Free guide

Evidence-based health facts for African and ethnic minority communities in the UK.

10 Health Facts Your GP Wants Your Community to Know

Author: Dr Kennedy Umege, Bachelor of Medicine, Bachelor of Surgery; Member of the Royal College of General Practitioners; Master of Science in Diabetes; Diploma in Urgent Medical Care

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Evidence standard: NICE guidelines, NHS.uk, peer-reviewed research (cited per fact)

> *Disclaimer: This guide provides general health education, not personal medical advice.*

> *Always consult your own GP or specialist for your individual health needs.*

Fact 1: Type 2 Diabetes Risk Is 2–4× Higher in South Asian and Black Communities — and Screening Should Start Earlier

The evidence: South Asian adults are at 2–4× higher risk of Type 2 diabetes than white European populations. Black African and Caribbean adults are at approximately 3× higher risk. NICE guideline NG28 (2023) recommends that people from high-risk ethnic groups are offered an NHS Diabetes Prevention Programme referral from BMI ≥23 kg/m² (compared to ≥25 for the general population).

What this means for you: If you are South Asian, Black African, or Black Caribbean, your risk threshold for diabetes screening is lower. You don't need to wait until you're overweight by mainstream BMI criteria. Ask your GP for a fasting blood glucose or HbA1c test from age 25 if you have other risk factors (family history, sedentary lifestyle, gestational diabetes history).

What to say to your GP: "I know my ethnic background puts me at higher risk for Type 2 diabetes. Can I have an HbA1c test? I understand the NICE threshold is BMI 23 for South Asian patients."

Evidence: NICE NG28 (Type 2 diabetes prevention), NHS Digital (Diabetes Prevention Programme), Diabetes UK ethnicity risk data.

Fact 2: Sickle Cell Disease Affects 1 in 79 Black British People — But Most Adults Don't Know Their Carrier Status

The evidence: Sickle cell disease (SCD) is the most common serious inherited blood disorder in England, predominantly affecting people of African, Caribbean, Middle Eastern, and Mediterranean heritage. The NHS Sickle Cell and Thalassaemia Screening Programme screens all newborns and pregnant women. However, approximately 1 in 10 Black British adults carries the sickle cell trait without knowing it.

What this means for you: Carrying the sickle cell trait (HbAS) causes no health problems in most circumstances. But if both parents carry the trait, there is a 1 in 4 chance with each pregnancy of having a child with sickle cell disease. Knowing your status before having children can inform family planning decisions.

What to say to your GP: "I've never been tested for sickle cell trait. Given my background, can I have a haemoglobin electrophoresis test?"

Evidence: NHS Sickle Cell and Thalassaemia Screening Programme, NICE NG17, Sickle Cell Society UK.

Fact 3: High Blood Pressure Affects Black Adults Differently — Including Which Medication Works Best

The evidence: NICE guideline NG136 (2023) recommends that for Black African or Caribbean adults of any age, a calcium channel blocker (e.g., amlodipine) should be offered as the first-line antihypertensive rather than an ACE inhibitor (e.g., ramipril) or angiotensin receptor blocker (ARB). This is because ACE inhibitors are less effective for blood pressure control in this population and carry a higher risk of angioedema.

What this means for you: If you are Black and your GP has prescribed an ACE inhibitor as your first blood pressure medication, this may not be the most effective choice for your ethnicity. This is a well-documented difference in pharmacological response, not a minor detail.

What to say to your GP: "I've read NICE NG136. It recommends calcium channel blockers as first-line for Black patients. Can we discuss whether amlodipine would be more appropriate for me than an ACE inhibitor?"

Evidence: NICE NG136 (Hypertension in adults), British Hypertension Society guidelines.

Fact 4: Vitamin D Deficiency Is Endemic in South Asian Communities in the UK — and Has Real Consequences

The evidence: Studies show that vitamin D deficiency affects 40–70% of South Asian adults living in the UK, compared to 20–25% of white British adults (Public Health England, 2016). Darker skin requires significantly more sun exposure to produce the same amount of vitamin D as lighter skin. UK sunlight is insufficient for adequate vitamin D synthesis for most people from October to March — and for people with darker skin, this extends considerably longer.

What this means for you: NHS England recommends that everyone takes 10 micrograms (400 IU) of vitamin D daily, especially from October to March. For people with darker skin, supplementation year-round may be more appropriate. Severe deficiency causes rickets in children, osteomalacia (bone pain) in adults, and is associated with increased infection risk.

What to say to your GP: "I've read that vitamin D deficiency is common in South Asian adults in the UK. Can I have a 25-hydroxyvitamin D test? I'd like to know my actual level before supplementing."

Evidence: PHE SACN Vitamin D and Health report (2016), NHS.uk Vitamin D guidance, NICE PH56.

Fact 5: Mental Health Services Are Underused — But Overneeded — in Ethnic Minority Communities

The evidence: NHS data consistently shows that Black, South Asian, and other ethnic minority communities are less likely to access NHS talking therapies (IAPT/NHS Talking Therapies) despite higher rates of certain mental health conditions. Black individuals are also significantly more likely to be detained under the Mental Health Act (4–10× higher rate) — suggesting crisis-driven rather than prevention-driven care.

What this means for you: You don't have to wait for a crisis to access mental health support. NHS Talking Therapies (formerly IAPT) is self-referral — you can refer yourself without going through your GP. Services are free. Many areas have culturally specific services. You don't need a diagnosis to access them.

What to say to your GP: "I've been struggling with [anxiety/low mood/stress]. I'd like a referral to NHS Talking Therapies. I know I can also self-refer — can you help me find a service with experience working with [my community]?"

