

Accelerating the development of BAME staff networks in NHS organisations

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Leeds
Primary
Care



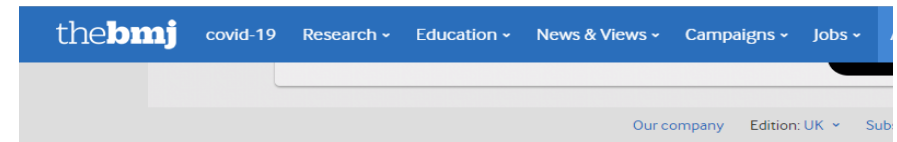
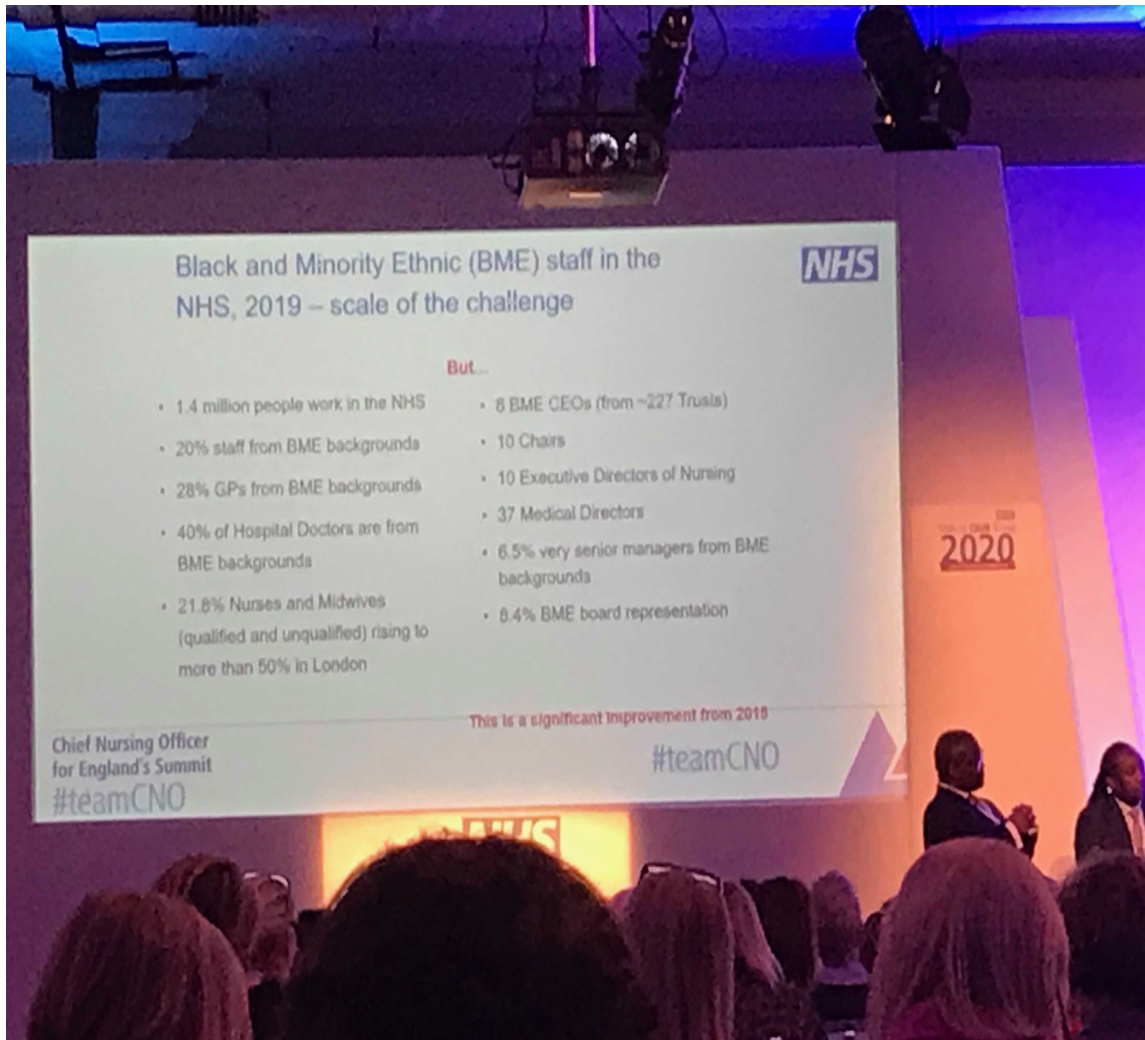
Naga Munchetty

