

Our Ref: PW/AKB/FOI-02-248

27th February 2023

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

Sent by email

Telephone: 0300 123 1461

Dear

FOI-02-244

Your request for information under the Freedom of Information Act 2000

Thank you for your request dated the 10th February 2023. We can confirm that the Staffordshire and Stoke-on-Trent Integrated Care Board does hold the information that you have requested. Please see our responses in blue below:

This FOI request refers risk stratification within your integrated care board (ICB). This is defined by NHS England as a tool for identifying patients that are at high risk of adverse outcomes, allowing for prioritisation of aspects of their care to prevent these (<https://www.england.nhs.uk/ig/risk-stratification/>). This includes, but is not limited to, software like Eclipse Live and CareCentric.

Our questions are as follows:

Section 1: Risk stratification provision.

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

(Midlands and Lancashire CSU) – the ICB employ risk stratification algorithms as defined by NHS England using the Section 251 notice to provide the legal basis to use identifiable data for the supply of risk stratification reports to GP practices in the clear and ICB teams pseudonymised.

(Health Navigator Limited) – yes.

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

The ICB use the services of Midlands and Lancashire CSU to provide the provision of Risk Stratification reporting, using a combined predictive model algorithm (CPM) developed by the Kings Fund.

The ICB also uses the service of Health Navigator Limited.

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

(Midlands and Lancashire CSU) – the provision of this service has been provided since July 2022 when ICB's became legally entity and since April 2013, prior to ICB status when they we were known as CCG's.

(Health Navigator Limited) – 2016.

- **(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?**

(Midlands and Lancashire CSU) – the service is not broken down as a cost unit but is supplied as an overall package of services that were defined by the CCG/ICB, so we are unable to provide a cost for just this service.

(Health Navigator Limited) – this was part of a managed clinical coaching service where the ICS paid per patient and the risk stratification was supplied as part of this cost and not a separate cost.

Section 2: Using results of risk stratification.

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

(Midlands and Lancashire CSU) – we can confirm the risk stratification is applied across the whole of the ICS population, but not all GP practices have signed up to the service, so the level of reporting will vary within areas.

(Health Navigator Limited) – yes, as part of a clinical coaching service.

- **(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)?**

(Midlands and Lancashire CSU) – the risk stratification reports provide the facility to group patients within subgroups to allow target intervention by GP's and their staff, and by ICB's to develop better services for these groups in the future.

(Health Navigator Limited) – the focus is not currently on diagnostic patient subgroups but general risk of admission.

- **(2c) If yes to (2b), please identify these subgroups.**

(CSU) – the filters on the front-end report for Risk Strat are: Asthma, CHD, CHF, Cancer, COPD, Depression, Diabetes, Hypertension, Atrial Fibrillation, Chronic Kidney Disease, Dementia, Epilepsy, Hypothyroidism, LD, MH, Osteoporosis, Peripheral Arterial Disease, Rheumatoid Arthritis, Stroke/TIA, Smoking Status, Frailty score, Top 2% Unplanned Admissions.

(Health Navigator Limited) – not applicable.

- **(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.**

(CSU) – by default all reports are presented in pseudonymised form for authorised users with a direct clinical relationship with the patient, e.g. GP, Matron, then the clear NHS number is presented to allow the user to look up on their systems additional information about the patient.

(Health Navigator Limited) – these patients are screened by nurses and identified for nurse-led clinical coaching.

- **(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.**

(CSU) – high' is a subjective rather than absolute measure. In CPM reporting 'high' refers to the top 0.5 – 5% of the practice population by risk score and thus changes monthly. As we are not allowed to keep detailed historical data, we cannot retrospectively identify patients that were identified as being in the 'high' group.

We do not and cannot get the numbers as the data was at practice level, the tool was used variably, and we did not collate / keep the data for the reasons described.

(Health Navigator Limited) – approximately 85 patients were identified each month in 2021-2022.

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.**

(Midlands and Lancashire CSU) – we do not have access to this information.

(Health Navigator Limited) – there has been an evaluation of the risk stratification-led clinical coaching service.

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

(Midlands and Lancashire CSU) – not applicable.



**Staffordshire and
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(Health Navigator Limited) – the evaluation forms part of an NIHR approved randomised controlled trial, of which Staffordshire was one site, and the manuscripts are either currently being peer-reviewed or prepared for scientific publication.

Right of Appeal

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

To request an internal review

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent Integrated Care Board FOI team by emailing the team at StaffsStokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
www.ico.gov.uk

Yours sincerely

Paul Winter
Associate Director of Corporate Governance