Shared Decision Making Programme

NHS

Shared Decision Making – a strategic framework for commissioners

In partnership with Capita Group Plc

CAPITA

Purpose of this document

- To provide commissioners with an understanding of:

  - What is shared decision making?
  - Where it sits in the wider context of priorities and challenges
  - The benefits of implementation for commissioners and providers
  - What needs to change to make shared decision making a reality

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What is shared decision making?

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Shared Decision Making: a definition

Shared decision-making is a process which involves patients:

- as active partners with their clinician;
- in clarifying acceptable medical options;
- and in choosing a preferred course of clinical care.

What is being shared?

Patient

- Experience of condition
- Social circumstances
- Attitude to risk
- Values
- Preferences

Clinician

- Diagnosis
- Cause of illness
- Prognosis
- Treatment options
- Outcome probabilities

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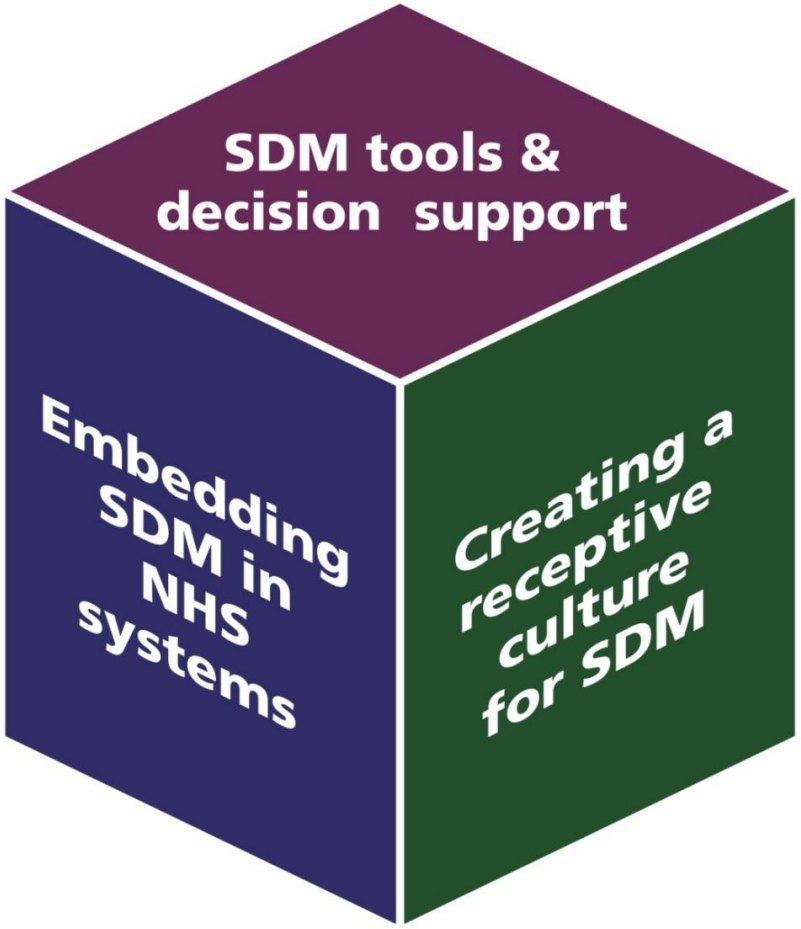
National shared decision making programme – 2012 delivery



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Shared decision making and the wider policy context

