

## Freedom of Information Act 2000 (FOIA)

### Decision notice

**Date:** 21 December 2022

**Public Authority:** NHS England  
**Address:** Quarry House  
Quarry Hill  
Leeds  
LS2 7UE

### Decision (including any steps ordered)

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1. The complainant has requested from NHS England (NHSE) a copy of a report following an analysis of Lost to Follow Up patients that covers the period from April 2020 to August 2021. NHSE initially refused to provide the information, citing section 41 of FOIA. At internal review, NHSE also cited section 40(2) of FOIA but disclosed part of the information.
2. The Commissioner's decision is that the information does not engage section 41(1) of FOIA and has been incorrectly withheld. He accepts that part of the information was correctly withheld under section 40(2) of FOIA.
3. The Commissioner requires the public authority to take the following steps to ensure compliance with the legislation.
  - Disclose the report having redacted the parts highlighted in blue by the Commissioner, as set out in the confidential annex.
4. The public authority must take these steps within 35 calendar days of the date of this decision notice. Failure to comply may result in the

Commissioner making written certification of this fact to the High Court pursuant to section 54 of FOIA and may be dealt with as a contempt of court.

## **Request and response**

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5. On 21 January 2022 the complainant wrote to NHSE requesting information in the following terms:

“Under the Freedom of Information Act, please send me a copy of the report by NHS England following an analysis of Lost to Follow Up patients considered at a recent regional North Cumbria and North East quality surveillance group meeting.”

The request refers to the ‘Lost-to-follow-Up Review, April 2020-August 2021’.

6. NHSE responded on 11 February 2022 and refused to provide the requested information citing section 41 FOIA (information provided in confidence).
7. The complainant made a request for an internal review on the same day, questioning whether a legal person would be able to bring an action and succeed.
8. Subsequently the complainant had to chase NHSE’s review and brought their complaint to the Commissioner.
9. Following an internal review, NHSE wrote to the complainant on 14 June 2022. The review largely maintained its previous position though it also cited section 40(2) of FOIA. Some of the requested information was disclosed to the complainant.

## **Background**

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10. NHSE provided this explanation to the Commissioner:

“LTFU [lost to follow up] and delays in follow up care are a significant risk, particularly in chronic disease management. Many patients with chronic disease require several different appointments within their plan of care and if one step in the pathway is missed, there is a risk that the patient is ‘lost’, and all

subsequent steps do not occur. NHS England posed a number of questions in relation to the position of LTFU for each of the eight acute provider trusts in the Integrated Care System to consider:

1. The Number of patients affected
  2. Providers and clinical service areas affected
  3. Levels of harm resulting from delays / LTFU
  4. Emerging themes (for example choose and book functionality; sickness; electronic patient record; administration pressures;)
  5. Future risk/challenges/action taken locally
  6. Further collective system support required
- ..."

## **Scope of the case**

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11. The complainant contacted the Commissioner on 25 April 2022 to complain about the way their request for information had been handled. Initially the complaint was about the lack of an internal review. Subsequently, the complainant did not accept that the exemptions applied.
12. The Commissioner considers that the scope of this case is NHSE's citing of section 41 and section 40(2) of FOIA.

## **Reasons for decision**

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### **Section 41 – information provided in confidence**

13. Section 41(1) of FOIA provides that –

“(a) Information is exempt information if it was obtained by the public authority from any other person (including another public authority); and, (b) the disclosure of the information to the public (otherwise than under this Act) by the public authority holding it would constitute a breach of confidence actionable by that or any other person”.

14. NHSE provided a copy of the withheld information to the Commissioner.
15. The Commissioner's advice on section 41 states that

“information will be covered by Section 41 if –

- it was obtained by the authority from any other person,
- its disclosure would constitute a breach of confidence.
- a legal person could bring a court action for that breach of confidence, and
- that court action would be likely to succeed.”<sup>1</sup>

### **Was the information obtained from any other person?**

16. Section 41(1)(a) states that the information must have been obtained from “any other person”.
17. NHSE explained that the information provided to it was provided by third party organisations. It was received from CCGs and NHS Provider Trusts. NHSE describes its role as collating, theming and making some recommendations to the Quality Surveillance Groups (QSG) regarding the next steps. It addresses directly the complainant’s view that section 41 had been applied incorrectly because some of the information in the report may have been produced by NHSE. NHSE refers the Commissioner to his guidance where it states the following:

