



# OUTCOMES

January 2011

## New focus on Quality & Relevance, not Quantity



### Recent Publications

#### Outcomes Autumn 2010 highlights using measured outcomes to support difficult decisions

Our previous newsletter illustrated examples of where PROMS and PREMS are being used to prioritise services and demonstrate value as perceived by patients themselves. You can download it [here](#)

#### Market review paper compares different channels for capturing patient experience

CoMetrica has published a paper useful to anyone who is considering improving their means of measuring patient experience. You can download the paper from [www.CoMetrica.co.uk](http://www.CoMetrica.co.uk) [here](#)

#### Podiatry outcomes case studies

Two new case studies have been published covering the implementation of continuous outcomes measurement in NHS Podiatry services. You can download them from [www.CoMetrica.co.uk](http://www.CoMetrica.co.uk) [here](#)

### Conferences & Events supported by CoMetrica

- 3rd November, London Health 2010 where over 300 delegates heard Andrew Lansley speak on the future of healthcare in the capital

#### Future events

- 4-6th March 2011, British Association of Prosthetists and Orthotists conference, Harrogate
- 8th March 2011, Podiatry managers Conference, Northampton

### Variable Quality Accounts

The DH Medical Director, Professor Sir Bruce Keogh wrote to Trusts in December after a review of the Quality Accounts for 2009/10, highlighting the variable quality and lacking robust content.

*“this year’s publications tended to have either a strong clinical focus, highly technical with little explanation for a wider public audience – or more of a patient focus with little hard evidence to back up marketing claims ..... providers need to make significant improvements in this area”*

Guidance for 2010/11 has been issued with requirements to engage more with patients, measure performance in terms which mean most to patients over time and compare performance with peers. The accounts are being extended to primary & community care for 2010/11. A toolkit has been published which specifically requires the use of the results of Patient Reported Experience Measurement, linked to patient data and effectiveness. The DH Document can be downloaded [here](#)

The Kings fund review of quality accounts has sampled 25% of all published QAs with similar conclusions but chose to highlight some examples of poor practice such as:

- Too few or too many quality measures
- Coverage poor across all services provided
- Waiting times reporting having higher importance than quality—probably a result of the previous government priorities

- Patient experience relying on the sampled annual survey
- Lack of statistical robustness and poor chart presentation
- Misleading graphical presentations such as the following

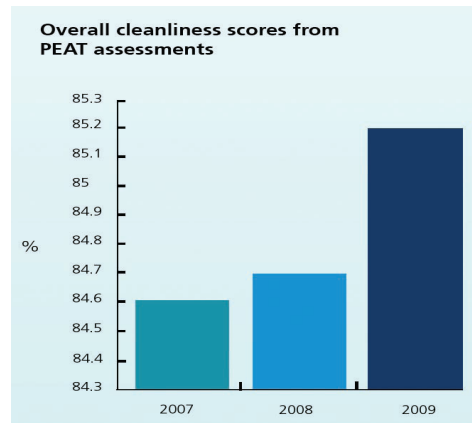


chart which implies a doubling of performance but is in fact only a 0.8% improvement on the previous year

- Only one third of providers have provided “real time or near real time” patient experience measurement
- Some references are vague such as “Patient feedback has been introduced ” with no clarity over the scope of measurement.
- Too much reliance has been placed on small skewed samples compared with comprehensive measurement in all services.
- Filtered (good) patient quotes

Their conclusion is that Quality Accounts are serving two purposes, local quality improvement and public accountability and to achieve this, better comparative information and robustness is required. For help in improving outcomes & experience measurement, contact [Stuart Mathieson](#) at [CoMetrica.co.uk](http://CoMetrica.co.uk)

### New strategy for cancer focuses on outcomes, choice and prevention

The role of patient voice is emphasized with increased measurement of outcomes informing better commissioning. Focus moves to local patient involvement and empowerment rather than “Top-Down” strategies.

The Department of Health strategy just published highlights the role of healthcare professionals in cancer being able to compare their outcomes as perceived by patients with the development and use of cancer PROMS and surveys of cancer survivors. *“the wider routine use of PROMs with cancer survivors will enable commissioners and providers to better understand how services can improve quality of life and outcomes for cancer survivors”*

The “humans rights approach” to delivering personalised cancer care identifies the need to *“assist services in moving away from using process measures .....towards measuring the outcomes that really matter to patients.”* The 2010 national survey of cancer patients will be repeated and Trusts should aim to measure experience locally themselves on a continuous basis so no surprises are revealed by the national survey.

