

Realistic Medicine

Introduction

For the last three years, the annual reports of the Chief Medical Officer for Scotland have focused on Realistic Medicine^{1,2,3} and this PBSGL module will draw from these three documents. Realistic Medicine is not a stand-alone concept but is a strategy for the delivery of healthcare throughout all sectors of the NHS in Scotland. Although Realistic Medicine has been developed with NHS Scotland in mind, this module will be relevant for PBSGL groups in the other countries in the UK, and for our European groups. The six key components to Realistic Medicine are presented in the box below:

- Involving people more in making decisions about their health
- Establishing a personalised approach to care
- Managing clinical risk better than at present
- Reducing harm and waste
- Reducing unwarranted variation in practice and outcomes
- Becoming improvers and innovators in health care delivery.

All territorial health boards in Scotland have been funded to appoint Realistic Medicine Clinical Leads (RMCLs). PBSGL members in Scotland may wish to contact their RMCLs to hear about and get involved in the work going on locally. It is hoped that RMCLs will facilitate the development and promotion of good practice in their health board and focus on value and making changes to how health care is delivered.

The module is designed to explore complex patient cases taking a realistic medicine perspective. It is not realistic to cover all the elements of Realistic Medicine in one module! This module will focus on some aspects and a second module is planned for 2019. These modules should be useful for individual patient care, promote inter-professional working across GP clusters, and Health and Social Care Partnerships in Scotland.