1. Purpose of Report (Including link to objectives)

The report outlines the requirement regarding the mandatory collection of patient reported outcome measures (PROMs) for identified surgical procedures from April 2009, the progress to date, and the expected future of the data collection exercise.

2. Summary of Key Issues for Discussion

The DVD being presented has been designed for Trust Board briefing purposes. The RUH is on track to meet the PCT agreed number of questionnaire returns.

3. Recommendations (Note, Approve, Discuss etc)

To note the report.

4. Standards for Better Health (which apply)

C13b: The Trust ensures that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.
C13c: The Trust ensures that staff observe patient information confidentially, except where authorised by legislation to the contrary.
C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.
5. **Legal / Regulatory Implications (NHSLA / ALE etc)**

   None.

6. **Risk (Threats or opportunities link to risk on register etc)**

   None.

7. **Resources Implications (Financial / staffing)**

   No additional funding has been made available for this data collection, and is being undertaken within existing staffing levels.

8. **Equality and Diversity**

   None.

9. **Communication**

   Information regarding the collection of PROMs data has been disseminated to staff via the weekly news roundup on postmaster, and to GPs via GP matters.

10. **References to previous reports**

    None.

11. **Freedom of Information**

    Public.
1.0 Introduction

This report outlines the requirement regarding the mandatory collection of patient reported outcome measures (PROMs) for identified surgical procedures from April 2009, the progress to date, and the expected future of the data collection exercise.

2.0 Summary of the guidance

2.1 Under *High Quality Care for All*, the NHS Next Stage Review Final Report requires that acute trusts should use PROMs as the means of collecting information on the clinical quality of care delivered to NHS patients as perceived by the patients themselves.\(^1\)

2.2 Data collected routinely via PROMs will improve the available information on clinical quality. The guidance states the potential applications to which PROMs data can be put are:

- Evaluation of the clinical quality of providers of elective procedures, including benchmarking providers’ performance and use by patients and GPs in exercising choice,
- Providing research on what works, through evaluation of the efficacy and cost-effectiveness of different technical approaches to care,
- Assessment of appropriateness of referrals to secondary care,
- Supporting the reduction of inequalities,
- Empowering commissioners to use the data to establish the quality of services, which will inform contracts with providers.

2.3 The Next Stage Review Final Report also indicated the intention to link payments to PROMs data. This could be through the annual CQUIN payments, though PROMs data is not included in the five quality measures agreed with the PCTs in 2009/10.

2.4 From 1 April 2009, the four procedures for which PROMs will be collected are:

- Unilateral hip replacements (primary and revisions)

• Unilateral knee replacements (primary and revisions)
• Groin hernia surgery (inguinal and incisional)
• Varicose vein surgery

2.5 All adult patients and children between 12 and 16 undergoing one of these procedures are invited to complete PROMs questionnaires, pre- and post-operatively. Independent sector providers are also required to collect PROMs for the four procedures. Private patients are not included.

2.6 It is the responsibility of the provider to administer the pre-operative questionnaires, at a locally agreed point between assessment of fitness for surgery and the day of surgery. Post-operative questionnaires will be administered at three or six months by an external agency.

2.7 The questionnaires comprise a number of elements which include:

• A generic measure of health status
• Condition-specific health measures, specific to a single procedure
• Questions about a patient’s living arrangements
• Questions about whether patients were helped to complete the questionnaire, and disability status

In addition, pre-operative PROMs includes:

• Patient information sheet
• Consent form in duplicate
• Demographic details (which will be removed from published information)
• Questions to assess co-morbidity status

In addition, post-operative PROMs includes:

• Questions regarding complications, hospital readmissions and re-operations
• Questions regarding rehabilitation services, where appropriate

Questionnaires will be available in minority language versions on request.

2.8 Patients must give their consent for their personal details to be stored and used within the PROMs programme. Patients should not be put under pressure to complete the questionnaires.
2.9 The trust is expected to agree with PCTs a rate of completion of questionnaires, against which the trust will be performance managed. The recommended completion rate to ensure that the data is representative is 80%. The pilot schemes achieved 80% completion rate for pre-operative questionnaires, though the rate was marginally lower for post-operative questionnaires.

