

# **Annexe E**

**Local authorities and NHS bodies**

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OFT861e

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# 1 INTRODUCTION

1.1 This case study, based on interviews with a sample of four local authorities (LAs) and six NHS bodies, presents a snapshot of current information re-use activity, and potential future activity. 'Re-use' is defined as the use of information held by a public sector information holder 'for a purpose other than the initial purpose within that public sector body's public task for which the document was produced' (*The Re-use of Public Sector Information Regulations 2005*, SI 2005 No.1515, 4(1), 'the Re-use Regulations'). Our findings are not statistically representative, given the small number of interviews conducted and the *ad hoc* selection of interviewees, and should therefore be treated with a degree of caution.<sup>1</sup> However, we were able to gauge the wider national picture by speaking to bodies with a broad perspective on the adoption of re-use practices (for example, members of national networking groups and specialist consultants). A list of organisations consulted as part of the case study can be found in Appendix A.

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<sup>1</sup> The OFT provided a shortlist of contacts from LAs, NHS bodies and other organisations with responsibility for information management. With the objective of speaking to a selection of NHS bodies and LAs at various stages in their adoption of re-use policies and practices, these initial contacts suggested a set of potential interviewees (and were themselves interviewed). Some further interviews were conducted as the result of information received during the first round of consultations, or were chosen to help research a specific issue.

- 1.2 There are 410 LAs in England and Wales – at the County, or District/ Borough levels (Unitary Authorities are responsible for the duties of both). Together they employ over two million people and each authority undertakes an estimated 700 different functions.<sup>2</sup> Examples of the types of raw information held by LAs include policy and strategy documents, details of services, annual reports, budget plans, statistics, public consultations, meeting minutes, performance data, and the location of council buildings, land and other assets (see also Appendix A). We interviewed four LAs: a County Council, Borough Council, District Council and a Unitary Authority.
- 1.3 Strategic Health Authorities (SHAs), reporting to the Department of Health (DH), are responsible for the performance management of NHS Trusts (acute and specialised hospital services) and Primary Care Trusts (PCTs, for example, GPs, pharmacists, dentists and opticians). There are 28 SHAs, 148 NHS Trusts (as well as Ambulance, Children's and Mental Health Trusts), and 303 PCTs. The Department of Health (DH) also works with a range of advisory bodies (for example, the Human Genetics Commission) and 38 'Arm's Length Bodies' (ALBs), such as the Human Fertilisation and Embryology Authority, the National Institute for Health and Clinical Excellence and NHS Direct. In total, the NHS employs around 1.3 million people. Examples of the types of raw information held by NHS bodies include funding and budget data, details of services, health statistics, policies and strategies, targets, procedures, annual reports and complaints (see also Appendix A). We interviewed seven NHS bodies: the DH, an NHS Special Health Authority, an SHA, three acute NHS Trusts and one PCT.
- 1.4 We present our findings on current activity related to information re-use in the next chapter, potential future activity in Chapter 3, and our conclusions in Chapter 4.

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<sup>2</sup> Source: [www.local.gov.uk](http://www.local.gov.uk)

## **2 CURRENT ACTIVITY**

- 2.1 Policies on information re-use are at an early stage of adoption across most LAs and NHS bodies. Most public sector information holders (PSIHs) in these two sectors have only a minimal awareness and understanding of the Re-use Regulations, in force since 1 July 2005. One interviewee, for example, actively involved in several e-government/ FoIA networking groups, estimated that 10 per cent of LAs are just beginning to think about the Re-use Regulations, 40 per cent aware of them, but yet to develop appropriate policies and the remaining 50 per cent of LAs are unaware of the Re-use Regulations. NHS bodies also appear to be at an early stage in the adoption of re-use policies.
- 2.2 A wide variation in progress towards compliance with specific elements of the Re-use Regulations was evident from our interviews. Policy stances ranged from an LA actively engaged in encouraging best practice amongst other PSIHs in local government and the NHS, to an NHS body that has decided not to invest in information re-use compliance, due to a combination of competing priorities and cost.

### **Regulations and guidelines**

- 2.3 All our interviewees were aware of the Re-use Regulations, and related guidance from the Office of Public Sector Information (OPSI). Other sources of guidance mentioned by PSIHs in our sample included networking groups (Freedom of Information Act (FoIA) discussion groups, networks of other similar PSIHs, ePSInet), best practice PSIHs from local government and the NHS, and private training / consultancy firms specialising in this policy area.
- 2.4 The proportion of PSIH interviewees currently complying with specific OPSI guidelines provides a clear indication of the early stage of adoption across LAs and NHS bodies. For example, only two of our 10 interviewees have an Information Asset Register (IAR) in place, and only one of those also publishes transparent licensing and charging options (an NHS body). Only two (one LA and one NHS body) provide a

summary of how they are complying with the Re-use Regulations, and provide details about the complaints process (see Appendix B). The reasons for this slow progress towards compliance with the Re-use Regulations are discussed in Chapter 3.

## Information characteristics

- 2.5 LAs and NHS bodies collect a wide range of information, from committee minutes and public consultations to national statistics. Almost all of this information is considered to be 'raw' information, that is, information collected as part of the PSIH's core statutory functions (LAs, for example, collect raw data on street names and numbering, electoral registration, planning application boundaries and statistics on crime rates).<sup>3</sup> Some of this raw information requires further interpretation by those using it.<sup>4</sup> See Appendix A for further examples of the types of raw information collected by each of our interviewees, and their statutory responsibilities.
- 2.6 There are differences between PSIHs, however, in terms of the format of the information they hold: around half of those interviewed reported that up to 80 per cent of their information is in electronic format (although some interviewees may have only been counting the information that they consider suitable for re-use, that is, excluding many types of non-electronic data). Other interviewees reported far lower levels of digitisation (down to around 35 per cent in the case of one LA). Moreover, a review of FoIA publication schemes suggests that some PSIHs have done far more than others in terms of identifying and listing specific documents and statistical data.

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<sup>3</sup> In order to comply with Best Value Performance Indicator 126, LAs must record domestic burglaries per 1,000 households, and set local targets.

<sup>4</sup> For example, LAs collect information on the status of streets. If a street is divided in its maintenance regime due to a railway crossing, say, its status – maintainable publicly, privately or prospectively – needs to be interpreted.

