



21 July 2022

Member's Meeting

Agenda

- > PHIN Chair's introduction (5 mins)
- > CMA Order Roadmap and Delivery Plan (20 mins)
 - Overview of progress to-date
 - Key themes from consultation
 - Ongoing work and next steps
- > Partnership Forum perspective (5 mins)
- > Panel Q&A (45 mins)
- > Voting Members vote on resolution

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 - Ongoing work and next steps



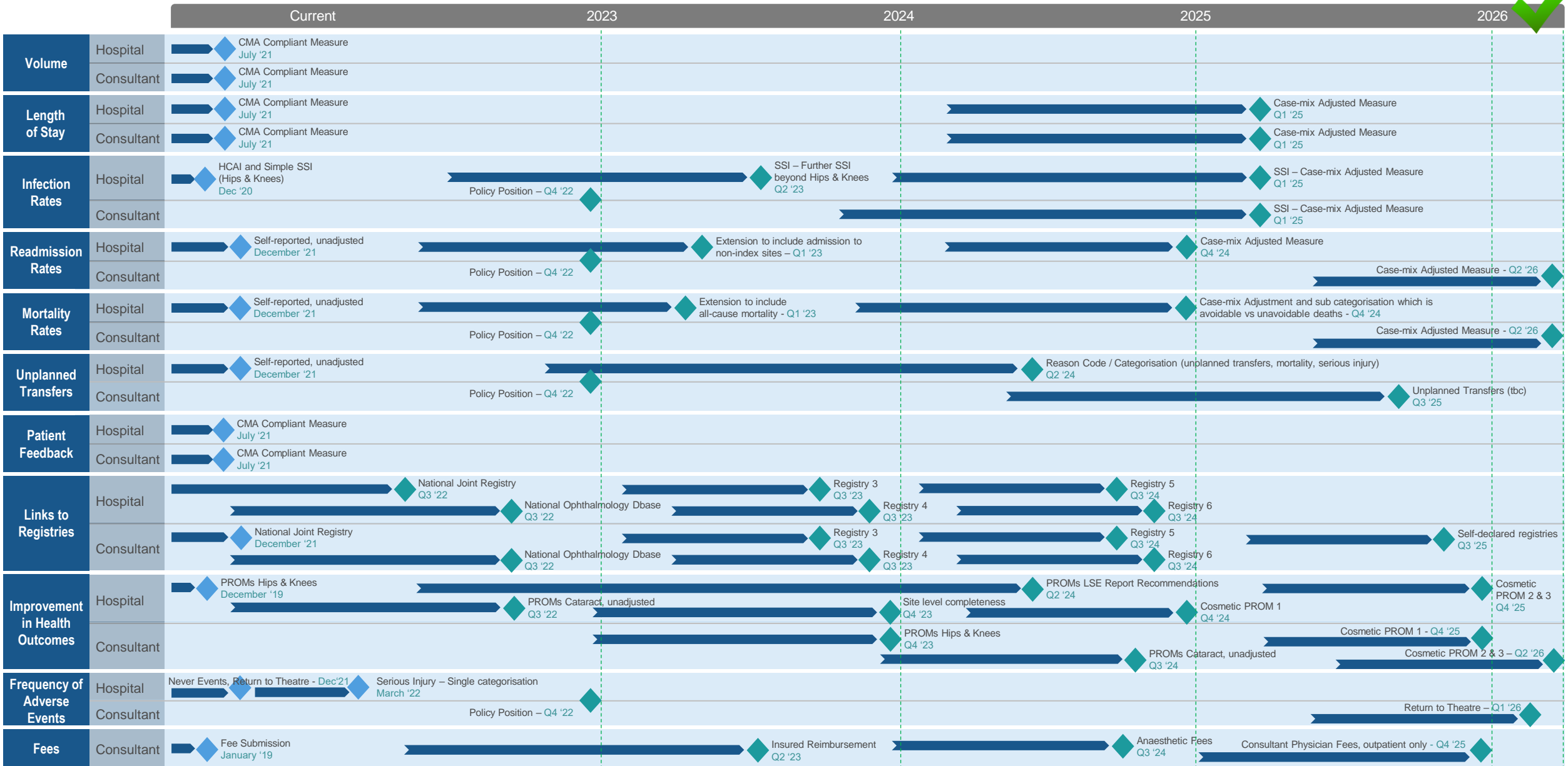
Progress to-date

- > CMA Order Roadmap and Delivery Plan 2022-2026
- > Partnership Forum – weekly meetings since February
- > Engagement with wider stakeholders in 1:1 meetings and a series of forums
- > Consultation with members and stakeholders on draft Plan: 1st – 15th June
- > Final plan developed following feedback and sent to members and CMA on 30th June
- > The Plan:
 - 4-year delivery Roadmap to ‘complete’ the Order by June 2026
 - All Article 21 measures and Article 22 fees to be published at hospital and consultant level (where appropriate and possible)
 - 16 strategic enablers – projects and longer-term programmes that will be critical to delivery of the Order

