

# INFORMATION PACK FOR GPs



Supporting the collection of patient ethnicity  
to inform resource allocation at GP practice level



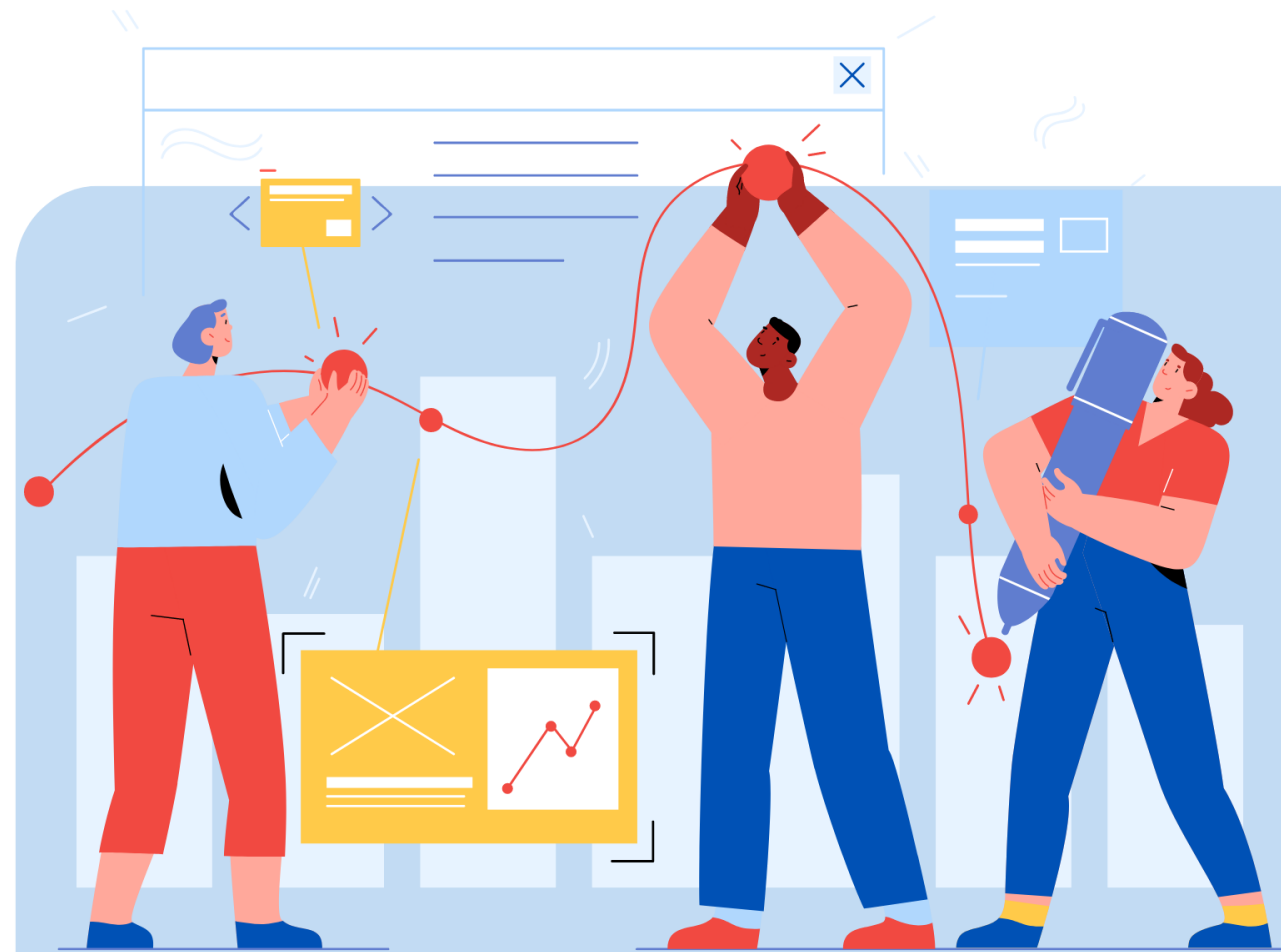
# INTRODUCTION

## Improving levels of patient ethnicity recording

The aim of this Information Pack is to provide your General Practice with information and data to support your team to improve the recording of the patient ethnicity for your local population.

