

REALISTIC
MEDICINE

Chief
Annual



REALISING
REALISTIC
MEDICINE



Chief Medical Officer's
Annual Report 2015-16

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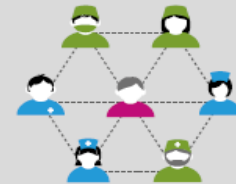
NHS
SCOTLAND

PRACTISING REALISTIC MEDICINE



CHANGE OUR STYLE TO
SHARED DECISION MAKING?

BUILD A **PERSONALISED**
APPROACH TO CARE?



REDUCE HARM
AND WASTE?



REDUCE **UNWARRANTED**
VARIATION IN PRACTICE
AND OUTCOMES?

MANAGE RISK BETTER?



BECOME IMPROVERS
AND INNOVATORS?

Chief Medical Officer's
Annual Report 2016-17



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Healthier
Scotland
Scottish
Government

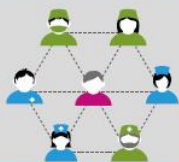
The Vision

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

CHAPTER 1

BUILDING OUR PERSONALISED APPROACH TO CARE WITH PEOPLE ACROSS SCOTLAND

BUILD A **PERSONALISED**
APPROACH TO CARE?



How do we know the public really want Realistic Medicine?

How comfortable would you feel
asking your doctor...?

While 92% would feel comfortable asking their doctor about their treatment/care options, only 67% said they have actually asked their doctor this.

Over 9 in 10 respondents (91%) feel comfortable asking about the possible benefits and risks of those options, with only 64% stating they have asked their doctor this.

Similarly, 87% feel comfortable asking about how likely the benefits and risks of each option would be to happen to them compared to 54% who have asked their doctor this.

CHAPTER 2

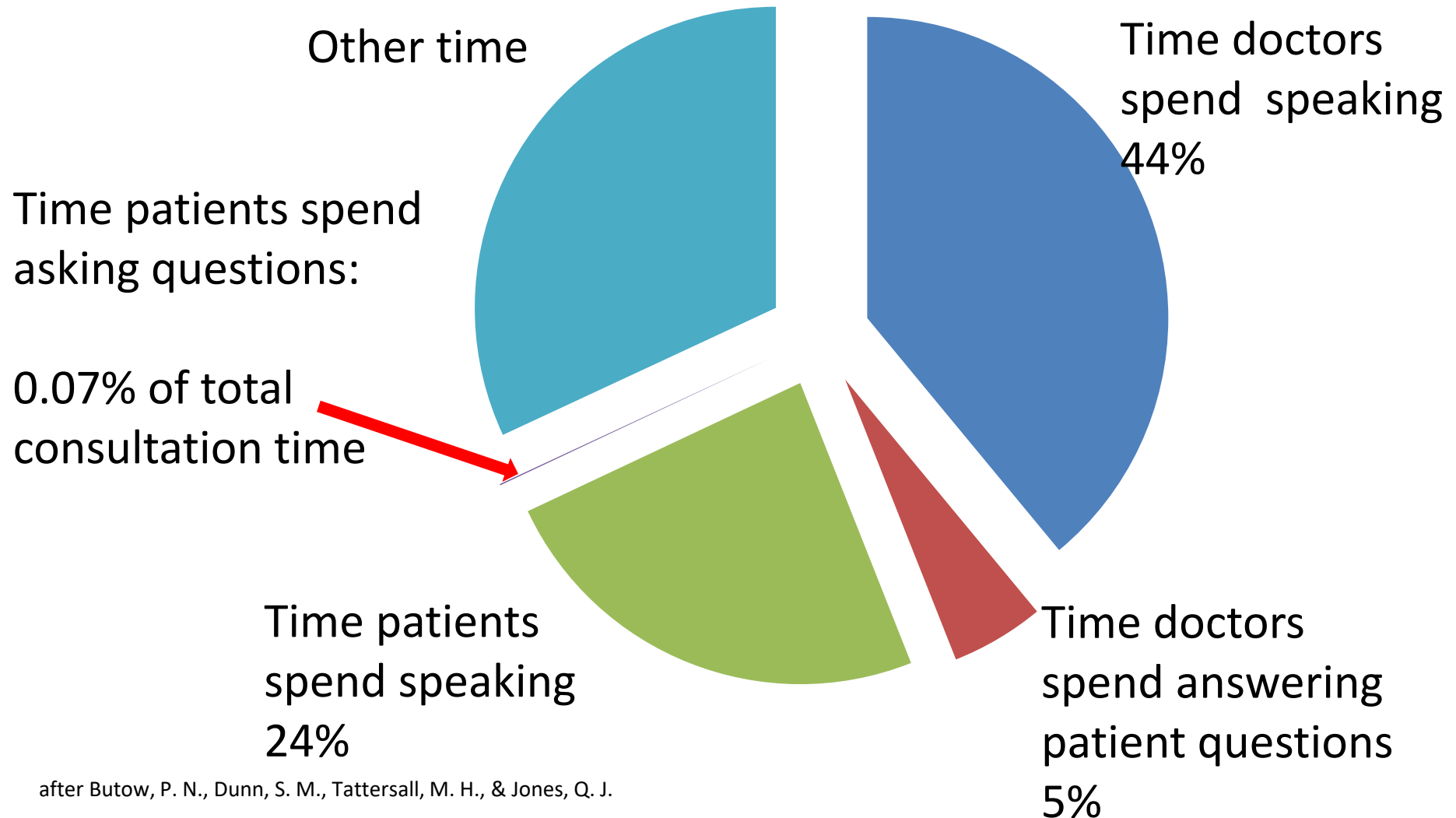
CHANGING OUR STYLE TO SHARED DECISION MAKING



