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CONFERENCE REPORT

Covid-19: Disparities and Lessons Learned

BAPIO midyear virtual conference 2020

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ABSTRACT

The first virtual mid-year conference organised by the British Association of Physicians of Indian Origin (BAPIO) was held on the 19 September 2020 hosted by the BAPIO North-West regional chapter. The conference digital platform used was Gurukul Education (<https://gurukuleducation.online/>). There were 736 registrations and 178 attended through the virtual conference hall and 803 attended the live streaming viewing facility. The conference was focused on aspects of Covid-19, from the current status in the UK and India, public health aspects of the pandemic, vulnerability of Black, Asian and Minority Ethnic (BAME) population, initiatives taken to reduce the impact on general practice or mental health services and routine non-Covid care. Strategies on reduction of risk in the workplace, formal risk assessments, promotion of a healthy lifestyle and wider societal education initiatives were incorporated. The need for ongoing research in differential adverse outcomes in BAME population was evident, as well as in prevention measures such as vaccination.

INTRODUCTION

There was a preconference *Hatha Yoga* workshop by *Hemalatha Dadi* who took the participants through an awareness session including the basics of yoga, as practiced by the Isha Foundation¹, setting a relaxing atmosphere for the rest of the conference. The conference participants were welcomed by the Chair of the British Association of Physicians of Indian Origin (BAPIO) *JS Bamrah* followed by a traditional Indian lighting of lamp by *Ramesh Mehta*, President of BAPIO. In his introduction, *Ramesh Mehta* described the challenges faced by Black, Asian and minority ethnic (BAME) healthcare workers during the Covid-19 pandemic and praised the efforts of BAPIO Institute for Health

Research (BIHR) for their engagement with the frontline BAME healthcare workers. He recognised the work of BAPIO in

engaging with various stakeholders in ensuring the safety of the frontline healthcare workforce and the new efforts to address the differential attainment (DA) in medical professions. He announced the formation of British Indian Nurses Association (BINA) and its official launch on 20 Nov 2020, during the BAPIO Annual Conference 2020.

INDO-UK RESPONSE TO COVID-19

Keynote Speeches

Andy Burnham, the elected Mayor of Greater Manchester, in his keynote speech, acknowledged the impact of Covid-19 on the BAME population and paid respect to frontline warriors, who had lost their lives during the pandemic. He reiterated that



Manchester was working closely with the Health Secretary in sharing the lessons learned from Manchester, in the use of digital technology and isolation measures, for the benefit of the rest of the UK. He praised the Devolution health and social care model in Manchester² and its contribution during the pandemic in managing the demand for personal protection equipment (PPE) and human resources across Manchester. He reflected on his experience of the ‘Manchester – India partnership’,³ which was working to support healthcare initiatives in India and recognised BAPIO for its contribution to healthcare in the UK.

Sir Simon Stevens, the Chief Executive of the UK National Health Service (NHS), delivered a video message thanking all the frontline staff for their efforts in fighting the Covid-19 pandemic. He acknowledged the deep-seated inequalities and injustice in the UK healthcare system, which the Covid-19 pandemic had exposed. He praised the efforts of BAPIO in helping the healthcare professionals of Indian origin.

PUBLIC HEALTH, INEQUALITIES & RISK

The session chaired by *Parag Singhal* and *Parveen Sharma*, heard from *Professor Kevin Fenton*, who shared the public health recommendations following his review on the impact of COVID-19 on the British population.⁴ He explained that the risk of Covid-19 is strongly associated with age, male gender, deprivation, South Asian origin (Bangladeshi have 1.5 to 1.9 times higher risk), poor socio-economic status, presence of long term medical conditions and the type of occupation. He appealed to key stakeholders for provide targeted advice to their staff during risk assessments and the need to develop a culturally competent system for all institutions. He also mentioned that the Equalities minister Kemi Badenoch, has announced the remit of the newly constituted Commission for race and ethnic disparities⁵ will be investigating all aspects of inequalities in the UK society.

