Improving ethnic data collection for equality and diversity monitoring

April 2012 – March 2014

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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 has been a steady improvement in the recording of ethnic group over the last two years. Completeness of recording for inpatient and day case records (SMR01) has improved by 6 percentage points to 79% and for new outpatient appointment records (SMR00) by 13 percentage points to 70%.

- Recording of ethnicity varies widely across Scotland and remains low in some Boards: in the quarter ending March 2014 completeness of recording ranged from 36% to 98% for SMR01 and from 25% to 99% for SMR00.

- In the most recent quarter, three Boards achieved completeness recording for inpatients and day case records (SMR01) of over 90%: Golden Jubilee National Hospital (GJNH), NHS Lothian and NHS Dumfries & Galloway. However, for new outpatients appointment records (SMR00), only Golden Jubilee National Hospital (GJNH) achieved over 90%.

- Increased recording of code ‘98’ –‘Refused/Not provided’ in SMR01 and SMR00 data has been seen in some Boards over the last six quarters. Highland, Lothian, Tayside, Western Isles and particularly Golden Jubilee National Hospital (GJNH) have substantially higher recording levels for this code than the national average. This variation was highlighted in the February 2014 publication and is being investigated locally.
Results and Commentary
These results are for the period between April 2012 and March 2014 including the last quarter ending 31st March 2014.

Inpatient and day case discharges

For acute inpatient and day case discharges (SMR01) the completeness of recording of ethnic group was 78.9% for NHS Scotland for the quarter ending 31st March 2014 (Figure 1). The highest levels of recording for this quarter were at the Golden Jubilee National Hospital (97.6%), Lothian (91.9%) and Dumfries & Galloway (90.5%). The lowest levels of recording were in Orkney (35.6%), Fife (37.3%) and Borders (42.9%).

The percentage with known ethnic group for Boards includes the valid code ‘98’ – ‘Refused/Not provided’ (Figure 1). Patients are not obliged to provide their ethnic group and refusal is therefore a valid response. However some Boards have refusal rates that are much higher than the national average. In addition, an increase in this code has been seen in some Boards over the last six quarters. For the quarter January – March 2014, the level of refusals (code ‘98’ recording) for NHS Scotland as a whole was 3.0%. Refusal levels were much higher at Golden Jubilee National Hospital (28.0%) and also more than twice the national average at Lothian (11.0%), Western Isles (6.7%), Highland (6.3%) and non-NHS Provider/Locations (6.2%). The reasons for these variations are being investigated locally by NHS Boards.

In the last quarter, the data completeness for NHS Highland has been affected by the implementation of the TrakCare PMS, a patient management system used locally.

Figure 1: Percentage of hospital discharge episode records (SMR01) with a valid ethnic group by NHS Board of Treatment; quarter ending 31st March 2014

Note 1: Figures include as 'complete' those who declined to state their ethnic group. Please refer to Appendix A1.

Note 2: Due to rounding, the sum of % ‘Refused/Not provided’ and % Valid Ethnic Group (excluding ‘Refused/Not provided’) may not exactly equal total % Valid Ethnic Group known.
The completeness of recording for NHS Scotland rose from 73.0% for quarter April – June 2012 to 78.9% for quarter January – March 2014 (Figure 2). The rate of increase in recording in the last two years was less than that observed in previous years, with the majority of Boards maintaining steady progress over the period. However recording deteriorated or was persistently low in Borders, Orkney and Shetland.

Figure 2: Percentage of hospital discharge episode records (SMR01) with a valid ethnic group by NHS Board of Treatment and quarter: quarters ending June 2012 to March 2014

Note 1: Figures include as ‘complete’ those who declined to state their ethnic group. Please refer to Appendix A1.

Note 2: 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 [22.0 KB] up to 31st March 2014 by NHS Board and quarter.
New outpatient appointments

For new outpatient appointments (SMR00 data) the completeness of recording of ethnic group was 69.6% for NHS Scotland as a whole for the quarter ending 31st March 2014 (Figure 3). The highest levels of recording for this quarter were at the Golden Jubilee National Hospital (98.8%), Lothian (85.0%), Non-NHS Provider/Location (83.9%), Dumfries & Galloway (76.6%), Tayside (76.2%) and Lanarkshire (74.7%).

The lowest levels of recording were in Orkney (25.2%), Shetland (32.3%) and Borders (36.6%). Between the quarters July - September 2013 (reported in the previous publication) and January – March 2014 (reported in this publication) the largest improvement in recording was seen in NHS Fife.

The percentage with known ethnic group for Boards includes the valid code ‘98’ – ‘Refused/Not provided’ (Figure 3). However, as noted above, an increase in this code has been seen in some Boards over the last six quarters. For the quarter January – March 2014, the level of refusals (code ‘98’ recording) for NHS Scotland as a whole was 5.1%. Refusal levels at the Golden Jubilee National Hospital were much higher than average (32.4%) and levels were also well above the national average at non-NHS Provider/Locations (22.1%), Lothian (20.3%) and Highland (11.3%) Boards.

Figure 3: Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by NHS Board of Treatment; quarter ending 31st March 2014

Note 1: Figures include as 'complete' those who declined to state their ethnic group. Please refer to Appendix A1.

Note 2: Due to rounding, the sum of % 'Refused/Not provided' and % Valid Ethnic Group (excluding 'Refused/Not provided') may not exactly equal total % Valid Ethnic Group known.
Improvements have been made in recording on SMR00, although the level remains lower than for SMR01. The completeness for NHS Scotland as a whole rose from 56.8% in the quarter April – June 2012 to 69.6% in January – March 2014 (Figure 4). As with SMR01, the rate of increase in recording in the last two years was less than that observed in previous years, though the majority of Boards maintained steady progress over the past two years. However recording deteriorated or was persistently low in Orkney, Shetland, Borders and Ayrshire & Arran. Data completeness for NHS Highland has been affected by the implementation of TrakCare, a patient management system used locally, although the impact on SMR00 completeness in Highland may be less than that on SMR01.

Figure 4: Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by Health Board of Treatment and quarter: quarters ending June 2012 to March 2014

Note 1: Figures include as ‘complete’ those who declined to state their ethnic group. Please refer to Appendix A1.

Note 2: 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 [23.0 KB] up to 31st March 2014 by NHS Board and quarter.
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.

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. While the general picture is improving, it remains the case that for some NHS Boards lack of data means that they are unable to monitor inequalities in the health of their local population by ethnic group. The fact that ethnic group is recorded in hospital discharge data in England in over 90% of episodes demonstrates that further improvements are possible and highlights the need for further action to improve information about the health of different ethnic groups in Scotland.

Discharge statistics are derived from data collected on discharges from non-obstetric and non-psychiatric hospitals in Scotland (SMR01). Data from January – March 2014 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.

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 'refused/not provided' response is included in the total of valid codes in these figures.
# A2 – Publication Metadata (including revisions details)

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<td>Description</td>
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<td>The use of consistent definitions across Scotland allows comparisons within Scotland. The definitions of ethnicity used are similar but not identical to those used in England, Wales and Northern Ireland.</td>
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<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
- Scottish Government Health Department
- 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)
A4 – ISD and Official Statistics

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.