

**Case study:**

# Developing the ‘Ask 3 Questions’ campaign to raise people’s awareness of shared decision making

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## ‘Ask 3 Questions’

The Health Foundation’s MAGIC programme is working with frontline health professionals to test how to embed best practice in shared decision making and overcome the barriers to change. In Cardiff, a marketing approach has been used within MAGIC both to raise awareness of shared decision making and increase engagement with shared decision making activities. Initial marketing activities focused on the development and production of branded merchandise, which act as brief reminders to the clinical teams, alongside generic information for patients, which describe shared decision making and its benefits.

More recently, we have developed a patient-targeted activation campaign, *Ask 3 Questions*, based on research by Shepherd et al at the University of Sydney. The main aims of the campaign is to increase patients’ awareness of shared decision making; increase their expectations for a shared decision making consultation; and provide them with a way of taking part in shared decision making. The campaign aims to achieve this by encouraging patients to get answers to three simple questions when they are asked to make a healthcare decision:

1. What are my options?
2. What are the possible benefits and risks of those options?
3. How likely are the possible benefits and risks of each option to occur?

It also encourages patients to think about ‘what’s important to me’ when making the decisions (using the strapline ‘we want to know what’s important to you’), ensuring that personal preferences are discussed with the health care professional and considered in relation to the different outcomes.

Preparatory work for the campaign launch included the development of campaign materials in consultation with the local design team, the patient and public involvement panel, and other relevant stakeholders – for example, the local Education for Patients Programme, Community Health Council, and the Cardiff and Vale Coalition of Disabled People. The campaign materials were

also tested with patients in several primary care settings, using cognitive debriefing interviews, to ensure acceptability and comprehension.

*‘I’m really pleased with the way it is going ahead and the number of patients that have been involved. We do feel we are part of the decision making team.’*

*Keith Cass, Patient & Public Involvement Panel representative*

## What happened?

The campaign was initially conceived as an approach to raise patient awareness and expectations of shared decision making. This ‘bottom-up’ approach would compliment the ‘top-down’ strategies we are using within the organisation and clinical teams – for example, training workshops, development of decision support tools/measurement instruments, and briefings/papers to the Board.

However, we soon realised that in order to maximise the success of this campaign, it was critical to cover the top-down angle and ensure the campaign was driven from within the Cardiff and Vale University Health Board (UHB). This would limit potential resistance from health care professionals who are not familiar with the campaign, and promote patient, clinician, and organisational buy-in.

To ensure the campaign was driven from within the organisation, the aims of the campaign were linked directly with:

- existing strategies – for example, Education for Patient Programme
- the Standards for Health Services in Wales, particularly Standard 9, patient information and consent
- the Public Health Agenda, by empowering patients to take part in their care
- and the UHB’s strategic direction and corporate aims; principally their commitment to ensure patients ‘are meaningfully involved in their care and that their views are listened to’.

In so doing, the campaign was launched with the stipulation that ‘this is what we should be doing around here’, emphasising the campaign’s ability to support these objectives.

To maximise the campaign’s impact and acceptance, it was important to launch it in a structured way. We worked closely with the UHB Communication Team to develop a strategic plan for the campaign launch, including internal and external communications. This included: preparing a paper for the Quality and Safety Committee, making recommendations for the organisation wide launch of the campaign; letter sent to all Divisional Directors in secondary care and all Practice Managers in primary care, informing them of the campaign and launch; follow-up meetings held with each Divisional/Directorate management team; public website hosted by Board created ([www.ask3questions.co.uk](http://www.ask3questions.co.uk)); branded launch event at the University Hospital Wales, Cardiff; coverage in local and national media; short promotional film created featuring Board and clinical team members and patient representative; campaign promoted at other public and NHS related events.

## What was the impact?

- Wider interest and acceptance has been generated among clinical teams and organisational groups not directly involved with MAGIC. Requests have already been received from other teams who are interested in using the materials, including urology and obstetrics.

*‘My manger sent me out to find these leaflets because they want to discuss them in our lunchtime meeting [at launch event]...when will we be receiving all of these materials to hand out to our patients?’*

*Endoscopy team member*

*‘This is great. We would really like to take these materials to the Patient Forum groups that we run. Could you bring these to us?’*

*Patient Forum Group lead*

*‘I’ve heard about this [Ask 3 questions] and thought I’d come and take a look at the materials [at the launch event]. We are going to be talking about it in our divisional meeting next week.’*

*Unknown clinical team member*

*‘Medical staff need to allow time for communication and describe all options in healthcare. The three questions are a concise method of exploring decision making regarding healthcare. They facilitate discussion, but GPs/consultants need to allow time and listen effectively.’*

*Unknown clinical team member*

- Awareness in the teams already taking part has been boosted and there is a sense of ownership over the materials.

*‘I’ve seen these before. They’re in our clinic aren’t they? We’re already doing this... it’s good.’*

*ENT Registrar*

- There have been positive reactions from the public to the campaign and an indication that they would like to be more involved in decisions about their healthcare, thus raising expectations.

*‘Doctors don’t always explain the side effects possible...I might have preferred a different option if I’d known...the three questions might help me make a more informed decision of what might work for me.’*

*Female patient, 45-64 yrs*

*‘I would listen more now to what the doctor says. In the past, I was too afraid to listen. I will ask the three questions in future to understand the options. Doctors should prompt patients and a pro-forma should be given out in surgeries and hospital receptions.’*

*Male patient, 45-64 yrs*

*‘I would like to be more involved in decisions for me to pick the right treatment for myself. I don’t normally ask what my options are, it never crossed my mind, but I will ask the three questions in future.’*

*Female patient, 25-44 yrs*

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*'I usually ask questions, but not about my options. I will ask the questions, but it would depend on my reasons for seeing the doctor. I would like the doctor to advise me and then I could make up my own mind.'*

*Female patient, 65+ yrs*

- Patients report that the Ask 3 Questions campaign gives them 'permission' to be involved in the decisions.

*'For me, the three questions are the most important thing in the MAGIC programme from a patient perspective, as this is what encourages patients and gives them the permission to be involved in a shared decision. Having them [displayed] in the doctor's consulting room is a big factor in that.'*

*Patient and Public Involvement Panel Representative*

*'I don't normally ask about options as I assumed the doctor would know better for me. I would like to understand the pros and cons and I can decide what I would like... I will be asking the questions at my next appointment.'*

*Female patient, 45-64 yrs*

## **What are the lessons?**

- A campaign that focuses on changing patients' behaviours and expectations has the potential to engage patients, health care professionals and the wider organisation, if it is launched systematically and linked with strategic aims.
- The *Ask 3 Questions* campaign gives patients 'permission' to be involved in the decision making process, with the potential to make patients more receptive to the health care professional's disclosure of choice during a consultation.
- Strategic launch plans and consultation with all key stakeholders is key for acceptance of the approach and its spread.
- Ask 3 Questions is an approach that can easily be adapted for different clinical teams. It also appears to be a contributing factor in spreading to other teams. The generic nature of the questions means that they can be used

for most healthcare decisions. The materials created can be used flexibly to fit with the local circumstances, while new materials can be created to meet the teams' needs. A generic approach such as this compliments more team specific tools – such as Option Grids and Decision Quality Measures – which are more resource intensive to create.

## **References**

Shepherd HL, et al. *Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.* Patient Education and Counselling, 2011;84: 379-85