

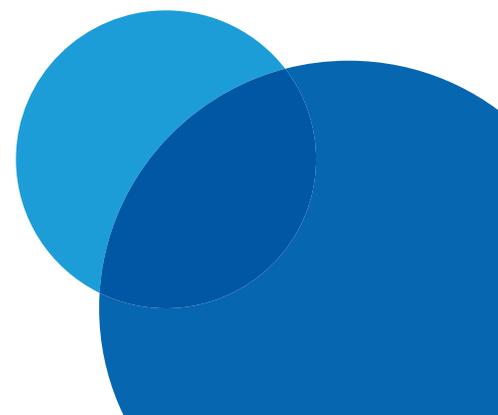
COVID-19-related deaths by ethnicity in England and Wales

Findings from the Office for National Statistics

Data released by the Office for National Statistics on 7 May 2020 has found that the risk of death related to COVID-19 is significantly higher among some ethnic groups. This briefing summarises the key findings, provides the NHS Confederation's view and details what the organisation is doing to support members to address the issues raised.

Key points

- The ONS statistics are based on 2011 Census data and binary regression logistic modelling. They control for geographical, demographic, socio-economic, living arrangements and health factors – such as self-reported health conditions and disability – to identify whether the risk of dying from COVID-19 is higher for the black and minority ethnic (BME) population than the white ethnic population.
- Black males are 4.2 times more likely to die from a COVID-19-related death and black females are 4.3 times more likely than white ethnicity males and females.
- Men of Bangladeshi and Pakistani origin are 3.6 times more likely to have a COVID-19-related death, while the figure for women is 3.4 times more likely.
- The results lay bare the degree to which people from BME backgrounds are at risk of dying from COVID-19, irrespective of differences in health and socio-economic status. These factors have been commonly discussed in the narrative on this issue in recent weeks.
- The government has announced reviews into the impact of COVID-19 on BME communities. The ONS data underscores the necessity of a more comprehensive review than the one currently being led by Public Health England.
- As part of this, we need to look into issues of structural discrimination that may compound equal access to care, as well as health inequalities that continue to persist.
- Health inequalities will remain at the heart of the NHS Confederation's COVID-19 work and its new NHS Reset campaign.



Background

The NHS Confederation's BME Leadership Network [published a briefing](#) in April 2020 exploring the emerging evidence on the impact of COVID-19 on BME communities and health and care professionals. It suggested a set of immediate actions for local and national NHS organisations to take to mitigate risks to patients and staff.

BME groups generally have poorer health and worse health outcomes than the overall population. For example, the risk of developing diabetes is six times higher in some BME groups. COVID-19 has shone a spotlight on health inequalities that have existed for several decades. Co-morbidities and socio-economic status are being put forward as possible explanations for the high number of people from BME backgrounds affected, but it is important not to assume that correlation equals causation. These ONS figures provide an important context to this debate.

The government has announced various inquiries looking into the issue, including one by Public Health England (PHE), exploring how different factors including ethnicity, diet and obesity, can impact on people's health outcomes from COVID-19. This is due to be finalised by the end of May 2020. NHS England and NHS Improvement are also leading work on the impact of COVID-19 on the BME workforce in the NHS.

Key findings

- As ethnicity is not recorded on death certificates, the ONS used information from the 2011 Census to undertake the analysis to determine the self-reported ethnicity of the deceased and other demographic factors to link the deaths involving COVID-19.
- Black males are 4.2 times more likely to die from a COVID-19-related death and black females are 4.3 times more likely than white ethnicity males and females.
- Men of Bangladeshi and Pakistani origin were 3.6 times more likely to have a COVID-19-related death, while the figure for women was 3.4 times more likely.
- After taking account of age, geography, demographics, living circumstances and socio-economic characteristics and measures of self-reported health and disability at the 2011 Census, the risk of a COVID-19-related death for males and females of black ethnicity reduced to 1.9 times more likely than those of white ethnicity.
- People of Bangladeshi and Pakistani, Indian, and mixed ethnicities also had statistically significant raised risk of death involving COVID-19 compared with those of white ethnicity.
- Males in the Bangladeshi and Pakistani ethnic group were 1.8 times more likely to have a COVID-19-related death than white males when age and other socio-demographic characteristics and measures of self-reported health and disability were taken into account; for females, the figure was 1.6 times more likely.
- Differences in the risk of dying from COVID-19 across ethnic groups may be related to demographic and socio-economic factors, as well as to a person's past health profile.
- It is important to note that some ethnic groups may have a greater propensity to suffer from co-morbidities that are associated with worse outcomes among those infected by COVID-19

Further information on the data can be found on the [ONS website](#).

NHS Confederation viewpoint

The figures from the ONS are alarming and reflect what BME communities and clinicians have highlighted internationally. Even when taking into account age, black people are more than four times more likely to die from a COVID-19-related issue than white people. And even after taking account other specific characteristics, such as disability and health status, the risk of a COVID-19-related death for people of 'black ethnicity' is almost twice as high as for those of 'white ethnicity'. It is also pronounced for some Asian groups.

The picture it paints is stark: people from all BME communities are experiencing a disproportionate impact from COVID-19 and the greatest impact is in the black communities. This underscores the necessity of a more comprehensive review than the one currently being led by Public Health England. If we are to understand all the factors contributing to the deaths in our communities, and recognise the sacrifice of those who have already died, we must make sure the data, plus the experience and leadership of communities, are used to drive real change and prevent the issues being swept under the carpet.

This will enable us to ensure the NHS and other sectors are reset so that everyone works together to help eliminate this disparity in health outcomes and guarantee equitable access to health and healthcare according to needs. Successive governments have failed to address the health inequalities that have existed in the UK for decades and introduced many policies that have exacerbated the problems. It is long past time to rectify this.

The NHS Confederation is supporting members to address the issue and is working with NHS England and NHS Improvement on a number of workstreams. NHS Employers, part of the NHS Confederation, has developed guidance on [risk assessing vulnerable groups among the NHS workforce](#).

Our [BME Leadership Network](#) is playing a leading role developing and sharing practical actions NHS leaders and boards can take to support their communities and staff. This includes publication of a briefing for leaders on the issue, which called for change to death certificates so that ethnicity is recorded. In doing so, more accurate data can be collected to drive changes and improvement. It has also submitted evidence to the Women and Equalities Select Committee inquiry looking at the impact of the pandemic on people with protected characteristics.

The NHS Confederation will continue to support members on this issue, including as part of the NHS Reset campaign. The campaign aims to contribute to the public debate on what the health and care system should look like post-coronavirus.

It will support leaders to:

- Recognise both the sacrifice and achievements of the health and care sector's response to COVID-19, including the major innovations that have been delivered at pace.
- Rebuild local service provision to meet the physical, mental, and social needs of communities affected by severe economic and social disruption.
- Reset our ambitions for what the health and care system of the future should look like, including its relationship with the public and public services.

Find out more on our website and get involved:

www.nhsconfed.org/NHSReset

NHS RESET

About the NHS Confederation

The NHS Confederation is the membership body brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups, integrated care systems, as well as independent sector organisations providing NHS care.

To find out more, visit www.nhsconfed.org or email ExternalAffairs@nhsconfed.org



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