



Private Healthcare Information Network

Annual Progress Review

2024

December 2024

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SUMMARY FOR PATIENTS

The Private Healthcare Information Network (PHIN) is unbiased, not-for-profit and mandated by the government to make information about the private healthcare sector more accessible to patients.

Our work is divided into three strands: 'Serve the Patient, Support Stakeholders and Deliver the Private Healthcare Market Investigation Order'. Our Annual Review sets out the work we have done in each of these areas, as well as providing further details about our organisation. This summary concentrates on our work to serve the patient, as we seek to deliver our vision 'Everyone can make confident choices about their healthcare to get the best outcomes.'

We designated 2024 as the 'Year of the Patient'. Patients are always at the heart of what we do – after all our primary purpose is to help inform their private healthcare decisions – but we wanted to put extra effort into ensuring we get to know them better, to make certain we meet their needs now and in the future.

We conducted in-depth research with patients to build on our existing knowledge. This has given us a much better understanding of what patients want and need when considering private healthcare. We shared our findings with the people and organisations working in the private healthcare sector through our [Patient priorities report](#) which we published on our website in July. It provides a wealth of insights on patients' views, concerns and priorities. The report also contains recommendations for consultants, hospitals and private medical insurers to help them better meet patients' needs. There is a summary of guidance from patients themselves to help others navigate private healthcare.

We know that patients want to hear about other patients' experiences in the private healthcare sector. Over the past year we have shared multiple patient stories on our website to help bring the human element to what can be a daunting process. The patients we featured have undergone a range of procedures and come from different locations and demographics.

Our website is our primary way of engaging with patients, potential patients, and their families and carers. We use it to help them better understand their healthcare options, by publishing the latest data on hospitals and consultants, along with wider information and guides about procedures and the way the sector works. We are now publishing more hospital and consultant data than ever before so that patients can be as informed as possible.

This year we have published blog posts on topics such as private hospital waiting times, what the website covers and does not cover, the potential dangers of travelling abroad for treatment and the non-profit motive of many private healthcare providers. We have also published new guides based on individual healthcare procedures and the private healthcare sector more generally.

We have invested in improving our Google profile to make it easier for patients to find the information we publish. This has resulted in higher Google rankings, month-on-month increases in visitor numbers since May 2024 and a record number of visitors in October.

We have continued to work with the media and this year PHIN has been mentioned ~500 times in ~260 media outlets with our data being used to illustrate a range of healthcare stories.

Social media offers PHIN one of its most direct pathways to patients and this year as well as continuing to engage on X/Twitter and Facebook, we have launched Instagram and TikTok profiles to help us reach a wider audience and engage more thoroughly with them.

If you would like to know more about our work for patients, or how we support the hospitals and consultants providing private care in the UK, then please continue to read this report or visit our website: www.phin.org.uk

OUR VISION



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

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CHAIR'S FOREWORD

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Jayne Scott

Chair



“ Many significant milestones have been met, not least the delivery of stage 1 (bronze) of the Order.

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

Many significant milestones have been met, not least the delivery of stage 1 (bronze) of the Private Healthcare Market Investigation Order. Ian Gargan, our Chief Executive, will say more about that in his message, and it will be covered in detail in the rest of this report, but the Board expresses its thanks to the dedicated PHIN team for their achievements, and to PHIN members – especially members of the Partnership Forum and Implementation Forum – consultant bodies and other stakeholders for all their support in getting to this important stage.

There is much still to do to make the industry more transparent for patients, and PHIN will push forward with its plans to deliver the silver stage in summer 2025, before gold in 2026.

Given our role as the Competition and Markets Authority's (CMA's) appointed Information Organisation (IO) for the Order, early in the year PHIN commissioned leading international professional services firm, Mazars, to review our corporate governance and oversight procedures. This was to ensure we can successfully aid the sector in complying with the Order and better inform patient choice.

I am delighted that Mazars confirmed our governance and oversight to be resilient, robust and fit for purpose. The report – [a summary of which is available on our website](#) – found no serious issues and made only minor recommendations for further improvement.

It has been a momentous year, not least for the Board itself, which had two notable departures and three very welcome additions.

Don Grocott, Deputy Chair, and Professor Sir Cyril Chantler, stood down in March. They both served the PHIN Board with dedication and a passion to make improvements for the benefit of patients, sharing their experience and expertise to help steer the organisation. I personally have been very grateful for their support since I became Chair.

The new Non-executive Directors – Dr Mohammad Al-Ubaydli, Helen Buckingham and Professor Sam Shah – were recruited to help PHIN ensure it can continue to improve the information available for patients so that they can make more informed healthcare choices.

Replacing our outgoing members after they served their allotted terms was never going to be easy, but we were delighted with both the quality and quantity of people who applied to join our Board. We believe that we have appointed three outstanding candidates, each of whom brings a unique skill set, approach and experience. You can read more about them towards the end of this report.

Thank you for your support and I hope you will find the report informative.

Jayne Scott
Chair

CHIEF EXECUTIVE'S OVERVIEW

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Dr Ian Gargan

Chief Executive



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

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This year we have continued to focus on three strands of work, 'Serve the Patient, Support Stakeholders and Deliver the Order' and I am delighted with the progress we have made in all three areas. We are a lean organisation that is delivering on its commitments, and we are looking to deliver even more to increase our value to the sector and patients. My thanks go to the excellent team here at PHIN and all the stakeholders and partners that support us in our work.

On the patient side we have conducted an extensive and insightful research project to build on the data we already collected via our website. This has given us a much better understanding of patients' wants and needs, and allowed us to share those with the sector through our Patient priorities report. We are continuing to investigate the data and will publish more information in the coming months, as well as using it to improve the service we provide.

For stakeholders, we have improved reporting, enhanced technology and key architecture, and shared expertise and experience through our reports and Quality Forum, alongside our work to help them comply with the CMA Order.

As you would expect, these activities also feed into our focus on delivering the CMA Order and I am proud and thrilled that we achieved stage 1 (bronze) delivery in October as planned. Our progress was reviewed both by the Partnership Forum and the CMA who agreed that we have delivered 'All Article 21 and 22 functionality' and supported consultant participation levels at 80% and hospital participation at 60% as per the agreed target. This achievement has been a long time coming and builds on all the hard work done by the PHIN team and our stakeholders since the Order was published.

The next stage (silver) will be delivered in summer 2025 before the gold stage in 2026. Work on the Order will be no means be complete by that date, as the requirements on the sector to submit data and on PHIN to collect and publish it will remain.

However, from 2026 we expect maintaining the Order to be very much a business-as-usual activity. With this in mind – with the support of the Board and the Partnership Forum – this year we have been investigating the ways in which PHIN might be able to more useful to patients, consultants and hospitals, and the wider sector as well as how we could add further value to our members in addition to our statutory duties, once the gold level has been reached.

We have also been in discussions with the CMA about what its role will be in Order delivery when participation levels are at the agreed levels and there is little, or no, need for escalation.

Having implemented a new vision and values last year, our team culture is getting stronger and we have a happy team. However, it is inevitable that people will move on occasionally. During the year, we have said goodbye to two key members of the PHIN Leadership Team. Both Jack Griffin and David Minton served us well and made huge contributions to getting PHIN where it is today. I am very grateful to them for the support they provided to me since I joined the organisation.

We have also successfully recruited to the Leadership Team with the appointment of Richard Wells as Director of Technology, Product and Healthcare Informatics and Karen Greenidge as interim Director of Finance and Commercial. Both have already made significant contributions to our work and I'm very pleased to have them on the team, alongside Mona Shah, Director of People & Process and Jonathan Finney, Director of Member Services.

We have a great team in place, across the whole business, to achieve silver status and more in the coming year, and I'm already looking forward to reporting back to you on what we're going to achieve. For now, I hope you find the 2024 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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TWENTY FOUR

Bronze Milestone

Delivering all the Article 21 and 22 requirements set out in the Order, including:

- Infection rates (published on hospital portal).
- Mortality rates (published on hospital portal).

