NHS

Shared Decision Making Programme

In partnership with Capita Group Plc

CAPITA

EMBEDDING SHARED DECISION MAKING

APPROACH TO DEVELOPING AN SDM IMPLEMENTATION PLAN

1. Background

This document outlines Capita's approach to implementing Shared Decision Making (SDM) across three health economies; NHS West Berkshire, NHS East Riding and NHS Southampton City.

This document focuses on shaping an overall plan for implementation, focussing on 6 key areas, as a starting point for thinking about developing an implementation plan in a systematic way. A generic implementation plan has also been produced by Capita.

This document also references some of the enablers and barriers to implementing SDM, which should be considered and reflected in the implementation plan.

The plan assumes that the decision around which pathways to roll out SDM has been made during the project implementation phase. See the project implementation tab in the Resource Pack for Commissioners for further information.

2. Developing an Implementation Plan

The following questions for consideration should be used to develop a local implementation plan with local health economies. It is evidence-based and draws on the work of the Promoting Action on Clinical Effectiveness (PACE) programme (Dunning et al, 1999) and is aligned with the 8 key components from the NHS Change Model.
http://www.changemodel.nhs.uk/pg/dashboard

The implementation plan will benefit from having input from a range of people interested in supporting SDM; these people should form into a project team to support implementation. The group should include clinical commissioners, commissioners/ project managers, primary care professionals, secondary care and/ or community providers, information leads and communication/ engagement leads.

Whilst discussing the questions below additional focus is required to agree timescales and support required from a wider group than the project team who can support implementation of SDM.

2.1   Coordination, Leadership and Stakeholder Support

- Who is the clinical and managerial lead for SDM?

- Who is the Executive Level sponsor for this piece of work?

- How will the implementation plan be co-ordinated and by whom?

- Who are the local stakeholders and how do we communicate with them?

- Which pathways are we going to focus on?

2.2 Engaging Patients and Carers

- How do we best provide information to service users and carers regarding SDM?

- Are there service users, carers, representatives or local organisations who could contribute to the implementation? For example, would they like to be involved in facilitating training sessions for health professionals?

- If so, how do we engage and communicate with them?

- Are there any existing forums which we can use to communicate i.e. patient information web pages?

2.3 Engaging Staff

- Which staff are affected directly or indirectly?

- How do we want to communicate implementation of SDM to staff?

- Do we want to have a different approach for engaging with different staff groups in different pathways e.g. primary care, secondary care, community teams?

2.4 Resources

- Have the resource impacts of any changes been established? For example, if patients' preference is likely to be more conservative treatment what is the impact of this on resources.

- Are other resources required to enable the implementation of the policy e.g. staffing, new documentation?

- Can information resources support any quick wins? For example, including SDM short forms/ SDM sheets on health professional local web resources

- What resource support do you require from other partners?

2.5 Securing and sustaining change

- Have the likely barriers to change and realistic ways to overcome them been identified?

- Who needs to change and how do you plan to approach them?

- Should we use a benefits realisation approach to sustaining change? What are the benefits we should be measuring locally.

2.6 Evaluating

- What are the main changes in practice that should be seen from implementing SDM?

- How might these changes be evaluated?

- How will lessons learnt from the implementation of this policy be fed back into the organisation and wider?

3. Enablers and Barriers

In developing the local implementation plan there should be an honest appraisal and discussion of both the national and local enablers and barriers. This will allow for the local implementation plan to identify any implementation challenges and ensure that all potential enablers are utilised during implementation.

Enablers	Barriers
CCG Authorisation	Range of treatment options commissioned locally
Contracts	
CQUIN	NHS commissioning focus on organisational change
LES/ QOF QP	Non-engagement of primary care, acute trust and community providers
Operating framework	
Informed consent processes	AWP model
QIPP	Structural changes in commissioning and change in roles and responsibilities of staff

Pathway redesign	

4. Resources

There are a range of further resources available to support you to develop an implementation plan and implement SDM. The Resource Pack for Commissioners includes a number of useful templates including a project plan, reporting templates and engagement materials.

NHS Change Model website includes a wealth of resources to support NHS teams in leading change and transformation. http://www.changemodel.nhs.uk

Shared
Decision Making
Programme

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