QUARTERLY PROMS REPORT

PROMs data released February 2012
(for procedures conducted up to September 2011)

29th February 2012

YHPHO
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What are PROMs?

- PROMs are a way of "collecting information on the effectiveness of care delivered to NHS patients as perceived by patients themselves" (NHS Information Centre).
- Data has been collected since April 2009 on 4 procedures: groin hernia, hip and knee replacements and varicose vein surgery, using three instruments: EQ5D, EQ-VAS and condition-specific measures for hip and knee replacements and varicose vein surgery. Further details of these have been discussed in previous reports.
- Questionnaires are completed by patients before and after surgery, and from these pre and post operative scores and then health gains are calculated. Participation, linkage and response rates are also calculated by provider - again, these have been outlined previously.
- Data is collated and linked to HES (Hospital Episode Statistics).
- There are a number of caveats around the interpretation of PROMs data - these have been covered in previous reports.
- Data highlights are published monthly, and the data itself is available in spreadsheets on a quarterly basis at aggregate Trust and PCT level on the NHS Information Centre website. For more information, link to FAQ at: http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1433
- For further information on PROMs and previous reports please contact Charlotte.Wood@york.ac.uk or visit http://www.yhpho.org.uk/proms

Changes to the report

- The last YHQO report published in December 2011 incorporated provisional 2010-11 data and provisional 2011-12 data (for the period April-June 2011) for participation and response rates, but focused on the outcomes data for 2010-11 only. This report follows a similar format, but instead focuses on the 2011-12 outcomes data. This is due to the fact that the updated 2010-11 data is largely very similar to that published in the previous report (as expected given that the vast majority of questionnaires would have already been included in the dataset). There is a small section on the updated 2010-11 outcomes data enabling organisations to observe any movement with regards to identifying outliers from the data published in February 2012 compared with November 2011. It is anticipated that the 2010-11 data will be revisited more thoroughly once the data has been finalised (August 2012) .

- The 2011-12 data included in this report should be treated with caution due to the considerable time-lags involved between the procedure itself and the post-operative questionnaire. Many questionnaires, particularly those relating to procedures conducted in the later months of the period Apr-Sep 2011, will not yet have been returned or even distributed (especially for hip and knee procedures).

- The timescales for this report have changed to fit more closely with the publication of data on the Information Centre website. Therefore this report has been brought forward from Mar 2012 to Feb 2012 to ensure that the information is more timely for organisations. Future reports will be published quarterly i.e. the next one will be produced in May 2012.

- This report continues to use the funnel plot style of chart that first appeared in the December report. Feedback collected at the first Regional PROMS Network on 10th February 2012, suggested that the audience were generally satisfied with the current format so it has been retained for this report.

- That said, there were a number of useful suggestions regarding additional items that organisations have said they would like to see in future reports. These are currently under consideration for future reports.

Latest PROMs news

- **Regional PROMs Network**

The first PROMs regional network took place on 10th February 2012. It was attended by a range of people from across different organisations and was a good opportunity for people to raise issues and to network.

The meeting included a presentation from the Department of Health on the latest developments in PROMs at a national level and the expansion of PROMs in the future. York University also gave a presentation which was well received on the latest work they were undertaking on PROMs.

Future meetings will focus more specifically on a particular area of PROMs.

The slides from the meeting are available on the PROMs team room area of the QO website. To register for the PROMs regional network team area you need to first register on the YHPHO website:
http://www.yhpho.org.uk/
You will then receive an email to validate your account. Once this has been done please email:
Charlotte.Wood@york.ac.uk and she will register you as a member of the PROMs team room.

- **Newsletter and Data Bites**

The next PROMs newsletter will be published March 2012. This will be an opportunity to summarise any updates since the last newsletter in Sept 2011 with regards to regional and national work on PROMs.

Data Bites is a regular YHPHO publication, showcasing data analysis from our integrated work programme. The April edition will focus on one particular aspect of PROMs.

Latest PROMs news

- **Special Topic - Patient Record Level Data**

The latest special topic published on the Information Centre website looks at patient record level data. Data is published for each procedure for both EQ5D, EQ5D-VAS and condition specific measures (where available). This fields available include: provider, procedure, year, sex, age band, responses to questions, overall scores.

The data is available for 2009/10 (finalised) , 2010/11 (provisional) and 2011/12 (provisional). No patient identifiable data is available. Age and sex data is only shown where the numbers of patients within each group exceeds 5 patients in line with information governance rules.

Only records with complete pre and post-operative questionnaires that have been linked to HES have been included.

Data at patient level gives organisations more ability to explore their own data and begin to understand the variability in their overall aggregate scores and the questions and EQ5D dimensions that elicit the most and least positive responses from their patients.

It is recommended that organisations explore this data. The data is available as downloadable CSV files at:

http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1650

Participation and Response Rates

- **Participation Rates**
  The participation rate is the number of valid pre-operative questionnaires as a proportion of the number of procedures undertaken. Note that some participation rates for 2011-12 have been suppressed where low numbers of procedures were carried out (this only affects the Varicose Veins results but has a knock-on effect on the data for All Procedures for one Trust). The results should be treated with some caution due to relatively small numbers and time-lags between pre-operative questionnaire completion and the procedure itself.

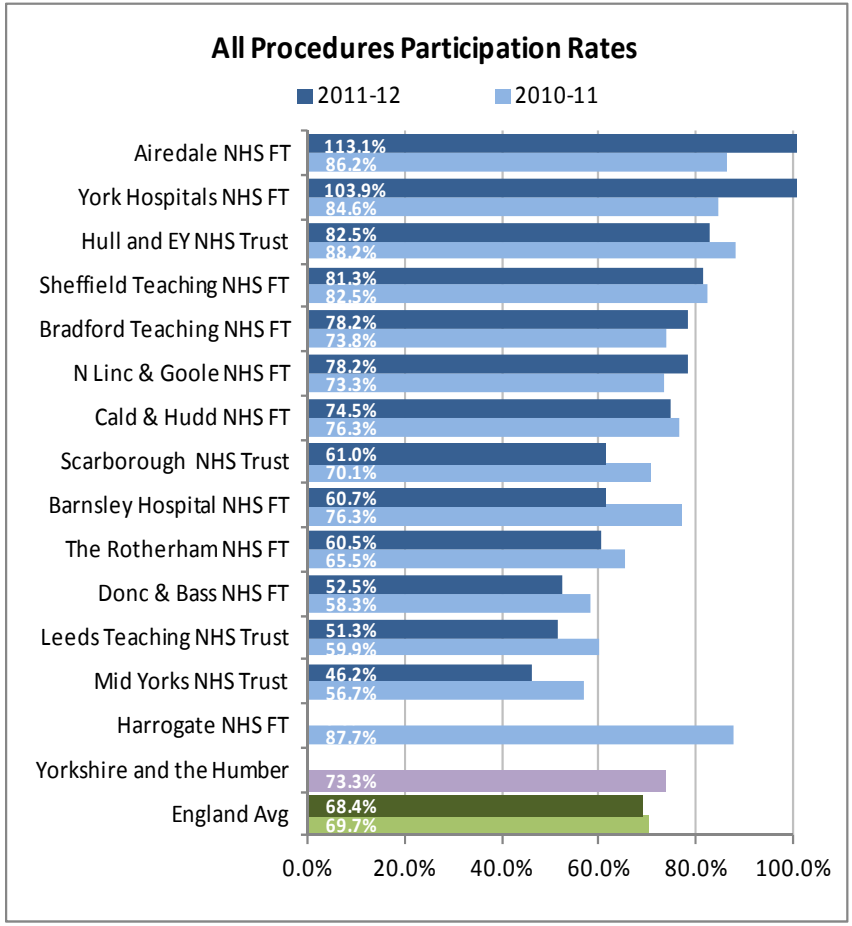
  Key findings and recommendations
  - Yorkshire and Humber has an average participation rate well ahead of the England average for Groin hernia (68% vs 57%), in line for Hip replacement (both 79%) and a little behind for Knee replacement (74% vs 77%). Within those averages though, there is a wide range across trusts.
  - Organisations should monitor their rates of participation for each procedure and work to increase this to the highest level possible. If the participation rate is low, then the first step is to ensure the data is correct. There are some known issues around recording of participation rates, including cases where the participation rates exceeds 100% - the QO can help explore the reasons for this and what effect these or other issues are having on the data.

- **Response rates**
  The response rate is the number of valid post-operative questionnaires received, divided by the number sent to patients. Response rates for 2011-12 are included in this report, however several data points are currently missing as few post-operative questionnaires have been returned at this stage . The data has been included as a support to organisations in tracking current progress to date compared with a relatively complete (thought not finalised) data set for 2010-11.

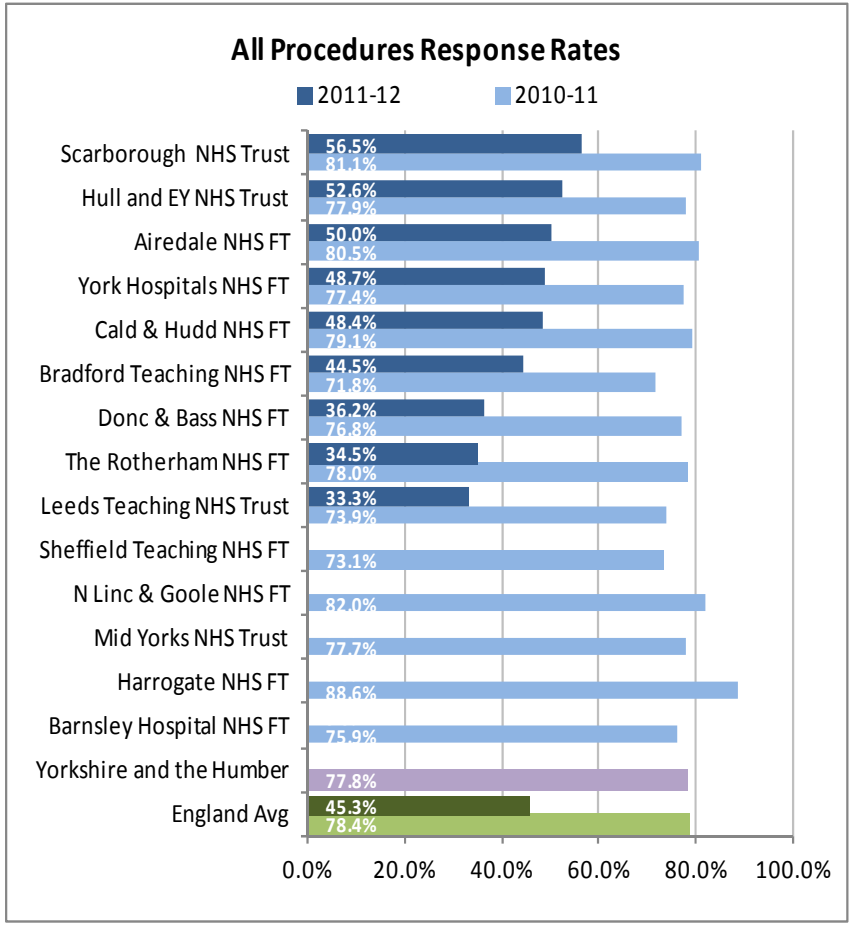
  Key findings and recommendations
  - As would be expected given time-lags, response rates for 2011-12 are considerably lower than 2010-11. Groin hernia is currently the only procedure with response rates available for all trusts in Y&H. Progress will continue to be monitored on response rates across the region as more data becomes available.
  - While Trusts have less of a direct impact on response rates, they should monitor them and if they are low, look to understand why this is the case. Again, the first step is to ensure the data is correct. Trusts can encourage increased response rates through ensuring patients understand that they will receive a post-operative questionnaire.

