

31/03/2026

NN-ICB/26-1473

Dear Requestor,

**Re: Internal Review – FOI Request 26/1476 – Primary Care premises rent reimbursement data**

Thank you for your request for an internal review of the response provided to your Freedom of Information request (FOI 1476), concerning primary care premises rent reimbursement data. The review has been conducted by a senior officer who was not involved in the original response. We have carefully reconsidered the information requested, the application of exemptions, and the points you have raised in your request for review.

We note that your request for internal review specifically challenges the application of Section 43(2) to the following elements of the original request:

- Total annual rent reimbursement
- Reimbursable floor area
- Calculated unit rate (£/m<sup>2</sup>)

Findings of the Internal Review

*1. Application of Section 43(2) – Commercial Interests*

Following reconsideration, we uphold the original decision to apply Section 43(2) of the Freedom of Information Act 2000.

While we acknowledge your view that rent reimbursement is based on District Valuer (DV) assessments under the NHS Premises Costs Directions, we consider that the information requested remains commercially sensitive.

Rent reimbursement values are informed by detailed valuation processes which rely on comparable market evidence, including information relating to similar properties, their size, condition, location, and agreed rental values. This comparable evidence is not publicly available and forms a key part of both valuation and subsequent challenge processes.

Disclosure of practice-level reimbursement figures, floor areas, and derived unit rates would:

- Provide insight into the underlying comparable evidence used in valuations
- Be likely to prejudice the ability of the ICB and NHS England to secure fair and reasonable rental values
- Undermine the integrity of local and national dispute resolution processes, where comparable data is used to challenge valuations

We, therefore, consider that disclosure would be likely to prejudice the commercial interests of both the ICB and GP contractors, and that Section 43(2) remains appropriately engaged.

## *2. Consideration of precedent*

We have considered your reference to other NHS organisations disclosing similar information. However, decisions made by other public authorities do not set a binding precedent under the FOIA. Each authority must consider the specific context, risks, and potential impact of disclosure within its own operating environment. In this case, we remain satisfied that disclosure would be likely to result in commercial prejudice for the reasons set out above.

## *3. Public Interest Test*

We have re-examined the public interest test and acknowledge the importance of transparency, particularly in relation to public expenditure and assurance of value for money. However, we consider that:

- There are established mechanisms in place to ensure value for money, including District Valuer assessments, formal tender processes for developments, and ongoing review of reimbursement levels.
- Disclosure of the requested detail would be likely to weaken the ICB's ability to secure value for money in future by distorting the comparables used in valuation and negotiation processes.

On balance, we consider that the public interest in maintaining the exemption continues to outweigh the public interest in disclosure.

## *4. Consideration of Partial Disclosure and Section 16 Duty*

We have carefully considered whether any further information could be disclosed in line with our duty under Section 16 of the FOIA to provide advice and assistance.

We have explored whether anonymised or aggregated information could be provided. However, the information requested is not held in an aggregated format. The FOIA does not require public authorities to create new information in order to respond to a request. Producing averaged or benchmarked data would require the ICB to generate new derived information, which falls outside the scope of our obligations under the Act.

We have also considered whether any meaningful partial disclosure could be made without risking identification or inference of individual practice values. However, given the relatively small number of premises within localities and the variation in property characteristics, we consider that even aggregated data at this level would carry a risk of indirect disclosure and would not sufficiently mitigate the commercial prejudice identified.

## Outcome

Following this internal review, we uphold the original decision to withhold the requested information under Section 43(2) of the Freedom of Information Act 2000. No additional information will be disclosed.

We hope this addresses your request. If you remain dissatisfied, 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/>

Yours sincerely

Freedom of Information (FOI) Officer on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board [nnicb-nn.foi@nhs.net](mailto:nnicb-nn.foi@nhs.net)

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