PROMS results by Trust on NHS Choices

Outcomes information now targeted at the public

PROMs have been collected by all providers of NHS-funded care since April 2009. PROMs measure a patient’s health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

Although PROMs have been collected for hip & knee replacement, varicose veins & hernia operations for 6 years, the results have been somewhat hidden to date but for the first time, they are now available in the logical place for the public, the NHS Choices website. The results are not “Front page” and need a little digging to find as they have been published in context. It is possible to access the results by either searching for “Services near you”, Hospitals, and selecting either Knee or Hip replacements. Under “Key facts”, the PROMS outcomes are shown.

Alternatively on the NHS Choices home page footer, the PROMS link has a tab for PROMS performance data which allows comparison of the outcomes for hips & knee replacements, varicose veins & hernias.

Results appear to be based on the net change in the (un-named) condition-specific PROM score which is then classified as:

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

Unfortunately there is no indication of either the volume of procedures included in the classification or 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 maternity hospital show results for elective joint replacements which seems unlikely.

Potential Benefit

For patients to be able to make a value judgement on the merits of different elective providers, the relative improvement in outcomes between different providers could be one of the most important factors to consider and once the presentation of this information has been improved, some patients will use it.

However, most patients, even if they consider provider performance and use the NHS Choices website, will consider convenience factors, environmental factors, the patients’ version of the Friends and Family test and comments from other users more readily.

NHS Choices has made a laudible effort in putting these data together in one place but it is still very early days in being able to make an impact.

A link to the website can be found here.

An example listing below shows some potentially useful and some unexpected results. This highlights a number of results presentation problems still to be addressed.

| Trust Name                  | Location                        | Type               | Distance | Outcome                  | Health Improvements
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>St Thomas</td>
<td>Westminster Bridge Road, London</td>
<td>Hip replacement</td>
<td>5.4 miles</td>
<td>“Among the worst”</td>
<td>22.4 - Better than average 15.3 - In the middle range Data not available Data not available</td>
</tr>
<tr>
<td>West Middlesex University Hospital</td>
<td>West Middx University Hospital, Twickenham</td>
<td>Knee replacement</td>
<td>5.6 miles</td>
<td>“Better than average”</td>
<td>19.5 - In the middle range 16.9 - In the middle range Data not available Data not available</td>
</tr>
<tr>
<td>Croydon University Hospital</td>
<td>530 London Road, Thornton Heath</td>
<td>Knee replacement</td>
<td>5.6 miles</td>
<td>“In the middle range”</td>
<td>Data not available Data not available Data not available Data not available</td>
</tr>
<tr>
<td>The Heart Hospital</td>
<td>The Heart Hospital, 16-18 Westmoreland Street</td>
<td>Hip replacement</td>
<td>5.6 miles</td>
<td>“Among the worst”</td>
<td>22 - In the middle range 13.3 - Among the worst -4 - Worse than average 0.062 - In the middle range</td>
</tr>
</tbody>
</table>
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 patient experience and outcome measurement aims can be classified into one of more of these four groups:

1. External compliance reporting of results or even just the confirmation that measurement is taking place. The NHS Friends & family test is one example of this type of measurement.
2. Internal measurement of patient experience and satisfaction factors with trends and internal comparisons, sometimes against benchmarks. The ability to drill down into the results at a detailed level is important to understand any variances.
3. Operational feedback to front line services, typically weekly comments reports back to departments plus any urgent issues/feedback. This helps significantly with staff engagement in patient experience.

4. Evaluation or comparison of patient experience and/or clinical outcomes from particular treatments, pathways or clinicians. An examples could be the effectiveness and patient experience of different therapies for the same condition.

To get the maximum value from contacting patients, organisations should be 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.

In ensuring excellent and economic reach, particularly where patients or respondents such as carers are of wide age ranges, multiple collection channels need to be used 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
- In clinical location tablets (kiosks)

The COM-Q service can provide all of this in a fully managed programme. For more information contact Stuart.Mathieson@CoMetrica.co.uk

Automated ALERT reporting

Earlier this year CoMetrica released the fully automated ALERT reporting function for COM-Q users. This allows daily reports if required, 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 for particular areas to investigate if such comments are made.

ALERTS can also be set up for multiple low volume paper and on-line local services where required.

Further enhancements include automatic “Alert” reports and the ability to “migrate” data where coding has been changed over time for example where organisations have changed their clinical or administration systems.

Measuring patient experience of prostate cancer treatments

Ipsen who supply hormone treatments for prostate cancer are sponsoring the measurement of patient experience in a number of London urology cancer units. The measurement includes patient satisfaction with both the treatment and the service they have received.

The London Cancer network is the latest provider to be added to the ongoing patient experience measurement programme managed by CoMetrica for Ipsen.

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 Stuart.Mathieson@CoMetrica.co.uk  www.CoMetrica.co.uk