



Private Healthcare Information Network

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# Annual Progress Review

# 2025

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December 2025

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# Summary for patients

The Private Healthcare Information Network (PHIN) works to help everyone make confident choices about their healthcare. We are very aware that we will all be patients at some point in our lives and focus on making information clear, easy to access, and useful for patients. We also know that people visit our website at different stages of their healthcare journey. Some are just finding out about how private healthcare works, while others are looking to research and contact a particular consultant or hospital. Others may be undergoing treatment and want to know how their experiences compare to other patients. We aim to cater for them all.

This year, PHIN has made good progress helping the private healthcare sector follow the rules set by the Competition and Markets Authority (CMA), which is a government department that helps keep markets fair. These rules, set out in the [Private Healthcare Market Investigation Order](#), are designed to make private healthcare more understandable and competitive. The Order explains what needs to change in the sector to make that happen.

We have continued to make private healthcare information easier for patients to read and understand. For instance, we created new website tools, like the Patient Insights Explorer, to help patients use the information we collect. This new website feature shows how aspects of healthcare in the UK vary by patient characteristics, such as age, gender, ethnicity and pre-existing conditions. Built with patients in mind, the

Explorer presents clear, plain English summaries and interactive charts covering private hospital admissions, length of stay and safety incidents. The Explorer helps patients understand who typically receives private care and what a typical stay looks like. The tool supports providers to drive improvements in their services.

We've carried out research with patients to ensure the tools are clear and easy to use.

It is important that as many patients, and potential patients, as possible know about PHIN and how we can help them. We work with the media to help raise awareness of our service and have been featured on BBC Morning Live twice this year, as well as all the main newspapers and other places. We now have profiles on all the main social media platforms – X (Twitter), Facebook, TikTok, Instagram and LinkedIn – so that we can engage with patients on the platforms they use most. These have grown steadily and we now have nearly 9,000 followers across the different platforms.

To sum up, PHIN is working hard to make private healthcare simpler, more transparent, and focused on patients. We thank everyone for their support, especially those patients who have helped with our research, and by using our website and responding to our online survey about their experiences. Their assistance helps make sure we offer the best service we can for all patients.

# Our vision



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“  
Everyone can  
make confident  
choices about their  
healthcare to get the  
best outcomes.  
”

# Chair's foreword

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# Jayne Scott

## Chair



“ Among this year’s many achievements, completing Stage 2 (Silver) of the Order is **a defining moment.**

”

I am delighted to once again be able to report, on behalf of the Board, on substantial progress at PHIN over the past year.

Among this year's many achievements, completing Stage 2 (Silver) of the Competition and Markets Authority's Private Healthcare Market Investigation Order is a defining moment. The PHIN team has overcome challenges throughout 2025 to deliver this milestone, moving us closer to full implementation of the Order. Silver delivery included major projects and broader engagement from hospitals and consultants which are covered later in this review. The Board thanks the PHIN team, members, especially the Partnership Forum and Implementation Forum, consultant bodies, and stakeholders for their support.

We also welcome the support we have continued to receive from the CMA throughout the year, and we were delighted to receive their public letter recognising Silver delivery which was published in October. While progress has been made, further work is still needed to increase transparency for patients, and we have robust plans in place to reach the Gold implementation stage by June 2026.

The restructure of the PHIN Board has continued this year, with [two more noteworthy departures](#) and one appointment: Karen Greenidge as Chief Financial Officer. This brings the total number of Board members (including executive members) to 11. Nigel Mercer was appointed Deputy Chair on 1 April 2025.

Non-Executive Directors Michael Hutchings OBE (Deputy Chair) and Professor Sir Norman Williams both stood down in March. Both individuals demonstrated commitment and passion while serving on the PHIN Board, actively contributing their experience and expertise to guide the organisation for the benefit of patients. On a personal level, their ongoing support since my appointment as Chair was greatly appreciated.

Thank you for your continued support to help us achieve our vision; I hope you find this review useful.

Jayne Scott  
Chair



Ian Gargan  
Chief Executive  
PHIN

From: Daniel Turnbull  
Senior Director, Markets

10 October 2025

Dear Ian,

**Private Healthcare Market Investigation Order 2014 – Silver milestone**

The Competition and Markets Authority (CMA) welcomes the continued progress made by PHIN and the private healthcare sector on their way to achieving full compliance with the CMA's Private Healthcare Market Investigation Order 2014 (the Order).

We congratulate PHIN and the hospitals and consultants who have worked with you to achieve the 'Silver milestone'. It means that many thousands of patients now have more information to help them make informed choices regarding their private treatment.

We are very pleased to endorse PHIN's achievement in completing all the steps required to meet this important milestone, including:

- Further developing the architecture required to collect and publish the relevant data – including the capability to publish on the PHIN website Anaesthetic fees, a Deep Dive data report for hospitals to help with compliance, a PROMs Site Participation report and a new Patient Insights Explorer to help patients better understand what their experience might be.
- Engaging with the sector, to facilitate compliance with the Order so that:
  - 96% of consultants publish their consultation fees for self-pay patients, exceeding PHIN's 90% target. Currently, 96% of all private procedures are carried out by consultants whose fees are on the PHIN website.
  - 82% of private hospitals are submitting volume, length of stay, adverse events and patient feedback, exceeding PHIN's 80% target. Currently, 97% of all private hospital procedures are carried out by those hospitals.

With this milestone realised, we look forward to the 'Gold milestone' being successfully delivered in June 2026, marking the full implementation of the Order, appreciating that there remains hard work to be done by the sector to achieve this. Full compliance will address the CMA's original concern that there was not enough

# Chief Executive's Overview

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# Dr Ian Gargan

## Chief Executive



“  
Serve the  
Patient, Support  
Stakeholders  
and Deliver the  
Order.”

In 2025 we have once again focused on our three strands of work, 'Serve the Patient, Support Stakeholders and Deliver the Order'. We have made excellent progress in each of these areas. My thanks, as always, go to the excellent team here at PHIN and all the stakeholders and partners that support us in our work.

We have expanded the information available for patients in terms of volume of hospital and consultant profiles and their content. We have also launched a Patient Reported Outcomes Measures (PROMs) Explorer and Patients Insights Explorer to help them examine our data and find out more about their potential experiences if they choose to use private healthcare.

In addition, we have conducted research on patients' attitudes to sharing their healthcare data as part of our NHS Confidentiality Advisory Group (CAG) application to allow us to produce linked measures data for patients who have had to receive treatment both in the independent sector and the NHS. CAG is an independent body which provides expert advice on the use of confidential patient information.

We have continued to improve our reporting for stakeholders as well as enhancing our technology and architecture. We have also shared expertise and experience through our reports and annual Quality Forum and supported stakeholders to comply with the CMA Order. We have engaged regularly through our Partnership Forum (see page 38) and Implementation Forum, as well as regularly communicating on a wider basis.

We have also substantially increased Learning Academy content to help hospital teams, consultants (interventionalist and anaesthetic) and their delegates meet their requirements and maximise their relationship with PHIN.

