**Summary of Mastering Shared Decision-making**

**Arial: notes from course**

**Times New Roman: personal commentary**

 *Providers: Medical Protection*

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.*

*Prescriptive*

**Doctor**

*Informative*

**Patient**

*Active/participative*

*Passive*

***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

***Reflections***

1. *The presentation was viewed through 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.*
2. *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.*

***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.*
* *It supports more accurate patient data.*
* Emergency care