

Realistic Medicine Survey 2018 Report

Introduction

Realistic Medicine is a philosophy which aims to improve patient care by creating a personalised approach where the person receiving care is at the centre of decision-making. It seeks to reduce harm, waste and unwarranted variation, whilst acknowledging and managing the inherent risks associated with delivering care, and championing innovation and improvement.

First described by the Chief Medical Officer for Scotland in 2016¹, the principles of Realistic Medicine represent the key themes that emerged from conversations with health and care professionals across Scotland about how they wanted to practise. In the three years since then, these essential conversations have continued, with a wealth of staff feedback received in person and through letters, emails and social media.

Despite this, there has been, to date, only one formal feedback exercise to explore professional attitudes around Realistic Medicine. In November 2016, a thematic analysis was performed on feedback received through a variety of channels: letters and emails (48 in total); an online survey (73 responses); a series of engagement events across Scotland (29 in total); and social media. The results indicated that professionals agreed with the principles of Realistic Medicine but that there were key barriers to implementation.

In October 2018, following two further years of national work on Realistic Medicine and recognising the need to engage again more formally with health and care professionals, the Chief Medical Officer conducted a larger scale survey to explore staff views on her vision: its concept; its impact to date; the perceived barriers to its successful delivery; and priority areas for where it should go next.

This report details the survey process, its findings and its implications for the further development and implementation of Realistic Medicine.

Methods

An online survey (11 questions and a free text box for comments) was published via Questback® with a 3 week window for completion from 1.10.18 – 19.10.18. An email with a link to the survey was distributed widely across the health and social care sector in Scotland, including to all NHS Board Chief Executives, Directors of Medicine, Nursing, Pharmacy, Public Health and Finance and Chief Officers of Integration Authorities, with a request for the survey to be shared with all of their staff. The survey was also promoted via Twitter and at the Realistic Medicine Conference in October 2018.

¹ <https://www2.gov.scot/resource/0049/00492520.pdf>

The level of responses was monitored regularly during the survey period and a reminder email was circulated to the same distribution list at the beginning of the final week of the window (15.10.18). In addition, professional groups with low survey completion rates were contacted directly.

Results

Survey Responses

A total of 2,464 responses were received².

Of these, 51% (1243) of respondents were doctors, 15% (371) were nurses, 13% (330) were Allied Health Professionals and 11% (271) were pharmacists. The remainder of respondents were dentists, healthcare service managers, finance staff and those working in the ambulance service. Overall, the patterns of responses between medical and non-medical staff were very similar.

There was a response gap relating to feedback from social care professionals. It is not possible to know whether this is due to the reach or perceived relevance of the survey.

Of those who provided their organisation (n=1905), slightly over a quarter (27%) worked for NHS Greater Glasgow and Clyde, around a fifth (19%) in NHS Lothian and just over a tenth (12%) in NHS Tayside. Around three-quarters (72%) of those who responded spent over half of their time in direct clinical contact with patients.

The Concept of Realistic Medicine

Nearly all (95%) of respondents fully or somewhat agreed that the principles of Realistic Medicine matched their own personal beliefs and values about how healthcare should be practised in Scotland. Only 5% felt that there was little or no alignment with their own ideals.

When asked '*how confident would you feel if you were asked to summarise the philosophy of Realistic Medicine to someone not involved in the delivery of healthcare?*', just under a fifth (18%) of respondents rated themselves as very confident, with around two-fifths (42%) feeling fairly confident, a fifth (20%) slightly confident and around a fifth (21%) not at all confident. When responses from medical and non-medical professionals were compared, over two thirds (69%) of doctors had rated themselves as either very or fairly confident, compared to only half (50%) of non-medical staff [Figure 1].

² The response numbers to each question varied and are noted throughout the text. Percentages may not add up to 100 due to rounding.

