NHS
Nottingham and Nottinghamshire
Integrated Care Board

21/05/2026

NN-ICB/26-1582

Dear Requestor

Re: Freedom of Information Request

Thank you for your request for information, received on 21 April 2026, regarding Locally Enhanced Service (LES) Scheme. We have processed your request in accordance with the Freedom of Information Act 2000 (FOIA).

Under the FOIA, public authorities like ours are required to respond to requests for information within 20 working days. In response to your request, I can confirm that we do hold the information requested.

Please find below our response to your request:

1. Does the ICB currently offer a Locally Enhanced Service (LES) incentive scheme such as those for the management of long term conditions, targeting of specific patient cohorts, or admission avoidance to GP practices? If not currently in place, has a scheme of this nature been offered within the past five years?

Nottingham and Nottinghamshire Integrated Care Board (ICB) confirms that it currently offers the following Locally Enhanced Service (LES) incentive schemes:

- Enhanced Services Delivery Scheme (ESDS) - [see attachment A]
- Warfarin Anticoagulation Monitoring - [see attachment B]
- Severe & Multiple Disadvantage (SMD) - [see attachment C]
- Asylum Seeker Health Check - [see attachment D]
- Safeguarding Reports - [see attachment E]
- Physical Health Checks for Serious Mental Illness - [see attachment F]
- Diabetes - [see attachment G]
- Pro-active Care Programme - [see attachment H]
- Prescribing and Monitoring of Hormone Treatments for Adults with Gender Dysphoria / Transgender Adults - [see attachment I]
- Primary Care Monitoring (N&N PBPs excluding Bassetlaw) - [see attachment J]
- Shared Care Protocol Delivery Scheme (Bassetlaw Place Based Partnerships) - [see attachment K].

The attached documents have been redacted to remove names and email addresses of individuals.

This information is exempt under section 40(2) of the Freedom of Information Act 2000 as personal data constitutes as relating to an identified or identifiable living individual. An identifiable living individual means a living individual who can be identified, directly or indirectly, in particular by reference to an identifier such as a name.

The attachments have also been redacted to remove locally agreed tariffs. The ICB considers this information to be commercially sensitive and exempt under Section 43(2) of the Freedom of Information Act 2000.

Section 43 of the Act states that:

(1) Information is exempt information if it constitutes a trade secret.

(2) Information is exempt information if its disclosure under this Act would, or would be likely to, prejudice the commercial interests of any person (including the public authority holding it).

(3) The duty to confirm or deny does not arise if, or to the extent that, compliance with section 1(1)(a) would, or would be likely to, prejudice the interests mentioned in subsection (2).

A **public interest test** has been undertaken in response to your request made under the Freedom of Information Act 2000.

The Information Commissioner's Office (ICO) sets out public interest factors in favour of and against disclosure. Some of the factors in favour were as follows:

- Ensuring that the public authority can be held accountable for its decisions, particularly as to how it spends public money.
- Ensuring that a tender process is open and transparent.
- Providing insight into the nature of a procurement process and winning bids, so that other companies are encouraged to take part in the process and improve future bids.

Public interest factors against disclosure (and in favour of the maintenance of an exemption) included:

- There is an inherent public interest in the maintenance of the exemption, and of upholding private organisations' expectations that commercially confidential information will be protected from disclosure when they engage in public authority tenders.
- Avoiding the discouragement of prospective tenderers from tendering for public sector contracts, for fear of disclosure of their commercially sensitive information to competitors, and that this may adversely affect both the quality of tenders for public sector contracts, and public authorities' ability to negotiate them effectively.
- Maintaining a competitive market and driving competition as this benefits public authorities and consumers, and which could be threatened by disclosure of companies' commercial information.

On balance of the factors considered above, along with relevant case law, we considered that the ICB would be entitled to withhold locally agreed tariffs and that this would not be superseded by public interest considerations.

2. If so, please provide the scheme documentation shared with GP practices and administrators, or detailed information on the scheme's components, including:
    - Specific measurement (e.g. anticoagulant monitoring)
    - Patient cohort (e.g. patients currently taking Warfarin)
    - Business logic (e.g. QOF-like format), including:
        - Dataset specification
        - Patient/cohort selection criteria
        - Clinical (SNOMED) codes or code clusters
        - Indicator rules
    - Reporting template (e.g. a custom template used within the ICB for making a claim)
    - Funding allocation for the measure (e.g. £1 per head of population, £1 per 1,000 blood clot patients)

    Please see the attached service specifications. Where the requested information is held, it is contained within these documents.

    Please see the example claims form attached - [see attachment L].

3. Please also provide details on the LES operational process from development through to payment claims, including:

    a) LES Development

    - Who is responsible for defining the LES and its business logic?

        A combination of teams, involving independent clinical advice and stakeholders work together to produce the specifications before they are approved and endorsed for inclusion via the ICB's Governance Process.

    b) Data Extraction and Submission

    - Who is responsible for preparing the data and submitting it to CQRS?

        The ICB does not hold this information.

    - How is the data prepared and submitted for making a claim (e.g. CQRS portal)? Is the process manual or automated?

        The data is prepared and submitted via a manual process

    - How is the reporting template developed and maintained?

        Developed and maintained by the ICB's Finance Team.

    c) Payment Process

    - How is the submitted data verified by the ICB or commissioner (e.g. validated against the business logic)? Is this verification manual or automated?

        Claims may be subject to Post Payment Verification audits in accordance with the relevant service specifications. These audits are undertaken manually, including by external auditors where applicable

- If no formal business logic is applied, how is the data validated?

  Not applicable.

- Are there any audit processes in place? If so, how are these audits conducted?

  Post Payment Verification audits are undertaken, with requirements varying depending on the specific service specification.

4. If locally enhanced service incentive schemes are not provided, has the ICB implemented any alternative schemes that supported GP practices with additional funding in the past 5 years?

   Not applicable.

5. If so could you please provide the details of those schemes?

   Not applicable.

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has 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, Director of Corporate Governance and Assurance 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

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