Outcomes that matter to patients

Patient Reported Outcome Measures (PROMs): An Update

PROMs Summit
1 December 2015
Dan Wellings
“The first health system internationally to measure what it produces in terms of health.”

(Appleby and Devlin 2010)
“The ultimate measure by which to judge the quality of medical effort is whether it helps patients (and their families) as they see it. Anything done in health care that does not help a patient or family is, by definition, waste, whether or not the professions and their associations traditionally hallow it”

(Berwick 1997)
The future NHS

The Forward View identifies three ‘gaps’ that must be addressed:

1. **Health & wellbeing gap**
   - **Radical upgrade in prevention**
     - Back national action on major health risks
     - Targeted prevention initiatives e.g. diabetes
     - Much greater patient control
     - Harnessing the ‘renewable energy’ of communities

2. **Care & quality gap**
   - **New models of care**
     - Neither ‘one size fits all’, nor ‘thousand flowers’
     - A menu of care models for local areas to consider
     - Investment and flexibilities to support implementation of new care models

3. **Funding gap**
   - **Efficiency & investment**
     - Implementation of these care models and other actions could deliver significant efficiency gains
     - However, there remains an additional funding requirement for the next government
     - And the need for upfront, pump-priming investment
Are we collecting the right data? Are we using it to its potential?
“Little is known about the impact of PROMs.”

N. Black, BMJ 2013
Challenges of using PROMs

- The experiences of professionals with using information from patient-reported outcome measures to improve the quality of healthcare: a systematic review of qualitative research.
- • Practical problems (technical support, workload)
- • Negative attitudes (suspicion of managerial objectives, concerns about impact on patient-clinician relationship)
- • Methodological concerns (validity, interpretability)
- • Doubts about impact (cannot turn the data into practical solutions).
My NHS

Example of the PROMs data presentation on My NHS: results for all 4 mandated PROMs are generated by entering a location or organisation name.
NHS Choices

Example of the PROMs data presentation on NHS Choices: the user enters the type of PROM and the area/ location.
Hip Surgery Questionnaire
Before your operation

The purpose of this questionnaire is to help measure and improve the quality of healthcare services.

Completing the questionnaire
For each question please tick clearly inside the box that is closest to your views using a black or blue pen. Don’t worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

IMPORTANT INFORMATION
The purpose of this questionnaire is to collect information about the quality of healthcare services. The information collected will be used to produce statistics about the quality of healthcare services offered by different healthcare providers (hospitals) across the NHS. These statistics will be used to measure and improve the quality of healthcare services.

With your permission, the personal details that you provide and other information held about you in other NHS databases will be used to analyse and interpret the information collected.

By completing this questionnaire you are giving your consent for the information provided to be used for the purposes set out above. You are agreeing that:

• Your personal details and other relevant health information related to this operation will be held and used by the Health and Social Care Information Centre, including relevant information held about you by the National Joint Registry, the Personal Demographics Service, the Demographics Batch Service, the Secondary Uses Service and other NHS databases.

• Your personal details can be used to send you related follow-up questionnaires in the future.

• Your personal details and health information can be held and used by contractors, working on behalf of the Health and Social Care Information Centre and Department of Health for this project.

Your personal information will be handled securely and it will be anonymised after analysis and before any publication. The Health and Social Care Information Centre, the Department of Health and contractor(s) working on their behalf will not release your personal information unless required by law or where there is a clear overriding public interest. They will hold your personal information for no longer than 24 months for checking the accuracy of the information.

Your personal information may be shared with healthcare professionals involved in your care. If you do not wish for your information to be shared with healthcare professionals involved in your care please tick the box below.

☐ I do not want the information I give here to be shared with healthcare professionals involved in my care.

Your participation is voluntary. If you do not want to take part, do not fill in the questionnaire. You may withdraw the information you give the NHS in this questionnaire upon request, up to the point at which data are analysed and personal details removed.

If you have any queries about this questionnaire please call the FREEPHONE helpline on 0800 917 1163 or go to www.nhs.uk/proms.

www.england.nhs.uk
How to guides, Right Care, Behaviour Change
Consultation on National PROMS
Next steps?
Outcomes that matter to patients...
Moving forwards

1. Measuring outcomes that matter to patients
2. Patients are experts in their own care
3. Patients become partners in the collection
4. PROMs as part of care
5. Setting standards for collection – being clear on purpose
6. Rooting work in appropriate programmes ie Right Care, Self care
7. Moving towards more efficient ways of collecting data
Insight Strategy
The Insight Strategy – in brief (1)

1. Everyone to make better use of the data that is already available

2. Define expected standards of insight use, build insight networks and provide support services from the centre

3. Improve data publication and presentation

4. Make more efficient use of existing tools and find ways to make cost savings
The Insight Strategy – in brief (2)

5. Increase our power of insight by:
   a) Filling existing gaps in knowledge of specific patient groups or care pathways
   b) Exploiting more innovative research techniques
   c) Driving advances in data analytics to learn more from qualitative feedback
   d) Linking experience data to clinical data to better understand outcomes

6. Use insight to drive quality through commissioning

7. Use insight tools to drive person-centred care
Deliverables (1)

1. Publishing “Bitesize Guides to Insight”
2. Improving presentation of insight data
   a. Central facility
   b. Smarter presentations
3. Improving collaborations and building networks
   a. Creating an Insight Network
   b. Working with suppliers
   c. Working at the national level
4. Encouraging a feedback culture
Deliverables (2)

5. Filling gaps in knowledge
   a. Experiences of particular groups
   b. Improve our learning about integrated, person-centred care

6. Linking insight data to clinical data

7. Adopting innovative techniques

8. Learning more from “conversations about us without us”

9. Learning more from open text feedback

10. Using PROMs/ PCOMs to make patients partners in their treatment and outcomes

11. Moving to electronic insight data collection techniques

12. Use patient experiences and outcomes to inform payment mechanisms
Means nothing if nothing is done
THANK YOU FOR LISTENING

What do you think?

Please contact the team at england.proms@nhs.net