



## Implementing shared decision making and support for self-management in the RCP

---

### Background

Supporting people to be more equal and active partners in decisions about their health has been at the forefront of patient demands over the last two decades. As a result it has been an important part of successive health policy initiatives since the NHS Plan in 2000 and has been the subject of a growing body both of evidence and desire for change in the NHS. Most recently it has been a part of the government's ambition for patient centred care ('No decision about me, without me') and the NHS Mandate (November 2012)<sup>1</sup> which aims to '...ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their care and treatment...'. Until now the RCP has not had a clearly defined approach to this.

### The case for change

Surveys suggest that a half, or fewer, patients in the UK are informed about decisions in relation to their health, involved in their decisions or given written plans to help them manage their condition at home. This lags behind almost all other developed health systems including the USA, New Zealand and France.<sup>2</sup> Furthermore studies of specific decisions about treatment suggest that as many as 30% of patients would have made different choices had they been fully informed about the options available and supported to make their own choices about these. In the light of this it is perhaps not surprising that only 30-50% of patients are taking treatments as prescribed. Some leaders in the field consider that this is a significant or even the major contributing factor to the much-discussed variation in care that is seen in around the UK and argue that the variation may reflect health professional's choices more than available resources or patient preferences.<sup>3</sup>

There is a mismatch between what clinicians believe they do and what patients actually experience.<sup>4,5</sup> The lack of awareness of the difficulties around the area, and the absence of both systems within routine practice and training for health professionals to support patients to be more involved in decisions about their care, mean that there is a significant opportunity to improve this.

---

<sup>1</sup> The Mandate: A mandate from the Government to the NHS Commissioning Board April 2013 – March 2015. <http://mandate.dh.gov.uk/>

<sup>2</sup> Schoen C, Osborn R, How SKH, Doty MM, Peugh J. In Chronic Condition: Experiences of Patients with Complex Health Care Needs, in Eight Countries, 2008. *Health Affairs* <http://www.commonwealthfund.org/Surveys/2008/2008-Commonwealth-Fund-International-Health-Policy-Survey-of-Sicker-Adults.aspx>

<sup>3</sup> Patient's Preferences Matter: Stop the Silent Misdiagnosis. Mulley A, Trimble C, Elwyn G. 2012 King's Fund, London [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/patients-preferences-matter-may-2012.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/patients-preferences-matter-may-2012.pdf) and *BMJ* 2012;345:e6572

<sup>4</sup> Coulter A. *Engaging patients in healthcare*. 2011. Open University Press

<sup>5</sup> Parsons S, Winterbottom A, Cross P, Redding D. *The quality of patient engagement and involvement in primary care*. 2010. Kings Fund, London

The benefits of closer partnership-working with patients are that both patients and clinicians are more satisfied with the quality and outcomes of consultations, patient choices are better suited to their preferences and so concordance is improved, resources are better matched to uptake, and outcomes are improved.

### **Strategies for improving shared decision-making (SDM) and support for self-management (SSM)**

Considerable work has now been done to understand what is needed for effective partnership working with patients to be put in place both in the context of specific single decisions<sup>6</sup> and in the setting of self-management of long-term conditions.<sup>7</sup> These emphasise the same prerequisites, which are that patients are well prepared for the decisions/planning consultations that they have with clinicians, that clinicians are trained and committed to partnership-working with patients and that systems are designed and commissioned to support this.

### **Role of the RCP**

In partnership with the Health Foundation, the RCP has appointed a shared decision making clinical fellow to support the developments needed for both SDM and SSM to become embedded into routine practice among the fellows and members of the college. Amongst the objectives for this post are:

- identification of the work that is already going on amongst college fellows and members
- understanding the unique assets that the RCP can contribute in terms of organisation, training, physician support, metrics and informatics
- making use of opportunities to pilot SDM and SSM initiatives in the settings in which physicians work.

### **Next steps:**

- Approaches to SDM and SSM will be briefly presented at the Medical Specialties Board on 5 February to introduce this new RCP work strand.
- There will be an opportunity for specialist societies to express interest on behalf of their members in becoming involved in workshops exploring this area in the context of specific specialties.
- It is expected that this will lead to opportunities to develop pilot work in a range of medical specialties in SDM and SSM.

**Nick Lewis-Barned**  
**Shared Decision Making Clinical Fellow**

---

<sup>6</sup> Coulter A, Collins A. Making Shared Decision-Making a Reality: No decision about me, without me. 2011. The King's Fund, London

<sup>7</sup> The Year of Care Programme. [www.diabetes.nhs/year\\_of\\_care](http://www.diabetes.nhs/year_of_care)