

Draft Private Healthcare Market Investigation Order 2014

[DRAFT FOR CONSULTATION]

1. On 4 April 2012 the Office of Fair Trading made a reference to the Competition Commission (CC) under section 131 of the Enterprise Act 2002 (the Act) concerning the supply of privately funded healthcare services in the UK.
2. On 2 April 2014 the successor body to the CC, the Competition and Markets Authority (CMA), published its report titled *Private Healthcare Market Investigation* (the report).
3. In the report, the CC concluded that:
 - (a) features of the markets for privately funded healthcare services each (and, in certain circumstances, in combination) prevent, restrict or distort competition, and thereby have an adverse effect on competition (AEC); and
 - (b) the CMA should take action to remedy, mitigate or prevent the AECs and detrimental effects flowing from these features.
4. The CC indicated in its report that it intended that the CMA would implement some remedies by an order rather than by undertakings.
5. On 15 July 2014, in accordance with section 165 of, and paragraph 2(1)(a) of Schedule 10 to, the Act, the CMA published a Notice of its intention to make this Order as part of a package of remedies to remedy, mitigate or prevent the AEC, which it had identified in the report.
6. The CMA has taken into account the representations, which it received in response to its consultation, and now issues this Order.

ORDER

The CMA makes this Order in performance of its duty under section 138, within the period permitted by section 138A of the Act, and in exercise of its powers under section 161 of, and Schedule 8 to, the Act and under sections 86 and 87 (as applied by section 164) of the Act.

PART 1

General

1. Title, commencement, application and scope

- 1.1 This Order may be cited as the Private Healthcare Market Investigation Order 2014 and save for article 20 (information on consultant's fees) shall come into force on the commencement date.
- 1.2 Article 20 shall come into force at such time as the CMA will determine.
- 1.3 This Order applies to any person providing, or entering into arrangements with persons providing, privately-funded healthcare services in England, Wales, Northern Ireland or Scotland.

2. Interpretation

- 2.1 In this Order –

'Act' means the Enterprise Act 2002;

'AEC' means adverse effect on competition for the purposes of section 134(2) of the Act;

'CMA' means the Competition and Markets Authority;

'commencement date' means 6 April 2015;

'EBITDA' means earnings before interest, taxes, depreciation and amortisation;

'fair market value' means –

- (a) in the case of listed securities, the closing mid-market price of the relevant securities on the day of the transfer;

- (b) in the case of a non-transferable share option, the closing mid-market price of the underlying shares on the day when the share option is granted; and
- (c) in the case of a share or interest not listed on a recognised exchange, either:
 - (i) the value of the relevant share or interest as at the date of transfer or, in the case of an option, the date of grant, as estimated in good faith and using fair and reasonable assumptions and a recognised valuation methodology by an investment bank, accountancy firm or other person authorised for the purposes of the Financial Services and Markets Act 2000; or
 - (ii) the value of the relevant share or interest calculated as at the date of transfer, or in the case of an option, the date of grant, by reference to the valuation formula.

'Notice' means notice in writing;

'outpatient-only facility' means a facility which provides outpatient services, but does not provide inpatient or day-case services;

'PPU' means a private patient unit, which is a facility operated by or on behalf of the public health service in England, Wales, Northern Ireland or Scotland providing medical care to private patients. Such units may be separate units dedicated to private patients or be facilities within a public health service site which are made available to private patients either on a dedicated or non-dedicated basis;

'PPU arrangements' means arrangements under which a public health authority engages a private hospital operator to operate, manage or otherwise provide privately-funded healthcare services at a PPU in England, Wales, Northern Ireland or Scotland;

'private healthcare facility' means any facility providing medical treatments on an inpatient, day-case and/or outpatient basis which charges fees for its services, and includes a PPU;

'private hospital operator' means a person who operates a facility providing inpatient hospital services including a PPU and charges fees for its services;

'private healthcare provider' means a healthcare provider which charges fees for its services;

'private patient' means a patient who is charged for medical services either as a self-pay patient or as an insured patient;

'recognised stock exchange' means the London Stock Exchange and any stock exchange outside the UK which is designated for the time being as a recognised stock exchange by the Commissioners for Her Majesty's Revenue and Customs;

