**Shared Decision-Making Policy**

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**Table of contents**

[1 Introduction 3](#_Toc109306879)

[1.1 Policy statement 3](#_Toc109306880)

[1.2 Status 3](#_Toc109306881)

[1.3 Training and support 3](#_Toc109306882)

[2 Scope 3](#_Toc109306883)

[2.1 Who it applies to 3](#_Toc109306884)

[2.2 Why and how it applies to them 4](#_Toc109306889)

[3 Definition of terms 4](#_Toc109306890)

[3.1 Shared decision making 4](#_Toc109306891)

[3.2 Care plan 4](#_Toc109306892)

[3.3 Health literacy 4](#_Toc109306893)

[3.4 Personalised care 4](#_Toc109306894)

[4 Overview 5](#_Toc109306895)

[4.1 What is shared decision making? 5](#_Toc109306896)

[4.2 Why is shared decision making important? 5](#_Toc109306897)

[5 Benefits 5](#_Toc109306898)

[5.1 Exploring the benefits of shared decision making 5](#_Toc109306899)

[5.2 Improving patient experience 6](#_Toc109306900)

[6 Improving shared decision making 8](#_Toc109306901)

[6.1 Empowering patients 8](#_Toc109306902)

[6.2 CQC recommendations 8](#_Toc109306903)

[6.3 Tailoring healthcare for each patient 8](#_Toc109306905)

[7 Sustaining the shared decision-making process 9](#_Toc109306906)

[7.1 Commitment 9](#_Toc109306908)

[7.2 Further reading 10](#_Toc109306909)

[8 Summary 10](#_Toc109306910)

[Annex A – Example patient-centred care plan 11](#_Toc109306911)

# Introduction

## Policy statement

Shared decision making is a process in which individuals and clinicians work together to understand and decide what tests, treatments or support packages are most suitable bearing in mind a person’s own circumstances. It brings together the individual’s expertise about themselves and what is important to them together with the clinician’s knowledge about the benefits and risks of the options.

This policy advises staff at Cwmfelin Medical Centre how to better involve patients in their own care.

This policy should be read in conjunction with the CQC’s [GP Mythbuster 75: Personalised Care and support planning](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-75-personalised-care-support-planning).

This policy aligns closely to the [Personalised care and safety netting policy](https://practiceindex.co.uk/gp/forum/resources/personalised-care-and-safety-netting-policy.1588/).

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS)[[1]](#footnote-1).

## Why and how it applies to them

Patients value healthcare professionals acknowledging their individuality and the unique way in which each person experiences a condition and its impact on their life.

All staff at Cwmfelin Medical Centre are to be aware of the need to ensure patients are involved in the decision-making aspects of their care to promote better healthcare and overall improved patient experience.

# Definition of terms

## Shared decision making

Shared decision making is when health professionals and patients work together. This puts people at the centre of decisions about their own treatment and care.[[2]](#footnote-2)

## Care plan

A care plan should involve the patient in putting together a plan of their care to ensure their views and preferences are taken into consideration. A care plan shows what care and support will meet the patient’s care needs.

## Health literacy

Health literacy is about a person's ability to understand and use information to make decisions about their health.[[3]](#footnote-3)

## Personalised care

Personalised care and support planning encourages care professionals and people with long-term conditions and their carers to work together to clarify and understand what is important to that individual.

They agree goals, identify support needs, develop and implement action plans and monitor progress. This is a planned and continuous process, not a one-off event[[4]](#footnote-4).

# Overview

## What is shared decision making?

Shared decision making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment. It is an essential part of person-centred care and leads to better and often more cost-effective outcomes.

During shared decision making, it is important that:

* Care or treatment options are fully explored, along with their risks and benefits
* Different choices available to the patient are discussed
* A decision is reached together with a health and social care professional

## Why is shared decision making important?

The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/) states that personalised care will become “business as normal” across the health and care system, based on what matters to the patient and their individual needs.

Shared decision making is important as[[5]](#footnote-5)3:

* It can create a new relationship between individuals and professionals based on a partnership
* People want to be more involved than they currently are in making decisions about their own health and healthcare
* Both individuals and clinicians tend to consistently overestimate the benefits of treatments and underestimate the harms
* It has the potential to enhance the way resources are allocated and reduce unwarranted clinical variation

# Benefits

## Exploring the benefits of shared decision making

Improving health literacy is a key influence on people’s health behaviours and, therefore, their health and wellbeing. This, in turn, has a benefit for the NHS as it reduces demand on the service.

Effective shared decision making improves health literacy by improving communication between healthcare professionals and patients, providing clear information and increasing patients’ knowledge. Additionally, it also has a positive impact on those individuals who have a lower health literacy therefore helping to lower health inequalities.

By improving health literacy and the way information is shared, together with engaging in shared decision making, it is vital in these instances that health information is provided in a way that all individuals can understand.

