



Report Prepared by:

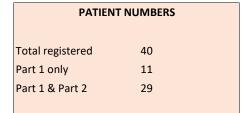
Howard Warwick Associates Ltd

Period Covered:

April 2018 - March 2019



TWICKENHAM HOSPITAL PROMS REPORT 2018/19 - KNEES: OVERVIEW



PATIENT DEMOGRAPHICS

KNEE

LEFT

34%

RIGHT

66%

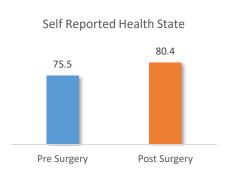
	MALE	FEMALE
GENDER	35%	65%
Av. AGE	71	
	OKS SCORE	
RESPONSES	29	
INVALID	0	
IMPROVEMENT	29	100%
NO CHANGE	0	0%
DECLINE	0	0%
	Pre	Post
Aggregate score	25	40

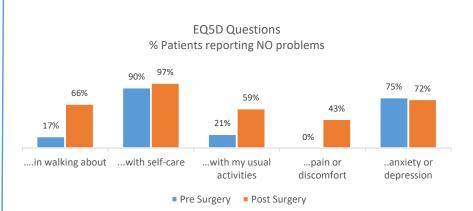
MEETING EXPECTATIONS

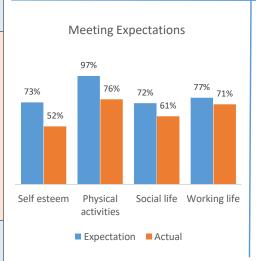
See Pg 7 for grading references

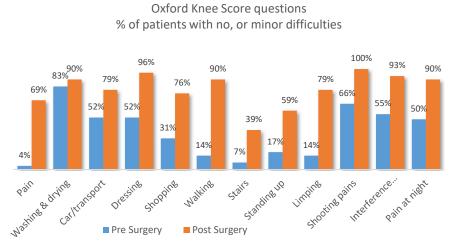
We ask patients to tell us how they EXPECT their life to improve and, after the procedure, how they HAVE improved.

	Expect	Actual
Improvement	80%	65%









CHARTS

Each of the charts shows the Pre Surgery in BLUE and the Post Surgery in ORANGE. In all cases a higher number denotes an improvement.



TWICKENHAM HOSPITAL PROMS REPORT 2018/19 - KNEES: EQ5D QUESTIONS

The VAS (Visual Analogue Scale) is a means of recording an overall health state as reported by patients on a scale of 1 (lowest possible) to 100 (highest possible).

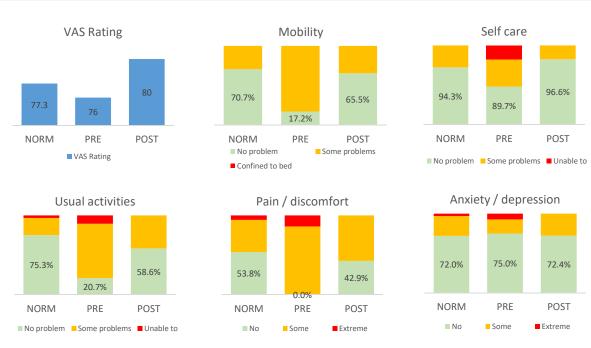
The EQ-5D-3L is a descriptive system of health-related quality of life states consisting of five dimensions (mobility, self-care, usual activities, pain/discomfort, anxiety/depression).

Each dimension has three responses recording three levels of severity (no problems/some or moderate problems/extreme problems) within a particular EQ-5D dimension. A new 5 part system is in the process of being evaluated.

In all cases, these figures relate to how the patient feels on the day of completion pre and post surgery. The 'Norm' figures are taken from the UK population norms for age group 65-74 (Kind et al (1998).

	VAS and EQ5D	Questions								
		NORM	PRE	POST						
	VAS Rating	77.3	76	80						
		NORM	PRE	POST						
	No problem	70.7%	17.2%	65.5%						
Mobility	Some problems	29.3%	82.8%	34.5%						
	Confined to bed	0.0%	0.0%	0.0%						
	No problem	94.3%	89.7%	96.6%						
Self care	Some problems	5.5%	6.9%	3.4%						
	Unable to	0.0%	3.4%	0.0%						
	No problem	75.3%	20.7%	58.6%						
Usual activities	Some problems	21.6%	69.0%	41.4%						
	Unable to	3.1%	10.3%	0.0%						
	No	53.8%	0.0%	42.9%						
Pain / discomfort	Some	40.6%	86.2%	57.1%						
	Extreme	5.6%	13.8%	0.0%						
Amuintu /	No	72.0%	75.0%	72.4%						
Anxiety / depression	Some	25.1%	17.9%	27.6%						
GCP1 C331011	Extreme	2.9%	7.1%	0.0%						

Note that in almost every instance the pre-surgery rating is significantly lower than the norm, but that it is close to the norm after.