'referring clinician' means a healthcare professional who is not employed by a private hospital operator but has the right to refer patients for treatment or tests at a private hospital;

'valuation formula' means a formula which values a share or interest by reference to:

- (a) a reasonable multiple of the EBITDA of the relevant enterprise in the 12 months immediately prior to the transfer of the relevant share or interest, or the grant of the relevant option; or
- (b) a fair and reasonable projection of future cash flows of the relevant enterprise, discounted by using a fair and reasonable discount rate, as from the date of the accounts prepared immediately prior to the date of the transfer of the relevant share interest or the grant of the relevant option, but in any event as from a date not earlier than 12 months immediately prior to the date of transfer or grant;

'working day' means any day which is not a bank holiday in England and Wales, or a Saturday, a Sunday, Good Friday or Christmas Day.

- 2.2 Section 11 of the Interpretation Act 1978 applies to this Order except where words and expressions have been expressly defined.

PART 2

PPU arrangements

3. Purpose

- 3.1 The purpose of this part is to address the AEC which arises from high barriers to entry and expansion for private hospitals, and weak competitive constraints on private hospitals in many local markets, including central London, in the provision of privately-funded healthcare by private hospital operators, including in PPU's by giving the CMA power:

- (a) to review PPU arrangements other than those which give rise to a relevant merger situation for the purposes of section 23 of the Act; and
- (b) to take appropriate action, following such a review, where a private hospital operator facing weak competitive constraints in its catchment area has entered into or intends to enter into PPU arrangements in the same area, so that the arrangements result, or may be expected to result, in a substantial lessening of competition in the provision of privately-funded healthcare services in that area.

3.2 The appropriate action which may be taken by the CMA includes prohibiting the making or performance of the arrangements and accepting undertakings from the parties concerned.

4. Duty to provide information

4.1 The CMA may, by Notice to any person it reasonably considers to be a party to PPU arrangements, or proposing to enter into PPU arrangements, require them to supply to the CMA such information as the CMA may require for the purposes of this Order.

4.2 Any person to whom a Notice is given under paragraph 1 of this article shall be under a duty to supply the information required save that no person shall be required to supply any information which he could not be compelled to supply in evidence in civil proceedings before the High Court in England and Wales, or Northern Ireland, or the Court of Session in Scotland.

4.3 The Notice shall state –

- (a) the information required;
- (b) the period within which the information is to be provided; and
- (c) the possible consequences, in accordance with section 167 of the Act, of not providing the information within the stated period and in the required manner.

4.4 A person may give notice to the CMA prior to entering into PPU arrangements of material facts concerning the proposed arrangements.

5. Review

5.1 If the CMA reasonably believes that PPU arrangements have been created, or are in progress or contemplation and will be carried into effect, it shall within a reasonable time decide:

- (a) whether PPU arrangements have been created, or are in progress or contemplation and will be carried into effect;
- (b) whether those arrangements have resulted, or may be expected to result, in a substantial lessening of competition in the provision of privately funded healthcare services in the relevant local area; and if so
- (c) whether it should take action for the purpose of remedying, mitigating or preventing the substantial lessening of competition or any adverse effect which has resulted from, or may be expected to result from, the substantial lessening of competition.

5.2 In deciding the questions mentioned in paragraph 1 of this article, the CMA may, in particular, have regard to the effect of any action on any relevant customer benefits in relation to the creation of the relevant PPU arrangements concerned.

6. Investigation powers

6.1 Section 174 of the Act shall apply to the enforcement functions of the CMA under this Order.

7. Relevant customer benefits

7.1 For the purposes of this part, a benefit is a relevant customer benefit if –

- (a) it is a benefit to customers or future customers in the form of –
 - (i) lower prices, higher quality or greater choice of private healthcare services in any market for private healthcare services in the UK (whether or not the market to which the substantial lessening of competition concerned has, or may have, occurred or may occur); or
 - (ii) greater innovation in relation to such services; and
- (b) the CMA believes that –
 - (i) the benefit has accrued as a result of the creation of the PPU arrangements concerned or may be expected to accrue within a reasonable period as a result of those PPU arrangements; and
 - (ii) the benefit was, or is, unlikely to accrue without the creation of the relevant PPU arrangements concerned.

