Delivering Value Based Health & Care

A Vision For Scotland

NHS SCOTLAND

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REALISTIC MEDICINE

Scottish Government
Riaghaltas na h-Alba

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1. Foreword

By publishing this vision, I'm asking all of my health and care colleagues, regardless of your role or where you work, to think about how we build a more equitable and sustainable health and social care system.

We know our system in Scotland is facing significant challenges. Health inequalities are widening. Demand for services is increasing. The COVID-19 pandemic and cost of living crisis have led to additional pressures on services, and our budgets.

The Organisation for Economic Co-operation and Development (OECD) estimate that up to 20% of all healthcare is of no value to the people receiving it. To put it another way, up to one fifth of our healthcare resource could be being wasted. We cannot continue to deliver care the way we always have. As I discussed in my most recent annual report, health and care systems across the world are thinking about how they can deliver Value Based Health & Care (VBH&C), which focusses on achieving outcomes that matter to people, while using their resources wisely.

The last few years have been hard for many of us too, both personally and professionally and I recognise that sometimes it's been difficult to think positively about the future. However, the challenges we face present us with an incredible opportunity to do things differently – to make optimal use of the resources we have and create a health and care system that both we and the people we care for can be proud of.

I am convinced that by practising Realistic Medicine we will deliver VBH&C and ultimately, a fairer more sustainable system. Through shared decision making we can deliver person centred care. By identifying and tackling unwarranted variation in health, treatment and outcomes we can reduce waste and ensure equity of access for those who need our help the most.

I am not asking you to deliver more. Nor am I asking you to focus on saving money. I'm asking you to focus on achieving the outcomes that matter to people, use evidence to target our interventions on what really makes a difference, and practise in a sustainable way. This is the essence of VBH&C.

This vision signals the start of our journey towards delivering VBH&C across Scotland. In 2023, we will continue to work together to agree the actions required to deliver this vision.

The future of our health and care system very much depends on the decisions we make as professionals. By sharing this vision with you, I am setting out my thoughts on the way we should deliver care in Scotland. I hope that you recognise the need for a new culture of stewardship and will help me to foster it. In doing so, we can relieve some of the workload pressures we are experiencing, make better use of the resources we have at our disposal, increase job satisfaction and provide care that the people we care for, and those closest to them, really value.

Professor Sir Gregor Smith
Chief Medical Officer for Scotland

2. Introduction

Now, more than ever, there needs to be a focus on ensuring services are used equitably and sustainably in order to meet the needs of the people of Scotland – as well as those of our future generations.

As our system recovers from the pandemic our primary focus must continue to be on achieving outcomes that matter to the people we care for. We know that low quality care is of low value, but high quality care is not necessarily of high value, if the care is given to people who will not benefit. Low value care is defined as services that are medically unnecessary and provide no health benefits to people. In some cases, low value care may be harmful to the people we care for and lead to further unnecessary testing or treatment.

We must work in partnership with people to agree and deliver interventions that really make a difference. At the same time, we must practise in a sustainable and cost-effective way. This is at the core of VBH&C and it is by practising Realistic Medicine that we will deliver it. It involves health and care colleagues, listening to the people we care for, to consider whether a treatment or an investigation is going to be of value to them. By discussing the evidence, the risk and the benefits of available tests and treatment options, we will be able to optimise the impact and use of our health and care resources.

We also need to improve the environmental impact of the way we provide care. There is an urgent need to act to address the climate emergency. In line with the rest of society, Scotland's health and care system must accelerate efforts to cut greenhouse gas emissions and become environmentally sustainable.

We know too that some treatments are underused which can lead to inequity of access to services. At the same time, some treatments are overused, and this can lead to waste. Over-investigation and overtreatment lead to low value and sometimes futile treatments, more potential harm and more patient regret. There has never been a more important time to change the way we practise.

VBH&C aims to foster a culture of stewardship where health and care colleagues take responsibility for the resources they use, practise shared decision making and tackle unwarranted variation, in order to provide better value care. Health and care colleagues aspire to deliver care that people really value and if we can support them to deliver it, we expect to increase job satisfaction as well as deliver better outcomes.

This vision paper is the first articulation of what VBH&C means in Scotland, why it is important and how it presents us with an incredible opportunity to deliver more equitable and sustainable care.

Definition of Value Based Health & Care

Definition

Value Based Health & Care delivers better outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of available resources.

Countries across the world are looking at what VBH&C means to them and how it can help deliver better value care.

The definition of VBH&C for Scotland is based on the primary principle of person centred care - care that is not only high in quality but also delivers the outcomes and experiences that really matter to people, defined by and reported by them. In addition, VBH&C seeks to reduce the waste, harm and unwarranted variation that exist across our health and care system.

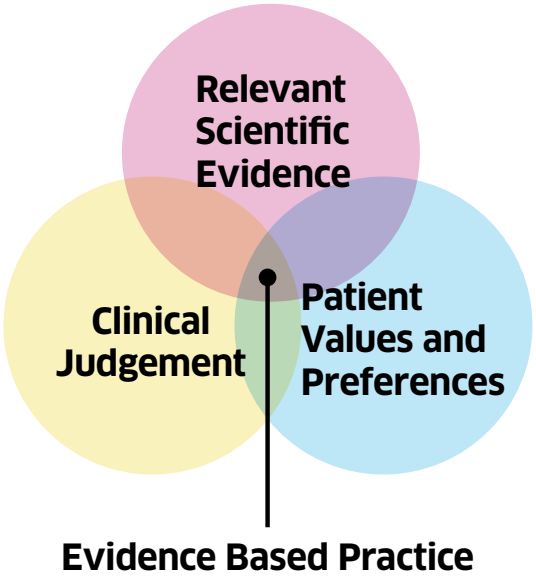
Furthermore, the equitable distribution of resources is key to delivering VBH&C. According to the Inverse Care Law, those who most need medical care are least likely to receive it. Conversely, those with least need of health care tend to use health services more.

