



Shared Insights

Racial disparities in healthcare and the role of health technology in improving equity, increasing patient safety and reducing claims

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Jacobson**

Introduction

The session was chaired by Browne Jacobson's Kelly Buckley and Rebecca Coe, specialists in our Obstetric Division. We looked at racial disparities in healthcare, and practical solutions and innovative use of technology within Trusts to improve patient experience and reduce complaints, claims, risks and incidents arising from these inequalities. Whilst there was a focus on maternity settings, the practical solutions are relevant across all specialisms.

We were delighted to be joined by [Carol King-Stephens](#), Equality Diversity & Inclusion Lead Midwife, Walsall Healthcare NHS Trust, [Dr Angie Doshani](#), Consultant Obstetrician and Gynaecologist at University Hospitals Leicester NHS Trust and [Charlotte Harpin](#), Partner at Browne Jacobson specialising in health technology law and data sharing arrangements in the health sector.

Allegations of racial discrimination can lead to institution wide investigations, reviewing previous claims and complaints history of the staff involved, and a detailed scrutiny of policies, guidelines, and procedures. There is often involvement at Board level and there can be press interest causing further reputational risk and relationship damage with local communities.

The [Parliamentary Women and Equalities Committee report](#) into black maternal health published in April 2023 showed that black women are almost 4 times more likely and Asian women 1.8 times more likely to die during childbirth than white women.

An analysis of the root cause of this was a key focus at this year's National Maternity Safety Conference, and there were some practical tips and takeaways to help support and improve equity and reduce complaints and claims which are relevant to all healthcare services including:

- Active listening and kindness
- Personalised care plans - asking the patient their ethnicity and getting to know them and any cultural preferences they have for a particular care pathway.
- Working collaboratively with local communities to really understand how to provide culturally sensitive, patient-centred care.



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Practical steps

Carol King-Stephens, Equality Diversity & Inclusion Lead Midwife, Walsall Healthcare NHS Trust

Carol has a national reputation for leading efforts to address racial inequalities affecting pregnancy care, including the impact on access to services, effective interventions, providing culturally aware support and information, and improving pregnancy outcomes.

Carol shared the practical steps being taken within Maternity at her Trust to address racial inequalities, which are also transferable to other specialisms and healthcare services.

- Listening to mothers
- Providing Trust leaflets in different languages
- More personalised care plans to reflect chosen language
- Accessibility of information on websites. Can the patient read healthcare terminology in their first language? Is it translated in an accessible way? Often women will answer yes to a question even if they have not understood it.
- More use of visual aids; specifically an animation video with vital information such as how and when to contact the hospital.
- Use of Word 360, an interpretation system available 24/7. There are phones and iPads in antenatal clinic, scanning, delivery and triage to allow access to interpreter (phone) or Word 360 (iPad).
- Posters are displayed to empower mothers to ask for an interpreter.
- Patients are encouraged to use an independent interpreter rather than a family member in order to have their voice heard.
- Representative staffing – around 30% of service users are from an ethnic minority and staffing reflects that. Recruitment from abroad. This garners more trust.
- MDT reports mention ethnicity of user in order to spot trends

Carol also explained about outreach work in the Tulip clinic; where hour long slots are dedicated to asylum seekers, refugees, people in temporary accommodation or with housing issues. There are training sessions on higher risk aspects of pregnancy such as gestational diabetes as well as access to other community assistance. There is access to an experienced midwife to make referrals to appropriate healthcare professionals.

The Janam App

Professor Angie Doshani, Consultant Obstetrician and Gynaecologist at University Hospitals Leicester NHS Trust (UHL)

Prof Doshani has been at the forefront of developing health technology for UHL and, in partnership with the community has created the JANAM app, an innovative mobile app which is designed to improve access to pregnancy information for patients of the Trust whose first language is not English.

There is a short video here with more information and lots of information on the website <https://janamapp.co.uk>

Each year 75,000 babies are born to mums from South Asian backgrounds. Black and Asian women have a higher risk of dying in pregnancy and so it is vital to empower these women to access information relating to their health and wellbeing.

Language barriers contribute to health inequalities and patient safety concerns in multiple ways:

- Initial access to healthcare services
- Missing appointments
- Knowing what health services are available and how to contact them
- Potential delay in seeking help
- Informed consent
- Misdiagnosis or adverse events such as medical errors.

Translation services can help but are costly and there are some issues with interpreting/translation services:

- Patients may not be able to read in their first language
- Lack of awareness
- Trust
- Dialects
- Lack of understanding of medical terminology
- Assumption of language based on ethnicity
- Language not recorded in notes
- Language line – availability

Understanding the community and building trust was vital. Time was spent finding out what the community wanted and co-design was key, with patient partners involved in content development, a steering committee and user testing. Key features are:

- In English and 5 South Asian languages
- Cultural sensitivity
- Trustworthiness
- Evidence based
- Linguistically appropriate
- Supporting net zero

This does not remove the need for translation services but works alongside existing services to empower women to make choices and improve patient experience. Women are supported in downloading and accessing the app at their booking appointment. It makes consultations more effective, facilitates co-decision making with patients and increases cultural awareness of healthcare professionals, all of which improves outcomes.

Future plans for JANAM

- Funding secured for bereavement services
- Mental health package
- Interactive calendar
- Public health messaging
- Raising concerns

No patient data is stored in the app and it is not a medical device. There is potential to develop this further in future, for example around consenting via the app, at which point data protection and medical devices framework would come into play.

Data Protection Considerations, Discussion & How we can help

Charlotte Harpin, Partner at Browne Jacobson

Charlotte is a Partner at Browne Jacobson specialising in health technology law and data sharing arrangements in the health sector. She explained the legal considerations and benefits surrounding the development and use of apps and other technology in healthcare.

When developing any new technology, give early thought to:

- Its purpose
- How it is going to be used
- What data is being used and collected

The ICO form [Data protection impact assessments | ICO](#) will help you identify potential issues. This is a simple step which should be carried out at the start of any tech development to avoid discovering data protection issues when you are some way down the track. Build on this as you progress and keep it under review throughout the process.

Be mindful of:

- Where data is going to be stored and any international storage implications
- What will happen to any data if the app is decommissioned
- What happens if developments render it obsolete
- MRHA framework which applies to medical devices. Consider whether something that starts out as a non-medical device might develop into a medical device later
- AI developments which are under the same regulatory frameworks. Consider the datasets being used – avoid building in inequalities from the outset and consider applicability to the communities being targeted.



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Resources

See our [Maternity Hub](#) for lots more information

Discussion

The session ended with discussion around the following:

- Monitoring impact on patient experience e.g. by visiting wards and mother and toddler groups
- The importance of sharing information and services with staff
- The importance of listening to patients in improving patient experience and reducing complaints
- Working in partnership with the community
- The potential to develop the technology further to assist with the consent process
- The importance of documenting communication with patients, particularly from a claims perspective

How we can help

We can offer tailored bespoke training and/or training at Board level in ensuring scrutiny and oversight with a focus on practical examples of challenges with racial disparity claims.

From our experience of dealing with claims and complaints arising from allegations of racial disparity, we can also help with:

- Deep dive thematic review of complaints to identify themes, trends and learning
- Audit of complaint and incident responses to identify areas for improvement to support early resolution of complaints
- Training to complaint teams on how to write responses and investigation reports that are easy to read and understand
- Textual analysis of your complaint responses to identify how clear your complaint responses are and re-writing a sample to provide examples of more readable responses
- Review of internal policies and procedures to ensure equity
- End-to-end data and regulatory support and advice to help with technological development and deployment

Contact us



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Please note:

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