



Snapshot

*MAGIC: Making good
decisions in collaboration*

Shared decision making as part of everyday practice

Identify Innovate Demonstrate Encourage

What are we doing?

We believe that the UK can have a first class health service – one that offers everyone the right support to make choices about their own health and healthcare decisions. When people are able to exercise these choices they become full participants in their health – citizens instead of patients. It also improves the efficiency and quality of the UK healthcare services.

MAGIC (making good decisions in collaboration) is the Health Foundation's programme testing an approach to embedding shared decision making in everyday practice. The programme is developing and testing practical solutions that support patients and healthcare professionals working together to make decisions about treatment and care. It aims to discover what works and to identify ways it could be put into practice across UK health services.

WHAT IS SHARED DECISION MAKING?

Shared decision making positions patients as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting patients and their families at the heart of all decisions. In its broadest sense, shared decision making is a term used to describe all aspects of patient involvement in their own health and care, including self-management support, access to personal health records, personal health budgets, care planning and decision aids.

Within this continuum, MAGIC focuses specifically on how clinical services can support patients to make informed and considered decisions, where there are choices to make about treatments and care.

WHY IS SHARED DECISION MAKING IMPORTANT?

For many years, the NHS has taken a paternalistic attitude where it made decisions about courses of treatment for patients 'in their best interests'. But that isn't choice. It's not 'no decision about me without me' – the guiding principle of the 2010 NHS White Paper, *Equity and Excellence: Liberating the NHS*.

The UK can have a first class service, one that offers true choices. This is not just a choice about place of treatment. Health services need to support people to make good decisions about their own health. It needs to transform the way it supports people to make choices about how they manage their health, what tests and treatments would suit them, and how their care is provided.

We know that patients want to be listened to and have their preferences considered. We know they want to actively participate in their healthcare, and that getting patients involved can have significant benefits for patients and the NHS. Patients are more satisfied with the outcome of their care.

Many trials have shown that use of patient decision aids can increase involvement, improve knowledge, foster accurate risk perceptions, improve informed values-based choices and increase treatment adherence, as well as leading to reduced rates of elective surgery in some settings.^{1,2} So, if having patients actively involved in their own healthcare could bring these benefits, why isn't it happening more?

It requires a big culture shift, breaking away from the traditional relationships between 'passive patients' and 'expert health professionals'.

That is why MAGIC is so important.

1 Stacey D, Bennett CL, Barry MJ, Col NF, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Légaré F, Thomson R. Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews* 2011, Issue 10.

2 Evidence for adherence comes also from another review Joosten EAG, DeFuentes-Merillas L, de Weert GH, Sensky T, van der Staak CPE, de Jong CAJ. Systematic review of the effects of shared decision-making on patient satisfaction, treatment adherence and health status. *Psychother Psychosom* 2008;77(4):219-26.

WHAT IS MAGIC?

The Health Foundation's MAGIC (Making good decisions in collaboration) programme began in August 2010 and will continue until October 2013.

The programme is developing and testing practical solutions that support patients to make informed and considered decisions about their own treatment and care.

Often there is more than one choice that can be made about care, such as which treatment to choose or whether or not to have screening for a particular condition. In these situations, the patient's preferences are as important as clinical evidence. This is when the patient and clinician can work together to make the best choice for the patient.

Through this collaboration, the programme aims to embed shared decision making skills and techniques into core everyday practice to change the relationship between clinicians and patients.

Who are we working with?

A consortium of experts from Newcastle University and Cardiff University are working with healthcare professionals, in various clinical settings, from Newcastle upon Tyne NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and Cardiff and Vale University Health Board.

Professor Richard Thomson at Newcastle University and Professor Glyn Elwyn at Cardiff University are leading a multi-disciplinary 'design team' of senior academics and clinicians. The design team have significant experience in the field of shared decision making and in developing and evaluating decision support tools. They are further supported by an extended network, including experts from North America, who are providing ongoing support and feedback.

What are they doing?

