

“Shared Decision Making”

What, Why, When and How?

Dr Steven Laitner
NHS General Practitioner
Freelance Health Consultant
Programmes for Health
[@SteveLaitner](#)

What?

What is Shared Decision Making?

Shared decision-making is a process (when a patient faces a healthcare decision) which involves patients:

- as active partners with their clinician;
- in clarifying acceptable treatment options;
- and in choosing a preferred course of clinical care.

What are they sharing?

Clinicians

- Diagnosis
- Cause of disease
- Prognosis
- Treatment options
- Outcome probabilities

Patients

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

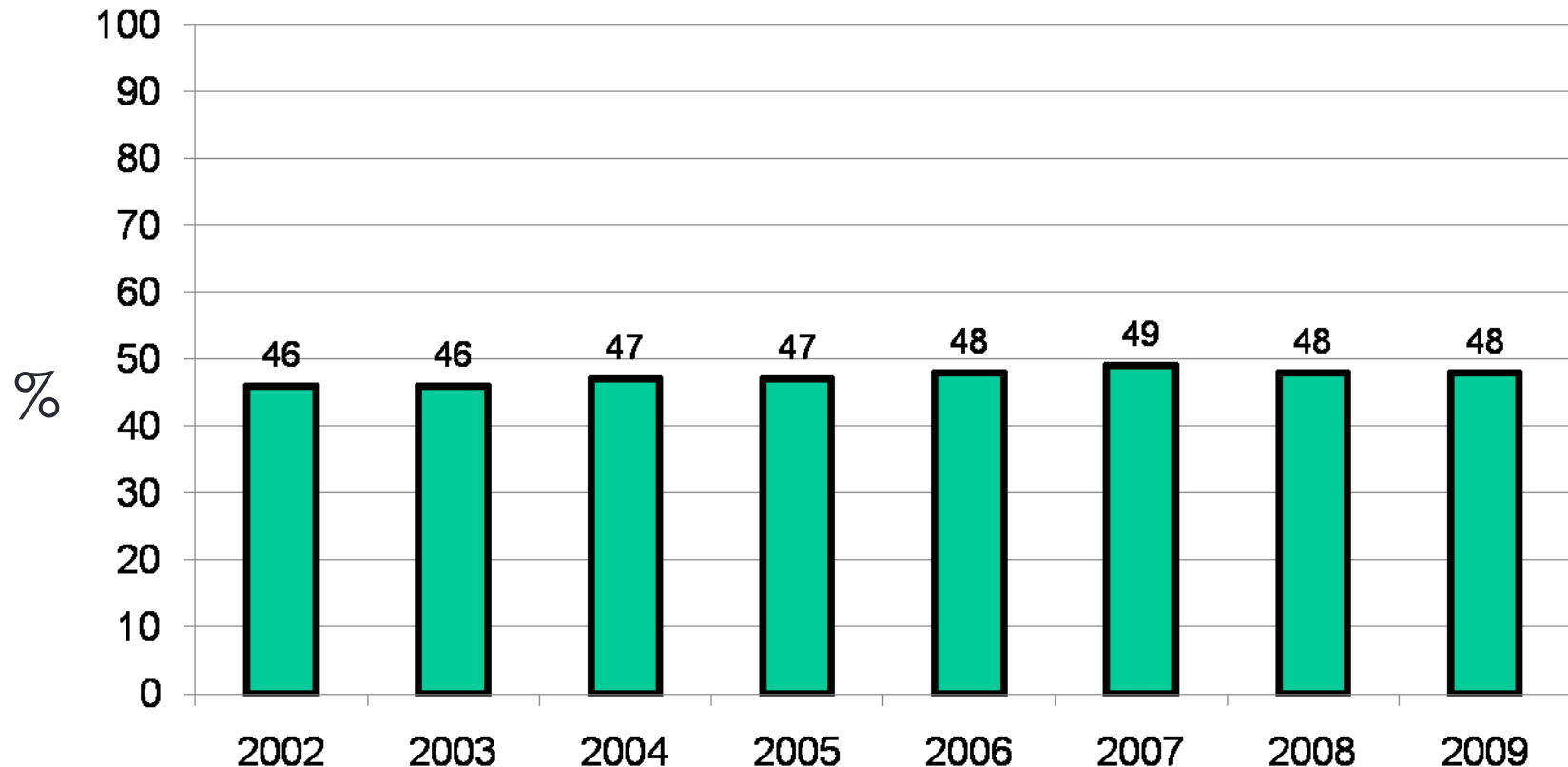
Why?