5 months ago

Handling of viewer feedback revives concerns over treatment of BAME staff



The compelling case



Racism in medicine



The BMJ's special issue on racism in medicine reflects the working lives of doctors from ethnic minority backgrounds and the healthcare experiences of ethnic minority patients. This edition focuses on race and its impact on health. It is a timely reflection, as we in the UK try to make sense of the societal upheavals which have convulsed the country in recent times, and in which race, racism, and power have come under close scrutiny.

Of 119 NHS staff known to have died in the pandemic, 64 per cent were from an ethnic minority background

The story so far ...

Levelling the playing field for Leeds Primary Care

March (focus group)

Key themes :

- Story telling (LCH and LYPFT colleagues) *Highlighted importance of setting up a BAME staff network to allow this to happen, other things will follow*
- Diverse interview panels *Calling upon PPG/community members*
- Visibility/role models
- WRES
- United policies/campaigns
- Reverse mentorship
- Spreading the word via blogs for example *(BJGP life)*

Launched with guest chair Nikki Kanani in July with 2nd and 3rd meeting in August (Professor Vini Lander) & September (Dr Andrew Lee & Dr Agatha Nortley-Meshe)

NHS Workforce Race Equality Standard (WRES)

- Introduced in 2015
- Overview of experiences of BAME staff
- It requires organisations employing the 1.4 million of the NHS workforce to demonstrate progress against nine indicators of staff experience

There's no WRES in Primary Care yet we provide 300 million patient consultations per year, about 25% of GPs in 2016 were BAME in UK

- Primary Care colleagues in Lewisham (Dr Sebastian Kalwij) have presented the first survey using indicators

Testimonial from one GP colleague attending our network meeting

'It was heartening to witness that despite all the financial challenges and pressures there was willingness from all stakeholders across to system to really listen, support the change and to make a meaningful difference to narrow the inequalities gap for it workforce and population.'

My 3 key learning points from the event were:

- Set a clear purpose of the network with clarity around funding accountability and outcomes
- Engagement with all the different (BAME) networks within the system as well as multiple organisation (CCG/LMC/Fed), Voluntary and community sector and different sub components of primary care (optometry, pharmacy, dentistry)
- Addressing inequalities is not just a good thing to do but crucial to do- be comfortable with the uncomfortable

'Soft' successes

- 100 + members since launching and growing
- Commitment from leaders (resource/platform – livestream and TARGET)
- A movement has started
- Enabling many others to do the same
- Several invitations to speak including Westminster Health Forum/RSM
- Media, articles and journal coverage
- Stake holders asking us for opinion (Leeds Cancer Programme)



RACISM IN MEDICINE

How *The BMJ's* racism special inspired a Leeds GP to set up an ethnic minority staff network

Frustrated by the national pace of progress to tackle inequality, Mo Sattar has taken matters into his own hands in his local area, writes Jennifer Richardson

Leeds GP Mo Sattar was already involved in discussions about ethnic minority issues through the Royal College of General Practitioners—then *The BMJ* published its special issue on racism in medicine, in February 2019 (bmj.com/racism-in-medicine).

"When *The BMJ* hit it just really fired up in my belly," Sattar says of being inspired to set up what he believes was England's first primary care ethnic minority staff network.

Sattar realised that something local was needed to enable faster action than national structures allowed to tackle inequality—such as the fact that white applicants to NHS jobs are nearly 1.5 times as likely to be appointed from shortlisting than ethnic minority candidates. "When we get people involved nationally, things take a long, long time, and there's a real sense that we want to move at pace," he says.

Sattar, a partner at Woodhouse Medical Practice in the north of the city, asked local primary care groups for support and in March set up an initial meeting of interested people and organisation representatives.

"What do we do?"

Participants shared their experiences of racism in medicine, including Sattar's encounter with a patient who objected to being seen by him because of his ethnicity. "What was difficult was that the relatives didn't say anything, and nobody else in that room said anything," he recalls. "It illustrated there was a silence... so what do we do?"

