Health and Care
Innovation Expo

NHS

Welcome to our Expo webinar series

- Every year, more than 90% of our Health and Care Innovation Expo attendees tell us they will share what they have learned with their colleagues, and half say they will make changes in their own teams and organisations after being inspired by attending the event.

- For Expo 2018, we are making it even easier to take part in Expo-related learning through a series of webinars before and after the event.

Health and Care Innovation Expo 2018 will be held at Manchester Central on 5 and 6 September 2018 – we hope to see you there!

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Shared decision making (SDM)
Conversations about options, benefits, risks, consequences and burdens

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Webinar Aims

The aim of the webinar is to show why Shared Decision Making is important and to illustrate how it can impact on patients.

It will demonstrate the links between SDM and Health Literacy, outline the constituents of SDM as well as an approach to implementation.

What is Shared Decision Making?

SDM consensus statement

- Shared Decision Making is ‘a process in which clinicians and patients work together to select tests, treatments, management or support packages, based on clinical evidence and the patient’s informed preferences. It involves the provision of evidence-based information about options, outcomes and uncertainties, together with decision support counselling and a system for recording and implementing patients’ informed preferences.

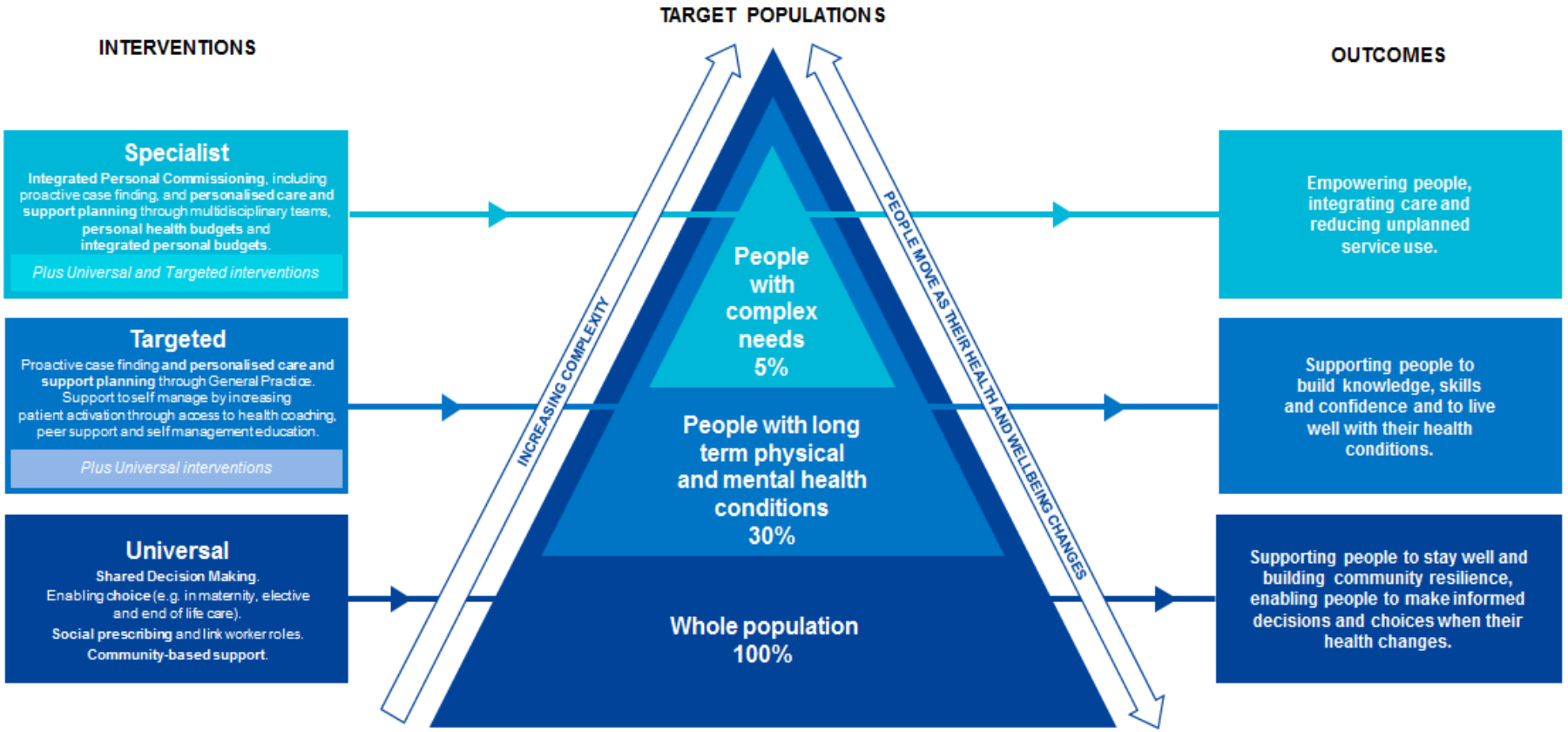
Simple definition

- Shared Decision Making is where patients and clinicians work together to decide what tests and treatments are most suitable bearing in mind the patient’s individual circumstances. It brings together the patient’s expertise about themselves and what is important to them together with the clinician’s knowledge about what is known about the benefits and risks of the available options. **It is vital that this conversation is a conversation between equals**.