All Procedures

2010-11 and 2011-12 Participation Rates

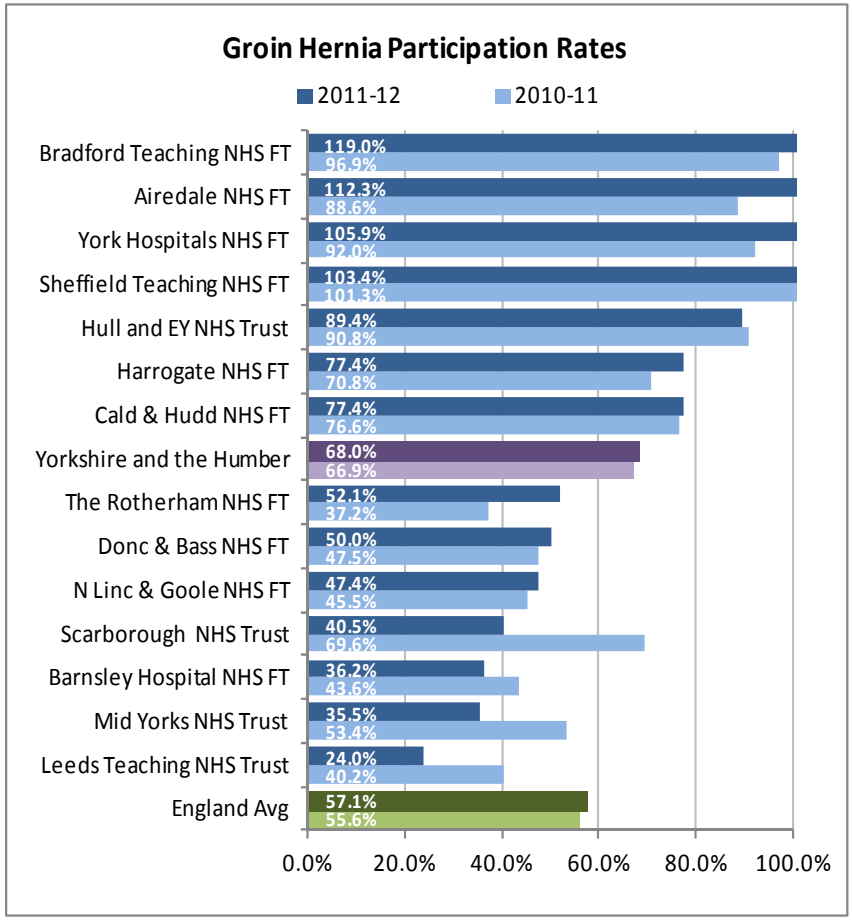


2010-11 and 2011-12 Response Rates

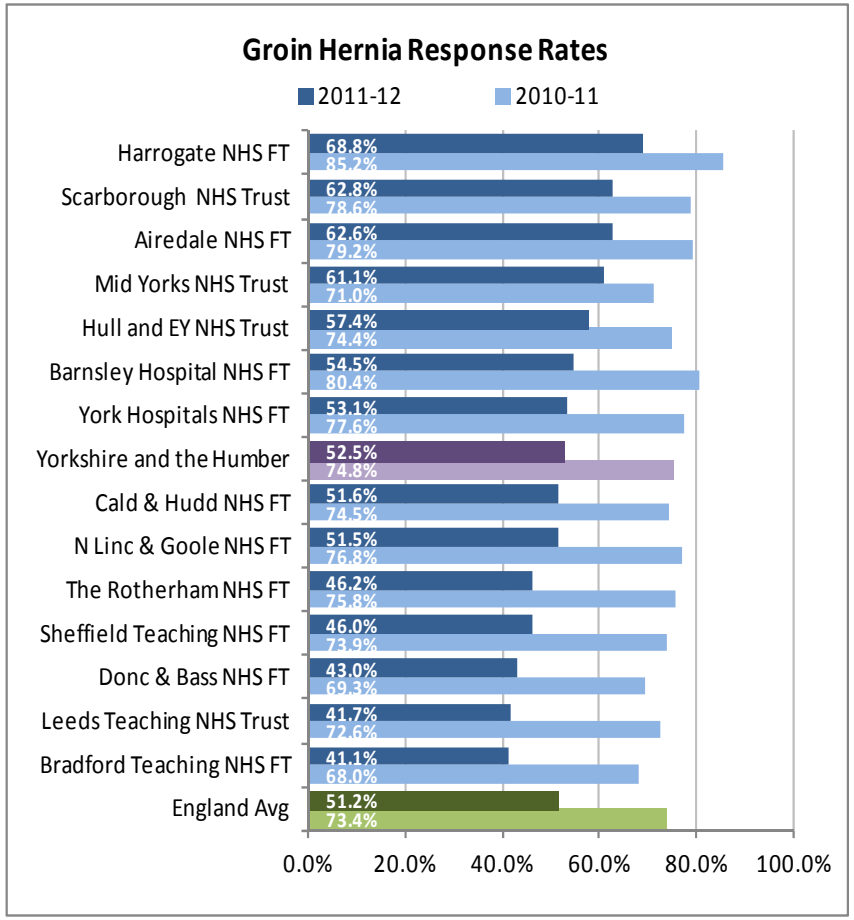


Groin Hernia Repair

2010-11 and 2011-12 Participation Rates

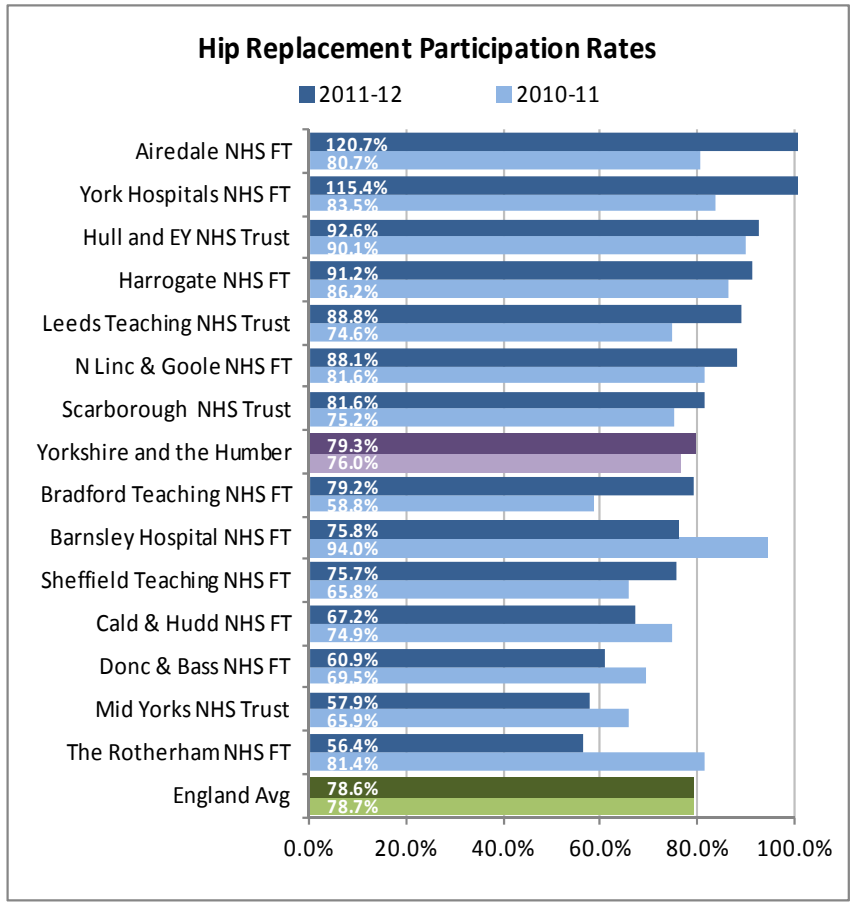


2010-11 and 2011-12 Response Rates

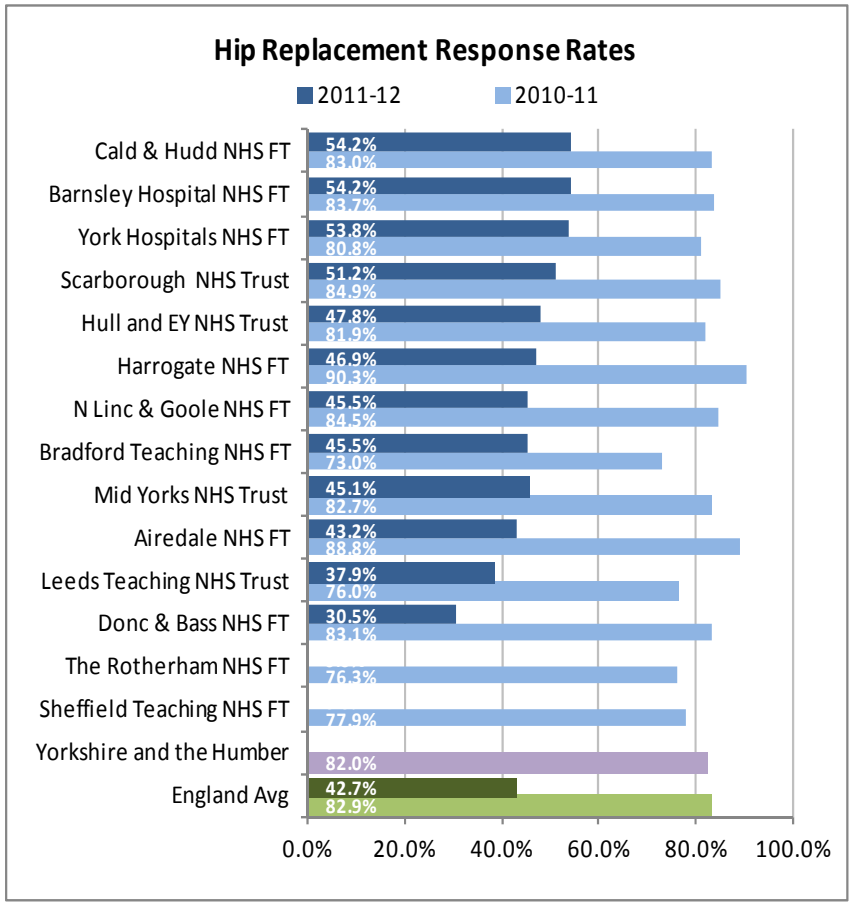


Hip Replacement

2010-11 and 2011-12 Participation Rates

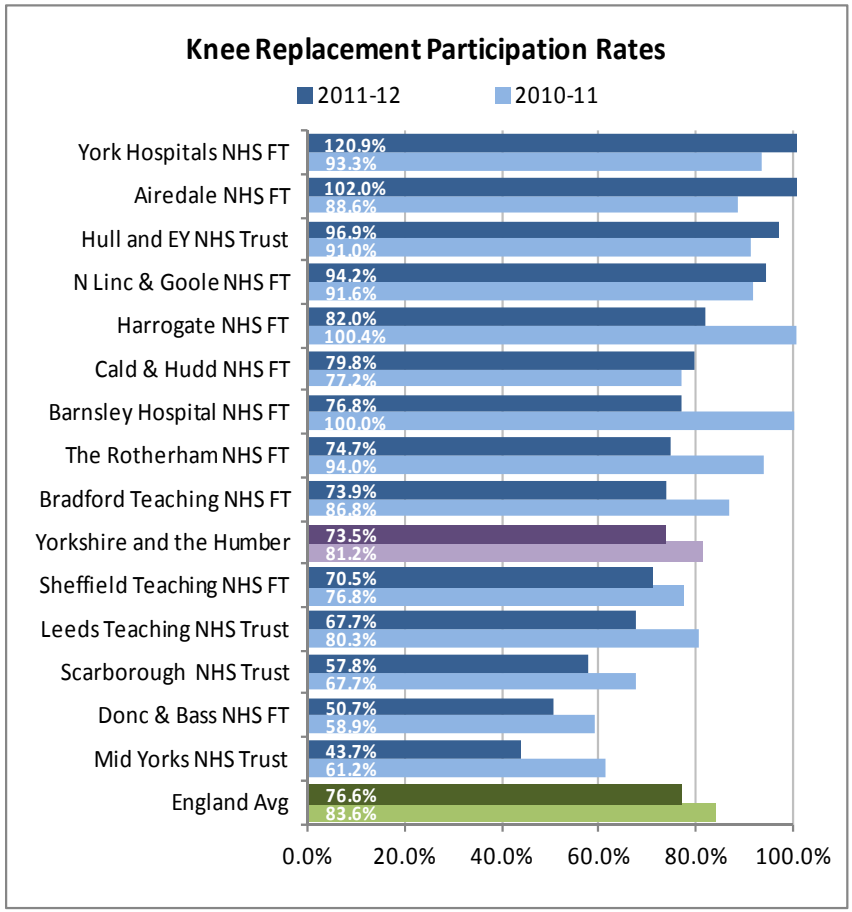


2010-11 and 2011-12 Response Rates

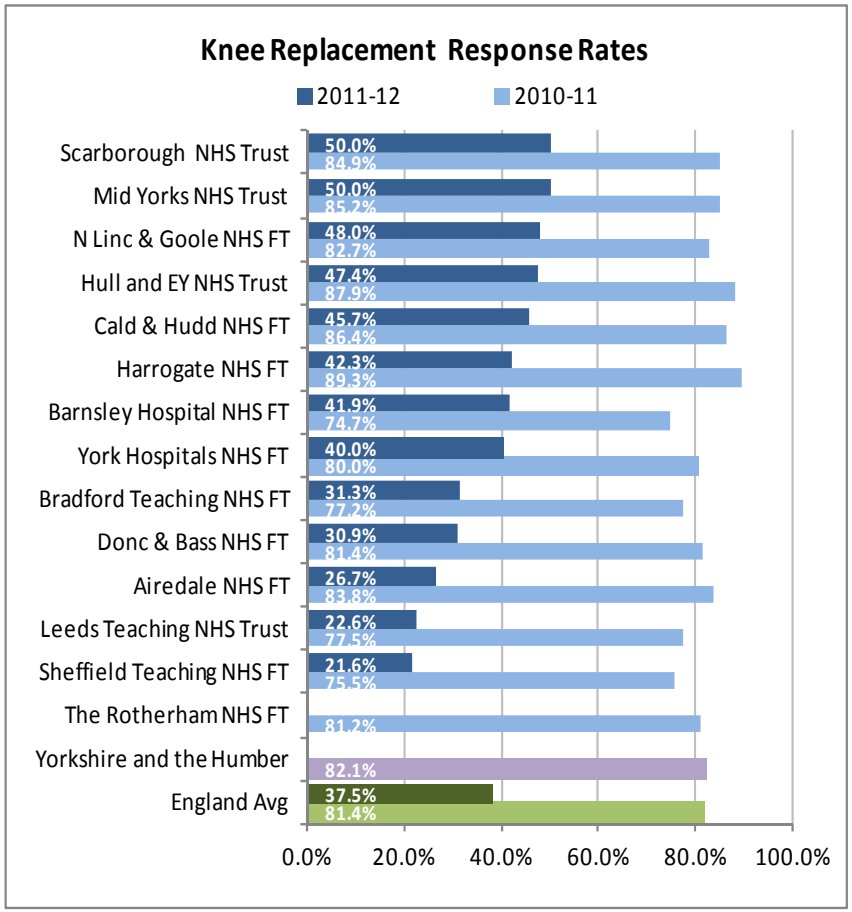


Knee Replacement

2010-11 and 2011-12 Participation Rates

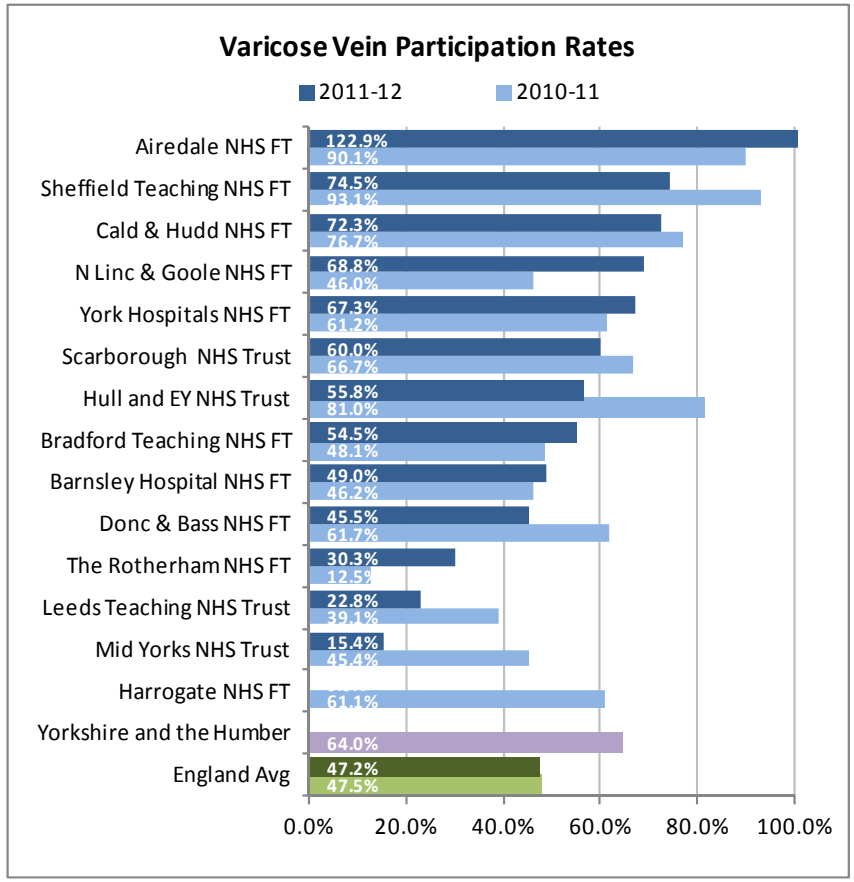


2010-11 and 2011-12 Response Rates

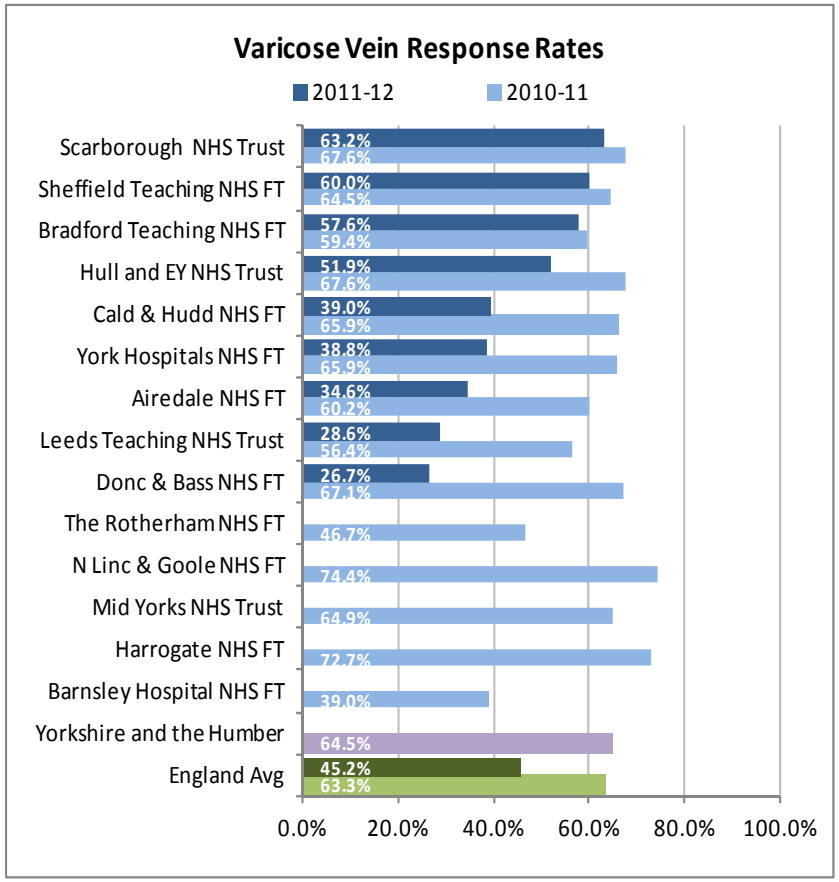


Varicose Vein Surgery

2010-11 and 2011-12 Participation Rates



2010-11 and 2011-12 Response Rates



Understanding Funnel Plots

What is a funnel plot?

Funnel plots are defined in the PROMs FAQ as: ***"a form of control chart which allow an organisations score to be compared with the national picture at a given point in time. The plot contains control limits which give the graph the distinctive funnel shape, the limits narrowing as the sample size increases. Control limits are upper and lower limits within which variation can be considered 'common-cause'. Any variation beyond these limits is deemed 'special cause' and is worthy of further investigation"*** (Source: Information Centre)

The PROMs funnel plots show the level of adjusted health gain by provider against the volume of modelled records. The purple/blue line through the centre of the funnel is the national average. Separate funnel plots have been produced for the EQ5D and condition specific measures where available for each procedure. The red dots mark the Acute Trusts within Yorkshire and Humber.

How do you interpret funnel plots?