The pack contains information on:

- A background to the targeted pilot project to improve the recording of patient ethnicity with GP's
- Benefits of patient ethnicity recording to the system and the patient
- Shared responsibilities for improving patient records
- Project milestones and timeframes
- Useful links and materials

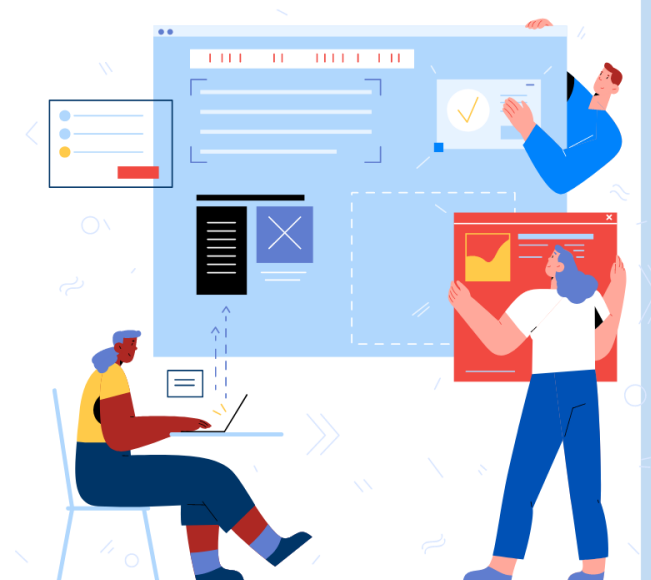


# PROJECT BACKGROUND

- Last season we identified that there were high levels of patient records recorded as 'unknown', with no ethnicity attached to their record – this was seen across all patients in London, as well as eligible for Flu.
- Regional comms were sent to all GPs to encourage the recording of ethnicity on patient records during the 2021-22 season – including best practice and coding information.
- 27% of those patients recorded as 'unknown' remained unvaccinated at the end of the season who were eligible for Flu.

## Current picture for all patients in London (as of October 2022):

- 9.37% of the London population are recorded as 'unknown' = 1,038,062 patients
- 7.36% of the eligible flu population are recorded as 'unknown' = 381,085
- Currently, 5.49% of those eligible who are recorded as 'unknown' are unvaccinated for Flu



# WHAT'S THE BENEFIT TO THE PATIENT FOR GATHERING DATA ON ETHNICITY?



To inform their personal care based on their needs – taking a ‘whole person’ approach and making every contact count when engaging with patients.



Targeted care and tailored messaging. E.g. Sickle Cell disease disproportionately affects people from Black African/Caribbean backgrounds. Having this information means the NHS can learn and act in patient's best interests, ensuring optimal uptake of services.



Ensure that health and wellbeing provision is optimised for all members of the community and health inequalities are addressed and reduced.



Supporting correct allocation of resources so that patients can receive information and advice in their first language/suitable format – in line with a national project.



# Why is it important for your practice to collect ethnicity data for each of your patients?

The NHS needs to improve the capture of patients' ethnicity data to enable us to provide the correct services for our population. This can include everything from funding to specialist care to ensuring we have culturally sensitive resources available.

By providing collecting your patient's data, we can track trends in patient outcomes and make continuous improvements to the care patient's receive.

# What's in your GP Contract?

## PULSE

### **GPs now contractually obliged to record patient ethnicity**



Emma Wilkinson | 28 January 2021 | [f](#) [t](#) [in](#) [✉](#)

GPs will now be contractually obliged to record patients' ethnicity in their records where patients are happy to share it.

The information is optional and will not affect registration but should be coded in the available categories which include 'prefer not to say'.

In a recent primary care bulletin, NHS England stressed that ethnicity information is 'sensitive personal data and must be processed and used only for medical purposes in accordance with data protection legislation'.

