

Healthcode Ltd briefing paper for the Independent Inquiry into the issues raised by Paterson

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Introduction

Healthcode is the UK's official medical bill clearing company for private healthcare. Since 2001 we have conveyed encrypted on-line systems to healthcare professionals and businesses and currently process circa. £3bn worth of medical invoices annually (over 25,000 bills processed daily) for privately insured patients in the UK.

This briefing paper has been prepared by Healthcode to help inform the Inquiry into Paterson what information systems are currently available and the future developments underway to create a central repository of Consultant information. In order for change to be meaningful, in order for progress to be made, it is timely to take stock of current practice and review what is being done well and what can be done better. The Ian Paterson case raises the question of how standards of practice, consent and patient safety are assured. The Inquiry will no doubt consider systems in place for validating and monitoring hospital staff and Healthcode systems directly addresses the challenge of governance and demonstrates how seriously the sector takes patient safety.

The independent sector has acknowledged that we need to do more on information availability, but the next steps is to actually demonstrate and present as a sector that is transparent, outcome focused and can sit alongside the NHS with comparative data. It is essential we get this right in order for the sector to grow and thrive and to give private healthcare greater confidence to talk openly about the high-quality patient care we provide on a daily basis.

The sector as a whole needs to be pulling in the same direction and Healthcode does this by uniting Private Medical Insurers (PMIs), Hospitals and Consultants under the same platform, stimulating discussion and best practice comparison across the entire healthcare sector. Healthcode are huge advocates of collaboration and as a sector we need to work collectively to protect and enhance our strengths and band together to improve our offering where it needs to be strengthened.

Without access to a common network, it is impossible for people to be sure whether the information they hold is accurate; administrative processes are often inefficient and involve duplicating effort; and there is nothing to stimulate discussion about new ideas or best practice, or indeed concerns about poor practice.

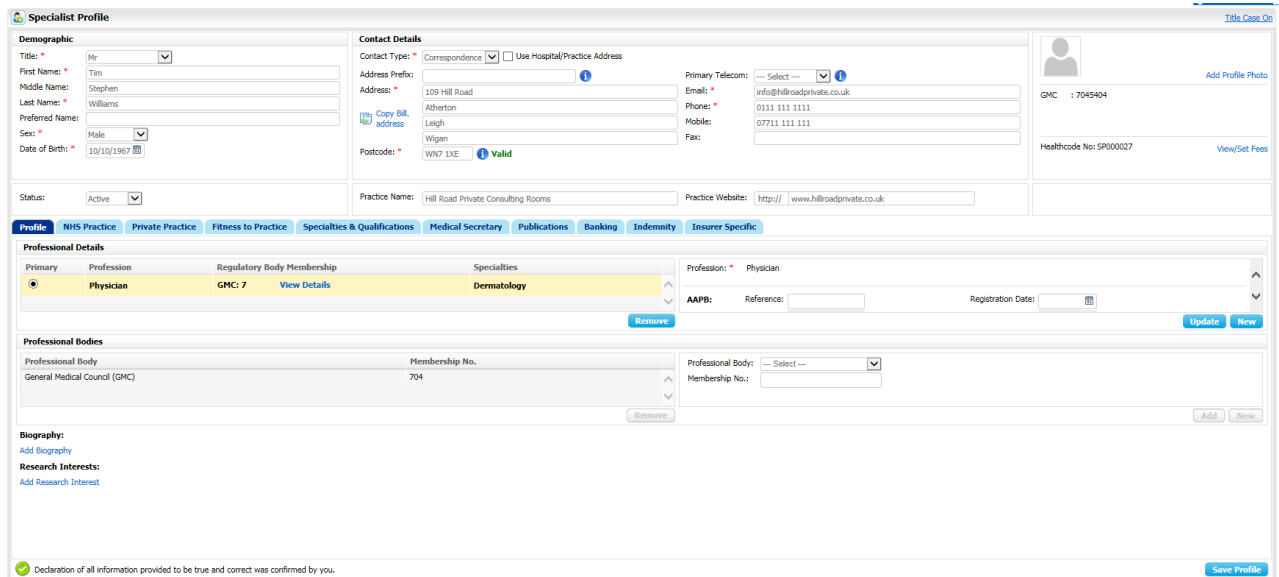
Healthcode launched The Private Practice Register (The PPR) two years ago. While initially launched to support Practitioners in gaining recognition with Insurers, we soon realised The PPR would enable the Independent healthcare sector to achieve the level of information transparency demanded by the Competitions and Markets Authority and to demonstrate that we had learned the lessons of the Paterson case.

In particular we would like to relate this briefing document to the Terms of Reference 3 and sub sections B, C, D and E. The remainder of this document is structured as follows:

- In Section 2 we will briefly outline past and present practice relating to Consultants, Hospitals and Private Medical Insurers (PMIs)
- In Section 3 we will outline future solutions to create a central data repository for all Consultants who have practising privileges across the UK.

