Improving ethnic data collection for equality and diversity monitoring

October 2009 – September 2011

Publication date – 28th February 2012
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Introduction
The reduction of health inequalities is a key priority for the Scottish Government. Inequalities related to deprivation are well known, but there are also important health inequalities related to ethnic group and other aspects of the diversity of the Scottish population. Addressing ethnic inequalities in health requires accurate and complete information to target interventions and monitor progress towards reducing inequalities. This publication relates to the quality and completeness of information on ethnicity in hospital discharge and new outpatient appointment data.
Key points

- For Scotland as a whole there have been substantial improvements in the recording of ethnic group. Over the last two years completeness of recording has increased from just over one-third to almost two-thirds for acute hospital discharges and has risen from under one-quarter to over two-fifths for new outpatients.
- Despite this improvement, the recording of ethnicity remains relatively low: a valid ethnic group code was recorded in only 64.3% of acute inpatient and day case records (SMR01) in the quarter ending September 2011 and only 43.5% of new outpatient appointment records (SMR00).
- In the most recent quarter the highest levels of recording for inpatients and day cases and for new outpatient appointments were in the Golden Jubilee National Hospital (GJNH).
- In the last two years Lothian, Tayside, Shetland, Forth Valley, Orkney and NHS Western Isles have made substantial improvements in recording in both SMR01 and SMR00 records.
- In the last two quarters the figures for some Boards may have been affected by the implementation of the new NHS Patient Management System (PMS). More details are provided in the notes section.
Results and Commentary

These results are for the period between October 2009 and September 2011 including the last quarter ending 30th September 2011.

Inpatient and day case discharges

For acute inpatient and day case discharges (SMR01 data) the overall level of completeness for ethnic group recording was 64.3% for NHS Scotland for the quarter ending 30th September 2011 (see Figure 1). The highest levels of recording for this quarter were at the Golden Jubilee National Hospital (99.5%), Lanarkshire (84.0%) and Dumfries and Galloway (82.9%). Lothian (74.1), Grampian (73.8) and Tayside (70.7%) were all above the national average.

Most NHS Boards had completeness levels above 38.9% for this quarter, while Western Isles was only 18.1%. The implementation of a new patient management system (PMS) in NHS Ayrshire and Arran has had a noticeable impact on SMR01 submissions and therefore data for this quarter is as yet unavailable. PMS implementation may also have affected the figures for Borders. Further information is provided in the notes section below.

Figure 1: Percentage of discharge episode records (SMR01) with a valid ethnic group by NHS Board of Treatment; quarter ending 30th September 2011

Note 1: that figures include as ‘complete’ those who declined to state their ethnic group. Please refer to the Guidance Notes below.

The overall level of completeness for Scotland rose from 35.2% in the quarter October-December 2009 to 64.3% in July - September 2011 (see Figure 2). This increase has been driven by several Boards that have made significant progress during the past two years.
Lanarkshire, Dumfries & Galloway, Lothian, Grampian and Tayside all saw substantial increases in recording between October 2009 and September 2011. Recording levels rose to above 38.9% (October 2009 to September 2011) in all boards except Western Isles (18.1%).

**Figure 2: Percentage of discharge episode records (SMR01) with a valid ethnic group by NHS Board of Treatment and quarter: quarters ending December 2009 to September 2011**

Note 1: that figures include as 'complete' those who declined to state their ethnic group. Please refer to the Guidance Notes below.

Note 2: That these figures may not correspond exactly with figures released previously as the data are extracted from dynamically updated databases. Note also that for this reason these data are subject to future corrections.

[SMR01-Ethnicity-Completeness](#) [26.0 KB] up to 30th September 2011 by NHS Board and quarter.
New outpatient appointments

For new outpatient appointments (SMR00 data) the overall level of completeness for ethnic group recording was 43.5% for Scotland as a whole for the quarter ending September 2011 (see Figure 3). The highest levels of recording for this quarter were for the Golden Jubilee National Hospital (99.8%), Lanarkshire (68.2%), Lothian (56.2%) and Dumfries & Galloway (52.8%). These boards, together with NHS Greater Glasgow & Clyde (45.8%) were all above the national average.

The lowest levels of recording were in NHS Grampian and NHS Ayrshire and Arran.

It should be noted that the implementation of the new PMS in Ayrshire & Arran, Borders, Grampian, Greater Glasgow & Clyde and Lanarkshire has had a noticeable impact on the submission of SMR returns and that ethnicity completeness figures for these boards should therefore be treated with caution. Further information is provided in the notes section below.

