

Private Healthcare Market Investigation Order 2014 (as amended)

Part 4

Information

20. Purpose and scope

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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, 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.

22. Information concerning consultants supplied to the information organisation and to private patients

22.1 Consultants providing private healthcare services shall provide to the information organisation, from a date no later than **31 December 2018 and thereafter from time to time on a regular basis**, the following information in accordance with a format provided by the information organisation and shall keep such information up to date:

- (a) outpatient consultation fees, which may be expressed as either a fixed fee or an hourly rate;
- (b) the standard procedure fee for the 50 types of procedure most frequently undertaken by the consultant, **or such lower number as the Information Organisation may require having regard to the performance information published in accordance with article 21.1**; and
- (c) standard terms and conditions, plus any exclusions or caveats, expressed in a standard form as determined by the information organisation.

22.2 The operator of a private healthcare facility shall, as a condition of permitting a consultant to provide private healthcare services at that facility, require the relevant consultant to supply private patients with information in writing to be provided:

- (a) **as from 31 December 2017**, prior to outpatient consultations, in accordance with article 22.3 and article 22.6; and
- (b) **as from 28 February 2018**, prior to further tests or treatment, whether surgical, medical or otherwise, in accordance with article 22.4 and article 22.6;

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.

22.3 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 and type of outpatient cover they have; and
- (e) the website address of the information organisation, and a statement in standard wording as agreed with the information organisation indicating that this website will give patients useful information on the quality of performance of hospitals and consultants.

22.4 The following information must be disclosed by a consultant to a patient prior to further tests or treatment:

- (a) the reason for the relevant further tests or treatment;
- (b) an estimate of the cumulative consultant cost of the treatment pathway which has been recommended. 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 or, where applicable for self-pay patients, the total package price for treatment, where the consultant has agreed this with the operator of the relevant private healthcare facility;
- (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; and
- (d) the website address of the information organisation, and a statement in standard wording as agreed with the information organisation indicating that this website will give patients useful information on the quality of performance of hospitals and consultants.

22.5 For tests or treatment given on the same day as the consultation, the information specified in article 22.4 may be given orally rather than in writing.

22.6 Consultants shall supply patients with information in accordance with article 22.3 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 article 22.4 either within the two working days following the final (pre-treatment) outpatient consultation or prior to surgery, whichever is sooner.

22.7 **Subject to article 22.8, the operator of a private healthcare facility shall ask every privately-funded patient undergoing any inpatient, day-case or**

outpatient procedure, including diagnostic tests and scans at that facility, to sign a form confirming that the relevant consultant provided the information required by Article 22.4, and shall take appropriate action if there is evidence that a consultant has failed to do so.

22.8 The duties in Article 22.7 owed by the operator of a private healthcare facility do not apply in the case of a private patient who attends a consultation at premises which are not part of the relevant facility and who does not thereafter have treatment at the relevant facility pursuant to attending the consultation.

23. The information organisation

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24. Duties of the information organisation

24.1 The information organisation shall prepare and submit to the CMA for approval a five-year plan, which has been developed in conjunction with, and approved by, its members, setting out how it proposes to collect the information specified in this Order and the basis on which it may licence access to this information in accordance with article 24.3.

24.2 The information organisation shall offer membership to all private healthcare providers and private medical insurers and to some bodies representing consultants.

24.3 The information organisation may seek subscriptions from its members in order to carry out the duties specified in this order, and may with the agreement of its members grant licensed access, which is in accordance with the Data Protection Act 1998, to its database.

24.4 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 financial information to enable members to understand how their funds have been applied.

24.5 The information organisation shall consult its members and may consult relevant experts on the methodologies it proposes to use to process its data and shall have its data sets and processing procedures subject to periodic external independent accreditation, certification or audit.

24.6 The information organisation shall publish performance information **as required by Article 21 and fees information as required by Article 22** 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 **performance** information no later than 30 April 2017, **and all such fee information no later than 30 April 2019**.

24.7 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.

25. Duties of private medical insurers

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