

THE PRIVATE
HEALTHCARE
INFORMATION
NETWORK

Annual Progress Report

22-23

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Our vision

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

The Private Healthcare Information Network (PHIN) is a not-for-profit, independent organisation, supported by the government. We work to help patients, and their families, better understand healthcare in the UK so that they can make more informed choices.

We do this by collecting data from the more than 600 hospitals carrying out private tests and operations (known as procedures) and the 12,000 doctors (consultants) who work at them. We then publish information on our website for patients to use when they are deciding where to be treated and who by.

The background to our work is a legal requirement (Order) set out by the Competition and Markets Authority (CMA) which came into effect in April 2015.

DEDICATED TO PATIENTS

Patients are at the heart of all we do and our stakeholders help ensure this remains our focus. This includes our Board (especially our two CMA nominated members), consultants and hospitals across the UK, including their Chief Medical Officers, private medical insurers (PMIs), as well as patient groups such as Patients Association and Patient Safety Learning.

Although we have private in our name, we also collaborate with the NHS on several projects to help ensure widespread use of data to provide a clear picture of the UK's healthcare system for all patients.

We collect direct patient feedback from the survey on our website to help us identify and make improvements. We began a more expansive patient engagement process this year and will be continuing that in 2024, so that we can find out even more about what patients want and need from PHIN.

ABOUT OUR PROGRESS REPORT

This report sets out all the work we have done in the past year. It is divided into three main sections which are:

– **Serving the patient** – which sets out the work we've done directly for patients. This includes the updates to our website and information about the number of patients visiting it, and the feedback they have given us. This has led to several website content enhancements.

It also covers our work with patient advocacy groups and our growing research base. Finally, it discusses our work to raise patient awareness of PHIN.

– **Supporting stakeholders** – looks at our work with hospitals, consultants, private medical insurers and other organisations in the healthcare sector, including those in the devolved nations. This has involved providing customer support and improving processes to make data submissions easier. We have also been explaining the benefits of engaging with PHIN beyond the legal requirements. This includes increased interaction from patients who more often view fuller hospital and consultant profiles.

We have also responded to many partnership and data requests and participated in numerous conferences, workshops and meetings to ensure our messages reach the right stakeholders. This includes organisations and people outside the private sector, and the report explains the various projects we work on with colleagues from the NHS.

As a data company we know it is vital to patients and healthcare providers that we keep the data we collect safe and only publish it in an appropriate manner. We have passed several independent tests to ensure that we do so.

– **Delivering the Order** – We do a lot of work with hospitals and consultants to provide them with as much help as possible so that they can meet their legal requirements under the CMA Order.

We also work closely with the CMA so that it knows how well the sector is doing, but can take action against hospitals or consultants who are not meeting the required standards, so that patients don't miss out on useful information.

This report also has sections on our people, our data security and our finances. These help to give the complete picture of our organisation, and include our new vision, mission and values.

“This was a major achievement in year and, along with the Board, I wish to thank all our stakeholders

During 2023, the Board has continued to focus on our strategic direction and to oversee progress against the delivery requirements of the Competition and Markets Authority (CMA) Private Healthcare Markets Order (the Order). As Chair, I am very fortunate to have such an experienced and dedicated Board who provide support and challenge to the Chief Executive and the Executive Team. As a Board, we are very pleased to be able to report on the significant progress made this year.

Under Ian Gargan's leadership as Chief Executive, the PHIN team has continued to focus on the required milestones for delivery of the CMA Order and the many successes are set out in the rest of this Annual Report.

One of the many highlights for this year has been our continued focus on working with all our members and stakeholders to ensure we adopt the most efficient and effective approach to the ongoing work to deliver the Order. We are also very grateful for the continued support of the CMA which has been very proactive in thanking providers who have made extensive efforts to be compliant with the Order and ramping up escalation where progress has not been forthcoming. PHIN continues to support all our members and consultants so that they can avoid coming to the attention of the CMA, or take immediate remedial action should it occur, and avoid any more serious consequences.

I would also like to highlight the delivery of our Evidence-based Assessment (EBA) which sets out the steps required to complete the Order's Article 21 measures by the 2026 deadline. This was a major achievement in year and, along with the Board, I wish to thank all our stakeholders who were involved. I also extend my thanks to Jon Fistein, our former Chief Medical Officer, who was pivotal to the development of the EBA and after five years with PHIN decided to move on and pursue other opportunities in March.

My thanks go to the dedicated PHIN team for all their hard work and to PHIN members – especially members of the Partnership Forum and Implementation Forum – consultant bodies and other stakeholders who do so much to help PHIN and the sector more widely to help make the industry more transparent for patients.

While we have seen some great successes this year, now is not the time to relax and we will be looking for an increase in pace towards delivery of the Order. This will be driven by the team at PHIN, but we can't do it without all of our delivery partners supporting us with equal energy.

I hope you find this year's Annual Report and Accounts interesting and inspiring as we work together to implement ongoing delivery of the Order.

Jayne Scott
Chair



“A key aspect of my role has been to help increase the pace of delivery of the Order to ensure we meet the requirements ahead of the 2026



It's hard to believe that I've already been in post for over a year and that this is my second PHIN Annual Report and Accounts.

I've continued in 2023 as I set out when joining PHIN in September 2022, spending a lot of my time meeting and listening to members and stakeholders, and establishing how we can best collaborate and serve patients together. This has included meeting representatives from other technology companies to identify areas of synergy and any potential for partnership working to ensure we maximise our return on investment for the hospital groups which fund us.

A key aspect of my role has been to help increase the pace of delivery of the Order to ensure we meet the requirements ahead of the 2026 deadline and can have some time with everything being business as usual ahead of that date. We have a very close working relationship with the Competition and Markets Authority (CMA) and are grateful for its support in making this happen, including its open letters to the sector. I am very pleased that the CMA has agreed it will continue these communications with the sector as we achieve key milestones and in relation to compliance.

This year, I have really pushed the point that our work at PHIN covers three key areas. These are to:

- Serve patients
- Support stakeholders, and
- Deliver the Order.

We have set out this year's Annual Report to show how we have been delivering on each of those aspects, including our new hospital portal and new data maturity reports.

To help achieve these aims, I have been very focused on ensuring the team here at PHIN has the resources and support they need. We've introduced a People Report section in this year's report which covers the key activities in this area.

A particular highlight of the year for me was our first Quality Forum focusing on high performance data. We were able to secure some fascinating speakers and it was great to bring so many people together to hear from and engage with them. Data helps everyone in healthcare innovate and make better decisions, including patients with new choices about their treatment.

The importance of data to us is also reflected in our close working relationship with the NHS, particularly on the Acute Data Alignment Programme (ADAPT), and Outcomes and Registries Programme (ORP).

I've also been looking to the future to see how PHIN can continue to deliver a gold standard of healthcare data serving patients and supporting stakeholders. As a first step in this direction, we're making 2024 the year of the patient. This will mean a renewed focus on improving the functionality and content of the website, and increasing our patient representation and involvement.

Ian Gargan
Chief Executive

Q1

- Publication of the Evidence Based Assessment setting out policy recommendations for publication of measures including:
 - Infection Rates
 - Readmission Rates
 - Mortality Rates
 - Unplanned Transfers
 - Frequency of Adverse Events
- First members' networking event
- Acute Data Alignment Programme (ADAPt) data sharing pilots completed
- Competition and Markets Authority (CMA) publishes open letter to sector regarding escalation
- Hosted our first private medical insurers (PMIs) plenary to facilitate engagement with PHIN and their support of the Order
- Added links to the National Ophthalmology Database (NOD) Registry at consultant level to the PHIN website

Q2

- ADAPt consultation on next steps
- Development commenced in earnest on a new portal for hospitals and consultants
- Standardised referral approach for consultants and hospitals agreed with the CMA
- Worked with the CMA on escalation action against two non-compliant hospitals (and then with those hospitals to take mitigating action)
- Received public endorsement from the CMA through an open letter supporting our progress and setting out the Stages 1-3 delivery schedule

Q3

- 10,000 consultant profiles with details on website
- Members' half year progress meeting
- Quality Forum focused on high-performance data held
- Ian Gargan, formally confirmed as a member of the steering committee for the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research (HSDR) Project
- New Data Maturity approach released with milestones aligned to measures publication
- Worked with the CMA on an open letter re hospital and consultant enforcement
- Released new specifications, enabling providers to submit CatPROM-5 and Breast Reduction PROMs data

Q4

- Infection Rates approach confirmed
- Expanded links to NOD registry at site level added to the website
- New portal for hospitals launched
- Improvement in Health Outcomes:
 - published three cosmetic patient reported outcome measures (PROMs) in the portal
- Consultation on day case data
- Consultation on surgical site infection (SSI) data collection
- Hosted our second PMI plenary to drive ongoing engagement with PHIN and the order
- Published PROMs Data Explorer on the portal
- Launched new APC Procedure specification
- Worked with the CMA to improve PPU and PMI engagement
- Published our new values and behaviours

5. SERVING PATIENTS

Serving patients is central to everything we do. We want to make private healthcare as transparent and understandable as possible. This is to help patients, their families and their carers make more informed decisions, and assist healthcare providers in offering optimal services.

As a data-led information organisation, we want to be sure our work is relevant to patients, and so engage in a range of activities to collect and act on their experiences and points of view. This includes working with several patient advocacy groups, hosting a survey on our website to assess its usefulness for visitors, responding to user questions about the website's content and functionality, and conducting research and publishing patient testimonials.

Our website

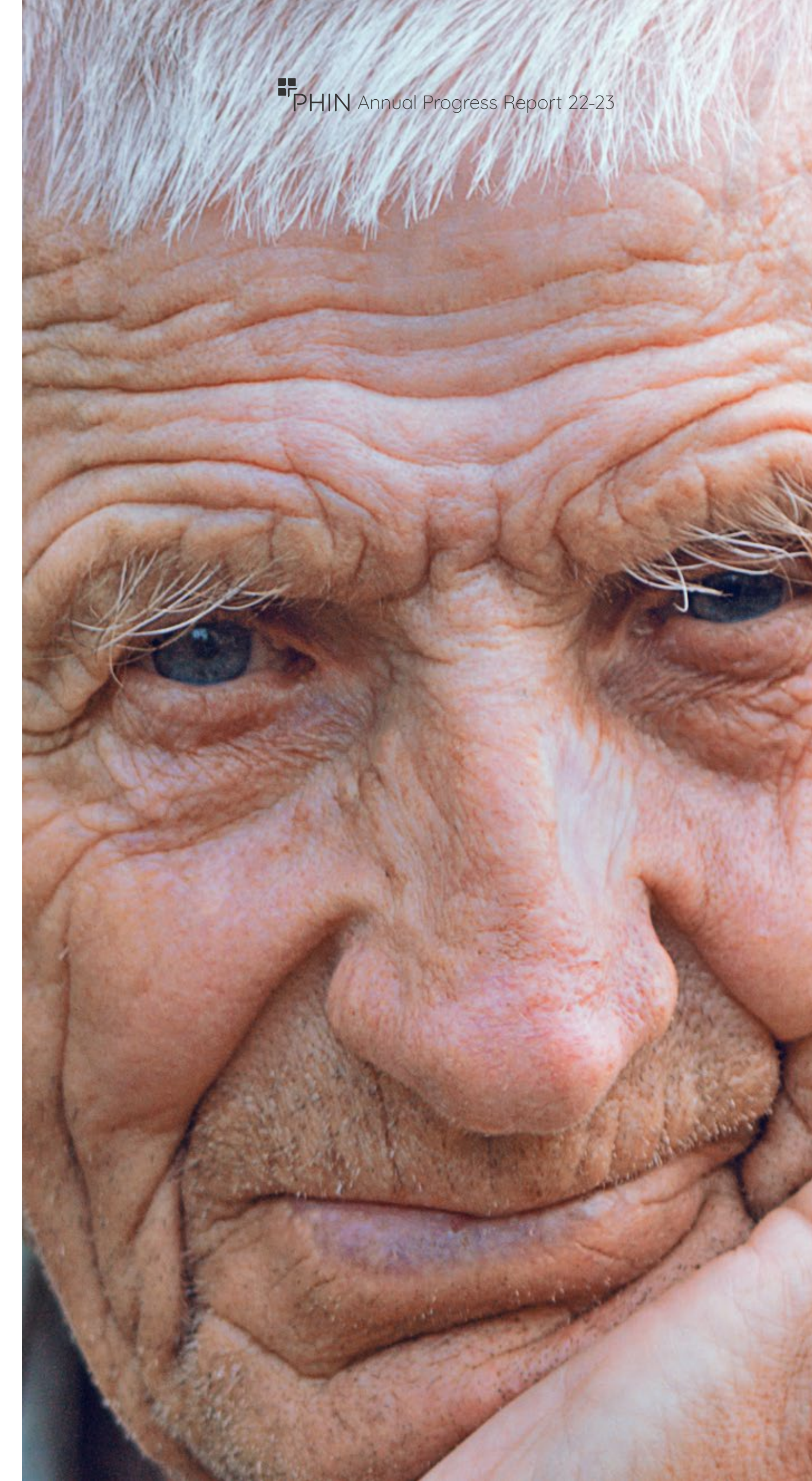
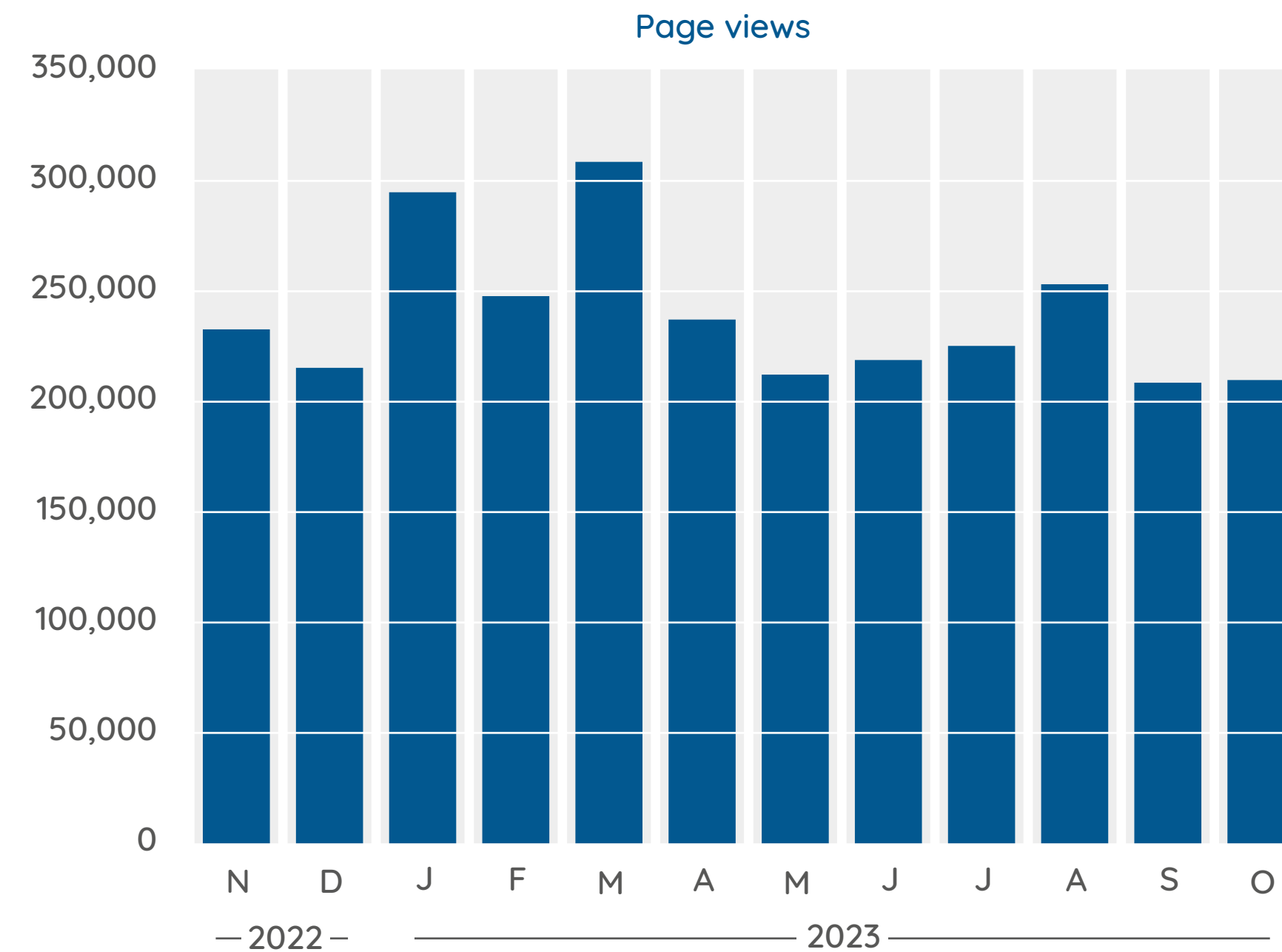
Our website is our main tool for patient engagement. This is where we publish the latest data, along with information to help patients better understand their healthcare options. This year that has included a range of blog posts, including first-hand patient stories, as well as new guides (and updates to existing guides) based on individual procedures and the private healthcare sector more generally. We have also published several news stories to keep people up-to-date with our work.

