Shared Decision Making
Analysis of responses to Survey

02/8/12 – Yvonne Frewin (Thames Valley Health Innovation and Education Cluster)

Introduction

This report includes the analysis of the responses to the survey sent out on Shared Decision Making and is presented as the aggregate work across the South of England. Further work is in progress to provide a CCG based response drawing on one or more responses that came from the individual CCGs that responded. This work will be completed for CCGs in South Central in the first instance and rolled out for South East and South West as required.

Also a second piece of work will analyse specific themes, across the whole data set for the South of England. Examples of such themes include the area of work where SDM features (e.g. Maternity, MSK); and preferences for further training.

Method:

The Survey on Shared Decision Making was sent out using Survey Monkey to 155 contacts across the NHS South of England and included at least one contact per CCG from south central, south west and south east areas. In total all 50 CCGs were contacted across the South of England, including 18 from south central, 12 from south west and 20 from the south east. Also included in the contacts were those who had either expressed an interest in shared decision making or attended an event on shared decision making in the past. Contact information was supplied from Julia Coles (SC), David Pennington (SW) and Paul Carter (SE).
The survey was first sent out on the 6th July 2012, and several reminders were sent out prior to the survey closing on 18th July 2012.

Out of the 155 contacts who were sent the survey, the response rate was:-

- 30% responded (a total of 46)
- 70% did not respond (a total of 109)

Out of the 46 responses:-

- 87% of responses were fully completed (a total of 40)
- 13% of responses were partially completed (a total of 6)

Comment:-

Online surveys typically have a low response rate usually between 10% to 30% so our response rate of 30% is at the higher end.
**Question 1:**
Please provide the name of your CCG or organisation, so that we can track responses by organisation:

Total responses = 46

Respondents to the survey indicated the CCG or organisation they were from. The responses indicated that:

- 73.91% (34) from a CCG
- 8.7% (4) from Other PCT/Cluster organisations
- 13.04% (6) from Other Provider organisation
- 4.35% (2) from Other organisation e.g. Southampton LINK

From the 34 responses received for a CCG these included:

- 11 from South Central across 9 CCGs
- 12 from South East across 7 CCGs
- 11 from South West across 6 CCGs

It should be noted that some CCGs provided more than one response.

The overall CCG response across the South of England is as follows:

- South Central (18 CCGs) - 9 CCGs responded, 9 CCGs did not respond
- South East(20 CCGs) – 7 CCGs responded, 13 CCGs did not respond
- South West(12 CCGs) – 6 CCGs responded, 6 CCGs did not respond

### Response to Survey in the South of England

<table>
<thead>
<tr>
<th>CCG Region</th>
<th>Responded</th>
<th>Did not respond</th>
</tr>
</thead>
<tbody>
<tr>
<td>South West CCGs</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>South East CCGs</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>South Central CCGs</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

**Conclusion:**
Response rate was evenly spread across the South of England with 50% of CCGs responding in the South West and South Central Areas. While South East had a response rate of 35%. The overall response rate for CCGs across the South of England is 44%.
**Question 2. Do you understand what Shared Decision Making (SDM) is trying to achieve?**

Total responses = 46

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes definitely</td>
<td>56.5% (26)</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>39.1% (18)</td>
</tr>
<tr>
<td>No</td>
<td>4.3% (2)</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0%</td>
</tr>
</tbody>
</table>

From a total of 46 responses the number of people who indicated:-

- Yes definitely – 56.5% indicated that they definitely understood what SDM is trying to achieve
- Yes to some extent – 39.1% indicated that they understood to some extent what SDM is trying to achieve
- No – 4.3% of respondents indicated that they did not understand what shared making was trying to achieve
- Don’t Know – No respondents indicated this option

**Conclusion:**
A significant majority of 95.6% (44) of respondents understood SDM at least to some extent.
Question 3: Does your knowledge of SDM come from:

Total responses =46, total indicated= 92

Out of a total response of 46, all respondents indicated at least one area where their knowledge of SDM stemmed from, while some respondents indicated that their knowledge of SDM came from multiple areas. Out of 46 responses:

- 58.7% (27) responses indicated that knowledge of SDM came from more than one source
- 41.3% (19) responses indicated that knowledge of SDM came from one source only

Out of the total 92 responses indicated:

- 28.26% (26) indicated that their knowledge of SDM came through d) General Briefing/information
- 27.17% (25) indicated that their knowledge of SDM came from a) Planned Care
- 25% (23) indicated that their knowledge of SDM came from b) Long term conditions
- 13.04% (12) indicated that their knowledge of SDM came from c) Patient experience/Public involvement
- 6.52% (6) indicated that their knowledge of SDM came from e) Other (as shown below)

For option e) for those that specified Others, responses were:

- Research
- being a GP for many years
- Train the trainers course
- Wider involvement in agenda
- Nil return
Conclusion:-
This demonstrates that knowledge of SDM comes from Planned Care, which we would expect, and from long term conditions where self management has featured for a considerable time. Clearly SDM is becoming more highlighted through general awareness, information and briefings.
Question 4:- Does SDM feature in your 2012/13 CCG Plan?

