

## Minutes of the PHIN Members' Meeting 18 July 2024 (PB2445)

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

**Chair: Jayne Scott**

### Attendees

<b>Member Representatives</b>	
Peter James	Circle Health Group
Mark Hamilton	Cleveland Clinic London
Robert Lorenz	Cleveland Clinic London
Rosemary Hittinger	Federation of Independent Practitioner Organisations
Benjamin Marshall	Great Ormond Street NHS Hospital For Children FT
Cliff Bucknall	HCA Healthcare UK
Tim Cross	HCA Healthcare UK
Nick Fox	Imperial College Private Care
Daniel Verster	New Victoria Hospital
Jo Dickson	Ramsay Health Care UK
John Shepherd	Ramsay Health Care UK
Geoff Bailey	Spencer Private Hospitals
Jo Jenner	Spencer Private Hospitals
Tracy Norton	Vitality Health
Charlie MacEwan	Western Provident Association

<b>PHIN Directors</b>	
Jayne Scott	Chair
Mohammad Al-Ubaydli	NED
Helen Buckingham	NED
Ian Gargan	Chief Executive
Nigel Mercer	NED
Keith Richards	NED
Hugh Savill	NED
Professor Sir Norman Williams	NED

<b>Guests</b>	
Jeremy Lawrance	British Medical Association
Simon Hodkinson	British Orthopaedic Association
Adam Land	Competition and Markets Authority
Dipesh Shah	Competition and Markets Authority
Don Grocott	Grocott Consulting
Richard Aris	Healthcode
Fiona Booth	Healthcode
Ken Mackness	Independent Doctors Federation
Jon Twinn	I Want Great Care
Sally Taber	The Independent Sector Complaints Adjudication Service (ISCAS)
Simina Oprea	Top Doctors

<b>PHIN Staff – In Attendance</b>	
Jonathan Finney	PHIN Leadership team
Mona Shah	PHIN Leadership team
Richard Wells	PHIN Leadership team
Adam Broderick	PHIN Corporate team
Karen Greenidge	PHIN Corporate team
Jessica Harcourt	PHIN Corporate team
Nicola Slade	PHIN Corporate team
Michael Attenborough	PHIN Engagement team
Caroline Bodman	PHIN Engagement team
Raedonna Chung	PHIN Engagement team
Anne Coyne	PHIN Engagement team
Megan Dunaway	PHIN Engagement team
Jason Frazer	PHIN Engagement team
Haifa Hanapi	PHIN Engagement team
Julie Kidd	PHIN Engagement team
Khaleel Lalani	PHIN Engagement team
Oliver Lee	PHIN Engagement team
Andrew McCarthy	PHIN Engagement team
Alistair Moses	PHIN Engagement team
Greg Swarbrick	PHIN Engagement team

## Apologies

David Hare	PHIN NED
Michael Hutchings	PHIN NED/Deputy Chair
Sam Shah	PHIN NED
Claire Whyley	PHIN NED

## Minutes of the Meeting

### Welcome from the PHIN Chair

The PHIN Chair, Jayne Scott, welcomed attendees to the informal Members Meeting on behalf of the PHIN Board.

The Chair highlighted the progress being made towards full implementation of the CMA Order noting that PHIN was on track to achieve the first delivery milestone in October 2024 with a minimum viable product in place. PHIN remained on track to achieve all remaining milestones.

Patients continued to remain central to all that PHIN did and information would be provided on the patient research activity that PHIN had undertaken.

PHIN viewed all proposals from the perspective of patient impact whilst at the same time being mindful of the costs to members.

It was strong partnership working that had enabled the achievements to date and this would continue to be key moving forward.

The Chair extended thanks to everyone involved for helping to realise the achievements to date. Thanks were extended in particular to the members of the Partnership Forum, Implementation Forum and other working groups critical to the success of the projects underpinning delivery of the Order.



The Chair had been pleased to attend the first Partnership Forum workshop which had demonstrated that this group was now a very effective advisory body.

The Chair also thanked the CMA for their continued support and encouragement.

The support of all stakeholder groups, including private medical insurers, consultant bodies, patient representatives and NHS Private Patient Units were thanked for their professional engagement and open dialogue.

The Chair also thanked Ian Gargan, the PHIN leadership team and the wider staff team who had taken on challenges and driven the agenda forward.

The PHIN Board were also thanked and had continued to challenge the PHIN Leadership team where appropriate and provided insight and support when needed.

