IMPROVING DIABETES CARE IN SCOTLAND 2018
UNDERSTANDING THE PRESENT AND SHAPING THE FUTURE
Next Steps for Realistic Medicine

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The Choluteca Bridge
Why do we need change?

Our model of healthcare needs to be fit for the future

- Our health and social care system needs to be suitable for present realities – such as an ageing population, increasing complexity of care, and more people living with co-morbidities.

Our transformational goals include:

- Shifting the focus of health service delivery to primary care and community-based care, supported by integration of health and social care.
- Taking a more preventative approach, keeping people well at home and in the community for longer
- Self-management and shared decision-making
- Continuing to ensure that patient care is safe, effective, and focused on the person.
% of patients with this condition...

...who also have this condition (% = % of all patients with the condition)

- CHD (4.7%)
- Hypertension (13.4%)
- Heart failure (1.1%)
- Stroke/TIA (2.1%)
- Diabetes (4.3%)
- COPD (3.2%)
- Cancer (2.5%)
- Painful condition (7.2%)
- Depression (8.2%)
- Schizophrenia or bipolar (0.7%)
- Dementia (0.7%)
- Any other (30.5%)

Coronary heart disease: 52, 14, 13, 22, 13, 8, 24, 17, 3, 71
Hypertension: 18, 5, 10, 18, 8, 7, 19, 14, 18, 61
Heart failure: 59, 57, 16, 23, 18, 9, 23, 17, 4, 81
Stroke/TIA: 29, 61, 8, 19, 12, 10, 22, 18, 2, 63
Diabetes: 23, 54, 6, 9, 8, 6, 21, 18, 2, 63
COPD: 19, 33, 6, 8, 11, 7, 23, 18, 2, 70
Cancer: 14, 34, 4, 7, 10, 8, 19, 14, 2, 60
Painful condition: 16, 36, 3, 6, 13, 10, 7, 31, 2, 3, 70
Depression: 10, 23, 2, 5, 9, 7, 4, 27, 4, 3, 64
Schizophrenia or bipolar: 6, 16, 2, 4, 9, 6, 3, 15, 45, 3, 75
Dementia: 21, 41, 6, 18, 13, 9, 8, 19, 32, 3, 83
Any other condition: 11, 27, 2, 5, 9, 7, 5, 17, 17, 2, 17
What is ‘Realistic Medicine’?

REALISTIC MEDICINE

Can we:

- Build a personalised approach to care?
- Change our style to shared decision-making?
- Reduce harm and waste?
- Reduce unnecessary variation in practice and outcomes?
- Manage risk better?
- Become improvers and innovators?

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Realism in Healthcare

- Doctors generally choose less treatment for themselves than for patients
- Striving to provide relief from disability, illness and death, modern medicine may have overreached itself – is it now causing hidden harm?
- Focus on patient – unwarranted variation in clinical practice and outcomes?
- Multiple conditions – management leading to over-complex medical regimes?
- Clinicians have duty to acknowledge powerlessness at times
As part of the National Clinical Strategy workstream a Realistic Medicine team will be established within Scottish Government. This will ensure the correct policy and operational environment at a national level so the numerous examples of local Realistic Medicine practice can thrive.

The Scottish Health Council and the ALLIANCE will explore with Scottish people what Realistic Medicine means to them during 2017, and how best it can be co-produced.

The national health literacy plan ‘Making it Easy’ will support Realistic Medicine by helping everyone in Scotland to have the confidence, knowledge, understanding and skills to live well with any condition they have.

The consent process for people we care for and support in Scotland will be reviewed by the Scottish Government, General Medical Council and the Academy of Medical Royal Colleges to update advice to clinicians following the Montgomery Supreme Court judgement.

The Professionalism and Excellence in Medicine Action Plan will be refreshed aligning and prioritising high impact actions that will support clinicians with Realistic Medicine.

A Scottish Atlas of Variation will be published and a collaborative training programme for clinicians initiated to create better understanding and aid identification of unwarranted variation and promote high value care.

A single national formulary will be developed to help achieve more equitable, greater value-based care so that the potential population benefit from medicines use can be maximised.