The UK Academy of Medical Royal Colleges states that quality care includes avoiding waste and promoting value, as wasted resources impact on our ability to provide the interventions that make a difference.

Examples of low value care include prescribing of branded drugs where generic drugs are equally effective, or the use of a surgical approach to musculoskeletal problems when physiotherapy will deliver better outcomes with less risk. In many instances a non-medical intervention, for example weight loss or stopping a harmful behaviour, such as smoking, may be the best choice. That is why Evidence Based Practice sits at the heart of VBH&C.

Evidence Based Practice

Evidence Based Practice (EBP) combines a practitioner's experience, education and skills with patient's values and preferences, and the best available research evidence to guide people to make an informed choice about their care. EBP seeks to deliver outcomes that matter to the people we care for, as well as the wider population through shared decision making and person centred care.



3. Realistic Medicine and Value Based Health & Care

It is by practising Realistic Medicine that we will deliver Value Based Health & Care.

The principles of Realistic Medicine have gained widespread acceptance across Scotland, however there is more to do to achieve its objectives, and help relieve some of the pressures our system is experiencing.

The six tenets outline how we can change the way we deliver health and care in Scotland. By practising Realistic Medicine, we can deliver care and treatment that people value as well as reduce inappropriate care.

Evidence shows that if people are fully informed about the risks and benefits of their treatment options they choose less treatment, or more conservative treatment.

That is why shared decision making sits at the heart of Realistic Medicine. It supports people, and their families, to feel empowered to discuss and consider their treatment options and the associated risks and benefits. This approach can help manage expectations and enables people to make informed choices, based on what matters most to them. In some cases, this may mean they choose different treatments, which offer greater personal value. In other cases, they may choose less or no treatment, which will help reduce wasted resources

Understanding people's preferences does not mean that we always give people what they want, because we know that there are times when it may not be appropriate or practical for us to do so. But we should always consider what matters to them and try to better understand how their health and wellbeing fits into the broader context of their lives.

Realistic Medicine also aims to reduce harm, waste and unwarranted variation, while acknowledging and managing the inherent risks associated with all health and care, and championing innovation and improvement. These principles are essential to delivering a sustainable VBH&C system for the future.

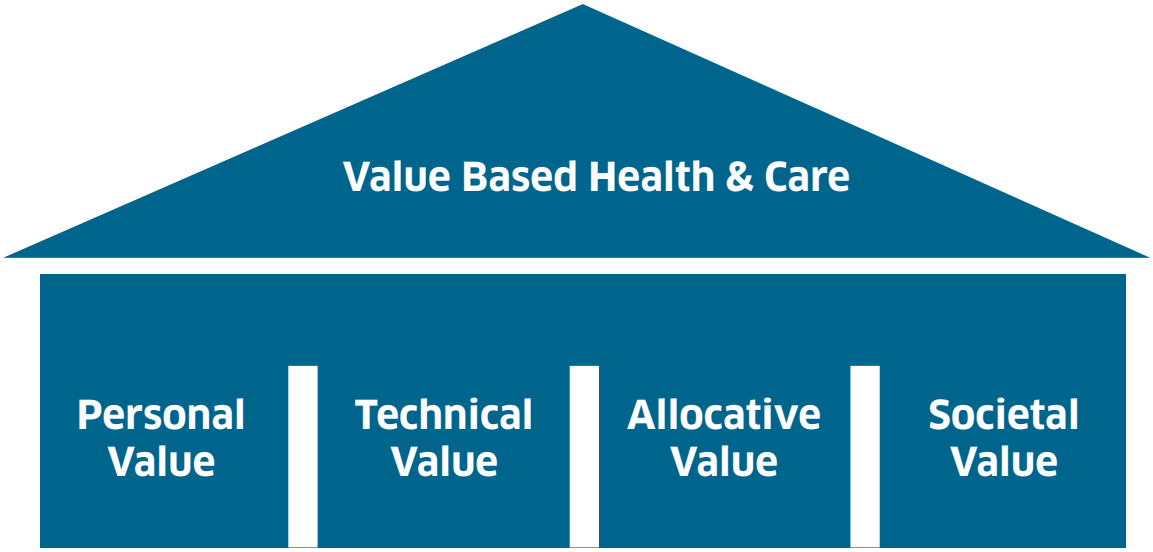
By practising Realistic Medicine, we will deliver Value Based Health & Care, and support a more sustainable health and care system.

That is why we will continue to support health and care colleagues by continuing to provide the tools and learning resources they need to practise Realistic Medicine. In doing so, we will also foster a culture of stewardship across our health and care system where delivery of VBH&C is the norm.

What does value mean?

Value can mean different things in different contexts. It is helpful to consider how we as health and care professionals can deliver value, not only for the people we care for, but for our services and society. When we talk about value in health and care, we generally mean achieving the best outcomes at the lowest possible cost.

The European Commission describes four pillars of value upon which VBH&C is built. In practice, value is often achieved across one or more of these pillars, and by assessing the value of an intervention at individual, population and societal levels, we can help to direct resources to where they will deliver the best outcomes.



Personal value is delivered when the outcome of care for people meets their personal goals. Personal value means people and families are involved in decisions about their care by health and care professionals who understand and respect what matters to them. It is delivered through shared decision making and discussion about the potential benefits and harms of different treatment options, including the option to do nothing. This approach allows people to make an informed choice about the care options that are right for them.

We know if people are fully informed and involved in decisions about their care, they choose less treatment, or consider a more conservative approach. They are also far more likely to value the treatment they choose, and this reduces waste and potential harm. Delivering personal value informs appropriate use of available resources while delivering care that really matters to people.

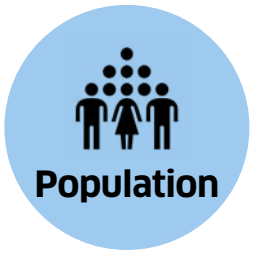
The following case study is an example of delivering personal value:

Case Study: Spending precious time at home

When Robert, a young and newly married man, developed worsening symptoms of heart failure, the team in Forth Valley were ready to offer their care and support. Breathlessness was a problem, especially at night, and the heart failure team helped the young couple to receive a grant from a third sector organisation to buy a specialist bed offering better comfort for Robert.

