



Policy and Education Committee

16 June 2022

Patients: Implementation and evaluation of values shared decision making resources

Classification	Public
Purpose	For decision
Issue	Plans for the launch and evaluation of shared decision making resources produced as part of the Values project.
Recommendations	<ol style="list-style-type: none">1. To consider and provide feedback on our approach to implementing and evaluating the shared decision making resources.2. To agree the approach to implementation and evaluation of our suite of shared decision making resources as part of our Values project.
Financial and resourcing implications	We have a budget of up to £20,000 including expenses and VAT to implement the resources and undertake an evaluation.
Equality and diversity implications	The resources were developed in partnership with a diverse range of patients. As part of this, we learned that one size does not fit all and so we have developed audio, visual and written resources so that people can access the information in a way that works for them. Feedback from the Patients Association, informed by a range of diverse patients, has been positive and has also advised that 'less text is easier, avoid patronising language, and have some imagery'. We have also re-designed the resources following publication in our article to make them more accessible and user friendly. However, the ongoing implementation and evaluation will continue to review and seek feedback about the accessibility of the resources as part of our Equality Impact Assessment.
Communications implications	Implementing the resources will involve a launch event as well as an extensive communications campaign to promote use of the resources among osteopaths and patients.
Annexes	Annex: Draft specification for appointment of an evaluator



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Key messages from this paper

- We are entering into the next phase of the Values project, a project in which we worked in partnership with osteopaths and patients, the General Dental Council and the [Collaborating Centre for Values Based Practice](#) to develop resources to support shared decision-making based on what is important to the individual patient.
- Six resources have been produced, four aimed specifically at patients and two resources aimed at osteopaths (See paragraphs 21 and 22).
- To evaluate the use of the resources we hope to appoint a researcher/research organisation to review the implementation of the resources over a period of 6 to 12 months. We have produced a draft specification (see Annex) for your consideration and feedback.
- We intend to launch the resources softly during the summer with a more formal launch at a hybrid (online and face-to-face) event in Autumn / Winter 2022/23 which we would co-host with the Collaborating Centre for Values Based Practice at St Catherine's College, Oxford.
- We are also devising a communications campaign to disseminate the resources and promote their use among osteopaths and osteopathic patients.
- The General Dental Council have expressed an interest in collaborating on this next phase of the project and we will be keen to share learning and expertise as they too, are in the process of piloting their own shared decision making resources which came out of the joint work we undertook to 2019.

Background

1. Osteopathic patients report high levels of patient care. However, areas of consultations less likely to be rated as high included "fully understanding your concerns," "helping you to take control," and "making a plan of action with you," potentially suggesting a paternalistic approach to care and a barrier to the effective implementation of standards ([YouGov Public Perceptions Study, 2018, p4 and p17](#)).
2. A development programme undertaken by the General Osteopathic Council, the General Dental Council, the Collaborating Centre for Values Based Practice explored how to support patients and practitioners to make more explicit what is important to support consultations with better communication in accordance with standards.
3. Several workshops took place involving approximately 80 participants, which explored and identified practitioner and patient values; these were themed to develop a common framework and tested using case studies.
4. A series of approaches and resources were then developed including Patient Curriculum Vitae; Patient Goal Planner; patient animation to support preparation for an appointment; a patient poster/leaflet; Practitioner Reflection resource; and an audio recording to increase awareness and understanding of values-based practice.

5. Fiona Browne, Steven Bettles , Stacey Clift and Tim Walker published an article entitled [Connecting patients, practitioners, and regulators in supporting positive experiences and processes of shared decision making](#) (2019) in the Journal of Evaluation in Clinical Practice to summarise where the project had progressed to prior to the advent of the Covid-19 pandemic.
6. Since the pandemic, however, we know that patient partnership and shared decision making has not been at the forefront of patient and practitioner experiences of consultations in general. For example, the [Shared decision making: shared reality or insider jargon? July 2021 by the Patients Association](#) showed that while 'Shared decision making now enjoys established formal status across multiple streams of health policy and guidance in England.' Fewer than 1 in 3 patients felt that they had help to talk to health professionals, the concept of being supported to make decisions that relate to the individual patients was not understood even in informed patients, there are barriers in place to shared decision making and in c50% of patients were not feeling supported about making decisions, not given treatment options and were not feeling involved in decisions about their care.

