NICE decision aids: process guide

August 2018

1 Introduction

1.1 Introduction to process guide

This process guide provides an overview of the key principles used for developing NICE decision aids. It ensures that robust, quality-assured decision aids for people using and providing health and social care services are developed in an open, transparent and timely way, with appropriate input from key groups.

1.2 Background to decision aids as part of NICE's support for shared decision-making

All NICE guidance states that professionals and practitioners should take into account the individual needs, preferences and values of their patients or the people using their service, alongside the recommendations. Several of our guidelines explicitly recommend ensuring that patients and people using services (and their carers, guardians and relatives as appropriate) are as involved in decisions about their care as they wish and are able[1]. We provide support for shared decision-making for preference-sensitive decisions related to our guidance.

What is shared decision-making?

Shared decision-making is a process in which professionals and patients or people using services work together to select tests, treatments, management or support packages, based on best available evidence and the person's informed preferences. It includes providing evidence-based information about: options, outcomes and uncertainties; decision support counselling to clarify options and preferences; and a system for recording and implementing the person's informed preferences. Our

[1] Patient experience in adult NHS services (CG138, February 2012), Service-user experience in adult mental health (CG136, December 2011), Medicines optimisation (NG5, March 2015), Medicines adherence (CG76, January 2009), Multimorbidity (NG56, September 2016)

support for shared decision-making making focusses on providing evidence-based information.

What are preference-sensitive decisions?

Preference-sensitive decision points are points where the person's values and preferences are particularly important. They occur when either:

- There are 2 or more options for investigation, treatment or care that deliver similar outcomes but:
  - they have different types of harms and benefits which people may value differently, or
  - the likelihood of the harms or benefits may differ, or
  - the practicalities of the options are different (for example, the choice is between medicine and surgery, or the requirements for monitoring differ), or
  - people may consider the overall risks of harms for any of the options outweigh the overall benefits compared with no treatment

  or
- The choice between an investigation, treatment or care option and the option of 'no treatment' is finely balanced.

Chapter 9 of Developing NICE guidelines: the manual requires guideline developers to identify preference-sensitive decisions.

What is meant by support for shared decision-making?

NICE produces evidence-based information designed to help shared decision-making for preference-sensitive decisions (see table 1, section 2.2 for more details). These include:

- Tables in NICE guidelines, which contain key evidence to help health and care practitioners to start a conversation with people facing a decision (and their family and carers as appropriate). These tables are produced for all preference-sensitive

decision points[2], identified by and agreed with the committee The process for producing these summaries is not included in this process guide.

- NICE decision aids, which are written in non-technical language, and often have diagrams, to support the discussion between a health or care practitioner and the person, and which the person can take away afterwards. They are produced for selected and prioritised preference-sensitive decision points (see section 5).

2 NICE decision aids

2.1 Aims

The aims of NICE decision aids are to:

- summarise the best available evidence relating to the effectiveness, safety and practical factors relating to the treatment or care options **and**
- present that information in a way that is easy for people facing the decision (and their carers, as appropriate) to understand, with support from their health or care practitioner, so that they can weigh up the options' pros, cons and trade-offs.

2.2 Key audiences

The key audiences for NICE decision aids are people facing those decisions (and their carers, guardians and relatives as appropriate) and the practitioners involved in their care. Secondary audiences are organisations commissioning or providing care (which may include decision aids in policies and pathways), and voluntary and community sector organisations (which may promote them to the people with whom they work).

Table 1 compares NICE decision aids with tables in NICE guidelines. Section 6.5 and the templates used to develop NICE decision aids describe possible formats and content.

[2] If a guideline committee identifies a preference-sensitive decision that encompasses options that are not being considered within the current guideline (for example, if the guideline cross-refers to recommendations from other NICE programmes), it is not possible for them to produce a summary table. The topic will be referred as a potential NICE decision aid according to this process guide.

Table 1: NICE support for shared decision-making

Main audience	Description	Purpose and how it is used
Health or care practitioner	**A table in the guideline** that sets out the key benefits and drawbacks including: • effectiveness • safety • practical factors • other potential advantages and disadvantages likely to be important to the decision • quality and certainty of the evidence.	A summary to support the practitioner when they are discussing the issue with people facing the decision.
People facing the decision and health or care practitioners involved in their care	**A NICE decision aid** that includes information about: • the treatment or care options recommended in NICE guidance • the aims of treatment or care and how likely the person is to benefit • possible adverse effects from the treatment or care options and the likelihood of experiencing them • other issues likely to be important to the person facing the decision (such as additional monitoring requirements and duration of treatment). The decision aid will usually include a visual representation of the likelihood of benefits or harms. It may also include a further table to support the person to think about the relative importance to them of different factors in their decision.	A summary to support discussions between the person facing the decision and their professional. Written in simple, non-technical language, it is intended to be used in the consultation and given to the person to take away. See section 6.5 and appendix B for more information about the content of NICE decision aids.