Developing a new consultant website portal featuring:

- A new Consultant Data Overview Report.
- The ability to self-declare membership of healthcare registries and audit participation.

The facility to publish insured fees on the PHIN website.

Implementing Admitted Patient Care (APC) Pro specification for the portal.

Publishing further Surgical Site Infections (SSI) Report on the portal.

Introducing 'Presumed publication' allowing PHIN to publish significantly more information about consultant activity for patients.

Publishing anaesthetic fees on the portal and website.

SERVING PATIENTS

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We designated 2024 as the ‘Year of the Patient’. Patients are always at the heart of what we do – after all our primary purpose is to help inform their private healthcare decisions – but we wanted to put extra effort into ensuring we get to know them better, to make certain we meet their needs now and in the future.

Over the past few years, we have gathered information about patients through website data, online feedback tools and direct contact with patients when they have queries. Through these, and our healthcare data, we’ve been able to discover a range of insights and adjust our service accordingly.

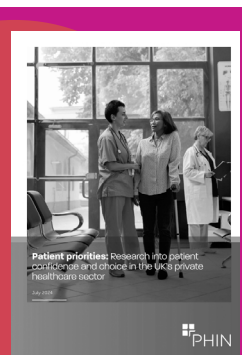
However, in addition to these sources – which largely focus on the service PHIN provides – we wanted to capture wider views of the patient experience of the sector through more systematic and deliberate engagement with patients. This would help us to clarify patient needs from a PHIN perspective but also to help those providing healthcare services to see a broader national picture from an independent source which could help improve their services for the benefit of patients.

This year we have worked to understand patients’ healthcare journeys, information needs and priorities, expectations and experiences. We conducted new research by engaging directly with patients who have used, or would consider using, private treatment.

We did this in two ways:

1. A series of **in-depth qualitative focus groups** with a total of 41 patients in distinct clinical specialty areas. The focus groups were conducted online, to allow us to reach a deliberately broad and diverse demographic group, in terms of geography, age and ethnicity as well as gender. We reached out to over 30 organisations, consisting of hospitals, charities, patient research organisations, user research platforms, survey hosts and Royal Colleges to help us recruit participants.
2. A **broader online quantitative survey** of over 2,000 people based on the themes that emerged through the focus groups and conducted by international online research data and analytics technology group, YouGov, targeted to a very diverse but representative population of patients contemplating or having private care across the whole of the United Kingdom.

The output from this research is our [Patient priorities report](#) which we launched in July and is available to download from our website. As well as providing a wealth of insights on patients’ views, concerns and priorities, it also contains recommendations for consultants, hospitals and private medical insurers to help them improve the service they offer, plus a summary of guidance from patients themselves to help others navigate private healthcare.



Patient stories

The research backed up our belief that patients want to hear about other patients’ experiences in the private healthcare sector, with patients specifically highlighting the value of these personal stories. We have worked with several healthcare providers, and Chrysalis Finance, to share patient stories on our website to help bring the human element to what can be a daunting process. The patients have undergone a range of procedures, and come from different locations and demographics. We will continue to work with partners to publish stories like these.

Using feedback from patients and our view of user activity across the PHIN website, we published an article in April to show patients how others have used its features and to give them a sense of how it may be useful to them too. See PHIN - [Who uses PHIN’s website, and what do they think of it?](#)

We also added a new feature at the beginning of the year inviting visitors to the website to have a short telephone conversation with us about the website and how they experienced it. One such person we spoke to was **Debbie Douglas**, a patient who had received unnecessary treatment from the surgeon Ian Paterson before he was identified and jailed. She told her story as patient representative to PHIN’s insurer plenary in June, and then to company staff in October to highlight the reason why this information is so important – you can read more about this in the private medical insurer section below.



“ PHIN DATA SHOWS

From July 2022 to June 2023 Breast enlargement and reduction cosmetic surgery procedures had the highest number of cases followed by eye lifts and liposuction.

– HealthcareMarkets (Jan 2024) Getting under the Skin of Cosmetic Surgery

Our website

Our website is our primary way of engaging with patients, potential patients, and their families and carers. We use it to help them better understand their healthcare options, by publishing the latest data on hospitals and consultants, along with wider information and guides about procedures and the way the sector works.

This year that has included blog posts on topics such as private hospital waiting times, what the website covers and does not cover, the potential dangers of travelling abroad for treatment and the non-profit motive of many private healthcare providers. We have also increased the number and variety of patient stories, and published new guides based on individual procedures and the private healthcare sector more generally. As well as our Market Updates, we have also published several news stories to keep people up to date with our work.

Changes to Google’s algorithms in March-April 2024 had a significant negative impact to PHIN’s website visitor numbers. We subsequently invested time and resource in improving our Google profile, working with a search engine optimisation (SEO) agency. This has resulted in higher Google rankings, month-on-month increases to visitor numbers since May 2024 and a record number of visitors in October (the latest month available at time of writing). Consultant profile pages are the most visited pages (60%), followed by PHIN content (25%) and hospital profiles (15%).

■ Consultant profiles ■ PHIN content ■ Hospital profiles



We have continued to collect visitor feedback on the website – our data suggests that over 97% of visitors are patients. We received 2,121 user responses to our regular online survey from January to the end of July.

- During that period, 57% said they found the information they were looking for.
- 67% said they found it easy or very easy to navigate the website.
- 35% said they would take an action following use of PHIN’s website including booking a consultation, contacting their insurer or speaking to their GP. Most of the remainder said they would continue their research.

A temporary online questionnaire to understand some different aspects of user experience and priorities, revealed that a third of people encounter PHIN via online searches, 22% of respondents were first told about PHIN by their insurers and 13% by their hospital.

We are also compiling insights into who is downloading the datasheets from the website (over 15,000 views and almost 10,000 downloads in the 12 months until the start of October 2024), and for what purposes they use these.

From January to early October 2024, we handled over 130 patient calls, most of them looking for help in finding a consultant, navigating private healthcare or information about a condition or procedure.

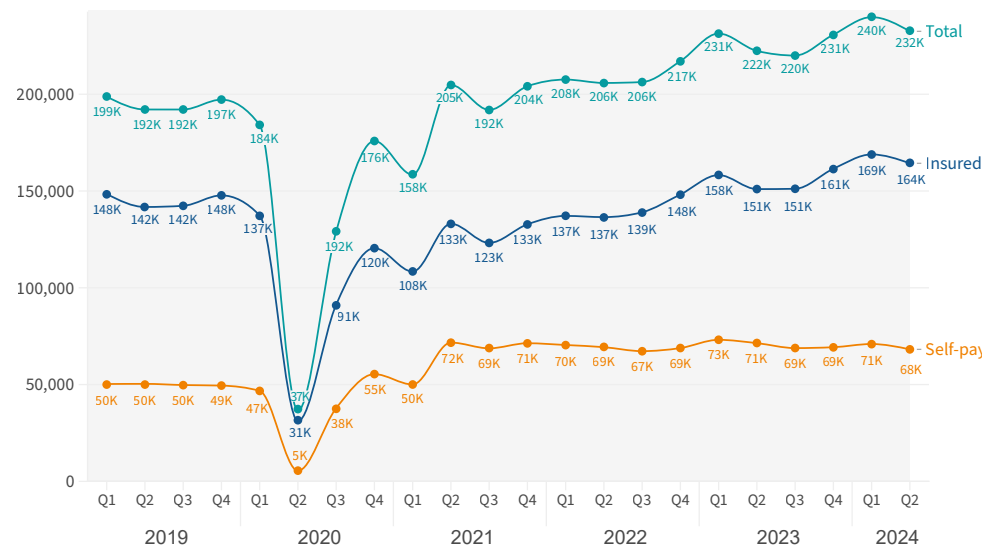
Raising patient awareness of PHIN

We have continued our proactive and reactive media approach, and this year PHIN has been mentioned ~500 times in ~260 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, and healthcare and finance trade publications.

