



Council

8 February 2024

Patients: Implementation and evaluation of resources to support patients to make what is important to them more explicit.

Classification	Public
Purpose	For decision
Issue	Evaluation of resources to help patients make more explicit what is important to them in osteopathic consultations.
Recommendations	<ol style="list-style-type: none">1. To note the results of the evaluation of our shared decision making resources.2. To agree to publication of this and the next steps outlined.
Financial and resourcing implications	The project was budgeted at £20,000.
Equality and diversity implications	The resources were developed in partnership with a diverse range of patients. The resources are patient centred and help patients to make explicit what is important to them rather than assumptions being made about this supporting inclusion, diversity and equity. The evaluation provided feedback about how the resources could be made more accessible and we will continue to develop and publish these to take such feedback into account.
Communications implications	We will promote the publication of the report and ensure that the resources are accessible within our website as recommended in the evaluation report.
Annexes	Annex: Shared Decision Making Resources – Evaluation
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Key messages from this paper

- In 2022 we produced and published six resources, four aimed specifically at patients and two resources aimed at osteopaths.
- The purpose was to enhance shared decision making, and support patients in expressing what matters to them.
- We worked in partnership with the [Collaborating Centre for Values Based Practice](#), and launched the resources formally at an event held with the Collaborating Centre at St Catherine's College, Oxford in November 2022.
- Following a tender process, Professor Dawn Carnes and colleagues were appointed to conduct a review of the implementation of the resources.
- The evaluation is now complete, and the report is included as the Annex to this paper.
- Findings from the report can be summarised as:
 - Overall awareness of the GOsC resources could be improved
 - The GOsC resources were used adequately and appropriately
 - Adopting and integrating the resources into everyday practice requires additional motivation
 - The resources promoted patient-centredness
 - The osteopaths generally lacked awareness about shared decision-making
 - The osteopaths lack confidence in discussing treatments beyond their osteopathic remit
 - Patients found the resources very informative and useful and felt that their 'voice' was heard
 - The patients felt respected and understood.
- Recommendations made are:
 - Training and development for osteopaths in the process of shared decision-making.
 - Development of shared decision-making aids for osteopaths and patients outlining treatment options and their benefits and risks for the most commonly treated conditions that patients seek consultations for.
 - Putting all the patient resources on the GOsC 'Visiting an osteopath' web pages.
 - Make the resources compatible for completion and saving electronically.
 - Selling the resources as a business tool to enhance the patient experience to ensure good practice.

Background

1. Osteopathic patients report high levels of patient care. However, areas of consultations less likely to be rated as high included "fully understanding your concerns," "helping you to take control," and "making a plan of action with you," potentially suggesting a paternalistic approach to care and a barrier to the effective implementation of standards ([YouGov Public Perceptions Study, 2018, p4 and p17](#)).
2. A development programme undertaken by the General Osteopathic Council, the General Dental Council, the Collaborating Centre for Values Based Practice explored how to support patients and practitioners to make more explicit what is important to support consultations with better communication in accordance with standards.
3. Several workshops took place involving approximately 80 participants, which explored and identified practitioner and patient values; these were themed to develop a common framework and tested using case studies.
4. A series of approaches and resources were then developed including Patient Curriculum Vitae; Patient Goal Planner; patient animation to support preparation for an appointment; a patient poster/leaflet; Practitioner Reflection resource; and an audio recording to increase awareness and understanding of values-based practice.
5. Fiona Browne, Steven Bettles, Stacey Clift and Tim Walker published an article entitled [Connecting patients, practitioners, and regulators in supporting positive experiences and processes of shared decision making](#) (2019) in the Journal of Evaluation in Clinical Practice to summarise where the project had progressed to prior to the advent of the Covid-19 pandemic.
6. After the pandemic, however, we know that patient partnership and shared decision making has not been at the forefront of patient and practitioner experiences of consultations in general. For example, the [Shared decision making: shared reality or insider jargon? July 2021 by the Patients Association](#) showed that while 'Shared decision making now enjoys established formal status across multiple streams of health policy and guidance in England', fewer than 1 in 3 patients felt that they had help to talk to health professionals, the concept of being supported to make decisions that relate to the individual patients was not understood even in informed patients, there are barriers in place to shared decision making and some 50% of patients were not feeling supported about making decisions, not given treatment options and were not feeling involved in decisions about their care.

