

Executive Summary for ISRCTN24825698

The main aim of this study was to appraise the NATPD intervention addressing the following research objectives:

1. To analyse the effect of the NATPD intervention on patients' quality of life.
2. To analyse the effect of the NATPD intervention for patients in terms of symptoms control, functional status and emotional distress.
3. To analyse the effect of the NATPD intervention for relatives/carers in terms of quality of life, emotional distress and caregiver burden.
4. To analyse the value for money of the NATPD intervention in terms of reducing the use of healthcare resources.
5. To know if the patients and relatives/carers are satisfied with the quality of care derived from the NATPD intervention.
6. To identify factors that have enabled and hamper the implementation and adoption of the NATPD intervention in each service provider context.

Using a two-arm randomized clinical trial, 572 patients older than 60 years old with complex chronic conditions and 237 of their relatives/informal caregivers were invited to participate in the study. Patients willing to participate were allocated following a 1:1 ratio to the NATPD arm or to the care as usual (CaU) arm.

A total of 370 patients and 133 carers were enrolled finally in the study and completed the baseline questionnaire. The study included 4 follow-up time-points after enrolment: T1 at 6 weeks, T2 at 6 months, T3 at 12 months and T4 at 18 months. From the original sample sizes, T1 was responded by 329 patients and 116 carers, T2 by 270 and 96 respectively, T3 by 241 patients and 62 carers and T4 by 93 patients and 22 carers.

The NATPD implementation did not show a clear trend of benefits on several outcome measures among patients and their carers. However, an improvement on palliative symptoms and emotional dimensions were observed and, also, self-perceived wellbeing did not experience a deterioration along time. In terms of functional status, the NATPD group reported a significant improvement when comparing T0-T4 that was not observed in previous time-points. Nevertheless, the present study has revealed important changes on how this profile of patients is perceived and approached by HCPs and on how service provision can be delivered to respond to their needs.

The value for money of the NATPD intervention was evaluated with a time horizon of 12 months (T0-T3). From the healthcare perspective, an extra cost of 145 euro is needed comparing NATPD group to CaU group. From the societal perspective, which additionally taking into account of informal care cost, an extra cost of 5089 euro is needed.