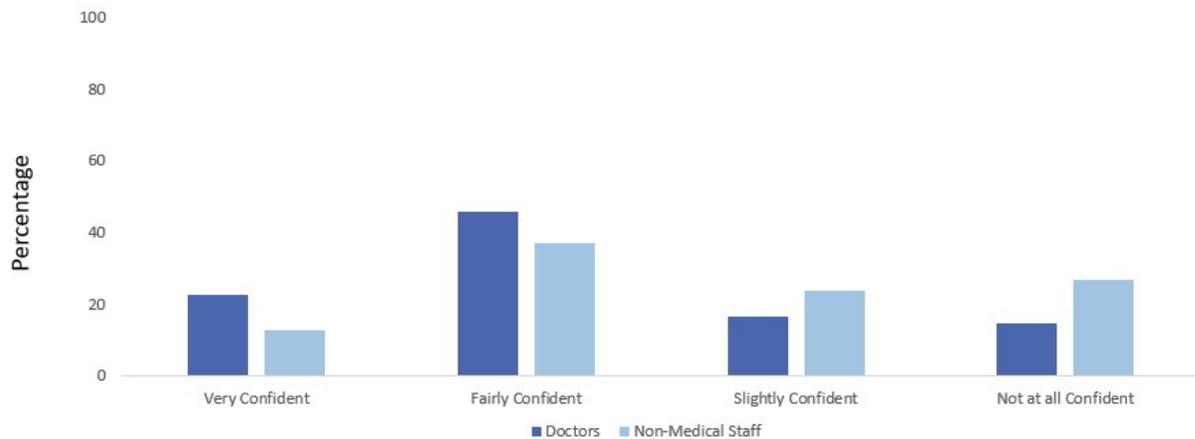


Figure 1: Levels of confidence in summarising the philosophy of Realistic Medicine to someone not involved in the delivery of healthcare [base: 2442 responses]

Impact of Realistic Medicine

When considering the extent to which Realistic Medicine had influenced the practice of healthcare in Scotland over the last 3 years (n=2427), 10% of respondents to this question felt that it had had a strongly positive influence and around half (51%) felt it had been slightly positive. Less than 2% felt that it had had a slightly or strongly negative influence with the remainder believing Realistic Medicine had not a meaningful influence in the last 3 years. Those who had previously expressed more confidence in being able to summarise Realistic Medicine to someone outside of healthcare were also more likely to think that it had had a strong positive influence. However, this is an observation based on simple analysis of the data and should not be interpreted as a direct association.

In terms of where Realistic Medicine has had the greatest positive influence in that time period (n=2374), the top three areas identified were: involvement of patients in clinical decisions (29%); attitudes of health professionals regarding the value of certain treatments (27%); and national dialogue about the challenges facing the NHS (23%) [Figure 2]. 5% of respondents indicated that there had been no positive influence.

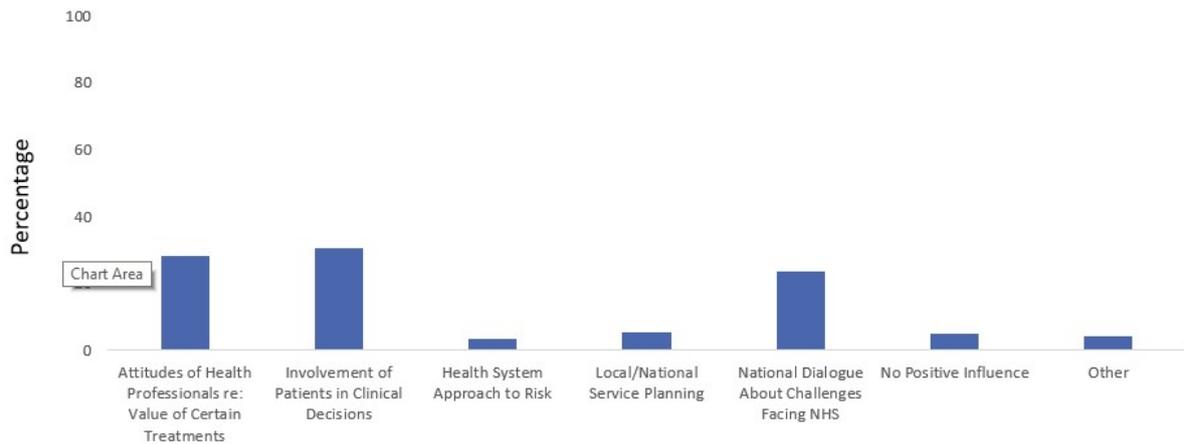


Figure 2: Areas where Realistic Medicine has had the greatest positive influence over the last 3 years [base: 2370 responses]

Barriers for Realistic Medicine

When considering the barriers to practising Realistic Medicine (n=2388), the three biggest barriers identified were: insufficient staff time (36%); lack of formal training (16%); and, lack of local leadership (16%) [Figure 3].