The principles of Realistic Medicine will be incorporated as a core component of lifelong learning in medical education; in undergraduate and specialty training programmes and through continuing professional development.
Shared decision-making and Informed Consent

- Leave behind “doctor knows best”
- Shared power and responsibility of decision-making
- Requires system and organisational change to promote required attitude, roles and skills
- House of care is useful representation:

Scotland’s House of Care
‘Realistic Knowledge’

• Combines the knowledge used in shared decision-making:
  – Contextual (e.g. social factors, environmental support)
  – Personal (life experience, what matters to me)
  – Clinical

Contextual knowledge

Personal knowledge

Clinical knowledge

Realistic Knowledge
Citizens’ Panel and Citizens’ Jury

Our Voice Citizens’ Panel Second Survey Results

This newsletter summarises the key findings from the second survey undertaken with the Our Voice Citizen’s Panel. Within the questionnaire we asked you about your relationships with health and social care professionals to find out if there are ways we can make communicating with them more meaningful for you. We also asked you some questions about loneliness in order to find out how this issue affects people in Scotland and to find out your views on how we could tackle this issue.

In total, 551 Panel members responded to the survey either by post, email or by telephone. This is a response rate of 44%. Thank you!

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<thead>
<tr>
<th>A good consultation</th>
<th>Making decisions together</th>
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<tbody>
<tr>
<td><strong>What makes a ‘good doctor?’</strong></td>
<td><strong>How comfortable do you feel asking a doctor...</strong></td>
</tr>
<tr>
<td>Knowledge/ qualifications</td>
<td>What are my treatment options? (92% feel comfortable)</td>
</tr>
<tr>
<td>1. Knowledge/ qualifications</td>
<td>1. Feel listened to/ not being rushed</td>
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<tr>
<td>2. Good listener</td>
<td>2. Clear communication</td>
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<tr>
<th>Communication preferences</th>
<th>Social isolation and Loneliness</th>
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<tr>
<td><strong>How would you prefer to get information about your healthcare needs?</strong></td>
<td><strong>Feelings of loneliness</strong></td>
</tr>
<tr>
<td>Face to face consultation with doctor (62%)</td>
<td>One in 10 often feel lonely.</td>
</tr>
<tr>
<td>Face to face consultation with nurse (46%)</td>
<td>Lack of social interactions or having no one to talk to (41%)</td>
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<td>Phone consultation (31%)</td>
<td>Strong community groups (21%)</td>
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<tr>
<th>Social isolation and Loneliness</th>
<th>Main cause of loneliness</th>
<th>What could be done to reduce loneliness?</th>
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<tbody>
<tr>
<td>One in 10 often feel lonely.</td>
<td>Lack of social interactions or having no one to talk to (41%)</td>
<td>Encourage people to socialise (22%)</td>
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<td>Strong community groups (21%)</td>
<td>Anxiety/ depression/ mental health (18%)</td>
<td>Groups activities for all ages (22%)</td>
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<th>What are health/ social care services good at?</th>
<th>What could health/ social care services do better?</th>
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<tbody>
<tr>
<td>1. Doing the best they can (30%)</td>
<td>1. Availability of appointments (25%)</td>
</tr>
<tr>
<td>2. Good GP services (29%)</td>
<td>2. More staff/ resources (15%)</td>
</tr>
<tr>
<td>3. Availability of appointments (18%)</td>
<td>3. Improved mental health services (11%)</td>
</tr>
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</table>

Thank you for taking the time to complete the survey.

To discuss your panel membership or to update any of your details please contact Research Resource on 0141 641 6410 or by email at info@researchresource.co.uk.
Value Based Healthcare

Health provider organisations pursue value based healthcare and actively address unwarranted variation, reduce harm and waste and improve equity, safety and effectiveness of care.

- Information
- Culture
- Education and training
Using Triple Value to tackle Unwarranted Variation

- Allocative
- Technical
- Personal
Initial atlas maps
1) scopes;
2) carpal tunnel;
3) cataracts;
4) shoulder operations;
5) fore foot operations; and,
6) polypharmacy.

Atlas of Variation for Scotland

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REALISTIC MEDICINE
Rate of cataract procedures performed in people aged 65 years and over by Council Area; 2015/2016

Directly standardised rate adjusted for age and sex

For Council Areas in Scotland in 2015/2016, the directly standardised rate of cataract procedures performed in people aged 65 years and over per 100,000 population ranged from 245 to 1708 (7-fold variation).
Draft Frailty Atlas
Realistic Medicine Values Based Healthcare Work Programme – Some Key Planned Projects

- Atlas of Variation developed and training provided
- Fund for Value Improvement Projects
- Single National Formulary
- Value Improvement Training

Realistic Medicine Champions

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Questions?
Getting in touch….

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