The Chair advised that there had been changes to the membership of the PHIN Board. Don Grocott and Cyril Chantler had stood down in March 2024 after many years of dedicated service to PHIN.

Michael Hutchings had agreed to take on the role of Deputy Chair from Don Grocott. Michael Hutchings and Normal Williams would be stepping down from the Board in March 2025, and both would be greatly missed.

Three new Board members had been appointed and the Chair welcomed Mohammad Al Ubaydli, Helen Buckingham and Sam Shah who brought extensive and relevant experience to PHIN.

As a result of the Board reviewing its skills profile, and the successful recruitment exercise, the Chair was pleased to report that the overall Board numbers would be reduced by one in 2025. PHIN looked to identify efficiencies where possible.

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 extended his thanks to PHIN's stakeholders and acknowledged that they were pivotal to PHIN's success. IGN confirmed PHIN's intention to continue to listen to the needs of stakeholders and to seek their guidance.

IGN then presented a range of achievements in line with PHIN's mission to serve patients, support stakeholders and deliver the CMA Order.

PHIN was serving patients in several ways including via the PHIN website which now had 400,000 visitors per year. PHIN's focus would be on increasing the number of visitors to the website rather than on creating a new website as this would offer a better return on investment. In referring to the media coverage that PHIN had received, IGN highlighted that PHIN did not comment on topics beyond its remit and aligned with IHPN on messaging.

Regarding the Acute Data Alignment Programme (ADAPT) IGN advised that at the request of NHS England, this would become part of the Outcomes and Registries Programme (ORP). NHS England had reiterated their support for Recommendation 1 of the Paterson Enquiry and for there to be efficiencies to avoid private providers having to submit duplicate data.

IGN then outlined the ways in which PHIN was supporting stakeholders. These included the new Portal making it easier for consultants and medical secretaries to use.



IGN commented that there were organisations that performed similar work to PHIN but none that undertook the breadth of work.

PHIN was exploring partnerships to avoid duplicating work where possible. IGN clarified that any commercial work would be undertaken in the context of PHIN being a Not-for-Profit organisation and any surplus generated would be used to offset costs to providers or better serve patients.

PHIN was working with I Want Great Care/Top Doctors on patient satisfaction and PROMs data which would increase compliance in these areas. This partnership had also opened potential opportunities overseas in Spain and Saudi Arabia. PHIN had also entered a partnership with Healthcode for the Single Sign On project.

IGN gave an overview of PHIN's engagement with representative bodies and private medical insurers and the presentations given at industry conferences. IGN noted that, from interactions with consultant representative bodies, it had become evident that some consultants were not aware their data was going to PHIN or who in their organisation was submitting it. IGN asked for the providers help in clarifying this to consultants.

IGN advised that PHIN would be holding a Quality Forum on 16 October 2024 with a theme of AI and robotics.

Data on robotic surgery was already submitted to PHIN, from which PHIN were able to surface data relating to length of stay, mortality and economic efficiencies. Beyond 2026 PHIN could be helpful to members through real time data submission and the resulting analysis, bespoke reporting and benchmarking. There was also the potential to track and alert regarding outliers in the data.

IGN provided an update on progress to deliver the Order since the AGM in December 2023 and confirmed that PHIN was on track to achieve the three delivery milestones by 30 June 2026.

Whilst there had been significant progress made, there was still much to do and challenges to address for which PHIN required funding. IGN highlighted that PHIN was a lean organisation and thanked the team at PHIN for their work.

IGN invited Richard Wells, PHIN's Director of Health Informatics (RW) to speak.

## **2. CMA Order Roadmap and Delivery Plan**

RW presented the significant progress made in delivering the CMA Order Roadmap and Delivery Plan, confirming that strong progress was being made towards the bronze milestone due date of 31 October 2024.

RW reaffirmed PHIN's commitment to delivering the Order as well as working with the Partnership Forum to look beyond 2026 and how PHIN could best add value to the sector.

RW highlighted the Consultant Overview Report which brought together consultant's NHS and private data. This work had been completed in response to requests from consultants and good feedback had been received.

In response to feedback, data specifications continued to be developed where possible to reflect changes in the healthcare sector.

RW also gave an overview of the enabling projects that underpinned measure delivery including presumed publication which would nearly double the activity data published for consultants.