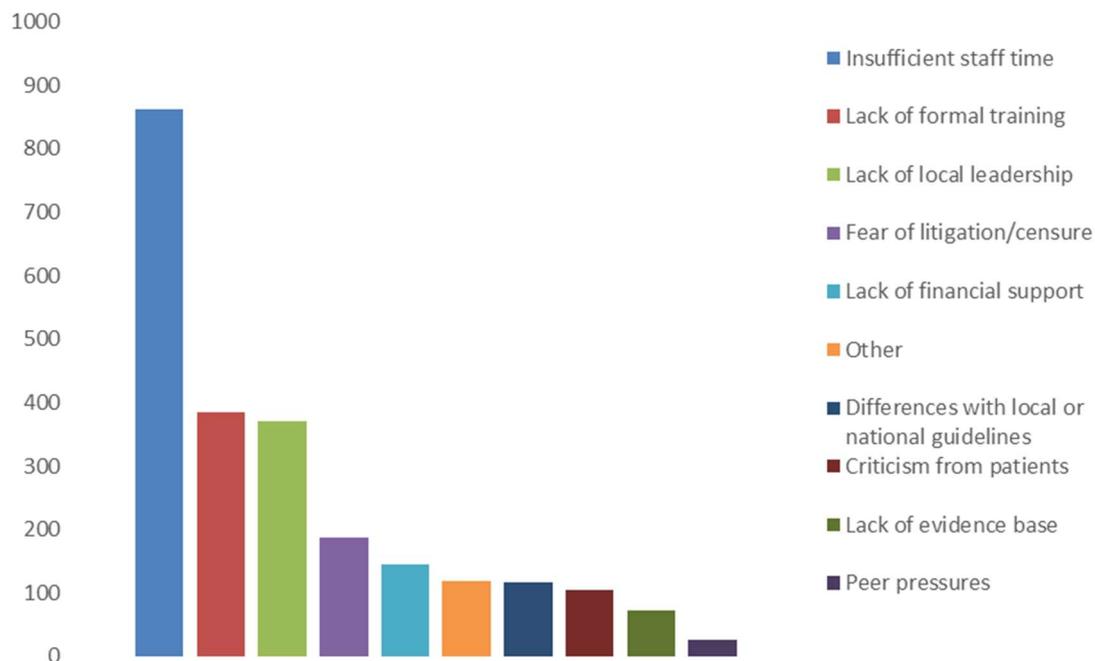


Figure 3: Greatest barriers to making changes and improvements aligned to Realistic Medicine [base: 2388 responses]

Future of Realistic Medicine

When prioritising the importance of each of the Realistic Medicine principles over the next 5 years (n=2362), respondents' top three priorities were: building a personalised approach to care (37%); reducing harm and waste (23%); and tackling unwarranted variation in practice and outcomes (14%) [Figure 4].

