

20/03/2023

NN-ICB/22/186

Dear Requestor

RE: Freedom of Information Request

With reference to your request for information I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information that you have requested. A response to your request is below.

In the request you asked:

Section 1: Risk stratification provision.

Nottingham and Nottinghamshire ICS is a partnership between the county's NHS and care organisations to support health and wellbeing, support active communities and ensure high quality joined up care when needed for the local people of Nottingham and Nottinghamshire. **The response below is solely in relation to Nottingham and Nottinghamshire ICB and not the other partnership organisations within Nottingham and Nottinghamshire ICS.**

- (1a) Does your ICS employ risk stratification algorithms for population health as defined by NHS England? <https://www.england.nhs.uk/ig/risk-stratification/>

Yes

- (1b) If yes to (1a), who supplies active risk stratification services for your ICS? If performed in-house, please state 'in-house'.

In House

- (1c) For each of the suppliers named in (1b), in what year did your ICS start using risk stratification services for each?

2013

- (1d) For each of the suppliers named in (1b), how much did the ICS pay for risk stratification services in the financial year 2021/2022?

Zero

Section 2: Using results of risk stratification.

- (2a) Do you employ risk stratification for hospital admission avoidance across the whole ICS population?

No

- (2b) Do you employ risk stratification for hospital admission avoidance in particular patient subgroups (e.g. patients with frailty, patients with heart failure, COVID-19 etc)?

No

- (2c) If yes to (2b), please identify these subgroups.
- (2d) If a risk stratification supplier identifies high risk patients, how is this information used to guide clinical decision making? For example - are patient IDs given to general practitioners, or to community outreach or Primary Care Network teams? If different processes are adopted for different risk stratification suppliers, please describe processes individually.

Risk scores are made available to General Practice and Community clinicians involved in the direct care of those patients. There is no automated decision making, and the risk score is one of multiple factors that may be used to arrive at clinical decisions during discussion with the patient about their care.

- (2e) Over the year 2021/2022, how many patients were identified as high risk for hospital admission by risk stratification algorithms? If you employ more than one supplier, please describe number of patients identified by each supplier.

The risk scores are recalculated and stratified for all patients each time the source data are refreshed. Unfortunately, we're unable to answer this question as we do not keep records of the number of patients identified as being at high risk for hospital admission over this period of time.

Section 3: Evaluating results of risk stratification.

- (3a) Have you conducted an evaluation of the impacts from employing risk stratification? For example - the impact on number of hospital admissions.

Risk stratification for the avoidance of hospital admissions is a proactive approach that is promoted by NHS England to all Integrated Care Boards (and their predecessor organisations). This follows published, outcomes-based, research evidence which shows that it is an effective part of an admission avoidance strategy that delivers the triple benefits of improved clinical outcomes for patients, reduced hospital bed occupancy, and lower costs of care. We have not sought to repeat this evaluation locally because there are a large number of confounding factors, including other targeted admission avoidance activities, which means that it would be extremely difficult for us to attribute any change in the rate of hospital admissions directly to risk stratification alone.

- (3b) If so, please provide copies of these evaluations, or a summary of analyses and results.

N/A

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) have an internal review procedure through which you can raise any concerns you might have. Further details of this procedure can be obtained by contacting Lucy Branson, Associate Director of Governance via lucy.branson@nhs.net or by writing to FOI Team at NHS Nottingham and Nottinghamshire ICB, Sir John Robinson House, Sir John Robinson Way, Arnold, Daybrook, Nottingham, NG5 6DA.

If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office (ICO), who will consider whether the organisation has complied with its obligations under the Act and can require the organisation to remedy any problems. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS Nottingham and Nottinghamshire ICB. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/for-the-public/>

Complaints to the Information Commissioner's Office should be sent to:

FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 123 1113 or report a concern via <https://ico.org.uk/concerns/>

Yours sincerely

Freedom of Information (FOI) Officer on behalf of *NHS Nottingham and Nottinghamshire Integrated Care Board*

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