Implementation and evaluation of resources

7. In recent months we have been scoping out how best to evaluate and implement our resources to support patients and practitioners make explicit what is important to them in the consultation to support shared decision making in accordance with our Osteopathic Practice Standards, the law and a suite of guidance from other bodies including the National Institute for Health and Care Excellence. As part of the scoping process, we re-established our connection with Professor Bill Fulford and Professor Ashok Handa, co-Directors of the Collaborating Centre for Values Based Practice in St Catherine's College, Oxford who were key partners in the earlier stages of the project.
8. We have also met with the General Dental Council, who are once again focusing on the values project, to update them on our work and explore options for collaboration when evaluating the resources. The GDC are in the process of restarting their work following a pause during the pandemic. We are at slightly different stages of the launch and implementation as the GDC are doing some post COVID 19 piloting before launch to take account of the ongoing changes to practice post COVID.
9. Following a great deal of reflection, we consider that the next phase of the project will be twofold:
 - a. First, to launch the resources and promote. disseminate and support their use and the skills to use them among osteopaths and osteopathic patients.
 - b. Second, to commission an independent evaluation to test whether the resources support patients and practitioners to make more explicit what is important to them in a consultation and to understand the skills necessary to make this happen. As a key part of this we want the evaluator to discuss the

actual experience to understand how the resources were used to support discussion and understanding. In other words the evaluation is focussing on the resources themselves, but also importantly how patients and practitioners interacted with those resources as part of the consultation.

Implementation and launch event

10. We are in the process of devising a communications campaign to roll out resources – in particular, the audio recording about what is shared decision making for practitioners and the animation about shared decision making for patients.
11. The aim of the campaign is to raise awareness of the concept of shared decision making, explain how resources can be used by patients and practitioners to support practice and where and how to access the resources and share them with patients. We will also provide ongoing support to patients and osteopaths in the use of the resources. The resources will be available for download on our website and we will be promoting their use via all of our communications channels as well as asking stakeholders to disseminate them via their channels.
12. The Communications team have liaised with Our Media to design the resources so that they are accessible and engaging in line with our established patient engagement design treatment.
13. In Autumn / Winter 2022/23, we aim to co-host a launch event at St Catherine's College, Oxford University with Professor Bill Fulford and Professor Ashok Handa to raise awareness of the concept of shared decision making – including the what and the hows, outline the benefits and importance of shared decision making, introduce the resources and seek insights from participants. We hope that participants will then be able to disseminate further within their own networks and groups. The event will follow a hybrid model with participants attending face-to-face and online.
14. We intend to record the presentations and produce training resources from the day to support a better understanding of shared decision making among both patients and osteopaths as part of our ongoing support for patients and practitioners.
15. Once a date has been confirmed we intend to issue invitations and promote the event among patients, sector leads, Institute of Osteopathy, Osteopathic Educational Institutions, Regional Leads, Osteopathic Alliance as well as other health regulators, the Professional Standards Authority and patient organisations.
16. Depending on the discussions and outcome of the launch event there is also the possibility of running a more instructional session in 2023 for up to 24 participants. The session would be fully funded and hosted by the Collaborating Centre for Values Based Practice.

Evaluation

17. In summer 2022, we would like to commission an evaluator to test how effective the resources are in supporting patients and osteopaths to engage in shared decision making. We are particularly interested in the conversation around how the resources are implemented as well as the resources themselves. Has the patient got what they needed from the resources?
18. We want to commission an evaluation of the resources to:
 - a. Explore what a successful or positive consultation means for the patient.
 - b. Explore what a successful or positive consultation means for the practitioner.
 - c. Whether any of the resources did or could have contributed to that successful or positive consultation and if so how?
 - d. Whether the resources supported or could have supported a better quality conversation between patient and practitioner and if so how and what other factors supported this positive conversation.
 - e. How the resources might be improved to better support the patient and the practitioner.
 - f. Whether the resources had an impact to support a better understanding of shared decision making and patient autonomy.
19. We have sought feedback on the specification from both the Professor Bill Fulford and Professor Ashok Handa and David Teeman, Head of Regulatory Intelligence and colleagues at the General Dental Council.
20. The specification is outlined in the Annex and we welcome feedback from the Committee on this.

Values resources (patients)

21. The resources for patients that will be evaluated include:
 - [Patient CV](#) — this enables particularly patients with long-term conditions to present their history in a way that is meaningful to them, not just their condition, but their life and what they do to support them to make clear to practitioners who they are and what they want and need.
 - [Patient Goal Planner](#) — this enables patients to identify their goals for their life (for example, picking up the children from school, doing the gardening, going swimming once a week, and being able to work without too much time off sick) and then to track over time how their symptoms or condition are affecting those goals.
 - [Patient leaflet/poster](#) — this can be sent to the patient in advance to help patients to think about their goals for the consultation, or it can be displayed in the reception area to help patients think about their goals while waiting to see the practitioner.
 - ['Visiting an osteopath' animation](#) — how to prepare for an osteopathic appointment. The animation entitled 'Visiting an osteopath' is hosted on our YouTube channel and has garnered 1.8K views.

