

Improving patient centred & prudent healthcare:

An overview



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Meet the PRIME WP2 team



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Patient centred & prudent healthcare

*Patients should have the opportunity to make **informed decisions** about their care and treatment, in **partnership** with their healthcare professionals. Treatment and care should take into account **individual needs and preferences**. It involves doing **what is needed, no more, no less**; and doing **no harm***

Key research areas

WP2: Patient centred & prudent healthcare

Prudent
Healthcare

Self-
management
support &
health literacy

Shared decision
making &
decision aids

Key research areas

WP2: Patient centred & prudent healthcare

Prudent
Healthcare

£5.4M

Grants
2016/17

Self-
management
support &
health literacy

20+

Publications
2016/17

Shared decision
making &
decision aids

Prudent Healthcare

Health and Care Research Wales A Qualitative Study of Public and Clinicians' Views and Experiences of Prudent Healthcare in Wales

Prof Richard Neal,
Bangor University



Prof Helen Snooks,
Swansea University



Dr Debbie Clayton,
Cardiff Metropolitan
University



Prof Donna Mead,
Cwm Taf Health Board



Prof Joyce Kenkre,
University of South Wales



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The 4 principles of prudent healthcare



For further information visit www.prudenthealthcare.org.uk



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



Interventions to improve the self-management support health provide for people with progressive neurological conditions: protocol for a realist synthesis

Freya Davies,¹ Fiona Wood,¹ Alison Bullock,² Carolyn Wallace,³ Adrian Edwards¹

On-going PhD study on how clinicians can support patients with long term conditions to self-manage their condition



LEAP-MS. Life-style, Exercise and Activity Package for People living with Progressive Multiple Sclerosis

Shared decision making & decision aids



**Bridging the Age Gap in
Breast Cancer**



The Health Foundation (£750,000) - Learning programme – lessons on how to implement SDM in routine NHS settings

NIHR (£1.5M) - Development and validation of a diagnostic & decision making aid for men with lower urinary tract symptoms (primary care)

NIHR (£1.9M) - Development and pilot testing of a decision aid to support decision making around cataract surgery

NIHR (£1.7M) - Development & evaluation of a decision aid to support older women to make decisions about breast cancer treatment

Welcome Trust (£20K) – exploring information & support needs of women with musculoskeletal conditions on their journey to parenthood

Shared decision making & decision aids

Breast cancer surgery

Use this grid to help you and your healthcare provider talk about how best to treat breast cancer.

| Frequently asked questions | Lumpectomy with radiotherapy | Mastectomy |
|--|--|--|
| What is removed? | The cancer lump is removed, with some surrounding tissue. | The whole breast is removed. |
| Which surgery is best for long-term survival? | Survival rates are the same for both options. | Survival rates are the same for both options. |
| What are the chances of cancer coming back in the breast? | Breast cancer will come back in the breast in about 10 in every 100 women (10%) in the 10 years after a lumpectomy. Recent improvements in treatment may have reduced this risk. | Breast cancer will come back in the area of the scar in about 5 in every 100 women (5%) in the 10 years after a mastectomy. Recent improvements in treatment may have reduced this risk. |
| Will I need more than one operation on the breast? | Possibly, if there are still cancer cells in the breast after the lumpectomy. This can occur in up to 20 in every 100 (20%) women. | No, unless you choose breast reconstruction |
| How long will it take to recover? | Most women are home within 24 hours of surgery | Most women are home within 48 hours after surgery. |
| Will I need radiotherapy? | Yes, for up to six weeks after surgery | Radiotherapy is not usually given after mastectomy. |
| Will I need to have my lymph glands removed? | Some or all of the lymph glands in the armpit are usually removed. | Some or all of the lymph glands in the armpit are usually removed. |
| Will I need chemotherapy? | You may be offered chemotherapy, but this does not depend on the operation you choose. | You may be offered chemotherapy, but this does not depend on the operation you choose. |
| Will I lose my hair? | Hair loss is common after chemotherapy. | Hair loss is common after chemotherapy. |

Ask 3 Questions

Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these 3 questions:

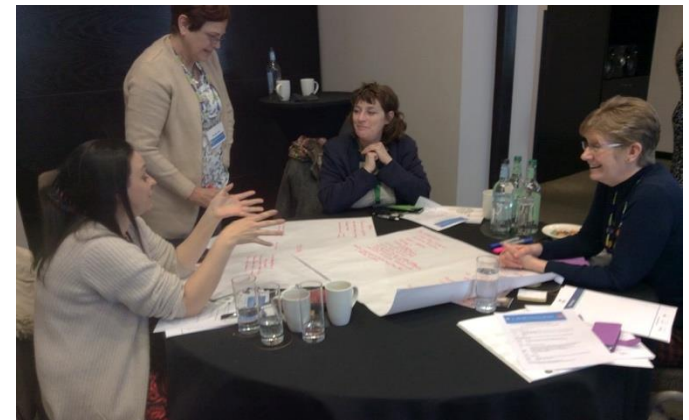
what are my options?

what are the possible benefits and risks?