8. Remedial action

8.1 If the CMA decides that the relevant PPU arrangements have resulted, or may be expected to result, in a substantial lessening of competition and that it should take action in accordance with article 5.1(c), it may take remedial action under paragraph 2 of this article to remedy, mitigate or prevent the substantial lessening of competition, or any effect which has resulted from, or may be expected to result from, the substantial lessening of competition.

8.2 Such remedial action shall include:

- (a) prohibiting the making or performance of the PPU arrangements;
- (b) requiring the parties to the PPU arrangements to terminate the arrangements;
- (c) requiring the parties to the PPU arrangements to do anything which the CMA considers appropriate to facilitate the provision of the relevant private healthcare services; and
- (d) accepting undertakings from such of the parties concerned as it considers to be appropriate to take such action as it considers to be appropriate to remedy, mitigate or prevent the substantial lessening of competition or any adverse effect of the substantial lessening of competition concerned.

9. Cancellation

9.1 The CMA shall cancel its review of any arrangements under article 5 if it considers that the arrangements concerned have been abandoned.

10. Notices and consultation

10.1 The CMA shall, so far as is practicable, when proposing to make a decision on the questions mentioned in article 5.1 in a way which it considers likely to be adverse to the interests of a relevant party, consult that party before making that decision.

10.2 The CMA shall publish, with its reasons, any decision taken under article 8 (remedial action) or article 9 (cancellation).

11. Exclusion

11.1 This part does not apply to arrangements to the extent to which they give rise to, or would if pursued give rise to, a relevant merger situation within the meaning of section 23 (relevant merger situations) of the Act.

Part 3

Referring clinicians

12. Purpose and general prohibition

- 12.1 The purpose of this remedy is to address the AEC which arises from private hospital operators operating schemes and conferring significant benefits and inducements directly or indirectly on a referring clinician in return for them giving preference to the facilities of the relevant private hospital operator when treating private patients or referring private patients for treatment or tests.
- 12.2 Any scheme, whether legally enforceable or not, inducement, gift or hospitality that may affect the way a referring clinician prescribes for, treats or refers private patients or commissions services for private patients at the facilities of a private hospital operator is prohibited.
- 12.3 Private hospital operators and referring clinicians each have a duty not to give or accept such inducements, not to enter into such schemes, and to terminate any such schemes as are already operating no later than the commencement of this Order.
- 12.4 The prohibitions in this part apply notwithstanding that the relevant obligation or relevant financial or other advantage may have effect for a limited period of time, is made subject to specified exceptions, or includes an overriding obligation on the referring clinician always to act in the patient's best medical interests or adhere to GMC guidelines on good practice.
- 12.5 For the avoidance of doubt, the prohibitions in this part of the Order do not apply to any contract of employment or any arrangements made between clinicians and parties (including other clinicians, insurers and private healthcare providers) who are not private hospital operators.

13. Direct incentives

- 13.1 A private hospital operator is prohibited from offering any direct incentive to, or creating an obligation on, a referring clinician inducing or requiring him to give preference to the facilities of that private hospital operator when treating private patients or referring private patients for treatment or tests.
- 13.2 A referring clinician is prohibited from requesting, agreeing to receive or accepting any direct benefit from, or any obligation from, a private hospital operator inducing or requiring him to give preference to the facilities of that private hospital operator when treating patients or referring patients for treatment or tests.

