

## **National Patient Reported Outcome Measures (PROMs) Programme Consultation**

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### **Overview**

Patient Reported Outcome Measures (PROMs) measure health gain in patients, and have been collected nationally in England, since 2009. Patients are asked to complete questionnaires before and after their operations to assess the improvement in their health as they perceive it.

Four PROM data collections are currently specified in the NHS Outcomes Framework (3.1), the NHS Mandate and in the NHS standard contract. It is a requirement for organisations performing NHS funded hip replacement, knee replacement, varicose vein or groin hernia surgery to collect PROMs data and submit that data to the Health & Social Care Information Centre (HSCIC). The HSCIC then publish that PROMs data in quarterly and annual reports. (see [www.hscic.gov.uk/proms](http://www.hscic.gov.uk/proms))

Predominantly, the data is collected using paper questionnaires. The total cost to the NHS for the collection of the four nationally mandated PROMs is approximately £825K annually (annualised amount for 2014/15 as per spend Management Information from framework suppliers) – borne by provider trusts.

PROMs for many other conditions are collected locally across the NHS.

Some examples of the benefits of collecting PROM data can be found on the [Health & Social Care Information Centre website](#).

### **Why We Are Consulting**

We are now consulting, publicly, on the future content of the national PROMs programme. We wish to consult regarding options around how to utilise our resources most effectively to understand the outcomes which matter to patients, to highlight areas with unwarranted variation in outcome and to consider indicators for service improvement.

We would like to understand more about how, when and why national PROMs data is used, and what benefits are provided to the NHS, both nationally and locally. We would like to understand how all interested parties view the national collection of PROMs data - including patients and the public, clinicians, trust boards, academics, patient groups, professional bodies, charities, Clinical Commissioning Groups (and other commissioners) and others.

Options for the future of the national PROMs programme include dis-continuing some clinical areas of the current collection, where the data is not being used to improve services; keeping some clinical areas of the current collection where benefits do exist; and/or introducing new PROM data collections in areas we need to know more about.

The Five Year Forward View is clear that we can do more by measuring what matters, requiring comprehensive transparency of performance data and ensuring that data increasingly informs payment mechanisms and commissioning decisions.

Under the restrictions of the current financial climate, discontinuation of any of the current PROM data may free up resources to collect patient-reported information on other, higher priority conditions, in line with NHS England priorities.

PROMS are currently official statistics; potentially soon to be national statistics. Therefore any changes to the existing collections require a defined process, alongside communication and liaison with the Department of Health, providers, CCGs, patient groups, clinical communities, the relevant professional bodies (e.g. British Orthopaedic Association, the National Joint Registry), and survey suppliers, who would need to be issued with reasonable notice.

NHS England is seeking views on the current national PROMs collections and the future for PROMs. We have set out specific questions which we are keen to get your views on and we have also left a section open for you to feedback comments or ideas more generally. You can respond to all of the questions, some of the questions, or just one if you would like.

The consultation is open to anyone who has an interest in this area.

You can respond online using the consultation survey or you can submit your response by email at: [england.PROMS@nhs.net](mailto:england.PROMS@nhs.net) or by post at: PROMS Consultation, NHS England Insight Team, Quarry House 7E57, Quarry Hill, Leeds, LS2 7UE.

Please use the questions below as a prompt and if there are other points you wish to make please let us know

The consultation will run from Monday 4th January 2016 until Monday 28th March 2016.

## **PROMS Consultation**

Q1a. Please let us know what your interest is in PROMs. I am responding as a / on behalf of:-...

- Academic
- CCG
- Charity
- Clinician
- Patient / Public
- Professional Body
- Trust Board Member
- Trust Service Improvement
- Local Authority / Healthwatch (or similar)?
- Other – please state

Q1b. If you are responding on behalf of an organisation, and only if you are happy to do so, please tell us the name of that organisation.

Q2. What do you think are the most important purposes of PROMS, and why?

Q3. How do you use national PROM data? What do you use it for? Why do you use it?

Q4. Thinking beyond your own personal usage, how well used do you think the current national PROMS data are? What are they used for? By whom?

Q5. What are the benefits of nationally mandated PROMs?

Q6. What are the drawbacks of the nationally mandated PROMs?

Q7. Do you think all of the current four national PROM collections are useful, and why?

Q8. Do you think all of the current four national PROM collections should continue, and why?

Q9. What changes would you make to the current national PROMs collections? (Questionnaire, usage of condition specific and EQ5D, time between Q1 and Q2, time between collection and results being available, presentation of results)

Q10. Do you think additional PROM collections should be mandated and collected nationally, and why? (Please bear in mind the current financial climate and the limitations on resources in your answer.)

Q11. What should the balance be between national and local PROMs collections? Why?

Q12. Would the NHS benefit from collecting nationally mandated PROMs in specific clinical areas or along care pathways. Please explain your answer. Which clinical areas would most benefit from a nationally mandated PROM collection, and why?

Q13. What would be the main purpose(s) / benefit(s) of these additional national PROM collections?

Q14. How should PROMs work alongside other patient reported collections (ie Patient Centred Outcome Measures (PCOMs), Patient Reported Experience Measures (PREMs) etc)?

Q15. Please let us have any further thoughts or comments you have about PROMs.