**It is a statutory duty for the NHS to have data on protected characteristics.**

**Effective monitoring is a requirement for the NHS as part of the Equality Act 2010. The Public Sector Equality Duty (PSED) requires due regard to eliminate discrimination, promote equal opportunity and promote good relations between people with and without protected characteristics.**

Legislation [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 3\) Regulations 2020 \(legislation.gov.uk\)](#)

# How we need to collaborate



**Support request**

- Engage with all partners to support the aim of the project.
- Provide regular updates to all partners on progress with refreshed data for partners use.
- Host additional meetings for lessons learned and progress updates.

**Support request**

- Work with Immunisation Coordinators to ensure engagement and improvement milestones are met with all identified GPs and embed ways of working as common practice.
- Utilise NHSE data to address incomplete records at specific practices – 10 per borough with the highest volume of patients recorded as 'unknown'.

**Support request**

- Ensure nominated GP Immunisation Lead has over sight of this work and leads discussions at practice meetings.
- Engage with existing patients to update records as part of routine work / ask at BAU touch points and ensure all information is asked for when registering new patients and coded correctly.
- Train all staff to feel confident to have discussions with patients about their ethnicity and explain why this is needed.

**Support request**

- Work with GPs (10 per borough initially) identified within this pack to improve patient records / GP coding.
- Gain greater insight to identify why ethnicity was not disclosed to inform future work, include examining the extent of default coding.
- Draw on best practice from GP's identified within this pack who have lower levels of patients recorded as 'unknown'.
- Utilise 'Cheat Sheet' to support practices in making improvements and support training needs.



# YOUR TIMEFRAME OVERVIEW

The boxes below show a timeframe and actions for your practice implement changes to improve patient ethnicity recording.



## Timeframe:

### November 2022

Launch project with support from Immunisation Coordinators and Primary Care Leads to improve patient record completeness for ethnicity (including correct use of coding)

### December 2022

Run project and local improvement work to improve patient ethnicity recording

Ensure all staff have received appropriate training

Monitor patient records and improvement levels

Work with Immunisation Coordinator where support is needed

### March 2023

Measure changes against key milestones and evaluate progress made to reach 90% target

Imbed changes in process and implement appropriate on-going measures to sustain change





# KEY MILESTONES FOR YOUR PRACTICE

The boxes below show key milestones for your practice to achieve by the end of March 2023, when this will be reviewed at London level.



## Key actions & milestones:

### November 2022

Share resource pack with all practice colleagues to support conversations with patients and correct coding

Raise in PPG and Practice level meetings

Audit of current patient records at the practice

Create campaign cycle to improve patient ethnicity recording with the practice

Launch campaign at PPG (patient participation Group)

Incorporate best practice principles from other practices, with support from Immunisation Coordinators

### December 2022

Routinely ask for ethnicity as part of registration for new patients

Revisit patient records to complete ethnicity – consider how the information is requested from patients (text, online etc)

Monitor levels of ethnicity recording

Implement regular staff training to sustain improvements

Share learning with Immunisation Coordinator

Incorporate MECC principles

### Jan – March 2023

Continue to collect patient ethnicity to improve records with the ambition of 90% of patients being coded correctly

Carry out a local evaluation of the changes made and impact seen within all patient details



# Suggested ways of working in your practice

## WITH YOUR PRACTICE TEAM

- Print and display information for patients to read launching the practice updating their records
- Nominate a lead within the practice to drive this project forward
- Add a standing agenda item to your practice meetings to discuss the project – key actions and milestones, as well as monitor progress
- Invite your local ICB Immunisation Coordinator to your practice meetings and work with them to tackle any support needs and ensure success
- Work with your ICB Immunisation Coordinator to identify other local practices who have complete patient records to share best practice
- Add dates in the diary for training on coding patient's ethnicity
- Provide support, where needed, on patient engagement about ethnicity


## WITH YOUR PATIENTS

- Display information for patients to read at their own pace about why we ask and record their ethnicity
- When booking patients in for appoints or handling queries, double check their record and ask for their ethnicity if missing – opportunistically check at all contact points with patients
- Utilise online forms to collect any missing patient details which can be sent on mass to your population
- Send out text messages to patients who have missing patient ethnicity, explaining why it's needed and including a link to where they can complete it
- Build requesting patient ethnicity, and general patient record updating, into business as usual with your patients at key engagement touchpoints
- If a patient does not want to disclose, ensure they are coding correctly, so they are not asked again



# Printable Aide Memoir

Please see the additional posters attached alongside this document to print and display in your practice for your staff.