- 13.3 For the purposes of this article, the term direct incentive describes schemes or arrangements between private hospital operators and referring clinicians which link, implicitly or explicitly, the value of the rewards provided to a referring clinician to the value of that individual clinician's conduct to the private hospital operator and includes:
- (a) payments made to a referring clinician by reference to each patient he has referred or test he has commissioned;
 - (b) payments made to a referring clinician by reference to a share of the revenue received from each patient he has referred for tests or treatment;
 - (c) payment to a referring clinician of a share, calculated by reference to the revenue received from the patients he has referred, of the overall profits of the private hospital operator;
 - (d) an allocation of shares in an equity participation scheme, the value of which allocation is based on the revenue received from patients the relevant referring clinician has referred for tests or treatment;
 - (e) arrangements allowing a clinician to use services and facilities, including secretarial and administrative services, and consulting rooms, free or for a discounted charge, where the value of the benefit given is calculated by reference to the revenue received from patients he has referred for treatment or tests;
 - (f) remuneration paid by a private hospital operator to a referring clinician under a contract for services, other than remuneration which is reasonable and proportionate having regard to the nature of the services being supplied; and
 - (g) any other arrangement which creates a direct link between the benefit conferred on a referring clinician by a private hospital operator and the revenue received by the private hospital operator from patients the referring clinician has referred for treatment or tests.

14. Higher-value services

- 14.1 If all the conditions in paragraph 2 of this article are satisfied, the general prohibition in article 12.2 does not apply to higher-value services provided by a private hospital operator to a referring clinician, of a type such as the following:
- (a) secretarial and administrative services; and

(b) the right to use consulting rooms.

14.2 The conditions are:

- (a) The relevant goods or services are charged to and paid by the relevant referring clinician at full open market value.
- (b) The relevant goods or services are made available on a non-discriminatory basis and on equal terms to all clinicians with practising rights at the premises of the private hospital operator.
- (c) The relevant goods or services offered to clinicians and the amount charged by the private hospital operator to clinicians in respect of each good and service concerned are published on the website relating to the relevant facility of the private hospital operator. (For the avoidance of doubt, this information should be published by reference to each good and service offered by the relevant facility, rather than by reference to each clinician.)

15. Low-value services

15.1 Subject to paragraphs 2 and 3 of this article, the general prohibition in article 12.2 does not apply to low-value services provided by a private hospital operator to a referring clinician, of a type such as the following:

- (a) general services provided to ensure clinical safety, including in-house training;
- (b) basic workplace amenities, including free tea and coffee, subsidised meals provided on-site, stationery and, to the extent that they are available to staff and persons working at the facility generally, parking spaces;
- (c) general marketing, including production of consultant directories and general promotional events; and
- (d) general corporate hospitality, to the extent that it is proportionate and reasonable and is not provided by a private hospital operator with the intention of inducing a referring clinician to make referrals, or of rewarding them for having made referrals.

15.2 Private hospital operators must disclose on the website relating to the relevant facility a description of any low-value service provided to a referring clinician of a type falling within (a) to (c), but need not disclose the cost of providing each such service or disclose the identity of the referring clinician concerned.

15.3 Private hospital operators must disclose on the website relating to the relevant facility a description of, and the cost of providing, any specific events falling within (d) such as off-site conferences or annual dinners.

16. Equity participation schemes

16.1 Subject to paragraph 2 of this article, a referring clinician is prohibited from having, directly or indirectly, a share or financial interest in a private hospital or a facility owned or operated by a private hospital operator, in any partnership or other arrangement or venture created for the purpose of enabling a private hospital operator to offer private healthcare services, or in any diagnostic equipment or equipment used for treating patients.

16.2 The prohibition in paragraph 1 of this article does not apply to arrangements if the following conditions are satisfied:

(a) The relevant referring clinician must make full payment at fair market value at the time of acquiring the relevant financial interest or, in the case of a non-transferable option, at the time of exercising the option, and must exercise the option (or, if not exercised, the option must lapse) not more than 24 months from the date of grant of the option. Any funding for the purchase provided as a loan by the relevant private hospital operator and any payment which is deferred is to be left out of account for the purposes of this condition.

(b) The relevant referring clinician must not hold, directly or indirectly, more than 5% of the financial interest or of any class of shares or options over any class of shares and options in the equity in any private hospital or facility at which they hold practising rights or have power to commission tests, or in any arrangement to offer private healthcare services at that private hospital or facility.

(c) The relevant referring clinician must not have any obligation, express or implied:

(i) to refer patients for treatment or tests at the relevant private hospital or facility;

(ii) to perform a minimum percentage of his private practice, or to perform healthcare services for a minimum period of time, at the relevant private hospital or facility; and

(iii) to use specified equipment at the relevant private hospital or facility for a specified period of time or in relation to a specified number of patients.

- (d) Any dividend or profit share made by the relevant private hospital operator to the relevant referring clinician must be made strictly pro rata to the share or financial interest he holds in the relevant private hospital or facility.
- (e) The relevant referring clinician must not have any obligation, express or implied, which restricts them from providing healthcare services to patients within a specified distance from the relevant private hospital or facility, or from having a share or financial interest in a competitor of the relevant private hospital operator, or which in any other like manner restricts their conduct as regards the relevant private hospital or facility, or the relevant operator.

16.3 The prohibition in paragraph 1 of this article does not apply to arrangements made before 2 April 2014 if, before the commencement of this Order, conditions (b), (c) and (d) of this article are satisfied.

16.4 The exemption conditions in paragraph 2 of this article apply to options which are non-transferable options, but do not apply to any other kind of option.

17. Publication on website

17.1 A private hospital operator must publish on the website of the relevant private hospital or facility details of all referring clinicians practising at that private hospital or facility who have a share or financial interest in that private hospital or facility, or in equipment used in that private hospital or facility.

17.2 The details required to be published in accordance with paragraph 1 of this article are:

- (a) the names of the relevant clinicians;
- (b) the value in percentage terms of the share or financial interest held by the relevant clinician, as calculated in accordance with article 16.2; and
- (c) the methodology used in accordance with article 16.2 to estimate the value of the share or interest.

Part 4

Information

18. Purpose and scope

18.1 The purpose of this remedy is to address the AEC which arises from the lack of publicly available information as to:

- (a) performance measures of private healthcare facilities; and
- (b) performance measures and fees of consultants providing privately-funded healthcare services;

by requiring that all operators of private healthcare facilities in the UK provide patient episode data for processing and publication by the information organisation approved in accordance with the provisions of this Part of the Order, and that consultants provide fee information to patients by letter or email, using a standard template, and also to the information organisation.

19. Information concerning performance

19.1 Every operator of a private healthcare facility shall, subject to paragraphs 3 and 5 of this article, supply the information organisation, on a regular basis from a date no later than 1 September 2016, with information as regards every patient episode of all 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 at both hospital and consultant level:

- (a) volumes of procedures undertaken;
- (b) average lengths of stay;
- (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 either a different private healthcare facility or PPU);

- (h) a measure, as agreed by the information organisation and its members, of patient feedback and/or satisfaction;
 - (i) relevant information, where available, from the clinical registries and audit;
 - (j) procedure-specific measures of improvement in health outcomes, to the extent indicated by the information organisation to be appropriate; and
 - (k) frequency of adverse events, to the extent indicated by the information organisation to be appropriate.
- 19.2 Operators of private healthcare facilities shall, subject to paragraph 3 of this article, 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, 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, for each episode.
- 19.3 Any disclosure or use of information relating to a particular person must only be made if it is made with the consent of that person.
- 19.4 Operators of private healthcare facilities shall pay an amount calculated by reference to the number of patients 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.
- 19.5 The duty in paragraph 1 of this article does not require an operator to supply the information organisation with information concerning outpatient consultations and treatments provided by an outpatient-only facility.

20. Information concerning consultants supplied to the information organisation and to patients

20.1 Consultants providing private healthcare services shall provide on a regular basis, from a date no later than 1 December 2016, the following information to the information organisation –

- (a) outpatient consultation fees, which may be expressed as either a fixed fee or an hourly rate; and
- (b) the standard procedure fee for each type of procedure undertaken by the consultant.

20.2 The operator of a private healthcare facility shall, from the date this article 20 is brought into force, and as a condition of permitting a consultant to provide private healthcare services at that facility, require the relevant consultant to supply patients with information in writing to be provided:

- (a) prior to outpatient consultations, in accordance with paragraphs 3 and 5 of this article; and
- (b) prior to further tests or treatment, whether surgical, medical or otherwise, in accordance with paragraphs 4 and 5;

and shall provide the consultant with an appropriate template approved by the CMA for these purposes, in standard wording and in a clearly legible font.