These activities all feed into our focus on delivering the CMA Order and I am proud and delighted that we achieved stage 2 (Silver) delivery in September as planned. Our progress was reviewed both by the Partnership Forum and the CMA, who confirmed delivery against agreed targets and deadlines.

The next stage (Gold) will be delivered by the end of June 2026, ensuring an ongoing, regular flow of up-to-date information for patients and stakeholders and continued transparency in the private healthcare sector.

With the support of the Board and the Partnership Forum, we have been investigating the ways in which PHIN could support the sector to realise additional value from the data collected by PHIN and make that data even more useful to patients, consultants and hospitals, and the wider sector. One way we are already doing this is through our annual Quality Forum. This brings together expert speakers and an audience from a range of healthcare related disciplines to talk about key issues and share expertise. This year's event focused on 'Essential Intelligence'.

Finally, the restructure of the Leadership Team continued in 2025, with Mona Shah, Director of People & Process leaving the organisation and Karen Greenidge being appointed in a full-time role as Chief Financial Officer. Karen initially joined PHIN as interim Director of Finance and Commercial in 2024. I am very grateful to Mona for all she achieved with PHIN, including establishing our HR policies and processes, and our appraisal system.

I am very pleased with the team in place at leadership level and across the whole business. I am confident that, although it will be very challenging, we have the ability to achieve Gold status and more in the coming year.

I hope you find the 2025 Annual Progress Report interesting and useful. Thank you for your ongoing support.

**Ian Gargan**  
Chief Executive

# Progress & Overview at a glance

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## Silver Milestone

### Patients

- Provided interactive **PROMs Explorer** and **Patient Insights Explorer** tools on the website for patients and the private sector.
- Gained **perspectives from hundreds of patients** on PHIN's reporting of sensitive measures that link private to NHS episodes of care and their proposed use by hospitals and consultants.
- Increased number and completeness of hospital and consultant profiles.

### Consultants

- Developed submission process and platform and published **Anaesthetic fees** on the PHIN website.
- Increased **consultants' participation to 90%** for the submission of the fees they charge for self-pay procedures.

### Hospitals

- Rebuilt data structure and migrated the **Data Maturity report**. This gives a clear overview of how well organisations are meeting their obligations to supply data of sufficient quality to enable PHIN to publish the outcomes required by the CMA Order.
- Increased participation for hospitals **reaching level 4 (including patient feedback) or above for data maturity** to 80%. This means that 97.5% of the market is covered.
- Built a new report to collate relevant data and **provide comprehensive overview of hospital compliance** with the CMA Order.
- Worked with stakeholders and partners to **increase data submission** for patient feedback and explored a **low-cost PROMs collection solution**.
- Collated and added indication of participation for sites with **no publishable PROMs information**, meaning patients can see that a hospital is engaged in the PROMs process, but doesn't yet have enough survey responses to publish information.
- Held regular **whole-sector PROMs working group meetings**, with content including promoting the way consultants have achieved very high patient participation rates, the value that hospitals have derived from their use of PROMs, plus digital PROMs innovations to personalise engagement.

### For data/IT security

- Achieved and maintained PHIN's **ISO 27001 accreditation**.
- Achieved annual **DSPT Toolkit**.
- Reviewed in-depth security of PHIN's IT estate and web applications (**PEN Tests**).

# Serving patients



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## Our website

Our website connects patients, families, and carers with up-to-date hospital and consultant data, plus guides on procedures and the healthcare sector, alongside tools to help inform patient decisions.

In 2025 we published blog posts on topics such as increased partnership with the NHS, virtual hospitals and what medical indemnities mean for patients. We also published new guides on individual procedures and the private healthcare sector. As well as our quarterly Market Updates – which provide information about the number and type of private procedures taking place across the UK, and how they are paid for – we published several news stories to keep people up to date with our work.

For the first 10 months of 2025, the number of people visiting PHIN's website increased by 35% compared to the same period in 2024, with 460,000 visitors.

We have continued to collect visitor feedback on the website. We received 965 user responses to our regular online survey from January to the end of October.

- During that period, 75% said that they would recommend the PHIN website to a friend or a colleague (score of 9 or 10 out of 10).
- 81% said they found it easy or very easy to navigate the website (score of 6 or 7 out of 7).
- 19% said they were using the website as part of their initial research before engaging with medical professionals, 29% during their diagnosis and treatment planning, 19% during the stages of their treatment, and 32% for a diverse selection of other reasons.

We also compile insights into who is downloading the datasheets from the website (there were over 14,000 views and almost 7,400 downloads in the 10 months until the start of October 2025), and for what purposes they use these.

From 1 January to 31 October 2025, we handled 127 calls from patients who had been using our website, most of them looking for help in finding a consultant, asking for information about outpatient treatments, and enquiring about complaint processes or about private medical insurance.

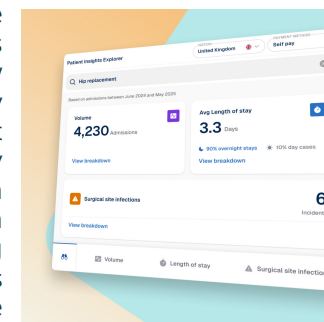
## New website features

As well as refreshing the website homepage to make it more attractive and user friendly, we have launched three new tools.

- **Patient-Reported Outcome Measures (PROMs) Explorer** – This brings together data from thousands of private patients who have completed PROMs surveys before and after their procedure. We publish these results on this new tool so that patients can understand how people feel before

treatment and then to gain a sense of how that treatment might affect them. This can help them with questions they may have like 'Are my symptoms normal for someone before cataract surgery?' and 'Will there be a noticeable improvement after surgery?'.

- **Compliance report** – This shows whether organisations who provide private in-patient or day-case healthcare in the UK are meeting their obligations under the CMA Private Healthcare Market Investigation Order 2014 and can be used as an extra aspect in patients' decision making.
- **Patient Insights Explorer** – Arguably the biggest single improvement for patients is the development and launch of the Patient Insights Explorer. This new website feature shows how private hospital admissions, length of stay and safety incidents in the UK vary by patient characteristics, such as age, gender, ethnicity and pre-existing conditions. Built with patients in mind, the Explorer presents clear, plain English summaries and interactive charts covering three areas of care. The Explorer helps patients understand who typically receives private care and what a typical stay looks like. The tool also supports providers to drive improvements in their services.



We have started publishing Insured fees. Consultant profiles on the PHIN website now contain a tab showing information about their insured fees arrangement and whether patients will have to pay an excess.

There have also been improvements to the search functionality for both the web and mobile version of the PHIN website, including making it clearer how to search by name or location. We have continued to improve the website to increase our search engine optimisation (SEO) to help more patients find PHIN. This included adding 'meta tags' (pieces of code which tell search engines about a page's content) to our consultant profiles, and making changes to title tags (which become the clickable headline in search results) for consultants and hospital profiles, to improve their rankings on search pages.