COVID-19 IN INDIA

Professor Anupam Sibal gave an overview of the Indian scenario during the pandemic, where approximately 75% of the healthcare is delivered through private/ independent providers and recognised the partnership with the public sectors. Currently, in India, more than one million Covid-19 tests are performed, every day. He mentioned the ongoing trials for two indigenous vaccines and participation in international trials. He mentioned ongoing treatment trials with *Hydroxychloroquine* and *Remdesivir*.⁶ He recognised that the overall COVID-19 mortality rate was indeed comparatively very low in India.⁷ He mentioned that India was the second-largest manufacturer of PPE.⁸

Professor Sir Michael Marmot opened his session by acknowledging that Covid-19 has shone the limelight on, and amplified the inequality on BAME populations, who had a higher risk as well as mortality. He included factors such as age, gender, type of occupation (frontline), poor housing affected BAME population more, compared to their white counterparts. He urged the nation to address ingrained structural and systemic

racism, and to implement his recommendations in “building back a better society with sustainable equality in health”.^{9,10}

One minute’s silence. Ramesh Mehta asked delegates to remember all those who had lost their lives fighting the pandemic and helping make the NHS sustainable.

HEALTH CARE WORKFORCE AND COVID-19

In the session chaired by *Neena Modi* and *Jagtar Singh*, *Habib Naqvi* explained the role of new Race and Health Observatory in the NHS.¹¹ He acknowledged that systemic issues of inequality existed in the society, and that efforts to address these issues were often very fragmented. The Race and Health Observatory’s role was to commission high quality, innovative research on disparities and formulate strategic policy recommendations, in addition to facilitating the implementation of solutions.

The NHS Chief People’s Officer *Prerana Issar*, thanked the entire healthcare workforce for the fight against Covid-19. She shared her personal experience of facing discrimination and affirmed that she took over the role to address the inequality in the NHS. She described the components of the NHS People Plan¹² and acknowledged its importance in the current situation. She insisted on the importance of promoting health and wellbeing of NHS staff, and the need for a meaningful risk assessments for all front line workers. She pleaded to all health care leaders for an effective *Freedom to Speak Up* system¹³ and requested everyone to reflect on the challenges faced, and to focus on a new commitment to look after our staff and patients.

Chaand Nagpaul, Chair of the British Medical Association (BMA), discussed the challenges experienced by the medical profession including the increased rates of stress, depression and suicide, compared to the general population. He acknowledge that BAME doctors experienced more bullying and harassment and were reportedly asked to see the patients without adequate PPE. Furthermore, he said that many BAME professionals were not confident to raise the concerns, as they felt that they would not be listened to. BMA has been campaigning for PPE, highlighted the disparities for BAME and international doctors, and the need for Covid-19 testing for all doctors. In addition, he said that the BMA has been successful in securing death in service benefits. He acknowledged the future challenges with the expected second wave, winter pressure and back log of work from the first wave. He requested the system to implement the lessons learned from the first wave, prioritise and invest in a sustainable medical workforce and pleaded to improve the working culture with a supportive Covid-19 secure environment.

A SYSTEMS APPROACH TO COVID-19

The session chaired by *Professor Dame Parveen Kumar* and *Roshelle Ramkisson*, started with a keynote video recording from *Soumiya Swaminathan*, who presented an overview from the



World Health Organisation (WHO) in the pandemic, and her role as the chief scientist for WHO. She reported that the world had witnessed the spirit of global collaboration. She urged for the need for a global behaviour change to limit the further spread of Covid-19. She asserted the need for ensuring the safety of health workers, as they had been disproportionately affected by the pandemic. She mentioned the WHO health worker safety charter (*protect health workers, improve mental health, health worker safety policy and patient safety policy*).¹⁴ She concluded by saying that the governments around the world, need to make tough decisions to combat the Covid-19, and to maintain essential health services.

