
Policy Briefing 1/11

PROMS: Patient Reported Outcome Measures

The Role, Use & Impact of PROMs on Nursing in the English NHS

Patient Reported Outcomes Measures (PRO or PROMs) are fast becoming a common mechanism within the English NHS to ascertain the impact of healthcare on a patient's health.

Well developed PROMs may be used to understand the impact of a service on patients' health at the treatment centre level, and to make comparisons between expected and experienced health outcomes. PROMs are increasingly being used as a measurement tool by which organisations and individuals providing healthcare can be assessed, managed, and remunerated.

This briefing provides an over-view of PROMs; the rationale for their use, examples of where they are currently being used in the English NHS, and their likely future use in the healthcare system.

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Over-view

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What's in it for nursing?

Well developed PROMs capture patients' self-assessment of their health. When results from PROMs completed at different stages of a patient's healthcare journey are compared, this provides a measurement of the change in health that has occurred.

Although much of the work on PROMs is aimed at providing information on a large scale, for instance at institution or regional level, they can be used at ward level, to provide a better understanding of the impact of care on patients' health. In aggregate, the results could then be used to inform nursing practice for a specific ward, or for specific types of patient.

What are PROMs?

General definition

A patient reported outcome (PRO) is any direct patient report about a health condition or its treatment. A PROM is a questionnaire, or series of questions, that ask patients to assess their views on their health, or the impact of received healthcare on their health. PROMs have been widely used across a range of research settings, and more recently in clinical practice.

PROMs may be completed as pen and paper questionnaires, or as new technologies allow via computer or mobile formats.

Two broad categories of PROM are described: generic and disease- or condition-specific.

- Generic measures are not age-, disease-, or treatment-specific. They ask about multiple aspects of overall health and quality of life that have relevance to patients with different conditions and the general population. The most widely used generic measures are the EuroQoL EQ-5D and the Short Form 36-item Health Survey (SF-36)
- Specific measures may be specific to a particular disease or condition (for example, rheumatoid arthritis), a patient population (for example, older people), or a specific aspect of health (for example, pain or activities of

daily living). Specific measures may have greater relevance to patients and greater clinical appeal due to their specificity of content.

A large number of PROMs exist and selection can be complicated. The PROM selection for the NHS PROMs programme was informed by careful consideration of important measurement and practical properties.

Routine measurement of PROMs in the NHS: the PROMs Programme

The routine use of PROMs was introduced into the NHS England in April 2009, following a piloting phase, and all NHS Trusts in England are required to participate.

The approach adopted by the DH PROMs Programme includes the identification of appropriate PROMs for specific areas, subsequent piloting of their potential use and value to the NHS, and evaluation of the impact of PROM completion.

The first phase of the PROM programme involves the completion of specified generic and condition-specific PROMs before and after elective surgery (after a suitable length of time) for the following four conditions:

Surgical intervention	Condition-specific PROM	Generic PROM
Knee surgery	Oxford Knee Score	EQ-5D
Hip surgery	Oxford Hip Score	EQ-5D
Varicose Vein surgery	Aberdeen Varicose Vein Questionnaire	EQ-5D
Groin Hernia Repair	n/a	SF-36 and EQ-5D

The collection, interpretation and dissemination of this data are currently being evaluated. Initial results can be viewed via the NHS Information Centre for Health and Social Care (<http://www.hesonline.nhs.uk>)

A second phase of the programme is currently exploring the case for extending PROM completion across six long-term conditions including asthma; COPD; diabetes; epilepsy; heart failure and stroke.

The accumulation of positive evidence to support the routine collection of PROMs data could support the introduction of PROM completion across a wide range of NHS services (see The NHS Outcomes Framework 2011/12). Advantages of such wide-ranging completion include a system-wide view of NHS performance and productivity, which in turn would support appropriate resource allocation to services with greatest patient benefit.

Context of NHS reforms in England

In 2008, the final report of the NHS Next Stage Review (Darzi, 2008) described the importance of PROMs in the evaluation of healthcare services, and the potential contribution to be made to regulatory decision-making.

The use of PROMs in the English NHS was given even greater impetus by the arrival of the new coalition Government in May 2010, with the White Paper on NHS reform ('Liberating the NHS') placing them at the heart of the creation of a 'patient centred' NHS.

