CHOOSING WISELY UK

Professor Dame Sue Bailey OBE DME
Chair
Academy of Medical Royal Colleges
## The Academy of Medical Royal Colleges

Membership - All UK and Ireland Colleges and Faculties

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• Sustainability and waste
• The Miracle Cure
• Accountable Clinician
• Avoidable Mortality
• Shape of Training General Capabilities
• Embedded Mental Health in Foundation Programme
• Improving physical care outcomes of those with mental illness
• Supporting Development of outcomes and metrics
• Data sharing and data with utility
Unnecessary interventions are a growing problem
Patients and physicians are starting to realise this

Estimated overuse in healthcare, examples of common interventions

- Antibiotics for URTI in adults: 20%
- Antibiotics for URTI in children: 10%
- Hospital admissions: 5.5%
- Carotid endarterectomies: 10.6%
- Hysterectomies: 14%
- Ambulance transport to ED: 29%

These interventions cause unnecessary harm and cost

CHOOSING WISELY

To promote conversations between doctors and patients by helping patients choose care that is:

• Supported by evidence

• Not duplicative of other tests or procedures already received

• Free from harm

• Truly necessary
CHOOSING WISELY - HOW WE STARTED

• Early 2014 – Contact from CW Canada to College of Physicians (London)

• RCPL proposed Academy take lead as cross-specialty issue

• June 2014 Amsterdam CW International Conference

• July 2014 – Academy Council support in principle

• November 2014 – Academy Council agreement to initiative

• Early 2015 – Scoping/engagement - “Prudent Healthcare”

• May 2015 – Public launch
Choosing Wisely NHS

Scoping the landscape: Where does Choosing Wisely sit within existing initiatives?

- **Improve efficiency/quality of care**
  - NHS England—Five Year Forward View into action
  - Quality improvement projects:
    - RCP Learning to make a difference
    - BMJ Quality
    - The Network, ...

- **International initiatives**
  - Commonwealth fund:
    - Controlling Health care costs initiative—US

- **International Choosing Wisely**
  - International Working Group
  - Choosing Wisely—ABHI US
  - Choosing Wisely Canada
  - Wise Choices—Netherlands
  - Slow Medicine—Italy

- **International initiatives**
  - Institute for Patient and Family Centered Care - US

- **Raising awareness**
  - Coalition for Collaborative care
  - Kings Fund: Seeing the person in the patient The Point of Care review

- **Evidence based recommendations**
  - NICE do not do recommendations
  - AOMRC Protecting resources, Promoting value report

- **Reduce Waste**

- **Choosing Wisely NHS**

- **Empowering patients**

- **Patient centred care**

- **Raising Awareness**
  - Medicine Waste campaign
  - BMJ Too much medicine campaign
  - Preventing Overdiagnosis annual conference
  - NHS Wales Prudent Healthcare
  - RCGP Overdiagnosis Strand
  - Antibiotic awareness campaign
  - DH Antimicrobial Resistance Strategy

- **Shared decision making**

- **Raising awareness**
  - BMJ Patient partnership campaign
  - Ask 3 Questions campaign

- **Patient and Doctor Education**
  - National Voices guides
  - NHS England Shared Decision Making Programme
  - NHS Right Care
  - NHS Choices

- **Support & Education**
  - Coalition for Collaborative Care
  - Health Foundation—Person centred care resource centre
  - NHS England House of Care model
CHOOSING WISELY UK - AIMS

• To promote conversations between doctors and patients by helping patients choose care that is:
  – Supported by evidence
  – Not duplicative of other tests or procedures already received
  – Free from harm
  – Truly necessary

• To embed a culture in which patients and clinicians regularly discuss the clinical value and effectiveness of proposed treatments or interventions with the explicit aim of reducing the amount of inappropriate clinical activity

• To begin the process by supporting Colleges and Specialist Societies to identify those commonly used interventions/treatments within their specialty whose necessity should be questioned and discussed.

• To support and spread that work through campaign activity amongst the public, patients and clinicians
STEERING GROUP

• Medical Royal College representatives
• Academy Patient/Lay group
• National Voices – (National Patient Charities)
• Coalition for Collaborative Care
• NHS England
• NHS Wales
• NICE
• NHS Confederation
• BMJ
WORKSTREAMS

- “The Lists” – CW Recommendations
- Shared Decision Making
- Communications
- Implementation
- Evaluation
CAMPAIGN PHASES

1. Setting the context
   - Establishment of the Steering Group – April 2015;
   - BMJ Paper explaining the case - Published 13 May 2015;
   - General launch of initiative;
   - Stakeholder engagement;

2. Developing lists of interventions whose value should be questioned:
   - Producing a template of requirements for medical organisations;
   - Work of Colleges, Specialist Societies, Clinical Groups to develop lists in conjunction with patient groups;
   - Publication of “lists” (a “Top Five”) with appropriate evidence. These lists will define interventions whose necessity for routine use or any use is questioned;
CAMPAIGN PHASES

3. Shared Decision Making
   • Developing tools and guidance for patients and clinicians, which will support “Choosing Wisely” conversations

4. Getting clinicians and patients to have “Choosing Wisely” conversations
   • Voluntary diffusion - Providing joint advice between the Academy/Colleges and Patient Groups, communications events etc.
   • Mandatory diffusion – Where evidence is clear use of (de)commissioning levers, tariff etc.
   • Public relations campaign aimed at achieving behaviour change on the part of both doctors and patients

5. Audit
   • Evaluation of the impact and reduction in inappropriate clinical interventions
DEVELOPING LISTS – WHAT WE ASKED FOR

• Be relevant to the specialty

• Have an impact on patients and/or the NHS

• Be evidence based

• Actively involve patients and the public

• Be measurable and implementable
THE LISTS – REPORTING: PROCESS

• What process was used to select the recommendation topic?
• Which stakeholders were contacted to be involved?
• Which stakeholders have actually been involved?
• How have the stakeholders, particularly patients, been involved?
• Engagement with NICE
• How will clinicians and patients be informed of the recommendation?
• How could the recommendation be implemented in clinical practice?
• How could the impact of the recommendation on usage be audited?
IMPLEMENTATION

• Publication of lists

• Shared decision making tools

• Link to atlases of variation

• Public campaign

• Voluntary v Mandatory

• Professional and patient bodies

• (De)Commissioning

• Provider volunteers

• Medical/clinical education
EVALUATION

• How could the impact of the recommendations on usage be audited?

• Location or topic /Qualitative or quantitative?

• Professional societies – single recommendation usage by members

• Patient groups – Qualitative

• Single provider (baseline audit, implement, re-audit)

• Area impact

• Academic research
CHALLENGES

• Perception – Is this about cuts and denying treatment
• Who leads?
• Clinician engagement and patient engagement
• UK Context – Four countries
• UK Context – NICE
• Time for culture change v pressure for early “wins”
• Evaluation
• Resourcing
WHAT NEXT?

• List compilation October - January
• List publication Early 2016
• Public campaign on implementation 2016
• Round 2 Lists
• Evaluation
THANK YOU

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