“the authority must also consider whether the disclosure of the information it created would reveal the content of the information it obtained from the other person. If it would then the exemption may also cover the material it generated itself.”<sup>2</sup>
18. Having seen the withheld information, the Commissioner accepts that it was obtained from another person, apart from the conclusion which he has decided has been generated by NHSE because it makes recommendations which were clearly not provided by the third party organisations, nor does it refer to individual Trusts.
19. Having established that most of the withheld information was obtained from another person, the Commissioner must next consider whether or not its disclosure to the public (otherwise than under FOIA), would

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<sup>1</sup> [information-provided-in-confidence-section-41.pdf \(ico.org.uk\)](#)

<sup>2</sup> Ibid

constitute a breach of confidence 'actionable' by that or any other person.

### **Would disclosure constitute an actionable claim for breach of confidence**

20. The usual test for section 41 cases is set out in the case of *Coco v Clark* [1969] RPC 41 which sets out three elements which must be present in order that a claim can be made. According to the decision in this case a breach of confidence will be actionable if:

- the information has the necessary quality of confidence;
- the information was imparted in circumstances importing an obligation of confidence; and
- there was an unauthorised use of the information to the detriment of the confider.

However, for that claim to be 'actionable' within the meaning of section 41(1)(b) of FOIA, a public authority must establish that an action for breach of confidence would, on the balance of probabilities, succeed.

### **Does the information have the necessary quality of confidence?**

21. In order for information to have the necessary quality of confidence, it must be more than trivial and not otherwise accessible.

22. NHSE considers the information to have the necessary quality of confidence in that it is more than trivial and not otherwise accessible. It has not been previously published and therefore is not considered to be in the public domain. The information was shared with NHSE with the aim of understanding the 'Lost to follow up' position across the North East North Cumbria Integrated Care System. NHSE is not aware that the information has been shared in any other forum or would be generally accessible. It considers the then CCGs and NHS Provider Trusts who shared the information to have a genuine interest in ensuring that it remains confidential.

23. The complainant has the opposing view and does not see how the quality of confidence applies because they argue that some of the organisations concerned have released details about problems into the public domain. The complainant states that much of the information has already been placed in the public domain by the third party organisations (CCGs and Trusts) themselves and details it as follows:

- The issue of lost to follow-up patients in ophthalmology in Newcastle was raised by the North Tyneside CCG in June 2020, according to details on p62-64 of its January 2021 governing body papers: <https://www.northtynesideccg.nhs.uk/wp-content/uploads/2021/01/NTCCG-GB-public-Agenda-papers-260121.pdf?x68700>. This includes very detailed information from Newcastle Hospitals NHS trust about what has happened.
- The issue was also raised by the provider Newcastle Hospitals NHS trust at its October 2020 council of governors meeting p54: [https://www.newcastle-hospitals.nhs.uk/content/uploads/2021/01/Council\\_of\\_Governors\\_-\\_15\\_October\\_2020.pdf](https://www.newcastle-hospitals.nhs.uk/content/uploads/2021/01/Council_of_Governors_-_15_October_2020.pdf) detailing several patients.
- This was again raised on pages 64-65 by the same trust at its board meeting in November 2021: <https://www.newcastle-hospitals.nhs.uk/content/uploads/2021/11/Public-BRP-25-NOV-21.pdf> setting out the problem for seven ophthalmology patients and in endoscopy, setting out actions to rectify the problem.
- This issue was also reported to Northumberland CCG's governing body in January 2021 at p65: <https://northumberlandccg.nhs.uk/wp-content/uploads/sites/7/2021/01/20210127-PUBLIC-Governing-Body-Agenda-Pack-January-2021.pdf> setting out detailed actions being taken by Newcastle Hospitals NHS trust. Again, it was also raised in March 2021 - see pages 91 and 176: <https://northumberlandccg.nhs.uk/wp-content/uploads/sites/7/2021/03/20210324-Governing-Body-PUBLIC-Agenda-Pack-March-2021.pdf>.
- In March 2021, Newcastle-Gateshead CCG also reported in governing body papers on p31: <https://newcastlegatesheadccg.nhs.uk/wp-content/uploads/sites/12/2021/03/Governing-Body-Meeting-Papers-23rd-March-2021-FINAL.pdf> that there had been "significant issues" within the ophthalmology department at Newcastle hospitals with patients lost to follow-up both to clinic appointments and surgery. Some 17 serious incidents had been identified and the trust had undertaken a "comprehensive review".