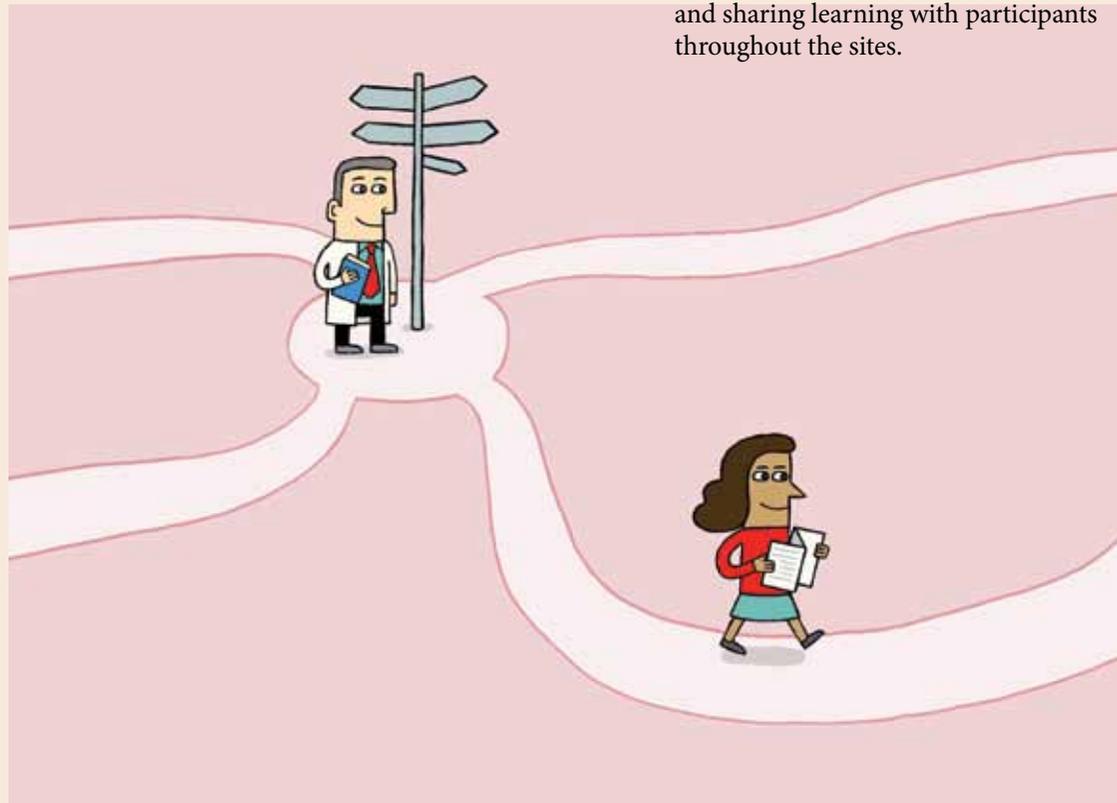
The MAGIC teams in Newcastle and Cardiff are looking at what works to implement shared decision making in everyday clinical practice, with the aim of spreading this learning to other healthcare services.

They are concentrating on the changes in clinical practice needed to roll out shared decision making. A key to this has been building clinical skills through advanced skills training workshops. Alongside these workshops, they are supporting teams to work out how they can fit both existing and newly developed decision support tools into their care pathways, adapting them to local needs and sharing learning with participants throughout the sites.

But shared decision making is more than just working with practical decision-making tools. It also means creating a culture where shared decision making thrives. The programme is providing dedicated space, expertise and support to help healthcare professionals identify and overcome challenges to implementing shared decision making. The teams are using action learning and rapid quality improvement methods to overcome challenges and influence change, and social marketing techniques to encourage patients to take a more active role within consultations.

In each clinical setting, participants are working to:

- change professional attitudes and practice and the culture of the health service, and to inspire staff to work closely with patients
- demonstrate the benefits of shared decision making to health professionals and patients
- help teams and patients build the skills they need to do more and better shared decision making consultations
- show how clinical teams can use a standard, simple but robust approach to develop their own simple decision aids for use during consultations
- explore how shared decision making can fit into the existing health system, overcoming time and resource limitations.



Clinical settings

The MAGIC sites are embedding shared decision making in a number of specific areas.

General practice: the initial focus was on decisions about antibiotic prescribing and high cholesterol management, but practices are now looking at many different decisions: eg treatment of lower urinary tract symptoms, contraceptive choices, treatment in menorrhagia, carpal tunnel syndrome, blood-pressure treatment and osteoarthritis in the knee. The teams are testing the use of generic decision support tools for other key primary care decisions.