Comprehensive Personalised Care Model

All age, whole population approach to Personalised Care

NHS England



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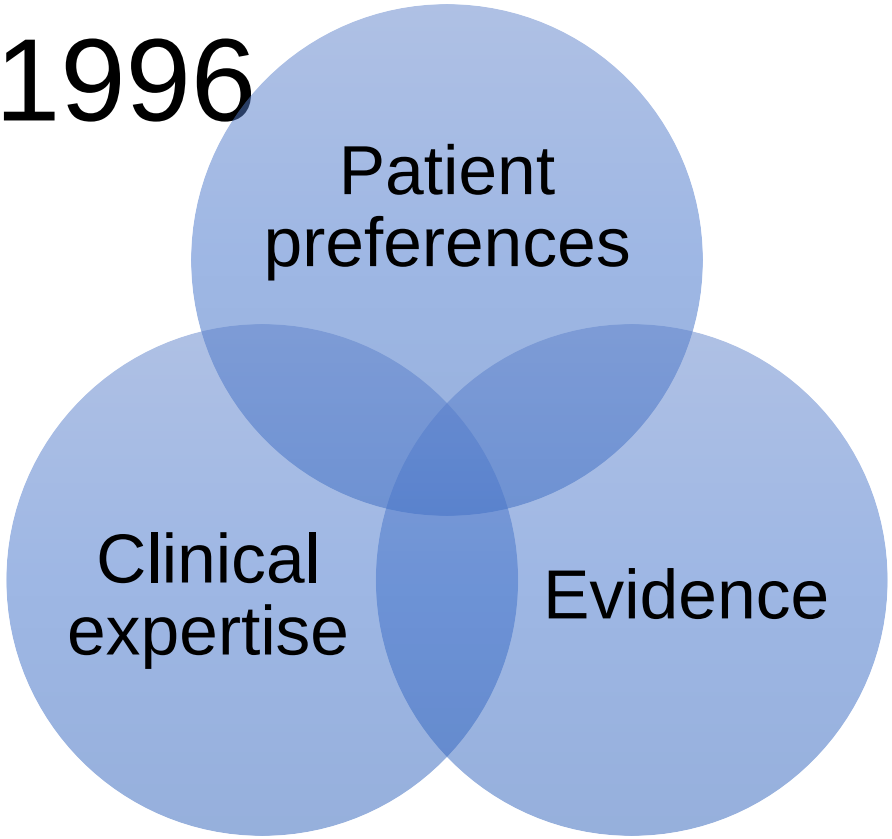
Why is SDM important?

- It can create a new **RELATIONSHIP** between individuals and professionals based on partnership (Mulley et al, 2012
- People want to be more **INVOLVED** than they currently are in making decisions about their own health and health care (Care Quality Commission inpatient survey, 2016; NHS England, GP survey. 2017)
- Both individuals and clinicians tend to consistently **OVERESTIMATE** the benefits of treatments and **UNDERESTIMATE** the harms (Hoffman, 2017)
- It has the potential to **ENHANCE** allocative efficiency and **REDUCE** unwarranted clinical variation (Mulley et al, 2012)
- It is a **LEGAL** requirement and health professionals now must take “reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment and of any reasonable alternative or variant treatments”. (Health and Social Care Act 2012, Medical Protection Society, 2015, Montgomery v Lanarkshire Health Board (Scotland) 2015 UK Supreme Court)
- It is intrinsic in **PROFESSIONAL CODES** of conduct/standards (General Medical Council, 2013; Nursing and Midwifery Council, 2015)

Evidence based medicine. Sackett 1996



Evidence based medicine. What is it, and what isn't it?
Sackett D et al. BMJ 1996 Jan 13; 312(7023): 71–72

What is being shared?

Clinician

- Diagnosis
- Disease aetiology
- Prognosis
- Care, treatment or self management support options
- Outcome probabilities

Patient

- Experience of illness
- Social circumstances
- Attitude to risk
- Values
- Preferences