In the past year, PHIN's website has seen 419,000 visitors, a 19% increase compared to the previous 12-month period. Consultant profile pages continue to be the most visited pages (59%), compared to PHIN content (27%), hospital profiles (13%) and datasheets (1%).

This pattern is reflected in the number of direct patient calls and emails to PHIN, which largely relate to:

- requests to help them find a consultant for their treatment (34%)
- website navigation queries (16%)
- assorted other healthcare support (43%)
- queries about finding the right hospital (6%).

Figure 1: PHIN Website usage overview



5. SERVING PATIENTS

USER FEEDBACK

We have captured over 7,000 user feedback responses to our website survey in 2022 and 2023 to date. For those who respond, it appears that 98% of our visitors are patients, with the remainder including consultants, regulators, and insurers.

Improvements in the feedback have been gradual, but the majority of our users are:

- 'finding what they were looking for'.
- finding it 'easy' or 'very easy' to navigate our website (figure 3).

Similarly, there has been a gradual increase in users taking treatment-related actions following their website visit (figure 4). Recent findings suggest that positive feedback about the website outnumbers negative feedback at a ratio of 4:1.

The improved feedback may come from the increased amount of data published. There has been a dramatic reduction in feedback pertaining to 'missing information', with a particular drop in this type of feedback from the beginning of 2023 from 40-50% to 20-25% of the proportion of total comments.

Although it is not a legal requirement for consultants to create a profile, patients have told us pictures and further information are important to them. We also show consultants how they can benefit from an increase in the number of profile views.

We have also seen an improvement in the users' website experience, there was a spike in this type of comment during Q3 2023. Alongside this there has been an increase in direct patient communications from an average of one a week up to one a day. We are investigating the reasons behind this and, where possible, will make the appropriate improvements to the website so that more patients' questions are answered there.

Figure 2: Number of responses to website survey.

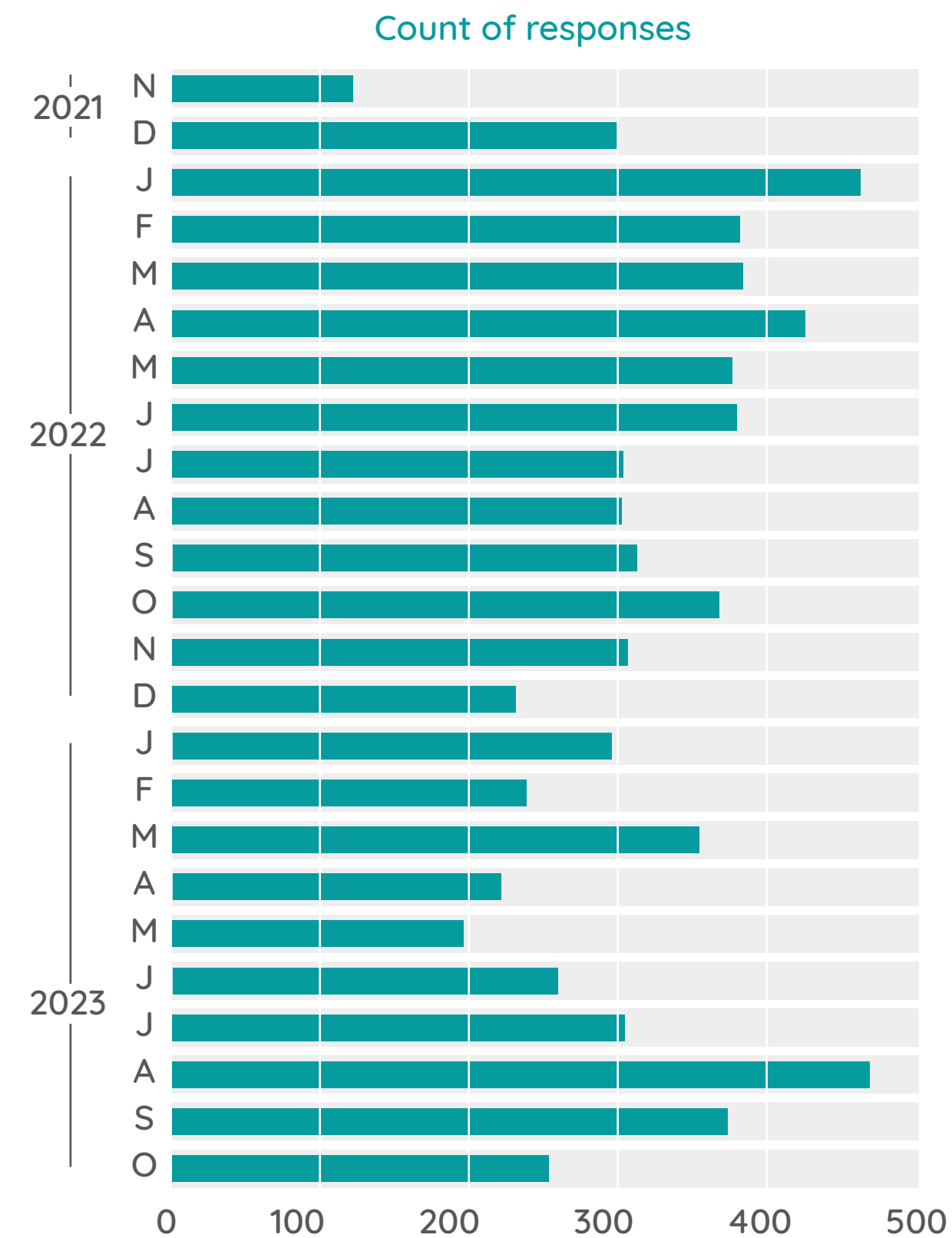


Figure 3: How easy was it to navigate our website?

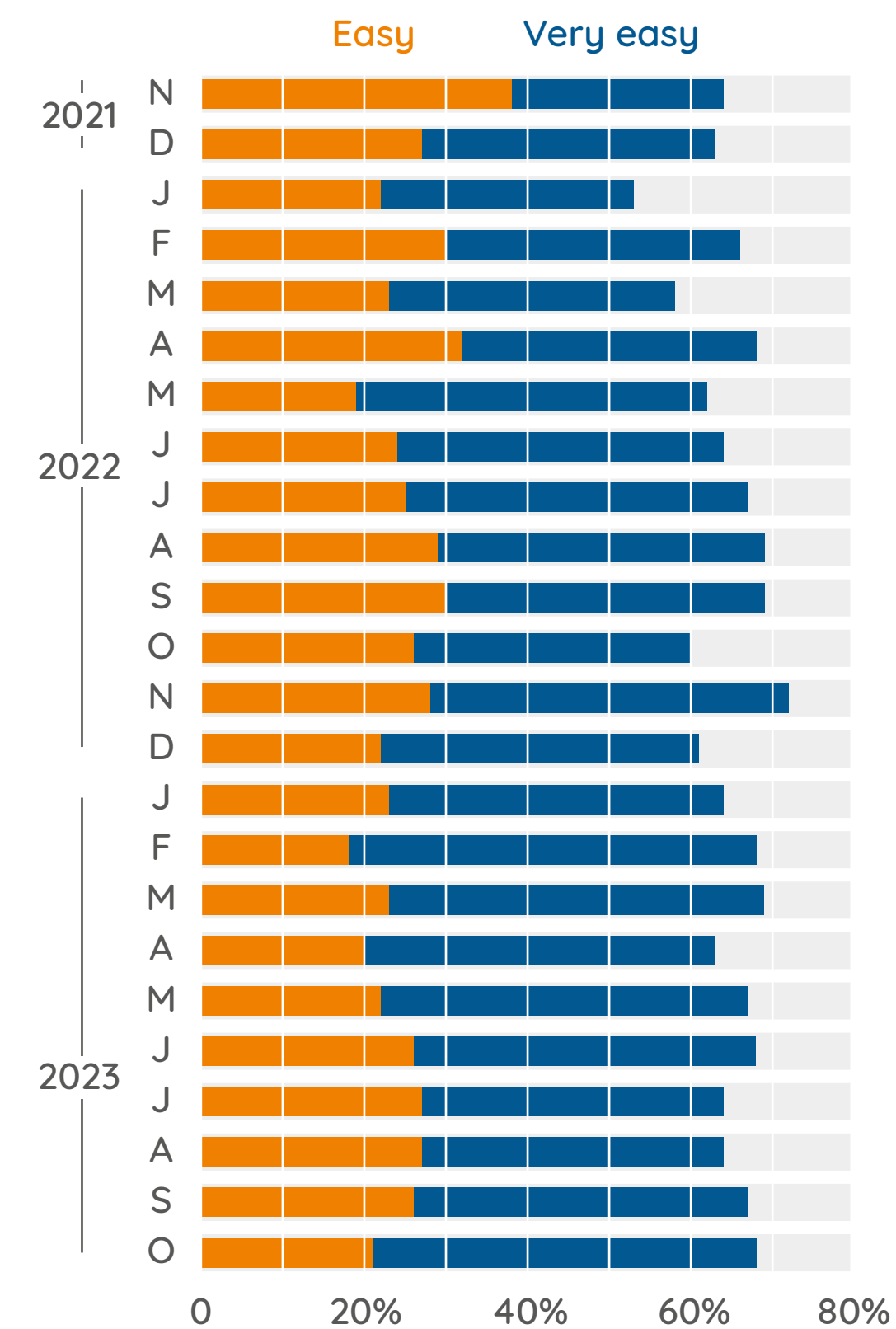
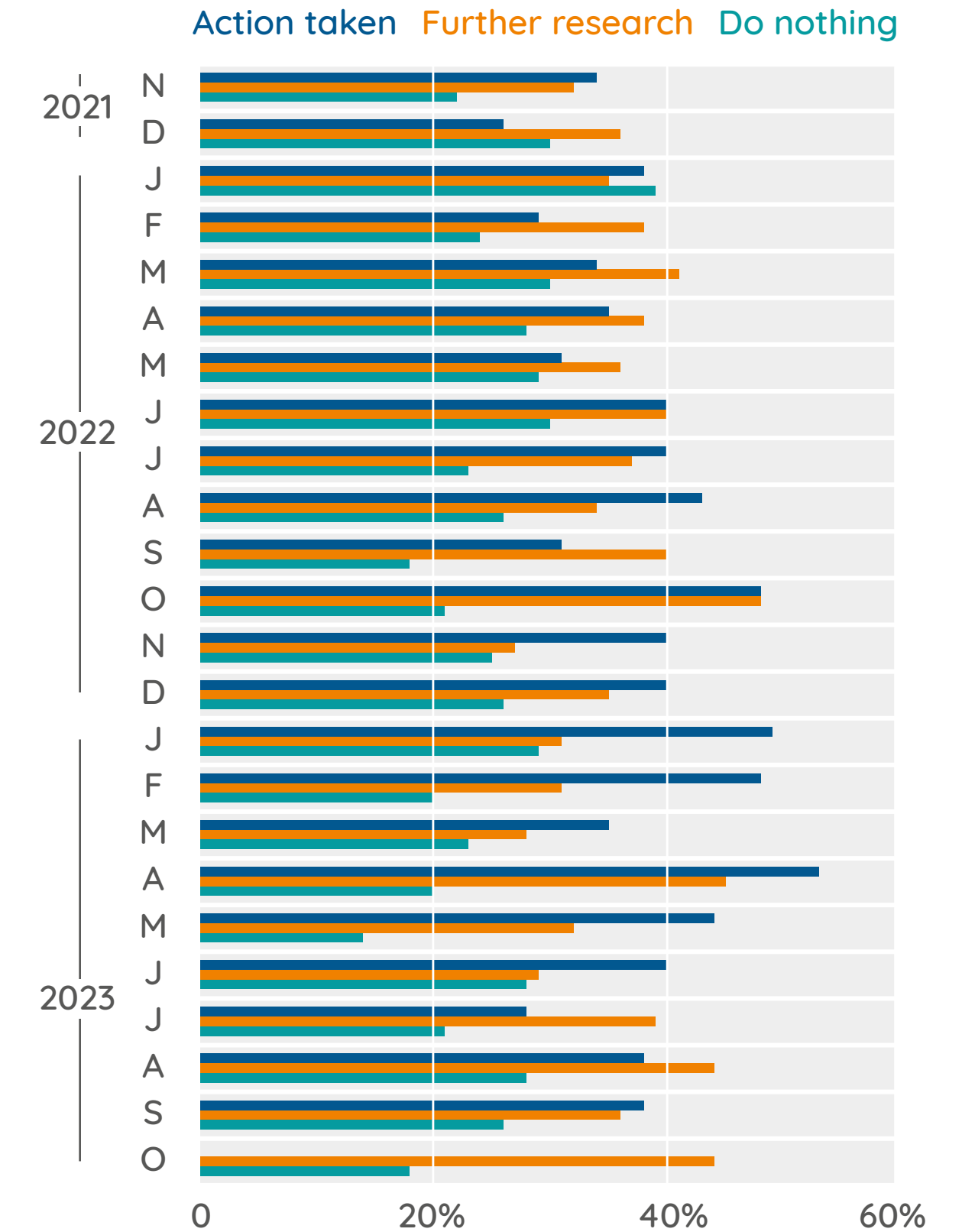


Figure 4: Action taken after visiting PHIN's website?



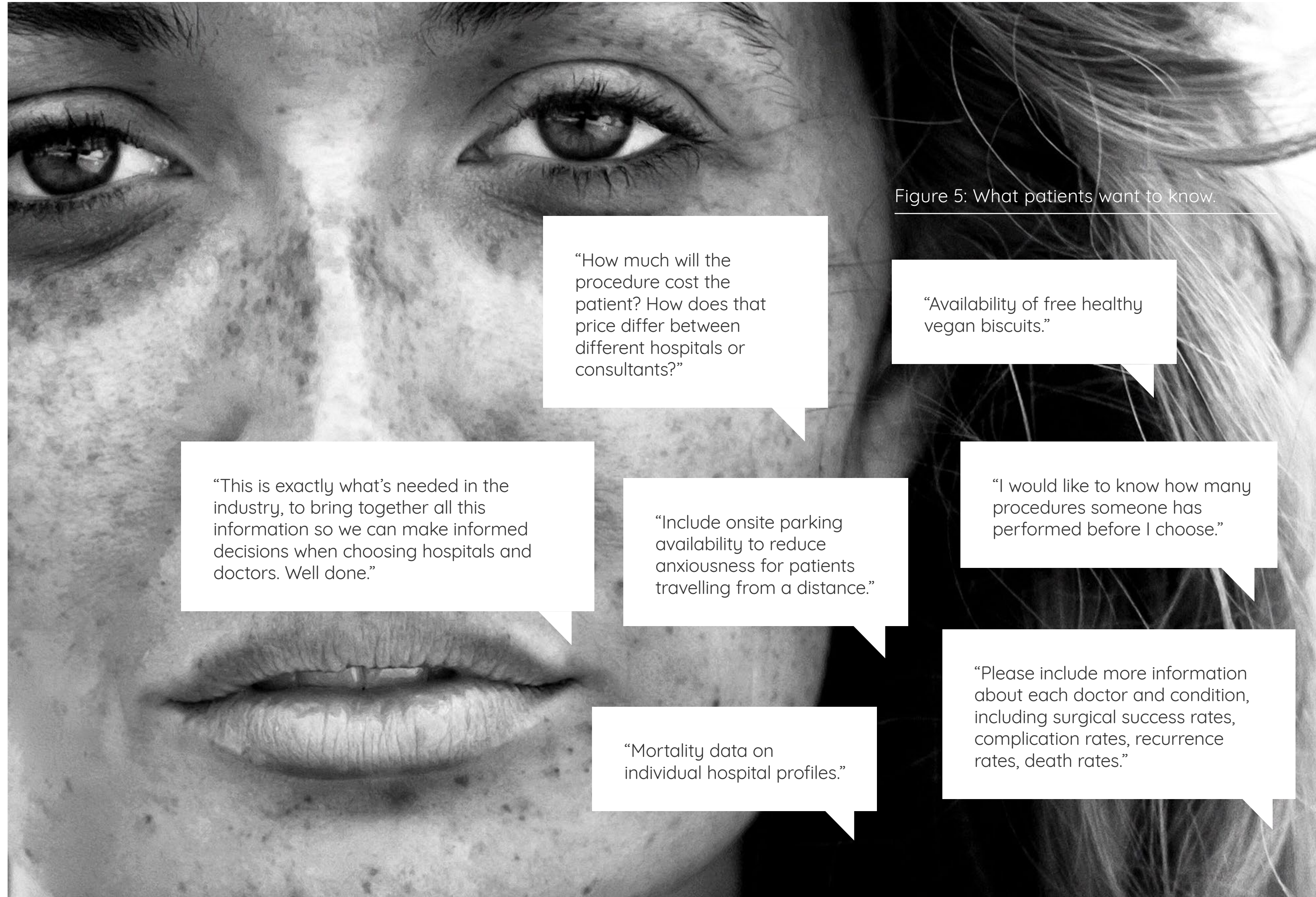


Figure 5: What patients want to know.

