PHIN 2012-2025 Strategy

Public consultation – Review

December 2020

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Introduction

PHIN held a public consultation on our 2021-2025 strategy in October 2020. The consultation sought feedback from a range of PHIN's stakeholders on PHIN's priorities over the next five years, alongside consideration of funding a potential future funding models. The four key priorities are:

1. **Complete and accelerated delivery of CMA Order:** We will accelerate towards the provision of complete, accessible, high-quality information for patients and healthcare consumers as specified by the CMA, as an essential foundation for progress in any other aspect.

2. **Focus on people's real needs:** We will focus on the delivery of insights to consumers, providing an information service that people find helpful, and promoting our service to ensure that it is better known about and used. Whilst we believe that this is wholly consistent with the CMA's Order, success is likely to require a willingness to go beyond the strict scope of the Order in places, and to challenge our own approach to implementation in others.

3. **Create value for stakeholders:** As well as delivering insight to consumers, we need to build on opportunities to 'add value' to the consultants and hospitals participating in PHIN, and to broader stakeholders including insurers, GPs and the NHS.

4. **Deliver a collaborative and efficient model:** We will continue to pursue the most efficient and effective ways of operating, with the immediate focus being on increased cooperation with the public sector, notably through the Acute Data Alignment Programme, ADAPt.

The following paper outlines the key themes of the responses to the consultation, along with commentary from PHIN.

We are very grateful to all respondents who made time available to provide their insights and guidance.

Consultation respondents

The following organisation provided written responses to the consultation:

- The Independent Healthcare Providers Network (IHPN)
- Spencer Private Hospitals
- Transform / The Hospital Group
- Care UK
- HCA International
- Spire Healthcare
- Nuffield Health
- St John's & St Elizabeth Hospital

- Vitality Health
- Bupa
- Aviva UK
- Healthcare Purchasing Alliance (HPA)

- British Association of Aesthetic Plastic Surgeons (BAAPS)
- Federation of Independent Practitioner Organisations (FIPO)
- Association of Anaesthetists (AAGBI)
- Individual Consultant x2
- Association of Breast Surgery (ABS)
- British Orthopaedic Association (BOA)

- Patient Safety Learning (PSL)
- Patients Association
- Independent Sector Complaints Adjudication Service (ISCAS)
- Care Quality Commission (CQC)

The following organisations provided verbal feedback.

- Independent Doctors Federation (IDF)
- AXA PPP
- The Royal College of Surgeons in England (RCSEng)
- Federation of Surgical Specialty Associations (FSSA)
- Competition and Markets Authority (CMA)
- Ramsay Healthcare
- The Cleveland Clinic
- Circle Health / BMI Healthcare

Consultation response summary

Overall the responses were supportive of PHIN and increasing transparency in private healthcare. The clear message from all respondents was a desire to see accelerated delivery of the CMA Order. It is clear that this must be PHIN's primary priority over the next five years. While there was broad support for the other priorities, it was clearly felt that these should not be allowed to distract from the important task of delivering the CMA Order.

However, to varying degrees respondents felt that priorities two, three and four were also enablers to complete and meaningful delivery of the Order, and where these do support the effective delivery of the CMA Order they should be considered priorities for PHIN. Therefore, PHIN should pursue these priorities in as far as they enable delivery of the CMA Order and better information for patients considering private healthcare, whilst being cautious of activities which could distract from this endeavour.

From the consultation there are areas which can be prioritised and immediate progress made. Other areas, which are less directly linked to the delivery (in letter or in spirit) of the CMA Order, will require a longer period of discussion and reflection between PHIN and our stakeholders.

Themes for immediate action

A summary of the responses are groups below in themes below.

