

PROMS: a step towards the NHS considering the outcomes that matter to patients?



The release of guidance last month on the use of patient-reported outcome measures (PROMs) to evaluate acute services¹ is a major development in the ongoing movement towards truly patient-centred care in the NHS. For many years, psychological outcomes have been considered in research studies and clinical trials but until now there has been no requirement for clinical services to take account of the patient perspective.

... continued on page 4

Commissioning and behaviour change: what does health psychology offer?

In this issue:

PROMs: a step towards the NHS considering the outcomes that matter to patients?	1
Commissioning and behaviour change: what does health psychology offer?	1
In the news	2
Health awareness – dates for your diary	2
Making the headlines	3
In the journals	4
Forthcoming events	4

It is estimated that the NHS spends at least £6billion per year addressing unhealthy behaviours, such as smoking, alcohol abuse, poor diet and lack of exercise. Such behaviours are of great interest to health psychologists, as they are the result of decisions made by individuals and are thus modifiable.

A recent report produced by the King's Fund¹ reviewed current interventions addressing the four unhealthy behaviours stated above. The aim of the report was to aid organisations and individuals responsible for dealing with the adverse outcomes of unhealthy behaviours to understand how such behaviours can be changed successfully. The report concluded that there are four key components to successful behaviour change interventions:

1. To increase the likelihood of an intervention being effective, care must be taken to **match the intervention to the target population**. This can be achieved by applying skills from social marketing and knowledge about data analysis and behavioural change techniques to the design of the intervention.

2. **Use multiple behavioural change techniques** to increase the impact on unhealthy behaviours.

... continued on page 3



In the news

■ [The long-term effects of loneliness on health](#)

Researchers from the University of Chicago have stated that although the effect of loneliness may be mild in early life, it accumulates with time. Psychologists observed the lives of middle-aged and old people and found that although the lonely people reported the same number of stressful life events, they identified more sources of chronic stress and recalled more childhood adversity. Differences in the perception of life experiences were found even when faced with similar challenges; those who were lonelier appeared more helpless and threatened. Researchers stated that loneliness is not the same as solitude. But for many, social isolation and physical aging make for a toxic cocktail.

■ [Pre-conception diet tips ignored](#)

New research has highlighted how women are ignoring dietary and lifestyle guidelines recommended before pregnancy (even when pregnancies are planned). The research, published in this month's [BMJ](#) questioned 12,445 women aged 20-34 about diet, alcohol consumption, smoking, supplement (folic acid) intake and physical activity and whether they intended to become pregnant in the next year. Among those who became pregnant within three months (238 women) only 2.9% had taken recommended levels of folic acid

and drank four or fewer units of alcohol a week compared with 0.66% who did not become pregnant. The problem for women is that they don't know exactly when they will become pregnant (it could take two months or two years). The authors concede that it can be difficult for women to commit to such lifestyle changes indefinitely. They conclude that greater publicity of preconception recommendations is required.

■ [Drug giant GSK pledges cheap medicines for world's poor](#)

One of the largest pharmaceutical companies in the world (GSK) recently announced that it would be dramatically shifting the way it does business in the developing world. Andrew Witty (Chief Executive) pledged that GSK's new strategy will include four significant changes: (1) price slashes for all drugs in many of the least developed countries (to no more than 25% of the UK or US price), (2) reinvesting 20% of profits made in the least developed countries in hospital facilities etc, (3) uniting scientists (e.g. NGOs, governments) to jointly work on tropical disease treatments and most radically, (4) offering to share knowledge regarding potential drugs which are currently under the protection of patent.

Health Awareness

- dates for your diary

World Glaucoma Day – 12 March 2009

Tuberculosis Day – 24 March 2009

Kick Butts Day – 25 March 2009

Healthcare Science Awareness Week – 06-15 March 2009

Brain Awareness Week – 16-22 March 2009

Chronic Fatigue Syndrome Awareness Month

National Kidney Month



Commissioning and behaviour change...

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3. All interventions and behaviour change programmes need to **incorporate evaluation**. Evaluation and the opportunity for reflection is the only way examples of best practise can be actualised and the evidence base increased. More specifically, the report suggests that evaluations need to include behavioural outcome measures, the long-term impact, cost effectiveness and the comparison of results to a control group.
4. **Embed the concept of health promotion throughout the NHS**. This means policy and commissioning priorities as well as health care professionals and providers at all levels need to be engaged and aligned in their intent and actions if the NHS is to change from a service that treats illness to one that promotes good health and prevention.

Extensive research around the use of behaviour change techniques such as motivation, confidence and the use of incentives has been carried out by health psychologists (see next month's Good Questions for a special issue on motivation). Therefore, it is positive that the King's Fund report emphasised the relevant and advantageous application of this information in regards to the "bad habits" health issues.

We see health psychology as one part of a multi-disciplinary team but health psychology in particular has a key role in

each of the four components recommended in the King's Fund report. In fact, within the realm of health psychology research are many of the skills / knowledge needed to inform and design behaviour change interventions and, furthermore, to collect the evidence needed to support the re-structuring of policy and commission priorities.