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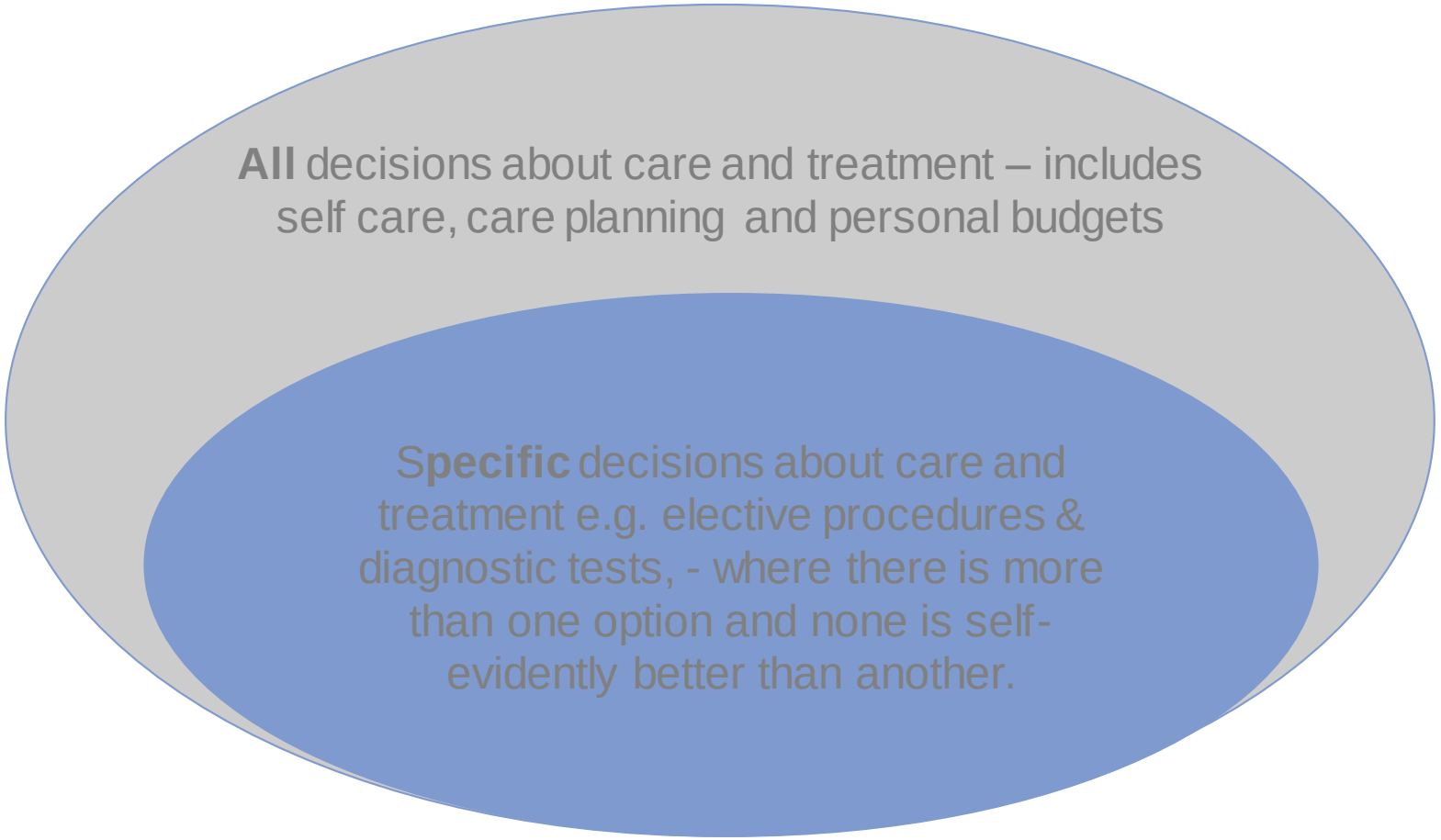
Shared decision making: touch points

LEGISLATION	POLICY COMMITMENTS	COMMISSIONING	CULTURE
PERSONALISATION			
SHARED DECISION MAKING			
HEALTH & SOCIAL CARE ACT 2012	WHITE PAPER	QIPP	
	PATIENT EXPERIENCE FRAMEWORK		
HEALTH & SOCIAL CARE ACT 2010	INFORMATION STRATEGY	EDUCATION & TRAINING	
NHS CONSTITUTION	NHS OUTCOMES FRAMEWORK 2012/13	CCG AUTHORISATION	PATIENT ATTITUDES
	THE OPERATING FRAMEWORK FOR NHS 2012/13	COMMISSIONING OUTCOMES FRAMEWORK 2013	CLINICIAN ATTITUDES
		CONTRACTS/CQUIN/ PbR/YEAR OF CARE TARRIFF	

Integral to wider personalisation agenda



Legal duty of NHS organisations to involve patients in decision about their care and treatment

- Requirement set out in Health and Social Care Act 2012 (sections 23 and 26)

