

Ethnic Inequalities in Healthcare: A Rapid Evidence Review

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Foreword

Executive Summary

This summary presents the findings and recommendations of a rapid review of ethnic inequalities in healthcare and within the NHS workforce, conducted by academics at The University of Manchester, The University of Sheffield and The University of Sussex.

October 2021. In total, we screened 13,161 references (titles and abstracts), identifying

survey with academics and clinicians (with expertise across the areas of focus) and

ethnic minority people in the community (the

Foundation and The Ubele Initiative). We found

who do not speak English confidently and

the NHS Race and Health Observatory (RHO),

Ethnic Inequalities in Mental Health Services

Main Findings

Access to Psychological Therapies (IAPT); overall, ethnic minority groups were compared with White British people. Evidence was identified for inequalities in the receipt of cognitive behavioural therapy (CBT) with ethnic minority people

differences in services such as Assertive Outreach and the use of crisis teams

Recommendations for Research

interventions' (where there is already a review) to consider

Ethnic Inequalities in Maternal and Neonatal Healthcare



Main Findings

We only identified one study that focused on ethnic inequalities in specific

Recommendations for Research

Ethnic Inequalities in Digital Inclusion and Access to Health Services

Main Findings

ethnic minority people were less satisfied with telephone triage systems in GP

Recommendations for Research

and outcomes of digital healthcare (using a broad definition to include



Recommendations for Practice & Policy

There needs to be digital literacy support (perhaps in the form of community digital hubs) for those who struggle with basic digital access. This should

communicate directly with patients. Options to receive digital devices should

(ICS) are undertaking Empowering Digital Access in Maternity Services (EDAMS) to identify what the main barriers and blockers are to accessing

recommended under the Public Sector Equality Duty (PSED) for any

Ethnic Inequalities in Genetic Testing and Genomic Medicine Studies



Main Findings

genomic wide association (GWA) studies, although there are smaller local

(PRS) in multiethnic cohorts may give greater predictive power within and across

Recommendations for Research

minority patients' experiences of genetic counselling. Many identified



Recommendations for Practice & Policy

Ethnic Inequalities in the NHS Workforce



Main Findings

workforce have been undertaken with nurses (and particularly Black African nurses or those that have been internationally recruited), indicating a lack of

and which was evident for Black, Asian, Mixed and Other groups, but less so for

Recommendations for Research

for which specific professions and settings there is evidence of racial abuse.

Conduct a systematic review (of global literature) of what interventions work

bringing these together with findings from international settings.

treated mental health outcomes (broadly defined) and career progression as

Recommendations for Practice & Policy

Conclusions

five major areas where NHS England, NHS

Enforce Guidelines on Ethnic Monitoring Data:

ethnicity is (1) recorded and (2) recorded accurately (i.e., self-reported ethnicity) in all interactions with NHS staff. Our review

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Academic and Clinician Stakeholders

Prof Karl Atkin,
The University of York

Prof Flis Henwood,
University of Brighton

Andy Bell, *Centre*
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Dr Hanif Ismail,
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Yvonne Coghill, *Excellence in*
Action and member of the NHS Race &
Health Observatory board

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Rakhi Chand, *The*
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Dr Mel Haith-Cooper,
University of Bradford

Dr Tanvi Rai,
University of Oxford

Professor Gurch Randhawa,

University of Bedfordshire

Prof Jane Sandall,

Our approach to language

impact. At the Observatory, we are guided by five principles when talking and writing

We will always be specific where

out in Summer 2021. To find out more

nhs.uk/observatory/publications

This is to reflect the fact that no

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