2.3 Key activities

Producing NICE decision aids involves:

- identifying, prioritising and selecting the topic
- identifying and summarising the best available evidence
- presenting the information in a suitable format, including visual representations of the chance of benefits or harms
- reviewing and updating the decision aid.

3 Who is involved in producing NICE decision aids?

3.1 The Medicines and Technologies Programme

The Medicines and Technologies Programme (MTP) is part of NICE's Health and Social Care Directorate. The MTP is a team of healthcare professionals and technical, project and administrative staff who are responsible for:

- developing and reviewing processes and methods for producing NICE decision aids
- selecting and prioritising potential topics for NICE decision aids as part of the NICE decision aid topic prioritisation group (see section 3.3 and section 5)
- identifying and liaising with specialist commentators to join the project group for the topic to ensure the content of the decision aid is relevant and useful (see section 3.4)
- developing NICE decision aids in line with the agreed process and to agreed timelines (see sections 6.1–6.5)
- providing quality assurance of the development process and content of NICE decision aids (see section 6.6)

3.2 Other NICE teams

The MTP works closely with other teams at NICE to develop NICE decision aids. These include:

- the Centre for Guidelines – suggesting topics for selection and prioritisation, supporting the identification of specialist commentator members of the project

group for the decision aid and facilitating work with the guideline committee and guideline developer

- guidance development centres, both internal and external to NICE – synthesising and reviewing evidence, facilitating the development of NICE guidance; suggesting topics for selection and prioritisation, and facilitating work with the appraisal committee and key stakeholders
- the Centre for Health Technology Evaluation (if the need for a NICE decision aid to support technology appraisal guidance is identified) – synthesising and reviewing evidence; suggesting topics for selection and prioritisation, and facilitating work with the appraisal committee and key stakeholders
- the publishing team – supporting clear and effective language and presentation, and publishing the decision aids
- the Public Involvement Programme (PIP) – providing advice on involving people who use services and organisations that represent their interests in developing NICE decision aids and helping to identify and prioritise topics.

3.3 NICE decision aid topic prioritisation group

The NICE decision aid topic prioritisation group is responsible for selecting and prioritising potential topics for NICE decision aid development (see section 5). The group meets quarterly or more frequently as needed and is chaired by the Head of Public Involvement. Other members are a representative from the Centre for Guidelines, the MTP technical adviser – medicines education, the MTP operations programme manager and the PIP senior manager.

3.4 Project group

A project group is identified and established to guide development of each NICE decision aid. This includes specialist commentators and relevant members of staff from MTP, PIP and the publishing team. Specialist commentators are people who have experience of the topic. They include patients or people who use services (or organisations that represent them), carers, health or care professionals and sometimes experts in shared-decision making. As far as feasible the project group also gathers views from people with direct experience of facing the decision covered by the decision aid.

Specialist commentators are usually committee members who are developing the guidance or are recruited via voluntary and community sector organisations and professional organisations. Experts in shared decision-making are recruited from the NICE shared decision-making collaborative. The role of the specialist commentators is to:

- clarify the scope of the decision aid
- check the decision aid is easy for people facing the decision to understand and use
- check the decision aid is accurate, and is easy to use and acceptable to practitioners supporting people facing the decision.

The project group is identified early in the production process to provide comments within an agreed timeframe.

4 Conflicts of interest

NICE staff and specialist commentators are required to comply with the NICE conflicts of interest policy.

