

An aerial photograph of a Scottish landscape. In the foreground, a large, ornate stone castle tower with multiple spires rises from a dense forest. The background shows a wide expanse of green fields, a winding river, and distant hills under a clear sky.

# IMPROVING DIABETES CARE IN SCOTLAND 2018

UNDERSTANDING THE PRESENT AND SHAPING THE FUTURE

# Next Steps for Realistic Medicine

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Scottish Government  
Riaghaltas na h-Alba  
gov.scot



# 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.

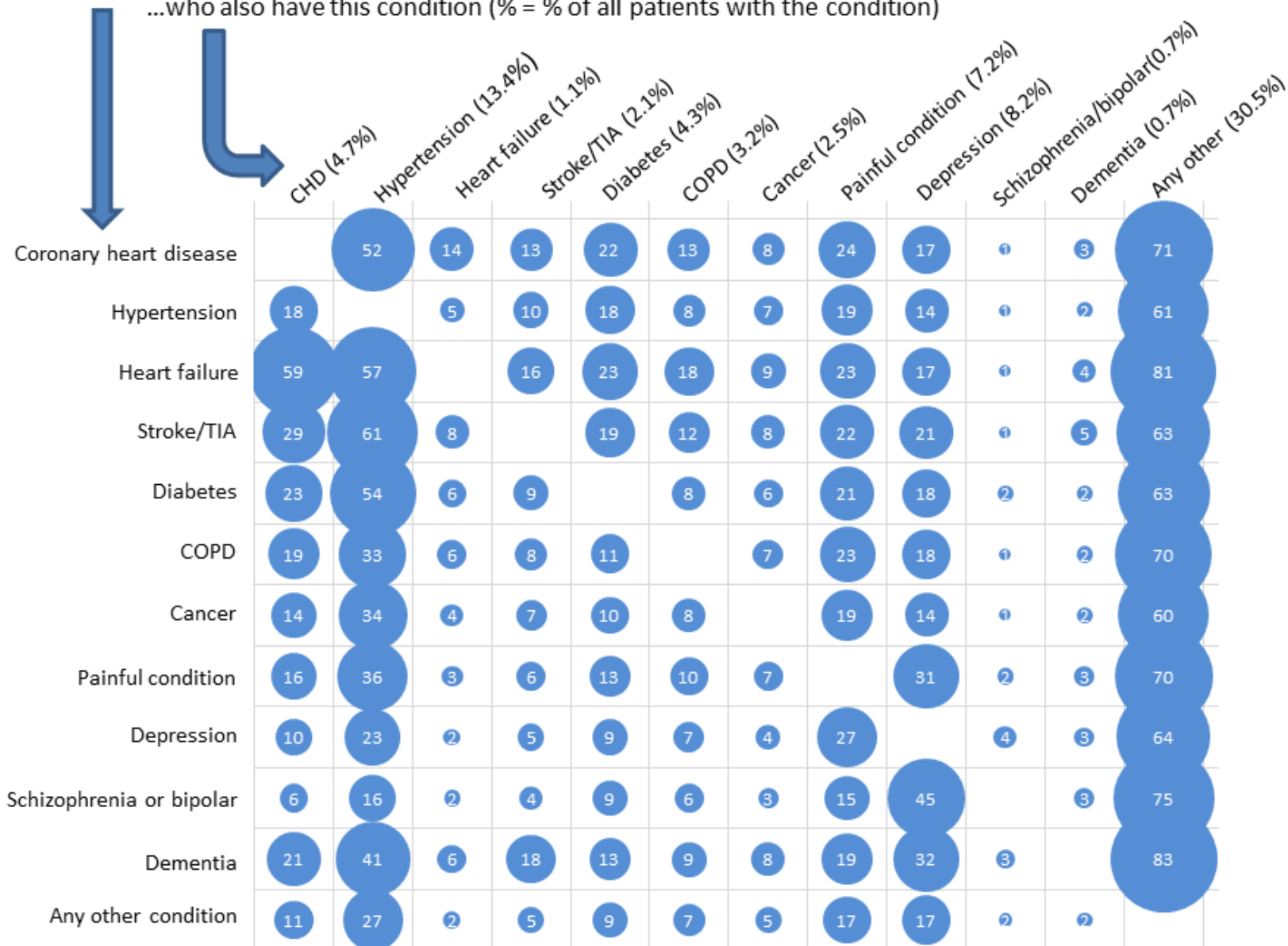


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% of patients with this condition...

