

## Realistic Medicine Newsletter

Highland have developed a newsletter for their approach to Realistic Medicine so we thought we would try the concept in the Borders.

We will be having a conference on 15<sup>th</sup> May at Waverley Castle Hotel – please do come and join us for this free event learning about various approaches enabling better use of the services we provide. Please contact Katy on [katy.moffat@borders.scot.nhs.uk](mailto:katy.moffat@borders.scot.nhs.uk)

Examples of current innovative practice include:

- Frailty nurses in general practice working to support this cohort of the population and support clear anticipatory care planning – please contact Robert Duncan (Innerleithen) or Mike Lewis (Kelso) if you wish to know more.
- Telephone announcement encouraging common cold self management which reduced the demand for GP appointments by over 5% at times of greatest incidence and reducing the mean waiting time for appointments (3<sup>rd</sup>) reduced by 21%. Please contact Robin Kerr (Hawick) for more info.
- Docman workflow optimisation allows GPs to make significant time savings by reducing their document workflow by 80% in part with automation of processes. Please see [www.docman.com](http://www.docman.com).
- Orthopaedics are developing questionnaires for patients to assess their function to maximise the time in the appointment for shared decision making.
- Consultants are being given data around their clinics and drug prescribing as individuals and departments to help us to be curious about variance and ensure best use.
- Modernising outpatients are looking at open reviews to reduce DNAs (do not attends).
- Other ideas include the use of BNP a blood test to reduce the need for echocardiography, and pathways development to maximise a shared approach to care.
- Joint review of complex patients requiring treatment to ensure shared decision making and realistic approach to care.

At the International Forum on Quality and Safety in Healthcare, there were various points that resonated with Realistic Medicine:

- ❖ Useful data helps but never confuse a metric with what is important.
- ❖ Remember the value of stories.
- ❖ 20 years of statin use equals 20 days of extra lifespan which is at the end of your life so may be of less quality – is that best use of resources?

Did you know the average time to physician interruption from the moment the patient sits down was 17 seconds 15 years ago? And now?

Now it is only 11 seconds.....and if that is the average.... so we all think we are not in that category but do we really know? We could use a simple questionnaire to find out.

Please let us know what you would like to hear about.

Thanks Annabel