Shared decision making, used in a consistent and effective way, can ensure greater ownership and engagement from patients, reduced levels of major surgery and emergency admissions, improved satisfaction and experience for individuals, and potential financial savings.

This resource has been developed by NHS North of England (Yorkshire and Humber) to raise awareness of shared decision making within commissioning organisations.

In relation to NHS policy, the Operating Framework for the NHS in England 2012/13 (DH, November 2011) states that commissioners are required to improve patient empowerment, including the expansion of shared decision making (sections 3.22 – 3.25). This commitment builds on the earlier NHS Constitution (DH Jan 2009), which makes it clear that patients have the right to make choices about NHS care and to information to support these choices.

The commissioning resource explains what shared decision making is. It outlines what commissioners can do to support and encourage a more consistent shared decision making approach, with references and web links for shared decision making. There are also links made to the personalisation approach within social care and local authorities. There is a growing body of information available. This resource aims to bring much of this information together, to make it easier to understand and support a consistent approach to shared decision making locally. A series of questions are posed for commissioners to work through. Further resources and links are given in the Annexe.

This resource is one of three developed for introducing shared decision making:

- **Shared Decision Making; Getting Started ...A guide for primary care and community teams**, is a detailed reference for clinical commissioning groups and for training purposes.

- **Shared Decision Making; Getting Started ...A short guide for practitioners**, is a reminder of the purpose, principles and practice from the above resource.

- **Shared Decision Making; A resource for commissioners**, is a high level guide to take commissioners through the key areas that they need to consider; when supporting a shared decision making approach locally.
Shared decision making forms part of the wider personalised approach to providing health and social care and support. The principle is based on the recognition that the individual patient and professional both have an important part to play, and both bring equal and differing knowledge to any decision making process. Shared decision making involves the practitioner supporting and informing the individual, so that together they can make an informed choice about which way forward is going to be best for that person – based on the individual’s values, experiences and preferences.

Shared decision making can be used in many clinical situations. From a commissioning perspective there may also be specific situations where commissioners’ wish to encourage the shared decision making approach e.g. long term conditions, major surgery, prescribing of medication.

Definitions vary: some of the above are taken from NHS Midlands and East ‘Delivering Sustainable Care’ (https://www.eoe.nhs.uk/page.php?area_id=16) and King’s Fund Case Management: what it is and how it can best be implemented. (http://www.kingsfund.org.uk/publications/case_management).
Evidence suggests that where people are given a choice about treatment options, they tend to choose the more conservative forms and less major surgery is carried out, emergency admissions are reduced and the general experience and level of satisfaction is improved. (O’Connor and Stacey 2005, Stacey et al, Cochrane review 2011)

Patient decision aids can lower the use of major surgical procedures by up to 24% in favour of more conservative ones.

The challenges include:

- How do commissioners build support for shared decision making and information-giving in routine NHS care to both individuals and their carers?
- How can commissioning maximise individuals’ involvement in their own health and care, in relation to outcomes of shared decision making and information giving?
- How might these be reflected in commissioning specifications?
- How do commissioners balance the impact of shared decision making at a micro/individual level with strategic/macro commissioning decisions?

Shared decision making is part of the wider personalisation agenda (“no decision about me without me”) and a key priority of government policy. How can commissioners build an understanding that personalised care planning, supported self care, personal support planning and shared decision making are all part of the same agenda?

4 | What is the potential impact of shared decision making locally?

Macro and Micro commissioning decisions

How do commissioners reconcile the decision making and information at strategic level, with the individual or micro commissioning decisions made within shared decision making?

Commissioners also need to consider that micro commissioning decisions, as a result of people having personal health budgets will also potentially impact on historical strategic commissioning decisions. (NHS Operating Framework: from April 2014 anyone assessed as having continuing health care requirements will have a right to ask for a personal health budget).

**Example:**

- If shared decision making can result in up to a 24% reduction in major surgery/interventions – what impact will this have on local providers of these services?
- What impact will it have on community and primary care provision, as individuals request more intensive non-surgical interventions? ... or greater choice for end of life care at home?
- What modelling will commissioners need to do to test current assumptions?

- Appointments that include or follow a shared decision making approach usually take longer initially, although evidence shows that usually less time and resources are required later. How will commissioners support local changes to systems and processes to ensure 'upfront prevention' can be provided to realise longer term savings?
- What may the financial efficiencies be?
- How will commissioners develop the evidence for financial efficiencies locally?
May provide a good source of information for commissioners on the needs and preferences of individuals, to inform future service model development. There is potential to contribute to managing demand and reducing inappropriate local variation if used effectively and consistently.

- Reduced use of high-cost services and unplanned admissions and complications.
- Fewer individuals choosing major surgery or elective surgery in general evidence to date suggests this can be reduced by up to 24% in favour of more intensive treatment (O'Connor, A M et al 1999 BMJ 319 pp 731-734).

Evidence that decision aids can improve individual experience and the shared decision making approach generally, can improve an individual’s satisfaction and experience.

