



South East London
Clinical Commissioning Group

Information governance risk stratification policy

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VERSION CONTROL

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Contents

1.0	Introduction	4
1.1	Purpose of Policy	4
	This policy provides the organisation with the actions agreed necessary to ensure that Risk Stratification is undertaken in line with current legislation.	4
1.2	Risk Stratification	4
1.3	NHS England's position statement	4
2.0	Policy Statement.....	4
2.1.3	Ethical Review	5
3.0	Scope.....	7
3.1	Officers Within the Scope of this Document	7
4.0	Roles & Responsibilities	7
4.1	SEL CCG GP Practices	7
4.2	Primary Care Networks (PCN's).....	7
4.3	SEL CCG.....	7
4.5	NEL CSU and Data Services for Commissioners Regional Offices (DSCRO)	8
5.0	Distribution & Implementation	8
5.1	Distribution Plan.....	8
5.2	Training Plan.....	8
6.0	Monitoring	8
6.1	Compliance.....	8
6.2	Equality Impact Assessment	8
7.0	Associated Documentation	8
8.0	References.....	8
	Appendix 1	10

1.0 Introduction

1.1 Purpose of Policy

This policy provides the organisation with the actions agreed necessary to ensure that Risk Stratification is undertaken in line with current legislation.

The required actions are set out in the document 'CAG 7-04(a)/2013 compliance for CCGs published by NHS England: <http://www.england.nhs.uk/ourwork/tsd/ig/risk-stratification/> and are included in this policy.

1.2 Risk Stratification

Risk stratification tools have had a profound impact on the delivery of health services across the developed world. These tools use relationships in historic population data to estimate the use of health care services for each member of a population. Risk stratification tools can be useful both for population planning purposes (known as "risk stratification for commissioning") and for identifying which patients should be offered targeted, preventive support (known as "risk stratification for case finding").

1.3 NHS England's position statement

NHS England encourages CCGs and GP practices to use risk stratification tools as part of their local strategies for supporting patients with long-term conditions and to help prevent avoidable unplanned admissions.

NHS England gained approval from the Secretary of State, through the Confidentiality Advisory Group (CAG) for its application for the disclosure of Secondary Use Services (SUS), commissioning data sets (approved under CAG 2-03(a)/2013) and GP data for risk stratification purposes to data processors working on behalf of GPs and CCGs. This application was made by NHS England on behalf of GPs and CCGs, as the relevant data controllers.

In August 2018, NHS England applied to the CAG for an extension of the Risk Stratification CAG approval which was due to expire at the end of September 2018. The Confidentiality Advisory Group has confirmed that support for the use of GP's and CCGs Secondary Use Data can continue for risk stratification purposes **until the end of September 2020**.

The CAG register can be found on the [NHS Health Research Authority website](#).

NHS England has given an undertaking to the Secretary of State for Health to seek assurance from eligible organisations and to provide a register of approved organisations for the receipt and processing of the individual data for risk stratification. NHS England is seeking assurance from Clinical Commissioning Groups and their appointed risk stratification suppliers that processing of the data is in accordance with the Data Protection Act 2018 and that the conditions set out for processing of personal confidential data are undertaken and maintained.

This approval applies to the use of GP, Secondary User Services data and mental health data (including commissioning data processed under CAG 2-03(a)/2013). It does not cover disclosure of social care data for risk stratification.

In order for CCG's to undertake risk stratification they must provide assurance to NHS England that they meet the CAG approval conditions, as set out in the [Risk Stratification Assurance Statement](#).

2.0 Policy Statement

2.1 The organisation will implement the requirements of the Risk Stratification Assurance Statement through actions set out below.

2.1.1 Information Sharing Agreements have been drawn up and agreed between partners involved in the Risk Stratification Process. This will include the CCG, GP practices, other providers and the CSU or/and the Risk Stratification Supplier.

2.1.2 A Data Protection Impact Assessment (DPIA) has been completed by the CCGs as per the Information Commissioners Office's (ICO) guidance. This was undertaken jointly by all partner organisations involved in the risk stratification process.

2.1.3 Ethical Review

Risk stratification is comparable to screening because it uses a population's data to identify individuals that are at sufficiently high risk of a Triple Fail event (such as an unplanned hospital admission) to justify offering a preventive intervention (such as the support of a community matron).

However, any screening test has the potential to cause more harm than good; for example, by exposing patients to false positive and false negative results and for these reasons, strict ethical guidelines are required to safeguard against the inappropriate use of risk stratification.

In 1968, The World Health Organisation (WHO) published ten prerequisites that should be met by any ethical screening program, known as the Wilson and Jungner criteria, which have recently been adapted for risk stratification purposes:

- i) The Triple Fail event should be an important health problem.
- ii) There should be an intervention that can mitigate the risk of the Triple Fail event.
- iii) There should be resources and systems available for timely risk stratification and preventive interventions.
- iv) There should sufficient time for intervention between stratification and the occurrence of the Triple Fail event.
- v) There should be a sufficiently accurate predictive risk model for the Triple Fail event.
- vi) The predictive risk model and impactability model should be acceptable to the population.
- vii) The natural history of the Triple Fail event (i.e., the practices and processes that typically lead to the event) should be adequately understood by the organisation offering the preventive intervention.
- viii) There should be an accepted policy about who should be offered the preventive intervention.
- ix) The cost of risk stratification should be "economically balanced" (i.e., it should not be excessive in relation to the cost of the programme as a whole).
- x) Risk stratification should be a continuous process, not just a "once and for all" occurrence.

