Maximising the use of ethnicity data

Guidance for analysts

Mike Woodall, Head of Impact Evaluation (m.woodall@nhs.net)

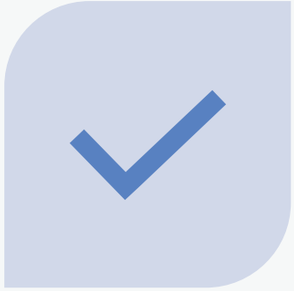
February 2026

The Strategy Unit.

NHS
Midlands and Lancashire
Commissioning Support Unit

This presentation will cover…..

BACKGROUND TO THIS PROJECT



FINDINGS FROM OUR PREVIOUS WORK

OUR PROPOSED APPROACH

NEXT STEPS

Background

The quality of ethnicity matters because….

- Research has shown that **ethnic minority people report poorer healthcare experiences and outcomes** compared to White British people
- Contributing factors include a **lack of accessible information about services, language barriers and mistrust of healthcare or statutory systems**
- **Good quality data** – complete, accurate, up to date and consistently recorded across systems – **is essential** for effective service planning, quality improvement and monitoring the equity of services
- **Ethnicity data quality** within health and care datasets **remains variable**
- This has **consequences for**….
  - **patients' access to health and care services**
  - **service planning and delivery**
  - **research and innovation**

Findings from our previous work

Developing the improvement plan

Document review

24 documents were reviewed to identify the key domains for improvement

Key stakeholder interviews

9 interviews involving 21 people to gather views on current and future status

Improvement case studies

7 case studies were produced to illustrate local improvements

NHS datasets review

3 routine NHS datasets were assessed for data quality (completeness and accuracy)