Section 2

The PPR, developed by Healthcode is a sector wide directory and register of Consultants offering services in the independent sector. This on-line solution overcomes the challenges faced by Consultants, PMIs, hospitals and NHS Private Patient Units. Already well established, this collaboration enables cumbersome processes to be streamlined, developing better lines of communication and improved governance and quality assurance. When The PPR was launched two years ago we wanted to make it easier for Consultants to obtain recognition and update their details with PMIs. Until then, the process would involve completing separate applications which would pose the same questions. Consultants who changed their details had to make multiple submissions to each PMI. The PPR eliminates this frustrating duplication. Consultants complete only one form to set up their profile on the system and register with their chosen insurers. They can update their details once for all their chosen insurers.



View of specialist profile on The PPR *Factitious information used to create specialist profile

To date, more than 10,000 Consultants and Practitioners have registered with The PPR and Healthcode are setting up new profiles at a rate of over 500 per month. We are rapidly reaching the point where The PPR has become recognised as the definitive primary source of Consultant data; from their biography, qualifications and professional registration, to the hospitals where they have practising privileges, procedures and practice hours.

And this is why The PPR has become more than a fast track to insurer recognition. Its wider significance lies behind the technology platform that securely connects the different parts of the independent healthcare sector: Consultants, PMIs, Hospitals and NHS Private Patient Units to work together and more effectively for the common good.

Specialist Profile Title Case On

Demographic

Title: * Mr

First Name: * Tim

Middle Name: Stephen

Last Name: * Williams

Preferred Name:

Sex: * Male

Date of Birth: * 10/10/1967

Contact Details

Contact Type: * Correspondence Use Hospital/Practice Address

Address Prefix:

Address: * 109 Hill Road
 Atherton
 Leigh
 Wigan

Postcode: * WN7 1XE Valid

Primary Telecom: --- Select ---

Email: * info@hillroadprivate.co.uk

Phone: * 0111 111 1111

Mobile: 07711 111 111

Fax:

Add Profile Photo

GMC : 7045404

Healthcode No: SP000027 [View/Set Fees](#)

Status: Active

Practice Name: Hill Road Private Consulting Rooms Practice Website: http:// www.hillroadprivate.co.uk

Profile NHS Practice Private Practice Fitness to Practice Specialties & Qualifications Medical Secretary Publications Banking Indemnity Insurer Specific

Hospital/Practice Name	Type of Care Provided	Patients Treated	Start Date	End Date	Contact Details
Egham Private Hospital	Outpatient Treatment (Ambulatory) Inpatient Outpatient (Consulting only)	Adults Children aged 13-18 Years	01/01/2014		Email: secretary@hillroadprivate.co.uk Phone: 0222 222 2222
Staines Private Hospital	Outpatient Treatment (Ambulatory) Outpatient (Consulting only)	Adults Geriatric	01/12/2013		Email: secretary@hillroadprivate.co.uk

Hospital/Practice Name: * Egham Private Hospital

Contact Type: Correspondence

Address Prefix: 1st Floor

Address: secretary@hillroadprivate.co.uk

Email: 0222 222 2222

Phone: 0222 222 2222

Fax:

Start Date: 01/01/2014

End Date:

Patients Treated: * Adults, Children aged 1...

Type of Care provided: * Outpatient Treatment (...)

Medical Secretary: --- Select ---

Practice Hours:

Day	Morning	Afternoon	Evening	Frequency
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly
Monday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekly
Tuesday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekly
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly
Thursday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekly
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly

[Update](#) [New](#)

Specialist Profile showing Private Practice location and hours *Factitious information used

Section 3

Healthcode has continued to work with external stakeholders and responded to the need to develop a central repository for a Consultant's whole practice where data can be securely shared with Consultants, PMIs, Hospitals and GMC Responsible Officers (thereby crossing the NHS threshold).

Specialist Directory Clear Search

Search By: Last Name For: Facility Reference: Alerts: GMC Warning Exists: 0 Appraisal Overdue: 2 Indemnity Overdue: 12

Reg. Body Reference: Profession: --- Select --- Speciality: --- Select --- Sub-Speciality: --- Select --- [Search](#)