- 2.7 There is also considerable variation in the availability of alternative sources for the information held by PSIHs. Some NHS bodies and LAs thought that they were the exclusive source for most of the information they held: LA housing stock information, or an NHS body's clinical audit system, for example. Others were aware of alternative sources for the information they held, usually where the PSIH has an obligation to provide information to a central government sponsor, and that sponsor also makes the information available for re-use. For example, NHS waiting list statistics provided to the DH, and LA data on the number of travellers provided to Communities and Local Government (CLG).<sup>5</sup>
- 2.8 Most of the PSIHs interviewed say that they only supply raw information,<sup>6</sup> that is, information collected in order to fulfil a core statutory function (in Chapter 3, 'Opening up information markets', we explain why). The exception was a joint venture between the NHS Health and Social Care Information Centre (IC), and the private firm Dr Foster Intelligence (DFI). In addition, one of the LAs interviewed supplied a land-based assessment on CD-ROM to architects and surveyors, and had plans to set up joint venture arrangements to supply further information products and services (where only some of that information relates to core statutory functions).

## Existing customers

- 2.9 A majority of the PSIHs interviewed do not advertise the option to re-use information, do not have any existing customers, and have not received any requests to re-use information since the Re-use Regulations came into force on 1 July 2005. Two of the four PSIHs that supply information for re-use (both LAs) do so as the result of arrangements that pre-date the Re-use Regulations. Many of these arrangements are

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<sup>5</sup> Formerly the Office of the Deputy Prime Minister (ODPM).

<sup>6</sup> Verification would require an examination of each body's statutory framework: an exercise beyond the scope of this case study.

with non-commercial bodies, some arose from requests under the FoIA. Examples include a project management toolkit provided to an employers' association (in return for free training), educational publications/software sold to other LAs (for a base and per-copy fee), the sale of LA health and safety policy frameworks to schools, and the sale of LA training materials to voluntary bodies.

- 2.10 The two PSIHS in our sample with national coverage – the DH and the IC – are involved in more information re-use activity than our locally based interviewees (LAs and NHS Trusts). The DH has an information asset register and permits the re-use of raw and (some) other information via the Click-Use licensing scheme administered by OPSI. The kind of information provided for re-use includes primary care data (for example, from dental health surveys), public health data (for example, from infant feeding surveys), performance data (for example, performance ratings and indicators) and hospital service data (see Appendix A). The DH, however, are unaware of the level of re-use of their information because, under the Click-Use scheme, re-use requests are made directly to OPSI rather than the DH.<sup>7</sup> Revenue generation is not a reliable indicator of re-use activity, as most of the information covered by Click-Use licences is raw information – made available without charge.<sup>8</sup>

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<sup>7</sup> The DH mandate the Controller of HMSO to license specified information on their behalf (copyright remains with the DH), and notify potential re-users that the information can be obtained under the Click-Use Licence by providing links to the Click-Use website. As the DH does not itself provide licences for the re-use of their information, they cannot gauge the level of re-use activity (although OPSI may be able to provide this information on request).

<sup>8</sup> Public Sector Information ('PSI') Click-Use licences cover raw information (Crown copyright and public sector information) and do not attract a charge. OPSI also provides a 'Value Added' Click-Use licence for other types of information, with charges set out in OPSI's *Charging for value added material* (see [www.OPSI.gov.uk](http://www.OPSI.gov.uk)).

- 2.11 The other PSIH with current re-use activities is the IC, set up last year to act as a central data collection and dissemination point for health information (reducing duplication by gradually taking over much of the information role of individual NHS Trusts/ALBs, and the DH itself).<sup>9</sup> Categories of raw information provided by the IC (see also Appendix A) include NHS workforce information, weekly situation reports, access data (elective and non-elective activity levels, GP referral rates, etc), and performance data (for example, waiting times and patient safety information).
- 2.12 Like the DH, the IC publishes an IAR,<sup>10</sup> with most of the listed datasets classed as raw information and available from the IC website free of charge (for example, data on primary diagnoses and main operations carried out by NHS hospitals). Some information is charged for, with fee structures currently reflecting the different policies of the IC's predecessor bodies. The IC intends to introduce a standardised and more transparent fee structure in future. 'Bespoke' versions of hospital episode statistics (HES) are one example of information that is charged for. Fees are designed to cover the costs of compiling and formatting the HES extracts: a role undertaken by a private sector firm, McKesson, on behalf of the IC.
- 2.13 Data on hospital and other healthcare activity, are key inputs into the production of commercial information products in a small but rapidly growing health information market. An important player in this market, Dr Foster Intelligence (DFI) is discussed in the following paragraphs.

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<sup>9</sup> Thereby reducing the burden on NHS bodies. In some cases, for example, data will be collected from a sample of NHS bodies, rather than all of them.

<sup>10</sup> Known as a 'Data Collections Information Catalogue'. See <http://ic.dh.gov.uk/infocat/>

## Joint ventures

- 2.14 As noted earlier, the IC has recently set up a joint venture company – DFI – with a commercial provider of healthcare information and analysis, Dr Foster. DFI is a 50:50 public-private partnership.
- 2.15 The NHS is undergoing the challenge of major reform and restructuring, driven by the introduction of payment by results, practice-based commissioning and patient choice. DFI, alongside competing firms such as CHKS and Ardentia, produce commercial information products to help NHS Trusts and others make informed management decisions. An NHS Trust would typically pay DFI a fixed fee on a three-year rolling contract for each type of information product. A hospital trust, for example, needs information on the number, costs and timing of operations if it is to maximise its efficiency under payment by results. Similarly, a GP practice with the freedom to commission requires information on alternative health care providers (including new private sector providers), health demographics to help plan future health provision requirements, and performance information to allow health provision contracts to be monitored.
- 2.16 DFI's information products build upon raw data inputs from a number of sources including the IC, ONS and information they collect directly from the NHS. DFI has obtained access to patient-level HES data through the Dr Foster Unit at Imperial College London, which removes all patient-identifiable data before passing it on to DFI. The relevant permissions are granted on an annual basis through the parliamentary committee, the Patient Information Advisory Group (PIAG), and the DH's Security and Confidentiality Advisory Group (SCAG) under Section 60 of the Health and Social Care Act 2001. Charges are incurred for access to this more detailed dataset. DFI's understanding is that such datasets are available to anyone provided they can meet the objective criteria set down by PIAG and SCAG.
- 2.17 According to both parties to the joint venture, there are no exclusive contractual arrangements relating to the supply of raw data from the

IC.<sup>11</sup> The benefits to Dr Foster of the joint venture derive from the IC's direct investment (including the transfer of some non-core services to DFI, for example, various web-based comparative analysis and benchmarking tools), and from DFI's association with the NHS 'brand'. DFI's developed data services and services further the IC's general aims of analysing and disseminating health information ('enabling informed decisions to be made across the many services and agencies we serve'<sup>12</sup>) and of booting the use of information in the NHS. The IC said they were open to approaches from other firms interested in setting up similar joint ventures, although they would need to be convinced of the business case.