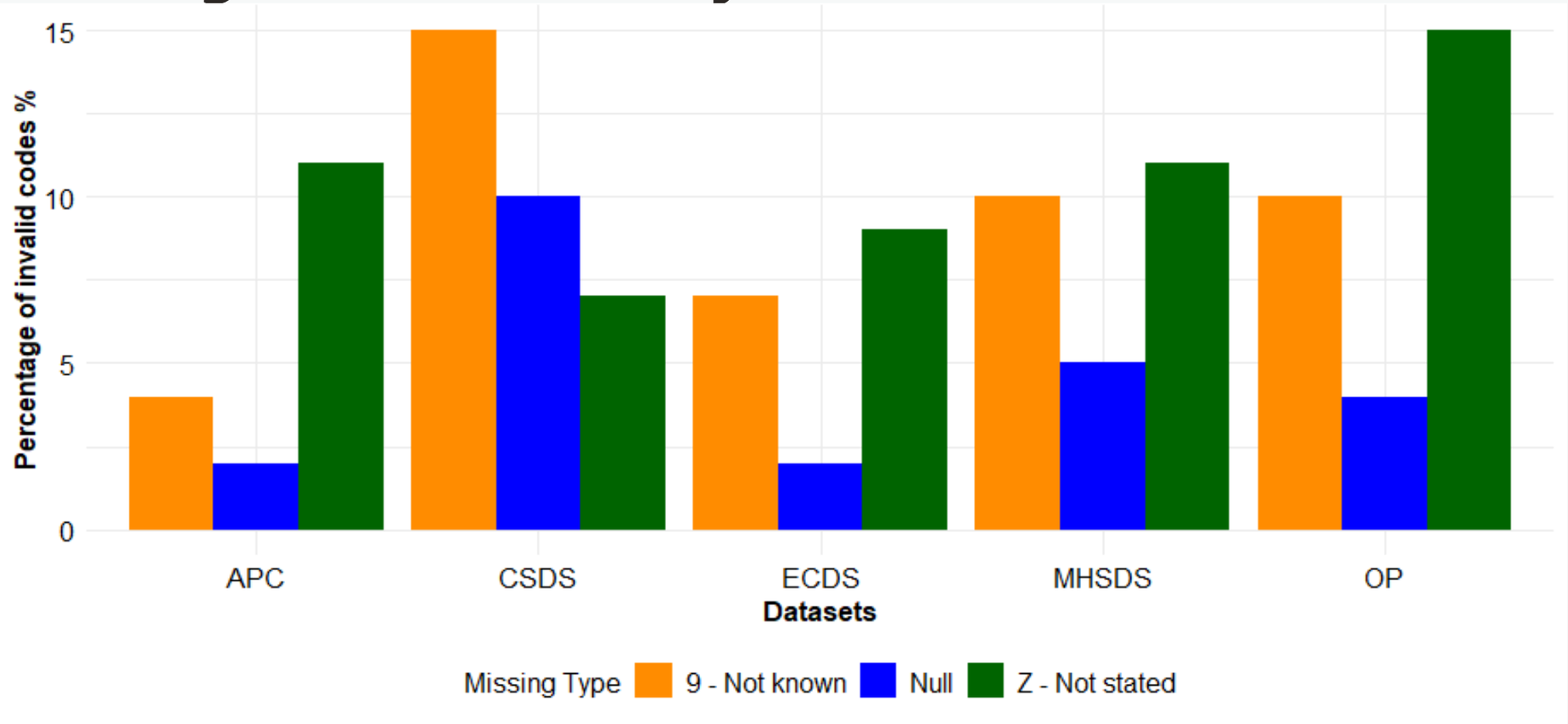
Aligning with wider work

Working towards alignment with cross-NHS work to improve ethnicity data quality.

Feedback gathering

Sharing draft improvement plan for stakeholder review and feedback

Missingness of ethnicity data across datasets



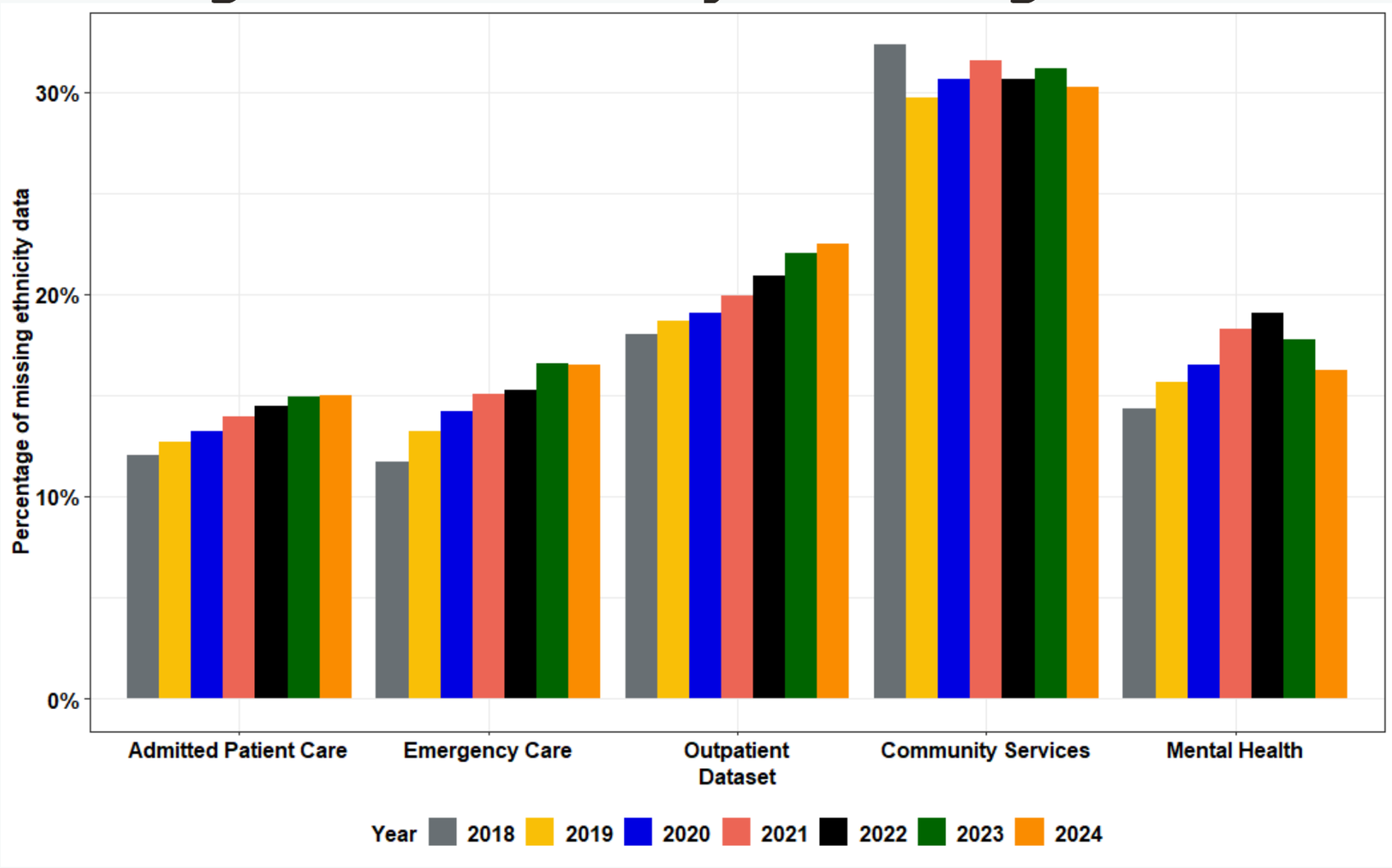
- Across the datasets examined in 2024/25:
  - The Emergency Care dataset records the least missing ethnicity data (approximately 18%).
  - The Community dataset records the most missing ethnicity data (approximately 32%).

