

Patient Reported Outcome Measures Frequently Asked Questions (PROMs FAQ)

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What is PROMs?

PROMs (Patient-Reported Outcome Measures) is a programme of evaluation of surgical outcomes based on questionnaires completed by patients before and after their surgery. Eligible patients are those treated by or on behalf of the English NHS for the following procedures: hip replacements, knee replacements, varicose vein surgery and groin hernia surgery.

What official statistics products are published, and when?

PROMs data and analyses, including from HES-PROMs linked data, are published each month by the Health and Social Care Information Centre. Publications include:

- monthly summary statistics;
- quarterly detailed statistics, including extensive reusable datasets and either an analysis of a topic of interest from the datasets or, once a year, a detailed annual report of the latest finalised annual data.

Visit the [PROMs homepage](#) to access the latest publications.

What do the different scores/ measures mean?

EQ-5D™ Index collates responses given in 5 broad areas (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) and combines them into a single value.

EQ VAS is a simple and easily understood ‘thermometer’-style measure based on a patient’s self-scored general health on the day that they completed their questionnaire, but which provides an indication of their health that is not necessarily associated with the condition for which they underwent surgery and which may have been influenced by factors other than healthcare.

Oxford Hip Score / Oxford Knee Score / Aberdeen Varicose Vein Questionnaire combine into a single score a patient’s answers to a number of health questions of particular relevance to hips, knees or varicose veins.

What are case-mix adjusted scores and outliers?

Adjusted average health gains have been calculated using statistical models which account for the fact that each provider organisation deals with patients with different case-mixes. This allows for fair comparisons between providers and England as a whole.

Random variation in patients means that small differences in averages, even when case-mix adjusted, may not be statistically significant. We therefore calculate ‘control limits’ which represent boundaries, providers falling outside of which may be stated with statistical validity to be significantly better (if above the upper limit) or significantly worse (if below the lower limit) than England as a whole. These significantly better or worse providers are known as outliers.

There is a choice of two control limits, representing two levels of statistical confidence. For a provider outside the 99.8% limits, statistical theory provides that there is a 1 in 500 chance that their results would have been so far from the England rate merely because of random variation in their patients (1 in 20 for a provider outside the 95% limits) and so there is a good indication that there is something within that provider's control that caused so substantial a difference. It does not mean that the provider is necessarily doing something 'good' (if above the upper limit) or 'bad' (if below the lower limit), but might warrant further investigation.

I work for a hospital trust – how do I get PROMs data for my Quality Accounts return?

The number of PROMs questionnaires that have been recorded against your trust are included in the 'participation / linkage' data which are included in the pack of CSV data files released quarterly – to access the latest data, please visit the [PROMs homepage](#).

Can I re-use your data for my own analyses?

PROMs data published on our website are reusable under the Open Government Licence. Please see <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2/> for further details.

Why are there no or few post-operative PROMs data for this financial year?

Because of the time-lag between pre- and post-operative questionnaires (generally at least 3 months for groin hernia and varicose vein surgeries, and 6 months for hip and knee replacements), and the need to allow time for patients to be sent, to complete and to return their post-operative questionnaires, it can take some time before substantial amounts of post-operative data are available.

Why are the key facts on the web pages more up to date than the PROMs data tables and documents?

Whilst the key facts are updated on a monthly basis, the PROMs data tables are updated only quarterly. This allows time and resource for us to explore the PROMs dataset further, providing for the development of topics of interest giving greater depth of analysis and insight.

Why are the participation and linkage rates only available at a national and provider level?

PROMs pre-operative questionnaires are administered by providers. Although they serve to monitor and promote improved take-up rates, they are not a direct measure of performance so make little sense to aggregate to commissioner level.

Can I obtain a licence to use PROMs questionnaires?

If you undertake NHS funded activity for the existing PROMs conditions, then you should already be participating in the national PROMs programme. If you wish to use any PROMs questionnaire content outside the national programme, e.g. for local audit purposes, you may need to apply for permission from the NHS England and the owners of the different measures used in the questionnaires. There are certain terms and conditions about the questionnaires' use. Please enquire with NHS England to discuss licencing.

How do I register to access my organisation's PROMs data?

Email HSCIC - enquiries@hscic.gov.uk with subject line 'PROMs Provider Access'. We will return to you a registration information sheet and an application form.

How many employees at my organisation can access PROMs data?

Due to Information Governance (IG) requirements to protect patient identifiable information and comply with the patient consent model, only 1 employee per organisation can access PROMs data from HSCIC. This employee must be nominated by the organisation's Caldicott Guardian and sign a declaration accepting responsibility for ensuring IG compliance in the entire organisation's handling and use of PROMs and PROMs-related data.

How do I access PROMs data for download?

Registered users are able to access PROMs extracts through the HSCIC's Secure Electronic File Transfer (SEFT) service. Access is web-based and requires Java Runtime v1.6 or higher.

When are the extracts available?

Provider extracts are made available in line with the monthly HSCIC national PROMs Publication release: <http://www.hscic.gov.uk/pubs/calendar>

What is in the PROMs extracts?

The extracts include all applicable PROMS questionnaire data and HES eligible episodes. PROMS Questionnaire information will only be included where the patient has consented for their information to be shared with their healthcare professionals; extracts contain pre- and post-operative PROMS questionnaires from August 2011, when the new consent model came into effect.

Can you tell me more about the provider and commissioner level tables?

Accompanying the PROMs post-operative report is a set of spread sheets containing participation rates and scores by organisation. Scores are presented in organisational level tables together with a score comparison analysis. Scores include both the EQ-5D system

and the condition-specific questions by organisation. In addition to the presentation of raw data, adjusted post-operative scores and measures of health gain are included together with their standard deviation to illustrate variability. An adjusted measure has been included to allow the comparison of trusts with national figures based on health gain. The adjusted measure, takes into account the fact that organisations deal with patients with a differing casemix. Casemix models are applied in this publication in advance of a planned cycle of further refinement to the methodology. A full description of the methodology can be found on the [NHS England PROMs website](#). When interpreting the organisational level results it is important that the trends shown are taken to be a starting point for further investigation rather than giving a definitive conclusion on organisational performance. Extreme results may not be down to clinical reasons. They could also be caused by random variation (irregular and erratic fluctuations or chance factors that, in practical terms, cannot be anticipated, detected, identified, or eliminated); by data quality issues; or by differences in patients' ability to benefit from the surgery that cannot be identified from the data.

The provider and commissioner level tables and score comparison spread sheets are available from both the Finalised and Provisional pages via the Quick Links on the right of this page.

How can I give feedback on the publications?

Feedback is welcome and may be sent to enquiries@nhsdigital.nhs.uk (please quote 'PROMs' in the subject line), or call our contact centre on 0300 303 5678.