

BOA briefing for members: PHIN consultant portal and consultant-level data

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In November 2017, PHIN (Private Healthcare Information Network) launched their 'consultant portal' began rolling out communications directly to consultants with a private practice. See press release here: <https://www.phin.org.uk/news/154/news-release-private-healthcare-information-n>

Key points about the PHIN consultant portal for BOA members

- Consultants are being invited to view, for the first time, data that has been submitted from private hospitals/units about their practice, through the PHIN consultant secure portal.
- Information on your practice is not due to be published yet (see below). In the first instance consultants are being asked to activate their account and become familiar with the data that PHIN has received.
- Having viewed the portal, consultants can flag up to any provider hospital sites where data has not been provided to PHIN or is incomplete/inaccurate.
- We encourage all our members with a private practice to engage with this process to give you an early indication of the data that PHIN holds and any issues with the data that should be rectified through the hospitals.
- The first publication of (certain) PHIN data at consultant level is scheduled for May 2018, and we will continue to update members on this over the coming months.

Further information about the portal roll-out and data

- Private hospitals and units (including NHS PPUs) have been required since September 2016 to submit to PHIN certain data on every patient episode for all private patients treated at that facility. This is the data now being 'played back' to consultants themselves in preparation for the roll-out of consultant-level publication.
- For consultants in England, the PHIN portal also includes data about NHS procedures (using HES data), and therefore this allows you to view the full scope of your practice.
- If you identify data issues (missing or inaccurate data), there is a mechanism within the portal through which you can flag up data problems to the relevant private hospital or unit (i.e. if you work at 4 hospitals but there is a data issue at just one, those issues can be reported specifically to that hospital). It is the responsibility of the hospital to correct the data and resubmit to PHIN. If you encounter issues with any hospital, we encourage you to contact PHIN.
- The communication from PHIN about the portal will go out to consultants via an email to their GMC-registered email address. If the GMC does not have an email address for you or it is out of date, we encourage you to update this with the GMC so that you can engage with

this process. (Visit: http://www.gmc-uk.org/doctors/information_for_doctors/updating_details.asp)

- Please note that the communications from PHIN will be sent in phases and not everyone will receive these at the same time.

Preparing for publication and consultant 'sign-off'

- PHIN's ambition is to begin publishing information about consultants in private practice from May 2018, starting with limited metrics. The initial metrics are expected to be patient volumes and length of stay both at practice and individual procedure level, alongside descriptive consultant profile information. In future, further metrics are due to be added.
- The portal is not currently set up for consultant to 'sign-off' their data for publication. However, a sign-off process is due to be activated in early 2018, once the portal has been updated with full 2017 data.
- At present, when publication commences, PHIN have indicated that only consultants who 'sign-off' their data will be published. PHIN would like to maintain this stance, but it will rely on consultants engaging; PHIN are not obliged to offer the sign-off process, but would very much prefer to do so. The BOA is keen to back the principle of data sign-off by consultants, and we strongly encourage consultants to engage with this.

PHIN and the BOA

The BOA has held a meeting with PHIN this month and will be following closely as this data-checking process unfolds. We are already involved in the Consultant Outcome Advisory Group lead by FIPO, and have had an ongoing dialogue with PHIN in recent years. We will provide further updates on our website and through the members e-news.

If members encounter difficulties or issues in relation to using the PHIN portal, when liaising with their hospital data teams, and so on, please let us know, particularly if you feel they may be broad issues that other members could also be experiencing.

Links

PHIN also provides further information on their own site at: <https://portal.phin.org.uk/Consultants/Pages/default.aspx>

For other BOA resources relating to PHIN: <http://www.boa.ac.uk/publications/boa-phin-documents-for-members/>

Appendix 2: Extracts from the CMA Final Order relevant to the ‘performance information remedy’ for private healthcare

Full report available at: https://assets.digital.cabinet-office.gov.uk/media/533af065e5274a566000023/Private_healthcare_main_report.pdf

Full order available at: https://assets.digital.cabinet-office.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

NB: PHIN has been approved by the CMA as the ‘information organisation’ for the purposes of the Order.

21. Information concerning performance

21.1 Every operator of a private healthcare facility shall, subject to article 21.3 and article 21.5, supply the information organisation, quarterly 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 the following types of performance measures by procedure at both hospital and consultant level:

- (a) volumes of procedures undertaken;
- (b) average lengths of stay for each procedure;
- (c) infection rates (with separate figures for surgical-acquired and facility-acquired infection rates);
- (d) readmission rates;
- (e) revision surgery rates;
- (f) mortality rates;
- (g) unplanned patient transfers (from either the private healthcare facility or PPU to a facility of one of the national health services);
- (h) a measure, as agreed by the information organisation and its members, of patient feedback and/or satisfaction;
- (i) relevant information, as agreed by the information organisation and its members and, where available, from the clinical registries and audits;
- (j) procedure-specific measures of improvement in health outcomes, as agreed by the information organisation and its members to be appropriate; and
- (k) frequency of adverse events, as agreed by the information organisation and its members to be appropriate.

21.2 Operators of private healthcare facilities shall, subject to article 21.3, include in the information supplied to the information organisation in accordance with this article:

- (a) the General Medical Council reference number of the consultant responsible for each patient episode occurring in the relevant facility;
- (b) the 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, as determined by the information organisation;
- (c) 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; and
- (d) appropriate procedure coding, using the OPCS Classification of Interventions and Procedures, or other internationally recognised standard, as determined by the board of the information organisation, for each episode.

21.3 Any processing of personal data shall be made in accordance with the Data Protection Act 1998.

21.4 Subject to article 24.3, operators of private healthcare facilities shall pay an amount, calculated by reference to the number of private patients admitted by each relevant private hospital operator in the preceding calendar year, to cover the reasonable costs of the information organisation in processing this information into a format, which enables comparison of the data and is likely to be comprehensible to patients.

21.5 The duty in article 21.1 does not require a private hospital operator to supply the information organisation with information concerning any outpatient activity

[...]

24.6 The information organisation shall publish performance information on its website, as specified by this Order, in stages during the three years following the publication of the report, and shall publish all such information no later than 30 April 2017.