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

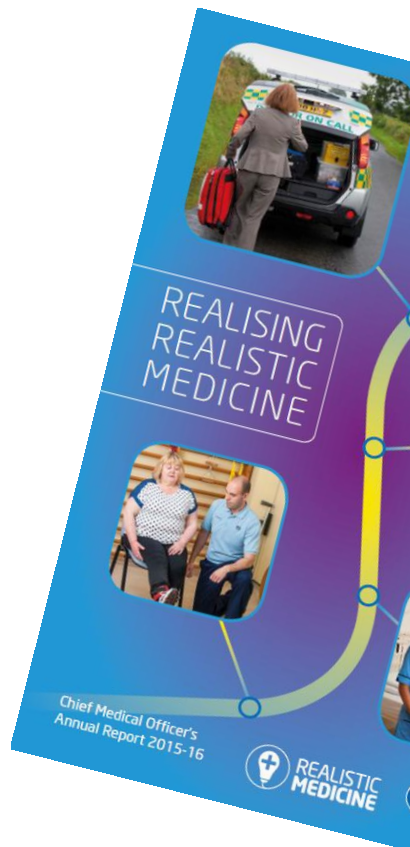




# What is 'Realistic Medicine'?

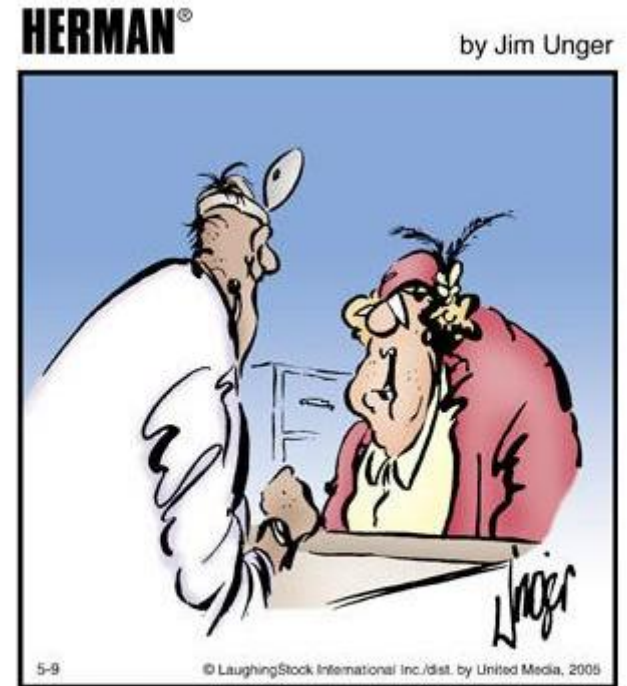
## REALISTIC MEDICINE

CAN WE:



# 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





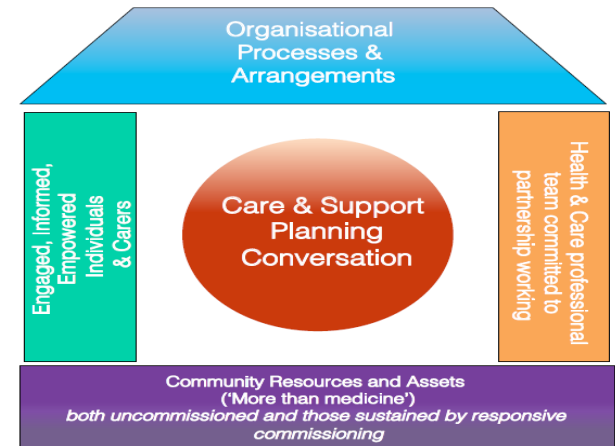
- **As part of the National Clinical Strategy work-stream a Realistic Medicine team will be established** within Scottish Government. This will ensure the correct policy and operational environment at a national level so the numerous examples of local Realistic Medicine practice can thrive.
- **The Scottish 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