We have been interviewed on several radio stations, including LBC, various local BBC stations and Sky News Radio (which is syndicated to more than 300 commercial radio stations). Our data was used in a story on BBC Wales (TV, radio and website).

We use our unique, national dataset to look at the key trends in the independent healthcare sector and publish quarterly [Market Updates](#). These are popular with the media and help to increase our coverage as well as transparency in the market.

Reported private hospital admissions and payment method



As well as our quarterly Market Updates, we have published press releases on travel to the UK for treatment, robotics and our patient priorities report to demonstrate the depth of our knowledge and data. This year we launched separate versions of our Market Update for each country to appeal more strongly to the media there and to provide a clearer picture for patients.

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.

PHIN DATA SHOWS

Across the period 2016 to 2022 over 190,000 procedures across both the independent and public sector were robotically assisted.

– HealthcareMarkets (Feb 2024)
The rise of the machines



PHIN DATA SHOWS

PHIN was unable to calculate health gain score from almost half (49.1%) of the PROMs records it received between 2018 and 2022 due to incomplete answers or missing links to patient records (required to confirm the procedure).

– HealthcareMarkets (Mar 2024)
The problem with PROMs data



Social media

Social media offers PHIN one of its most direct pathways to patients and this year as well as continuing to engage with them on X/Twitter and Facebook, we also conducted desk-research into the viability and likely levels of success of launching profiles on new platforms. This research suggested that there was a great opportunity to reach a wider audience and engage more thoroughly through Instagram and TikTok, both of which are commonly used as sources of health information.

Therefore, in November we launched profiles on Instagram and TikTok in addition to the existing platforms. Facebook has been particularly successful over the past year with high levels of engagement, particularly around our posts about people travelling to the UK for private treatment. We also use LinkedIn, but that is more as a stakeholder communications tool.

SUPPORTING STAKEHOLDERS



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As well as supporting our stakeholders with 'day job' activities to help them comply with the Order (see Chapter 7 – Delivering the Order), we engage in a range of activities to add value to the sector through our data and ability to extract useful information from it. For example, our Patient priorities report (see Serving patients section) included recommendations from patients for the sector.

Quality Forum

This year this included hosting our second Quality Forum which brought together people from across the healthcare sector to discover more about the pivotal role that advancements in artificial intelligence (AI), robotics, and data play in shaping the future of healthcare for the benefit of patients and everyone involved in the sector. The event in October featured a range of expert speakers and included insights from PHIN's data and our team and aimed to allow all audience members to draw inspirational insights that they could apply in their workplace.

Robotic-assisted surgery

We published a report on robotic-assisted surgery, setting out the dramatic increase in its use sector-wide (NHS and private sector) and providing 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.

Learning Academy

In October, we launched the PHIN Learning Academy for hospital users and consultants and their delegates. This involves a series of training modules which can help users learn more about the processes involved in submitting fees and uploading and approving data in the portal. 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 all 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.

Healthcare consultations

PHIN contributed to the following consultations this year:

- Licensing of non-surgical cosmetic procedures – PHIN supported the Government's consultation on a new scheme that requires practitioners of non-surgical cosmetic procedures to be licensed to perform specific procedures and the premises from which they operate also need to be licensed.
- Never Events Framework Consultation – PHIN supported the Never Events Consultation to revise the list of Never Events to only include those with current barriers that are 'strong, systemic, protective'.
- OPCS 4.11 Consultation – Listening to feedback from consultants, PHIN has been contributing to the OPCS 4.11 consultation to increase the number of codes available to describe consultant activity for 2026.

Working with consultants

Our Consultant Services Team works closely with consultants to promote their clinical activity on our website and to assist with any queries that they may have regarding their data. We are grateful to everyone who engages with us and especially the Royal Colleges, Specialty Associations and other consultant representative bodies who provide us with invaluable feedback.

We use several communications channels to reach consultants so that we can help them meet their obligations (and more). These include a dedicated email where we respond directly to consultant queries. We host virtual sessions to introduce consultants to the wide range of information that we make available to them on the PHIN portal. We also arrange 1:2:1 sessions allowing us to respond to individual issues or concerns. This year we have started sending out a monthly newsletter to Royal Colleges, Specialty Associations and other consultant representative bodies to ensure there are clear lines of communication.

We also ask for feedback from a sample of consultants who have contacted us each month, so that we can make any required improvements to our service.

New consultant portal

We launched a new hospital portal in late 2023 and followed by a new consultant version in April 2024. The new platform was designed to be more robust, and more user-friendly to assist in the data submission process, allow for a greater amount of data to be submitted (including insured fees and anaesthetic fees) and to produce better reports so that consultants have a better understanding of the data we hold about them.

Consultants tell us that they find these reports very useful for revalidation and appraisals.

We have now added registry links to consultant information on the British Association of Endocrine and Thyroid Surgeons (BAETS) registry, British Obesity & Metabolic Surgery Society (BOMSS) and allow consultants to 'self-declare' any registries we do not automatically link to.

The incident reporting section of our hospital profiles has been updated with additional scenarios. Sections on Mortality and Hospital or Community Acquired Infections have been extended to report on counts and rates by sub-codes as well as totals.

We know that several consultants have more than one specialty that has been entered about them on the General Medical Council (GMC) Specialist Register. Consultants can now select the specialty from the registry list that most accurately reflects their practice.

We are very conscious of how busy consultants are, and the many obligations they are under, so the new portal has a new feature which allows them to nominate a delegate to submit data on their behalf.

Other improvements in the portal mean that consultant attribution is now more accurate as consultants (or their delegates) can be more specific about the role they played in a procedure. Some elements of a patient's care, such as pathology and radiology tests, and some aspects of rehabilitation, are requested by a consultant but undertaken by hospital healthcare teams. Based on consultant feedback, and where appropriate, we have stopped these from being attributed to a consultant's practice activity.

Presumed publication

In addition to allowing delegates to update the portal, we have now changed the way we accept and publish data under an approach called 'presumed publication'. Previously consultants needed to review and accept the data submitted about them before it could be published. This was a potential extra burden on them, and reduced the amount of information we could publish. Under the presumed publication approach, consultants can still check and verify their data or notify hospitals if they have an issue with their data (which is then not published until the issue is resolved). If consultants do not choose to interact with the data, we will assume that it is correct and publish it.

We have worked closely with consultant and hospital representatives and offered support to all stakeholders to ensure that the introduction of this change was managed with care, and we would like to thank the members of the Working Group whose advice was very valuable as we moved through the planning and implementation process. Presumed publication led to over 6,000 consultants being added to the PHIN website within a month of launch.

We are always very pleased to have the opportunity to talk directly with consultants. This might be at Medical Advisory Committees (MACs) and other meetings where we can discuss issues, respond to concerns and gather valuable feedback on how we can continually review our systems and processes. We were delighted to be attend the British Society of Gastroenterologists Conference and Royal College of Surgeons Starting Surgery Conference. We were also invited to the British Orthopaedic Association Congress, where our Chief Executive, Ian Gargan took part in a panel debate.

Helping hospitals

Throughout 2024 the Hospital Services Team worked to enable and deliver service enhancements to the 600+ participating hospitals. We reached a record high of 499 hospitals submitting data in the November data freeze (data was published on the website in December).

Alongside our activities designed to increase compliance (see Chapter 7 – Delivering the Order), we have worked closely with hospitals to improve the service we offer them and add value to them.

This has included developing strategies for improving engagement with hospitals in the devolved nations, with a dedicated team for each of the nations, increasing our presence and direct engagement with providers in the devolved nations and engaging with national bodies and regulators to collaborate and increase awareness of PHIN's work.

