

**Freedom of Information Act and Environmental Information Regulations Policy**

**CWMFELIN MEDICAL CENTRE**

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Contents

[1.0 Introduction 2](#_Toc70318362)

[2.0 Scope 2](#_Toc70318363)

[3.0 Roles and responsibilities 3](#_Toc70318364)

[4.0 Policy 4](#_Toc70318365)

[5.0 Making a Request for Information 4](#_Toc70318366)

[6.0 Publication Scheme 7](#_Toc70318367)

[7.0 Review 7](#_Toc70318368)

[8.0 Equality Impact Assessment 7](#_Toc70318369)

# Introduction

The Freedom of Information Act 2000 places a statutory obligation on all public bodies to publish details of all recorded information that they hold, and to allow access to this information upon request, with the exception of where an exemption applies such as personal or other confidential data.

The Environmental Information Regulation is similar to the FOI Act, and places a statutory obligation on all public bodies to publish details of environmental information held by the authority and allow access to environmental information upon request of the general public. Again, this is with the exception of exempted data such as personal or confidential data.

This policy outlines [CWMFELIN MEDICAL CENTRES’] commitment to ensuring that both the Freedom of Information Act 2000 (**The FOI Act**) and the Environmental Information Regulation (**EIR**) are correctly implemented across the Practice. It applies to any person(s) who wish to request access to information held by the Practice, subject to the FOI Act and/or the EIR.

The policy also applies to employee(s) at the Practice who are responsible for responding to such requests and for the Practice’s publication scheme.

**Purpose**

The FOI Act applies to all recorded information held by the Practice regardless of format, storage method and age. The FOI Act grants a general right of access to information held by public authority’s subject to certain conditions and exemptions. There is no limitation on who may request access to the information, or for what purpose.

The EIR gives members of the public the right of access to environmental information held by public authorities. Information such as emissions, human health and safety and the state of the elements (water, air, soil, land and fauna) can be accessed under the EIR. The release of information can be subject to certain conditions and exceptions.

The Practice is committed to the principle of public access to official information where possible and within the framework provided by the FOI Act and the EIR.

**Definitions**

In the context of FOI, ‘information’ is defined as each item of data held by the Practice in physical or electronic form. This includes, but is not limited to, all draft documents, agendas, minutes, e-mails, diaries, handwritten notes, and all other recorded information.

# Scope

All staff members of CWMFELIN MEDICAL CENTRE are within the scope of this policy, including:

* Senior Partners
* Practice Management,
* General Practitioners,
* Reception and Administration Staff,
* Staff working on behalf of the Practice or in the Practice (including locums, contractors, temporary staff, embedded staff, health board staff, secondees and all permanent employees).

# Roles and responsibilities

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**Practice Responsibilities**

Cwmfelin Medical Centre recognises its responsibility under the FOI Act and EIR to provide the general right of access to information held by the Practice. Overall responsibility for this responsibility is with the [Practice Manager/Lead GP/ Senior Partner].

The implementation of this policy across the Practice is the responsibility of the [Practice Manager/Lead GP/ Senior Partner]. Section 77 of the FOI Act makes it an offence to alter, deface, block, erase, destroy or conceal any information from disclosure which is held by the Practice.

The Practice will:

* Ensure that there is always one person with overall operational responsibility for FOI available within standard business hours.
* Publish and maintain a Publication Scheme.
* Provide relevant FOI training for all staff with FOI responsibilities.
* Provide clear lines of reporting and supervision for compliance with FOI.
* Develop and maintain clear procedures for recognising and responding to requests for information under FOI in a timely manner to meet the requirement to respond within 20 working days.
* Support a comprehensive Records Management Strategy that compliments FOI.

**Management Responsibilities**

The [Practice Manager/Lead GP/Senior Partner] will make provision to approve draft responses to FOI and EIR requests for the Practice. The Practice’s appointed staff member(s) responsible for FOI are/is the [Practice Manager/Lead GP/Senior Partner]. They are responsible for the day-to-day management of compliance with the Act. This includes:

* Responding and co-ordinating requests for information.
* The implementing of an appropriate FOI procedure, detailing guidance and good practice, and it’s promotion to staff.
* The maintenance and review of the Practice’s publication scheme.
* They will also be responsible for conducting any Internal Reviews which may arise following FOI/EIR requests.

**Employee Responsibilities**

All Practice staff have a responsibility to assist the [Practice Manager/Lead GP/Senior Partner] with their responding of requests for information in accordance with the FOI Act. All necessary information, advice and assistance shall be provided, when requested to do so for the purpose of responding to requests for information. Penalties can be imposed upon both the Practice and its staff for breaching the FOI Act.

All employees have a legal duty to preserve formal records. Employees must also ensure information is recorded correctly, accurately, adequately named and indexed for easy retrieval or publication. Poor records management practices are not offences in themselves, however they may lead to an inability to comply with requirements of the Freedom of Information Act.

All employees will, through appropriate training and responsible management:

* Observe and adhere to all of the Practice’s forms of guidance, codes of practice and procedures about the storage, closure, retention and disposal of documents and records.
* Undertake any formal FOI training which the Practice deems to be relevant to that person’s role.
* Be aware that ultimately the general public may have access to any piece of information held within the Practice and must pay due regard to how they record information as part of their normal duties.
* Understand that breaches of this Policy may result in disciplinary action, including dismissal.

