

Realistic Medicine: Reconnecting Doctors with their Purpose

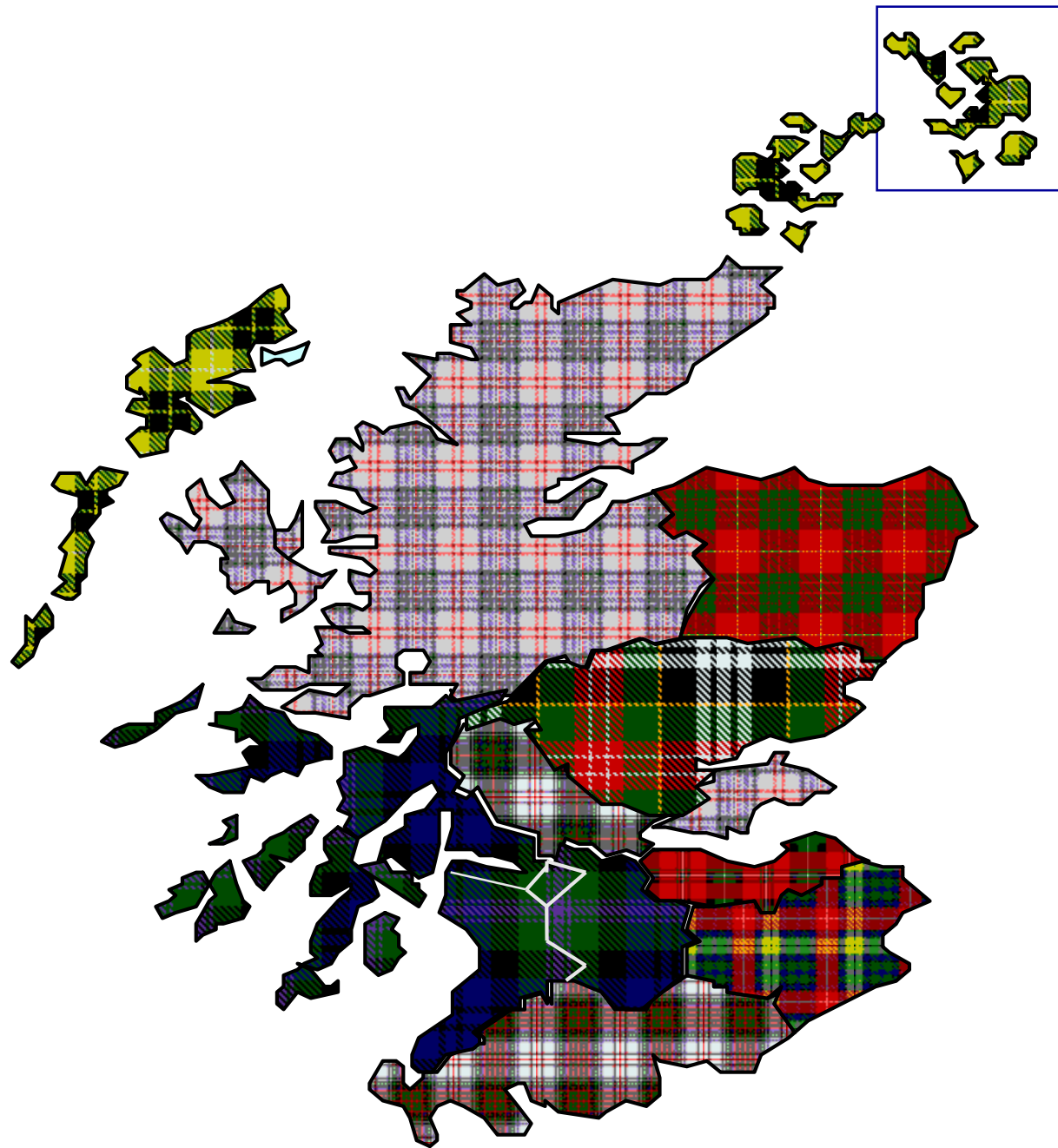
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Scottish Government
Riaghaltas na h-Alba
gov.scot





- 5.4 million people
- £13 billion health budget
- 14 Health Boards
- 8 Support Boards
- Health and social care integration since April 2016
- 32 Health and Social Care Partnerships

Dr Catherine Calderwood MA Cantab. MBChB MRCOG FRCP.
Chief Medical Officer for Scotland





REALISTIC
MEDICINE



What is 'Realistic Medicine'?

