Better information for patients – working to meet the CMA requirements

This document summarises the information presented at PHIN's introductory information sessions. It aims to help hospitals understand:

- *The CMA's Remedies and how they apply to your organisation and consultants*
- *PHIN's role as the independent Information Organisation and how to join*
- *What you need to do to comply with the CMA's Order, and to help your consultants comply*
- *Timelines and next steps*

About the CMA Private Healthcare Market Investigation

Findings

The CMA investigation took place between 2012 and 2014. They found a lack of independent publicly available information about private healthcare, particularly around quality and prices, was preventing effective choice and competition.

10.8 We found that the lack of publicly available performance information on private healthcare facilities was a conduct feature in the provision of privately-funded healthcare services by private healthcare facilities. This feature gives rise to an AEC in the provision of private healthcare services across the UK due to the distortion of competition between private healthcare facilities by preventing patients from exercising effective choice in selecting the private healthcare facilities at which to be treated. This reduces competition between private healthcare facilities on the basis of quality and price.

10.9 We found that the lack of independent publicly available performance and fee information on consultants was a conduct feature in the provision of privately-funded healthcare services by consultants. This feature gives rise to an AEC in the provision of consultant services across the UK due to the distortion of competition between consultants by preventing patients from exercising effective choice in selecting the consultants by whom to be diagnosed and treated. This reduces competition between consultants on the basis of quality and price.

** "AEC" = Adverse Effect on Competition*

The information remedies in the final Order

Following the investigation, the CMA's Private Healthcare Market Investigation Order 2014 was published on 1 October 2014, with the remedies coming into effect from 6 April 2015. The information remedies have legal force and cover:

- Consultant and hospital performance

- Consultant fees
- Specification for the Information Organisation (IO) - PHIN was approved as the only organisation in this role on 01/12/14.

The Order applies to all UK private hospital operators, and specifies a detailed level of data is needed, making the timescales to meeting compliance now challenging. Article 21.1 states:

Every operator of a private healthcare facility shall… supply the information organisation… from a date no later than 1 September 2016, with information as regards every patient episode of all private patients treated at that facility, and data which is sufficiently detailed and complete to enable the information organisation to publish… performance measures by procedure at both hospital and consultant level.

In other words, hospitals should provide data in specified formats by 1 September 2016, for publication at hospital and consultant level by 30 April 2017. "All operators" explicitly includes cosmetic surgery providers and NHS PPUs, but only those that "admit patients" – not outpatient clinics or diagnostics.

Information about performance

The CMA has specified 11 types of performance measures to be published at hospital and consultant level:

a) Volumes of procedures undertaken
b) Average lengths of stay for each procedure
c) Infection rates - to be taken from Public Health England
d) Readmission rates - to be calculated from the underlying data and compared against CQC returns
e) Revision surgery rates - initially identified from registries, such as the National Joint Registry
f) Mortality rates - as with readmission rates
g) Unplanned patient transfers - as with readmission rates
h) Patient feedback and/or satisfaction - NHS Friends and Family Test and an additional 6 questions from the NHS Inpatient Survey, details in the PHIN Starter Pack.
i) Relevant information from clinical registries and audits
j) Procedure-specific measures of improvement in health outcomes - equivalent to Patient Reported Outcome Measures (PROMs)
k) Frequency of adverse events - Likely to be Never Events and SIRIs, still to be confirmed

Further information about measures of improvement in health outcomes

The CMA requires "procedure-specific measures of improvement in health outcomes, as agreed by the information organisation and its members to be appropriate". Thus, PHIN established a working group in March 2014, which:

- Examined best candidate procedures for PROMs measurement

- Shortlisted and prioritized procedures
- Examined available suppliers to validate achievability
- Identified two levels of supplier capability
    - Compliant: similar to NHS – PROMs as post-fact provider assessment
    - Value-adding: uses PROMs as clinical tool
- Negotiated in-principle price discounts that were better than NHS

The PROMs Working Group suggested 8 PROMs to consider, each provider will need to decide which to implement.

