

RISK STRATIFICATION POLICY

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VERSION CONTROL		
Date and version	Author	Comments
August 2019 v0.1/0.2	Russell Carpenter	First draft. Benchmarks – Blackpool CCG, Rotherham CCG, North Staffordshire CCG & Stoke-on-Trent Clinical CCG, Vale of York CCG
August 2019 v0.3	Tony Kinsella	Amendments throughout
August 2019 v0.4	Russell Carpenter	Re-inserted statement about Section 251 as legal basis to permit Risk Stratification, though DPIA still required to determine specific of data processing arrangements. This will be Graphnet’s DPIA as the risk stratification supplier.
August 2019 v0.5	Russell Carpenter	Section on ethical review to inform choice of tool removed as the tool has already been chosen.
September 2019 V0.6	Russell Carpenter	Change from draft to final only following approval by CCG Information Governance Steering Group 04/09/19. Version control updated.

1. Introduction

1.1 Purpose of policy

This policy provides the CCG with the actions agreed necessary to ensure that Risk Stratification is undertaken in line with current legislation.

The required actions are set out in the document 'CAG 7-04(a)/2013 compliance for CCGs' published by NHS England:

<http://www.england.nhs.uk/ourwork/tsd/ig/risk-stratification/>

CAG Approval CAG 7-04(a)/2013 extended to the end September 2020.

They are included in summary by this policy with CCC responses in its risk stratification assurance checklist available separately.

No detriment has been identified through equality impact assessment of this policy.

1.2 Background

The Department of Health estimates that approximately 80% of primary care consultations, 65% of emergency hospital admissions and two thirds of health care costs in the UK are due to long-term conditions, affecting about one in three members of the population

As the UK population ages there will inevitably be an increase in the numbers of people affected by long-term conditions, creating a strain on existing health care services and budgets. NHS England is encouraging Clinical Commissioning Groups (CCGs) and General Practitioners (GPs) to make use of Risk Stratification to identify 'high risk' patients for early intervention, to improve health care and reduce emergency hospital admissions

1.2 Purpose of Risk Stratification

Risk Stratification tools support the delivery of health services. They use relationships in historic population data to estimate the utilisation of health care services for each member of a population.

Risk Stratification combines existing primary and secondary care data about patients (and other data as appropriate) to identify those patients with:

- Stratifies a population by the risk associated with their current morbidity burden and expected resource use – The so called “Kaiser Pyramid”;
- Maps people and their diseases to different diagnostic groups to facilitate disease profiling;
- Predicts patients who are likely to be high risk (e.g. presenting with or worsening specific health conditions/most likely to require emergency/ or repeated hospital admission)/high cost in the coming year;
- Generates a series of other markers that can be used to sub-stratify and assist in case finding activities – e.g. care coordination, ED visit classification.

Risk stratification can be used for the following:

- Population Health Profiling (e.g. understanding disease and morbidity distribution within a population);
- Case Finding (e.g. matching the right patients to the right care programmes);
- Performance Assessment (e.g. ability to account for differences in case mix when comparing activity metrics such as emergence admission rates);
- Resource Allocation (e.g. the ability to quantify case mix facilitates the more equitable allocation of resources).

Once identified 'high risk' patients can be targeted for intervention to improve condition management (both by clinicians and by themselves).

Risk stratification tools are comparable to screening because they use a population's data to identify individuals that are at sufficiently high risk of a Triple Fail event (such as an unplanned hospital admission) to justify offering a preventive intervention (such as the support of a community matron).

Risk Stratification has been widely introduced by CCGs and GP practices as part of local strategies to support patients with long-term conditions and to help prevent avoidable unplanned admissions.

Any Risk Stratification score is only a prediction and is limited by the factors used within the model. Clinical experience may, therefore, include or exclude patients for intervention irrespective of their risk score.

Risk Stratification may also be used, with personal confidential data (PCD) removed, to inform wider clinical commissioning decisions and service planning.

