

**Shared Decision Making & Decision Making Tools**

<b>Meeting Date:</b>	<b>26<sup>th</sup> August 2014</b>		
<b>Title of Paper:</b>	<b>Shared Decision Making &amp; Decision Making Tools</b>		
<b>Sponsor:</b>	<b>Michael Ellis</b>		
<b>Agenda Item No:</b>		<b>Allocated Time:</b>	

*(Please tick relevance)*

<b>Acknowledge</b>		<b>Approve</b>		<b>Consider</b>	<input checked="" type="checkbox"/>	<b>Review</b>		<b>Support</b>	<input checked="" type="checkbox"/>
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**Purpose of the report/document**

Members of the NNE CCG People's Council to consider the best way to promote Shared Decision Making and Decision Making Tools. This paper will also be supported by a brief demonstration during the People's Council Meeting.

**Key Points** *(Provide full context of agenda item)*

**Shared Decision Making & Decision Aids**

Shared decision making (SDM) is an approach where clinicians (GPs, Consultants or Surgeons) and patients make decisions together using the best available evidence. Patients are encouraged to think about the available screening, treatment, or management options and the likely benefits and harms of each so that they can communicate their preferences and help select the best course of action for them. Shared decision making respects patient autonomy and promotes patient engagement. An example of where this is used is for a knee replacement operation.

The three steps are as follows:

1. Health professionals give patients information about all the treatment options for the health problem. Health professionals also give information about an option that is medically better for a person based on the patient's personal medical history and test results.
2. Patients give professionals information their life and experiences of illness and treatment. Patients have views that one treatment option may fit better in their life than another. This view about a treatment may be different from the medically best treatment.
3. The shared decision making conversation needs both the patient and professional to understand the other's point of view and agree the reasons why the treatment chosen was the best one for the patient. The reason may be that it was the best medical option or it was the best option for that patient's life.

## Decision Aids

Decision Aids are tools designed to help people make decisions about difficult healthcare choices. These tools are usually designed for situations where there is some uncertainty about the best treatment option and provide information about the harms and benefits in as balanced a way as possible.

Each Decision Aid is split in to five steps which guide you through the process of making this decision. Below is an example of an online decision aid:

- **Step 1 (Introduction)** - describing the health problem, treatment options and decisions to be made. Further, background information is also provided about the condition itself.
- **Step 2 (Compare options)** - accurate information on the similarities and differences between treatment options
- **Step 3 (My Views)** - here you are asked for your personal likes and dislikes about the different treatments
- **Step 4 (My Trade-offs)** - helping you to trade-off the advantages and disadvantages of each option
- **Step 5 (My Decision)** - supporting you to choose an option that is best for you

In Oct 2013, NNE CCG decided to review and update certain surgical procedures to ensure that they reflect current evidence and that NHS resources are being used to their best effect. The implementation of the revised policy incorporated SDM as there is strong evidence to show that if a patient is empowered to fully understand their treatment options and the associated risks and outcomes they are more likely to choose a non-surgical intervention where it is feasible to do so. The two surgical procedures are:

- Cataracts including lens type
- Hip and knee

## If Only I Knew Then What I Know Now

SDM is underpinned by the successful management of a patient's expectation with respect of a potential surgical intervention. An example would be a patient who decided to continue with medication and the discomfort of her back pain instead of becoming potentially less mobile if they had an operation. Another would be the gentleman who decided that he could live with not being able to read his morning newspaper in comparison of potentially not being able to continue working in his beloved garden if he had a cataract operation.

## What We Want From You

Studies have shown that whilst SDM has been heavily promoted across the US, Canada and the UK the uptake has been slow. We therefore are seeking your views from a patient (or friend or family) perspective on the following:

*What do you feel are the best options to have ready access to evidence based information about treatment options?*

*Apart from clinical staff where would you respect guidance on how to weigh up the pros and cons of different options?*

## Document links

### NHS Shared Decision Making Page:

<http://sdm.rightcare.nhs.uk/>

### Patient Satisfaction Outcome Data – Post Surgery

<http://www.hscic.gov.uk/catalogue/PUB14314>

### Implications: *(please tick where relevant)*

Commissioning (Inc. Integration & Reducing inequality)		Patient & Public Involvement	x
Constitution		Quality of Services	
Governance		QIPP	
Innovation		Research	
Learning and Development		Sustainability	
Patient Choice	x		