We also added information about remote consultations to consultant profiles so that patients can better see whether video and/or audio consultations are provided. Finally, we improved the 'hamburger' menu (a three-line icon, resembling a hamburger, that serves as a button to make a hidden navigation menu appear) on the mobile website view to make it consistent with the desktop website navigation.



## Patient stories



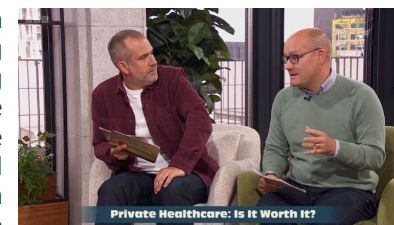
Our research reinforced our view that patients value hearing about others' experiences within the private healthcare sector, with many expressing appreciation for the insight provided by personal narratives, which makes the process seem more personal and relatable.

In collaboration with various healthcare providers (Circle Health Group, Horder Healthcare, Nuffield Health and Practice Plus Group) and Chrysalis Finance, we have featured 12 patient stories on our website and in our reports to introduce a human perspective to what is often perceived as a complex process. These accounts reflect a diverse range of procedures and represent patients from varying locations and backgrounds. We are very grateful to our partners for supplying such stories and to the patients for letting us share them.

## Informing patients about PHIN

We have continued our proactive and reactive media approach, and in 2025 PHIN has been mentioned in a variety of media outlets with our data being used to illustrate a range of healthcare stories. We are regularly featured by all the main national newspapers when they report on private healthcare, as well as local titles, along with healthcare and finance trade publications.

In July, BBC's *Morning Live* featured a segment about private healthcare including recommending the PHIN website and showing a video of how to use it. This led to a large spike in website traffic with the number of users on the day of broadcast at nearly double the expected levels. PHIN's media team played a key role in making this happen, by initially pitching the idea and then following up with supporting information. We had already been recommended on the show in February which led to a smaller spike. The value of PHIN has also been recognised in *Which?* articles about private healthcare.

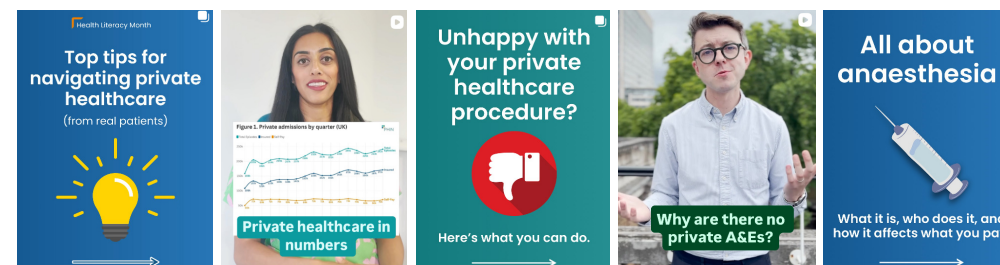


We have continued to produce separate versions of our Market Update for each of the devolved nations to appeal more strongly to the media there and to provide a clearer picture for patients. This has led to increased coverage, including on STV in Scotland and BBC Radio Ulster in Northern Ireland and publications in Wales.

As well as our Market Updates, we have published press releases on robotic-assisted surgery and our new Patient Insights Explorer, private breast cancer procedures and travel distances.

All appearances and mentions in the media help us to increase awareness of PHIN and build trust and authority in our data with potential patients. Online stories with links back to the PHIN website also contribute to improved Search Engine Optimisation (SEO) performance, which makes it easier for people to find PHIN when looking for healthcare information.

## Social media



We recognise the importance of reaching audiences 'where they are' rather than expecting them to come looking for PHIN. We continue to maintain an active presence across all major consumer platforms – X (Twitter), Facebook, TikTok, and Instagram – alongside LinkedIn for business-to-business engagement.

As of the end of October 2025, our combined following across all channels is approaching 9,000, representing a 42% increase year-on-year. This growth

reflects consistent effort to broaden reach and deepen engagement:

- Facebook serves a demographic aligned with traditional private healthcare audiences (predominantly female, 40+). While engagement here is lower than other platforms, it drives a high number of website visits.
- TikTok and Instagram have been standout performers, helping us connect with broader audiences. Over the past year, we've produced 30+ short videos on healthcare topics, driving excellent interaction. In October alone, TikTok videos achieved nearly 50,000 views.
- LinkedIn continues to be a strong platform for sector-focused conversations and professional networking. We have now surpassed 5,000 followers on the platform.

### Listening to patient views

To better understand patient needs and how they use our public-facing tools, this year we conducted two rounds of user research with patients who have experience of private healthcare.

In the summer, we gathered feedback on the PROMs Explorer, focusing on how patients interpret and use the data, and what additional features or information they would find valuable.

Building on these insights, we incorporated learnings into the development of the Patient Insights Explorer. A second round of research took place in October, exploring usability and preferences for this new tool, while also comparing it to the PROMs Explorer. This helped us understand which styles of data presentation and interaction are most effective and meaningful for patients.

As we continue to refine our tools based on patient feedback, a key learning has been the value patients place on transparency, particularly in having independent, aggregated data presented in a way that is accessible to them. This helps patients feel more informed, reassured, and empowered in their healthcare decisions.

### Amplifying patient voices

As we approach Gold delivery, we continue to focus on the needs of our stakeholders, including hospitals, consultants, and insurers. At the same time, we are placing greater emphasis on understanding and amplifying the voice of our ultimate stakeholder: the patient.

Last year, we completed the first phase of this work through our Patient Priorities Report, which combined desk research, focus groups, and a nationwide survey. This helped us explore who patients are within the context of private healthcare, what information they need, how they feel emotionally, and what behaviours

they engage in when making decisions.

This foundational research has helped bring the patient voice more clearly into PHIN's work this year. Building on this, we are now expanding our approach by drawing on additional sources and engaging with a broader range of patients, including those who have never considered private care.

We aim to deepen our understanding of how patients perceive PHIN and its role in the sector. We are also exploring patient needs both within PHIN's scope and beyond, to help ensure the wider sector is better equipped to meet the needs of all patients.

# Supporting stakeholders

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In addition to helping stakeholders meet Order requirements (see Chapter 8 – Delivering the Order), we use our data and analytical skills to provide added value to the sector.

### Working with consultants

The Consultant Engagement Team has maintained a strong focus on collaboration, actively gathering feedback to improve the consultant experience. The Consultant Overview Report remains a valuable tool, supporting consultants with annual appraisals and revalidation by providing structured, practice-level data.

To broaden awareness of PHIN's role, we have participated in association conferences, including the British Orthopaedic Association (BOA). These events have enabled us to engage directly with consultants in private practice, those exploring private work, and trainees – helping to build understanding of how PHIN supports transparency and regulatory compliance. We are also working with some providers that are supporting trainee doctors by presenting an Introduction to PHIN session. We have produced a document for providers to include in their respective onboarding packs for consultants new to private practice.

