



OUTCOMES

June 2011

NHS Future: Patient Involvement gets serious

CoMetrica
Leading Performance in Healthcare

Recent Publications

Outcomes January 2010 highlights using measured outcomes to support quality accounts

Our previous newsletter illustrated examples of where PROMS and PREMS are being used to prioritise services and demonstrate value as perceived by patients themselves. You can

download it [here](#)

Market review paper compares different channels for capturing patient experience

CoMetrica has published a paper useful to anyone who is considering improving their means of measuring patient experience.

You can download the paper from www.CoMetrica.co.uk [here](#)

Podiatry outcomes case studies

Two new case studies have been published covering the implementation of continuous outcomes measurement in NHS Podiatry services. You can download them from www.CoMetrica.co.uk [here](#)

Conferences & Events supported by CoMetrica

- 4-6th March 2011, British Association of Prosthetists and Orthotists conference, Harrogate
- 8th March 2011, Podiatry managers Conference, Northampton

Future events

- 22nd June 2011 FootHealth 2011- MSK 2011, Kettering. More information is available [here](#)
- 23rd June 2011 Patient Participation, London. More information is available [here](#)

NHS Future Forum reports

The Department of Health has published the report of the stocktake exercise on the governments plans for the future of the NHS.

While many spectators have focused on the recent apparent U-turns in policy (such as slower speed of the establishment of commissioning boards, wider non-GP representation, the reduced role of Monitor as promoter of competition etc), the role of patients to be genuinely involved in decision making has been strengthened in the forum's recommendations.

“no decision about me, without me’ must be hard-wired into every part of the system “

The report recommends that shared decision making becomes a reality, replacing any tokenism or paternalism in patient involvement. Such decision making would be informed by transparent, public local commissioning plans based on evidence.

Better information about outcomes should be measured and made available and commissioners should require improved collection and use of outcomes & experience data at a local level.

“Clinicians said they wanted to have better access to accurate data about health outcomes so that they could benchmark outcomes and improve services”

Measuring and comparing outcomes should be a standard part of service provision, challenging provision based on custom & practice. This means that for all

services provided, the clinical impact and experience, as perceived by patients and carers themselves, should be measured and taken account of commissioning decisions.

Carers, Parents, Family involvement

In considering the effectiveness of care, the measurement of outcomes & experience needs to embrace a “whole systems” approach which can cross boundaries and takes account of the views of those who are caring for patients in their own environment.



This means that measuring experience cannot be achieved by a few patients being asked to “push a satisfaction button” on a screen while in clinic or hospital, but a structured system which allows relevant and focused questions to be answered by patients and their carers in an unpressured environment. Of particular importance are the patient stories and commentaries which are often so revealing in highlighting good and bad practice.

Other recent government announcements of significance in healthcare include David Cameron's five promises “a continued real increase in NHS funding, retention of the 18 week maximum wait, not breaking up care, maintaining universal coverage and not ‘selling off’ the NHS”

The Future Forum report can be downloaded [here](#)

Transparency in Care quality

The recent Panorama documentary highlighted the appalling treatment of residents at Winterbourne View unit in Bristol and drew sharp criticism of the CQC's failure to investigate. How reliant should we be on national bodies to ensure high standards are met in the delivery of care?

There is clearly a national role for regulation, registration and the setting of standards, but should we be reliant on annual inspections to provide assurance? There seem to be three ways of monitoring of care quality currently: Self assessment by the organisations themselves based on local managers form filling, Annual inspections on an ad-hoc basis or in response to recognised concerns and whistleblowing which led to the panorama undercover investigation.

