

Embedding shared decision making in primary care



Overview

“No decision about me, without me” is the fundamental principle underpinning many of the current changes in NHS healthcare. Health care professionals may fail to recognise how knowledgeable patients are, or to understand the beliefs of individuals and groups. By engaging in balanced discourse, clinicians not only help a person come to terms with their needs and the potential gains and losses from different treatment approaches, but also broaden their own understanding of what is important to people.

The principle of engaged patients being well informed and taking a central role in all decisions made in their care is neither new nor revolutionary, but some patients may be passive receivers of care and many medical professionals, inadvertently or otherwise, are paternalistic in their delivery. Sharing decision making with the patient, referenced to understandable evidence and timely support when selecting investigation and treatment options, benefits not only individuals but the system as a whole.

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Project Aims and Methods

Making shared decision making (SDM) a reality for patients can only be achieved if it is systematically streamlined into routine NHS processes, steering clear of lengthy bureaucracy. Nationally, a number of tools have been produced which now need to be rolled out locally and regionally. In order to support this work in the South of England, a ‘Community of Interest’ has been established to enable interested clinicians, who want to know more, to access training, ideas and peer support to try things out in their own clinical context.

Activities in the Community of Interest include a focus on integrating shared decision making so it becomes an integral part of the patient pathway and clinical behaviours. As well as embedding shared decision making from the provider perspective, SDM needs integrating into policies, commissioning systems and consent procedures. A particular focus therefore for the Community of Interest is to provide information, insight and advice about how Clinical Commissioning Groups (CCGs) can deliver on their statutory duties, including practical tools and processes, and indicators of what ‘good commissioning of shared decision making would look like’ at CCG level. A range of different activities have been delivered since the Community was established, utilising new technologies to spread the word through different channels.

Findings

22 Clinical Commissioning Groups across the South of England responded to an initial survey. 95% of respondents asked for more information or support on shared decision making. 56% of respondents definitely understood what SDM is trying to achieve and 63% indicated that SDM featured in their CCG plan. In relation to CCG plans, 45% included SDM in Planned Care (specifically MSK) and 35% in relation to Long-Term Conditions. Fieldwork indicates that, in reality, CCGs are at very varied stages in their development which can be categorized as:

- Interested in SDM and currently developing an understanding of how to implement in practice.
- Interested and with some engagement to introducing SDM in an identified clinical area.
- Have a full SDM plan with internal accountability for delivery.

The implications for the Community of Interest are to develop a wider suite of options to address the variability in practice. Regular WebEx updates from practitioners, tailored visits and expert mentorship to support specific initiatives, and the development of materials for patients and clinicians, are all part of the range of offerings needed to move individual CCGs on from their various starting points.

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Recommendations

The wider implication for policy from the work carried out in the South of England is that more time and resource needs to be given to supporting the CCG community with practical help for implementation. This includes developing an evidence base of the impact on patients of the use of patient decision aids and option grids, as well as assessing the impact on patient satisfaction of commissioning changes. Peer learning and clinical engagement are critical to embedding deep change in relation to shared decision making.

Working with Thames Valley Health Knowledge Team

This project was carried out by the Knowledge Team, with project support from Pfizer Ltd and funding from NHS South of England and Pfizer Ltd. Pfizer are supporting the project as part of their commitment to work together for Britain’s national health through partnership.

We can help you by:

- **Involving you in the Community of Interest for shared decision making in the South of England.**
- **Advising you on the appropriate level of support to help you meet your current CCG aims for SDM.**
- **Signposting you to the national tools and approaches.**

Thames Valley Health Knowledge Team

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