Source: Lewis et al., 2013, based on Wilson & Jungner, 1968

2.1.4 Following completion of the ethical review the CCGs have selected a suitable risk stratification tool based on the following factors:

- the adverse outcome to be predicted;
- the accuracy of the predictions;
- the cost of the model and its software and;
- the availability of the data on which it is run.
- IG considerations

The CCGs will use the Combined Predictive Model tool for risk stratification (see references).

2.1.5 The GP's will use automated decision-taking and human review with automated decision- taking, the outputs of the tool are used directly to determine which patients should be offered a preventive intervention.

2.1.6 With human review, an appropriate clinician, with responsibility for the care of the individual patient, reviews which patients are to be offered preventive services. The decision is based both on the risk stratification outputs and any other information known to them.

- 2.1.7 The CCGs will develop preventative interventions that will be offered to high-risk patients. GP's will refer patients to preventative services only with their consent.

The use of risk scores will underpin the approach to designing and managing commissioned services for unscheduled and emergency care over the next five years including a joint approach across health and social care and a targeted approach to admission avoidance and a critical part of what the Cross Economy Transformation Team have set out to achieve.

There are a number of clinical uses of the risk stratification data which will form part of current and future planning on admissions avoidance for the CCGs:

- To identify people with highly complex, multiple morbidity and/or frailty who might benefit from MDT support as part of case management and care planning
- To identify and target specific service needs of patient groups
- To identify suitable patients for the caseload of specialist nursing or medical services such as community geriatricians, community matrons or mental health practitioners, or for end of life advance care planning and/or reduce unnecessary unplanned admissions

- 2.1.8 The risk stratification process will be carried out in the following manner:

- a) Data is received in a "de-identified data for limited access" form (i.e NHS number as the patient identifier) or is pseudonymised on landing; **AND**
- b) Processing is within a "closed box" with strict role based access control; **AND**
- c) Re-identification is solely for the purpose of direct care and is available only to those with a direct clinical care relationship with the patient.
- d) Any publication of data other than in accordance with c. above must be anonymised in line with the ISB Anonymisation for publication standard.

- 2.1.9 The organisation responsible for undertaking the risk stratification processing will ensure that a detailed process is written to outline:

- The secure mechanism for receipt and processing of data within the risk stratification tool
- Data retention periods and data destruction
- Audit trails in place and confidentiality audits enabled
- The minimum data set(s) necessary to be collected and processed
- Training for staff handling data for purpose of risk stratification
- Process for reporting breaches identified

A high level procedure based on the detailed process for risk stratification will be included in the Information Sharing Agreement for risk stratification.

- 2.1.10 South East London CCG provides a privacy notice explaining how the CCG uses and stores information. This notice explains how information is used and how it is shared, and includes a reference to the use of risk stratification. Risk stratification providers need to provide assurance that they have a privacy notice.

- 2.1.11 Organisations that support the risk stratification process must also ensure that a privacy notice is available which explains how the processor uses and stores information.

A privacy notice is in place for all individuals and service users to inform them that their data may be used for risk stratification purposes.

The privacy notice provides:

- An explanation of risk stratification,
- Clarity about who the data controller and data processors are,
- A description of what type of data will be used for risk stratification,
- Detail the rights individuals can exercise in relation to this i.e. the right to access their personal data and to object to its use for this purpose and how to exercise this right.

NHS England and NHS Digital have recently run a campaign to raise awareness nationally of how data is used in the NHS, which has included printed information to households and media advertising. The CCGs and all GP practices are required to comply with the national NHS complaints procedure.

Each CCG's local [complaints policy](#) is available on its website and individual practices are required to make copies of their own complaints process available. This policy covers complaints relating to direct care, the service received and any other types of concerns raised. This would include how data is stored and used.

All GP practices are required to comply with the NHS complaints procedure so member practices operate in line with this and will have their own complaints policy which explains how a complaint can be made and the process that will be followed.

- 2.1.12 A process will be agreed to ensure patient objections can be handled and processed by the GP the risk stratification supplier.

3.0 Scope

3.1 Officers Within the Scope of this Document

- 3.1.1 This policy will apply to all GP practices with the membership of NHS SEL CCG, within the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. Staff of NHS SEL CCG, and the Risk Stratification Supplier involved in Risk Stratification.

4.0 Roles & Responsibilities

4.1 SEL CCG GP Practices

- 4.1.1 SEL CCG GP Practices will be able to access the risk stratification tool to explore the risk scores for their patients and to enable proactive referral to alternative services to take place with patient consent.

