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We are pleased to see the continued focus on the use of patient reported outcome measures (PROMs) and welcome the attention brought to this by Ajjan and colleagues. We agree that PROMs can play a key role in ensuring patients' experiences are at the heart of healthcare decisions. Finding appropriate solutions to the issues of choosing appropriate PROMs, ensuring feasibility, and establishing an effective infrastructure are all vital aspects to realising the potential that PROMs have to offer.<sup>1</sup>

However, we believe that the authors have over-simplified the argument for the implementation of PROMs, and that there are additional crucial considerations that need to be made clear.

First, many existing PROMs were originally designed for research that compares groups of people, not for individual patients. Because of this, they lack precision and are not yet ready for use in individual patient care. The reasons for this are well documented<sup>2,3,4,5,6</sup> and include issues relating to design<sup>6</sup>, methodology<sup>5</sup>, statistics<sup>7</sup> and clinical interpretability. However, newer PROM design and development methods are available to address these limitations.<sup>7,8,9</sup> Second, there are well-established international guidelines,<sup>10,11</sup> and many PROM experts in the UK who can offer valuable advice on selecting the right PROMs for specific needs. Collaboration between healthcare providers and PROM experts is crucial to successfully implementing PROMs into clinical practice. Finally, providing PROM feedback to both clinicians and patients is complicated and requires careful planning and execution.<sup>12-14</sup>

The promise of PROMS is great. But it is too soon to claim they are ready for widespread use with individual patients in clinical care. To make PROMs truly effective, continued research, increased funding, and strong collaboration between healthcare providers, patients, PROM development experts, and policymakers is needed.<sup>15</sup>

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