The Health Foundation
Inspiring Improvement

Case study:

Introducing shared decision making into primary care in Cardiff

Cardiff Primary Care Lead Dr Emma Cording explains how the shared decision making project got off the ground.

'First, I contacted all 72 practices in our area, sending them a letter about the project and inviting them to show interest. An initial 22 responded, which was better than I thought, and I then visited 12. From these we chose four to take part, trying to ensure they were all different from each other, for example, in terms of demographics.

'Next we organised introductory workshops with each practice, held during lunchtime and lasting for around 40 minutes. Everyone in the practice was invited, including the administration, nursing and medical staff. The aim was to give a brief overview of shared decision making and what we were trying to do within the project.

'We left behind a work pack for them to discuss as a team, and asked them to think about what clinical areas they wanted to focus on, before we returned a few weeks later. We weren't prescriptive at all, preferring to leave the decisions open. We wanted what they chose to be useful for them so they would invest in it. If it was something that they really wanted to do, our feeling was that they would be able to use it as a blueprint for the future.

'We also asked each team to choose a lead person from each of the nursing, medical and administration staff. We didn't feel that having one person to represent all three areas would work, as the whole team needs to be on board and each area brings their own skills. For example, we've found that practice managers have been highly motivating, as they understand quality improvement much better than their medical colleagues.

'One practice – the Practice of Health – has developed an option grid for patients with osteoarthritis of the knee and it's a very good example of how different members of the team have worked together to make the grid a success. The practice manager has worked hard on the paperwork side; the clinical lead has taken responsibility for ensuring that the work is evidence-based and medically sound; while the nurse practitioner has brought together a really good network of people from both primary and secondary care to work on it. We've seen this model working across all the practices in different ways.

'The learning sets have also proved to be very useful for sharing experiences, particularly as the work is happening in different areas of Cardiff. I think initially it was difficult for people to understand the concept of the project and that we weren't looking to achieve numbers – it's not so easily quantifiable. I think it was also hard for those taking part to grasp that we were just as interested in what didn't work, as what did. Understanding this was a key turning point and fortunately it happened very early in the project. Now I feel really proud of what we've achieved.'