## Patient Ethnicity Data - Conversational Guidance for Data Collection

This is guidance for those within the practice that collect patient data. As you may be aware, the recording of data on patients' ethnicity is mandatory. If there are patient records with these details outstanding, this information needs to be collected, either in-person, by phone or online, when patients contact or visit your practice.


Ethnic background can be a source of concern for some patients and it is important to approach them sensitively and fully address any concerns they have with the recording of their ethnicity. Here are some key questions that may arise and further, some resources you can immediately utilise if there are any language barriers.

### Why is it important?

We need to log your ethnicity as accurately as possible on your patient record. Currently, we do not have any/sufficient information about your ethnic background, please could we record this now/today? By providing your data, we can track trends in patient outcomes and make continuous improvements to the care you receive.

### What information do we need?

The NHS needs to improve the capture of patients' ethnicity data to enable us to provide the correct services for our population. This can include everything from funding to specialist care to ensuring we have culturally sensitive resources available.




### How do you identify

What would you be comfortable with us recording your ethnicity as?  
If there isn't a description that you're happy with, we can record your ethnicity using the 'other' box.  
Is there anything else you would like us to note regarding your ethnicity?


### Discrimination

The purpose of adding your ethnicity to your patient record is to support us in providing the best service to meet your needs.  
Your data will never be used to refuse you services that you are entitled to. We will never provide an inferior/sub-standard service based on your ethnicity.  
The NHS values diversity and equity as its core mission and will continue to uphold this in the future.



### Immigration status

No immigration checks will be carried out when you provide your ethnicity information. Your current immigration status will not affect what services you can access - however some services may come at an additional cost.



### Further advice

Some conversations (especially regarding immigration) can be uncomfortable for patients. Consider the following adjustments to improve the patient's experience:

- 1 Hold conversations away from the main reception/waiting area - if there is a private room or an area that is less exposed, patients will be more comfortable asking questions and giving personal information.
- 2 Avoid 'ambushing' the patient during what may be a sensitive time (e.g. they've received bad news about their health/the health of loved ones). Instead, implement a system whereby GPs can signal it's safe and appropriate to discuss administrative concerns with the patient.
- 3 Know when to pause - if the patient becomes aggressive or shows clear discomfort it's OK to pause and suggest that the conversation can be revisited at a later date.
- 4 Acknowledge the patient's concerns - reassure patients that you understand their concerns and take them seriously. The patient's questions should not be dismissed or downplayed, using language such as "I can understand your concerns", "that's a good question to ask" etc. Help to show your empathy towards the patient.
- 5 Address any questions or concerns they have beyond the collection of their ethnicity information. If they wear off into other subjects, it's important to support and respond appropriately even if you're focused on getting their data.

Code	Description
99	Not known (Default Code)
Z	Not Stated (Person has been given the opportunity to state their ethnic category but chose not to)
A	White - British
B	White - Irish
C	White - Any other White background
D	Mixed - White and Black Caribbean
E	Mixed - White and Black African
F	Mixed - White and Asian
G	Mixed - Any other mixed background
H	Asian or Asian British - Indian
J	Asian or Asian British - Pakistani
K	Asian or Asian British - Bangladeshi
L	Asian or Asian British - Any other Asian background
M	Black or Black British - Caribbean
N	Black or Black British - African
P	Black or Black British - Any other Black background
R	Other Ethnic Groups - Chinese
S	Other Ethnic Groups - Any other ethnic group





# HOW TO CODE YOUR PATIENT'S ETHNICITY

From the data presented we have established that coding could be a cause of circa. 10% of patients being coded as 'Unknown', aside from patient hesitancy. From the data we can see many GPs are coding as the default code 99.