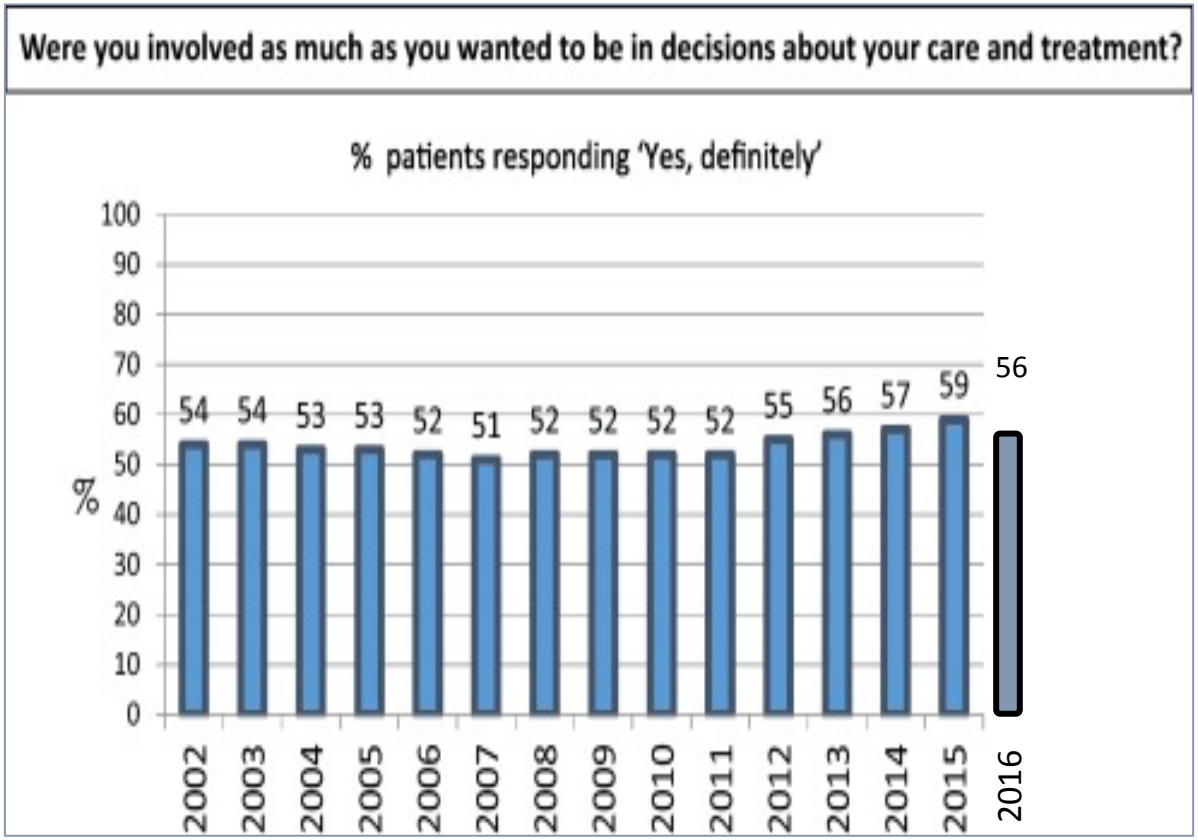
When should we share decisions?

Any non (immediately) life-threatening situation where reasonable options - including doing nothing- exist

Why share decisions?

1. Patients want more involvement in decisions
2. SDM is an ethical and medicolegal imperative
3. Both patients and clinicians tend to overestimate treatment benefits and underestimate harms
4. What informed patients want and what clinicians think they want often differ
5. Informed patients tend to want less invasive treatments
6. We need to commission and provide services that informed patients want (allocative efficiency)

1. Patients want to be more involved



2. SDM is an ethical and medicolegal imperative

- GMC Good Medical Practice 2013
  - Doctors should work in partnership with patients.
    - Listen to, and respond to, their concerns and preferences.
    - Give patients the information they want or need in a way they can understand.
    - Respect patients' right to reach decisions with you about their treatment and care.

2. SDM is an ethical and medicolegal imperative

- Montgomery case (2015) has changed the law of consent
  - Used to be ‘Bolam principle’ (patients should be told about options, risks and benefits that a *reasonable clinician should disclose*)
  - Now all patients should be told about options, risks and benefits that *reasonable patients would want to know*
- The case gives ’appropriate recognition to patients as decision makers’

Montgomery and informed consent: where are we now? Chan SW et al. BMJ 2017;357:J2224