Suggested first wave	Preferred tool	Reasoning
Hip replacement	Oxford Hip Score (OHS)	Comparability with NHS
Knee replacement	Oxford Knee Score (OKS)	Comparability with NHS
Shoulder surgery	Oxford Shoulder Score (OSS)	Comparability with NHS and is collected by NJR
Carpal tunnel	QuickDASH	It is reported that most hand surgeons already collect DASH scores for carpal tunnel
Groin hernia	EQ-5D and EQ VAS	EQ-5D has demonstrated favourable results and high response rates in the NHS
TURP (cancer and non-cancer)	American Urological Association Symptom Index /International Prostate Symptom Score (AUA IPSS)	UCL currently uses AUA IPSS PROM for both cancer and non-cancer TURP patients
Cataract	Catquest	International use and simplicity
Septoplasty	SNOT 22	Recommendation from ENT-UK now apparently withdrawn
Cosmetic Surgery	*Q-PROMs*	*Note additional requirements are likely to come from RCS CSIC*

Note: Consultants across many specialties are already collecting their own PROMs, from Foot & Ankle surgery to Cancer.

The Working Group's final report is included in the PHIN Starter Pack. This should help inform providers when contracting a supplier and implementing collection.

The CMA's data specification

The CMA has specified the nature of the data to be submitted, which requires private providers to use NHS information standards. Article 21.2 states the need for:

- **GMC Number** - the General Medical Council reference number of the consultant responsible.
- **NHS Number** - National Health Service or equivalent patient identification number or alternative information from which an NHS number may be derived or a pseudonymised equivalent, or, in the case of patients from outside the UK, a suitable equivalent identifier.
- **ICD10 Coding** - appropriate diagnostic coding, using the International Statistical Classification of Diseases (ICD) or other internationally recognised standard, as determined by the board of the information organisation, including full details of patient co-morbidities, for each episode.
- **OPCS Procedure Coding** - appropriate procedure coding, using the OPCS Classification of Interventions and Procedures.

Additional data items relating to cosmetic surgery

Following the PIP scandal, the Royal College of Surgeons (RCS) set up the Cosmetic Surgery Interspecialty Committee (CSIC) to consider:

- Professional Standards and Credentialing
- Patient Information
- Clinical Quality and Outcomes (CQO)

The CQO group is led by Michael Cadier, current President of the British Association of Aesthetic Plastic Surgeons (BAAPS). Their work includes:

- Specifying a minimum dataset and coding - may include ASA Score and Anaesthetist
- Specifying quality measures, PROMs and PEMs - currently favouring Q-PROMs

The output of CQO group will add to the data items legally required for collection, which PHIN intends to incorporate into cosmetic surgery performance measure calculations.

Information about prices

Hospitals:
During the CMA's investigation they found that the main hospital groups were already publishing self-pay prices in a standardised format, this requirement was therefore not included in the Final Order. However, there is an expectation that hospitals will continue to publish information on prices, through their own websites or other means.

Consultants:
For consultants, the same performance measures apply, with additional requirements to publish fees information on PHIN's website. PHIN will be working with surgical specialty associations and individual consultants on the format and process for price reporting in early 2016.

Further information requirements

The Order also places some further information requirements on hospitals:

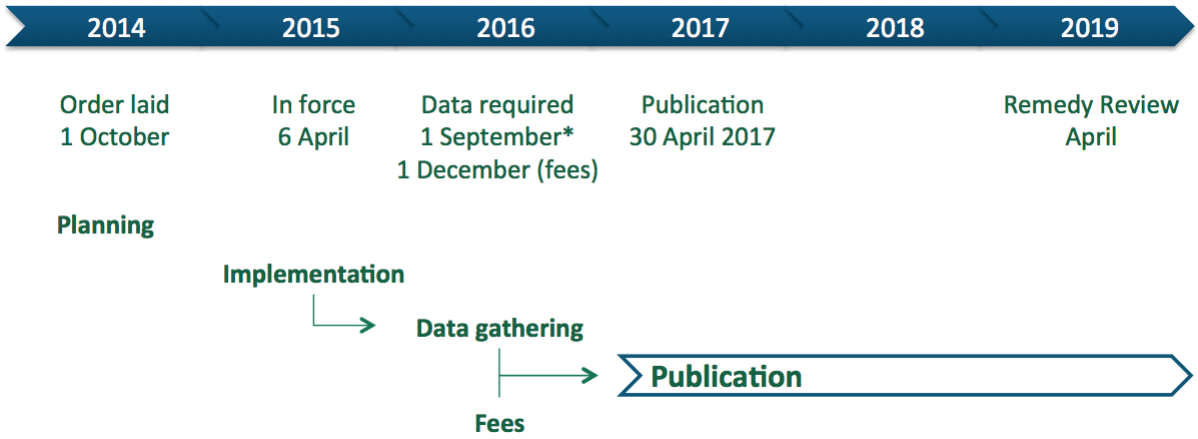
- **21.4:** Pay subscriptions to cover PHIN's costs
- **22.2:** Make the granting of Practicing Privileges to a consultant subject to their complying with aspects of the Order
- **22.7:** Actively check with patients that they have received information from their consultants

Order deadlines

The Order specifies three deadlines, which are likely to prove challenging for some providers:

- **1 September 2016**: Provide PHIN with the data to support performance measures (21.1)
- **1 December 2016**: Consultants provide fee information (22.1)
- **30 April 2017**: PHIN publishes specified performance information (24.6)

These deadlines require implementation to be achieved within 2015, so that compliant data can be collected throughout 2016.



* Most measures will need a full year of CMA compliant data

Implementing the CMA remedies

Clinical episode record data and other data items

Most of the data required comes from clinical episode records, however there are also some additional sources.

Source of clinical record level data:

- **NHS HES** - Source for pseudonymised record level data, which includes c400k NHS-funded, independently provided episodes per year and c100k Privately-funded, NHS-provided (PPU) episodes per year .
- **PHES** - HES-equivalent source of private data from hospitals, via Healthcode. This includes c650k Privately-funded episodes per year.

Other sources:

- **Submitted directly from hospitals to PHIN:**
  - PROMs
  - FFT & PREMs
  - Adverse events
  - Profile data
- **Collected by PHIN from third parties with hospital consent, such as:**
  - PHE: Infections data
  - NJR: revision rates

Data processing partner

We work closely with Healthcode to process private patient data. Their principal business is handling invoice reconciliation with >£3bn of transactions a year. They have expertise in working with hospitals to extract, transform and process data, and supporting the operational processes required to achieve high standards of data completeness, integrity and accuracy. They provide an essential step in PHIN process, pseudonymising and validating the data received from hospitals before it reaches PHIN, protecting your patients' privacy, see PHIN Data Processing Overview.

PHIN does not require hospitals to use Healthcode, if an alternative data processing partner is identified.

Streams of activity to reach CMA compliance

PHIN recognise three distinct organisational streams of activity to reaching compliance which should be commenced in parallel. These are:

1. **Legal and governance** – documents and agreements to sign or acknowledge, and consents to be obtained
2. **Operational** – making any changes to systems and implementing processes to facilitate compliant data collection and submission
3. **Technical** – collecting the dataset, passing it to the data processor, testing and checking the data and correcting any errors

Detailed tasks and timelines are included in the Implementation Readiness Plan for Members.

Data challenges

PHIN realises collection of the data items required will be challenging for some providers. Particularly:

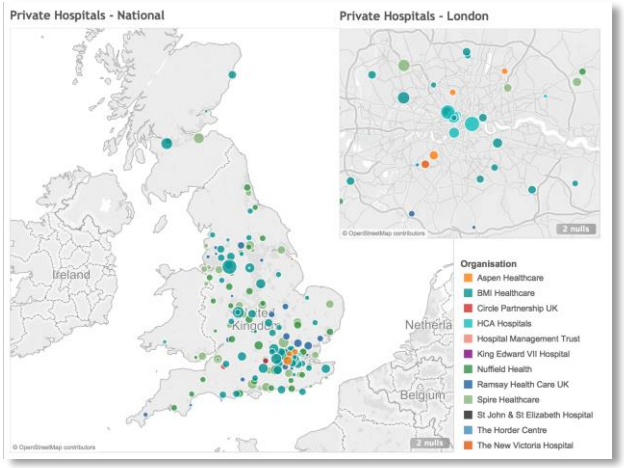
1. **GMC Number** - This should now be applied by our current members. Validation during processing will be improved to check against the GMC Specialist Register.