## Coding guidelines:

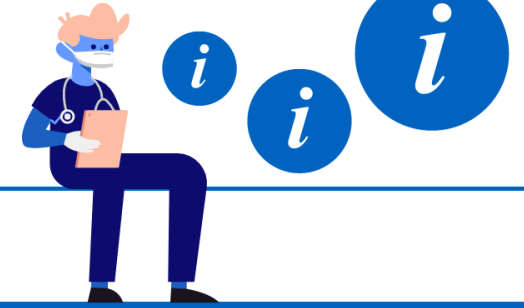
**ETHNIC CATEGORY** National code Z should be used where the **PERSON** has been given the opportunity to state their **ETHNIC CATEGORY** but chose not to.

Default code 99 should be used where the **PERSON's ETHNIC CATEGORY** is not known.



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# Additional sources of information



**For further information regarding ethnicity coding in the healthcare system please see the links below:**

Nuffield Research on ethnicity coding [Ethnicity coding in English health service datasets \(nuffieldtrust.org.uk\)](https://nuffieldtrust.org.uk/ethnicity-coding-in-english-health-service-datasets)

[Ethnicity coding in English health service datasets | The Nuffield Trust](https://nuffieldtrust.org.uk/ethnicity-coding-in-english-health-service-datasets)

Race and Health Observatory [Ethnicity coding in health care - NHS - Race and Health Observatory](https://nhs.uk/race-and-health-observatory/ethnicity-coding-in-health-care)  
[NHS – Race and Health Observatory \(nhsrho.org\)](https://nhs.uk/race-and-health-observatory)

**For further information on the ethnicity data set, please see the links below:**

Government Analysis Function [Ethnicity harmonised standard – Government Analysis Function \(civilservice.gov.uk\)](https://civilservice.gov.uk/ethnicity-harmonised-standard)

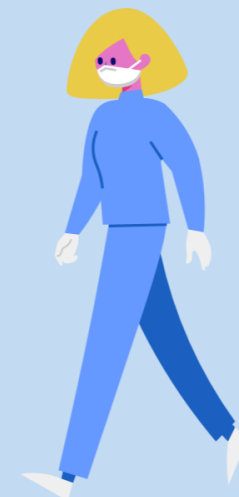
Office for National Statistics [Ethnic group, national identity and religion - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/ethnic-group-national-identity-and-religion)





# APPENDIX

- GP Survey Results 2022







# GP survey results and supporting resources

Thank you for your responses to the GP Survey sent out in October.

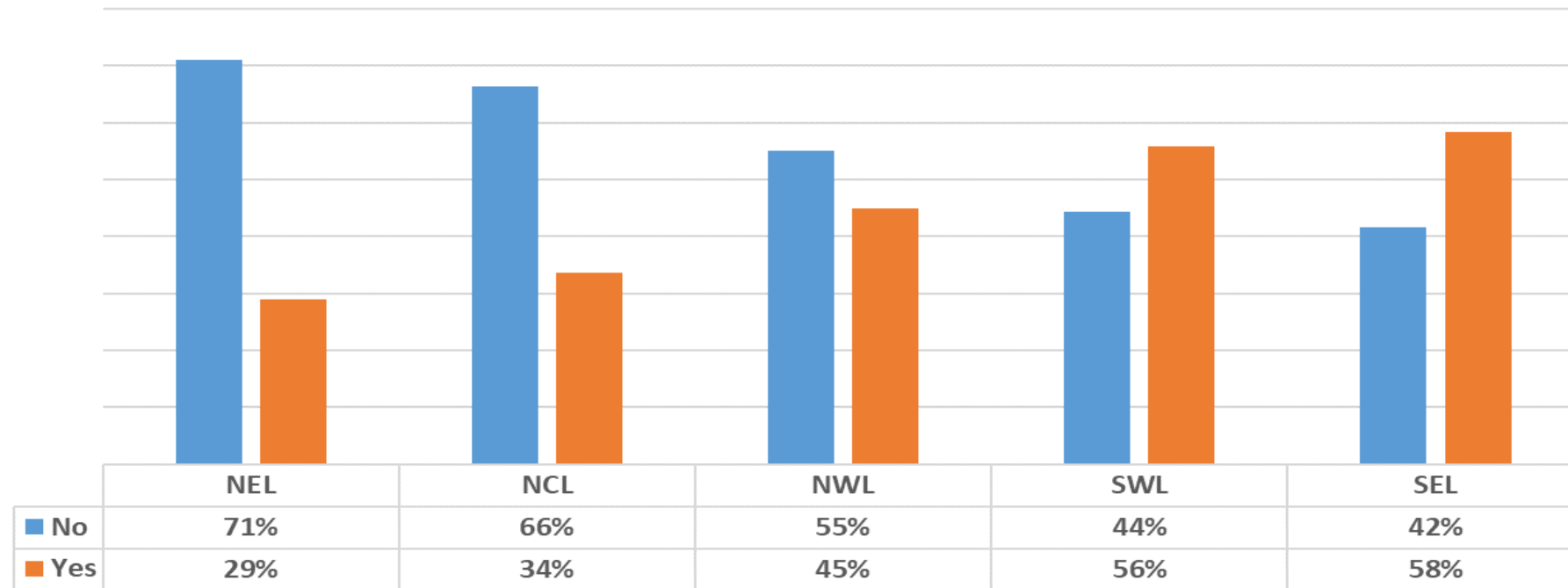
All responses have been collated and the following slides showcase the results.





