

Version 1, published 11 July 2013

## Announcement of methodological changes to—

- **Finalised Patient Reported Outcome Measures (PROMs) in England**
- **Provisional Monthly Patient Reported Outcome Measures (PROMs) in England**

### 0. Background

To allow for fair comparisons of average reported healthgains for an organisation against the national average, the PROMs publications include 'casemix adjusted health gain' scores. These casemix-adjusted scores are intended to reflect the achievement of each provider taking into account the particular complexity of patients that the provider has treated. There are two components to the calculation of adjusted scores:

- a) calculating predicted post-operative scores for each patient
- b) together with the patients' observed scores, aggregating these predicted scores to organisational level.

### 1. Change to the casemix aggregation method

**Summary:** The aggregation uses the ratio of the patients' observed and predicted scores. This is to be changed for 2012/13 and later data years so that the aggregation instead uses the difference between patients' observed and predicted scores. The August 2013 publication includes the final update of 2011/12 data; for consistency with the previous 23 months' releases of 2011/12 data, this finalised publication will be prepared using the existing aggregation methodology.

**Quality assurance:** The casemix adjustment methodology has been developed by the PROMs Programme Team at NHS England in conjunction with the HSCIC. The change has been quality-assured by the *Indicator Assurance Service* which is run by the HSCIC on behalf of the national Quality Information Committee (QIC):

[\[http://www.hscic.gov.uk/article/1674/Indicator-Assurance-Service\]](http://www.hscic.gov.uk/article/1674/Indicator-Assurance-Service)

**Benefit:** The new method improves model stability as it better handles cases where the difference in a patient's observed and adjusted score leads to a large ratio.



**Impact:** The change in method makes no difference to national level scores with only a small impact on organisations' adjusted scores. Further details regarding the change and its impact can be found on the NHS England website:

<http://www.england.nhs.uk/statistics/statistical-work-areas/proms/>

**Further information:** For further information regarding the change, please contact the PROMs Team at NHS England on 0207 972 6144.

## 2. Change to the identification of providers in casemix aggregation

**Summary:** When aggregating by provider (i.e., NHS hospital trust or independent sector hospital), the provider is currently identified as that which administered the patient's pre-operative questionnaire. This is to be changed for 2012/13 and later data years so as to instead aggregate on the provider which performed the surgery. The August 2013 publication includes the final update of 2011/12 data; for consistency with the previous 23 months' releases of 2011/12 data, this finalised publication will be prepared using the existing aggregation methodology.

**Benefit:** Many PROMs statistics best relate to the organisation which administered the pre-operative questionnaire, even if the patient received the surgery elsewhere (for example as a result of patient choice or by the administering provider sub-contracting the surgery to another organisation). However, casemix-aggregated scores are primarily referable to outcomes of surgery and thus relate better to the provider of the surgery.

**Impact:** The change in method makes no difference to national level scores with only a small impact on volumes for organisations with significant amounts of patients having their operation at a provider which was not the one that administered their questionnaire.