In addition, the third component raised in the report regarding the necessity of evaluation in behaviour change programmes and interventions is encouraging for health psychologists. Patient reported outcomes (PROs), in particular, are a central feature of health psychology research; the first step to creating an environment where patients offer their valuable insight and input is to emphasise that evaluation is important in the first place.

It is with this knowledge of behavioural change theory and scientific research methods that health psychology has a role in behaviour change. Health psychologists are already helping the UK Government to understand how "bad habits" can be tackled successfully and reduce the high rates of adverse outcomes resulting from unhealthy behaviours. Such work is needed at both a national and local level.

"health psychology offers many of the skills / knowledge needed to inform, design and evaluate behaviour change interventions"

Reference

1. Boyce T et al (2008) Commissioning and behaviour change: kicking bad habits final report. London: King's Fund. Retrieved 27/02/09 from: www.kingsfund.org.uk/publications/the_kings_fund_publications/kbh_final_report.html.

Making the headlines

[Educating patients before they leave the hospital reduces readmissions](#)

[Malnutrition costs UK £13bn a year](#)

[UK sees diabetes cases rise by three-quarters](#)

[HPV vaccination rollout in chaos say GP leaders](#)

[Breast screening tests 'can lead to unnecessary treatment'](#)

['No progress' over RSI injuries](#)

[GP's 'failing on eating disorders'](#)

[Bayer to spend \\$20m to correct misleading advertising for oral contraceptive Yaz](#)

PROMs...

...continued from page 1

PROMs are defined in the guidance as measures of a patient's health status or health-related quality of life. The guidance sets out in detail:


- The procedures for which PROMs data should be collected
- Details of the national standard PROMs questionnaires
- Roles and responsibilities of the different organisations involved in the delivery of the PROMs programme
- A step-by-step guide to the administration of PROMs questionnaires

The health status information collected from patients via PROMs questionnaires before and after an intervention will be used to as means of assessing effectiveness of care from the patient's perspective and a means of collecting information on the clinical quality of care delivered to NHS patients as perceived by patients themselves.

The improvement of clinical quality and outcomes for patients is at the heart of recent NHS reforms². We are delighted to see this first step towards the patients' voice being heard in clinical practice. Following introduction of some standard health status measures, we can hope that other PROMs may follow, enabling outcomes such as treatments satisfaction and the impact of a condition and its treatment on quality of life to be taken into account. Following this introduction in acute care, we can also look forward to PROMs being implemented routinely throughout the NHS in due course.

References

1. Dept of Health (2009) Guidance on the routine collection of patient reported outcome measures (PROMs). Retrieved on 27 /02/09 from: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_092647
2. Darzi (2008) High quality care for all: NHS next stage review final report. Dept of Health. Retrieved on 27/02/09 from: www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825.

	<h2 style="margin: 0;">In the Journals</h2>
<p><i>Differential perceptions of consequences of increases and decreases in health behaviors</i></p>	
<h1 style="font-size: 2em; color: #0070C0;">1</h1>	<p>Many theoretical models assume that the decision to change or sustain a health behavior relies on an individual's analysis of the situation and the perceived costs and benefits afforded by alternative behavioural options.</p>
<h1 style="font-size: 2em; color: #0070C0;">2</h1>	<p>Many health decision-making theories are relatively silent on <i>how</i> individuals determine the potential costs and the potential benefits of different behavioural options.</p>
<h1 style="font-size: 2em; color: #0070C0;">3</h1>	<p>This study tested whether the perceived benefits and costs of changes in health behavioral patterns would differ depending on whether people consider increases or decreases in a behaviour.</p>
<h1 style="font-size: 2em; color: #0070C0;">4</h1>	<p>82 participants (mean age: 18.9 yrs) read 8 scenarios describing a change in a behaviour (e.g. increasing beer consumption from 3 to 6 beers every Saturday night) and then estimated a potential outcome of each change (e.g. how much better or worse their judgments would be as a result of drinking 3 more beers each Saturday night).</p>
<h1 style="font-size: 2em; color: #0070C0;">5</h1>	<p>Findings revealed that "all changes in behavior are not perceived equally." More specifically, the outcomes that participants perceived would result from increasing behaviours were seen as having more impact than those they perceived would result from equivalent decreases in the same behaviour.</p>
<h1 style="font-size: 2em; color: #0070C0;">6</h1>	<p>This asymmetry has the potential to help explain patterns of behaviour in a range of important health domains and may impact the effectiveness of behaviour change interventions.</p>
<p>Kiviniemi, M & Rothman, A (2008). What do people think about changes in health behaviors? Differential perceptions of consequences of increases and decreases in health behaviors. <i>Psychology & Health</i>, 23(7); 867-885.</p>	

Forthcoming events

11-13 March 2009

Diabetes UK Annual Professional Conference
Glasgow, UK

22-25 April 2009

Society for Behavioural Medicine
Montréal, Canada

16-20 May 2009

ISPOR 14th Annual International Meeting
Orlando, Florida, USA