An organisation outside of the light green inner funnel plot lines is statistically significantly different to the national average at the 95% level. This means that, as there is only a one in 20 chance that the organisation is an outlier by chance, there is likely to be a 'special cause' for this variation.
An organisation outside of the dark green outer funnel plot lines is statistically significantly different to the national average at the 99.8% level. This means that, as there is only a one in 500 chance that the organisation is an outlier by chance, there is *very* likely to be a 'special cause' for this variation.

For all of the procedures and measures, except the Aberdeen Varicose Veins measure:

- if an organisation is a positive outlier (at the top end of the charts in this report) then it is achieving health gains which are significantly better than average and can be used as an example of good practice.
- if it is a negative outlier (at the bottom end of the chart) then it is achieving health gains which are significantly worse than average and the reasons for this need to be understood. If it is between the inner and outer funnel plot lines, it is classed as an **alert**; more seriously, if it is outside the outer funnel plot line it is classed as an **alarm.**

For the Aberdeen Varicose Veins measure, positive outliers are at the bottom, negative outliers at the top.

Where organisations are classed as negative outliers they should consult the outlier policy guidance:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128440.
The QO can also provide support through examining the data in more detail at record level.

Summary of Funnel Plots

The table below summarises the 2010-11 data for Trusts flagged as positive or negative outliers. The upper limits relate to positive outliers and the lower limits to negative outliers or 'alerts' and 'alarms'. Those organisations not featured in the table are neither positive or negative outliers. Where organisations are flagged as negative outliers, action should be undertaken to investigate why they are significantly different to the England average.

