



Communications Guidelines for the Introduction of Ethnic Monitoring in Health Boards in Scotland

[CLICK HERE TO ENTER THE RESOURCE](#)



CLICK HERE TO VIEW CONTENTS PAGE



For further information or discussion of these guidelines, please contact Christopher Homfray at the National Resource Centre for Ethnic Minority Health in NHS Health Scotland christopher.homfray@health.scot.nhs.uk telephone 0141 300 1043.

Produced by Health Scotland in collaboration with Information Services Division of NHS National Services Scotland.

Edinburgh Office: Woodburn House, Canaan Lane, Edinburgh EH10 4SG

Glasgow Office: Clifton House, Clifton Place, Glasgow G3 7LS

© NHS Health Scotland, 2005.

www.healthscotland.com

Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Contents**Please click on the links below**

Background and context	1
Need for the communications programme	4
Some key messages	5
List of target audiences within the health service	6
Community engagement	7
Evaluation and follow up	8
Approaches to communications	9
Some communications tools and channels	11
Points for a press release	14
Draft patient leaflet	17
Draft Q&A	22
More difficult Q&A — only if pressed	25
Some illustrations of differences in health for different ethnic groups	28
Skeleton action plan	28
Useful links and resources	29



Back to Contents

Background and context

General points

1. These communications guidelines are being issued to leads for race equality within NHS Boards in Scotland as guidance for them in planning and implementing their communications to prepare for the introduction of ethnic monitoring of patients in their Board area as and when that takes place.
2. The guidelines are complementary to the Ethnic Monitoring Tool which is being distributed by NRCEMH to help NHS Boards plan and implement their ethnic monitoring. The Tool contains much background information about ethnic monitoring in the health service.
3. The guidelines have been drafted by NRCEMH in consultation with its Information Network drawn from most NHS Boards in Scotland and communications working groups under that network.
4. They have also been prepared with reference to communications work relating to ethnic monitoring in other areas of public policy such as education and police work.
5. The management of these communications is likely to become a joint responsibility between these leads and their communications/PFPI specialists in NHS Boards and divisions.
6. The guidelines are issued separately from the Ethnic Monitoring Tool, as well as being attached to that tool, because the communications need to be worked out and implemented **ahead** of the start of monitoring.

Aim of the communications

To secure support and acceptance from patients and all other parties involved in the implementation of ethnic monitoring for all users of NHS services in Scotland and thereby to guarantee successful introduction of such monitoring.



Back to Contents

Objectives for the communications

1. To develop an understanding amongst all NHS users of the rationale and benefits of ethnic monitoring.
2. To overcome doubts and objections that users may have to the information coming out of this monitoring.
3. To secure the support of NHS staff (and particularly those involved in managing and administering the monitoring) to the introduction of this monitoring.
4. To gain the support of NHS users to the provision of this information.

Communications context

When planning their communications for this area of work, NHS Boards should take note of any other relevant communications being launched in their area at this time to see how these other communications may contribute to or detract from their efforts. For example, there will be poster campaigns around diversity in the workplace and there may also be specific communications around racism in the workplace or in the wider community.

Local context

The vital starting point for a communications programme is knowledge of the target audience. NHS Boards will need to plan their communications with their local communities in mind. Communications for ethnic monitoring will need to take account of local Race Equality Schemes and in particular the planning of communications within those schemes.



Back to Contents

Partnership working

In planning their communications and particularly their community engagement, NHS Boards should consider partnership working with their local authorities and other agencies such as police forces. Community Health Partnerships may be appropriate organisations for joint working on this issue. It will be particularly important to be aware of ethnic monitoring being undertaken by other public agencies such as schools at a local level so that conflicts in approach and communications are minimised.

There also needs to be co-ordination at a local level between national NHS Boards with local operations (such as the Scottish Ambulance Service) and geographic NHS Boards — as they may be introducing ethnic monitoring for patients at different times.

Other diversity monitoring

NHS Boards must consider whether communications regarding ethnic monitoring need also to cover other diversity monitoring that they are about to launch, i.e. on religion, disability, age and sexual orientation. (Religion would be particularly relevant due to the sometimes close relationship between religion and ethnicity.) Any communications materials could then cover all of these diversities at the one time. This will help to convey the message that everybody has special needs which can be identified and answered — so in effect everybody is part of a minority group.

