Dear Sir/Madam,

Your request under the Freedom of Information Act 2000 – internal review outcome

I have received your email of 5th July 2018 requesting an internal review of the outcome to your Freedom of Information Act request.

I can confirm that I was not party to the original decision on whether to release any information held and I have reviewed the outcome in a fair and impartial manner.

I have reassessed your case and after careful consideration I have concluded that the initial response that was sent to you has been upheld in part. An explanation of my decision follows.

Your FOI request, made on 1st May 2018 asked for five pieces of information, 4 of which you liked us to review:

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| Question 1 | |
| Request | “The model by which the system identifies patients “as being at risk of unscheduled or unplanned care”, or any other ways the system flags individuals according to certain criteria. This should include the list of factors that are considered and detail relating to how the system takes information about these factors and decides whether to flag a patient as at risk.” |
| Response | We use the combined predictive model in addition to locally developed selection criteria. |
| Request for Clarity | We would like to learn more about the “locally developed selection criteria” mentioned. |
| Response | I have attached the Guide to Admission Risk - Combined Predictive Model that covers the risk scoring rationale. |
| Question 2 | |
| Request | Any reports, training materials, presentations, etc. that are shared with / delivered to doctors, GPs, nurses, or anyone else coming in contact with this system relating to its operation and how they should interact with it. |
| Response | Please see <https://healthiermanchester.org/mcrec/> |
| Request for Clarity | When we were requesting training materials, reports, presentations, etc., we were hoping to see any materials that are not publicly available, such as those aimed at staff and used for internal training. |
| Response | Currently, training is delivered directly face to face by 2 Primary Care facilitation staff who visit practices and deliver training by directly using the live system with end users. |
| Question 3 | |
| Request | Particularly, we are interested in the level to which those using this system are aware of how the systems flags individuals as being at risk of unscheduled or unplanned care, or any other ways the system flags individuals according to certain criteria. |
| Response | Individuals identified with the CPM, where appropriate, are selected for multi-disciplinary care and put on a care plan. The system can exchange flags with downstream systems which then alert the care provider the citizen has a care plan. |
| Request for Clarity | We appreciate the brief description of how the system functions, but we would greatly appreciate a more comprehensive description that would help us understand the day-to-day usage of the system and it’s place within wider infrastructure and public services. Again, perhaps staff training materials would be well suited to providing us this information. In this case we would be asking for any documents that might already provide this kind of information for the purpose of internal communications, such as reports or memos. |
| Response | I have attached the Guide to Admission Risk - Combined Predictive Model and also the GP Data Sharing Agreement |
| Question 5 | |
| Request | Any contracts and agreements between the relevant authorities and Graphnet relating to this or similar / related systems. This could also include contracts with the relevant authorities relating to CareCentric and EMIS Web Software, used in GP surgeries |
| Response | NHS Manchester CCG has deemed these contracts to be commercially sensitive and therefore they will not be disclosed. |
| Request for Review | a) Section 20 of the Department for Communities and Local Government’s ‘Local Government Transparency Code 2015’, which encourages greater transparency in the public interest, notes:  ‘The Government has not seen any evidence that publishing details about contracts entered into by local authorities would prejudice procurement exercises or the interests of commercial organisations, or breach commercial confidentiality unless specific confidentiality clauses are included in contracts. Local authorities should expect to publish details of contracts newly entered into – commercial confidentiality should not, in itself, be a reason for local authorities to not follow the provisions of this Code’.  b) There is always the potential for a company in any area to act in bad faith, but this should not be a reason to deny access to information about how public money is spent.  c) Contract and tendering details are provided regularly by a range of government bodies in the public interest. For example, many police and fire services release contractual information through the Bluelight database ( https://www.blpd.gov.uk/foi/foi.aspx ).  d) There may be core aspects of the systems contracted that have competitive commercial value and we appreciate that such details will be redacted from any documents released. We argue that commercial interests will not be compromised by revealing other details that may be provided in contracts or related communications with contracted companies. Details that could be released include details about the existence of a system, it's purpose, the tasks being contracted, continued relationships, general descriptions, types of data being used, how this data is shared. |
| Response | The response was that the information requested is currently exempt from disclosure as a result of the exemption provided by section 43(2) of the Act (commercially sensitive information).  This exempts information where disclosure would likely to prejudice the commercial interests of any person. Section 43(2) is a prejudice-based exemption; so the test for exemption is whether or not the commercial interests referred to in the section would or would likely be prejudiced by disclosure.  In deciding whether or not disclosure could prejudice commercial interests; I have considered the interests themselves, whose interests they are and how disclosure might prejudice them.  In this case, the disclosure of the Service Level Agreement (SLA) held between Manchester CCG and Graphnet/Care Centric is in draft form and is still under consultation.  Factors favouring disclosure  Use of public funds – It is important that the CCG publicly acknowledges their responsibility for the proper use of public funds.  Factors favouring non-disclosure  Ability to carry out role – disclosure would make it less likely that companies or individuals would provide the CCG with commercially sensitive information in the future or conduct commercial transactions with the CCG without fear of suffering commercially as a result. Consequently, this would undermine their ability to fulfil the role. Also, the SLA is still under consultation and has not been approved.  Balancing test  There are factors favouring disclosure and non-disclosure. The main factor for disclosure is public accountability, showing that public money is being used efficiently and effectively. The main factor for non-disclosure is the commercial sensitivity around the request and that the SLA is still in draft form and is still under consultation.  As such, it is my decision that the public interest at this time lies in non- disclosure of the Service Level Agreement (SLA), for the reasons outlined above. I therefore conclude that the original decision is upheld. |

If you are dissatisfied with the outcome of the internal review you can contact the Information Commissioner via the following:

Information Commissioner’s Officer

Water Lane

Wilmslow

Cheshire

SK9 5AF

0303 123 1113

01625 545745

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

Yours sincerely,

**Shavarnah Purves**

Senior Information Governance Officer

Manchester Health and Care Commissioning