

Patient reported outcome measures (PROMs) in the English NHS

Prof John Appleby
Chief Economist
The King's Fund

September 2012



Overview

- Background
- Scope
- Progress
- Data/outputs
- Plans
- Uses

Background

- Collection of Patient Reported Outcome Measures (PROMs) was piloted from 2005 in a number of providers of NHS funded services. The results were published in 2007:
 - http://www.rcseng.ac.uk/surgical_research/ceu/docs/POIS_Report_finalOct2011.pdf
- Following on from the successful pilot, routine collection of PROMs data for NHS funded care began for four procedures from April 2009:
 - Hip Replacement
 - Knee Replacement
 - Varicose Vein Surgery
 - Groin Hernia repair

More info:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_092625.pdf

- These procedures were selected on the basis of:
 - High volume procedures
 - Significant resource cost
 - Potential variation in quality

Process

- Patients complete two questionnaires:
 - Pre-operative: completed by patients at a provider either on day of admission or at pre-operative assessment. Questionnaires are physically distributed to patients and returned by secure courier for scanning.
 - Post-operative: questionnaire is posted to patients at 3 months (Groin Hernia & Varicose Veins) or 6 months (Hip & Knee Replacement) after the procedure. Questionnaire is returned by post for scanning.
- Data collated and processed by Health and Social Care Information Centre (HSCIC) before routine publication as “Official Statistics”
- Each questionnaire includes:
 - Two generic measures of Quality of Life: EQ-5D Index and EQ-5D VAS
 - One condition-specific measure of outcomes: Oxford Knee Score, Oxford Hip Score and Aberdeen Varicose Vein Score.

Scope

- As at August 2012, over 510,000 pre-operative questionnaires have been completed, which is around 70% of all eligible activity.
- As at August 2012, over 330,000 post-operative questionnaires have been returned. Response rates are usually around 80%.

Procedure	Pre-operative questionnaires completed	Post-operative questionnaires returned
Groin Hernia Repair	119,000	76,000
Hip Replacement	163,000	111,000
Knee Replacement	185,000	125,000
Varicose Vein Surgery	44,000	25,000