Frequent admissions to hospital for intravenous therapy were required, at which point Robert asked if he could have his therapy through the day and go home to his own bed at night. Recognising this **was what mattered to Robert**, the team undertook to develop a new treatment protocol and to deliver the treatment required on a day-case basis, enabling Robert to spend more precious time at home. We were able to time **treatment to suit Robert** and his wife Donna, including ensuring Robert made as many of his team's football matches as he could.

Listening to **what mattered to Robert** informed the development and delivery of a service which has now been running for 10 years, reducing length of hospital stay, promoting admission avoidance, and enabling many other patients to spend more precious time at home.



Allocative (or population) value looks at how we distribute resources across our population. Distribution of resources should be equitable and transparent, so that different health conditions, for example, cancer and musculoskeletal problems, are resourced appropriately and fairly according to the needs of the population. When considering allocative value, we must ensure we distribute resources across the pathway of care, including prevention. In this way, allocative value seeks to avoid inequity by disease or need.

The following case study provides an example of allocative value:

Case Study: Tonsillectomy in NHS Grampian

The problem

In work carried out as part of the precursor to the Atlas of Unwarranted Variation, ISD (now PHS) published data suggesting NHS Grampian was an outlier in tonsillectomy, performing more surgeries than other NHS Boards. NHS Grampian reviewed the data locally. Their practice appeared to conform to SIGN guidelines and at first glance, there was no clear reason why NHS Grampian had high rates of tonsillectomy.

What happened next

NHS Grampian were keen to understand how they could address this high rate of tonsillectomy. **Were they performing too many tonsillectomy procedures or were other NHS Boards performing too few?**

They consulted with the ENT Scotland group. Initial thoughts were that demographics had an impact but the was no association with deprivation and tonsillectomy rates. They wondered whether the vetting process and GP awareness of SIGN guidelines might be a factor. Working with GPs, NHS Grampian sought to **standardise their process** by revisiting guidelines and introducing **advanced clinical referral triage** with one ENT consultant. They also worked to develop a **patient decision-aid** and participated in national research into tonsillectomy versus conservative treatment.

Results

- NHS Grampian now has more robust standardised referral and vetting process.
- NHS Grampian now has one of the lowest rates of tonsillectomy in Scotland.
- PHS went on to develop an Atlas of Variation for tonsillectomy and using this data the ENT surgical community in Scotland have concluded that tonsillectomy should not be offered for the treatment of tonsil stones alone. This reduces the harm and waste from unnecessary surgeries.

Technical value considers how well our resources are invested for a particular subgroup of the population, defined by a specific care need or health condition. Technical value requires a close match between the needs of service users and the provision of service. Where there is overuse of a treatment or service, we are not providing value since people do not benefit from care they do not need and may be exposed to harm.

We are also concerned with underuse, where treatments and services which would be beneficial are not used. Equity of access is required for good technical value, where all of the people living with a condition and who will benefit have access to appropriate care and treatment. The Scottish Atlas of Healthcare Variation considers unwarranted variation and helps us to examine potential areas of overuse or underuse of services. It creates an opportunity for NHS Boards to review current policy and practices to identify better value treatment options. A refreshed version of the Scottish Atlas of Healthcare Variation has been published.

Here is an example of providing technical value:

Case Study: The Care Home Continence Improvement Project

The Care Home Continence Improvement project, developed by NHS National Procurement has **improved outcomes and delivers better value** for not only patients but also the wider health and social care system.

National Procurement developed the Care Home Continence Improvement project in partnership with NHS Lanarkshire after noticing a year-on-year rise in the purchasing of incontinence products. They started digging deeper to look at how the various products in selected care homes were being used. They found that care home staff were confused about which products to use and there was no systematic approach to choosing the right one.

The project found that by introducing a bundle of care (from the available evidence) they could reduce harm in the care homes. They incorporated improvements, for example, steps like encouraging people to drink, which had seemed like a 'risk' to effectively managing incontinence and were understandably challenging for care workers, at first. However, when they delivered this step alongside the other improvements, the NHS Lanarkshire team found there were fewer episodes of incontinence.

Over a year, the project was able to promote continence in care home residents, improve patient safety and reduce patient distress. The pilot care homes also saw a **significant reduction in falls, skin damage and hospital admissions for falls and urinary tract infections**. In the projects first year product usage and waste were reduced, contributing to **£250,000 of savings** for the NHS.

In addition, because there were so many fewer accidents, frontline staff were able to spend more time on higher value activities like talking to patients and delivering

personalised care. The latter was also delivered by the fact that carers were able to ensure they were choosing the right product to meet the needs of the individual.

The success of this project has been widely recognised with the team winning a number of awards since completion of the pilot project.

Societal value takes account of the wider impact of health and care services on society. These can be very positive, for example, health and care services can support local communities by providing opportunities for employment and promoting social cohesion. On the other hand, our health and care services also have an impact on the environment – the NHS is a major contributor to climate change through its greenhouse gas emissions. For this reason, our vision for VBH&C is closely aligned with the NHS Scotland climate emergency and sustainability strategy: 2022-2026 which seeks to improve societal value through the delivery of sustainable care.

The prescription of a medicine is the most common intervention in the NHS and the use of medicines and chemicals account for 20% of the carbon footprint of the NHS in England, yet up to 50% medicines are either not taken correctly or not taken at all. A VBH&C approach to over-prescribing and inappropriate prescribing, using shared decision making and outcomes which matter to patients, can reduce waste and harm associated with medicines and reduce the impact of the NHS on the environment.

Enhancing value usually requires a multi-faceted and multi-professional approach and may necessitate working with organisations not traditionally associated with health and care. This case study from Deep End Practices exemplifies this approach.