REALISTIC MEDICINE

WE CAN:



CHANGE OUR STYLE TO
SHARED DECISION-MAKING

BUILD A **PERSONALISED**
APPROACH TO CARE



REDUCE HARM
AND WASTE



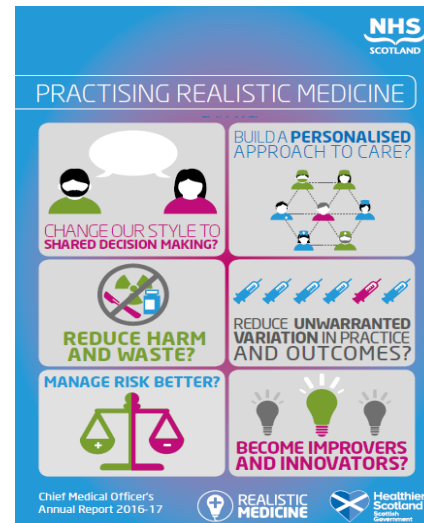
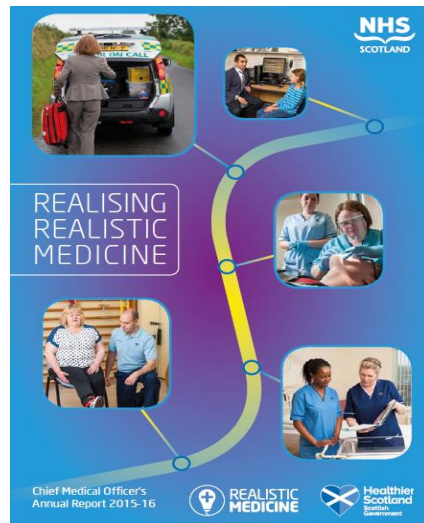
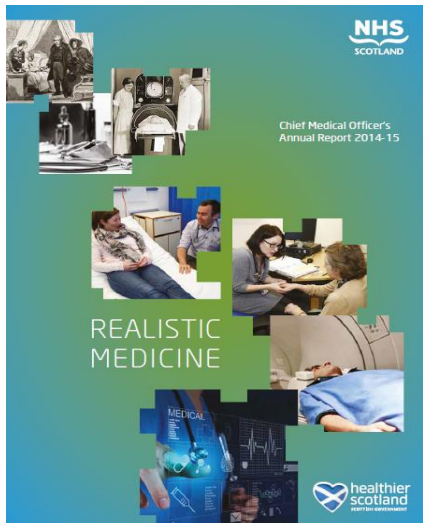
TACKLE UNWARRANTED
VARIATION IN PRACTICE
AND OUTCOMES

MANAGE RISK BETTER



BECOME IMPROVERS
AND INNOVATORS

Realistic Medicine is in it's Fourth Year and Still Growing



→ 2019 and beyond...

Survey: Main Headlines

- **Total of 2464 responses received**
- 51% doctors; 15% nurses; 13% Allied Health Professionals; 11% pharmacists
- 95% of respondents '*fully*' or '*somewhat*' agree that the principles of Realistic Medicine match their own personal beliefs/values about how healthcare should be practised in Scotland
- 61% felt Realistic Medicine had had a positive influence on practice of healthcare in Scotland over the last 3 years

Priorities for the Future of Realistic Medicine

- Wider public engagement
- Focus on how Realistic Medicine can be applied to specific areas
- Specific Education and Training / Improving Workforce Wellbeing



Top 3 Barriers to Realistic Medicine

- Insufficient staff time
- Lack of formal training
- Lack of local leadership



REALISTIC MEDICINE

WE CAN:



Reconnecting
Doctors with
their Purpose

Personalising Realistic Medicine For Our Patients

The right care to the right people at the right time in the right place

- **Careful care** – considering a person's disease (biology) in the context of their life priorities (biography) i.e. what matters to you
- **Kind care** – minimising the impact of healthcare upon person's most precious resources i.e. time; energy; attention



Realistic Patients



Our Voice Citizens'
Jury on Shared
Decision-making

Interim Report | February 2019



Jury's top three recommendations:

1. A programme to inform and educate patients of their right to ask questions of health professionals and which questions to ask;
2. Training for all health and social care professionals on shared decision-making; and,
3. The opportunity for an independent person to join conversations between professionals and patients.

