Practising Realistic Medicine

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Scottish Government
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

REALISTIC MEDICINE

Healthier Scotland

Scotland Government
“You may not control life's circumstances, but getting to be the author of your life means getting to control what you do with them.”

– Atul Gawande: Being Mortal
As healthcare professionals we must:

• Listen to our patients - find out what matters most to them - and help them make an informed choice;

• Address over-treatment;

• Challenge variation in clinical practice; and

• Offer higher value care;
Scotland’s Vision

‘By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine’.
How do we know the public really care about 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.
How much time do doctors spend talking to their patients?

- Time doctors spend speaking
- Time patients spend asking questions:
  - 0.07 of total consultation time
- Other time

after Butow, P.N., Dunn, S. M., Tattersall, M. H., & Jones, Q. J.
• 54% of patients’ complaints and 45% of their concerns are not elicited (Stewart et al 1979)

• in 50% of visits, the patient and the doctor do not agree on the nature of the main presenting problem (Starfield et al 1981)

• doctors frequently interrupt patients so soon after they begin their opening statement that patients fail to disclose significant concerns (Beckman and Frankel 1984, Marvel et al 1999)

• Robinson et al (2016): Compared to “Do you have any questions?”, “any other concerns?” were significantly more likely to generate agenda items, especially when positioned ‘early’ vs. ‘late’ during visits
citizens' jury
a new direction
It’s about:

• Good communication
• Asking the right questions
• Listening
• Empathy
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 the 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?
In 5,692 cases of people living with diabetes and co-morbidities people were:

• 4-9 times more likely to have essential checks carried out to prevent complications (foot, vision, cardiovascular and kidney disease)

• Significantly more likely to have effective blood glucose control and reduction in acute kidney injury than case controls (p=0.003).
Health Literacy...

43% of English working age adults will struggle to understand instructions to calculate a childhood paracetamol dose.
<table>
<thead>
<tr>
<th>Skills Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>Very poor skills. May not be able to determine the amount of medicine to take</td>
</tr>
<tr>
<td>Weak</td>
<td>Weak skills. Can only deal with well laid out simple material and tasks that are not complex</td>
</tr>
<tr>
<td>Skills at or above</td>
<td>Skills at or above level required for coping with demands of everyday life</td>
</tr>
<tr>
<td>4%: No skills</td>
<td>4%: No skills to understand basic health information</td>
</tr>
</tbody>
</table>
A New Action Plan – Making it Easier

The actions

1. Share the learning from Making it Easy across Scotland.

2. Embed ways to improve health literacy in policy and practice.

3. Develop more health literacy responsive organisations and communities.

4. Design supports and services to better meet people’s health literacy levels.
More meaningful conversations will lead to litigation, not more.
Reviewing the consent process

- n. permission. v. give permission.
- agree to do something.

Informed consent: permission granted in the knowledge of the possible consequences.

Origin: ME. from OFr. consentir (n.), consentir (v.), from L. consentire, from con- ‘together’ + sentire ‘feel’.
• Disseminating innovation in healthcare
• Evaluating new models
• Ensuring sustainability
Guidelines are for people, not for diseases

“Guidelines for people not for diseases: the challenges of applying UK clinical guidelines to people with multimorbidity”

LLOYD D. HUGHES, MARION E. T. MCMURDO, BRUCE GUTHRIE
CHAPTER 5

TACKLING UNWARRANTED VARIATION, HARM AND WASTE

REDUCE HARM AND WASTE?

REDUCE UNWARRANTED VARIATION IN PRACTICE AND OUTCOMES?

© Opens reetMap contributors
Scone

1. Ingredients
   - 250g self raising flour
   - 40g butter or margarine
   - 125ml milk

1. Equipment
   - Weighing scales, baking tray, sieve, mixing bowl, measuring jug, palette knife, flour sifter, rolling pin, round scone cutters, pastry brush, oven gloves and cooling rack.

1. Method
   1. Preheat the oven to 220°C or gas mark 7. 2. Grease a baking tray.
   3. Sift the flour into a bowl. Using your fingertips rub the butter or margarine into the flour until it resembles fine breadcrumbs.
   4. Pour in the milk a bit at a time and mix to make a soft dough. Save a little of the milk.
   5. Place the dough on a floured surface and knead lightly.
   6. Roll out the dough until 1.5cm thick.
   7. Shoep into scones using a cutter.
   8. Place the scones onto the baking tray. Brush tops with a little milk and bake for 12-15 minutes until golden brown.
   9. After baking, place the scones on a cooling rack.

1. Handy hints
   - To make fruit scones, add 25g sugar and 75g currants or sultanas before the milk.
   - To make cheese scones, add 75g grated cheese and 1x 5ml spoon mustard or mixed herbs before the milk.
   - When rubbing the butter or margarine into the flour lift your hand to help get air into the mixture. Shake the bowl to encourage large lumps to the surface.

Scorn or Scon? I think I clearly side with the North (but, as @OxfordWords says, either is fine).

The Great Scone map of the United Kingdom and Ireland

@Susie_dent
Susie Dente

@DrGregorSmith
Gregor Smith
First prototype maps of Scottish Atlas of Variation published today. indivisual.org/products/sc-atlas... Just as the AlconeMap does an judge or advocate correct pronunciation, these can't be used for anythng other than starting conversatns to understand the
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).
Adding value

High quality care which isn’t appropriate is still low value care....
Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. These factors (shown on the right) impact on our health and wellbeing.
Embedding welfare rights advisors in clinical settings

Two GP practices in Parkhead, Glasgow, delivered:
- £850,000 worth of unclaimed benefit entitlement to 165 people; and,
- helped identify and manage £156,000 worth of debt.

- **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.”
• Supporting our colleagues to thrive

• www.projectlift.scot

• Challenging unacceptable behaviour

• Improving work/life balance
Embedding Realistic Medicine across Scotland

Realistic Medicine Leads

- Atlas of Variation developed and training provided
- Fund for Value Improvement Projects
- Single National Formulary
- Value Improvement Training
Questions?
Stay in touch

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