The Health Foundation
Inspiring Improvement

Case study:

Testing and refining the 'Ask 3 Questions' campaign promoting shared decision making to patients in Newcastle

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In Newcastle, we have taken the *Ask 3 Questions* campaign and developed the work in a number of different and complementary ways to Cardiff. We have done a series of 'Plan, do, study, act' (PDSA) cycles looking at various aspects of the three questions intervention. There are two main areas:

- The wording of the three questions/design of the patient activation leaflet
- The design of a brief survey of patient experience.

What happened?

Deciding on the wording of the three questions

1. Debate around the use of the original third question: *How likely are the benefits and risks of each option to occur?*
2. Feedback from the PPI panel and from practitioners on this third question – 'clumsy and not well understood'.
3. Collingwood Health Group used a PDSA approach to develop the wording of the third questions.

Basis for initial review: original wording and the five-question survey

This is more or less the version that Cardiff started using. Note that 'harms' was already changed to 'risks' on the advice of both Cardiff and Newcastle PPI panels, while the Newcastle panel wanted the words *'to occur'* to be removed.

Next, two other possible third questions were examined

1. *'And how does this fit with what is right for me?'* (See example below) and
2. *'How can we make a decision together that is right for me?'*

These test versions retained the five-question survey developed in Cardiff that reflected the MAGIC shared decision making generic questionnaire.

- We did a survey of patients in waiting rooms. The 'decision together' version was preferred.
- The strap line below the three questions was removed – we found patients did not 'see' it and focused on just the three highlighted questions in boxes.

Result

Rapid test version 2- shows the agreed wording after PDSA rapid testing work

2. Modifying the patient survey element of Ask 3 Questions

The next set of experiments focused on the development of the patient survey. The early experiments had used the five-question survey designed in Cardiff and based on the MAGIC SDM Questionnaire (SDMQ). The hope had been that this would offer a greater range of patient responses and avoid the 'ceiling effect' that we had found with the SDMQ.

Several practitioners looked at feedback using the original five-question survey and found that:

- There was still a ceiling effect: patients were all extremely positive, possibly because they did not understand that the questions were asking about shared decision making and possibly because they did not want to give a 'negative report' on their doctor or nurse (social bias).
- We needed to add a filter question (was there a decision to make today?) – so that only decision making consultations would be scored..

Next steps:

- Reducing the survey to a single question. This has proved very popular with clinicians and, perhaps most significantly, hugely reduces the time taken to collate the results. This is to the extent that clinical teams are happy to do this work themselves, without requiring the resources of the facilitator. This will be important for sustainability.

– Using a Likert scale. Initial trials of this suggest that most patients still score almost all consultations at 8, 9 or 10. We are about to do more extensive piloting in primary and secondary care with clearer instructions to patients.

Result

Current Newcastle versionwith single question using Likert scale.

What are the lessons?

– Some concerns from Newcastle primary care clinicians and PPI panel about the original wording of the three questions led to PDSA work to examine alternatives. This is the first true QI work North East primary care teams have done within the project because teams felt 'this task suited the QI approach'.

– There is more ownership by clinicians of the final products – the wording of the three questions and the design of the patient survey – because of the team-based development process.

– Initial trials of the versions of Ask 3 Questions were done by the MAGIC primary care project lead, alongside team colleagues. This helped both the speed of the work and clinician engagement.

PDSA records relating to this work

PDSA 1: Distribution methods and three questions wording. Does anyone notice any difference in what happens when we use different wording? (Version 1 and 2) Cycle: 1 Date: End May 11

PDSA 2:If we prepare the waiting room and get the receptionists to give clearer instructions, does this improve the questions patients ask? And does the feedback from the survey have less 'ceiling' effect?

PDSA 3: Which of three alternative 'third questions' people felt would generate the most shared discussion. Cycle: 1; date: from 23 to 30 June 2011.

PDSA 4: First experiment with the Likert Scale version of the survey. (Does this version of the survey give any more variation in response from patients?). Cycle: 4; date: 15 July 2011.