EQ-5D overview results	Freq.	%
Total number of patients completing both surveys	29	
INVALID/INCOMPLETE EQ-5D scores	0	
IMPROVEMENT in overall EQ-5D score	21	72%
NO CHANGE in overall EQ-5D score	4	14%
DECLINE in overall EQ-5D score	4	14%



TWICKENHAM HOSPITAL PROMS REPORT 2018/19 - OXFORD KNEE SCORE RESULTS





TWICKENHAM HOSPITAL PROMS REPORT 2018/19 - KNEES: CONSULTANT DATA

Name	Code	Patient count		VAS		Eq5D Index			Oxf	Oxford Knee Score			
			Pre	Post	Change	Pre	Post	Change	Pre	Post	Change		
Kyle Skeates	1	12	58	77	18	0.783	0.877	0.094	29	43	15		
David Leach	2	2	50	88	38	0.489	1.000	0.511	14	47	33		
Amber West	3	10	52	50	-1	0.632	0.822	0.190	24	36	12		
Rana Ayoubi	4	5	84	82	-2	0.679	0.774	0.095	25	34	9		

NOTE: THESE FIGURES ARE AVERAGES AND WILL BE AFFECTED BY MISSING OR INCOMPLETE DATA
BLANK CELLS INDICATE MISSING DATA. ANY CHANGE FIGURES FOR THESE MAY BE UNRELIABLE.



TWICKENHAM HOSPITAL PROMS REPORT 2018/19 - KNEES: CONSULTANT DATA - (Redacted)

THIS SHEET HAS CONSULTANT NAMES REPLACED BY REFERENCE NUMBERS FOR ANONYTIMITY WHEN PUBLISHING

Ref	Patient count		VAS			Eq5D Index			kford Knee Sc	ore
		Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
1	12	58	77	18	0.783	0.877	0.094	29	43	15
2	2	50	88	38	0.489	1.000	0.511	14	47	33
3	10	52	50	-1	0.632	0.822	0.190	24	36	12
4	5	84	82	-2	0.679	0.774	0.095	25	34	9

NOTE: THESE FIGURES ARE AVERAGES AND WILL BE AFFECTED BY MISSING OR INCOMPLETE DATA BLANK CELLS INDICATE MISSING DATA. ANY CHANGE FIGURES FOR THESE MAY BE UNRELIABLE.



TWICKENHAM HOSPITAL PROMS REPORT 2018/19 - KNEES: NOTES & COMMENTS

EQ-5D

The EQ 5D results have a number of limitations derived from the simple, generic nature of the questionnaire. The domains described by the EQ-5D-3L are generic and response options are limited to three levels. Whilst these characteristics make the EQ-5D feasible to administer in large population surveys they also lead to limitations in interpreting results. Whilst population norms are available, they are often based on relatively low response numbers and may not cover all demographics. The VAS scale asks how the patient feels 'today' but cannot take account of specific issues not relevant to the procedure, such as other illnesses etc. These anomalies are less significant in larger cohorts, but in cases where a consultant has only a small number of participating patients they may mislead.

Further information on the EQ-5D metrics and scoring can be found in this eBook: <u>Self-Reported Population Health: An International Perspective based on EQ-5D</u> available here: https://link.springer.com/book/10.1007%2F978-94-007-7596-1

The EQ-5D User Guide 2015 can be found here: https://euroqol.org/publications/user-guides/

OXFORD KNEE SCORES - OKS recommendations

The overall score is reached by simply summing the scores received for individual questions. This results in a continuous score ranging from 0 (most severe symptoms) to 48 (least symptoms). Missing values/notes for analysis. It has been proposed, if, after repeated attempts to obtain complete data from an individual, only one or two questions have been left unanswered, it is reasonable to enter the mean value representing all of their other responses, to fill the gaps. If patients indicate two answers for one question it is recommended that the convention of using the worst (most severe) response is adopted.

Grading for the Oxford Knee Score

Score 0 to 19 May indicate severe knee arthritis. It is highly likely that some form of surgical intervention is required.

Score 20 to 29 May indicate moderate to severe knee arthritis. Surgical intervention is likely

Score 30 to 39 May indicate mild to moderate knee arthritis. May benefit from non-surgical treatment, such as exercise, weight loss, and /or medication.

Score 40 to 48 May indicate satisfactory joint function. Formal treatment is unlikely to be required.

EXPECTATIONS

These questions are not part of the PHIN / NHS requirements, but do give useful information to the hospital and surgeon regarding how well the procedure had lived up to patient's expectations.

Where expectations have not been met, the cause may be the way they were set in the first place.

INDIVIDUAL PATIENT DATA

Individual patient results are calculated on the following pages. These include their pre and post scores and also any comments they may have made.