It is the intention of the CCG to support its member GPs to provide timely and effective health care for all patients, based on need and subject to the constraints under which each practice operates.

The CCG and its member GPs believe that preventative treatment can be an effective form of patient care and considers evidence-based Risk Stratification to be a means of identifying 'high risk' patients who may benefit from proactive intervention. It would be inappropriate to exclude patients from, or not to act on, the information provided by Risk Stratification.

The CCG and its member GPs encourage patients to be involved in management of their own personal health care and respect the rights of each individual patient, including the right to decline intervention or subsequent treatment options or onward referral.

1.3 Roles and responsibilities – CCG and its member practices

The CCG commissions a suitable risk stratification tool that is compliant with national guidance for use by themselves for high level service planning (anonymised data) and for practices use (patient confidential data)

CCG Member GP Practices will be able to access the risk stratification tool to explore the risk scores for their patients and to enable proactive referral to alternative services to take place with patient consent.

1.4 Roles and responsibilities – risk stratification supplier

The Risk Stratification supplier will update and maintain the risk stratification tool on a monthly basis and ensure all processing of data is in accordance with national guidance.

The organisation responsible (CSU/risk stratification supplier) for undertaking risk stratification processing will also ensure that a detailed process is written and accompanies the Information Sharing Agreement, to outline the secure mechanism for receipt, processing and destruction of data within the risk stratification tool.

1.5 Definitions

Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this document shall have the same meaning as set out in the National Health Service Act 2006 and the Health & Social Care Act 2012 or in any secondary legislation made under the National Health Service Act 2006 and the Health & Social Care Act 2012 and the following defined terms shall have the specific meanings given to them below:

- Clinical Commissioning Group/CCG means a body established in accordance with section 11 of the NHS Act 2006.
- Employee means a person paid via the payroll of Staffordshire & Lancashire CSU.
- HSCA 2012 means Health & Social Care Act 2012.
- NHS Act 2006 means National Health Service Act 2006 (as amended).

2. Policy principles

2.1 Risk Stratification requirements

The CCG will implement the requirements of the Risk Stratification Assurance Statement through the series of actions which it defines.

This includes:

1. Data Sharing Agreements agreed between partners involved in the Risk Stratification Process – including the CCG, GP practices, other providers and the CSU or/and any other Risk Stratification Supplier.
2. A Data Privacy Impact Assessment (DPIA) will be completed by the CCG as per guidance published by the Information Commissioners Office's (ICO). This may be undertaken jointly by all partner organisations involved in the risk stratification process.

A specific legal basis is not required when using de-identified patient data, as this does not impact on the confidentiality of individuals. For Risk Stratification to work well, however, it is necessary to cross-reference patient data from a number of sources.

NHS England has obtained conditional approval under section 251 of the National Health Service Act 2006 for GPs (supported by CCGs) to undertake Risk Stratification for the purpose of targeting specific patient groups, enabling clinicians with the duty of care for patients to offer appropriate interventions to improve health care.

Where Risk Stratification is specifically undertaken to enable GPs to identify 'high risk' patients, it is essential that the risk scores can be allocated back to individual patients. It follows, therefore, that Risk Stratification requires a unique identifier for each patient (e.g. NHS number). No other PCD should be required or processed by the Risk Stratification supplier.

In addition, through the Data Privacy Impact Assessment (DPIA), the CCG will satisfy itself that it and its GP members comply with the requirements of the Data Protection Act 2018 and, specifically in relation to processing PCD, act 'fairly & lawfully' by informing patients about Risk Stratification.

2.4 Supporting principles

There are a number of clinical uses of the risk stratification data which will form part of current and future planning on admissions avoidance for the CCG:

- To identify people with highly complex, multiple morbidity and/or frailty that might benefit from MDT support as part of case management and care planning.
- To identify and target specific service needs of patient groups.
- To identify suitable patients for the caseload of specialist nursing or medical services such as community geriatricians, community matrons or mental health practitioners or for end of life advance care planning and/or reduce unnecessary unplanned admissions.

