

## Shared Decision Making

### Background

1. There is increasing interest in supporting active shared decision making between patients and clinicians. This is known to increase patients' satisfaction with their treatment and reduce waste, and also generally means patients select less intensive treatments with lower cost.
2. To support developments in this area, a Shared Decision Making Collaborative has been established. The Collaborative is a group of organisations and individuals committed to thinking collectively about the role of shared decision making in UK health systems. It comprises members from the statutory sector, patient and voluntary sector organisations and academia.
3. In July 2015 NICE hosted the second meeting of the Shared Decision Making Collaborative. The meeting concluded with a proposal that a number of activities needed to be considered by the wider health and care system if an active culture of shared decision making is to be embedded. The recommendations are included in the attached consensus statement at Annex A.

### Action required

4. The NQB is asked to:
  - a) Consider the draft consensus statement arising from the Shared Decision Making Collaborative's recent meeting.
  - b) Consider what the NQB and member organisations could do to support taking forward the recommendations.
  - c) Identify links between the suggested recommendations and other initiatives / workstreams.

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**September 2015**

## Shared Decision Making Collaborative

### A consensus statement

#### **Background**

1. Shared Decision Making is ‘a process in which clinicians and patients work together to select tests, treatments, management or support packages, based on clinical evidence and the patient’s informed preferences. It involves the provision of evidence-based information about options, outcomes and uncertainties, together with decision support counselling and a system for recording and implementing patients’ informed preferences.<sup>1</sup>
2. Shared decision making between healthcare professionals and patients improves decision quality and patient satisfaction and, in some cases, results in more cost-effective care.
3. The Shared Decision Making Collaboration is a group of organisations and individuals committed to thinking collectively about the role of shared decision making in UK health systems, drawing on international experience. It comprises a range of organisations from the statutory sector, patient and voluntary sector organisations and academia.
4. The following recommendations are endorsed by the Collaboration members listed below. The recommendations describe a multi-component approach that, taken together, will encourage a shared decision making culture and approaches to healthcare.

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<sup>1</sup> Coulter, A. and Collins, A., 2011. Making shared decision-making a reality: no decision about me, without me

## **Recommendations**

### ***Leadership and culture change***

5. All NHS bodies and patient organisations should actively support a culture of shared decision making so it becomes a routine expectation of patients and clinicians. To support this, a single organisation should be identified and resourced to promote and support all elements of shared decision making, and to track progress.

### ***Local Leadership***

6. Local Trusts should make shared decision making a Board level responsibility, forming part of its quality and patient experience obligations.
7. Mechanisms are needed to effectively share learning and good practice across the system. Local organisations should share examples of good practice, for example, through the Collaboration or other regional / local networks.

### ***Education and training***

8. Those responsible for setting undergraduate, postgraduate and continuing professional development (CPD) curricula for healthcare professionals should include training in shared decision making skills, informed by evidence of best practice.
9. The General Medical Council, General Nursing Council, General Midwifery Council and other allied health professionals regulatory bodies should include demonstration of effective shared decision making in the requirements for revalidation and appraisal.
10. Patients and communities should be supported with education and information, through training and education, for example through involvement of the Department for Education, patient organisations and community groups.

### ***Shared decision making tools***

11. NICE, in collaboration with The Information Standard and the International Patient Decision Aids Standards collaboration (IPDAS), should be resourced to establish a national endorsement process that enables users to identify up to date evidence-based patient decision aids meeting a minimum quality threshold. These should be available via a single point of online access.
12. Primary care computer systems, clinical systems in secondary and community care and other relevant IT systems used at the point of patient care, should facilitate access to patient decision aids that meet the minimum quality threshold.

### ***Guidance development and evidence reviews***

13. Guidance developers should ensure that the underpinning evidence, including where possible summaries of patient experiences and expectations, is made available to those wishing to develop patient decision aids. Recommendations to test or treat should wherever possible be supported with easy access to the evidence (or statement of lack of evidence ) which underpins them in a format that is 1) understandable to front line clinicians to support their consultations and 2) is suitable for the development of patient decision aids by third parties.

### ***Measurements of successful shared decision making***

14. Organisations with a role in indicator development should review existing instruments for measuring shared decision making with a view to agreeing measures of success, which could then feed inspection regimes (e.g. CQC), incentive schemes (e.g. QOF) and other indicator sets as markers of practice and quality.

## **Research**

15. Programmes implementing shared decision making should be paired with programmes to evaluate the impact of interventions. Funding for research into patients' preferences while involved in shared decision making should be provided to feed preferences back in to the design of service provision to create lean, patient-centred, efficient healthcare.
  
16. Funding bodies, for example: National Institute for Health Research (NIHR), Department of Health policy programme and health charities, could develop the evidence base through funding projects focusing on:
  - Development and testing of reliable and practical measurement instruments.
  - Understanding factors supporting effective implementation
  - Evaluation of education and training
  - Measuring and profiling population patient preferences
  - Exploring the role of patient and public in driving forward change in the system
  - Exploring the roles of short (in-consultation) Decision Aids (Das)
  - Exploring the role of the Electronic Medical Records (EMR) and patient access to medical records

## **Shared Decision Making Collaborative**

**September 2015**

**Collaborative members endorsing these recommendations**

- NICE
- National Voices
- Patients Involved in NICE (PIN)
- Patient and public representation
- NHS Choices
- Coalition for Collaborative Care
- University of Liverpool
- Oxford University
- Keele University
- Leeds University
- Cardiff University
- Newcastle University
- Dartmouth College
- King's College London
- Imperial College Hospital
- UCL Partners
- Royal College of General Practitioners
- Royal College of Physicians
- Royal College of Surgeons
- Royal College of Psychiatrists
- Royal College of Obstetricians and Gynaecologists
- BMJ
- Health Foundation
- NHS England
- Health Education England
- General Medical Council