It's about:
good communication
asking the right
questions



How much time do doctors spend talking to their patients?



Asking the Right Questions Matters

To help ensure you have all the information you need to make the right decisions about your care, please ask your doctor or nurse:

- Is this test, treatment or procedure really needed?
- What are the potential benefits and risks?
- What are the possible side effects?
- Are there simpler, safer or alternative treatment options?
- What would happen if I did nothing?



CHAPTER 3

UNDERSTANDING AND MANAGING MEDICO-LEGAL RISK

MANAGE RISK BETTER?



More meaningful
conversations will lead
to less litigation, not
more.

REAL ORGANIZATION CHART

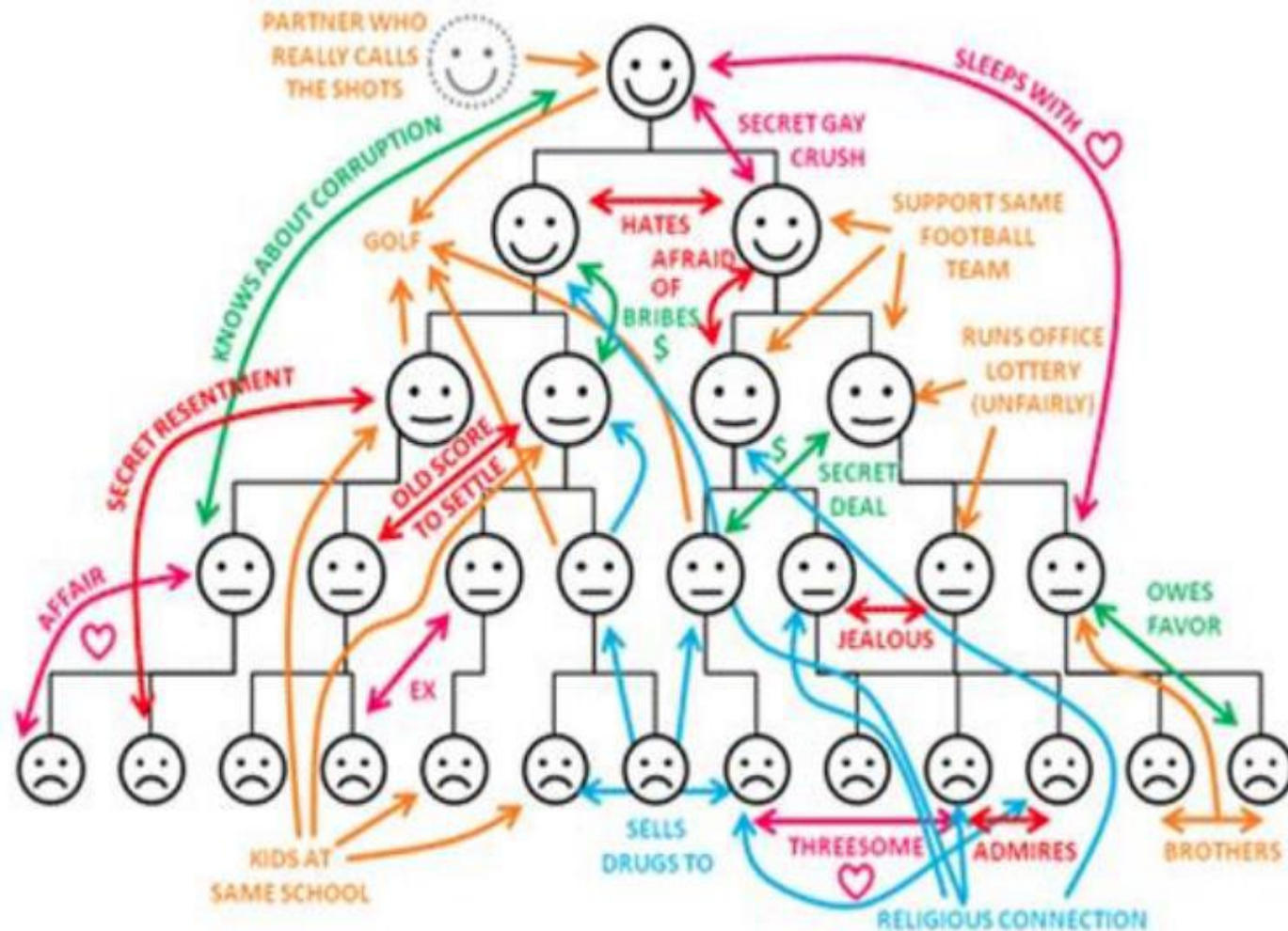


Chart courtesy of Integration Training (www.integrationtraining.co.uk)

CHAPTER 4

VALUING OUR WORKFORCE

COLLABORATE



CONNECT



- Supporting our colleagues and ourselves
- www.projectlift.scot
- Challenging unacceptable behaviour
- Improving work/life balance

#LetsRemoveIt



Bullying harms your profession and your patients.

We need a change of attitude towards bullying and undermining behaviour. The Royal College of Surgeons of Edinburgh is leading and supporting a cultural change in practice and performance.