- In May 2021, South Tees NHS trust reported to its board on p158-9: <https://www.southtees.nhs.uk/content/uploads/2021/10/Combined-Board-of-Directors-papers-PUBLIC-updated-4-5-21.pdf> on issues surrounding lost to follow-up patients. It said a task and finish group had been set up and the issue had been placed on the risk register. It said more work was needed to understand the risks.
- In May 2021, County Durham CCG reported in its governing body papers on p135: <https://countydurhamccg.nhs.uk/wp-content/uploads/sites/8/2021/05/20210914-Portfolio-single-PDF-Governing-Body-14.9.21.pdf> that South Tees NHS trust had instigated an internal risk summit into lost to follow-up patients. It reported four lost to follow-up serious incidents reported so far in 2021 apparently involving nearly 200 patients mainly in plastics. Eight gastro patients had suffered harm. One incident involved “a patient with advancement of malignancy in gastroenterology”.
- In July 2021, Tees Valley Clinical Commissioning Group governing body papers p91: <https://teesvalleyccg.nhs.uk/wp-content/uploads/sites/9/2021/07/TVCCG-Governing-Body-in-public-28.07.21.pdf> also said South Tees NHS trust had instigated a risk summit to investigate the lost to follow-up issue across “multiple specialties” prompting NHS England to investigate. “This will help to augment our integrated care partnership understanding of the wider impact of this across our greater geographic footprint and identify areas that NHS England can provide further support to additionally impacted trusts,” it said. “Ms Golightly [Director of Nursing and Quality] advised that there have been increasing concerns around lost to follow-up patients and this issue is now being seen in providers in other areas.”
- Papers published in September 2021 on p208: <https://teesvalleyccg.nhs.uk/wp-content/uploads/sites/9/2021/03/TVCCG-Governing-Body-Papers-full-22.09.2021.pdf> show the CCG welcoming NHS England “following up on our previous suggestions that this issue is likely to be more widespread than just at STHFT.”
- In January 2022, the Tees Valley CCG papers say “NHSE/I colleagues investigated this issue across the wider Integrated

Care System” and the final report was “shared with CCG colleagues”. “This work will augment Tees Valley localities providers' understanding of the wider impact and identify areas that NHSE/I can provide further support to additionally impact trusts.”

- The minutes of the CCG Quality Committee held in November 2021 published on pages 222-223 of governing body papers in March 2022: <https://teesvalleyccg.nhs.uk/wp-content/uploads/sites/9/2021/03/Governing-Body-Meeting-papers-23-March-2022.pdf> set out details of the final report.

The meeting was addressed by Gill Hunt, director of nursing at NHS England in the North East and Yorkshire, who chaired the QSG. The minutes say: “Ms Hunt advised that LTFU and associated patient harm has been a recurring theme reported at the...QSG and the NHSE/I Nursing and Quality team agreed to undertake a scoping exercise to understand the position across the ICS to identify emerging themes, contributory factors and to share learning.”

At minute 143.6, it says “the overall findings of the review show that the ICS currently reports 221 incidents involving LTFU patients, including treatment delays and diagnostic delays. 37 are recorded as catastrophic/serious. Two of these incidents were reported as serious incidents because of the number of patients involved and/or potential for future harm, rather than actual serious harm.”

It goes on to state that Ms Hunt said the availability of suitably trained staff had been a contributory factor in LTFU issues. “Other factors may be paper based systems that are not robust and demand outweighing capacity.””

### **Was the information imparted in circumstances importing an obligation of confidence?**

24. NHSE explains that this information was provided to it to enable it to understand the position of ‘Lost to follow up’ in the region and it believes that there is an expectation that this information would not be shared more widely. NHSE explains that QSGs bring together different parts of the health and care system in order to share intelligence about risks to quality. Their purpose is to share intelligence in a confidential setting and to identify and address risk promptly. It also describes, in their guidance from 2017, that their aim is to create an environment of

confidentiality and trust amongst members in order that they can feel able to openly and honestly share information and concerns. The National Guidance<sup>3</sup> for QSGs is published on NHSE's website. Partners provide information and understand the principles of confidential intelligence-sharing in the interests of quality surveillance.

25. The report itself is marked as 'confidential and not for onward circulation'. NHSE considers that this demonstrates that there is both an explicit and implicit obligation of confidence and that there is a reasonable expectation that it should not be disclosed under the FOIA which amounts to the world at large.

