



# PROMS

Suzannah Wright finds out more about PROMs, and it has nothing to do with bobbing patriots and Elgar music...

The Next Stage Review (NSR) has shifted the NHS' focus from targets to outcomes, and with the news that patient opinion could soon affect hospital funding, one type of

outcome measurement is hot news.

Patient-reported outcome measurements (PROMs) are already used in many private healthcare settings - all Bupa hospitals in the UK use a similar reporting system. There are different reporting tools for general health as well as specific conditions. The DH describes them as "an important measure of

quality of care, along with other metrics such as clinical outcomes."

The NSR said the NHS should seek to measure clinical effectiveness through data such as mortality and survival rates, but: "just as important is the effectiveness of care from the patient's own perspective which will be measured through PROMs. Examples include improvement in pain-free movement after a joint replacement, or returning to work after treatment for depression."

This brought PROMs to public attention, but we already knew they would be playing a part in secondary care reporting. From April 2009, acute trusts and PCTs will have to gather PROMs data for hip, knee, hernia and varicose vein operations.

The data will be gathered through specific measurements relating to each operation, and also through EQ-5D, a general outcome measurement tool which shows patients' quality of life (see box).

Professor Alan Maynard, professor of health economics at the University of York, welcomes this move. "Florence Nightingale advocated measuring outcomes in terms of whether patients

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were 'dead, relieved or unrelieved' in the 1860s, so it's nice to begin to see this happening in acute trusts. It's a welcome step, and long overdue."

He wants to see PROMs included in QOF, and with the new emphasis on outcomes - throughout the NHS, this does not seem so remote.

Asked about the possibility of including PROMs in QOF, a spokesperson for the DH said: "For new areas for PROMs the administration methodology will be based on robust pilot evidence. At this stage we can't rule in or rule out the use of the QOF as the means of collecting these data."

So even if PROMs don't become part of the calculations for practice funding, you could be involved with administering them for other areas.

Commenting on whether we are likely to see PROMs move into primary care, the spokesperson said: "We are testing PROMs in the four areas we've already announced, the outcome of those tests will play an important part in helping to

shape exactly what is in the national metrics. At the same time NHS trusts, if they have not done so already, should be looking to develop their own local quality measures. These may also include measurements of clinical and patient reported outcomes."

The DH will decide the content of the national metrics by December 2008, so now could be the time to start learning more about these measurements and planning how they could be implemented in your practice.

Better still, could you begin to implement some form of PROMs in your practice independently? With an increasing emphasis on choice in general practice, learning more about how patients find your services could give you an advantage over other providers, as well as helping to improve pathways. ❖

## EQ-5D

The EQ-5D is a standardised test used as a measure of health outcome. Applicable to a wide range of health conditions and treatments, it provides a descriptive profile and a single index value for health status.

EQ-5D is designed for self-completion by patients. It takes a few minutes to complete and is normally administered by postal surveys or in clinics and face-to-face interviews.

Developed by the Euro-Qol group, it is used in many countries around the world and is one of just a few measures recommended for use in cost-effectiveness analyses by the Washington Panel on Cost Effectiveness in Health & Medicine.