


# Ethnic Inequalities in Healthcare: A Rapid Evidence Review

Dharmi Kapadia, Jingwen Zhang,



# 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

# Acknowledgements

We would like to thank the stakeholders for their time in taking part in our stakeholder survey and stakeholder engagement groups. A list of stakeholders who agreed to be named are listed below.

We would also like to thank Race Equality Foundation (Tracey Bignall, Jes Phillips and Jabeer Butt) and The Ubele Initiative (Karl Murray and Yansie Rolston) for partnering with us on this rapid review and conducting the stakeholder groups.

## Academic and Clinician Stakeholders

---

**Prof Karl Atkin,**  
*The University of York*

**Prof Flis Henwood,**  
*University of Brighton*

**Andy Bell,** *Centre*  
*for Mental Health*

**Dr Hanif Ismail,**  
*University of Bradford*

**Yvonne Coghill,** *Excellence in*  
*Action and member of the NHS Race &*  
*Health Observatory board*

**Dr Adrian James,**  
NHS Race & Health Observatory board

**Rakhi Chand,** *The*  
*University of Manchester*

**Dr Saghira Malik Sharif,**  
*Leeds Teaching Hospitals NHS*  
*Trust*

**Dr Jayati Das-Munshi,**

**Dr Shuby Puthussery,**  
*University*  
*of Bedfordshire*

**Prof Dawn Edge,** *University of*  
*Manchester*

**Dr Shwetha Ramachandrapa,** *Guy's and*  
*St Thomas' Hospital*

**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](https://nhs.uk/observatory/publications)

This is to reflect the fact that no



**RA**