In addition to the progress made, RW also outlined PHIN's ambitions for the period after the bronze milestone. This included moving forward with the Acute Data Alignment Programme (ADAPt) following a helpful reset with NHS England. IHPN were providing support in tracking progress with PHIN and NHS England on ADAPt to ensure that this work could move forward.

The inclusion of procedures delivered in a non-admitted care setting was being discussed with the Partnership Forum as the sector saw a risk of increasingly less activity data being reported.

Increasing the pace of data submission and moving away from the freeze and publication cycle was being considered. Data submission in real time would be discussed with both the Partnership Forum and the wider membership. Receiving data faster would enable insight to be derived more quickly. PHIN already received approximately 50% of activity data within 30 days so this was an area of work that could move forward.

RW invited Jonathan Finney, PHIN's Director of Member Services (JF) to speak.

### **3. Engagement, participation and compliance update**

JF began his presentation by outlining the scope of the work undertaken by the PHIN Engagement team which saw them working with approximately 12,500 consultants, 6,500 outpatient physicians, 5000 anaesthetists and 650 CMA mandated hospitals across the 4 Nations.

#### **a) Progress with Consultant Participation**

JF presented progress with consultant measures publication on the website for the period June 2023 to June 2024 noting that the work of the Engagement team had resulted in 34% increase in consultants published on the website with activity measures. Where a consultant did not interact with their data, the presumed publication approach would be implemented in autumn 2024, except for adverse events.

Regarding consultant publication of fees in the same period, JF highlighted that PHIN had begun collecting insured fee arrangements in April 2024. Anaesthetic fees would be collected from the end of October 2024 and physician fees from 2025.

#### **b) Progress with Hospital Participation**

JF provided an overview of hospital data publication on the website noting that 537 hospitals appeared on the website, and 428 of these had activity measures published.

429 hospitals had adverse events measures published and 270 were published with patient feedback measures. The latter represented a 13% increase from June 2023.

148 hospitals had not submitted activity data for the currently published period (102 NHS Private Patient Units and 46 independent hospitals).

There was positive news regarding PROMs as, of the 206 hospitals undertaking hip replacements, 147 had a publishable measure on the website

Looking at data maturity covering the current publication period, it could be seen that data submission was increasing over time.

#### **c) CMA Escalation and Enforcement**

JF gave an overview of the referral pathways for hospitals and consultants which had been in place since autumn 2023. JF encouraged hospitals and consultants to engage with PHIN via induction meetings, training seminars or one to one meetings.



JF extended thanks to the providers that had supported PHIN in obtaining consultant compliance. The assistance of Chief Medical Officers had significantly reduced the number of consultants needing to be referred to the CMA.

Adam Land (AL), Senior Director, Remedies Business and Financial Analysis at the CMA was invited to speak.

AL noted that there has been a step change in the enforcement activity by the CMA since he had spoken at the PHIN AGM in December 2023. As only incremental progress in compliance was being seen, the CMA had increased their enforcement work. Since January 2024 the CMA had written to over 70 hospital groups and had focused both on larger hospital groups which were not fully compliant and those not complying at all with their obligations.

41 actions plans had been published and AL expected approximately 30 more in the following months. The CMA were pleased with the extent of engagement resulting from their involvement. AL referenced the help received from NHS England.

Now that the action plans were in place, the hospital groups and trusts would be held to account. Further stages of escalation existed that would be used if necessary.

The CMA would continue working with other cohorts from the autumn and beyond. AL hoped that by making the CMA's expectations very clear to the market, the sector would start to work proactively with PHIN rather than waiting for CMA involvement.

Referring to consultant compliance, AL recognised the long period of very hard work by PHIN. Three quarters of registered consultants were now publishing fees and there would be a further compliance push after the summer period. AL welcomed presumed publication as a helpful initiative.

The CMA was now more confident of achieving the goal of compliance by 2026 but stressed the importance of keeping up the increased rate of progress.

AL also commented on the recent Mazars review of PHIN's corporate governance, the outcome of which had been positive and demonstrated that PHIN was well run. AL was reassured to see that PHIN were engaging constructively with areas for improvement.

AL advised that he would be moving into a different senior role at the CMA. He reflected on the significant progress made in the last 2 years and admired that, whilst PHIN and the members did not always agree with each other, ways were found to resolve issues and identify solutions.

AL introduced Dipesh Shah from the CMA who would be taking this work to the next level.