Values resources (osteopaths)

22. The resources for practitioners that will be evaluated include:
 - [Audio recording](#) — a discussion between Professor Bill Fulford and Professor Stephen Tyreman facilitated by Steven Bettles about values-based practice. Permission has been given by Professor Tyreman’s widow to promote the audio recording.
 - [Practitioner Reflection Sheet](#) — enabling practitioners to rate their own perceptions of person-centred care using the CARE measure.
23. We envision that the evaluation will use a range of methods including purposeful recruitment, online forums, interviews and focus groups with users and practitioners to demonstrate impact.
24. We have already had an exploratory meeting with Community Research who we worked with previously on the development programme to discuss how they might conduct an evaluation. Once the specification is confirmed we will share it with Community Research and ask them to submit a proposal outlining how they would conduct an evaluation. We will also approach other organisations sharing the specification and requesting a quote in accordance with the procurement requirements outlined in the [GOsC Governance Handbook](#).
25. We also intend to capture our own learning as we progress through this next phase. As part of the evaluation, we would like to publish a follow-up article.

Next steps

26. Following feedback from the Committee, we intend to finalise the specification and send out to interested parties for discussion with a view to agreeing and commissioning the evaluation to take place during 2022/23.
27. In the meantime, we will publish the designed resources and share them with our stakeholders and encourage their use, feedback and discussion.
28. We will finalise the communications plan as outlined in the paper and make preparations for an event in the Autumn.
29. We expect an interim evaluation report in early 2023 with a second final report later in 2023 (subject to discussion and negotiation with our evaluator).

Recommendations:

1. To consider and provide feedback on our approach to implementing and evaluating the shared decision making resources.
2. To agree the approach to implementation and evaluation of our suite of shared decision making resources as part of our Values project.

Draft specification: Evaluation of Values resources

Background

2. The National Institute for Health and Care excellence say that 'Shared decision making is a joint process in which a healthcare professional works together with a person to reach a decision about care. It involves choosing tests and treatments based both on evidence and on the person's individual preferences, beliefs and values. It makes sure the person understands the risks, benefits and possible consequences of different options through discussion and information sharing.'
 - 'It allows people to discuss and share information. This makes sure people have a good understanding of the benefits, harms and possible outcomes of different options.'
 - It empowers people to make decisions about the treatment and care that is right for them at that time. This includes choosing to continue with their current treatment or choosing no treatment at all.
 - It allows people the opportunity to choose to what degree they want to engage in decision making. Some people prefer not to take an active role in making decisions with their healthcare professionals.'
3. There are legal, moral and ethical requirements of osteopaths related to communication, consent and shared decision making to ensure that patients are given the information that they want and need to know in order to enable them to participate in decisions.
4. Osteopathic patients report high levels of patient care. However, areas of consultations less likely to be rated as high included "fully understanding your concerns," "helping you to take control," and "making a plan of action with you," suggestive of a paternalistic approach to care and a barrier to the effective implementation of standards ([YouGov Public Perceptions Study, 2018, p4 and p17](#)).
5. A development programme undertaken by the General Osteopathic Council, the General Dental Council, the Collaborating Centre for Values Based Practice has produced a range of resources for patients and practitioners to help both to listen and communicate what is important to them in a consultation to facilitate that process of shared decision making.
6. The resources aim to enable the patient to have a successful consultation, 'successful' being defined by that patient in the context of shared decision making.
7. The aim of the resources is to support successful or positive consultations and compliance with legal, moral and standards and ethics requirements related to shared decision-making.

8. An article entitled [Connecting patients, practitioners, and regulators in supporting positive experiences and processes of shared decision making](#) (2019) was published in the Journal of Evaluation in Clinical Practice to summarise where the project had progressed to prior to the advent of the Covid-19 pandemic.
9. There are c5500 osteopaths on the Register and it is estimated that there are over 7 million osteopathic consultations each year.

Specification

Aim and purpose / research questions

10. We want to commission an evaluation of the resources to:
 - a. Explore what a successful or positive consultation means for the patient.
 - b. Explore what a successful or positive consultation means for the practitioner.
 - c. Whether any of the resources did or could have contributed to that successful or positive consultation and if so how?
 - d. Whether the resources supported or could have supported a better quality conversation between patient and practitioner and if so how and what other factors supported this position conversation.
 - e. How the resources might be improved to better support the patient and the practitioner.
 - f. Whether the resources had an impact to support a better understanding of shared decision making and patient autonomy.