The following case study is an example of how societal value can be delivered:

Case Study: Deep end project

Setting the scene

John is a 33-year-old man who lives with his pregnant partner, Julie, and three young children. John was brought up in foster care from the age of five years, left school at 16 years with no formal qualifications and spent time in prison for drug-related offences. He now lives with his family in a small flat and is registered at one of Scotland's Deep End GP practices. He is in financial difficulty and struggling with basic essentials. John has had poor mental health for most of his life exacerbated by drug and alcohol use. He has been diagnosed with diabetes which is poorly controlled with frequently missed appointments.

John presents at reception of his general practice, as he has no credit on his phone. He appears angry and frustrated. One of the receptionists finds a private space and establishes he is struggling with his mental health. She books him in for a face-to-face GP appointment.

Interventions of value

John shares that he has been feeling depressed and suicidal at times. He's worried about his diabetes. Previous hospital clinic appointment letters did not arrive, and he was removed from the waiting list. His financial stresses are a significant concern and he's drinking more.

His GP makes a plan to become John's 'named' GP with planned appointments. She refers him to their Community Links Worker, who involves him with a local volunteering project, and their Welfare Advisor, who helps John with debt and benefits advice. He is also referred to the Primary Care Alcohol Nurse, for support with his low mood and alcohol use. Adopting the learning from the Govan SHIP project, John and his family are discussed at the Practice multi-disciplinary team (MDT) meeting and they agree about how they might best support the family. For continuity and consistency between MDT members, out-of-hours GP and A&E services, John consents to a 'key information summary' care plan electronically sharing details of his main problems and 'what matters to him'. John agrees to a social work referral for additional support. The diabetes clinic receives an 'alert' referral highlighting John's vulnerability and risk of non-attendance which asks the clinic to inform the Practice and link worker of appointment details so they can support his attendance.

Outcomes of importance

Over the following months with planned, longer appointments, a relationship of trust and understanding builds between John and his GP. He feels more able to accept, and engage with, his care. This enables his self-caring ability and appointment attendance. Low mood and anger management issues improve, and his alcohol intake reduces with support from his alcohol nurses. His financial stresses ease with assistance from his welfare advisor. Family energy costs and rent are supported with access to the correct benefits. He is able to attend his hospital diabetes clinic aided by the community link worker who joined his first appointment and helped him arrange transport for subsequent appointments.

Culture of Stewardship

A culture of stewardship is one which recognises and prioritises the importance of best use of our health and care resources, which not only includes equipment, diagnostics and treatment, but also our health and care colleagues' skills and time. If we can work across specialties with the people we care for, using Evidence Based Practice, we can guide people to make informed choices about the treatment and care that is right for them. By doing so, we provide care that really matters to people, optimise value, minimise waste and tackle inequity by supporting those who need our help the most.

Creating a working environment in which a culture of stewardship can flourish is vital if we wish to deliver more sustainable care as well as help tackle the climate emergency.

VBH&C encourages and supports health and care colleagues to take responsibility and be accountable for increasing value in health and care. This requires working in partnership with people, communities and health and care systems to disinvest from low value care and focus on high value care. VBH&C seeks to foster and promote a culture of stewardship across health and care.

Value Based Health & Care in practice

The following case studies show how the aspects of VBH&C that we have outlined can be put into practice to deliver better outcomes for the people we care for, provide greater equity of care and a more sustainable system.

Case Study : Use of Patient Reported Outcome Measures (PROMS) in polypharmacy medication reviews

The care of patients with multi-morbidity (multiple medical conditions) is one of the greatest challenges now faced by the health service, as it can create overly complex health care for some of the most vulnerable in society. The vast majority of medical research, guidelines and contractual agreements have focussed on single targets for single disease states, whereas in reality most patients have multi-morbidities, requiring multiple treatments.

The resulting polypharmacy (use of multiple medicines) can be appropriate or inappropriate and the key healthcare aim for the individual patient is to ensure the safe and effective use of their multiple medicines.

Polypharmacy becomes inappropriate when the medication risks begin to outweigh the benefits for an individual. **The National Polypharmacy Guidance** aims to address this by helping to identify people at greatest risk of harm, and to agree a medication regimen that is tailored to their changing needs and expectations.

PROMS questionnaire

To support implementation of the polypharmacy guidance, the Scottish Government Effective Prescribing and Therapeutics Division has worked with the Digital Health & Care Innovation Centre to use the national decision support platform – the Right Decision Service – and the expertise of knowledge services staff to deliver a national web and **mobile decision support app for polypharmacy**. The "Questions for my Review" section within the patient and carer toolkit in the polypharmacy app comprises two sets of questions, designed through research and consultation to gather Patient Reported Outcome Measures before and after medicines review.

The questionnaires can be completed in various ways including directly via patient to healthcare professional, in collaboration by a patient and carer, healthcare professional asking the patient the questions and filling in the answers on their behalf or non-clinically trained staff (e.g. community connectors, link workers, care home and care at home workers), supporting the patient to complete the questionnaires.

The completed questionnaires are emailed to the healthcare professional as a record and to provide a person centred focus for shared decision making within the medicines review.

Outcomes

This work aims to develop an optimal, sustainable and scalable approach to use of medications for people with multiple morbidity. A key aspect of the study is enabling patients to live healthy and active lives by supporting them and their healthcare professionals to define goals for medicines treatment that reflect the **outcomes that matter to them**.

Case Study : NHS Lanarkshire Health Promotion Health Service (HPHS).

NHS Lanarkshire's Realistic Medicine team recognised the opportunity to align with Health Promoting Health Service (HPHS). HPHS adopts a personalised approach to care by utilising a Holistic Needs Assessment (HNA) encouraging patients and staff to discuss **what matters most** to them, what support or guidance they require and how best they can be supported to maintain their health and wellbeing.

In one case, a patient with frequent admissions for falls underwent multiple CT scans, yet no diagnosis as to the cause of the falls was found. The potential of wider underlying issues being the cause prompted referral to the Health Improvement Senior (HIS) for HPHS.