Find out more at rcsed.ac.uk/bullying





CHAPTER 5

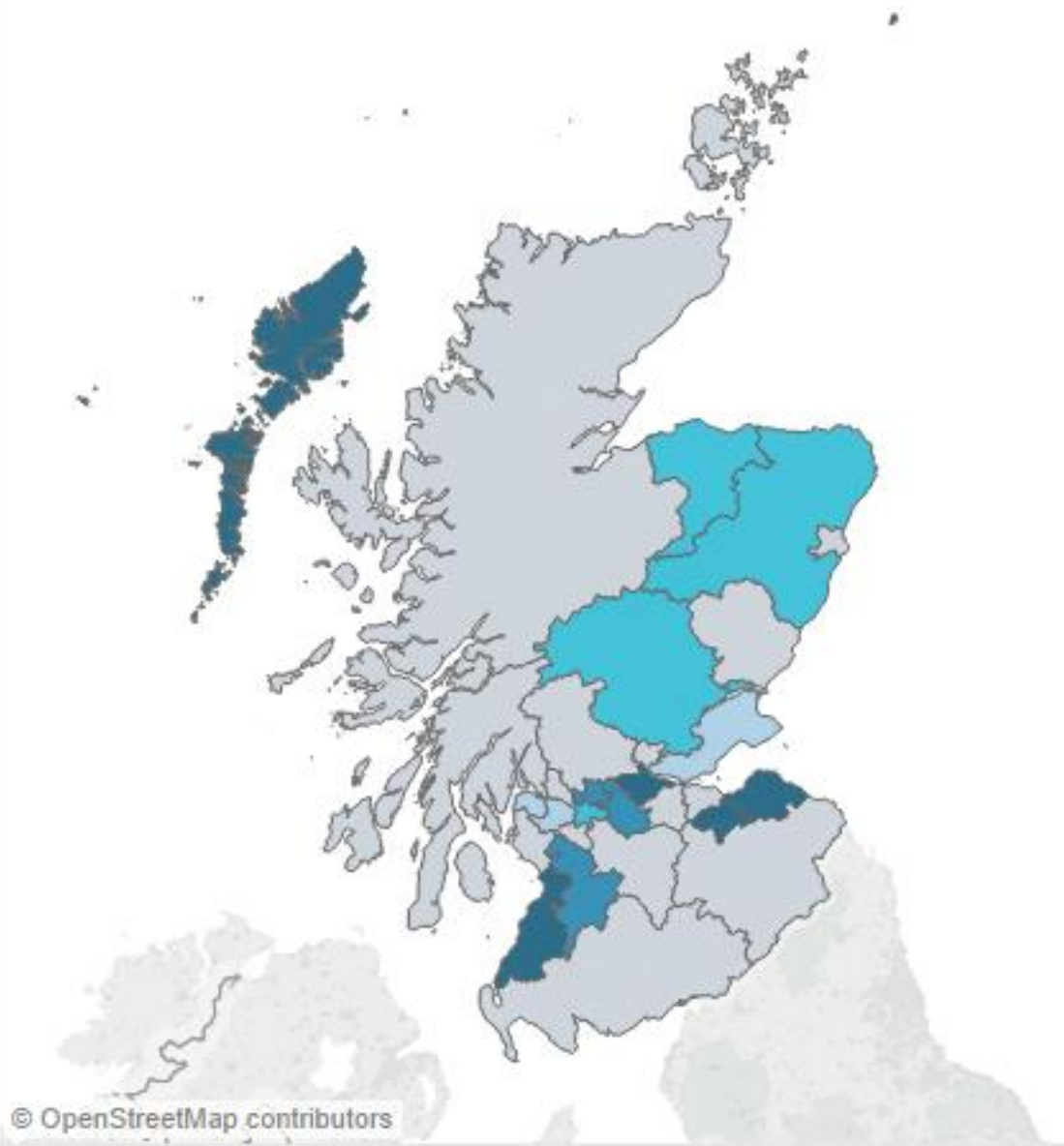
TACKLING UNWARRANTED VARIATION, HARM AND WASTE