Our dedicated query line continues to provide consultants and delegates with timely, tailored guidance. This service ensures that users can access the support they need to navigate the portal confidently and meet their obligations.

The number of consultants on the website continues to grow which reflects the sector's commitment to transparency and the value of PHIN's support in helping consultants engage meaningfully with their data and inform patient choice.

### Supporting hospitals: driving sector wide compliance

Throughout 2025, the Hospital Services Team demonstrated exceptional dedication and strategic leadership in supporting over 650 participating hospitals. Our efforts culminated in 604 hospitals submitting data during the November data freeze, with results published on our website in December.

In addition to delivering service enhancements and supporting compliance (see Chapter 8 – Delivering the Order), our team worked tirelessly to build trusted relationships with providers, resolve complex challenges, and deliver measurable improvements in data quality and transparency.

### Strategic collaboration with the CMA

A key focus in 2025 was our deepened collaboration with the Competition and Markets Authority (CMA). Working in close alignment, we developed and implemented a robust referral and escalation framework to address persistent non-compliance and drive sector-wide accountability.

- **Referral Process:** Where hospitals were unable or unwilling to meet their obligations, we escalated cases to the CMA, ensuring regulatory oversight and reinforcing the importance of compliance.
- **Joint Engagement:** We coordinated joint communications and meetings with CMA representatives and hospital providers, helping clarify expectations and resolve barriers to progress.
- **Impact:** This collaborative approach not only increased compliance rates but also strengthened the credibility of our programme and reinforced the sector's commitment to transparency.

### Intensive support and multi-channel engagement

To meet the diverse and evolving needs of hospital providers, the Hospital Services Team delivered a comprehensive and responsive support programme throughout 2025. This included the regular hosting of virtual seminars designed to help hospitals improve the completeness and quality of their data, with content tailored to align with compliance requirements.

Alongside this, the team conducted hundreds of personalised 1:1 consultations, offering targeted support to resolve provider-specific challenges and facilitate operational improvements. Strategic updates, deadlines, and guidance were consistently shared through monthly member mailings, ensuring stakeholders remained informed and aligned. In addition, targeted communication campaigns were used to consult on new initiatives, gather feedback, and co-design service improvements in collaboration with hospital partners – further strengthening engagement and driving continuous improvement across the sector.

### Forums, workshops, and strategic meetings

We continued to host monthly Implementation Forums (IF), providing a collaborative space for hospital staff and industry stakeholders to discuss operational challenges, system updates, and publication processes.

Our quarterly review meetings with large hospital groups – and any provider requesting one – offered strategic support around data submission and publication. These sessions were instrumental in helping hospitals navigate complex requirements and improve performance.

We also ran regular data clinics, offering hands-on assistance and troubleshooting



for hospitals needing additional support with their submissions.

In 2025, we expanded our programme of focused workshops and expert reference groups, enabling us to gather specialist input and reach consensus on key issues such as alignment of reporting standards, publication of new metrics, and hospital benchmarking methodologies.

To support continuous learning and onboarding, we delivered new starter and refresher training sessions throughout the year. These were complemented by the expansion of the PHIN Learning Academy, our on-demand e-learning platform offering structured training modules tailored to hospital needs. This extension significantly increased accessibility to training resources and supported hospitals in building internal capability.

### Data submission: Proactive support and quality assurance

Our data submission support was both proactive and rigorous. Each hospital provider was assigned a dedicated support manager, offering guidance and technical assistance in the lead-up to data freezes. This ensured submissions met the required standards for full compliance and publication.

Our team conducted regular audits and reviews of submitted data to identify gaps, inconsistencies, or potential blockers. Where issues were found, we provided clear feedback and practical solutions – whether through follow-up submissions, internal system adjustments, or direct support – to ensure hospitals could resolve challenges efficiently and maintain compliance.

This hands-on approach, combined with our strategic escalation process and collaboration with the CMA, has significantly strengthened compliance across the sector and reinforced our commitment to supporting hospitals in delivering high-quality, transparent care.

### Sharing data

We have continued to work with Healthcare Markets to produce monthly columns which take a deeper dive into our data and provide whole market insights for providers and consultants. This year this has included data on cosmetic surgery, paediatric procedures and the increase in female consultants.

We have also provided aggregated data on request to providers where appropriate.

### UK independent healthcare sector report

Enterprise Ireland, the innovation and development agency of the Irish Government, supports the growth of Irish companies through all stages of their

development, helping them to innovate, scale and succeed in global markets. It commissioned PHIN to produce a report to support its work helping Irish businesses to build strong, sustainable partnerships in the UK healthcare sector.

Led by the Engagement Team, PHIN produced a report which outlined the structure of UK healthcare, who the major players are, as well as the requirements for Irish companies looking to work in the UK. This fits with our role of increasing transparency and supporting competition and means our stakeholders may have better access to services they require. This report used knowledge from within the team and did not involve sharing data.

### Engaging Private Medical Insurers (PMIs)

We continue to work with the UK's five largest insurers and PHIN members to support the CMA Order. Alongside responding to queries, we hold regular meetings with insurers, invite them to our monthly Implementation Forum and events, and share general updates.

In June, we held the latest of our PMI plenary sessions. Participants included representatives from PHIN, the Association of British Insurers, the CMA, and all PMI members affiliated with PHIN plus several Medical Defence organisations; further participation from other PMI entities is also encouraged. These sessions facilitate mutual understanding across PMIs and offer valuable opportunities to identify patient benefits and areas for collaboration between PMIs and PHIN.

The plenary focused on PHIN's data, including how we publish data stories to support patient choice, our knowledge sharing, and a look at private patient demographics. We also discussed international organisations with similar remits to PHIN, and potential lessons from their work.

### Improving systems and processes

#### Learning Academy

In September, we added significant extra content to the PHIN Learning Academy. This included new courses for anaesthetists and their delegates, as well as more detailed modules for hospital users, and interventionalist consultants and their delegates.

The Learning Academy is more than just a help guide and, through its interactive content, users can gain a thorough understanding of how PHIN can help them above and beyond complying with the Order.

Users who complete the Learning Academy modules gain a certificate which can be used in appraisals and potentially for those looking for new roles in the private healthcare sector.



**For consultants**

We introduced the consultant delegate 'one to many' feature on the PHIN portal. This allows the same nominated delegate to act on behalf of multiple consultants, making it easier to submit data and helping increase compliance levels, while reducing the burden on consultants themselves. We also added clearer signposting to the portal, so that it is easier for consultants to nominate their delegate.

Throughout the year, we released additional self-declared registries for consultant profiles, with the addition of UK Knee Osteotomy Registry (UKKOR) marking the final of the registries that we had identified. We will continue to monitor requests from consultants for any other registries to be added.

In June, we introduced the capability for consultant anaesthetists to add their fees to the website, an important step in widening the scope of consultant information available to patients.

We also amended the placement of the GMC link on the consultant profile following conversations with the GMC. This makes it clearer to patients what the link is for.