The strategy can be downloaded from the DH [here](#)

**SMS Text survey response channel to be available**

CoMetrica will be making available to COM-Q users a text notification system for patients to complete their experience and outcomes survey.

This will be of particular interest to health providers who need to target younger patients such as mental health trusts, obstetrics and young persons with long term conditions.

The system will allow patients to complete their surveys on-line or directly through smartphones

**Reducing questionnaire overload**

The COM-Q system from CoMetrica combines clinical and non-clinical outcome and experience measures into one concise electronic form matched to each patient.

Measures are linked to each patients condition and the services actually used and so are more relevant

Multiple completion routes including the most popular - paper, increase response rates

The majority of ALL service users respond rather than the small samples achieved by passive systems.

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[www.CoMetrica.co.uk](http://www.CoMetrica.co.uk)

**Ambulance Trusts look to quality as response targets are revised**

The response time target for Category B calls is to be scrapped but the government is leaving the target for achieving 75% of life threatening calls responded to within 8 minutes.



New indicators will be used to look at the patient pathway and the contribution of the emergency services to patient outcomes. This has prompted many ambulance trusts to look beyond the annual patient satisfaction surveys they may have done to making the measurement of patients experience and outcomes an integral part of service delivery. Using as system such as the COM-Q service from

**Dementia Strategy—Good Practice Compendium highlights Quality of Life measures**

**This Best Practice guidance just published** identifies good examples of successful projects in managing dementia. Outcomes for people and their carers feature strongly with many examples of good practice including measurement of patient -reported experience and outcomes.

Such measurement can be a challenge to achieve when a traditional multiple choice type questionnaire is used. These often rely on proxy scoring by carers who cannot always know exactly what the dementia sufferer is feeling.

One of the ways to combat this is through using visual measures such as pictorial questionnaires . These are much more accessible for many patient groups other than dementia but few systems are capable of such flexible measurement, particularly in a domestic context. One of the systems which can provide visual questionnaires is the COM-Q service from CoMetrica. For more information, contact [Stuart Mathieson](mailto:Stuart.Mathieson@CoMetrica.co.uk) at [CoMetrica.co.uk](http://CoMetrica.co.uk)

The Dementia Best Practice compendium can be downloaded [here](#)

CoMetrica allows patient experience and outcomes measures to be connected to patient data and allow the longer-term outcome of patients to be measured. This has been an unknown for emergency services who rarely find out the ultimate outcome of patients they deliver to A&E.

The move towards clinical pathway based indicators for time-sensitive diagnosis and treatment such as stroke and cardiac re-vascularisation has been welcomed by doctors.

**Patient Transport Services face stiff competition on quality**

The measured quality of service and patient experience provided by NHS and independent PTS providers continues to be a high priority item when commissioners and healthcare providers seek to re-tender contracts.

Many PTS providers are looking to introduce continuous measurement but are wary of the superficial results some approaches can produce. Ideally, measurement should be seen as independent rather than carried out by the staff themselves and should be linked to patient data to make it more meaningful. For more information contact [Stuart Mathieson](mailto:Stuart.Mathieson@CoMetrica.co.uk) at [CoMetrica.co.uk](http://CoMetrica.co.uk)

**NHS Outcomes Framework to improve quality of care**

Just before Christmas, the government published the much anticipated first outcomes framework. In line with the new government direction on health, it claims to avoid the introduction of new national targets but instead sets a direction of travel to be built on in subsequent years.

The 4th Domain of the framework is devoted to patient experience in hospital services (including outpatients & maternity), primary care, mental illness, children & younger people and those at the end of their lives

The measurement infrastructure will be developed to include local and condition specific approaches which many trusts are making by investing in rapid response continuous measurement as an integral part of their delivery of services. This avoids any “surprises” revealed after any new national surveys are undertaken and allows trusts to focus on areas which could be high risk. For more information, contact [Stuart Mathieson](mailto:Stuart.Mathieson@CoMetrica.co.uk) at [CoMetrica.co.uk](http://CoMetrica.co.uk)

For further information about any of the articles in this newsletter or for further information about the COM-Q service or how CoMetrica can help your organisation measure patient's outcomes & experience, contact Stuart Mathieson on 07973 212306 or via email

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