Nivedita Gupta, senior scientist at Indian Council of Medical Research (ICMR) shared her experiences on the diagnostic capacity for Covid-19 across India. She said that India is trying to upskill and extend the testing facilities to each district in India. Out of 735 districts, 572 districts have Covid-19 testing laboratories. She acknowledged some geographical challenges especially in Ladakh, North East and Andaman Islands. She acknowledged the challenges in private laboratories as accreditation was only optional, and that the prices varied among the private providers. She praised the partnership working arrangements with the aviation sector to assist in transporting the kits and samples as the tests increased from 10/day (in Jan 2020) to 1.15 million/ day (Aug 2020).

Aseem Malhotra, Cardiologist explained the serious impact of obesity, hypertension, diabetes, coronary heart disease and chronic obstructive pulmonary disease on patients with Covid-19. He explained the effect of unhealthy diet, vitamin-D deficiency, and physical inactivity in the population, that is known to increase the risk of Covid-19 morbidity and mortality. He emphasised the increased risk of the association between metabolic syndrome and Covid-19 complications.¹⁵ He concluded by asserting the need for healthy eating and regular exercise in the fight against Covid-19.

RESEARCH SYMPOSIUM

This was organised by *Samir Shah, Kantappa Gajanan and Rajiv Sethi*. The panel of judges consisted of *Raj Murali, Roshelle Ramkisson, Kamal Sidhu, Geeta Menon and Ananta Dave*. National and international medical students, trainees, Specialist and Associate Specialist (SAS) doctors, researcher students, nurses, allied health professionals presented their research and innovation work in the form of abstracts and virtual posters that were displayed at the conference. There were 49 entries from UK, India, South Africa, Pakistan, Sudan and many other nations making this a truly international event. The top nine abstracts were chosen for oral virtual presentation on the day of the conference. At this conference, there was a new category on narratives and life experiences demonstrating Covid-19 resilience. Awards and certificates were presented to the top three oral presentations, with third award shared between two presenters.

ETHNICITY AND COVID-19

The session chaired by *Professor Ged Byrne and Abrar Hossein*, heard from *Sanjay Arya*, Cardiologist discussing the relationship between BAME ethnicity and disproportionately increased critical care admissions and mortality rates, due to Covid-19 infection (with data from the North-west region). Furthermore, the high incidence of Covid-19 in BAME population was due to presence of other chronic conditions such as cardiovascular diseases, diabetes, hypertension and chronic obstructive pulmonary disease, etc. He said that Covid-19 was a wake-up call for BAME communities and recommended that necessary actions are taken before the second wave.

Manish Pareek from University of Leicester, discussed the UK-REACH study on BAME mortality, which aims to encapsulate various aspects of risk into BAME health care workers, linking data to health care outcomes to understand the risk of infection, critical care admissions and death by ethnic group, employment etc. He said that the questionnaire covers range of topics including behaviours, work circumstances and discrimination. He appealed to various stakeholders for their support to encourage their BAME healthcare workers to participate in the study.

Professor Anuj Kapilashrami, Senior Lecturer in Global Health Policy, University of Edinburgh, explained the differential risks in relation to race and ethnicity as important markers of infections and health. She mentioned that the disparities are mainly due to genetic reasons, metabolic issues, cultural language barriers, socio economic disadvantage, work and living conditions. Furthermore, she emphasised on the vulnerability of healthcare workers and over representation of BAME in fatalities and infection risks. She also shared her unhappiness in relation to the failure of the public health authorities to tackle the pandemic at the earliest.

