



21 July 2021

Andrew Vallance-Owen, Chair

Member's Meeting



Agenda

- Chairman's welcome

- Chief Executive's update
 - Progress in 2021
 - Strategic Plan 2021-25
 - Funding and subscriptions
 - Finalising and approving the Plan



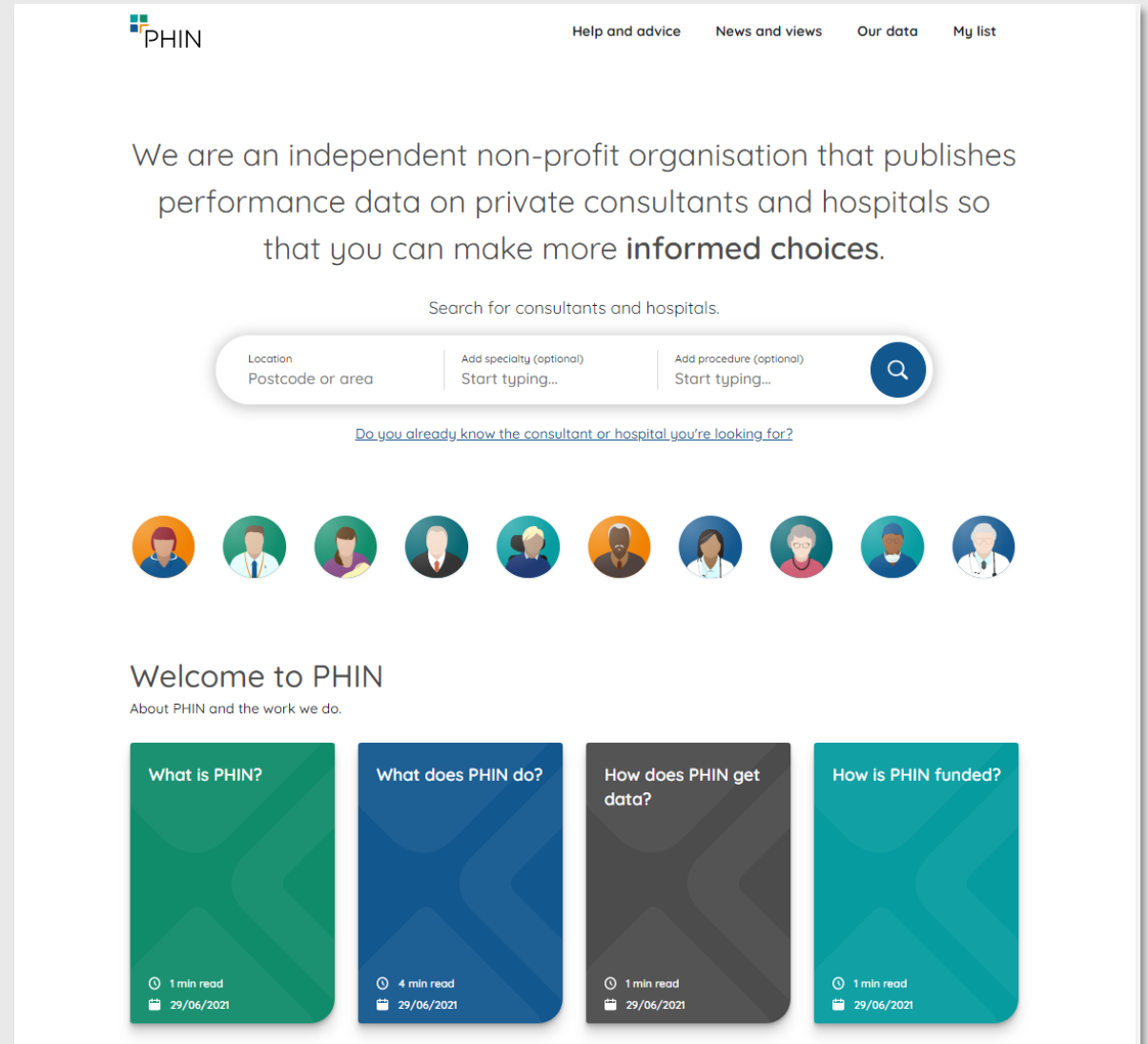
21 July 2021

Matt James, Chief Executive

Strategic Update

PHIN in 2021

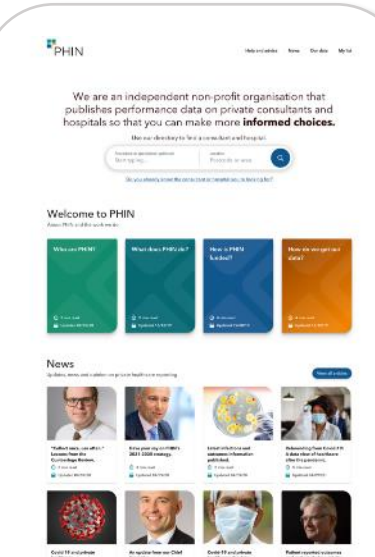
- > New website launched yesterday!
- > Improved data sheets
- > On track to publish
 - Patient satisfaction scores for consultants
 - Hospital-reported adverse events
 - Registry links
- > PROMs review progressing well



The screenshot shows the PHIN website homepage. At the top is the PHIN logo and navigation links: 'Help and advice', 'News and views', 'Our data', and 'My list'. A main text block states: 'We are an independent non-profit organisation that publishes performance data on private consultants and hospitals so that you can make more **informed choices**.' Below this is a search bar with the placeholder text 'Search for consultants and hospitals.' and a magnifying glass icon. The search bar has three input fields: 'Location Postcode or area', 'Add specialty (optional) Start typing...', and 'Add procedure (optional) Start typing...'