#### **d) Progress with PMI Engagement**

JF advised that PHIN continued to encourage the private medical insurers (PMIs) to promote PHIN as part of their Article 25 obligations. 3 plenary sessions had now been held.

There being no questions, JF handed over to Greg Swarbrick, PHIN's Strategic Projects Lead (GS).

## **4. Patient Engagement**

GS gave an overview of traffic to the PHIN website in the period January 2021 – June 2024. GS highlighted that the ratio of views per patient had increased, and patients were looking at more content on the website. SEO work was underway to help more people find the website.

A patient feedback survey had been hosted on the PHIN website since 2021 which had garnered approximately 10,000 responses. From this it could be seen that the next step for approximately a third of visitors was to take action, such as speaking to consultant.



In the last 12 months, 57% of patients said they found the information they were looking for on the website and 65% found the website easy to navigate. This indicated that there clearly improvements that PHIN needed to make, and a programme of improvement works was being defined. Implementation of this would need to wait for the allocation of resource and delivery of the Order had consistently taken priority.

#### a) Patient Research Report

GS highlighted that PHIN existed to help patients with their healthcare choices. The insight gained from the website survey only represented 1% – 2% of visitors to the site. As a result, more patient insight was needed both to inform PHIN's work and to provide value to the sector. GS explained the rigorous methodology used in the recent research undertaken by PHIN, which had been externally validated.

GS shared a few of the findings from the research including that there was real uncertainty amongst patients about the total cost of care. Extensive feedback had been received on the website which would inform future work and there was a clear need for greater promotion of the website so more patients could benefit from the information.

The report, [Patient Priorities: Research into patient confidence and choice in the UK's private healthcare sector](#) was now published on the PHIN website and GS asked that attendees provide feedback using the link provided. GS would welcome any input on future research that PHIN could undertake that would be of value to the sector.

GS outlined the next steps for patient engagement which included engaging with some discrete populations such as the Devolved Nations and particular age groups.

## 5. Budget 2024/25 Update

Karen Greenidge, PHIN's Interim Finance Manager (KG) provided a summary of the budget covering the period 1 August 2024 to 31 July 2025.

Previous communications had indicated two subscription fee increases, however, the second of those had been removed from the budget. There would be a single increase in August 2024.

The budget was focused on tactical resource investment to deliver the CMA Order and reserves cover remained at 5.0 months as per the agreed limit. Staff costs were the main driver of the cost base and retaining the team was key to delivering the Order.

As engagement from the sector was key to ensuring the information was available to realise PHIN's mission of serving patients, the budget contained provision for improving the customer relationship management process as well as he continued website development mentioned earlier.

KG characterised PHIN as a business with a very lean cost base.

The budget for 2024/25 was based on 2023 patient records and KG anticipated one more data refresh before the final fee per record could be confirmed. Individual communications would be sent to the providers prior to 1 August 2024.

There were no questions.



## 6. PHIN Strategy Post 2026

IGN advised that earlier in the year, PHIN had submitted a proposal to the CMA on what PHIN could look like post 2026. It was envisaged that the legal mandate from the CMA would remain. Whilst it was not expected that the CMA Order would be revisited, PHIN was mindful of the changing healthcare landscape that should be reflected in the published data

PHIN was looking at how to ensure it remained relevant and helpful for both patients and the sector and was seeking feedback from all stakeholders.

IGN also provided an update on the Acute Data Alignment Programme (ADAPt) which was aligned with PHIN's wish to promote the availability of whole practice data which itself was dependent on collaboration with NHS England. NHS England wished for ADAPt to be incorporated in the larger Outcomes and Registries Programme (ORP). This had stalled progress somewhat and PHIN were making efforts to increase the pace of progress with NHS England to create the Terms of Reference for a new ADAPt/ORP Programme Board as a first step.

IGN concluded by noting that PHIN was focused on continuing to provide value for money to the sector as well as creating other value and revenue streams for the benefit of PHIN's membership and to enable PHIN to better serve patients.

## 7. AOB

There was no other business to discuss.

## 8. Questions & Answers

### **Jeremy Lawrance, BMA Private Practice Committee (JL)**

*JL stated that patients needed to know the total cost of their care. Doctors had reported to the BMA Private Practice Committee that patients were being surprised at the additional costs, over and above the published consultant fees, such as blood tests and hospital charges. As welcome as the CMA Order was, publishing only consultant fees was seen as inadequate. JL asked for thoughts on how to address this.*

IGN responded that whilst the CMA Order referred only to the need to publish consultant fees, PHIN was very aware that patients needed more than this and it was at the top of the agenda for the PHIN Board. IGN also acknowledged the complexity of the issues involved.

