

Deputy Chief Medical Officer
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Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Circular HSC (SQSD) (NICE NG197) 19/22

Subject: NICE Clinical Guideline NG197 - Shared decision making (partially updates and replaces CG138)

Circular Reference: HSC (SQSD) (NICE NG197) 19/22

Date of Issue: 23 May 2022

For action by:

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health and Medical Director – for cascade to relevant staff

Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff

Directors of Nursing – for cascade to relevant staff

Heads of Pharmaceutical Services – for cascade to relevant staff

Directors of Acute Services – for cascade to relevant staff

HSC Clinical and Social Governance Leads

Directors of Social Services – for cascade to relevant staff

Directors of Finance – for cascade to relevant staff

AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:

Chair of Public Health Agency

Chairs of HSC Trusts

Chair of RQIA

NICE Implementation Facilitator NI

Members of NI NICE Managers' Forum

Summary of Contents:

This guideline covers how to make shared decision making part of everyday care in all healthcare settings. It promotes ways for healthcare professionals and people using services to work together to make decisions about treatment and care. It includes recommendations on training, communicating risks, benefits and consequences, using decision aids, and how to embed shared decision making in organisational culture and practices.

Enquiries:

Any enquiries about the content of this Circular should be addressed to:

Quality Regulation and Improvement Branch

Department of Health

Room D1.4

Castle Buildings

Stormont Estate

Belfast

BT4 3SQ

SGU-NICEGuidance@health-ni.gov.uk

Related documents:

HSC (SQSD) 13/22

NICE Clinical Guideline CG138 - Patient Experience in Adult NHS Service

Superseded documents

None

Status of Contents:

Action

Implementation:

As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:

Available to download from

<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

Dear Colleagues

NICE Clinical Guideline NG197 - Shared decision making (partially updates and replaces CG138) - <https://www.nice.org.uk/guidance/ng197>

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

This guideline covers how to make shared decision making part of everyday care in all healthcare settings. It promotes ways for healthcare professionals and people using services to work together to make decisions about treatment and care. It includes recommendations on training, communicating risks, benefits and consequences, using decision aids, and how to embed shared decision making in organisational culture and practices.

The guideline does not cover unexpected emergencies in which immediate life-saving care is needed. It also does not cover situations when, at the time a decision needs to be made, an adult does not have mental capacity to make a decision about their healthcare.

It is important to draw your attention to Recommendation 1.1 of this guideline on *Embedding shared decision making at an organisational level*, ensuring that a senior leader is accountable and responsible for the leadership and embedding of shared decision making across every HSC organisation or system.

In accordance with the process outlined in circular HSC (SQSD) 13/22, (<https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hsc-sqsd-13-22.pdf>) the following actions should be taken:

1. PHA
 - a. In conjunction with the Strategic Planning and Performance Group (SPPG) Department of Health, identify Commissioning and Professional Leads who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. The Lead / Leads will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
2. HSC Trusts
 - a. Proceed with targeted dissemination, agree a Clinical / Management Lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
 - b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the SPPG).
 - c. Provide positive assurances to the SPPG that the required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
 - d. Where significant investment / commissioning needs cannot be met within the usual timeframe, notify the SPPG at the earliest opportunity through the routine

Director-level service issues and performance meetings and agree appropriate arrangements with them to achieve implementation.

- e. It is also recognised that it may not be appropriate for a HSC Trust to implement every single recommendation. A risk based assessment can be used to ensure that all significant safety and quality improvements are achieved.
 - f. Where NICE indicate that a recommendation is critical, in terms of service users' safety and / or outcomes, the Department expects HSC Trusts to implement the guidance. However, this does not override the responsibility of clinicians to make decisions appropriate to the circumstances of an individual service user. These decisions should be taken in consultation with the individual (or their family / carer / guardian).
3. RQIA
- a. Disseminate the Guideline to the independent sector as appropriate.
4. HSC Special Agencies and NDPBs
- b. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning and implementation of this guideline, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website at <https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

With thanks for your work in implementing this NICE Clinical Guideline - NG197.



Dr Lourda Geoghegan
Deputy Chief Medical Officer

Appendix 1

Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Clinical Guideline – NG197 https://www.nice.org.uk/guidance/ng197
Title	Shared decision making
Summary of guidance	<p>This guideline partially updates and replaces NICE Clinical Guideline CG138 - Patient experience in adult NHS services (endorsed by DoH in July 2012) - https://www.nice.org.uk/guidance/cg138</p> <p>The guideline covers how to make shared decision making part of everyday care in all healthcare settings. It promotes ways for healthcare professionals and people using services to work together to make decisions about treatment and care. It includes recommendations on training, communicating risks, benefits and consequences, using decision aids, and how to embed shared decision making in organisational culture and practices.</p> <p>This guideline includes recommendations on:</p> <ul style="list-style-type: none"> • embedding shared decision making at an organisational level • putting shared decision making into practice • patient decision aids • communicating risks, benefits and consequences <p><u>The guideline does not cover unexpected emergencies in which immediate life-saving care is needed. It also does not cover situations when, at the time a decision needs to be made, an adult does not have mental capacity to make a decision about their healthcare.</u></p>
Related strategically relevant DoH/ HSC policies	None
Inter-Departmental interest	None

<p>Legislative / policy caveats</p>	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>This guidance refers to the <i>Accessible Information Standard</i>. Northern Ireland healthcare professionals should refer to <i>Making Communication Accessible for All - A Guide for Health & Social Care (HSC) Staff</i>. Available at: http://www.hscboard.hscni.net/download/PUBLICATIONS/PHYSICAL%20AND%20SENSORY%20DISABILITY/Making-Communication-Accessible-for-All-Guide.pdf</p> <p>Where this guideline refers to the <i>NHS website</i>. The equivalent resource in Northern Ireland is available at: https://www.nidirect.gov.uk/campaigns/illnesses-and-conditions</p> <p>This guidance makes reference to NICE Social Care guidance which has not been endorsed by the DoH.</p>
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