Scottish Government Initiatives



SUPPORTED
WORKFORCE

- Policy
- Culture/behaviour change
 - Sharing good practice
 - “lets Remove it ” Royal College Surgeons Edinburgh
 - Training/ tools
 - Leadership
- Legalisation
 - Mandatory breaks in night shifts
 - Safe Staffing bill
 - New GP contract

Spending Time, Saves Time

- **Patient Experience and Anticipatory care plans, Lothian** - deliver a measurable reduction in acute hospital demand that outweighs the cost, both in time and money
- **The Silver City (Aberdeen) Project** - reduced emergency hospital admissions (people aged >75) by 12%. Outpatient referrals to Geriatric Medicine reduced from 10 to 4. More effective use of Geriatrician time in contributing to multidisciplinary team (MDT) meetings.
- **Orthopaedic Team Glasgow, opt in clinical helpline and virtual clinic** - Now, less than 40% of patients require a face-to-face review. Evaluation shows that 79% of patients are satisfied with the pathway, outcome and helpline.

Schwartz Rounds

- multi-disciplinary forum for staff to reflect on their work and its psycho-social and emotional impacts.
- strengthen relationships with patients, build empathy and compassion
- provide staff with a safe space to talk about all aspects of their work.



SUPPORTED
WORKFORCE

4 Behaviours of Compassionate Leaders



COMPASSIONATE
LEADERS

- Attending
- Understanding
- Empathising
- Helping



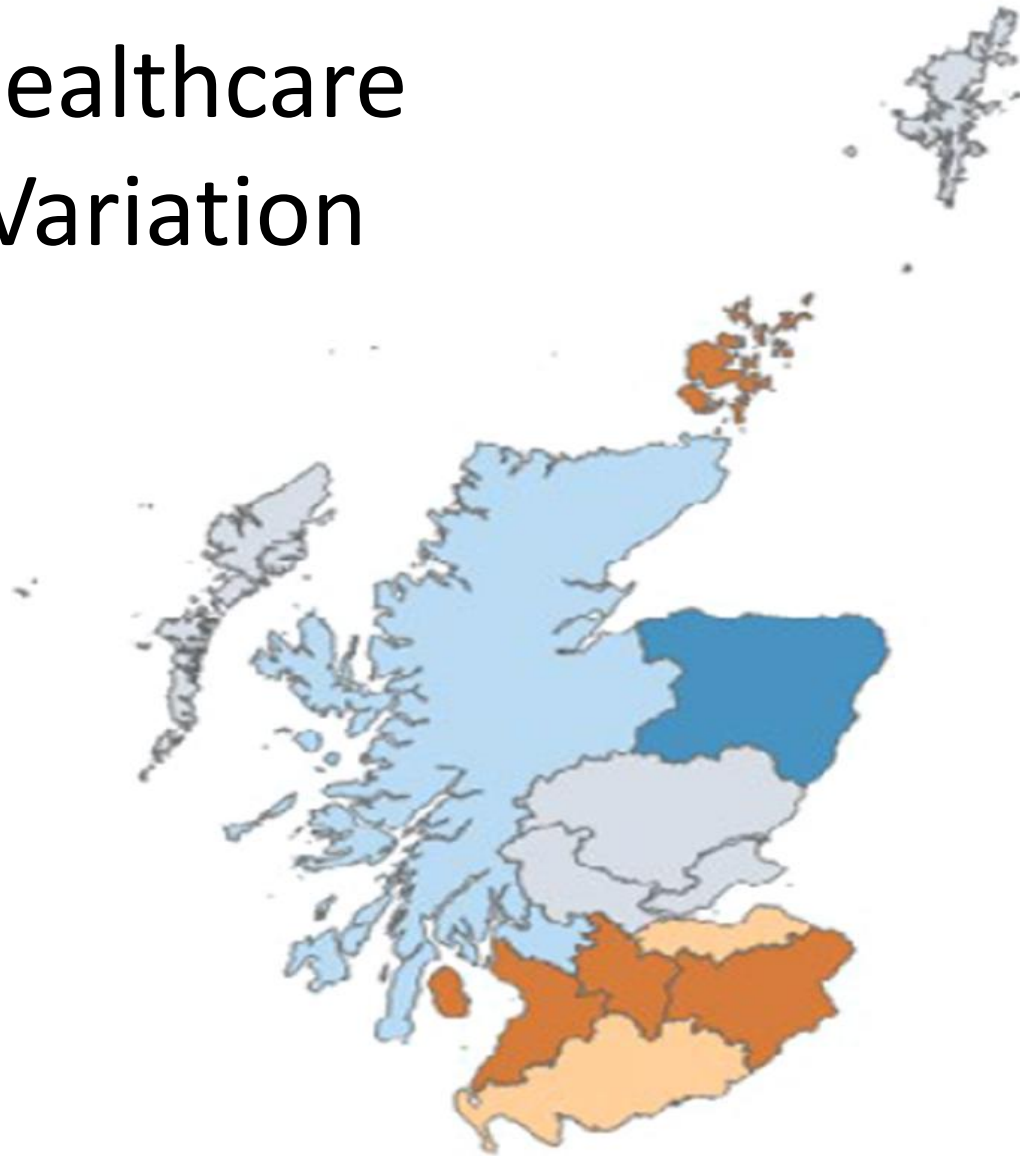


CULTURE OF
STEWARDSHIP

‘A good steward leaves the farm in a better condition than they found it’.

Muir Gray

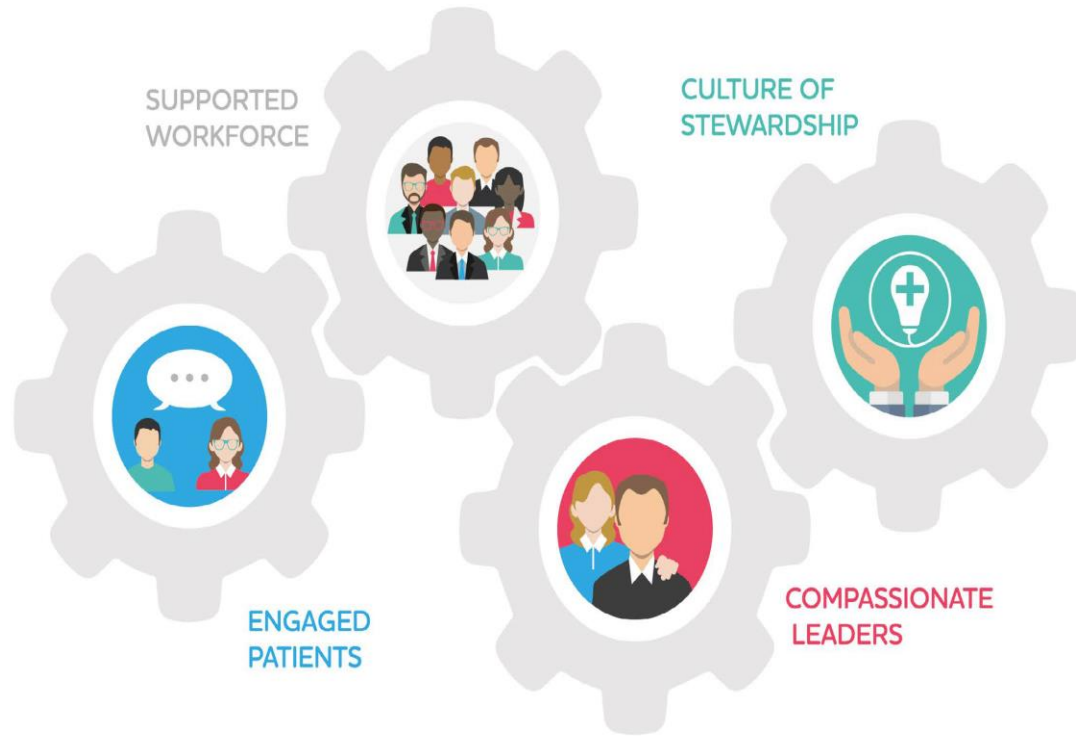
Scottish Atlas of Healthcare Variation



- Significantly higher than Scotland at 99.8% level
- Significantly higher than Scotland at 95% level
- Not significantly different from Scotland
- Significantly lower than Scotland at 95% level
- Significantly lower than Scotland at 99.8% level



**TACKLE UNWARRANTED
VARIATION IN PRACTICE
AND OUTCOMES**



‘Staff often achieve extraordinary results in spite of organisational systems rather than because of them’.

Peter Homa

Our Vision for Scotland

‘By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine’.