2. **NHS Number** - Needs to be applied by 1 January 2016. Key issues are consent and access to NHS DBS. A unique identifier will be required for non-UK residents.
3. **ICD10 Coding** - Needs to be applied by 1 January 2016.
4. **OPCS Procedure Coding** - Needs to be applied by 1 January 2016. Mapping from CCSD (or other) is a short-term workaround, which may not sufficient going forward.

About PHIN

PHIN is a not-for-profit organisation, founded 2012 in collaboration with private hospitals prior to the CMA's process. Since April 2013 we have published information online helping patients to compare providers. We currently receive and processes data on over 1 million episodes of care each year (privately and NHS-funded) from 200 independent hospitals.

We are not a regulator; we are here to facilitate, not to judge. As such, we are working very closely with hospital and consultant representatives at all stages of producing information to ensure fairness, and direct comparability to NHS information wherever possible. We are committed to helping all private hospitals to communicate the scope and quality of the care that you and your consultants provide.



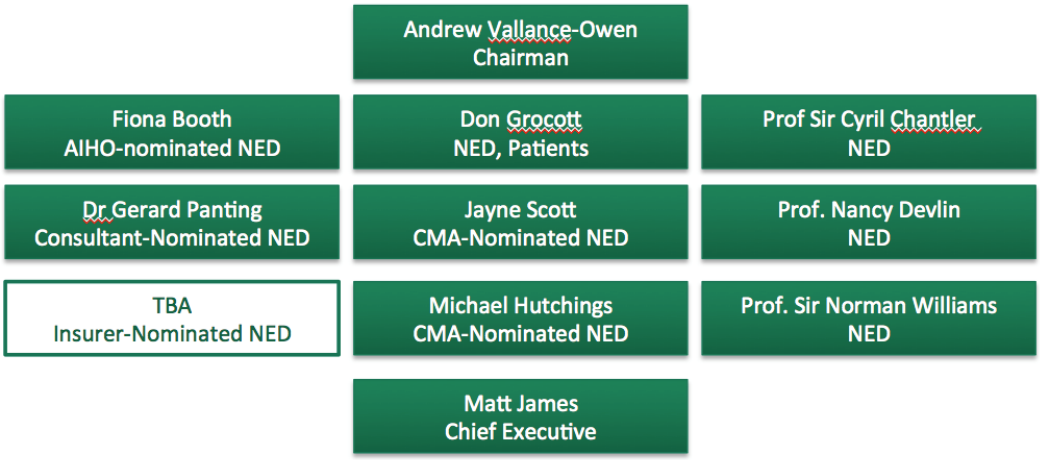
In addition to our members, PHIN work closely with key industry stakeholders such as the Care Quality Commission (CQC), General Medical Council (GMC), Health & Social Care Information Centre (HSCIC), the Royal College of Surgeons (RCS) and Federation of Independent Practitioner Organisations (FIPO).

Our role as the CMA's Information Organisation

The CMA approved PHIN as the independent Information Organisation for Private Healthcare in December 2014. This role makes participation mandatory, but our service ethic remains, as we endeavor to work with our members and stakeholders at every stage.