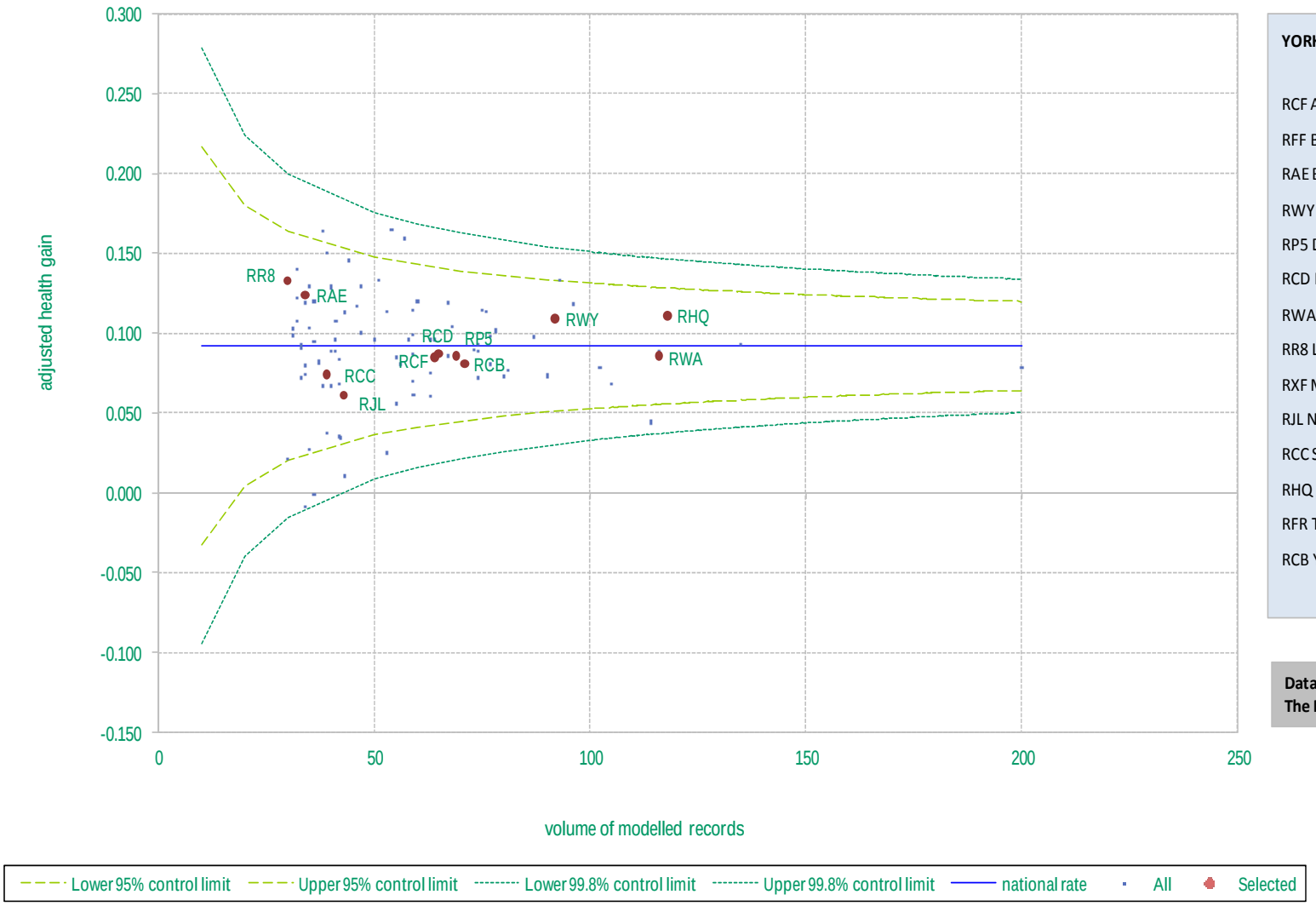
Table of Yorkshire and Humber Outliers for 2010-11

Confidence Level	Positive Outliers		Negative Outliers	
	Upper 99.8%	Upper 95%	Lower 95%	Lower 99.8%
			ALERT	ALARM
Groin Hernia Repair - EQ5D		Northern Lincolnshire and Goole FT		
Hip Replacement - EQ5D		Leeds Teaching Hospitals NHS Trust Northern Lincolnshire and Goole FT	Mid Yorkshire Hospitals NHS Trust	Barnsley hospital NHS FT Doncaster and Bassetlaw NHS FT Sheffield Teaching Hospitals NHS FT
Hip Replacement - Oxford Score			Bradford Teaching Hospitals NHS FT Sheffield Teaching Hospitals NHS FT	Barnsley hospital NHS FT Doncaster and Bassetlaw NHS FT Mid Yorkshire Hospitals NHS Trust
Knee Replacement - EQ5D	Calderdale and Huddersfield NHS FT	Leeds Teaching Hospitals NHS Trust	Hull and East Yorkshire NHS Trust	Doncaster and Bassetlaw NHS FT
Knee Replacement - Oxford Score	Calderdale and Huddersfield NHS FT	Airedale NHS FT Leeds Teaching Hospitals NHS Trust Northern Lincolnshire and Goole FT		Doncaster and Bassetlaw NHS FT
Varicose Vein Surgery - EQ5D		Hull and East Yorkshire NHS Trust	Mid Yorkshire Hospitals NHS Trust	
Varicose Vein Surgery - Aberdeen				

- The 2010-11 data remains provisional as additional questionnaires are still being received and added. Though there are few changes since the Dec 2011 report, the table has been updated to incorporate them. The findings from that report remain unchanged.

- Despite a lack of data so far for 2011-12, funnel charts have been produced (see following pages) to show the most up-to-date position. Across all trusts and all measures, there is only one outlier (Calderdale and Huddersfield NHS FT is a positive outlier on Knee Replacement - Oxford Score) so the table above has not been replicated for 2011-12.