. Below the search bar is a link: 'Do you already know the consultant or hospital you're looking for?'. A row of ten circular icons representing different healthcare professionals follows. Below the icons is the heading 'Welcome to PHIN' and the subtext 'About PHIN and the work we do.' At the bottom are four colored cards with the following titles and details:

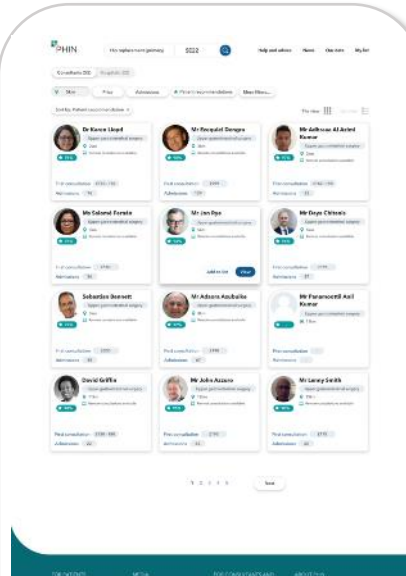
Card Title	Read Time	Date
What is PHIN?	1 min read	29/06/2021
What does PHIN do?	4 min read	29/06/2021
How does PHIN get data?	1 min read	29/06/2021
How is PHIN funded?	1 min read	29/06/2021

The New PHIN Website, launched 20 July



Clean design

- Less clutter
- Easy to navigate
- Best use of display on all devices



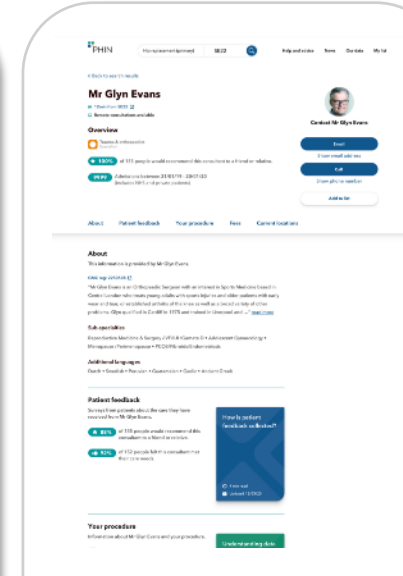
Improved search

- Now includes condition and specialty
- Easier to filter and absorb results



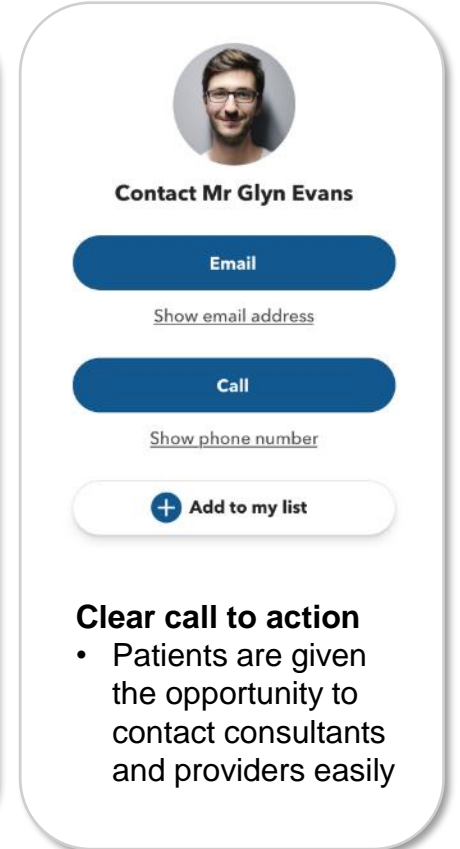
Rich content

- Aimed at informing patients
- Delivered as part of search where relevant



Fuller profiles

- More informative consultant and site profiles
- Easy for the patient to consume

