

Shared decision making

Consultation on draft scope – deadline for comments by 5pm on 15 February 2019

email: SharedDecisionMaking@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>In addition to your comments below, we would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? <p>Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>General Medical Council</p>
<p>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p>None</p>

Name of person completing form:		Megan Early and Yael Bradbury	
Type		[for office use only]	
Comment No.	Page number or ' general ' for comments on the whole document	Line number or ' general ' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because....
1	General	General	We are pleased that NICE is developing a guideline on shared decision making. As you're aware we are currently reviewing our own guidance on Consent: patient and doctors making decisions together . Our public consultation, which NICE very helpfully responded to, has just closed. We are aiming to publish the revised guidance ready for publication towards the end of 2019. We look forward to discussing your guideline further with you as it develops, and to working with you to raise awareness of shared decision making, and developing resources to help people implement the principles into their every day practice.
2	2	4	We note the listed benefits of involving people in decisions about their care. You may also wish to consider one of the aims of the CMO for Scotland's Realistic Medicine initiative: reducing harmful and wasteful care. While we recognise NICE's remit only extends to England, the principles of Realistic Medicine read across to both Consent and Shared decision making.
3	4	7	The scope states that the new guideline will not cover the circumstances of "unexpected life-threatening emergency needing immediate life-saving care". We received feedback from doctors during our consultation that they wanted more information about consent in emergency situations, particularly in obstetric cases. You may want to consider signposting to advice about emergency situations if you already have some, or including it as part of the new guideline.

Please add extra rows as needed

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NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

4	3	8	You say that the guideline won't be covering <i>whether</i> shared decision making is required. We may have misunderstood, but surely a healthcare worker accessing the guideline will need to know whether or not it applies to them and to the circumstances they are currently facing?
5	5	4	We note that the scope of your shared decision making guidelines also excludes decision-making and mental capacity. We assume that the new guideline will clearly signpost and link to your decision-making and mental capacity guideline.
6	General	General	We note that you have not used the term 'consent' in your draft scope. While we would fully support the aim of widening shared decision making from those relatively narrow circumstances where consent to treatment is formally being sought, we feel it's important to state that the guideline covers these circumstances as well as others. It's important that, in seeking a patient's consent to treatment, a healthcare worker is guided by the principles of shared decision making so that the decision made is informed, and not simply, eg, a signature on a form.
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Add extra rows if needed

Checklist for submitting comments

- Use this 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.

Please add extra rows as needed

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- 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.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- 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.

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.

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.

Please add extra rows as needed

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