EQ5D Groin Hernia Repair Funnel Plot 2011-12

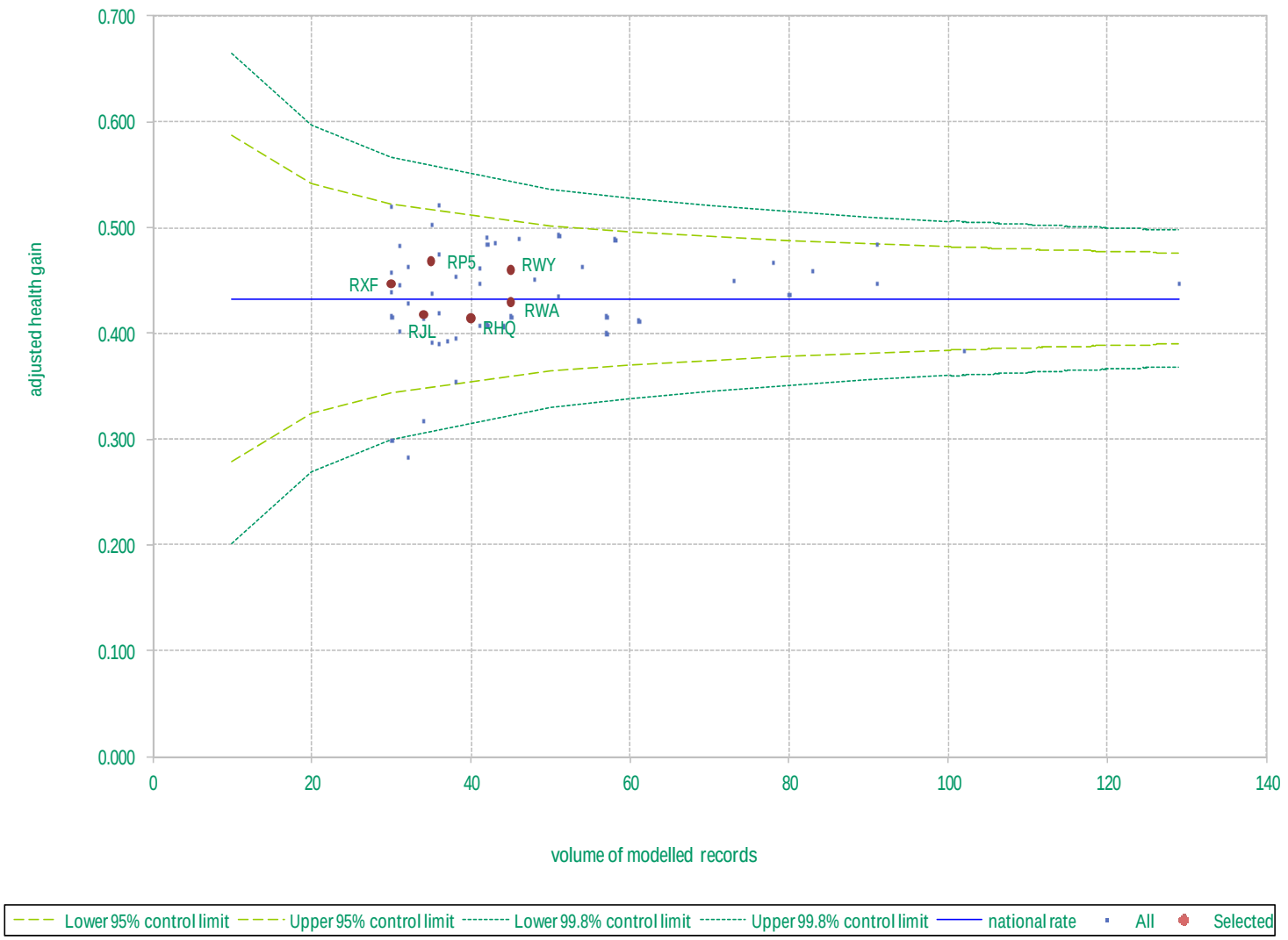


YORKSHIRE AND HUMBER PROVIDERS

RCF Airedale NHS FT
RFF Barnsley hospital NHS FT
RAE Bradford Teaching Hospitals NHS FT
RWY Calderdale and Huddersfield NHS FT
RP5 Doncaster and Bassetlaw NHS FT
RCD Harrogate and District NHS FT
RWA Hull and East Yorkshire NHS Trust
RR8 Leeds Teaching Hospitals NHS Trust
RXF Mid Yorkshire Hospitals NHS Trust
RJL Northern Linc & Goole NHS FT
RCC Scarborough & NE Yorks NHS Trust
RHQ Sheffield Teaching Hospitals NHS FT
RFR The Rotherham NHS FT
RCB York Hospital NHS FT

Data Source: Funnel Plot adapted from The NHS Information Centre

EQ5D Hip Replacement Funnel Plot 2011-12



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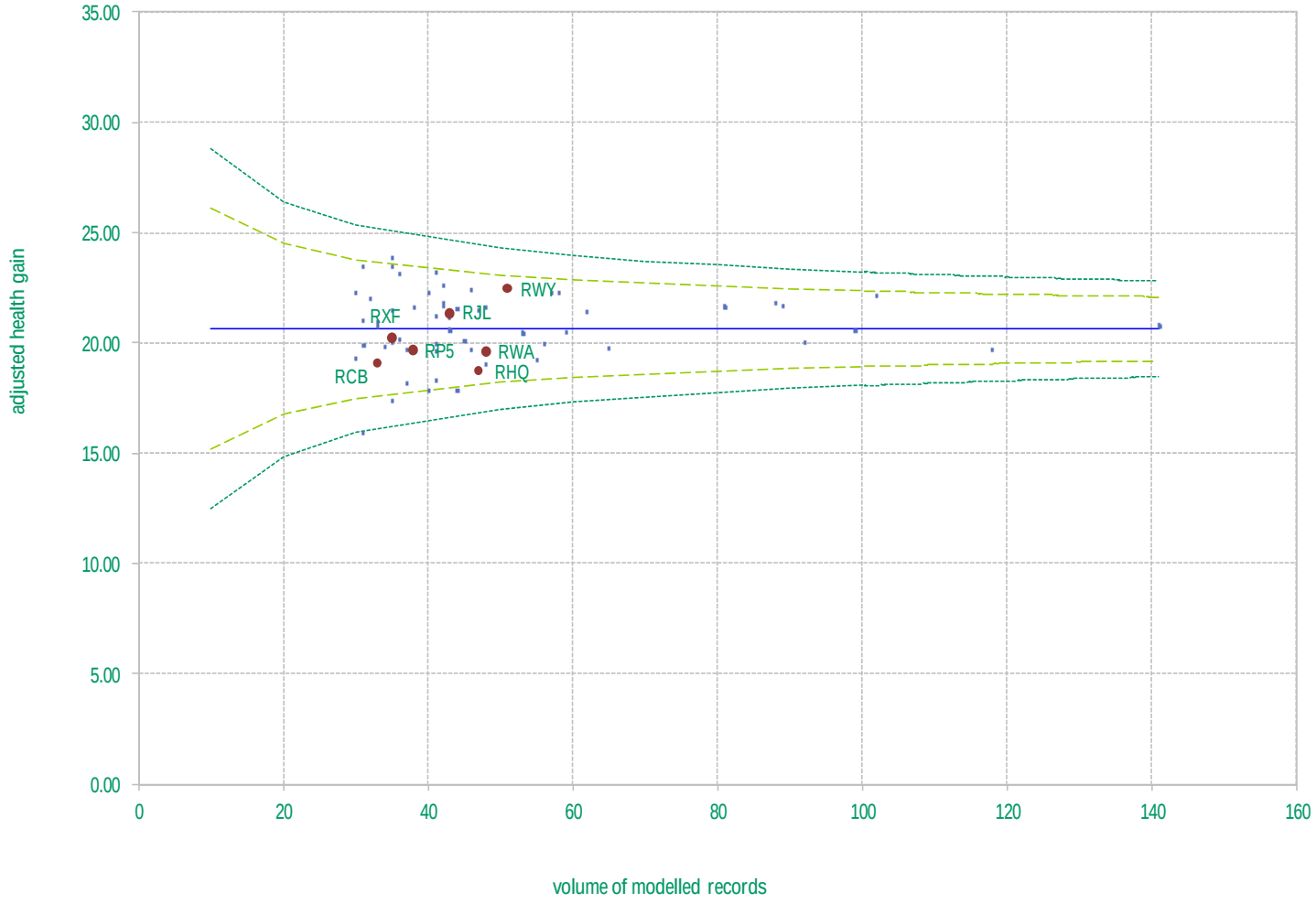
Data Source: Funnel Plot adapted from The NHS Information Centre

Oxford Hip Replacement Funnel Plot 2011-12



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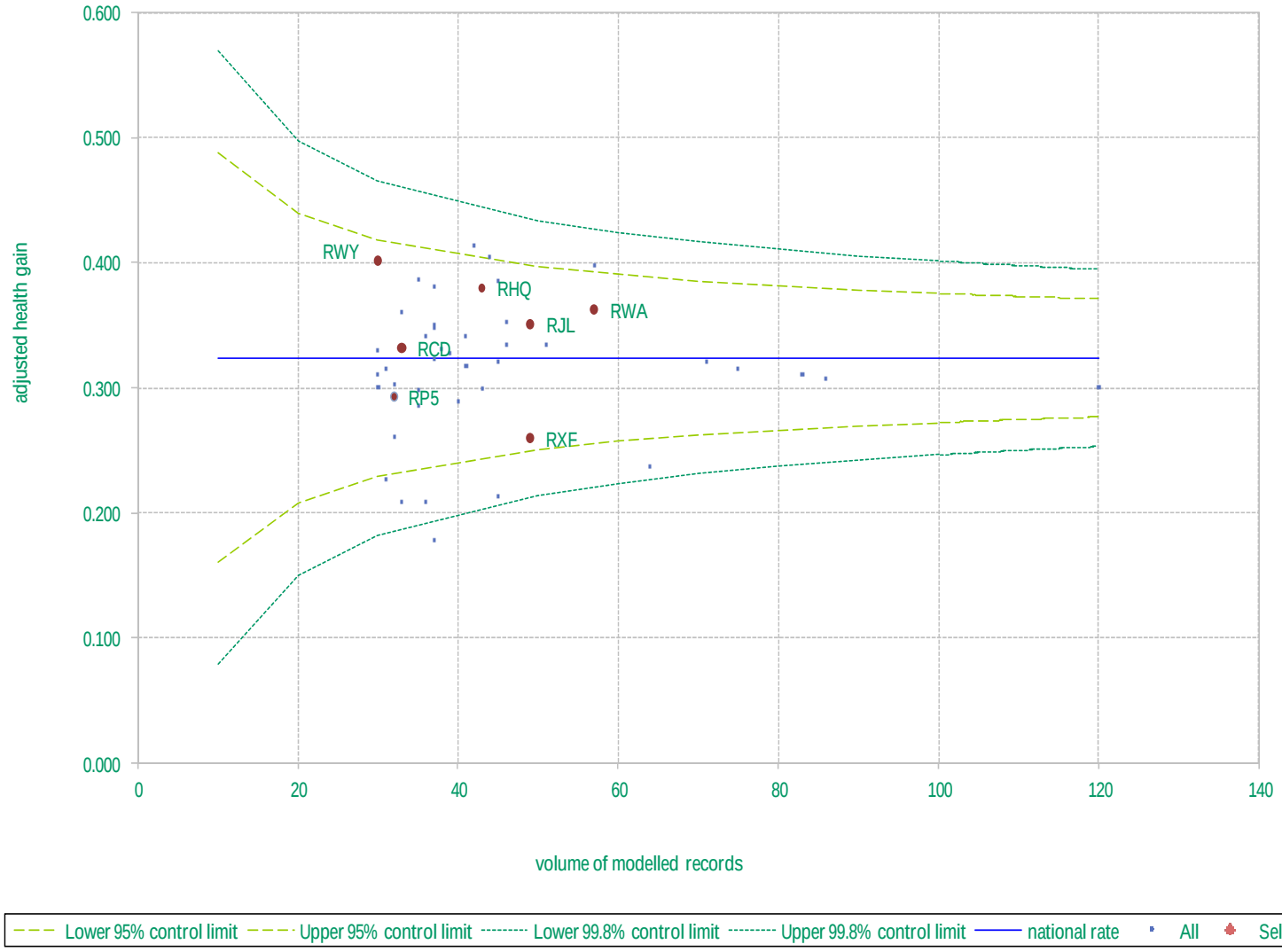
RCB York Hospital NHS FT