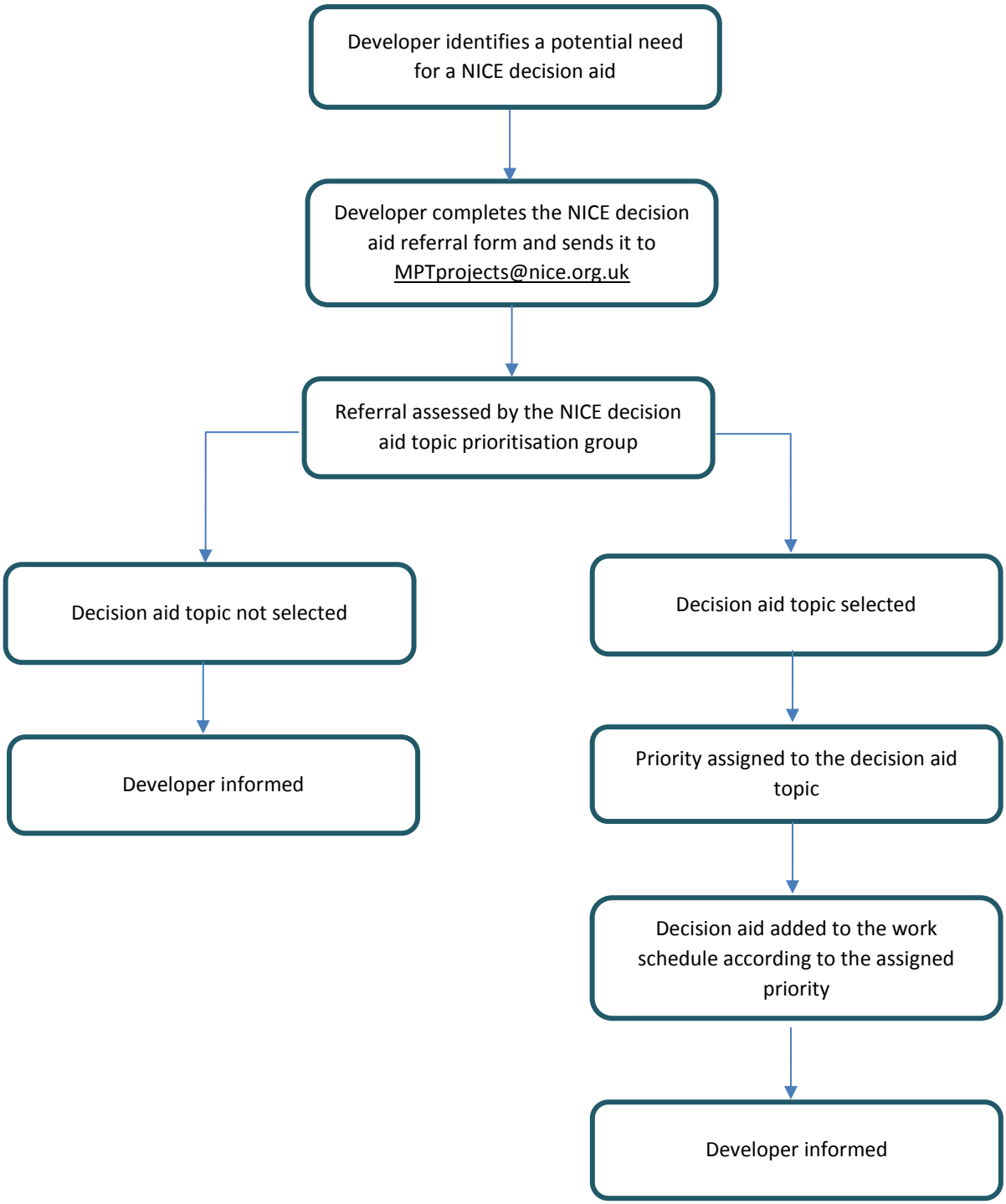
5 Topic identification, selection and prioritisation

There are 3 stages to the process for topic identification, selection and prioritisation:

- Topic identification involves reactive and proactive identification of potential topics for NICE decision aids.
- Topic selection involves reviewing identified topics to see whether they are suitable for a NICE decision aid.
- Topic prioritisation involves deciding which selected topics should have resources committed to them to produce decision aids.

Figure 1 outlines the steps involved in identifying, selecting and prioritising topics.

Figure 1. Usual process for NICE decision aid topic identification, selection and prioritisation



5.1 Topic identification

Potential topics for decision aids are identified during guidance scoping and development. Developers and committees are asked to identify preference-sensitive decision points as they develop the guidance. If they think that a decision aid could be useful, they complete the decision aid referral form (see appendix A).

Decision points should be identified early in guidance development so that the decision aid is published at the same time as the guidance (or as soon afterwards as possible). Stakeholders have given clear feedback that NICE decision aids have greatest impact when this happens.

Exceptionally, the form can be completed at any stage, including during or after guidance consultation. In these cases, the decision aid is less likely to be available at guidance publication.

Developers submit the form to the MTP (MPTProjects@nice.org.uk). For NICE guidelines, this should be with the support of the guideline commissioning manager. For other guidance types the form should be submitted by someone with a knowledge of the evidence and decision point to enable discussion to take place. This could be a member of the technical team or an associate director. Advice on completing the form can be obtained from the MTP technical adviser – medicines education or the PIP senior manager.

The NICE decision aid topic prioritisation group also proactively looks for guidance where preference-sensitive decision points are likely to arise, and liaises with the relevant guideline commissioning manager or technology appraisal associate director.

