What is Shared Decision Making?
Shared Decision Making (SDM) is the conversation that happens between a patient and their health professional to reach a healthcare choice together. This conversation needs patients and professionals to understand what is important to the other person when choosing a treatment.

What is a Patient Decision Aid?
Patient Decision Aids (PDAs) are specially designed information resources that help patients make decisions about difficult healthcare options for a wide range of conditions.

How do patients use the PDAs?
Patients don’t need to be referred to a PDA by a healthcare professional. They can simply go to http://sdm.rightcare.nhs.uk/pda to access the PDAs, which are also available as mobile Apps.

How do healthcare professionals use the PDAs?
Shared Decision Making Sheets (SDMS) are shorter and printed versions of the PDAs for health professionals to use with patients in consultations when making a treatment decision for a given health problem. They are designed to facilitate a conversation about treatment options, between people with different types of expertise.

How much does Shared Decision Making cost?
Nothing! All the PDAs have been written and are now available on the NHS in a wide variety of formats for patients and healthcare professionals.
What is Shared Decision Making?

Shared decision making (SDM) is the conversation that happens between a patient and their health professional to reach a healthcare choice together.

This conversation needs patients and professionals to understand what is important to the other person when choosing a treatment:

• 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.

• Patients give professionals information about 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.

• 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.
What are Patient Decision Aids?

Patient Decision Aids (PDAs) are specially designed information resources to help people make decisions about difficult healthcare choices. They help patients to think about why one option is more suitable than another.

What are the benefits to patients?

PDAs have good quality information about health problems, the options available to the patients and questions to help patients think about what is important to them.

People’s views change over time depending on their experiences and who they talk to. Understanding what is important to patients about their decision will help them choose the option that is best for them.

People who have used decision aids say:

• they understand the health problem and treatment choices more clearly;
• they understand why one treatment is better for them than another; and
• they can talk more confidently about their reasons for liking or not liking an option with doctors, nurses, friends and family.
## What conditions are covered by the Patient Decision Aids?

<table>
<thead>
<tr>
<th>Patient Decision Aid</th>
<th>Medical Advisory Group Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA repair</td>
<td>Prof Jonathan Earnshaw</td>
</tr>
<tr>
<td>AAA screening</td>
<td>Prof Jonathan Earnshaw</td>
</tr>
<tr>
<td>Acne</td>
<td>Dr Alison Layton</td>
</tr>
<tr>
<td>Birth options after caesarean section</td>
<td>Dr Sheila Macphail</td>
</tr>
<tr>
<td>Localised bladder cancer</td>
<td>Mr William Turner</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Prof Mark Caulfield</td>
</tr>
<tr>
<td>Localised breast cancer</td>
<td>Dr Alison Jones</td>
</tr>
<tr>
<td>Carpal tunnel syndrome</td>
<td>Mr Ian Trail</td>
</tr>
<tr>
<td>Cataract</td>
<td>Mr Larry Benjamin</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>Dr Malcolm Walker</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>Dr Matt Kearney</td>
</tr>
<tr>
<td>Depression</td>
<td>Dr Neil Deuchar</td>
</tr>
<tr>
<td>Improving control in type 2 diabetes</td>
<td>Dr Simon Eaton</td>
</tr>
<tr>
<td>Additional treatments to control type 2 diabetes</td>
<td>Dr Simon Eaton</td>
</tr>
<tr>
<td>Diagnostic testing for Down's syndrome</td>
<td>Dr Sheila Macphail</td>
</tr>
<tr>
<td>End of Life</td>
<td>Dr Teresa Tate</td>
</tr>
<tr>
<td>Established kidney failure</td>
<td>Dr Donal O’Donoghue</td>
</tr>
<tr>
<td>Established kidney failure (kidney dialysis)</td>
<td>Dr Donal O’Donoghue</td>
</tr>
<tr>
<td>Established kidney failure (renal transplant)</td>
<td>Dr Donal O’Donoghue</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Mr Dermot O’Riordan</td>
</tr>
<tr>
<td>Glue ear</td>
<td>Prof Anne Schilder</td>
</tr>
<tr>
<td>Inguinal hernia</td>
<td>Mr Dermot O’Riordan</td>
</tr>
<tr>
<td>Localised lung cancer</td>
<td>Dr Michael Peake</td>
</tr>
<tr>
<td>Localised prostate cancer</td>
<td>Prof David Neal</td>
</tr>
<tr>
<td>Lower urinary tract symptoms</td>
<td>Mr Mark Speakman</td>
</tr>
<tr>
<td>Heavy menstrual bleeding (menorrhagia)</td>
<td>Prof Sean Kehoe</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>Dr Peter Brex</td>
</tr>
<tr>
<td>Osteoarthritis of the knee</td>
<td>Prof David Beard</td>
</tr>
<tr>
<td>Osteoarthritis of the hip</td>
<td>Prof David Beard</td>
</tr>
<tr>
<td>Obesity</td>
<td>Dr Ian Campbell</td>
</tr>
<tr>
<td>PSA testing for prostate cancer</td>
<td>Mr William Cross</td>
</tr>
<tr>
<td>Rectal cancer (without metastases)</td>
<td>Mrs Celia Ingham Clark</td>
</tr>
<tr>
<td>Recurrent sore throat</td>
<td>Prof Martin Birchall</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Mr Colin Howie</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>Dr Myra Stern</td>
</tr>
<tr>
<td>Stable angina</td>
<td>Dr Rob Henderson</td>
</tr>
<tr>
<td>Stroke prevention/ Atrial Fibrillation</td>
<td>Dr Matthew Fay</td>
</tr>
</tbody>
</table>
Using a Patient Decision Aid