Priority one: Full and accelerated delivery of the CMA Order

Delivering the Order is 'non-negotiable' priority

There was strong agreement from almost all respondents supporting our proposal to move to prioritise the delivery of the CMA Order. As noted by a number of respondents, delivery has been frustratingly slow, and – despite important progress, there is still a lack of information available to patients considering private healthcare. There is a desire to see all of the measures published, for all hospitals and consultants offering private healthcare services. Improvements made to PHIN's infrastructure - such as the Portal - were welcomed, but continued improvements to PHIN's core applications and support for hospitals and consultants are needed. However, it was also acknowledged that delivery does not fall entirely on PHIN, with hospitals, consultants and others needing to do their part to ensure that full delivery of the Order is possible.

The majority of respondents were keen for the Order to be delivered by 2023, the tentative date proposed by PHIN. However, some questioned how achievable this is given the complexity of the task ahead – both for PHIN, but also for the hospitals which are the source of the data. It is right to accelerate delivery of the Order, but it must be done comprehensively and correctly.

PHIN commentary

We believe that delivery of the CMA Order is a 'non-negotiable' priority for PHIN, and it's clear this is supported among respondents. We also believe 2023 is an achievable delivery date, but as acknowledged in the responses, this must be a joint effort alongside consultants (with their representative bodies) and hospitals. It will take greater resource and effort from all to deliver in this timeframe.

Our next step will be to develop a detailed roadmap which will provide a timeline for delivering the Order. We will also develop a programme of improvements to our processes and service levels so

that compliance can be achieved efficiently and intuitively for hospitals and consultants and effective support is available when needed. While ultimately compliance with the CMA Order remains outside of PHIN's control, we will facilitate delivery for all consultants and hospitals that choose to engage.

Move to consultant 'opt-out'

Respondents were mostly supportive of the proposed change to consultant data validation. Most respondents felt that progress in publishing consultant level measures had been too slow, and far higher participation rates from consultants is needed. Moving to an 'opt-out' style process would improve participation rates, helping identify where data errors exist and can be corrected, and ultimately improve the number of consultants searchable on the PHIN website.

There were legitimate concerns expressed by some consultant groups, including the British Orthopaedic Association, about the accuracy of the practice data – in particular the NHS data. Any move to 'opt-out' needs to be mindful of this, and should not risk disengagement from consultants. An additional consideration was raised by some providers, who suggested any rollout should be graduated. This would spread the resources needed by hospitals to support consultant engagement, and limit the risk of disengagement if wide-spread attribution issues are found within the data.

PHIN commentary

Support for this proposal is welcome. We must now get this done, while being mindful over concerns about data accuracy and the impact of implementation. For private data it is imperative to have consultant engagement – data cannot be corrected, at source by the hospitals, unless inaccuracies are first identified and communicated. We must also accept that there are greater barriers to improving attribution of NHS data. We will undertake to work with NHS Digital to help unlock this issue. However, we must concurrently identify the scale of inaccuracies in this area to reinforce the case for change. This can only be done with the engagement of the broader consultant community. As a next step, we will produce a detailed proposal for moving away from the current 'opt-in' process. We will consult with consultants and hospitals to ensure the new system provides the impetus for all consultants to engage, while retaining the flexibility for consultants to withhold publication of inaccurate information about their practice.

Renewed effort to help deliver health outcome measures

Measuring patient outcomes was seen by the majority of respondents as an important endeavour. Indeed, some respondents felt that patient reported outcome measures (PROMs) are an area where the private healthcare sector should be seen as pioneering the way. During conversations with providers health outcomes were identified as a key area where they can demonstrate their quality compared to other market participants. However, most respondents also recognised the practical challenges that exist with collecting this information. Overall there was widespread support for reviewing engagement with PROMs including which to collect, how the process works, and ensuring that the right tools are being used to support meaningful data.

PHIN commentary

We believe that PROMs are an important indicator of patient experience and quality, and we welcome the ongoing support for these measures from respondents. We believe that a review will help identify improvements to our PROMs programme. We will be partnering with the London School of Economics (LSE) to undertake this work, and will aim to involve and update stakeholders as the review progresses.

