

# Primary Care Outcomes Questionnaire (PCOQ) User Guide

#### Introduction

This short guide has been developed to provide basic information on how to use the Primary Care Outcomes Questionnaire (PCOQ). It will help you decide if the PCOQ is suitable for your purposes, and tell you what to do next.

## What is the PCOQ for?

The PCOQ was designed to measure outcomes in primary care. It measures status at a point in time, with change between two points calculated as a difference in scores.

## Is the PCOQ suitable for my purposes?

The PCOQ was designed to be sensitive to outcomes which primary care patients seek and primary care clinicians can influence<sup>12</sup>, and has been demonstrated to be responsive to primary care intervention.<sup>3</sup> It is thus suitable for use in research studies of primary care interventions. A review copy of the PCOQ is available from the University of Bristol, Centre for Academic Primary Care website: http://www.bristol.ac.uk/primaryhealthcare/resources/

A document describing the domains and outcomes measured by the PCOQ is also available from the same website. Before you decide if the PCOQ is suitable for your purposes, you should review both these documents in detail.

## How do I register to use the PCOQ?

The PCOQ is available free for non-commercial use only. The PCOQ is licenced under a simple end-user licence, a general copy of which is downloadable from the website. The terms of this licence state that the PCOQ must not be adapted, translated or otherwise adjusted without first seeking prior approval from the authors. The University of Bristol will retain rights to any adapted or translated versions. If you would like to use the PCOQ please complete the registration form and return to: <a href="mairead.murphy@bristol.ac.uk">mairead.murphy@bristol.ac.uk</a>.

We will then send you a copy of the PCOQ for research purposes.



### How do I score the PCOQ?

The PCOQ is scored in four domains. The domain scores are from 5 (no problems) to 1 (severe problems). To score the PCOQ, complete the following steps:

Step 1: Recode all "not applicable" responses from 6 to 1.

Step 2: Reverse the raw coding of the PCOQ, so that higher numbers represent better scores (i.e. change 5 to 1 and 4 to 2 and vice versa.)

Step 3: Calculate the domain scores as follows:

- 1. Health & Well-being: average of 8 items 1 8
- 2. Confidence in Health Provision: average of 6 items 9 14
- 3. Health Knowledge and Understanding: average of 4 Items 15 18
- 4. Confidence in Health Plan: average of 6 items 19 24

Domains 1 -3 can be scored based on the average of the available scores if at least half of the items in that domain have been completed, and domain 4 if at least two thirds of items have been completed. Both an Excel file and a STATA "do" file, which automatically compute PCOQ scores based on these rules are available from the website.

## How should I interpret the scores I get from the PCOQ?

The average scores from a group of 600 patients seeking primary care services are shown in the below. We have not established a minimally important clinical difference for PCOQ change scores, but a commonly used threshold is 0.5 of a standard deviation.

	1	2	3	4
Average Score	3.52	4.14	4.02	4.14
Standard deviation	0.94	0.83	0.80	0.69
Breakdown by quintile				
Top Quintile	4.76	5.00	5.00	4.97
Second quintile	4.16	4.79	4.59	4.60
Third Quintile	3.58	4.26	4.02	4.21
Fourth Quintile	2.97	3.80	3.70	3.81
Bottom Quintile	2.14	2.83	2.79	3.08



#### References

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- 2. Murphy M, Hollinghurst S, Salisbury C. Agreeing the content of a patient-reported outcome measure for primary care: a Delphi consensus study. *Health expectations: an international journal of public participation in health care and health policy* 2016 doi: 10.1111/hex.12462
- 3. Murphy M, Hollinghurst S, Salisbury C. Development of the Primary Care Outcomes Questionnaire (PCOQ). In: Proceedings of Patient Reported Outcome Measure's (PROMs) Conference Sheffield 2016: advances in patient reported outcomes research. *Health and Quality of Life Outcomes* 2016;14 doi: 10.1186/s12955-016-0540-5