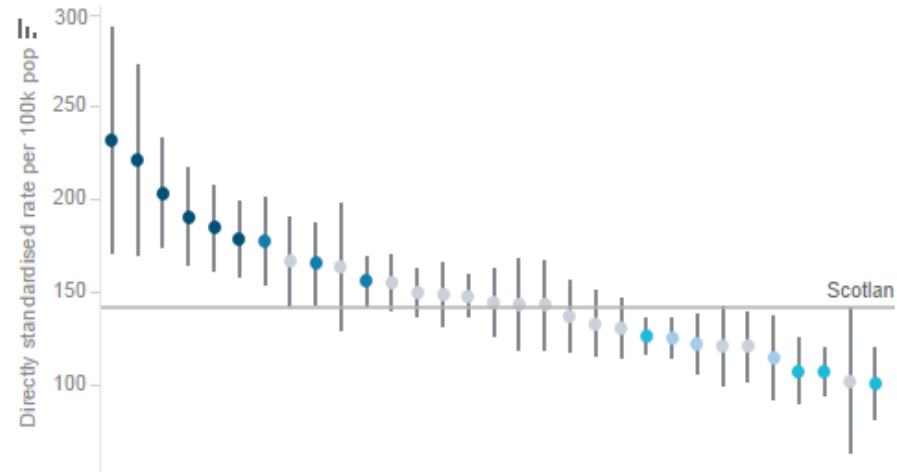
**REDUCE HARM
AND WASTE?**



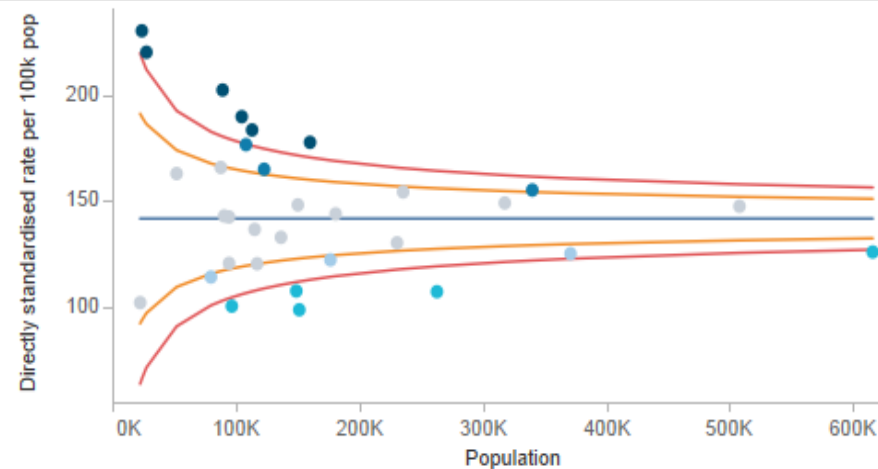
**REDUCE UNWARRANTED
VARIATION IN PRACTICE
AND OUTCOMES?**



100,000 population by Council Area; 2016/17



