Standards framework for shared-decision-making support tools, including patient decision aids

You can use this framework to assess your patient decision aids and the processes uses to develop them.

We have included a simple 3-point assessment scale:

**2** – standard is met

**1** – standard is partially met

**0** ­ standard is not met.

For further details of the standards, see [NICE’s standards framework for shared-decision-making support tools, including patient decision aids](https://www.nice.org.uk/corporate/ecd8).

See the [visual summary for an overview of the essential and enhanced standards supported with visual icons](https://www.nice.org.uk/corporate/ecd8/resources).

# Section 1: Essential content standards – self-assessment tool

Essential content standards – self-assessment tool

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| Health condition, decision and available options | Met (2), partially met (1), not met (0) | Where to find the evidence - page, section, line | Notes |
| The patient decision aid (PDA) states:   * the symptom, condition, disease or illness the person is experiencing * that a decision about treatment or investigation is needed, and indicates which aspect of care this relates to * what evidence-based treatment or investigative options are available including all reasonable alternatives and the option of doing nothing. |  |  |  |
| Details of the available options | Met (2), partially met (1), not met (0) | Where to find the evidence - page, section, line | Notes |
| The PDA presents detailed information about the options to enable the person to make an informed decision, and does so in an unbiased way. This includes:   * detailed information about the potential consequences, benefits and harms of each option * an even-handed approach to how the options are displayed and framed. For example, using the same sized font or neutral language * the option of doing nothing new or different, for example, what happens if the person chooses to continue with their current treatment, does not have further treatment or has no treatment at all. |  |  |  |

Essential content standards – self-assessment tool continued

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| Support for person’s values and preferences | Met (2), partially met (1), not met (0) | Where to find the evidence - page, section, line | Notes |
| The PDA supports people’s understanding by:   * helping people to prioritise what matters most to them in terms of the positive and negative features of the available options * supporting people to communicate these priorities with others, such as health professionals. |  |  |  |
| Use of language and numbers | Met (2), partially met (1), not met (0) | Where to find the evidence - page, section, line | Notes |
| The PDA is written in the most accessible way by:   * using everyday language that is widely understood or simpler language where necessary * using language equivalent to a reading age of 9 to 11 confirmed by a validated instrument such as the readability statistics within Word, or the Flesch Kincaid tool. Where this is not possible, and the PDA is intended to be explained by a healthcare professional, a reading age of 11 to 14 should be used * explaining information in a way that is meaningful to people without a background in health * explaining quantitative information about risks, benefits, chance and uncertainty in a way that is understandable to people with low levels of numeracy. |  |  |  |

Essential content standards – self-assessment tool continued

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| For patient decision aids that include screening and diagnostic tests | Met (2), partially met (1), not met (0) | | | Where to find the evidence - page, section, line | Notes | |
| Where the PDA relates to screening and diagnostic tests, it provides details about:   * what the test is designed to measure * how likely the test is to accurately identify what is being tested for * what (if any) intervention could follow from any result and the implications of that for example, further investigations or treatments * the consequences of detecting a disease or condition that would not have caused any problems if the test had not been done. |  | | |  |  | |
| Formats and availability of patient decision aids aimed at patients | | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | | | Notes |
| Where the patient decision aid (PDA) is intended for a patient audience it addresses the needs of the patient through:   * providing the PDA in a variety of sources such as websites, apps or by providing hard copies * providing a step-by-step guide to making a decision, and then explaining how to discuss that decision with family, friends, carers and healthcare professionals, if they wish. | |  |  | | |  |

# Section 2: Essential process standards – assessment tool

Essential process standards – assessment tool

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| Evidence sources | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | Narrative |
| The patient decision aid (PDA) and supporting documentation provides information about:   * how evidence was found, appraised and summarised * how certain the evidence is about the likelihood of the outcomes described * the sources of evidence – citing NICE guidance where applicable |  |  |  |
| Patient involvement and co-production | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | Narrative |
| The supporting documentation demonstrates that the PDA focuses on the needs of the person. This is by confirming that:   * a clear need for the PDA has been established through dialogue with relevant people with lived experience * the PDA has been co-produced with a range of people with lived experience and professionals to ensure the tone is acceptable to patients, and the information is presented in a balanced and easy-to-understand way * a peer-review process with people with lived experience and professionals has been done. |  |  |  |

Essential process standards – assessment tool continued

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| Neutral presentation of risks and benefits | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | Narrative |
| The developers have considered the presentation of risks and benefits to ensure they are neutral, consistent and unbiased. They ensure this by:   * use of absolute risk rather than relative risk * use of natural frequency * consistent use of data * presenting risk over a defined period of time such as months or years, if appropriate * use of numerical data, where possible, to describe risk, not terms such as rare, unusual, common as these are open to interpretation * inclusion of both positive and negative framing where possible |  |  |  |
| Review cycle and declaration of interests | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | Narrative |
| The PDA includes:   * the date that the PDA was last updated and the nature of the updating process in the future, for example, on a regular cycle or when new evidence emerges * a declaration of the source of funding to develop the PDA and any potential conflicts of interest * the author and developers’ qualifications. |  |  |  |

# Section 3: Enhanced content standards - assessment tool

Enhanced content standards - assessment tool

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| Experience of treatments | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | Narrative |
| The PDA describes:   * what the person’s experience might be depending on which option they choose. |  |  |  |

# Section 4: Enhanced process standards - assessment tool

Enhanced process standards - assessment tool

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| Presentation of data | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | Narrative |
| The supporting documentation demonstrates that the patient decision aid (PDA) focuses on the needs of the person. This is confirmed by:   * using alternative formats such as audio and video format, as needed by the [Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) * using a mixed approach to display data and multiple descriptive methods such as words, numbers, diagrams, pictograms and icon arrays * including risks and benefits that are personalised where possible. |  |  |  |
| Field testing and validation with users | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | Narrative |
| The supporting documentation verifies that through use of the PDA, people can:   * recognise the need for a decision * know what options are available to them * understand how their preferences, values and circumstances affect their decisions * identify what matters most to them in terms of outcomes, and can choose the option most aligned with this * discuss their values and preferences with their healthcare professionals * be involved in decision making to the extent that they wish to. |  |  |  |

Enhanced process standards - assessment tool continued

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| Equality, diversity and health inequalities | Met (2), partially met (1), not met (0) | Where to find the evidence – page, section, line | Narrative |
| The developers have taken into consideration equality, diversity and health inequalities, through:   * a thorough equality impact assessment looking at the protected characteristics in the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents), to avoid discrimination and promote equality * assessing whether the PDA could reduce health inequalities, or make them worse * a consideration of cultural diversity in terms of decision-making and risk analysis. |  |  |  |