Total responses = 46. (Responses may include those classified as others and multiple responses from CCGs).

Out of the total responses, the number who answered:-

- Yes - 63% indicated that SDM does feature in plans
- No – 13% indicated that SDM does not feature in plans
- Don’t Know – 23.9% indicated that they don’t know if SDM is featured in plans
**Question 5:** In what area(s) does SDM feature in your CCG plan?

Total Responses = 29 (who answered ‘yes’ to question 4). Total Indicated = 48. (Responses may include those classified as others and multiple responses from CCGs).

Out of the 48 responses:
- 45.83% (22) indicated that SDM features in Planned care in their CCG plan
- 35.42% (17) indicated that SDM features in Long term conditions in their CCG plan
- 14.58% (7) indicated that SDM features in Patient and public involvement in their CCG plan
- 4.17% (2) indicated that SDM features in another area in their CCG plan

Responses as generated from options a), b) & d) have been categorised as:
- 7 Planned Care – 1 Planned Care, 5 MSK, 1 Integrated Care
- 4 Long Term Conditions – 3 Long term conditions/self-management, 1 COPD
- 1 Patient and Public involvement
- 6 Other - 1 Community Services, 1 End of Life, 2 Mental Health, 1 Urgent Care, 1 Children’s Commissioning

The detailed responses for options a), b) and d) included:
- MSK, OA Knee pilot on SDM , Long Term Conditions
- Hip and knee OA , MSK - spinal surgery, MSK - chronic pain intervention (injection therapy)
- We need to really embed a change in culture around how we truly empower patients/public to be more involved in decision making about their options of care and decision making. Within planned care we are working with GPs Consultants and other key professionals and utilising patient feedback on services within our clinical pathway groups
- Elective Orthopaedics (Hip and Knee) and possibly in shared decision making about outpatient follow up of long term conditions, e.g. COPD
- It features in that self-care has been identified as one of the 5 priorities for the CCG and we
are implementing a self-care strategy which will incorporate SDM

**Conclusion:**

The areas shown where SDM features the highest is in Planned Care at 45.83% and Long term conditions at 35.42% is as expected. However there are some interesting responses showing in ‘Others’ such as Mental Health.
**Question 6:** Which of the following statements most accurately describes the current status of SDM in your CCG/organisation?

Total response = 41, 5 skipped question. (Responses may include those classified as others and multiple responses from CCGs).

The following responses consisted of:-
- 7.3% (3) responded to a) There is no co-ordinated response to SDM in this CCG/organisation
- 12.2% (5) responded to b) There is awareness of SDM but no one is leading on it
- 36.6% (15) responded to c) SDM is important and something we need to include in our 2013/14 plan
- 41.5% (17) responded to d) We are building SDM into our plans and processes
- 2.4% (1) responded to e) SDM is already embedded in our care pathways and plan

**Conclusion:**
A significant majority of 80.5% (33) have SDM in their plans, are building it into their plans or will be including SDM in their plans for 2013/14.
Question 7:- Has your CCG/organisation identified a lead for SDM?

Total response = 41, 5 skipped question. (Responses may include those classified as others and multiple responses from CCGs).

From a total of 41 responses the percentage of respondents who indicated :-
- Yes – 51.2% (21) indicated that a lead for SDM had been identified
- Don’t know – 19.5% (8) indicated that they did not know if a lead for SDM had been identified
- No – 29.3% (12) indicated that a lead for SDM had not been identified

Conclusion:-
Just over 50% indicated that a SDM lead had been identified. Although 80.5% indicated in question 6 that they have SDM in their plans, are building it into their plans or will be including SDM in their plans for 2013/14.
**Question 8:** How would you like to receive more information on SDM in future?

Total response = 41, 5 skipped question. Total indicated = 71. (Responses may include those classified as others and multiple responses from CCGs).