- NHS boards and CCGs have a legal duty to promote the involvement of patients in decisions which relate to:
  - the prevention or diagnosis of illness in the patients, or
  - their care or treatment

- The Commissioning Board must produce formal guidance for CCGs on how they meet this specific statutory duty. This will be produced later this year

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Policy context driving ‘no decision about me, without me’

- NHS Constitution – commitment to ‘ability to make choices about your NHS care and the information to support these choices’
- ‘Equity and Excellence: Liberating the NHS’: ‘no decision about me, without me’, shared decision making to become the norm
- Patient Experience Framework – shared decision making, information, communication and education
- Forthcoming information strategy – outlines the benefits of shared decision making and supports the commitment to involving patients in decisions about their care

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CCGs need to demonstrate SDM as part of the authorisation process

- SDM integral to CCGs requirement to undertake 'meaningful engagement with patients, carers, and their communities'

- Under Domain 2, Meaningful Engagement with Patients, Carers and their Communities CCGs must demonstrate that Views of Individual Patients are reflected in Shared Decision Making and translated into commissioning decisions.

Specifically CCGs are required to show they:

- understand statutory duties in relation to enabling patients to make choices and to promote the involvement of patients, carers and relatives in decisions about their care and treatment

Contractual and system levers

- Operating framework/QIPP – CCGs are committing to SDM as part of their local QIPP plans
- Contracts – health economies are exploring SDM as a demand management mechanism – a more appropriate alternative to thresholds
- CQUIN – national objective to 'improve responsiveness to personal needs of patients' and opportunities to drive change locally
- Commissioning Outcomes Framework – operational from April 2013 – indicators to be published in Autumn 2013
- Payment by results and the tariff – currently focused on activity, but initiatives such as the 'Year of Care' offer opportunity to drive change

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Why should commissioners value Shared Decision Making?

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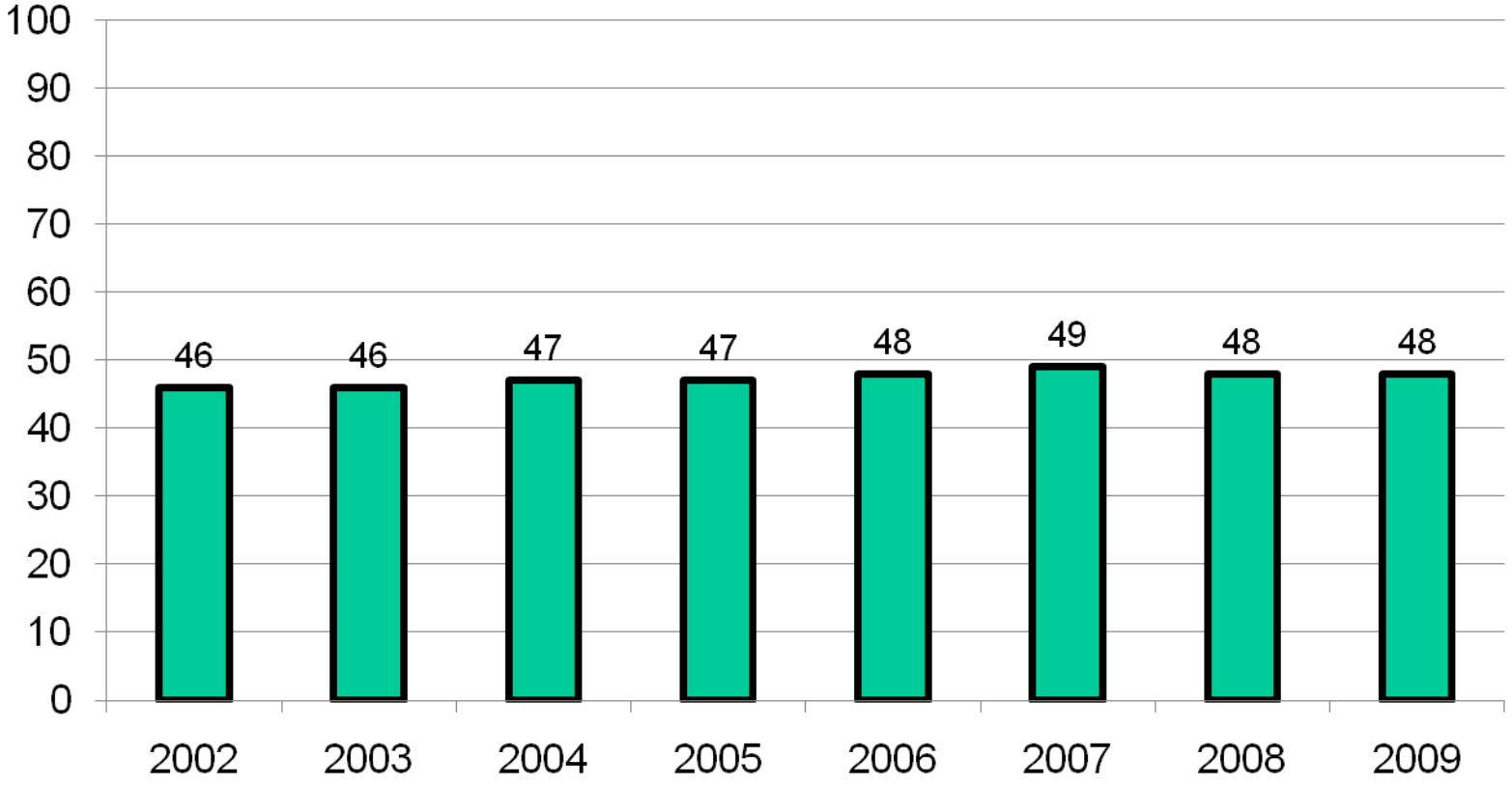
Powerful evidence of impact of SDM