Therefore, we will ensure that:

* Both parties receiving and delivering care can understand what is important to the other person
* Patients feel supported and empowered to make informed choices and reach a shared decision about care
* Healthcare professionals can tailor the care or treatment to the needs of the individual

Furthermore, the CQC advises of the benefits of personalised care as using a collaborative approach, patients, health and care professionals, families and carers discuss:

* What is important to them, setting goals they want to work towards
* Things they can do to live well and stay well (and, for some, die well)
* What support they need for self-management; agreeing actions they can take for themselves
* What care and support they might need from others
* What good support looks like to them as an individual
* What action to take in an emergency or if they feel they are deteriorating
* Preparing for the future, including making choices and stating preferences for end-of-life care (if appropriate)

Further reading can be sought from the [DNACPR Policy](https://practiceindex.co.uk/gp/forum/resources/dnacpr-policy-england.1756/).

## Improving patient experience

Some patients continue to express frustration and dissatisfaction with their care because they do not feel that they have adequate input, or have little input, into the decisions that health professionals are making about their health and their lives.

Patients have a right to be involved in their own care and this is an essential part of person-centred care leading to better and often more cost-effective outcomes.

In May 2016, the CQC published a report titled *“Better Care in my hands - A review of how people are involved in their care”*[[6]](#footnote-6)4which was based on analysed evidence from national reports and inspection findings as well as national patient surveys and a literature review.

The report discovered key findings:

* Just over half of people asked said they feel involved in decisions about their health care and treatment
* Women who use maternity services are particularly positive about how well they are involved in decisions about their care
* Examples of good practice of people’s involvement in their care was evidenced during inspections over the last year
* There has been little change in people’s perceptions of how well they are involved in their health or social care over the last five years
* Some groups of people are less involved in their care than others. They are:
  + Adults and young people with long term physical and mental health conditions
  + People with a learning disability
  + People over 75 years old
* There has also been a reported lack of progress over the last six years in involving people in their care when they are detained under the Mental Health Act

By considering this approach and with the available referenced material, it is hoped that this will have a significantly positive effect, plus impact on the overall patient experience.

Examples of benefits from having shared decision making could be to:

* Better manage my pain relief so I don’t wake up at night
* Stay in my house as long as possible
* Meet new people in my local area
* Receive end of life care at the hospice close to my sister

Given the findings above, Cwmfelin Medical Centre aims to be more proactive in involving patients and help them to be proactive when it comes to being involved in their own healthcare and treatment.

# Improving shared decision making

## Empowering patients

At Cwmfelin Medical Centre, we ensure that:

* The care and support patients receive should consider their needs and preferences
* Patients have the right to be involved in discussions, and make decisions about their treatment and care, together with their healthcare professional
* Patient decisions aid and support conversations and help patients to make informed choices

## CQC recommendations

Within the *Better Care in My Hands* Report, the following measures were recommended by the CQC to further improve patient experience and the shared decision-making process and are utilised at this practice:

* Personalised care plans. These are written with people, for people, and with their wishes and preferences clearly identified and monitored. An example of a care plan is provided at [Annex A](#_Annex_A_–)
* The sustained and supported involvement of families and carers in the care of their loved ones. With patient consent, family members, and or carers, are involved in discussions and listening to any opinion or suggestion
* The coordination of patient’s involvement in their care as they move between services

CQCs GP Mythbuster 75 advises that care plans need to:

* Be owned by the patient
* Be recognised by all agencies across health and social care rather than by a single provider
* Be written in conjunction with the patient
* Aid transition through the system and reduce the patient needing to repeat their story

## Tailoring healthcare for each patient

When providing a personal service for each patient, healthcare professionals need to recognise the patient and the services they require as well as their preferences and values, including treatment and care, and be open to discussing the risks and benefits.

Healthcare workers therefore need to provide a service that is:

* Individualised to the services available
* Tailored to the patient’s needs and circumstances
* Informed, making the patient aware of other services available

The healthcare professional should also heed the patient’s views and preferences, thereby:

* Holding discussions with the patient, allowing adequate time for these to take place
* Holding reviews with the patient at regular intervals whilst confirming their understanding and knowledge of their condition and treatment
* Accepting that the patient will have different views and preferences on the risks and benefits of a particular treatment and accepting that sometimes the patient chooses not to have treatment. In such cases, it is reasonable to check the patient’s capacity to choose
* Ensuring the patient is aware of their right to ask for a second opinion
* Encouraging patients to provide feedback regarding the care they have received and, if desired, how they can access the complaints process to make a complaint

It should be noted that there is a difference between a care plan and a treatment or management plan. The fundamental difference is that a care plan is produced with the patient, whereas a treatment or management plan is given to the patient by the health professional with no patient involvement.

There are examples of outstanding practice detailed within the GP Mythbuster.

