

Reference: FOI.ICB-2223/194

Subject: Risk Stratification

*I can confirm that the ICB **does hold the information requested**; please see responses below:*

QUESTION	RESPONSE
<p>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.</p> <p>Our questions are as follows:</p> <p>Section 1: Risk stratification provision.</p> <ul style="list-style-type: none"> • (1a) Does your ICS employ risk stratification algorithms for population health as defined by NHS England? https://www.england.nhs.uk/ig/risk-stratification/ • (1b) If yes to (1a), who supplies active risk stratification services for your ICS? If performed in-house, please state 'in-house'. • (1c) For each of the suppliers named in (1b), in what year did your ICS start using risk stratification services for each? 	<p>1a - The ICB does not currently engage in risk stratification.</p> <p>1b – not applicable</p> <p>1c – not applicable</p> <p>1d – not applicable</p>

<ul style="list-style-type: none"> (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? 	
<p>Section 2: Using results of risk stratification.</p> <p>(2a) Do you employ risk stratification for hospital admission avoidance across the whole ICS population?</p> <p>(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)?</p> <p>(2c) If yes to (2b), please identify these subgroups.</p> <p>(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.</p> <p>(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.</p>	<p>not applicable</p>
<p>Section 3: Evaluating results of risk stratification.</p> <p>(3a) Have you conducted an evaluation of the impacts from employing risk stratification? For example - the impact on number of hospital admissions.</p>	<p>not applicable</p>

(3b) If so, please provide copies of these evaluations, or a summary of analyses and results.	
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The information provided in this response is accurate as of 16th February 2023 and has been approved for release by Deborah El-Sayed, Director of Transformation and Chief Digital Information Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.