Research evidence points to benefits including:

- Improved patient satisfaction, experience and knowledge
- Patients' ability to make choices in line with their own needs, values and circumstances;
- Improved clinical outcomes and safety;
- Achieving the right intervention rate and reducing unwarranted practice variation;
- Reduced litigation costs

Patients want more involvement in decisions about their care

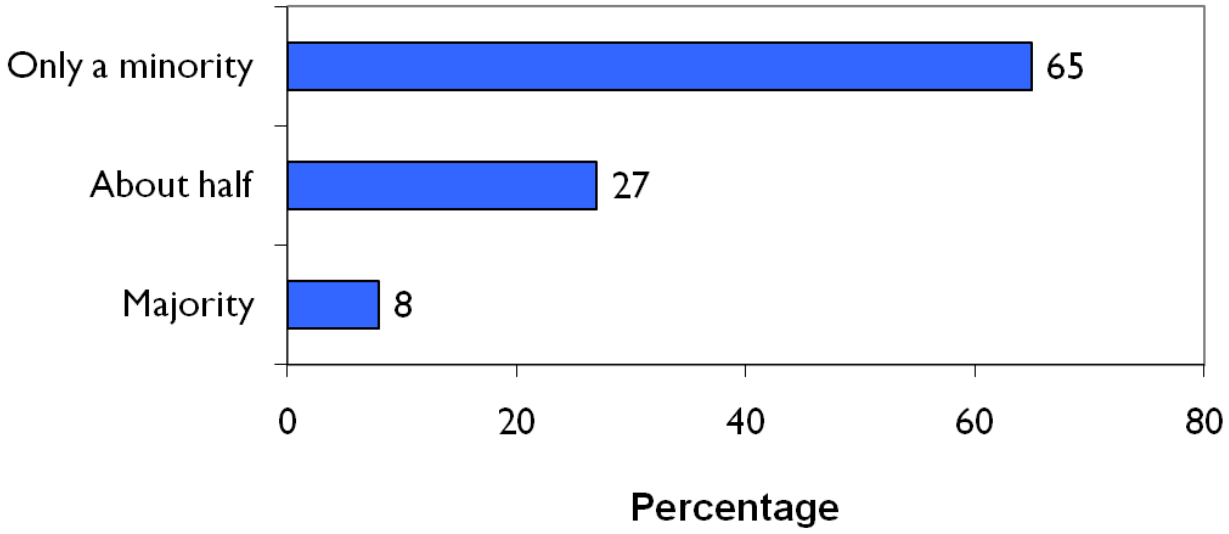


Source: NHS inpatient survey

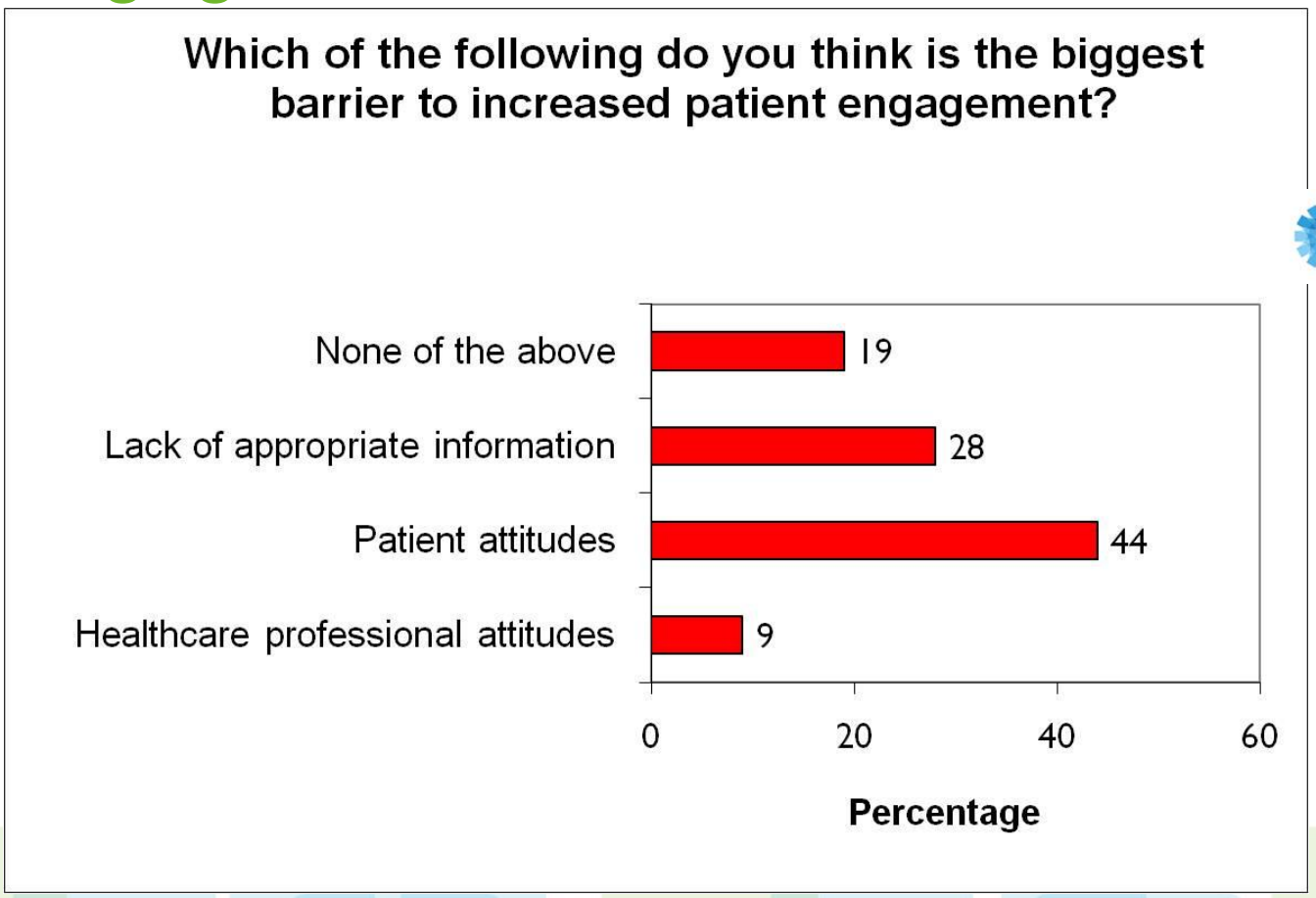
But some clinicians are sceptical

What proportion of your patients do you believe actually want more information than they currently receive on their treatment and its management?