- 2.18 The IC's stake in DFI could provide an incentive to offer DFI favourable terms of access to bespoke data for which there is no other source. Moreover, DFI's direct competitors – existing and potential – may argue that they could be at a disadvantage (without the benefit of the IC's investment and NHS branding), unless given the opportunity to set up similar joint venture arrangements with the IC. The joint venture is currently the subject of an investigation by the National Audit Office, due to report in late 2006 and it is envisaged that their investigation will address such questions.

### **3 THE FUTURE**

- 3.1 Reliable estimates of the existing and potential size of markets for LA and NHS information re-use are not available. However, our interviews

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<sup>11</sup> Reg. 14 of the Re-use Regulations requires that PSIHs provide details of any existing exclusive agreements preventing the re-use of information. Two of our other interviewees discovered exclusive arrangements as a result (the majority of interviewees have not yet looked for such agreements). An NHS body had granted a private firm exclusive access to information on its energy use in return for research and finance towards an energy conservation system. A local authority was prevented from offering statistics on certain plans due to an exclusive arrangement with a firm of architects.

<sup>12</sup> Source: IC brochure.

with LAs and NHS bodies, and our research on the US and Australian information markets, point towards significant market potential – particularly for the re-use of health data compiled at a national level.

- 3.2 Although still small in absolute terms, the UK health information market is already growing rapidly, driven by the three policy drivers discussed in the last chapter (payment by results, practice based commissioning and patient choice). Dr Foster, for example, was ranked ninth in the 2005 Fast Track list of companies – with sales increasing from £0.5 million in 2001 to £6.8 million in 2004. In the same list, Ardentia was ranked 33<sup>rd</sup>, sales having increased from £1.1 million in 2002 to £4.4 million in 2004.
- 3.3 Interviews with LAs suggest that a potential market for local government held information also exists. One LA interviewee, for example, estimated that the prospective annual revenue available for a single LA was around £10,000: equivalent to sales worth £4 million across all LAs in England and Wales. With the addition of revenue generated by the organisations re-using LA information, the overall markets could be of considerable size.

### **International experience: health information**

- 3.4 It is not possible to find a direct international parallel with the UK, as health information markets are particularly dependent on the specific institutional arrangements in each country. A quick review of information activities in the USA and Australia, however, provides some useful pointers as to the future potential of the UK market, and the role of information charges.

#### **USA**

- 3.5 The provision of health services in the USA is predominantly through the private sector. Private health funding plays a significant role, with health insurance contributions from both employers and employees, and 'pay as you go' fees from individuals. Federal budgets pay for Medicare (health

provision for the elderly), with Medicaid (for people on low incomes) funded from both federal and state budgets.

- 3.6 PSIHs at the federal level, and also in most states, are subject to established freedom of information laws (see OFT861f, *Annexe F - International Case Studies*). These laws have the effect of restricting the information activities of public health bodies (including information collection and dissemination) to their core responsibilities, other information activity is left to the private sector.
- 3.7 Fees for the supply of information by PSIHs are also restricted according to the use to which the information will be put (with a distinction made between commercial and non-commercial use). Fees may be set higher for commercial use, but not in excess of the direct costs of searching, duplicating and reviewing the material requested, except where information has been produced for a specific identifiable group. Private health care providers are not subject to freedom of information laws, but are obliged to supply a wide range of information to regulators who are. The federal Centres for Medicare and Medicaid (CMS), for example, collect data from private hospitals on inpatient discharges and length of stay.
- 3.8 In practice, a vast amount of information is available at no charge and without restriction – regardless of intended use – from the websites of federal, state and local public sector health bodies in the USA (see Appendix C). There are often several ways of obtaining the same data through alternative government websites and search engines. Other information may be available (at no charge, or at marginal cost) under freedom of information laws, or similar legislation at the state level. In some cases, charges are made for information provided in other formats (for example, on CD-Rom) – but these charges also appear to be set to recover costs (sometimes full costs) rather than generate profits.
- 3.9 Unfortunately, details of US health information markets – such as the revenues arising from re-use activity and even the identity of re-use customers – are scarce. An important reason for this is that information

is usually available for download from PSIH websites without a formal licence and at no charge, and therefore without the means of tracking and quantifying re-use activity. Moreover, under freedom of information laws, PSIHs are not permitted to enquire after the intended use for the information. Although there is a separate industrial classification code for information activities (production, distribution and processing of information: NAICS 51), statistics on the health-related component are not split out from other information activities.

- 3.10 The fee revenue generated by re-use requests made to US public health bodies is also unclear. The budget reports available for a sample of such bodies (see Appendix C) did not provide any information on the specific revenue contribution of information fees. Consistent with the overall approach to public sector information in the USA, we can assume that the dissemination of raw data in a suitable format by PSIHs in the health sector – at no charge, or at marginal cost – is funded primarily through government subsidy. In the 2006 financial year, for example, the Department of Health and Human Services (HHS) will contribute US\$8.2 million to e-government initiatives such as FHA (Federal Health Architecture), aimed at improving access to health information services, and Business Gateway, aimed at communicating regulations and policies to the business community.

## **Australia**

- 3.11 The Australian health care system is based around a large number of independent GPs (alongside specialists, community health facilities and community pharmacies), with hospital services provided by both the public and private sectors.
- 3.12 Australian PSIHs, at both national and state level, are subject to freedom of information laws. Competitive neutrality rules also apply, like in the USA, and are designed to ensure that PSIHs only get involved in raw

information activities (that is, those related to core functions), other information activities are to be left to the private sector.