4.2 Primary Care Networks (PCN's)

- 4.2.1 Primary Care Networks will use population health data to enable better understanding of the community including unmet need. Population health data will include pseudonymised risk stratification data (risk stratification for commissioning) combined with other generic information to provide population health management

4.3 SEL CCG

- 4.3.1 SEL CCG will commission a suitable risk stratification provider and tool that is compliant with national guidance for use by themselves for high level service planning (anonymised data) and for practices use (patient confidential data)

4.4 CCG Facilitators and Locality Development Managers

- 4.4.1 To support practices to track patients on the budget manager and practice profiler tools and monitors the pathway of care.

4.5 NEL CSU and Data Services for Commissioners Regional Offices (DSCRO)

4.5.1 The NEL CSU DSCRO team will be contracted to provide the monthly SUS data feeds to the commissioned Risk Stratification supplier. The DSCRO, are part of the NELCSU (but this team is 'seconded' to the NHS Digital, who are the legal processors of all patient identifiable data).

5.0 Distribution & Implementation

5.1 Distribution Plan

5.1.1 This document will be made available to officers with lead responsibilities for Primary Care in the NHS SEL CCG. Senior commissioning managers will be made aware of the policy. It will also be made available to all staff on the NHS SEL CCG intranet.

5.2 Training Plan

5.2.1 A training needs analysis will be undertaken with Officers affected by this document.

5.2.2 Based on the findings of that analysis appropriate training will be provided to Officers as necessary.

6.0 Monitoring

6.1 Compliance

6.1.1 Compliance with the policies and procedures laid down in this document will be monitored via each organisation (PCN's / NHS SEL CCG / GP Practices / NEL SCU & DSCRO's).

6.1.2 NHS SEL CCG Information Governance Sub-committee is responsible for the monitoring, revision and updating of this document.

6.2 Equality Impact Assessment

6.2.1 This document forms part of NHS SEL CCGs' commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

6.2.2 As part of its development this document and its impact on equality has been analysed and no detriment identified.

7.0 Associated Documentation

'CAG 7-04(a)/2013 compliance for CCGs' published by NHS England:
<http://www.england.nhs.uk/ourwork/tsd/ig/risk-stratification/>

Risk Stratification Assurance Statement

8.0 References

The following references can be accessed via the links provided:

Data Protection Act 2018
Access to Health Records Act 1990
Human Rights Act 1998
Freedom of Information

GP Contract Agreement England 2020/21

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england-2020-2021>

Information: To Share or Not to Share? The Information Governance Review

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan

<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

Network Contract Directed Enhanced Service: Contract specification 2019/20

<https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf>

NHS Confidentiality- code of Practice

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

NHS Constitution for England

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>

NHS Digital

<https://digital.nhs.uk/>

Appendix 1

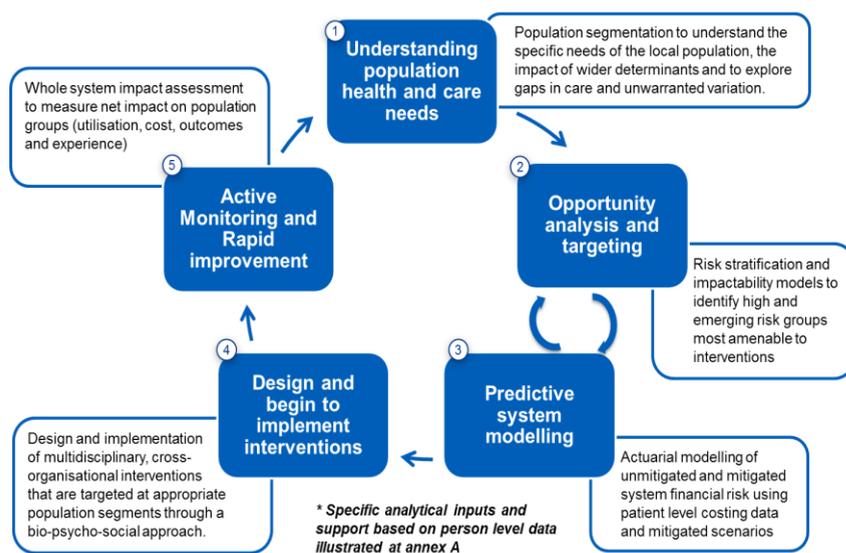
Operational Process of Risk Stratification Policy

1. Risk stratification for commissioning process supporting population health

The PCNs supported by Primary Care will review their community population health data as required. This data will include pseudonymised information from risk stratification cohorts supported by other generic data that identifies with the local segmented population.

The aim of population health is to enable the efficient use of resource at a community level to support health and wellbeing. The Population Health Development Cycle below highlights how this is done:

Figure 1 population health management cycle



2. Risk stratification for case finding

Risk stratification for case finding enables operational multidisciplinary teams (MDTs) led by Primary Care, to identify individuals at risk so MDTs can intervene and prevent crisis and support individual wellbeing (subject to consent). Members of the MDT must be directly involved in care to access identifiable information.