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NHS racism reforms must be paused amid rising tensions and attacks linked to Belfast unrest, coalition warns

12 June 2026

A coalition of minority representative healthcare organisations has called on the government to pause the rollout of recommendations from the Mann Review into racism in the NHS, warning that reforms are being implemented without meaningful engagement with established evidence or affected communities.

Representing more than 13,000 NHS staff, the coalition said the review acknowledges systemic racism but fails to engage with over a decade of evidence documenting entrenched inequalities faced by Black and minority ethnic staff, including discrimination, career progression, and disciplinary outcomes.

They also highlighted evidence submitted by organisations such as the British Islamic Medical Association (BIMA), reflecting the lived experiences of staff across multiple communities. However, neither contributing nor acknowledged stakeholder groups were meaningfully involved in shaping the recommendations, raising concerns about whether the proposals reflect even the evidence set out in the review.

A spokesperson for the coalition said:

> “There is already a substantial and longstanding body of evidence on how racism is experienced across the NHS — particularly by Black, Asian and other minority ethnic staff, who have for years faced higher levels of discrimination, unequal progression and disproportionate disciplinary outcomes. There is also extensive evidence of poorer experience and outcomes for racialised patient groups.
>
> The concern is that these longstanding patterns are acknowledged, but not meaningfully engaged with in the design of the reforms now being proposed.”
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> “This is not about setting one form of racism against another. It is about ensuring that any response is grounded in the full evidence base, proportionate to the inequalities already documented, and shaped with the involvement of the communities most affected.”

The coalition also raised concerns about the increasing use of non-statutory interpretive guidance in employment and regulatory settings beyond its intended purpose. They said evidence outlining these concerns was submitted to the review but was not substantively addressed in the final recommendations, which instead appear to extend the very approach that had been questioned. They warned that reliance on such guidance as a proxy for misconduct — particularly in relation to lawful personal expression outside the workplace — risks inconsistent referrals, overreach in disciplinary decision-making, and disproportionate interference with freedom of expression, with a chilling effect that encroaches on matters of private conscience beyond clearly defined professional boundaries.

The organisations stressed that their concern is not only with tackling racism, but also with ensuring that anti-racism policy is lawful, evidence-led, proportionate, and applied fairly across all communities. They warned that, in a climate of heightened racial tension and

increasing sensitivity around public discourse, a narrow or inconsistently applied response risks deepening division rather than addressing the underlying drivers of racism.

Recent events have underscored the urgency of this. Reporting from Belfast has described racially motivated violence in which homes were set alight and care workers were left "scared and traumatised", trapped inside as attacks unfolded. The coalition said these incidents highlight the very real and immediate risks faced by healthcare staff and minority communities, reinforcing the need for a response that addresses racism in all its forms rather than one perceived as partial or uneven in scope.

The coalition is calling for:

- An immediate pause in implementation
- An urgent meeting with the Department of Health and Social Care and NHS England
- A clear plan to ensure that existing data and lived experience are fully integrated into reform efforts

They said they remain committed to working constructively with government and are awaiting a response from Health Secretary James Murray regarding their concerns.

> "This is not about delaying action, but about ensuring that action is informed, inclusive and capable of addressing the structural inequalities that have long been evidenced across the NHS."

Notes to Editors

- The Mann Review into racism in the NHS was published on 4 June 2026.
- Workforce Race Equality Standard (WRES) data has tracked racial inequalities in NHS staff experience for over a decade.
- Evidence referenced includes submissions from representative bodies including the British Islamic Medical Association (BIMA).
- Belfast scared and traumatised care workers describe being trapped as horses set alight

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Letter sent to Secretary of State for Health and Social Care, James Murray, on 10 June 2026

Joint statement from minority representative healthcare organisations

10 June 2026

Subject: Urgent: Call to Pause Implementation of Mann Review Recommendations and Convene Stakeholder Meeting

The Rt Hon James Murray MP

Secretary of State for Health and Social Care

Department of Health and Social Care

39 Victoria Street

London

SW1H 0EU

Dear Secretary of State,

We welcome the publication of Lord Mann's review and its clear recognition that racism in the NHS is systemic, persistent, and damaging to both workforce experience and patient trust. That acknowledgement is long overdue.

