

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

SHARED DECISION MAKING RESEARCH PROGRAMME

1. INTRODUCTION

In collaboration with colleagues from Newcastle University the Trust is keen to develop an integrated programme of research and implementation related to shared decision making (SDM) in order to improve patient experience, engagement and outcomes through better decision making.

SDM is the collaboration between patients and care providers where there are healthcare options. The patient is provided with information to support their understanding of options and the likely outcomes. Included in this process is the opportunity to consider personal factors when considering risks and benefits.

2. BACKGROUND

Whilst much emphasis in NHS policy has been on choice of providers, patients increasingly expect to be involved in decisions about their own treatment, especially where these require trade-offs between benefits and harms of alternative treatments. This requires effective means of supporting SDM between patients and clinicians. Patient decision aids (PDAs) are one means to do this by providing evidence for patients on the risks and benefits of therapeutic options whilst eliciting and incorporating patient values to support informed choices. Examples of PDAs may include video and audio tapes, CD roms, access to the internet, as well as leaflets and booklets. Evidence has identified that such aids help patients participate in decision making and make informed choices consistent with their values. They improve patients' knowledge, reduce decisional conflict and engage patients more actively in decision-making.

3. CURRENT POSITION

Despite the demonstrated potential of SDM in research programmes, implementation in clinical practice has been limited. Furthermore, despite the wide-reaching implications of SDM for patient choice and improved healthcare outcomes, there is little research that addresses how SDM can be effectively incorporated into practice.

The proposed programme incorporates the implementation and evaluation of methods and tools to support SDM in a large foundation trust. This should lead to improved patient outcomes defined by comfort with decisions, better informed patients, greater adherence to treatment choices and decisions consistent with patient values.

The model for this programme of research, education and application in practice is an innovative example from the Dartmouth Hitchcock Medical Center (DHMC) with the Dartmouth Institute of Health Policy and Clinical Practice in New Hampshire, USA. This experience will underpin the Newcastle programme and allow international collaboration/comparison. In DHMC, SDM is firmly embedded within several specialties, supported by a hospital centre for shared decision making that maintains a library of resources (including training materials a range of PDAs and the support of a co-ordinator) and provides a referral centre for clinicians and patients. This is in effect a laboratory for both implementation and evaluation of SDM linked to the research Centre for Informed Choice within the Institute. We would therefore aim to evaluate the effects of a similar model in this Trust.

The proposal is the subject of a grant application to the National Programme for NHS Research and the outcome of this application will be announced in March 2009.

4. METHODOLOGY

The programme outputs will include a framework for implementation of decision support; an intervention that can be rolled out across NHS Acute Trusts with local adaptation and inbuilt evaluation. The programmes will incorporate two main components:

- an infrastructural intervention: a trust-based centre for shared decision making.
- research using observational and mixed methods approaches to
 - a. understand shared decision making in practice
 - b. evaluate implementation of shared decision making and decision aids in practice.

Across several clinical areas the following questions will be addressed:

- how does the clinical and decision context affect the use and implementation of patient and clinician needs for decision support?
- what sorts of decision aids and decision support facilitate better SDM?
- how can SDM be effectively embedded into routine practice?
- what sort of education, training and support is required to underpin this?
- what is the impact on patients of SDM?
- what is the impact on services and uptake of interventions of SDM?

The programme team comprises of a multidisciplinary mix of researchers and clinicians with wide experience of applied research and delivery of innovative clinical practice. The team will be led by Richard Thomson, Professor of Epidemiology and Public Health at the Institute of Health and Society. The Trust Executive support will be provided by Melanie Hornett, Director of Nursing and Patient Services and operational support will be provided by Diane Palmer, Assistant Director - Quality. Key clinical collaborators within the Trust are Steve

Robson, Clive Griffiths, Rob Pickard, Charles Kelly and Vin Paleri. In the first instance research on SDM in breast cancer, bladder reconstruction, caesarean section, and head and neck cancer will be included, with additional subjects added as the programme develops. This will complement work already underway in falls, squint, caesarean section and pain relief in labour.

5. RESOURCE REQUIREMENTS

The programme team have requested support from a Public Governor and a Non-executive Director of the Trust. Accommodation is required for the SDM centre which initially will be based on one site. The accommodation should be in a central location with easy patient access. The Trust is asked to provide this accommodation and work is in progress to identify appropriate space. Resources required within the SDM centre and staff support will be funded by the research bid.

6. RECOMMENDATION

To i) support the proposal and ii) nominate a Governor to join the Programme Team.

Melanie Hornett
Nursing and Patient Services Director
14th November 2008