5.2 Topic selection

Topic selection is carried out by the NICE decision aid topic prioritisation group. This is to establish whether:

- sufficient suitable evidence is available from the guidance evidence review to be able to produce a NICE decision aid

- any suitable decision aids are already available that are relevant to making this decision in the public sector.

All decisions and the reasons for them are reported to the NICE decision aid topic prioritisation group.

5.3 Topic prioritisation

It is not possible to produce NICE decision aids for every preference-sensitive decision, so topics need to be prioritised. The NICE decision aid topic prioritisation group does this, using the information on the referral form (appendix A) and the following criteria:

- Needs of people using services. Factors might include:
  - the value of a visual representation of the chance of benefits or harms
  - the complexity of the issues or the number of options from which to choose
  - whether or not the decision is 'high stakes' with reasonably possible life-changing consequences
  - whether there are similar risks and benefits between options, and preferences will be the major determining factor.
- Other unmet need, such as unwarranted variation in access to the treatment or care options.
- System priority, such as how frequently the decision is likely to be encountered by patients and users of services.

The NICE decision aid topic prioritisation group scores each potential decision aid as low, medium or high against these criteria, and uses the total score to assign an overall priority to the topic and updates the schedule of NICE decision aids. The group determines the initial schedule each year by horizon scanning for potential guidance topics. However, new topics for potential NICE decision aids may emerge during guidance development, so re-scheduling of topics may be needed during the year. In addition the priority of a topic (low, medium or high) may be amended if new information comes to light or national priorities change.

6 Development

MTP develops a decision aid for each of the scheduled topics. NICE decision aids are usually but not always published alongside the guidance or guidance update.

6.1 Equality and diversity considerations

NICE decision aids are developed in accordance with NICE's equality and diversity and conflict of interest policies.

6.2 Scope of individual NICE decision aids

The project group agrees the outline and aim of the decision aid with the guidance developers. They then define the detailed content (for example, which potential benefits or harms to cover), and advise on other information that the writers need, such as language to use.

6.3 Evidence for use in NICE decision aids

The primary source of information is the evidence reviews or submission used in the development process for the guidance. Where necessary, individual studies included in evidence reviews or submissions may be examined for further data. Studies excluded by the guidance development process will not be used. Additional information may be taken from other NICE guidance and advice, and from standard reference sources including (but not limited to) NHS Choices, NICE Clinical Knowledge Summaries (CKS), summaries of product characteristics (SPCs), BNF and BNFC. NICE decision aids use only evidence that is in the public domain. A user guide and data sources document is published for each NICE decision aid that explains how the decision aid relates to the guidance, how it was produced and the evidence on which it is based.

6.4 Writing the decision aid

An MTP medicines adviser, with support from an editor, drafts the decision aid using a standard template (appendix B). A shorter or longer format may be used, depending on the topic (see table 2). Drafting the decision aid involves:

- selecting the best evidence relevant to these from the evidence review or reference source (such as summaries of product characteristics), taking into account its quality and the importance of the outcome to people facing the decision, and
- drafting the text, and
- producing icon arrays or other visual summaries (if these are being included).

The first and subsequent drafts of the decision aid are reviewed by the project group in an iterative way, until an optimal version is obtained that can proceed to quality assurance. As far as feasible the project group also gathers views from people with direct experience of facing the decision covered by the decision aid.

Table 2: NICE decision aids

Shorter format	Longer format

• Brief information about the aims of treatment and the choice to be made
• A brief summary of the relevant recommendations in the guideline
• Brief summaries of:
  ○ the possible benefits from the treatment or care option
  ○ possible harms from treatment or care
  ○ other factors likely to be important to people facing the decision (such as monitoring requirements or medicines administration issues)
• A visual representation of the chance of benefits or harms (if possible)
	• Brief information about the aims of treatment and the choice to be made
	• A brief summary of the relevant recommendations in the guideline
	• A table addressing commonly-asked questions about:
	  ○ possible benefits from the treatment or care option
	  ○ possible harms from the treatment or care option
	  ○ other factors likely to be important to people facing the decision (such as monitoring requirements or medicines administration issues)
	• A table to help the person think about the relative importance to them of different factors in the decision
	• A visual representation of the chance of benefits or harms (if possible)

6.5 Quality assurance of the decision aid

The NICE decision aid is independently quality assured by the MTP. A medicines adviser who was not involved in drafting the decision aid does a detailed check to

ensure the content is fair, balanced and accurate. Internal sign-off is done by the MTP's clinical medicines adviser or an MTP associate director. The near—final version is sent in confidence to the project group and, for decision aids related to NIEC technology appraisal guidance, to guidance commentators and consultees. NICE's Publication Executive checks that the process has been followed and reviews the decision aid before approving it for publication.

