

Grampian and Orkney Realistic Medicine Programme

Report Date

27/04/2022

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Progress since last meeting

- 1 VIF social care application from Moray was successful - Moray Localities Multi-Agency Support Hub
- Atlas of Variation (AoV) Phase V successfully launched
- Poster Abstract on GP Minor Surgery project accepted for the NHS Scotland Event
- Met with leads for both VIF Projects in Orkney, drafting project updates for ScotGov
- Met with Director of People and Culture for NHS Grampian to discuss the synergies between the organisational culture and Realistic Medicine
- Learning Disability Team have written a blog piece – to send to the national policy team this week
- BRAN questions now in outpatient letters for both Orkney and Grampian
- Minor Surgery – first Waiting List Initiative session, Barbara to update

Making an Impact

People receiving care feel at the centre of decisions about their care.

Waste, variation and harm are reduced and innovative approaches are taken across the pathways of care provided. Risk is managed.

Key issues/risks

The key risks that pose concern to the programme are:

- Due to staffing challenges within the Transformation Team, PM time on RM has been reduced at times
- 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

- Report on implementation of 21/22 action plans to National Policy Team due end of this week
- BOSCARD being drafted with GP Cluster to develop QI project to utilise the AoV
- Growing our Greenspaces in Orkney to write a blog piece for National sharing
- Collaborative Programme Action Plan in development – draft shared with group
- Comms ‘re-launch’ plan to be developed for Orkney and Grampian
- Meeting on 4th May with Project Leads for the PRAMS project funded by CfSD MPPP
- Interviews for Senior Project Manager on 4th May – good interest so far

Data points/measures

Overall

See charts on next slide

In development

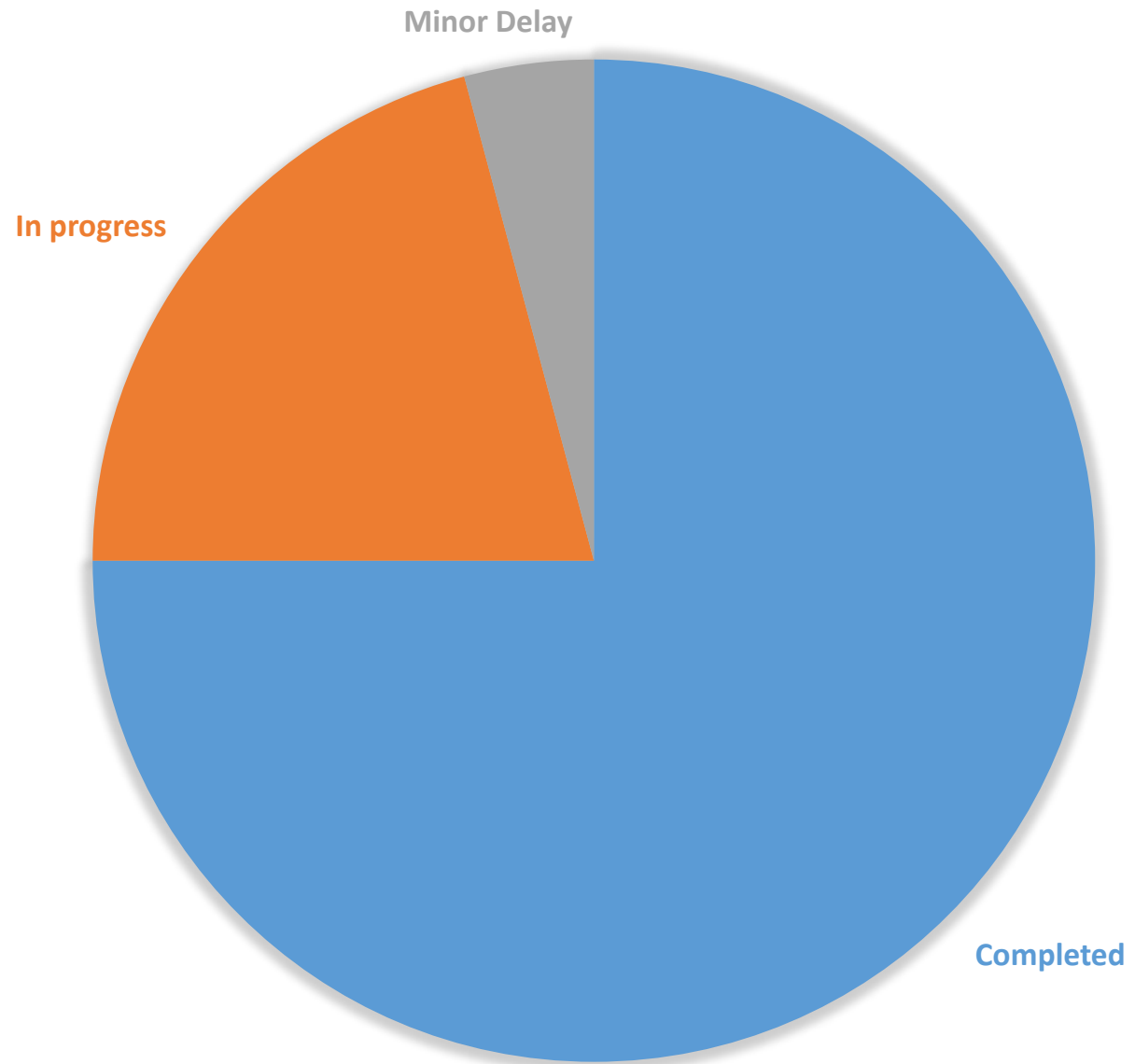
- Measures to be developed during test from Atlas of Variation
- Baseline survey of Shared Decision Making from patients and staff for “It’s OK to say no” project
- GP Minor Surgery waiting list progression

