

# Publication Report



## **Improving ethnic data collection for equality and diversity monitoring**

**April 2013 – March 2015**

**Publication date – 25<sup>th</sup> August 2015**

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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. However completeness of recording for inpatient and day case records (SMR01) for the last quarter remained at 82% and new outpatient appointment records (SMR00) dropped by 1 percentage point to 73%.
- Recording of ethnicity varies widely across Scotland and remains low in some Boards: in the quarter ending March 2015, completeness of recording ranged from 27% to 97% for SMR01 and from 24% to over 99% for SMR00.
- In the most recent quarter, six Boards achieved completeness recording for inpatients and day case records (SMR01) of 90% or above: Golden Jubilee National Hospital (GJNH), NHS Highland, NHS Tayside, NHS Lothian, NHS Grampian and NHS Dumfries & Galloway.
- Increased recording of code '98' –'Refused/Not provided' in SMR01 and SMR00 data has been seen in some Boards from 2012 onwards. Highland, Lothian, Western Isles and particularly Golden Jubilee National Hospital (GJNH) have substantially higher recording levels for this code than Scotland as a whole. This variation was first highlighted in the February 2014 publication and is being investigated locally.

## Results and Commentary

These results are for the period between April 2013 and March 2015 including the last quarter ending 31<sup>st</sup> March 2015.

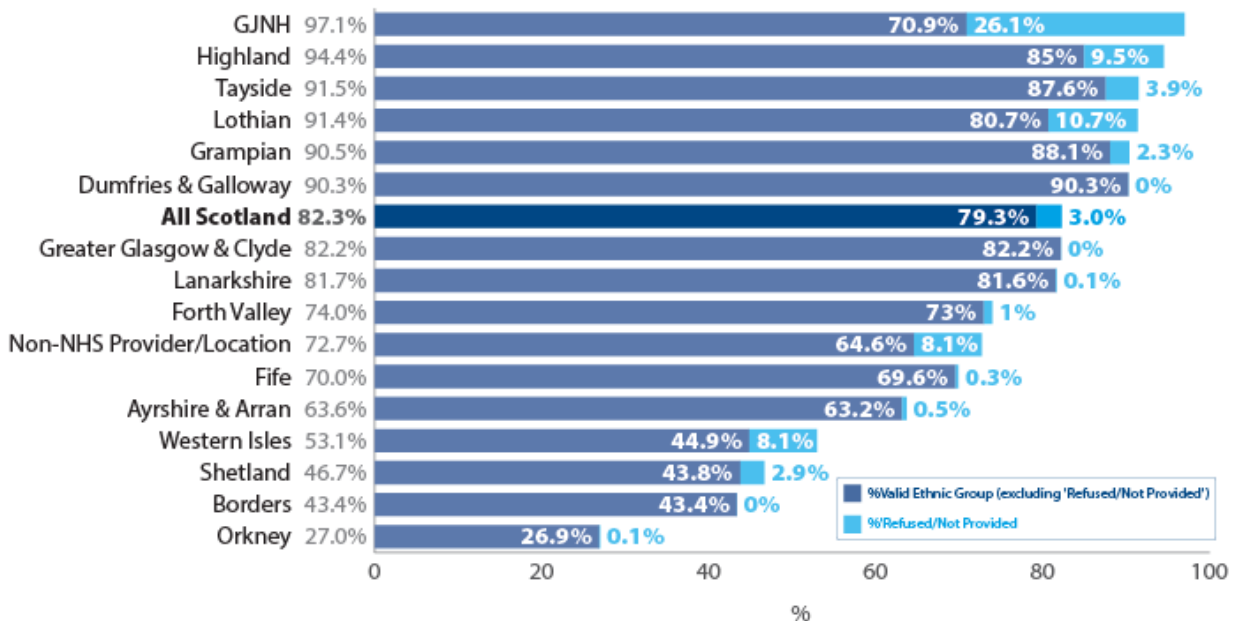
### Inpatient and day case discharges

For acute inpatient and day case discharges (SMR01) the completeness of recording of ethnic group was 82.3% for NHS Scotland for the quarter ending 31<sup>st</sup> March 2015 (Figure 1). The highest levels of recording for this quarter were at the Golden Jubilee National Hospital (97.1%), Highland (94.4%), Tayside (91.5%), Lothian (91.4%), Grampian (90.5%), and Dumfries & Galloway (90.3%). The lowest levels of recording were in Orkney (27.0%), Borders (43.4%) and Shetland (46.7%).