Back to Contents

Need for the communications programme

The objective of this table is simply to indicate that there are substantial communications barriers involved in the implementation of ethnic monitoring. The table should make apparent that there is a real need for communications on this issue. It may therefore be useful briefing for communications managers within NHS Boards who are not familiar with the issues involved. The issues identified in the table are not the result of detailed survey work but rather discussions with a number of people involved in monitoring.

Audience group	Objection/barrier
White majority	No need for them to reply as their ethnic identity is obvious
	The end result will be preferential treatment for black and minority ethnic groups
	Nothing in it for me
Black and minority ethnic groups	Fear of being identified and suffering harassment or discrimination as a result
	Scepticism about the ability of NHS organisations to deliver real change of benefit to them
	If status is known, the patients may not be eligible for NHS treatment (would only apply when following the Overseas Regulations)
NHS managers	Additional burden on managers to no clear result
	No connection to assessment of their performance
	Technical difficulties in launching monitoring and managing data
NHS frontline staff	Another burden that will interfere with clinical duties
	Will involve confrontation if patients refuse to complete the forms
	Procedural difficulties with introduction of the monitoring
Media	More bureaucracy in the health service
	More political correctness
	NHS services being geared to needs of minorities rather than majority
All audiences	Data protection issues
	Raising expectations of service change well ahead of this happening in practice



Back to Contents

Some key messages

1. The collection and analysis of ethnic data will bring real benefits for all NHS users as it will assist in the proper targeting of resources at real needs. (This will however take time and will not happen overnight.) This also makes for more effective use of the limited resources of the NHS, targeting those resources at patient needs.
2. All NHS users have particular individual needs depending on their background and circumstances and the NHS is committed to serving these needs in a more targeted way: the targeting of needs by ethnic group is part of a wider effort to target needs more effectively.
3. The effort to improve access to NHS services for black and minority ethnic communities is part of a wider effort to make the NHS more accessible to all of the community.
4. The co-operation of all patients is needed in providing the information on their ethnic group. Without their help, the NHS will not be able to build up the demographic profiles that it needs to serve patient needs effectively and fairly.
5. Members of the black and minority ethnic communities have suffered real disadvantage in the past in terms of accessing NHS services and have particular health needs which have to be addressed if the NHS is to be equitable in the provision of services.
6. The NHS has a legal duty under the Race Relations (Amendment) Act (RRAA) 2000 to monitor the effect of health policies on different ethnic groups.



Back to Contents

List of target audiences within the health service

The following are some of the audiences that could be targeted by NHS Boards in communicating their plans for ethnic monitoring. The final choice of audiences will depend on the venues and staff involved in data collection in particular areas.

1. General practitioners
2. GP practice nurses/managers/receptionists
3. Public health consultants
4. Frontline staff in hospitals (range dependent on method of data collection in each NHS Board)
5. Managers of those frontline staff
6. Data/information managers in Boards and their divisions (range dependent on method of data collection in each NHS Board)
7. Data protection officers
8. Medical record managers
9. Caldicott Guardians
10. PFPI managers in NHS Board
11. Communications staff in NHS Board
12. HR managers
13. Partnership forums
14. Managers for clinical governance



Back to Contents

Community engagement

With black and minority ethnic communities

1. NHS Boards will need to engage with local black and minority ethnic community organisations regarding Board plans for ethnic monitoring.
2. This engagement will happen for the most part through the consultation mechanisms established by NHS Boards under their Race Equality Scheme and Fair for All action plans.
3. NHS Boards should consider joint working with other public organisations for their community engagement work where there is a common agenda.
4. NHS Boards should also consider engaging directly with faith leaders. Boards will wish to consider how effective local faith and community leaders can be in cascading information and consultations through their communities.
5. These local organisations and community leaders can also advise leads on ways of communicating with communities on the issues, i.e. display of posters in mosques, leaflets available in premises of community organisations, etc.