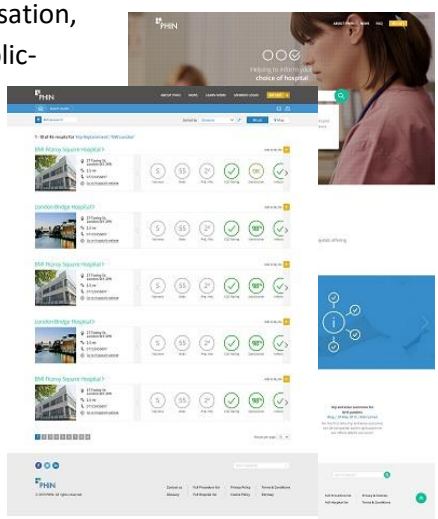
Our aim is to help hospitals reach CMA compliance. In addition, we will provide an unprecedented opportunity for hospitals to understand and communicate quality through standardised measures, benchmarking against peer groups and risk-adjustment. We believe hospital groups will benefit from inclusion on our website, through the visibility and reassurance that gives to potential customers.

To assure independence, PHIN has a balanced, robust Board of well-known industry experts, overseeing high standards of corporate and information governance.



Our services for patients

In line with the CMA requirements of the Information Organisation, PHIN provides comparative information for patients on a public-facing website.



The current website is being redesigned for soft launch Autumn 2015 and full launch March 2016. The new site will include:

- Improved ease of use
- Additional features
- Enhanced capacity for update with the latest information, including:
    - additional performance measures
    - news and analysis information
    - consultant performance measures (2017)
    - consultant fees (and hospital prices) (2017)

Our services for members

For members we provide a secure information portal, which will be available to hospitals and consultants enabling:

- The checking of data prior to publication
- Benchmarking of performance to improve quality
- Review of data quality
- Insight into market and comparative performance

PHIN will seek hospitals and consultants input into content and presentation.

Our subscription fees

PHIN's subscription fees are calculated on a per-record basis. Currently priced at £3.12 per privately funded episode, with a minimum fee of £1,000. PHIN does not plan to charge for NHS funded cases.

National clinical registries provide a similar mix of data handling, publication and governance, which PHIN compares favorably to, for example:

National Joint Registry

- Funded by levies on implants
- Reduced over 13 years from
- £25 per implant in 2002, to
- £13 per implant for 2014/15

Breast Implant Registry Pilot

- Proposed cost of £12.50 per implant
- Typically £25 per case

Membership of PHIN is not compulsory, however it is compulsory to submit information to the approved IO and hospitals are obliged to cover the reasonable costs of the process. As such, subscriptions will be payable by all hospitals from 1 November 2015.

Ways hospitals can get involved

PHIN host several groups hospitals can be involved in, these include:

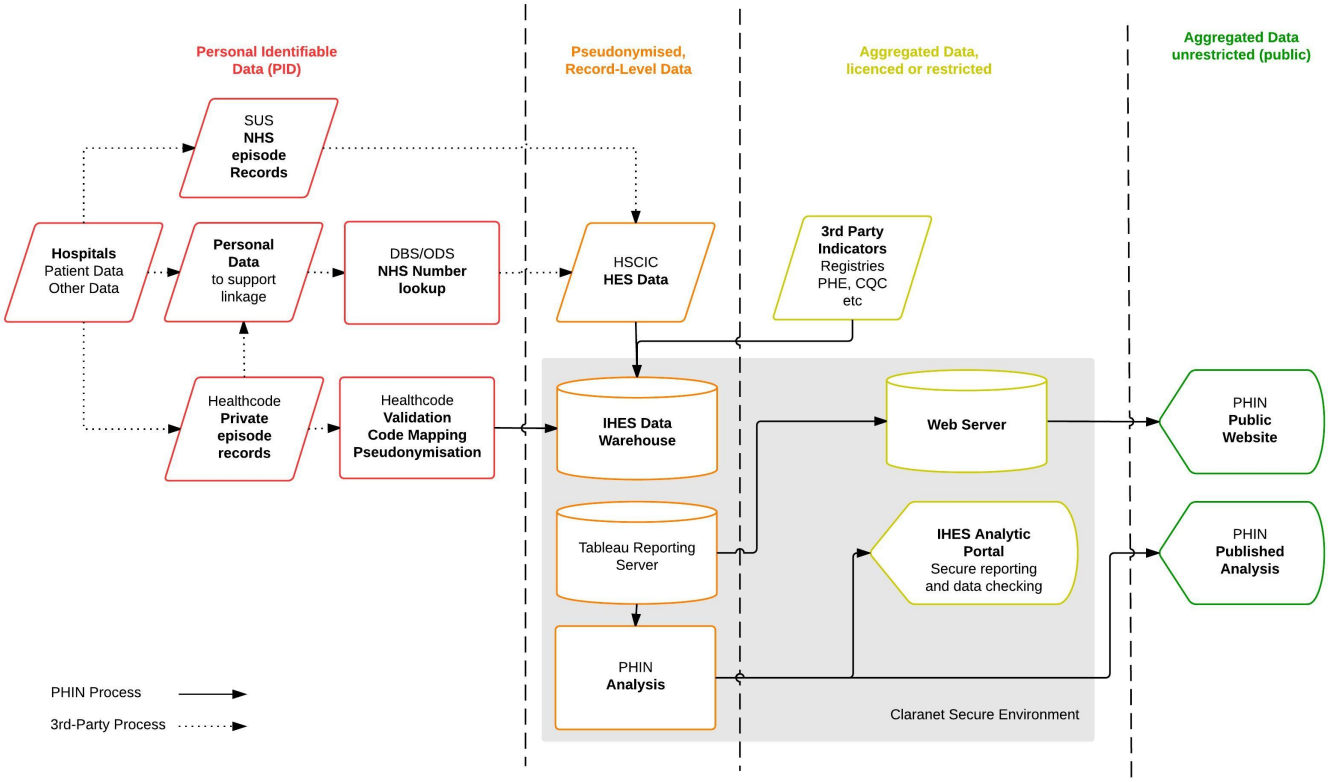
- **New subscriber forum** – bringing people together to help resolve process and data issues prior to live data submission.
- **Data quality forum** – bringing people together to help improve data quality and the information collected, after live data submission.
- **Expert reference groups** – themed groups with specific terms of reference and duration, such as for developing measures for adverse events.

Next Steps

To become a PHIN member and prepare your organisation for data submission, simply contact us and request a Starter Pack.

Further information is also available on request:
E: info@phin.org.uk / T: 020 7307 2862

PHIN Data Processing Overview



CMA's Timeline: 06-Apr-15 · 01-Sep-16 · 01-Dec-16 · 30-Apr-17

Columns: Gen | Cosm | PPU | Type*

Months: Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16, Apr-16, May-16, Jun-16, Jul-16, Aug-16, Sep-16, Oct-16, Nov-16, Dec-16, Jan-17, Feb-17, Mar-17, Apr-17, May-17

PHIN confirmed as IO

PROSPECTIVE MEMBERS

Get onboard with PHIN
- *Contacted by PHIN*
- Information sessions
- Review Starter Pack
- Notify PHIN of basic induction information (contacts, high-level volumes etc)
- Sign authority letter to PHE enabling central collection of infections data
- Sign letters of authority to NJR and other registries as advised enabling data collection
- **Sign Subscription Agreement and pay first subs**
- Subscriptions are payable for all members and prospective members from 1 November 2015 >> >>
- SUBSCRIBER *NOTE: Any prospective members who have not subscribed by 31 Dec-15 are unlikely to achieve compliant publication by April 2017 and will be considered "Wave 2"*
- Participate in PHIN New Subscriber Forum

Get onboard with Healthcode
- Speak with Healthcode
- Understand data submission process (PPU: N/A)
- Select data submission route (SFTP or Web) (PPU: N/A)
- Sign Healthcode contract

Prepare your Organisation
- Engage Board and senior management
- Engage staff and consultants
- Configure in-house systems and processes (technical and operational)
- **Ensure that your system can support the minimum data set** CRITICAL
- **Ensure that your staff understand how, when and why to collect data** CRITICAL
- **Ensure that consent forms address secondary use collection, sharing & linkage of data** CRITICAL
- **Implement ICD-10 diagnostic coding processes** CRITICAL (PPU: ✓)
- **Implement OPCS procedure coding processes** CRITICAL (PPU: ✓)
- **Select process for obtaining NHS numbers (NHS Smartcard vs Healthcode or other)** CRITICAL (PPU: ✓)
- Compliant Data Collection >> … YEAR 1 Complete >>
- *PHIN processess year 1 data*