Adopted by patients - marketing and promoting the PHIN website

There was general agreement from respondents that there is little purpose in publishing information for patients if patients and the public are not aware of it. For most respondents, this was seen as an indicator of success. Some hospitals and insurers felt that the sector as a whole had a responsibility to promote the PHIN service to people considering private healthcare.

However, others argued that the website shouldn't be promoted until further progress has been made toward complete information. For these respondents there was a question as to whether adoption and promotion of the website is core to the CMA's Order, or an addition which is 'desirable'.

PHIN commentary

Our view, based on legal advice received and conversations with the CMA, is that the CMA intended that the published information should have a meaningful effect on competition in the market, which can only happen if it is found, trusted and used by prospective patients. We believe that it will be important to ensure that promotion that is done in the name of the Order remains consistent with the Order, and is not promotion for other purposes. However, it is clear that a far greater level of promotion will be required over the coming five years to raise user awareness and adoption.

Consequently, an organic growth approach is initially proposed by PHIN, focusing on SEO and content development, along with cross-promotion by stakeholders that will raise PHIN's profile amongst patients, as the information on the website grows.

We have raised the issue that we feel that competing with our members for the attention of patients will provide poor value for those patients. However, we also feel that the current basis of competition in the sector which favours marketing spend over underlying quality and value also does not serve patients well. We will continue to invite a dialogue to find the best approaches going forward.

Priority three: Creating value for stakeholders

Information and insights to participants

On the whole, the majority of respondents were supportive of this proposal. Most felt that providing insights to the hospitals supplying the underlying data was essential, both in the pursuit of data improvement, and in incentivising better data collection and submission. The majority of hospital respondents felt that the provision of industry benchmarks as an important part of the value PHIN can provide back to the sector. In discussions with respondents, the ability to analyse and benchmark performance relative to peers was seen as a valued-added service that PHIN could provide equally to all participants.

While some saw this as supplementary to the Order, which should be pursued only after full engagement from hospitals, most respondents saw this as an important enabler for delivering the Order.

PHIN commentary

We have long held-the belief that there is significant value within the data we collect and produce to help hospitals and consultants better understand the market in which they operate, and help improve clinical services to their patients. While the CMA Order is mandated, we have always sought to work with and support hospitals rather than dictate to them. We welcome the broad

support for this proposal, and agree that providing value back to participating hospitals and consultants will facilitate better engagement, and expediate delivery of the CMA Order.

Our next step will be to engage with market participants to map out a detailed proposal for agreement across our voting members.

Priority four: Pursue collaboration and system efficiency

System alignment via ADAPt

While not all respondents were aware of the ADAPt programme, those that were understood its strategic importance. Respondents representing sector participants including hospitals, consultants and insurers were all supportive of the ADAPt programme's aims to consolidate and align data across private and NHS care.

While hospitals were supportive, questions were raised about what the data would be used for once controlled by NHS Digital.

PHIN commentary

We believe that the ADAPt programme is strategically important for better information and evidence across healthcare, regardless of how that care is paid funded. It is therefore crucial for the sector – in particular the hospital providers that are the original source of the data (and make up the bulk of PHIN's membership) to support this work. However, while we take the responses as an indication to proceed, we are clear of the need to continue engaging and involving our stakeholders in its development, acknowledging that there may be legitimate and justifiable limits on the use of the potentially commercially sensitive data PHIN collects to fulfil our mandate.

It should also be noted that we consider the ADAPt programme to be an enabler of some of the more complex measures within the CMA Order. The ADAPt programme is, and should remain, broadly in service of delivering PHIN's core mandate. The task ahead should not be underestimated though, as it will be onerous: sending data via NHS Digital as proposed in the ADAPt pilot is the easy part; fully joining up and improving processes, so that high-quality whole-practice information becomes available across healthcare, will take real courage and effort.