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

Patients wanted more involvement in treatment decisions (and still do...!):



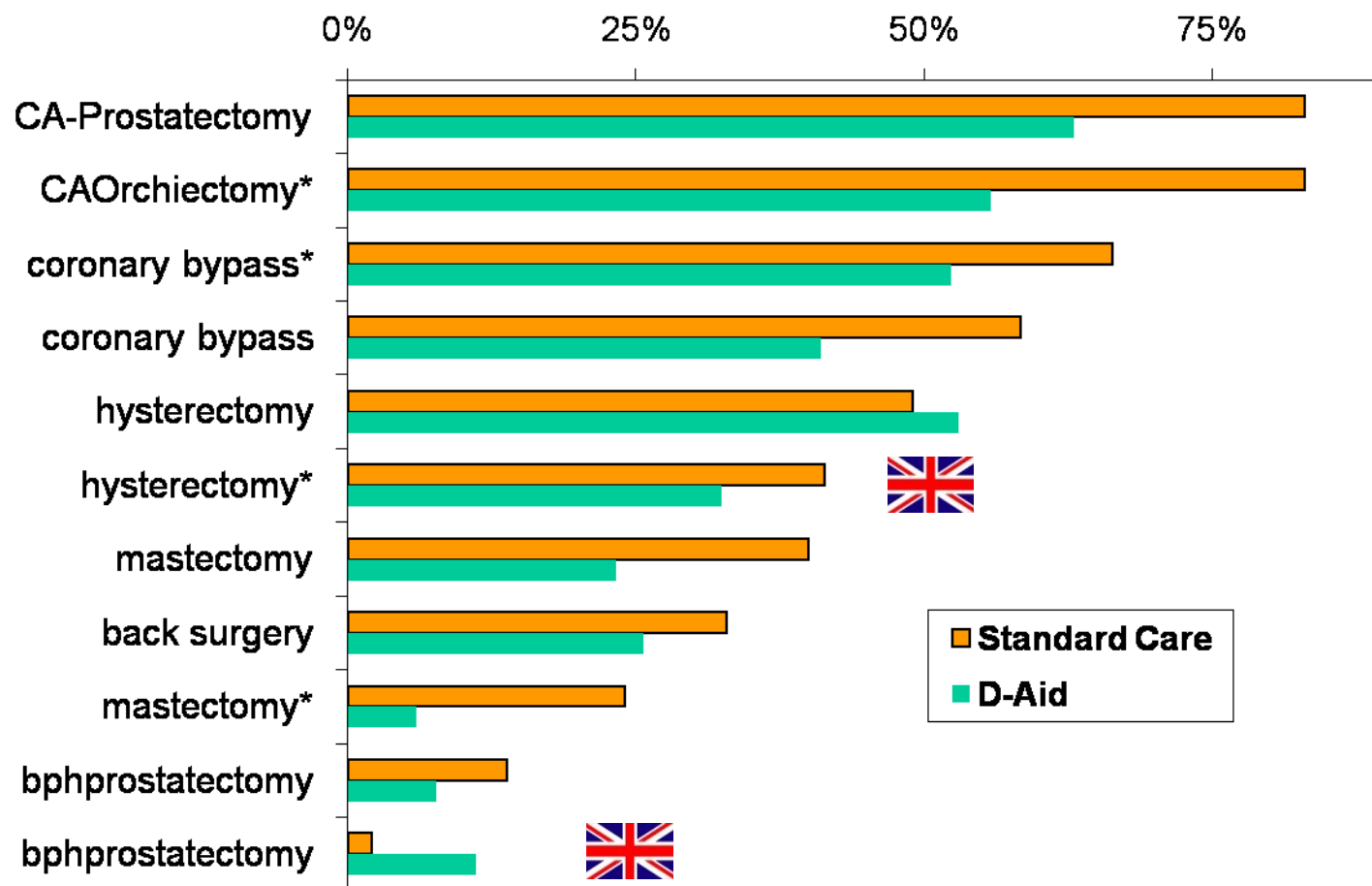
Source: NHS inpatient surveys

Variation in UK

Awareness is the first important step in identifying and addressing unwarranted variation; if the existence of variation is unknown, the debate about whether it is unwarranted cannot take place



