The Patient Centred Assessment Method for improving nurse-led biopsychosocial assessment of patients with long-term conditions: a feasibility RCT

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Plain English summary

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Background

Annual reviews of people living with long-term conditions are mostly conducted by practice nurses (PNs), who focus on the physical needs of patients. The broader mental well-being and social needs of patients are also important if they are to live well. The Patient Centred Assessment Method (PCAM) is a new tool to help PNs improve their ability to respond to the physical, mental and social needs of patients.

This study explored the acceptability of the PCAM tool for use in primary care, and whether or not it would be feasible to run a full-scale trial to test its impact on nurses or patient outcomes.

Methods

The feasibility randomised controlled trial aimed to recruit eight general practitioner (GP) practices with 16 nurses and to train half of the nurses to use the PCAM tool. The other half would provide ‘care as usual’.

Results

The study recruited only six practices and 10 nurses. Before any nurses were trained to use the PCAM, they collected data on 113 patients, of whom 71 (53%) completed follow-up questionnaires. Six nurses were then trained to use the PCAM. Following this, only seven nurses stayed in the study and collected data on 77 patients, with 40 (52%) completing follow-up questionnaires.

Most nurses who used the PCAM saw value in its use. Comparing a small number of recorded consultations before and after its use found that more questions were being asked about patients’ mental well-being and social circumstances after its use. Patients were not always aware of its use, but most were happy to have their broader needs assessed by the nurse.

Conclusions

Use of the PCAM tool in primary care shows promise. It seems to be generally acceptable to PNs and patients. However, practice recruitment problems mean that it is not feasible to run a trial at this time in primary care in Scotland (and perhaps in the UK as a whole).
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