“How much will the procedure cost the patient? How does that price differ between different hospitals or consultants?”

“Availability of free healthy vegan biscuits.”

“This is exactly what’s needed in the industry, to bring together all this information so we can make informed decisions when choosing hospitals and doctors. Well done.”

“Include onsite parking availability to reduce anxiousness for patients travelling from a distance.”

“I would like to know how many procedures someone has performed before I choose.”

“Mortality data on individual hospital profiles.”

“Please include more information about each doctor and condition, including surgical success rates, complication rates, recurrence rates, death rates.”

We are now beginning a more active phase of website development to deliver tangible technical improvements to enhance the patient and user experience.

WEBSITE CONTENT ENHANCEMENTS

Registries collect clinical data about the health and outcomes of patients associated with certain treatments and conditions. They are primarily used by clinicians and medical experts to assist decision making about quality improvement, quality of care and patient safety, but some also provide information for patients researching which consultant or hospital may be most suited to their needs. By providing links for patients to registry information on our website we can help them access clinically curated data, which is presented in a patient-friendly way.

In January we added registry links to consultant information on cataract surgery by signposting to the National Ophthalmology Database (NOD) run by the Royal College of Ophthalmologists (RCOphth). We are in discussions with other registries and hope to add further website links in 2024.

With the launch of our new consultant portal in 2024, consultants will be able to begin submitting information about their insured fee arrangements and we will also collect anaesthetists’ fees. This information will be available to patients on the website early in 2024.

Publishing insured fee arrangements is just one of the many enhancements we plan for 2024 to ensure that patient information needs are being met. This activity will be underpinned by structured patient engagement and research.

We will also continue to provide contextual and supporting content for patients, including several new guides to private healthcare, procedure specific guides and improved consultant contact details.

Consultants on the website

In September this year we reached a milestone 10,000 consultant profiles featured on the website with some form of information. More than 9,000 consultants who treat patients privately now publish their fee information. We are also providing more information for patients about the procedures consultants perform and their expected lengths of stay. In addition, patients want to

know about the experiences of other people who have been treated by a consultant. Over 3,000 consultants now have a Patient Feedback score on PHIN's website for both Patient Satisfaction and Experience.

PATIENT ADVOCACY GROUPS

We have also been engaging with patient representatives, including the Patients Association, Patient Safety Learning and the Patient Safety Commissioner. This included attending a Parliamentary event focused on patient safety. We plan to develop these relationships further in 2024.

PATIENT RESEARCH

Our website survey results this year have helped us start to build a picture of the diverse patient information needs and journeys (figures 5 & 6). In Q4, 2023 we began a fuller research programme with three main sections to further improve our understanding of how we can help patients. They are:

- short interviews with website users on a continuous basis
- more advanced website analytics to better understand user journeys
- focus groups covering private patients and the most common private procedure types in the UK, aided by relevant specialty-focused healthcare partners.

Ultimately, PHIN has developed a strong patient research foundation at a time when resources will be better-matched to explore initial findings and further enhance the already improving patient experience, and continue to directly impact the lives of patients (figure 6).

RAISING PATIENT AWARENESS OF PHIN

Over the course of the year, thanks to our proactive and reactive media liaison, PHIN has been mentioned over 300 times in the media with our data being used to illustrate a range of healthcare stories. We are regularly featured by all the main newspapers when they report on private healthcare and our data was used by Radio 4's The Today programme and included on the BBC website homepage.

We been interviewed on several radio stations including LBC, Times Radio, 5 Live and various local BBC stations, including in Scotland and Northern Ireland. We also appeared on TalkTV and our data was used as the basis for a Channel 4 documentary about breast reduction surgery.

All these appearances and mentions help us to reach a wider audience and increase the number of potential patients who visit our site to find out more about private healthcare. They also build trust and authority in our data.

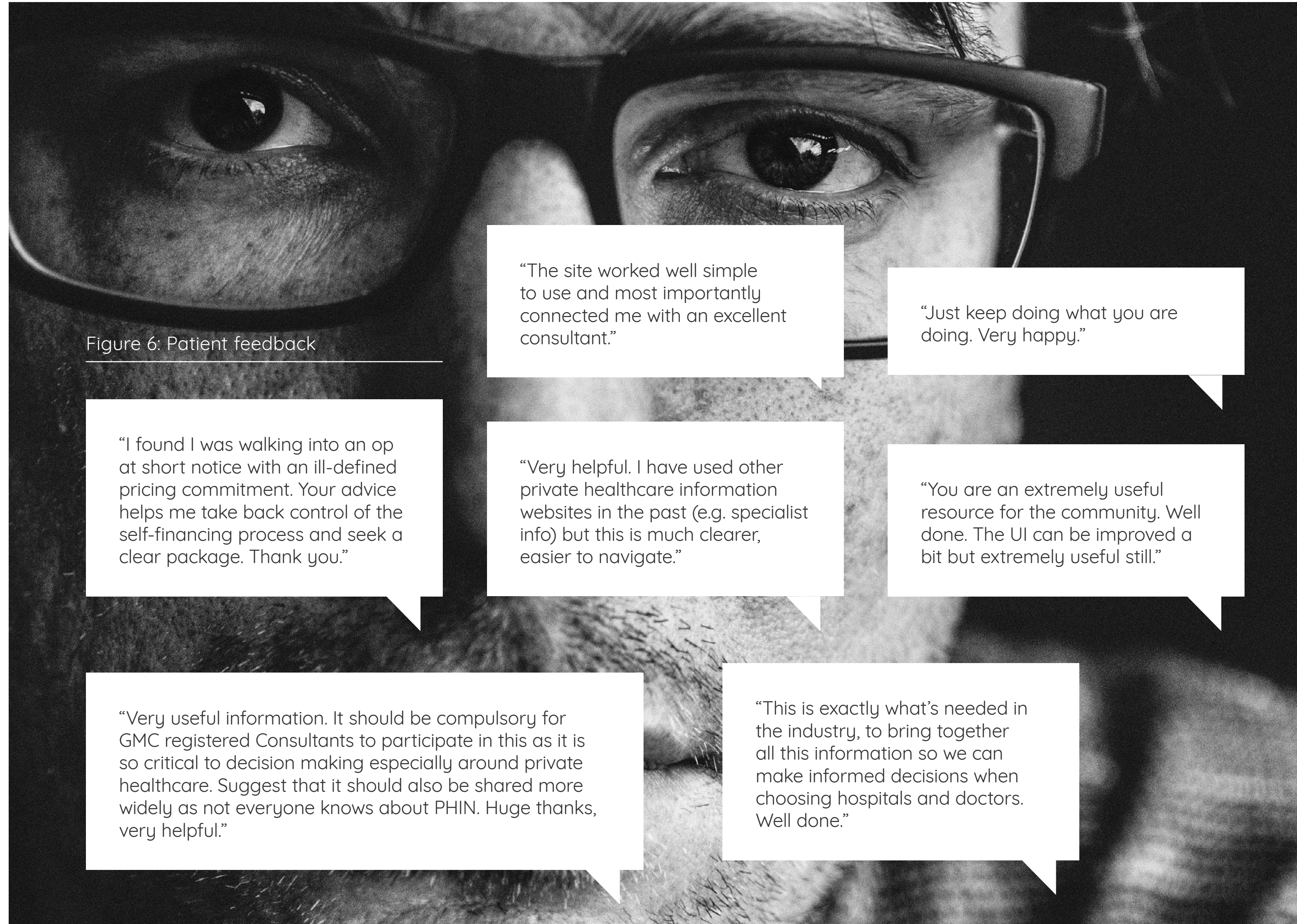


Figure 6: Patient feedback

“The site worked well simple to use and most importantly connected me with an excellent consultant.”

“Just keep doing what you are doing. Very happy.”

“I found I was walking into an op at short notice with an ill-defined pricing commitment. Your advice helps me take back control of the self-financing process and seek a clear package. Thank you.”

“Very helpful. I have used other private healthcare information websites in the past (e.g. specialist info) but this is much clearer, easier to navigate.”

“You are an extremely useful resource for the community. Well done. The UI can be improved a bit but extremely useful still.”

“Very useful information. It should be compulsory for GMC registered Consultants to participate in this as it is so critical to decision making especially around private healthcare. Suggest that it should also be shared more widely as not everyone knows about PHIN. Huge thanks, very helpful.”

“This is exactly what’s needed in the industry, to bring together all this information so we can make informed decisions when choosing hospitals and doctors. Well done.”

Our members and wider industry stakeholders are essential to delivering the mission to serve patients. Without their consistent data submission and wider collaboration we could not function.

We take a collaborative approach, listening to our many stakeholders' requirements and seeking feedback on our plans and proposals. We also seek to maintain sector awareness of our work through media engagement, including a regular column in Healthcare Markets magazine.

DEVOLVED NATIONS AND REGIONAL ACTIVITY

We have increased our engagement with stakeholders in the devolved nations to explain our work and answer queries raised by providers so that we all deliver the Competition and Markets Authority (CMA) Order, throughout the UK, by 2026. This has included working with representative forums, such as Independent Healthcare Providers Network (IHPN) in Wales and Scotland, engaging with regulatory bodies in each nation as well as hosting events in Northern Ireland.

We have also researched and identified gaps in geographical coverage on our website and targeted consultants to get more information published so that patients in those areas don't miss out.

CUSTOMER SUPPORT

The hospital and consultant engagement teams have worked throughout the year to provide a high level of accessible and responsive support to stakeholders. We analyse query data to improve our services, the information we provide to stakeholders through our portal, and our onboarding and training resources.

We have continued to offer 'bookable' online sessions for hospital providers and consultants to resolve various issues or challenges. We have also provided virtual training sessions throughout the year. We are working to introduce a 'Learning Academy' to help both consultants and hospitals with data submissions, and the first introductory module has now been released to hospital providers for testing and feedback.

BENEFITS OF ENGAGEMENT FOR STAKEHOLDERS

We have used member mailings, along with events and meetings to communicate to stakeholders how our data can add value for them. This includes the benefits of having complete profiles on our website. Our website analysis shows that having more information in a profile results in an increase in patient engagement. For example a user:

- will spend on average 40% more time on a consultant profile, and is 310% more likely to follow a link to make contact if they list their clinical interests.
- will spend on average 40% more time on a consultant profile, and is 94% more likely to interact with their profile such as following a link to their contact details, if they have included a photo.
- is 48% more likely to interact with a consultant profile, such as following a link to their contact details if they have their biography completed.

In 2024 we plan to include website analysis in our quarterly review meetings with providers.



Supporting hospitals

Throughout 2023 the hospital engagement team worked to enable and deliver service enhancements to the 600+ participating hospitals. Our objectives throughout 2023 were to:

- Publish more hospitals than ever on the website for patients.
- Improve the completeness and quality of the data.
- Streamline the process of engaging and participating with PHIN for new hospital providers.
- Cultivate our relationships and presence with the devolved nations.
- Create a clear and transparent path for PHIN’s engagement and escalation with the CMA for our hospital stakeholders.
- Provide a high level of accessible and responsive support to hospital providers.

Forums

We continued to host monthly ‘Implementation Forums’ which provide an opportunity for hospitals to engage on an operational level with challenges and issues, as well as discuss developments in systems or measures publication.

We have hosted these sessions virtually, which has significantly increased the number of attendees, particularly those for whom travelling to central London would be difficult. However, following feedback, in 2024 we will look to hold one or two in-person events to give us an opportunity to network and have more interactive workshop-based sessions.

Quarterly reviews and data clinics

We have continued to support hospitals in submitting data and having measures published for their sites on the website. Our ongoing quarterly review meetings have now been expanded with an open invitation to all providers.

Our regular data clinics are available for hospitals to address any issues or get a bit of extra support on their data submissions. We also held regular new starter and refresher training sessions for hospitals.

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.

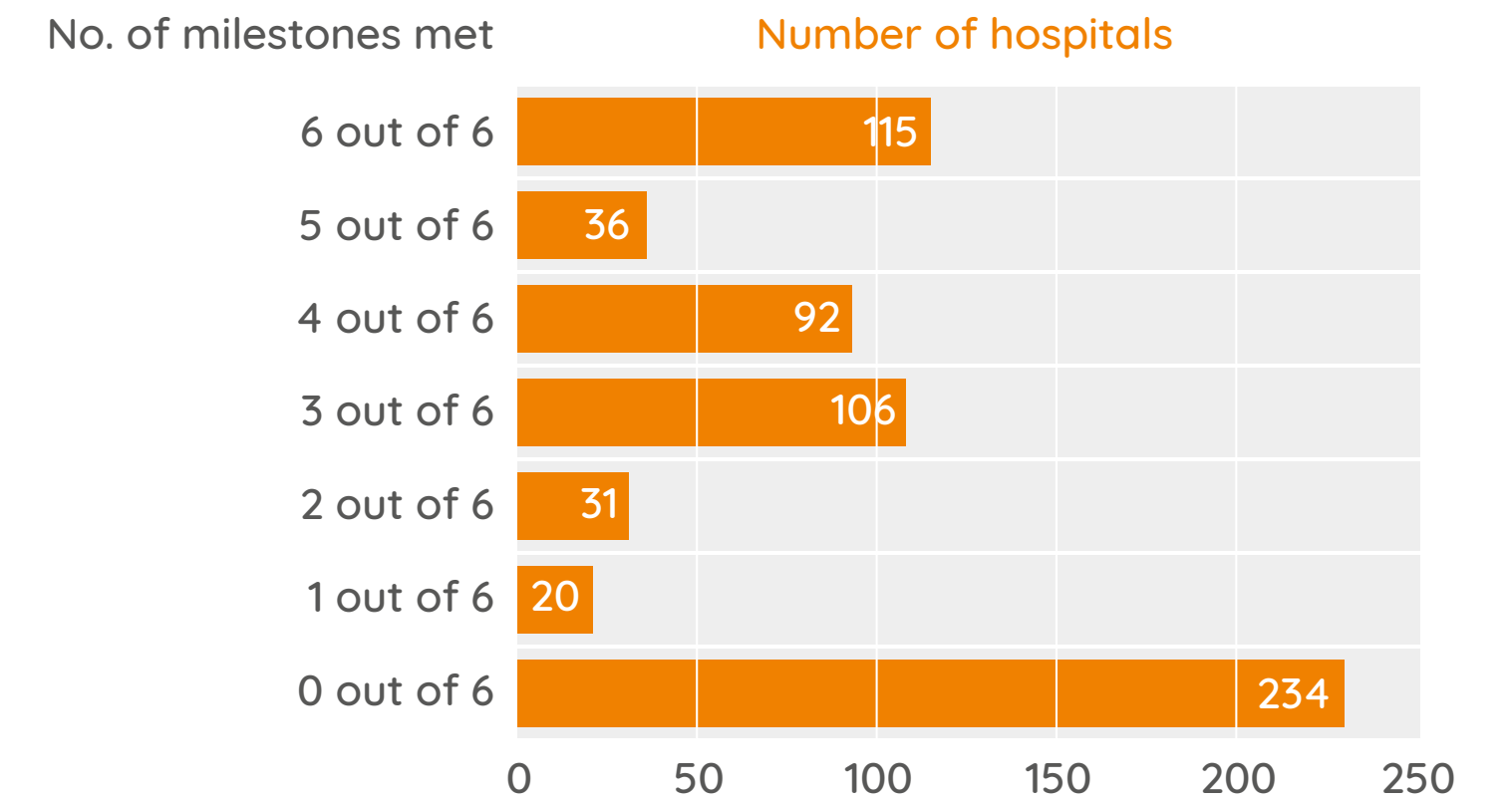
Data quality

We have undertaken a programme of work to improve data quality. We ran campaigns and workshops focusing on areas where data quality is acting as a blocker to achieving full compliance. IHPN has been hugely supportive in significantly increasing data submission and data quality with its members.