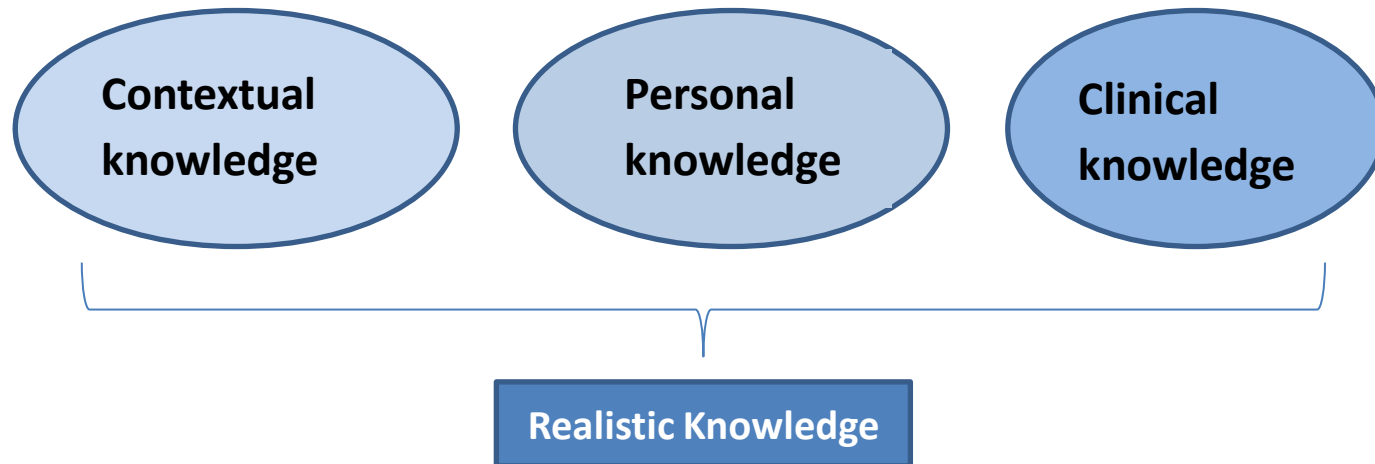
- Leave behind “doctor knows best”
- Shared power and responsibility of decision-making
- Requires system and organisational change to promote required attitude, roles and skills
- House of care is useful representation:



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



# Citizens' Panel and Citizens' Jury




August  
2017

## Our Voice Citizens' Panel Second Survey Results

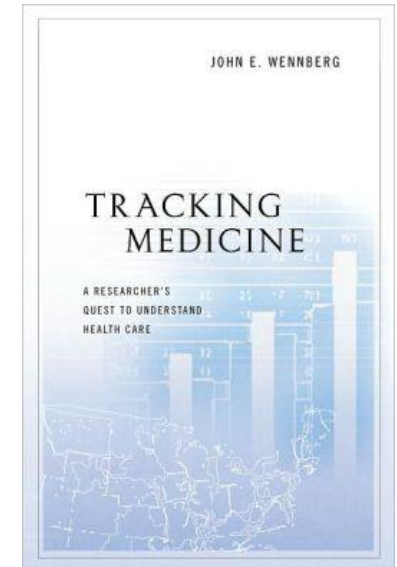
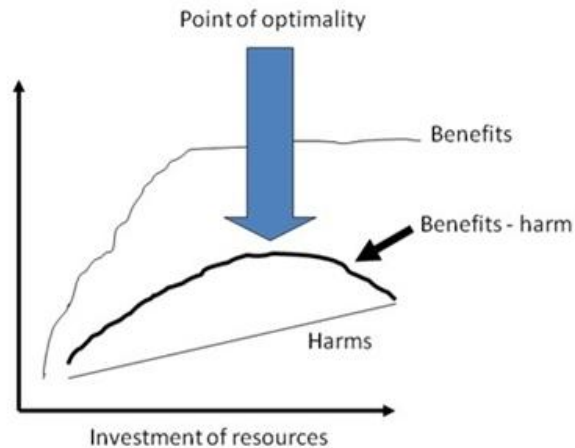


This newsletter summarises the key findings from the second survey undertaken with the Our Voice Citizens' Panel. Within the questionnaire we asked you about your relationships with health and social care professionals to find out if there are ways we can make communicating with them more meaningful 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!