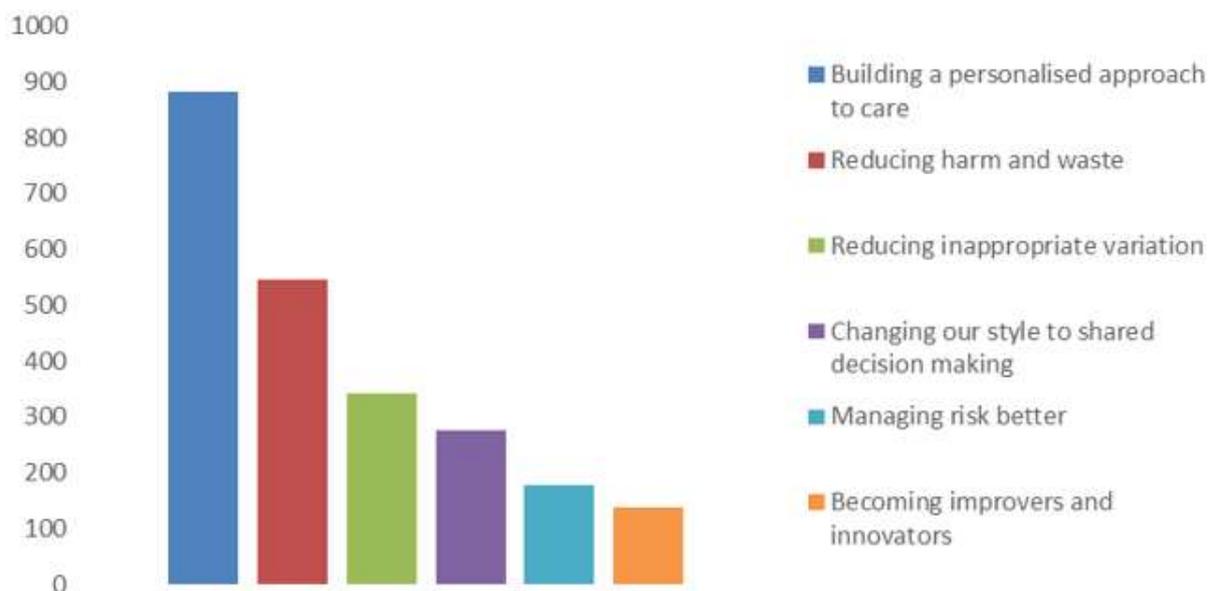


Figure 4: Top priorities for Realistic Medicine principles over the next 5 years [base: 2362 responses]

In terms of the future direction of Realistic Medicine (n=2289), the top three priorities were: wider engagement with the general public to improve understanding of Realistic Medicine (28%); a focus on how Realistic Medicine can be applied to specific areas of healthcare (26%); and a focus on optimising the wellbeing of the health workforce to enable the delivery of Realistic Medicine (13%) [Figure 5].

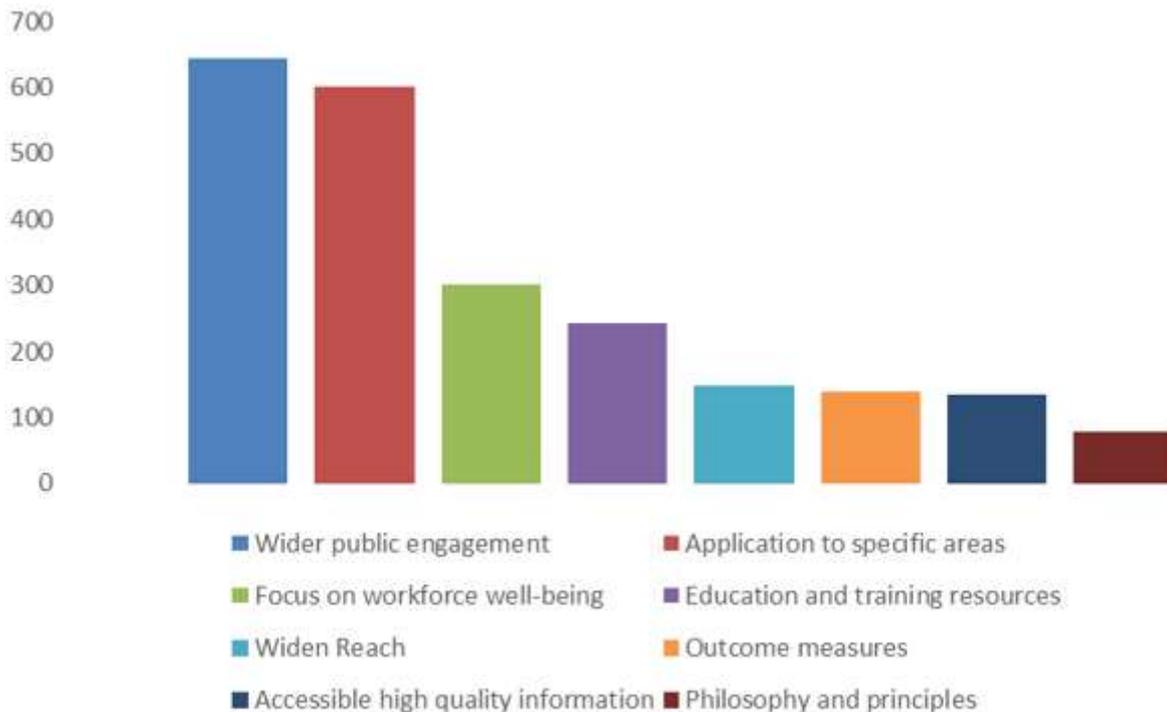


Figure 5: Top priorities for Realistic Medicine work over the next 5 years [base 2289 responses]

Additional comments

Nearly 500 respondents provided additional free-text comments. The three themes receiving greatest focus were: (i) the importance of public expectations and public engagement; (ii) culture and organisational barriers to implementation of Realistic Medicine; (iii) examples of good practice and/or barriers in different specialties and settings.

