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**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>

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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.