Implementation and evaluation of resources

7. In 2022 we began scoping out how best to evaluate and implement our resources to support patients and practitioners make explicit what is important

to them in the consultation to support shared decision making in accordance with our Osteopathic Practice Standards, the law and a suite of guidance from other bodies including the National Institute for Health and Care Excellence. As part of the scoping process, we re-established our connection with Professor Bill Fulford and Professor Ashok Handa, co-Directors of the Collaborating Centre for Values Based Practice in St Catherine's College, Oxford who were key partners in the earlier stages of the project.

8. Following reflection, our approach to the next phase of the project was twofold:
 - a. First, to launch the resources and promote, disseminate and support their use and the skills to use them among osteopaths and osteopathic patients.
 - b. Second, to commission an independent evaluation to test whether the resources support patients and practitioners to make more explicit what is important to them in a consultation and to understand the skills necessary to make this happen.

Values resources (patients)

9. The resources developed for patients included:
 - [Patient CV](#) — this enables particularly patients with long-term conditions to present their history in a way that is meaningful to them, not just their condition, but their life and what they do to support them to make clear to practitioners who they are and what they want and need.
 - [Patient Goal Planner](#) — this enables patients to identify their goals for their life (for example, picking up the children from school, doing the gardening, going swimming once a week, and being able to work without too much time off sick) and then to track over time how their symptoms or condition are affecting those goals.
 - [Patient leaflet/poster](#) — this can be sent to the patient in advance to help patients to think about their goals for the consultation, or it can be displayed in the reception area to help patients think about their goals while waiting to see the practitioner.
 - ['Visiting an osteopath' animation](#) — how to prepare for an osteopathic appointment. The animation entitled 'Visiting an osteopath' is hosted on our YouTube channel.

Values resources (osteopaths)

10. The resources for practitioners included:
 - [Audio recording](#) — a discussion between Professor Bill Fulford and Professor Stephen Tyreman facilitated by Steven Bettles about values-based practice.

Permission has been given by Professor Tyreman's widow to promote the audio recording.

- [Practitioner Reflection Sheet](#) — enabling practitioners to rate their own perceptions of person-centred care using the CARE measure.

Implementation and launch event

11. In November 2022 we co-hosted a [launch event](#) at St Catherine's College, Oxford University with Professor Ashok Handa, chaired by Professor Richard Huxtable, Professor of Medical Law and Ethics at Bristol University; to raise awareness of the concept of shared decision making and how the resources might support patients and practitioners to make more explicit what is important to them as part of the shared decision making process. This included the 'what' and the 'hows', outlining the benefits and importance of shared decision making, introducing the resources and seeking insights from participants. The event followed a hybrid model with participants attending face-to-face and online.

Evaluation

12. Following a tendering process, Professor Dawn Carnes of The University College of Osteopathy and her team, Julie Ellwood and Kevin Brownhill, were appointed to evaluate the resources – specifically to:
 - a. Explore what a successful or positive consultation means for the patient.
 - b. Explore what a successful or positive consultation means for the practitioner.
 - c. Whether any of the resources did or could have contributed to that successful or positive consultation and if so how?
 - d. Whether the resources supported or could have supported a better quality conversation between patient and practitioner and if so how and what other factors supported this positive conversation.
 - e. How the resources might be improved to better support the patient and the practitioner.
 - f. Whether the resources had an impact to support a better understanding of shared decision making and patient autonomy.

The report

13. The final report dated 27 October 2023 is attached at the Annex. This provides a comprehensive overview of the study, its methods, findings and recommendations. It is worth summarising some key aspects here, however, and reflecting on some of the findings:
14. As can be seen there were two elements to the study:

Workstream 1: Evaluation of the awareness of, use of, and extent of use, of the pre-existing supportive making resources. This involved collecting data about web / online access to the resources and a survey of all osteopathic registrants. The survey was launched in April 2023 and closed in May 2023

Workstream 2: Evaluation: The assessment of the impact of the GOsC resources on the patient and the osteopath. In the registrant survey the reserachers asked for volunteers to test the resources and recruit a patient to use the resources in a live real-world setting. Osteopaths and patients were asked to complete a post consultation questionnaire about their experiences and to determine how patient-centred the consultation was. In addition, researchers conducted focus groups with osteopaths and patients (separately to discuss the impact of the resources on their consultation).

15. There were 121 responders to the survey, and for the second element, seventeen osteopaths recruited 19 patients to use and test the resources.

