

Minutes of the PHIN Members' Meeting 25 July 2023 (PB2343)

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

Chair: Jayne Scott

Attendees

Member Representatives	
Helen Hartley	Aviva
Doug Wright	Aviva
Pallavi Bradshaw	AXA PPP Healthcare
Laurian Grace	Bupa UK
Kris Martindale	Bupa UK
Peter James	Circle Health
Mark Hamilton	Cleveland Clinic
Rosemary Hittinger	Federation of Independent Practitioner Organisations (FIPO)
Tim Cross	HCA International
Kelly Stevens	Hospital Of St John and St Elizabeth
Ben Kelly	Nuffield Health
Rachel Wheeler	Nuffield Health
Sue Harvey	Ramsay Health Care UK
John Shepherd	Ramsay Health Care UK
Anita Sutton	Ramsay Health Care UK
Jo Jenner	Spencer Private Hospitals Ltd
Cathy Cale	Spire Healthcare
Rowan Connell	The Benenden Hospital Trust
Daniel Verster	The New Victoria Hospital Limited
Brian Goodman	Western Provident Association

PHIN Directors	
Jayne Scott	Chair
Don Grocott	NED/Deputy Chair
Professor Sir Cyril Chantler	NED
Ian Gargan	Chief Executive
Jack Griffin	Chief Financial Officer
David Hare	NED
Michael Hutchings	NED
Nigel Mercer	NED
Keith Richards	NED
Hugh Savill	NED
Professor Sir Norman Williams	NED
Claire Whyley	NED



Guests	
Sue Harvey	Aspen Healthcare
David Stewart	Competition & Markets Authority
Bethan Mackay	Healthcare Purchasing Alliance
Robert Bundock	Healthcare Purchasing Alliance
Fiona Booth	Healthcode Ltd.
Jane Vince	Horder Healthcare
Dawn Hodgkins	independent Healthcare Providers Network (IHPN)
Sally Taber	The Independent Sector Complaints Adjudication Service (ISCAS)

PHIN Staff – In Attendance	
Dharshika Ariyadasa	Information Security & Services Manager
Rejena Begum	HR Administrator
Philip Beicken	Programme Manager
Adam Broderick	Business Support Coordinator
Tim Corrigan	Senior Manager, Software Developer
Anne Coyne	Consultant Services Manager
Megan Dunaway	Hospital Services Manager
Jonathan Finney	Director of Member Services
Ellie Griffiths	Junior Project Manager
Jessica Harcourt	Virtual Assistant (Minutes)
Oliver Lee	Hospital Relationship Lead
Robyn-Leigh Harris	Business Analyst
Peter Mills	Senior Information Services Manager
David Minton	Chief Technology Officer
Alistair Moses	Communications Manager
Patrick Palmer	Information Consultant
Pooja Rupalia-Seyani	Analytics Manager
Mona Shah	Director of People and Process
Chris Smith-Brown	Clinical Advisor

Apologies

Kris Martindale	Bupa UK
Ben Marshall	Great Ormond Street Hospital for Children NHS Foundation Trust
Janet Collins	Imperial Private Healthcare
Richard Steele	NHS England
Helen Hughes	Patient Safety Learning
Gail Lyons	Royal Brompton & Harefield NHS Foundation Trust
Daljit Panesar	Royal Brompton & Harefield NHS Foundation Trust
David Osbourne	Trustplus Private Healthcare

Minutes of the Meeting

Welcome from the PHIN Chair

The PHIN Chair, Jayne Scott (JS), welcomed Members, guests and PHIN staff to the informal Members Meeting on behalf of the PHIN Board.

Following approval of the CMA Roadmap and Delivery Plan in 2022, the Chair was pleased to report that the plan was on track to be delivered by the 2026 deadline. The PHIN Board were grateful for the continued support of Members and stakeholders over the last year.

The Chair noted that the first delivery milestone was in October 2024 and achieving this was dependent on all parties continuing to work together in partnership.

The Chair commented on the positive impact Ian Gargan had made since joining PHIN as Chief Executive the previous year.

The Chair extended her thanks to the Competition and Markets Authority (CMA) for the extensive support they continued to provide.

The Chair concluded that the meeting had been structured to allow sufficient time for discussion and questions and invited Ian Gargan, PHIN Chief Executive (IGN) to speak.

1. Chief Executive introduction

IGN outlined PHIN's mission as being to ***serve the patient, support the stakeholder and deliver the Order***. Recognising that achieving this required effective collaboration, IGN thanked the PHIN Board, the Partnership Forum, PHIN's Members, IHPN and the CMA for their support. Commenting in regard to the CMA, IGN noted that there was a very high expectation on PHIN to enable patient choice and to facilitate quality within the private healthcare sector.

Regarding PHIN's focus on serving patients, IGN extended thanks to Sally Taber, ISCAS and Helen Hughes, Patient Safety Learning for their support and collaboration. Whilst significant improvements had been made, IGN acknowledged that more work was required to improve the PHIN website and to make the published data as useful and easy to navigate as possible.