For this question 41 people responded indicating either one or multiple options from the list, giving a total of 71 indicated responses for this question. The breakdown is as follows:-

- 46.48% (33) indicated that they would like to receive more information on SDM by email
- 22.54% (16) indicated that they would like to receive more information on SDM by accessing a web-site
- 12.68% (9) indicated that they would like to receive more information on SDM by joining an on-line work group
- 14.08% (10) indicated that they would like to receive more information on SDM by participating in a webinar or workshop
- 4.23% (3) indicated that they do not want to receive more information on SDM

**Conclusion:**
The majority 69.02% wanted some sort of information made available either by email or through a website.
Question 9:- What support and resources would you find most useful?

Total response = 41, 5 skipped question. Total indicated = 82. (Responses may include those classified as others and multiple responses from CCG’s).

Out of the 82 responses indicated that:-

- 21.95% (18) indicated that they would find more general information useful
- 12.2% (10) indicated that they would find access to research papers most useful
- 25.61% (21) indicated that they would find access to training most useful
- 34.15% (28) indicated that linking with other organisations/CCGs working on SDM would be the most useful
- 1.22% (1) indicated that what they would find most useful is:- (See section below)
- 4.88% (4) indicated that they did not want any more information or support on SDM

Responses to option e) other were detailed as follows:-

- We need simple 1 page A4 sheets covering all major decisions for printing out in general practice. All aids should be written primarily from a patient/GP/primary care/community care perspective and not with vested interests from specialists though their expertise will clearly be needed
- already linked to East of England

Conclusion: - It can be seen that at 34.15% the highest response was for option d) linking with other organisations/CCGs working on SDM. Further thought is required for linking of CCGs across the South of England in the most effective way for those working on SDM. Option c) Access to training also scored highly at 25.61%. This is explained in more detail in question 10. A need for a range of support and resources were indicated and these can be addressed in part by the proposed website for SDM.
Question 10:- What type of training would be useful?

Total response = 41, 5 skipped question. Total indicated = 87. (Responses may include those classified as others and multiple responses from CCGs).

This question explored both whether the respondent was interested in further training as well as the type of training required. The respondent had the option to select more than one option from a selection of 7 options. For clarity we have grouped all positive responses to training (options a to e) against option f (I have already been trained in SDM) and option g (I don’t require training in SDM). The following diagram shows the responses in these three groups.

Out of the total 87 responses indicating that they either required training, had been trained or did not require training, the responses received were as follows:-

- 86% (75) indicated a) to e) Training required in SDM
- 7% (6) indicated f) I have already been trained in SDM
- 7% (6) indicated g) I don’t require training on SDM

Conclusion:-
86% of responses indicated that some sort of training is required in SDM.
The following diagram shows only the positive responses to training as shown in the responses to options a) to e).

![Diagram showing positive responses to training options](image.png)

Out of a total of 75 responses positively indicating that they required some sort of training in SDM:-
- 21.33% (16) indicated that general awareness training would be useful.
- 20% (15) indicated that focussed skills of development training would be useful.
- 33.33% (25) indicated that clinical team based training would be useful.
- 4% (3) indicated that other training (See below) would be useful.
- 21.33% (16) indicated that they would like to know about available training options.

Of those that indicated d) Other, the detailed responses were as follows:-
- I think this needs to be focussed activity – i.e. on those specialties and individual doctors where SDM still seems revolutionary
- Training needs to be focussed - for those clinicians who will be managing SDM as part of their assessment/treatment processes; specialists in CATS will need specific information, clinicians such as OP physiotherapists will need an understanding and use SDM as to whether the patient actually needs an appointment with a specialist in the first place. Admin staff will need to understand what SDM means in terms of coding and general administration.
- We are all ready to go. Everyone can see the point. Absolutely no training is required. we just need the tools which are not yet available

Conclusion:-
It can be seen that at 33.33%, Clinical team based training is the training that has been highlighted as would be the most useful. While General awareness training at 21.33% and focussed skills of development training at 20% are also required. Consideration needs to be given as to how we can address these needs.
**Question 11:** I would welcome the opportunity to link with other clinicians involved in Shared Decision-Making?

Total response = 41, 5 skipped question. (Responses may include those classified as others and multiple responses from CCGs).

From a total of 41 responses the percentage of respondents who indicated:

- Yes definitely – 39% (16) indicated that they would definitely welcome the opportunity to link with other clinicians involved in Shared Decision-Making.
- Yes, to some extent – 39% (16) indicated that they would to some extent welcome the opportunity to link with other clinicians involved in Shared Decision-Making.
- No – 22% (9) indicated that they did not want the opportunity to link with other clinicians involved in Shared Decision-Making.

Conclusion:

78% were interested in linking with other clinicians involved in Shared Decision-Making at least to some extent. This result further builds on question 9 regarding linking with other colleagues and the team needs to give further thought how they will facilitate this to the greatest benefit across the South of England in a coordinated fashion.