With white majority communities

1. NHS Boards will also need to engage on the issue of ethnic monitoring with the white majority communities.
2. However, they will generally not perceive this to be an issue of immediate importance and relevance to them.
3. NHS Boards may therefore consider engaging on the issue with these communities as part of a wider consultation.
4. That wider consultation might be on service modernisation generally where the NHS can be shown to be planning for diverse needs and no longer treating individuals as a homogeneous mass.
5. As for black and minority ethnic communities, faith leaders may be an important point of engagement — this is because religion is another data item that is being captured to allow the NHS to serve the needs of individual patients more effectively.



Back to Contents

Evaluation and follow up

These guidelines are aimed principally at communications in preparation for the introduction of ethnic monitoring. NHS Boards should also plan for communications on the outcome of their monitoring (they are anyway required to report progress on an annual basis under the RRAA). These communications could demonstrate the value of the monitoring in terms of identifying and satisfying patient needs. This will require input from analysis for all of Scotland as well as analysis on a local NHS Board area basis.

In due course, the individual Boards will also need to evaluate the success or otherwise of the communications related to their introduction of ethnic monitoring. This will probably be done together with evaluation of the monitoring process as a whole. At this stage, Boards may find that more staff training is needed or more communication to patients in order to increase the reporting of ethnicity. The evaluation process may involve questionnaire sampling of staff experience in administering the questions on ethnicity and questionnaire sampling of patient understanding of the need for gathering of the data.

NRCEMH also needs to ensure that these communications are regularly on the agenda for meetings of the Information Network. This will allow discussion of sharing of work on, e.g. a road show, a poster, translation of a leaflet and so forth. If necessary, further meetings of the Information/PFPI subgroup could be arranged for detailed discussion of ongoing work and requirements.



Back to Contents

Approaches to communications

Distributing information into black and minority ethnic communities

NHS Boards will all have developed communications strategies within their Race Equality Schemes and Action Plans. These will generally have covered issues of dissemination of information into communities so that it really reaches those for whom it is intended. Strategies will vary greatly according to local circumstances.

Minority ethnic supermarkets, restaurants and local shops may be good venues for displaying posters and distributing leaflets: however, NHS Boards need to be sure that there is in fact display and distribution taking place. (It may be worthwhile to pay a third party specialised in such work to undertake this task and make sure that it is effective.)

Other good venues may be places of work, community language schools (leaflets might be inserted in school bags to be taken home to parents), cultural institutions and so forth.

Translating materials

NHS Boards will want to have patient communications materials translated into appropriate community languages in accordance with their usual translation and interpreting policies. If all NHS Boards are going to use the same leaflet, it would be best for this to be translated just once as a template, with individual NHS Boards then making their minor alterations at a local level. NRCEMH will monitor through the Information Network whether Boards are using a common leaflet text and then consider how to produce translations in PDF files which NHS Boards can then print locally according to need. Care should be taken that publication in community languages should be of a standard comparable to the English language leaflet.



Back to Contents

Relating to local situation and communities

Communications to patients would best be brought alive by the use of case studies or examples. Ideally these should be developed by individual NHS Boards to say for instance that they are making special provision for diabetes services due to local patient profiles or to Chinese food in particular hospitals due to many Chinese patients using those facilities.

Staff training

NHS Boards will need to include training on communications aspects for frontline staff who will be collecting ethnic data. The training in this area (also discussed in the [Ethnic Monitoring Tool](#)) will doubtless concentrate on the technical aspects of data collection but must also prepare staff to communicate the reasons for collecting the data and to respond to questions that may be raised by patients on data protection and other issues.



Back to Contents

Some communications tools and channels

This section of the guidelines lists some of the communications tools and channels that NHS Boards may use to deliver their key messages about ethnic monitoring to target audiences. Following this listing, there are drafts for leaflets, press releases and Q&A briefs that may be good reference for Boards in preparing their own communications materials that are adapted to local circumstances.

Leaflet

A draft leaflet ([see page 17](#)) is included in these guidelines. This leaflet is intended for use with patients by frontline staff. Also attached are examples of leaflets used by [NHS Lothian](#), [NHS Greater Glasgow](#) and [Great Ormond Street Hospital](#) for comparative purposes.

Posters

A poster may be developed in due course through the Information Network. NHS Boards might print and display the poster in the venues where ethnic information is being gathered. (Poster needs to be both visually attractive and culturally friendly.)

Pay packet slip

NHS Boards may wish to include a note about ethnic monitoring for employment which would also touch on staff responsibility for ethnic monitoring for patients.

