

## Shared decision making

Consultation on draft guideline – deadline for comments 5 pm on 09/02/2021. Email: [shareddecisionmaking@nice.org.uk](mailto:shareddecisionmaking@nice.org.uk)

	<p><b>Please read the checklist for submitting comments at the end of this form.</b> We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.</li><li>2. Would implementation of any of the draft recommendations have significant cost implications?</li><li>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</li></ol> <p>See <a href="#">Developing NICE guidance: how to get involved</a> for suggestions of general points to think about when commenting.</p>
<p><b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Royal Pharmaceutical Society</p>

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<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.				
<b>Name of commentator person completing form:</b>		Heidi Wright		
<b>Type</b>		[office use only]		
<b>Comment number</b>	<b>Document</b> [guideline, evidence review A, B, C etc., methods or other (please specify which)]	<b>Page number</b> Or 'general' for comments on whole document	<b>Line number</b> Or 'general' for comments on whole document	<b>Comments</b>  Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Guideline	16	45	We are concerned that this recommendation may imply that .....
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because .....
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
Example 4	Guideline	37	16	This rationale states that...
Example 5	Evidence review C	57	32	There is evidence that ...
Example 6	Methods	34	10	The inclusion criteria ...

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Example 7	Algorithm	General	General	The algorithm seems to imply that ...
1	Guideline	General	General	<p>We agree with the overall points and direction of the guideline, but it is difficult to see how this would be applied in small individual practices such as an independent community pharmacy. The guidance outlines many roles and actions at an organisational level which would not directly apply to an independent contractor. The section about high level organisation support only applies to big organisations such as Hospital Trusts. It is not helpful for primary care practitioners such as community pharmacies, GPs, dentists etc as they do not have this type of hierarchy.</p> <p>PCNs could be useful in helping raise profile of SDM within primary care and perhaps that role should be further explored.</p> <p>We also think it would be helpful if there was a national repository of helpful resources to support this guidance e.g., decision aids that smaller organisations could easily access, and this should be considered.</p>
2	Guideline	General	General	<p>The focus seems to be very much on process rather than achieving the desired outcomes. Within an organisation, however big or small, it needs to be made easy for the patient voice to be heard and listened to and to show you have responded appropriately ('you said, we did' approach). The guidance does not really capture the overall gravity and shift that is required in pretty much the entire healthcare work force in terms of cultures and behaviours.</p> <p>We believe that SDM starts with understanding the person and their expectations/beliefs and values and preferences and then the practitioner offers suitable option (s) and they have a conversation together to come to a final decision.</p>
3	Guideline	General	General	In terms of training, it would be prudent to signpost people to training that has been accredited by the Personalised Care Institute at a national level which includes training on Shared Decision Making
4	Guideline	General	General	For older people, there are a number of difficulties, the absolute risk of any treatment/ stopping treatments is not known as they are often excluded from clinical trials, tend to have multiple long-term conditions and take multiple medicines. Decision aids often do not work very well in this age group for the same reasons so it might be useful to add a section specifically about older people/ frail older people and explaining risk as well as possible risks even if the absolute risk is not known.

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5	Guideline	General	General	Within this guidance there does not appear to be guidance on shared decision making in the context of co-morbidity and the complexity that this brings with it. This should be included.
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Insert extra rows as needed

### Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

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Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

### **Data protection**

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

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