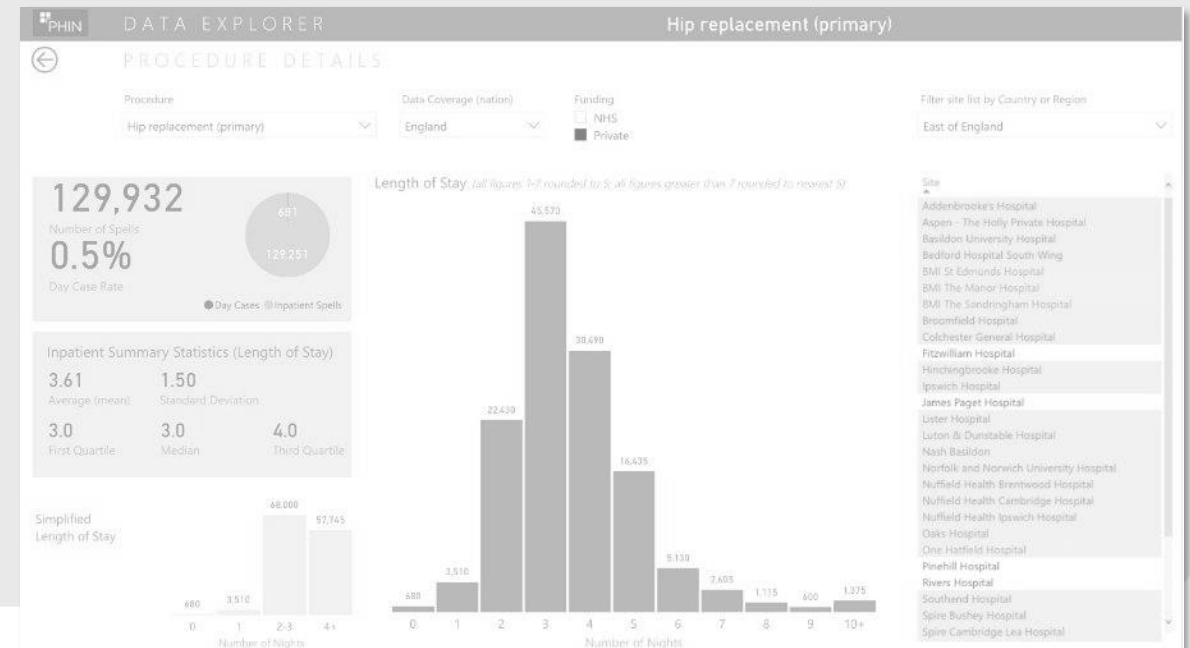
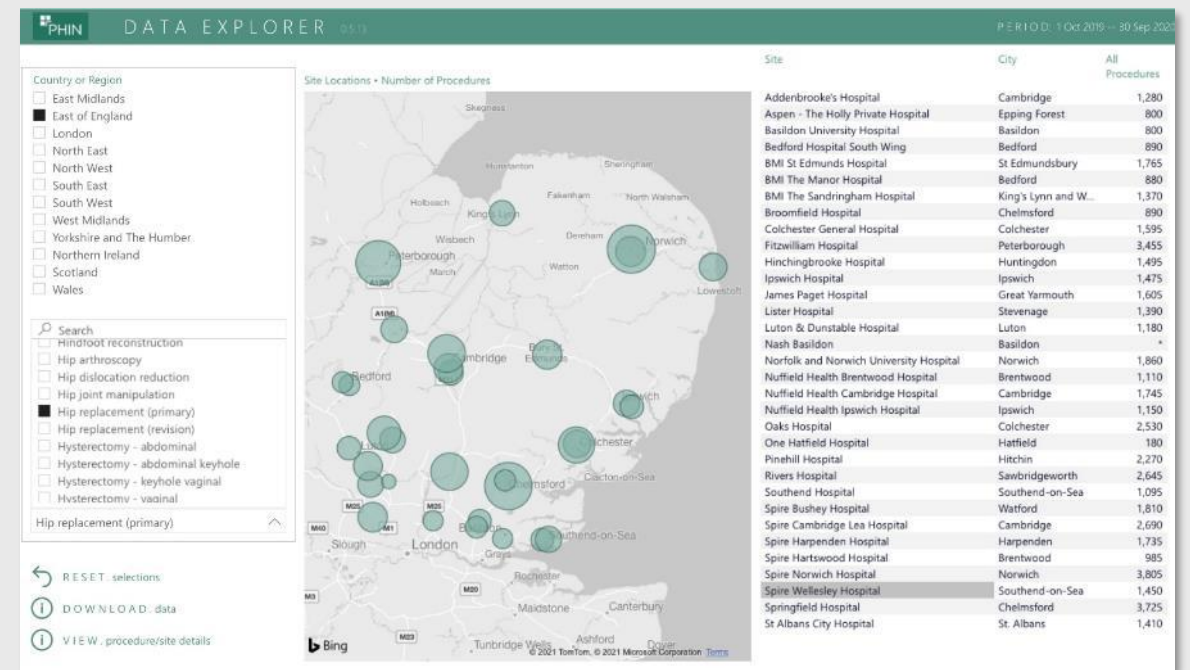