For Council Areas in Scotland in 2016/17, the directly standardised rate of elective primary knee replacement procedures per 100,000 population ranged from 98 to 23 (2.3-fold variation).



CHAPTER 5

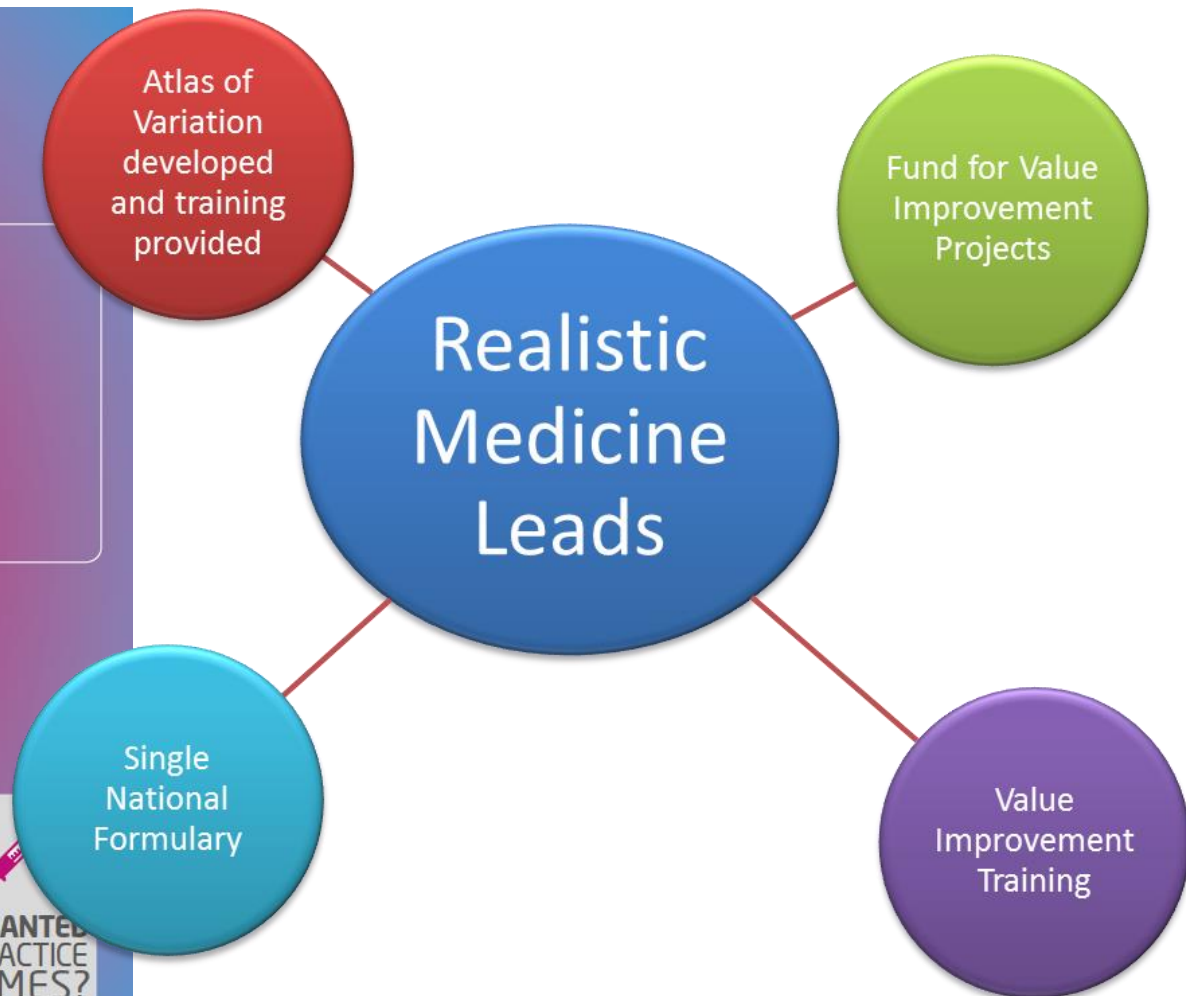
TACKLING UNWARRANTED VARIATION, HARM AND WASTE