### **Would disclosure be detrimental to the confider?**

26. NHSE considers that disclosing the type of sensitive information described in paragraph 10 of this decision notice would be likely to cause detriment. As regards the CCGs and NHS Provider Trusts, disclosure would be likely to result in a loss of public confidence and reputational damage concerning how the acute Trusts manage their lost to follow up processes. Specific cases are detailed, which services may be impacted, and the report explores causation, all of which could cause detriment to the third party organisations if it was disclosed. It also argues that there could be identification of patients due to small numbers who could then bring an action. Trust in these third parties would also be reduced. However, this argument largely concerns the disclosure of special category personal data.
27. Disclosure may lead to poor quality surveillance data which could have local and national ramifications. Any loss of confidence may result in the inhibition of transparency and future learning opportunities.
28. The complainant argues that the release of this information cannot cause detriment because the issues are already in the public domain but disclosing the information would "bolster public confidence that action has been taken and that administrative processes have been overhauled".
29. The Commissioner accepts that there could be detriment to the third party confiders. He does not propose to consider the position of the

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<sup>3</sup> [NHS England » Quality Surveillance Groups – National Guidance](#)

patients because he does not accept that they were directly confiding the information.

### **Is there a public interest defence for disclosure?**

30. NHSE states that the maintenance of confidentiality should prevail unless the public interest in disclosure outweighs it. It identifies the main argument in favour of disclosure as accountability and transparency with how NHSE operates its lost to follow up processes. Its main argument in favour of maintaining the confidence is to protect the patients and allow QSGs to work effectively in order to ensure that identified risks can be addressed. NHSE cannot compel organisations to provide information in a candid and open exchange. This could prove detrimental to patients. It concludes that:

“Given the sensitive nature of the information we hold, the circumstances in which it was obtained and the purpose it is used for, we have concluded there was not a sufficient public interest in disclosure of the information in order to defend any actionable breach.”

31. The complainant notes that a legal person must be able to bring an action for breach of confidence to court over the release of the information and that the court action must be likely to succeed. They do not accept that this applies here and argue that NHSE has not attempted to explain how these third party groups or patients would take action in this way. The complainant stresses that NHSE itself points out that delays in follow-up cause “significant risk” to patients, the scale of the problem and the scale of change required.

32. Neither does the complainant believe that disclosure would have an effect on intelligence between providers and NHSE because there is a regulatory duty to share the information. Senior NHS leaders have a duty to provide it or be in breach of their employment contracts. They query NHSE’s argument that transparency would be inhibited by releasing this information as it suggests that these leaders would act against the public interest. The overwhelming public interest lies in release because of the numbers of patients affected and the protection of public safety which outweighs the public interest in confidentiality.

### **The Commissioner’s view**

33. The Commissioner had already decided that the conclusions at the end of the report were not provided by a third party but were generated by NHSE and do not reveal the content of the information provided.

34. For the reasons persuasively argued by the complainant in paragraphs 31-32, the Commissioner agrees that the interests of lost to follow up patients and the need for transparency mean that the disclosure of the remainder of the information would be unlikely to result in an actionable breach of confidence or that any court action would be likely to succeed. He notes that several of the third parties providing the information have disclosed related information (even including small numbers), though not always from the identical time period of the report. Therefore he does not accept that the exemption is engaged.

### **Section 40 - personal information**

35. Section 40(2) of FOIA provides that information is exempt from disclosure if it is the personal data of an individual other than the requester and where one of the conditions listed in section 40(3A)(3B) or 40(4A) is satisfied.
36. In this case the relevant condition is contained in section 40(3A)(a)<sup>4</sup>. This applies where the disclosure of the information to any member of the public would contravene any of the principles relating to the processing of personal data ('the DP principles'), as set out in Article 5 of the UK General Data Protection Regulation ('UK GDPR').
37. The first step for the Commissioner is to determine whether the withheld information constitutes personal data as defined by the Data Protection Act 2018 ('DPA'). If it is not personal data then section 40 of the FOIA cannot apply.
38. Secondly, and only if the Commissioner is satisfied that the requested information is personal data, he must establish whether disclosure of that data would breach any of the DP principles.

### **Is the information personal data?**

39. Section 3(2) of the DPA defines personal data as:

"any information relating to an identified or identifiable living individual".