The meeting created ideas for action, including ethnically diverse job interview panels, a celebration of the contribution of ethnic minority staff to the local NHS and healthcare, and the staff network, whose members will see the group's objectives, Sattar says.

"It's something that's been done very well across the country in secondary care, but not in primary care," he says of the network, "and we think that one of the reasons is that [general practices] don't have to commit or submit any WRES data." The NHS Workforce Race Equality Standard requires providers to show progress against several indicators of workforce equality, an accountability that Sattar's group wants to emulate for general practices in Leeds.

Measuring achievement

"All practices are little businesses that have a lot of things to do, so how can we create a little bank of information and policies that we all sign up to?" Sattar asks. "We need a WRES for primary care that we build and we grow and we commit to."

The ambition is to embed this WRES into the local quality improvement standard (QIS) to achieve financial "buy in," including from practices in "leafy suburbs," explains Sattar. "We're also looking at buddying practices from more diverse populations with practices that are less diverse."

Ira Barwick, chief executive of the Leeds GP Confederation, which represents 94 practices, is "confident we can pull this off." He says, "When there's a solution being offered in the way that Mo's described I would be surprised if people weren't receptive to that."

"One of my roles then is to work with the CCG [clinical commissioning group] around our QIS... Let's build that in so that there's incentive to do it, as well as it just being something that's important to do."

The group has started discussions about setting up a reciprocal membership scheme, and is working on public health messages aimed at local people, starting with a Facebook Live on covid-19. The network held its first official meeting on 4 August, one of 12 initially planned, each with a different theme.



Mo isn't speaking as one voice: he's got many voices behind him
Jim Barwick

Sattar is deeply frustrated by what he sees as a lack of progress on racism and equality in medicine at a national level, such as among NHS organisations and medical royal colleges. For example, only 8% of board members in NHS trusts are from an ethnic minority background. He says, "This equality and diversity issue is not on the agenda of many, many, many medical colleges. They have been silent—and it's the same people that then sit on councils and educate and are the examiners, and so we have a real problem."

The activity in Leeds is driven by Sattar's own energy and enthusiasm for the cause, but he insists it is not about him. "It's got to be about the group, and it's got to be about the people, and it's got to go on its own steam." Barwick agrees that local primary care organisations, including the CCG, are backing what he calls the "movement."

"Mo's energy has unlocked the question of what we should be doing in primary care," Barwick says. "But Mo isn't speaking as one voice: he's got many voices behind him." NHS Leeds has provided £500 in funding support for the group's work.

Primary care colleagues around the country have started connecting Sattar about setting up their own ethnic minority staff networks, and he insists that anyone can do what he has done. "Some of these conversations take courage, [but] you can lead from your seat: you don't need to be a GP partner, you don't need power," he says. Jennifer Richardson, *The BMJ* (jrichardson@bmj.com) <https://doi.org/10.1136/bmj.2020.378.e0437>

What next?

- **Establish governance and strategy (short, medium and long term), BAME PC toolkit (Qualitative/quantitative deep dive locally)**
- **Co-produce solutions with network members**
- **Meet the ambitions of an embryonic WRES/People plan and PHE disparities report**
- Welcome more involvement
- We don't have all the answers (*please share yours with me*) but we have some suggestions
- We are all part of the problem and we should all be part of the solution

First follower

<https://www.youtube.com/watch?v=fW8amMCVAJQ>

Phenomenal women

Phenomenal Women is said to be the first photographic exhibition honouring Britain's black female professors. It features portraits by Bill Knight, researched and curated by Dr Nicola Rollock, reader in equity and education at Goldsmiths, of 40 professors across a broad range of subjects. The show will be at London's City Hall from 18 March until the end of the month





We'd be delighted for you to join us at our future meetings on...

4 August 2020	12 January 2021
1 September 2020	2 February 2021
6 October 2020	2 March 2021
3 November 2020	6 April 2021
1 December 2020	4 May 2021

All meetings take place from 6.30-8pm.

We'll send joining instructions before each meeting, to register your interest and get added to the mailing list please email lenoccg.bamegp@nhs.net

At the time of writing (July 2020) all meetings are through Microsoft Teams, our aim is to move to face-to-face meetings once it is safe to do so.