OPEN ACCESS

The critical role of the NHS Race and Health Observatory

Habib Naqvi,[1] Marie Gabriel,[2] Victor Adebowale[3]

[1]NHS Race and Health Observatory, London, UK
[2]Chair, NHS Race and Health Observatory, 18 Smith Square Westminster, London, UK
[3]Board Member, NHS Race and Health Observatory, London, UK

Correspondence to
Dr Habib Naqvi, NHS Race and Health Observatory, London, UK; habib.naqvi@nhsrho.org

Received 25 April 2021
Accepted 27 May 2021
Published Online First 17 June 2021

To cite: Naqvi H, Gabriel M, Adebowale V. *BMJ Leader* 2022;**6**:130–131.

Recent societal upheavals including the death of George Floyd, the subsequent Black LivesMatter movement, and the ongoing coronavirus pandemic have placed race, racism andpower under the close scrutiny. As the country attempts to make sense of these matters, it must recognise and acknowledge two fundamental points.

First, that institutional racism exists in this country and it exists across wider public establishments, including the organisations that make up our health and care system. Second, that the effects of racism are not confined to ethnic minority people and communities—racial equity matters because it benefits everyone.

The February 2020 special edition of the *British Medical Journal*, on '*Racism in medicine*', set out a robust argument for the establishment of an Observatory that brings together insight on ethnic health inequalities and turns that into actionable recommendations for healthcare change. NHS England and NHS Improvement fully supported and endorsed the set-up of the NHS Race and Health Observatory, and NHS Confederation were selected as the host organisation.

The evidence base on which the Observatory is established is clear to see: ethnic differences are evident in relation to service provision, access, experience and outcomes in areas from neonatal health to end-of-life care, and in critical points in between those two milestones. And yes, these disparities are set against higher prevalence of health conditions, including (but not limited to) specific cancers, cardiovascular disease, diabetes and mental ill health in ethnic minority communities across the country.

The disproportionate impact of the pandemic on diverse communities has shone, yet another, light on the ethnic and racial disparities that we see across our society. We recognise that to be proud of the society in which we live is not to be blind to its imperfections. Racial inequality and discrimination is indeed one of those imperfections.

That is why the recent 'race report' from the independent Commission on Race and Ethnic Disparities seems out of sync with both qualitative reality and quantitative evidence. Following the evidence and science leads you to different conclusions on how disparities must be addressed.

Yet, this report did not pay sufficient attention to the data nor to the lived experience of people. It did not reflect a proven understanding of institutional or structural discrimination and came, therefore, to conclusions that will not address the challenges at hand on this agenda.

Several recommendations for health, cited in the report, are of particular interest to us, including those recommending work and action that the Observatory has already initiated or plans to initiate. Over the coming period, the Observatory will be in touch with relevant government departments to discuss these in more detail.

What there is no doubt about, however, is the urgency for action to tackle ethnic and racial health inequalities. Indeed, our country and its healthcare system should, in theory, be well placed to focus on that level of need. And yet we do not have a good track record in doing so. It is no secret that responses to ethnic health inequalities, to date, have often been fragmented, confused and costly.

While institutions, commissions and specialist units have paid attention to these areas, the outcomes have largely focused on academic exercises of data collection and (often distorted) theoretical recommendations, with little emphasis on evidence-based recommendations and interventions to tackle the root causes.

With a world-class, expert board—one of the most diverse boards in healthcare—the NHS Race and Health Observatory is working towards providing evidence-led recommendations to change ethnic health inequalities for patients and communities, and in doing so, supporting the aspirations in these areas as outlined in the NHS Long Term Plan.

The Observatory's board members are demonstrating their leadership on this agenda. They know that a little communication, and a speech delivered here and there, is not sufficient to tackle racial inequalities effectively. Nor does such piecemeal, public relations centred activity give racial equity, as an organisational priority, the gravitas that it needs and deserves.

That level of awareness has established an Observatory that is a proactive investigator, providing evidence-based recommendations for tackling ethnic and racial healthcare inequalities. It does this by commissioning research and reviews that highlight gaps and disparities; it turns that evidence into policy recommendations for change and supports the implementation of those recommendations across health and care settings.

Five operational priorities are at the heart of the Observatory's initial work programme:

1. Providing evidence-based recommendations to improve health outcomes, including within the realms of maternity and neonatal health, and care pathways for mental health and well-being.
2. Protecting the vulnerable, including the impact of COVID-19 on ethnic minority communities

and the health and care workforce, as well as specific health conditions and issues that impact ethnic minority communities.
3. Innovating for all ages—making strides towards digitally enabled access to healthcare and supporting performance measurements in closing ethnic health inequalities.
4. Creating fair environments for all, by assessing the role of the different organisations that make up our health system and by ensuring our current leaders are equipped to deliver race equity in health.
5. Developing partnerships and global working—bringing together health expertise and shared learning from across the world. Racial inequality is a global challenge that requires a committed global response.

Taken together, these priorities enable us to (1) focus on some of the most deep-seated and long-standing health inequalities; (2) keep this agenda at the forefront of leaders' behaviours and actions; (3) proactively respond to critical issues and matters in this area, as they emerge; and (4) ensure our responses to ethnic health inequalities are informed by community participation, embedded within cutting-edge, innovative and global thinking.

As we look forward towards a new 'normal' and a new way of working, there are several things to consider to make sure that we do not return to old ways of thinking, doing and being. Racial equity must become an organisational and leadership priority for building an inclusive society that delivers the best that the future has to offer.

The Observatory has been established to support the healthcare system with just that—by shining a light on discriminatory policies and practices, and by gathering evidence that will support organisations to progress in a way that eradicates, rather than exacerbates, inequality.

The fact is that Britain will not be a successful, multicultural and forward-thinking country until it has equity at its core; and if we are to move towards achieving the promise of that ideal, we must keep our own moral compass pointed in a true direction.

Twitter Habib Naqvi @DrHNaqvi

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.