Supporting broader patient safety and improvement programmes

While it would not be appropriate for PHIN to directly lead initiatives to improve clinical quality, there is general agreement that PHIN has access to unique data and information which would be invaluable in supporting initiatives to improve patient safety and the quality of health services. Respondents recognised the value of PHIN's data in relation to the current national discussion following the Paterson report in February 2020. Support for the priority was summed up well by an individual consultant response, arguing that this should be "the raison d'etre of PHIN". Further discussion will be required to define the limits and scope of work in this area.

PHIN commentary

It should be noted, there were no direct comments made in relation to PHIN specifically supporting the Paterson or Cumberlege recommendations outside of the production and sharing of data. Examples of broader support PHIN may offer include support of better information for patients about private healthcare – recommendations 1 and 3 of the Paterson review. We believe PHIN is well placed to support better information for patients, as described in the Paterson report. Indeed, were PHIN not to pick up this work it may create duplication of government-backed information sources for patients – neither of which are complete, and

which may sit in competition with each other. We will continue working to support the Paterson recommendations in partnership with NHS Digital, GIRFT and NCIP.

Themes for further discussion

Priority 2: Focus on people's real needs

Providing more comprehensive information outside of the CMA Order

This proposal prompted diverse responses from different groups. Generally speaking, there were three overarching perspectives on this. Some groups, such as patient representatives including the Patients Association, fully supported the proposal, arguing that for PHIN to provide a meaningful and helpful service, it must be co-designed with patients and respond to their real needs. This was also notably supported by stakeholders such as ISCAS, were keen to work alongside PHIN to ensure that role of both organisations can be reinforced by collaborating with each other.

Others – such as market participants, felt that this could duplicate information already in the public domain, and in some instances compete with information published on their platforms. The last perspective, which took more of a middle position, saw the benefit for patients and consumers, but felt this should only be considered following the CMA Order. Many provider organisations took this perspective, with the availability of critical care facilities identified as an example of the type of information PHIN may explore in more depth.

PHIN commentary

With regards to providing additional information outside of the Order, there is a clear message to first focus on getting the Order done first, so this must be a priority. This is an area where further discussion is needed. While there is a clear benefit for consumers and patients, and that aligns to the spirit of the Order, there are questions around both sequencing and the type of information that should be published via PHIN's website.

When considering sequencing we must be mindful of the resource implications on PHIN, hospitals and consultants. Over-burden in any of these areas could easily lead us to distract from delivery of the Order. When discussing the type of information that should be published, we must again be mindful that it is in pursuit of the spirit of the Order to create a meaningful source of information for people considering private healthcare.

An important area not considered within the strategy is around the third recommendation of the Paterson report. Balanced, informative information about how private care is set-up and delivered – aimed at people considering private healthcare, has a natural fit with PHIN's mission and mandate. Any work programmes in this area would need to be carefully sequenced alongside delivery against the CMA Order, or else resourced outside of the our current CMA funding mechanisms.

Publishing meaningful price and fee information

There is an overarching desire from most stakeholders to provide meaningful information about price to patients. However, what this means in practice is different. For patient advocates such as the Patients Association, comprehensive information on likely costs is imperative. They cited examples of patients contacting their services with complaints and confusion over pricing in private healthcare. This perspective is broadly supported by a number of other respondents, including consultant

representatives groups and some insurers. Broadly, the medical professions also supported this view, suggesting that hospitals and insurers, rather than consultants, control pricing.

However, hospitals cite complexities in publishing pricing information, questioning how possible this is. Some providers claim that is it not necessarily possible to publish package prices (where there are commercial sensitivities), and it is not always possible to align packages. Others simply argue that PHIN should simply keep within the strict limits of the Order. Overall, the key question is whether broader agreement on publishing self-pay prices is possible; there was no clear commitment to transparency from those parties whose commitment would be essential to delivering it.