Active Specialists: 35

Specialist Name	Profession	Speciality	Reg. Body Reference
Mr Michael Barnesly	Surgeon	Maxillo-Facial Surgery	RCS:RCS66544
Doctor Frances Hobson	Anaesthetist	Anaesthetics	RCD:AANA001
Mr James Johnson	Surgeon	Vascular Surgery	RCS:RCS6654
Mrs Janet Johnson	Anaesthetist	Anaesthetics	RCD:A113
Mr Rajesh Patel	Surgeon	Gynaecology	RCS:RCS9901
Doctor Stephanie Ratalmen	Clinical Scientist	Clinical Biochemistry	HCPC:SDF654854
Doctor Thomas Sample	Surgeon	Paediatric Trauma And Orthopaedics, Paediatric Surgery	RCS:10554
Mr Alan Smith	Surgeon	General Surgery	GMC:3191945
Mrs Keira Smith	Surgeon	Neurosurgery	RCS:662211
Mr Tom Taylor-smith	Surgeon	Spinal Injuries	RCS:554225
Doctor Aaron Thompson	Surgeon	General Surgery	RCS:RCS6652
Miss Laura Wheeler	Surgeon	Aesthetic Procedures	RCS:RCS66547

Specialist Details

Specialist Name: Doctor Thomas Sample

Healthcode SP Number: SP000140

Sex: Male

Specialty: Paediatric Surgery, Paediatric Trauma And Orthopaedics

Regulatory Body	Reference	Registration Date
The Royal College Of Surgeons Of England	10554	05/08/1989

[Download Profile PDF](#) | [View Changes](#) | [View Profile](#)

Facility References

SP000140

1414

Hospital Practices and Privileges

Hospital Name	Start Date	End Date
Staines Private Hospital	02/02/2012	View History

Specialist Directory on The PPR showing consultants working at Staines Private Hospital alongside GMC, Appraisal and Indemnity warning. *Factitious information used

To this end Healthcode has just launched the next phase of The PPR project which will see it rolled out to private hospitals and NHS Private Patient Units. We are piloting the service with private hospitals covering major groups, independents and NHS PPUs to determine their priorities but initially hospitals will be able to view the profiles of Consultants who have practising privileges at their organisation and see whose appraisal or indemnity is overdue. Hospitals will also receive notifications when a Consultant links their practice to their organisation, so they can cross check with their own records and any discrepancies can be addressed. The pilot will be complete by the end of November 2018 and after a review phase will be rolled out to all private hospitals.

Healthcode is committed to an ongoing roadmap to further develop The PPR for Consultants, Insurers and Hospitals. Future functionality targeted at hospitals will include:

- advanced notice of appraisal due date and indemnity due date
- the ability to process and administer practising privilege applications
- procedure credentialing
- the ability for Responsible Officers, Medical Directors and Medical Advisory Committees to create their own 'dashboards' such that they are able to view a consultant's various practising privileges arrangements across different providers, alongside of their NHS practice.
- the Consultant will be able to use The PPR to present to Responsible Officers and other relevant healthcare professionals their entire whole practice. Queries should be raised if a Consultant does not bring their PPR profile to whole practice appraisal and revalidation.
- activity and volume levels (which could support and address conflict for both hospitals and consultants)

Any new functionality will be developed in consultation with The PPR User Group as The PPR becomes embedded in hospitals Governance policy and procedures.

Consultants are required to provide a reference from their NHS practice as part of their insurer recognition process. As such there is sight of whole practice across both sectors which could be extended to provide further detail and information. The PPR already has the grounding to work across both the NHS and Independent sectors.

In short, The PPR will give hospitals a clear picture of their Consultant population and provide the tools to enhance their governance procedures. The PPR is pivotal in having oversight and understanding and managing Consultant populations – either from a Responsible Officer, Medical Director or Medical Advisory Committee perspective.

Extending The PPR to hospitals is an important step towards data transparency which will benefit the sector and its patients as a whole. The detailed information on file supports Consultants to maintain practising privileges, meet regulatory requirements and to support their whole practice appraisal. Consultants will be in control of their own data and will be able to securely share confidential information with their hospital contact and Responsible Officer.

Technology has the capacity to be a game changer and can bring together Consultants, PMIs, Hospitals, GMC Responsible Officers and healthcare regulators. All of whom can access reliable information on which to make informed choices and decisions about a Consultant's behavior and practice.

While the private sector has enormous strengths, the Paterson case has left us at a crossroads. If we are to convince patients of the safe, high quality care that they can expect from the private sector we must unite to deliver meaningful change. While the publication of performance data through PHIN is a definite sign of progress we need to go much further.

Healthcode and The PPR provides the technology and tools to transform outdated working practices and deliver joined up and integrated standards and processes across the private health sector. Critically and fundamentally for the Inquiry and the sector it exists today; the systems we have outlined and described above are live and operational; Practitioners, PMIs and hospitals all have accounts and access to a database and network operating to the highest levels of security and operational resilience. Most importantly of all however is that The PPR brings us together; it offers a unique opportunity for the sector to unite around a purpose that benefits all stakeholders, not least the patient.

We would welcome the opportunity to share the latest and future planned developments for The PPR to the inquiry.