Staff newsletters

Newsletters may be the first choice for reaching staff. Articles may be drafted for local newsletters using the various communications materials included with these guidelines and using local spokespersons. It would be good to use case studies in this and other communications materials.

Web-based communication

NHS Boards will likely want to place communications relating to this issue on their intranets. The Internet may also be used to reach external audiences — but all the while bearing in mind that it is not a panacea for reaching all target audiences.

Local media

Outline points for a **press release** are attached. This can be revised and issued by Boards as and when they initiate ethnic monitoring in their board area. Boards can also use the illustrations of differences in health for different ethnic groups to show the value of ethnic monitoring. It is however suggested that this press release be used on a reactive basis, i.e. that it may be wisest not to raise the issue of ethnic monitoring with the media but rather to be prepared with appropriate materials (press release, interviewees and Q&A) in case the media pick up on the issue and want to pursue it.

Minority ethnic specific media

NHS Boards will wish to pay particular attention to community papers and minority ethnic media — without, however, forgetting that communication also needs to be directed at the white majority ethnic group. There are not many minority ethnic publications that are widely read within Scotland — however, there are community newsletters and community radio may be another very good vehicle. There are also cable TV stations in community languages.

National media

NRCEMH will work with Health Scotland Press Office to get some coverage in national professional publications for health service managers, GPs and nurses and other frontline staff who may be involved in the monitoring. The timing would likely be second quarter of 2005 in order to incorporate the first learning from the pilot monitoring projects.

Board communication teams may like to refer any enquiries from national media to the Press Office at Health Scotland (this can be done directly on 0131 536 5555) especially on matters of principle and overall direction rather than local practice.

Q&A for staff

A draft Q&A brief is attached and should be reshaped by NHS Boards to incorporate questions raised by staff and patients and appropriate responses. The Q&A should also be useful for media and community engagement purposes.



Back to Contents

Roadshows and exhibition panel

The foyer or waiting room of health facilities may have room for a small exhibition stand to carry the leaflets and posters and materials relating to black and minority ethnic communities in Scotland and in the Board area in particular.

NRCEMH is planning to produce roadshow materials including exhibition display panels on black and minority ethnic health issues and on national strategies to tackle these issues. These could be supplied to NHS Boards and displayed alongside materials relating to local strategies on race equality and black and minority ethnic health issues.

NRCEMH will consult with NHS Boards on bringing a roadshow on race equality out to individual board areas to coincide with the introduction of ethnic monitoring. This may be valuable for staff training as well as for informing patients.

Advertising

NHS Boards may consider buying advertising time on local radio stations or in print publications, whether to target the white majority or for black and minority ethnic communities. Advertising could also be on billboards or on public transport vehicles such as buses.



Back to Contents

To amend and print your version
of this document please click here

Address line 1
Address line 2
Address line 3
Address line 4
Address line 5

Press Release

Embargoed until XX.XX hours, [DATE]

Points for a press release on the introduction of ethnic monitoring for reference by NHS boards

We need your information to help you!

- XXXXXX NHS Board will soon start monitoring the ethnic group of patients.
- This is in line with action being taken by other health boards throughout Scotland.
- This means that patients will be asked to declare their ethnic group.
- This information will become part of their health record.
- This action means that NHS Scotland will be able to deliver on its commitment to fair access to healthcare for all and to improvements in delivery of healthcare.
- The action is being taken to fulfil the obligations of NHS Scotland under the Race Relations (Amendment) Act 2000 (which requires all health boards to work with due regard for the elimination of unlawful racial discrimination and the promotion of equality of opportunity and good race relations between people from different groups).

Board Chief Executive, XXXXXX, explained:

We have been developing new plans to ensure that people from different ethnic groups enjoy equal access to healthcare. This can, for example, mean taking account of different religious and dietary requirements and making arrangements for translation and interpreting into different languages. Monitoring of patient ethnicity means that we will have a way of measuring the success of our efforts in providing for all ethnic groups.

