps encapsulated by the author and public intellectual C.W. Lewis in his 1942 novel, *The Screwtape Letters*.

“The greatest evil is done not in sordid dens of evil that Dickens loved to paint, but it is conceived and ordered (moved, seconded, carried, and minuted) in clear, carpeted, warmed, and well-lighted offices, by quiet men with white collars and cut fingernails and smooth-shaven cheeks who do not need to raise their voices.’<sup>8</sup>

The time to tackle unconscionable racial health inequalities in this country is now and the NHS Race & Health Observatory’s review can help start that change.

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