

Risk Stratification and Equity Policy

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.

Risk Stratification

Risk Stratification involves using existing primary care data about patients, often combined with secondary care and other data as appropriate, to identify those patients with a 'high risk' of presenting with or worsening specific health conditions or those most likely to require emergency or repeated hospital admission. Once identified, these 'high risk' patients can be targeted for intervention to improve management of their condition, both by clinicians and by themselves.

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.

Rationale

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.

Legal basis for undertaking Risk Stratification

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.

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.

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.

In addition, the CCG has satisfied itself that it and its GP members comply with the requirements of the Data Protection Act 1998 and, specifically in relation to processing PCD, act 'fairly & lawfully' by informing patients about Risk Stratification and taking account of:

Schedule 2, condition 5 (b) - The processing is necessary for the exercise of any functions conferred on any person by or under any enactment.

Schedule 2, condition 5 (d) - The processing is necessary for the exercise of any other functions of a public nature exercised in the public interest by any person.

Schedule 3, condition 8 - The processing is necessary for medical purposes and is undertaken by

(a) A health professional, or

(b) A person who in the circumstances owes a duty of confidentiality which is equivalent to that which would arise if that person were a health professional.

Medical purposes include preventative medicine, medical diagnosis and research, provision of care and treatment, planning and management of services.

Policy

Rights of the patient

The CCG and its member GPs shall:

- Operate lawfully and manage resources effectively for the benefit of all patients.
- Respect the rights of patients to confidentiality and to refuse further use of their PCD conferred by, for example:
 - The Data Protection Act 1998
 - The Human Rights Act 1998
 - The common law duty of confidence
 - The NHS Constitution
- Inform and discuss with patients how their PCD may be used, including for Risk Stratification, through a variety of appropriate media (e.g. GP practice booklet, website, poster).
- Respect the rights of individual patients to dissent to the use of their PCD for Risk Stratification or to decline intervention and subsequent treatment or referral.

Clinical Commissioning Group

- Ensure that 'complaints' or other procedures are adequate for discussing, recording and respecting patient concerns about and dissent to Risk Stratification.
- If a patient dissents (or withdraws dissent) from secondary use of their PCD, the appropriate read codes shall be added by their GP practice to the clinical record.
- If a patient dissents to the secondary use of their PCD for Risk Stratification purposes, that patient's right to treatment will not be adversely affected; all patients shall be treated equitably and fairly.

Employees, contractors and sub-contractors

The CCG and its member GPs shall:

- Enforce information governance and patient confidentiality, for example by:
 - Ensuring all employees, contractors and sub-contractors undertake adequate training on information governance and the need for patient confidentiality.
 - Ensuring all employment and supplier contracts include a patient confidentiality clause.
 - Ensuring all contractors and sub-contractors meet or exceed level 2 on the Information Governance Toolkit.
 - Taking appropriate action for any breaches of information governance or patient confidentiality.
 - Reporting any serious breaches of information governance or patient confidentiality to the Information Commissioner for investigation, using the HSCIC reporting tool.
- Ensure everyone using Risk Stratification is given adequate training.
- Be aware of and react to guidance on information governance and other factors that may affect Risk Stratification as implemented by the CCG or its member GPs.

Use of Risk Stratification

The CCG and its member GPs shall:

- Specify the events or health conditions to be identified by Risk Stratification for potential intervention.
- Use appropriate Risk Stratification tools to identify 'high risk' patients who might benefit from early intervention.
- Only contract services from a supplier included on the NHS England named register of existing Risk Stratification suppliers.
- Use evidence-based risk predictors including age, gender, race, disease, hospital attendance, past history, treatment etc.
- Ensure Risk Stratification is performed using the least amount of PCD necessary, to ensure the confidentiality of individual patients.
- Ensure that only clinicians directly involved in patient care can see a patient's individual risk score.
- Regularly review the chosen Risk Stratification tool and supplier to ensure that the underlying processes are robust.
- Regularly review the outcomes and impact on patients, taking account of the ethical criteria for Risk Stratification programmes, to ensure that objectives are being met (e.g. improvement in health), and that patients are not disadvantaged or suffer unexpected outcomes.

- Periodically reconsider whether the continued use of Risk Stratification is clinically justified.
- Work with NHS England to develop an appropriate exit strategy.

Use of PCD

The CCG and its member GPs shall:

- Undertake a Privacy Impact Assessment to ensure adequate safeguards are in place to minimise the impact of Risk Stratification on patient confidentiality.
- Define the minimum practical dataset required for Risk Stratification, including the extent of historical data used, and ensure the data is not used for other purposes.
- Ensure the excluded data defined by NHS England is not used for Risk Stratification.
- Ensure there is a robust contract and data processing agreement between the GP (as data controller) and the Risk Stratification supplier (acting as data processor).
- Provide a single weak identifier (i.e. NHS number) for cross-referencing of primary and secondary care data and return of 'high risk' information to the GP practice where:
 - An identifier is essential and pseudonymisation at source is not practical.
 - The Risk Stratification supplier confirms compliance with the NHS England guidance on Risk Stratification and Information Governance Toolkit.
- Ensure that the transfer of data to and from the Risk Stratification supplier is undertaken securely in compliance with NHS guidelines.
- Ensure that all PCD held by the Risk Stratification supplier is destroyed in line with records management policy and retention schedules when no longer required.

Intervention

The GP practice shall:

- Over time and where appropriate, aim to develop and offer suitable interventions for patients, depending on their individual risk scores.
- Undertake preliminary review of individual risk scores by a clinician with a legitimate relationship to the patient.
- Explain the reasons for **and** seek patient consent when offering intervention or onward referral.
- Record patient consent or dissent for any particular intervention or referral.
- Record any interventions, referrals, outcomes or cessation of an intervention (with reasons where appropriate).