Obstetric unit: initially the focus was on decisions about repeat caesarean sections but the entire multidisciplinary team has now widened the scope by using generic decision support tools for other key obstetric decisions.

Breast unit: focusing on the choice between mastectomy and breast conserving surgery for women with early breast cancer.

Ear nose and throat department: focusing on decisions about tonsillectomy surgery for children, treatment options for glue ear in children and the treatment choices for patients with head and neck cancer.

Urology department: focusing on decisions about benign prostatic hypertrophy – the choice between self-monitoring, drugs and surgery for men with lower urinary tract symptoms.

Read more about the work of the MAGIC sites:
www.health.org.uk/magic

What are shared decision making tools?

Shared decision making tools or decision aids provide facts about a healthcare condition, the options for treatment or screening and their outcomes, risks and probabilities. They help patients to think about which outcomes or factors matter most to them and guide patients through a process of personal deliberation.

These tools can take many forms, from high-tech web applications, computer programmes and DVDs, to booklets and face to face counselling sessions. They can be anything that helps a patient make an informed and considered decision about their own treatment.

The MAGIC head and neck cancer team in Cardiff wanted to use a decision support tool to help their patients with the difficult decisions

they needed to make. However, they found there were none already available that would suit their needs. They decided to develop their own Option Grid, based on a similar tool available for early breast cancer treatment options. These tools are based on the questions that patients frequently ask, and are designed for use within clinical encounters.

Brief information about the key features of each option are organised into a table against the questions that patients most frequently ask. It is presented so that information about reasonable treatment options can be rapidly compared.

Find out more about the Cardiff head and neck cancer team's Option Grid at: www.health.org.uk/magiccasestudies

You can also find out more about Option Grids here: www.optiongrid.co.uk

'I was unsure about shared decision making at first, but now my consultations are less process driven and more patient centred. I enjoy them more'

Clinician comment on positive change

Ask 3 Questions campaign

When it comes to putting shared decision making into practice, not only do clinicians need to change their behaviour, but patients do too. While the evidence shows that health outcomes are often better for patients who take an active role in their own healthcare decisions, relatively few patients actually do so.

Recent research has shown that encouraging patients to ask three simple questions leads clinicians to provide higher quality information about therapeutic options and their benefits and harms, without increasing consultation length. Building on this research, the MAGIC team has launched a campaign that encourages patients to ask questions about the choices that are available for their treatment or tests.

The team has developed posters and other materials that are displayed in patient areas and consultation rooms, or sent out in advance, to prompt patients to ask three key questions when they are asked to make a choice about treatment.

These question are:

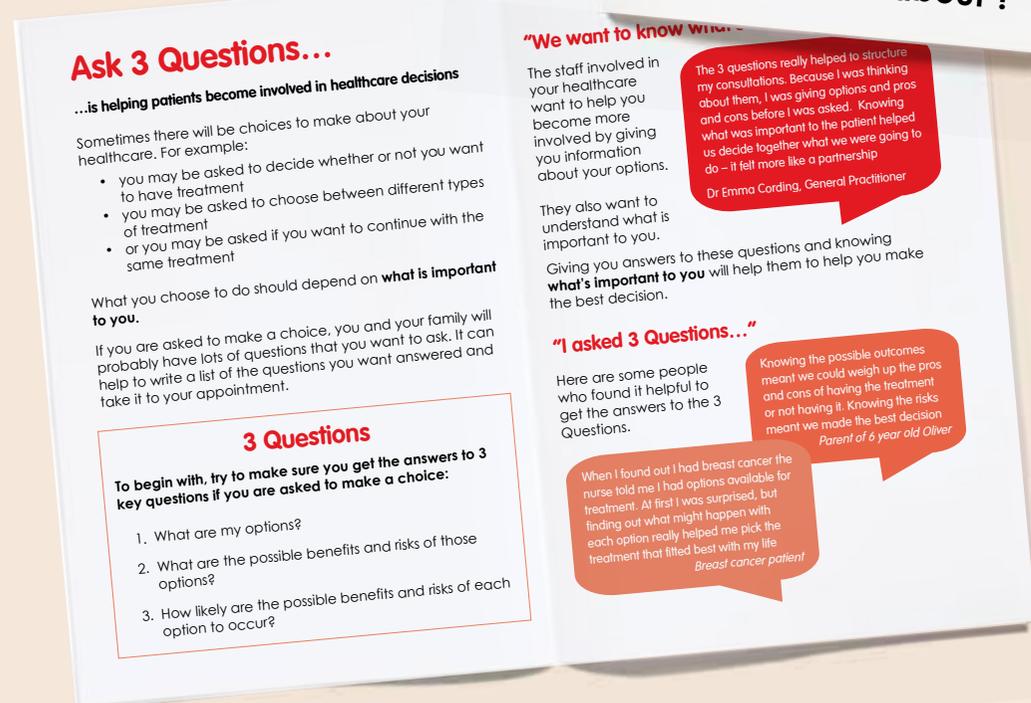
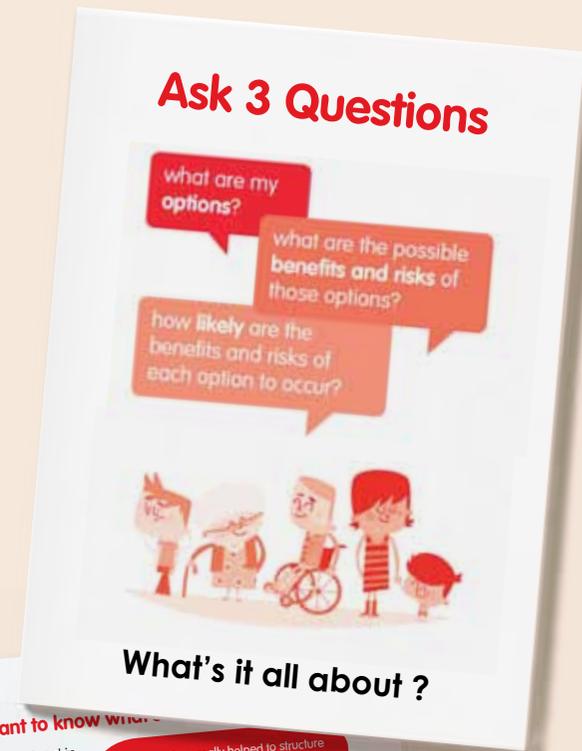
1. What are my options?
2. What are the possible benefits and risks of those options?
3. How likely are the benefits and risks of each option to occur?*

When patients have asked or have the three answers to the questions, they are prompted to think about what is important to them in making the decision, and to communicate this to the healthcare professional.

A short film has been developed in conjunction with the Ask 3 Questions approach, 'Just Ask', which uses patients' experiences of being involved in shared decision making consultations in primary and secondary care. The film is currently being used in waiting areas in Newcastle primary care settings.

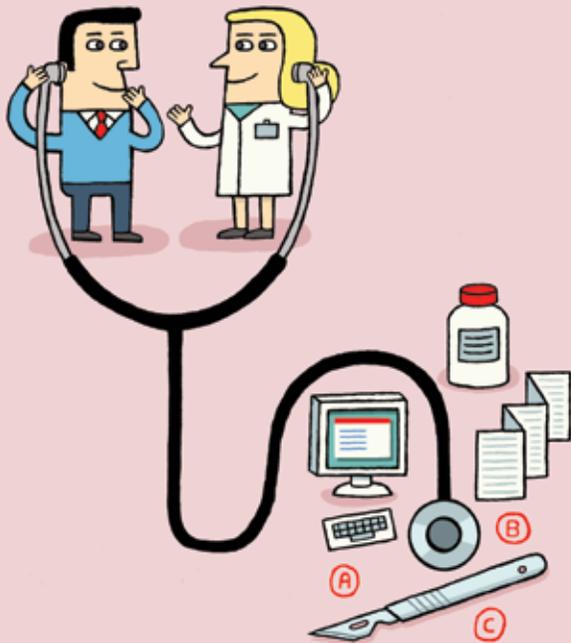
www.ask3questions.co.uk

*These are guide questions and local variations have been created, depending on what works for the local population. eg 'How can we make a decision together that is right for me?'



Learning so far

The MAGIC teams are working on a diverse range of activities, from skilling up clinicians and patients, and developing and implementing shared decision making tools, to cascading learning. Here is a summary of some of their learning so far.