Clear call to action

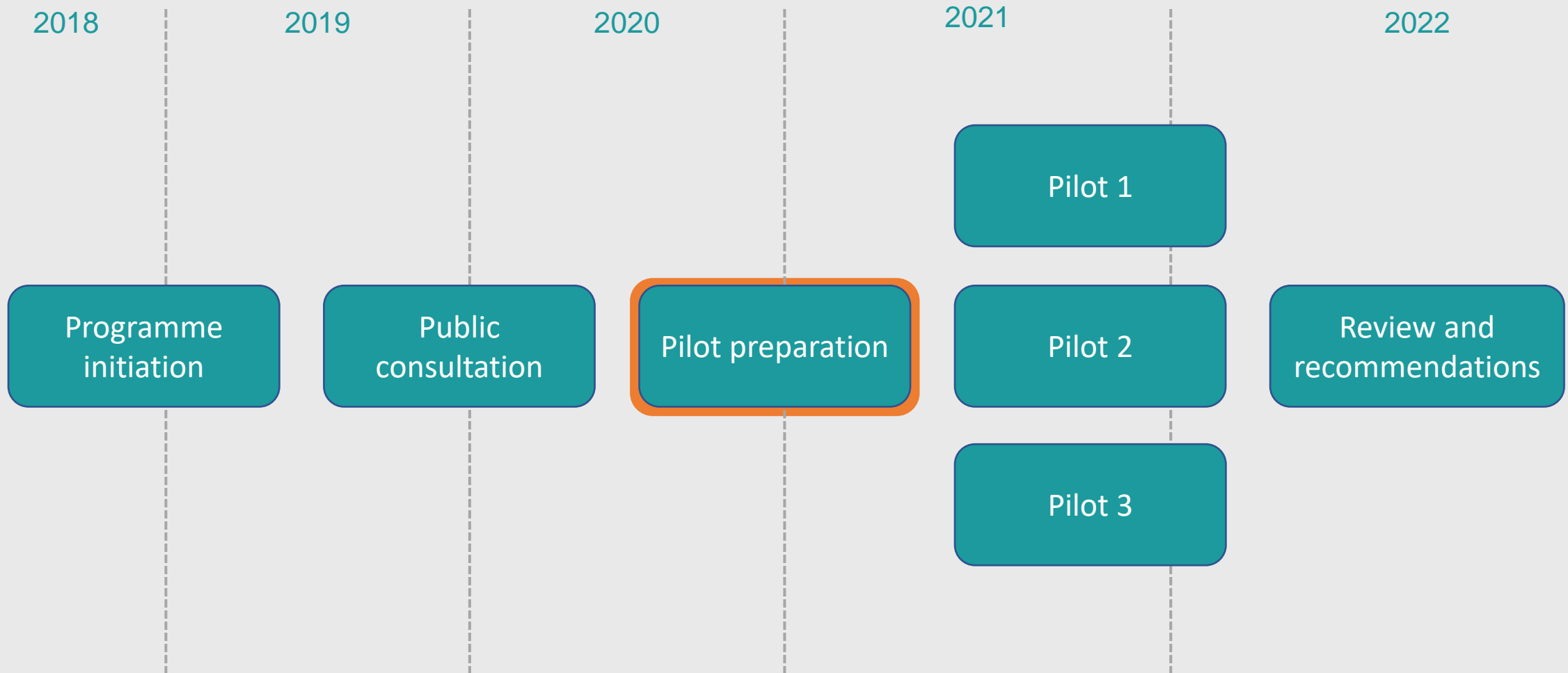
- Patients are given the opportunity to contact consultants and providers easily

