

## Minutes of the PHIN Members' Meeting 6 December 2022 (PB2269)

Location: Maynard Theatre, The King's Fund, 11-13 Cavendish Square, London W1G 0AN

Chair: [Jayne Scott](#)

### Attendees

| <b>Member Representatives</b> |  |
|-------------------------------|--|
| Doug Wright                   | Aviva  |
| Ayodele Kazeem                | AXA PPP Healthcare                                   |
| Robin Clark                   | Bupa UK  |
| David Anderson                | Circle Health Group                                  |
| Paul Manning                  | Circle Health Group                                  |
| Rosemary Hittinger            | Federation of Independent Practitioner Organisations |
| Richard Packard               | Federation of Independent Practitioner Organisations |
| Duncan Summerton              | FSSA   |
| Tim Cross                     | HCA International                                    |
| Elin Richardson               | Horder Healthcare                                    |
| Kelly Stevens                 | Hospital Of St John And St Elizabeth                 |
| Emmett Steed-Mundin           | King Edward VII's Hospital Sister Agnes              |
| Vivienne Heckford             | Ramsay Health Care UK                                |
| Gail Lyons                    | Royal Brompton & Harefield NHS Foundation Trust      |
| Daljit Panesar                | Royal Brompton & Harefield NHS Foundation Trust      |
| Theo Luck                     | Schoen Clinic  |
| Geoff Bailey                  | Spencer Private Hospitals Ltd                        |
| Jo Jenner                     | Spencer Private Hospitals Ltd                        |
| Cathy Cale                    | Spire Healthcare                                     |
| David Marshall                | The New Victoria Hospital Limited                    |
| Harpreet Sarna                | VitalityHealth                                       |
| Brian Goodman                 | Western Provident Association                        |

| <b>PHIN Directors</b>         |                         |
|-------------------------------|-------------------------|
| Jayne Scott                   | Chair                   |
| Don Grocott                   | NED/Vice Chair          |
| Professor Sir Cyril Chantler  | NED                     |
| Ian Gargan                    | Chief Executive         |
| Jack Griffin                  | Chief Financial Officer |
| Michael Hutchings             | NED                     |
| Nigel Mercer                  | NED                     |
| Hugh Savill                   | NED                     |
| Claire Whyley                 | NED                     |
| Professor Sir Norman Williams | NED                     |

| <b>Non-Voting Guests</b> |                                 |
|--------------------------|---------------------------------|
| Mark Sherlock            | Brebners                        |
| Adam Land                | Competition & Markets Authority |
| Mike Barnes              | Healix                          |
| Robert Bundock           | Healthcare Purchasing Alliance  |
| Bethan Mackay            | Healthcare Purchasing Alliance  |
| Fiona Booth              | Healthcode Ltd.                 |
| Sally Taber              | ISCAS                           |
| Richard Steele           | NHS Digital                     |

| <b>PHIN Staff – In Attendance</b> |                       |
|-----------------------------------|-----------------------|
| Jonathan Finney                   | PHIN Executive        |
| Jon Fistein                       | PHIN Executive        |
| David Minton                      | PHIN Executive        |
| Mona Shah                         | PHIN Executive        |
| Phil Beicken                      | PHIN Corporate Team   |
| Ellie Griffiths                   | PHIN Corporate Team   |
| Jessica Harcourt                  | PHIN Corporate Team   |
| Anne Coyne                        | PHIN Engagement Team  |
| Megan Dunaway                     | PHIN Engagement Team  |
| Jason Frazer                      | PHIN Engagement Team  |
| Nadine Jones                      | PHIN Engagement Team  |
| Lea McMahon                       | PHIN Engagement Team  |
| Alistair Moses                    | PHIN Engagement Team  |
| Greg Swarbrick                    | PHIN Engagement Team  |
| Julie Kidd                        | PHIN Engagement Team  |
| Richard Leppard                   | PHIN Engagement Team  |
| Peter Mills                       | PHIN Informatics Team |
| Pooja Rupalia                     | PHIN Informatics Team |

## Minutes of the Meeting

### Welcome and Introductions

The PHIN Chair, Jayne Scott, welcomed Members and invited guests.

The Chair advised that the proceedings would take place as follows:

#### **Annual General Meeting**

##### **Resolution 1:**

To approve the Minutes of the Annual General Meeting held on 8 December 2021

##### **Resolution 2:**

To approve the Minutes of the Members Meeting held on 21 July 2022

##### **Resolution 3:**

To receive the Company's annual accounts and reports of the Directors for the year ended 31 July 2022.

This would be followed by the Members' Meeting.

**The formal part of the AGM commenced at 2.02pm and concluded at 2.14pm**

**The formal minutes have been recorded separately.**

The Chair invited Ian Gargan (IGN), PHIN Chief Executive to speak.

### **The Chief Executive's Update**

IGN presented a summary of PHN's achievements in 2022 and plans for 2023.

IGN summarised PHIN's purpose as serving patients, supporting members, and delivering the CMA Order.

