

Our Reference

HM\ North East & North  
Cumbria ICB\ FOI ICB226

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Your Reference

16 February 2023

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**Freedom of Information Act 2000 - Request for Information – NHS North East & North Cumbria Integrated Care Board (ICB)**

Thank you for your request received by North of England Commissioning Support (NECS) on 09 February 2023 for information held by NHS North East and North Cumbria Integrated Care Board (NENC ICB) under the provisions of the Freedom of Information Act 2000.

For information Clinical Commissioning Groups ceased to exist on 30 June 2022. Services that were previously delivered by the CCG are now being delivered by the successor organisation NHS North East and North Cumbria (ICB).

**Details of Request and Reply**

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/> - Yes
- (1b) If yes to (1a), who supplies active risk stratification services for your ICS? If performed in-house, please state 'in-house'. - NECS
- (1c) For each of the suppliers named in (1b), in what year did your ICS start using risk stratification services for each? – 2009 (RAIDR started development)
- (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? *There is no charge specifically for risk stratification.*

## **Section 2: Using results of risk stratification.**

- (2a) Do you employ risk stratification for hospital admission avoidance across the whole ICS population? - Yes
- (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)? - Yes
- (2c) If yes to (2b), please identify these subgroups. – *asthma, cancer, CHD, CKD, COPD, dementia, diabetes, epilepsy, moderate frailty, MS, Parkinsons, severe frailty*
- (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. – *GP practices, with a direct relationship to the patient, are able to identify patients who are high risk*
- (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. – *Information is not available, risk stratification tools are used by 100's of people to identify patients at a given point in 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.
- (3b) If so, please provide copies of these evaluations, or a summary of analyses and results. – *Evaluation has not been carried out*

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by The North of England Commissioning Support Unit.

The Information Commissioner can be contacted at:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

[www.ico.gov.uk](http://www.ico.gov.uk)

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 [www.legislation.gov.uk](http://www.legislation.gov.uk) . This will not affect your initial information request.

Yours sincerely

*Hilary Murphy*

**Hilary Murphy**  
**Information Governance Officer**