Covid-19, BAME and Risk Assessments

Ethnicity and Covid-19 has been in the news. The BAME community has been reported in various press as being at higher risk based on reported figures. There are still lots of unknown variables. Is ethnicity a direct factor itself or is the underlying higher prevalence of diseases in BAME such as heart disease and diabetes the risk factor. The NHS medical workforce comprises of about 25% BAME staff which is disproportionate compared to population census figures. This will also skew covid-19 prevalence figures compared to the underlying population.

Calderdale LMC has the following advice:

1. In line with NHSE&I and the BMA, practices are advised to do a risk assessment for all staff (regardless of ethnicity)
2. There are a few different assessment scores available and practices are at liberty to use one which suits their practice and staff profile best
3. Practices are advised to bear in mind that the current pandemic is of recent onset and these scores have never been validated
4. In line with BMA guidance (as well as NHS Employers), the LMC is unable to endorse any particular scoring method
5. These scoring systems are to assess risk for staff in their work in primary care and are separate from shielding and at risk/vulnerable criteria which refers to the population at large
6. The is a requirement from NHSE&I that all practices have completed a risk assessment for all staff by mid-July and the CCG will be writing to all practices to seek assurance that that it has been completed