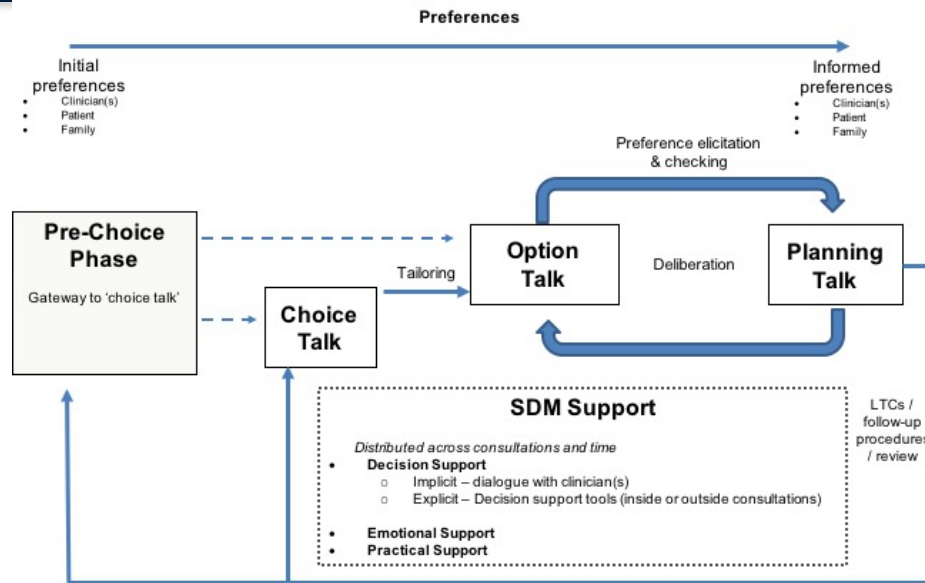
how can we make a decision together that is right for me?

We want to know what's important to you

MAGIC
Making good decisions in collaboration

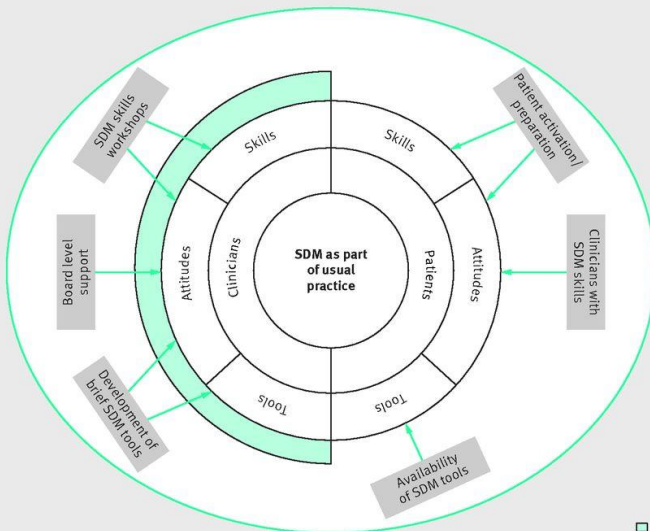


Shared decision making & decision aids



Macro level influences

- National healthcare policies aligned with SDM
- Education (undergraduate medical/nursing curricula)
- Training opportunities (eg, continued professional development)
- School based education (patients of the future)
- Incentivisation
- Support from professional bodies
- Aligning SDM with other targets (eg, QOF, referrals)
- Legal considerations eg, informed consent



Micro level influences

- Organisation/health board buy in demonstrating visible support of SDM
- Organisational ownership of SDM interventions
- Clinical team engagement
- Clinicians who support SDM (and this is obvious to patients)
- Patients who have positive attitudes towards SDM and want to engage
- Patient and public involvement in intervention development/testing/implementation

□ Measurement for improvement



BMJ 2017;357:j1744 doi: 10.1136/bmj.j1744 (Published 2017 April 18)

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ANALYSIS

Implementing shared decision making in the NHS: lessons from the MAGIC programme

OPEN ACCESS

Shared decision making requires a shift in attitudes at all levels but can become part of routine practice with the right support, say **Natalie Joseph-Williams and colleagues**

Natalie Joseph-Williams *lecturer*¹, Amy Lloyd *research fellow*², Adrian Edwards *professor*¹, Lynne Stobart *senior research associate*³, David Tomson *executive partner and freelance consultant in patient centred care*⁴, Sheila Macphail *consultant in obstetrics and fetal medicine and assistant medical director*⁵, Carole Dodd *director*⁶, Kate Brain *reader*⁷, Glyn Elwyn *professor*⁸, Richard Thomson *professor*⁹

Achieving Impact – next 12 months

- **“We want to do this better”**

Support **local clinical teams** to undergo skills training, develop interventions, and **embed prudent / patient-centred approaches**

- **“Patient centred care? What on earth is that?!”**

Embed skills training into **undergraduate & postgraduate medical education**

- **“How can we do patient-centred care routinely in the NHS?”**

Work closely with healthcare / regulatory organisations to **share learning** on best practice and **inform policies / strategies**