However, the review falls significantly short in its treatment of the evidence base required to address the scale and complexity of the problem it identifies. While it calls for improved data and accountability, it does not meaningfully engage with the extensive data already available. For over a decade, Workforce Race Equality Standard (WRES) data has consistently demonstrated entrenched and measurable inequalities in staff experience—spanning discrimination, progression, and disciplinary processes. These are not new or emerging issues; they are well-evidenced structural failures that remain insufficiently reflected in the review's analysis.

More fundamentally, the review advances a series of recommendations now being accepted and implemented at pace, without sufficient interrogation of robust, longitudinal datasets such as WRES, or meaningful engagement with independent evidence from representative organisations. This lack of analytical grounding raises serious concerns that the proposed reforms may not fully reflect—or be capable of addressing—the structural drivers of inequality already well documented across the NHS. In doing so, the review risks prioritising rapid policy response over evidence-led system change.

In addition, a growing body of evidence from minority and representative organisations has documented the ongoing—and in some cases worsening—experiences of racism affecting different communities within the NHS workforce. These data provide critical insight into lived experience across the system, yet they are notably absent from the review's core analysis. This omission is compounded by concerns from contributing organisations, with some reporting no meaningful engagement despite submitting evidence, and others referenced in the review stating they were not involved in the development of its recommendations.

Of particular concern is the narrow framing of the review. While its focus on antisemitism is important, it does not adequately reflect the broader and escalating reality of racism across the NHS.

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There is clear and mounting evidence that racism is rising across multiple communities, with serious implications for staff safety, workforce retention and patient confidence. A response that does not fully engage with this wider context risks being partial and incomplete.

We are also concerned by the way in which the review links patient safety to wider societal events. While it is right to acknowledge the impact of rising antisemitism on Jewish patients' confidence in accessing care, this is not a phenomenon confined to one community. Evidence shows that racism and identity-based hostility are increasing across multiple groups—including Muslim, Black and other minoritised communities—with clear implications for how safe people feel engaging with public services. In the current climate of heightened tension and constrained expression, this wider context is especially important. The review's limited engagement with these dynamics risks presenting a partial and incomplete picture of patient experience across the NHS.

Against this backdrop, the decision to move directly to implementation is deeply concerning. Proceeding without robust engagement with existing data, and without meaningful inclusion of the communities most affected, risks embedding solutions that are not sufficiently grounded in the realities they are intended to address. Without this, the NHS risks continuing to implement solutions that do not reflect the lived realities of the very staff and patients they are intended to protect.

We are therefore calling for an immediate pause in the rollout of the review's recommendations to allow for full and proper engagement with the evidence base.

We further call on the Department of Health and Social Care to urgently convene a formal meeting with representative organisations, affected communities, and NHS stakeholders ahead of any further implementation. This meeting must set out how existing evidence—particularly WRES data and lived-experience insights—will be incorporated into decision-making, and provide a clear, timebound plan for doing so.

We expect a response at pace confirming how and when this engagement will take place. The urgency of this issue cannot be overstated, and neither can the risks of proceeding without a more inclusive and evidence-grounded approach.

The NHS cannot afford another cycle of acknowledging inequality without fully confronting the evidence that explains it. A course correction is needed now to ensure that action taken is not only timely, but also just, inclusive, and effective.

Yours sincerely,

Updated List of signatories:

Asian Professionals National Alliance (APNA)

Association of Pakistani Physicians of Northern Europe (APPNE)

Association of Pakistani Physicians and Surgeons of UK (APPS UK)

British Arab, Nursing and Midwifery Association UK (BANMA)

British Egyptian Medical Association (BEMA)

British Islamic Medical Association (BIMA)

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British Pakistani Psychiatrist Association (BPPA)

Diaspora Uganda Nurses Midwives' Society (DUNMS)

Isabel Zendal Association: Association of Spanish Nurses & Healthcare Workers Living in the UK

Kenyan Nurses and Midwives Association UK (KENMA - UK)

Muslim Doctors Association (MDA)

Muslim Doctors Cymru

Nigerian Nurses Charitable Association UK (NNCAUK)

NHS Muslim Women's Network

Nurses for Palestine

PalMed UK

Uganda Nurses and Midwives Association UK

United Iraqi Medical Association United Kingdom and Ireland (UIMA)

Sent for urgency – further signatories to come