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# ICB Supplementary Information to support risk stratification application to the Confidentiality Advisory Group.

## Introduction

The supplementary information document must be completed by all Integrated Care Boards (ICB) wishing to gain Regulation 5 support from the Confidentiality Advisory Group (CAG) for risk stratification activity.

The supplementary information document must be signed by an appropriately authorised individual at each ICB and provided with the core application document for consideration by CAG. Any ICB who does not submit to CAG for consideration will no longer be able to rely on Regulation 5 support and will not have a legal basis under the Common Law Duty of Confidentiality to undertake risk stratification.

Please note - Any additional information / documents must be included within the Appendices List, as an appendix individually referenced with a clear title and version number/date (where relevant).

## Administrative details

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| **ICB Name** |  |
| **Authorised Individual name, job title and contact details.** | *[Refer to the application template response - This individual is appropriately authorised by ICB leadership to be the point of contact for risk stratification matters and should sign off all subsequent annual reviews. Where this individual changes CAG should be notified.]* |
| **Primary contact for risk stratification** *The primary contact will be utilised as the mechanism for corresponding with CAG*  | *[Name, role, email address,]* |
| **ICB Data Security & Protection Toolkit (DSPT) published position.**  | *[What did the ICB declare as the final position for DSPT compliance.* * *Standards not met,*
* *Standards not met, improvement plan in place*
* *Standards met*
* *Standards exceeded]*
 |
| **Name of risk stratification supplier(s) and confirmation of DSPT 22/23 assurance by NHS England.**  | *[For the suppliers that are identified on the risk stratification suppliers register, the obtaining of DSPT assurance will be undertaken on the ICBs behalf by NHSE and CAG.* *If the risk stratification suppler is not on the register, then please follow this process to obtain assurance. The ICB should contact the NHS England DSPT Team via (exeter.helpdesk@nhs.net) to request NHS England review of the supplier’s DSPT submission. This confirmation, as per DHSC, needs to be in place prior to Regulation 5 support. The evidence received back from Exeter will be an email with confirmation that all risk stratification suppliers have achieved a Standards Met or above DSPT 22/23 assessment. The evidence must be included in the Appendices List as a full document and not embedded]* |
| *Appendix information reference*  |
| **Provide confirmation that the risk stratification supplier(s) have registered with the Information Commissioner’s Office.**  | *[ICO registration number for each risk stratification supplier]* |

## Informing the patient population

It is important that the patient population is informed about the use of their information for risk stratification and have the opportunity to opt out. Below, you should detail how you will inform the patient population of the use of their identifiable data without consent (patient notification), submitting examples of the materials to be used.

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| **What routes will you use to inform your patient population how their data is used to undertake risk stratification.***Communication routes should be appropriate to the scale of disclosure. Examples include (but not limited to) posters/leaflets at GP practices, information on GP websites, letter to patients, social media, local media. Sole use of GDPR privacy notices is not considered adequate. CAG encourages a layered approach to patient notification.* | *[Link to the ICB Privacy Notice and an extract of the specific wording regarding risk stratification activities. Communications should include the details of the risk stratification suppliers and links to further information and, if necessary, available in variety of formats]*  |
| **To supplement this form, please confirm you have provided an example of the materials used to inform the patient population.**  | *[The notification should include:** *a simple, clear description of the activity that includes details of the patient information to be used.*
* *How the processing is considered fair*
* *How the transparency is being met*
* *The statement that the activity is supported by Secretary of State under section 251 of the NHS Act 2006, following advice by the Confidentiality Advisory Group should be included*
* *Confirmation that the NDOO’s will be applied*
* *How patients can opt out of their information being processed for risk stratification purposes*