Some comments about public expectations and engagement related to the health service in general – for example, the general need to promote the message that more tests and treatments are not always a better approach; the benefits of people managing their own health; and the importance of advance care planning. Other comments related to Realistic Medicine more specifically and highlighted the need to raise public awareness of the Realistic Medicine principles. Some respondents expressed the view that staff engagement and training on Realistic Medicine and consideration of what Realistic Medicine looks like in different clinical settings should precede public involvement.

Comments on the barriers to implementing Realistic Medicine typically approached the subject from one of two angles. Some respondents highlighted general pressures on the health service and workforce, with demands for adequate levels of staffing and resources. Others focused on barriers inherent to Realistic Medicine itself, such as variation in clinical practice across the country, between patient groups and between different parts of the health service.

Discussion

The 2018 Realistic Medicine Survey provided a range of insights into health and care professionals' views on and understanding of Realistic Medicine, as well as barriers to its implementation and priorities for its future development (Box 1). An overwhelming majority of respondents agree with the philosophy of Realistic Medicine in principle but less are sure about its influence to date and how confident they would feel if summarising the concept of Realistic Medicine to a lay person. The main perceived barriers to making changes and improvements are insufficient staff time, a lack of formal training (slightly more likely to be selected by non-medical staff) and a lack of local leadership. Looking ahead to the direction of Realistic Medicine over the next 5 years, the most important principle is thought to be building a personalised approach to care while the greatest priority is wider public engagement.

As this was a self-selecting sample, it cannot be assumed that these results are representative. Nevertheless, the responses offer valuable insights into the views and experiences of many healthcare professionals. It is not surprising that just over half of all respondents were doctors because much of the engagement on Realistic Medicine to date has focussed primarily on the medical profession. However, the fact that almost half of respondents were non-medical staff is a promising indication that other health and care professionals are recognising that the principles and values of Realistic Medicine are of relevance to all staff. The gap in responses from social care suggests that more work is needed to engage social care professionals when continuing the development of Realistic Medicine. Although this survey differed from the 2016 feedback exercise in terms of its methodology and in the number of responses received, it is interesting to note that the overall findings of each are very similar. This indicates that people's main priorities and challenges remain largely unchanged and that further work is needed to address these.

Work is already underway to address some of the key findings emerging from this survey. The results are being used to inform the new national delivery plan for Realistic Medicine. The Chief Medical Officer's fourth Annual Report, *Personalising Realistic Medicine*, was used to explore in greater detail the principle of building a personalised approach care. Realistic Medicine Leads have been appointed in NHS Boards to provide local leadership. An NHS Education for Scotland Education Lead is in post to support the national development and coordination of training in Realistic Medicine. Scotland has also held its first ever Citizens' Jury on a health topic, considering the question '*what should shared decision-making look like and what needs to be done for this to happen?*'. A citizens' jury is a deliberative method of public engagement and is increasingly used to understand what citizens think about particular topics. This particular Jury made 13 recommendations to support shared decision making³.

An evaluability assessment has been undertaken to plan research and evaluation work so that we can continue to further our understanding of public and professional attitudes to Realistic Medicine. This work will also enable us to track the progress being made in overcoming barriers to implementation and in delivering on key priorities.⁴

³ http://scottishhealthcouncil.org/our_voice/citizens_jury.aspx#.XS9ApbpFyUk

⁴ <https://www.realisticmedicine.scot/resource/realistic-medicine-evaluability-assessment-report/>

BOX 1: Key themes emerging from 2018 Realistic Medicine Survey

- 95% of respondents feel that the principles of Realistic Medicine match their own personal beliefs and values about how healthcare should be practised
- The most frequently cited barrier to implementing Realistic Medicine is lack of time due to a range of competing pressures and priorities
- In the next 5 years, the most important Realistic Medicine principle is building a personalised approach to care
- Health and care professionals are keen to receive training, tools and contextualised examples of Realistic Medicine but identify the top priority as engaging the public to improve their awareness and understanding of Realistic Medicine

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