# Policy

The Practice will adhere to the following:

* Information which is routinely published by the Practice is made available in accordance with the Practice’s Publication Scheme.
* Information which is not covered by the Publication Scheme is made available to enquirers upon request, within 20 working days, unless a valid exemption or limitation applies.
* Exemptions under the FOI Act, EIR, Data Protection Act 2018, General Data Protection Regulation and other relevant legislation(s) are applied appropriately.
* A fair and efficient internal review system is administered.
* A structured approach to managing records is in place to ensure that essential records of the Practices records are maintained in appropriate detail.

# Making a Request for Information

**Contacting the Practice**

Under Section 8 of the FOI Act, a valid request must:

* Be in writing.
* State the name of the applicant and a valid address or e-mail address for correspondence.
* Describe the information requested.
* Be in a legible form.
* Be capable of being used for subsequent reference.

The term ‘in writing’ covers all requests submitted by letter or electronic form, including those sent via Social Media. The request does not have to make direct reference to the FOI Act, or be the sole or main theme of the correspondence.

To help facilitate this, requesters can contact the Practice via one of the following channels (other written forms can still be accepted):

In writing to: [Cwmfelin Medical Centre, 298 Carmarthen Road, Swansea SA1 1HW]

E-mail: [reception.emailw98003@wales.nhs.uk]

Social Media: [FaceBook – Cwmfelin Medical Centre]

**Responding to the Request**

All requests for information will be dealt with in line with the Practice’s FOI Act and EIR Procedure. Upon receipt of the request, it will be logged into the Practice’s register of all FOI/EIR requests.

An initial response will then be sent to the requester within 3 working days of receipt of the request. This will inform the requester that the request has been received and is being processed by the practice, or after having checked the Practice’s publication scheme and website, where the information can be found if it is already in the public domain. This will be recorded in the request register, and if appropriate the request may be closed at this stage.

If the request is not precise or clear enough to be processed, the initial response to the requester will ask for clarification of the request and/or for additional information to be provided. The date of this response will be recorded in the request register, and the request’s 20 working day timeframe may be put on hold until further clarification/information is received by the Practice.

If no clarification is needed, or it has been received from the requester, the Practice will then aim to identify whether, and where, the information is held. Any identified information will be reviewed and separated from information to which an exemption or exception to release may be applied. If the exemption is a qualified exemption, the public interest test will be considered.

If information is to be released, the Practice will make a copy of the information, and make this available to the requester, either digitally (published online, sent via e-mail) or physically (sent via post).

If no information can be released, the Practice will notify the requester of the reason(s) why the information will not be disclosed. This will include the exemption in question and why it applies. If it is a qualified exemption, the Practice will also include how they have considered the public interest test.

All responses will include information about the requesters right to complain and request an internal review, should they be unhappy with the way their request has been dealt with. The response will also inform the requester of their right to raise their concerns with the Information Commissioner’s Office, including their contact details.

Under section 16 of the FOI Act, the Practice will have a duty to advise and assist the requester, so far as it would be reasonable to expect the Practice to do so. Therefore, if the Practice is unable to fulfil a request for information, it will attempt to provide advice and assistance to find the right authorities who can provide relevant information.

**Redaction of Information**

Redaction is a process which is carried out to make information unreadable or to remove exempt information from a document. This is achieved by blocking out individual words, sentences or paragraphs or by removing whole pages or sections of information prior to the release of the document.

However, if so much information is deemed to be exempt and the document becomes illegible the entire document will be withheld.

When responding under FOI the Practice will state what exemption the information has been redacted under and will be done for every exemption.

**Internal Review**

Requesters may ask the Practice to conduct an Internal Review of it’s handing of FOI requests. Internal Reviews consider decisions made, rationale, public interest, timeliness and all other relevant aspects of the requests.

The [Practice Manager/Senior Partner/Lead GP/Other] will identify and communicate with all relevant staff that were active in the original request and invite them to review the handling of the request.

The Internal Review will be conducted within 20 working days or 40 working days if the review is shown to be complex.

Requesters who may remain unsatisfied with the outcome of the Internal Review will be advised that they can exercise their right to appeal to the Information Commissioner’s Office.

**Vexatious/Repeated Requests**

Section 14(1) of the FOI Act states: Section 1(1) does not oblige a public authority to comply with a request for information if the request is vexatious. A vexatious request is defined as any request that has been submitted to cause disproportionate or unjustified levels of disruption, irritation or distress to the Practice.

Section 14(2) of the FOI Act states: A request can be refused as repeated if;

* It is made by the same person as a previous request;
* It is identical or substantially similar to the previous request; and
* No reasonable interval has elapsed since the previous request.

Should a request be submitted that is deemed vexatious, or if it is a repeated request for identical or significantly similar information, the Practice will inform the requester that the request will not be fulfilled. The Practice will explain why they consider the request to be vexatious or repeated. The Practice will also indicate the requesters right to an internal review and or complain to the ICO.

**Environmental Information Regulations 2004 (EIR)**

Requests for information to the Practice which relate to the environment will be processed in accordance with the EIR. This includes, but is not limited to, all information about the impact on the elements and measures that might affect the environment.

These requests will be responded to within the statutory time limit for responses under the EIR is 20 working days. The Practice may extend this by a further 20 working days if the request is deemed complex.

# 6.0 Publication Scheme

The Practice will regularly publish information on our website [Cwmfelin.co.uk]: The following information with be published:

[Please see our Publication Scheme on our website Cwmfelin.co.uk ]

# 7.0 Review

This policy will be reviewed every two years or more frequently where the contents are affected by major internal or external changes such as:

* Changes in legislation;
* Practice change or change in system/technology;
* Change in Senior personnel e.g. Practice Manager or Senior Partner or;
* Changing methodology.

# 8.0 Equality Impact Assessment

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

**(Practices will need to complete their own Equality Impact Assessment for any policy or procedure they introduce)**