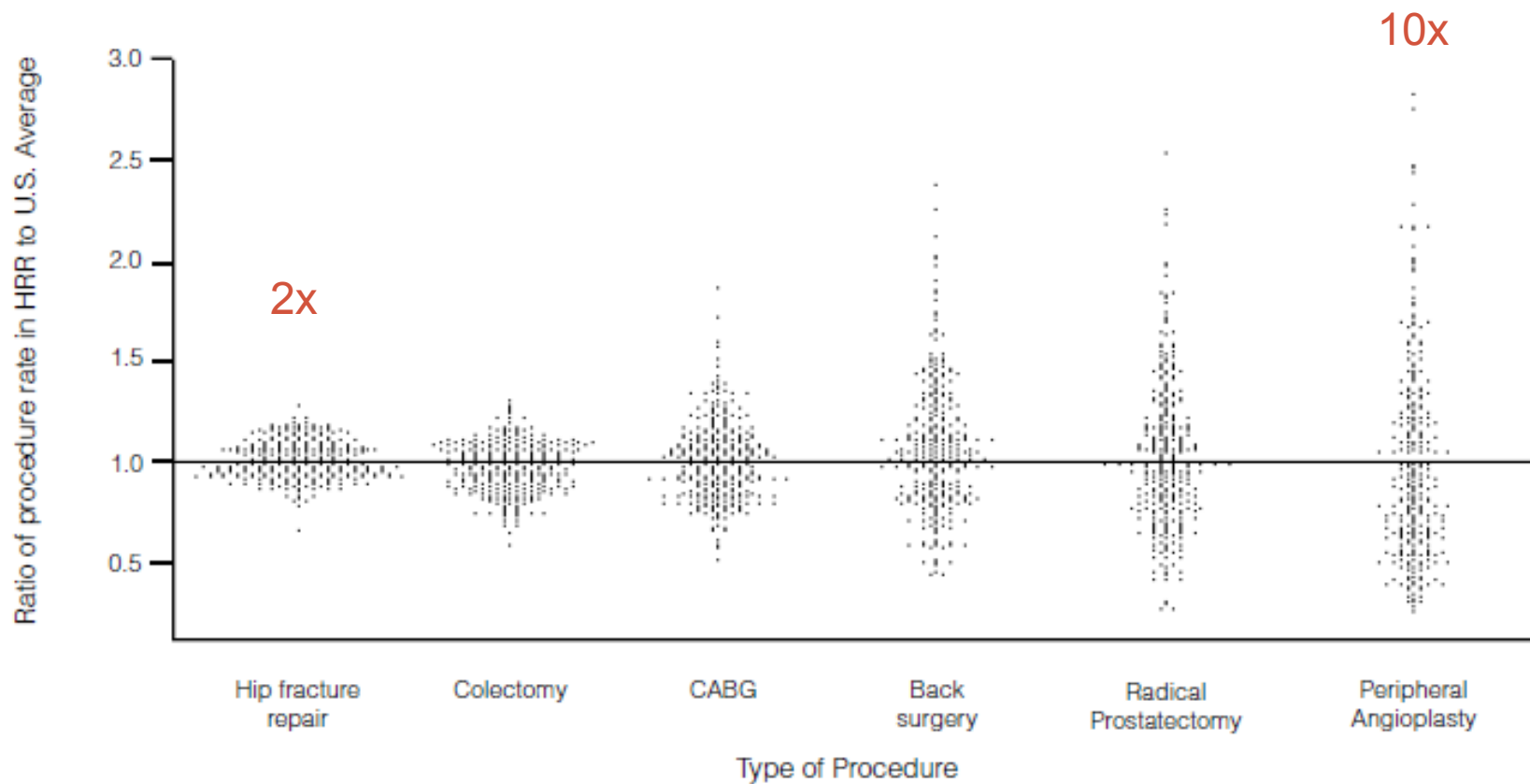
Decision Aids reduce rates of discretionary surgery



O'Connor et al., *Cochrane Library*, 2009

When?