FURTHER INFORMATION

For additional information please contact HWA on 020 8891 0880, or by email to: dilan@howardwarwick.co.uk - for data queries

kyle@howardwarwick.co.uk - for management queries

david@howardwarwick.co.uk - for any other guery



		T	WICKE	NHAM	I HOSPI	TAI	_ PRO	MS RE	PORT :	2018/19 - KNEES: PATIENT DATA
		Ref: Unique	e patient ı	eference.	Links to pa	atien	t informa	ation fron	n portal	
	NOTES:	BLANK CEL	LS MEAN	THE DATA	IS INCOM	PLETI	E		ame 4 = Worse 5 = Much Worse	
		ОИТСОМЕ	SCORES: 1	L= Much B	setter 2 =	Bett	er 3=Ab	out the S	Same 4 =	Worse 5 = Much Worse
Consultant	Patient ref:	Outcome	Е	Q-5D Ind	ex		Oxfo	rd Knee	Score	Patient comment - What has changed?
			Pre	Post	Change		Pre	Post	Change	
Kyle Skeates	M000010331	1	0.778	0.843	0.065		26	43	17	,
David Leach	M000196243	1	0.810	1.000	0.190		26	45	19	
Amber West	M000200946	1	0.827	1.000	0.173		37	48	11	
Rana Ayoubi	M000035802	1	0.463	0.768	0.305		21	45	24	
Kyle Skeates	M000165259	1	0.778	1.000	0.222		29	45	16	constant pain. I don't like kneeling at all so don't bother due to senstivity but I am able to
David Leach	M000202420	1	0.167	1.000	0.833		2	48	46	
Amber West	M000093545	1	0.816	0.827	0.011		30	40	10	
Rana Ayoubi	M000062978	2	0.778	0.708	-0.070		28	29	1	
Amber West	M000045314	1	0.778	0.778	0.000		16	32	16	Difficult to judge because in May 2018 I had my left knee replaced.
Rana Ayoubi	M000053798	1	0.597	0.800	0.203		24	31	7	
Amber West	M000193597	1	0.810	1.000	0.190		33	42	9	performing an awkward movement - e.g. getting in and out of a car parked in a narrow
Rana Ayoubi	M000068877	2	0.778	0.778	0.000		21	28	7	
Amber West	M000083271	1	0.778	0.854	0.076		25	43	18	
Rana Ayoubi	M000017019	1	0.778	0.816	0.038		30	38	8	Just pleased to be pain free
Kyle Skeates	M000198186	1	0.827	0.827	0.000		28	40	12	
Kyle Skeates	V852144	1	0.778	1.000	0.222		20	41	21	no need for painkillers
Kyle Skeates	V850738	1	0.778	1.000	0.222		37	48	11	
Kyle Skeates	V856556	1	0.778	0.721	-0.057		25	46	21	
Kyle Skeates	V861952	1	0.827	1.000	0.173		35	44	9	
Kyle Skeates	V872979	1	0.778	0.768	-0.010		25	39	14	
Kyle Skeates	V862983	1	0.778	0.778	0.000		28	46	18	No am deciding when to have the other knee replaced
Kyle Skeates	V871815	1	0.778	0.827	0.049		27	41	14	
Kyle Skeates	V868751	1	0.810	0.761	-0.049		34	44	10	



		T	WICKE	NHAM	HOSPI	2018/19 - KNEES: PATIENT DATA					
		Ref: Unique	patient r	eference.	Links to pa	atient informa	ation from	portal			
	NOTES:	BLANK CEL	LS MEAN 1	THE DATA	IS INCOMI						
	OUTCOME SCORES: 1= Much Better 2 = Better 3=About the Same 4 =								Worse 5 = Much Worse		
Consultant	Patient ref:	Outcome	EQ-5D Index			Oxfo	ord Knee	Score	Patient comment - What has changed?		
			Pre	Post	Change	Pre	Post	Change			
									It is wonderful to be pain free sadly I have to think about getting on the floor to play with		
Kyle Skeates	V872532	1	0.708	1.000	0.292	30	42	12	the grandchildren as I can't as yet kneel. I am hoping that I might be bale to do so again in		
									time.		
Amber West	V867871	1	0.271	0.708	0.436	20	27	7			
Amber West	V876621	2	0.638	0.689	0.050	16	23	7			
Amber West	V880861	2	0.165	0.816	0.651	15	37	22			
Amber West	V877158	2	0.527	0.708	0.181	26	29	3	No longer able to attend taichi classes. Unable to still walk as I would have hoped with my dogs. More depressed.		
Amber West	V884057	1	0.708	0.844	0.136	22	43	21	In general I am more relaxed and enjoy walking and gardening. I participate more. Getting back to galleries etc in town is a delight. Polymyalgia is unpleasant but on the whole I enjoy what I can do. I am grateful to get back to my previous form before the knees		