Health Bill: strengthening action on health inequalities for Gypsy, Roma and Traveller and Inclusion Health Groups

Amendments to improve data visibility, recognition and accountability

Summary

Clause 4 of the Health Bill substitutes section 1C of the National Health Service Act 2006 with a revised duty requiring the Secretary of State to have regard to the need to reduce inequalities in access to health services and health outcomes.

This provides an important opportunity to strengthen action on health inequalities. However, the revised duty remains general in nature and does not require inclusion health groups[1] to be consistently identified, their health outcomes to be monitored, or their needs to be considered when tackling health inequalities.

Gypsy, Roma and Traveller communities,[2] alongside other inclusion health groups, experience some of the poorest health outcomes and greatest barriers to healthcare access. Yet these groups are not consistently visible within national health datasets, limiting the ability to understand need, commission appropriate services and assess whether inequalities are reducing.

Three amendments (as listed further below) have been tabled to strengthen implementation of the revised duty. They would:

1. **Improve data visibility** by requiring national and local health data systems to collect, analyse and publish data sufficient to identify and monitor health inequalities affecting inclusion health groups, including Gypsy, Traveller and Roma communities.
2. **Strengthen application of the health inequalities duty** by requiring the Secretary of State to have regard to inequalities experienced by inclusion health groups when exercising that duty.
3. **Improve accountability** by requiring annual reporting on the actions taken and progress made in reducing health inequalities experienced by inclusion health groups, including Gypsy, Traveller and Roma communities.

[1] As defined by the NHS 'Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.'

[2] The umbrella term 'Gypsy, Roma and Traveller' includes many different and distinct communities. Romany Gypsies, Scottish and Welsh Gypsy Travellers, Roma, and Irish Travellers are separate ethnic groups. There are other travelling groups in the UK, such as Travelling Showmen, Liveaboard Boaters and New Travellers, who are not defined ethnic groups but continue to maintain a nomadic way of life. These groups experience different health inequalities.

Persistent health inequalities affecting Gypsy, Roma and Traveller communities

Gypsies, Roma and Travellers experience some of the poorest health outcomes among populations in England. Evidence demonstrates persistent inequalities, including;

- Discrimination and exclusion within healthcare settings.[3]
- Barriers to access primary care.[4]
- Disproportionate rates of 'bad health' compared with the general population.[5]
- Disproportionate rates of long-term illness and disability.[6]
- Poor mental health and higher rates of suicide.[7]
- High rates of miscarriage, pregnancy loss and/or child loss.[8]
- Shorter life expectancy compared with the general population.[9]

Gap in the current legal framework

Clause 4 of the Health Bill replaces section 1C of the National Health Service Act 2006 with a revised duty requiring the Secretary of State, when exercising functions in relation to the health service, to have regard to the need to:

- reduce inequalities between people in England with respect to their ability to access health services; and
- reduce inequalities between people in England with respect to the outcomes achieved for them by the provision of health services.

The revised duty expressly focuses on inequalities in access to health services and health outcomes. However, it remains a general duty. A general duty does not, in itself, require particular populations experiencing the most severe health inequalities to be identified and considered, or establish specific requirements for the identification, monitoring and reporting of inequalities experienced by inclusion health groups.

Where inclusion health groups are not consistently identifiable in national health data, inequalities affecting Gypsy, Roma and Traveller communities cannot be accurately measured and addressed. This lack of visibility undermines commissioning and service planning for excluded populations and makes it difficult to assess whether action to reduce inequalities is succeeding.

[3] See appendix one for evidence.
[4] See appendix two for evidence.
[5] See appendix three for evidence.
[6] ibid
[7] See appendix four for evidence.
[8] See appendix five for evidence.
[9] See appendix six for evidence.

Amendments

Amendment 15 BARONESS BENNETT OF MANOR CASTLE

Clause 4, page 3, line 29, at end insert -

"(c) ensure that national health data systems collect, analyse and publish data sufficient to identify and monitor health inequalities affecting inclusion health groups, including Gypsy, Roma and Traveller communities."

Member's explanatory statement

This amendment would require national health data systems to collect, analyse and publish data sufficient to identify and monitor health inequalities affecting inclusion health groups, including Gypsy, Roma and Traveller communities, to improve the evidence base for reducing health inequalities.

Amendment 16 BARONESS BENNETT OF MANOR CASTLE

Clause 4, page 3, line 29, at end insert -

"(2) In exercising the duty under this section, the Secretary of State must have regard to the need to reduce inequalities in access to health services and health outcomes experienced by inclusion health groups, including Gypsy, Roma and Traveller communities."

Member's explanatory statement

This amendment would require the Secretary of State, when exercising the statutory duty to reduce health inequalities, to have regard to the particular barriers to healthcare access and health outcomes experienced by inclusion health groups, including Gypsy, Roma and Traveller communities.

Amendment 17 BARONESS BENNETT OF MANOR CASTLE

Clause 4, page 3, line 29, at end insert -

"(2) The Secretary of State must, within 12 months of the day on which this Act is passed and annually thereafter, publish a report setting out—

(a) the steps taken to improve the identification of inclusion health groups within national health data systems,

(b) progress in reducing inequalities in access to health services and health outcomes experienced by those groups, and

(c) actions taken in relation to Gypsy, Roma and Traveller communities."

Member's explanatory statement

This amendment would require the Secretary of State to publish regular reports on progress in identifying inclusion health groups in national health data and reducing health inequalities experienced by those groups, strengthening transparency and accountability.