6.6 Publication of the decision aid

The decision aid is published on the tools and resources tab of the NICE guidance. It is publicised through NICE's communications routes, including the NICE field team and medicines and prescribing associates.

7 Review and update

NICE decision aids are reviewed as part of the surveillance process for the guidance they to which they relate. If the guidance and the relevant recommendations are modified, the decision aid will also be updated. The decision aid may also be updated or withdrawn before the guideline is updated if the MHRA issues a safety warning relating to a treatment option included in it.

Appendix A: NICE decision aid referral form

Please complete the table below as fully as possible: where information is not yet available, please indicate this and when it may become available. **It may not be possible to answer every point at this stage but the questions may help your thinking and clarify what the issues are.**

Send the completed form to MPTProjects@nice.org.uk

Guideline/guidance details	
Name of guideline/guidance	
Planned publication date	
Current stage of the development process	
Referring manager name, email address and telephone number	
A. Proposed topic for the NICE decision aid	
1. To what recommendation will the proposed NICE decision aid relate? What options should the NICE decision aid include? (*Provide the current draft wording if available, and indicate where this decision point appears in the care pathway, if an evidence table is available for this decision point append it to this form*)	

2. Why is this a preference-sensitive decision? What are the significant trade-offs and questions likely to be important to people facing the decision? Consider: • Effectiveness • Safety • Other consequences and issues, such as the need for blood tests or other monitoring, the intrusiveness of different options (for example, oral or parenteral medication, medical or surgical interventions)	
3. Why is there a need for a NICE decision aid in addition to the summary table in the guideline[3]? Reasons might include: • The value of a visual representation of the chance of benefits or harms • The complexity of the issues or the number of options the person is choosing between	

[3] Reference to a summary table does not apply to technology appraisal guidance

• Whether or not the decision is 'high stakes' with reasonably possible life-changing consequences • Similar risks and benefits between options, where preferences will be the determining factor	
4. What is the state of the evidence in this area? If the evidence is of low quality is there a need to explain the resulting uncertainty to people facing the decision?	
5. Is there currently unwarranted variation in access to treatment or care across the system in the topic area?	
6. Are you aware of a decision aid or similar support for shared decision-making that is relevant to this decision in an NHS setting that is already available or in development?[4]	

[4] If a decision aid currently exists contact its developers to determine if there are plans to update the PDA should the new or updated NICE guidance recommendations differ from the content of the decision aid.

FOR SELECTION PANEL USE

Dimension	Scoring	Comments
Topic		
Patient/service user need Other unmet need System priority	High ☐ Medium ☐ Low ☐ High ☐ Medium ☐ Low ☐ High ☐ Medium ☐ Low ☐	
Other resources		
Are there other resources available?	Yes ☐ No ☐	
	Total score:	
	Selected: Yes ☐ No ☐	

Scoring:

Yes = 1, No = 0
High = 3, Medium = 2, Low = 1

Appendix B: templates

The following pages contain templates for

- Shorter format NICE decision aids
- Shorter format NICE user guide and data sources
- Longer format NICE decision aids
- Longer format NICE user guide and data sources

Decision aid

Title

Information to help people with [condition], their family members and carers and their healthcare professionals discuss the options

What are the options?

[Briefly outline the background, what the treatment is and what it is intended to achieve.]

What does NICE recommend?

[Briefly outline NICE's recommendations]

You can choose whether to have [treatment] or not. There are pros and cons, which this decision aid will help your healthcare professional to explain.

Information about how this decision aid was produced and the evidence on which it is based is available on the NICE website.

How likely is the person to benefit?

[Summarise the likely benefits in terms of likelihood of patient-oriented outcomes as agreed with the project group, referring to the icon arrays if these are produced. Usually include the option of no treatment, or at least no additional treatment (that is, usual care – which may include drugs, surgery, etc. – with or without option X). Do not usually give numbers here, but if you do, make sure they are framed positively and negatively. Usually avoid value-laden terms such as 'few' or 'many'. If there is no statistically significant difference between options, usually use a phrase such as 'there is no good evidence to know for sure if people who have {treatment} are less likely to have {outcome} than people who {alternative}.]

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What are the side effects?

[This section should cover a) common and very common side effects of drugs or harms of treatments and b) less common side effects or harms that are serious (life-threatening or seriously debilitating, necessitating hospitalisation.). Agree the outcomes with the project group.

For common side effects (taken from the SPC) include the phrase 'Not everyone will get these but many people will' (for very common side effects) or 'On average, up to 10 people in every 100 who take {treatment} will get these, and at least 90 in 100 will not' for common side effects). Also state 'There are also other less common side effects, and your healthcare professional can explain further.'