- The Board and the NHS as a whole will analyse the monitoring information to find out whether particular ethnic groups have particular patterns of ill health and whether they may need additional treatment and care.
- The analysis will be able to inform the Board which groups are using its services and how satisfied they are with them.
- The Board will then be better placed to reach groups that have not been using health services and to make sure that its services are relevant to their needs and provided fairly.
- Information on patient ethnicity will be gathered at [what stage] and [how].
[para on details of how the information will be gathered].
- Staff will request the information from patients at the same time as they gather other basic details such as name, address, age and so forth.
- Clear procedures will be laid down to ensure that information on the ethnicity of a patient — just like other personal information — will not be accessible to any third party. It will only be used for planning and providing NHS services.



Back to Contents

[Parallel to the exercise of gathering information on patient ethnicity, the Board is also gathering and analysing information on the ethnic background of each of its staff. This is to ensure that it is acting as a fair employer, providing equal opportunity to all. It will also help the Board to become more fully representative of the community within its area.]

Boards can include some information on differences in health between ethnic groups. They should also be able to show some action that they have taken as a result of knowing more about the ethnic make up of their local population: for example, providing catering suitable for different groups and translating health information.

XXXXXX concluded:

The Board recognises that the gathering of this additional information will take a little more time from patients and staff at one point of the patient journey. We greatly appreciate the co-operation of the public in helping our staff record this information.

The exercise will, however, help us serve all individuals and groups more effectively. I am sure that this little extra effort will be worthwhile for all of us.



Back to Contents

To amend and print your version
of this document please [click here](#)



[Insert logo]

Draft patient leaflet

Ethnic Monitoring for
NHS patients in Scotland

Why do we need to ask you
about your origin?

{To be adapted by health boards to fit local circumstances}

What is ethnic monitoring?

Ethnic monitoring means that the NHS will record the ethnic group of all its patients.

What is an ethnic group?

Everyone belongs to an ethnic group. Ethnic group is how you see yourself and is a mixture of culture, religion, skin colour, language and the origins of your family.

Who decides on what ethnic group I belong to?

You decide. The groups are the same as used in the 2001 Census. They include for example: Scottish, Chinese, Indian, Irish, Bangladeshi, Other British, Black Caribbean and so on.

Why should I give this information?

The information will help the NHS to serve all its users, whatever their ethnic group. All NHS patients in Scotland will soon be asked to give this information.

What is the connection between ethnic group and health?

Some diseases and medical conditions affect some ethnic groups more than others. If we know how many people there are locally from each ethnic group, we will be able to plan services to meet their needs.

What benefit do I get from providing this data?

You will help the NHS to plan services that include your needs.

Is there any benefit to my individual treatment?

Yes, health professionals will be more sensitive to your social, cultural and religious needs. Your ethnic group may make you more or less liable for certain medical conditions. It will thus be useful for medical staff to be aware of your ethnic group.

What happens to the information?

The information will be put in your medical record. Your record normally follows you through your treatment in the NHS.

How will the NHS use the information?

The NHS will use the information to see how different groups are using its services and what their health needs are. This will help health boards to plan and deliver health services that meet the real needs of patients.

Will the health board/NHS publish the results of this analysis?

Yes, the health board will publish these results on an annual basis [AND REPORTS WILL BE DISTRIBUTED LOCAL ARRANGEMENTS TO BE DETAILED. NOTE THAT SMALL BOARDS DON'T NEED TO PUBLISH NUMBERS WHERE THESE ARE VERY SMALL AND MIGHT LEAD TO THE IDENTIFICATION OF INDIVIDUALS. Reference: CRE Ethnic Monitoring: A guide for public authorities]

Why is the NHS collecting this information?

The NHS has to gather information on the ethnic background of its patients. This is to satisfy the Race Relations (Amendment) Act 2000. The Act demands that people from different ethnic groups enjoy equal access to health services. The ethnic monitoring also means that the NHS can deliver on its own commitment to fair access to health for all.

Is this exercise only for minority ethnic groups?

This is for all patients of the NHS. Everyone belongs to an ethnic group. Data can bring to light surprising information about the health needs of different ethnic groups. It can show differences in the health of different groups and in the use they make of health services.

Who else will be able to see information about my ethnic group?

All NHS staff must abide by strict codes of confidentiality. This means that information will not be divulged to a third party. It will only be used for planning and providing NHS services.

Will individual data be published?

Published data will not identify individuals.



Back to Contents

Do I have to give the information every time I visit my GP or hospital?

