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Personalising Realistic Medicine

Chief Medical Officer’s Annual Report 2017-18
REALISTIC MEDICINE

CAN WE:

CHANGE OUR STYLE TO SHARED DECISION-MAKING?

BUILD A PERSONALISED APPROACH TO CARE?

REDUCE HARM AND WASTE?

REDUCE UNNECESSARY VARIATION IN PRACTICE AND OUTCOMES?

MANAGE RISK BETTER?

BECOME IMPROVERS AND INNOVATORS?
“Variability is the law of life, and as no two faces are the same, so no two bodies are alike, and no two individuals react alike and behave alike under the abnormal conditions which we know as disease.’

William Osler (1849-1919)
We must not only address people’s symptoms, but also support their goals, their ability to adapt to their condition and their ability to self manage, so that they are less dependent on us as health professionals when living their lives and pursuing their hopes and dreams.

In this regard, personalised care is not just a “nice to have” but a “must have”.  
Victor Montori
We must do more to live the core principles of ‘careful and kind care’.
Delivering Careful Care

• Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)
• Patient Experience and Anticipatory Care Plan Team (PACT)
• PACT has completed over 1,000 patient-centred care plans
• Feedback from patients, relatives and staff has been overwhelmingly positive.
Delivering Kind Care

We must deliver better value care – care that people really value
Conclusion

• focus on the person - understand their preferences and values

• focus on the service we provide - strive to provide ‘Careful and Kind Care’
CHAPTER 2
THE CHALLENGES OF PERSONALISING REALISTIC MEDICINE
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.
Where do I find the time?
Spending Time, Saves Time

• **PACT care plans** - deliver a measurable reduction in acute hospital demand that outweighs the cost, both in time and money

• **The Silver City 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 Silver City multidisciplinary team (MDT) meetings.

• **Orthopaedic Team at GRI’s 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.
Conclusion

• A more personalised approach towards our patients and our citizens can foster their engagement, allowing us to understand and co-create the care they really value.

• Giving time to patients can often save time for professionals, and the appropriate redistribution of work - using all the assets of our diverse teams – can improve patient care, rather than undermine it.
60% of UK doctors reported that their satisfaction with their work-life balance had deteriorated in the past 2 years.

3/10 doctors felt unsupported by management or senior colleagues at least once a week.

1 out of 4 doctors said they had considered leaving the medical profession at least every month.
‘Staff often achieve extraordinary results in spite of organisational systems rather than because of them’.

Peter Homa
• The Health and Care (Staffing) Bill

• Rotas of junior doctors will include mandatory 46 hour recovery periods

• ‘UK-wide review of students’ and doctors’ wellbeing

• GMC review of Scotland Deanery
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.
Schwartz Rounds

• people who attend half as likely to suffer psychological distress as non-attending colleagues.

• reduce isolation, make people feel more connected, and puts them back in touch with the motives that brought them to healthcare in the first place.
4 Behaviours of Compassionate Leaders

• Attending
• Understanding
• Empathising
• Helping
‘Senior leaders must not be satisfied simply with attempting to understand their organisations through written reports.

Instead, they must invest time in visiting and listening to staff in their workplaces.’

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

Muir Gray
CHAPTER 4

PERSONALISING REALISTIC MEDICINE ACROSS OUR PRINCIPLES
Study into good practice in shared decision making and consent

• Provide more guidance on effective ways of communication to enable professionals to explain risks, benefits, outcomes and alternative treatments;

• Develop a national repository of evidence-based information about treatments and procedures and the associated risks;

• Provide clear guidance on the appropriate use of high quality decision-making aids for professionals and patients;

• Provide staff with education and adequate skills to communicate information clearly;

• Provide staff with training on how to build a more supportive relationship with the patient to enhance person-centred consultations.
REDUCE HARM AND WASTE

Diagram:
- Effect Size
- HARM
- CLINICAL VALUE: Necessary, appropriate, inappropriate, futile
- Benefit
- Resources
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
'One of our roles as professionals is to be leaders in openness and I include when things go wrong, as well as when things go well.

When facing dilemmas, we must acknowledge them to the public that we serve, rather than try to overly finesse the information'.

Peter Homa
‘A desk is a dangerous place from which to view the world’

John Le Carre
**Your Journey Through The Emergency Department**

**Check In**
- Ambulance, Walk-ins / NHS 24

Upon arrival, you will either check in at reception or will be handed over by paramedics to the Emergency Department Staff.

**Assessment**
- Nurse Assessment

After checking in, you will be assessed by a nurse. The Emergency Department is often busy and patients are prioritized based on their immediate needs.

1. Stream 1
2. Stream 2
3. Stream 3

**Investigations & Treatment**
- Investigations, Diagnosis, Treatment

After being assessed, you may need to wait to have further tests. Treatment will begin as soon as possible, which may include the administering of fluids, issuing of medication or whatever an individual requires.

**Outcome**

**Discharge, Observation & Admission**

There are 3 possible outcomes:
- **Admission**: To either the Emergency Department observation unit or another ward within the hospital.
- **Discharge**: You are now well enough to leave the Emergency Department.
- **Redirection**: The Emergency Department Team feel you are better suited to another NHS service.

**Redirected to a more suitable service for your needs**
Identify The Emergency Department Team

Senior & Charge Nurses

Our Uniforms
- Senior Nurses: Navy Blue Tunic + Navy Blue Trousers
- Charge Nurses: Sky Blue Tunic + Navy Blue Trousers

Our Role
- In charge and has overview of the Emergency Dept & staff. Nurse Practitioners also wear this uniform and will assess and treat patients similar to Doctors.

Staff Nurses

Our Uniform
- Sky Blue Tunic + Navy Blue Trousers

Our Role
- Healthcare professionals working within all areas of the Emergency Department.

Healthcare Assistants

Our Uniform
- Pale Blue Tunic + Navy Blue Trousers

Our Role
- Providing support to Healthcare professionals in diagnosing, treating and caring for patients.

Senior Doctors

Our Uniform
- Navy Scrubs

Our Role
- In charge and has overview of the Emergency Department and staff.

Doctors

Our Uniform
- Marsan Scrubs

Our Role
- Assessing and treating patients under supervision of Senior Doctors.

Paramedics, Domestic Staff & Reception Staff

Our Uniform
- Dark Blue Tunic + Navy Blue Trousers

Our Role
- Non-clinical staff supporting the day-to-day running of the Emergency Department.

Radiographers

Our Uniform
- Sky Blue Tunic + Navy Blue Trousers

Our Role
- Specialist working within the X-Ray area of the Emergency Department.
REALISTIC MEDICINE

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