Submit record-level data
- **Configure interfaces with Healthcode (or use WebForm) and begin testing** (PPU: N/A)
- **Complete submission UAT** (PPU: N/A)
- **Achieve & maintain cummulative data validty >99%** (PPU: N/A)

Submit hospital-level data
- Select PROMS measures to be collected, and select a service supplier
- **Implement PROMs collection** CRITICAL
- Select PREMs (FFT + 6) measures to be collected, and select a service supplier
- **Implement PREMs collection** CRITICAL
- **Collect and Submit Adverse Events Data** >>
- **Sumit all hospital-level data** >>
- Data included in Healthcode output to PHIN = MEMBER (PPU: N/A)
- *Hospital data submission is compliant*

Data quality
- Receive log-in through PHIN's Information Portal (Requires validated data being received from Healthcode and/or HES) >> >>
- Improve Data Quality >> >>
- **Rapid checking of Year 1 data**

Consultants
- *NOTE: Your consultants may be engaging with PHIN data through other hospitals: could lead to demands for data readiness*
- Keep consultants informed and involved (especially PROMs by specialty, diagnostic coding etc)
- Consultants issued with log-ins to PHIN's Member Information Portal once your data will bear scrutiny
- **Work with consultants to improve data quality >>** >>
- **Rapid checking of Year 1 data**

Consultant fees
- *NOTE: Fees (and pricing) designed by PHIN and its members*
- *NOTE: System for capturing and communicating fees designed and implemented*
- Understand and communicate fees information structure, protocols
- **Consultants submit fee information (& hospital prices- TBC)** CRITICAL
- Keep fees information up to date >> >>
- **Fees information published**

CURRENT MEMBERS

Governance
- **Ensure that Subscription Agreement is signed and Subs paid**
- **Ensure that Healthcode MSA is amended and signed**

Operational processes
- **Ensure that your staff understand how, when and why to collect data** CRITICAL
- **Ensure that consent forms address secondary use collection, sharing & linkage of data** CRITICAL
- **Implement ICD-10 diagnostic coding processes** CRITICAL
- **Implement OPCS procedure coding processes** CRITICAL
- **Determine process for obtaining NHS numbers (NHS Smartcard vs other)** CRITICAL
- Compliant Data Collection >> … YEAR 1 Complete >>
- *PHIN processess year 1 data*

Submit hospital-level data
- Select PROMS measures to be collected, and select a service supplier
- **Implement PROMs collection** CRITICAL
- **Collect and Submit Adverse Events Data** >>
- **Sumit all hospital-level data via Healthcode SFTP** >>

Data validity
- **Ensure 100% Data Completeness and Validity >99% (back to Jan 2011 where available)**

Data quality
- Receive log-in through PHIN's Information Portal (Requires validated data being received from Healthcode and/or HES) >> >>
- **Improve Data Quality >>** >>
- **Rapid checking of Year 1 data**

Consultants
- *NOTE: Your consultants may be engaging with PHIN data through other hospitals: could lead to demands for data readiness*
- Keep consultants informed and involved (especially PROMs by specialty, diagnostic coding etc)
- Work with PHIN Implementation Forum to gather consultant views by specialty on scope and presentation of data and feed back
- Work with PHIN Implementation Forum to gather consultant views by specialty on case-mix adjustment and other methodologies and feed back
- Consultants issued with log-ins to PHIN's Information Portal
- **Work with consultants to improve data quality >>** >>
- **Rapid checking of Year 1 data**

Consultant fees
- **Fees (and pricing) designed by PHIN and its members**
- **System for capturing and communicating fees designed, built and tested**
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- Keep fees information up to date >> >>
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*** Key**
- Governance process
- Operational process
- Technical process