Of a number of achievements made in the last year, IGN highlighted the release of the Evidence Based Assessment which defined what good quality data looked like in respect of delivering the Order. Stage 1 of the plan would be delivered by the end of October 2024 with stages 2 and 3 being delivered in 2025 and 2026 respectively.

IGN concluded by noting that it was important for the sector to know that whilst every effort was being made to avoid escalation for non-compliance, when escalation did happen it was a matter of utmost seriousness.

IGN invited Jack Griffin, PHIN's Chief Financial Officer (JG) to speak.

2. Progress update on delivery of the CMA Order Roadmap and Delivery Plan

a) Achievements

JG highlighted the deliverables and achievements made in 2023 in the areas of Article 21 measures, Article 22 fees as well as the work on the enabling projects that were critical to the overall success of the Delivery Plan.

b) Roadmap Priorities and Challenges

The key challenges to achieving project delivery related to external dependencies and the ongoing enabler projects. The external dependencies included linked measures being reliant on access to linked datasets and securing data from registries.

Regarding the enabler projects, collective readiness and data quality improvements would need to be in place before Presumed Publication could take effect. In addition, clearer definition of day case versus outpatient activity was needed and a draft policy paper would soon be ready to be issued. A multistage roadmap was being delivered for the projects related to procedure groups/search/taxonomies.

JG shared an interactive timeline which would be updated every 6 months and published on the PHIN website.

JG invited Tim Corrigan, PHIN's Senior Manager, Software Development (TC) to speak.

c) Portal 6.0

TC gave attendees an overview of the reasons the project to update the PHIN Portal has been undertaken which included responding to the needs of the sector and requests from Members for enhanced ways of interacting with the data. User research and testing had been conducted against prototypes which had informed the scope of the project. TC also outlined the key tasks that hospitals and consultants could perform on the Portal and also gave an overview of Medical Secretary access.

TC summarised that the improved functionality of Portal 6 would increase interaction with the Portal leading to more complete and higher quality data which ultimately led to an improved ability to help patients.

There being no questions, TC handed over to Jonathan Finney, PHIN's Director of Member Services (JF).

3. Sector Participation and Compliance

a) Sector progress

JF thanked the Partnership Forum and the members of the Implementation Forum and the various working groups for their significant contributions over the year.

JF gave an overview of progress made with both hospital and consultant participation and presented charts relating to participation, data submission and data quality which were shared with the CMA in a monthly reporting pack.

JF referred to a chart showing a forecast for progress against a target of 100% publication where currently adverse events and activity measures were shown as being achieved ahead of 2026.

However, the increase in publication of patient satisfaction measures was not forecast to achieve the target of 100%. In addition, full publication for NHS PPUs remained a challenge and this would be prioritised and a strategy developed to address this.

Regarding consultants, 12,000 consultants appeared in the hospital submitted data and intensive engagement work by PHIN's Engagement team led to an increase of 9% (nearly 300 consultants) newly published with activity measures for the current publication period. JF noted that progress was slow and the Presumed Publication approach due to be implemented in autumn 2024 would increase compliance. JF commented that, with this approach, a consultant would always retain the right to have data corrected or removed if appropriate.

In the context of the consultant publication forecast, at the current rate there would be circa 1,000 consultants short of 100% fee publication by 2026. Around 1,000 consultants had fewer than 3 private episodes in the 12-month publication period.

b) Engagement and escalation process with CMA

JF stressed that PHIN's approach was always to help hospitals and consultants meet their obligations and avoid them coming to the attention of the CMA. PHIN spoke regularly with the CMA and where progress was not being made, there was an escalation pathway that ensured hospitals and consultants had sufficient communications to avoid enforcement action.

An open letter from the CMA to 2 hospitals had been published, both of which were now well on the way to achieving full compliance.

JF extended his thanks to the sector Chief Medical Officers who had helped with consultant compliance.

JF concluded by reiterating that PHIN was there to help hospitals and consultants.

c) Patient engagement and website impact

JF presented website engagement information, noting that more than 4,000 patients clicked through to contact a hospital or consultant per month, with a seasonal peak of more than 11,000 in March. Hospitals and consultants with the most complete profiles received 10 times more click-throughs.

Whilst patient feedback demonstrated that the majority found the information they were looking for, there was still work to be done. The highest proportion of negative feedback continued to be the issue of missing consultant information. There were also valid suggestions for website improvement. PHIN had a programme of website improvements planned for 2024.

JF also gave an overview of non-website patient engagement activity with ISCAS, the Patients Association and Patient Safety Learning, specialty associations and charities. PHIN was developing a programme to engage directly with patients in order to capture their perspectives and experiences in full.

PHIN would also continue to work with PMIs to promote PHIN's information to patients.

d) Participation and compliance – priorities and challenges ahead

In summary, JF noted that good progress was being made with hospital and consultant participation but more work was needed to achieve 100% compliance.

PHIN would be developing a 'learning academy' to support the onboarding of new providers and consultants which would enable PHIN to then focus on helping those Members with more complex queries.