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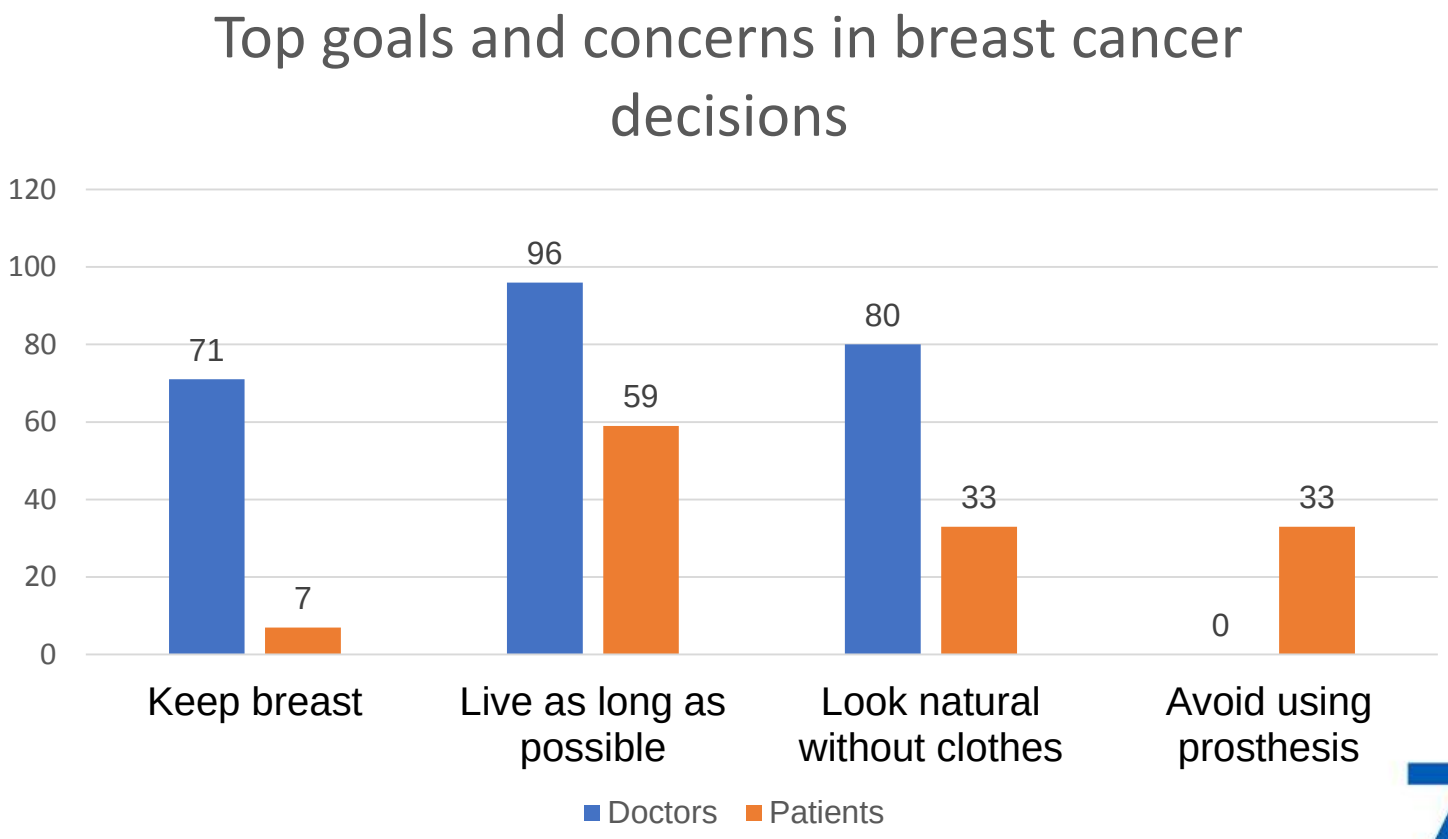
3. Patients and clinicians tend to overestimate treatment benefits and underestimate treatment harms

- Patients' expectations of the benefits and harms of treatments, screening, and tests: a systematic review. Hoffmann TC, Del Mar C. JAMA Intern Med. 2015 Feb;175(2):274-86.

- Clinicians' expectations of the benefits and harms of treatments, screening, and tests: a systematic review. Hoffman TC, Del Mar C. JAMA Intern Med. 2017 Mar 1;177(3):407-419.