Summary of measures publication for hospitals and consultants by 2026

Order Complete

June 2026



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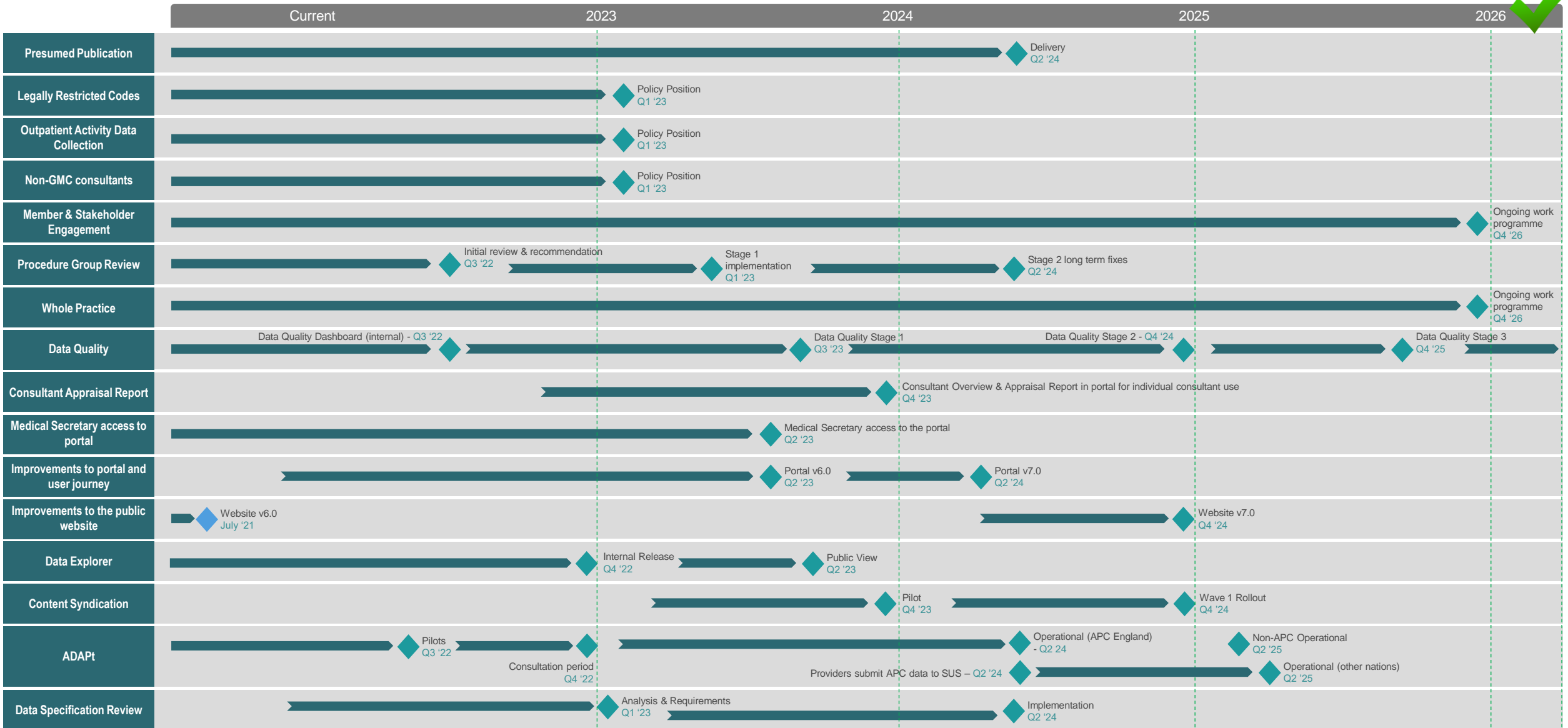
Completed

To be completed

29/06/2022

Summary of enablers by 2026

Order Complete
June 2026



29/06/2022



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◆ Completed ◆ To be completed

Progress to-date

Hospital participation

- 655 total sites
- 559 submitting data
- Of which 150-200 are consistently providing information across all measures to be published