PHIN's Data Explorer - coming soon

- Builds on the published data sheets
 - i.e. contains only information already published on the website
- Graphical, interactive presentations
- Designed to be useful to members and other stakeholders



The ADAPt project is in pilot phase – thanks to the 7 organisations taking part



PHIN is working with DHSC on the responses to the Paterson Inquiry and IMMDSR

Paterson Recommendation 1

“We recommend that there should be **a single repository of the whole practice of consultants** across England, setting out their **practising privileges** and other **critical consultant performance data**, for example, how many times a consultant has performed a particular procedure and how recently. This should be **accessible and understandable to the public**. It should be **mandated for use by managers and healthcare professionals in both the NHS and independent sector**.”

Paterson Recommendation 3

“We recommend that the **differences** between how the care of patients in the independent sector is organised and the care of patients in the NHS is organised, is **explained clearly to patients** who choose to be treated privately, or whose treatment is provided in the independent sector but funded by the NHS. This should include clarification of how consultants are engaged at the private hospital, including the use of **practising privileges** and **indemnity**, and the **arrangements for emergency provision and intensive care**.”

IMMDSR Recommendation 8

“**Transparency of payments made to clinicians needs to improve**. The register of the General Medical Council (GMC) should be expanded to include **a list of financial and non-pecuniary interests for all doctors, as well as doctors’ particular clinical interests and their recognised and accredited specialisms**. In addition, there should be mandatory reporting for the pharmaceutical and medical device industries of payments made to teaching hospitals, research institutions and individual clinicians.”

Draft strategic plan document circulated to members



Draft strategic plan document circulated to members





Strategic Plan 2021-2025: priorities reflecting public consultation

> Strategic priorities

1. Complete and accelerate delivery of the CMA Order requirements
2. Focus on consumers to ensure meaningful understanding and use of the information
3. Work collaboratively (e.g. through ADAPt) to pursue longer term efficiency and effectiveness
4. Create value for stakeholders through information to optimise participation

Strategic Plan 2021-2025: priorities reflecting public consultation

> Strategic priorities

1. Complete and accelerate delivery of the CMA Order requirements
 - Yes, get it done!
 - It's only meaningful if patients use it
2. Focus on consumers to ensure meaningful understanding and use of the information
3. Work collaboratively (e.g. through ADAPt) to pursue longer term efficiency and effectiveness
 - Yes, to the extent that these support delivery of the Order and don't distract from it
4. Create value for stakeholders through information to optimise participation
 - We recognise that more resource is needed to get the job done in the required timeframe. Show us a plan.