What

11. For GOsC, the resources for patients that we would like to evaluate are:
 - [Patient Curriculum Vitae](#) — this enables particularly patients with long-term conditions to present their history in a way that is meaningful to them, not just their condition, but their life and what they do to support them to make clear to practitioners who they are and what they want and need.
 - [Patient Goal Planner](#) — this enables patients to identify their goals for their life (for example, picking up the children from school, doing the gardening, going swimming once a week, and being able to work without too much time off sick) and then to track over time how their symptoms or condition are affecting those goals.
 - [Patient leaflet/poster](#) — this can be sent to the patient in advance to help them to think about their goals for the consultation, or it can be displayed in the reception area to help patients think about their goals whilst waiting to see the practitioner.
 - [‘Visiting an osteopath’ animation](#) — how to prepare for an osteopathic appointment.
12. The resources for practitioners that we would like to evaluate are:
 - [Audio recording](#) — listening to a discussion between Professor Bill Fulford and Professor Stephen Tyreman facilitated by Steven Bettles about values-based practice.

- [Practitioner Reflection Sheet](#) — enabling practitioners to rate their own perceptions of person-centred care using the CARE measure

When

13. We are planning to launch the resources as follows:

Date	Activity
July 2022	Appoint evaluator (Policy and Education Committee – June 2022 / Council – July 2022)
July or September 2022	Soft launch of the resources during the summer with a more formal launch in Autumn 2022.
August 2022	<p>Communications plan to roll out resources – in particular, the audio recording about what is shared decision making for practitioners and the animation about shared decision making for patients.</p> <p>To explain how resources can support practice and where and how to access the resources and share them with patients.</p> <p>Promoting resources and research project heavily to profession and patients with a view to:</p> <ol style="list-style-type: none"> a. Raising awareness of them b. Encourage use of the practitioner resources c. Encouraging patients to use resources that they might find helpful d. Encouraging patients and practitioners to get in touch with evaluators to feedback on their experiences confidentially. (NB: We will need a message to this effect on all of the resources and in the audio recording and animation)
September 2022	<p>Evaluation begins and runs over a period of time (6 to 12 months). This may include a variety of mechanisms to collect feedback including:</p> <ul style="list-style-type: none"> - Forums - Interviews - Focus Groups
Autumn 2022	<p>We plan to co-host a launch event at St Catherine’s College, Oxford University with Professor Bill Fulford and Professor Ashok Handa. The aim of the event is to raise awareness of the concept of shared decision making, explain what we are doing, why we are doing it, how participants can help, and hear their response and introduce the resources.</p>

March 2023	Submission of interim progress report to support ongoing communications, resources development
September 2023	Submission of draft report (Policy and Education Committee October 2023 and Council November 2023)
January 2024	Submission of final report and responses

How

14. We are interested in the evaluator proposing a range of methods to respond to the research questions. For example:

- Online forums
- Purposeful recruitment
- Focus groups
- Interviews.

15. GOsC will provide communications and design support.

Financial schedule for discussion

16. The planned timescale and financial schedule for the project is as follows:

Activity	Date for Completion	Payment
Agreement to scope of work and sign contract	July 2022	£TBC
Interim Report	March 2023	£TBC
Final report	September 2023	£TBC

Budget

The budget is up to £20,000 including expenses and VAT.

Additional information

About the GOsC

1. The General Osteopathic Council (GOsC) is the statutory regulator for osteopaths. We work with the public and the osteopathic profession to promote patient safety by setting, maintaining and developing standards of osteopathic practice and conduct.
2. There are c 5,500 osteopaths registered with the General Osteopathic Council, which includes some who practise abroad. Those practising in the UK carry out more than x million consultations every year.
3. Individuals that train to become osteopaths, on graduating must register with the General Osteopathic Council to be able to use the title of 'osteopath' when in practise.

About osteopathy

4. Osteopaths are primary healthcare practitioners. This means that they are able to undertake a consultation with any patient without the need for referral from another healthcare professional. This includes:
 - taking a case history.
 - performing an examination of the patient (Osteopaths observe the patient performing movements, discuss and also use their hands to find areas of weakness, tenderness, restriction or strain. Patients usually need to remove some clothing for examination).
 - formulating a differential diagnosis and discussing treatment options.
 - undertaking agreed treatment where appropriate (again, treatment usually involves the osteopath using their hands directly on the patients body to provide treatment. Again, patients usually need to remove clothing on parts of their body for treatment).
5. Osteopaths are trained to refer patients to appropriate healthcare professionals where they are unable to provide a diagnosis or treatment for an underlying condition themselves (although they may still provide treatment in addition to the referral).
6. Osteopaths treat patients exhibiting a wide range of symptoms. Osteopathic therapeutic approaches tend to emphasise the use of osteopathic manipulative treatment, supported by lifestyle advice and the prescription of remedial exercises where appropriate. Treatment is tailored to the individual patient includes a diverse range of manual therapeutic methods. Some osteopaths may also choose to use adjunct treatments such as western medical acupuncture.
7. Osteopaths work primarily outside the NHS and primarily independently without an employer or teams immediately available. Osteopaths can work from home.