The risk stratification process will be carried out in the following manner:

- a. Data is received in a "de-identified data for limited access" form (i.e. NHS number as the patient identifier) or is pseudonymised on landing; AND
- b. Processing is within a "closed box" with strict role based access control; AND
- c. Re-identification is solely for the purpose of direct care and is available only to those with a direct clinical care relationship with the patient.
- d. Any publication of data other than in accordance with c. above must be anonymised in line with the Information Standards Board for Health and Social Care (ISB) Anonymisation for publication standard.

A Communications Plan will be developed to ensure that fair processing is in place for all patients and service users to inform them that their data may be used for Risk Stratification purposes.

The fair processing notice will provide:

- a. an explanation of risk stratification,
- b. clarity about who the data controller and data processors are,
- c. a description of what type of data will be used for risk stratification,
- d. Detail the rights individuals can exercise in relation to this i.e. the right to access their personal data and to object to its use for this purpose and how to exercise this right.

A process will be agreed to ensure patient objections can be handled and processed by the GP and CSU/Risk Stratification supplier. Fundamentally member GP practices will be receipt of any objections from their patients and so will, where it receives an objection, initiate the “opt-out” procedure as is described within the primary care privacy notice.

3. Scope

3.1 Individuals within the Scope of this Document

This policy will apply to all GP practices within the membership of Buckinghamshire.

The members of staff with access to the identifiable data to support the clinical management of the patient will be determined by each individual organisation.

4. Roles and responsibilities

4.1 GP practices

The risk stratification tool will be made available to all practices to support them in identifying patients at high risk of

- Hospital admission;
- Developing a long term condition e.g. diabetes, cardiovascular disease.

4.2 Data Services for Commissioners Regional Offices (DSCRO)

The process is ‘black box’ (closed system) and will be done by the DSCRO, they are part of the CSU (but this team is ‘seconded’ to the HSCIC, who are the legal processors of all patient identifiable data).

4.3 Risk Stratification Supplier

- NHSE approval that they can use risk stratification application;
- Risk stratification application is kept up to take in line with NHSE guidance;
- Support training and development of tool (e.g. utilisation of additional datasets).

4.4 Clinical Commissioning Group (CCG)

- Responsible for the coordination, implementation and application of the risk stratification output;
- Manage supplier (includes all relevant contractual issues and communications/engagement).

5. Distribution, Implementation, training and compliance

This document will be made available by the CCG Senior Information Risk Owner (SIRO) to individuals with lead responsibilities for Primary Care in the CCG. Senior commissioning managers will be made aware of the policy.

A copy of the document will be emailed to each practice and a hard copy of the document will be sent to each member practice of Buckinghamshire CCG.

A training needs analysis will be undertaken with Officers affected by this document. Based on the findings of that analysis appropriate training will be provided to Officers as necessary.

Compliance with the policies and procedures laid down in this document will be monitored via each organisation.

The CCG SIRO in conjunction with the CCG Data Protection Officer and any other IG staff are responsible for the monitoring, revision and updating of this document.

APPENDIX 1 External sources / references

Title / Author / Benefits	Content
ESSENTIAL TO DISCHARGING THIS POLICY	
http://www.england.nhs.uk/ourwork/tsd/ig/risk-stratification/	NHS England Risk Stratification Guidance
https://www.england.nhs.uk/publication/risk-stratification-assurance-statement/	NHS England Risk Stratification Assurance Statement
https://www.buckinghamshireccg.nhs.uk/public/about-us/publishing-information/fair-processing-notice	CCG Fair Processing Notice – Risk Stratification covered under separate section on “Risk Stratification”
https://www.buckinghamshireccg.nhs.uk/primary-care-privacy-notice/	Primary Care Privacy Notice – covered under “What else might information be used for?”