

Sir Simon Stevens  
Chief executive officer  
NHS England

28 April 2020

Dear Simon,

**Re: Risk assessments for vulnerable doctors and health care workers**

As you will be aware, disturbing figures have emerged showing the scale of serious ill-health and deaths among doctors and other health care staff working in the NHS as a result of this pandemic. I am therefore writing to request that NHS England, in fulfilling its duty of care, urgently revises its approach to those healthcare workers at greatest risk from this illness.

Specifically, we ask that the age at which frontline staff are categorised as 'at-risk' be reduced to 60, from the current threshold of 70 which is in line with the WHO recommendation.

We also ask that NHS England develops a risk profiling framework to assist employers in conducting risk assessments that take into account not only age, but other factors such as ethnicity, sex and comorbidities.

Informed by the most recent evidence on COVID-19, every doctor should have a formal health risk assessment relevant to their role and a safety risk assessment of the environment in which they are asked to work in. Where individuals are determined to be at higher risk, based on a clear risk profile, they should have limited duties or be removed from potentially infectious areas. The framework should consider the evidence on risk associated with:

- **Age** - A recent study published in [The Lancet](#) found that while 70% of all COVID-related deaths occurred in the over 70 age group, nearly two thirds (64%) of the remaining deaths occur in the 60–69 years age group. Around 20,000 doctors working in the NHS including those who have volunteered to come out of retirement to return to clinical practice are aged above 60. As mentioned above, this is also in line with WHO recommendations.

**Chief executive officer:** Tom Grinyer

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- **Ethnicity** – there is clearly a disproportionate number of deaths amongst BAME HCWs, compared with the workforce – well summarised in this [HSJ investigation](#) and a disproportionate number of patients admitted to [intensive care](#) with COVID-19 are from BAME backgrounds. While we welcome the Government's commitment to carrying out a review into the impact of COVID-19 on BAME communities and BAME HCWs, we must look at immediate mitigations, including the use of a risk-profiling framework, to ensure those BAME doctors who are at greatest risk are protected from serious illness and death.
- **Sex** - numerous studies have documented that males are at greater risk of severe disease since the virus emerged in China at the end of 2019.
- **Comorbidities** - current guidance used to categorise 'at-risk' workers already lists a number of these (such as diabetes, CVD, obesity). These should be kept under review in light of emerging evidence.

The risk-profiling framework should be used by employers as part of an individual risk assessment to ensure doctors are protected from working in roles that could increase their chances of COVID-related ill-health or death. There are risks of coronavirus transmission across a range of direct clinical care settings, and it is vital that doctors and other frontline staff are properly protected by both a risk assessment of the environment to which they are deployed and the provision of the appropriate PPE they need to practise safely. A recent BMA survey found that an alarming number (more than 45%) of doctors have felt pressured when working in an AGP area to see a patient without adequate protection. Almost double the proportion of BAME doctors (64 per cent) have felt pressured to work in settings with inadequate PPE where aerosol-generating procedures are carried out exposing them to risk of infection. This compares with 33 per cent of doctors who identified as white.

I'm sure you agree that a risk profiling framework urgently required so that doctors and other healthcare workers can be protected and feel supported. In the absence of national guidance, you may be aware that Somerset Foundation Trust [has now included](#) BAME staff in the vulnerable and at-risk group. We believe that this highlights the imperative that such a framework should be developed by NHS England as a priority to ensure consistency and safety across the NHS.

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

Yours sincerely,

**Chaand Nagpaul CBE**  
**BMA Chair of Council**

CC: Prerana Issar, NHS Chief People Officer, NHS England and NHS Improvement  
 Danny Mortimer, NHS Employers chief executive officer