## Review of 2022

### Information Governance

#### Independent Data Protection Compliance Audit:

The audit report ranked PHIN's current framework as "Good" with a score of 84%. Of the 34 recommendations provided by the auditor, 31 were "best practice opportunities for improvement". There were only three areas to remediate and these were addressed by the Information Security Management Team (ISMT) and subsequently closed.

#### Independent ISO 27001:2013 Recertification

Recertification had been completed in August 2022, with no non-conformities identified. This represented an impressive effort across the organisation to implement and maintain the ISO 27001 framework with no non-conformities for over two and a half years.

#### Data Security and Protection Toolkit (DSPT)

The 2021-22 NHS DSPT submission was successfully completed in May 2022, with all standards met once again.

### Strategic Plan Update

Following the approval of the CMA Plan in July 2022, a series of 'task and finish' groups had been established to work through various issues around performance measures at hospital and consultant level. These included:

- Patient focus and benefit
- Principles of the process and sequencing
- Principles for consultant-level publication
- Approach to national / hospital publication

### Key achievements in 2022

IGN outlined PHIN's achievements in 2022 which included:

- Frequency of Adverse Events – Published Serious Injury at site level
- The Acute Data Alignment Programme (ADAPt) Pilot 1 completed and Phase II Report to be published shortly
- Implementation strategy and roadmap approved
- National Joint Registry (NJR) link published at site level
- ISO 27001 audit with no non-conformities
- Patient-Reported Outcome Measures (PROMs) Cataract published at site level

IGN extended his thanks for the hard work and dedication of everyone involved without whom none of the above would have been possible. IGN noted that he had met with and listened to PHIN's various stakeholder groups and had clearly heard their expectations and concerns.

### Reporting to the CMA

IGN outlined the 4 themes that the CMA has asked PHIN to report against each month:

1. Hospital compliance
2. Consultant compliance
3. Measure development and publication
4. Patient engagement

PHIN began reporting against these themes from September 2022 and the information provided to the CMA included identifying any risks or issues impacting delivery. The reporting packs would be



shared with the Partnership Forum and PHIN had established an internal Delivery Oversight Committee.

IGN commented that the CMA were keen to help and have asked to be kept abreast of any challenges in order that they can assist in addressing them where possible.

### **CMA Escalation**

IGN noted that PHIN's role was to help avoid escalation action by the CMA being necessary and to work closely with those hospitals and consultants at risk to assist them in becoming compliant.

### **Patient Engagement**

IGN summarised the range of ongoing patient engagement activities that PHIN is undertaking including engaging with patients on the website development and measures publication, having an internal website steering group, using insight from website surveys to drive product development and working with the CMA's behavioural science team to ensure that the data was understandable to patients. PHIN is also exploring a partnership with Patient Safety Learning to develop a patient education programme that includes considerations of safety.

### **Progress in 2022 - Steadily increasing use of the PHIN website**

Visits to the website continued to increase month on month and an engagement figure of 76% showed that the majority of users were going on to use the links to providers and consultants. PHIN was therefore becoming increasingly relevant to patients and IGN looked forward to continuing to develop this with the aim of PHIN being the gold standard for objective and accurate data that was clearly understood by patients. IGN was focused on demonstrating a clear return on investment to members.

### **PHIN's Annual Report 2021 – 2022**

The Annual Report would be available on the PHIN website from 7 December 2022.

### **Operational plan for 2023**

IGN commented that the operational plan for 2023 was focused on the implementation of the sector-wide roadmap and strategy. IGN gave an overview of the planned activities related to supporting patients in making informed treatment choices, delivering the Order and improving service to stakeholders.

IGN invited Jon Fistein (JLF), PHIN Chief Medical Officer to speak.

### **Task and Finish Groups – Technical Paper**

JLF gave an overview of the process that had been followed by the Task and Finish Groups which had been convened earlier in the year to explore areas of complexity for the delivery of some of the measures. The objective was to produce formal recommendations for consultation with the sector and the CMA.

JLF gave a summary of the key themes and recommendations for consultation and advised that the paper would be issued in December 2022 for feedback, with the intention of launching the consultation in January 2023 which would complete in February 2023.

The Chair invited questions and comments.

### **Question and Answer**

*Richard Packard (RP), Federation of Independent Practitioner Organisations (FIPO)*  
*RP had noted that a significant number of consultants had completed profiles on the PHIN Portal which included data on fees and asked JLF whether the lower amount of validated data was indicative of errors in the data provided to PHIN by the hospital providers.*

JLF responded that there were many reasons a consultant may or may not choose to interact with the data. Presumed publication of consultant data and ongoing data quality improvement projects would seek to address the issues.

*Cathy Cale (CC), Spire Healthcare*

*CC thanked PHIN for the engagement activity at provider level that had been undertaken and the positive difference it had made. CC asked how the level of engagement could be maintained and also extended to include consultants, to help address perceptions that the data held by PHIN was incorrect.*

The Chair thanked CC for her comments and noted that PHIN had worked hard on engagement activities and were appreciative of the time that providers had given to PHIN. PHIN had an engagement plan in place which would continue to be implemented. The Chair handed over to IGN to address the question regarding consultant engagement.