REDUCE HARM
AND WASTE?

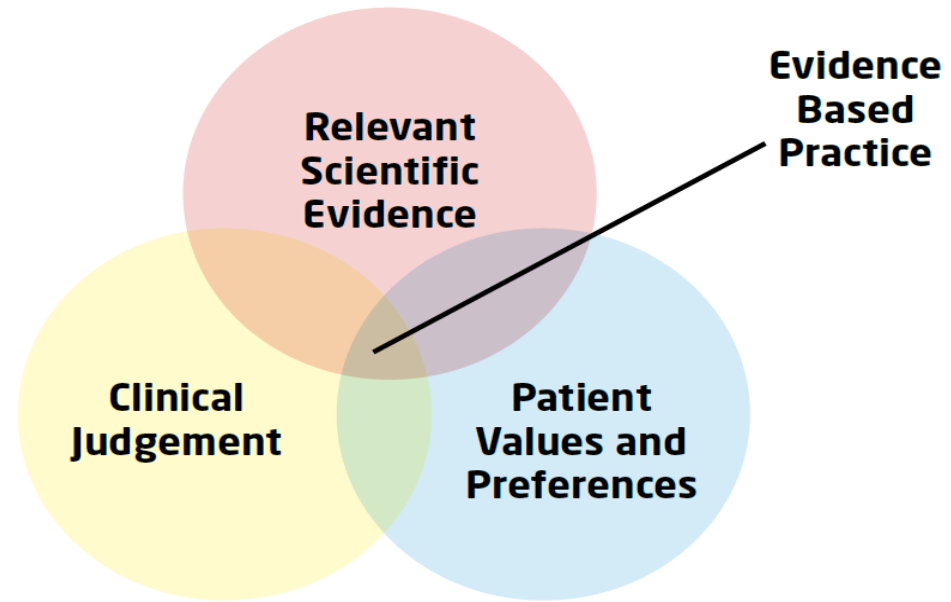


REDUCE UNWARRANTED
VARIATION IN PRACTICE
AND OUTCOMES?