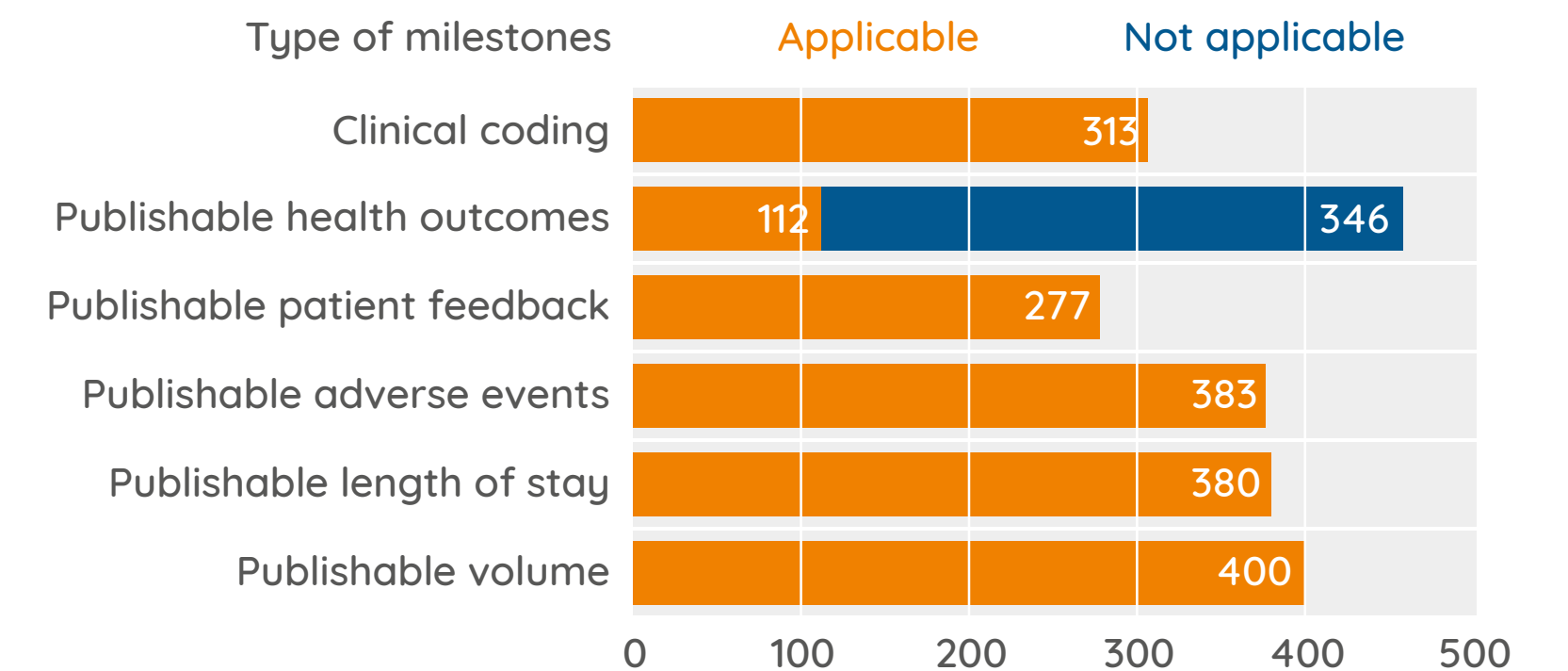
We have also successfully launched our inbound API as a pilot with several hospital providers with the aim of minimising the manual work involved in data submission. The ability for providers to submit data directly via API will be extended to all our hospital providers in 2024.

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. We are also looking to allow automation of sections of this process on their end.

Sites per milestone score*



Number of sites that have passed



*In terms of market coverage, we believe we receive data from just over 96% of hospitals across the UK. The vast majority of the care being provided by 55 larger healthcare providers. The remaining ‘long tail’ of healthcare providers, which includes the majority of NHS private patient services, continues to be important and we are working on increasing participation there too.

6. SUPPORTING STAKEHOLDERS

SUPPORTING CONSULTANTS

We are committed to providing patients with information to make informed decisions when selecting consultants to provide them with the treatment that they need. We work closely with consultants to promote their clinical activity on our website and to support the resolution of any queries that they may have regarding their data. This focused activity has seen an increase in the volume of consultant data appearing on the PHIN website and we will continue to work with consultants to support this trend.

We have worked hard to support consultants and help them provide patients with information about their work in private practice. We know that data can often serve more than one purpose, for instance some patients place great value on the feedback that other patients provide regarding their treatment or care. We are pleased that we are now able to publish patient feedback and experience scores for an increasing number of consultants. This information is also very valuable to consultants who are able to include this information in their annual appraisal and revalidation reports. Several consultants have complimented PHIN on the design and structure of our process to obtain patient feedback. The scores are based on the direct feedback provided by the patient and submitted to PHIN for review. We are pleased that an increasing number of consultants favour including their PHIN patient feedback in their reports.

We are grateful to the Royal Colleges, Specialty Associations and other consultant representative bodies who engage with us and provide us with invaluable feedback on different initiatives. We are particularly grateful to both consultant and hospital representatives who have worked with us to promote sharing full and accurate information on our website. With the Presumed Publication Working Group (see page 23), we have identified some key actions designed to improve the quality of the information that we present to patients. We are grateful to those Royal Colleges that have already contributed to the review of our clinical procedure groups (see page 15), and we look forward to working in partnership with the National Consultant Information Programme (NCIP) to align our procedure group definitions.

We are committed to ensuring that our data adds value to a consultant's practice. We continue to provide consultants with



information provided to PHIN by NHS England. This information allows consultants to review their activity on a 'whole practice' basis (both private and NHS) and to reflect on any trends observed. We are pleased to play a role in providing consultants with data that is helpful to them in managing/developing their practice.

We will also be providing consultants with all the data that has been submitted about them. Following some very helpful feedback from consultants, we are working on an extended range of reports.

We have a range of communications channels open to consultants to help them meet their obligations (and more). These include our dedicated email channel 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 that allow us to respond to individual issues or concerns.

We are very pleased to have the opportunity to talk directly with consultants 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 invited to the British Society of Gastroenterologists Conference and to the British Orthopaedic Association Congress, both hosted in Liverpool. It was a wonderful opportunity that allowed consultants to share compliments and concerns. We are already working on some of the feedback received and it will remain part of our agenda in 2024.

PRIVATE MEDICAL INSURERS (PMIs)

PHIN continues to develop its relationships with the UK's biggest insurers, supporting ongoing fulfilment of the CMA Order. This is done through regular 1:1 conversations with insurers; and the introduction of PMI plenaries with PHIN, the Association of British Insurers, the CMA and all the PMI members of PHIN. This has helped ensure mutual understanding across PMIs and equally the ability to identify value and opportunities for the PMIs from PHIN.

Our plenary in March – the first of its kind – was an opportunity for everyone to understand the needs of both PHIN and PMIs. The session was very successful, with all attendees agreeing to the

value of the meeting, as well as of PHIN more broadly. Agreement with the statement that PHIN's data 'Could be of great value, if complete' rose from 46% to 92% among participants over the course of the meeting.

This first plenary:

- established the foundational needs of PHIN's (public) data being easy to access, understand, and use
- identified the enthusiasm of PMIs to encourage hospital and consultant participation in PHIN
- covered how the PMIs can support CMA Article 25 to improve patient awareness of PHIN.

The session has also resulted in PMIs participating in more PHIN activities, including in the patient reported outcome measures (PROMs) working group and in ongoing 1:1 discussions about measures and the underlying data with our Informatics Team.

A second plenary was hosted in November 2023 to develop the previous conversations in discrete topics, and sense-check how the healthcare market and PMI needs have developed. The agenda for this was more closely developed alongside the PMIs to ensure maximal positive impact.

In early October 2023, the CMA released a joint letter with PHIN to the chief executives of all UK healthcare insurers. This was designed to bring clarity and consistency to the mandate that insurers are required to fulfil. This is to ensure all parts of the sector (including PMIs) fulfil their requirements under the Order and bring more value and awareness to patients.

IMPROVING PROCESSES

Updated portal for hospitals and consultants

We want to make it as easy as possible for hospitals and consultants to submit the required information and fulfil their obligations under the Order. Therefore, following feedback from stakeholders about the usability of our portal, this year we have been working on delivering new versions which offer significantly improved content and functionality.

The new hospitals portal was launched in November with more intuitive navigation and a simplified data submission process. Hospitals can also more easily see issues with their data and how to correct them.

When launched in early 2024, the consultant portal will offer consultants a dashboard of the tasks they need to complete or update. For the first time they will be able to nominate a medical secretary to help them submit fees and complete their profile. The consultant portal will also include new functionality to collect insured patient fee arrangements.

We have developed a Revised Consultant Practice 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 their revalidation burden.

In September 2023, we released a new model for our Data Maturity report which better aligns what providers see when submitting data with the information we report to the CMA regarding compliance. Data Maturity reporting provides a clear overview of how well organisations are meeting their obligations to supply data of sufficient quantity and quality to enable PHIN to publish the outcomes required by the CMA Order. This greater transparency around key milestones helps all providers understand their status and any required actions for publication of the measures.

Procedure Groups

While consultants and hospitals are familiar with detailed clinical coding standards, people using the website need to be able to search for procedures in patient-friendly terms. Working with professional associations and colleges, 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 NCIP with their procedure 'recipes'. In the second half of 2023, we undertook a significant review across all specialties utilising both internal and external clinical expertise. This procedure group update will be implemented in 2024.

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 we will stop these from being attributed to a consultant's practice activity and will find another way for patients to find information about these type of activities on the website. The changes will be completed from early 2024.

New Data Specifications

PHIN has updated several of its data specifications in 2023. These updates, while optional this year, will become mandatory in 2024. This is to allow providers enough time 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 method to enable comprehensive surgeon attribution where multiple consultants have worked together on the same procedure.

The following specifications have been released:

- Patient reported outcome measures (PROMs)
 - Addition of CatPROM-5 to support further cataract procedures.
 - Including data minimisation for surgical procedures.
- QPROMs (common cosmetic surgical procedures)
 - Addition of Breast-Q to support further breast reduction procedures.
 - Including data minimisation for cosmetic procedures.
- Admitted Patient Care
 - Flexibility to capture anonymisation regarding ADAPt.
 - Including data minimisation.
- Patient Satisfaction & Experience
 - Improved collection of anonymous patient feedback.
- Admitted Patient Care - Procedures
 - Enhanced surgeon attribution of procedures that are performed on a patient.
- Adverse Events
 - Allowing further detail of:
 - + Mortality to facilitate publication of expected or unexpected mortalities.
 - + Healthcare associated infections (HCAI) to facilitate publication of hospital or community acquired infections.

New Patient Reported Outcome Measures (PROMs)

By the end of 2023 we had published three new cosmetic PROMs – Augmentation Mammoplasty, Liposuction and Rhinoplasty.

We also completed a radical overhaul of the way we report PROMs through the new PROMs Explorer which allows greater interactivity and tailored reporting.

We are encouraging consultants to be more active users of PROMs information by making them available as part of their Consultant Data Overview report.

Definitions of what is In or out

The absence of any definition of ‘day case’ surgery in Article 21 of the Order has led to inconsistent reporting of procedures to PHIN. To address this, we consulted on a definition of day case procedures that uses pre-existing classifications of procedures. We also developed criteria for independent providers to use when there is ambiguity about whether specific procedures fall within the scope of Article 21.

The aim of the consultation, which took place in the autumn, was to inform patient choice based on consistent reporting of procedures across the independent sector.

The outcomes of the consultation have now been evaluated and agreed definitions have been shared with the sector and the new approach will commence in 2024.

PATIENT REPORTED OUTCOME MEASURES (PROMs)

In July 2022 PHIN started facilitating monthly, cross-sector, meetings to address and fulfil the nine recommendations made by the London School of Economics on PROMs in the previous year. Eight of those nine recommendations have been delivered including:

- Much higher participation – from 82 sites to 177
- Refined the mix of measures used to reflect current best practice and professional body recommendations
- Development of resources for hospitals to support PROMs, including how-to guides, explanations of the multiple benefits of PROMs, and how to put the patient at the centre of PROMs
- Removal of minimum participation thresholds in order to enable up to 27,000 additional patient-reported measures to be collected and thereby improve the dataset completeness and quality.

On the ninth recommendation (greater collaboration with the Royal College of Surgeons and other professional bodies), we are renewing our efforts to engage with these in each of the relevant specialties and having some success.

Originally intended as a temporary measure, the group has agreed to continue to work together. It has been very constructive and collaborative, and still has much to offer, particularly as we move focus from purely concentrating on collection of PROMs towards extracting value from them for all stakeholders. This includes patients who must be at the centre of PROMs processes.

This will be significantly helped by the additional information available to hospitals and consultants via the updated portals, and will, in turn, benefit patients accessing PROMs data on the website by informing their expectations of treatment.

PHIN has also delivered several dozen individual presentations to hospitals to support their understanding and adoption of PROMs over the course of the past 12 months.

We are also making a significant push on the collection of cosmetic PROMs. This will be helped again by cross-sector collaboration with advice from professional bodies, the support of PROMs system suppliers, the advice of PROMs developers and the hospitals and consultants who will be using these measures with their patients.

PARTNERSHIPS AND DATA REQUESTS

As the role of PHIN has become better-known, we have been contacted by an increasing number and range of organisations seeking to work collaboratively with us. This could be to facilitate the collection of data or develop solutions to improve the functionality of systems, primarily for hospitals and consultants.

This is augmented by requests from other third parties for data – in particular universities, but also consultancies and others working in healthcare. This trend is only likely to increase.

However, PHIN will continue to prioritise work aligned to delivery of the Order, helping patients and supporting stakeholders. And only where necessary will we seek guidance from the Board to ensure that resources are allocated properly but also that legitimate requests are not unreasonably refused.

CONFERENCES, WORKSHOPS AND MEETINGS

Throughout the year we have attended and spoken at many conferences and meetings.

The conference attendances started with the Cover Health and Protection Summit in March where Ian spoke about the data revolution coming to healthcare. In May both Ian and Pooja Rupalia-Seyani, our Analytics Manager, spoke at Laing Buisson’s Health Cover Conference with Ian setting out Future Data: A Vision, and Pooja taking an in-depth look at the data we collect (see pages 17-19). In September, Ian outlined his vision for sustainable healthcare at the British Orthopaedic Association (BOA) summit in Liverpool. In October, Dr Christopher Smith-Brown, our Clinical Advisor, provided the Laing Buisson Private Acute Healthcare Conference with an update on our work and then followed that up with a presentation at the BMA Private Consultants conference in November.

We recognise the importance of meeting with consultants face-to-face, and were delighted to have attended various meetings, conferences and events across the country. For example, we had the pleasure of meeting consultants at the British Society of Gastroenterology conference and the BOA’s Annual Congress during 2023. These were great opportunities to receive direct feedback from consultants on what we are doing well and areas where we can work to improve our processes and engagement. We also hosted drop-in sessions at hospitals and look forward to more of these in 2024.

We are grateful for these opportunities and are keen to expand them in the coming year.

In February we hosted an evening event to celebrate working collaboratively across the private healthcare sector, and the resulting progress towards delivery of the CMA Order. We were delighted to be joined by Helen Hughes from Patient Safety Learning who delivered a keynote speech.

In September we held our first Quality Forum which focused on high-performance data and how it can be used to impact patient care. Although we work to be a gold standard data management organisation, we know that our industry colleagues wouldn’t just want to hear from us about how we’re dealing with their data. Therefore we used our extensive network to source some highly impactful healthcare related speakers to address the audience and help prompt creative reflection on how data is being used in innovative and productive ways.

6. SUPPORTING STAKEHOLDERS

We are very grateful to our expert speakers who gave their time to support the event. We hope that the presentations were an inspirational platform upon which we at PHIN, and the other stakeholders present, can gain energy to carry out work even more effectively.

LAINGBUISSON HEALTH COVER SUMMIT 2023

The following pages demonstrate the type of data we shared at the LaingBuisson Health Cover Summit in May.

Below we have used data that has been collected and published since that event.

