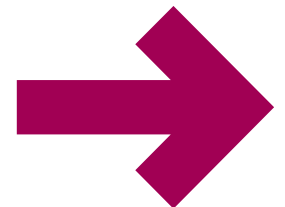


# **Risk Stratification: Information Governance Issues and Update**

H Thomas,  
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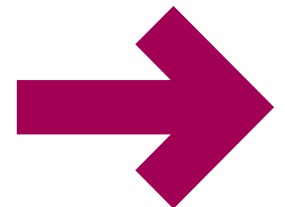
## Contents

- Background
- Section 251 – How we got here and where we're going
- Case Finding and Case Planning
- Issues of ethics and law
- Fair Processing and Patient Preference



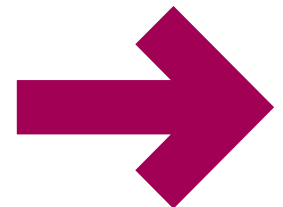
# Background

- New approach to identifying those at risk
- Large amount of data to benefit a small number of subjects
- Models struggle if a reasonable basis of data isn't available
- Data Hungry (what about if we added...)
- Can we demonstrate benefit?
- Would what the patient say?



# The Section 251 – How we got here

- Application under Section 251 of the NHS Act 2006 (CAG 7-04(a)/2013)
- Legal gateway to meet the duty of confidence without seeking individual's consent
- Case made to CAG make recommendation to Sec of State
- Initial application GP and SUS data
- Limited number of suppliers approved to use application
- Proof of concept
- Difficult legal argument

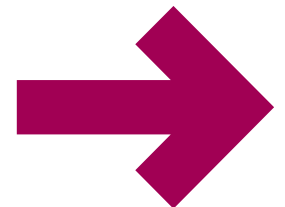


## Section 251 – Where are we going

- Application now reviewed, expanded and extended
- Including new data sets
- Still a challenge around Social Care data
- Ability to add new risk strat. suppliers

### Exit Strategy

- Remove dependence of Section 251
- Attempt to establish a clear legal framework (tricky legal and data concepts)
- Data Sharing for Commissioners programme



# Case Finding and Planning

## Case Finding

- Clinical judgement before clinical intervention
- Patient has choice
- Within an environment of “reasonable expectations”
- Individual advantage – offered something that may not have been available

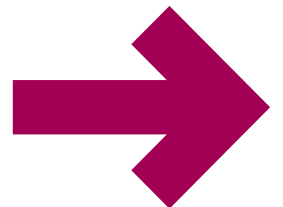
## Planning

- Individual doesn't need to be identifiable (?)
- Comprehensive data set would be useful
- Patient awareness and choice
- Benefit to the individual?



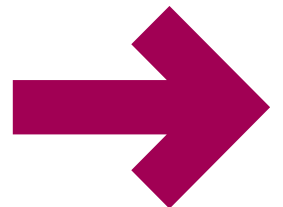
# Issues of ethics and law

- “Reasonably expect” (Implied Consent)
- Proportionality of data processing (5% benefit from 100% data subjects processing)
- Impact of opting out
- Direct Care or not direct care that is the question...
- Data Accuracy



# Fair Processing and Patient Preference

- Must be fair and must be a reasonable expectation
- Points of collection
- Managing innovation
- How do you explain to the data subject (patient, client or citizen)?
- Who do they trust?
- What are the risks, what are the benefits?
- Feedback loop (or is our fair processing working?)
- Patient preference – how will it be accounted for?
- Where does the decision making sit?





## Some Useful links

- Information Governance Alliance

<http://systems.digital.nhs.uk/infogov/iga>

- Data Services for Commissioners programme

<https://www.england.nhs.uk/ourwork/tsd/data-services/>

- National Data Guardian Review and webpage

<https://www.gov.uk/government/organisations/national-data-guardian>

<https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs>