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 Scotland as a whole. In addition, an increase in this code has been seen in some Boards from 2012 onwards. For the quarter January – March 2015, the level of refusals (code '98' recording) for NHS Scotland as a whole was 3.0%. Refusal levels were highest at Golden Jubilee National Hospital (26.1%), but were also high in Lothian (10.7%), Highland (9.5%), Non-NHS Provider/Locations (8.1%) and Western Isles (8.1%). The reasons for these variations are being investigated locally by NHS Boards. Excluding refusals, the highest recording rates were in Dumfries & Galloway (90.3%), Grampian (88.1%) and Tayside (87.6%).

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 2015**

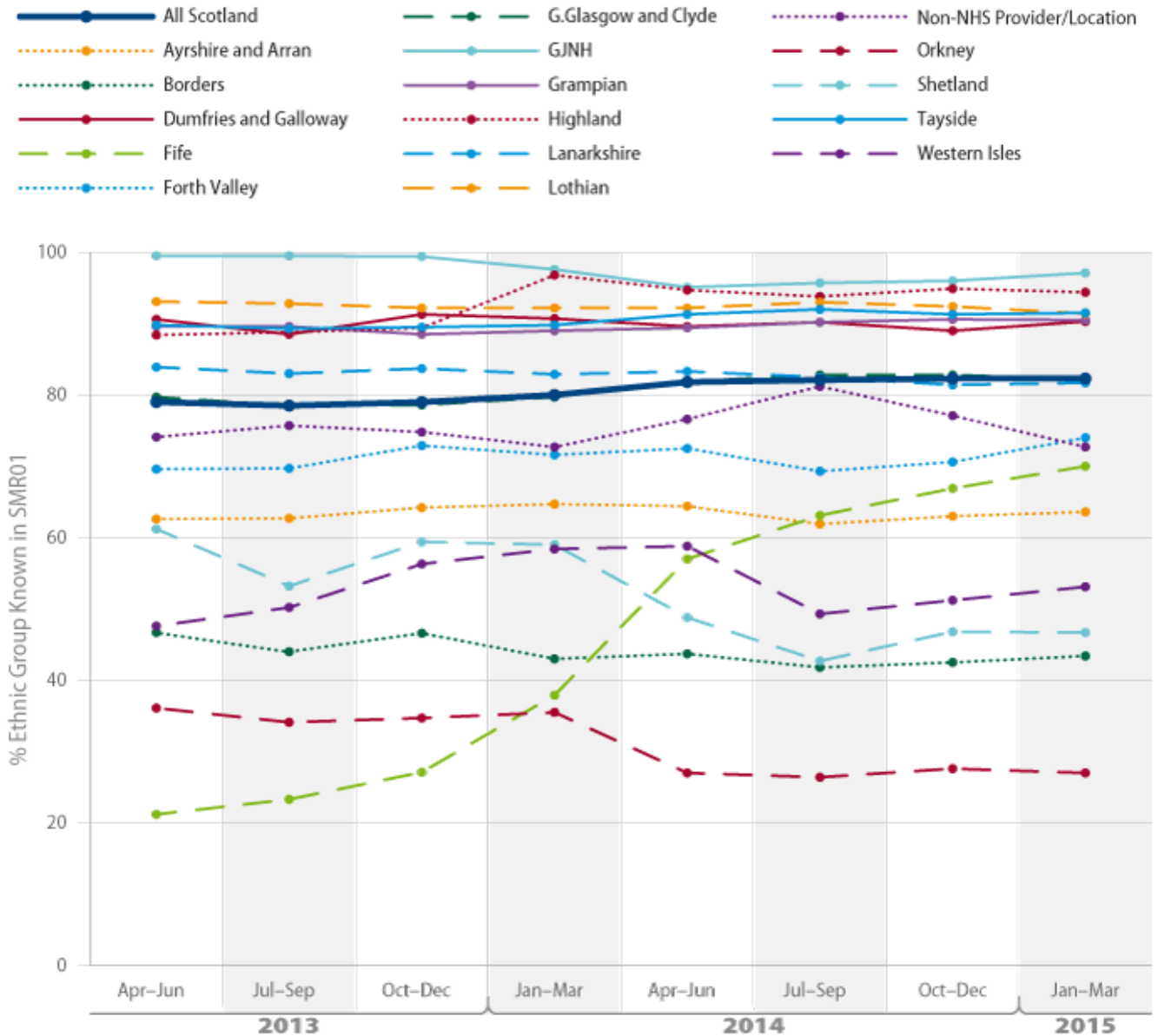


Note 1: Figures include as 'complete' those who declined to state their ethnic group. Please refer to Appendix A1.