- 3.13 Our research, based on a small sample of national, state and local public health bodies, confirms that a very wide range of health information is available free of charge from PSIH websites (see Appendix C for examples). Unlike in the USA, however, PSIHs assert their copyright over this information, limiting these access arrangements to non-commercial users. Prior written approval is required for re-use for commercial purposes. PSIHs in Australia – encouraged by Treasuries at both the national and state level – help finance the costs of their information activities through fees for the re-use for commercial purposes of some types of information (for example, information with a short life-span or a narrow target audience). The Australian Government Information Management Office (AGIMO), for example, deals with around 1,500 information access requests each year – charging for administration costs – on behalf of PSIHs without their own information management systems (according to ePSINet, 2004).
- 3.14 Although we did not find any specific research on the size of commercial health information markets, statistics were available on the commercial revenues of public bodies as a proportion of their total expenses. This measure does not focus exclusively on information activities, or reflect the value of the significant proportion of information provided at no charge. It gives some idea, however, of the magnitude of the markets for public information, and also the relative importance of fee revenue and government subsidy to public health bodies in Australia.
- 3.15 We found that revenues from the sale of goods and services as a proportion of total expenses varied substantially across the sample of government health departments / agencies we examined: from around 63 per cent for the Australian Institute of Health and Welfare (AIHW), to 24 per cent for the Department of Health and Ageing (DHA), to less than five per cent for the Food Standards Australia New Zealand (FSANZ), New South Wales Health (NSW Health) and the Northern Territory Department of Health and Community Services (DHCS) (2004-05 data).

- 3.16 In absolute terms, revenues from the sale of goods and services ranged from AUS\$139 million (£57 million) for the DHA, to AUS\$0.6 million (£0.25 million) for the FSANZ. However, the revenues generated solely from information fees may represent only a small proportion of the total sales of goods and services. Research in 2004 by the Australian National Audit Office, for example, estimated the annual average revenue received from the commercialisation of intellectual property rights (IPRs) to be AUS\$349,000 (£140,000), on average, across a sample of 12 PSIHs (from the wider public sector).

### **Lessons for the UK**

- 3.17 An indication of the potential for growth in UK health information markets is the level of public demand for health information in other countries. A Harris poll in the USA, for example, found that 70 million Americans went online in the year up to June 1999 looking for health information (Intel Corporation: Internet Health Day, 12 October 1999). Along with information on taxation and community support services, health information was found to be in most demand by the Australian public, according to a survey carried out by the National Office for the Information Economy (NOIE) and DMR Consulting in April 2003. 'Health Insite', a web portal for Australian health information funded by the Department of Health and Ageing, has seen page downloads increase from around 200,000 during February 2003 to around 1.5 million during April 2006. If demand for health information in the UK follows a similar pattern, the quantity and diversity of health information available from PSIH websites in the USA and Australia (along with associated commercial markets), could be replicated in the UK.
- 3.18 It is impossible to say which method of funding PSIH information activity – government subsidy in the USA, or a mix of subsidy and fee revenue in Australia – has produced the greatest net economic and social benefit (even basic facts, such as the size of the information markets in these two countries, is unknown). Both funding approaches, however, appear to be compatible with the collection and dissemination of an extensive range of health information in electronic format.

## The UK's potential

- 3.19 In Chapter 2 above we described some existing re-use markets for public information. National health statistics, in particular, are already being used to produce a range of commercial information products and services. The rapid growth of firms purchasing these national health data suggests that these markets will become increasingly important. It is likely that other types of information, collected from LAs and NHS bodies in order to form national datasets, are also supporting nascent information markets. Examples may include the use of NHS workforce data by specialist recruitment agencies, or perhaps the use of LA housing stock data, collected centrally by CLG, by house building firms.
- 3.20 Some individual LAs and NHS bodies are confident that markets for the commercial use of public information will emerge at the local level too (in some cases as part of the construction of national databases by private firms). The table below lists some of the information types and customers that our sample of interviewees considered important for future information markets (based partly on experience of freedom of information requests).

**Table 3.1: Potential information markets at the local level**

	Information types	Re-use customers
Local Authorities	Suppliers / contractors	Procurement consultants
	Housing stocks / register	Financial services (loans)
	Staffing	Employment agencies
	Location of assets / buildings	Developers, retail outlets
	Children's Index <sup>13</sup>	Health service providers

<sup>13</sup> Using a version of the planned national electronic child database due to be operational from 2008 (listing which services – such as health visitors – a child uses).

	Policy documents	Publishers (including internet)
NHS bodies	Energy conservation systems	Healthcare IT systems providers
	Clinical audit systems	Healthcare IT systems providers
	Health statistics	Hospital equipment suppliers
	Clinical procedures	Other NHS Acute Trusts
	Training materials	Other NHS Trusts
	Health and Safety policies	Other NHS Trusts

### Licences, fees and JVs

- 3.21 One of our two interviewees operating at a national level, the DH, already has a re-use licensing and charging policy in place (see paragraph 2.10 above). It uses OPSI's Click-Use licences, both for information provided at no charge, and where fees apply (see OPSI's standard fee schedule set out in *Charging for Value Added Material* on the OPSI website). The other national body in our sample, the newly formed IC, has an IAR in place and has begun licensing some types of raw information for re-use (such as HES), but does not yet publish its re-use licensing and charging arrangements. For our remaining interviewees, operating on a local level, licensing and charging arrangements are still under discussion.
- 3.22 The favoured option amongst most of the LAs and NHS Trusts interviewed is to enshrine existing practices by issuing 'implicit' licences, free of charge, for the re-use of the majority of the raw information held (including where the information is to be used for commercial gain). Some were also considering the use of OPSI's Click-Use licences in this respect. Formal licences were likely to be necessary in only a few specific cases, and only for certain PSIHS, with fees set to recover costs plus a reasonable return on investment (primarily for information that was not produced to fulfil a statutory function). As discussed further below, however, most LAs and NHS bodies were seeking further

guidance before developing these initial thoughts on licensing and charging into policy proposals.

- 3.23 DFI, the joint venture between the IC and the private firm Dr Foster has already been discussed (see paragraphs 2.13 to 2.17 above). Of our other interviewees, one LA in particular – concerned about the current lack of demand for raw information, and with limited funds – is planning to use joint venture arrangements to try and open up new markets. Re-use customers may be granted access to the LA's raw information at no charge (on a non-exclusive basis) in order to develop their own commercial products. In return, the private partner invests in the LA's information activities, or grants the LA reciprocal access to its own database (for example, a waste recycling contractor).
- 3.24 The PSIH benefits by using the private firm's investment, or data, to produce enhanced raw information for distribution to the public at no charge (or to meet some other core responsibility – such as monitoring the performance of waste recycling contractors). Alternatively, the private investment and/or data could be used by the PSIH to develop its own commercial information products.

### **Opening up information markets**

- 3.25 With only one exception, all of the PSIH information managers we spoke to in the NHS and local government were keen to become compliant with the Re-use Regulations. However, as discussed in Chapter 2, progress is slow. A combination of competing initiatives, cultural factors and, above all, limited resources are holding back most LAs and NHS bodies.