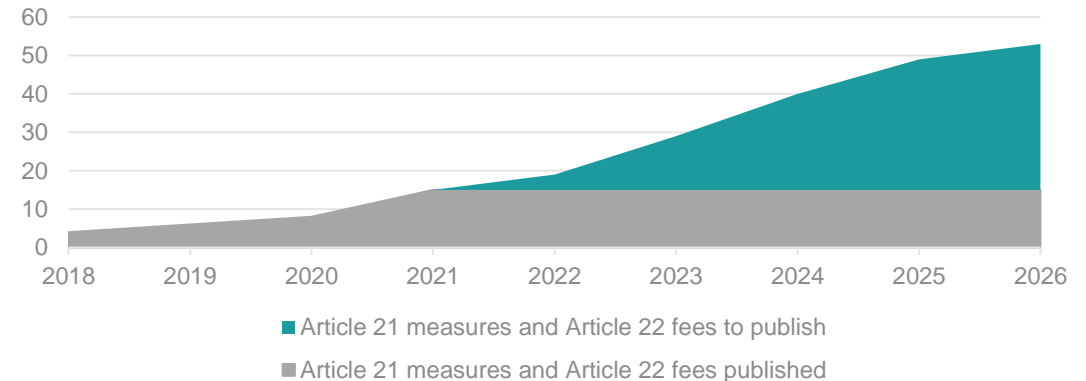
Consultant participation

- 12k consultants in APC data, of which:
 - 9k with consultation fees
 - 8k with procedure fees
 - 2k with patient feedback measures
 - <3k with volume and LoS measures approved

Article 21 measures and Article 22 fees

- **15** stages of Article 21 measures and Article 22 fees published between 2018 and 2021, starting with simpler metrics first
- **38** more to be published by June 2026

