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Proposed inquiry into the nationwide collection of electronic musculoskeletal (MSK) Patient Reported Outcome Measures (PROMs)

Why MSK PROMs should be considered for the Prevention inquiry

- MSK conditions are the third largest area of NHS spending (~£5 billion per year).
- In 2020, MSK problems were the second most common cause of sickness absence (17.5%), with 20.8 million working days lost.
- Interventions to prevent the onset of MSK conditions include increasing physical activity, healthy weight and balanced diet maintenance, smoking cessation, and improving mental well-being.
- Department of Health identifies PROMs as “any measure of an individual’s self-reported health status, health-related quality of life or well-being which can be used to monitor and evaluate health and social care services or public health activities”.
- A standardised nationwide collection of PROMs and Patient-Reported Experience Measures (PREMs) for MSK conditions is essential to prevent ill health, providing information to identify those at a greater risk for developing MSK conditions; assess and monitor patient health; tailor treatment plans to address health and medical needs; evidence efficacy, efficiency, and value of healthcare performance; and to inform research priorities.

Why the Committee should look now: An opportunity to add value

- National Institute for Health and Care Excellence (NICE) does recommend MSK PROMs collection. Department of Health mandated in 2009 that NHS England coordinates the national collection of PROMs for hip and knee replacement elective surgical procedures. As the first health system in the world to introduce routine PROMs collection, it is advantageous for the UK to remain world-leading in this area.
- The 2017 National PROMs Programme consultation reported PROMs collection was predominately paper-based and establishing routine MSK PROMs data capture in a standardised, consistent, and sustainable way was needed. Publicly reported data in community and primary care MSK services is still lacking alongside a shortage of guidance on which metrics to collect and report.
- The current electronic revolution allows us to examine a significant proportion of data from NHS but does not allow PROMs collection from MSK systems. The best standard is to combine consistent, standardised PROMs alongside functional and big data, with agreement on how to use this data to directly improve patient outcomes, experiences and values.

Why this area would benefit from scrutiny

- This area would benefit from scrutinising its numerous stakeholders (policymakers, commissioners, managers, clinicians, researchers, patients) to determine how best to fund and facilitate standardised electronic MSK PROMs collection whilst considering the digital infrastructure/intra-operability, data sharing/governance, digital literacy, and leadership needed for optimal collection and utilisation.
- Examination is needed into how this data could and should be integrated and reported within NHS systems, whilst also facilitating the use of PROMs and PREMs data in individual patient's direct care.
- MSK PROMs collection could benefit from other health conditions' experiences of PROMs collection and how this knowledge and digital infrastructure could be applied to MSK research and healthcare. In turn, a wider range of health conditions could benefit from this knowledge and resources to benefit prevention and treatment pathways.
- There needs inquiry into developing a national MSK audit programme to provide a benchmarking model to support improvements in MSK prevention.

Why the Government needs to take action

- In many cases, the potential of PROMs is not being realised.
- A standardised National PROMs Programme has the potential to demonstrate the effectiveness of prevention and treatments, to provide evidence of health gain and provide information to reduce variation in care, highlighting where there are differences between organisations, and informing where the greatest health needs and inequalities are.
- The availability and presentation of PROMs data is a particular barrier to its wider use. Results don't provide enough detail to identify the cause of issues and how to solve them, and the time taken for data collection to final publication often no longer describes the current situation.
- PROMs have the potential to inform and support direct care, measuring an individual patient's progress, highlighting issues that might otherwise be missed and ensuring interventions are tailored to the individual. However, anonymous collection doesn't facilitate the direct use of PROMs whilst care is being delivered, which is a potential missed opportunity.
- Understanding how current interventions improve many MSK conditions is unknown in real-life settings. Many interventions have limited evidence from randomised controlled trials and are usually complex with variable outcomes in specific demographics and populations.
- Combining PROMS with NHS electronic data allows the examination of the effectiveness and efficacy of current delivered services whilst measuring the impact of the disease on quality of life, providing information on research and health policy focus and priorities.

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