Complete and accelerate delivery of the CMA Order requirements

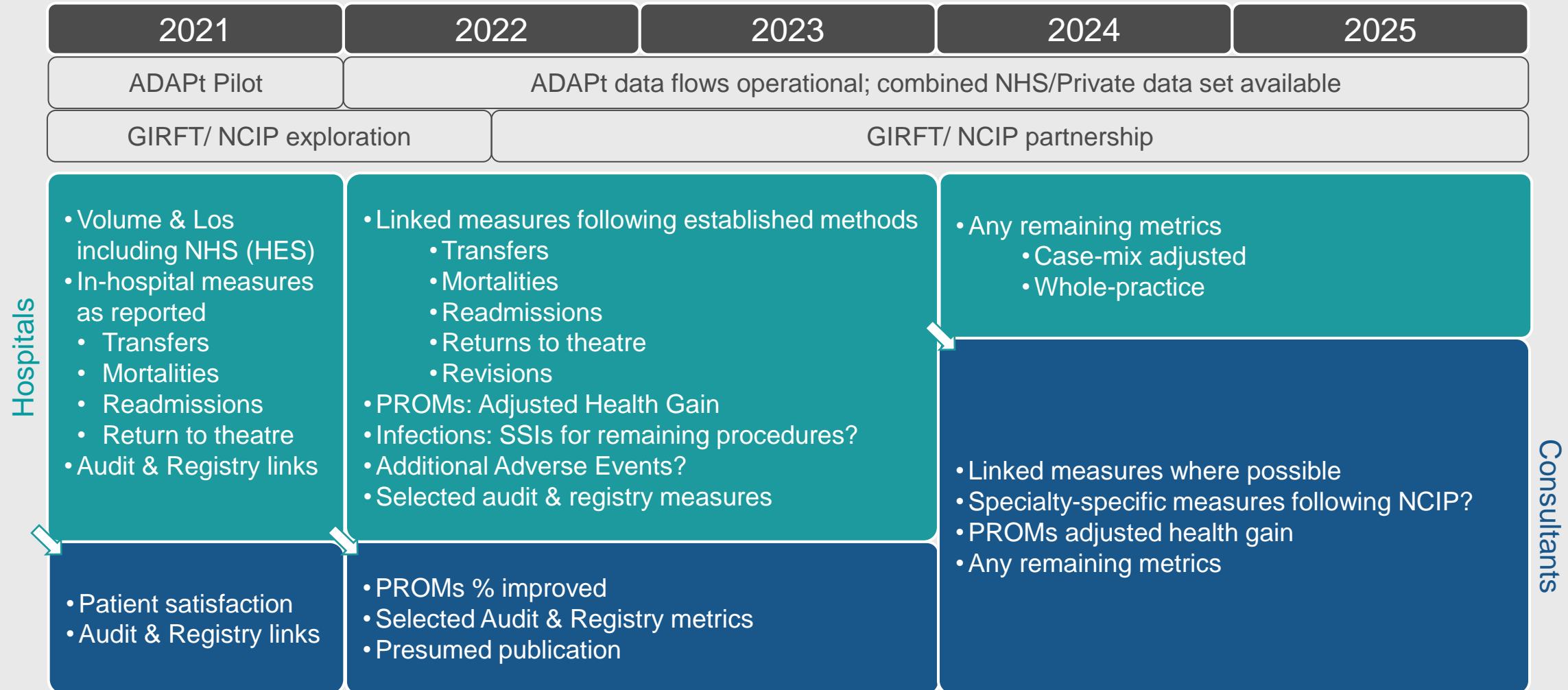
> “Complete”

- All of the measures
- for all of the procedures
- for all of the consultants
- for all of the hospitals
- Available to, understood by and used by patients

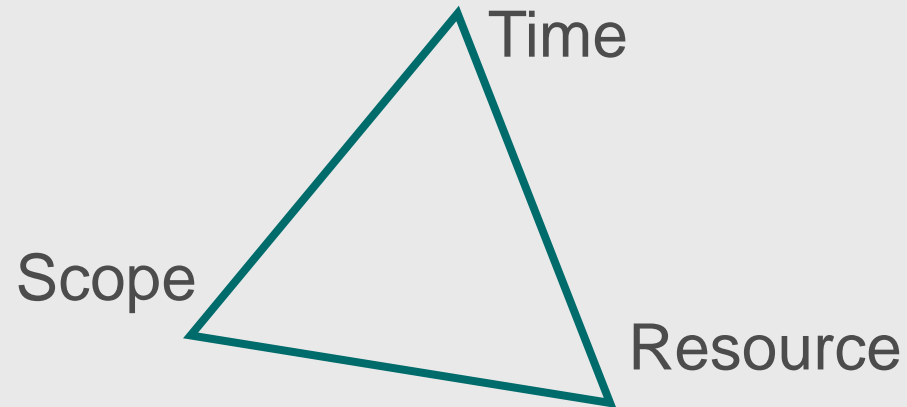
> “Accelerate”

- Faster, but now aiming for 2025 not 2023 to keep resources and costs realistic
- Hospitals before consultants
- Prioritised approach

Getting the Order done/ Implementation Plan/ Performance measures



Planning always trades off scope, time and resource



> First 5 years

- Resource fixed, or growing slowly
- Timelines pushed out
- Scope increased by key events
 - Addition of fees requirement, GDPR etc
- Scope decreased by operational necessity
 - Selected & simplified measures
 - Minimum viable products

> Next 5 years (planning assumptions)

- Timelines fixed – get it done by 2025
- Scope fixed – complete delivery
- Resource: requirements assessed against fixed scope and time
- Implication: less resource means compromising on timeline or scope, or at least increased delivery risk



Our watchword has been “reasonable”

- > “Reasonable cost” =
 - > Reasonable timescale
 - > Reasonable scope
 - > Reasonable standards of delivery
 - > Reasonable standards and processes for data quality
 - > Reasonable standards of customer service
 - > Reasonable expectations of patient use and understanding
 - > Reasonable efforts to make patients aware of the site
 - > Reasonable engagement and communication processes
 - > Reasonable expectations of success given timescale/ scope/ resources
 - > Reasonable expectations for resources to do the job
 - > Reasonable efforts to contain costs and maximise efficiency



The Partnership Forum

- > Convened by PHIN & IHPN
- > Modelled on the PMO used during the pandemic
 - Senior people
 - Rapid decision making
- > Members
 - Wouter van den Brandt - Nuffield Health
 - Viv Heckford – Ramsay Health Care UK
 - Cliff Bucknall – HCA Healthcare
 - Cathy Kale – Spire Healthcare
 - David Anderson – Circle Health
- > Working on behalf of all hospitals
- > Looking at the strategic plan in detail
 - “Business case”
 - Assumptions
 - SLA for hospital involvement
 - Phasing
 - Resource plans
 - Costs
- > Aiming to reach shared understanding



Key issues raised by Partnership Forum

- > Costs must relate to the Order
 - Accepted, and embedded in the plan

- > Immediacy of increases
 - Noted, with delays introduced and costs deferred as far as possible pending agreement

- > Tiered options requested - e.g. “gold, silver, bronze”
 - Difficult
 - The plan is already pitched for bronze (reasonable) including a “reasonable likelihood” of delivery: any reduction makes delivery as scoped “unlikely”, which is hard to justify

Resourcing – overall approach

- > PHIN has developed capability in most required areas
- > Additional resources are required to “accelerate and complete delivery of the CMA Order requirements”
 - Additional resource is mainly required to increase capacity and speed of delivery
 - Additional capability is required in some key areas
 - Most additional resources required are relatively junior (filling a pyramid from the bottom to increase capacity)
- > Resources will be added in phases based on priorities
 - Opportunity to adjust model within an agreed envelope
- > Most resources will be added over two years from ~~August 2021~~ January 2022
 - The later they’re added, the less impact they can have over 5 years

Key areas driving additional resource requirements

> Informatics

- Development and production of Performance Measures
- Data Quality Management
- Production of analysis to enable customer support
- Production of analysis to provide actionable insight

> Key issues

- Capacity in all areas. Team currently works to a single Scrum process with Exec Director (CMO) very hands-on in all aspects
- Need for additional senior leadership of main workstreams
- Projects are currently managed sequentially. This will be too slow to deliver the agreed objectives.

> Missing Capabilities

- Robust business intelligence/ MI
- Analysis to produce insight, benchmarking, etc

> Engagement/ Member services

- Hospital engagement & support
- Consultant engagement & support
- Communications
- Digital Product Management