A good consultation		Making decisions together	
What makes a 'good doctor'?	What are the most important elements of a 'good consultation' with a doctor?	How comfortable do you feel asking a doctor...	
 <ol style="list-style-type: none"><li>1 Knowledge/ qualifications</li><li>2 Good listener</li><li>3 Friendly/ approachable</li></ol>	 <ol style="list-style-type: none"><li>1 Feel listened to/ not being rushed</li><li>2 Clear communication</li><li>3 Resolution/ diagnosis/ outcome</li></ol>	<div>...what are my treatment options? (92% feel comfortable)</div> <div>...what are the risks/ benefits of my treatment options? (91% feel comfortable)</div> <div>...how likely are these to happen to me? (87% feel comfortable)</div>	
Communication preferences		Social isolation and Loneliness	
How would you prefer to get information about your healthcare needs?	Feelings of loneliness	Main cause of loneliness	What could be done to reduce loneliness?
 Face to face consultation with doctor (82%)  Face to face consultation with nurse (46%)  Phone consultation (31%)	 One in 10 often feel lonely.	Lack of social interactions or having no one to talk to (41%)  Anxiety/ depression/ mental health (18%)	Encourage people to socialise (22%)  Groups activities for all ages (22%)  Strong community groups (21%)
What are health/ social care services good at?	What could health/ social services do better?		Thank you!
 <ol style="list-style-type: none"><li>1 Doing the best they can (30%)</li><li>2 Good GP services (29%)</li><li>3 Availability of appointments (18%)</li></ol>	 <ol style="list-style-type: none"><li>1 Availability of appointments (25%)</li><li>2 More staff/ resources (15%)</li><li>3 Improved mental health services (11%)</li></ol>		<p>Thank you for taking the time to complete the survey.</p> <p>To discuss your panel membership or to update any of your details please contact Research Resource on 0141 641 6410 or by email at <a href="mailto:info@researchresource.co.uk">info@researchresource.co.uk</a>.</p>

# 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

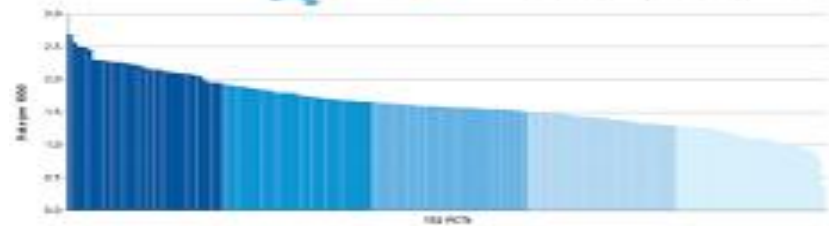
- 1) scopes;
- 2) carpal tunnel;
- 3) cataracts;
- 4) shoulder operations;
- 5) fore foot operations; and,
- 6) polypharmacy.

**Map 55: Rate of admissions for acute kidney injury (AKI) per all emergency admissions to hospital by PCT 2009/10**

Domain 5: 'Resilient and caring for people in a safe environment and protecting them from avoidable harm'  
Domain 5: 'Helping people to recover from episodes of ill health or deteriorating equity'

lowest rate  
highest rate

LONDON



## Atlas of Variation for Scotland

Select indicator:  
Cataract Surgery 65+

View map by:

- ☒ Council Area
- ☐ Health Board

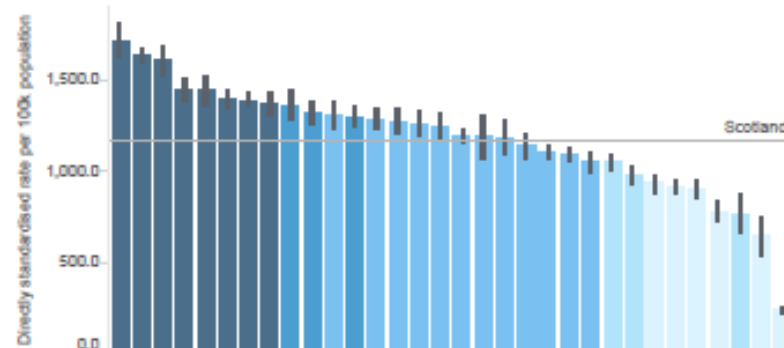
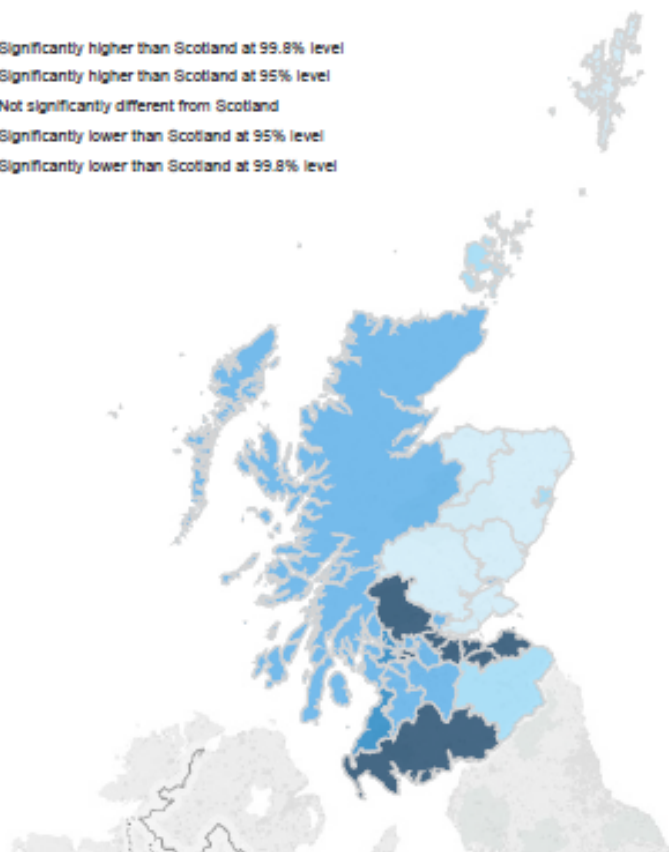
Interpretation of  
map and charts >