For serious side effects, if possible, summarise the likely harm in terms of likelihood of patient-oriented outcomes, referring to the icon arrays if these are produced. Do not usually give numbers here, but if you do, make sure they are framed positively and negatively. Avoid using value-laden terms such as 'few' or 'many'. If there is no statistically significant differences between options, use a phrase such as 'there is no good evidence to know for sure if people who have {treatment} are less likely to have {outcome} than people who {alternative}.]

It is not possible to know in advance what will happen to any individual person.

Other things to think about

[Use this subheading type to divide this box into different issues as needed]

[For licensing issues, use the following (modified as necessary). 'Using {treatment} for {indication} would be an 'off-label 'use. There is more information about medicines licensing on NHS Choices, and your healthcare professional can explain further.]

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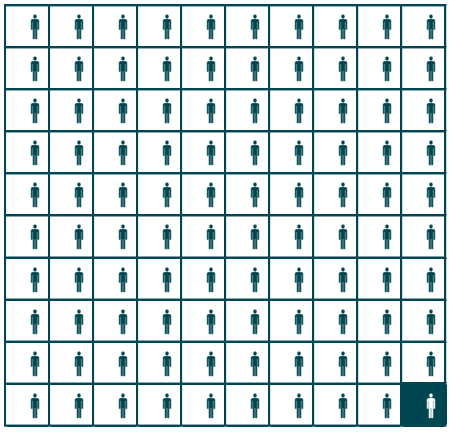
Diagrams to help explain the numbers in the decision aid

[Outcome] over [N] years

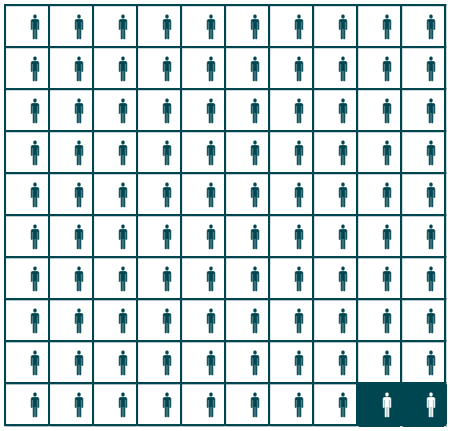
[Outcome with option A]



On average, for every 100 people who have [option A], over N years:

- about 99 people will not have [outcome]
- about 1 person will have [outcome].

[outcome with option B]



On average, for every 100 people who have [option B], over N years:

- about 98 people will not have [outcome]
- about 2 people will have [outcome].

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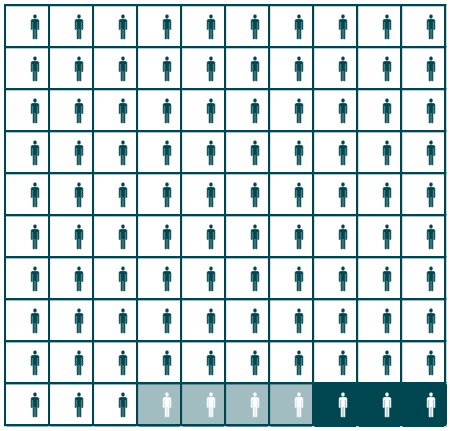
Outcome C over [N] years

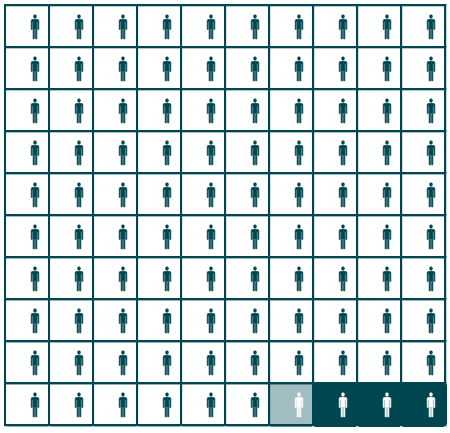
[Outcome with option C]



On average, for every 100 people who have [option C], over N years::

- about 93 people will not die.
- about 3 people will die from [cause].
- about 4 people will die from [cause].

[Outcome with option D]



On average, for every 100 people who have [option C], over N years:

- about 96 people will not die.
- about 3 people will die from [cause].
- about 1 person will die from [cause].

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title of the decision aid]
Decision aid: user guide and data sources

Role of the decision aid

Recommendation [xxx] of the NICE guideline on [topic] states:

> [recommendation].

Choosing whether or not to have [option] a highly preference-sensitive decision. It involves trading-off [details] against [details].

The NICE decision aid can help healthcare professionals explain these trade-offs. The person facing the decision and their family members or carers (as appropriate) can review the written information before deciding.