Using a **person centred conversation and personalised approach to care using the HNA**, the patient disclosed aspects of their home-life and health anxieties. The HNA was used to understand where those issues were in relation to home-life, **what mattered most to the person** and how these could be supported. External supports were put in place to support discharge. For example, the patient missed having a dog and being no longer fit to look after one, visits from a local pet charity were arranged for when the patient was discharged.

Exploring the root cause of the anxieties around their health culminated in the patient admitting that they were worried their pacemaker might malfunction as the battery was due for replacement later. The patient lived alone and was concerned that should the battery malfunction, there would be no help available. This was the underlying worry and what mattered most to them.

Ward staff were made aware and asked if this could be changed earlier than planned as the potential driver for repeat admissions. The battery was changed and post-procedure, there have been no further hospital admissions following discharge. This has generated an efficiency gain of £62,564.25 if the pattern of admission and discharge were to continue.

This case study demonstrates improved patient outcomes as the patient felt able to share their anxiety, leading to high value care that meets the needs of the individual in a shared decision making and **personalised approach to care**.

Our Vision

Our vision for Realistic Medicine has not changed:

> 'By 2025, we will support the Health and Social Care workforce to practise Realistic Medicine, thereby enabling the delivery of high quality and personalised care to the people of Scotland.'

We remain committed to ensuring that health and care colleagues can access the tools and learning resources they need to practise Realistic Medicine and deliver VBH&C.

However, in order to ensure we are delivering VBH&C, we need to be able to measure the outcomes that matter to the people we care for and we will need to consider how we support health and care colleagues to do this. That's why we have a new, longer-term vision for Value Based Health & Care in Scotland:

Vision

By 2030 all health and care professionals will be supported to deliver Value Based Health & Care. This will achieve the outcomes that matter to people and a more sustainable system.

The following strategic aims will help us achieve our vision for Value Based Health & Care in Scotland.

4. Our Strategic Aims

Practising Realistic Medicine will deliver Value Based Health & Care and achieve:

1) better outcomes and experiences for the people we care for; through the 2) equitable and transparent, and 3) sustainable and appropriate use of available resources.

AIM 1:

PEOPLE
Improved Outcomes and Experience

We are all unique with different goals, aspirations and preferences for care. We are all experts in our own life. By listening to what matters to people and involving them in decisions about their care, we can deliver person centred care that people really value.

AIM 2:

EQUITY
Improved Equity of Access and Transparency

By focusing our resources to ensure we deliver the right care in the right place, we can reduce waste and harm and redirect these resources where it will add the most benefit.

By being transparent about our decisions we will promote equity of care and utilise a whole system approach that puts people's needs at its heart. This is a vital step in reducing health inequalities.

AIM 3:

SUSTAINABILITY & STEWARDSHIP
More Sustainable and Appropriate Resource Utilisation

We must establish a culture of stewardship in Scotland, where resources are safeguarded and used responsibly to provide environmentally sustainable healthcare.

A central theme of Realistic Medicine has been to engage health and care professionals to become the stewards of healthcare resources, given that it is their decisions that commit our precious healthcare resources. Colleagues across our Health and Care system must be supported to use our resources wisely.

5. Areas of Focus

In order to achieve our vision for Value Based Health & Care in Scotland there are three areas where we intend to focus our efforts:

With a focus on personal value, we can:

- provide better value care for the people we care for and for our health and care system.
- help tackle health inequalities, by ensuring those who need our help the most access care that they will benefit from.
- help to address the climate emergency through shared decision making and reducing waste, and harm.

In order to know whether we are delivering personal value we need to invest in and develop person reported outcome measures, and analytical and digital resources that will help measure outcomes that matter to people.

Staff wellbeing is a hugely important aspect of our vision and is core to all of our aims. The power of human connection and learning cannot be underestimated. Our ability to share ideas, spread good practise and innovate, all stem from it. If we value and strengthen our human connections, we can foster a culture of stewardship that will deliver a more sustainable system.

We must continue to support our workforce to practise Realistic Medicine, which underpins the delivery of VBH&C.

We can improve the use of health and care resources by supporting all health and care colleagues to deliver VBH&C through the use of approaches such as:

Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR), CfSD best practice pathways, EQUIP and the Right Decision Service and knowledge services. These are essential to making sure people are accessing the right care at the right time and help ensure only people who will benefit are waiting for a procedure, which will also improve equity of access.

We will also continue to work closely with Public Health Scotland (PHS) and the Centre for Sustainable Delivery (CfSD) to develop and ensure use of the Scottish Atlas of Healthcare Variation, to support healthcare professionals to identify and tackle unwarranted variation. The Atlas of Variation data is transparent and publicly available and can reduce unwarranted variation and improve equity of access and utilisation of resources.

An example of improving our use of resources which is already underway is the use of Patient Initiated Review (PIR):

Case Study : Scottish Access Collaborative Modernising Patient Pathways Programme Discharge PIR (Patient Initiated Review)

"Putting the patient in charge" after a joint replacement

Background

Modern hip and knee replacements deliver consistent and excellent clinical outcomes. Traditionally, patients attended for long-term clinical and radiological (X-ray) outpatient follow-up. In 2017, an audit in Glasgow Royal Infirmary suggested routine check-ups might be unnecessary for asymptomatic patients. Regular follow-up is not only inconvenient, but can create anxiety for patients and carers, and reduces access for urgent cases due to the volume of routine appointments.

Redesign

A pathway was developed where patients were discharged after uncomplicated surgery and offered review at their request (patient initiated review without time limit). Patients were routinely provided with verbal and written information about self-care, and how to contact the appropriate clinician should they feel further advice was required. At that point, and with shared decision making, advice is provided virtually, with a face-to-face appointment only if necessary. Over the past three years, colleagues in Greater Glasgow and Clyde and the Golden Jubilee Hospital in Clydebank have cared for 85% of their patients on the discharge PIR pathway.

Value

The discharge PIR pathway avoids unnecessary attendance for follow up and X-rays in asymptomatic patients after hip and knee replacement, thereby reducing waste. It allows patients and families to access care if and when it is required, enhancing the personal value of their care. Discharge PIR supports a decreased carbon footprint through reduced travel. This contributes to societal value and the overall sustainability of the NHS. And because the majority of orthopaedic centres in Scotland now use this discharge PIR pathway, there is a positive impact on provision of orthopaedic appointments with time and skills being deployed where they are needed most. This provides technical value, with better distribution of resources within this group of patients.