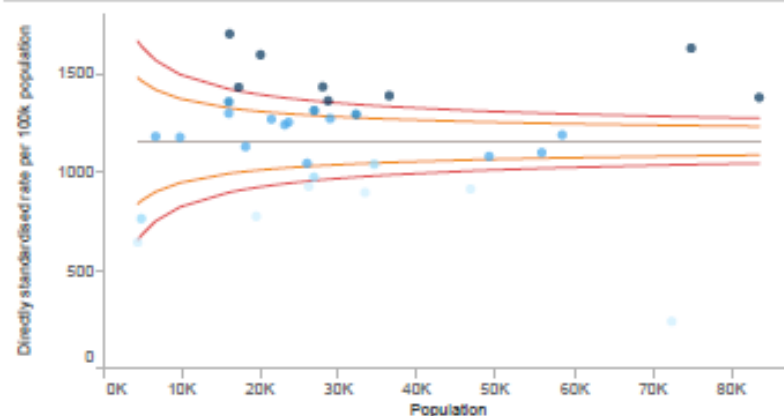
## Rate of cataract procedures performed in people aged 65 years and over by Council Area; 2015/2016

Directly standardised rate adjusted for age and sex

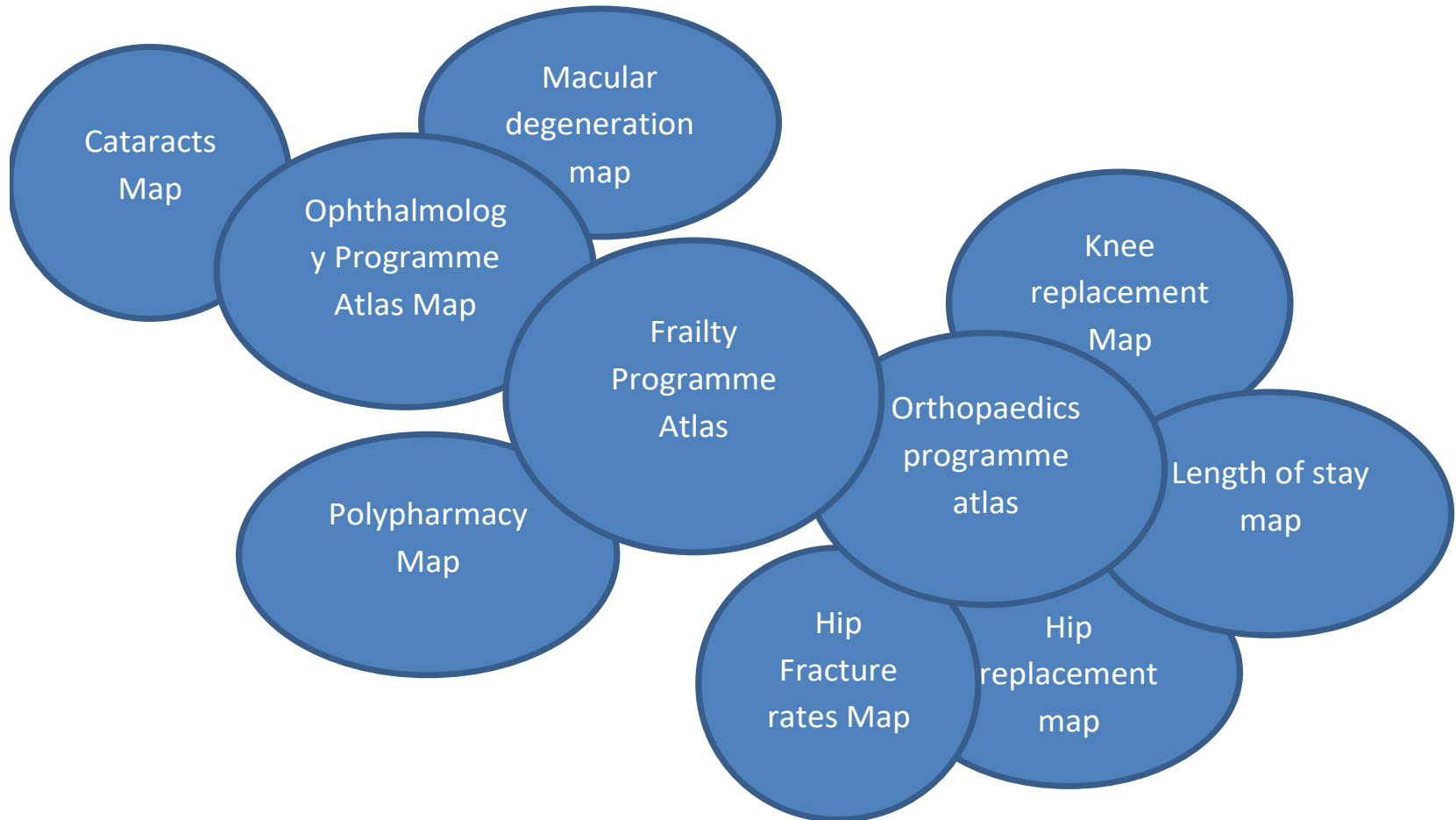
- Significantly higher than Scotland at 99.8% level
- Significantly higher than Scotland at 95% level
- Not significantly different from Scotland
- Significantly lower than Scotland at 95% level
- Significantly lower than Scotland at 99.8% level