CHAPTER 6

REALISING KNOWLEDGE FOR A REALISTIC ERA



- Disseminating innovation in healthcare
- Evaluating new models
- Ensuring sustainability

CHAPTER 7

A REALISTIC APPROACH TO POPULATION HEALTH

Figure 11. Social determinants of health



Source: NHS Health Scotland

- **Patient** – *“Before – I was not really managing – I was upset/not doing really well... Now – I can put money towards things.”*
- **GP** - *“It’s contributing to reduced time spent by GPs on paperwork relating to benefits, (it) lets us get on with the job we are trained to do.”*

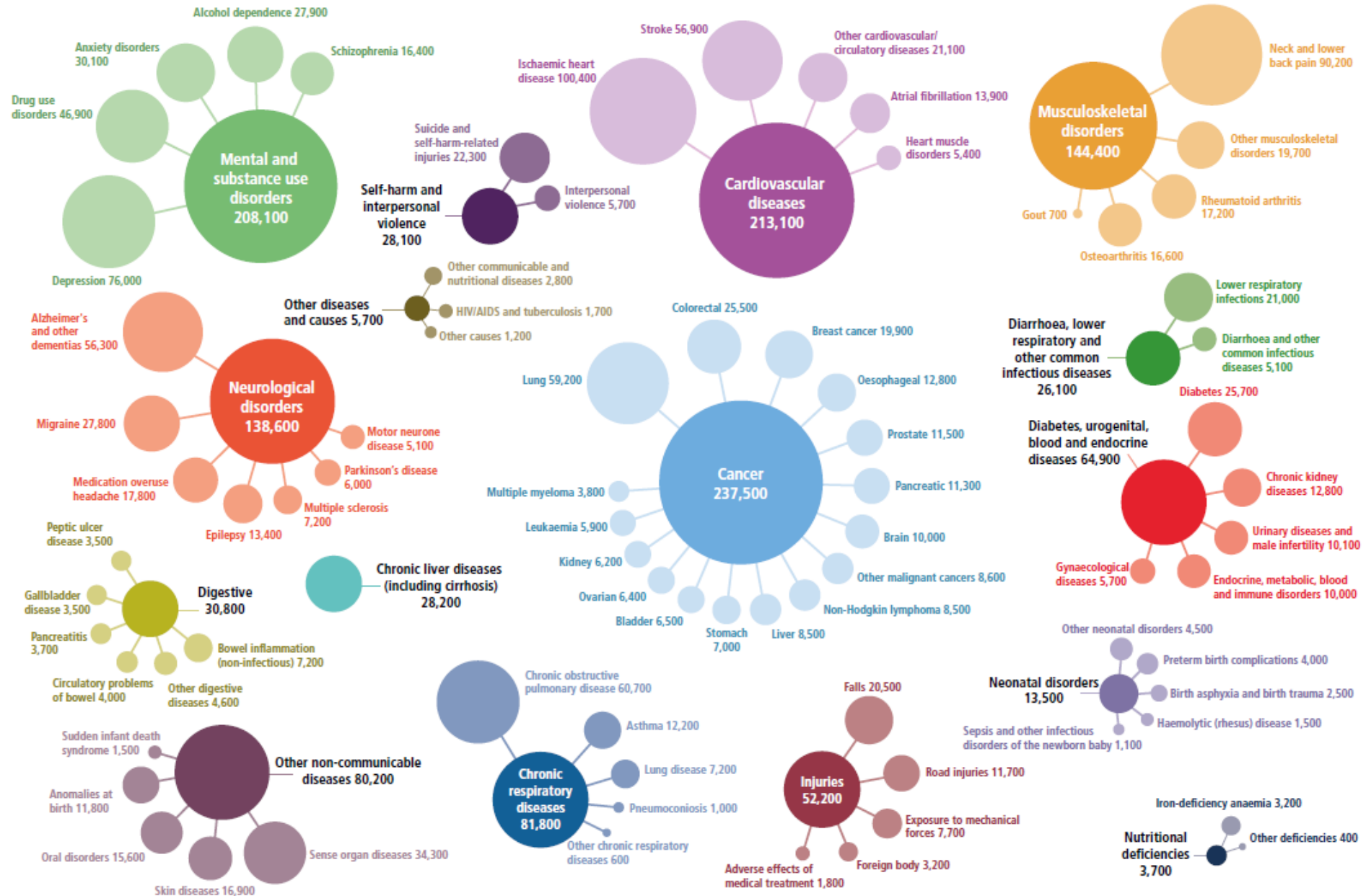


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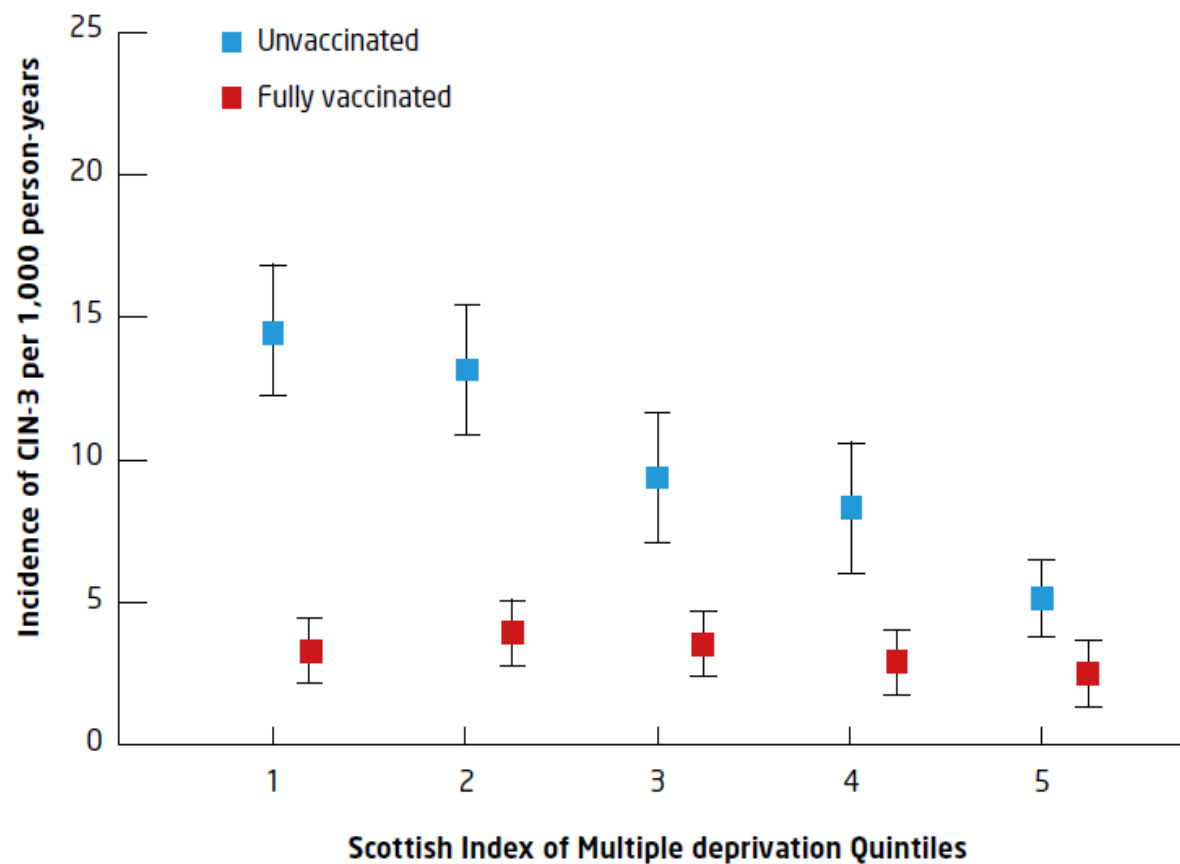


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Scottish Burden of Disease



HPV Vaccination Cameron et al 2017





'A note to patients when all else fails'

Sometimes the needle is too blunt.

The stethoscope is too quiet.

The scalpel will not cut.

The scissors chew like old men's gums.

Sometimes the book has not been written.

The pill cannot be swallowed.

The crutches are too short.

The x-rays hide like dirty windows.

Sometimes the thermometer will not rise.

The plaster will not stick.

The stitches cannot hold.

The heart conducts a normal ECG.

Then I have to ask you what to do

Which is what you might

have wanted all along.

Glenn Colquhoun

Stay in touch



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Questions?