Discharge PIR is being used increasingly across many more specialties. By putting the patient in charge, and offering timely information and support, it enables patients and families to provide self-care whilst offering re-engagement with the service if required.

6. Working in Partnership

Culture

We are in no doubt that delivering VBH&C across our health and social care system will be challenging. It requires a transformation in the way we deliver care and a change in culture where we focus on doing the right thing for the people we care for. As highlighted in a previous Chief Medical Officer's Annual Report, key to this will be working in collaboration with our partners. Together we will create the conditions for change and develop the solutions we need to overcome barriers to the delivery of VBH&C.

Connect

Delivering VBH&C will take a whole system approach that connects and integrates services around what matters to the people we care for; health; social care; public health; and third sector services. It provides a lifespan, from maternity and childhood through to end of life, encompasses both mental and physical health and recognises the role and voice of carers and families.

Communicate and Collaborate

Delivering VBH&C should not be viewed as yet another thing to deliver. It's about doing things differently. It's about collaborating with colleagues and the people we care for to ensure we deliver the outcomes that matter.

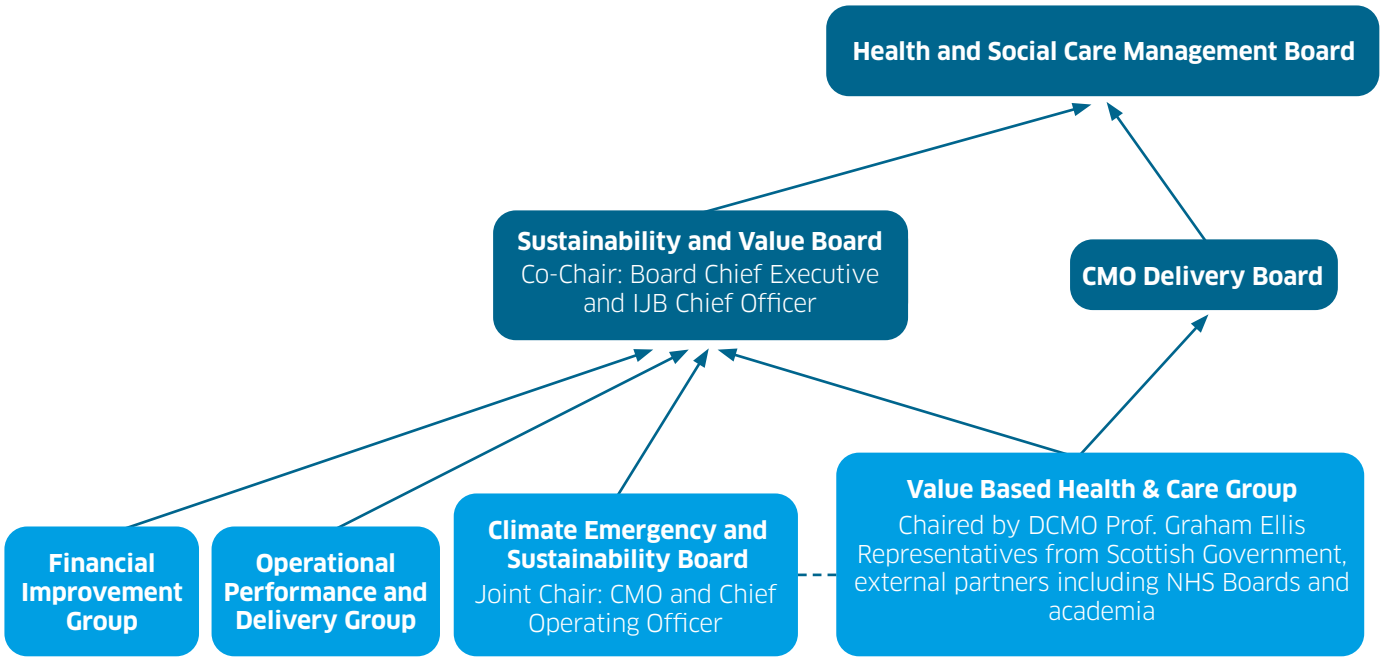
Partnership working will also be essential to enabling VBH&C through a 'Once for Scotland' approach to the identification, assessment and accelerated adoption of innovative technologies. This will be delivered through the Accelerated National Innovation Adoption (ANIA) pathway which brings together expertise from the CfSD, NHS National Services Scotland (NSS), Healthcare Improvement Scotland, PHS and NHS Education for Scotland. ANIA will ensure we are prioritising investment into the adoption of cutting-edge science that will meet the current and future needs of the peole of Scotland.

Key to unlocking the potential of scientific innovation to transform healthcare delivery will also be effective collaboration between the triple helix of academia, industry and the NHS. Programmes, such as the Scottish Health & Industry Partnership (SHIP), will utilise our regional innovation test beds to encourage entrepreneurship and offer innovators the opportunity to co-create, co-develop and adopt/commercialise goods and services.

Our work to support health and care colleagues to deliver VBH&C sits within the Sustainability and Value enabler of the Care and Wellbeing portfolio - the overall strategic reform policy and delivery framework within Health and Social Care in Scotland. As such we expect the delivery of VBH&C to support the major health and care reform programmes designed to improve population health, address health inequalities and improve health and care system sustainability.

VBH&C aligns with the developing practice model of 'Getting It Right for Everyone' (GIRFE). GIRFE will provide increased value by minimising duplication, enabling increased preventative care and ensuring better person centred outcomes. It aims to provide a more personalised way to access help and support when it is needed. GIRFE places the person at the centre of all decision making that affects them, to achieve the best outcomes, with a multi-agency approach regardless of the support that is needed at any stage of life.