For care provider organisations, having continuous impartial assurance from residents and their families is a fundamental requirement often overlooked or only given cursory “annual resident survey” status. There is a need for continuous anonymous feedback from residents, relatives and staff to be an integral part of care provision. For information on how this can be achieved, contact Stuart Mathieson at CoMetrica on 07973 212306



Client based and one-off focused surveys can enhance contracting relationships

CoMetrica customers who use the COM-Q service for continuous measurement can include one-off surveys to satisfy their commissioners needs. This can be a very cost effective means of promoting contracting relationships by using the power of the COM-Q system to achieve quick bespoke analysis with the benefit of a familiar reporting system and no front-line burden of design and paper or device handling.

Audiology services develop improved pathways

As part of the NHS Improvement organisation's brief, Audiology pathways have come under review with the publication of a Shaping the Future of Audiology publication. The recommendations follow the usual review of any unnecessary steps and delays to improve throughput but also recognises the importance of continuously listening to patients. Services which involve pathways which can cross professional boundaries can particularly benefit from structured stage measurement of patient reported experience and outcome. Measures can include not just satisfaction but also PROMS such as the Outcome Inventory for Hearing Aids (IOI-HA). One of the problems with traditional experience and outcome measures is that when they are administered by staff, apart from the potential confidentiality and influence issues, measurement is fixed around visits. This leads to artificial and inaccurate results because the longer term impact is not measured. The best way of avoiding this is to use timed stage measurement so that patients, their carers and relatives can have their ultimate clinical outcomes and pathway experience followed up automatically after a given time period even if the patients have been referred on or been discharged.

Measurement is not just about questionnaires, departments involved in re-design have seen the value of patient focus groups, more extensive commentaries and patient stories. Managing such programmes can be time consuming and therefore expensive but services such as the COM-Q service from CoMetrica can help achieve this easily.



This service has the added value of being tied into patient data and being able to generate patient specific measurement content which can use images and graphics so opens up measurement to children, those with learning disabilities and other communication impairment.

For more information contact [Stuart Mathieson](mailto:Stuart.Mathieson@CoMetrica.co.uk) at CoMetrica.co.uk

The Audiology Improvement programme document can be downloaded [here](#)

Reducing questionnaire overload

The COM-Q system from CoMetrica combines clinical and non-clinical outcome and experience measures into one concise electronic form matched to each patient.

Measures are linked to each patients condition and the services actually used and so are more relevant

Multiple completion routes including the most popular - paper, increase response rates

The majority of ALL service users respond rather than the small samples achieved by passive systems.

Anglia Community Enterprise use COM-Q to measure outcomes in community services

ACE, the new name for North East Essex provider Services, is using the COM-Q service from CoMetrica to measure patient experience & outcomes in Continence, Musculo Skeletal and Biomechanics community based services. The benefit for ACE is that all the work is done by CoMetrica so they can focus on the results, not the measuring.

The pilot service measures patients general and specific health status using recognised PROMS at the start of treatment and then again 90 days later to measure change. ACE have used the flexibility of the COM-Q system to include measures of satisfaction and experience and are now looking to extend the pilot to include COPD services.

Apart from the quantitative results seen almost immediately, the service provides a daily stream of anonymous structured comments back from patients to front line staff which is very helpful in highlighting any issues and providing staff with moral boosting feedback.

As the results are linked to ACE data, they are very powerful and allow questionnaire content to be tailored to individual patients. Consequently response rates are very high with the majority of patients using the services responding.

For more information, contact [Stuart Mathieson](mailto:Stuart.Mathieson@CoMetrica.co.uk) at CoMetrica.co.uk

Abbeyfield to use COM-Q to measure care home resident satisfaction experience



The national Abbeyfield care home organisation is using COM-Q to survey residents in their care homes and supported houses around the country.

The assured anonymity of residents in the COM-Q system gives residents confidence to raise any concerns and prioritise any issues. The flexibility of the service allows organisations to reach out to all their clients systematically and provide continuous assurance.

For further information about any of the articles in this newsletter or for further information about the COM-Q service or how CoMetrica can help your organisation measure patient's outcomes & experience, contact Stuart Mathieson on 07973 212306 or via email

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