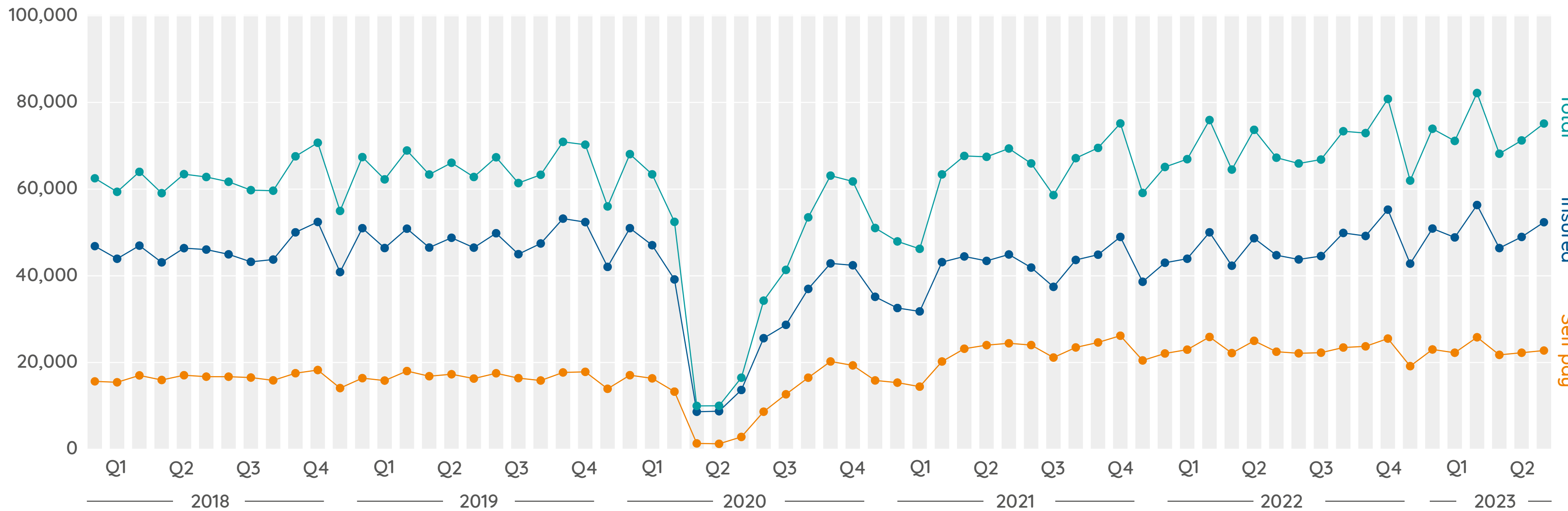
Total Private Admissions

There were 847,000 privately funded admissions in 2022, with 565,000 being insured and 282,000 being self-paid. In Q1 2023, there were 227,000 admissions the highest total of private admissions in a quarter since PHIN began collecting data. We also saw the highest amount of insured admissions at 156,000, compared with Q1 of 2021, that is an increase of 19,000.

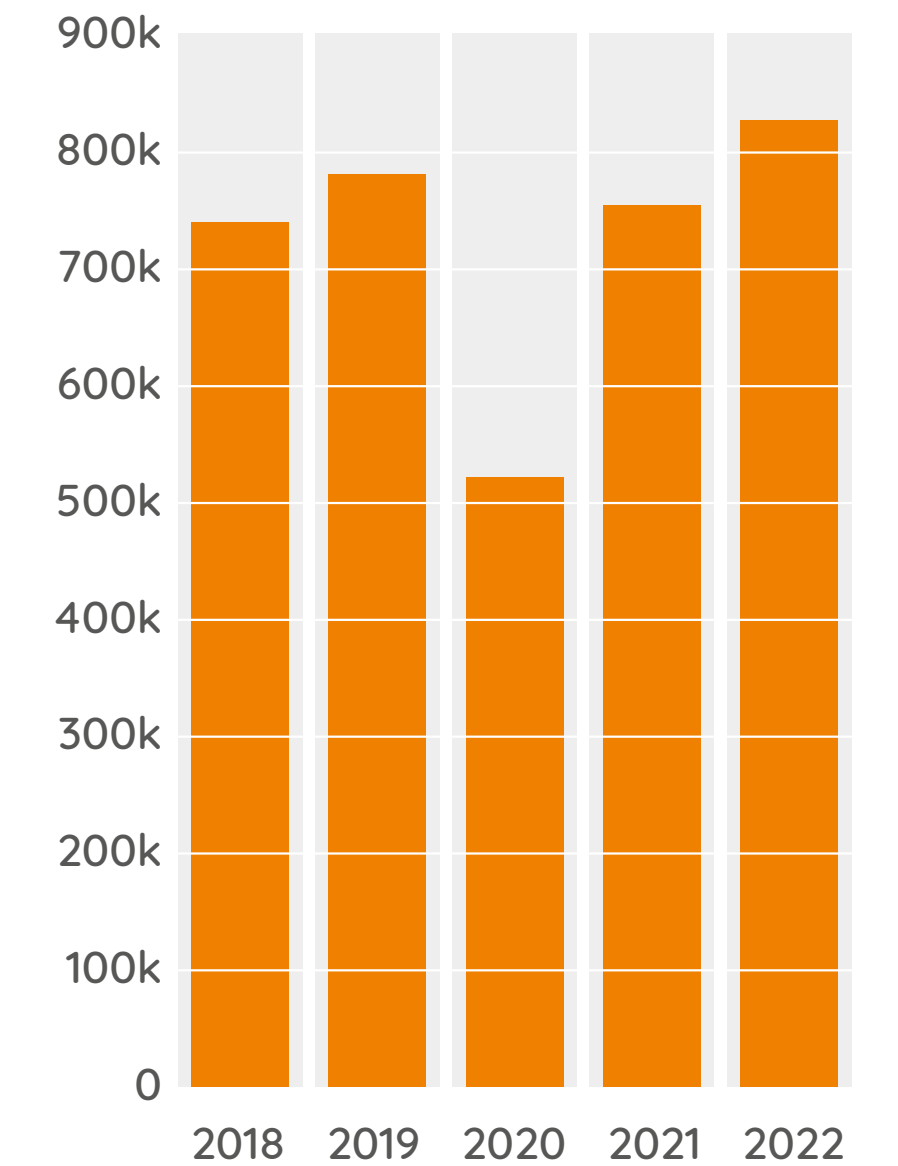


Total private admissions 2018 onwards

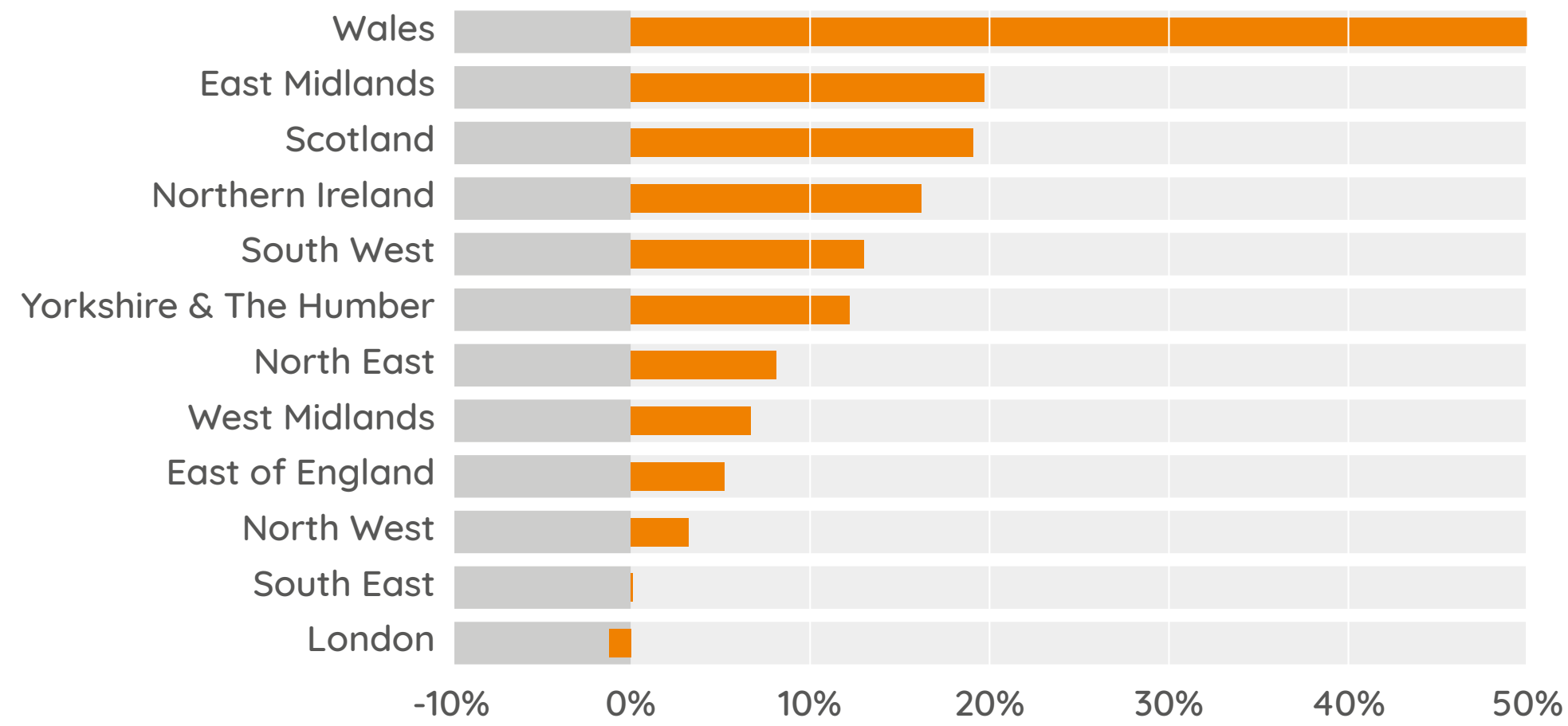
Private admissions by quarter: total, insured, self-pay