**For hospitals**

Data freeze (the quarterly deadline for providers to submit their data) is a key date in the PHIN calendar and is central to measurements for the Order compliance milestones. As well as regular reminders through mailings and calls, we also added a 'countdown to freeze' clock on the providers' portal dashboard to help them plan and make their submissions on time.

We introduced functionality for provider users to sort their view of data issues and to update the status of data issues in bulk. The Invalid NHS number reconciliation also went live which means that we can now better focus our efforts on the records that are failing this validation rule. All in an effort to improve data quality.

We also launched Null returns on PROMs and Patient Satisfaction and Experience. This was a highly requested feature that will help providers who are participating in these measures, but unable to provide enough data to satisfy our maturity milestone, because they are not yet getting enough responses from patients or they have not been collecting them long enough.

We made several changes to the Reports and Analysis page in the portal. These placed greater emphasis on the compliance reports to better focus the attention of provider users, an enabler for our push to Silver and Gold milestones. We also improved messaging for invalid file header errors to allow providers to self-diagnose and resolve issues.

We made the Consultant query handler permission available for all provider superusers to assign to their users.

We have added functionality for hospital users to upload list of physicians as well. This group of consultants was not previously published on the PHIN website.

PROMs Site Participation has now been released on the portal and website so that providers and patients can see progress against this important measure.

To support the submission of patient feedback, we now allow third party access to the portal to authorised partners so that they can submit data on behalf of the providers. This currently includes iWantGreatCare (iWGC), Cemplicity and Doctify.

**For internal efficiency**

In addition, throughout the year, we also made several improvements on our internal reporting on the portal to help us target our support most appropriately.

We have introduced a new Customer Relationship Management (CRM) system. This helps us with our stakeholder relations, as well as allowing us to automate aspects of the referral to the CMA process.

**Conferences, workshops and meetings**

In 2025 PHIN once again took the opportunity to speak at a variety of conferences, to raise its profile, demonstrate its expertise and support stakeholders.

In May, Greg Swarbrick, Partnerships Director, presented on private patient demographics to the Laing Buisson Healthcare Summit.

In June, we held the latest in our series of PMI Plenaries.

In September, we exhibited, and Ian Gargan participated in a panel discussion, at the BOA Annual Congress which considered 'Elective Orthopaedics and the Independent Sector'.

Also in September Ian, Greg and Dr Chris Smith-Brown presented on an Enterprise Ireland webinar to promote the PHIN authored UK independent healthcare sector report.

In October, Ian spoke at the LaingBuisson Private Acute Healthcare Conference providing an update on our data and insights. Ian was a judge for the LaingBuisson industry awards as well.

In December we exhibited, and Ian spoke, at The Future NHS Summit: Building a Healthcare System Fit for the Future, organised by the Institute of Government and Public Policy.



### Quality Forum

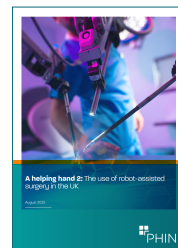
In October 2025 we hosted our third Quality Forum which brought together people from across the healthcare sector to hear presentations and discussions on 'essential intelligence' and what that means for patients, providers and others in the healthcare sector. The event featured a range of expert speakers with different insights into the importance of data and how it can be better used to improve the care patients receive. The Forum was well attended and generated very positive feedback from attendees.

We take the opportunity at the Forum to present the PHIN awards, recognising and rewarding some of the people and organisations who are making a significant contribution to the sector and helping us all improve the sector and patients' experiences. This year's winners were:

- **Best use of PHIN data:** Wendy Beales, Ramsay Healthcare's Rivers Hospital
- **Innovation with a patient focus:** The PROMs Working Group
- **Consultant contribution:** Sarah Frankton, CMO, Bupa Cromwell Hospital
- **CMA Order compliance:** OSD Healthcare

### Reports

We published several reports, including:



#### Robotic-assisted surgery

We published an [update to our report on robotic-assisted surgery](#), which showed the continuing increase in its use sector-wide (NHS and private sector) and provided insight into volumes, variety of procedures and improvements in patient length of stay. It takes a considerable investment to introduce robots into hospitals so our unbiased, independent information on their use and success can be invaluable.



#### Travel distances for diagnosis and treatment

The analysis, covering the travel distances for over 3.5 million episodes of private healthcare in the UK between 2021 and 2024, [reveals that UK patients travelled an average of 15.5 miles to reach private hospital services](#). However, the report uncovers significant disparities depending on location and specialty.

### Government announcements

PHIN responded to the following announcements in 2025:

- Increased partnership between independent sector and NHS
- Fit for the Future: 10 Year Health Plan for England
- Dash report on patient safety
- Government crackdown on unsafe cosmetic procedures
- CQC consultation: Better regulation, better care

# Delivering the Private Healthcare Market Investigation Order

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## Introduction

We have worked closely with the CMA throughout 2025. We have continued to provide the CMA with monthly reports covering progress and met regularly to discuss challenges and next steps. Having delivered the Bronze milestone in autumn last year, we went on to complete the Silver milestone before the end of September 2025. Successful completion was rewarded with an open letter from the CMA thanking PHIN and the sector for the progress achieved. While a significant achievement, both in terms of delivery projects and participation, there are hospitals and consultants still to meet their legal obligations and time is against us.

## Consultant escalation

The CMA has not wavered in its commitment to seeing full compliance from consultants. We have followed the communications pathway agreed with members and the CMA and reviewed how best we can support consultants to complete their obligations including several improvements to the Consultant Portal.

The Consultant Services team continued to evolve its approach to supporting consultants and their delegates to assist with data submission and compliance. Over the past year, it has strengthened its engagement model, delivering over 75 1:1 sessions, as well as virtual and group sessions, and where feasible, opportunities to meet with members of the team at 'drop in sessions' at hospital sites.

Since implementing the pathway, we have engaged with 4,313 consultants who were yet to submit fee information to PHIN. Thanks to our engagement and the support of many healthcare provider clinical teams, only 643 consultants have been referred to the CMA. All but 133 had provided the information when contacted by the CMA. We have continued offer support to any consultants who have been referred to the CMA, including training for nominated delegates.

## Hospital escalation

We have continued to help the CMA with their enforcement communications with hospitals yet to reach full compliance. There have been three large tranches of hospital providers contacted by the CMA, covering 115 hospitals across the UK. Providers were required to provide action plans to reach full compliance. 79 have since achieved compliance and 30 made considerable progress. 3 still have much to do.



PHIN has supported providers in their efforts to reach compliance. Good progress has been made with providers taking up the free patient feedback service made available by iWantGreatCare (<https://www.iwantgreatcare.org/>). Implementing a process to collect and submit patient reported outcomes (PROMs) has, however, remained a challenge.

PHIN has collaborated with iWGC to develop a low-cost compliance level PROMs solution. That service was launched in October. We are also exploring additional support we can provide hospitals, and have delivered many 1:1 presentations to hospitals explaining the benefits of PROMs and how to implement the processes involved.