4. What informed patients want and what clinicians think they want are different…

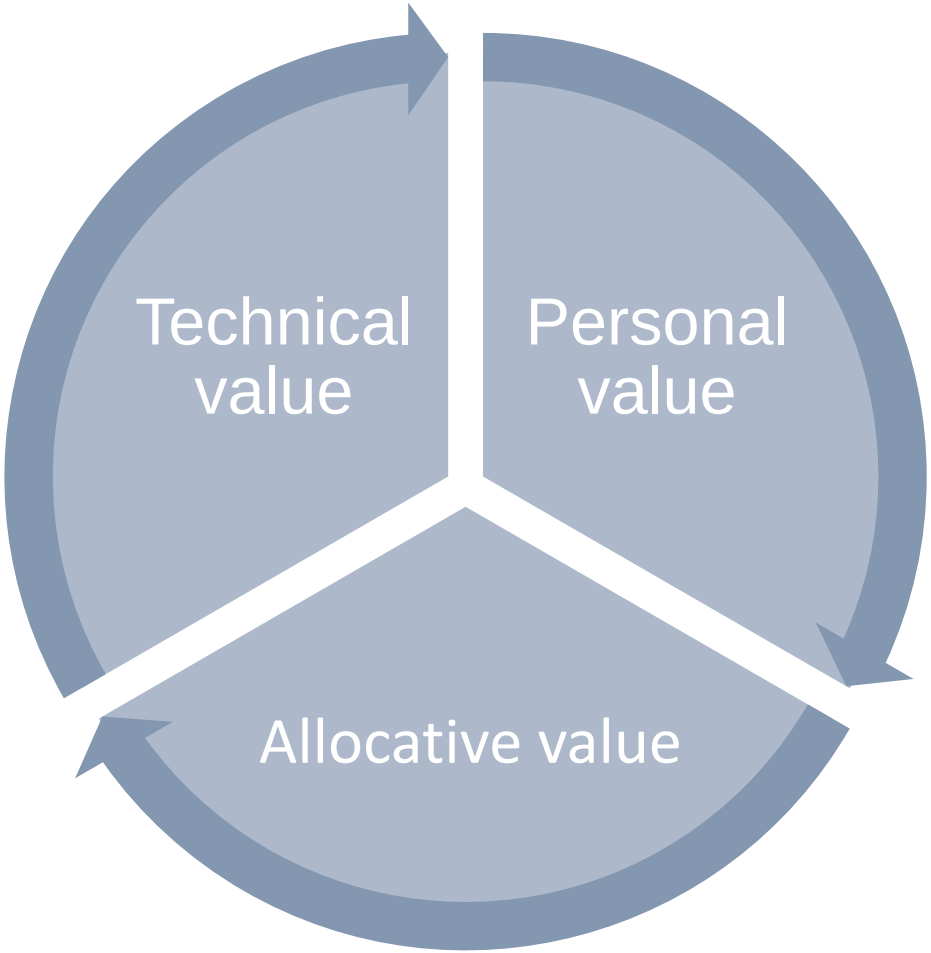


Sepucha et al. (2008). *Pt Education and Counseling*. 73:504-10

5. Informed patients tend to opt for less invasive treatments

- *Decision aids to help people who are facing health treatment or screening decisions.* Cochrane review 2017. Stacey D et al. http://www.cochrane.org/CD001431/COMMUN_decision-aids-help-people-who-are-facing-health-treatment-or-screening-decisions
- *Introducing Decision Aids At Group Health Was Linked To Sharply Lower Hip And Knee Surgery Rates And Costs.* Arterburn D et al. Health Affairs 2012: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0686
- *Shared Decision Making to Improve Care and Reduce Costs.* Lee EO, Emanuel EJ. N Engl J Med 2013; 368:6-8

6. The value proposition: we should provide care, treatment or support that *informed patients want*



When SDM does not happen

1. Impact on the patient
2. Impact on the system

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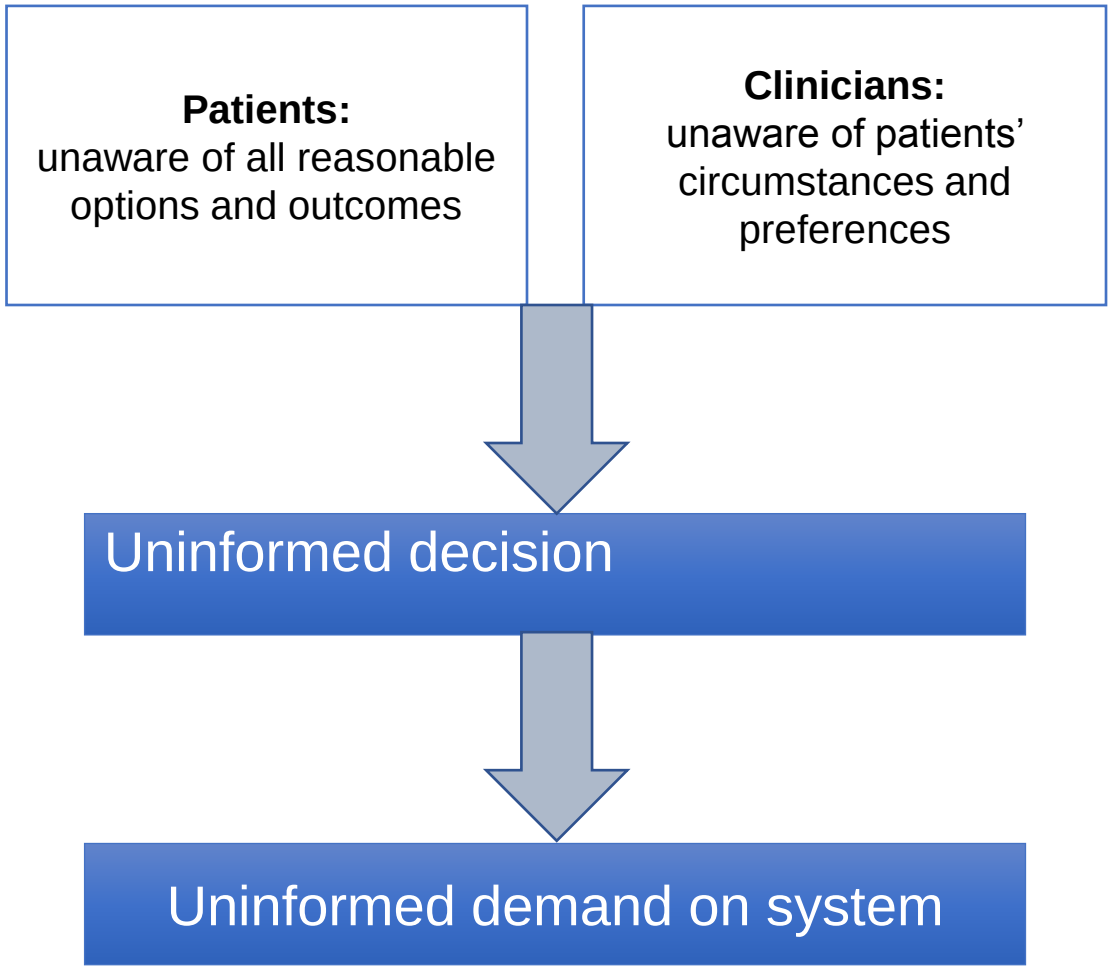
The Silent Misdiagnosis