> Key issues

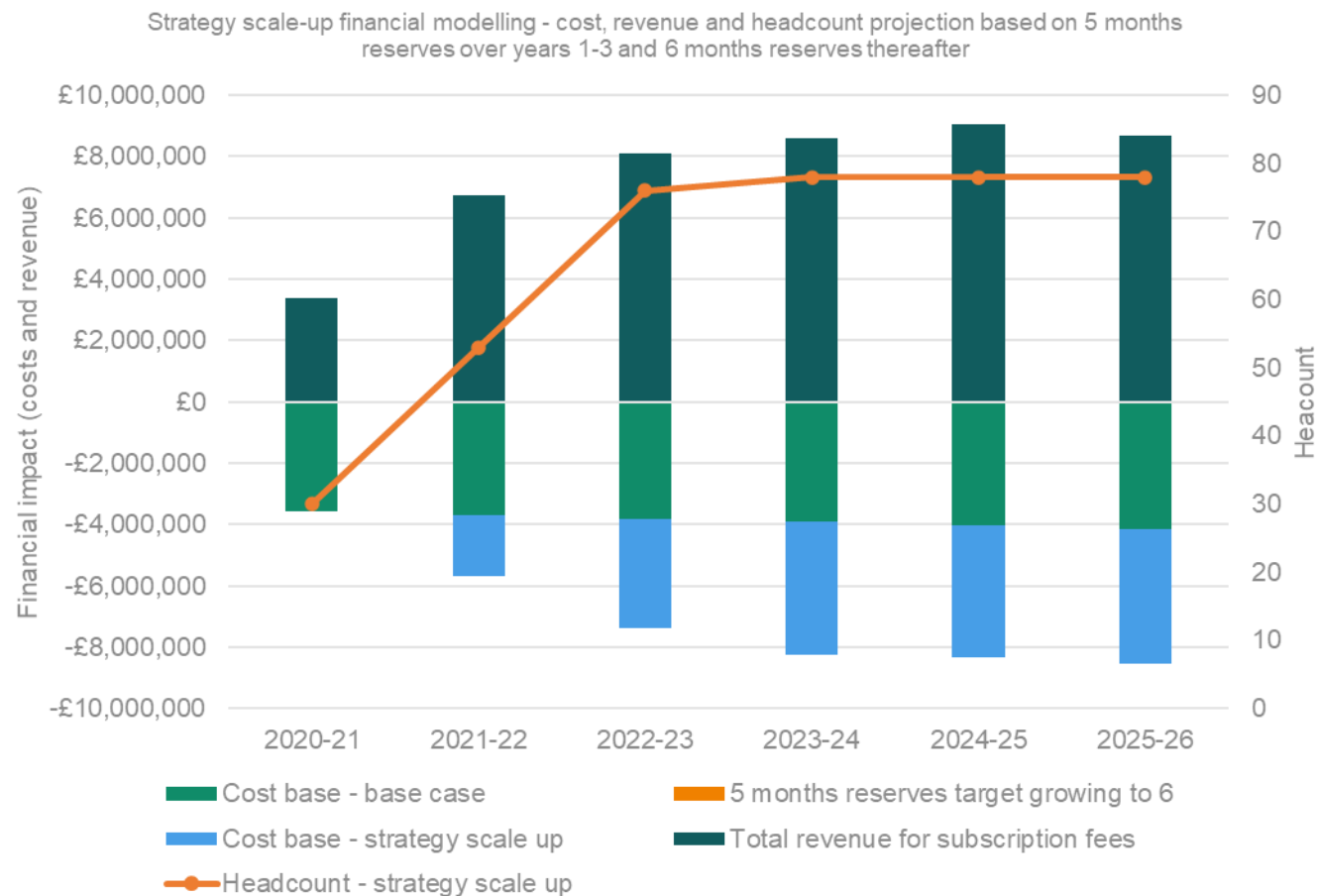
- Capacity in all areas
- Engagement/ support to drive participation and maintain data quality
- Projects are currently managed sequentially. This will be too slow to deliver the agreed objectives.

> Missing Capabilities

- Patient engagement, support
- Marketing/ promotion to drive usage
- Insurer engagement
- Engagement in Scotland, Wales, NI

Strategic Plan – Board approved 5 year financial plan & mitigations

- > Delivering over 5 years requires a re-baselining of resources
- > Delayed launch to Aug 2021 due to covid
- > We understand that immediacy of requirement is still an issue for members.
- > Further delayed to Jan 2022 to allow further dialogue
- > Taking all available steps to curb increases from 1 Aug, but c£1m of unavoidable cost remains needed.
- > Dialogue will continue through the Partnership Forum





Interim financial arrangement

- > From 1st August 2021, PHIN's subscription rate will be £8.23 per record, producing annualised income of £4.5m for the year ahead (2020-21 £3.4m).
 - Annualised increase of £1.1m spread across the industry
 - Average of 30% increase from last year (varies by provider).
 - Fee-per-record increase appears larger due to reduced 2020 baseline
 - Interim position pending finalisation of the Strategic Plan later this year
 - Unavoidable to maintain financial stability
- > Substantive increase per Strategic Plan (to £6.6m for 2021-22) suspended pending finalisation and approval of the Strategic Plan
 - Reserves requirement temporarily relaxed (5 months)
 - Non-committed recruitment deferred
 - Other new spend held wherever possible

Finalisation of the strategic Plan 2021-2025

- > Implementation Start: 1 Jan 2021
 - Get going on the key, settled items

- > Finalise and publish the 5-year plan by 31 July 2021
 - Await DHSC response on Paterson & Medical devices
 - Detailed implementation plan
 - Resources/ Budget/ Fees over 5 years to finalise
 - Document to produce and approve (CMA and Members)

- > Will continue work with key stakeholders Q1-Q2 2021 on remaining issues and detail



Finalising the Strategic Plan

- > Approved by PHIN's Board May 2021
- > Seek approval by PHIN's Members: AGM, 8 December 2021
- > Seek approval by the CMA: December 2021
- > Publication January 2022



Questions & Discussion