5 Boroughs Partnership NHS Foundation Trust

Where there's a will, there's a way . . .

Where there's a (Shared Decision Making) will, there's a way. Even in a short timescale, if you have strong, enthusiastic and efficient leadership as 5 Boroughs Partnership NHS Foundation Trust has shown with its Shared Decision Making programme.

The Trust's physiotherapy team, led by Consultant Physiotherapists Ruth Sephton and Elaine Hough, is one of 33 clinical teams across maternity, renal and musculoskeletal (MSK) specialities currently taking part in the Advancing Quality Alliance's (AQuA) National Shared Decision Making Collaborative, part of a Government funded national programme which aims to involve patients in making decisions about their care.

Despite joining the collaborative some six months later than the other teams involved, with efficient, proactive and strong leadership, the 5 Boroughs team has successfully rolled out the programme from an initial six staff to 40 across its whole physiotherapy service. And in just three months they have brought the Shared Decision Making approach to all consultations within the service, which sees around 20,000 patients a year.

The team, which operates from more than 10 sites, began by looking at referral numbers to see which area would be best to start off the programme. "Initially, we wanted a small enough area that wasn't going to overwhelm us, but a large enough area with sufficient data," explains Elaine Hough.

After reviewing referral numbers, they chose to implement their Shared Decision Making programme into the Osteoarthritis (OA) of the knee and hip clinical pathway which sees new patient referrals of 20 to 25 patients a week, and began by training six Advanced Musculoskeletal Practitioners (AMPs).

Joint project lead Ruth Sephton also factored in two hours protected reading time prior to the initial training session, which enabled staff to read up on key background information.

"AQuA had sent us some really good documentation explaining how the Shared Decision Making programme worked and we knew if we just circulated it to staff without giving them protected reading time in work, it would not be read, purely because of the pressures of work staff are under. We knew we had some catching up to do, so we needed to ensure the programme would get up and running quick," explains Ruth, a Consultant Physiotherapist specialising in spines and rheumatology.

Also invited to the initial training session were the lead MSK GP, an orthopaedic consultant, business manager and the Allied Health Professional (AHP) service lead to try and start spreading the message about Shared Decision Making.

From the outset, they began to include the AQuA developed resource Ask 3 Questions* leaflets inside patient appointment cards, and also put up Ask 3 Questions posters and banners in waiting areas. Ask 3 Questions encourages patients to take charge of their health consultations by asking three simple questions: - What are my options? What are the pros and cons of each option for me? And, how do I get support to help me make a decision that is right for me?

Quite early into the programme they also redesigned their assessment documentation to include the 3 Questions as a way of continually prompting staff to practice Shared Decision Making and encouraging them not to revert back to a paternalistic approach.

"An assessment form is used for every patient and on the back is an 'individual management plan' which the Ask 3 Questions information has been integrated into," explains Elaine.

These initial assessments also help the therapist to get to know the patient; what their expectations

and individual circumstances are, as well as offering different treatment options. In addition to the benefits to patients, who could choose treatment options to fit in with their personal circumstances and lifestyle, embedding it into their documentation from the very start also meant the team would not have to carry out additional audits to collect the information.

“In our service we try to get patients to actively participate in their healthcare and we recognised Shared Decision Making would complement our general ethos of getting patients more involved in their care,” says Ruth. “The team and I would agree that we were doing it already and this was a way of evidencing it, but it also meant we could look for ways to improve on what we already do.

“The programme does make you think ‘are you doing Shared Decision Making as well as you think you are? By putting it into the sign off sheet, it brings it more to the forefront of the therapist’s mind, which brings it more to the forefront of the patient’s mind to think about options. In that respect, it’s really positive because we should always be making sure patients understand their treatment options; where appropriate, we should give them more than one treatment option and we should always be ensuring they understand what they’ve been told and how it will influence their condition,” adds Ruth.

After all the AMPs had been trained and started implementing Shared Decision Making into their clinical practice, the team pushed ahead and rolled out the programme with all physiotherapists receiving Shared Decision Making training and now every consultation within the service uses the Shared Decision Making approach.

The team has also started to help spread the Shared Decision Making word across the trust. They have enlisted the help of Allied Health Professional Service Lead, Norah Flood, who has been really supportive and proactive. Meetings have so far been arranged with the divisional Assistant Director and with patient focus groups with view to further spread across the trust.

PATIENT’S STORY: *(The patient’s name has been changed to ensure anonymity)*

Sarah is a 64 year old patient with degenerative arthritis in both knees. She had suffered problems with her knees for many years, and was first prescribed anti-inflammatory and pain relief medication 11 years ago, but working full time, she felt unable to pursue other treatments.

“I’ve worked for 49 years, but always said that when I retired, I would take a step forward and start doing something else about my knees.” Sarah did just that when she retired last year, but the prospect of knee replacement surgery was a real worry to her. She was referred to the MSK service and initially assessed by Claire Danquah, an Advanced Musculoskeletal Practitioner, specialising in lower limbs. Claire assessed Sarah’s situation and discussed her treatment options using an Option Grid.

“Surgery is the bottom line for me, but knee replacements are not a route I’m prepared to go down at the moment, I’m 110% wimp! Claire discussed alternatives to surgery with me using the option grid and gave me lots more information about the different options to take away and read. Claire was brilliant; she couldn’t have been more helpful if she tried.

“The option grid was really useful, you read a lot about different ways of managing your condition in the papers and elsewhere and wonder if they are really a good idea. But receiving information directly from a professional like Claire, who talked the options through with me, finalised it for me and I decided to have the steroid injection to help make me more mobile.”

Sarah is also now receiving physiotherapy and has been given exercises to help her knees and is considering acupuncture therapy.

** Ask 3 Questions has been adapted with kind permission from the MAGIC programme, supported by the Health Foundation.*
Ask 3 Questions is based on 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.