

Shared Decision Making

There is a misconception that Shared Decision Making (SDM) is being fully utilised in health economies, yet it is much more than a tick box exercise; it's an important and very powerful dialogue between patients and health care professionals. Implementing SDM effectively requires a multi-faceted approach including shared decision making skills; access to decision support; patient activation and organisational buy-in embedded within wider systems.

We have the unique opportunity to enhance our skills development and support our patients through SDM Programme with Et Al Training, MAGIC (MAKING Good decisions In Collaboration) and NHS RightCare. Do not miss this opportunity to create a paradigm shift in our systems using an obvious and very accessible approach - Shared Decision Making.

SDM is a process in which patients are encouraged to participate in selecting appropriate treatments or management options when they are faced with a preference sensitive decision

SDM improves adherence to medication (Joosten, 2008)

Why do Shared Decision Making?

- There is growing evidence for the positive impact of SDM on patient experience, outcomes and processes.
- Studies show, consistently 20% of patients who participate in shared decision making choose less invasive surgical options and more conservative treatment than patients who do not use decision aids (Stacey et al, 2011).
- 44% inpatients and 28% outpatients want *more* involvement in decisions about their care (CQC Patient surveys, 2017 and 2011)
- A US study showed that providing decision aids to patients eligible for hip and knee replacements substantially reduced both surgery rates and costs — with up to 38% fewer surgeries and savings of 12 to 21% over 6 months (Arterburn et al, 2012).
- A Cochrane Review of Decision Support (O'Connor, 2017) reported Improved knowledge, More accurate risk perceptions, More active involvement, More patients achieving decisions that were informed and consistent with their values and Reduced rates of: major elective invasive surgery in favour of conservative options.
- Improved patient pathways to ensure the right person is given the right care at the right place.



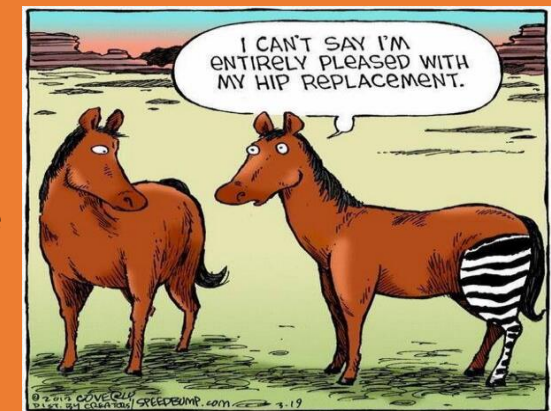
Oldham Patients are getting statistically and clinically significant increase in health outcomes following introduction of SDM

SDM and triage service in Bedfordshire showed 20% of referrals changing from initial route and the proportion of MSK activity in secondary care falling from 68% in 2012 to 52% in 2017

Create a Paradigm Shift

The Nobel Prize in Economics, 2017 was awarded to Richard Thaler, for behavioural decision research. This is the third Nobel in behavioural sciences, earlier awards were to Herber Simon 1978 and Daniel Kahneman 2002. The Kings Fund Report "People in control of their own health and care: The state of involvement" (2014) recognizes the urgency for SDM to create an effective, sustainable and equitable health and care system and echoes the need to facilitate changes that will ensure greater patient involvement.

The potential impact of not investing time in SDM will be continuation of inappropriate interventions, numerous appointments to decipher true patient need, costs to the system including increasing emergency attendance, inappropriate surgical interventions, patient disempowerment and maintaining the current status quo of Patient vs Doctor culture.



Graphic courtesy of AQUA