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



# Realistic Medicine– High Level Delivery Plan 2017 - 2025

Reducing Unwarranted Variation

2017 - 2018

2018 - 2019

2019 - 2020

2020 - 2025

## Leadership and Governance

Shared vision and commitment to ensuring CMO's vision is realised

RM Oversight Group established & governance roles, responsibilities and accountability of delivery partners clarified

RM Core Group established and Delivery plan developed and agreed by RMOG and CMO

Establish RM VBH Subgroup and deliverables agreed by delivery partners and CMO

Commission phase 2 of Demand Optimisation project

Establish Value Improvement Project Fund

Commission an Atlas of Variation

VBH Clinical Leads appointed in 14 territorial Boards

VBH Clinical leads establish local work programmes

Value Improvement Project Fund Goes Live

Commission phase 2 of Atlas of Variation

Phase 1 of Atlas of Variation goes live

NHS GG&C RM induction pack rolled out

Commission Value Improvement Training

Incorporate RM in lifelong learning in medical education

Publish the refreshed Health Literacy Plan *Making it Easier*

Commission Atlas of Variation Training Programme

Commission online shared decision making induction for healthcare professionals

Look to appoint VBH Nursing and AHP Leads in 14 Boards

Look to establish VBH Nursing and AHP work programmes

Year 2 Value Improvement Project Fund projects commence

Single National Formulary Developed

Phase 2 of Atlas of Variation goes live

Year 2 Value Improvement training commences

Year 1 Value Improvement training commences

Atlas training commences

Review Consent process

RM pages on NHS Inform

RM Website commissioned

Look to appoint VBH Social Care AHP Leads across all Integration Authorities

Look to establish VBH Social Care work programmes

Phase 3 of Atlas of Variation goes live

Commission phase 3 of Atlas of Variation

Refresh P&E in Medicine Action Plan

Phase 2 Atlas training commences

RM Video messages disseminated through social media

RM Video messages for service users commissioned

Commission Citizens' Jury

Develop RM Communications & Engagement Strategy

Annual RM conference

RM Website launched

Annual RM conference

Hold Citizens' Jury

## CMO's Vision

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

Progress and Evaluation of RM work streams reported and disseminated

Progress with evaluation of RM work streams reported and disseminated

Progress with evaluation of RM work streams reported and disseminated

Research Fellow and Social Researcher begin work to evaluate RM work streams

## Education and Training

Healthcare professionals and service users supported & able to have meaningful conversations

## Communications & Engagement

Raising awareness of RM principles & values & informing and promoting good practice

## Quality Improvement

Identifying and promoting good practice and innovation, drives continuous improvement

Strengthening Relationships between Healthcare Professionals and Service Users

Questions?

# Getting in touch....



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