



## Shared Decision Making Programme

In partnership with Capita Group Plc

Dear [insert name],

## Shared Decision Making Programme

I am writing to you to introduce the Shared Decision Making (SDM) Programme which we as a local health economy are participating in and to invite you to assist our CCGs in its local implementation.

The Right Care Shared Decision Making Programme (the SDM Programme) is a national programme funded by the Department of Health and is part of the Quality Improvement Productivity and Prevention (QIPP) Right Care Programme.

The aim of the SDM programme is to embed shared decision making in routine NHS Care. This is part of the wider ambition to make “no decision about me without me” a reality: to promote patient centred care; to increase patient choice, autonomy, involvement and empowerment in clinical decision making.

I have attached some additional information about the programme for your information which includes the benefits the programme aims to achieve for patients, clinicians and commissioners.

The programme builds on the work of NHS Direct and others to publish Patient Decision Aids (PDAs) and the key focus of this phase of the programme is to:

- Develop and produce 36 PDAs (including an update of the NHS PDAs), to deliver a technical solution to hosting these PDAs and to provide a decision coaching service to support patients to make decisions. This is led by Totally Health plc with support from BMJ Evidence
- Embed SDM in systems and commissioning processes and to carry out a programme evaluation. This is being led by Capita Health.
- Develop a culture of Shared Decision Making. This is being led by AQUA.

Locally, we intend to initially roll out Patient Decision Aids in the following areas: [to be completed as appropriate]

Body System	PDA

We aim to achieve roll out of these PDAs to both clinicians and patients during 2012/13. To support this local implementation, we request that you nominate a lead clinician/public health representative within the **[insert organisation name]** Health and Wellbeing Board who is able to attend implementation meetings, act as a champion for SDM within your organisation and support our local CCGs to achieve their goal of implementing SDM throughout our health economy. **[May need to make specific where we are asking for public health to work on specific pathways such as maternity.]**

**[Will need to insert relevant meeting dates, what we are asking for public health to do etc here.]**

I would be grateful if you could provide me with the name of your nominated lead clinician/public health representative by ***[insert date for responses]*** in order that we can arrange our initial meetings.

Please feel free to raise any questions you might have directly with me.

Yours sincerely,

***[insert name]***

***[insert position]***

# The Right Care Shared Decision Making Programme

## A Brief Introduction

The Right Care Shared Decision Making Programme (the SDM Programme) is a national programme funded by the Department of Health (DH). The SDM Programme is part of the Quality Improvement Productivity and Prevention (QIPP) Right Care Programme Care Programme and reports to the QIPP Programme Management Office (QIPP PMO). The national SDM Programme Office is hosted by NHS Midlands and East, in Cambridge, on behalf of the QIPP PMO.

The aim of the SDM Programme is to embed shared decision making in routine NHS care. This is part of the wider ambition to make “no decision about me without me” a reality; to promote patient centred care; to increase patient choice, autonomy, involvement and empowerment in clinical decision making.

The SDM Programme and comprises three main workstreams:

- Workstream 1: Developing a suite of Patient Decision Aids (PDAs) and related tools, together with
- Patient Decision Support (e.g. telephone coaching);
- Workstream 2: Embedding Patient Decision Aids and Shared Decision Making in routine NHS Systems (commissioning and provision);
- Workstream 3: Creating a receptive culture among physicians, patients and the general public for Shared Decision Making.

Early in 2012, contracts were let by the SDM Programme for each of these main workstreams, with:

- Totally Plc for workstream 1
- Capita for workstream 2
- Advancing Quality Alliance (AQuA) for workstream 3

Shared Decision Making (SDM) involves a patient and their clinician jointly engaging in the decision making process to choose the treatment, investigation or screening option which is most consistent with the patient’s needs, values and preferences.

The SDM Programme seeks to achieve the following benefits for patients, clinicians and commissioners:

- Benefits for patients include: informed choice, increased knowledge, satisfaction and confidence, greater autonomy and involvement in decision making, resulting in a better decision quality (aligned with the patient’s values and preferences), better understanding of risks, reduced anxiety, decisional conflict, regret, and in the long term, better health outcomes.

- Benefits for clinicians include better consultations, clearer risk communication, improved health literacy, reduced unwarranted practice variation, safer care, reductions in the uptake of major elective surgical interventions where there is overproduction and increased uptake where there is unmet need, without adversely affecting health outcomes, and likely reduced litigations.
- Benefits for commissioners, include the provision of a new sustainable paradigm for demand management. Implementing shared decision making and related interventions in the UK may reduce the use of discretionary surgery, where clinically appropriate, ensure informed decision making, reduced unwarranted practice variations and achieve the right intervention rate, thereby reducing costs.

For further information, please contact the Right Care SDM Programme Manager: Sue Kennedy (sue.kennedy@eoe.nhs.uk) 07974 75 11 54.



**Shared**  
**Decision Making**  
Programme

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