'Information generated by patients themselves will be critical to this process, and will include much wider use of effective tools like Patient-Reported Outcome Measures (PROMS), patient experience data, and real-time feedback. At present, PROMs, other outcome measures, patient experience surveys and national clinical audit are not used widely enough. We will expand their validity, collection and use. The Department will extend national clinical audit to support clinicians across a much wider range of treatments and conditions, and it will extend PROMs across the NHS wherever practicable.'

Source: 'Liberating the NHS...' Department of Health (England) July 2010

How can PROMs information be used?

PROMs data aims to capture the impact of healthcare on a patient's health, enabling the patients' perspective to be taken into account. This data can be used in a number of ways to inform NHS decision-making:

- informing the choices patients make with regard to their treatment and its providers
- measuring and benchmarking the performance of health care providers
- linking the payment received by providers to their performance in improving patient health
- understanding and managing referral from primary to secondary care
- facilitating co-operation between clinicians and managers in the delivery of care
- enabling health care professionals to monitor and improve health care practices
- regulating for safety and quality in health care services.

Source: 'Getting the most out of PROMs', King's Fund 2010

Why are PROMs important for nursing?

The current focus of the NHS programme is on the aggregate use of PROMs data to improve group level decision-making, that is, to inform service delivery, rather than individual patient management.

The routine application of well-developed and appropriate PROMs will support the development of an evidence-base for nursing practice, providing a patients' perspective on the effectiveness of nursing care, which may inform care provision at a service level. This level of information is important to support nurses in driving and leading change in care delivery.

However, as PROMs become a more mainstream element of the NHS 'healthcare system' in England, there are a number of issues that will need to be considered:

- the move towards more services delivered being delivered in local/community settings, which may require greater engagement by clinical staff in the design, delivery and collection of PROMs data;
- the linkage of PROMs to treatment centre level assessments, and their development and relationship to clinical audits, e.g. NJR;
- it is likely that under the proposals for the NHS to be able to commission 'any willing provider' (AWP) to offer healthcare that bids for contracts will have to contain and detail how potential providers intend to use PROMs mechanisms, and that commissioners will seek to push for a greater amount of contract payment to be based on PROMs data.

What are the key issues for nursing in relation to PROMs?

As PROMs are used at the patient care level, nurses are one of the key healthcare staff likely to be involved in their dissemination and collection. They may also be involved in their design in specific circumstances, for instance in specialist areas of care, or for specific patient groups.

If a providers' contract includes an element of payment linked to PROMs, this may mean that providers begin to explore how to link PROMs to team or individual staff pay.

The increase in patients living with more than one health comprising condition is likely to have an impact on the future of PROMs data capture mechanisms, as clinicians seek to tailor interventions to generate outcomes that are both able to treat the whole person but able to identify the specificities of individual interventions.

Nurses need to be aware of the key challenges of using PROMs in routine practice settings; this will include an appreciation of essential measurement and practical issues pertaining to completion and interpretation. However, we currently have limited insight into the challenges and rewards of PROM implementation and interpretation, and to date there has been little direct engagement with nurses in relation to the DH PROMs Programme. With the increasing provision of nurse-

led services, for example, for people with long-term conditions, nurses will play a central role in defining service provision and identifying appropriate outcomes by which healthcare will be measured.

Where next for PROMs?

PROMs will extend beyond elective surgery over the next 5 years. As their use extends, and as healthcare in England moves towards outcomes rather than processes and outputs, it will be necessary to develop new approaches that can more effectively capture the patient experience of care. NICE's new role of providing 'Quality Standards' by which NHS operators are contracted and remunerated may also provide a further mechanism for the increase in the regular and routine use of PROMs data.

Such 'Patient Reported Experience Measures' (PREMs) have already been developed, although their efficacy is still to be assessed, and the complex relationship between 'experience' and 'satisfaction' remains to be adequately understood and captured in a way that can be used for evidence-based healthcare interventions.

Further Reading:

- Patient Reported Outcome Measures (PROMs) in the English NHS: implications and opportunities for nursing – Nursing Standard, January 2011, Barham L, & Devlin N,J
- Getting the most out of PROMs, King's Fund 2010 – <http://www.kingsfund.org.uk/publications/proms.html>
- The NHS Information Centre - <http://www.ic.nhs.uk/proms>
- Provisional Monthly PROMs in England - April 2009 to June 2010. Pre and post-operative data: Experimental Statistics - <http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/patient-reported-outcome-measures-proms/provisional-monthly-patient-reported-outcome-measures-proms-in-england--april-2009-to-june-2010-pre-and-post-operative-data-experimental-statistics>

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