*CAG encourages the use of a layered approach to patient notification. That is, the initial notification materials provide a high-level overview of the activity, in line with the principles above, that also provides a link to provide further detailed information for those that wish to learn more e.g., through use of a QR code and/or link to a website]* |
| *Appendix information reference*  |
| **Please confirm:****That the National Data Opt Out will be applied***As per policy, all activities under Regulation 5 support are expected to apply the National Data Opt Out.***How you will provide a local mechanism for patient to opt out solely of risk stratification activities.***To prevent an unnecessary rise in National Data Opt Out rates that has negative impacts for all activities under s251 support, a long standing principle of CAG has been for all activities to offer patients a project specific mechanism, alongside applying the national data opt out.* | *[Confirmation that the National Data Opt Outs are applied]* |
| *[A principle of CAG support is that notification materials provide a local contact for patients to solely opt out of risk stratification. Evidence of an appropriate offer / mechanism from the ICB implements to support risk stratification patient opt outs is in place, which can be defined locally but could include telephone, email and postal options given to patients.]* |
| *Appendix information reference*  |
| **Please provide:****A data flow map for risk stratification processing** *The map must clearly detail where the s251 support will be required.*  | *[Visual map / PDF document added as an appendix. It should be a simple diagram, aligned to the content on the application form and include:**The organisations between which data will flow** *GPs (be clear if route a or b is being used as per the application form and the flow of data in identifiable form and requires s251 support or pseudonymised)*
* *Risk Stratification supplier (these do not require individual identification, if more than one supplier)*
* *ICB (if any data flows from them)*
* *Indicate if each flow/linkage uses identifiable, pseudonymised, anonymised data.*
* *For identifiable flows/linkages, indicate common law legal basis or that s251 is used to support.*

*The information from the ICB Data Protection Impact Assessment (DPIA) may assist as evidence]* |
| *Appendix information reference*  |
| **Please list:****Each of the local flow data items held and analysed in relation to each patient, describe and justify why the data item is required.** | *[The data items used may be dependent on the risk stratification supplier, and the risk stratification system algorithm implemented. Please explain the local data item and the specific requirement for analysis purposes, these may include GP data, Ambulance or 111 datasets.]* |

## Public Involvement

The CAG expects to see evidence of public involvement that specifically tests the acceptability of using confidential patient information without consent for the purpose of risk stratification. This evidence will be used by CAG to understand public support for the use of confidential patient information in the application and can contribute to wider CAG considerations that the activity is in the public interest.

You should follow the HRA [principles of public involvement](https://www.hra.nhs.uk/planning-and-improving-research/best-practice/public-involvement/) when undertaking this work and clearly detail how you have met these along with the outputs in your application form. You can also provide supporting documentation detailing areas such as questions you have used, the responses you received as well as demonstrating it was undertaken with people with relevant lived experience of the health condition or social care situation on your activity.

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| **Please provide details on the public involvement undertaken within the ICB for risk stratification.***It should evidence that attendees were provided an overview of risk stratification and how patient data is used to undertake this., and that attendees were asked their views on the acceptability of doing this without patient consent.**It should document the views of those attending, positive and concerns. Where concerns are raised it should detail evidence on how the ICB has considered any steps that can mitigate these concerns.**A separate supporting document can be provided.*  |  *[The public involvement should provide attendees/survey recipients with a plain English overview of what risk stratification is, how patient data (including identifiers) is used to achieve risk stratification. Attendees/survey recipients should be asked whether they support the use of data for this purpose, or if they have any concerns on the use of this data without consent. If in a focus group, concerns can be explored to reassure participants.**ICBs may also wish to provide attendees with any draft patient notification materials to the group for comment.**As part of the CAG submission, please detail the format the public involvement took (survey/focus groups), with whom (general public, established patient group) and how many attendees/responses. The response should also provide an overview of the feedback provided (e.g., were attendees generally supportive). If concerns were raised, please detail what the concerns were and whether attendees were reassured following discussion, and whether you have made any changes as a result. If providing patient notification materials, what were the views of the attendees.). This should be an ongoing dialogue and evidence of proposed activities to support can also be included as evidence.]* |
| *Appendix information reference* |

## Patient Benefits

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| Describe how the information without consent has improve patient care and serve the wider public interest? *The response should highlight demonstrable evidence of the benefits that risk stratification has had to the patient population, over the past 10 years of the activity having Regulation 5 support.* | *[The ICB can demonstrate that as a result of risk stratification, the improvements and / or interventions that have been implemented. That the risk stratification activity through the suppliers is achieving the objective and delivering value]*  |

## Signatures

The authorised individual should sign below, to confirm the following:

* I have read the core application and confirm that the ICB will adhere to the data flows and purposes detailed within.
* I confirm any proposed changes to the core application or the information within this supplementary document will be submitted as an amendment to CAG.
* I confirm that the above information is an accurate summary of the steps taken by the ICB to involve and inform the patient population.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendices

Appendix 1 -