### **Resources**

- 3.26 Even if ultimately self-financing, information re-use activity demands significant set up costs (even the construction of a fully functional information asset register is a big task). Unfortunately, many LAs and NHS Trusts are financially stretched, and must meet a range of other

targets – many considered more central to their public service ethos, or patient focus.

- 3.27 Interviewees' estimates of these set up costs ranged from around £10,000 to achieve basic compliance with OPSI's guidelines (a simple IAR, website notices on re-use policy, etc), to around £25-50,000 for a fully functioning IAR with a wide range of information available for re-use in electronic format. For some PSIHs, however, the full costs could be much more: where information suited for re-use has yet to be converted into electronic format. One of our interviewees, for example, still lacks a proper 'document handling' scheme – vital for driving forward the digitisation of information. The costs of simultaneously updating the IT systems and records management processes associated with information management (for example, to allow web downloads via 'web click' licences) were estimated at £350-400,000 by one LA.
- 3.28 Our interviewees suggested some alternative ways of addressing the resource issue. With a better understanding of the potential for information markets across organisations, and especially amongst Chief Executives (see below), properly constructed business plans could help to win the required resources 'in house'. A step change in the demand for information from re-use customers would also be helpful.
- 3.29 Another suggestion was the use of joint ventures between PSIHs and private firms, perhaps in conjunction with the 'in house approach' mentioned earlier. Some interviewees were keen on collaborative approaches. For example, setting up data 'clearing houses' on a national or regional basis (like the National Land Information System, NLIS, set up by local government), with a 'one-stop shop' for re-use customers and reduced costs for those PSIHs already holding information in electronic format.

## **Culture**

- 3.30 It was clear from our interviews that even enthusiastic and well-resourced information management teams will struggle to implement

fully functioning information re-use policies in isolation. Success depends in part on information systems that span different Departments, and processes that ensure information re-use requests, or information in response to requests, are passed on rapidly from other parts of the organisation. Some of the PSIHs interviewed already face this problem as they attempt to update their Freedom of Information Publication Schemes.

- 3.31 It was also apparent from our interview programme, however, that even some information officers were struggling to understand the core concepts and motivation underlying the re-use of public information initiative. In a culture where public service or patient focus is paramount, commercial concepts such as – information 'assets', licensing, IPRs, copyright, cost-reflective charging, developing commercial information products and competitive neutrality – may be unfamiliar, or considered at odds with a public service ethos.
- 3.32 The same goes for some of the specific concepts related to re-use, such as a PSIH's 'public task', and the distinction between re-use and access under the FoIA (where information is often provided without charge, and PSIHs are prohibited from asking about the intended use: a far cry from gauging the potential market under the Re-use Regulations). As discussed earlier, re-use policies require business plans, up-front investment, possibly partnerships with private firms, and the ability to think imaginatively about potential new information markets.
- 3.33 Most of our interviewees feel that a wide-ranging education programme is required (building on OPSI's existing work), in order to explain the key concepts in a way that is sympathetic to the prevailing culture, values and focus of LAs and NHS Trusts. Only then will the re-use initiative progress more rapidly: executive management may be more receptive to business plans that argue the case for up-front funds in terms of future financial returns (or in order to meet core objectives), and other Departments may be more inclined to 'buy in' to the initiative.

3.34 So, what form might this education programme take? Whilst OPSI guidance was generally considered helpful (particularly for the most commercially-minded PSIHs), it was felt that guidance tailored to the specific LA and NHS contexts would address a wider audience of decision-makers within each organisation. Moreover, as all LAs and NHS bodies tend to consult the Department for Constitutional Affairs (DCA) and Information Commissioner's websites regularly,<sup>14</sup> and the detailed guidance from DCA's Information Commissioner was widely praised, any supplementary OPSI guidance might benefit from improved coordination with DCA (and perhaps also the Department for Environment, Food and Rural Affairs, with its responsibility for the Environment Information Regulations 2004).

3.35 Other detailed suggestions from interviewees for overcoming the cultural and education challenges include:

- central government to explore ways of linking the re-use initiative with existing initiatives and targets for local government and the NHS
- PSIHs to join local networking groups and European networks, for example, 'ePSInet', in order to learn directly from best practice LAs and NHS bodies (for example, the types of information in demand for re-use purposes)
- guidance to include hypothetical case studies assessing the potential impact of public sector information within the local government and health sectors
- guidance on appropriate charging mechanisms (for example, how to more efficiently cover costs by setting different prices for different user groups, without distorting competition)

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<sup>14</sup> According to one interviewee with wide experience of the practices of LA and NHS information officers.

- guidance on how to construct and present the business case for an information re-use policy<sup>15</sup>

the provision of a comprehensive glossary of terms (defining the concepts listed earlier in paragraph 3.27, and giving practical and context specific examples)

- guidance to make more use of flow charts and decision trees, for example, illustrating a phased implementation for a re-use policy.

### **Other issues**

3.36 Our interview programme highlighted two further issues that may impede the progressive adoption of an information re-use policy: inadequate cost accounts and IPRs owned by third parties. None of the locally based PSIHs we interviewed currently records costs related to information activity (although, in some cases, the technology is in place for activity based cost accounting). For re-use fees to be competitively neutral, they must be based on reliable cost information.

Some of the information held by PSIHs is closely connected with third party owned IPRs: such information cannot usually be offered for re-use without agreement between the various owners of IPRs on revenue sharing and other terms. Some LA information, for example, is held on geographic information systems. Ordnance Survey may own IPRs (for example, connected with LA data on contaminated land), or Royal Mail (address data). If so, approval is usually required (and a contract signed) before re-use of the information is permitted. Although the LA information component can often be isolated and extracted, interpretation can be difficult without the associated mapping or address component, limiting re-use potential.

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<sup>15</sup> In Australia, AGIMO has designed common measurement criteria to help PSIHs assess the business case for on-line government programmes. This interactive programme forces PSIHs to focus on end-user requirements.

## **4 CONCLUSIONS**

### **Current activity**

- 4.1 LAs and NHS bodies collect a wide range of information, most of it directly related to their core responsibilities (that is, 'raw' information), with little additional information produced. This general picture, however, masks wide disparities between individual PSIHs in terms of the range of information identified and available for re-use.
- 4.2 Adoption of re-use policies and compliance with the Re-use Regulations are at an early stage. Moreover, in practice, there appears to be little re-use activity at present, or latent demand from potential re-use customers. One important exception is national health statistics: used as an input into the production of commercial information products in a small but rapidly growing market.