Figure 3: Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by NHS Board of Treatment; quarter ending 30th September 2011

Note 1: that figures include as 'complete' those who declined to state their ethnic group. Please refer to the Guidance Notes below.

Improvements have been made in recording on SMR00, although the levels remain lower than for SMR01. The overall level of completeness for Scotland rose from 23.4% in the quarter October-December 2009 to 43.5% in July-September 2011 (see Figure 4). As with SMR01, this increase has been driven by several Boards that have made significant progress during the past two years.
Golden Jubilee National Hospital maintained high levels of recording during this period. There were notable rises in completeness in Orkney, Dumfries & Galloway, Forth Valley, Tayside, Lothian, Ayrshire and Arran.

**Figure 4: Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by Health Board of Treatment and quarter: quarters ending December 2009 to September 2011**

Note 1: that figures include as 'complete' those who declined to state their ethnic group. Please refer to the Guidance Notes below.
Note 2: That these figures may not correspond exactly with figures released previously as the data are extracted from dynamically updated databases. Note also that for this reason these data are subject to future corrections.

SMR00-Ethnicity-Completeness [22.0 KB] up to 30th September 2011 by NHS Board and quarter.

Notes

Discharge statistics are derived from data collected on discharges from non-obstetric and non-psychiatric hospitals in Scotland (SMR01). Data from July to September 2011 are provisional.

New outpatient statistics are based on new attendances at outpatient clinics in all specialties in Scotland (except A&E and Genito-Urinary Medicine). The analysis is based on a subset of the dataset comprising patients who received a new appointment at a consultant-led outpatient clinic.

A new patient management system (PMS) is currently being implemented in a phased approach across 5 NHS Boards. There has been a noticeable impact on the submission of SMR returns. Data should therefore be interpreted with caution. More information on the completeness of SMR returns is available on the ISD website at: http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/

The percentage with a valid ethnic group relates to records completed with a valid ethnic group or patient refusal codes only. Records completed with 'Not Known' codes or left blank are not deemed to be a valid ethnic group.

Patients are not compelled to provide information about their ethnic group and a 'declined to provide' response is included in the total of valid codes in these figures.
Glossary

Ethnicity is “the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race”. (Bhopal, 2004). Ethnicity is essentially self-defined and may change over time. Classification of ethnicity is based on categories that include common self-descriptions, are acceptable to respondents and that identify variations that are important for research or policy. Ethnicity is different from country of origin, since many countries include more than one ethnic group.
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Further Information
Further information can be found on the ISD website

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Appendix

A1 – Background Information

The NHSScotland Quality Strategy committed NHSScotland to understanding the needs of different communities, eliminating discrimination, reducing inequality, protecting human rights and building good relations by breaking down barriers that may be preventing people from accessing the care and services that they need. The UK Government's Equality Act requires public authorities to collect equality characteristics such as ethnicity to demonstrate that they are meeting the new public sector equality duty.

A key aim of the Equality and Diversity Information Programme (EDIP) is that all health information systems should be able to collect and share diversity information to support individual care, identify inequalities, monitor progress towards reducing those inequalities and demonstrate compliance with equalities legislation.

The Scottish Health Council Patient Focus Targets 2007/08 provided an incentive for NHS Boards to increase the routine collection of information on ethnic group within acute hospital discharge records (SMR01) and new outpatient appointment records (SMR00). In September 2009 the Director of Healthcare Policy and Strategy wrote to all NHS Board Chief Executives seeking improvement in equalities data collection and monitoring, particularly in the recording of ethnicity in SMR00 and SMR01. This letter required Boards to produce an action plan to improve recording, outline how progress will be measured and to include plans for widening equality data collection. NHS Health Scotland and the Information Services Division will offer Boards support to improve equality data capture and monitoring. Complete routine equalities data would allow the NHS to monitor services to ensure that all the people of Scotland are being treated fairly and equally, help assess the health needs of different groups and enable the NHS to monitor progress towards reducing inequalities. In summary, the current lack of data means that NHS Scotland is unable to monitor inequalities in the health of the Scottish population by ethnic group (or by disability, sexual orientation or other determinants of inequality). The fact that ethnic group is recorded in hospital discharge data in England in over 90% of episodes demonstrates that better recording is feasible. The current low level of recording highlights the need for further action to improve information about the health of different ethnic groups in Scotland.
## A2 – Publication Metadata (including revisions details)

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  - NHS Board Chief Executives
  - NHS Board Communication leads
  - NHS Health Scotland

- Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

- Scottish Government Health Department (Analytical Services Division)