ENGAGING CLINICAL TEAMS

Take a positive approach

Experienced professional clinicians can be hard to influence and a positive approach works best, especially as many clinicians feel they are already offering shared decision making. The focus needs to be on improving and enhancing current good practice, counteracting the 'we are already doing this' response with 'how can we help you do it better?'

'I thought I knew a lot about the best ways to communicate. This has made me completely re-think'

Clinician commenting on the skills workshop

Developing the necessary skills is essential

Having the skills to implement shared decision making is absolutely essential. Experience across many teams has shown that developing shared decision making skills is more important than having decision support tools. The skills workshops have been a significant turning point for many clinicians and have been the stimulus they needed to begin practicing shared decision making with their patients.

'The advanced workshops have allowed us to move from the "we do it anyway" response to "we do it anyway, but this will help us do it much better"'

Clinical Lead

Skilling up clinicians

The goal of MAGIC is to increase the number of clinicians and patients jointly engaging in shared decision making. Some of the greatest progress towards this goal has come about through the MAGIC advanced skills workshops.

It is vitally important that clinicians not only understand the concept of shared decision making, but also develop the specific skills to put this approach into practice. The programme has been rolling out advanced skills workshops to participating clinicians and the response has been overwhelmingly positive.

So far, 225 clinicians have taken part. The workshops explore how shared decision making can benefit the clinician and the patient and build clinicians' skills in using the techniques needed for this approach. Participants have the opportunity to reflect on their own style of patient-clinician interaction and are introduced to decision making models and specific skills that can help them do it better.

For many participants, the training has been the first and the most important step toward changing their consultation skills and embracing tools and techniques for using shared decision making. In Newcastle, 95% of participants agreed or strongly agreed that they would be able to use the skills they had learned in the workshop. In Cardiff, 97% of participants agreed that the workshop showed them how to structure a shared decision making consultation.

In both sites, the workshops have prompted participants to recognise that while they might do a lot of the steps already, these new skills will help them do it better. When asked, 100% of the Cardiff participants stated that they would recommend the workshop to a colleague. A number of Cardiff and Newcastle participants want to spread what they have learned beyond the MAGIC team and are using the workshop's materials to deliver lectures to medical students and sharing the material with other colleagues.

Use peer-to-peer approaches to spread the word

Wider groups respond well to members of their own clinical field. As a result of using the MAGIC approach, trust or board and university training staff are keen to incorporate shared decision making into their work and ongoing training programmes.

'The model provides a good way of structuring discussions to prompt me to think "have I covered each stage"'

Clinician

The process can be as important as the product

When developing decision aids and tools, often the process has boosted the engagement of clinicians. Learning to use decision support materials, and appreciating the benefits that they can bring to consultations, is an important catalyst for clinicians to implement shared decision making.

'Once I had developed my skills following extended training, I found that practising shared decision making using the training model and a decision support tool led to more structured consultations –beneficial to the patient and me'

Clinician

USE QUALITY IMPROVEMENT AND MEASUREMENT

Introduce quality improvement methods early

Training clinical teams in quality improvement methods proved helpful as it gave people a framework for testing changes and understanding whether they were making effective improvements week-to-week. Through the application of these methods, MAGIC teams have developed the confidence to set their own aims, establish appropriate measures, and identify the things they wanted to change.

Simple measures are often best

Two Newcastle GP surgeries have been recording consultation behaviour on EMIS (their electronic health record) and feeding back the results to clinicians. They've found that regularly sharing this information in a light-hearted, competitive way has helped to raise awareness, encouraged involvement and helped maintain motivation. Cardiff primary care teams are using a 'patient and clinician completed' short tool, developed in line with the Ask 3 Questions campaign, to assess the alignment between the patient and clinician's perceptions of the consultation. The Newcastle urology team are using a patient-completed version of this survey, which includes a single scale item. This information is shared in a similar way, and has also led to increased motivation to continually improve shared decision making. Read more about the Newcastle GP surgeries' work: www.health.org.uk/magicasestudies

ENCOURAGING PATIENTS TO PARTICIPATE IN THEIR TREATMENT DECISIONS

The Ask 3 Questions campaign is the part of MAGIC directly targeted at patients and has been developed with input from patient groups and clinical teams. So far it has been extremely well received and in Cardiff, the University Health Board has already chosen to adopt the campaign across all its services. As well as prompting patients, the campaign has prompted wider clinical engagement as the teams ensure they are ready to face new questions from their patients.

