The Musculoskeletal Patient Reported Outcome Measure (M-PROM)

1. Context and challenge

Musculoskeletal conditions have significant impact on those living with them, on the health service, and on wider society:

- There are over 200 different musculoskeletal (MSK) conditions. They include long term conditions such as rheumatoid arthritis and osteoarthritis, which are painful, life-long conditions which often fluctuate in severity, as well as short term problems such as sprained joints.
- MSK conditions are the single biggest cause of physical disability in the UK and can reduce quality of life, impacting on family and social relations and limiting capacity to work.
- Up to 60% of people on long term sick leave cite an MSK condition as the main reason.\(^1\)
- Each year an estimated 7.6 million working days are lost through MSK conditions.\(^2\)
- In the NHS 50% of absence is due to an MSK injury or disease.\(^3\)
- In 2011/12 MSK treatments accounted for £5.06 billion in the NHS, making it the 4\(^{th}\) largest area of current programme spending.\(^4\)

2. Using PROMs to assess musculoskeletal health and to improve health services

Patient reported outcome measures (PROMs) are a way of recording how people rate their own health status and provide patient level data to allow quality improvement across health services. They are of particular value in musculoskeletal conditions, where few biological markers are available to assess the effect of a disease on a person’s health. PROMs questionnaires can be used before and after surgery to determine the ‘outcome’ of the procedure such as joint replacement, or at regular intervals by people living with long-term conditions, to track health status over time. PROMs are useful to health professionals to inform clinical care and also have the potential to support self-management. PROMs are of proven use in some specific areas of musculoskeletal health, for example the ‘Oxford Hip’ and ‘Oxford Knee’ scores have been in routine NHS use since 2009 within the National PROMs programme.

In addition to their clinical use, PROMs are increasingly recognised as a source of information for improving quality of healthcare. The Department of Health has recognised the scope for wider use of a range of patient-generated information including PROMs, and committed to ‘extend PROMs across the NHS wherever practicable’.\(^5\) PROMs for hip and knee replacement are currently included within the NHS Outcomes Framework as two of the measures used to assess outcomes for people undergoing planned treatments.

3. The case for the M-PROM (Musculoskeletal-PROM)

A wide range of PROMs are already used in research as well as in clinical practice. However, PROMs are not yet consistently adopted in musculoskeletal healthcare. A barrier is the complexity of the field and range of measures available.

There is a need for joined up care along the whole patient pathway. Care pathways for MSK conditions can be complex, spanning a number of care settings: for example, a GP practice, community physiotherapy service, outpatient rheumatology or inpatient orthopaedic care. There is a need for a measure which is of utility throughout the patient pathway.

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\(^4\) Department of Health, Programme Budgeting Data, 2011/12

\(^5\) Department of Health (July 2010). Equity and excellence: liberating the NHS.
Developing a consistent way to measure and monitor the impact of MSK conditions on people’s lives is important in tackling national variation in quality of care. By providing information about provider outcomes, it will support MSK service commissioning nationally.

We see value in developing a generic musculoskeletal PROM (or ‘M-PROM’) which would enable people across a number of musculoskeletal conditions to self-report their health status. Integration of an M-PROM into clinical practice would have the potential to support improvement in clinical practice and self-management by enabling more effective monitoring of health status across a range of conditions, and in a range of healthcare settings. Inclusion of an M-PROM in strategic approaches such the national PROMs programme and national outcomes frameworks would have potential to drive improvement in health services for people with arthritis and other musculoskeletal conditions.

4. Anticipated benefits of the M-PROM

The potential uses and benefits of a generic M-PROM across the NHS include:

**In clinical practice and self-management:**
- Improving patient level and service clinical outcomes
- Providing patients and clinicians with real time feedback
- Supporting self-management throughout the patient pathway
- Providing a single measure for use across a range of musculoskeletal conditions
- Providing a measure of utility to a range of healthcare professionals
- Simplifying a complex field in which a variety of outcomes measures are used

**In health service improvement:**
- Benchmarking opportunities (e.g. comparison of clinical outcomes across and between a range of services)
- Identifying variation in care quality/ demonstrating QIPP adherence
- An instrument to monitor high quality commissioning
- Pathway evaluation / redesign
- Providing reporting opportunity for contextual data to commissioning structures, including the NHS Commissioning Board
- Producing patient data to inform future research questions.

5. Developing the M-PROM

A workshop convened by Arthritis Research UK in July 2012 enabled the musculoskeletal community - patient groups, researchers and healthcare professionals of all disciplines – to discuss development of an M-PROM. Broad consensus emerged about the potential of an M-PROM as a means to improve service quality and consistency.

We believe the M-PROM will provide a quality improvement instrument, that when used across the whole MSK community will improve outcomes for patients with a range of MSK conditions.

Our collaborative programme includes:
- Development and proof of concept testing of the M-PROM.
- Piloting use of the M-PROM in clinical settings for validation and to further understand the practicalities of implementation.
- Building partnerships across the musculoskeletal community to encourage adoption of the M-PROM in clinical practice.

Over time, we would like to see the adoption of the M-PROM in clinical practice, in the national PROMs programme and in the NHS and CCG outcomes frameworks indicator sets.

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