Private admissions by year

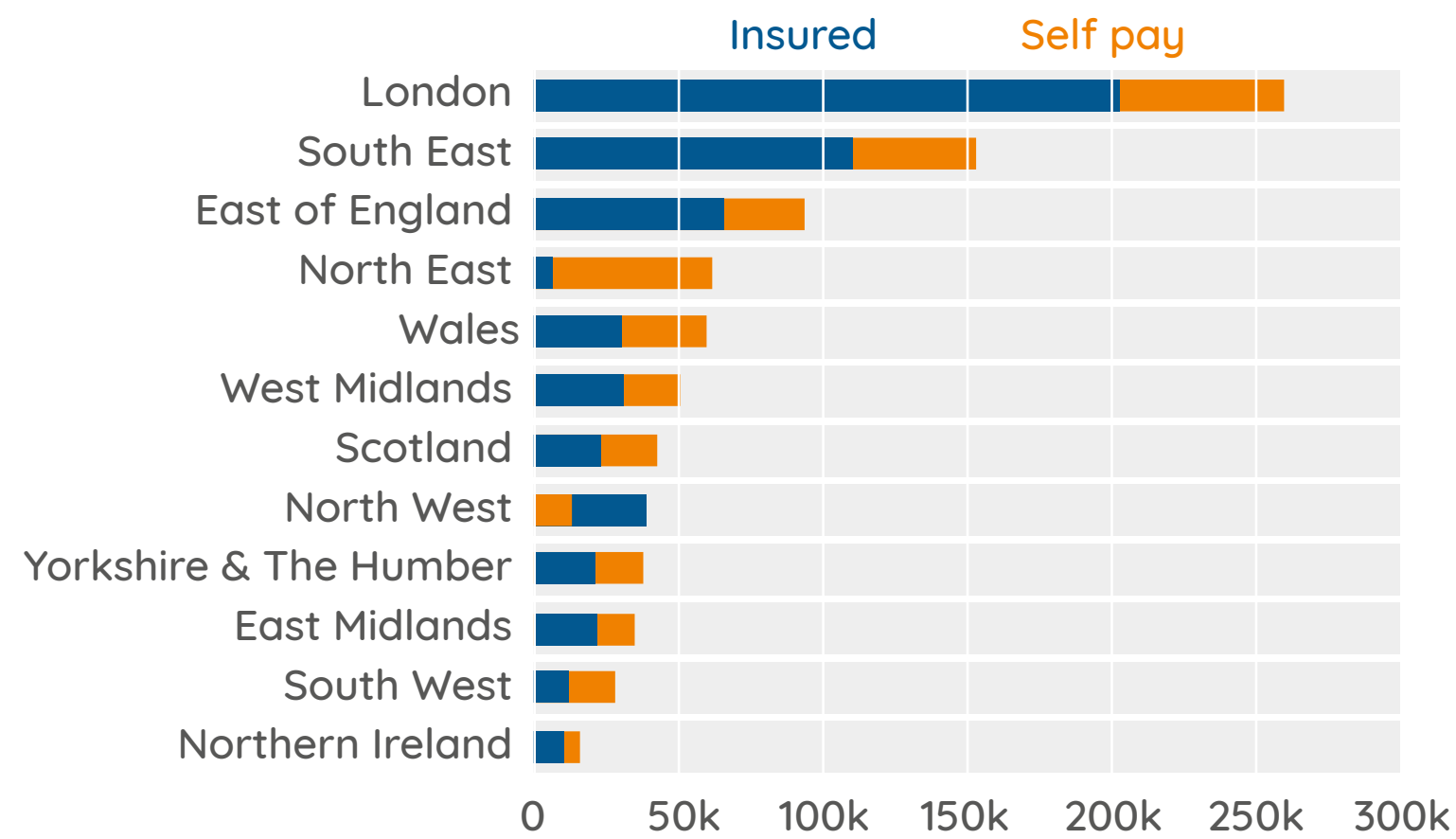


Region comparison of 2019 vs 2022

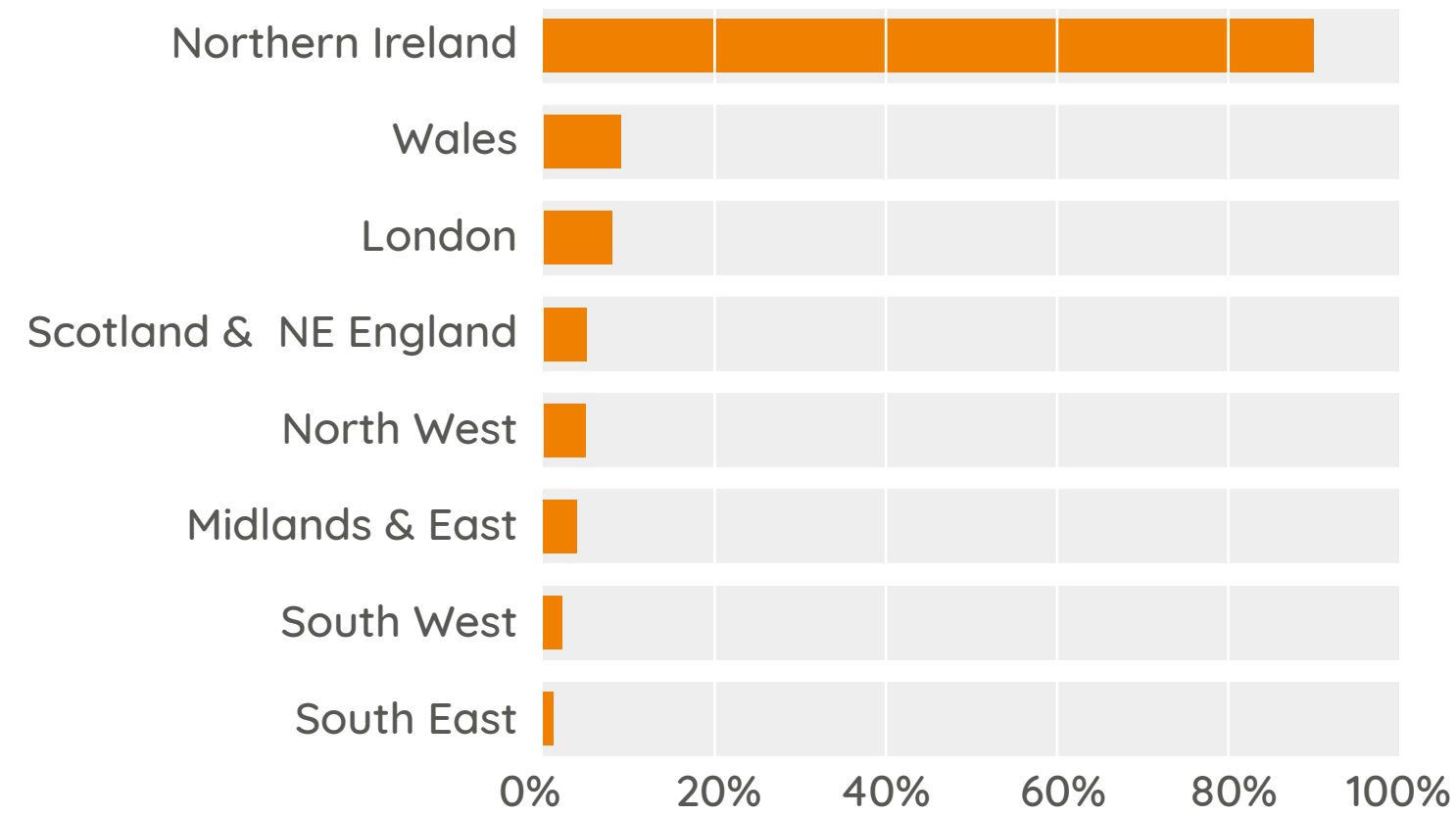


Private admissions by grouped region - within last published year

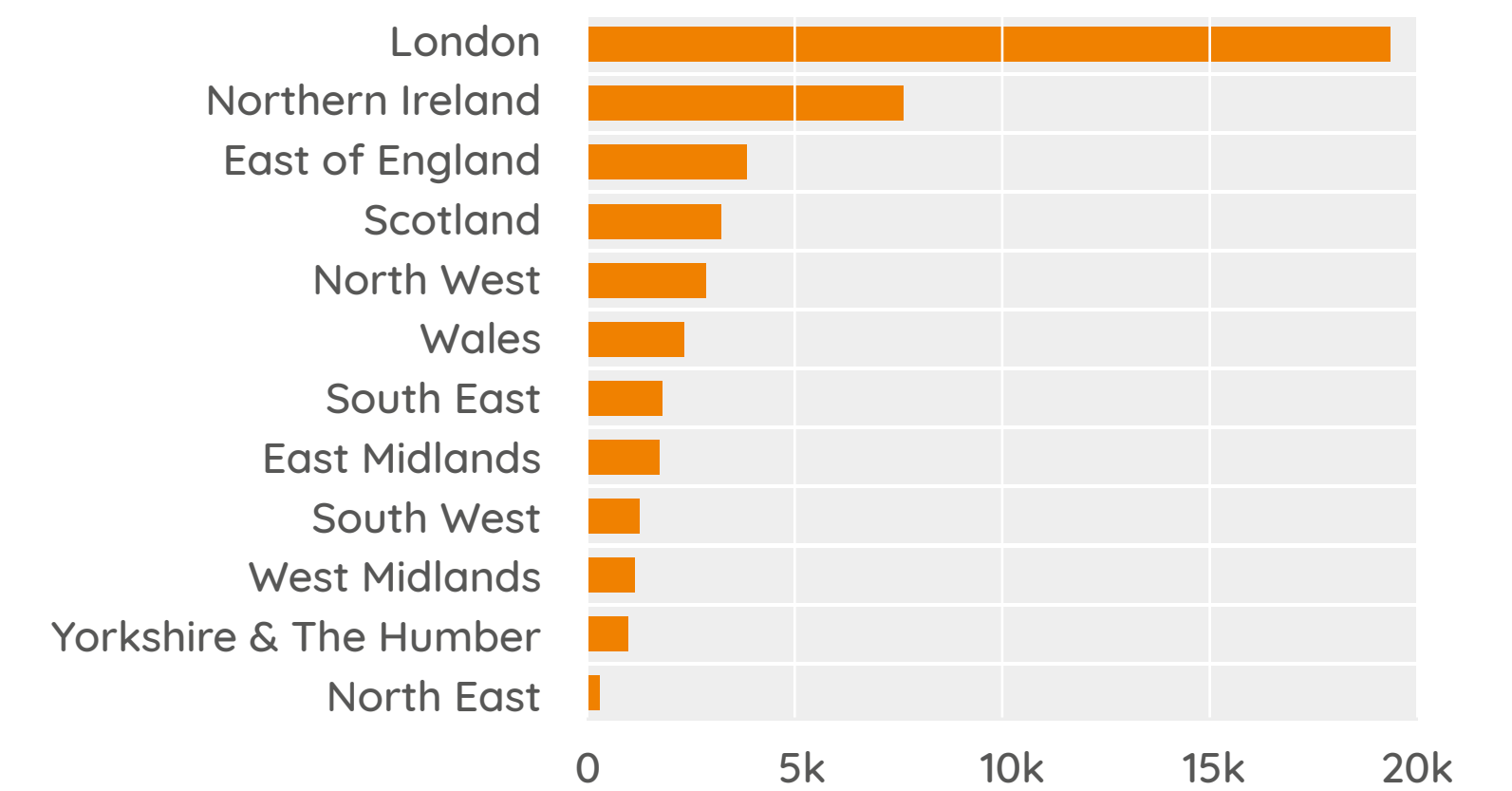
Grouped Region Self Pay and Insured



Change % Against Previous Year



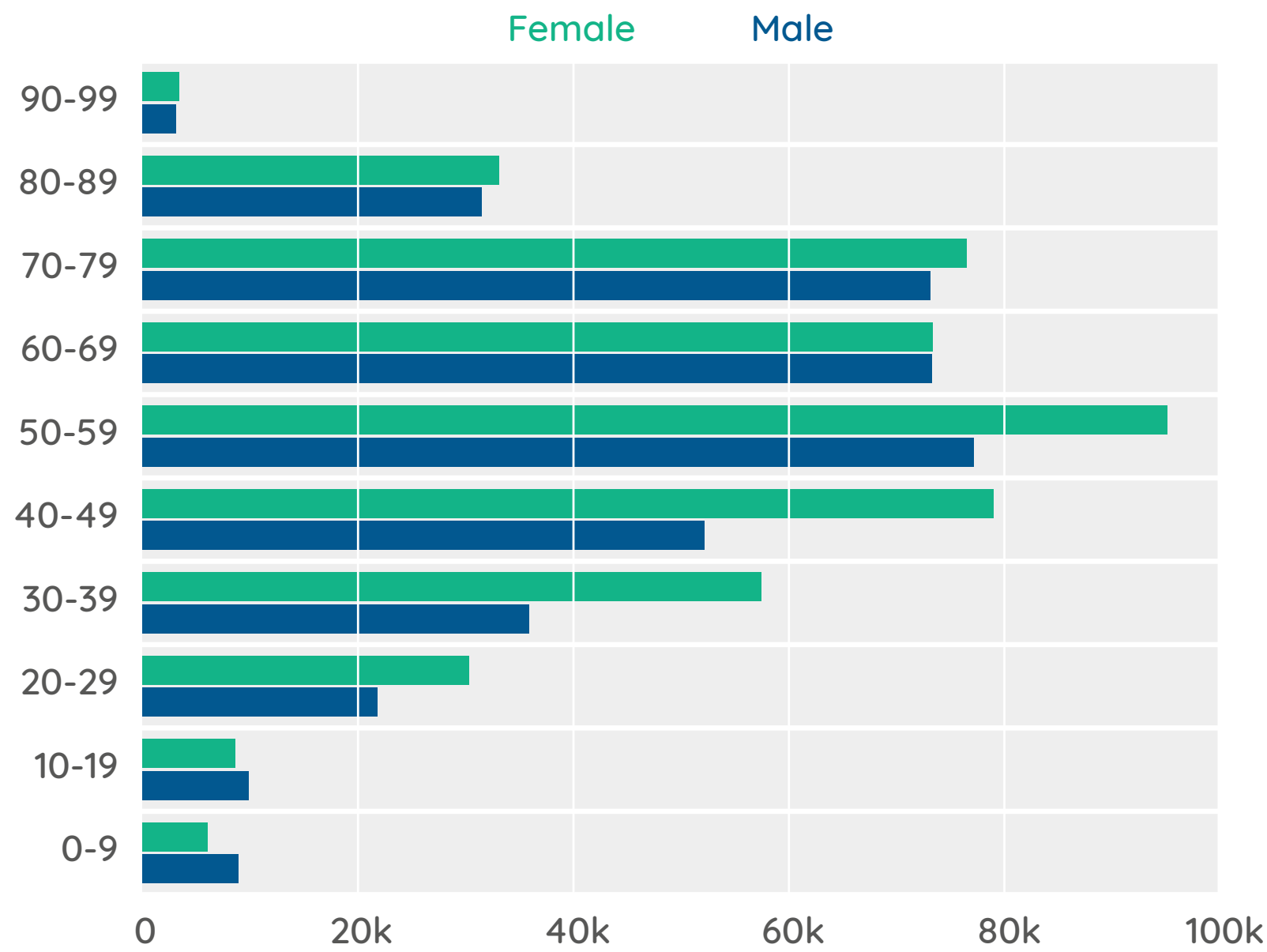
Admissions Change Against Previous Year



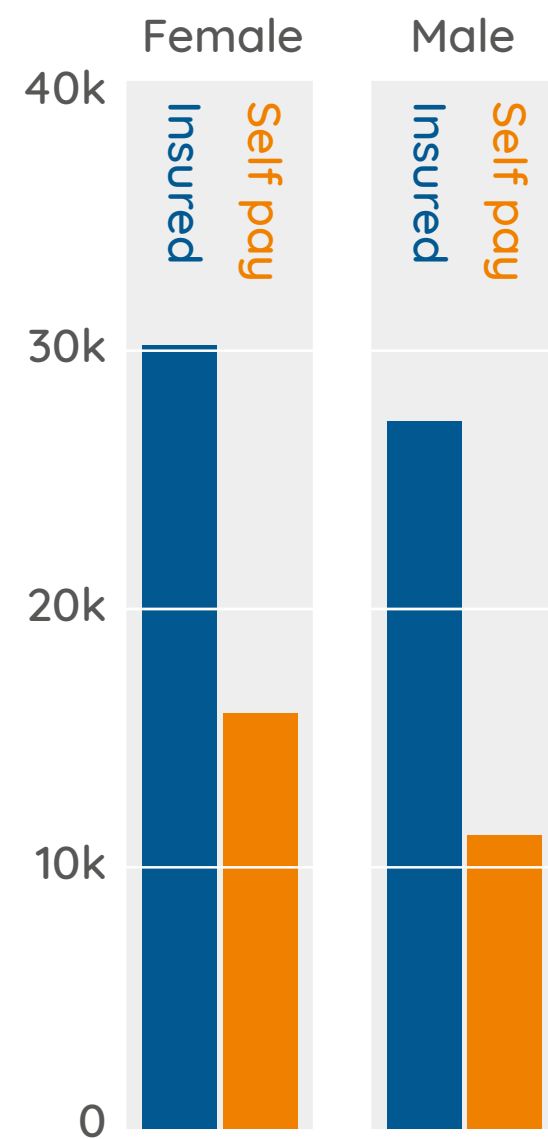
6. SUPPORTING STAKEHOLDERS

Private admissions by age and sex – within last published year

Age group and sex

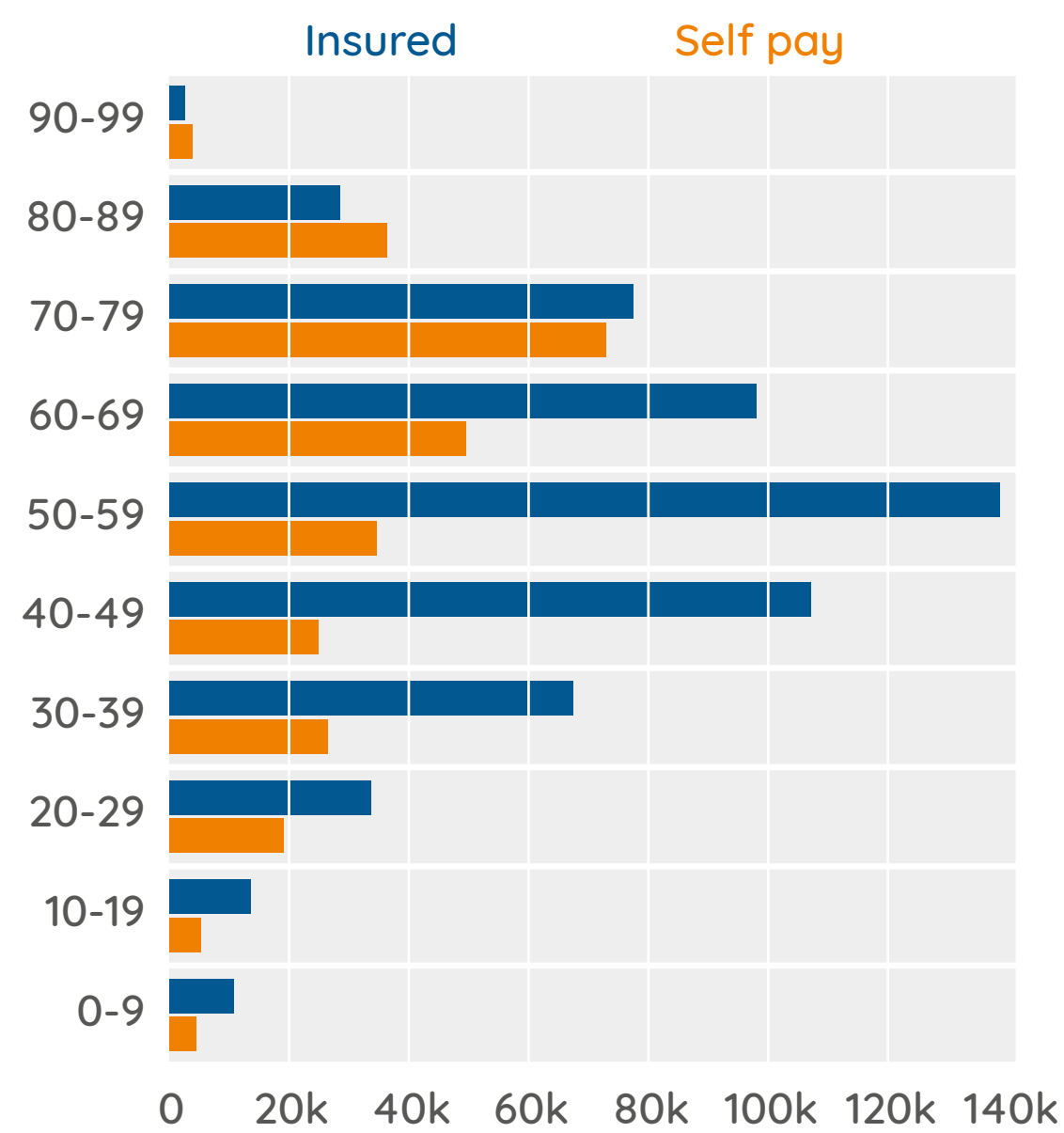


Admissions by sex and purchaser type

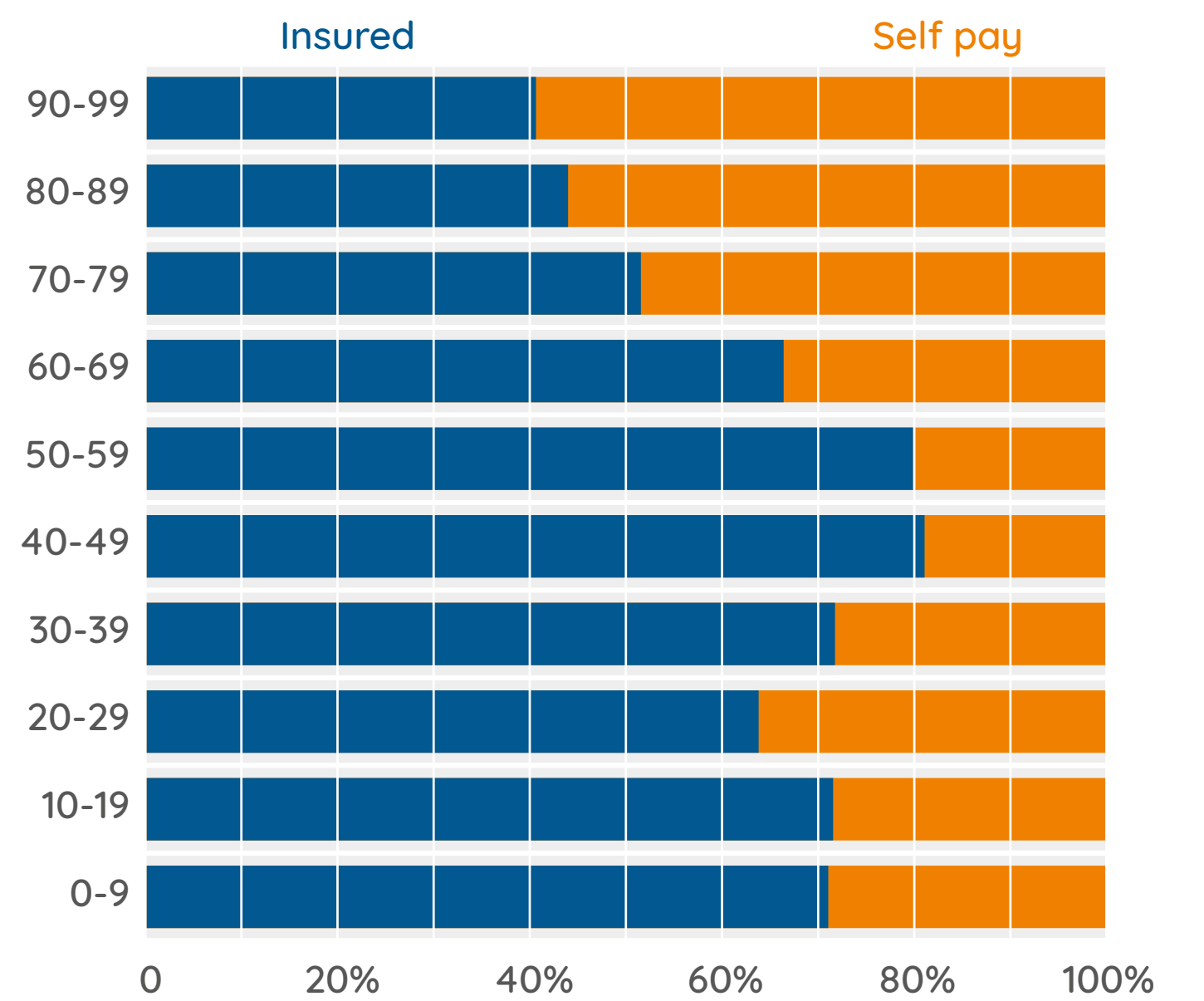


Self-pay and insured by age group* – within last published year

Age group and purchaser type



% Split age group and purchaser type



WORKING WITH THE NHS

Acute Data Alignment Programme (ADAPt)

ADAPt for England was initiated at a meeting between the Secretary of State for Health and Social Care and representatives from NHS Digital (now NHS England) and the Private Healthcare Information Network (PHIN) on 9 January 2018. This took place in the light of the conviction in April 2017 of breast surgeon Ian Paterson for harming his patients. He practiced at the Heart of England Foundation Trust and Spire Healthcare. The Secretary of State asked the two organisations to work together to ensure that private healthcare data could be properly captured and analysed within NHS systems.

