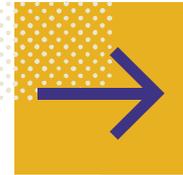
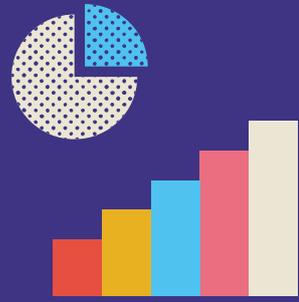


# ANTI RACISM PRINCIPLES

Anti-racism is about more than pledges and good intentions. To meaningfully combat racism in healthcare, we need to think about tangible actions. This series of briefings highlights concrete steps that healthcare providers can take to ensure that their services work for everyone, regardless of the colour of their skin.



SHARE  
YOUR WORK  
WITH US



## 4. COLLECT AND PUBLISH DATA



### INTRO

We know that, in the NHS, what isn't measured tends not to change. The healthcare service is stretched, meaning too often, leaders are incentivised to bluntly prioritise national targets – such as tackling waiting lists and cost savings – over what are seen as more difficult and less politically popular initiatives such as race equity, without joining the dots that the latter directly improves the former. We believe that to really achieve ethnic and race equity drive, we must be collecting data to identify the inequitable access, experiences, and outcomes faced by racially minoritised groups. Critically, this data needs to be published and publicly available to promote mutual accountability.



### WHY IS THIS IMPORTANT?

Without accurate and up-to-date data about ethnic and racial health inequity, providers are working blind. Integrated Care Systems are increasingly expected to cater their provision to their local populations, but our research and the [research of others](#) has shown that ethnicity recording is inconsistent and that Black, Asian, and minoritised ethnic people are more likely to have either the wrong ethnicity or no ethnicity recorded on their health records. Elsewhere, key performance metrics are not being disaggregated according to ethnicity, meaning variation in the experience of care is not being recorded. A lack of consistently collected and high-quality data impacts not only the delivery of care and the development of policy today but also undermines efforts in research to better understand how inequity operates and will therefore continue to limit us in the future.



## AN EXAMPLE IN PRACTICE

Challenges around gathering ethnicity data are multi-faceted. In many organisations, as well as the NHS as a whole, there are data architecture issues that mean different healthcare records can contain contradictory information where the systems do not speak to one another. There are also challenges where clinicians and other healthcare workers are not equipped to confidently ask about a person's ethnicity and have a fear of causing offence. Equally, patients can be reluctant to share this information; this can be due to mistrust informed by previous poor experiences, a lack of clarity about why it's being collected, concerns about how it might be used, or fear that it could impact their care. These are not insurmountable challenges, and several NHS Trusts have taken steps to [improve the collection and use of ethnicity data](#), including:

- Leveraging Patient Navigators – primarily employed to reduce non-attendance at appointments – to verify patient ethnicity and update records.
- Developing resources for patients and carers in English and other frequently spoken languages locally, encouraging them to share their ethnicity with the healthcare workers treating them. Importantly, these resources are more effective where they explain why the information is needed, and the ways in which up-to-date data can improve care quality for local racially minoritised communities.
- Upskilling staff to ask about and record ethnicity by developing scripts and prompts for use with patients and carers and creating videos that demonstrate how to accurately enter ethnicity data into systems.

Nationally, the [Workforce Race Equality Standard](#) tracks several indicators that are disaggregated by ethnicity across all trusts in England to identify ethnic inequities experienced by the workforce. This has enabled NHS organisations to act on inequitable career progression practices, the underrepresentation of racially minoritised staff at senior- and Board-level, and the overrepresentation of racially minoritised staff in formal disciplinary processes.



## HOW TO GET STARTED

- If you're a **leader**, ensure you understand the NHS England's statement on information on health inequalities, and make sure that the performance metrics it outlines are being by ethnicity for the purpose of annual reporting.
- If you're a **provider**, work with **practitioners** to ensure that everyone with a patient-facing role receives the appropriate training and resources to feel equipped to talk about ethnicity with patients. Healthcare staff should feel confident asking a person about their ethnicity and should understand how and where to record it.
- If you're a **provider**, produce accessible, patient-facing resources that explain why recording patient ethnicity data is important. These resources must be available in multiple languages, tailored to the local population to ensure understanding.