Doctors.net.uk



And believe patients do not want to be engaged

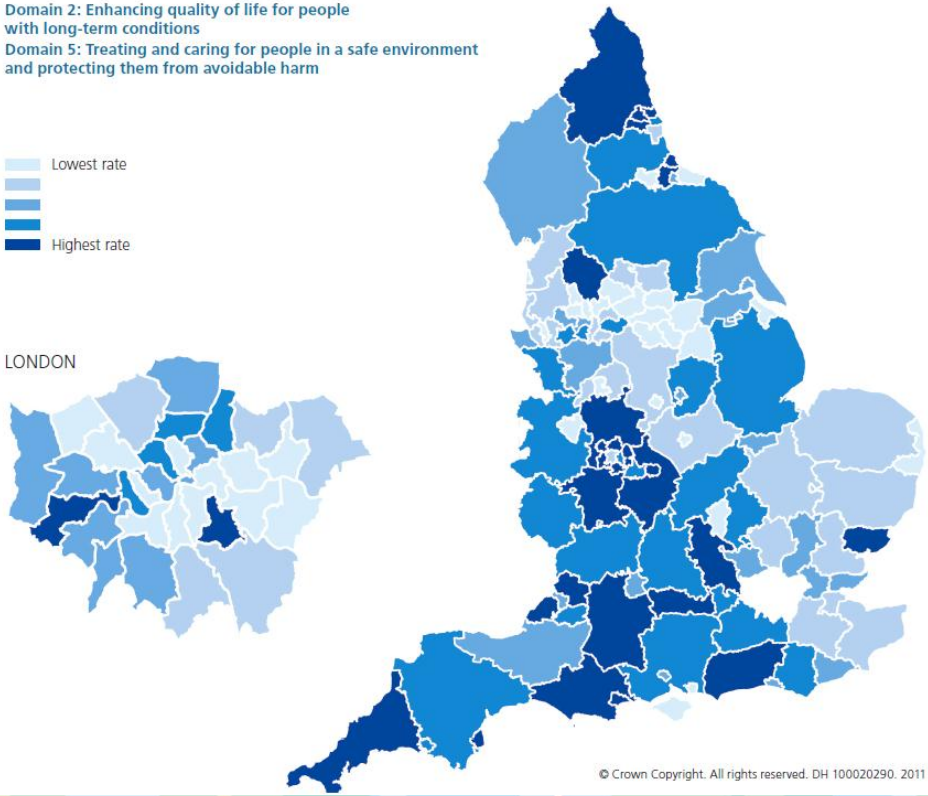


Evidence of unwarranted variation in specific procedures

Map 48: Rate of metal-on-metal hip resurfacing procedures undertaken per population by PCT