We have also continued with our support for all providers having difficulty with data submission with new reports and improvements to the Portal, as well as seminars and 1:1 meetings.

# People report

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PHIN's people remain at the centre of everything we do. Our success is built on the dedication, expertise and collaboration over all our teams. Across all areas of the organisation our team continues to demonstrate a strong commitment to delivering our mission of improving transparency and supporting better patient choice.

### Our people and how we work

During the year PHIN's organisational structure continued to evolve. The Leadership Team reduced from five to four members as the Director of People & Process left the organisation in May. A full-time Chief Financial Officer role was filled by the former interim Director of Finance, who initially joined the business in 2024. Our teams were realigned to better support PHIN's strategic objectives. Throughout these changes, engagement and morale have remained high, supported by open communication and a shared sense of purpose. Staff retention remains high with an average tenure of 3.5 years, reflecting the stability and commitment of our team.

PHIN's culture is guided by our core values, dedicated, effective, respectful and people-focused. These principles shape how we work together and how we serve our members, patients and other stakeholders. We continue to prioritise wellbeing equality, diversity and inclusion, ensuring a safe and supported workplace for all.

As we look to the future, we remain focused on developing our people, building on our cross team-collaboration and maintaining a culture of openness and respect. Our people remain at the heart of PHIN's success.

### How is PHIN organised and what do people do?

PHIN is led on a day-to-day basis by the Leadership Team comprising the Chief Executive, Director of Member Services (Company Secretary), Director of Technology, Product & Health Informatics, and Chief Financial Officer.

The main functional teams within PHIN comprise:

#### – Technology, Product & Health Informatics – (28 People)

- Development Team responsible for management of our databases, consumer website and member portal.
- Product Team responsible for the design and development of our website and portal products.
- Information Security and Services Team responsible for maintaining the day-to-day systems and security, including Cyber Essentials compliance.

- Informatics Team responsible for the analysis of data and data quality, and preparation of performance measures information for publication.

#### – Engagement – (16 People)

- Hospital and Consultant Engagement Teams which manage relationships and communications with their respective stakeholders, and liaise with the CMA on compliance.
- Communications Team which leads PHIN's external communications including media work, social media, design and events.
- Strategic Projects Team which leads engagement with patients and other stakeholders, including PMIs, and on PROMs.
- The cross-functional Project Management Office (PMMO) Team moved to this function from May 2024 and manages and prioritises projects, ensuring the business delivers its objectives on time.



**– Corporate –** (5 people)

- Chief Executive and Chief Financial officer
- HR Support ensures that our team have the support they need for both wellbeing and policy requirements
- Finance leading on budgeting, forecasting, cost controls and reporting
- Office Administration facilitating the running of the office, internal and external events and meeting support
- Outsourced Support including Data Protection Officer (DPO), HR/recruitment, company secretariat admin, legal and financial support

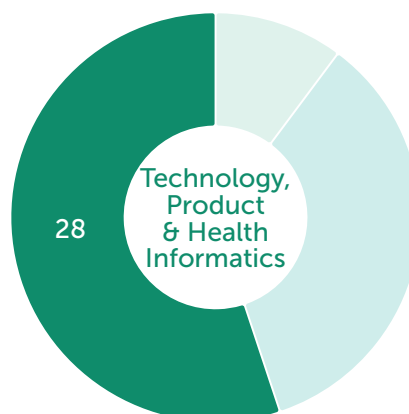
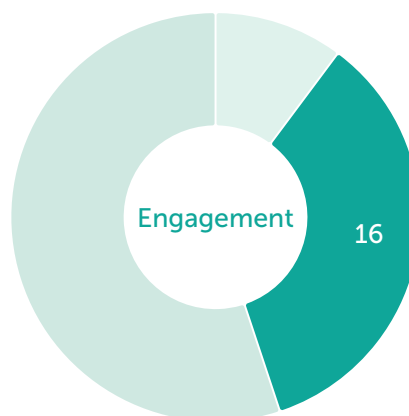
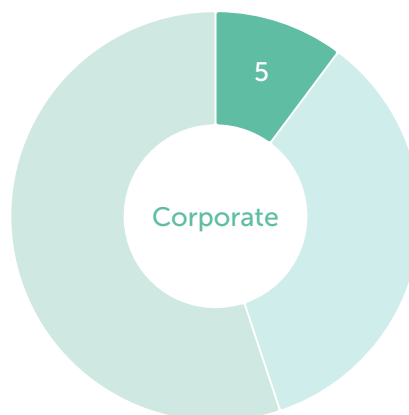
The profile of the 49 full time equivalent (FTE) staff budgeted at PHIN for 2025/26 are outlined to the right.

**Our office**

With our lease at the King's Fund finishing, we took the opportunity to review our office accommodation and subsequently move to a new office.

It became clear that the King's Fund is not aligned to how we plan to work in future. Our move to a new office space provided an opportunity to refresh how we collaborate, creating a more connected and flexible working environment that balances hybrid working with in person teamwork. Most significantly, the new building is far better suited to ensuring the security of our infrastructure both now and in the future.

We moved into a leased office at Workspace's The Record Hall building at 16-16A Baldwins Gardens, EC1N 7RJ in November 2025.



# DPO report

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## Accreditation and assessments

### ISO 27001:2022 Certification

PHIN successfully transitioned over to the newest ISO 27001 standard (27001:2022) in July 2025. The re-certification audit did not identify any non-conformities, nor any opportunities for improvement.

Due to delays in the finalisation of the newer ISO 27701 standard (27701:2025 - Privacy information management systems) which was only published in October, PHIN has not been able to achieve certification in 2025. However, work is now underway to assess the requirements for this new standard and PHIN will look to achieve certification in 2026.

### Data Security and Protection Toolkit (DSPT)

The 2024/25 NHS DSPT submission was successfully completed in June 2025, with all standards met once again.

## Training and awareness

To address the risks accompanying the pace of emerging technologies, the organisation has focused the majority of specific and departmental training on AI, data loss prevention, and data breach identification and reporting. This has been in tandem with scheduled data protection awareness training.

This approach will continue throughout 2026 as PHIN, like most businesses, looks to cautiously assess the potential efficiencies and benefits of new software tools, while strictly monitoring the inherent risks they pose to our data integrity.

## Incidents

Over the course of 2025, there have not been any incidents which have met the threshold for notification to the ICO. All incidents, while not meeting the threshold to be reportable to the ICO, have been reviewed, mitigated and lessons learned have been implemented back into our processes via our continuous improvement procedures.

# Report and Accounts



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FINANCIAL STATEMENTS FOR THE YEAR ENDING 31 JULY 2025

Financial performance overview

During the 2024/25 financial year, PHIN made strong progress in delivering the infrastructure required to fulfil the CMA order, achieving the first of the three milestones in November 2024. This represented a significant step forward in our mission to increase transparency and empower patients in their healthcare choices.