There being no questions, JF handed over to Jack Griffin, PHIN's Chief Financial Officer

4. Budget 2023/24 Update

JG provided an overview of what had been agreed in 2022 in terms of staged fee increases to enable PHIN to increase pace and capacity by expanding headcount in the core delivery teams at PHIN. JG confirmed that these proposals had been delivered in line with the plan and budget. As a result, PHIN was delivering more and supporting increased compliance.

The main challenges for PHIN related to capacity in the Technology and Engagement teams as work was required on the website and Portal and engagement work was expected to increase as the 2026 deadline for compliance approached. PHIN was currently analysing the impact of this on future year subscription fees. Based on precedent, PHIN would work in conjunction with Members on this and would give a minimum of 6 months' notice of any proposed uplift in fees.

As agreed, the revenue requirement for 2023/24 was £5.4million. The budget was based on activity in calendar year 2022 and 840,000 private patient APC records and private patient HES records had been received. The estimated subscription fee per record would be £6.44 from 1 August 2023, but predictions of activity levels were still being refined.



JG asked for questions or comments and none were forthcoming.

5. PHIN Mission, Culture and Values

IGN highlighted some of the themes that had emerged during the presentations including data security and certification and stressed PHIN's focus on ensuring patient data was well protected. IGN also referred to delivery beyond 2026 and PHIN's focus on continuing to create value for Members and patients.

IGN was continuing to work with stakeholders including CQC, GMC, FIPO, the Private Medical Insurers and the Partnership Forum. The Regulation and Quality Improvement Authority (RQIA) in Northern Ireland had made compliance with the CMA Order a mandatory part of their inspection criteria and it would be welcomed if the CQC were to follow suit.

IGN acknowledged that none of the work discussed at the meeting would have been possible without the efforts of the PHIN staff and gave attendees an overview of the process that had been undertaken to derive PHIN's mission, culture, and values. This included input from the Board and from a working group with members from all departments within PHIN.

IGN shared the following mission and values with attendees as well as the behaviours that underpinned them, noting that feedback from attendees would be welcome.

Mission: Serve patients, Support stakeholders, Deliver the Order

Values: Dedicated, Effective, Respectful and People-focused

The Chair thanked IGN and the PHIN team for their work on this.

6. AOB

There was no other business to discuss.

7. Questions & Answers

Pallavi Bradshaw, AXA PPP Healthcare (PB)

PB commented on the reference in the presentation to there being around 1,000 consultants with fewer than 3 private episodes in the current 12-month publication period and asked how this would be approached and whether there were concerns that some consultants were performing such a limited number of episodes of care.

IGN confirmed that every episode of private care needed to be submitted to PHIN and 100% compliance was the expectation. IGN acknowledged that data submission could be a significant financial burden on smaller organisations and consideration would be given to addressing this.

Norman Williams, a member of the PHIN Board outlined several reasons for a consultant only carrying out a small number of private procedures. These included that they may also have a large NHS case load and this in itself demonstrated the importance of whole practice information. Additionally, the small number of cases could be related to highly specialised surgery or indicate a newly appointed consultant. NW acknowledged that PB had raised a very important point and it was crucial for the reasons to be fully understood.

Nigel Mercer, a member of the PHIN Board also noted that not all information was reportable to PHIN and currently only Admitted Patient Care was in scope. The PHIN Board were committed to delivering the requirements of the Order and then to look at incorporating additional datasets for the benefit of patients.

Sally Taber, ISCAS (ST)

ST asked for more information regarding the NHS PPU's as ISCAS was not finding it easy to have them subscribe to ISCAS and would welcome an understanding of how the NHS Patient Advice and Liaison Service (PALS) applied to private patients. In particular, ST asked about PHIN's progress with the high volume PPU's.

JF advised that PHIN would be engaging with NHS England regarding PPU participation and that a specific strategy was required to address it. PHIN would also work with the CMA. JF also noted that PHIN wished to avoid a late influx of providers needing help to become compliant before the 2026 deadline as PHIN was not resourced to accommodate this. As such a proactive strategy was required and the learning academy was being set up as discussed earlier in the meeting. A further update would be given at the PHIN AGM in December 2023.

Laurian Grace, Bupa UK (LG)

LG asked if there was an audit trail in the PHIN Portal of changes consultants made to data.

Tim Corrigan confirmed that there was and all changes made to data were logged.

David Steward Executive Director - Markets, CMA (DS)

DS extended his thanks to the PHIN Board, Members and stakeholders for their ongoing support. From the CMA's perspective, delivery of the plan and the Order was on track.

In the context of the way that strategic change within the sector needed to be delivered, DS saw this as a combination of formal enforcement but also creating spaces for change. DS extended credit to the PHIN team for bringing this conversation together across the sector and the CMA were keen to continue to support that.

The Chair thanked DS for his remarks and noted that the CMA had accepted a previous invitation to observe a PHIN Board meeting and have committed to attend this in September 2023.

Closing remarks

The Chair confirmed that the presentation slides would be shared with attendees and PHIN would be pleased to answer any additional questions. The Chair thanked everyone for all the work that had been undertaken and noted that there was still much to be done.

Date of next meeting

The AGM will be held on Tuesday 5 December 2023.

