



Dumfries and Galloway
IJB Clinical and Care Governance Committee

13th May 2021

This Report relates to
Item 6 on the Agenda

Realistic Medicine Highlight Report

Paper presented by David Rowland

For Noting

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List of Background Papers:	Realistic Medicine Funding Proposal (Appended to Highlight Report at Appendix 1) Realistic Medicine Delivery Plan (Appended to Highlight Report at Appendix 2)
Appendices:	Appendix 1 – Realistic Medicine Highlight Report 13 May 21 v1d3

1.	<p>Introduction</p> <p>1.1 This report sets out an overview of the progress made in relation to the Realistic Medicine agenda.</p>
2.	<p>Recommendations</p> <p>2.1 The IJB Clinical and Care Governance Committee is asked to:</p> <ul style="list-style-type: none"> • Note the content of this report and progress to date in relation to Realistic Medicine
3.	<p>Background and Main Report</p> <p>3.1 The Realistic Medicine Funding proposal was submitted on 21st December 2020 which stated that the Sustainability and Modernisation (SAM) Programme is in a strong position to embed the realistic medicine principles as they align closely with the SAM framework. It will also allow the strong links we already have with clinical leads within our board to approach Realistic Medicine from both primary and secondary care perspectives.</p> <p>3.2 It was proposed that SAM will take on the leadership of the realistic medicine agenda, provide programme management and collaborate with clinicians within our board, with the aim of embedding Realistic Medicine principles within teams.</p> <p>3.3 The Realistic Medicine Delivery Plan has been developed incorporating these principles.</p> <p>3.4 Due to COVID related pressures in January, February and March 2021, the focus of SAM was primarily around laying the foundations for these pieces of work.</p> <p>3.5 Appendix 1 provides an overview of the progress made in relation to the Realistic Medicine agenda. Links to the funding proposal and delivery plan are embedded within the document for reference.</p>
4.	<p>Conclusions</p> <p>4.1 Continue to progress the Realistic Medicine Delivery Plan.</p> <p>4.2 Embed the principles of Realistic Medicine in the organisational response to the Centre for Sustainable Delivery Workplan.</p> <p>4.3 Conclude an option appraisal on pathway development and electronic access to these, ensuring the principles of Realistic Medicine are fully embedded.</p>
5.	<p>Resource Implications</p> <p>5.1 The prime focus of the SAM Programme is the redesign and transformation of services in Dumfries and Galloway to ensure local people continue to access high quality, responsive assessment, treatment, care and support while addressing the underlying financial pressures across the Health and Social Care System.</p> <p>5.2 Individual resource implications will be described within the corresponding appendix as required.</p>

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 The SAM Programme aims to align with the national health and wellbeing outcomes and the local 10 priority areas set out by the Health and Social Care Strategic Plan. Specifically the SAM Programme will contribute to:

- Developing and strengthening communities
- Shifting the focus from institutional care to home and community based care
- Integrated ways of working
- Working efficiently and effectively
- Making the best use of technology

7. Legal and Risk Implications

7.1 While there are no legal implications associated with the focus and scope of the SAM Programme, there are significant risks for the Integration Authority should the programme not be delivered with specific attention to the Realistic Medicine agenda. These include:

- Continued underlying financial pressures, which may result in an inability to deliver services in line with local needs and / or to the standards desired by the Integration Authority;
- Continued provision of traditional models of care that cannot offer the capacity to meet local needs and demands associated with normal winter pressures;
- Continued focus on hospital based care for people of complex co-morbidities, resulting in increased levels of dependence and reliance on long-term care and support; and
- Continued delivery of service models that unnecessarily risk exposure of those who use and provide services to Covid-19.

8. Consultation

8.1 The content of the programme described within this paper has been developed through direct engagement with the staff and services that have been included. The broad concepts contained within the programme have been explored with wider staff groups and agreed by the Health and Social Care Senior Management Team.

9. Equality and Human Rights Impact Assessment

9.1 It will be necessary to assess whether an Equality Impact Assessment (EQIA) is required for each element of the SAM Programme and where that is the case, ensure its timely completion. Documentation has been developed to support this process in accordance with local policy.

10. Glossary

10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

ACRT	Active Clinical Referral Triage
AGM	Associate General Manager
AHP	Allied Health Practitioner
CTAC	Community Treatment and Care
EQIA	Equalities Impact Assessment
GM(s)	General Manager(s)
IJB	Integration Joint Board
MH	Mental Health
MSK	Musculoskeletal
NM	Near Me
PCSG	Planned Care Steering Group
PFB	Patient Focused Booking
PID	Project Initiation Documents
PIR	Patient Initiated Return
PMO	Project Management Office
RM	Realistic Medicine
SAM	Sustainability and Modernisation
SLT	Senior Leadership Team
SLWG	Short life working group
TPOG	Tactical Priority Oversight Group