# GP survey results – patient registration and ethnicity

The survey was sent to 1140 GP Practices, and we received responses from 511 (45%).



The survey sought to understand the following:

- The process for registering and updating patient details.
- Whether Ethnicity is requested as part of the registration process.
- Staff confidence around asking for Ethnicity, and patient hesitancy in providing the information.
- Whether Staff and Patients understand the need for collecting this information.



# GP survey results - continued

## Registration

- The majority of respondents offer Face to Face registration (98%), with the second largest majority offering online patient registration (78%).
- Almost 90% of GPs responded that they use Reception and Admin Staff and to register patients.

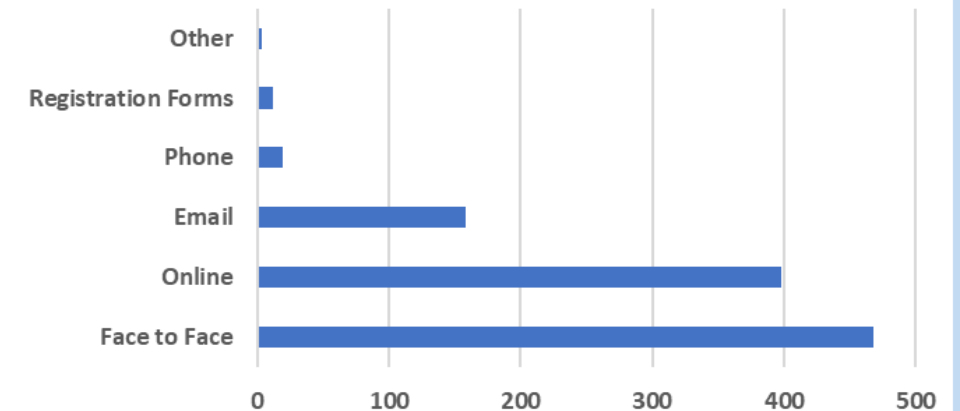
## Recording Patient Ethnicity

- Off the 511 respondents, only 4 advised that their Registration Form does not request patient ethnicity.
- It is worth pointing out that some respondents advised that this a fairly recent request, and that many of their patients have been registered with the Practice since long before.