2.10 Completed questionnaires are sent to the PROMs administration contractor (Northgate Information Solutions) for conversion of the data into an electronic record. The data is then forwarded to the NHS Information Centre for conversion into health status measurements.

2.11 A monthly monitoring report will be produced by the NHS Information Centre. The data will be anonymised, and case-mix and risk adjusted.

2.12 The national joint registry for hips and knees will continue in its present form, but may be reviewed in the future so that there is only one consent form.

3 Implementation of PROMs data collection at the RUH

3.1 A working group has been established to implement the collection of PROMs data at the RUH. The following key decisions have been taken:

- Identification of the operational lead to implement the PROMs guidance – Cathy Caple, Deputy Divisional Manager, Surgery.
- Pre-operative assessment is the most appropriate setting to administer the questionnaires, but this would be difficult whilst the service is not centralised (end June 2009).
- An interim solution to administering the questionnaires was agreed, either at the outpatient clinic or on the day of admission (see Appendix 1).
- Establishment of processes to collect PROMs data, including recording of reasons why patients refuse to complete the questionnaire.
- Provide training to staff in administering and collating the questionnaires.

3.2 The trust has agreed with BaNES PCTs the rate of completion of questionnaires, against which the trust will be performance managed. The agreement for 2009/10 is:
Quarter 1  30%
Quarter 2  50%
Quarter 3  75%
Quarter 4  80%

4.0 Achievement to in April and May 2009

4.1 PROMs questionnaires have been administered for six weeks (starting week beginning 20 April 2009).

4.2 Most patients have been happy to complete the questionnaire. There have been approximately 10 refusals, mainly due to patients feeling they have already completed a number of forms, or that they do not want to feel rushed on their day of admission. Moving the administration of the questionnaire to the day of pre-operative assessment should reduce the refusal rate.

4.3 During April and May 2009, 71 questionnaires were completed by patients, which represents a 31.4% completion rate. The table below details the number of questionnaires completed by procedure.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number expected April and May 2009</th>
<th>Number completed April and May 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hips</td>
<td>84</td>
<td>23</td>
</tr>
<tr>
<td>Knees</td>
<td>68</td>
<td>19</td>
</tr>
<tr>
<td>Groin hernia</td>
<td>84</td>
<td>26</td>
</tr>
<tr>
<td>Varicose veins</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>226</td>
<td>71</td>
</tr>
</tbody>
</table>

Now that processes are established, the completion rate will increase, and it is expected that the completion targets agreed with BaNES PCT will be achieved.

5.0 Next steps

5.1 PROMs data will be made available on the trust’s Patient Choices website (to be uploaded by Northgate Information Solutions). The first data may be available as early as November 2009.

5.2 The published PROMs data will be shared with the orthopaedics, general surgery and paediatrics directorates to enable them to consider improvements that can be made to services.
5.3 Northgate Information Solutions has indicated that more surgical procedures will be included in PROMs data collection for 2010/11. Guidance is expected later this year.

6.0 Recommendation

Trust Board is asked to note the report.
## Appendix 1 – Location of administration of PROMs questionnaires, by procedure.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hips</td>
<td>Day of admission</td>
<td>Philip Yeoman ward</td>
</tr>
<tr>
<td>Knees</td>
<td>Day of admission</td>
<td>Philip Yeoman ward</td>
</tr>
<tr>
<td>Groin hernia - adults</td>
<td>Day of outpatient clinic</td>
<td>Hernia clinic, general surgery outpatient department</td>
</tr>
<tr>
<td>Groin hernia - children</td>
<td>Day of outpatient clinic</td>
<td>General surgery and urology paediatric clinic, paediatric outpatient department</td>
</tr>
<tr>
<td>Varicose veins</td>
<td>Day of admission</td>
<td>Day surgery unit Treatment centre</td>
</tr>
</tbody>
</table>