IGN commented that he had been taking part in engagement activity with consultants and was committed to ensuring PHIN worked closely with them. Consultants would be involved in testing the new version of the PHIN Portal and the PHIN Engagement team would be joining IGN in meetings with consultants to ensure that agreed actions were implemented. Engagement activity with consultants would be ongoing.

Jonathan Finney (JF), PHIN Member Services Director commented that due to the number of consultants, it was not feasible that PHIN could interact directly with all consultants and that working in partnership with the providers to reach consultants would necessarily be a key part of the engagement strategy.

*Sally Taber, Independent Sector Complaints Adjudication Service (ISCAS)*

*ST raised the issue of NHS Private Patient Units (PPUs) and the absence of an external review stage for many PPUs which meant there was not a level playing field with the independent providers. ST reported that progress had been made through the Paterson Board and a pilot having been conducted with the Royal National Orthopaedic Hospital NHS Trust and University Hospital Southampton NHS Foundation Trust. ST believed that PHIN and ISCAS would need to work together in order that further progress could be made in ensuring more hospitals and patients had access to an external review stage.*

Norman Williams, a member of the PHIN Board responded to ST in his capacity as a member of the NCIP Board (The National Consultant Information Programme). NW commented that data regarding private patients treated in NHS hospitals was available through the NCIP website and NW would be keen to explore if this data could be of assistance.

Jack Griffin (JG), PHIN Chief Financial Officer confirmed that PHIN welcomed the increased engagement from the PPUs noting that there was now a PPU representative in the Partnership Forum, the PHIN Engagement team had been invited to attend the South West PPU Forum and that PPU engagement activity would continue to be a focus.

IGN thanked ST for her comments and confirmed agreement with the important message she had conveyed.

*Rosemary Hittinger (RH), Federation of Independent Practitioner Organisations (FIPO)*

*RH referred to the presentation that had showed that visits to the PHIN website were increasing and asked for the total number of finished episodes in the corresponding time period (November 2022).*

Greg Swarbrick, PHIN Strategic Projects Lead advised that between 35,000 and 37,000 patients



visited the website per month and there were approximately 700,000 finished consultant episodes per year. GS commented that to reach more patients, it was critical that the sector worked collectively to increase awareness of PHIN. The PHIN website drives many patients to hospitals and consultants and PHIN want to increase this as much as possible. In response to a comment from RH, GS confirmed that this was a Key Performance Indicator for PHIN.

IGN confirmed this would be a key focus for the team in 2023.

*Rosemary Hittinger (RH), Federation of Independent Practitioner Organisations*

*RH asked about the progress made in talking to the Private Medical Insurers (PMIs) regarding moving towards the accepted Office of Population Censuses and Surveys (OPCS) coding in order to be more recognisable for both the professions and the patients.*

JLF responded that PHIN had been discussing the procedure groups used in order to make them more user friendly. There were complexities involved and PHIN was working through it and progress would come. IGN commented that PHIN was committed to working more closely with the PMIs and would keep members informed of discussions.

*Theo Luck (TL), Schoen Clinic*

*TL asked if PHIN were actively working with the CQC and sharing published or unpublished data.*

JLF responded that PHIN had regular conversations with the CQC and had shared the published data with them. PHIN were keen to explore aligning with the CQC in order that data was being classified in the same way.

*TL thanked JLF for the desire to share information where possible rather than running separate processes.* JLF responded that PHIN's approach was always to align to recognised standards wherever possible.

Norman Williams (NW), PHIN NED remarked that package pricing was the most meaningful information for a patient, noting that the provision of this information was not a requirement of the Order. NW asked the hospital providers for the reasons preventing this information from being published.

The Chair noted that the significant complexities related to package pricing had been discussed in the Partnership Forum.

*Cathy Cale (CC), Spire Healthcare*

*CC responded to NW noting that the topic needed a lot of careful thinking through and agreed with what had been said, however, the data needed to be meaningful and the package price would vary hugely depending on the needs of each individual patient.*

*Paul Manning (PM), Circle Health Group commented that there was indicative pricing from many of the providers but the large amount of complexity across patients and also amongst different surgeons and anaesthetists, made specific package pricing difficult to do.*

The Chair commented that this topic would be kept under review.

Nigel Mercer (NM), PHIN NED commented that as a surgeon he was aware that different hospitals had different package prices. NM noted that, whilst the PHIN Board was focused on delivering the CMA Order, it was also recognised that this would be only the first step to providing meaningful data to patients and that there were other measures that were very important to patients.

IGN commented that PHIN was keen to expedite the delivery of the CMA Order so that focus could be brought to adding more value to the data PHIN had and focusing on additional measures that would be helpful for patients.

**There being no further questions, the Chair thanked the attendees for coming and closed the meeting at 3.01pm.**

