



## The Development and Maintenance Initiative (DMI)

### Health Circular

#### Circular 1

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Health (Wales 18\_01\_07)  
(Manchester 23\_02\_07)

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#### 1.1 Issues affecting the health sector

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The extension of the re-submittal deadline (2008) was welcomed.

Securing contacts with GPs and other small health practitioners may be problematic. Ideally they should be represented at the workshops, particularly if the model schemes are to accurately reflect the work of these organisations. The ICO welcomes any volunteers from such organisations.

Health Authorities in England had specific issues around the 'mergers', in particular what should be done in relation to approval of the new schemes prior to 2008. The ICO's view is that because the SHA have a model scheme, all the new authority should do is notify us that the authority has changed and what it has changed to. The new authorities will need to consider how they disseminate the content of merged schemes.

During the workshops, it was noted that the public may not always appreciate the complexity of the NHS. The work carried out in creating classes may help refine the role of the sector a little in terms of communicating the work externally. The external language adopted by the schemes needs to reflect the public's understanding of the NHS and should avoid overtly internal terminology and structure.

The role of overarching, strategic organisations such as NHS Direct needs to be considered when constructing schemes. The relationship between such organisations and the front line service provision areas may need to be reflected. As the public are not always familiar with the way in the way in which NHS is organised a brief, high level standard paragraph of how each of the sectors' component parts fit together may be helpful.

The health sector is often perceived as traditionally proactive in releasing information to the public.

In Wales, the Health Service Information Wales may be a useful resource for the DMI. It brings together a host of statistical information for both internal and external audiences.

A plea was made by some authorities that disclosure logs for the health sector should be mandatory.

It was suggested that audits of performance with FOI should be made otherwise it was unfair on those authorities who were putting effort into the maintenance of their schemes. It was also felt that formal audits help to raise the profile at senior levels

There are still concerns that 'buy in' to making information routinely available is difficult to gain particularly at Chief Executive level.

Consideration needs to be given to the interface between FOI and Public Sector Information.

Some authorities' expressed a wish to receive an ICO 'kite mark' for their scheme to reflect the commitment of the authority. As the schemes are generally models thought should be given to how good practice and exemplary routine access to information could be recognised.

The need for a close working relationship between the FOI Practitioners and the web teams was discussed. Many practitioners felt that the outsourcing of IT services had resulted in a lack of control in where the information was placed and how quickly it was placed on the website.

## **1.2 Presenting Information**

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Although web sites are the primary vehicle for providing information, over reliance on the web should be avoided. The NHS in particular is likely to have elderly and/or infirm users who may not have access to the web. The needs of such user groups must be taken into account when developing schemes.

Terminology and abbreviations within the NHS can cause misunderstandings when providing information to the public. There is often a fine line between making information available and making it understandable. There is also a general recognition of the importance to provide a context to information, whether it be via a publication scheme or the general rights of access conferred by Section 1. This is particularly pertinent to information relating to statistics, which are often subject to a degree of interpretation.

In Wales, the Local Health Boards (LHB) represented at the workshops were confident that a model scheme could be achieved as their functions are relatively standardised.

### **1.3 Commercial Information**

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Commercial enterprises are prolific requestors in the health sector, and many seek information which can be used for their own business purposes. Although some authorities feel such requests are incompatible with the ethos of the Freedom of Information Act 2000, this does not negate the fact that they are legitimate requests and should be dealt with as such.

In some authorities, contractual and financial information is proactively released in order to stem the flow of such requests. In cases where an authority has genuine concerns about the commercial sensitivity of contractual information, it may wish to consider the exemptions in [Part II](#) of the Act. Thought needs to be given to the most appropriate way of providing access to regularly released information of this nature.

In respect of the use of information by commercial organisations and others, the [Office of Public Sector Information](#) (OPSI) has some useful information on the [Re Use of Public Sector Regulations](#). As the name suggests, the regulations seek to exert some control over the reuse of information released by public authorities in response to an FOI request.

### **1.4 Charges**

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It became clear from the workshops that the health sector rarely charges for information, considering it to be incompatible with the ethos of free access to the NHS. In addition, few mechanisms to retrieve costs in an efficient manner exist. However, it is important to maintain continuity to the way in which charges within publication schemes are levied across the sector.

There is confusion between charging for information in schemes and the fees regulations, guidance is required.

The ICO will consider the appropriateness of providing standard paragraphs for this purpose.

### **1.5 Information Sharing**

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As with many authorities dealing with sensitive personal data, sharing information amongst organisations is a key issue. It is important that the public have confidence in the processing of their information, and have a basic understanding of the mechanisms by which information sharing takes place. The ICO will consider whether standard paragraphs within publication schemes would aid understanding of this issue.

Ownership of information could be problematic. For example, in Wales the relationship between information held by the Health Inspectorate Wales and the Health Commission Wales is not always readily understood. Ownership, or differing opinions on the suitability of information for proactive release may frustrate attempts to create core classes within the health sector.

## **1.6 Draft mandatory classes**

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As a result of the discussions from the first Welsh and English workshops, a number of possible mandatory classes were suggested, these will be further discussed at the 2<sup>nd</sup> workshops and information regarding this will be provided in Newsletter 2.

## **1.7 Further Input**

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If you have any comments on this circular or anything you would like to contribute to the initiative, please contact Paul Damerill at [paul.damerill@ico.gsi.gov.uk](mailto:paul.damerill@ico.gsi.gov.uk)

The next Health workshops will be held as follows:

- Northern Ireland: 15<sup>th</sup> March 2007 (1<sup>st</sup> Session)
- Manchester : 5<sup>th</sup> April 2007
- Wales: 12<sup>th</sup> April 2007