Data Source: Funnel Plot adapted from The NHS Information Centre

Lower 95% control limit | Upper 95% control limit | Lower 99.8% control limit | Upper 99.8% control limit | national rate | All | Selected

EQ5D Knee Replacement Funnel Plot 2011-12



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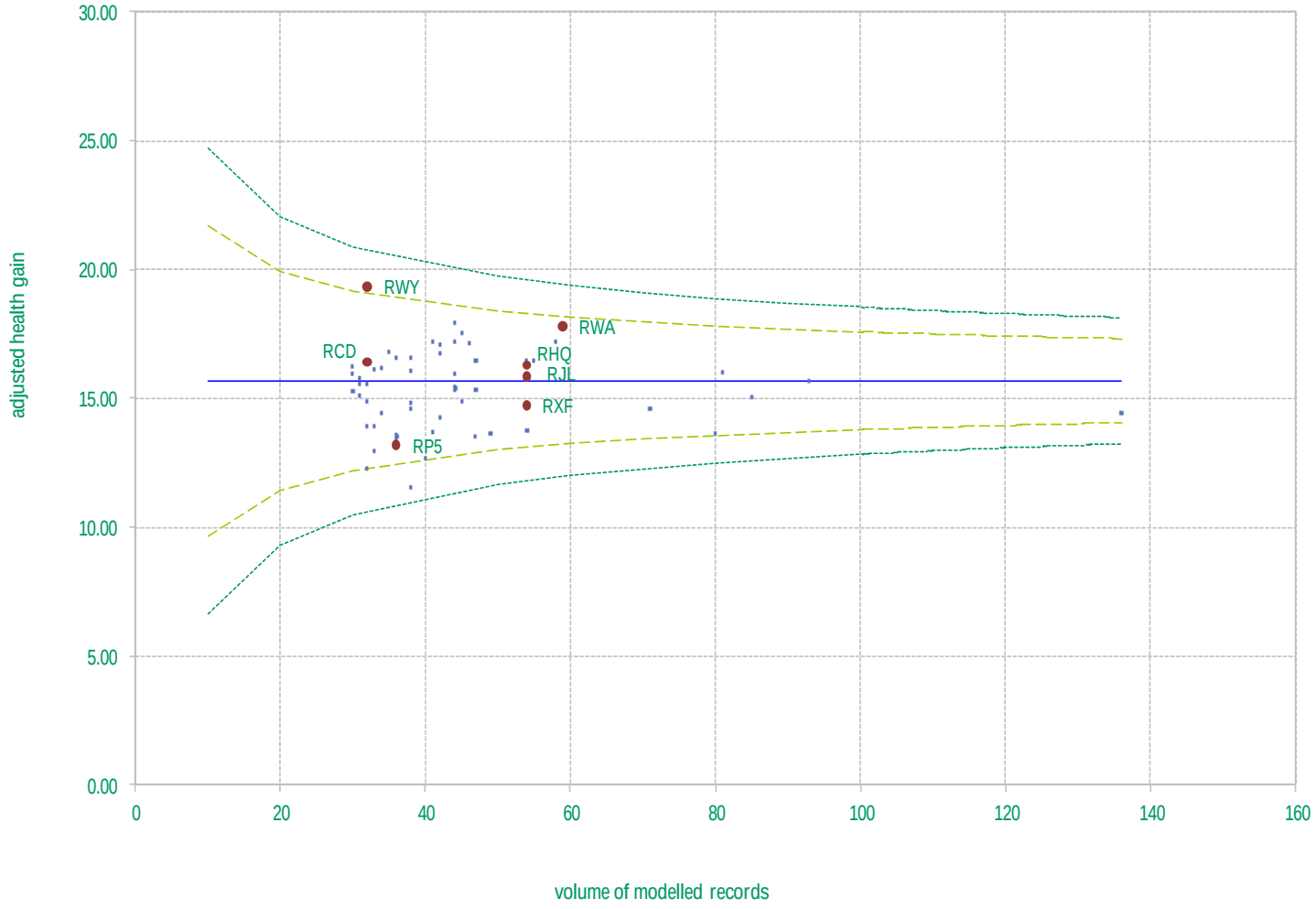
Data Source: Funnel Plot adapted from The NHS Information Centre

Oxford Knee Replacement Funnel Plot 2011-12



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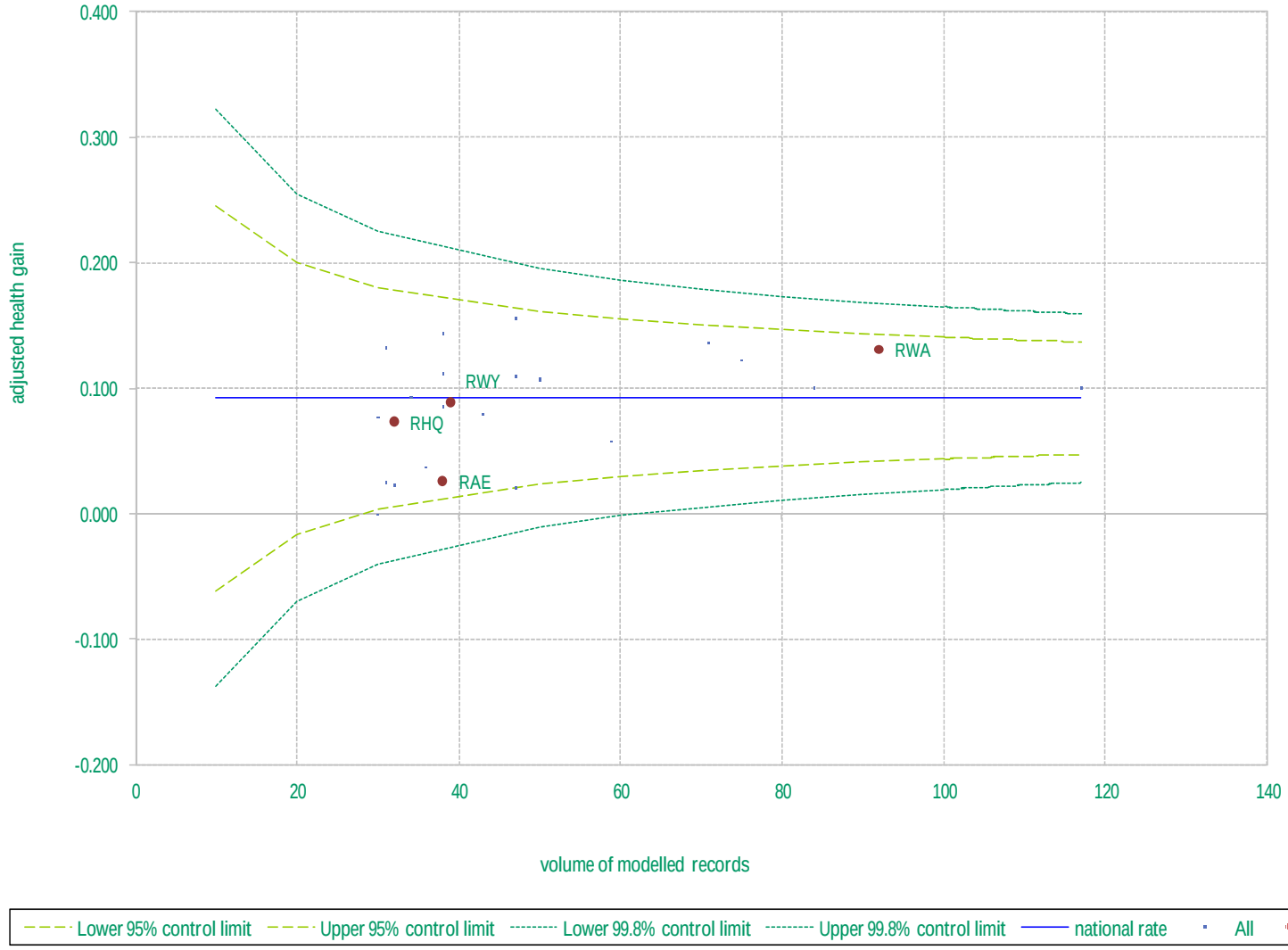
Data Source: Funnel Plot adapted from The NHS Information Centre