During the process, patients are able to create a print out which summarises the information they have read and their views about the decision. Patients can use this to help them talk about it more with their doctor, nurse, family, friend or independent decision coach.

Personalised Decision Aid Space

Patients who register on the PDAs website have their own, personal and secure space. Once registered, patients will only need their email and password to login again.
Patients should visit http://sdm.rightcare.nhs.uk/pda to access the PDAs, where short form and printed long form versions can be downloaded.

In addition, patients can access the NHS Shared Decision Making mobile App, available on devices running Apple iOS or Android. Visit Google Play or iTunes on the web or download from the device’s app store.

Shared Decision Making is also optimised to work on smartphone internet browsers.
We are encouraging patients to Ask 3 Questions

Ask 3 Questions

Normally there will be choices to make about your healthcare. Make sure you get answers to these three questions:

What are my options?

What are the pros and cons of each option for me?

How do I get support to help me make a decision that is right for me?

Your doctor or nurse needs you to tell them what is important to you.

Shared Decision Making

AQuA
Advancing Quality Alliance
Kate McNulty from Manchester has been diagnosed with kidney failure. After her initial discussion with her consultant, she’s considering kidney dialysis, and used a patient decision aid.

To see how Kate got on with the PDA, search YouTube for “Kate makes a shared decision”. This short film very simply demonstrates the PDAs and how they work.
Key Messages

What are the key messages for commissioners?

• Shared decision making is a key priority and cornerstone of current national health care policy
• The delivery of shared decision making requires change across whole systems
• Commissioners have a range of contract management levers through which they can drive and support that change
• Evidence shows that patients who are informed and involved are more likely to be satisfied with their treatment outcomes
• Implementing SDM can reduce variations in interventions
• Given informed choice, many patients choose less radical treatments, which may result in savings

What are the key messages for provider organisations and the voluntary sector?

• There is enormous potential to be realised when patients are joint decision makers in their own treatment
• Patients are more likely to be satisfied with their healthcare experience
• Patients are more likely to adhere to their chosen treatment
• Clinical outcomes and safety are improved
• Shared decision making helps to break down the barriers of jargon, experience and the perceived hierarchical relationship between patients and their health care advisors
Shared Decision Making is a key component of a wider healthcare pathway to deliver significant service improvements and generate cost efficiencies, particularly when combined with other targeted interventions such as health coaching and telehealth.

**Case Study**

Totally Health, responsible for developing the Patient Decision Aids for the NHS, are working with Leicester City Clinical Commissioning Group and Leicestershire Partnership NHS Trust to deliver a long-term condition management service for patients suffering from Chronic Obstructive Pulmonary Disease (COPD). This involves shared decision making, the COPD patient decision aid, health coaching and telehealth monitoring, supported by a system able to link up to local GP and secondary care databases.

Through risk stratification, Leicester City CCG selected patients who were considered at greatest risk of repeated hospital admissions, many of who also had co-morbidities, but who also would benefit from monitoring and advice from qualified care providers within the community and achieve a better quality of life.

Totally Health are providing Leicester City’s selected COPD patients with a two way health coaching service that supports individual patients across their total care pathway and local primary and acute care providers.