PHIN DATA SHOWS

Between 2018 and 2022, elective hysteroscopy cases decreased in the English NHS but increased in the private sector across the UK

– HealthcareMarkets (Apr 2024)
Hysteroscopy activity



We use several communication channels to reach hospitals so that we can help them meet their obligations (and more). We host virtual seminars to support hospitals with understanding how to improve the completeness and quality of their data to support them in achieving compliance. We also arrange 1:2:1 sessions that allow us to respond to hospitals specific issues or concerns. We share monthly members mailings to share key messages with our hospital stakeholders as well as circulating mailing campaigns to consult on a variety of projects and improvements for hospitals.

Following the introduction of our new hospital portal last year, we have actively sought feedback from hospitals to inform a programme of ongoing incremental improvements to the portal to ensure the best user experience for hospitals in engaging with PHIN and meeting their requirements under the Order.

Forums, workshops and meetings

We once again hosted monthly virtual 'Implementation Forums' (IF). These are primarily attended by hospital colleagues, but are open to wider industry stakeholders. The IF provides an opportunity to engage on an operational level with challenges and issues, as well as discuss developments in systems or measures publication.

We hold quarterly review meetings with the large hospital groups and any provider who wants one. We use these to support hospitals in submitting data and having measures published for their sites on the website.

In addition, our regular data clinics allow hospitals to raise queries and address any issues or get a bit of extra 1:2:1 support on their data submissions.

We have held several focused workshops and expert reference groups to hear views and reach a consensus on issues, such as the reporting of Serious Injuries and clarifying definitions around Day Case procedures.

We also hold regular new starter and refresher training sessions for hospitals. In addition, as mentioned above, this year we launched the PHIN Learning Academy, an e-learning platform offering on demand training modules for hospitals. There are modules specifically designed to help hospital teams improve their understanding of how PHIN can support them.

Data submission

We have now rolled out an inbound Application Programming Interface (API) – following a successful pilot scheme – to streamline the submission of key hospital data and reduce the amount of manual work involved in submitting data

to PHIN. This new API supports all PHIN datasets, helping organisations easily submit and track data through a secure, automated process. We will continue to collaborate with hospital providers and collect feedback on the service to ensure that it delivers an effective and efficient means of submitting data. While the API offers a faster, automated approach, we still accept data submissions via Secure File Transfer Protocol (SFTP) and directly into our secure hospital Portal.

Following feedback from hospitals on specific challenges and to help providers submit Patient Satisfaction data in a cost-effective manner, this year we teamed up with iWantGreatCare/Top Doctors (iWGC/TD) and in May launched a new initiative which allows the free submission of data to PHIN through the iWGC patient feedback platform. Some providers were struggling with compliance in submitting patient satisfaction data. This initiative introduced a new service that allows iWGC to collect and submit the hospitals' patient satisfaction data directly on their behalf.

Engaging Private Medical Insurers (PMIs)

We have continued to develop our relationships with the UK's five biggest insurers, which are PHIN members, supporting ongoing fulfilment of the CMA Order.

In addition to dealing with ad hoc queries, we have held regular 1:2:1s with insurers and they are invited to attend our monthly Implementation Forum and other events, as well as receiving general communications.

We held a further two PMI plenaries this year. Attendees come from PHIN, the Association of British Insurers, the CMA and all the PMI members of PHIN, though other PMIs are warmly welcome – we had Healix and the International Federation of Health Plans (iFHP) attend in June. These events, which focus on quality of care and patient experience and specifically exclude any commercial discussion, help ensure mutual understanding across PMIs and equally provide the opportunity to identify value and opportunities for the PMIs from PHIN.

Our plenary in March focused on the patient. The meeting covered the breadth of research and engagement PHIN has carried out and an individual patient's perspective was given by Debbie Douglas. Deb had a professional career in quality and performance in aerospace, but as a patient was one of many who suffered wholly unnecessary treatment at the hands of jailed surgeon, Ian Paterson.

She spoke of the importance of a single repository of information on the safety and quality of treatment that can guide patient choices, linking NHS and private sector data, presented in an easy-to-understand way, and for these systems to connect using consistent standards and formats. This is all in line with the Paterson Inquiry recommendations.

It was a powerful discussion, and everyone strongly agreed with the value of having this data independently brought together and published for patient use as well as for the private healthcare system to use it to improve its performance.

Our November plenary focused on consultants, with PMIs gaining an understanding of what categories of information PHIN collects and presents to consultants about their activity, as well as what hospitals can see about the consultants who work at their facilities.

There was also a discussion on encouraging transparency of data about private healthcare and how this linked to patient safety, as well as looking beyond PHIN's delivery of the Order in 2026 and how PMIs could work with PHIN to increase the value and use of PHIN's data.

We expanded our reach this year, attending the iFHP conference in Paris to get a more international perspective on PMI and to present information on PHIN's work. We then presented at two iFHP-hosted webinars for international PMIs and found very strong feedback that other countries would welcome an equivalent of PHIN, or similar collection of hospital and consultant quality data for the benefit of patients and the sector in their own territories as well as the potential for international benchmarking.

Improving processes

Definitions of what is 'In or out'

To address inconsistent reporting of procedures to PHIN due to the absence of any definition of 'day case' surgery in Article 21 of the Order, in April we published terms and national definitions, along with 10 rules to improve clarity regarding which procedures are typically conducted in a day case or inpatient setting in most cases, and therefore in scope of Article 21 of the Order.

Collectively, these rules form the basis of an algorithm to aid decision-making when entering data.

Updated portal for hospitals and consultants

As mentioned above, this year we delivered a new portal for consultants which offers significantly improved content and functionality. The consultant portal offers consultants a dashboard of the tasks they need to complete or update. For the first time, they can nominate a medical secretary (or other appropriate delegate) to help them submit fees and complete their profile. The consultant portal also introduced new functionality to collect insured patient fee arrangements.

The new portal also includes a new Consultant Overview Report. This enables consultants to view all the data that PHIN holds about them in one place and will, in due course, allow peer comparisons and streamline the appraisal and revalidation burden.

In June, we introduced updates to our Adverse Events reports. These reports now show the subgroups for both **Healthcare Associated Infections** categorising where the infections were community-onset, hospital-onset or unknown and **Hospital Reported Adverse Events** to show where mortality events were expected, unexpected or unknown.

We also launched the new Surgical Site Infection (SSI) Explorer report on the PHIN portal. This report showcases the counts and rates of SSIs for both mandatory and optional procedures as stipulated by the UKHSA. It is designed to assist users in identifying patterns across different healthcare sectors (NHS and independent) and provides insights into nationwide variations and data specific to providers and sites.

In August, we announced an important update to PHIN's Data Maturity Report, which plays a vital role in supporting the transparency and data quality of the sector. The report, accessible through PHIN's portal, offers a view of data progress at both the provider and individual site levels. It also highlights areas where data may be incomplete or lack the necessary detail to meet the standards required for the publication of key measures.

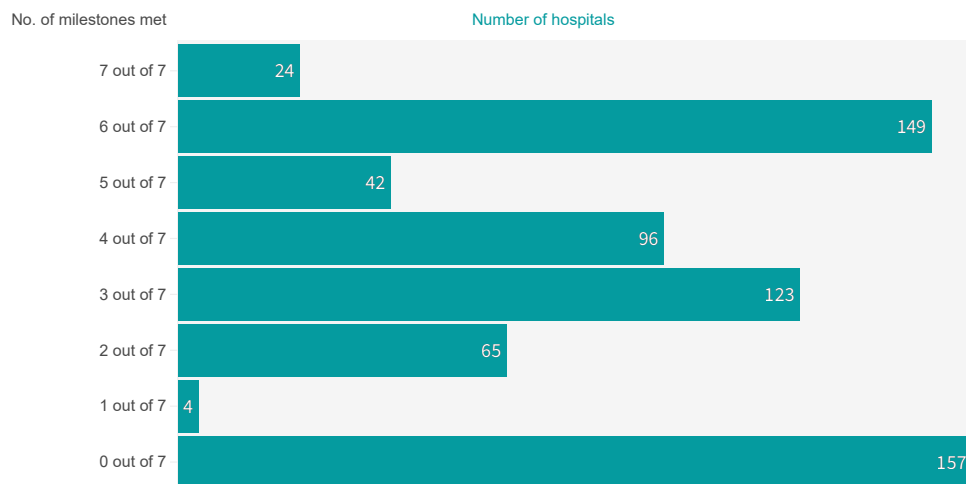
PHIN DATA SHOWS

Comparing Q2 2020 with Q3 2023 the count of Patient Feedback records for consultants increased from 23,000 to 131,000 (+469%). Between the same periods for hospitals the increase was from 13,000 to 139,000 (+969%).