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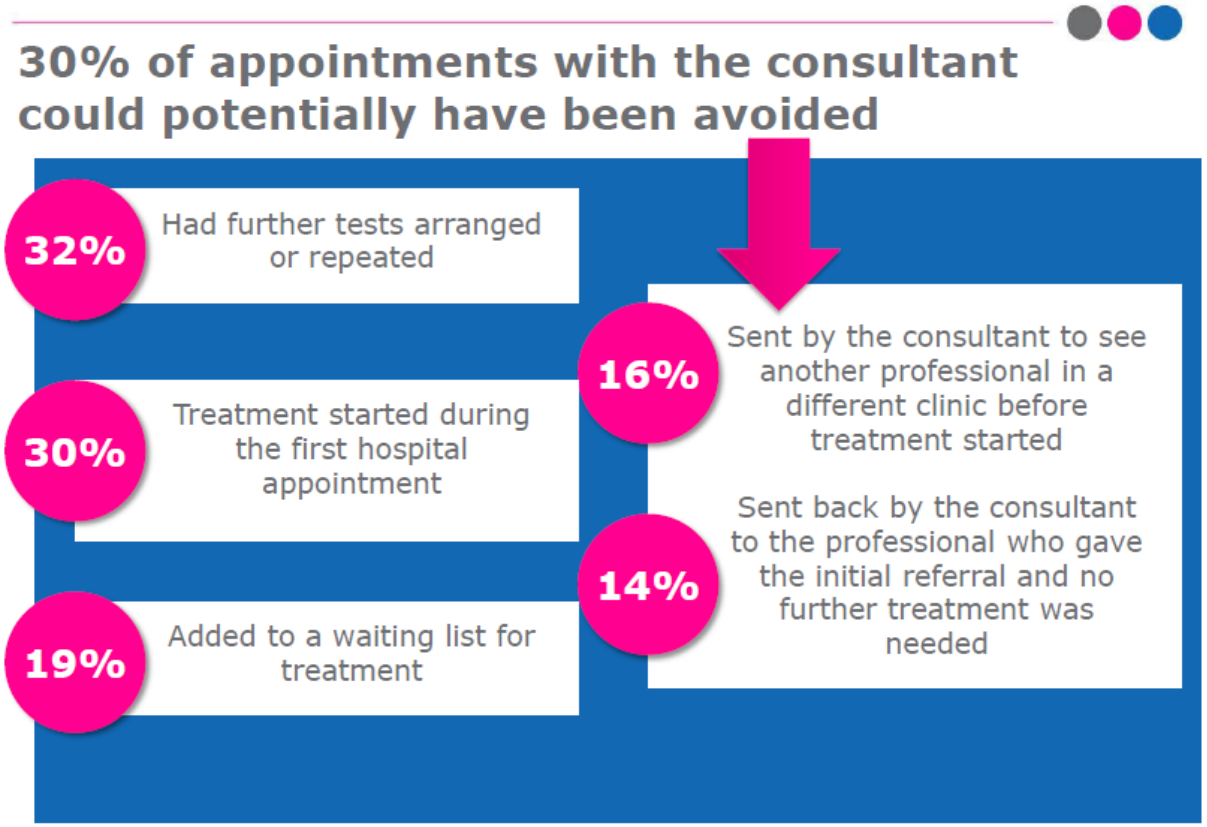
When SDM does not happen…



15 Q10. Which of the following statements apply to you? All respondents (Base size n=1000)

*Multi-code question – data may total more than 100%

NHS England Elective Care Referral Pathways Research 2018

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Implementing shared decision making

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The constituents of shared decision making