Evidence: NHS Race and Health Observatory report (2021), NHS Mental Health Dashboard, Mind charity ethnicity data.

Fact 6: Cervical Screening Uptake Is Lowest Among Black and South Asian Women — and Cervical Cancer Is Preventable

The evidence: NHS cervical screening (smear test) uptake in England is lowest among Black African (47.3%), Black Caribbean (55.2%), and South Asian women (57.8%), compared to 73.4% in white British women (NHS Digital, 2022). Cervical cancer is almost entirely preventable with the HPV vaccine and regular screening. The NHS now uses primary HPV testing, which is more sensitive than the old cytology-based method.

What this means for you: If you haven't had a smear test within the recommended interval (every 3 years for ages 25–49, every 5 years for ages 50–64), you are at increased risk of cervical cancer developing undetected. The procedure takes approximately 5 minutes. If anxiety about the procedure is a barrier, you can request a female clinician or a longer appointment.

What to say to your GP: "I'm overdue for my cervical screening. I'd like to book it with a female practitioner. Can you also tell me if I'm up to date with my HPV vaccination?"

Evidence: NHS Digital cervical screening coverage statistics, NICE DG3 (HPV testing), Jo's Cervical Cancer Trust.

Fact 7: Prostate Cancer Risk Is Twice as High in Black Men — With No Routine NHS Screening Programme

The evidence: Black men have approximately twice the lifetime risk of developing prostate cancer compared to white men (Prostate Cancer UK, Cancer Research UK). The NHS does not currently have a routine prostate cancer screening programme. However, a PSA (prostate-specific antigen) blood test is available to any man over 50 who requests it — and for Black men, this should be discussed from age 45.

What this means for you: In the absence of screening, awareness of symptoms matters. Symptoms include: difficulty urinating, needing to urinate more frequently (especially at night), blood in urine, pain in the lower back/hips. However, early prostate cancer often has no symptoms — which is why the PSA test is important.

What to say to your GP: "As a Black man, I know my prostate cancer risk is higher. I'd like to discuss the PSA test. I understand it's not a perfect test, but I want to make an informed decision."

Evidence: NICE NG131 (Suspected cancer pathway), Prostate Cancer UK risk data, Cancer Research UK.

Fact 8: Pre-Eclampsia Risk Is Higher in Black Women — and Aspirin Can Help Prevent It

The evidence: Black women are approximately 4× more likely to die from pregnancy-related complications than white women in the UK (MBRRACE-UK, 2021). Pre-eclampsia (high blood pressure in pregnancy) is a significant contributor. NICE guideline NG133 recommends that women at high risk of pre-eclampsia (including Black ethnicity as a moderate risk factor) are offered low-dose aspirin 75–150mg daily from 12 weeks of pregnancy until delivery.

What this means for you: If you are pregnant or planning to become pregnant, your ethnicity is a recognised risk factor for pre-eclampsia. Aspirin is a safe, inexpensive, and effective intervention. This conversation should happen at or before your 12-week booking appointment.

What to say to your midwife or GP: "I know Black women are at higher risk of pre-eclampsia. I've read NICE NG133. Should I be on low-dose aspirin from 12 weeks?"

Evidence: NICE NG133 (Hypertension in pregnancy), MBRRACE-UK Saving Lives, Improving Mothers' Care report (2021).

Fact 9: Long COVID Disproportionately Impacts Ethnic Minority Communities — and NHS Clinics Exist

The evidence: The ONS COVID-19 Infection Survey (2021) found that people of South Asian and Black ethnic groups were more likely to experience symptoms of Long COVID than white British people, after adjustment for other factors. Socioeconomic factors (key worker status, housing density, comorbidities) amplify risk. NHS Long COVID clinics provide multi-disciplinary assessment and rehabilitation.

What this means for you: If you have symptoms lasting more than 12 weeks after COVID-19 infection — fatigue, brain fog, breathlessness, palpitations — you are entitled to a referral to an NHS Long COVID clinic. This is not a diagnosis of exclusion; you do not need normal test results to access it. Post-COVID-19 syndrome is a recognised clinical entity in NICE guideline NG188.

What to say to your GP: "I've had ongoing symptoms since my COVID-19 infection more than 12 weeks ago. Can you refer me to the NHS Long COVID clinic? I'm aware of NICE NG188."

Evidence: NICE NG188 (COVID-19 rapid guideline: managing the long-term effects), ONS COVID-19 Infection Survey, NHS England Long COVID service data.

Fact 10: Your NHS Rights Are the Same Regardless of Immigration Status — for Most Conditions

The evidence: NHS primary care (GP, A&E) is free to all regardless of immigration status or residency. Secondary care charging rules are more complex: overseas visitors may be charged for elective treatment. However, there are important exemptions — A&E, maternity care, treatment for certain infectious diseases (including HIV, TB), and treatment for mental health crisis are free to all.

What this means for you: Fear of NHS charges is one of the most common reasons people from migrant communities delay seeking care. This fear is often unfounded for the most urgent and common situations. Delaying care risks your health and — for infectious conditions — public health.

What to say to reception: "I'd like to register with this GP practice. I understand that NHS primary care is free to all." (No immigration documents are legally required to register with a GP.)

Evidence: NHS England Guidance on Overseas Visitors, NHS.uk 'Access to NHS services', Doctors of the World UK.

What's Next

This guide is the start of a conversation, not the end of one.

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Content produced with AI assistance. Clinically authored and reviewed by Dr Kennedy Umege, Member of the Royal College of General Practitioners. *This guide does not constitute personal medical advice. Evidence cited was accurate at time of publication (March 2026). Always verify clinical guidance against current NICE guidelines.*