

## GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST: SUMMARY OF ACTION PLAN TO ACHIEVE FULL COMPLIANCE WITH PART 4 OF THE PRIVATE HEALTHCARE MARKET INVESTIGATION ORDER 2014

Measure	Milestones in February	Milestones in March	Milestones in April	Milestones in May	Milestones in June	Milestones in July	Date of full compliance
Volume	Already compliant and uploading data monthly	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Already compliant
Length of stay	Already compliant and uploading data monthly	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Already compliant
Adverse events	Already compliant and uploading data monthly	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Already compliant
Patient feedback	Site-level data has been collected since January 2024	Continue to collect feedback data for period after Jan '24	Continue to collect feedback data for period after Jan '24	Continue to collect feedback data for period after Jan '24	Continue to collect feedback data for period after Jan '24	Start to upload data for period from 1/1/24 onwards (noting 6-month lag in uploading data)	July 2024
Health outcome measures	PROM data is not currently collected 1. Engage with PHIN and CMA on understanding requirements, through direct meetings and training events	2. Engage with patient feedback supplier to explore their capability, capacity and costs of adapting processes to enable PROMS to be collected	6. Turn PROM specifications into compliant questionnaire and survey formats (varying by for Q1 and Q2 process) 7. Identify data sources to correctly	9. Identify and test data collection and storage process 10. Enter sample / test data into surveys 11. Test outputs from data collection	13. Iterate data collection processes to improve quality and speed 14. (TBC) Begin to send Q1 survey patients for	15. (TBC) Continue to send Q1 to patients 16. Start to send Q2 data to patients where interval is 2 months 17. Test and develop the data linking, submission and	(Depending on case mix and timing of patient cohort responses, we anticipate data returns from end of July'24 onwards and data upload will be c. 15-18 months

		3. Identity whether DPIA changes for patient feedback supplier are required (and / or hospitals survey providers, as a backup) 4. Map CCSD codes to PROMS domains to identify specific procedures “in scope” 5. Identity typical / average levels of activity per PROM	8. Agree survey trigger points, as well as roles and responsibilities for sending these out surveys within survey supplier and Trust	and links between these outputs and APC data 12. (If required / existing supplier can’t support process changes, then we will create online or paper-based / manual survey tool)	all relevant domains	upload cleansing process (linking Q1 to Q2 data to each other and to APC / other relevant data) 18. Commence upload process and date cleansing process to PHIN portal on receipt of Q2 data	afterwards due to lag in collection, i.e. published data should be possible by early '26)
Clinical coding	Already compliant	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Continue to upload compliant data	Already compliant

## Supporting Information

The two areas of non-compliance across Gloucester Hospitals, which incorporates both Gloucestershire Royal Hospital (PHIN-GLS002) and Cheltenham General Hospital (PHIN-GLS001) sites; these are around Patient Feedback and Health Outcome Measures. We are compliant in all other areas and the data maturity report indicates we have met all previous milestones. Overall Gloucester Hospitals are confident of resolution to this matter.

Gloucester Hospitals have already implemented a process by which to collect patient feedback and this data has been collected since January 2024. This data will be uploaded c. 6 months after it has been submitted to the Trust and so we anticipate compliance in this area from July 2024 onwards, when the relevant period for uploading that data is due (the Trust can confirm we have had two sets of feedback since January 2024).

Gloucester Hospitals need to design and roll out a process by which to collect Health outcome measures, as they are not currently collecting PROMs data. However, the Trust is confident that systems will be in place that enable them to collect the data by the end of July 2024 (sooner, if possible), with an ambition to start submitting PROMS data within 2-6 months of the launch date depending on case-mix and activity (noting the interval between pre- and post-operative care in Q1 and Q2 varies between 2 and 6 months). As such, the Trust anticipate our upload will be compliant from January 2026, given the 18-month delay between collecting and publishing this data.

The main uncertainty in this process, currently, is around the technical aspects of rolling out a bespoke processes with the hospitals Patient Experience supplier (to ensure data protection and integrity). There is a “plan B” too – to undertake a bespoke manual process, should there be issues with “plan A”. There are some “known unknowns” of new processes, that may impact timelines, that are as follows (noting that should these eventuate, the provider commits to proactively engaging with relevant stakeholders at PHIN and CMA, as a minimum):

- Limitations (Capability, capacity and cost) of external providers to support the PROMS process
- (If the hospital goes down the route of needing to survey patients directly) Whether this can be done “online” through eforms (preferred) rather than via printable copies sent to patients pre- and post op; this may be more complex initially to get set up but should be more accurate and less resource intensive (there may be other implications of this, potentially, such as needing to recruit persons to support these processes)
- Financial approval off and procurement timelines, for bespoke processes (if they are required)

Should conversations about data flows in relation to PROMS (and the national data collection via NHS routes in this regard) between PHIN and NHS England be resolved to further support this, we hope to be able to further update the plans too.