(Adapted from King’s Fund ‘Making shared decision-making a reality: No decision about me, without me’ July 2011. http://www.kingsfund.org.uk/publications/nhs_decisionmaking.html and from the feedback from practices implementing personalised care planning within Yorkshire and Humber)
5 | An approach to developing shared decision making

Raise awareness locally - a cascade approach from commissioners about the key messages on shared decision making, using multiple approaches to differing organisations and professional groups.

Identify training needs - negotiate with Deaneries and workforce development commissioners to include shared decision making within undergraduate and postgraduate programmes.

Increase the use of decision aids as a supplementary approach to shared decision making – consider a contract variation for shared decision making, relating to new decision aids as they are developed.

Using the NHS Direct link http://www.nhsdirect.nhs.uk/DecisionAids, the following decision aids are currently available:

- Advanced kidney disease.
- Benign prostatic hyperplasia (BPH).
- Cataracts.
- Localised prostate cancer.
- PSA testing.
- CVS and amniocentesis.
- Breast cancer.
- Knee arthritis.
- Osteoarthritis of the hip.

Further decision support tools are currently being developed. Check the RightCare website for the latest information.


Include shared decision making within future pathways development and case management/personalised care planning approaches.

Embed shared decision making and patient decision aids in routine NHS care, via prompts/templates in GP systems eg SystmOne, EMIS plus links from Map of Medicine, links for clinicians and individuals from Choose and Book and changes to Informed Consent procedures.


Within Yorkshire and Humber, link into the e-marketplace development that local authorities are developing to provide a web based directory of services including community and voluntary sector organisations.

Example: Commissioning End of Life Care

Practice and community nursing teams working with terminally ill individuals, provide support and input based around the individual, and their family’s, preferences. The individual and their carers can be involved fully in considering options, including the level of intervention (i.e. care in hospital versus a lower level of intervention at home), and the ‘end of life’ decisions to enable the person to have the end of life they wish.
Core website home pages for shared decision making

All the links given within this resource are correct at the time of publication. In the future some specific links may change, so the home page or equivalent links are given below for the core national resources.

- **Right Care**
  The Right Care website focuses specifically on shared decision making and Delivering Right Care for Patients focuses on three interdependent elements of shared decision making; Patient Decision Aids for specific conditions, Patient Decision Support; and Embedding in Practice: Creating a receptive culture for shared decision making within practices and teams.

- **Shared decision making decision aids**
  Links to online decision aids (hosted by NHS Direct) for: advanced kidney disease, benign prostatic hyperplasia (BPH), cataracts, localised prostate cancer, PSA testing, CVS and amniocentesis, breast cancer, knee arthritis, osteoarthritis of the hip.

- **NHS East of England**
  NHS East of England have produced many resources around shared decision making and personal health planning.

- **BMJ Shared decision making: really putting patients at the centre of healthcare**
  The BMJ website has several useful articles on shared decision making including systematic reviews.

- **Kings Fund**
  Making shared decision-making a reality: No decision about me, without me (Kings Fund, July 2011)
  This paper provides a valuable overview of shared decision making and links to existing work nationally.

- **Department of Health**
  All the key regulations and guidance and discussion papers relating to personalisation, shared decision making and personal health budgets are available on this website.
The Right Care programme
A brief presentation which places workstreams in the context of the overall commissioning agenda for clinical commissioning groups and provides an overview of the aims of the programme.

SHA Shared Decision Making Projects (NHS Networks)
Links to outputs from pathfinder projects on development of shared decision making including:
- What does a patient engaged organisation look like and how do we get there?: Clinical and staff perspectives on shared decision-making and information giving (Herts Valley Clinical Commissioning Group, Sep 2011).

Understanding and shaping culture change: implementing personal health budgets (NHS Yorkshire and Humber 2011)
A practical and accessible guide to leading culture change in practice: produced for use in developing personal health budgets but also applicable to development of shared decision making in the wider context, e.g. in relation to the conditions covered by existing online decision aids.

Shared Decision Making: really putting patients at the centre of healthcare
This paper by the BMJ outlines best practice examples and strategies that clinicians and their organisations can use to support individuals to become involved in decision making.

Making shared decision-making a reality: No decision about me, without me (Kings Fund, July 2011)
http://www.kingsfund.org.uk/publications/nhs_decisionmaking.html
A wide-ranging paper covering the policy context for shared decision making, the potential clinical and non-clinical benefits, ethical and professional issues involved in developing shared decision making and potential barriers to adoption in the real world.

Shared Decision Making: essential reading (QIPP Right Care, Dec 2011)
A digest of systematic review papers relating to shared decision making, plus the Kings Fund report and other resources included in this guide.

Royal Pharmaceutical Society: Involvement, Shared Decision Making and Medicines (RPS, Dec 2011)
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Dr Adam Shepherd, Wakefield: Alliance Commissioning Consortia

Practices:
Marsh Surgery, Huddersfield
Phoenix Medical Centre, Bradford
Horton Park Medical Centre, Woodroyd
Greenway Medical Practice, Cleckheaton

Design work by www.candoocreative.com

Yorkshire and the Humber

2012
From 3 October 2011 NHS North East, NHS North West, Yorkshire and the Humber - the three strategic health authorities in the North Of England - were placed under a single management framework and work together as NHS North of England.