Shared Decision Making Programme

In partnership with Capita Group Plc
**Title of paper- Shared Decision Making Pilot**

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Shared Decision Making</th>
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<tr>
<td><strong>Proposal</strong></td>
<td>That the [Insert CCG name and approval committee or Board] approve the CCG’s participation in embedding Shared Decision Making (SDM) in the local health system. From rolling out across [add pathways/ disease area] a fuller understanding of likely improvements in quality of care and cost savings to the NHS locally will be better understood ahead of full scale implementation.</td>
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| **Background information** | 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.  
  
SDM is integral to the wider personalisation agenda which encapsulates all decisions about care and treatment including self care, care planning and personal budgets. SDM is focussed on specific decisions about care and treatment e.g. elective procedures and diagnostic tests, where there is more than one option.  
  
Research evidence points to benefits of SDM 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.  

A requirement to implement SDM is included in legislation and statutory instruments:
- There is a requirement for health economies to practice SDM under the Health and Social Care Act 2012 and in the Operating Framework 2012/13.
- Evidence of implementing SDM is/was required for CCGs to achieve authorisation, specifically Domain 2 Criteria 2.4 refers to “Views of Individual Patients... reflected in Shared Decision Making and translated into commissioning decisions”
- The NHS Commissioning Board will produce guidance on CCGs duty to promote the involvement of patients and their careers in decisions about their care and treatment.

Evidence suggests that patients who use decision aids tend to want fewer interventions. A meta analysis performed by the Cochrane Institute in 2009 of 55 randomised trials showed that in the eight studies that involved surgical procedures, there was an average relative reduction of 24% in the rate at which the patients chose the invasive treatment when they used a decision aid.

Researchers at the Dartmouth-Hitchcock Medical Centre studied the effect of Patient Decision Aids on patients decision in relation to hip & knee replacement, spinal stenosis and herniated disc. After using the decision aid, there were less undecided patients and a small but statistically relevant increased preference to opt for conservative treatment.

In Canada, researchers provided patients who were due to have hip & knee replacement with a thorough explanation of the pros and cons of the surgical and non surgical options. They found that less than 20% wanted to proceed with the surgery (Hawker, Wright & Coyte et al 2001).

Further work is needed to fully understand cost effectiveness and impact on managing demand locally. Therefore it will be important locally to monitor the impact of SDM on activity in a number of specialties. This will inform any potential QIPP savings in future years.

| Key/Contentious issues to be considered | E.g. Engagement of clinicians across the system including primary care.  
Prioritisation of pathways.  
[Insert] |
| Principal risk(s) relating to this paper (Assurance Framework/Strategic Risk Register reference if applicable) | E.g. Clinical buy in.  
Release of clinicians for training, including secondary care.  
[Insert] |
| Public involvement – activity taken or planned | E.g. Training expert patients
Awareness raising amongst patient and carer groups
[ Insert ] |
| Equality and Diversity | At present the PDAs will be produced in plain English, with no translated versions planned for 2012/13.
The PDAs are available on [http://sdm.rightcare.nhs.uk/](http://sdm.rightcare.nhs.uk/)
There is also a decision support service available on 0845 450 5851
Decision Support is a process for helping individuals to arrive at an evidence based choice regarding their treatment, where there is more than one option for treating their condition. Patients can contact this service directly. |
| Report Author | [ Insert ] |
| Date of paper | [ Insert ] |
Shared Decision Making Programme

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