### **The future**

- 4.3 Most LAs and NHS bodies are keen to commence or expand their re-use activities. Some also believe that potential markets for the information they hold will be significant. This view is supported by our research on

the health sectors in the USA and Australia: in both countries there is a wide range of health information available, and an increasing level of demand for such information.

- 4.4 It seems clear, however, that action may need to be taken to 'kick start' market growth. Further guidance – tailored to the LA and NHS sectors – is one measure to help overcome resistance from the organisational cultures prevalent in the NHS and local government, and in turn secure the resources required to implement re-use policies.

# APPENDICES

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## A ORGANISATIONS CONSULTED

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### Public Sector Information Holder

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Essex County Council

Northampton Borough Council

East Hertfordshire District Council

Medway Council (Unitary Authority)

Sheffield Teaching Hospital NHS Foundation  
Trust

Trent Strategic Health Authority<sup>16</sup>

University Hospitals Leicester NHS Trust

Northampton NHS Hospital Trust

Derbyshire Health Informatics, North East  
Derbyshire NHS Primary Care Trust

Department of Health

The Health and Social Care Information  
Centre (NHS Special Health Authority)

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<sup>16</sup> Preliminary interview only.

## **Other interviewees**

Doctor Foster Intelligence

Public Partners Professionals

P-PACT (Public Partners: Advice,  
Consultancy and Training)

IDeA

OPSI

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## Responsibilities and examples of information held

Responsibilities	Examples of information held
<b>Essex County Council</b>	
Responsible for a range of local services, including: education, child care, economic well-being, care for elderly people, libraries, highways and transportation, waste disposal, strategic planning, trading standards and emergency planning.	Departmental circulars, codes of practice, consultations, policy documents, statistics, annual reports, forms, press/public notices, leaflets, archives, educational forecasts, transport data, building/land holdings, land use planning, contracts, social/health care forecasts, workforce information, reports/technical analysis.
<b>Northampton Borough Council</b>	
Responsible for housing, local planning, refuse collection, environmental health, public parks, provision of sports and arts facilities, allotments, cemeteries, street cleaning, organising elections and maintaining the electoral roll, car parking and collecting the council tax.	Constitution, register of interests, council decisions, finances, strategies and policies, consultations, performance, employment vacancies, services.
<b>East Hertfordshire District Council</b>	
District Councils have similar responsibilities as Borough Councils (see above).	Forward Plan, register of interests, electoral register, budget, fees and charges, policies and strategies, listing of clubs/societies, traffic orders, taxi licensees, rights of way map, publications, list of bye-laws, consultations, environmental health public

Responsibilities	Examples of information held
	registers.
<b>Medway Council (Unitary Authority)</b>	
A single tier 'all purpose council' responsible for all local authority services and functions.	Constitution, register of interests, council meetings, consultations, plans, policies and strategies, finance/budget, procurement guidance, performance, service reviews, complaints, local laws, services, commercial property register, statistics, list of approved marriage venues, location of council buildings, register of food premises, what's on listings, location of allotments, transport asset database.
<b>Sheffield Teaching Hospital NHS Foundation Trust</b>	
Consists of the Northern General Hospital, The Royal Hallamshire Hospital and Weston Park Hospital. Provides acute, elective and specialist services, and medical school training.	Finance and funding, corporate information, aims/targets, services, reports/enquiries, policies/procedures, complaints, public consultations.
<b>Trent Strategic Health Authority</b>	
Responsible for developing strategies for local health services (including 19 PCTs and 11 NHS Trusts) and ensuring high quality performance.	Finance and funding, corporate information, strategic frameworks, aims/targets for performance management, policies/procedures, complaints, public health.

Responsibilities	Examples of information held
<b>University Hospitals Leicester NHS Trust</b>	
<p>Secondary care: acute and specialised hospital services. Comprised of Glenfield Hospital, Leicester General Hospital and Leicester Royal Infirmary.</p>	<p>Statutory annual accounts, strategies, payroll, policies and guidelines, register of interests, services, Healthcare Commission reports, Annual Review.</p>
<b>Northampton NHS Hospital Trust</b>	
<p>Secondary care: acute and specialised hospital services (for example, general surgery, obstetrics and gynaecology, trauma and orthopaedics, oncology, head and neck, medicine).</p>	<p>Finance and funding, corporate information, aims/targets, services, reports/enquiries, policies/procedures, complaints, public consultations.</p>
<b>Department of Health</b>	
<p>Overall responsibility for setting the direction of health and social care services in England, setting and monitoring standards for health and social care services, ensuring NHS and social care organisations have the resources they need, and ensuring patients and the public can make choices about the health and social care services they use.</p>	<p>Annual reports, inspection reports, legislation, policy and guidance, procurement, health surveys, statistics (for example, public service agreement scores on patient experience, waiting times, cancelled operations), portals to other sources of health statistics (for example, HES, managed by the IC), health and personal social services (with the Government Statistical Service).</p>

Responsibilities	Examples of information held
<b>The Health and Social Care Information Centre (NHS Special Health Authority)</b>	
<p>Created out of the former NHS Information Authority and the Department of Health Statistics Unit. Charged with the collection, analysis and distribution of information and statistics relating to the various health and social care communities in the UK. Enables local services to be run more effectively and national policies to be set.</p>	<p>Statistics on maternity, hospital episodes (admitted patient care), health surveys for England, ambulance services, the NHS workforce (for example, sickness absence rates), GP practices (for example, remuneration, vacancies), immunisation, breast and cervical screening, drug use, pharmacy and prescribing information.</p>

## B COMPLIANCE WITH THE RE-USE REGULATIONS

**Table B.1: The proportion of PSIH interviewees (out of six NHS bodies and four LAs) that have currently adopted specific OPSI compliance actions**

Re-Use Regulation:	OPSI compliance action, PSIH:	Proportion adopted:
Reg.14	Provides details of any existing exclusive agreements preventing the re-use of information?	2/10
Reg.15(2) Reg.16(b)	Publishes information about re-use charges?	1/10
Reg.16	Sets out re-use licensing options ('implied', Click-Use or formal) transparently?	1/10
Reg.16(1)(d)	Provides details about the complaints process?	2/10
Reg.16(1)(c)	Provides an information asset register (IAR)?	2/10
N/A	Includes wording on the re-use option in standard FoIA response letters? <sup>17</sup>	3/10
N/A	Provides a summary of how the PSIH is complying with the Re-Use Regulations?	2/10
N/A	Provides a standard application form for the re-use of information?	1/10
N/A	Holds IFTS accreditation ('on-line' or full status)?	1/10

<sup>17</sup> OPSI provides some sample wording in their *Public Sector Information Guidance Note 1: links between access and re-use*, available from [www.opsi.gov.uk](http://www.opsi.gov.uk)

## **C HEALTH INFORMATION IN THE USA AND AUSTRALIA**

- C.1 Table C.1 and C.2 list the activities, types of information held and information charging arrangements for a sample of health bodies in the USA and Australia respectively.

