



OUTCOMES

January 2016

Who is using PROMS results?

Outcomes information is available to the public but is it used?

Patient Reported Outcome Measures (PROMs) have been collected by all providers of NHS-funded care in England since 2009. Initially it was limited to hip and knee replacements, varicose veins and hernia operations although some other PROMs are also now collected at a local level.

For the past few months, the scores for every hospital in England for the initial four treatments have been available to the public on the NHS Choices website. You can find them by searching for hospitals and then selecting Knee or Hip replacements. The PROMS outcomes are shown as an option.

Each hospital's results are based on the change in the relevant PROM score between pre and post-op measurement which is then classified as:

- ◇ "Among the worst"
- ◇ "In the middle range"
- ◇ "Better than average"
- ◇ "Among the best"

Unfortunately there is no indication of the period of time over which the assessment was made. Worryingly, many trusts who you might expect to carry out elective joint replacements show "Data not available" and others e.g. a heart hospital, show results for elective joint replacements which seems unlikely. This indicates problems in the classification of the submitted data rather than anything wrong with the hospital service necessarily.

A link to the NHS Choices website page can be found [here](#)

Sort by distance	Health improvements reported by patients after hip replacement	Health improvements reported by patients after knee replacement	Health improvements reported by patients after varicose vein surgery	Health improvements reported by patients after groin hernia surgery
 				
St Mary's Hospital (HQ) Praed Street, London, Greater London, W2 1NY Tel: 020 3312 6666 5.4 miles away <input checked="" type="checkbox"/> Add to shortlist	 In the middle range	n/a Data not available	 Among the worst	n/a Data not available
West Middlesex University Hospital West Middlesex University Hospital, Twickenham Road, Isleworth, Middlesex, TW7 6AF Tel: 02085602121 5.6 miles away <input checked="" type="checkbox"/> Add to shortlist	 In the middle range	 In the middle range	n/a Data not available	n/a Data not available
University College Hospital University College Hospital, 235 Euston Road, London, NW1 2BU Tel: 020 3456 7890 6.5 miles away <input checked="" type="checkbox"/> Add to shortlist	 Better than average	 In the middle range	 In the middle range	n/a Data not available
Royal Free Hospital Pond Street, London, NW3 2QG Tel: 020 7794 0500 7.9 miles away	 In the middle range	 Among the worst	n/a Data not available	n/a Data not available

Who should use PROMS?

Theoretically patients could make a value judgement on the merits of different elective providers based on outcomes. However most patients, even if they consider provider performance and use the NHS Choices website, will consider convenience, the Friends and Family test results and most likely a recommendation from the GP more readily.

NHS Choices has made a laudable effort in putting these data together in one place but it is still very early days in being able to make an impact. Perhaps a better target audience could be referring GPs?

CQC & PROMS

Recent efforts to connect CQC reviews of providers with PROMS outcomes has been fraught with difficulties due to the 12-18 month lag in PROMS results. At a recent conference, the head of NHS England Insight - Dan Wellings said "we need to move to real time data for PROMs" and so the demand for additional electronic capture and real-time reporting systems grows.

He went on to say that "Such a change from 'collection' to 'being used' can only happen by turning the data into practical solutions"

Examples of this can be seen where providers and commissioners explore the results with collection and analysis available locally in real time.

Real life use of PROMS

University Hospital North Midlands serves a population of 700,000 and has recently explored their results of the Oxford Knee Score PROM for their total knee replacement patients. They proved that although they had achieved a good health gain, pre-op patients had lower scores than their peers having had their own referral threshold set by commissioners at a score of 16/48 for the OKS. These relatively more disabled patients then had a lower post-op score compared with peers.

In discussion with their commissioners, the referral threshold was removed and post-op scores improved.

Recent Publications

Our previous newsletters illustrate examples of where PROMS and PREMS are being used to measure the value of services as perceived by patients themselves. You can download the newsletters [here](#)

OUTCOMES is published by CoMetrica Ltd. www.CoMetrica.co.uk you can download copies from [here](#)

Reducing questionnaire overload

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

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

Multiple completion routes including SMS Text, Email, on-line and paper increases response rates.

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

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Getting maximum value from measurement programmes

All too often, patient survey programmes are geared to one specific outcome e.g. the external reporting of the Friends & Family test, which can lead to multiple surveys for different reasons and patient survey fatigue. Separate programmes can also lead to a lack of “joined up” service quality appraisal.

Most measurement aims can be classified into one of more of the following four groups:

1. External compliance reporting of results or even just the confirmation that measurement is taking place e.g. the NHS Friends & Family test.
2. Internal measurement of patient experience and satisfaction factors monitoring trends and making internal comparisons.
3. Operational feedback to front line services, e.g. a weekly comments report to departments. This helps significantly with staff engagement.
4. Comparison of patient experience and/or clinical outcomes from particular treatments or pathways. Examples include PROMS and the effectiveness and experience of different therapies for the same condition.

To get the maximum value from contacting patients, organisations should be able to satisfy the needs of each of these four aims in a single programme without duplication. Such a programme needs to be able to selectively measure different aspects for different patient groups and at different census points.

The best and most cost-effective reach, particularly where patients or carers are of wider ages, requires multiple collection channels such as:

- Posted paper (still extremely popular with patients and effective)
- SMS text
- Email
- Published survey links in existing communication e.g. appointment letters
- Ad-hoc paper in clinical locations
- “Tell us how we did” cards with survey links
- Tablets in clinical locations (kiosks)

The COM-Q service provides these in a fully managed programme. For more information contact Stuart.Mathieson@CoMetrica.co.uk

New commissioner & provider models seek PREM and PROM evidence

CCGs are becoming more contemporary in their demands for evidence of good and efficient care. Rather than relying on annual national surveys and the NHS Friends & family test, some are now asking providers to measure aspects of engagement and effectiveness at a local level on a short-term topic basis which can be far more useful in supporting commissioning.

New providers and referral management organisations in particular are keen to demonstrate their added value and effectiveness not only through Patient Reported Experience Measures (PREMS) but also by exploring the use of PROMS in their own fields.

To do this effectively means using systematic measurement of all patients but with flexibility to collect by means most appropriate to each patient group.

Sussex MSK Partnership East to measure PREMS and PROMS

The partnership has recently started measuring patient experience and outcomes using the COM-Q service from CoMetrica. They are using the new MSK-HQ PROM as part of a trial across all their pathways, measuring at the point of referral and again 3 or 6 months after treatment dependent on the pathway.

Since the partnership is also responsible for onward referrals to secondary care e.g. for surgery, a complete picture of the relative health gain of MSK patients on different pathways and treatments will be available to enhance services and support commissioning.

Automated ALERT reporting

CoMetrica recently released the fully automated ALERT reporting function for COM-Q users. This allows daily reports of patient comments where specified words have been used in the comment. Example words might be “Poor”, “Dirty”, “Slow” etc. and the reports can be automatically emailed to nominated relevant staff in particular areas to monitor or investigate. ALERTS can also be set up for multiple low scores in a period of time or if patients have ticked particular responses.

The benefit of the ALERT reports is that you can be assured that no adverse feedback will be missed.

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 020 8785 2140 or via email

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