Completeness of ethnicity data across datasets by provider

Dataset	Median percentage with completed recording	Number of providers with high missing data
Inpatient (APC)	86.9%	20
Emergency (ECDS)	85.6%	3
Outpatient (OP)	74.5%	56
Community (CSDS)	75.6%	8
Mental Health (MHSDS)	72.7%	11

- In 2024/25
  - Inpatient and Emergency Care providers are most likely to record ethnicity (median by provider type is approximately 87%).
  - Mental Health providers are the least likely to record ethnicity (median by provider type is 73%)
  - Non-NHS providers (such as private providers and local authorities) are least likely to record ethnicity data.

Missingness of ethnicity recording in NHS datasets over time



- Over time from 2017/2018 to 2024/25
  - The missing ethnicity data ranges from 12 – 32% across the datasets.
  - The Mental Health dataset has a trend of more complete ethnicity data recording since 2022/23.
  - Across the hospital datasets (APC, ECDS and OP) there is a trend of more incomplete ethnicity data recording over time.

Consistency of NHS ethnicity recording with Census data

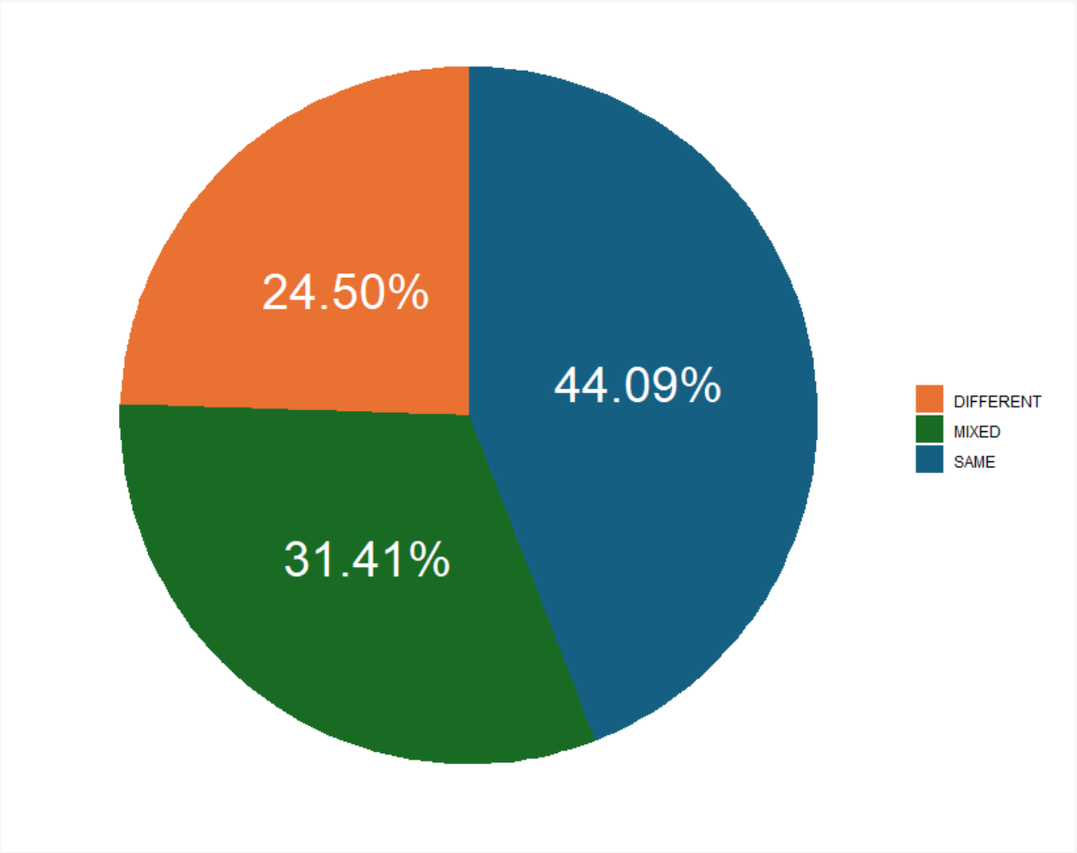
A	White - British					
B	White - Irish					
C	White - Any other White background					
D	Mixed - White and Black Caribbean					
E	Mixed - White and Black African					
F	Mixed - White and Asian					
G	Mixed - Any other mixed background					
H	Asian or Asian British - Indian					
J	Asian or Asian British - 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					