Consensus about evidence / necessity



Importance of patient preferences



36 PDAs

Screening <ul style="list-style-type: none"> • AAA Screening • PSA testing for Prostate Cancer • Diagnostic Testing for Downs Syndrome 	Obs / Gynae <ul style="list-style-type: none"> • Birth Options after Caesarean Section • Heavy Menstrual Bleeding (menorrhagia) 	Oncology <ul style="list-style-type: none"> • Localised Bladder Cancer • Localised Lung Cancer • Localised Prostate Cancer • Rectal Cancer (without metastases) 	Skin <ul style="list-style-type: none"> • Acne 	Metabolic <ul style="list-style-type: none"> • Improving Control in Type 2 Diabetes • Additional Treatments to control Type 2 Diabetes 	Respiratory <ul style="list-style-type: none"> • COPD 	Circulatory <ul style="list-style-type: none"> • AAA Repair 	Neurology <ul style="list-style-type: none"> • Multiple Sclerosis 	MSK <ul style="list-style-type: none"> • Osteoarthritis of the Hip • Osteoarthritis of the Knee • Carpal Tunnel Syndrome • Rheumatoid Arthritis
ENT <ul style="list-style-type: none"> • Recurrent sore Throat • Glue Ear 	Renal <ul style="list-style-type: none"> • Established Kidney Failure • Established Kidney Failure (kidney dialysis) • Established Kidney Failure (renal transplant) 	GI <ul style="list-style-type: none"> • Inguinal Hernia • Gall Stones 	Cardiology <ul style="list-style-type: none"> • High Blood Pressure • Stable Angina • Stroke Prevention / Atrial Fibrillation 	GUM <ul style="list-style-type: none"> • Lower Urinary Tract Symptoms 	Ophthalmic <ul style="list-style-type: none"> • Cataracts 	Wellness <ul style="list-style-type: none"> • High Cholesterol • Obesity • Smoking Cessation 	Mental Health <ul style="list-style-type: none"> • Depression 	Palliative care <ul style="list-style-type: none"> • End of Life, Place of care