Key findings in relation to survey:

16. Prior to the questionnaire just under a third of registrant respondents had reviewed the animation (33%), patient leaflet/poster (30%), patient history form (29%) and practitioner reflection form (29%). The goal planner and the audio recording were the least reviewed (20% and 13% respectively).
17. The GOsC ebulletin was the most cited source of information about the resources (63 respondents). Followed by the GOsC website (38) and the o-zone (36), the Institute of Osteopathy (33) and colleagues (26). Social media was not a major source of information (Facebook and Twitter (now X)).
18. Most respondents had not used the resources in practice: the animation, patient history form, patient leaflet/poster, and the practitioner reflection form had been used by only 13, 14, 14, 14 of responders respectively.
19. From our perspective, this is probably not surprising, and perhaps also the disparity in some of the responses, with some finding the resources too dumbed down, and others finding them very helpful and accessible.
20. In relation to the testing of the resources, the patient findings are interesting and generally supportive, including:

'All the participants found the patient history form 'very easy' or 'easy' to use and 14 found the goal planner 'very easy' or 'easy' to use.

The goal planner was seen as the most useful resource, with patient respondents reporting that it was either very or moderately useful. The patient leaflet/poster was reported as very or moderately useful by 17 people, the patient history form

by 16 people and the animation by 12 people. Two respondents reported that the patient leaflet/poster and the animation were not useful at all.'

21. The responses from the osteopaths themselves also revealed a range of opinions, for example:

'For fourteen patients, the osteopaths fully completed the practitioner reflection form, in four cases the osteopaths only partially completed it, and in one case did not complete it. In all cases where an answer was provided (16/19), the osteopaths found the reflection form at least 'Slightly useful'. One osteopath found the patient history form and two the goal planner difficult to use, the remainder found the resources easy or very easy to use.

Most felt the resources were 'very', 'moderately' or 'slightly useful' however four osteopaths reported that the goal planner was 'not at all useful'. Three osteopaths each reported that the patient case history was 'not at all useful' and two found the animation was 'not at all useful.'

22. As shown in the report, in relation to the Care Measure findings, the patients reported that the osteopaths were either 'good', 'very good' or 'excellent' on all the dimensions of patient-centredness in the CARE response questionnaire.
23. In terms of the osteopaths reflections on their own interventions, they were less certain about how patient-centred they were, but still thought they were in the main 'good', 'very good' or 'excellent', with one or two osteopaths rating themselves as 'fair'.
24. The focus groups generated feedback that contrasted with some of the above, for example:

'new patients found the resources, especially the animation, particularly informative and easy to engage with. The returning patients with specific expectations and needs, who were familiar with their osteopaths, did not engage with the resources as much as the new patients.'

25. The fact that returning patients did not engage with the resources as much as new patients makes sense, and it was never intended that these would be used in all cases. It's very much for the osteopath to use the resources in a way that works for them and their patients.
26. It's further interesting to note that despite some of the osteopaths responding less favourably to the animation, this was in contrast to the general patient feedback which cited it as being '*novel, engaging, informative and easy to understand and helpful.*' This is an interesting example of the difference between what can be useful and interesting to a patient and what an osteopath thinks is useful and interesting to a patient.

27. The points raised around the understanding of shared decision making are also interesting, and contrast with 'patient centredness':

'The feedback from the participants indicated there was little or no impact on shared decision-making, however there was a noticeable difference in patient-centredness, expressed by both patients and osteopaths. The resources were used by both the patients and the osteopath, for the patient to think about themselves in a more 'organised way' and for the osteopath to learn more about the patient.

'The patients said they felt listened to, and that the context of their life was taken into account during the consultation.'

28. Table 2 from the report (p18) summarising the overall response to our specific questions is reproduced here:

Aims to explore:	Evaluation findings - Patients	Osteopaths
What a successful or positive appointment means for the patient.	<p>Patients liked to be listened to and respected with their needs, understood by the osteopath in the context of their experience of their condition and their lifestyle.</p> <p>The resources were valued by the patients because they provided the opportunity for the patient to articulate their needs better. This was thought to help the osteopath make more informed decisions about the type of osteopathic treatment appropriate to them.</p>	
What a successful or positive appointment means for the practitioner.		When the osteopath understood the needs of the patient and was able to take them into account in the treatment approach and where the patient felt