Alongside this achievement, PHIN enhanced its profile and engagement across the sector featuring in national press, participating in industry events, publishing key reports, and successfully delivering our Quality Forum. The Forum brought together a range of respected speakers and stakeholders to discuss quality in private healthcare, reinforcing PHIN's role as a trusted voice in the sector.

Our website continued to attract a growing audience, with total visits increasing by 35% in the first 10 months of 2025. This growth reflects our ongoing commitment to raising public awareness and supporting patients in making informed decisions about their care.

Investment from our members has enabled us to strengthen critical areas, including retaining our ISO accreditation, enhancing our cyber security infrastructure, and continuing research and support for both members and the wider sector.

Looking ahead, as the infrastructure underpinning delivery of the CMA order nears completion, we have begun to shape PHIN's future strategy. This year we engaged with external partners to help us define our strategic direction and explore opportunities for the next phase of PHIN's development.

Internally, PHIN has evolved to reflect changing organisational needs. The Executive reduced from five to four members, and team structures were refined to drive greater efficiency and focus on delivery. We remain dedicated to fostering a positive and inclusive working environment, and this is reflected in our high staff retention, with an average tenure of over three years. Our ongoing commitment to equality, diversity and inclusion alongside mental health support, ensures that PHIN continues to be a safe and welcoming workplace for all.

Key financial highlights

**Turnover** for the year was £6.3m compared to a budget of £6.1m generating additional income of £172k.

**Expenditure** increased in line with PHIN's strategic priorities, including budgeted investment in our CRM and work to support the development of PHIN's future strategy.

**Reserves** continued to strengthen, reflecting PHIN's disciplined approach to cost

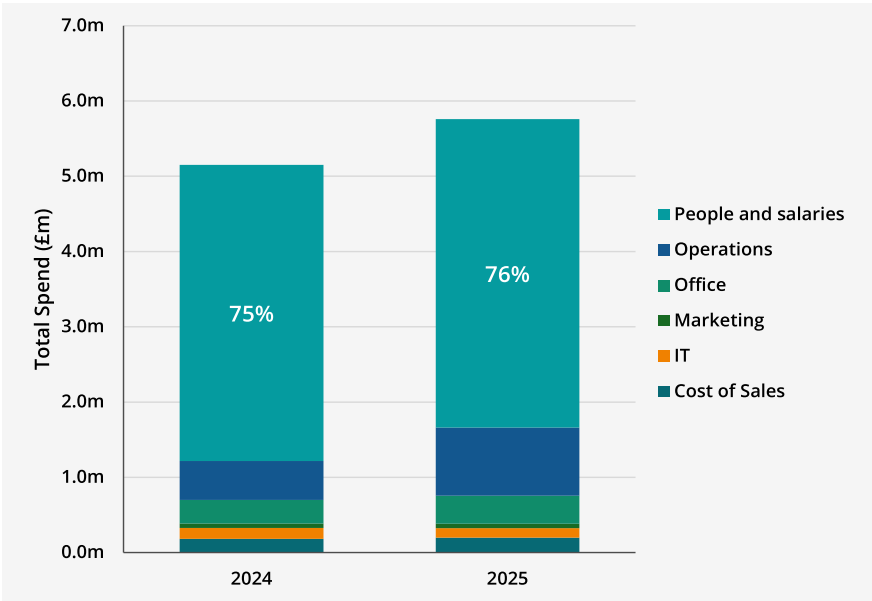
management. By year end reserves had grown to cover 5.9 months of operating expense, comfortably above the target of 5 months.

Chart 1: Summary Financials

	2024 (£000s)	2025 (£000s)
Turnover	5,645.5	6,197.3
Operating Expenses	5,161.4	5,709.2
Profit/(loss) before tax	486.1	488.1
Tax	4.6	6.9
Profit/(loss) for the financial year	479.5	481.2
Retained earnings brought forward	1,928.8	2,408.3
Retained earnings carried forward	2,408.3	2,889.5

ANALYSIS: Income & Expenditure

Chart 2: Costs By Type



People and salaries remained the largest component of PHIN's cost base. The team grew by one full-time equivalent during the year, and average salaries increased by 2% compared with the prior year. Operational expenditure increased as planned, driven by the CRM investment and higher legal costs associated with strategic development.

## ANALYSIS: Balance Sheet

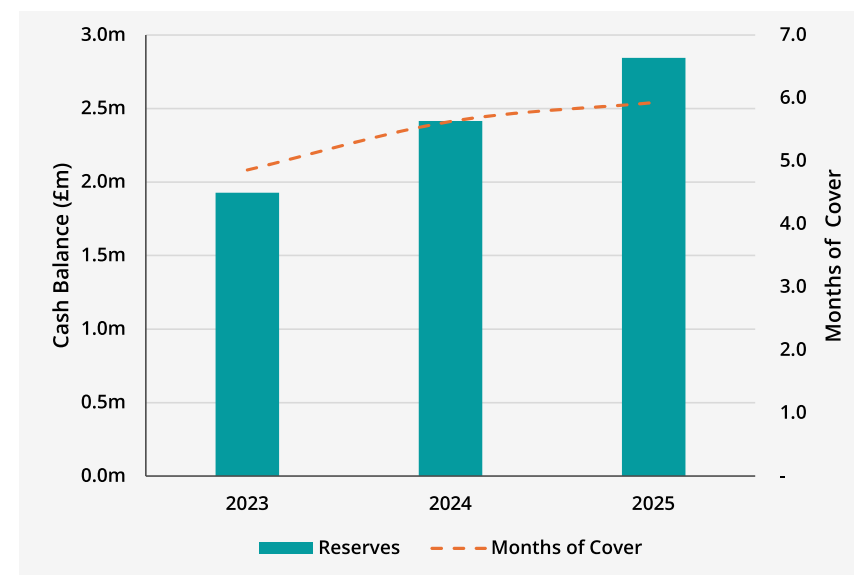
Chart 3: Balance Sheet

	2024 (£000s)	2025 (£000s)
<b>Assets</b>		
Cash	2,534.4	2,943.0
Accounts Receivable	224.7	312.6
Fixed Assets	16.4	6.7
Prepayments	203.3	211.3
Other	0.4	-
<b>Total Assets</b>	<b>2,979.2</b>	<b>3,473.5</b>
<b>Liabilities</b>		
Accounts Payable	128.6	122.1
Accrued Expenses	113.7	127.8
VAT	228.0	230.8
Other	100.5	103.5
<b>Total Liabilities</b>	<b>570.9</b>	<b>584.1</b>
<b>NET ASSETS</b>		
<b>Reserves</b>	<b>2,408.3</b>	<b>2,889.5</b>
<b>Retained Earnings</b>	<b>2,408.3</b>	<b>2,889.5</b>

PHIN's balance sheet remains stable and resilient. Cash balances increased, supported by the additional revenue and continued cost control. Accounts Receivable also rose in line with increased revenues, while accrued expenses grew, increasing total liabilities due to the timing of supplier invoicing.