Key

	Higher than the census proportion
	Similar to the census proportion
	Lower than the census proportion

- Compared to the 2021 Census data, NHS datasets in 2023/24:
  - Have higher recording to ethnicity categories that cover ‘any other background’
  - Have lower recording to the Chinese ethnic category
  - Lower recording to ethnicity categories of Irish, Mixed White and Asian, and Asian or Asian British - Indian ethnic categories

Consistency of ethnicity recorded across datasets



- By individuals (here ethnicity recording was complete and recorded for the same individual across the different NHS datasets) in 2023/24:
  - 44% had the **same** ethnicity recorded in each dataset
  - 25% had **different** ethnicity recorded in each of the datasets
  - 31% had **mixed** ethnicity recorded – they were the same in some datasets.

High level findings and five domains for action

Requesting

Finding: Healthcare staff lack confidence and skills for requesting ethnicity data from patients.

Improvement: NHS staff are **more confident and skilled** in requesting ethnicity data (by understanding the rationale for collecting)

Providing

Finding: The public is unaware of the value of ethnicity data and/or mistrusts the requests for providing ethnicity data

Improvement: The public is **more willing** to provide ethnicity data to the NHS (through trusting how the data will be used)

Recording

Finding: There are known and persistent accuracy and completion challenges with the recording of ethnicity data across NHS datasets.

Improvement: NHS ethnicity data are **better recorded** (to standardised categories)

Processing

Finding: Processing of ethnicity data, is made more difficult due to challenges with data quality and data sharing

Improvement: NHS ethnicity data are **consistently processed** (through data sharing and analysis)

Using

Finding: Perceived challenges with ethnicity data leads to inertia in using data and acting on findings.

Aim: Recorded NHS ethnicity data are **acted on** (for the purpose of tackling healthcare inequalities)

Report structure

Report structure

- **Introduction** – describes the importance of analysing ethnicity data and the report purpose
- **Datasets and coding** – describes how ethnicity is coded in different datasets, any overlaps and differences in coding, and the impact this can have on analyses
- **Known issues** - describes known issues in ethnicity recording and reporting and provides options for mitigating these issues
- **Data quality** – describes data quality issues and the pros and cons of the different options for managing data quality / missing data issues
- **Good practice example** – summaries of analyses describing the purpose, methods, results and any limitations

Discussion

Is this guide useful?

Is anything missing from the report structure?

Do you have any examples we could include as good practice?

Next steps

Next steps

Develop report template

Source good practice examples

Consult on final report

Publish report

The Strategy Unit.

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0121 612 1538

strategy.unit@nhs.net

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