The highly experienced health coaches are registered nurses who help the patient manage their condition by providing mentoring and support via phone calls, alongside telehealth monitoring.

Case study continued on next page
Currently, a single unscheduled hospital admission through A&E at the CCG’s current Payment by Results tariff is £4,066. The number of patients recruited to the COPD wider change management programme had an average of 3.49 unscheduled hospital admissions during the previous 12 months.

In the first 8 weeks of the service, 23 admissions have been avoided for the 32 patients registered with the service, saving the NHS an estimated £90,000 to date.

Emma-Jane Roberts, Programme Manager, Leicester City CCG, comments,

“We want to be able to give our patients access to qualified, specialist advice services so we can shift the balance and focus from a model that responds to illness to one, which promotes health and well-being…The health coaching service shall provide the continuity for these patients to ensure that they maintain the improved self-management of their condition….A real advantage of dovetailing the health coaching into the telehealth scheme and beyond, is that it would be a service that could offer true patient-centred care for those who have several long-term conditions.”
The “SANDY” IT system, that Totally Health built the SDM project on, sits within the secure N3 environment and carries patient identifiable data. As outlined in the Department of Health’s information strategy (Case Study: Page 59), the system can be linked up via APIs to databases across primary care (e.g. EMIS, System One and Vision) and secondary care.
The NHS Shared Decision Making Programme

The aim of the Shared Decision Making programme is to embed Shared Decision Making in NHS care, embedding the practice of shared decision making among patients and those who support them, and among health professionals and their educators.

To increase patient choice, autonomy and involvement in clinical decision making and make “no decision about me, without me” a reality.

SDM is part of the Department of Health’s QIPP (Quality, Innovation, Productivity and Prevention) programmes. It is transferring to the NHS Commissioning Board, which intends to include the Patient Decision Aids in the new Integrated Customer Service Platform.

For further information, please visit http://sdm.rightcare.nhs.uk/pda

The SDM programme is being implemented with delivery partners in three workstreams:

1. Developing tools

The 37 Patient Decision Aids, and their complementary tools (such as the mobile apps), have been developed by Totally Health.

Totally Health offers bespoke Long Term Condition Management Programmes, providing a fully integrated technology platform, working within the secure NHS N3 firewall, and a range of services to
The NHS Shared Decision Making Programme (continued)

deliver integrated, high quality cost effective services to those diagnosed with a long term condition:

- Integrated Case Management
- Shared Decision Making
- Patient Decision Aids
- Health Coaching
- Telehealth
- Risk Stratification
- Discharge Support

Totally Health works closely with NHS Policy makers to ensure that its service meet the needs of clients such as Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs), Clinical Commissioning Groups (CCGs), GP Practices, Community Service Providers, Foundation Trusts and, of course, patients.

Visit www.totallyhealth.com for more information.

2. Embedding in NHS systems

Making SDM a reality for patients can only be achieved if it is systematically streamlined into routine NHS processes, steering clear of lengthy bureaucratic processes.

Activities in this workstream include a focus on integrating shared decision making so it becomes part of the patient and clinician pathway. The PDAs, for example, need to be easily accessible on recognised NHS platforms, such as Choose and Book, NHS Choices, GP patient record systems and Map of Medicine.

As well as embedding shared decision making from the provider perspective, this workstream is integrating SDM into policies, commissioning systems and consent procedures, with insight about how the NHS Commissioning Board and Clinical Commissioning Groups (CCGs) can deliver on their statutory duties, including practical tools and processes, and indicators of what ‘good commissioning of shared decision making would look like’ at NHS Commissioning Board and CCG level.

This element of the programme is being delivered by Capita Business Services.
3. Creating a receptive culture

The biggest challenge to embedding shared decision making in routine NHS care is to create a nationwide paradigm shift so patients expect to be routinely involved in decisions about their care. This requires a change in the current patient-clinician dynamic so that clinicians work with patients to encourage and respond to their greater involvement and patients take a stronger interest in being involved.

In this workstream, which has been delivered by Aqua, a training and education programme has been developed for providers, including nurses, GPs, consultants and NHS managers, as well as commissioners.

Alongside that, undergraduate and postgraduate medical training has been developed on enhanced communication skills and shared decision making.

Harnessing a multi-media approach to foster a social movement for shared decision making, the programme is raising awareness amongst patients, their carers and the wider public, working with partners such as Patient Opinion and advocates within the voluntary sector.

Please visit the website for full access to the resources produced. These include videos and wiki tools.
Your notes