## ANALYSIS: Reserves

Chart 4: Reserves



PHIN's reserve policy is to maintain cover equal to 5 months of operating costs. Following a dip at the end of FY22/23, reserves have grown annually, ending the current financial year at 5.9 months cover, approximately £0.4m above the target level.

## Outlook Financial Year 2025/26 and beyond

The budget for FY25/26 was approved the Board and communicated to members in July 2025. It sets a revenue requirement of £6.5m, a 5% increase on the prior year, with the fee per record increasing to £6.63. Delivery of the Silver and Gold milestones remains the key focus for the year ahead, marking completion of the infrastructure needed to support the CMA order beyond the end of the financial year.

Looking further, PHIN has already begun planning for the next phase of its lifecycle. We are focused on maximising the value of the significant investment made by our members, which has created a robust infrastructure, rich data assets and a highly capable team. Continued engagement with the sector will be essential to define PHIN's role in the medium and long term. There is a clear opportunity for PHIN to cement its position as a leading provider of objective, transparent and accessible data and insights, setting a national and potentially global standard for information for the sector and patients.

# Key deliverables for 2026

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# 2026

## Gold Milestone

### Consultant Overview Report – Phase 2

Allow consultants to see their data compared to peers via the PHIN portal.

### Consultant Overview Report – Phase 3

Provide whole practice information for consultants via the PHIN portal.

### Hospital Benchmarking – Phase 1

Allow hospitals to see their data compared to peers and at a national level via the PHIN portal.

### Compliance Levels

Full participation.

### Physician Fees

Provide mechanism for consultant physicians to submit consultation fees via the PHIN portal and publish the fees on the PHIN website.

# Our Board



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## Current members



Jayne Scott (Chair)



Nigel Mercer (Deputy Chair)



Claire Whyley



David Hare



Helen Buckingham



Hugh Savill



Keith Richards



Dr Mohammad Al-Ubaydli



Prof Sam Shah



Ian Gargan (Chief Executive)



Karen Greenidge (CFO)

## Appointments

Having served on the Board for several years, **Nigel Mercer**, Consultant Plastic Surgeon and previous President of the Federation of Surgical Specialty Associations, was appointed as Deputy Chair of the PHIN Board in March 2025. A passionate advocate for excellence in healthcare, Nigel also continues to fulfil the role of consultants' representative on the PHIN Board.

Nigel was appointed in 1991 as a Consultant Plastic Surgeon with a major interest in Cleft, Craniofacial and Paediatric Plastic Surgery. Throughout his career he has championed patient safety and openness in the presentation of surgical results.

Nigel is a Past President of the Federation of Surgical Specialty Associations (FSSA), a position at the top level of the surgical establishment in the British Isles and Ireland. As President Nigel was the interface between the four Surgical Colleges in the British Isles, the NHS and other bodies, including PHIN, and is also an invited member of the Council of the Royal College of Surgeons of England.

He chairs the MHRA's Plastic Reconstructive and Aesthetic Surgery Expert Advisory Group and also the Steering Group of the Centre for Appearance Research at the University of West of England, the foremost research group into visible difference in the world. Nigel holds a Master in Laws from Cardiff University and is a Founding Fellow of the Faculty of Medical Leadership and Management.

**Karen Greenidge** serves as Chief Financial Officer (CFO) at the PHIN. In her role, she oversees financial strategy, planning, and governance, ensuring robust fiscal management to support PHIN's mission of providing patients with reliable, data-driven insights into the quality, safety, and costs of private healthcare services.

Karen brings extensive experience in financial leadership and strategic planning, underpinned by her CIMA qualification and a strong track record in budgeting, reporting, and operational efficiency. She was appointed as a Director of PHIN in May 2025, reflecting her pivotal role in shaping the organisation's long-term sustainability and growth.

## Stood down in 2025

Michael Hutchings OBE, Non-Executive Director and Deputy Chair

Professor Sir Norman Williams, Non-Executive Director



# Our members

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Our thanks go to all our members for their support in 2025 in helping us to achieve stage 2 (Silver) delivery of the Order. We look forward to continuing to work together and reaching the stage 3 (Gold) milestone in the June 2026.

- Aviva Health
- AXA PPP Healthcare
- Benenden Hospital Trust
- Bupa UK
- Circle Health Group
- Cleveland Clinic London
- Fairfield Independent Hospital
- Federation of Independent Practitioner Organisations
- Federation of Surgical Specialty Associations
- HCA Healthcare UK
- Healthcare Management Trust
- Horder Healthcare
- Hospital of St John & St Elizabeth
- Kingsbridge Healthcare Group
- King Edward VII Hospital Sister Agnes
- The New Victoria Hospital
- Nuffield Health
- Ramsay Health Care UK
- Spencer Private Hospitals
- Spire Healthcare
- Vitality Health
- Western Provident Association (WPA)

### Partnership Forum

The PHIN/IHPN Partnership Forum is an advisory working group with representatives from PHIN, IHPN and private healthcare providers. Its membership broadly reflects the membership of PHIN and includes all the larger providers, as well as smaller providers and PPUs.

Its purpose includes advice and support for the successful implementation of PHIN's programme to deliver the CMA Order 2014 by June 2026. This includes identifying challenges, issues and questions that arise and need to be addressed, as well as advising on potential strategies to resolve these.

The Forum also represents provider views on PHIN's development and plans for post 2026, including creating additional value to stakeholders and voluntary data collections/publication of information to aid patient decision making.

The PHIN/IHPN Partnership Forum representatives come from the following organisations:

- Circle Health Group
- HCA Healthcare UK
- London North West University Healthcare NHS Trust
- Nuffield Health
- Ramsay Health Care UK
- Spencer Private Hospitals
- Spire Healthcare

# List of abbreviations

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AI	Artificial Intelligence
APC	Admitted Patient Care
API	Application Programming Interface
BAETS	British Association of Endocrine and Thyroid Surgeons
BOMSS	British Obesity & Metabolic Surgery Society
BOA	British Orthopaedic Association
CAG	Confidentiality Advisory Group
CMA	Competition and Markets Authority
CQC	Care Quality Commission
DPO	Data Protection Officer
DSPT	Data Security and Protection Toolkit
GIRFT	Getting It Right First Time
GMC	General Medical Council
IF	Implementation Forum
iFHP	International Federation of Health Plans
IO	Information Organisation
iWGC	iWantGreatCare
The Order	The Private Healthcare Market Investigation Order
MACs	Medical Advisory Committees
NCIP	National Consultant Information Programme
PHIN	Private Healthcare Information Network
PMI	Private Medical Insurer
PMMO	Project Management Office

PPUs	Private Patients Units
PROMs	Patient Reported Outcome Measures
QPROMs	Cosmetic Patient Reported Outcome Measures
SFTP	Secure File Transfer Protocol
SSI	Surgical Site Infections

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# PHIN's vision

Everyone can make confident choices about their healthcare to get the best outcomes.

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phin.org.uk