[As well as describing the common and serious adverse effects of [treatment], the decision aid includes icon arrays (diagrams) to illustrate the expected absolute effects on [outcomes].

Developing the decision aid

The decision aid was developed by pharmacists in the NICE Medicines and Technologies Programme and clinicians and lay members of the guideline committee.

NICE decision aids are reviewed as part of the surveillance process for the guidance to which they relate. If the guidance and the relevant recommendations are modified, the decision aid will also be updated.

Sources of data

Benefits from antipsychotic treatment

Information on the likely benefits of treatment is based on the evidence reviewed in the guideline.

Effects of antipsychotics on risk of stroke and death

These data are taken from the meta-analysis by Ma et al. (2014) that was reviewed in the guideline. This included 16 randomised controlled trials of antipsychotics in 5,050 people with dementia who had hallucinations, delusions or agitation. Almost all the studies lasted 6 to 12 weeks but 1 small study of 93 people lasted 26 weeks.

Risk of stroke

The meta-analysis found a pooled rate of cerebrovascular adverse events in the control group of 0.83% (8 in 1000). The pooled odds ratio for these events with antipsychotics compared with control was 2.50 (95% confidence interval [CI] 1.36 to

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4.60). Applying this odds ratio to the pooled control event rate gives an absolute risk increase of 1.22% (95% CI 0.30 to 2.89); that is, an additional 12 per 1000.

Risk of death

The meta-analysis found a pooled rate of death in the control group of 2.22% (22 in 1000). The pooled odds ratio for death with antipsychotics compared with control was 1.52 (95% CI 1.06 to 2.18). Applying this odds ratio to the pooled control event rate gives an absolute risk increase of 1.12% (95% CI 0.13 to 2.50); that is, an additional 11 per 1000.

Other adverse effects

Information on common adverse effects of antipsychotics was taken from the manufacturers' summary of product characteristics for risperidone. The clinicians on the guideline committee agreed that these would be typical of antipsychotics used to relieve agitation, aggression and psychosis in people living with dementia.

References

Author 1, author 2, author 3, et al (2014) Title. Journal [Vol]: [pages]

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Decision aid

Title

Information to help people with [condition], their family members and carers and their healthcare professionals discuss the options

What are the options?

[Briefly outline the background, what the treatment is and what it is intended to achieve.]

What does NICE recommend?

[Briefly outline NICE's recommendations][

The choice for you

You can choose whether to have [treatment] or not. There are pros and cons, which this decision aid will help your healthcare professional to explain

Information about how this decision aid was produced and the evidence on which it is based is available on the NICE website.

How do the benefits and drawbacks of [option A] and [option B] compare?

[It may be appropriate to explain major limitations to the evidence, or summarise the key trade-offs in the decision, but this is not mandatory.]

The table on the next few pages summarises things most people are likely to think about when choosing between [option A] and [option B]. You can use the table on page x to note down what you think about them. There may also be other things that are important to you. Talk to your healthcare professional about all these things

It is not possible to know in advance what will happen to any individual person

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	EBRT	Intrabeam
Question 1	[Use simple language for non-quantitative comparisons]	Use simple language for non-quantitative comparisons]
Question 2 *See also the diagram on page x*	Over N years on average, for every 100 people who have [option A],: • about A people have [outcome] • about B people do not have [outcome].	Over N years on average, for every 100 people who have [option B],: • about A people have [outcome] • about B people do not have [outcome].
	[Add important information about the evidence in cross-rows, like this. For example: 'There is some uncertainty about the precise numbers because of the size of the study and the length of time the people were followed up. It could be that the difference in rates of [outcome] seen in the study was just down to chance, and [outcome] is actually no more or less likely with either treatment. But it could be that there truly is a difference, which could also be greater than that seen in the study. It is not yet possible to know for sure either way.']	
Question 3	[Do not be deterred from mentioning an issue which is important to people facing the decision, but for which no evidence is available. Consider saying something along the following lines: 'In theory the risk of {outcome} would be less with {option A} because {rationale}, but there is no reliable information on how {option A}] and {option B} compare for causing {outcome}].']	

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	EBRT	Intrabeam
Question 4		
Question 5		

Other things to think about

[Use this subheading type to divide this box into different issues as needed]

[For licensing issues, use the following (modified as necessary). 'Using {treatment} for {indication} would be an 'off-label 'use. There is more information about medicines licensing on NHS Choices, and your healthcare professional can explain further.]