40. The two main elements of personal data are that the information must relate to a living person and that the person must be identifiable.

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<sup>4</sup> As amended by Schedule 19 Paragraph 58(3) DPA.

41. An identifiable living individual is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of the individual.
42. Information will relate to a person if it is about them, linked to them, has biographical significance for them, is used to inform decisions affecting them or has them as its main focus.
43. NHSE has explained to the Commissioner that it has withheld the name and job title of the employee who wrote the report and that it considers that information relating to low numbers of patients affected within certain specialities/services, broken down by NHS provider organisation (specific geographic region) could be put together with other information leading to the identification of patients.
44. In the circumstances of this case, having considered the withheld information, the Commissioner is satisfied that some information could both relate to and identify certain individuals. This information therefore falls within the definition of 'personal data' in section 3(2) of the DPA.
45. He considers, as set out above, that there is a possibility that some individuals could be identified because small numbers (five or below) are concerned and there is more information contained in the report to individualise them – specific dates and diagnoses which can be put together with listed services and CCG/Trust.
46. The fact that information constitutes the personal data of an identifiable living individual does not automatically exclude it from disclosure under FOIA. The second element of the test is to determine whether disclosure would contravene any of the DP principles.
47. The most relevant DP principle in this case is principle (a).

**Would disclosure contravene principle (a)?**

48. Article 5(1)(a) of the UK GDPR states that:

“Personal data shall be processed lawfully, fairly and in a transparent manner in relation to the data subject”.

49. In the case of an FOIA request, the personal data is processed when it is disclosed in response to the request. This means that the information can only be disclosed if to do so would be lawful, fair and transparent.

50. In order to be lawful, one of the lawful bases listed in Article 6(1) of the UK GDPR must apply to the processing. It must also be generally lawful.
51. In addition, if the requested data is special category data, in order for disclosure to be lawful and compliant with principle (a), it also requires an Article 9 condition for processing.

**Is the information special category data?**

52. Information relating to special category data is given special status in the UK GDPR.
53. Article 9 of the UK GDPR defines 'special category' as being personal data which reveals racial, political, religious or philosophical beliefs, or trade union membership, and the genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation.
54. Having considered the wording of the request, and viewed the withheld information, the Commissioner finds that, as he has accepted that there is the potential for identification regarding some of the information, the requested information contains special category data. He has reached this conclusion on the basis that it relates to their health.
55. Special category data is particularly sensitive and therefore warrants special protection. As stated above, it can only be processed, which includes disclosure in response to an information request, if one of the stringent conditions of Article 9 can be met.
56. The Commissioner considers that the only conditions that could be relevant to a disclosure under FOIA are conditions (a) (explicit consent from the data subject) or (e) (data made manifestly public by the data subject) in Article 9.
57. The Commissioner has seen no evidence or indication that the individuals concerned have specifically consented to this data being disclosed to the world in response to the request or that they have deliberately made this data public.
58. As none of the conditions required for processing special category data are satisfied there is no legal basis for its disclosure. Processing this special category data would therefore breach principle (a) and so this information is exempt under section 40(2) of FOIA.
59. Therefore, he has gone on to solely consider the withheld name and job title of the report author which is not special category data.

## **Lawful processing: Article 6(1)(f) of the UK GDPR**

60. Article 6(1) of the UK GDPR specifies the requirements for lawful processing by providing that “processing shall be lawful **only** if and to the extent that at least one of the” lawful bases for processing listed in the Article applies.
61. The Commissioner considers that the lawful basis most applicable is basis 6(1)(f) which states:
- “processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject which require protection of personal data, in particular where the data subject is a child”<sup>5</sup>.
62. In considering the application of Article 6(1)(f) of the UK GDPR in the context of a request for information under FOIA, it is necessary to consider the following three-part test:-
- i) **Legitimate interest test:** Whether a legitimate interest is being pursued in the request for information;
  - ii) **Necessity test:** Whether disclosure of the information is necessary to meet the legitimate interest in question;

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<sup>5</sup> Article 6(1) goes on to state that:-

“Point (f) of the first subparagraph shall not apply to processing carried out by public authorities in the performance of their tasks”.

