

## Summary of Mastering Shared Decision-making

Providers: Medical Protection

Arial: notes from course

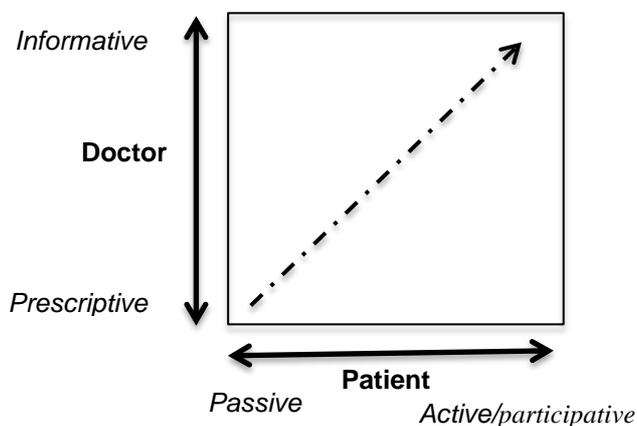
Times New Roman: personal commentary

Why do it?

- It fits with ethical and legal framework.
- Vast majority of patients want to be more involved in clinical decision-making. (Chung et al 2005)
- Evidence shows that doctors who show they care are sued less often.

Further reading: Coulter 2001

### Variance in doctor/patient interactions



**Dotted line shows the direction of travel identified in: *Liberating the NHS - No decision about me without me* (White Paper 2010)**

- Patient at heart of NHS – personalised health and care needs
- Patient choice: provider, consultant, treatment
- Accessible information
- Equality of opportunity for shared decision making

**Health and Care Act 2012:** A paradigm shift in structure, governance, funding, accountability, reflecting/enacting the White Paper.

**The Power of Information:** Putting all of us in control of the health and care information we need (Dept. of Health Policy 2012)

- Electronic information regarded as a health and care service - support in using information
- Culture and mindset change - transparency and openness
- Normal to have full access our own medical record – 2015 electronic access to GP records and hospital within 10 years.

**Accessible Information Standard (NHS directive 2015)**  
Requirements:

- **Ask** about communication or information needs on first meeting.
- **Record** communication needs (not disability) using standardised formats
- **Alert / flag** by a 'highly visible' prompt to action
- **Share** communication needs with other providers
- **Act** to ensure patient has accessible and understandable information and provide communication support if needed.

### The Process (Not necessarily linear)

#### The 6 D's

1. Developing trust
2. Discovering patient's views and values
3. Discussing options, benefits and risks
4. Double-checking understanding
5. Deciding *course of action*
6. Documenting *full conversation*

### The Challenges

- Time pressure
- You and patient prefer different options
- Patient wants you to decide

### The Advantages

- All clinical decision making carries risk, but shared decision making reduces that risk for patient and doctor.
- Better quality clinical decisions.
- Better experience for most patients and doctors. (58% of patients would welcome more involvement.)
- Compliance with requirements
- It is modelling what is already best practice and reducing variance.
- Can empower patients and enable them to manage their own conditions.
- This may save appointment time in the long term.

### Reflections

- a. The presentation was viewed though a 'reducing risk lens': assumes that doctors want to share decision making to protect themselves rather than to empower patients. This undermines the strong sense of dedication/vocation that many GP's display.
- b. Our PPG have already produced sets of quality criteria for best practice for: receptionists, GP's and the practice. It may be helpful to offer our GP's a similar set of criteria for shared decision-making – a patient perspective.