“The aim was to bring about an alignment in data standards, measurement and reporting systems across NHS and private healthcare in order to enable greater transparency in quality and safety, and to support patient choice and opportunities for improving patient care.”

In January 2023 we supported NHS England in running a second public consultation to seek views from a wide range of stakeholders on the Programme’s recommendations, which would see private patient hospital activity data being made routinely available to the NHS for the first time.

There were 23 submissions from across the stakeholder spectrum, including NHS Private Patient Units (PPUs), national bodies, representative organisations, private providers, university researchers and several private citizens.

A further report, summarising the responses and recommending a move towards data sharing within the financial year 2023/24 was subsequently published in July. The report described two possible mechanisms to achieve this:

- Option 1, for PHIN to share with NHS England the data it already collects directly from Independent Sector providers.
- Option 2, for NHS England to collect this data directly from the providers and pass it on to PHIN, enabling it to continue to meet its duties under the CMA Order.

After seeking the views of its members, PHIN proposed moving forward with Option 1 as the preferred long-term solution for several compelling reasons including:

- offering simpler information governance, as NHS England only has to direct PHIN and not the entire independent sector.
- having no impact on providers from a business as usual data processing perspective.
- allowing PHIN to evolve its data specifications independently without requiring NHS England to change anything.
- utilising PHIN’s relationships with the independent sector and organisations such as GIRFT and NCIP.
- acting as a contingency should NHS England systems fail.
- that it expedites the Order which the CMA have mandated PHIN to execute.

This approach was endorsed at the Implementation Forum and then by PHIN’s Board.

The report also recommended consideration of a third, parallel, option with NHS PPU data collected by PHIN from NHS England instead of directly from the individual providers. This would have the potential to reduce the burden of data collection on the NHS and streamline PHIN’s processing of these multiple flows of data into one single feed.

And as 2023 draws to a close considerable attention is being given to the information governance and privacy aspects of ADAPt, in particular the rights of patients and consultants and whether opting-out of this data sharing is required or should be considered.

Further work will also involve updates to provider privacy notices and, if it proves necessary, technical mechanisms to capture and process data sharing opt-outs. Either way, we anticipate data will start flowing in early 2024.

Clinical outcomes and Registries

Two of our Board members, Professor Sir Norman Williams and Professor Sir Cyril Chantler, participate in the Outcomes and Registries Programme (ORP). The ORP is an outcome of the Independent Medicines and Medical Devices Safety Review led by Baroness Cumberlege. Implementation will support provider adoption of digital solutions that enable medical device traceability on the electronic patient record. The aim is to have full data submission by NHS England and independent sector providers by the end of the financial year.

The ORP will help in implementing Recommendation 7 of the Cumberlege Report – ‘A central patient-identifiable database should be created by collecting key details of the implantation of all devices at the time of the operation’ – and Recommendation 1 of the Paterson report – ‘A single database of consultants across England, setting out their practising privileges, critical performance data, including the number of times they have performed a procedure and how recently.’

Patient input will be a key element for the various Clinical Steering Groups, set up as part of the Programme to define and direct the work of the registries. We also anticipate being involved as ADAPt plays an important role in the ORP. Along with our Board member involvement, Ian Gargan is already on the Independent Sector Advisory Group.

The Paterson Report into the actions of rogue surgeon Ian Paterson, recommended a register of doctors’ interests to be held by all organisations employing doctors to deliver health care, and also for a separate register of payments from industry to doctors and medical organisations. These issues also formed part of the ORP’s report to the Health Select Committee.

NIHR research project

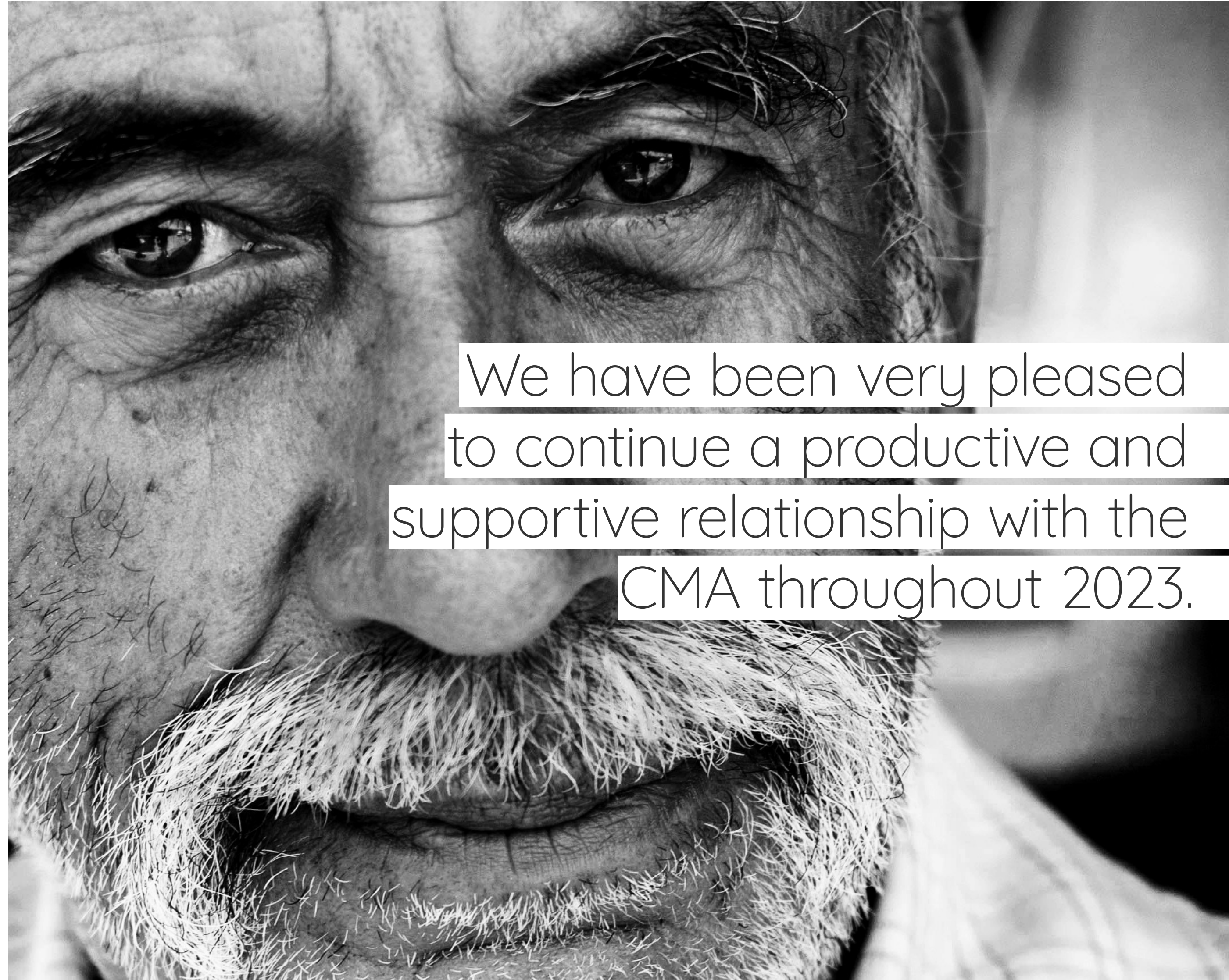
In February we joined a new research project, led by researchers at the University of Manchester and the University of York and funded by the National Institute for Health Research (NIHR).

The project team is examining the quality and safety of patient care in NHS and independent hospitals and the way that systems for overseeing clinical care and sharing information work in practice. We are delighted to be part of this project, as it will provide important insights into how healthcare is delivered and governed in both the NHS and private sectors.

KEEPING DATA SAFE

We understand the great responsibility we have in collecting healthcare data and publishing information for patients. Data security is our number one priority and this year we were proud that across two ISO 27001 surveillance audits there were zero non-conformities and zero opportunities for improvement. In addition, in January our infrastructure penetration test resulted in no critical findings.

Although these are excellent results, we have not been resting on our laurels and have also implemented a new risk management system to strengthen our risk posture and expect to achieve Cyber Essentials certification by the end of 2023.



We have been very pleased to continue a productive and supportive relationship with the CMA throughout 2023.

CLARIFYING WHAT DELIVERY MEANS

In March we published an evidence-based assessment (EBA) which explicitly defined the steps required to complete the Competition and Market Authority (CMA) Private Healthcare Market Investigation Order's Article 21 measures by the 2026 deadline.

The EBA built on our 'Roadmap and delivery plan 2022-2026' which was published in summer 2022, and followed further development work by a 'Task and Finish Group' and a period of considerable consultation with stakeholders. The EBA also underwent external review by Professor Eva Morris from Oxford University and Maria Davies, medical editor. The final document was then endorsed by the CMA before publication.

The main recommendations from the EBA were:

- Although publication in the public domain for the hospital-level metrics is essentially complete, we need to look at ways to improve compliance, including data presentation, coverage/participation and data quality, as well as adopt some minor, technical enhancements to specific measures.
- PHIN should publish nationally aggregated data about procedures, with the ability for it to be broken down to show how outcomes may vary for different patient groups.
- Information on all the Article 21 measures on consultant and hospital practice should be published on the restricted-access part of the PHIN website (the portal), so that consultants and hospitals can use the information to monitor and improve performance. Ultimately, this will benefit patients and consumers by improving the availability of data and transparency across the sector. It will also enable hospitals and consultants to benchmark their performance against their peers (for example to support their own clinical governance and quality improvement initiatives) and is a necessary step towards any wider publication.
- At consultant level, publication into the public domain of measures beyond volume, length of stay, patient feedback and links to registries is not currently recommended. This is because the remaining measures are not yet appropriate for use as publicly available comparators, for example because the quality and power of the data limits valid, statistical comparison. We will continue to keep these under review in consultation with stakeholders.

WORKING WITH THE CMA

We have been very pleased to continue a productive and supportive relationship with the CMA throughout 2023.

In October 2022, the CMA published an 'open letter' thanking the sector for its progress and reiterating its determination to see the Order fully delivered by 2026. That letter and one that followed in July this year have had a significant impact with hospitals and consultants and led to many enquiries about participation and providing fees information.

PHIN REPORTING

We have continued to report on progress of the sector towards delivery of the Order. We are grateful that the CMA team has become familiar with the complexities of data submission across multiple datasets and the quarterly publication cycle.

Our monthly reports cover:

1. **Hospital compliance** – including data quality and publication of performance indicators.
2. **Consultant compliance** – particularly for Article 22 with the requirement for fee submission to PHIN.
3. **Measure development and publication** – based on the EBA at both hospital and consultant level.
4. **Patient impact** – ensuring the information published is being used and is helpful to patients.

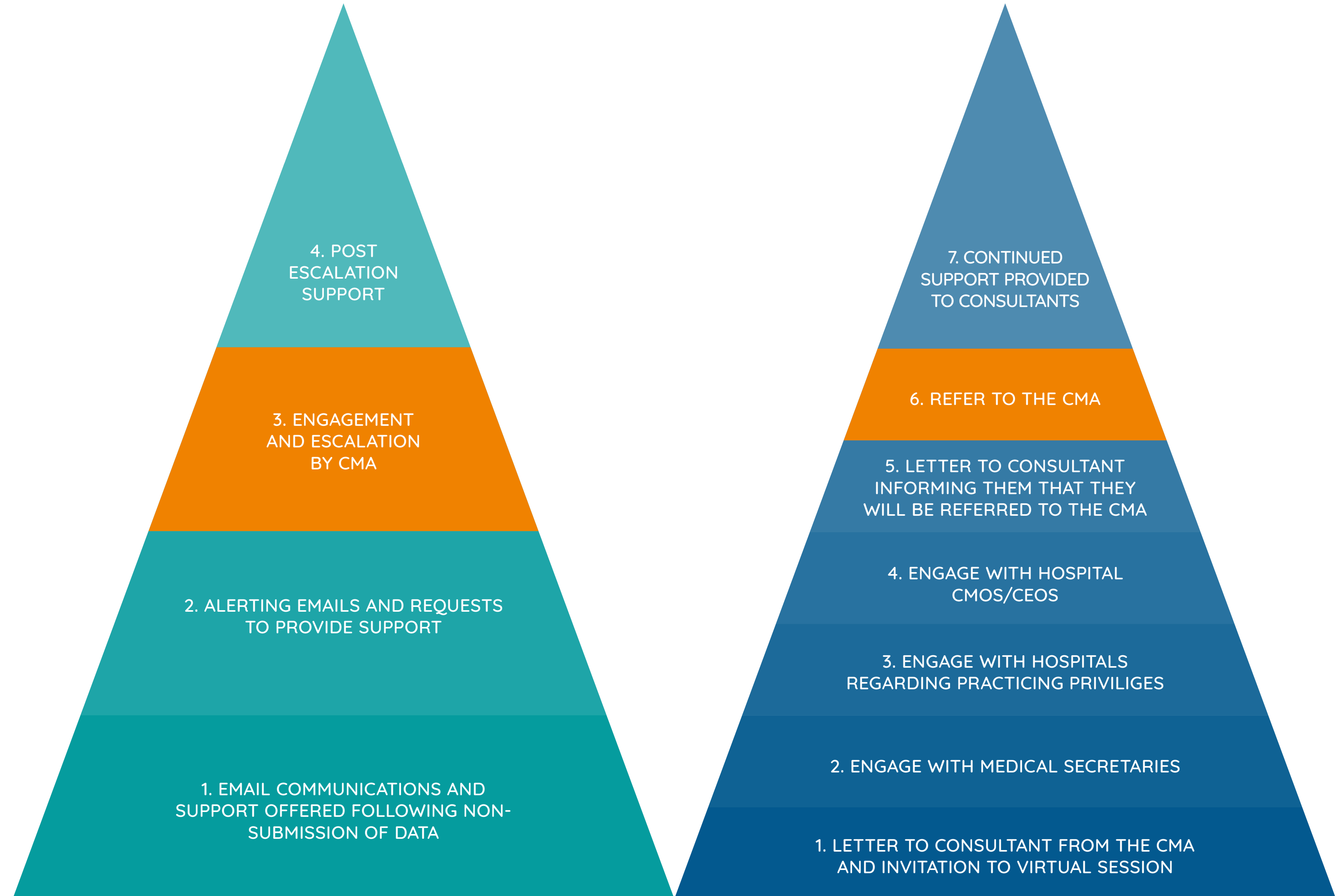
The reports are reviewed by members through the Partnership Forum and approved by PHIN’s Board, or a focused Delivery Oversight Committee, before being submitted to the CMA.

In parallel, the CMA’s internal Steering Committee has continued to track progress and identify how it can help support greater participation and compliance.

CMA ESCALATION

We are here to help hospitals and consultants meet their obligation arising from the CMA Order. However, where our efforts don’t translate into compliance, there comes a point when referral to the CMA is our only course of action. During the year, we agreed upon a contact strategy and referral process for hospitals and consultants as set out to the right.

It is the CMA’s role to enforce the Order and they have shown their willingness to do so. In parallel, we support providers and consultants once they have been referred to the CMA to help them with a plan to reach compliance.



HOSPITAL ESCALATION

Our goal is always to encourage compliance through positive engagement. The agreed process ensures everyone has sufficient opportunities to avoid referral to the CMA. We continue to provide support to consultants and hospitals if, and when, it has commenced.

The referral process is the same for both independent providers and NHS Private Patient Units (PPUs). In addition, for PPUs, we have worked with the CMA to engage senior executives in NHS England to seek their help in increasing participation and compliance. We are looking to similarly engage with the NHS for devolved nations.

So far, seven providers have been contacted by the CMA and three named publicly as non-compliant. All have acted swiftly to produce plans to rectify that situation. We have been pleased to support those providers with meetings, training and data quality reviews to identify where improvements can be made.