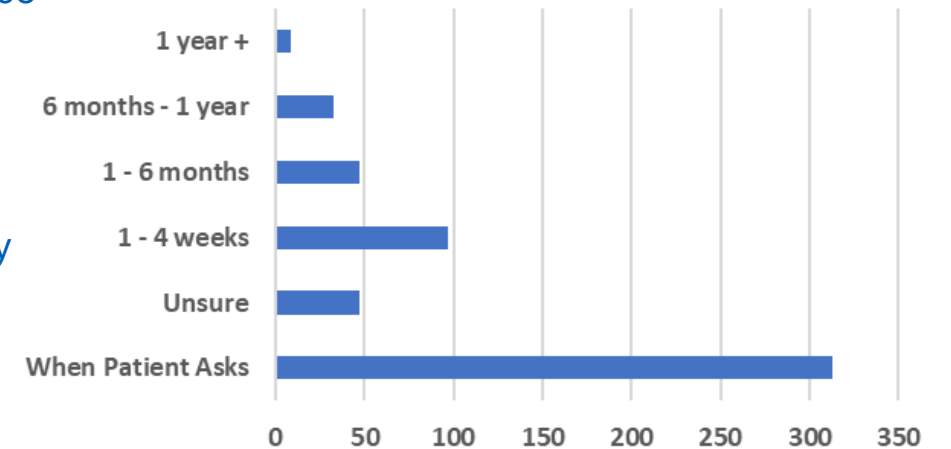
## Updating patient details

- Over 60% of respondents identified that they update patient records when asked by patients.
- Almost 20% selected that they update details “every 1 to 4 weeks”.
  - This seems high, but it is possible that this may mean that GPs check registration details with patients within 4 weeks of registration

Registration Process



Updating Patient Details



# GP survey results - continued

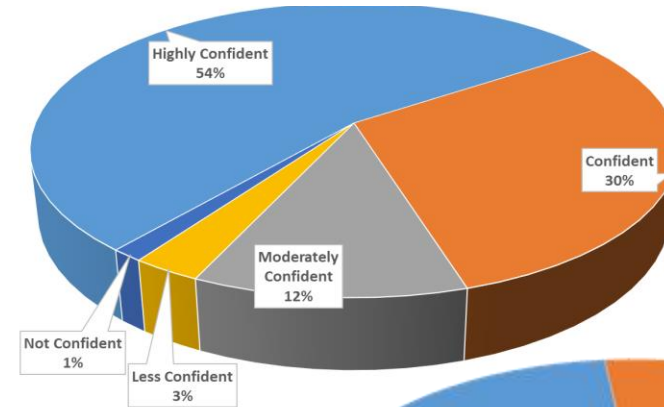
## Reasons for hesitancy on giving Ethnicity Details:

- 70% of respondents identified that Patients Don't Want to Share, and 34% advised that Language Barriers are a contributing factor.
- A frequent observation is that patients are either suspicious of how this information will be used, or do not understand the relevance and need for it.



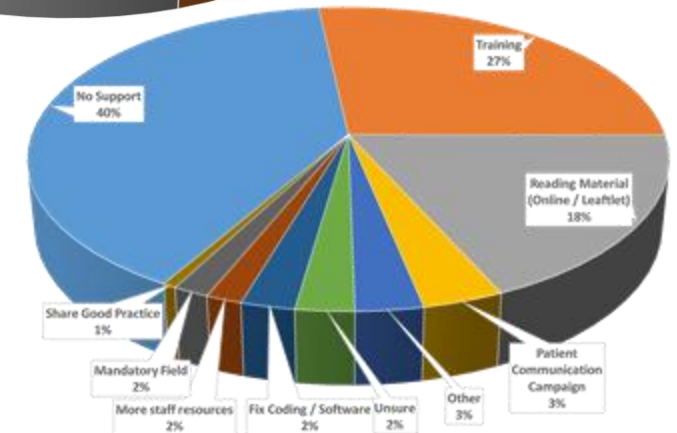
## Staff Confidence

- Overall staff confidence is overwhelming high, with the majority identifying High levels of confidence and only 16% reporting low or no confidence.
- It is also worth noting that these percentages are identical for GPs with Higher Levels of Unknown Ethnicity.

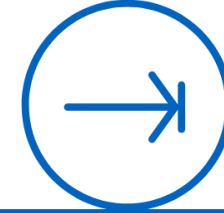


## Support Needed

- Approximately 45% of respondents advised that they would welcome either Training or Reading Material (for staff and/or patients)
- However, an additional 40% alluded to not needing any support. Among these, some respondents pointed to patients refusing to provide the information and even becoming aggressive or rude when asked.



# GP KEY ACTIONS SUMMARY



**1** Audit current patients and review regularly

**2** Print attached aide memoir and provide training to staff

**3** Set up campaign with patients and staff

**4** Opportunistically ask existing patients for their ethnicity and during new registration



# For further information please contact:

The London Immunisation Commissioning Team  
[ENGLAND.londonimms@nhs.net](mailto:ENGLAND.londonimms@nhs.net)