Lower 95% control limit | Upper 95% control limit | Lower 99.8% control limit | Upper 99.8% control limit | national rate | All | Selected

EQ5D Varicose Vein Surgery Funnel Plot 2011-12



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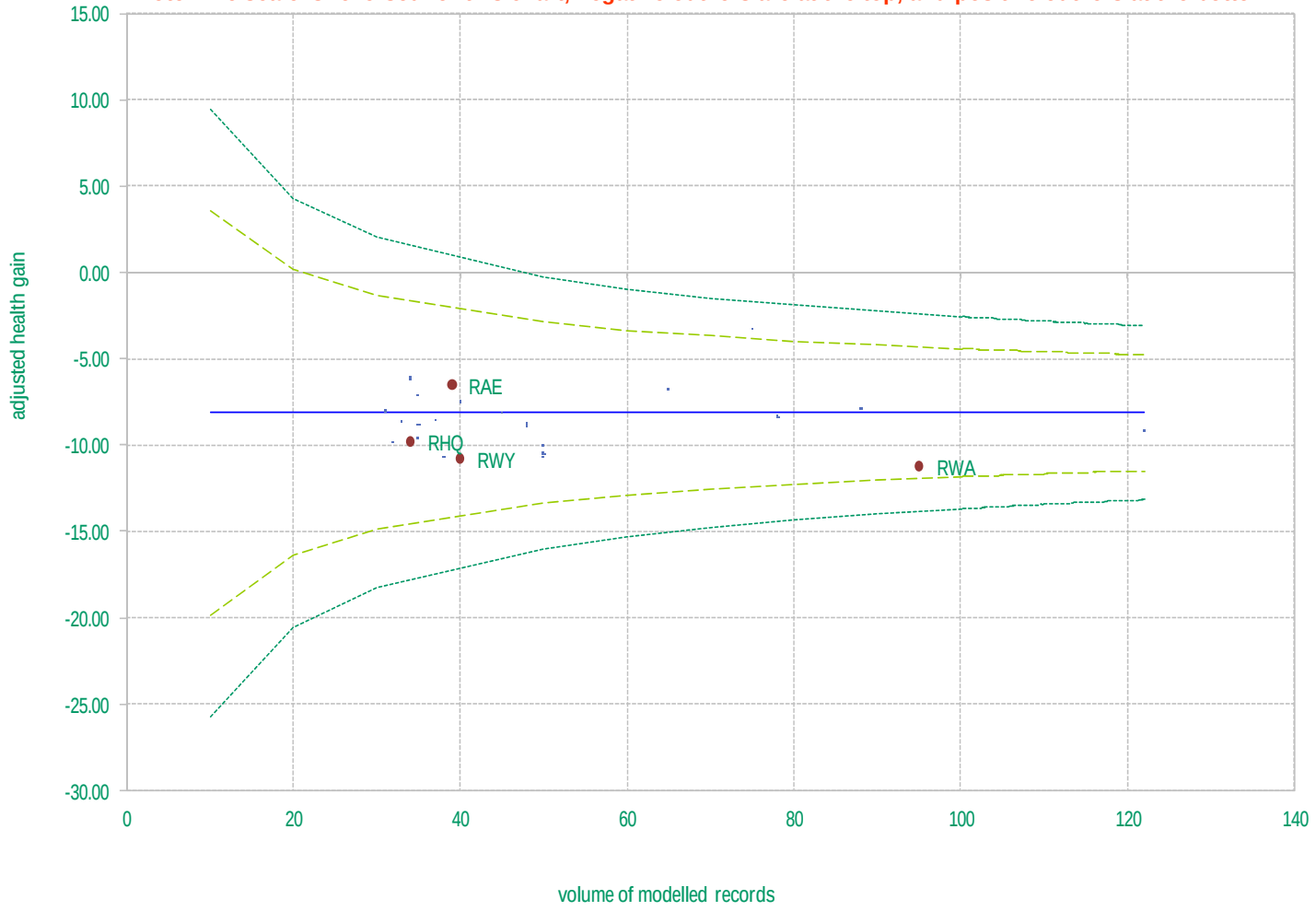
Data Source: Funnel Plot adapted from The NHS Information Centre

Aberdeen Varicose Vein Surgery Funnel Plot 2011-12

Note: The scale is reversed for this chart, negative outliers are at the top, and positive outliers at the bottom



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Data Source: Funnel Plot adapted from The NHS Information Centre

Summary

Key Findings

- Given that the data published for the period 2010-11 has not changed much since the December report, this report has focused more on the data currently available for 2011-12. With only 6 months of data available at present, due to time-lags, few firm conclusions can be drawn on response rates or outcomes. However, those time-lags do not affect participation rates and there remains a wide variation in these across trusts and procedures.

- Currently the 2011-12 data is showing only one outlier for Yorkshire and Humber: Calderdale and Huddersfield Trust is a positive outlier at the 95% level for the Oxford knee replacement score. Many trusts are currently missing from the funnel charts as they have completed records for less than 30 procedures.

- With regards to the national position, the table below shows the number of trust outliers nationally across each of the 4 procedures and measures. The one Y&H outlier at this stage has been flagged within the table. Even though the data relates to 6 months of procedures, due to time-lags it is likely that the total number of outliers for the full year will approach similar numbers to 2010-11 ie about 60 positive and 90 negative.

Procedure	Upper 99.8%	Upper 95%	Lower 95%	Lower 99.8%	Total
Groin Hernia Repair - EQ5D	0	4	5	0	***9***
Hip Replacement - EQ5D	0	2	2	2	***6***
Hip Replacement - Oxford Score	0	1	3	1	***5***
Knee Replacement - EQ5D	0	3	5	1	***9***
Knee Replacement - Oxford Score	0	[illegible]	2	0	***3***
Varicose Vein Surgery - EQ5D	0	0	2	0	***2***
Varicose Vein Surgery - Aberdeen	0	0	1	0	***1***
TOTAL	***0***	***11***	***20***	***4***	***35***

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Summary

Recommendations

- Organisations should monitor their rates of participation for each procedure and work to increase this to the highest level possible. If the participation rate is low, then the first step is to ensure the data is correct. There are some known issues around recording of participation rates, including cases where the participation rates exceeds 100% - the QO can help explore the reasons for this and what effect these or other issues are having on the data.

- While Trusts have less of a direct impact on response rates, they should monitor them and if they are low, look to understand why. Again, the first step is to ensure the data is correct. Trusts can encourage increased response rates through ensuring patients understand that they will receive a post-operative questionnaire.

- At present the 2011-12 data is showing few outliers within the Y&H region - it is likely that this is partly due to small numbers of procedures recorded in the PROMs data. Nor does the data include a large number of organisations both within and outside of Y&H where the number of procedures is fewer than 30. Where data is available, organisations should look at it alongside data from 2010-11 to gauge progress and likely final position for 2011-12.

- The special topic - patient record level data - should be of interest to organisations and will provide a richer, more detailed source of information on PROMs data than is available through aggregate scores alone.

- Organisations are encouraged to become part of the PROMs Regional Network through joining the PROMs team room on the YHQO website. This is an opportunity to network with other people who work in PROMs across the region, to share ideas and raise issues.

Useful Links

- http:// www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1582
  HES online

- http://www.ic.nhs.uk/services/patient-reported-outcomes-measures-proms
  The Information Centre PROMs Page

- http://www.yhpho.org.uk/default.aspx?RID=119306
  Yorkshire and Humber Quality Observatory PROMs page

- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_092647
  Department of Health

- http://www.northgate-proms.co.uk/documents.html
  Northgate Information Solutions

- http://www.statistics.gov.uk/hub/release-calendar/index.html?newquery=PROMs&lday=&lmonth=&lyear=&uday=&umonth=&uyear=&the
  Publication Hub: Gateway to National Statistics

- http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar
  The Information Centre

- http://www.quality-health.co.uk/
  Quality Health

- http://www.networks.nhs.uk/search?SearchableText=promt
  PROMPT Guidance

- http://www.networks.nhs.uk/nhs-networks/health-investment-network/news/patient-reported-outcome-measures-proms-for-commissioners
  PROMPT tool

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