– HealthcareMarkets (May 2024)
Improving feedback counts

The Report is used to assess whether healthcare organisations are meeting their obligations under the CMA Order. In our ongoing effort to enhance the visibility of data quality across the private healthcare sector, we introduced Milestone 7 to PHIN’s Data Maturity framework. This milestone is specifically designed to monitor the data quality required for ‘Linked Measures,’ which include: Mortality; Unplanned Readmissions and Unplanned Transfers. This is not part of compliance requirements, and is designed to help providers better understand their patients’ whole journeys.

Sites per milestone score



Procedure Groups

People using the PHIN website need to be able to search for procedures in patient-friendly terms which don’t necessarily match with the detailed clinical coding standards familiar to consultants and hospitals. Therefore, working with professional associations and colleges, PHIN has developed a set of higher-level procedure groups for the website. This is a similar approach to other healthcare organisations such as Getting It Right First Time (GIRFT) and National Consultant Information Programme (NCIP) with their procedure ‘recipes’. We are incredibly grateful to everyone who provided both their expertise and time to assist our review. We wanted to ensure that the groups remain reflective of current practice and the insights provided have allowed us to create new groups and expand existing groups.

We know that the inclusion of some procedures in the ‘other’ group had been a source of frustration. Our review activity has reduced the overall number of procedures in our ‘other’ category by 20%. We hope that engaging with other Specialty Associations will achieve a similar outcome.

New Data Specifications

PHIN has updated several of its data specifications in 2024. These updates allow providers to make any necessary changes to their processes and systems to meet the new data specification standards.

The updates simplify data collection by removing data fields that PHIN either already collects elsewhere or are not used for any publications.

PHIN has also added a new data collection to enable comprehensive surgeon attribution where multiple consultants have worked together on the same procedure.

The following specifications have been released:

- Adverse Events
- Admitted Patient Care (APC) Procedure data
- Patient Reported Health Outcomes (PROMs)
- Cosmetic Patient Reported Health Outcomes (QPROMs)

We also made changes to our Patient Reported Outcome Measures (PROMs) specification. These include updated post operative timings for the collection of CATPROM5, Hip, Knee and Shoulder Replacement, Carpal Tunnel Release, Transurethral Resection of the Prostate (TURP) and Nasal Septoplasty.

Patient-Reported Outcome Measures (PROMs)

Since July 2022, we have led a whole-sector PROMs Working Group attended by hospitals, insurers, the Care Quality Commission (CQC), consultants and PROMs suppliers.

Many new providers, hospitals and PROMs suppliers have been welcomed into the group. The agenda continues to evolve based on topics either raised by members or by PHIN. Examples include patient consent, PROMs data on PHIN portals and consultant reports, PROMs participation and licences. Participation in and increased value of PROMs will be significantly helped by the additional information now available to hospitals and consultants via the updated portals, which will, in turn, benefit patients accessing PROMs data on the website by informing their expectations of treatment and acting as a tool to promote consultant-patient discussions.

PHIN joined the National PROMs Network at the start of 2024 as its 100th member and this has been a very effective way to engage with private practice units (PPUs) in the NHS. Besides PHIN’s presenting webinars to its members, special focus on PROMs was made this year with tailored and easy-to-use materials being developed in partnership with NHS Sussex FT and circulated to support the participation of other PPUs.

PHIN has continued to deliver many individual presentations to hospitals to support their understanding and adoption of PROMs over the course of the past 12 months and the response has been very positive, with more hospitals than ever now participating.

PHIN DATA SHOWS



With over 600 hospitals contributing data, PHIN is a rich resource for patients seeking to understand their healthcare options.

- HealthcareMarkets (Jun 2024)
Data quality, compliance, transparency and empowering patients

Conferences, workshops and meetings

In 2024 PHIN once again took the opportunity to speak at a variety of conferences, to raise its profile, demonstrate its expertise and support stakeholders.

In April, PHIN representatives presented at The Digital Healthcare Show 2024 for the first time. Presentations on a variety of topics were delivered by Ian Gargan, Chief Executive, Richard Wells, Director of Technology, Product and Health Informatics, Chris Smith-Brown, Clinical Advisor and Pooja Rupalia-Seyani, Analytics Manager, and Greg Swarbrick, Strategic Projects Lead.

In May, Pooja presented the latest data to the Laing Buisson Healthcare Summit, co-ordinating with Adam Land from the CMA who updated the audience on escalation plans for those hospitals and consultants not complying with the requirements of the Order. In the same month, Ian presented to the iFHP on our work using data to increase quality and value in private healthcare.

In September, Ian participated in a panel discussion at the BOA Annual Congress which considered ‘Big Data: Are We as Good as We Think We Are?’. The other panellists were from NCIP, GIRFT and the National Joint Registry (NJR).

In October, Ian, Richard and Chris were all in action again at the Laing Buisson Private Acute Healthcare Conference providing an update on our data and insights in the medical insurance and self-pay sectors. We also hosted our second Quality Forum (which is covered elsewhere in this report) and Greg Swarbrick led two seminars with iFHP members on reducing low-value care and collecting and effectively using data.

In November, Ian spoke at the BMA Private Practice Committee meeting and AMI Health and Wellbeing Conference and Ian was also a judge for the LaingBuisson industry awards.

PHIN DATA SHOWS



Over 89,000 children were admitted to a private hospital between 2019 and 2023.

- HealthcareMarkets (Jul 2024)
Paediatric admissions to independent hospitals

DELIVERING
THE PRIVATE
HEALTHCARE
MARKET
INVESTIGATION
ORDER

06

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Introduction

We have worked closely with the CMA throughout the past year. In an open letter at the end of 2023, the CMA stated that it was committed to seeing full compliance and increasing the pace of escalation for consultants and hospitals not meeting their legal obligations. We provide the CMA with the information it requests so that it can contact hospitals and consultants about outstanding requirements. We have also provided hospitals and consultants with the support and training we believe will help, where needed. Our goal remains to help everyone achieve full compliance by June 2026.