Aims to explore:	Evaluation findings - Patients	Osteopaths
		engaged in the consultation.
Whether any of the resources did or could have contributed to that successful or positive appointment.	<p>The new patients who interacted with the resources were enthusiastic about them and reported that they had a positive impact on the consultation, because the consultation was individualised.</p> <p>Returning patients found the leaflet/poster, animation and patient history form a bit redundant but still valued the goal planner.</p>	There was some initial scepticism reported about the utility of the resources but the post consultation focus groups revealed a change in attitude especially when the resources were used with new patients who were more prepared for the consultation.
Whether the resources supported or could have supported a better quality conversation between patient and practitioner and, if so, how and what other factors supported this positive conversation.	<p>The patients reported that the animation helped them be more prepared for the consultation.</p> <p>Osteopaths and patients found the goal planner added value and made follow up more meaningful.</p> <p>The patient history form was more valued by the patients than the osteopaths, they felt it gave them an opportunity to disclose and share more contextual information about themselves, but they did not report feeling pressurised to do so.</p>	<p>Some of the osteopaths initially thought the animation was 'too dumbed down' but this was not the perception of the patients who found it informative and helpful.</p> <p>The patient history form was seen as repetitive of their normal case history however some osteopaths reported that it did give valuable additional information about lifestyle and psychological disposition, some reporting the consultation was more 'emotional'.</p>
How the resources might be improved to better	The patients wanted the osteopaths to understand their needs to make	Some guidance about the timing of the use of resources to optimise

Aims to explore:	Evaluation findings - Patients	Osteopaths
support the patient and the practitioner.	<p>better suggestions and decisions about their care. This reflected a patient-centred approach (as reported in the CARE post consultation questionnaire) but it did not reflect shared decision-making</p> <p>One suggestion was to check the colours and type face for accessibility for partially sighted users</p>	their impact and to avoid making them too time-consuming
Whether the resources had an impact to support a better understanding of shared decision-making and patient autonomy.	<p>The patients were unsure about the concept of shared decision-making beyond osteopathic treatment options. Shared decision-making was articulated as part of the consenting process (agreeing to osteopathic care) rather than shared decision-making about treatment alternatives. The resources did not seem have an impact on shared decision-making but did make the consultations patient-centred.</p>	The resources helped the osteopaths understand the patient context and needs but did not help them move beyond discussing osteopathic treatment options to non-osteopathic options with the patients.

29. The report summarises findings as:

- Overall awareness of the GOsC resources could be improved
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- Adopting and integrating the resources into everyday practice requires additional motivation
- The resources promoted patient-centredness
- The osteopaths generally lacked awareness about shared decision-making
- The osteopaths lack confidence in discussing treatments beyond their osteopathic remit

- Patients found the resources very informative and useful and felt that their 'voice' was heard
- The patients felt respected and understood.

30. Recommendations made are:

- Training and development for osteopaths in the process of shared decision-making.
- Development of shared decision-making aids for osteopaths and patients outlining treatment options and their benefits and risks for the most commonly treated conditions that patients seek consultations for.
- Putting all the patient resources on the GOSc 'Visiting an osteopath' web pages.
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31. Generally, there are some helpful positives identified by the evaluation specifically around the usefulness and impact of the resources for patients, and some useful areas for further development. The points around accessibility on our website and being able to use these electronically are well made and will be addressed imminently.

32. The issue around what shared decision making actually is, and the extent to which osteopaths are required to be able to discuss in detail other care options beyond the osteopathic ones is an interesting one. It merits some further work to model what this might look like, and to present a proportionate and pragmatic approach to this aspect. We will consider this as part of our ongoing work in supporting professional judgement and the implementation of standards.

33. Council is asked to consider the evaluation report and to agree that this be published. The publication of this will act as a further impetus to raise awareness of the resources and to promote how they might be utilised and it provides evidence that the resources do support patients to make more explicit what is important to them and enable them to participate in a positive consultation which is more individualised.

34. It was never intended that these be used in all cases or that we give any implication that they are mandatory. They are purely offered as a resource to support patients in expressing what is important to them, and to contribute to the delivery of high quality osteopathic care in accordance with our standards for the benefit of patients. This aim is supported by the positive patient feedback as outlined above in the summary table, which indicates how useful patients found the resources when used, and helped them to feel respected, listened to, and understood.

Recommendations:

1. To note the results of the evaluation of our shared decision making resources.
2. To agree to publication of this and the next steps outlined.