Individual Article 21 measures and 22 fees to publish

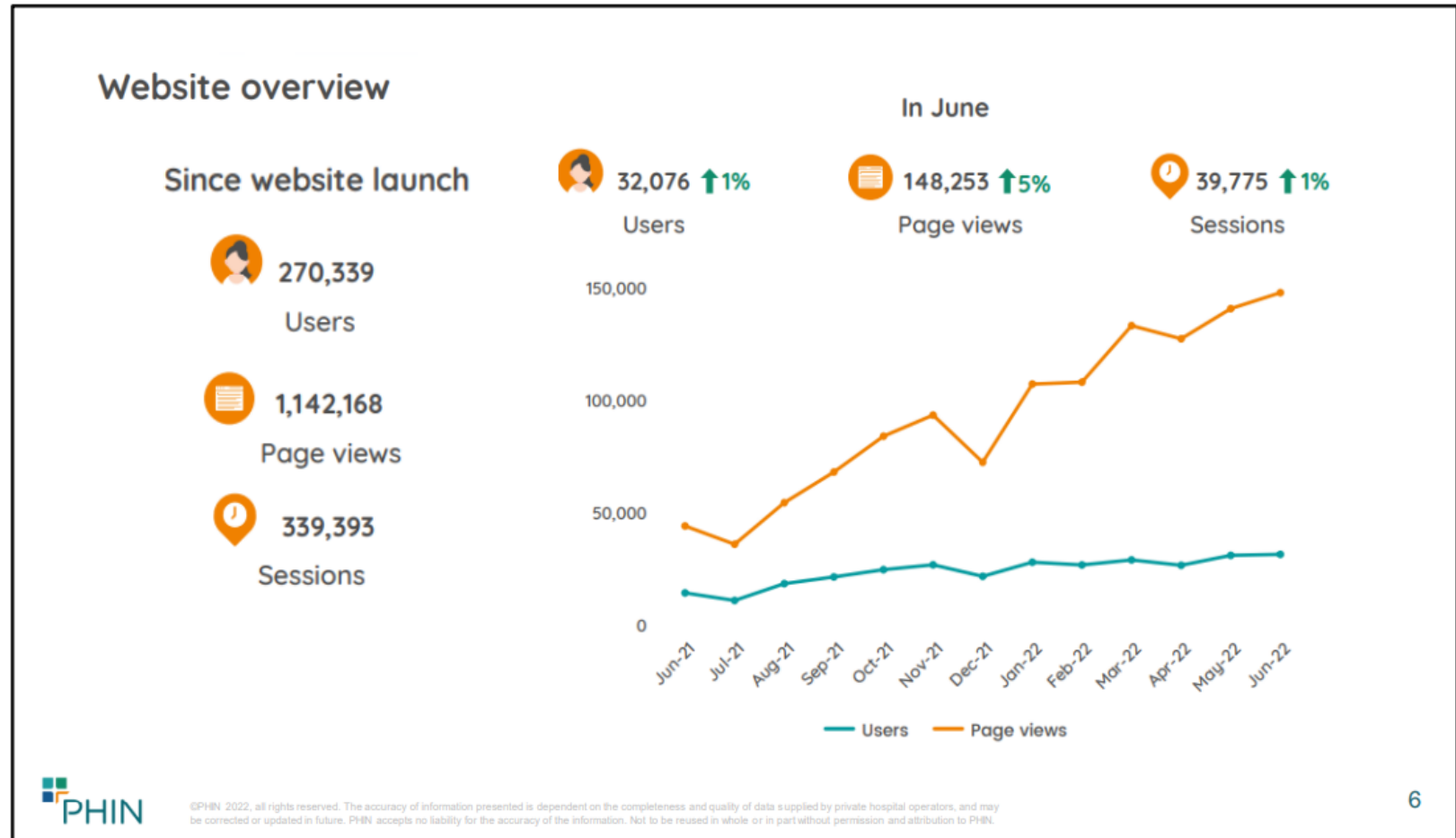


+ Strategic enablers

- **16** cross-cutting enabling projects and multi-year programmes that are core to the delivery of the Article 21 and 22 above.

Progress to-date

- Patients are using this information
- Encouraging upwards trajectory on website usage
- On average 4 pages viewed per user
- 3,000 responses received to online feedback questionnaire





Consultation themes

- > 20 written responses and 21 1:1 meetings held during in June
- > Key themes
 - Measures development and publication
 - Approach
 - Patient complexity and case-mix
 - Presumed publication
 - What does full compliance look like? What about enforcement?
 - NHS PPU participation and representation
 - PHIN resourcing
 - Patient focus and use of PHIN website
 - ADAPt
 - Fees and Packages



Consultation themes

> Measures development and publication

- Phased and prioritised approach
 - Dependent on participation and good incoming data quality
 - Measures are complicated which means multiple ways to publish e.g., one for a patient and one for the industry
 - Outlier process needs to be developed
 - Measures produced based on accepted practice wherever possible (e.g., used in the NHS)
- Patient complexity and case-mix
 - Complex measures will take more time, and contingent on data quality, therefore backloaded in programme
- Presumed publication and medical secretary access
 - Current rates of consultant are not good enough – we need a new approach
 - But need to publish information that is accurate and trusted
 - Medical Secretary access being developed



Consultation themes

> Principles for publication

- Phased approach
 - Interim measures to be considered
 - Simple measures first, complex measures later (e.g., linked measures and case-mix)
- Private patient focus first, whole practice later
- Consultant level publication
 - Contingent on method and volumes
 - Reality of small numbers and methods means differentiation may not be possible, therefore need to identify best way to publish something meaningful given these potential limitations
 - Also contingent on hospital participation and data quality



Consultation themes

> What does full compliance look like?

- Task and Finish Groups to define 'complete' for remaining Article 21 Measures
- Need to be realistic that 100% of providers and consultants will struggle to be compliant 100% of the time for 100% of the measures.
- Key initial focus needs to be on improving participation amongst hospitals and consultants

> Enforcement by CMA

- Questions from providers on threshold to trigger any enforcement action by CMA for non-compliance – further discussion needed