The Newcastle team have developed a five minute promotional film, "So Just Ask", which was premiered at a local cinema in October 2011, and will be shown in surgeries and hospital departments in the final stages of the programme.

Find out more and view the MAGIC 'So Just Ask' short film at: www.ask3questions.co.uk

ORGANISATIONAL ENGAGEMENT

Form a leadership group

Each clinical team implementing shared decision making needs a leadership group with a medical lead, a nursing lead and a management lead. Where this is in place, it has led to an effective and enthusiastic approach to implementation.

Highlight and encourage national and organisational support

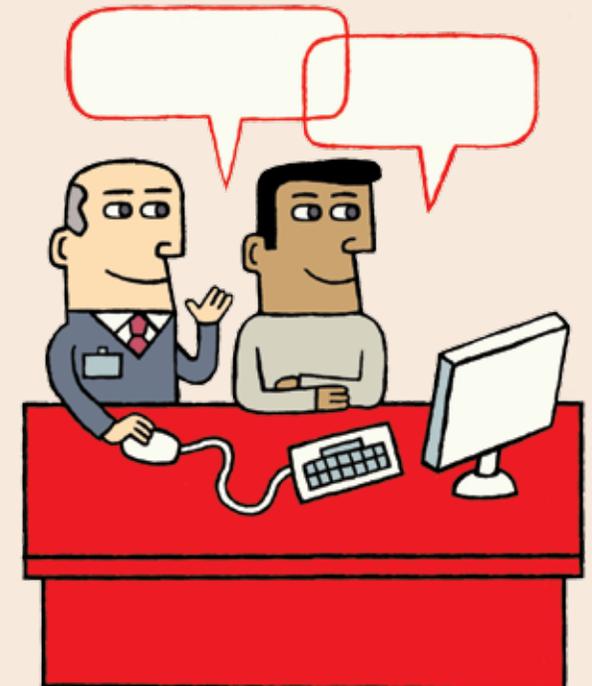
Gaining wider organisational buy in has proved valuable in raising the profile of shared decision making. Making links to the wider political and policy context has been key to fostering organisational support.

Remember to involve administrative staff

Administrative staff are key contributors to shared decision making but they can't always see the relevance of the programme to their role. It is important to identify key members of the administration team and invite them to take a central role in the project from the beginning.

Embed training in mainstream systems

Trust and university training staff have made steps to incorporate shared decision making into mainstream staff and student programmes.

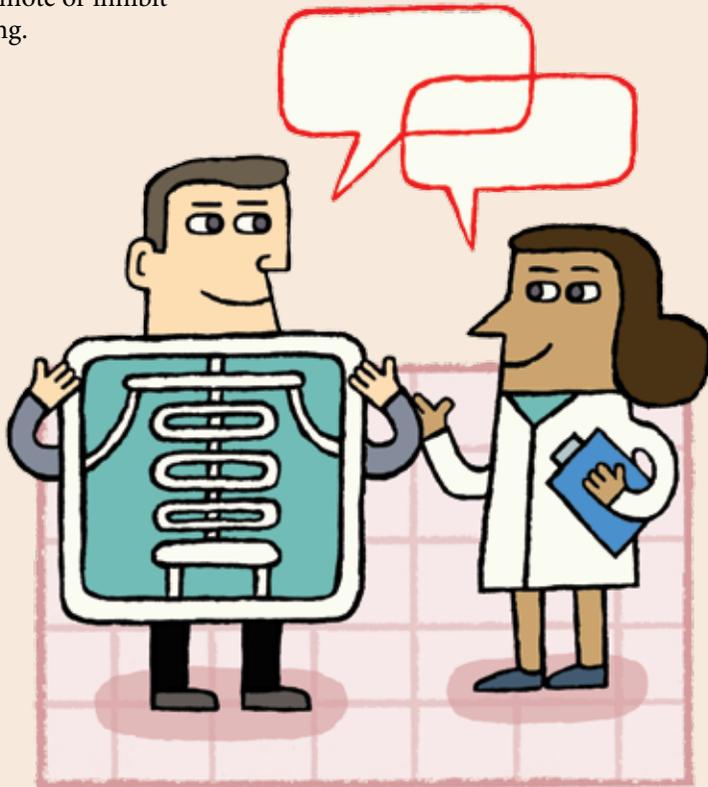


INVOLVING PATIENTS AND THE PUBLIC

Use advice and feedback.