You should only have to give the information once. This will be either at your GP surgery or in some cases in a hospital. (There will be exceptions to this: for example, Accident & Emergency departments which do not usually have your full medical records to hand.)

Can I ever change the information that I have given?

From time to time, you may be asked to check that the information is accurate. This will give you a chance to change the entry if you wish.

How do I check my personal information?

You may like to ask for a separate leaflet called [XXXXXXXX]. This describes how to access your personal health records.

[NOTES not for inclusion in the leaflet text: leaflet needs to contain information on contacts points, how to get more copies, availability in other languages, etc. Other information should be carried on the data form itself, i.e. on the categories that have been used, on parents making the decision for children, etc.]



Back to Contents

Draft Q&A on the introduction of ethnic monitoring in the NHS in Scotland

[THIS IS INTENDED PRINCIPALLY FOR USE BY NHS STAFF TO HELP THEM RESPOND TO PATIENTS: It supplements the simpler information that is provided in the leaflet which would normally be the first point of reference for patients wanting to know what all this is about. Boards will be able to improve this brief with input from frontline staff.]

Q Why is the NHS collecting this information?

A The NHS is now required to gather information on the ethnic background of its patients. This is to satisfy the Race Relations (Amendment) Act 2000. The Act demands that people from different ethnic groups should enjoy equal access to health services. There is evidence that this has not been the case and that members of black and minority ethnic groups have been less well served than the general population. Advice and support for this work is provided by the Commission for Race Equality.

Q Is this exercise only for minority ethnic groups?

A This is for all patients of the NHS. Everyone belongs to an ethnic group. Data can bring to light surprising information about the health needs of different ethnic groups based on differences in their health and in the use they make of health services. The NHS needs to understand the needs of all of its users, whatever their profile in terms of age, ethnicity, gender and so forth. We are all individuals with particular needs and the more the NHS can understand those needs, the better it can serve them.

Q Who will use this information?

A The NHS will use the information to find out whether particular ethnic groups have particular patterns of ill health, what use they are making of health services, and whether they may need additional treatment and care.

Q Who else will have access to information about my ethnic background?

A All providers of NHS services are bound by the Data Protection Act and common law duty of patient confidentiality. This means that your information will not be divulged to a third party. Safeguards are in place to make sure that published data will not identify individual patients.

Q How will the information be used?

A Analysis of the information on ethnic background of patients will help the NHS in Scotland to improve the provision of health services to all ethnic groups. Health Boards will be able to:

- see how much use different ethnic groups are making of various types of health services
- analyse patterns of illness in particular groups and see what additional treatment may need to be targeted at such groups
- make sure that all ethnic groups are being treated fairly in terms of their use of the NHS.

Health Boards will publish the results of this analysis and will also share the data with the Scottish Executive Health Department — again this will all be done in such a way that it will not be possible to identify individual patients.



Back to Contents

Q Do I have to give the information every time I visit my GP or hospital?

A The information should only be collected once, either through your GP surgery or in some cases directly by hospitals. It will be contained within your medical record which will normally follow you through your pathway of care. From time to time, you may be asked to check the information for accuracy. This will provide you with an opportunity to change the entry if you wish.

Q What do I as a patient gain from this?

A Potentially everyone gains. Doctors and other health professionals can better understand the healthcare needs of individual patients and provide appropriate care. Health Boards can plan and allocate resources for health services to meet the needs of particular groups. Resources will be used more efficiently and equitably for all patients according to their individual circumstances.



Back to Contents

More difficult Q&A — only if pressed

Q What if I refuse to record my ethnic group?

A It is your decision whether or not to record this data. We hope that all NHS patients would see the benefits to all in the community for this data to be collected and analysed. If we are not able to collect information for nearly all our users, it will be much less valuable in terms of the picture that it can provide of our patients and their needs.

Q Could the information be used to deny me NHS treatment? (i.e. for foreign nationals)

A The information will not be used for such a purpose. There will in any case be no action if you do not wish to record this data.

Q Will this monitoring mean that more money gets put into special services for patients from minority ethnic groups?

A The data provided will help the NHS to plan and provide services so that all members of the community can enjoy equal access to health.

Q Wouldn't it be better to collect information on religion?