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 79.0% for quarter April – June 2013 to 82.3% for quarter January – March 2015 (Figure 2). The majority of Boards have maintained steady progress over the period, notably NHS Fife has improved completeness from 21.2% to 70.0%. Recording deteriorated or was persistently low in Orkney, Borders 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 2013 to March 2015.**



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](#) [12.0 KB] up to 31<sup>st</sup> March 2015 by NHS Board and quarter.

## New outpatient appointments

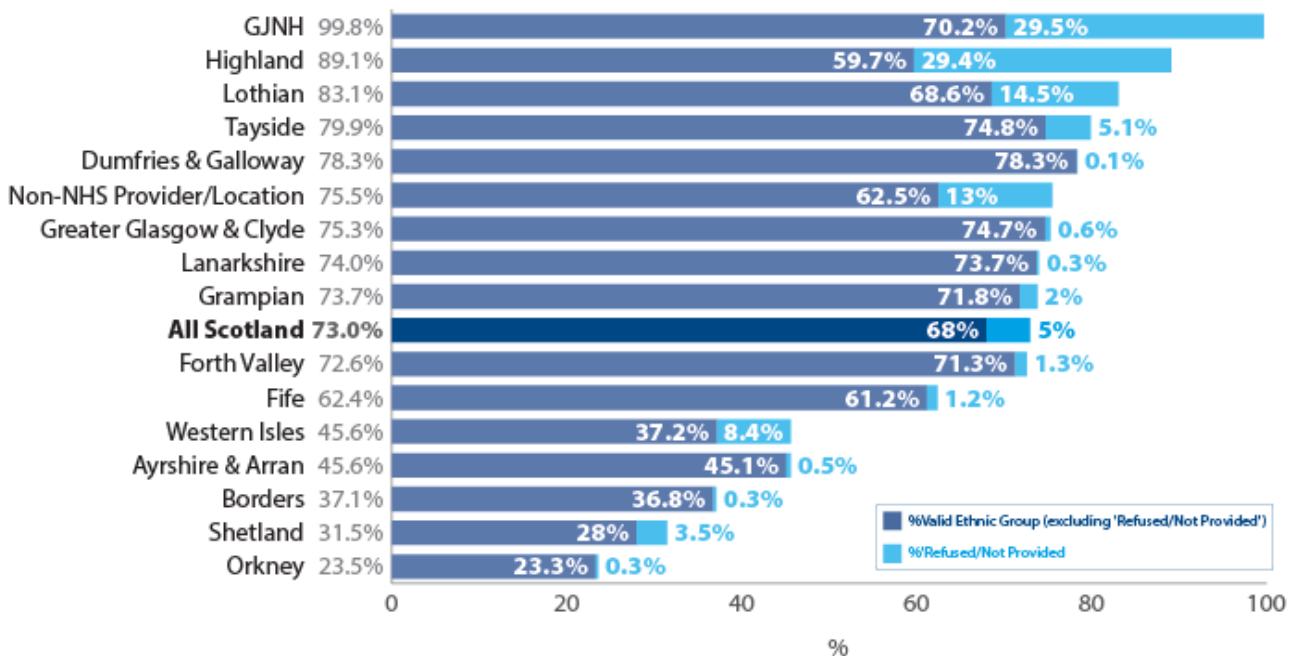
For new outpatient appointments (SMR00 data) the completeness of recording of ethnic group was 73.0% for NHS Scotland as a whole for the quarter ending 31<sup>st</sup> March 2015 (Figure 3). The highest levels of recording for this quarter were at the Golden Jubilee National Hospital (99.8%), Highland (89.1%), Lothian (83.1%) and Tayside (79.9%).