# Sustaining the shared decision-making process

## Commitment

Implementing the shared decision-making process does take time and effort. This means that the organisation must be committed to the process to make sure that efforts lead to long-term sustainable changes.

Considering the following questions will help the organisation to sustain the shared decision-making process:

* What training and development is required for staff?
* How committed are the leaders of the organisation?
* What strategies can the organisation put in place to assist with the process?
* How will the changes, benefits and outcomes be measured?
* Is shared decision-making part of the induction process?
* Is shared decision-making an agenda item for organisation clinical meetings?

## Further reading

[NHS England - Personalised care and support planning handbook: The journey to person-centred care](https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/ltc-care/)

[National Voices - Guide to care and support planning](http://www.nationalvoices.org.uk/what-care-and-support-planning)

# Summary

Engaging in the shared decision-making process is a long-term commitment but one that will improve patient experience, the organisation and the wider NHS.

Empowering patients with knowledge and information about their healthcare and the decisions available to them will increase the overall health literacy, reduce complaints and ultimately lead to better healthcare and prospects for many patients. Affording patients the opportunity to express their opinions and be involved in their treatment plans will lead to improved outcomes.

# Annex A – Example patient-centred care plan

**Cwmfelin Medical Centre**

**01792 653941** [**www.cwmfelin.co.uk**](http://www.cwmfelin.co.uk)[**reception.w98003@wales.nhs.uk**](mailto:reception.w98003@wales.nhs.uk)

|  |  |  |
| --- | --- | --- |
| **PATIENT INFORMATION** | | |
| Patient name: | Title: | NHS number: |
| Date of birth: |
| Address:  Post code: | | |
| Telephone numbers: | | |
|  | | |
| **WHAT IS IMPORTANT TO ME** | | |
|  | | |

|  |
| --- |
| **KEY ACTION POINTS AGREED WITH THE PATIENT** |
|  |

|  |
| --- |
| **MY NEXT PLANNED APPOINTMENTS** |
|  |

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| --- | --- | --- |
| **GP DETAILS** | | |
| GP practice: | | |
| Named accountable GP: | | Your named GP is your main link person for ongoing care. If you want to talk to them, please leave a message at reception and they will get back to you within a week. |
| Care co-ordinator (if appropriate): | | |
|  | | |
| **EMERGENCY PLANS** | | |
| What I would like to happen in an emergency: | | |
| **HOW TO CONTACT THE GP WHEN I HAVE AN URGENT PROBLEM**  During working hours, call the practice and explain that you are [an integrated care patient or otherwise]  Contact number:  Your named GP or the Duty GP will return your call the same day  For the community team (district nurses) and for the out of hours GP contact: | | |
| Next of kin details: |  | |
| Carer details: |  | |
| Key holder: |  | |

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| --- | --- |
| **END-OF-LIFE CARE** | |
| Not everyone feels comfortable talking about this area but, on the other hand, some people have strong views about what they want to happen to them.  For more information about how to make sure that choices are respected see:  [www.compassionindying.org.uk](http://www.compassionindying.org.uk) | |
| My comments (if any): | |
|  | |
| Complete this section if appropriate with details of discussions about end-of-life care | |
| Preferred place of care: |  |
| Preferred place of death: |  |
| CPR discussed? |  |
| DNACPR/CPR decision |  |
| Advanced Decision to Refuse Treatment (ADRT) completed: |  |
| Lasting Power of Attorney |  |

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| --- |
| **CLINICAL PROBLEMS, DIAGNOSES, MEDICATION AND ALLERGIES** |
| We have not printed out your lists as these can change rapidly.  If you prefer to have a paper printout, ask the practice.  Note: Paper copies can quickly become out of date especially if you have been ill recently.  Speak to the practice if you need a copy of any recent test results |

**Integrated Care Service Overview**

**Patient name: DOB: Date:**

|  |
| --- |
| **Personal views, wishes** |
| **Problem list** |
| **People involved in my care** |
| **My plan for 2022 – 2023** |

1. [Network DES specification 2022-23](https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-contract-specification-2022-23-pcn-requirements-and-entitlements/) [↑](#footnote-ref-1)
2. [NICE](https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making) [↑](#footnote-ref-2)
3. [NHS - What is health literacy?](https://service-manual.nhs.uk/content/health-literacy) [↑](#footnote-ref-3)
4. [Coalition for collaborative care](https://coalitionforpersonalisedcare.org.uk/) [↑](#footnote-ref-4)
5. 3 [NHS England – Shared decision making](https://www.england.nhs.uk/shared-decision-making/why-is-shared-decision-making-important/) [↑](#footnote-ref-5)
6. 4 [CQC – better care in my hands](https://www.cqc.org.uk/publications/themed-work/better-care-my-hands-review-how-people-are-involved-their-care) [↑](#footnote-ref-6)