However, section 40(8) FOIA (as amended by Schedule 19 Paragraph 58(8) DPA and by Schedule 3, Part 2, paragraph 20 the Data Protection, Privacy and Electronic Communications (Amendments etc) (EU Exit) Regulations 2019) provides that:-

“In determining for the purposes of this section whether the lawfulness principle in Article 5(1)(a) of the UK GDPR would be contravened by the disclosure of information, Article 6(1) of the UK GDPR (lawfulness) is to be read as if the second sub-paragraph (dis-applying the legitimate interests gateway in relation to public authorities) were omitted”.

- iii) **Balancing test:** Whether the above interests override the legitimate interest(s) or fundamental rights and freedoms of the data subject.
63. The Commissioner considers that the test of 'necessity' under stage (ii) must be met before the balancing test under stage (iii) is applied.

### **Legitimate interests**

64. In considering any legitimate interest(s) in the disclosure of the requested information under FOIA, the Commissioner recognises that a wide range of interests may be legitimate interests. They can be the requester's own interests or the interests of third parties, and commercial interests as well as wider societal benefits. These interest(s) can include broad general principles of accountability and transparency for their own sakes, as well as case-specific interests. However, if the requester is pursuing a purely private concern unrelated to any broader public interest, unrestricted disclosure to the general public is unlikely to be proportionate. They may be compelling or trivial, but trivial interests may be more easily overridden in the balancing test.

### **Is disclosure necessary?**

65. 'Necessary' means more than desirable but less than indispensable or absolute necessity. Accordingly, the test is one of reasonable necessity and involves consideration of alternative measures which may make disclosure of the requested information unnecessary. Disclosure under FOIA must therefore be the least intrusive means of achieving the legitimate aim in question.
66. NHSE does not consider the individual who wrote the report to be a senior member of staff. Additionally, it does not consider that disclosing this level of detail is necessary because it does not aid understanding or context. NHSE does concede that there may be "a lesser interest in knowing who within NHSE is supporting this area of work". It has already disclosed the name of the senior member of staff contained within the report which it believes satisfies interest in who is supporting the work.
67. The complainant has confirmed to the Commissioner that they are content that junior staff members' details are not disclosed.
68. The Commissioner might question NHSE's definition of a junior member of staff but he accepts that every organisation has different grading systems. He might also consider that the author of a report might have it within their expectations that their personal data may be disclosed,

though the report does state that it is confidential and not for onward circulation. Nevertheless those who work in public authorities are all aware of FOIA. However, NHSE has provided the overall lead's name and job title – presumably the person with overall responsibility, so he does not consider it necessary for the complainant to know the name and job title of the more junior member of staff in this instance.

69. As the Commissioner has decided in this case that disclosure is not necessary to meet the legitimate interest in disclosure, he has not gone on to conduct the balancing test. As disclosure is not necessary, there is no lawful basis for this processing and it is unlawful. It therefore does not meet the requirements of principle (a).

### **The Commissioner's view**

70. The Commissioner has therefore decided that NHSE was entitled to withhold the information under section 40(2), by way of section 40(3A)(a).

### **Other matters**

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71. The section 45 code of practice<sup>6</sup> recommends that public authorities complete the internal review process and notify the complainant of its findings within 20 working days, and no later than 40 working days from the receipt.
72. In this case NHSE did not provide an internal review for some two months beyond the recommended timeframe.

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<sup>6</sup> [CoP FOI Code of Practice - Minor Amendments 20180926 .pdf \(publishing.service.gov.uk\)](#)

## **Right of appeal**

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73. Either party has the right to appeal against this decision notice to the First-tier Tribunal (Information Rights). Information about the appeals process may be obtained from:

First-tier Tribunal (Information Rights)  
GRC & GRP Tribunals,  
PO Box 9300,  
LEICESTER,  
LE1 8DJ

Tel: 0300 1234504

Fax: 0870 739 5836

Email: [grc@justice.gov.uk](mailto:grc@justice.gov.uk)

Website: [www.justice.gov.uk/tribunals/general-regulatory-chamber](http://www.justice.gov.uk/tribunals/general-regulatory-chamber)

74. If you wish to appeal against a decision notice, you can obtain information on how to appeal along with the relevant forms from the Information Tribunal website.
75. Any Notice of Appeal should be served on the Tribunal within 28 (calendar) days of the date on which this decision notice is sent.

**Signed** .....

**Janine Gregory**  
**Senior Case Officer**  
**Information Commissioner's Office**  
**Wycliffe House**  
**Water Lane**  
**Wilmslow**  
**Cheshire**  
**SK9 5AF**