The lowest levels of recording were in Orkney (23.5%), Shetland (31.5%) and Borders (37.1%). Between the quarters July – September 2014 (reported in the previous publication) and January - March 2015 (reported in this publication) the largest improvements in recording were seen in Western Isles, Forth Valley and Tayside.

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 from 2012 onwards. For the quarter January - March 2015, the level of refusals (code '98' recording) for NHS Scotland as a whole was 5.0%. At Golden Jubilee National Hospital (29.5%), Highland (29.4%), Lothian (14.5%) and Non-NHS Provider/Locations (13.0%), refusal levels were much higher.

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 3: Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by NHS Board of Treatment; quarter ending 31<sup>st</sup> March 2015**



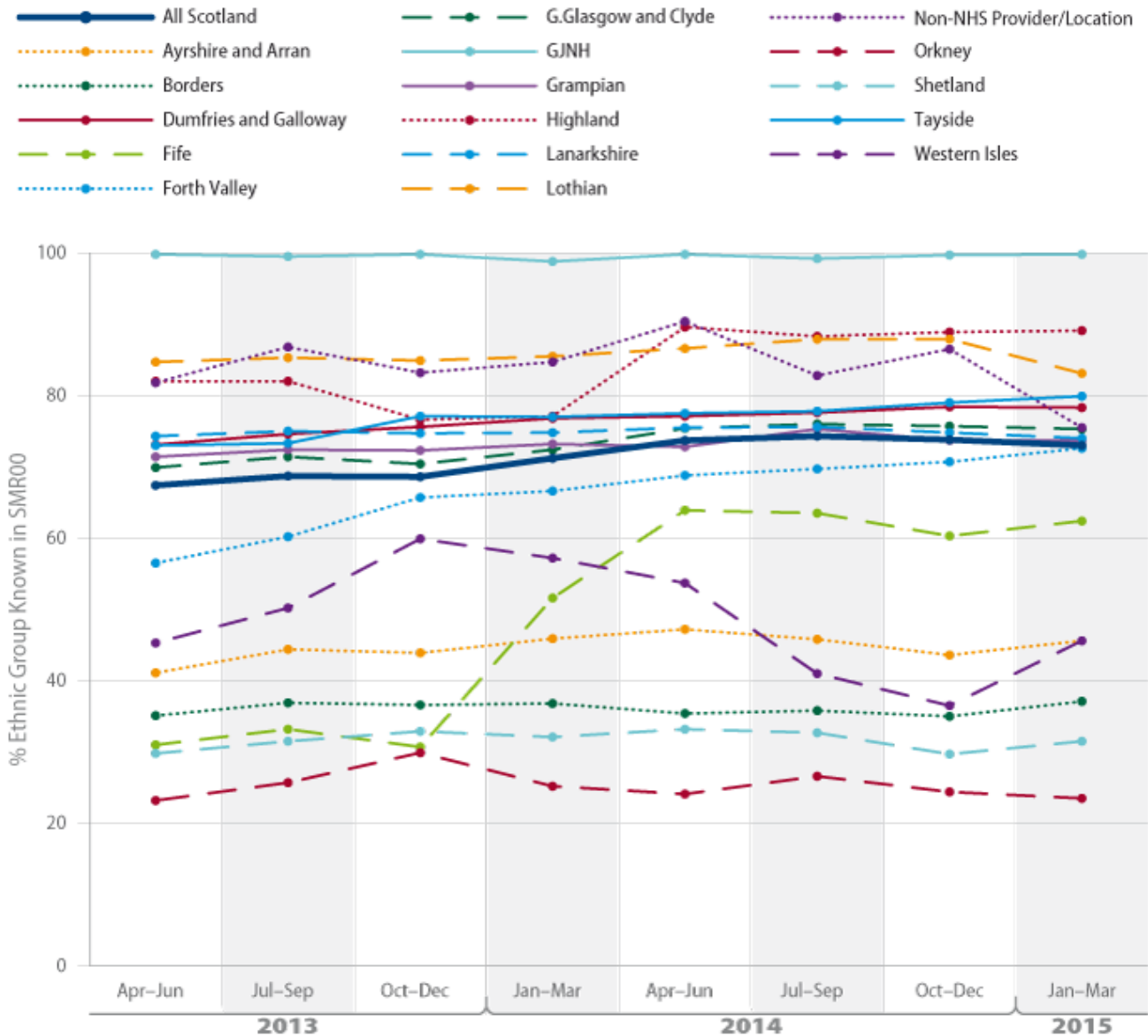
Note 1: Figures include as 'complete' those who declined to state their ethnic group. Please refer to Appendix A1.