Conclusion

The Health Bill provides an important opportunity to strengthen action on health inequalities. The amendments outlined in this briefing, complement existing duties under the NHS Act 2006 and Equality Act 2010 by improving implementation rather than creating new obligations.

Parliament can help tackle entrenched health inequalities by ensuring that inclusion health groups, including Gypsy, Roma and Traveller communities, are visible in health data, considered when applying the health inequalities duty, and included in transparent reporting. Doing so would help ensure that communities facing some of the most severe and persistent health disparities are no longer overlooked in health policy, decision-making and service delivery.

We urge parliamentarians to support these amendments to ensure the Health Bill delivers meaningful and measurable action on health inequalities.

Further reading - See appendices below for evidence on health inequalities.

About us

Friends, Families and Travellers (FFT) is a leading national charity that seeks to end racism and discrimination against Gypsies, Travellers and Roma communities and to protect the right to pursue a nomadic way of life. **www.gypsy-traveller.org**

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Appendices

Appendix one: discrimination in accessing health services

Lived experiences research conducted by the Office for National Statistics in 2022 with Gypsies and Travellers found:

- Participants experienced a range of health conditions, which, coupled with delayed healthcare seeking and perceived barriers to accessing healthcare, could create vulnerability to negative health outcomes among Gypsies and Travellers[10].
- Participants described environmental factors, such as site locations and living conditions as well as occupational hazards that they felt were linked to the health conditions they experienced.
- Challenges were described in registering with a GP surgery without a fixed address, particularly among those living in Gypsy and Traveller sites or roadside.
- Delayed access to healthcare could result in delayed diagnoses and treatment, and could undermine access to screening and preventative care, with potential negative health consequences.
- Experiences of perceived discrimination and derogatory attitudes of healthcare providers could further undermine access to healthcare, as participants had concerns about the likelihood of receiving help and feared facing negative judgement or discrimination.
- Familiarity, understanding and open communication with trusted health practitioners appeared to support access to and engagement with healthcare.

Appendix two: barriers to access GP services

Research conducted in 2021[11] found that:

- Out of 100 GP surgeries contacted 74 GP surgeries broke NHS England guidance and refused to register our mystery shopper because they were unable to provide proof of identity, proof of fixed address, register online or another reason.
- 17 GP surgeries did not answer the phone despite receiving phone calls on three different dates and times from our mystery shopper.
- 2 GP surgeries who otherwise agreed to register our mystery shopper refused to give help with form filling.

Appendix three: 'bad health' and disability

Gypsies or Irish Travellers who responded to the 2021 Census[12];

- Were more than twice as likely to report bad or very bad health (12.5%) compared with the England and Wales population (5.2%).
- Nearly 1 in 6 (16%) of those who identified as "White: Gypsy or Irish Traveller" said they were disabled and "limited a lot" in their daily activities by a long-term physical or mental health condition. This is more than twice the rate for the whole population

[10] Gypsies' and Travellers' lived experiences, health, England and Wales - Office for National Statistics
[11] Locked-out-A-snapshot-of-access-to-General-Practice-for-nomadic-communities-during-the-COVID-19-pandemic-2.pdf
[12] Ethnic group differences in health, employment, education and housing shown in England and Wales' Census 2021 - Office for National Statistics

of England and Wales, where just over 1 in 13 (7.5%) of people reported being "limited a lot" by a long-term health condition.
- Among those who identified as "White: Gypsy or Irish Traveller", about 1 in 20 people (5.2%) provided more than 50 hours a week of unpaid care. Roughly another 1 in 30 people (3.4%) in this ethnic group provided between 20 and 49 hours of unpaid care a week, the highest rate among the 19 groups analysed.

Appendix four: mental health and death by suicide

- Research conducted in 2021 by Roma Support Group found that 69% of Roma participants reported suffering from depression, compared with 17% across the general UK population[13].
- Research conducted in 2024 found that Irish Traveller and Gypsy women in England and Wales were twice as likely to die by suicide compared with the White British female population[14].

Appendix five: maternity services

Research conducted in 2023[15] into maternity services found:

- There was a lack of awareness, sensitivity and accommodation of cultural norms, such as those relating to maternity care.
- Stigma and taboo around perinatal mental health, as well as barriers to accessing mental health support.
- High rates of Caesarean birth reported by Gypsy, Roma and Traveller research participants and consulted health professionals.
- High rates of Classical Galactosemia among infants born to Irish Traveller parents.
- High rates of miscarriage, pregnancy loss and/or child loss reported by Gypsy, Roma and Traveller research participants.
- Barriers to accessing and maintaining continuity of care for Gypsy, Roma and Traveller communities.

Appendix six: life expectancy

Research conducted by the European Union Agency for Fundamental Rights estimated that:

- The life expectancy of Roma and Travellers in six survey countries was notably below that of the general population[16].
- The research estimated that there was a life expectancy gap of 7.1 for Roma and Traveller women and 10.3 for Roma and Traveller men in the United Kingdom.

[13] mental_health_advocacy_self-evaluation_1-5_final__1___1_.pdf
[14] Ethnicity and suicide in England and Wales: a national linked cohort study - The Lancet Psychiatry
[15] Summary-Maternal-Health-Inequalities-Guidance-2.pdf
[16] Roma and Travellers in six countries - ROMA AND TRAVELLERS SURVEY