We will ensure continued alignment across the Sustainability and Value programme, as well as other SG policy and strategy, including the NHS Climate Emergency and Sustainability Strategy. The Scottish Government Sustainability and Value programme aims to support the delivery of health and social care through improvements in quality, cost and clinical effectiveness, efficiency and a greater focus on outcomes and equity rather than outputs. It has four key work programmes shown below.



7. Commitments

1. Our health and care system will continue to promote Realistic Medicine as the way to deliver Value Based Health & Care.

By doing so, we will increase understanding of the challenges our health and care system is facing and how acting on the principles of Realistic Medicine can help us deliver a more equitable and sustainable health and care system.

2. Our health and care system will promote the measurement of outcomes that matter to the people we care for, and explore how we can ensure a coordinated approach to their development and implementation.

By measuring the outcomes and experiences that matter, we will be able to provide treatment and care that people really value, capture the data we need to identify low value care and redirect resources in order to provide high value care. This knowledge will allow health and care colleagues to make informed decisions about how we deliver care in the future, focusing on what matters to the people we care for.

3. Our health and care system will continue to support the development of tools that enable health and care colleagues to seek out and eliminate unwarranted variation in access to healthcare, treatment and outcomes.

By being transparent about our decisions we will promote equity of access to care and utilise a whole system approach that puts people's needs at its heart. This is a vital step in reducing health inequalities.

By supporting the development and use of the Demand Optimisation Atlas, we can increase transparency around demand for primary care testing, and focus our efforts to ensure all tests are appropriate. This reduces the risk of the people we care for being exposed to inappropriate testing or interventions, and reducing waste, ensuring we use our available resources in the best way.

We will also seek to understand the reasons behind underutilisation of treatment and tests by some groups of the population and will seek to remove barriers to ensure equitable and timely treatment for all.

We will continue to work with PHS, CfSD and NHS Boards to develop the Scottish Atlas of Healthcare Variation to allow health and care colleagues to ensure that we identify unwarranted variation across Scotland, reduce inappropriate interventions and improve equity of access to service for people who will benefit most.

We will address disparities in health outcomes for specific population groups including communities affected by systemic racism by working, for example, with the Racialised Health Inequalities Steering Group in implementing VBH&C approaches.

4. Our health and care system will continue to build a community of practice and a culture of stewardship across Scotland.

We will support sharing best practice and support health and care colleagues to implement their own VBH&C approaches, as well as understanding the impact on the people they care for. A culture of stewardship means everyone feels a responsibility to look after the resources we have, use them wisely and support each other to do so.

By doing so we will support health and care colleagues to practise Realistic Medicine, deliver VBH&C and create a health and care system where resources are utilised appropriately and more sustainably.

5. Our health and care system will support the delivery of sustainable care in line with the NHS Scotland climate emergency and sustainability strategy by reducing waste and harm.

By supporting more sustainable practice and approaches, we will deliver better societal value by helping to address the climate emergency.

6. Our health and care system will engage with the public to promote understanding of Realistic Medicine and VBH&C and its benefits for Scotland. We will also work to empower people to be equal partners in their care, through shared decision making enabling self-management, and promoting health literacy and healthy lifestyle choices.

Consulting with patient organisations and supporting patient education will allow us to better understand what matters to people, the benefits and risks of their treatment options and the alternatives, as well as helping them to feel that they are at the centre of their care. This will support them to make an informed choice about the treatment and care that is right for them.

8. Conclusion

Value Based Health & Care encourages us to focus on delivering the outcomes that matter to people and helps manage expectations throughout their care or treatment. Involving them in decisions about their care and maintaining a relentless focus on Realistic Medicine, will help us provide care they really value, reduce harm and waste and eliminate unwarranted variation in the care we provide. VBH&C also encourages us to become more creative and challenges us to think carefully about how we optimise the use of the resources we have for maximum benefit.

Now, more than ever, there needs to be a focus on ensuring our health and care services are used equitably and sustainably in order to meet the needs of the people of Scotland, as well as those of our future generations.

By providing leadership, support, expertise, and the strategic direction to embed VBH&C across Scotland, we will drive better outcomes and experiences for the people we care for and deliver a more sustainable health and care system.

Next Steps

We will consult widely in 2023 to develop an action plan that will describe how our health and care system in Scotland will deliver the vision for VBH&C. We will take a three horizons approach and ensure that the VBH&C action plan will support delivery of Care and Wellbeing portfolio aims:

- **Horizon 1 – right now, current trends and issues**
  This horizon focuses on operational actions to recover stable and reliable systems e.g. short-term actions for cost recovery, clearing backlogs etc. There is a recognition that reliance on business as usual needs to decrease over time to allow new ways of working to take over – approaches that deliver better value for people and for the system e.g. roll out of ACRT, PIR, CfSD best practice pathways, EQUIP and the Right Decision Service and knowledge services will help reduce waiting lists. Better use of MDTs in Primary Care and better use of technology like Near Me for group consultations will help deliver more personal value (better peer support, better use of MDT rather than GP time, less travel for patients) and societal value (better for the environment).

- **Horizon 2 – the pattern of actions taken over the medium-term (e.g. three to five years) to innovate and try out new methods of working in response to emerging challenges, changing demographics etc.**
  Some actions may work to support and improve traditional business-as-usual systems (sustaining innovation) while others will act as building blocks for future Horizon 3 systems (transformative innovation). Examples include providing health and care colleagues with the education, training and tools they need to practise Realistic Medicine and deliver better value care. This includes shared decision making training, developing and implementing tools which help tackle unwarranted variation, for example the Scottish Atlas of Healthcare Variation and the Demand Optimisation Atlas, and supporting development of a nationally coordinated approach to Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS).

- **Horizon 3 – the end or long-term goal, a vision for the future**
  This typically grows from small tests of change using improvement methodologies which are better aligned to emerging service challenges than traditional approaches. Over time new norms are established. Embedding a culture of stewardship where health and care colleagues use resources wisely is the norm. Evidence Based Medicine sits at the heart of all clinical decision making. PROMS and PREMS are gathered across the system and used routinely to drive quantifiable improvements in personal value as well as reductions in harm and waste.