- 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

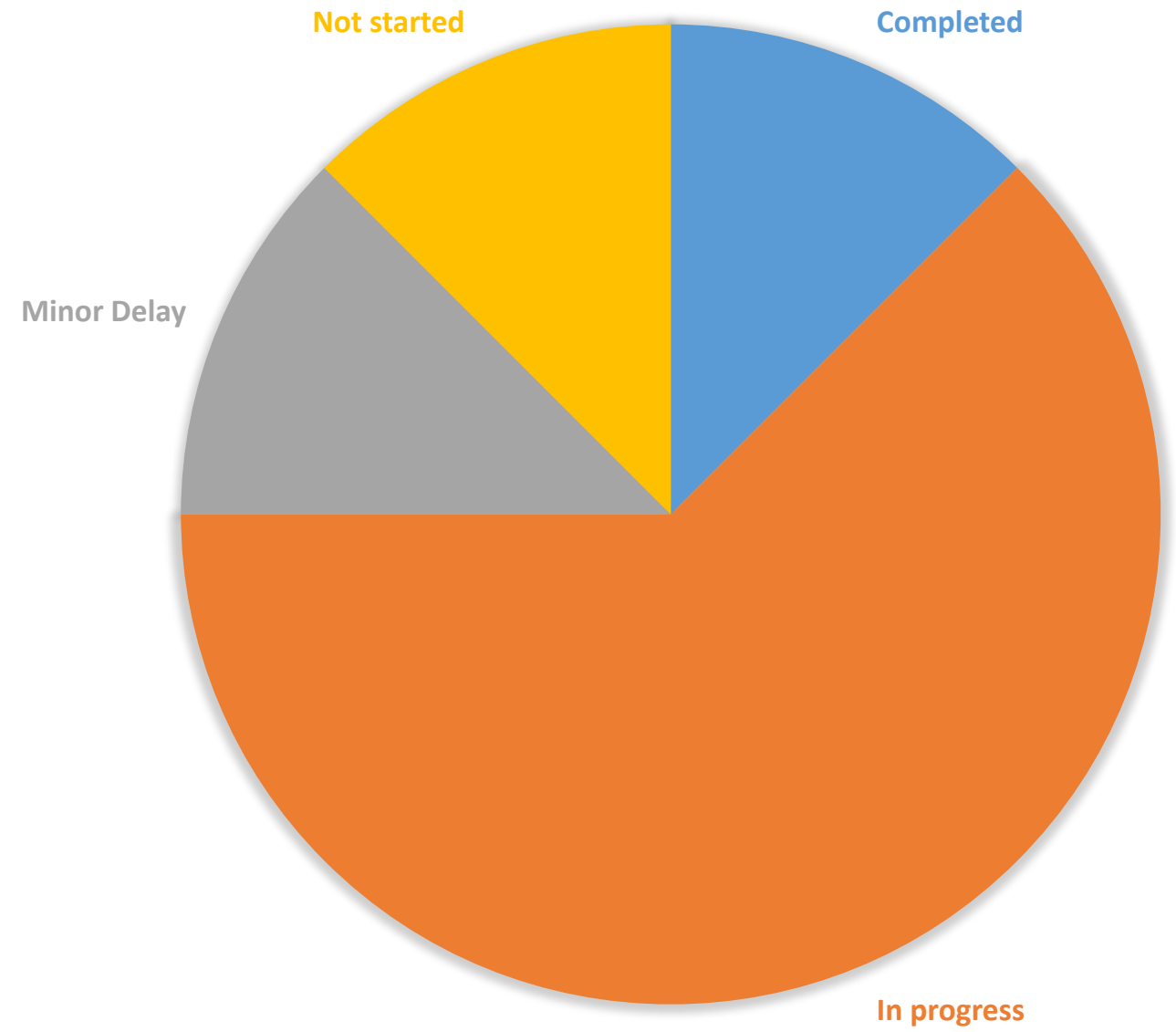


2021 – 2022 Action Plans

GRAMPIAN



ORKNEY



Project Progress Reporting

Principles



Measurable Outcomes

Outcome	Base line	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

- 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

- 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"

- Link to Modernising Pathways Programme which 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.
- Link in with clinical governance structures to promote a culture of learning from excellence & mistakes – regular M&M reviews across specialities

- Review secondary care discharge pathways across Grampian to reduce delays, waste and variation.
- Encourage and support the use of tools such as Quality Improvement in pathway improvement projects.
- Encourage and support the use of data to inform areas for improvement.

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

- Consider output of benchmarking exercise 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 & encourage key stakeholders to undertake RGU "Leading Strategic Innovation in Health and Social Care"
- Support implementation of innovative technology including
 - CCE
 - Cytosponge
 - New Robotics

Status Key