**Table C.1: USA**

PSIH	Activities	Type of information held	Charging arrangements
<p><b>Department of Health and Human Services (HHS)</b></p>	<p>The US government's 'principal agency for protecting the health of all Americans'. Responsible for a range of federal health agencies (for example, the Food and Drug Administration, Centre for Disease Control and Prevention, National Institutes of Health, etc.).</p>	<p>Acts as a portal for the information held by federal Agencies under HHS control.</p> <p>Huge range of information available via links on the HHS website, for example, disease symptoms, library of alternative medicines, HHS budget, etc.</p>	<p>Huge amount of free information on the website. Under the FoIA, fees are set to cover the following: 1. commercial use request – the costs of search, review and duplication, 2. educational / scientific / media – costs of duplication only (first 100 pages free), and, 3. other – search and duplication costs only (first 100 pages free, first two hours search time free).</p> <p>Fees are calculated on the basis of hourly salary rates of employees. No fees if the costs of processing the fee are equal, or in excess of, the fee itself. Fees may be reduced or waived if disclosure of the information is in the public interest, and is not primarily for commercial gain.</p>

<b>Food and Drug Administration (FDA)</b>	One of the federal Agencies under HHS control. FDA ensures that food, cosmetics, medicines, medical devices, and radiation-emitting consumer products such as microwave ovens are safe.	Huge range of information via links on the FDA website: from aspirin to x-rays for consumers, information on clinical trials for patients, new drug approvals, forms and guidance for industry, etc.	Huge amount of free information on the website. General fee structure as for the HHS (see above). No fees if the total processing charges are less than \$25.
<b>National Institutes of Health (NIH)</b>	One of the federal Agencies under HHS control. The federal focal point for medical research in the United States. Comprised of 27 separate Institutes and Centres (for example, National Eye Institute), it is one of eight health agencies of the Public	Website links to each of the 27 separate Institute / Centre websites. Alternatively, access to documents via the NIH search engine, or via links to other search engines (such as GILS – the Government Interactive Locator System). Also on the NIH web: the National Library of Medicine's PubMed Central: searchable research	Huge amount of free information on the website. General fee structure as for the HHS (see above). No fees if the total processing charges are less than \$25. For requests of data provided under OMB Circular A110, <sup>18</sup> the fee will be set equal to the full incremental cost of obtaining the data (costs incurred by the NIH, the institution funding the original production of the data, and the

<sup>18</sup> Sets out standards for obtaining consistency and uniformity among federal agencies in the administration of grants to and agreements with institutions of higher education, hospitals, and other non-profit organisations.

	Health Service.	journals.	investigator).
<b>Centres for Medicare and Medicaid (CMS)</b>	One of the federal Agencies under HHS control. The federal agency responsible for administering Medicare (health insurance for the elderly), Medicaid (health insurance for people on low incomes) and several other health-related programs.	Huge amount of information available from the CMS website, including large data files. For example, data downloads on the costs submitted by Medicare providers (such as hospitals), and statistics on the number of Medicaid claims paid for each pharmaceutical drug type.	Huge amount of free information on the website (including downloads of large bulk data files – or \$100 for CD-Rom format). General fee structure as for the HHS (see above). Some specific types of data are charged for: for example, \$100 for a CD-Rom of Medicaid Drugs Claims Statistics, or \$200 for a CD-Rom of statistics on the number of inpatient discharges, length of stay, and total charges summarized by health provider.
<b>National Center for Health Statistics (NCHS)</b>	Part of CDC (Centres for Disease Control and Prevention) - one of the federal Agencies under HHS control. Provides statistical information that guides actions and policies to improve the health of the	Huge amount of information available from the NCHS website (for example, 'Health': a statistical report on trends in the health of Americans). Includes searchable results and bulk electronic data from a range of different health surveys (for example, the National	Huge amount of free information on the website. General fee structure as for the HHS (see above). Most public data files (especially archived data) are also sold on CD-Rom/tape/diskette via the NTIS or GPO <sup>19</sup> - in a format more suited to manipulation and searching. For example, \$265 for the results of a survey of the health of 7,514

<sup>19</sup> National Technical Information Service, Government Printing Office. The NTIS sets data fees so as to recover its costs (including the costs of permanently storing the data held).

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American people.

Survey of Children's Health).

youths 12-17 years of age.

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**Selected state health bodies:**

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<b>State of California, Department of Managed Health Care (DMHC)</b>	Helps California consumers resolve problems with their Health Maintenance Organisations (HMOs) – health insurers that also deliver medical treatment. DMHC also regulates HMOs alongside federal oversight from the CMS: enforcing quality of care laws, public education and fiscal accountability.	Information from the website on licensing and financial data provided by the HMOs, medical surveys conducted by the DMHC, arbitration data, complaint data and enforcement actions taken against HMOs.	Huge amount of free information on the website. Additional information concerning health plans is available for public inspection free of charge under the California Public Records Act (small statutory fees for copies).
<b>Maine Centre for Disease Control and Prevention (MCDC)</b>	Within Maine's Department of Health and Human Services, MCDC has responsibility for public health issues.	Very wide range of information and data available via links on the MCDC website: for example, cancer incidence and mortality data, and lists of physicians by specialty.	Huge amount of free information on the website. Other information is available for public inspection under Maine's Freedom of Access laws (with statutory fees to cover the costs of searching, retrieving and compiling data – and for any re-formatting or copies. No fee for the inspection itself).