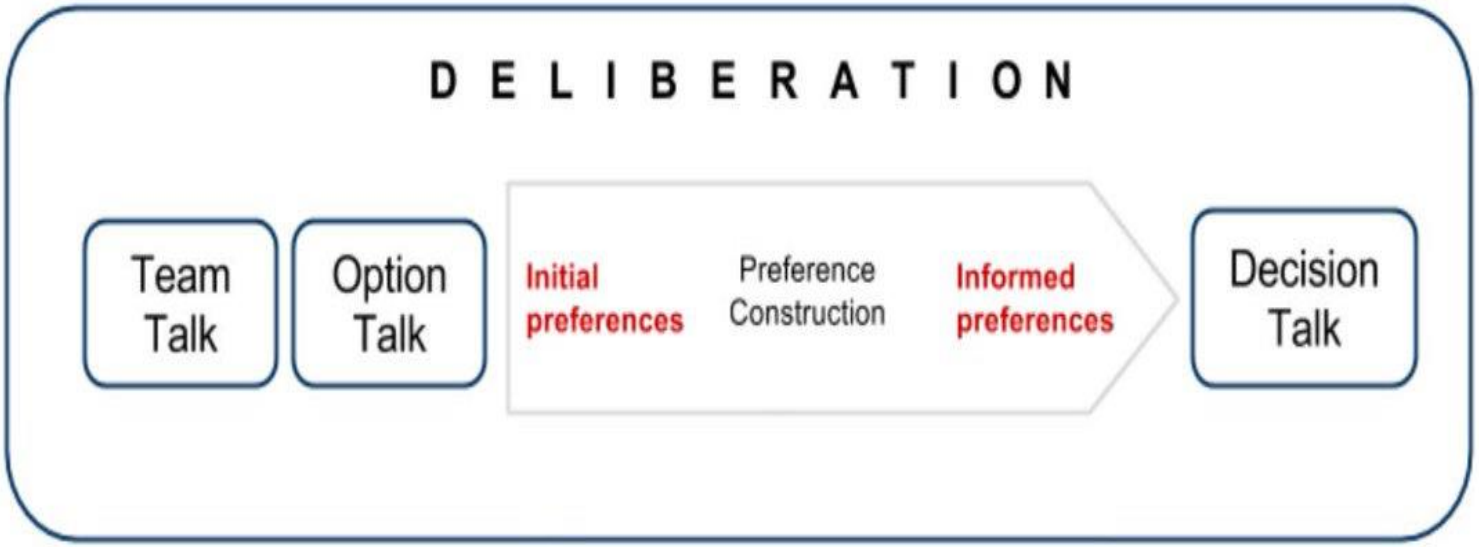
Option Grid

Breast cancer surgery
Use this grid to help you and your clinician decide whether to have mastectomy or lumpectomy with radiotherapy.

Frequently asked questions	Lumpectomy with Radiotherapy	Mastectomy
Which surgery is best for long term survival?	There is no difference between surgery options.	There is no difference between surgery options.
What are the chances of cancer coming back in the breast?	Breast cancer will come back in the breast in about 10 in 100 women in the 10 years after a lumpectomy.	Breast cancer will come back in the area of the scar in about 5 in 100 women in the 10 years after a mastectomy.
What is removed?	The cancer lump is removed with a margin of tissue.	The whole breast is removed.
Will I need more than one operation on the breast?	Possibly, if cancer cells remain in the breast after the lumpectomy. This can occur in up to 5 in 100 women.	No, unless you choose breast reconstruction.
How long will it take to recover?	Most women are home 24 hours after surgery	Most women are home 2-3 days after surgery.
Will I need radiotherapy?	Yes, for up to 6 weeks after surgery.	Unlikely, radiotherapy is not routine after mastectomy.
Will I need to have my lymph glands removed?	Some or all of the lymph glands in the armpit are usually removed.	Some or all of the lymph glands in the armpit are usually removed.
Will I need chemotherapy?	Yes, you may be offered chemotherapy as well, usually given after surgery and before radiotherapy.	Yes, you may be offered chemotherapy as well, usually given after surgery and before radiotherapy.
Will I lose my hair?	Hair loss is common after chemotherapy.	Hair loss is common after chemotherapy.