CONSULTANT ESCALATION

Working with the agreed referral process we started contacting those consultants in-scope of the Order and with the busiest private practices to seek their engagement and submission of fee information via the PHIN portal.

To date, PHIN has contacted thousands of consultants as part of the process. The vast majority submitted their fees, and no consultants have yet required further escalation by the CMA.

FEES

It is a legal requirement for consultants to submit their fee information to PHIN and we have continued to work with consultants undertaking procedures to secure fee information from them.

We have also continued our collaborative working with the Association of Anaesthetists to agree an approach to fee submission for this specialty so that they can be added to the website and give patients further transparency about their costs.

We are building on our initial work to provide members with fee information for consultants in all specialties who provide services to private patients.

PRESUMED PUBLICATION

While the majority of consultants are providing fee information, more progress is required to publish consultants' activity including the procedures they undertake. We are working towards the implementation of presumed publication by autumn 2024.

This will mean that unless a consultant flags an issue with the data supplied about them by a hospital it will automatically be published, rather than a consultant having to verify their information, as is the case currently.

We have established a stakeholder group to work with us to support delivery of this approach. This will support the ambition to publish more volume and length of stay information for patients.

We have seen an increase in consultants verifying their data by 16% since we commenced the notification process to consultants in June and reporting of data issues has increased by 30%.



INVESTMENT IN OUR TEAM AND OUR CAPACITY TO DELIVER

Over the past year the significant investment in the PHIN team has transformed our capacity to deliver, and increased the volume and effectiveness of our output. While there is always more we can do, we now have a strong resource base to move forward with our stakeholders on delivery of the Competition and Markets Authority (CMA) Order.

The focus of this investment has been in core delivery functions, which we get into in more detail below. Along with the expansion of the team, and focus on the CMA Roadmap and Delivery Plan, we realised that we needed to refresh our mission, culture, values and ways of working so that they were fit for purpose, both for now and the future.

MISSION, CULTURE AND VALUES

In 2023, work commenced 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. Work continued with a voluntary working group, comprising representatives from across the organisation. This group took the principles and team feedback and developed a more detailed framework.

Our vision

This year the Board agreed a new vision statement for PHIN which sets out how we would like to see the healthcare system work, and to which our work contributes:

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

OUR PEOPLE AND HOW WE WORK

PHIN functions under a comprehensive suite of Human Resource (HR) policies and procedures to guide the organisation in people management, from the point of induction in their new roles. The success of our organisation depends on having the right number of staff, with the right skills and abilities.

We are committed to using a fair and open process when recruiting new employees to the team or progressing people’s careers. We acknowledge our legal responsibilities to undertake a fair process without unlawful discrimination.

PHIN launched a careers section on the website this year to enable the HR team to carry out direct recruitment for roles and reduce recruitment agency costs. Our commitment to Equality, Diversity & Inclusion welcomes applicants from all backgrounds, and this is reflected in our diverse workforce.

PHIN is passionate about the wellbeing of staff and have appropriately trained First Aiders and Mental Health First aiders.

Post pandemic we introduced a Hybrid Working policy to encourage people to return to the office. Following a survey to identify preferred working patterns, PHIN staff now come to the office two days a week, ensuring that every team has the opportunity to cross collaborate in the office at least once a week.

Mission: Serve patients, support stakeholders, deliver the order

Our values		
What we are	What we do	Our behaviours
Dedicated	We deliver on our commitments to patients, stakeholders and the CMA.	We focus on the goals set out in the Mission. We are objective, honest and transparent in our work and with the information we produce.
Effective	We deliver excellent service and work as a team.	We provide a value added service to hospitals, consultants, patients and other partners. We produce information in a way that is cost effective, secure (ISO compliant), and evidence based. We provide a value added service to hospitals, consultants, patients and other partners.
Respectful	We respect colleagues, stakeholders and patients.	We collaborate with internal and external stakeholders on decisions and value their opinion. We remember that the patient is at the centre of everything we do.
People-focused	We value all people and provide opportunities for growth to our team.	We demonstrate trust and integrity in all that we do with everyone we interact with. We encourage cross-team work, collaboration and involvement with external stakeholders.

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, Chief Financial Officer, Member Services Director, Chief Technology Officer, the Director of People and Process (Company Secretary) and a new Director of Health Informatics who will join the organisation in January 2024.

The main functional teams within PHIN comprise:

- **Technology** -
 - **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 ISO27001 compliance.
- **Informatics** - the engine room of PHIN, responsible for the analysis of data and data quality, and preparation of performance measures information for publication.
- **Engagement** - comprises PHIN's Hospital and Consultant Engagement teams, our Communication team, and the team which leads our engagement with patients and other stakeholders, including PMIs, and on PROMs.



- **Corporate** - this function comprises the Chief Executive, Chief Finance Officer and the Director of People and Process (Company Secretary). The team is supported by the administration and HR support team, as well as the cross-functional Project Management Office (PMO) team. Outsourced Data Protection Officer (DPO), HR/recruitment, admin, legal and finance and accounting services are also managed by the corporate function.

The profile of the 52 full time equivalent (FTE) staff budgeted at PHIN for 2023/24 are outlined to the left.

All employees have appraisals, which include conversations about career development, and objectives are set to support delivery of the business objectives.

PHIN also recognises outstanding performance by awarding 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).

The Awards ensure that we can further motivate and reward our talented staff who have 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.

OUR TEAM



9. DATA PROTECTION OFFICER (DPO) REPORT

ACCREDITATION AND ASSESSMENTS

ISO 27001:2013 Recertification

Throughout April, PHIN undertook 2.5 days of internal auditing (provided by an independent third-party auditor) to assess the management and compliance of the current ISO27001 framework. This auditing activity returned a finding of no non-conformities against the 2013 standard to which PHIN is currently certified. In May and August a further 2.5 days of external surveillance audit activity was carried out by the organisation who certify PHIN's ISO27001 status. These auditing sessions returned no non-conformities 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. A gap analysis is currently underway to assess the remediations required to extend PHIN's certification to cover the recently established 27701:2019 standard which provides enhanced controls for the protection of personal data within PHIN's systems.

ORGANISATION DATA AUDIT

To support the work of delivering all measures under the CMA Order by the stated deadline, a separate project has been started to review the dataflows required to deliver all outputs necessary for completion of the plan. This data flow mapping exercise involves all departments within PHIN and is designed to provide a full diagrammatic representation of the processing activities required to collect, analyse, (potentially) merge with third party data, verify (where required) and publish outcomes.

The report to be delivered by the end of 2023 will incorporate horizon scanning of the legislative and institutional landscape to highlight areas of risk that may impact delivery of the Order. The intention is to provide detailed understanding of any IG matters or reliance on third party data access that can be mitigated or managed ahead of the delivery deadline, as well as indicating any potential data management efficiencies that could be implemented within PHIN systems.

DATA SECURITY AND PROTECTION TOOLKIT (DSPT)

The 2022-23 NHS DSPT submission was successfully completed in June 2023, with all standards met once again.

DATA SHARING PROJECTS

Acute Data Alignment Programme (ADAPt): To support the proposed development of further data sharing with NHS England (as required under Option 1 of the future ADAPt project work), PHIN has consulted with NHS England and the applicable private providers to ensure the management of Information Governance issues inherent to this expansion of private data into the NHS system. In co-operation with the Information Governance team at NHS England, PHIN has provided a transparency notice and processes guidance to private providers to ensure that they meet their obligations under data protection law. This has also been aligned to ensure that the National Data Opt-out is observed where applicable.

The Information Governance teams within the private providers have been contacted by PHIN with an offer of direct support where required. This is likely to take the form of attendance at forums or via short advice notes to ensure adequate communication of the intended purpose of the processing and the compliance control methods implemented by PHIN and NHS England.

National Institute for Health and Care Research (NIHR): PHIN have worked closely with the University of Manchester (UoM) (which is undertaking the research) to ensure that all obligations upon PHIN as the primary controller of data and UoM as the recipient are permitted within the confines of applicable research lawful basis under data protection law. The practical undertakings have included the sharing of the proposed Information Governance framework with the PHIN Board and private providers at the Implementation Forum. The risks and remediations will be collated in a Data Protection Impact Assessment, which will require internal approval at executive level in PHIN prior to commencing any data sharing.

INCIDENTS

There were no incidents requiring notification to the Information Commissioner's Office throughout the period. However, we have continued to work within PHIN on any minor occurrences - which don't require notification - and a series of reviews and mitigations have been adopted because of these internal assessments, as per our policy.

The responses to such incidents have been accompanied by departmental training sessions to embed ongoing improvements in our compliance culture.



The compliance team
has started the work
to transition towards
the newest standard of
ISO certification

10. FINANCE REPORT

FINANCIAL STATEMENTS FOR THE YEAR ENDING 31 JULY 2023

Income and expenditure

Income for the year was £4.8m which was a stepped increase on the previous financial year. All our income in the year came via member subscription fees.

Overall expenditure of £4.7m represented an increase on the prior year. The main driver in the increased year-on-year costs were the continued investment in resource to help deliver the CMA Order, most notably in our Informatics, Engagement, Technology and PMO functions.

As a result of this additional investment, PHIN recorded a surplus of £59k in 2022/23, which is a decrease on the prior year. This was behind the budgeted surplus due to increased spend in the technology team to support delivery of strategic projects such as the new hospital and consultant portals.

The surplus increased the reserves position at PHIN and retained earnings improved to £1.9m, providing 4.9 months cover on a full year basis. This is slightly behind the temporarily relaxed target of 5.0 months operating expense cover which saves our members c. £0.5m p.a. This undershoot was deemed necessary in order to support the delivery of key technical projects. This will be brought back to the target level in the first quarter of 2023/24.

Debt recovery

Subscription fee debt increased year-on-year as expected with the increase in subscriptions billed. The debt resides with a high volume of low value invoices relating to the long-tail of providers. A small amount of subscription fee debt was written off attributable to organisations going into administration.

2023/24 budget

Looking forward to 2023/24, following the consultation and approval of the CMA Order Roadmap and Delivery Plan 2022-26, a phased increase in fees was agreed to support the increased pace and output of delivery of the CMA Order.

A total income requirement of £5.5m was budgeted for the 2022/23 financial year, representing the 6.5% uplift in fees that was agreed with members from 1 August 2023. The additional expenditure will cover the investment into core areas of the business to support delivery of the CMA's Order requirements.

Subscription fees

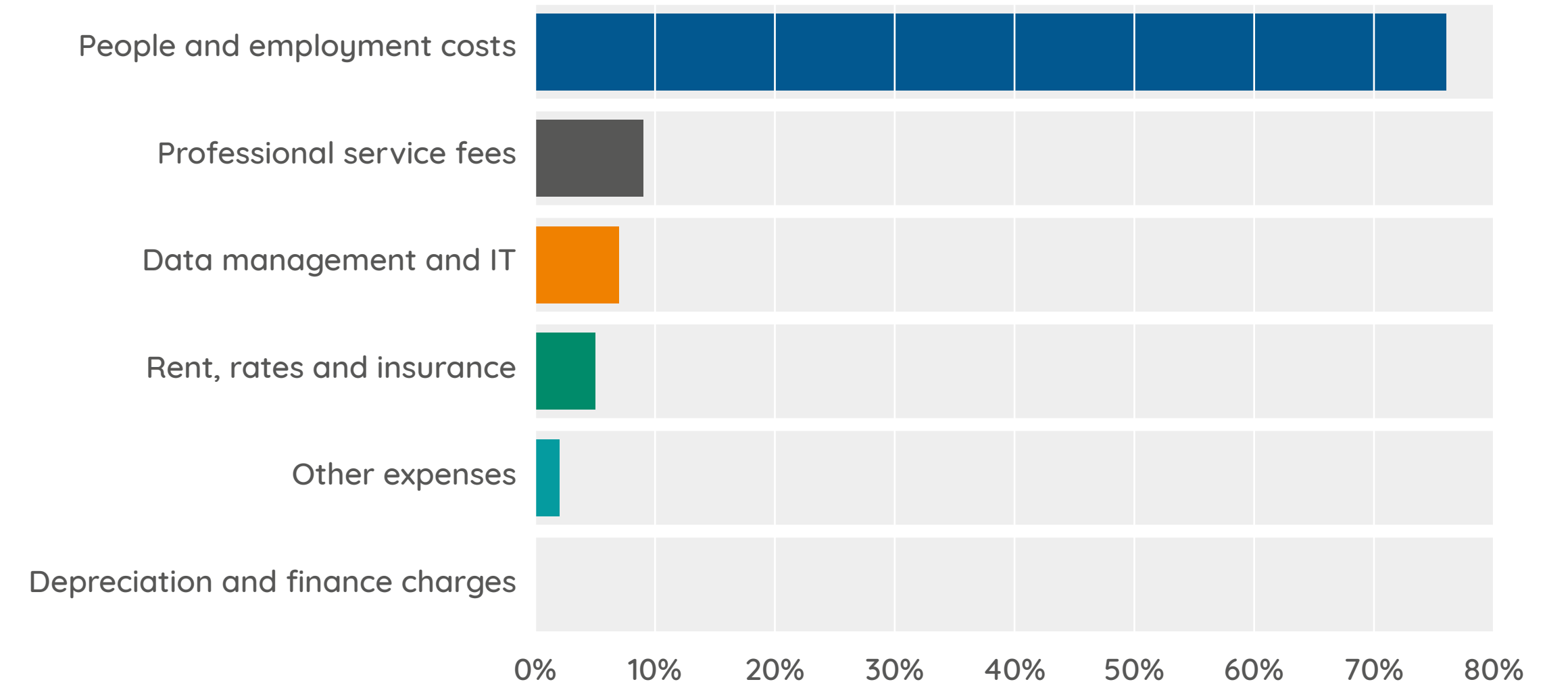
From 1 August 2023, PHIN's subscription rate will be £6.50 per record, based on 846,000 admitted patient care records received in the 2022 calendar year.

What does PHIN spend its resources on?

PHIN is always keen to provide transparency in how it spends its funding, as outlined in the additional income statement analysis included in the Financial Statements and Annual Report.

Based on the audited cost base in 2022/23, the bulk of PHIN's expenditure is on people and staffing costs which comprises c.76% of our cost base.

Profile of spend (based on 2022/23 audited financial statements)



The second highest cost pool relates to our spend on professional service fees. The bulk of these costs relate to a long-term relationship with NEC (formerly Northgate Public Services), consultancy spend, as well as an outsourced DPO, legal and finance and accounting functions. In 2022/23, additional costs were also incurred for technical development support costs for the Portal 6.0 project.

Our third highest resource pool relates to data management and IT, which includes our IT hosting, security, and licencing costs.

Statement of Income and Retained Earnings for the year ending 2023.

	2023 (£)	2022 (£)
Turnover	4,818,696	4,562,728
Administrative expenses	(4,759,504)	(4,072,723)
Operating profit/(loss)	59,192	490,005
Profit/(loss) before tax	59,192	490,005
Profit/(loss) for the financial year	59,192	490,005
Retained earnings brought forward	1,869,607	1,379,602
Retained earnings carried forward	1,928,799	1,869,607

Statement of Financial Position as at 31 July 2023

	2023 (£)	2022 (£)
Fixed assets		
Tangible assets	10,487	9,547
Current assets		
Debtors	301,776	242,736
Cash at bank and in hand	2,125,376	2,157,102
	2,427,152	2,399,838
Creditors: Amounts falling due within one year	(508,840)	(539,778)
Net current assets	1,918,312	1,860,060
Net assets	1,928,799	1,869,607
Capital and reserves		
Retained earnings	1,928,799	1,869,607
Total equity	1,928,799	1,869,607

KEY DELIVERABLES IN 2024

- Year of the patient (including patient research programme)
- Website improvements to make it more patient-friendly
- New consultant portal
- Full migration to new portal
- Regular releases of website and portal improvements
- Presumed Publication approach on portal and website
- New Learning Academy
- Content syndication
- New Customer Relationship Management system
- Data architecture and design
- Updated Adverse Event specification
- Inbound API communicated to all providers
- Outbound API
- To be published on website (w) and/or portal (p)
 - Consultant Data Overview (p)
 - Insured Prices (w)
 - Consultant Self-Declared Registries (w)
 - New links to Registries (w)
 - Data Deep Dive report (p)
 - Anaesthetist fees published (p) (w)
 - Hospital vs Community acquired infections (p)
 - Further surgical site infection (SSI) data beyond hips and knees (p)
 - Expected vs unexpected mortality rates published (p)
 - Linked Adverse Events (p)





Thank you to all our members
for their support during 2023.
We look forward to continuing
to work together in 2024.

- Aviva Health
- AXA PPP Healthcare
- Benenden Hospital Trust
- Bupa UK
- Circle Health
- 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 Cleveland Clinic London, which officially joined as a PHIN member in December 2023. We're delighted to have them on board.

Thank you

