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

Care setting	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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.