“No decision about me without me”
Implementing Shared Decision Making into clinical practice
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Overview

• Shared decision making
  - What is it? Why do we need it? What is the evidence base?
• The MAGIC programme- implementation of SDM
  - Challenges
  - Successes
• How does SDM fit into Co-production?
What is shared decision making?

A process whereby a patient (expert in their own life) and a clinician (expert in evidence-based care) communicate together to make a decision eg,

- When undergoing a screening, a diagnostic test or a medical/surgical procedure
- When choosing between different types of medication
- When attempting a lifestyle change
"When we want your opinion, we'll give it to you"
"I'M SORRY DOCTOR, BUT AGAIN I HAVE TO DISAGREE"
Models of clinical decision making

Paternalistic -> Shared decision making <-> Informed Choice
What can be shared?

<table>
<thead>
<tr>
<th>Clinicians</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Experience of illness</td>
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<tr>
<td>Cause of disease</td>
<td>Social circumstances</td>
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<tr>
<td>Prognosis</td>
<td>Attitude to risk</td>
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<tr>
<td>Treatment options</td>
<td>Values</td>
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<tr>
<td>Outcome probabilities</td>
<td>Preferences</td>
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</tbody>
</table>
How are we doing?

Wanted more involvement in treatment decisions

Source: NHS inpatient surveys (England)
Shared Decision Making by CCG

The GP Patient Survey (GPPS) asks patients to describe how good the last GP they saw or spoke to at their GP surgery was at involving them in decisions about their care.

The map on the left shows the geographical variation, at CCG level, in the proportion of patients that respond either ‘very good’ or ‘good’.

CCGs are split into four quartiles of performance. The darker the shade of blue, the higher the proportion of patients that rate their GP positively at involving them in decisions about their care.

Source of data: GP Patient Survey Combined 2011-12 Wave 1 and 2012-13 Wave 2 Results
How are we doing?

• Patient Complaints
  – Lack of information about choices
  – Lack of information about risks and benefits

• Expert Patients
  – “Lacks understanding of my preferences”
  – “Don’t acknowledge my experience and knowledge”
Why do it?

• Ethically the right thing to do - supports patient autonomy

• SDM provides a model through which we can better:

  - **Listen** to patients and respond to their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - **Respect** patients’ rights to reach decisions with clinicians about their treatment and
Does it benefit patients?

In 86 trials evaluating tools that cover 35 different screening or treatment decisions, use has led to:

- Greater participation in decision-making
- Greater knowledge
- More accurate risk perceptions
- Greater comfort with decisions
- Fewer people remaining undecided
- Fewer patients choosing major surgery

Stacey et al.
Cochrane Database of Systematic Reviews, 2012

- Improves adherence to medication (Joosten, 2008)
Shared decision making in clinical practice

- Has tended to be used in episodic decision making such as in comparing clear cut surgical options
- Is becoming more popular in long term condition management particularly in self management support (SMS) but the principles can be applied in almost all situations where decisions are made.

- SDM and SMS have similar philosophies:
  ✓ Clinicians recognise and respect the patient’s role in managing their own health.
  ✓ Clinicians require advanced communication skills and the use of a number of tools and techniques to support information-sharing, risk communication and deliberation about options.
The MAGIC programme
Key enablers for SDM

- Organisational Culture
- Clinicians' Behaviour, Skills and Tools
- Patient/Public Expectations
MAGIC - What did we offer to participating teams?

• Facilitation and support from an expert team (researchers, QI, patient experience)
• SDM skills training (basic and train the trainer)
• Support to develop measures and collect data
• Support to develop and implement decision support tools
• Opportunities to share and develop practice with others
Challenges

Barriers to implementation

• Resistance from some staff “We are doing it already” “It takes too long”
• Competing priorities
• Getting staff released to undertake skills training
• Whole team sign up
• Clinical pathways
• Measurement
Successes

Ask 3 questions campaign

- Leaflets, posters, animations, postcards...
- A prompt for patients to ask three basic, but important, questions about what options are available to them
- Useful prompts for clinicians too.

Ask 3 Questions

Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these 3 questions:

- What are my options?
- What are the possible benefits and risks?
- How likely are the benefits and risks of each option to occur?

We want to know what's important to you
www.cardiffandvaleuhb.wales.nhs.uk

MAGIC
Making good decisions in collaboration

GIG Cymru
NHS Wales

1000 LIVES
O Fwydau
Successes

Breast team

• Women with early breast cancer face difficult decisions when choosing between mastectomy or wide local excision with radiotherapy.

• The team undertook skills training and introduced a SDM tool to support the discussion around these options both in the consultation and at a later home visit.
Successes

Option Grid for breast cancer surgery

Short decision tools don’t replace skills – only supports them!!
Outcomes

• The team developed a measure called a decision quality measure and collected data to show the influence of changes in practice (Option Grid/SDMskills) on;
  - patient knowledge
  - readiness to decide
  - choice of treatment

• After introducing the changes in practice patients knowledge scores, readiness to decide and confidence in choice of treatment dramatically improved
Outcomes

• Patients reported high levels of satisfaction in being more involved in treatment decisions.

  “I was really chuffed to have choices and options discussed. It felt like I had made the right decision.”

  “I was unsure about SDM at first but now my consultations are less process driven and more patient centred. I enjoy them more.”

• SDM has become routine practice in the breast unit and is part of the culture and norm.
Summary

• SDM aims to place the patient on an equal footing with clinician and is a strong pillar in the Co-production agenda.

• Shared decision making provides us with the skills to: **Ask** **Hear** **Act**

• Even if teams think that they are doing SDM already, there are skills, tools and measures that **can help them do it better.**
Thank you! Diolch yn Fawr!

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