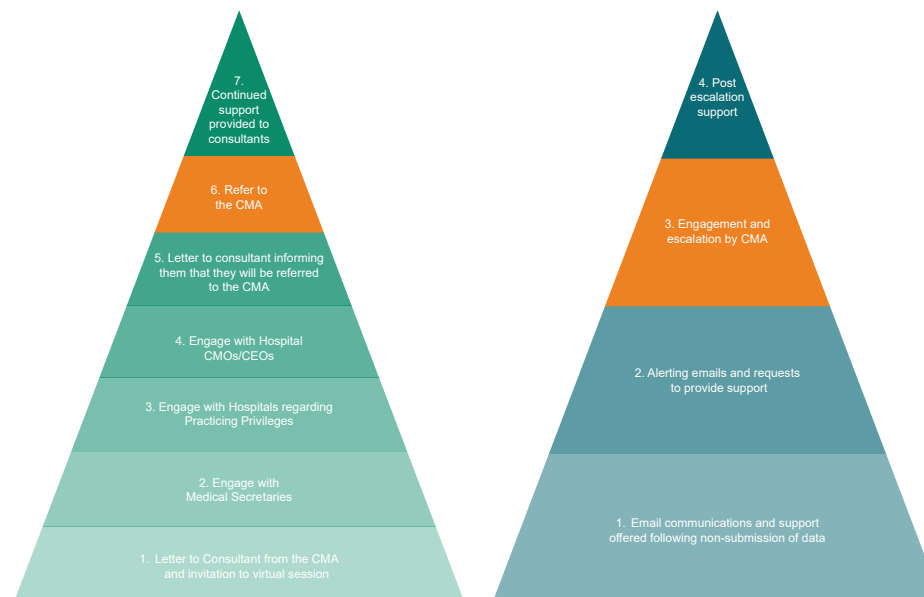
Consultant referral

In response to the CMA’s renewed commitment to full compliance from consultants, we reviewed our processes and established an escalation pathway for our communications. We have sought to ensure that every consultant required to submit fee information is made aware of their obligations and we provide the support that will help them fulfil them. This involves early engagement and follow up communications with consultants who appear in the data submitted by hospitals, as well as invitations to virtual sessions, options for a 1:2:1 meeting and where feasible, opportunities to meet with members of the team at ‘drop in sessions’ at hospital sites. In the recent update to the PHIN portal, we provided processes that allow consultants to nominate delegates to assist them with these processes.

Since implementing the pathway, we have engaged with 2,853 consultants who were yet to submit fee information to PHIN. Thanks to our engagement and the support of many healthcare provider clinical teams, only 271 consultants have been referred to the CMA. We have continued to offer support to any consultants who have been referred to the CMA, including training for nominated delegates.

Hospital referral

We have supported the CMA with their direct contact with hospitals yet to reach full compliance. The increase in pace began early in 2024 with letters being sent to 162 providers covering 361 hospitals across the UK. The letters included the details of where data submission was falling short and asked each provider to submit an action plan detailing steps they would take to achieve compliance within the next six months.



The submitted action plans were published on the CMA’s website under the information about the Order. PHIN has monitored and reported progress of these plans to ensure progress is being made. The CMA may escalate its actions for any hospitals that fail to submit or adhere to their action plans.

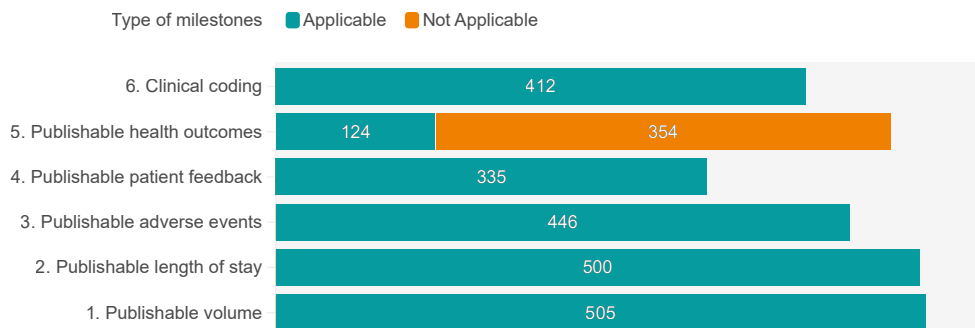
A further 2 tranches totalling 85 providers and 184 hospitals were similarly contacted in June and October. Once again, each provider was required to submit a plan to achieve full compliance.

With two further tranches being contacted by the CMA before the end of the year, every healthcare provider not yet meeting their obligations for data submission will be working to a plan for achieving full compliance.


PHIN recognises the challenge of implementing the processes needed to collect and submit the required data, particularly for patient feedback and patient reported outcomes measures (PROMs) can be challenging. We have done what we can to make the process as easy as it can be, such as our arrangement with iWantGreatCare/Top Doctors to offer a free service to collect and submit patient feedback data. We have also produced a range of support including:

- Help articles and guides including a self-start pack for PROMs: Available on the PHIN Portal.
- Seminars and training sessions: Opportunities for further learning and support.
- A new Learning Academy with interactive modules on data submission and fixing data quality issues.
- One-to-one support: Personalised assistance to address specific concerns.

PHIN has also engaged with NHS England on how best to support compliance from NHS Private Patients Units (PPUs), especially those contacted by the CMA. We are committed to working closely with all hospitals to facilitate the compliance process.



PHIN DATA SHOWS



In 2023, 54.5% of private hospital admissions were for women.

– HealthcareMarkets (Aug/Sep 2024)
Women in private healthcare

PEOPLE REPORT



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Over the past year significant changes in PHIN’s Leadership Team have enabled streamlining of the structure at Leadership Team level. Earlier in the year, both the Chief Technology Officer and Chief Financial Officer left PHIN. Their functions are now overseen by the Director of Technology, Product & Health informatics and the Interim Finance & Commercial Director. PHIN has a strong resource base to continue to work with our stakeholders on delivery of the Competition and Markets Authority (CMA) Order and beyond.

In 2023, work was completed on developing a revised set of Mission, Culture, and Values for PHIN and how to embed these into measurable behaviours at all levels. The entire PHIN team and Board was invited to critique the cultural framework that had been suggested, resulting in very positive engagement.

Our people and how we work

Organisation culture is key to ensuring that PHIN retains people with the correct skills and experience to deliver the organisation’s remit.

The annual appraisal process was successfully completed in April and followed up with an improved mid-year review process. Training was provided to ensure that appropriate SMART objectives, aligned to the business objectives, were set and continue to be monitored.

The success of our organisation depends on having the right number of staff, with the right skills and abilities. Staff retention over the past 12 months stands at 89%, reflecting continued improving stability in the workforce since 2021. PHIN undertakes an annual staff survey and the results have been reviewed by the PHIN Board and Leadership Team, and in turn support improvements.

We continue to use a fair and open process when recruiting new employees to the team or progressing people’s careers and acknowledge our legal responsibilities to undertake a fair process without unlawful discrimination. This year we have researched different ways of recruiting and attracting new talent to the organisation. Working with City University’s Micro-Placement Programme, which aims to help students from under-represented backgrounds, we employed a student over the summer to undertake a project with the Communications Team.

PHIN has been approved by the government as a Sponsorship Organisation for skilled workers, another strategy to retain the excellent talent that we develop in-house. In addition, PHIN is now authorised to use the Department of Education’s Apprenticeship Services.

We continue to develop the team by identifying individual training needs and providing targeted courses to enable them to improve their skills and performance.

The focus has been on Presentation Skills and Building Confidence, Diversity, Inclusion & Equity, Wellbeing and prevention of Bullying, Harassment and Sexual Harassment. The team continues to be supported by appropriately trained First Aiders and Mental Health First Aiders and an Employee Assistance Programme.

The staff Excellence Awards (for those who have performed exceptionally to deliver business objectives in line with our principles) and Hidden Gem Award (for people who live the company values over time and work in the background) as part of the recognition programme has continued with team members enthusiastically nominating their colleagues for awards. Staff appreciate that PHIN rewards our talented team with a rich mixture of skills, backgrounds, qualifications and experience across their specialist areas which they bring to the fore in their work to support the patient.



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, Director of Technology, Product & Health Informatics, Director of People and Process (Company Secretary) and the interim Finance & Commercial Director.