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How you feel about the options

Issue	How important is this to me?			
	Very important	Important	Not important	Not at all important
[insert text relevant to the question in the table above, in the order they appear there]				

Other things I want to talk about:

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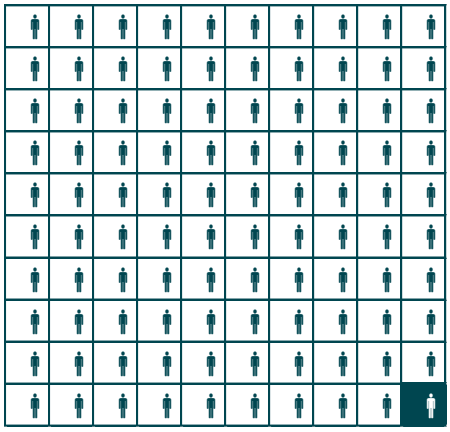
Diagrams to help explain the numbers in the decision aid

[Outcome] over [N] years

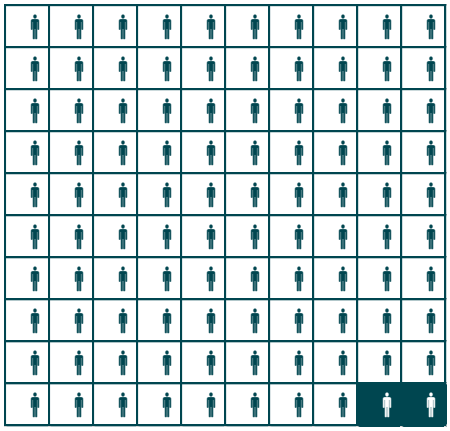
[Outcome with option A]



On average, for every 100 people who have [option A], over N years:

- about 99 people will not have [outcome]
- about 1 person will have [outcome].

[outcome with option B]



On average, for every 100 people who have [option B], over N years:

- about 98 people will not have [outcome]
- about 2 people will have [outcome].

It is not possible to know in advance what will happen to any individual person

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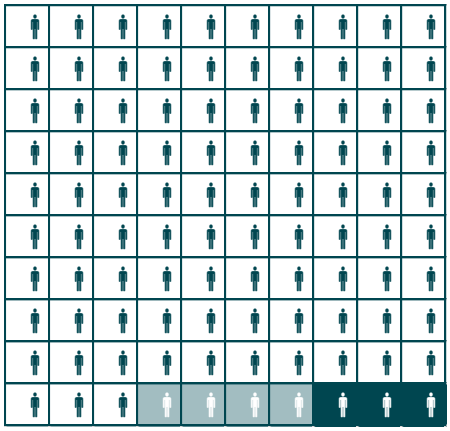
Outcome C over [N] years

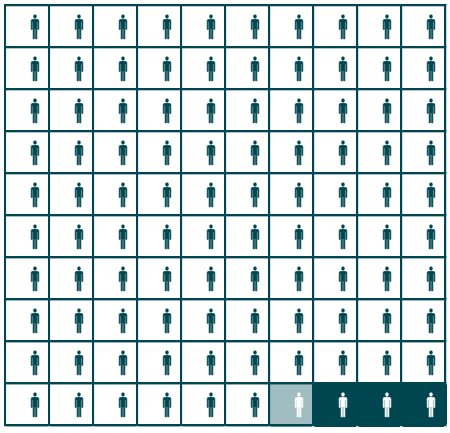
[Outcome with option C]



On average, for every 100 people who have [option C], over N years::

- about 93 people will not die.
- about 3 people will die from [cause].
- about 4 people will die from [cause].

[Outcome with option D]



On average, for every 100 people who have [option C], over N years:

- about 96 people will not die.
- about 3 people will die from [cause].
- about 1 person will die from [cause].

It is not possible to know in advance what will happen to any individual person

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[title of the decision aid]
Decision aid: user guide and data sources

Role of the decision aid

Recommendation [xxx] of the NICE guideline on [topic] states:

> [recommendation].

Choosing whether or not to have [option] a highly preference-sensitive decision. It involves trading-off [details] against [details].

The NICE decision aid can help healthcare professionals explain these trade-offs. The person facing the decision and their family members or carers (as appropriate) can review the written information before deciding.

[As well as describing the common and serious adverse effects of [treatment], the decision aid includes icon arrays (diagrams) to illustrate the expected absolute effects on [outcomes].

Developing the decision aid

The decision aid was developed by pharmacists in the NICE Medicines and Technologies Programme and clinicians and lay members of the guideline committee.

NICE decision aids are reviewed as part of the surveillance process for the guidance to which they relate. If the guidance and the relevant recommendations are modified, the decision aid will also be updated.

Sources of data

[Summarise the sources of data. Explain any calculations and refer to table 1]

Table 1: References to each section of the decision aid

Page	Section	Evidence
1		

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References

Author 1, author 2, author 3, et al (2014) Title. Journal [Vol]: [pages]

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