Progress

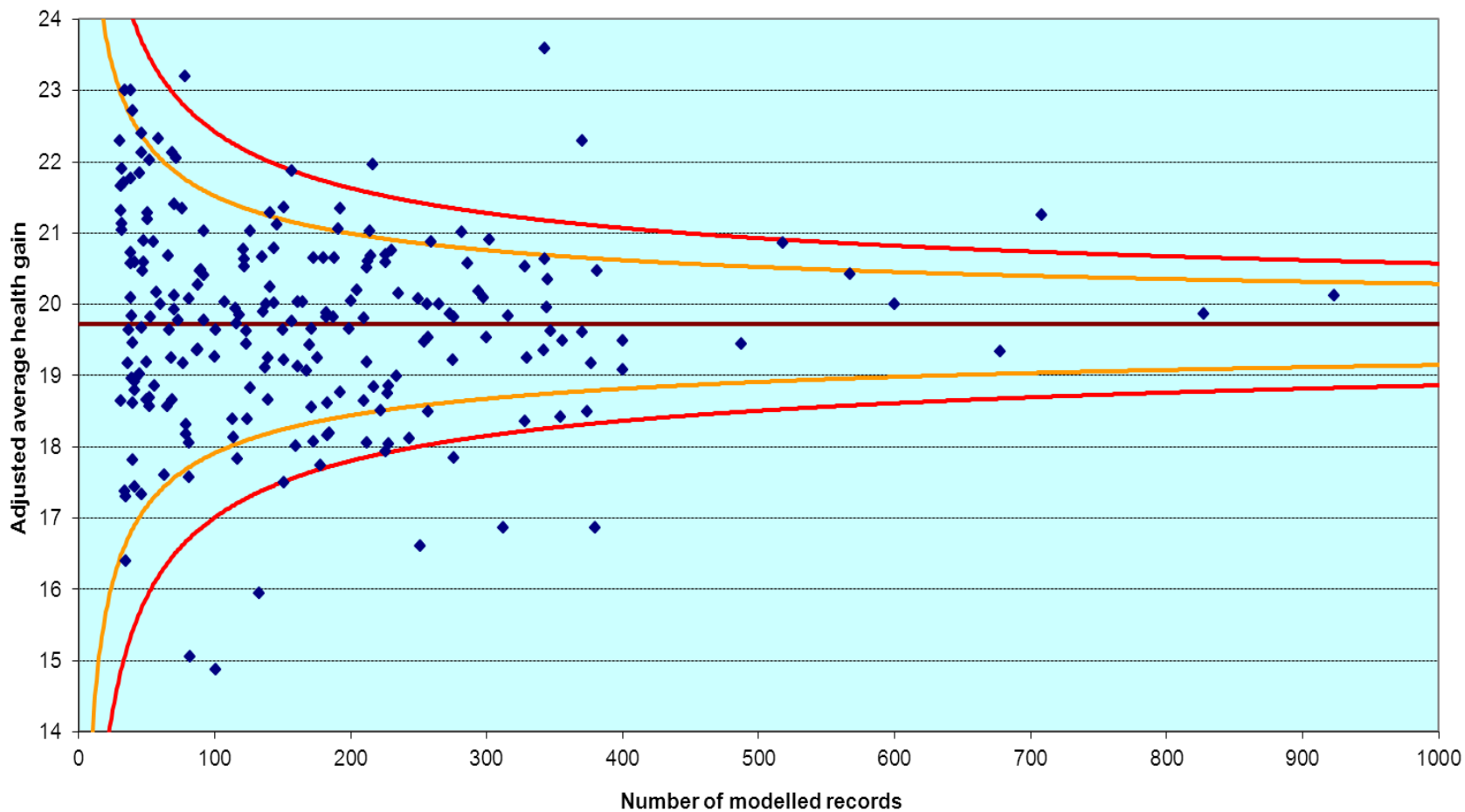
- Case-mix adjustment model/methodology published August 2010 (and updated April 2012)
 - Allows a meaningful comparison of provider scores based on their case-mix
- Outlier policy published July 2011
 - Identifies providers whose scores are significantly different from the national average.
- Patient level (pseudonymised) data available online from February 2012
 - Gives providers and researchers the ability to interrogate PROMs scores in more detail.
- New framework arrangements put in place for October 2012
 - Four data collection suppliers will offer a tailored/personalised approach to data collection for providers, including a move to electronic data capture through tablet PCs and touchscreen devices.
- Outcomes and Experience Questionnaire
 - DH has commissioned work from the University of Oxford to develop and test a shorter, sharper, generic PROMs questionnaire. This can be rolled-out to many procedure areas at scale and pace.
- Clearing House (coming on stream now)
 - Allows providers to access disaggregated, identifiable data in a timely fashion to make PROMs a bigger part of clinical care.

Data/outputs

- Funnel plot analysis identifies providers whose performance is significantly different to the national average based on their activity. Funnel plots are constructed for each procedure and each instrument.
- PROMs data is integrated with other datasets (Hospital Episode Statistics, Clinical Audits) and tables of providers' performance are also published, linking in this data.
- Pseudonymised patient level data is available online:

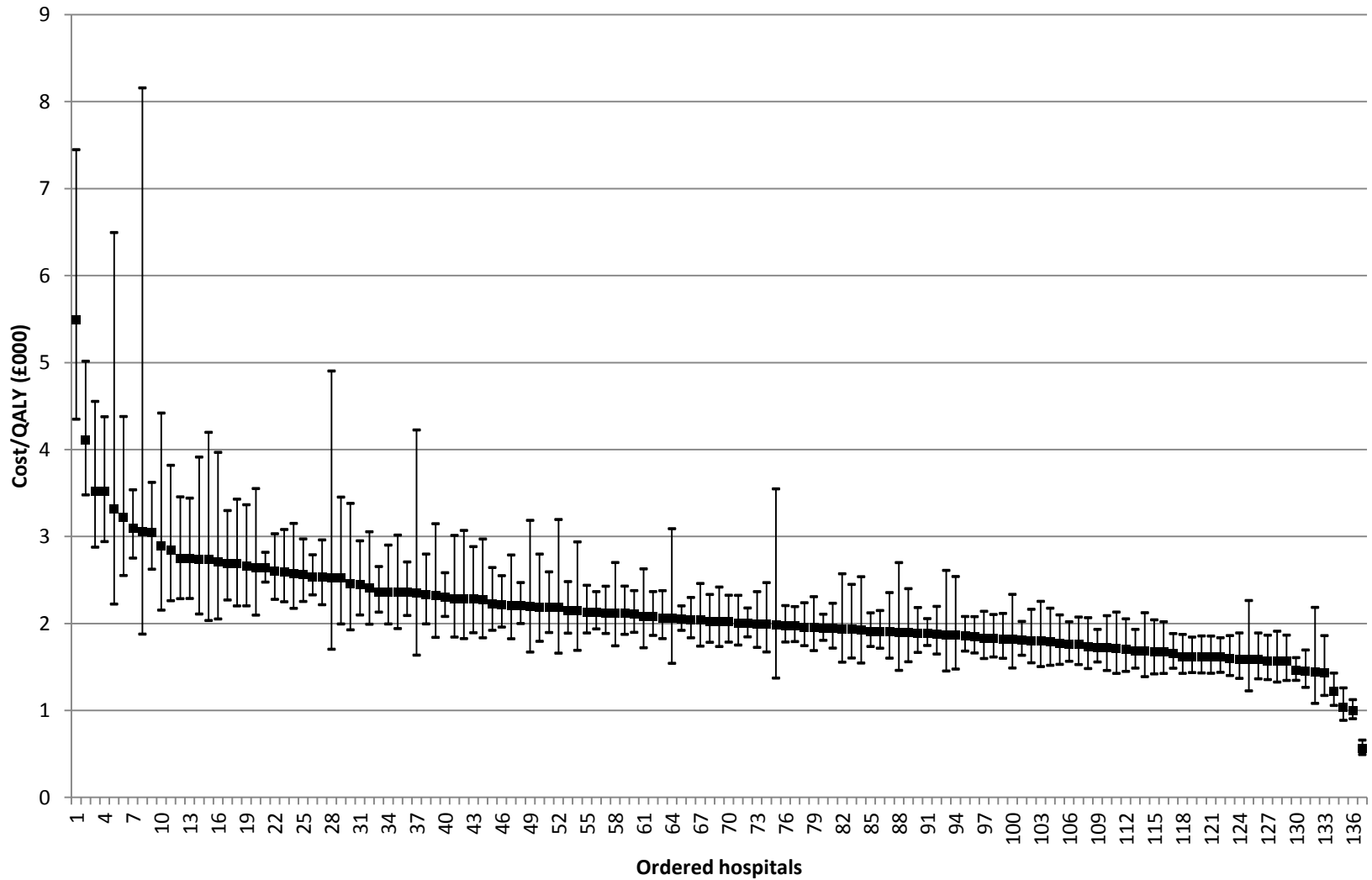
More info at <http://www.hesonline.nhs.uk>

Adjusted average health gain for NHS funded providers, Oxford Hip Score, 2010/11



◆ Average Adjusted Health Gain — 95% Control Limit — 95% Control Limit — 99.8% Control Limit — 99.8% Control Limit — National Average

NHS hospitals: Cost per QALY: Degradation in health, casemix adjusted, upper/lower 95% CI



Plans

There are a number of projects exploring PROMs in other clinical areas:

- Elective Coronary Revascularisation (Coronary Artery Bypass Grafts and Angioplasty. Pilot began collecting data November 2011)
- Cancer survivorship (Preliminary findings in – headline participation >60%)
- Long-term conditions (COPD, diabetes, heart failure, asthma etc)
- Mental Health, Depression in secondary care (ethics approval awarded)
- Pelvic Cancer (development work ongoing)
- Musculoskeletal conditions (scoping work ongoing)

PROMs: Underused (so far)?

Clinical/hospital use of data	» »	Benchmarking against peers; admission criteria
Local public reporting	» »	Telling the story about performance
Quality measure in contracts	» »	Pay for performance
Patient choice	» »	Choosing high quality providers; informed treatment choices
Resource allocation/productivity measures	» »	Allocate scarce resources more efficiently
Tackling health inequalities	» »	Appropriate access for given needs
Regulation	» »	Assessing minimum standards
National accounting	» »	Driving economy-wide productivity improvements
Outcomes Framework	» »	Holding the NHS to account

Thank you

John Appleby

@jappleby123

www.kingsfund.co.uk