BMA House Tavistock Square London WC1H 9JP



**Sir Simon Stevens** 

Chief Executive NHS England, Skipton House 80 London Road London, SE1 6LH

Sent by email

20 May 2020

Dear Sir Simon,

Re: COVID-19 Risk Assessment Framework and Risk Stratification Tool

I am writing to you further to my letter of 28th April.

In that letter, I asked NHS England to develop a national risk profiling framework to assist employers in conducting risk assessments taking into account factors including age, ethnicity, sex and underlying health conditions and enable them to take proportionate action to protect healthcare workers at heightened risk from COVID-19. So, I was pleased to see <u>guidance</u> for conducting risk assessments was published on the Faculty of Occupational Medicine website this week. However, I fear that the framework, while identifying the higher risks associated with each of the factors specified above, does not give sufficient practical advice to organisations.

There is great variation locally in the use of and approach to risk assessments, both in secondary care and in primary care where, for example, occupational health services are not available to most staff. Over half of respondents to a recent BMA survey were not aware of any risk assessment in their place of work. And of those who have not been risk assessed, 4 in 10 think they should have been. To avoid a postcode lottery approach to the protection of doctors' lives and health, a national system for assessing the level of risk facing individual doctors must be consistently applied across the NHS.

I understand that several NHS providers and health organisations have developed tools which might inform the development of a national approach. Examples include NHSI/E South East Region's risk assessment guidance and accompanying scorecard as well as the Safety Assessment And Decision (SAAD) Score guidance for general practice, which I understand was named for the sadly deceased Dr Saad Al-Dubbaisi. In addition, the tool which I have attached, and which has been submitted for peer review, is another example of a resource which might feed into a best-in-class framework for assessing and responding to COVID-19-related risk.

Chief executive officer: Tom Grinyer

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I have been advised that NHS Employers will be producing a tool of this kind. We are keen to work with them on this. In the meantime, we will be providing our members with information and guidance to make it clear that they are entitled to request that their employer should conduct a risk assessment and, where necessary, make appropriate adjustments so as to protect them from inordinate threats to their health resulting from the virus.

We note that if a doctor or healthcare worker is identified as high risk, employers must then take steps to mitigate that risk such as redeployment to less hazardous areas or supporting them to work remotely where possible – including through providing IT resources as required. As the proportion of patients with COVID-19 is reduced and standard NHS services are resumed, there will be greater opportunity to redeploy doctors in a manner which effectively serves patients whilst minimising the level of risk to which potentially vulnerable doctors are exposed.

In primary care, where GPs do not have a formal occupational health service, it is important that CCGs provide the necessary support to practices. It is, further, imperative that NHSE should expand access to regular testing for coronavirus and provide adequate PPE to doctors working in both primary and secondary care settings. While the provision of PPE is improving, a recent BMA survey has found that a significant proportion of doctors are still without adequate protection when working in both AGP and non-AGP areas.

I know that you share my concerns about the scale of serious ill-health and deaths among all doctors and other health care staff working in the NHS, as a result of the COVID-19 pandemic, and the strong evidence that points to an increased risk of infection among BAME communities including BAME health care workers. I very much hope that NHS England can show national leadership on what is a national issue and ensure that a consistent approach is taken to risk assess and protect workers in every corner of the NHS, particularly those working in hazardous clinical settings and those identified as high risk.

Thank you for your urgent consideration of these issues. I look forward to hearing from you soon.

Best wishes,

**Chaand Nagpaul CBE BMA Chair of Council** 

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CC: Danny Mortimer, Chief Executive Officer, NHS Employers