Grampian Realistic Medicine Programme

Executive Lead: Paul Bachoo   **SRO:** Lorraine Scott   **Programme Manager:** Amanda Gotch

Progress since last meeting

- VIF applications coming in already – plan in place for review and submission to SG by 25.02.22
- Web pages launched 15.11.21 – 201 page views to 19.01.22
- RM workshop delivered at Medical Education Conference on 12th Nov – immediate positive feedback received
- 200+ "It's OK to Ask" posters distributed across Grampian
- Minor Surgery project progressing with Project Manager now in post. Strand 1 has a focus on developing the single waiting list and clearance of current back log, working towards 26.02.22 as first WLI clinic. Strand 2 is progressing a sustainable service with a focus on facilities, refresher/training and clear pathways
- "It's OK to say no"/ Values-Based Practice project, discussions started with external company to gain advice and support and contact made with several clinicians in NHSG who have indicated an interest.
- Work commenced improving rheumatology pathway between NHS Grampian and NHS Orkney
- Engaged with RM leads in Highland and Tayside to share learning and identify opportunities for collaboration
- Social Media pages x 3 launched 20.01.22
- First blog piece from maternity services to be submitted next week, second blog piece will be from Learning Disability Team
- Presentations given
  - 10.11.21 Public Health
  - 18.11.21 Consultant Sub Committee
  - 26.01.22 Maternity M&M

Making an Impact

Coming in the next Flash Report

Key issues/risks

The key risks that pose concern to the programme are:

- Project Manager support temporarily redeployed
- Current operational priorities have resulted in no Programme Board meeting since 8/11/21
- Potential for rapidly changing COVID 19 situation and the requirement for services to be agile in their priority response
- Pace of cultural change – both historical and recent
- Funding – lack of clarity re recurring SG funding and non-recurring element for shortfall of Programme Manager
- Staff health and wellbeing
- Workforce capacity and engagement at service level/improvement fatigue
- Public understanding and engagement

Next steps

- Minor Surgery continues to be a focus for CIG and Realistic Medicine.
- "It's OK to say no"/Values-Based Practice project progression – to submit VIF application to support this work
- Submit top 3 scoring VIF application to SG by 25.02.22
- Focused momentum to regenerate interest in Demand Optimisation Group underway
- Next Action Plan to be developed to present to ScotGov in March 2022

- NHS Grampian to be test site for new Atlas of Variation, confirming GP practices for this
- Linking in with clinicians to gain a baseline of Shared Decision Making in practice using collaboRATE to measure this
- Continue to develop RM Charter/matrix and share with Board
- Start recording colleagues "sound bites" for what Realistic Medicine means for them/how they practice RM to share locally and nationally
- Meeting arranged to support development of NHS Grampian Sustainability Strategy
- Presenting at Primary Care Prescribing Group 18/05/22

Data points/measures

Overall
- 9/18 actions completed
- 8/18 actions progressing or partially completed
- 201 webpage views in 2 months

In development
- Measures to be developed during test from Atlas of Variation
- Baseline survey of Shared Decision Making from patients and staff for "It's OK to say no" project
- GP Minor Surgery waiting list progression

- PROMS and PREMS to be collated to show the impact of Realistic Medicine
- Annual evaluation by U of A of the entire programme – link to PID

REALISTIC MEDICINE

NHS Grampian

Project Progress Reporting

Principles

 CHANGE OUR STYLE TO SHARED DECISION-MAKING

 BUILD A PERSONALISED APPROACH TO CARE

 REDUCE HARM AND WASTE

 TACKLE UNWARRANTED VARIATION IN PRACTICE AND OUTCOMES

 MANAGE RISK BETTER

 BECOME IMPROVERS AND INNOVATORS

Measurable Outcomes

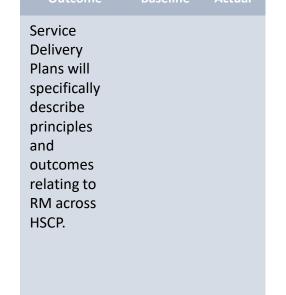| Outcome	Baseline	Actual
Use of a public and staff facing RM Web page will be monitored	None currently	201 'hits' to date
Clinical Staff will engage with the NES (TURAS) online "Shared Decision Making" module		
Quantitative and Qualitative feedback will demonstrate embedding of RM principles across Grampian	TBC	63% of Dr (Med Conf.) aware of the BRAN

Outcome	Baseline	Actual
Maximise the use and impact of digital technology (Near Me Virtual Consultation)		
Reduction in low-value (unnecessary) appointments	TBC	

Outcome	Baseline	Actual
Reduction in Outpatient appointments		
Monitor impact of pathway improvement projects through use of QI Methodology		

Outcome	Baseline	Actual
Service Delivery Plans will specifically describe principles and outcomes relating to RM across HSCP.		

Outcome	Baseline	Actual
Reduced ED attendances		

Outcome	Baseline	Actual
There will be an increase in the use and impact of Innovative Technology		

Key Actions/Deliverables

Change our style to shared decision-making
- Raise awareness for Public and Staff of BRAN Questions-social media/Intanet/Internet/Netwroks
- Promote Bran in physical waiting rooms
- Actively promote NES online RM "Shared Decision Making" module
- Promote engagement with RM with easy access to RM tools and learning modules.
- Review patient information ensuring it is reliable, current and accessible
- Develop a landing page to ease patient access to patient information
- Engage with Advisory Committees pan Grampian
- Create a Grampian Webpage with Pubic and Staff Information

Build a personalised approach to care
- Ensure individualised care plans that suit patients wants, cares & needs
- Review virtual consultation (Near Me) use and develop a targeted improvement plan to increase use where appropriate.
- Review complex patient pathways and redesign to minimise multiple hospital visits
- Values-based Healthcare – "It's OK to Say No"

Reduce harm and waste
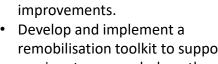- Review secondary care discharge pathways across Grampian to reduce delays, waste and variation.
- Provide guidance to support services to implement ACRT, PIR & Asynchronous consultation..
- Identify pathways and cross system pathway issues where the Clinical Interface Group can support improvements.
- Develop and implement a remobilisation toolkit to support services to use a whole pathway approach to recovery and renewal that incorporates Realistic Medicine.
- Promote a culture of learning from excellence & mistakes – regular M&M reviews across specialities

Tackle unwarranted variation in practice and outcomes
- Review secondary care discharge pathways across Grampian to reduce delays, waste and variation.
- Encourage and support the use of Quality Improvement Methodology in pathway improvement projects.
- Encourage and support the use of data to inform areas for improvement.

Manage risk better
- Guide remobilisation by the use available data to manage risk and support whole pathway transformation.
- Redesign of USC access to ED ensuring improved signposting and redirection.
- Promote KWTT, NHS Inform and all self care/self management resources.

Become improvers and innovators
- Consider output of benchmarking exercise across secondary care to identify proposed innovative technology RM activity and provide targeted support.
- Identify services where ongoing innovative technology projects could also be applied and facilitate shared learning.
- Support and encourage key stakeholders to undertake RGU "Leading Strategic Innovation in Health and Social Care"
- Support implementation of innovative technology including
  - Colon capsule Endoscopy
  - Cytosponge
  - New Robotics

Status Key

✔ Delivered | ⧗ On Track | ⧗ Min Delay | ⧗ Maj Issues