A We do plan to collect information on religion as this will also help us serve our patients better. However, ethnic origin is also very important — i.e. in relation to susceptibility of South Asian patients to diabetes — and we are anyway required to gather ethnic group by the Race Relations (Amendment) Act.

Q What other sensitive information will the NHS be collecting?

The NHS already collects confidential information about the medical situation of patients. It thus has considerable experience in handling sensitive information.

Q How much more information are you going to be gathering?

A It is not always for NHS managers to decide on what information must be gathered. Often the requirements come from Acts of Parliament as in this case. In the future we may have to collect data on disabilities and age as new legislation is introduced.



Back to Contents

Some illustrations of differences in health for different ethnic groups

The introduction of ethnic monitoring can be justified by data on health differences between different ethnic groups. There is some discussion of this issue in Section 1 of the Ethnic Monitoring Tool.

The following examples which are mainly for England and Wales may also be referred to in communications work undertaken by NHS Boards in Scotland. (The fact that such data is not available for Scotland is a clear indication in itself of the need for ethnic monitoring within the NHS in Scotland.) If used directly with the media, the data might be used with the words: 'some studies have found that' or similar wording. It would of course be much better if NHS Boards are able to use examples of local data from their own areas.

It is important to include data showing areas where minority ethnic groups have lower incidence than the white majority to avoid stigmatising minority groups as a problem, as generally unhealthy or as a burden on the health service. For example, most South Asian groups have a low risk of lung cancer and there are a number of other examples where their health is better than the general population. Consumption of alcohol is generally lower amongst minority ethnic groups leading to lower incidence of alcohol-related illnesses.

It should also be emphasised that differences in health between different ethnic groups may be due to many different factors rather than to ethnicity as such. For instance, poverty and deprivation, local environmental factors, difficulties in accessing services and racism may all contribute to differences in health. This does not however invalidate the need to gather ethnicity data to improve targeting of health resources in the widest sense to needs in specific groups and communities.

- Death rates from coronary heart disease among first generation South Asian adults are approximately 50% higher than the England and Wales average.
- White women are up to 2.5 times more likely to be affected by osteoporosis and white men have also been found to be more likely than black men to develop this condition.
- The death rate from strokes among adults born in the Caribbean is more than 50% higher than the England and Wales average.
- Perinatal mortality among Pakistani-born mothers is nearly twice the UK national average.



Back to Contents

- Most South Asian groups have low incidence of lung cancer.
- Malignant melanoma (the most serious type of skin cancer) mainly affects white people.
- One study showed the uptake of cervical screening amongst eligible South Asian women to be about half that of the majority population.
- Infant mortality for gypsy/traveller children has been found to be around five times the national average.
- The average life expectancy of the gypsy/traveller is shorter than for the general population, particularly for men.
- High hospitalisation rates for schizophrenic disorder amongst the African-Caribbean population have been a consistent research finding over many years.
- In one American study, rates of spina bifida were 2.5 times higher for whites than for blacks. For reasons that are not yet understood, spina bifida has for many years been more prevalent in Ireland than anywhere else in the world.
- Women born in India and East Africa have a much higher suicide rate than those born in England and Wales.
- Cystic fibrosis is the most common lethal, genetically inherited disease affecting white people and occurs at a rate of about 1 in 2,000 live white births.
- Type 2 diabetes is up to six times more common in South Asian people and up to three times more common in African and African-Caribbean people.

Sources

<http://www.raceforhealth.org>

Facing up to Difference: a toolkit for creating culturally competent health services for black and minority ethnic communities. Jeff Chandra, King's Fund 1996

Health Care Needs Assessment http://www.mywebsearch.com/jsp/GGcres.jsp?id=uMs7_8VeVloJ&u=http://hcna.radcliffe-oxford.com/bemg.htm

Dr PS Gill, Dr J Kai, Professor RS Bhopal, Dr Sarah Wild



Back to Contents

Useful links and resources

<http://www.cre.gov.uk/>

<http://www.standards.dfes.gov.uk/ethnicminorities/collecting/763919/811027/>

Ethnicity Monitoring: Involvement. Guidance for Partnerships on Monitoring Involvement.
Office of the Deputy Prime Minister, Neighbourhood Renewal Unit

Ethnic Monitoring: A guide for public authorities (Non-statutory).
Commission for Racial Equality