GRAMPIAN REALISTIC MEDICINE PROGRAMME DRIVER DIAGRAM 2021 – 2022

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	Change Ideas/Actions
	Contribute directly to achieving aim	Components of the primary drivers	

AIM

By 2025 everyone who practices healthcare in Grampian will demonstrate professionalism through the approaches, behaviours and attitudes of Realistic Medicine

PRIMARY DRIVERS

Systems are aligned to support Realistic medicine

Professionals are equipped to practice realistic Medicine

People are empowered to engage with professionals

SECONDARY DRIVERS

All national & local programmes incorporate the ethos of Realistic Medicine in their objectives

NHS G Remobilisation plan has a focus on embedding a Realistic Medicine culture

Establishment of a Realistic Medicine Programme Board with Exec Lead and Programme Management

System, Service and Clinical Leaders champion and create conditions for Realistic Medicine to be practiced

Clinicians have access to learning that incorporates the RM principles into lifelong learning and supports Shared Decision Making in their day to day practice

Clinicians & clinical teams utilise technology to support delivery of a Realistic Medicine approach in service delivery

Public & Staff awareness of a Realistic Medicine ethos and approach is raised through delivery of a Communication and Engagement plan

People have the information they need in multiple languages to enable them to engage in shared decision making

A co-design approach is taken to service planning

Change Ideas/Actions

Local H&SC service plans describe how services will deliver a RM ethos based on the 6 principles

Departments /Services utilise the Atlas of Variation to report data against

Establish Asynchronous Consulting across Secondary care services

Embed the use of ARCT & PIR in Secondary care pathways

Implement innovative technology –e.g. cytosponge, Colon Capsule Endoscopy.

Undertake continuous review of practice.

Using a pathway approach identify and reduce unwarranted variation in clinical practice within services and across the whole system

Pursue a continuous quality improvement approach to manage risk better

Promote the implementation of a shared decision making approach – encourage clinical staff to undertake the NES Shared Decision Making Module on Turas

Embed BRAN questions into all forms of patient communication across Primary & Secondary Care

Provide high quality patient information in different formats across Primary & Secondary Care

Promote Self-care and Self-Management resources

Offer virtual consultations (Near Me) where there is no clinical need for face to face consultation