National SDM Programme
SDM & Self Care

Matt
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About AQuA

• A membership body of 56 NHS organisations founded in April 2010
• Our mission is to support our members to improve health and the quality of healthcare by providing:
  
  - Early successes include AQ, Reducing Mortality Collaborative, Safety Express Plus, AQuA Academy
  - We work with commissioners and providers and in all sectors of healthcare
Shared Decision Making

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.
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>
National Programme

AQuA’s Role:

• Co-develop a Programme to test the implementation of SDM across multiple clinical teams and health economies using, quality improvement methodologies. Aim to share and spread this learning nationally.

• 3 Areas of focus:

✓ Training: facilitation & skills training for clinical teams; Corporate training; Commissioning Training – Collaborative approach
✓ Higher Education: Work with deaneries, schools of nursing & AHPs to integrate SDM into under and post graduate education.
✓ Cultural Change & Spread: Promote SDM to the wider public working with: Third Sector & Patient Organisations; External Communications; Patient Opinion web & paper service to capture patient and service views to generate a social movement.
Collaborative Driver Diagram

**Leadership & Culture**
Senior managerial & clinical leaders understand, practice and support shared decision making

Executive support
Local clinical leadership
Incorporated into strategic and commissioning plans

**Tools & Techniques**
Where appropriate, clinicians and patients are using shared decision making tools and techniques

Patient Decision Aids and Option Grids available
SDM skills actively utilised
'Ask 3 Questions' widely promoted to patients

**Staff Delivery**
All staff have been trained or have access to training on how to use shared decision making

Education and Training
Support Resource Pack
Performance Management
Commissioning resources

**Patient Demand**
Patients feel empowered to ask about their choices and options in relation to their care

Publicity and Awareness
'Ask 3 Questions'
Patient Reference Group

**Sustainability**
Systematic processes are in place to support the ongoing sustainable use of shared decision making throughout the organisation

Publicity and Awareness
'Ask 3 Questions'
SDM incorporated into coding and audit processes
SDM incentivised

By 31st March 2013 80% of patients across MSK, Maternity & Renal will have been fully involved in their care through either the use of patient decision aids, shared decision making or the use of the 'Ask 3 Questions'.

*3 clinical areas: Renal, Maternity & Musculoskeletal.
Blackpool - Complex Social Factors and Shared Decision Making
Our Challenges:-

• High levels of social deprivation
• High smoking rates
• High levels of drug and alcohol misuse
• Transient population
• Low breast feeding rates
• High levels of morbid obesity
Our aims

• Facilitate multi-agency working
• Visible and accessible services
• Improve attendance and engagement
• Include women and their families in care planning
• Improve the overall health and wellbeing of the whole family
• Set achievable goals to improve engagement
Who we included in the study

- Teenage pregnant women
- Women who misuse drugs and alcohol
- Non English speaking women
- Women with mental health issues
- Women who suffer domestic abuse
- Homeless women
- Families with safeguarding concerns
What we did

• Used the SURE tool to obtain information about women’s knowledge of parentcraft classes
• Developed a decision grid explaining options for the classes
• Used “COD”
• Repeated the SURE tool
“C O D”

Deliberation

Prior Preferences → Informed Preferences

Choice Talk + Option Talk = Decision Talk

Decision Support
Brief – during
Long - external

Good Decision

Adapted from The Model for SDM by Elwyn et al and MAGIC programme (2011)
Our results showed
Feedback from women

- Felt included
- Liked being asked their opinion
- Liked the simplicity of the decision grid
- It was good to know my options
- Liked being the centre of my care
Feedback from Professionals

- Investing time in the beginning saves time in the long run.
- The simplicity of SURE tool increased compliance.
- Decision grid was simple and easiest way to convey information.
- Prevented professional bias.
- Focused and interactive.
“Doing SDM with women was a bit of an eye-opener to me, a lot of the women were far more concerned with risks we don’t normally discuss that much in VBAC i.e. laceration of the baby’s head during c-section. I was surprised at some of the reasons why they had decided to try for a normal vaginal birth next time.

“Using Shared Decision Making has changed my practice, I have always suggested what is best for my patients but now I give them the options and we discuss to come to a decision suited to the patient”. Consultant Obstetrician

“One of the really good things that is coming out of this work for us is that all the nurses are finding it is changing the way they work generally. I think you can find that you are just repeating the same ‘patter’ that you say to every patient and it is good to have to make changes to this. I can tell in my home visits that I am consciously changing the way I talk to my patients to avoid that usual patter.” Specialist renal nurse
Sample Patient Resources

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.
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
“I felt really positive about using Ask 3 Questions. It meant I got more information out of my appointment with my consultant, and I felt more satisfied at the end of the appointment, even though I still had no real answers – It was a more rounded consultation and the dynamic felt very different, but in a good way.” Angie

“Using Ask 3 Questions, meant that my GP appointment was structured and I got much more information from my GP than I think I would have normally, which was very helpful, I have also used the questions since then for my appointments with the specialist and the nurse and it seems to be a better way of dealing with a consultation. Adrian

“I really liked the Ask 3 Question leaflet and although the questions did not feel natural at first, they were a good prompt for me to keep focussed on what I wanted to discuss with my GP. The result was that my normal 10 minute consultation only took 5 minutes and I got all the answers that I wanted and we agreed on a plan.” Jean