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<b>Texas Department of State Health Services (DSHS)</b>	An agency of the Texas Health and Human Services System. Maintains health services (including a regulatory role), provides public health services and a health care safety net for the poorest Texans. Holds health information, for example, in health registries (data on birth defects, cancer incidence, etc).	Web links to a huge amount of health data: for example, substance abuse statistics by County, health care shortage areas, hospital performance reports, disease outbreaks, etc.	Huge amount of free information on the website. Additional information available under the Texas Public Information Act (right of public inspection – usually free – of all the information collected, assembled or maintained by a government body in any format. Charges for copies).
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**Table C.2: Australia**

<b>PSIH</b>	<b>Activities</b>	<b>Type of information held</b>	<b>Charging arrangements</b>	<b>Cost recovery / total expenses (%)</b>
<b>Selected Commonwealth (national) health bodies:</b>				
<b>Department of Health and Ageing (DHA)</b>	Overall responsibility for the Australian health system – via DHA agencies. For example, Private Health Insurance Administration Council, Food Standards Australia New Zealand, Australian Institute of Health and Welfare.	Free information for non-commercial use, for example, aged care assessment data, community care statistics, GP demographics, Medicare statistics, and expenditure on prescription medicines. 12,000 information items are available via the 'Health Insite' web portal.	Asserts copyright. Prior written approval required to re-use information for commercial ends (e-mail link provided). Re-use charges not published on website, but 'Health Wiz' (health statistics) on CD-ROM available free to public health bodies, AUS\$2,375 to others.	25%  Revenue from goods and services AUS\$139 million. Total expenses AUS\$562 million. Source: 2004/05 Annual Report.
<b>Australian Institute of Health and</b>	Collection and production of health and welfare-related information and statistics (at the national,	Examples: alcohol / drug treatment agencies and clients, cancer incidence, cardiovascular / diabetes	Asserts copyright. No information on charges for commercial re-use of	63%  Revenue from goods and services AUS\$15 million. Total

<b>Welfare (AIHW)</b>	state and local levels).	database, health expenditure, GP data, mental health patients, hospital morbidity, risk factors.	information.	expenses AUS\$24 million. Source: 2004/05 Annual Report.
<b>Food Standards Australia New Zealand (FSANZ)</b>	Regulator: develops, varies and reviews food standards.	Range of publications, all free to download, for example, diet studies, survey of GM food labelling, corporate plans, listeria, nutritional values.	Asserts copyright. Written request required for commercial re-use.	4%  Revenue from goods and services AUS\$0.6 million. Total expenses AUS\$16.8 million. Source: 2004/05 Annual Report.
<b>National Blood Authority (NBA)</b>	Independent statutory authority with responsibility to improve and enhance the management of Australian blood banking and plasma product sector.	Small range of publications provided free online, for example, annual reports, literature reviews.	Asserts copyright. Prior written consent required for commercial re-use.	51%  Revenue from goods and services AUS\$3 million. Total expenses AUS\$6 million. Source: 2004/05 Annual Report.

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**Selected state health bodies:**

<b>New South Wales Health (NSW Health)</b>	Comprised of Minister of Health, Department of Health and public health organisations (for example, eight area health services, ambulance service, etc.).	Publications and data free to download, for example, mine dust, health plans, tobacco action plan, health survey programme statistics, waiting time statistics, inpatient statistics, etc.	Asserts copyright. Prior written consent required for commercial use (and payment of an agreed copyright fee, fee unspecified). 'User pays' service for unpublished data, for example, on inpatients.	1 %  Consolidated figures for Department of Health and controlled entities. Sales of goods and services (commercial activities, fees for medical records, other) \$AUS113 million. Total expenses AUS\$ 10,390 million.
<b>Sydney Children's Hospital (part of NSW Health)</b>	Comprehensive hospital services for children (and a teaching hospital).	Very limited: fact-sheets plus web links to 'Health Insite' and other national health information websites.	Asserts copyright. Same wording as for NSW Health (above).	N/A
<b>Northern Territory Department of Health and Community Services</b>	Five hospitals (general inpatient, outpatient and emergency services). Community, oral and public health services.	Publication available free online: corporate policy and strategy, reports, fact-sheets, discussion papers. Some research and statistics (remainder available in hard	Asserts copyright – information for non-commercial use only.	4%  Revenue from goods and services AUS\$28 million. Total expenses AUS\$677 million. Source: 2004/05 Annual

(DHCS)

copy only from library).

Report.

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**Royal Darwin  
Hospital**

Primary acute care facility  
in the Northern Territories.

Abstracts from published  
research papers available  
free online.

N/A

N/A

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Public Partners: [www.foi-uk.org](http://www.foi-uk.org)

### **Local government**

East Herts DC: [www.eastherts.gov.uk](http://www.eastherts.gov.uk)

Essex CC: [www.essexcc.gov.uk](http://www.essexcc.gov.uk)

IDeA: [www.idea-knowledge.gov.uk](http://www.idea-knowledge.gov.uk)

LGA: [www.lga.gov.uk](http://www.lga.gov.uk)

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Local government: [www.local.gov.uk](http://www.local.gov.uk)

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Medway Council: [www.medway.gov.uk](http://www.medway.gov.uk)

Northampton BC: [www.northampton.gov.uk](http://www.northampton.gov.uk)

SOCITM: [www.socitm.gov.uk](http://www.socitm.gov.uk)

Andrea Simmons (SOCITM Consulting), The Directive on the re-use of public sector information – a briefing for responsible officers, June 2005

## **NHS**

Department of Health: [www.dh.gov.uk](http://www.dh.gov.uk)

Dr Foster: [www.drfooster.co.uk](http://www.drfooster.co.uk)

Dr Foster Intelligence: [www.drfoosterintelligence.co.uk](http://www.drfoosterintelligence.co.uk)

Leicester NHS Trust: [www.uhl-tr.nhs.uk](http://www.uhl-tr.nhs.uk)

NHS Information Centre: [www.ic.nhs.uk](http://www.ic.nhs.uk)

NHS Information Centre, Information at the heart of decision making

Northamptonshire NHS Trust: [www.northamptonshire.nhs.uk](http://www.northamptonshire.nhs.uk)

OPSI, Regulations of the re-use of public sector information

Sheffield NHS Trust: [www.sth.nhs.uk](http://www.sth.nhs.uk)

Trent SHA: [www.tsha.nhs.uk](http://www.tsha.nhs.uk)

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Food and Drug Administration: [www.fda.gov](http://www.fda.gov)

GILS/GPO: [www.gpoaccess.gov](http://www.gpoaccess.gov)

Maine Centre for Disease Control and Prevention:  
[www.maine.gov/dhs/boh](http://www.maine.gov/dhs/boh)

National Institutes of Health: [www.nih.gov](http://www.nih.gov)

National Center for Health Statistics: [www.cdc.gov/nchs](http://www.cdc.gov/nchs)

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OMB:

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Texas Department of State Health Services: [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

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## **Australia**

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Health Insite: [www.healthinsite.gov.au](http://www.healthinsite.gov.au)

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