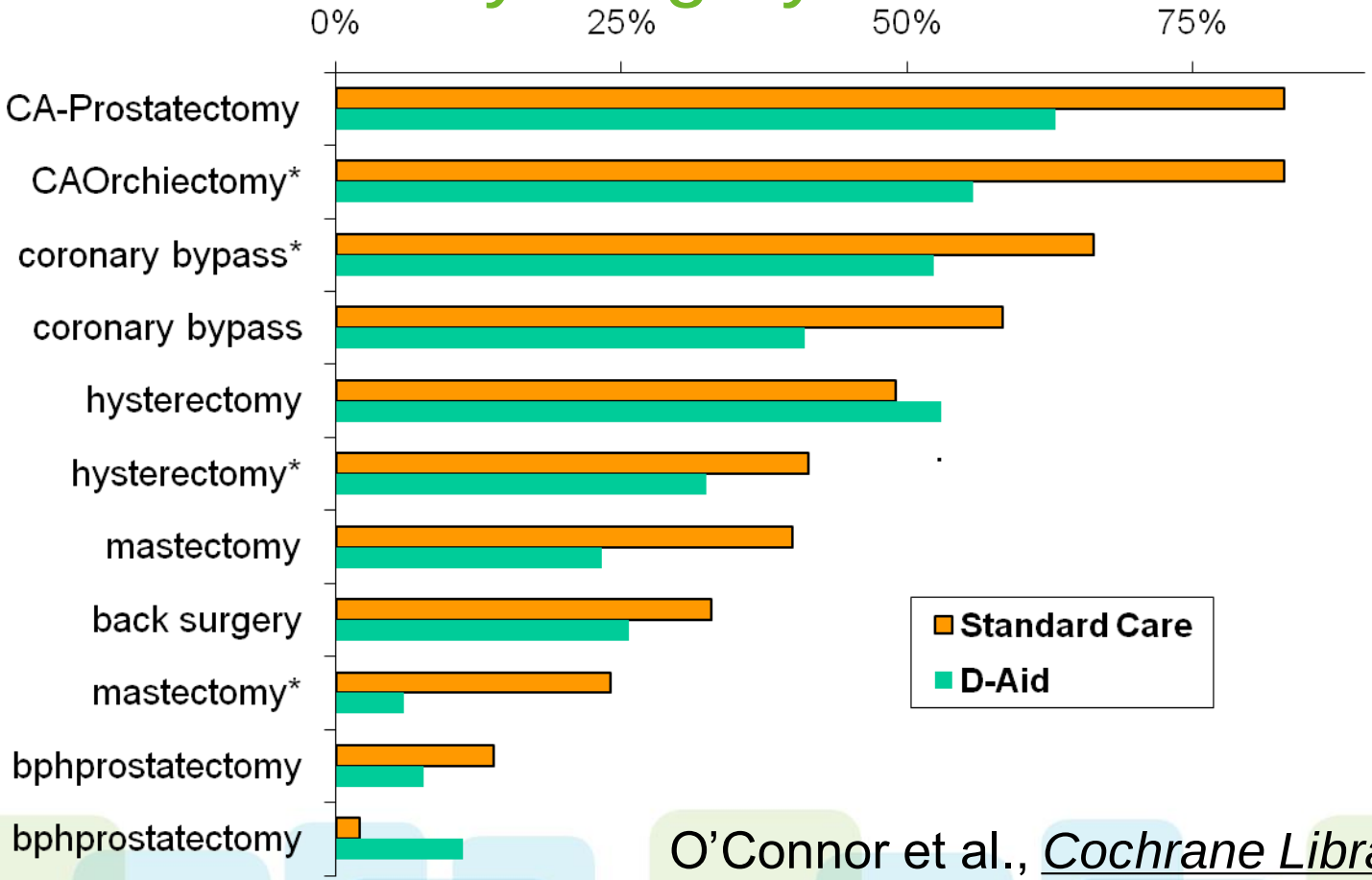
Directly standardised rate 2009/10

Domain 2: Enhancing quality of life for people with long-term conditions
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm



Source: Atlas of Variation, 2011

Use of decision aids can reduce rates of discretionary surgery



O'Connor et al., *Cochrane Library*, 2009

Medico-Legal issues

70% of litigation is related to poor communication:

- Deserting the patient
- Devaluing patients' views
- Delivering information poorly
- Failing to understand patients' perspectives

Beckman, 1994

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What needs to change to make shared decision making a reality?

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What are the barriers?

- Time/resources – focus needs to be on ‘doing better for less’
- Clinical culture – ‘my patients don’t want it’, ‘we do it already’
- Incentives/disincentives – CQUIN timescales, QOF (favouring some treatments like statins), tariff (supports volumes not patient preferences)
- Inflexible pathways/referral processes – e.g. models of referral management
- Lack of consensus around how we measure success

What is the SDM programme doing to address these barriers?

- Developing a set of decision aids across 36 conditions
- Supporting patients with a decision coaching service
- Working with NHS information providers to get decision aids 'embedded' within these systems
- Working with local health economies to create and test local implementation plans
- Creating a set of guidance for organisations on how to meet their statutory duties
- Developing a set of measures for shared decision making – for use by providers, commissioners and the Commissioning Board
- Working with the DH and Commissioning Board to ensure that the system does not 'get in the way' of shared decision making
- Creating a set of tools to support change in clinical culture
- Stimulating a 'patient movement' to drive consumers' expectations of shared decision making

What commissioners can be doing to address SDM now?

- Identify a board level lead for Shared Decision Making
- Talk to your local patient groups about Shared Decision Making
- Consider local system enablers including incentives (CQUIN)
- Commit to testing SDM locally by developing a local implementation plan and provide training for health professionals
- Encourage use of patient decision aids
- Sign up with the national programme to benefit from alerts, insight and resources.