More information can be found at www.bresdex.com

The 3 talk model



Team talk Explain the intention to collaborate and support deliberation

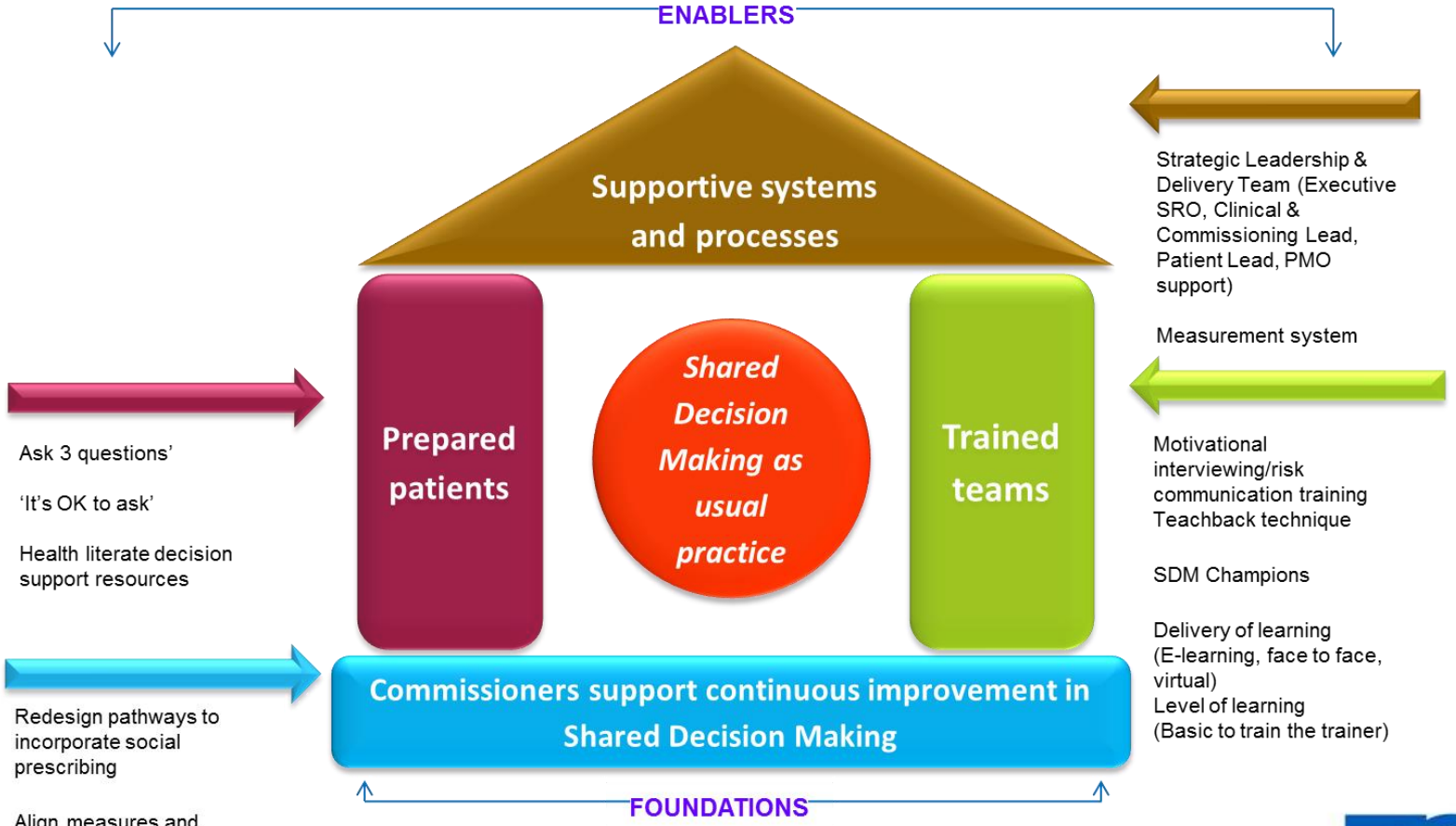
Option talk Compare alternatives

Decision talk Elicit preferences & integrate into subsequent actions

Three Talk Collaborative Deliberation Model ©
Glyn Elwyn 2015

Shared Decision Making Implementation Framework

Key Foundations and Enablers to Embed Shared Decision Making



Shared Decision Making Implementation Framework

Key Foundations and Enablers to Embed Shared Decision Making

- Redesign pathways to incorporate social prescribing
- Align measures and incentives
- SDM in local delivery plans/logic models

Commissioners support continuous improvement in Shared Decision Making

Shared Decision Making Implementation Framework

Key Foundations and Enablers to Embed Shared Decision Making

- SDM Champions
- Motivational interviewing/risk communication training
- Teachback technique
- Delivery of learning (E-learning, face to face, virtual)
- Level of learning (Basic to train the trainer)

Trained teams

Shared Decision Making Implementation Framework

Key Foundations and Enablers to Embed Shared Decision Making

Prepared patients

- Ask 3 questions'
- 'It's OK to ask'
- Health literate decision support resources

Shared Decision Making Implementation Framework

Key Foundations and Enablers to Embed Shared Decision Making

- Strategic Leadership & Delivery Team (Executive SRO, Clinical & Commissioning Lead, Patient Lead, PMO support)
- Measurement system

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The Health Literacy Challenge

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Definition

"The personal characteristic and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health"

World Health Organisation 2015

Why Is It Important?

- 43% - 61% of English working age population do not understand health information they are given (Institute of Health Equity/Public health England 2015)

- There is a strong social gradient in the population, with lower levels of health literacy much more common among the socially and economically disadvantaged ie it impacts on health inequalities.

Two Sided Issue

- Health literacy is a two sided issue reflecting:
  - **A systems issue** – the complexity of health information and the health and care system
  - **The individuals ability** – to understand and use information to make decisions about their health and care

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Thank You

Final Questions?

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Register now for Health and Care Innovation Expo 2018!

- More than 140 hours of main-stage plenaries, theatre seminars and pop-up university workshops throughout the two days
- Five feature zones focused on key topics: Digital Health, Mental Health, Improving Care, Diabetes and Obesity, and Integrating Care
- Senior leaders from across the NHS and social care

Complimentary tickets available for NHS and public sector staff – register online using the ticket code EXPO18

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