The main functional teams within PHIN comprise:

– **Technology, Product & Health Informatics** – (27 People)

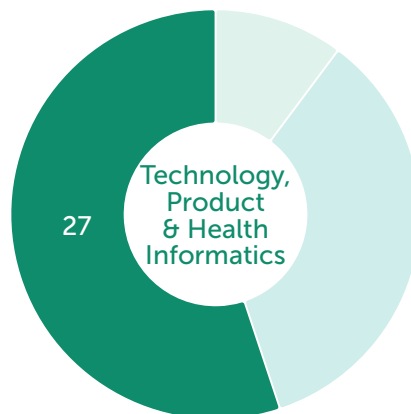
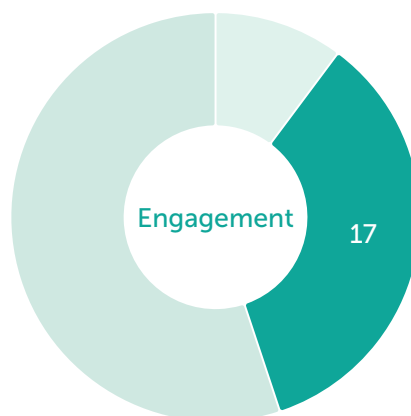
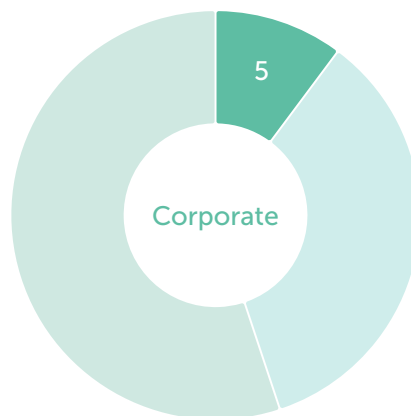
- Development Team responsible for management of our databases, consumer website and member portal.
- Product Team responsible for the design and development of our website and portal products.
- Information Security and Services Team responsible for maintaining the day-to-day systems and security, including Cyber Essentials compliance.
- Informatics Team responsible for the analysis of data and data quality, and preparation of performance measures information for publication.

– **Engagement** – (17 People)

- Hospital and Consultant Engagement Teams which manage relationships and communications with their respective stakeholders, and liaise with the CMA on compliance.
- Communication 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) - this function comprises the Chief Executive, Director of People and Process (Company Secretary) & SIRO and Interim Finance & Commercial Director. The team is supported by the corporate administration and HR Support Team. Outsourced Data Protection Officer (DPO), HR/recruitment, company secretariat admin, legal and finance and accounting services are also managed by the corporate function.

The profile of the 49 full time equivalent (FTE) staff budgeted at PHIN for 2024/25 are outlined to the left.



DPO REPORT



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Accreditation and assessments

ISO 27001:2013 Certification

PHIN completed an internal audit in April with the specific intention of identifying any potential gaps in both its current ISO 27001 compliance and plans to transition to the new 2022 certification standard in 2025. The internal audit only returned one opportunity for improvement, which was promptly remediated as part of the continuous improvement strategy.

This internal audit was supplemented by two official surveillance audits by the certifying auditor in February and August respectively. These surveillance audits returned no non-conformities against the ISO 27001 standard and no opportunities for improvement.

The Compliance Team has started the work to transition towards the newest standard of ISO certification (27001:2022), which will be assessed during the next certification audits in 2025. PHIN will also be working towards the newer ISO 27701 certification over the forthcoming year, which covers our personal information management system in addition to our information security framework.

Organisation data audit

The detailed data audits conducted across 2023/24 have been concluded and allowed the organisation to provide a more transparent illustration of how PHIN collects, handles and retains personal data under the CMA Order.

This exercise has also informed the application for access to further data from the NHS and private hospital providers (where applicable), which has enabled PHIN to deliver the first stage of measure publication under the Order.

Data Security and Protection Toolkit (DSPT)

The 2023/24 NHS DSPT submission was successfully completed in June 2024, 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 and novel technology management. This has been in tandem with scheduled data protection awareness training. This approach will continue throughout 2025 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 2024, there has been a single incident which has met the threshold for notification to the ICO. The nature of the incident was reasonably standard and notification was made in-line with our policy of exercising extreme caution where data subject rights may be impacted. The ICO considered the risk to be well managed in the context of the mitigations immediately undertaken and no further action was required. As ever, the incident was reviewed, remediations implemented and thorough case-study training was undertaken to raise awareness of the potential for such risks across the business.

PHIN DATA SHOWS

From January 2016 to March 2024 there were approximately 240,800 records of care where the patient had a diagnosis of breast cancer.

– HealthcareMarkets (Oct 2024)
UK breast surgery in the independent sector



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REPORT AND ACCOUNTS

FINANCIAL STATEMENTS FOR THE YEAR ENDING 31 JULY 2024

Financial Performance Overview

PHIN makes every penny count. We take very seriously the management of the funds provided by members and place a high priority on ensuring that we only incur reasonable costs relevant to the delivery of the Order.

Despite a challenging economic environment, we have managed to limit any negative impact by keeping our cost base lean, conducting regular cost and supplier reviews and through discipline in all our activities.

The contribution to PHIN by our members for the financial year 1 September 2023 to 31 August 2024 (23/24) allowed investment into our:

- **Informatics team** who derive insight for patients and clinicians from the data that the sector sends to PHIN
- **Technology team** who ensure that data is sent, processed and stored safely and effectively
- **Engagement team** who are supporting hospitals and consultants to achieve full compliance

The collaboration between these teams contributed to successfully delivering the bronze milestone at the end of October 2024.

Chart 1: Summary Financials

	FY 2023 (Aug-22 - July 23) (£000's)	FY 2024 (Aug-23 - July 24) (£000's)
Turnover	4,818.7	5,645.5
Operating Expenses	4,759.5	5,166.0
Profit/(loss) before tax	59.2	486.4
Tax	-	6.9
Profit/(loss) for the financial year	59.2	479.5
Retained earnings brought forward	1,869.7	1,928.8
Retained earnings carried forward	1,928.8	2,408.3

Key Financial Highlights

Revenue – Year-on-year increased to rebuild the reserves position, with growth due to an increase in patient volumes and to cover the expanded cost base.

Expenditure – Year-on-year people costs increased, plus an increase in costs relating to events.

Reserves – Increased to 5.5 months cover due to controlled timing of project spend.

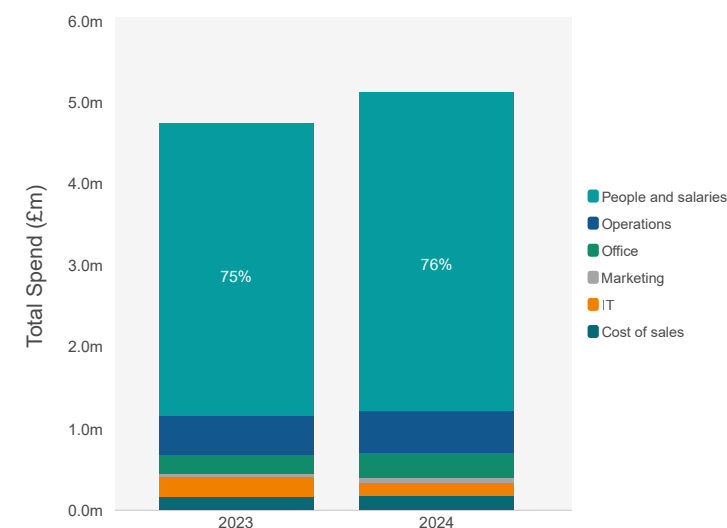
ANALYSIS: Income & Expenditure

At the time of building the budget for the financial year 2023/2024 APC volumes for 2022 were c. 840k. By the close of this financial year this was confirmed at c. 857k, adding c. £100k to annual revenue.

This financial year (1 August 2023 - 31 July 2024) saw PHIN move a portion of reserves into an interest-bearing account. This generated a nominal c. £20k of taxable income. Subscription fees remain the main driver of revenue.

PHIN has remained diligent in controlling expenditure. 75% of our expenditure relates to people and employment costs, which has remained consistent over the past couple of years.

Chart 2: Costs By Type



Costs relating to people (see People report for more details) and salaries form the largest share of expenditure. While this has increased year-on-year, the changes made to the team have reduced the average spend per head by 4% compared to the prior financial year. The number of specialists in the business who support with both engagement and development – key teams needed to deliver the Order – has increased.

ANALYSIS: Balance Sheet

Chart 3: Balance Sheet

	FY 2023 (Aug-22 - July 23) (£000's)	FY 2024 (Aug-23 - July 24) (£000's)
Assets		
Cash	2,125.4	2,534.4
Accounts Receivable	174.9	224.7
Fixed Assets	10.5	16.4
Prepayments	144.1	203.3
Other	0.8	0.4
Total Assets	2,455.6	2,979.2
Liabilities		
Accounts Payable	120.7	128.6
Accrued Expenses	115.1	113.7
VAT	185.5	228.0
Other	106.7	100.5
Total Liabilities	528.0	570.9
NET ASSETS		
Reserves	1,927.6	2,408.3
Retained Earnings	1,927.6	2,408.3

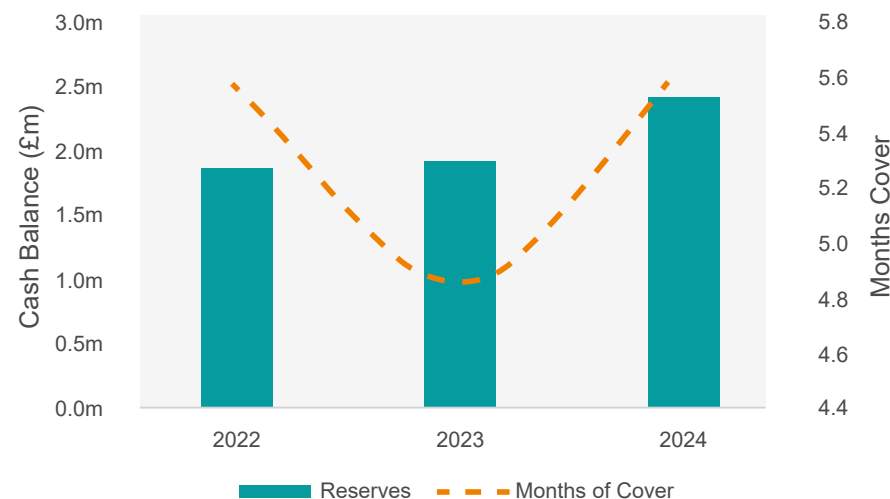
PHIN's balance sheet remains stable. Assets have grown and cash in the bank has increased due to the additional profit from the timing of expenses. There was a nominal investment in fixed assets.

The timing of VAT payments is the main driver of the increase in liabilities.

ANALYSIS: Reserves

As a result of stringent cost control and ensuring that delivery of the bronze milestone remained the key priority, the decision was made to review the timing of the launch of some projects that were included in the budget – namely Power BI and the Customer Relationship Management (CRM) system. This meant that we delivered an additional surplus which increases reserves, with the year ending at £2.4m. This provides cover of 5.5 months. PHIN's policy, as agreed by the Board, is to maintain reserves at 5 months' of expenditure.

Chart 4: Reserves



Outlook Financial Year 2024/25 and beyond

Budget

At the Board and Members meetings in July 2024 a revenue requirement of £6m was agreed. This allows PHIN to focus on the next stages of Order delivery. Compliance is key to silver delivery and PHIN is investing in a CRM system to improve engagement. We will continue to review and advance our technical knowledge and infrastructure to deliver the roadmap so we continue to provide relevant information.

As confirmed at that Board meeting, the fee per record was set at £6.52 based on 920k admitted patient care records from the calendar year 2023. This represents a £0.02 (0.3%) increase from the fee per record for the previous financial year, which was set at £6.50.

PHIN DATA SHOWS

An increase of 88% private prostate surgery episodes was noted when comparing 2016 to 2023 (6,440 v 12,145 in 2023).

– HealthcareMarkets (Nov 2024)
Prostate surgery in the private healthcare sector



KEY
DELIVERABLES
FOR 2025

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20 TWENTY FIVE

Silver Milestone

Anaesthetic Fees – Website Publication

Publish aggregated anaesthetic fee data on the PHIN website.

Comparative Analysis by Patient Attributes

Publish measures and procedures aggregated at a national level, with general breakdowns by broad patient characteristics. Power BI report.

Data Maturity Report: Power BI Migration

Migrate report from Highcharts to Power BI and build premium Power BI data model.

Deep Dive Report

Provide hospitals with a clear and comprehensive overview of their compliance, and how to diagnose / resolve issues to improve compliance.

PROMs Site Participation

Publish PROMs site participation on the PHIN website.

Physician Fees

Provide mechanism for physicians to submit fees.

Linked Measures

Surface private to NHS readmissions, linked mortality and unplanned transfers in the portal.

OUR BOARD

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Joined in 2024



Dr Mohammad Al-Ubaydli, founder and CEO of Patients Know Best. He trained as a physician at the University of Cambridge; worked as a staff scientist at the National Institutes of Health; and was a management consultant to US hospitals at The Advisory Board Company. Mohammad is the author of seven books. In 2012, he was elected an Ashoka Fellow as a social entrepreneur for the contributions he has made to patient care.



Helen Buckingham is a prominent figure in the world of healthcare strategy and policy, most recently having served as the Nuffield Trust Director of Strategy for 7 years. Prior to joining the Nuffield Trust she worked at Board level in the NHS for 15 years followed by 5 years in senior executive roles at Monitor and NHS Improvement. She also chairs National Voices, the leading coalition of health and social care charities in England.



Prof Sam Shah is a clinician working across digital health, public health, technology and law. He has previously worked in strategy consulting, NHS leadership roles and worked with start-ups. He has an interest in health economics, and behaviour change. Sam was previously the Chief Medical Strategy Officer at online healthcare provider Numan and the NHS England Director of Digital Development

Existing board members



(left to right) **Jayne Scott** (Chair), **Michael Hutchings** (Deputy Chair), **Claire Whyley**, **David Hare**, **Hugh Savill**, **Keith Richards**, **Nigel Mercer**, **Norman Williams**, **Ian Gargan** (Chief Executive).

Stood down in 2024



Don Grocott, has worked in the private healthcare sector since 2010 when he helped establish the Private Patients Forum to offer a resource for those using or thinking of using private healthcare. His background is in marketing and general management, and he runs a consultancy primarily facilitating projects between academics, clinicians and industry. He has worked in the vision health sector and has been chairman or president of several bodies, including the European Federation of Contact Lens Manufacturers (Euromcontact) and the Optical Confederation.



Professor Sir Cyril Chantler's career in healthcare has been long and distinguished, holding such positions as Dean of the Guy's, King's College and St Thomas' Hospitals' Medical and Dental School. He was Chairman of Great Ormond Street Hospital for Children, of the Clinical Advisory Group for NHS London and of the Beit Memorial Fellowships for Medical Research. He is also a past Chairman of (PHIN's landlords) the Kings Fund, London and has served as a member of the NHS Policy Board.

OUR MEMBERS



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Our thanks go to all our members for their support this year in helping us to achieve stage 1 of delivery of the Order. We look forward to continuing to work together in 2025 and reaching stage 2 in the summer.

- Aviva Health
- AXA PPP Healthcare
- Benenden Hospital Trust
- Bupa UK
- Circle Health
- Cleveland Clinic London
- Fairfield Independent Hospital
- Federation of Independent Practitioner Organisations
- Federation of Surgical Specialty Associations
- HCA International
- Healthcare Management Trust
- Horder Healthcare
- Hospital of St John & St Elizabeth
- 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)

Welcome to our newest member Kingsbridge Healthcare Group, which officially joined as a PHIN member in October 2024. We are very pleased to have our first member from Northern Ireland.

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
CMA	Competition and Markets Authority
CQC	Care Quality Commission
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
PMI	Private Medical Insurers
PPUs	Private Patients Units
PROMs	Patient Reported Outcome Measures
QPROMs	Cosmetic Patient Reported Outcome Measures
SFTP	Secure File Transfer Protocol
SSI	Surgical Site Infections
TURP	Transurethral Resection of the Prostate

PHIN's vision

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

in X f @ d
phin.org.uk