THE PANDEMIC: TREATMENT AND PREVENTION

Session chaired by *Kailash Chand and Binita Kane*, heard from *John Ashton* an independent public health consultant from Liverpool, on protective measures, social distancing against Covid-19. Prof Ashton opened the session registering his unhappiness on the UK government's efforts to tackle Covid-19 pandemic. He said that the Public Health England (PHE) had failed in registration, notification and effectively protecting the public. He insisted that PHE should provide the needed assurance to the public and rebuild the trust with the communities. He compared the social practices in UK with other countries and explained about the risks in some of our cultural practices. He appealed for coalition across the country instead of blaming and manipulating the data.

Mahendra Patel, University of Bradford, outlined the current research on COVID-19 vaccines in progress across the globe with 142 pre-clinical vaccines, 29 vaccines in phase 1, 18 vaccines in phase 2 and 9 vaccines in phase 3. However no vaccines had been approved till date. He appealed to fight against the myths about vaccines and insisted on following the PHE guidelines on protection were the only measures to reduce spread, until an effective vaccine was available.

Prashant Patel described the seroprevalence of COVID-19 in healthcare workers and its implications. He said that there was an overall 10.8% sero-prevalence, with both genders being equally affected. The study revealed that nurses were more affected and there was a 25% seroprevalence in Afro-Caribbean staff. Sero-prevalence increased with deprivation within BAME groups. Among the medical group, the sero-prevalence was high at 21% among foundation doctors, compared to consultants (7%) with healthcare workers in medical specialities more likely to be affected.

THE POST-COVID WORLD

This session chaired by *Joydeep Grover* and *Raj Kumar* discussed with *Professor Christopher Harrison* NHS England's National Clinical Director for Cancer and Medical Director (Strategy) for The Christie NHS Foundation Trust in Manchester, the challenges related to normalising clinical services focusing on cancer, which had been significantly affected and a growing number of patients were waiting for diagnosis and treatment. He also explained about the cancer hubs in the Greater Manchester area were engaging directly with patients to avoid any delay in surgery. In addition, he urged on consolidating the learning from Covid-19 and following a comprehensive strategic response.

In a focus on mental health services, *Neil Thwaite*, Chief Executive of Greater Manchester Mental Health, explained the diversity of services in Greater Manchester. He reflected on various changes that has been made during pandemic period including staff wellbeing, remote working and innovative approaches in various services including substance misuse and prison services. He explained the priorities for the trust in returning to normal and dealing with the back log of interventions, in addition to preparing for the second wave.

Helena McKeown, Chairperson of BMA, discussed the challenges and opportunities for primary care. She asked the stakeholders to embrace the positive changes that happened

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2. Greater Manchester Health & Social Care Partnership. GMHSC. [Internet]. [cited 2020 Dec 5]. Available from: URL

recently as a response to Covid-19, especially innovations in digital health, and highlighted the need to address inequalities in digital consultations. She appealed for more funding to the health care system and insisted on tackling the inequalities, as well as gaps in the workforce.

Research Prizes

First prize

Lin A, Tokell M, Dave M, Abraham S, Ramkisson R, Mahalingappa S, Pillai S, Matheiken S, Iliani Y, McNally R, and Bamrah JS. *Preliminary results on patient satisfaction with Telepsychiatry: A Systematic Review.*

Second Prize

Akbar S, McNally S. *Recording & Evaluating Affect and Coping during COVID19 in Healthcare-workers & outcomes (REACCH-OUT)*

Third Prize

Pervez A., Selvasekar C.R. *Retrospective analysis of robotic resections for locally advanced rectal cancer with subset analysis of robotic posterior pelvic exenteration – a single centre experience of 9 years*

Gire N, Mohmed N, Caton N, McKeown M, Duxbury J, Naeem F, Chaudhry IB, and Husain N. *The Views and Perspectives of Mental Health Professionals in The Development of A Mobile-assessment and Therapy App For Psychosis (Techcare)*

CULTURAL PROGRAMME

Delegates were entertained *Kailash Chand*, himself a connoisseur of shayari and ghazals, and the special guest of the evening, *Radhika Chopra*, famed Indian ghazal singer from New Delhi. This was a fitting finale.

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