Many of the MAGIC teams have highlighted the value of involving patients and the public in developing MAGIC interventions, for example in designing the Ask 3 Questions materials and creating new decision aids.

Patient led 'walkabouts' have also been important in raising clinician's awareness of how physical environments can promote or inhibit shared decision making.



DECISION SUPPORT TOOLS

Through MAGIC, clinical teams now have tools available for many key decisions. When decision aids are not available, the MAGIC team has supported the teams to work on brief tools such as Option Grids (see page 7) and 'pros and cons tables'.

When the programme began, existing decision support tools were only available to half of the secondary care teams, and tools were not used routinely in primary care. In response, the MAGIC team have supported teams to develop their own decision aids, with locally-relevant and accurate information.

As well as helping patients make decisions about their treatment, the development of these tools has had a positive impact on clinical involvement. By participating in the development process, teams were engaged from an early stage and were quickly able to recognise the value of these tools for improving the quality of their work.

Involvement in the development of a decision aid is helpful

Having team members with a strong sense of ownership of the decision aids they have developed has meant they are motivated and receptive to the new approach to decision making.

Early feedback is positive; the Cardiff breast care team for example are using the Option Grids routinely with all eligible patients to help them focus their consultations, and they have begun measuring patients' responses to the new process.

Read about the Cardiff head and neck cancer team's Option Grid www.health.org.uk/magicasestudies

Clinicians want practical tools that enable quality decisions

Clinical teams have responded best to measurement tools that inform clinical practice. Decision Quality Measures (DQMs) can be used as real-time tools to help clinicians understand patients' knowledge and preferences, and consequently to focus their consultations.

For more information visit: www.health.org.uk/magicasestudies

Key priorities

As we continue with the MAGIC programme, our priorities for the Health Foundation programme and beyond are to:

Demonstrate that ‘no decision about me without me’ can be a reality

We need to continue to demonstrate that the principle of ‘no decision about me without me’ can be part of everyday practice. We must show that health services have the capacity and willingness to transform the way they help people make choices about how they look after their health.

Develop skilled and proactive clinicians

Clinicians must be able to proactively support patients to make informed and personally relevant decisions, and motivate people to take actions regarding their health and healthcare. The MAGIC programme uses workshops to help clinicians develop advanced communication skills to improve shared decision making with their patients, family and carers.

Spread our practical knowledge

The MAGIC team have been working to develop training and information resources for clinicians and patients, identifying decision points in care

pathways and developing aids to support these decisions. Now we must use these successful interventions and spread them throughout the teams and beyond.

Encourage more patients to think and ask about their healthcare

Through MAGIC’s Ask 3 Questions campaign, we are further supporting patient and public engagement by encouraging patients to ask questions about their healthcare choices.

Understand what motivates change

Through MAGIC we are building a greater understanding of what will drive change in professional behaviour. We will help to identify and break down the barriers to change, while highlighting the many reasons to implement change across our health service.

Work in partnership

We can’t do it alone. We will need to work with the leadership of professional bodies to put patient experience at the heart of qualification, continuing professional development and revalidation. We will be working to engage with organisations such as patient organisations and professional bodies and royal colleges, encouraging their support for shared decision making.

How to get involved?

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- *Sign up for e-updates to receive the latest news and updates on our work: www.health.org.uk/updates*
 - *Find out more about what the MAGIC teams are working on www.health.org.uk/magiccasestudies*
 - *Find out more about the MAGIC ‘Ask 3 questions’ campaign www.ask3questions.co.uk*
 - *Interested in self-management support? Visit our resource centre www.health.org.uk/sms*
 - *Follow us on Twitter www.twitter.com/healthfdn*

You can find out more at www.health.org.uk or email us at info@health.org.uk

The Health Foundation is an independent charity working to improve the quality of healthcare in the UK.

We want the UK to have a healthcare system of the highest possible quality – safe, effective, person-centred, timely, efficient and equitable. We believe that in order to achieve this, health services need to continually improve the way they work.

We are here to inspire and create the space for people to make lasting improvements to health services.

Working at every level of the healthcare system, we aim to develop the technical skills, leadership, capacity, knowledge, and the will for change, that are essential for real and lasting improvement.

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