NW commented that PHIN wanted to publish more comprehensive pricing information and that as PHIN was governed by the requirements of the CMA Order, it was the independent sector itself that needed to solve the issue. NW asked for the views of the independent sector representatives in the room.

**Cliff Bucknall, HCA Healthcare (CB)** responded that HCA ensured patients were aware of the costs before they embarked on their care. It was critically important that patients were fully informed regarding costs prior to any operation or admission taking place.

*CB commented that the issue was for insurers as well as providers to solve as some pricing information was not able to be made available outside of contractual discussions. CB was supportive of self-pay fees being published. CB also commented on the wider complexities for patients as they navigated private healthcare.*





The Chair commented that the current priority for PHIN was to deliver what was legally mandated by the CMA Order through to 2026. However, PHIN was already having conversations with stakeholders regarding what PHIN could most usefully do beyond that date.

IGN agreed with CB it was very difficult for patients to navigate private healthcare in general.

*CB suggested that it would be helpful for the PHIN website to make it clear for patients what questions they should be asking and who they should address them to. It was important for patients to have no surprises and knowing the questions to ask was key to this.*

GS advised that PHIN was in the process of putting together a map to help patients navigate their healthcare journey. This would include both an overall view and provide information on questions that they should ask. Input from the sector would be solicited on this work in due course.

**Mark Hamilton, Cleveland Clinic (MH)**

*As PHIN was required to deliver the CMA Order, MH believed that PHIN was unfairly criticised for what was not published. MH also acknowledged the many complexities facing patients beyond the cost of care. MH was supportive of self-pay fees being published. MH believed it was not the mandate that PHIN operated under or the independent sector that was holding information back but both parties could facilitate improved information.*

Nigel Mercer, PHIN NED acknowledged that there was a lot more that PHIN could be doing on behalf of the sector to bring more information to patients in the future and PHIN was well aware that the Order did not reflect all areas of healthcare of interest to patients.

**Sally Taber, ISCAS (ST)**

*ST asked for more information relating to cosmetic surgery clinics and non-surgical clinics where work was carried out by people with no qualifications and in inappropriate settings.*

IGN commented that PHIN believed it could be helpful in terms of information on outcomes in other sectors, however, was also mindful that there was a priority list until 2026. The architecture resulting from delivering the CMA Order could then be used in other areas of healthcare.

NM clarified that PHIN was not a Regulator and that regulation of cosmetic surgery was not part of the CMA Mandate.

*CB commented that this topic also highlighted the importance of educating people considering private healthcare on the questions that they needed to ask of their provider.*

It was discussed that, as it was mandatory for providers to signpost patients to PHIN, the PHIN website was the logical place to host the questions that patients should ask.

Megan Dunaway, PHIN's Hospitals Services Manager referred to the work that was done on outpatient day case definition which resulted in some cosmetic procedures being brought into the scope of the Order. PHIN was also reconfirming with other cosmetic providers whether they had any work that was in scope. PHIN would bring work into scope wherever possible but recognised there were limitations to what could be achieved under the Order.



*JL asked why other Doctors such as Radiologists and Pathologists were not required to publish their fees as consultants were. The Chair responded that PHIN would welcome publishing fees for a larger part of the sector but needed to start with the requirements outlined in the Order.*

JF confirmed that 6000 additional outpatient physicians would be approached to submit fees in 2025.

IGN highlighted that anyone receiving payment for private healthcare in the UK was mandated to provide their fee information. Whilst currently only Consultants could submit their fees for publication, this would be expanded in the future.

## **9. Closing remarks**

The Chair extended thanks to the attendees for contributing to the discussions.

The discussions highlighted the progress made towards delivering the legal requirements of the CMA Order, which was only possible due to all stakeholders working in partnership. PHIN would remain focused on delivering all three milestones of the delivery plan.

There had also been a real sense of wanting to look beyond 2026 and PHIN were exploring possibilities with the Partnership Forum. PHIN was focused on finding ways to best serve patients and to be as useful as possible to the sector. Work continued to identify and prioritise the best ways of achieving this.

The Chair thanked everyone for attending and closed the meeting.

## **10. Date of next meeting**

The AGM will be held on Thursday 5 December 2024.