  By working in partnership with teams from across Scotland, our partners and the public, we will deliver the outcomes that matter to people with the resources available to us. Through collaboration, a focus on personalising care and being mindful of the resources we use, we can meet the needs of both our population and our planet.

9. Annex A: Information about partner bodies

Health and Social Care

The Realistic Medicine programme has been working with NHS Boards since 2015. The aim is to now incorporate a value based approach to health & care in Scotland with support from NHS Boards, our Realistic Medicine network, managed clinical networks, GP clusters, and health and social care partnerships (HSCPs).

Pivotal to this work are the health and social care teams, which include our network of Realistic Medicine clinical leads, programme managers, chief executives, medical, nursing, midwifery, Allied Health Professionals and finance directors who will support health and care colleagues to deliver VBH&C.

Centre for Sustainable Delivery (CfSD)

The Centre has a vital role in supporting our national efforts to remobilise, recover and redesign towards a better health care system and build on the significant progress and developments, which have already been achieved through redesign and transformation. This includes the rapid rollout of new techniques, technology and clinically safer, faster and more efficient pathways for our patients.

The CfSD's strategy supports Realistic Medicine, and we will work collaboratively to ensure VBH&C is embedded throughout their work.

Scottish Government Care & Wellbeing Portfolio

Improving population health requires a whole system response. The Care and Wellbeing Portfolio is working to deliver a coherent series of integrated reform programmes aimed at improving population health and reducing health inequality. Through the work of the Care and Wellbeing Portfolio, we are looking to create the best environment to stimulate national and local action to tackle these issues and take a systematic approach to planning and delivering care and wellbeing. The Portfolio is being designed to promote innovation and new ways of working; redesign the system around the person; and ultimately prioritise prevention, improve population health and reduce inequality. We are clear that we need to take a person centred approach and work across government, with our local government partners, and wider public sector on critical aspects of recovery to address the systematic inequalities made worse by Covid to reduce inequalities and improve the health for those who suffer poor health disproportionately.

NHS Scotland Climate Emergency Strategy

The NHS Scotland Climate Emergency Strategy outlines NHS Scotland's aim to become a net-zero health service by 2040, as well as a more environmentally and socially sustainable organisation, which is resilient to climate change. Whilst climate change is the greatest threat to global health this century, action to reduce emissions, adapt to climate change and reduce environmental harm can have co-benefits for the health of the population. Delivering services in an environmentally sustainable way provides greater value and can contribute to financial sustainability.

Public Health Scotland (PHS)

Our health and care system will continue to work with PHS to develop The Scottish Atlas of Healthcare Variation and provide supporting narrative to all NHS Boards. The Atlas is an important tool to contribute to eliminating unwarranted variation, realising Realistic Medicine and supporting reducing harm and waste within the health service.

Understanding variation (random, warranted or unwarranted), through the engagement of clinicians, users and service providers, is key to providing VBH&C within NHS Scotland.

This work will also involve the development of mechanisms to support, monitor progress and evaluate use of refreshed maps. This work supports the NHS Recovery Plan.

Healthcare Improvement Scotland (HIS)

Healthcare Improvement Scotland (HIS), Scotland's national improvement organisation, supports the transformation of health and social care through the redesign of clinical and care services and the development of cultures of continuous improvement. The ihub, part of HIS, enables health and care systems to apply improvement methodologies to the design implementation of changes that deliver sustainable transformation.

NHS Education for Scotland (NES)

NHS Education for Scotland (NES) is responsible for developing and delivering healthcare education, training and resources for the NHS, health and social care sector and other public bodies. They have a Scotland-wide role in undergraduate, postgraduate and continuing professional development.

We will continue to work in collaboration with NES to explore further areas for development. This is key to support delivery of the VBH&C vision.

Demand and Optimisation Team

The National Demand Optimisation Group (NDOG) has developed an Atlas of Variation to help tackle unwarranted variation in Primary Care.

There is considerable variation in the use of laboratory diagnostic tests across primary care. Some of this variation can be attributed to clinical and demographic differences. However, some variation can be attributable to differences in practice processes and pathways or individual requester preferences.

The Atlas of Variation contains monthly data on NHS board primary care requesting totals for a specific suite of blood science tests from cancer, cardiac, diabetes and other general pathways. The Atlas consists of three separate dashboards that allow GP practices to compare their request rates with their cluster, health board, peer group and national rates. We will continue to work with the NDOG to support utilisation of the atlas of variation.

NHS Partners

We will continue to network and collaborate with colleagues across the world including NHS Wales' Value Based Healthcare team. This will enable further support of our vision's aims by continuing to build effective and efficient partnerships. This also creates opportunities for continued shared learning and future collaborative work.

Health and Care Colleagues

We want to hear views from colleagues from across our health and care system and we will engage with Royal Colleges and the Allied Health Professions Federation, given their interest in the wellbeing of their membership and in their education and accreditation, as well as being influential in setting standards and some clinical guidelines.

Public

VBH&C requires public involvement to ensure that our health and care system is sensitive to the needs and preferences of patients. The benefits of better engagement include improved outcomes and experiences for patients; safer services; better decision making; and a greater sense of public 'ownership' of services that ultimately the public pay for and support.

Third Sector Organisations

The third sector focus on the delivery of essential health and care services, as well as helping people to access them, which can help improve people's wellbeing and contribute to economic growth. Our health and care system must continue to link and work with third sector organisations to support a VBH&C approach, which will align with our shared aim of improving outcomes for people in Scotland.

Universities

We aim to collaborate with universities as part of the evaluation of our work and as partners in research (supporting the Community of Practice) to further support delivery of VBH&C.

Research

Research helps create the conditions for a modern health and social care service that is focused on providing the evidence we need to deliver VBH&C. Work continues to enable further trials of the most advanced healthcare treatments, diagnostics and medical technologies and bring them to people faster. Research is also being used to help understand what doesn't work (lower value care), so we can improve best practise and focus our precious resources on providing healthcare that people really value and will benefit from.

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