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 67.4% in the quarter April – June 2013 to 73.0% in January – March 2015 (Figure 4).

The majority of Boards maintained steady progress over the period, notably NHS Fife has improved completeness from 31.0% to 62.4%. Recording deteriorated or was persistently low in Orkney, Shetland and Borders.

**Figure 4: Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by Health Board of Treatment and quarter: quarters ending June 2013 to March 2015**



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](#) [13.0 KB] up to 31<sup>st</sup> March 2015 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.

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Percentage of discharge episode records (SMR01) with a valid ethnic group by Health Board of Treatment and Quarter</a>	Quarters ending June 2013– March 2015	Excel [12kb]
2	<a href="#">Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by Health Board of Treatment and Quarter</a>	Quarters ending June 2013– March 2015	Excel [13kb]

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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 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 2015 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)

Metadata Indicator	Description
Publication title	Improving ethnic data collection for equality and diversity monitoring
Description	Biannual monitoring of the recording of ethnic codes on Inpatient and Daycase (SMR01) and New Outpatient (SMR00) records of NHSScotland.
Theme	Health and Social Care
Topic	Equality and Diversity
Format	Excel workbooks and PDF
Data source(s)	SMR00, SMR01
Date that data are acquired	12 June 2015 (SMR01); 12 June 2015 (SMR00)
Release date	24 <sup>th</sup> August 2015
Frequency	Twice-yearly
Timeframe of data and timeliness	Data from 2005 to 2015. There have been no delays in reporting.
Continuity of data	Continuous data
Revisions statement	N/A
Revisions relevant to this publication	N/A
Concepts and definitions	Definitional Rules and Codes are available from the <a href="#">ISD Data Dictionary</a>
Relevance and key uses of the statistics	Planning and research
Accuracy	N/A
Completeness	More information on the completeness of SMR returns is available on the ISD website at: <a href="http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/">http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/</a>
Comparability	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.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented graphically.
Value type and unit of measurement	Percentage of records with a valid ethnic group by NHS Board of Treatment by patient type (i.e. inpatients/day cases and new outpatients).

Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Non-National Statistics
UK Statistics Authority Assessment	N/A
Last published	25th February 2015
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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.

### **Standard Pre-Release Access:**

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
- NHS Health Scotland

## 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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. 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](#).