My Long Term Condition Journey

The Long and Winding Road

SHARED DECISION MAKING

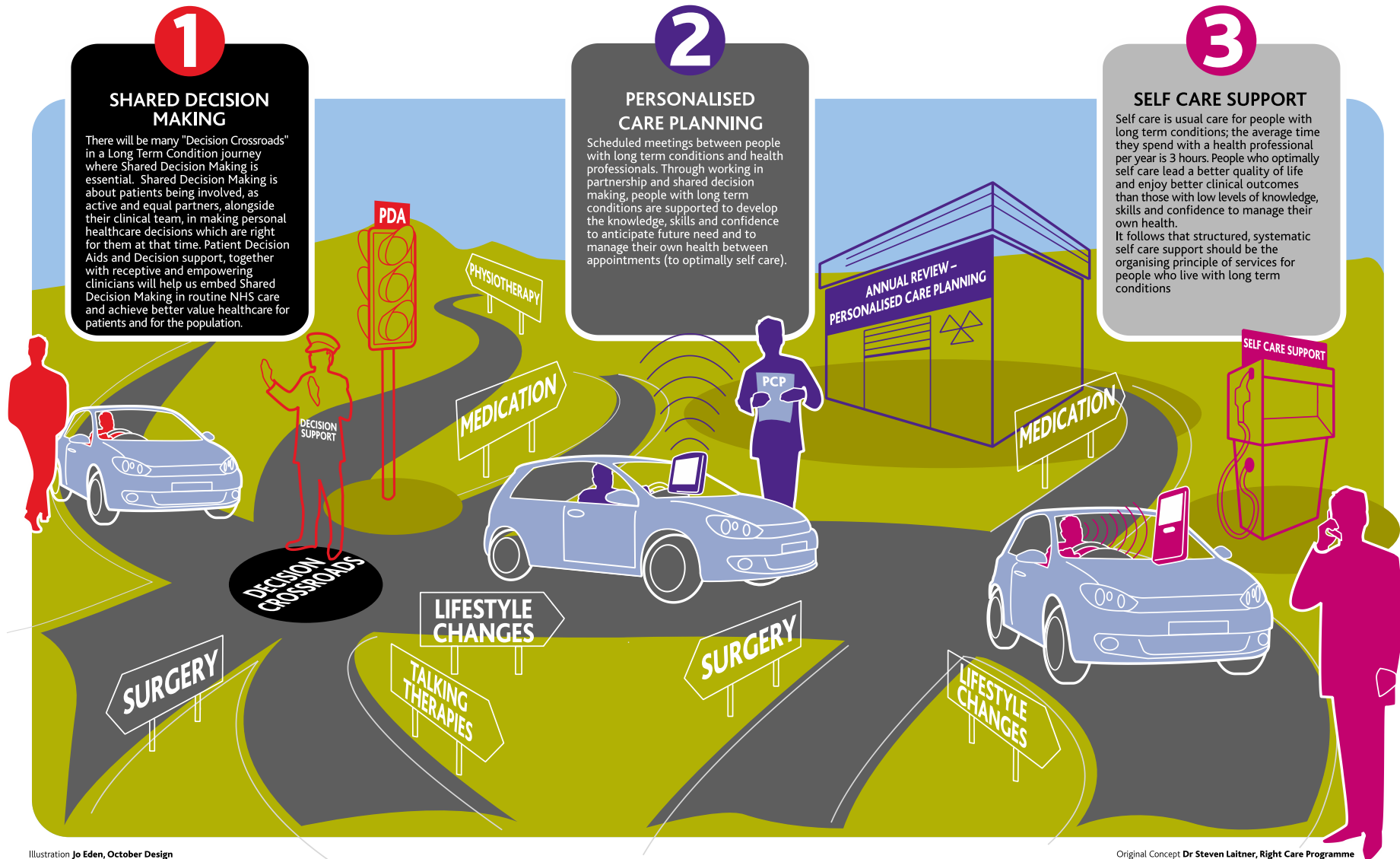
There will be many "Decision Crossroads" in a Long Term Condition journey where Shared Decision Making is essential. Shared Decision Making is about patients being involved, as active and equal partners, alongside their clinical team, in making personal healthcare decisions which are right for them at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

PERSONALISED CARE PLANNING

Scheduled meetings between people with long term conditions and health professionals. Through working 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 (to optimally self care).

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



How?

Three Requirements for Shared Decision Making:

1. Tools
2. Support
3. Receptive Services

Patient Decision Aids

What are they:

- Tools which support patients in their decision making process, the choose a treatment which is right for them at that time
- Provide facts about the condition and the various treatment options available
- Outline the risks and benefits of the treatment options
- Help patients understand their values and preferences and find a treatment option which is aligned
- Are non directive
- Do not replace the clinical consultation but support it

ESTABLISHED KIDNEY FAILURE

✕ CLOSE

MY NOTES 

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

1

INTRODUCTION

Overview of the decision, options and health problem.

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).



Animation about Established Kidney Failure

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.

KEY INFORMATION / HELP ▲

▶ **More information about Established Kidney Failure**

▶ **Learn more about the options available:**

- ▶ Conservative care
- ▶ Kidney dialysis
- ▶ Kidney transplant

▶ **Animation about Established Kidney Failure**

▶ **Decision Map for Established Kidney Failure**



WATCH THE DECISION AID VIDEO GUIDES



SPEAK TO DECISION SUPPORT
0845 450 5851 - MORE INFO

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WHAT IS IT?

✕ CONSERVATIVE CARE

Conservative care

Where your symptoms are managed by medicines and diet. This treatment does not do the work of your kidney.

[more information](#)

✕ KIDNEY DIALYSIS

Kidney 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).

[more information](#)

✕ KIDNEY TRANSPLANT

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).

[more information](#)

EFFECT ON LENGTH OF LIFE

Conservative care

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 are alive two years after starting

Kidney dialysis

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 the UK, between [25 in 100](#) and

Kidney transplant

Having a kidney transplant can help you live longer. About [89 in 100](#) to [96 in 100](#) people are alive five years after having a transplant. And [66 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 live longer than those who have a

Thank you

<http://sdm.rightcare.nhs.uk/>

steven.laitner@nhs.net

Twitter: @SteveLaitner