



October 2026

Dear Chief Medical Officer,

We write jointly as the Traveller Movement and the Director of Public Health for the London Borough of Brent, as organisations committed to advancing health equality, accurate data collection, and effective policy for Romani (Gypsy), Roma and Irish Traveller communities.

We wish to raise serious concerns about the current state of terminology and ethnicity data recording for these communities across health bodies in the UK. At present, this is being delivered in an ad-hoc and inconsistent manner, with significant variation in how ethnicity is captured, categorised, and reported across different NHS trusts, local authorities, and public health teams.

While we recognise that terminology in this area is complex and evolving, and that there are differing preferences across communities and nations within the UK, the current inconsistencies are undermining the quality of our evidence base and, consequently, the effectiveness of health policy and service delivery. We therefore call for a unified, consistent approach to terminology and ethnic monitoring across all health bodies.

The Importance of Accurate Data Disaggregation

We welcomed NHS England's recent recommendation that health bodies record Gypsy, Roma and Traveller ethnicities in patient data. However, more detailed disaggregation of these ethnicities is extremely important. Romani (Gypsy), Roma and Irish Traveller communities have distinct histories, settlement patterns, languages, cultural practices, and critically, distinct health needs. Grouping these communities together, or homogenising them as a single group, obscures these meaningful differences and makes it impossible to accurately reflect and respond to each community's individual needs.

Our concerns about current practice include:

- **Inconsistent groupings:** In some areas, the three communities are grouped together under umbrella labels such as "GRT" (Gypsy, Roma, Traveller); in others, they are recorded as "Gypsy/Travellers" and "Roma", "Gypsy/Roma"



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and “Travellers”, or similar variants. This lack of standardisation prevents comparison across areas and services.

- **Loss of disaggregated data:** Where communities are recorded under a single aggregated label, it becomes extremely difficult to identify the specific health inequalities experienced by each group, to target resources effectively, or to evaluate whether interventions are working.
- **Weak evidence base:** Without properly disaggregated data, health bodies cannot build an accurate picture of need. This results in under-provision, inappropriate service design, and missed opportunities for early intervention and prevention.
- **Erosion of trust:** Administrative labels that have not been endorsed by the communities themselves risk reinforcing stereotypes and eroding trust¹ between health services and the people they are meant to serve.

Health bodies have clear legal and ethical obligations. Under the Equality Act 2010, public bodies must have due regard to the impact of their policies and practices on protected groups, and ethnic monitoring frameworks must be meaningful, accurate, and respectful. Administrative labels applied inconsistently and without community endorsement risk falling short of these standards, as well as undermining the NHS's broader commitments to reducing health inequalities.

A unified approach across health bodies would:

- Provide reliable evidence of the distinct needs of Romani (Gypsy), Roma and Irish Traveller communities;
- Enable accurate identification of health inequalities and the tracking of progress against them;
- Support effective targeting of resources and the design of culturally appropriate services;
- Improve consistency, comparability, and quality of data at both local and national level; and
- Strengthen trust between health services and these communities, encouraging better engagement with care.

¹ [Equitable data collection for Gypsy, Roma and Traveller communities in health services | Understanding patient data](#)

We also note that the Office for National Statistics is currently undertaking work in relation to census categories and harmonisation. Their previous work has highlighted that consistency in ethnicity recording across national NHS data resources is lowest for Gypsy and Irish Traveller groups and that Roma ethnicity does not feature in any of those data resources.² This represents an important opportunity to ensure that ethnic classification and terminology are developed in a consistent, evidence-based way, grounded in meaningful engagement with the communities affected. Any revised approach within health bodies should be aligned with this work.

In light of this, we call on the Department of Health and Social Care, NHS and the UK Health Security Agency, working with the Cabinet Office and the Office for National Statistics, to:

1. **Review current practice** across health bodies in the recording and reporting of ethnicity data for Romani (Gypsy), Roma and Irish Traveller communities, with a view to replacing ad-hoc, inconsistent approaches with a unified standard;
2. **Move away from reductive umbrella acronyms** such as "GRT" in health data systems, guidance, and official communications, towards terminology that respects self-identification and community-preferred language;
3. **Require disaggregated recording** of each community, Romani (Gypsy), Roma, and Irish Traveller, so that the distinct needs of each group can be accurately evidenced and addressed;
4. **Align with the ONS's ongoing work** on census categories and harmonisation, ensuring any revisions are informed by this process and by meaningful consultation with affected communities across the UK;
5. **Engage in structured consultation** with community representatives, public health professionals, and sector experts to develop standardised language and data frameworks that are accurate, respectful, and fit for purpose; and
6. **Issue updated guidance to all health bodies**, with clear rationale and examples, to support consistency in data collection, monitoring, and reporting nationwide.

These steps would demonstrate that health data collection and equality practice are genuinely informed by evidence and community voices, strengthening trust, improving the targeting of services, and enhancing health outcomes for Romani (Gypsy), Roma and Irish Traveller communities.

² [Quality of ethnicity data in health-related administrative data sources, England - Office for National Statistics](#)

We would welcome the opportunity to provide further evidence, share learning from local practice, support engagement, and contribute to the development of revised guidance in this area.

Yours sincerely,

A handwritten signature in black ink, reading 'Yvonne McNamara'.

Yvonne McNamara, CEO, The Traveller Movement

Ruth du Plessis Director of Public Health London Borough of Brent