Article:
Barber, SK, Ryan, F and Cunningham, SJ (2020) Knowledge of, and attitudes to, shared decision-making in orthodontics in the UK. Journal of Orthodontics. ISSN 1465-3125

https://doi.org/10.1177/1465312520941526

Figure 5: Respondents' explanation for differing approach to SDM in different care settings.

Care setting	▪ Primary care more time pressured and some options disincentivised by measures of outcome (e.g. PAR). ▪ In primary care there is a long wait to start treatment so patients are keen to progress rather than deliberate. ▪ In secondary care the options may be more complex so more discussion is needed. ▪ There is a wider team in secondary care to discuss options with (e.g. Consultant). ▪ There is a greater level of protection in secondary care.
Patient population	▪ Challenges in communications and nuanced discussion e.g. Non-English language, low socio-economic status. ▪ It is easier to discuss more with adults. ▪ Expectations differ between private adult treatment and NHS children treatment. ▪ Cultural and social expectations about whether patient inputs into decision or clinician should make decisions.
Options available	▪ Less willing to offer unstable treatments on NHS as high risk of relapse so waste of resources. ▪ More choice in private so more discussion. ▪ Some treatment challenging for primary care (e.g. TADs) so may be preferable to refer to secondary care for discussion. ▪ Cost depends on treatment options so influences extent of discussion.