Embedding Shared Decision Making in Routine NHS Care

The National Programme
The Themes of involvement/engagement

1. Engagement/ Participation/ co-production in your own care
   - Self Care
   - Care Planning
   - Shared Decision Making

2. Involvement/ co-production in commissioning/ service redesign

3. Co-production in service delivery
My Long Term Condition Journey

The Long and Winding Road

1. SHARED DECISION MAKING
   There will be many "Decision Crossroads" on a Long Term Condition journey where Shared Decision Making is essential. Shared Decision Making is about patients being involved, as active and equal partners, alongside their clinical team, in making personal healthcare decisions which are right for them at that time. Patient Decision Aid and Decision support, together with receptiveness and empowerment, can help us embed Shared Decision Making in routine NHS care and achieve better value healthcare for patients and for the population.

2. PERSONALISED CARE PLANNING
   Scheduled meetings between people with long term conditions and health professionals, in partnership and shared decision making, people with long term conditions are supported to develop the knowledge, skills and confidence to anticipate future need and to manage their own health between appointments (ie. optimally self care).

3. SELF CARE SUPPORT
   Self care is usual care for people with long term conditions; the average time they spend with a health professional per year is 3 hours. People who optimally self care lead a better quality of life and enjoy better clinical outcomes than those with low levels of knowledge, skills and confidence to manage their own health.

   It follows that structured, systematic self care support should be the organising principle of services for people who live with long term conditions.
Organisational & clinical processes

Engaged, informed individuals & carers
Person-centred, coordinated care
Health & care professionals committed to partnership working

Plan
Act
Commissioning
Study
Do
What is Shared Decision Making

Shared decision-making is a process which involves Patients:

- as active partners with their clinician;
- in clarifying acceptable medical options;
- and in choosing a preferred course of clinical care.
What are they sharing?

<table>
<thead>
<tr>
<th>Clinicians</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diagnosis</td>
<td>• Experience of illness</td>
</tr>
<tr>
<td>• Cause of disease</td>
<td>• Social circumstances</td>
</tr>
<tr>
<td>• Prognosis</td>
<td>• Attitude to risk</td>
</tr>
<tr>
<td>• Treatment options</td>
<td>• Values</td>
</tr>
<tr>
<td>• Outcome probabilities</td>
<td>• Preferences</td>
</tr>
</tbody>
</table>
Wanted more involvement in treatment decisions.

Source: NHS inpatient surveys
What proportion of your patients do you believe actually want more information than they currently receive on their treatment and its management?

- Only a minority: 65%
- About half: 27%
- Majority: 8%
Why shared decision making?

The benefits are:

• Improving patient satisfaction, experience, knowledge;
• Helping patients make healthcare choices aligned with their personal needs, values and circumstances;
• Improving clinical outcomes and safety;
• Achieving the right intervention rate and reducing unwarranted practice variation;
• Reducing cost and litigation
What do we need for Shared Decision Making

1. Tools
2. Support
3. Receptive Services
Established Kidney Disease (x 3)

Cataracts
AAA Repair
AAA Screening
Osteoarthritis Hip
Osteoarthritis of the knee
BPH (LUTS)
PSA Testing
Localised Prostate Cancer
Localised Bladder cancer
Localised Lung cancer
Localised Breast Cancer

Pregnancy after c-section
Menorrhagia
Rheumatoid Arthritis
Carpal tunnel syndrome
Stable angina
Serous Otitis Media
Recurrent Tonsillitis
Type 2 NIDDM (x 2)
Smoking cessation
Cholesterol

Depression
Blood pressure
COPD
Atrial Fibrillation
Sciatica
Inguinal Hernia
Acne
Cholecystitis
Obesity
Amnio/CVS

Totally
This decision aid is to help you decide which treatment to have when your kidneys start to fail. If your kidneys stop working you may be told by your doctor that you have established kidney failure. This is sometimes called established renal failure (ERF), stage 5 chronic kidney disease (CKD) or end stage renal failure (ESRF).

You can choose between treatments that do some of the work of your kidneys (dialysis and transplant) or treatments that manage the symptoms of kidney disease (conservative care). This decision aid helps you think about which treatment option will be best for you to manage your kidney disease from now on:

- Dialysis: where the treatment uses equipment to filter your blood and do some of the work of your kidney. There are four types of dialysis (see dialysis decision aid).
- Kidney transplant: where a working kidney is given by another person (donor) during an operation. There are two types of kidney transplant (see kidney transplant decision aid).
- Conservative care: where your symptoms are managed by medicines and diet. This treatment does not do the work of your kidney.
## Kidney Failure Treatment Options – Shared Decision Making – NHS

### ESTABLISHED KIDNEY FAILURE

#### 1. INTRODUCTION

- **Overview of the decision, options and health problem.**

#### 2. COMPARE OPTIONS

- **Information about all the options explained side by side.**

#### 3. MY VALUES

- **Thinking about what matters to you about the decision.**

#### 4. MY TRADE-OFFS

- **Weighing up the pros and cons of the options to you.**

#### 5. MY DECISION

- Make a decision that is right for you at this time.

### Established Kidney Failure

<table>
<thead>
<tr>
<th><strong>WHAT IS IT?</strong></th>
<th><strong>CONSERVATIVE CARE</strong></th>
<th><strong>KIDNEY DIALYSIS</strong></th>
<th><strong>KIDNEY TRANSPLANT</strong></th>
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### EFFECT ON LENGTH OF LIFE

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<td>Conservative care does not help you live longer. People having conservative care tend to live for one or two years after starting treatment. Your length of life depends on many things, including your age, other illnesses, how much kidney function you have left, and how quickly it's getting worse. Around 47 in 100 people aged 75 or over</td>
<td>It's common for people to live for many years on dialysis. Your length of life depends on many things, including your age, how healthy you are, how much kidney function you have left, and how quickly it’s getting worse. The type of dialysis, and whether you have it at home or in hospital, does not seem to make much difference to how long you live. In 2010, the average length of time on dialysis was approximately 2 years.</td>
<td>Having a kidney transplant can help you live longer. About 68 in 100 to 79 in 100 people are alive 5 years after having a transplant. And 68 in 100 to 79 in 100 people are alive 10 years after having a transplant. [61] Your age and overall health play an important role in how long you live. Also, people who have a kidney from a living donor tend to do better than those who receive a kidney from a deceased donor.</td>
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Shared Decision Making

Working with the Right Care Shared Decision Making programme to promote shared decision making between patients and professionals.

Ask 3 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 health, Your decision

AQuA
Advancing Quality Alliance

Right Care Shared Decision Making Programme

NHS
Thank you

Give people the care they need and no less; the care they want and no more

Al Mulley

steven.laitner@nhs.net  www.rightcare.nhs.uk

Twitter: @SteveLaitner
Discussion

• SDM – a force for good?
• Far to go?
• What is missing?
• The barriers?
• The levers?
• Next Steps