PHIN commentary

The response in this area highlight the challenge ahead. However, as a patient focused organisation, the most illuminating response for PHIN came from the Patients Association. We strongly believe that current pricing transparency is inadequate and not constructed in the favour of patients. While we understand the reasons pricing has developed organically in the way it has, claiming that finding a remedy for this would be 'too complex' is not sufficient.

In the absence of a clear commitment to price transparency from private hospitals, PHIN's Board will need to decide whether to continue to publish the partial information required by the Order, or to stop publication of any price information. Either seems like a bad result for patients, and this is an area where we believe we must take a principled public stance. We believe that the CMA Order is clear in its intent on these issues if not in its construction, and note from the CMA itself that further investigations and remedies may be required if landscape has moved on from the 2014 market investigation yet pricing remains inherently unclear for consumers.

Priority three: Creating value for stakeholders

Insights for broader market stakeholders

Providing information and insights to broader market participants, such as GPs and regulators, was broadly welcomed. While not all member hospitals agreed, many – including IHPN, saw this as consistent with the 'principles underpinning the CMA Order'. However, important questions were raised about the limits of which organisations can legitimately access this information. There was also a clear steer, particularly from providers, that this should not distract from delivering the CMA Order – which was a particularly strong message coming from insurers.

PHIN commentary

PHIN and our Board believe this is an important role for PHIN – particularly providing information to regulators such as the CQC. Therefore, where there is an obvious and clear need, and where we believe that it is consistent with the pursuit of the Order, we will continue to develop information flows to the right organisation. Where access to information is less obvious or questions could be asked about the legitimacy, further discussions are required and this should be prioritised after delivery of the CMA Order.

Greater use of our information systems

There was some misunderstanding with this proposal. Much of the feedback in this area focused on whether PHIN should exploit the value of our data.

PHIN commentary

We must be clear that 'selling' our underlying data was never our intention and was explicitly ruled out in the consultation. Our proposal was to exploit value of the systems we have built - for example, using our infrastructure, systems and established relationship to support the CISS programme by collecting information on practicing privileges. For very little additional resource we would be able to support such initiatives, preventing participants in the private healthcare sector from having to invest to duplicate systems and processes that PHIN already has in place. This is an area which will therefore need further conversation, primarily with our hospital members. We are mindful that any progress in this area should not come at the expense of our core purpose in delivering the CMA Order.

Funding: Fees and additional revenue

Broadly market participants welcomed a conversation about PHIN's resources and funding. Hospitals are understandably keen to ensure that any fees paid in pursuit of the CMA's Order remain focused on that activity. While there is general acceptance that more funding may be required to accelerate delivery of the Order, hospitals in particular were keen to see a detailed, costed roadmap to achieve this, at which point meaningful discussions on fees and resource can take place. On the need for additional resources, there were suggestions that PHIN should look to collaborating with provider groups and insurers to secure support for delivering specific aspects of the Order or new measures. However, other stakeholders believed the exploring alternative funding could distract from delivering the Order.

PHIN commentary

We welcome further conversations around our future funding as we are unable to deliver the purposive intent of the CMA Order at pace, as demanded by nearly all respondents, with our current resources. Whilst PHIN's overall management and governance structures are in place and embedded, to deliver at pace PHIN requires more 'doers' across the teams. There is far more to do than has been done in terms of information production and publication, and we simply will not get through it without significant additional resource.

A detailed roadmap and implementation plan will be developed which outlines how we intend to do this and what resources we believe we need to deliver the areas of the strategy that have been supported. We would encourage Member engagement in this process and welcome any innovative ideas on how we can work at pace most efficiently, utilising any available expertise and resources that may be available at our Members.

The CMA Order states that PHIN may seek subscription fees from all members in order to carry out its duties and verbal feedback from PMIs that they feel a little left out of the process . We would therefore welcome exploring how they could potentially contribute financially to a package of services or product that is valuable to PMIs and other participants within the sector. Any products in this area would need the broad backing of PHIN's members.