20.3 Consultants must supply the following information to a patient prior to an outpatient consultation:

- (a) the estimated cost of the outpatient consultation or consultations, which may be expressed as a range, so long as the factors which will determine the actual cost within the range are explained;
- (b) details of financial interests of any kind, which the consultant has in the medical facilities and equipment used at the premises;
- (c) a list of all insurers which recognise the consultant;
- (d) a statement that insured patients should check with their insurer the terms of their policy, with particular reference to the level of outpatient cover they have; and
- (e) website address of the information organisation, and a statement that this website will give patients useful information on the quality of performance of hospitals and consultants.

- 20.4 The following information must be disclosed by a consultant to a patient prior to further tests or treatment, other than tests or treatment given on the same day as the consultation:
- (a) Confirmation of the relevant diagnosis.
 - (b) An estimate of the cumulative consultant cost of the treatment pathway which has been recommended. In the case of an insured patient, this should either include all consultant fees that will be charged separately from the hospital fee, or should include contact details for any other consultants whose fees are not included in the quote. For self-pay patients, this should either be the total package price for treatment, where the consultant has agreed this with the operator of the relevant private healthcare facility, or the consultant-only cost, where a package price has not been agreed.
 - (c) A statement of any services which have not been included in the estimate, such as those resulting from unforeseeable complications. Where alternative treatments are available but the appropriate treatment can only be decided during surgery, the estimate should set out the relevant options and associated fees.
- 20.5 Consultants shall supply patients with information in accordance with paragraph 3 of this article at the same time as the outpatient consultation appointment is confirmed with the patient, and other than in case of emergency shall supply patients with information in accordance with paragraph 4 of this article either within 48 hours of the final (pre-treatment) outpatient consultation or prior to surgery, whichever is sooner.
- 20.6 The operators of a private healthcare facility shall ask every patient attending those premises to sign a form confirming that the relevant consultant provided the information required by this article, and shall take appropriate action if there is evidence that a consultant has failed to do so.

21. The information organisation

- 21.1 The CMA shall approve arrangements for establishing the information organisation for the purposes of this part of the Order in accordance with the provisions of this article.
- 21.2 The board of the information organisation shall include:
- (a) two non-executive directors nominated by the CMA;

- (b) one non-executive director nominated by the board of the Association of the Independent Healthcare Organisations;
- (c) one non-executive director nominated by the Health Committee of the Association of British Insurers;
- (d) one non-executive director from an independent professional membership organisation of healthcare professionals; and
- (e) two or more directors, whether executive or non-executive, with significant experience and expertise in the collection and processing of healthcare performance data.

22. Duties of the information organisation

- 22.1 The information organisation shall prepare and submit to the CMA for approval a five-year plan, which has been approved by its members, setting out how it proposes to collect the information specified in this Order and comply with the data protection principles.
- 22.2 The information organisation shall offer membership to all private healthcare providers and private medical insurers and to some bodies representing consultants.
- 22.3 The information organisation may seek subscriptions from its members, and may grant licensed access to its database so long as no disclosure or use of information relating to a particular person is made without the consent of that person.
- 22.4 The information organisation shall publish on its website:
 - (a) its board minutes;
 - (b) the five-year plan, as approved by the CMA;
 - (c) a timeline for publication of the performance information specified in this Order;
 - (d) details of its annual budget; and
 - (e) an annual report, which sets out the progress made in fulfilling the five-year plan; explains any changes to the timetable or the nature of the information collected; and gives sufficient audited financial information to enable members to understand how their funds have been applied.

- 22.5 The information organisation shall consult on the methodologies it proposes to use to process its data and shall have its data sets and processing procedures audited annually by an external auditor.
- 22.6 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.
- 22.7 The information organisation shall ensure that the performance information which it publishes on its website is reviewed and updated, as necessary, no less than once every three months.

23. Duties of private medical insurers

- 23.1 Private medical insurers have a duty to inform patients that helpful information as to consultants and private hospitals is available on the website of the information organisation.
- 23.2 Private medical insurers are accordingly required to include standard wording to this effect, as agreed with the information organisation, in communications sent to any patient taking out or renewing a private medical insurance policy.