



Resource impact summary report

Resource impact

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This guideline covers how to make shared decision-making part of everyday care in all healthcare settings (community, primary and secondary care). It promotes ways for healthcare professionals and people using services to work together to consider available tests, treatments, and the likely benefits and harms of each, based on the best evidence available and what really matters to the individual. It includes recommendations on staff training, communicating risk, using decision aids, and how to embed shared decision making in organisational culture and practices. For further information please see the [NICE guideline on shared decision making](#) (NG197).

The guideline is firmly aligned to the NHS Long Term Plan which highlights the importance of person-centred care, taking into account individuals' values and preferences to ensure that they can make the decisions that are right for them.

The implementation of this guideline will represent changes to current practice in some areas. Where there is a change required to current practice this will require additional resources to implement, which may arise in any of the healthcare settings (community, primary and secondary care). Benefits derived from the change in practice will help mitigate the additional costs.

Due to the unknown variation across organisations and services, the resource impact will need to be determined at a local level.

Depending on current local practice, areas which may require additional resources and result in additional costs include:

- staff to support commissioning, implementation, quality assurance and the maintenance, reviewing and updating of patient decision aids
- additional clinician time, particularly in primary care, where longer consultations or repeated short consultations with the same clinician may be needed
- facilities and systems support staff to develop and provide patient decision aids
- staff training workshops and backfilling of positions.

Benefits derived from implementing the guideline may include:

- better health outcomes and care experiences
- discussion of benefits of treatment against the risks associated with the treatments and enable users to avoid procedures they would not have agreed to if they had full information
- reduction in harm from potential adverse effects and associated costs, for example, litigation costs
- reduction of some unnecessary routine practices (both overuse and underuse) and in some situations, by extrapolation, costs.

The benefits or savings are likely to accrue across both primary and secondary care settings.

Healthcare services that would use the guidance on shared decision-making are commissioned by NHS integrated care systems/ clinical commissioning groups and NHS England and Improvement. Providers are NHS hospital trusts, community providers, mental health trusts, primary care providers, GPs, secondary care providers and organisations commissioned to deliver NHS healthcare services.