Consultation themes

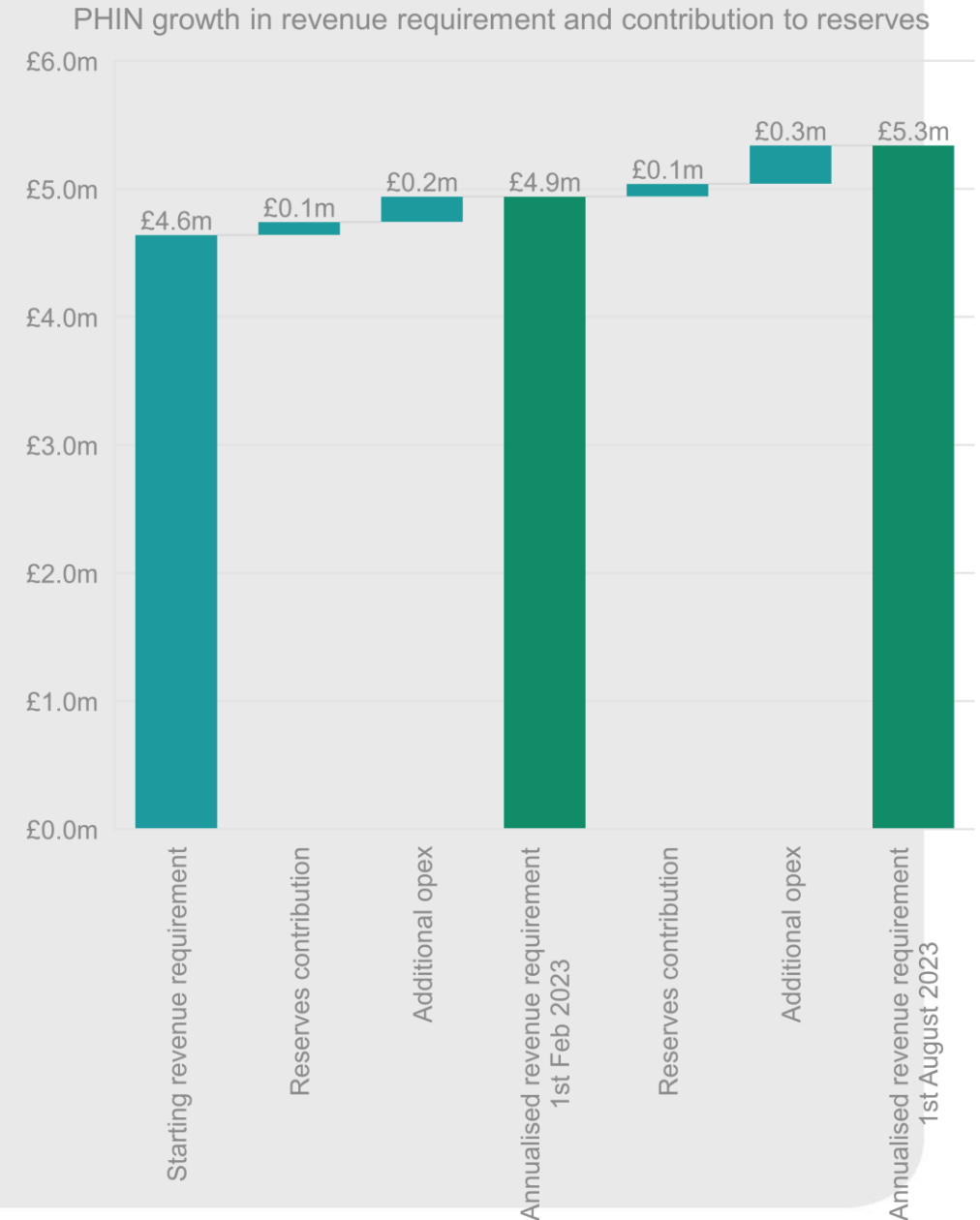
> NHS PPU participation and representation

- NHS PPUs want to be more involved
- Nominee for Partnership Forum representation put forward
- Continued involvement in Implementation Forum and extension of invite to those that have not attended previously
- PHIN to explore PPU representation as a voting member
- Link with NHS England teams

Consultation themes

> PHIN resourcing

- Feedback from members that more detail needed on proposed 2023 uplifts
- More detailed information pack recently provided
- Phasing reviewed and uplift to be phased at 7.5% from 1st February 2023 followed by a further 6.5% from 1st August 2023
- The key resource constraints are in the main delivery teams – Informatics, Technology and Engagement
- 38 iterations of measures and fees to develop and publish, alongside 16 cross-cutting enablers
- Reserves policy continues to be relaxed to 5 months operating expense cover





Consultation themes

- > Patient involvement and use of PHIN website
 - Patients are using the website and information content
 - Support for involving patients in developing website content
 - Need to balance this with the need to deliver outstanding elements of the Order
 - Main complaint from patients is missing information
- > ADAPt
 - Pilots 1-3 nearing completion
 - Review and longer-term strategy to be developed over 2022 and early 2023
- > Fees and Packages
 - PHIN's priority is delivering the core requirements of Article 22 the Order by 2026 – focus on consultants fees
 - Hospital self-pay package fees are not in the Order, mixed levels of support across the sector, therefore will only be reconsidered once the obligations of the CMA Order are delivered.

Ongoing work and next steps

- > Task and Finish Groups
 - Policy positions and definition of 'complete' delivery for all Article 21 measures
- > Key enabling workstreams - Working groups being established for:
 - Consultant presumed publication
 - PROMs
- > Programme monitoring and governance
 - How will we monitor and report on progress and manage risks?
 - Which governance forums are needed to do this? How often shall they meet?
 - Who needs to be involved?
 - What does the CMA want from us and how do they want to be involved?
- > Still plenty of work to be done and areas to resolve but we're all in this together so need to keep talking

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Panel Q&A session



Resolution for voting members

“To approve and commit to the delivery of the CMA Order Roadmap and Delivery Plan”



Thank you for listening.

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