

Shared Decision Making- Information for Healthcare Professionals

To respect the wishes and autonomy of people, patients and service users it is important to ensure that shared decision-making forms the foundation of treatment decisions. This especially applies to areas of Specialised Commissioning where treatments are commissioned directly by NHS England.

People should be supported to:

- Understand care, treatment and support options as well as risks, benefits and consequences of those options.
- Make decisions based on their personal preferences ('what matters to me') and high-quality evidence-based information.

To inform this process, NHS England has developed an implementation framework which underpins a system wide approach to best practice.



NHS England Shared decision making implementation framework

1. Commissioned services

Ensuring shared decision making is built into 'high value/impact' decision points along a care pathway. Full details of each option should be included to allow better communication with patients. Frailty and its interaction with each option should be considered.

2. Trained teams

Local clinical leaders acting as champions encouraging the update of training opportunities (support available through NHS England).

Training resources

Skills for Health, Skills for Care and Health Education England: E-learning introduction to person centred approaches.

<https://www.skillsplatform.org/courses/5192-person-centred-approaches>

Association of Medical Royal Colleges and University of Cambridge risk communication toolkit: e-learning course designed for health care professionals to help them develop skills for communicating effectively about the potential harms and benefits of treatment options.

<https://moodle.wintoncentre.uk/>

3. Prepared public

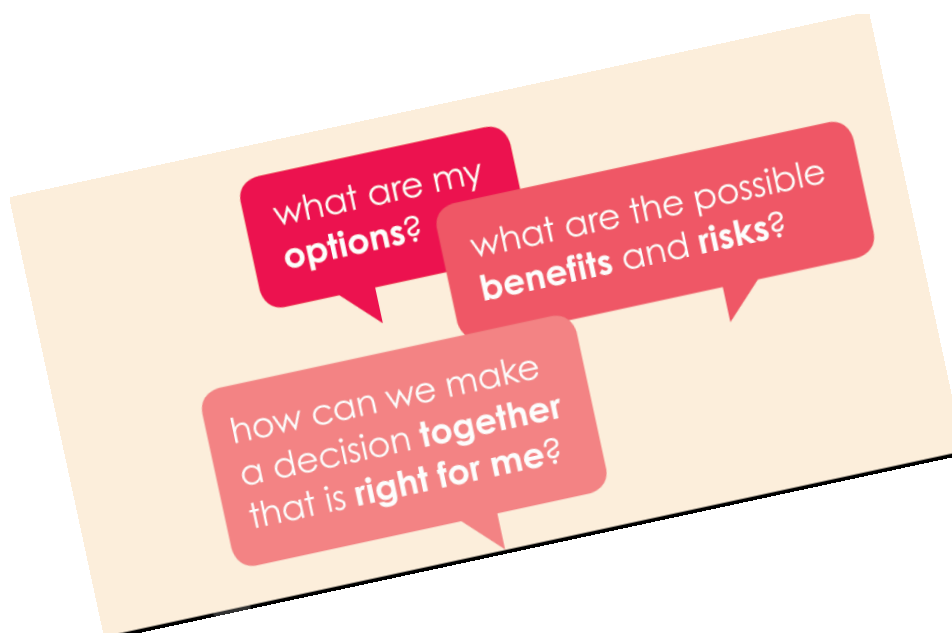
Local systems should ensure people are prepared to make decisions.

Frail patients will vary in their ability to engage with treatment decisions. In particular, frailer patients are more likely to have either cognitive impairment or need assistance in shared decision making. Information should be targeted to different audiences of differing health literacy and their advocates to cater to this, recognising the support needed to take a more active partnership role with their care professional. Multiple appointments may be required to allow time for a decision to be made.

Two examples frameworks are:

Ask 3 questions: What are my options? Pros and Cons? How do I get support to make decisions?

<https://www.aquanw.nhs.uk/resources/shared-decisionmaking/Ask%203%20Questions%20Poster.pdf>



BRAN: Choosing Wisely UK and Association of Medical Royal Colleges campaign to encourage individuals to ask four questions of the doctor or nurse to make better decisions together.

Benefits? Risks? Alternatives? What if I do Nothing?

<http://www.choosingwisely.co.uk/resources/shared-decision-makingresources/>

4. Supportive systems and processes

Senior organisational leaders across the system need to signal the importance of implementation to drive improvement. Clinical leaders and commissioners can use tools to measure the impact of implementation and improvement. NICE routinely incorporates decision support tools into guidelines which can be used to support shared decision making.

Decision support resources: a range of decision support resources are available through NICE

<https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/niceguidelines/shared-decision-making>

Measurement tools

CollaboRATE (3 items): A patient reported measure with three brief questions completed after a consultation.

<http://www.glynelwyn.com/collaborate-measure.html>

SDM Q-9 / SDM-Q-DOC: A nine item questionnaire completed by the individual and health care professional following a consultation.

http://www.patient-als-partner.de/index.php?article_id=20&clang=2/

Measurement of Patient Experience

Name	Who reports?	What does it measure?	Developer	Advantages	Disadvantages
CollaboRATE	Patient	Process	The Dartmouth Institute for Health Policy and Clinical Practice	<ul style="list-style-type: none"> Short questionnaire 	<ul style="list-style-type: none"> Very low ceiling affect A new tool which needs further validation
SURE*	Patient	Decision conflict	Ottawa Hospital Research Institute	<ul style="list-style-type: none"> Short questionnaire Measures satisfaction with choices as an outcome 	<ul style="list-style-type: none"> Low ceiling affect Presumes a level of health literacy and knowledge of understanding the risk
SDM-Q-9*	Patient	Process	University Medical Centre Hamburg-Eppendorf	<ul style="list-style-type: none"> Clinician reported version also available 	<ul style="list-style-type: none"> Although relatively short it is longer than SURE & CollaboRATE Originally developed in German so may need cultural adaptation
SDM-Q9-DOC*	Clinician	Process	University Medical Centre Hamburg-Eppendorf	<ul style="list-style-type: none"> Patient reported version also available 	<ul style="list-style-type: none"> Although relatively short it is longer than SURE & CollaboRATE Originally developed in German so may need cultural adaptation

Table comparing Shared Decision Making measurement tools

Simplified communication techniques: multiple resources are available to help clear communication between a health and care professional and the person they are caring for. These can all be found in the national health literacy toolkit, hosted on behalf of the system in England, by Health Education England.

<https://www.hee.nhs.uk/our-work/health-literacy>

For further details please refer to the following resources:

Shared Decision Making Summary guide:

<https://www.england.nhs.uk/wp-content/uploads/2019/01/shared-decision-making-summary-guide.pdf>

GMC information on consent:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent>