

Rethinking Medicine – Discussion with Londonwide LMCs

Event, 21st August 2018

We met in mid-August in Tavistock House to discuss Rethinking Medicine



This pack gives an overview of the morning's discussions

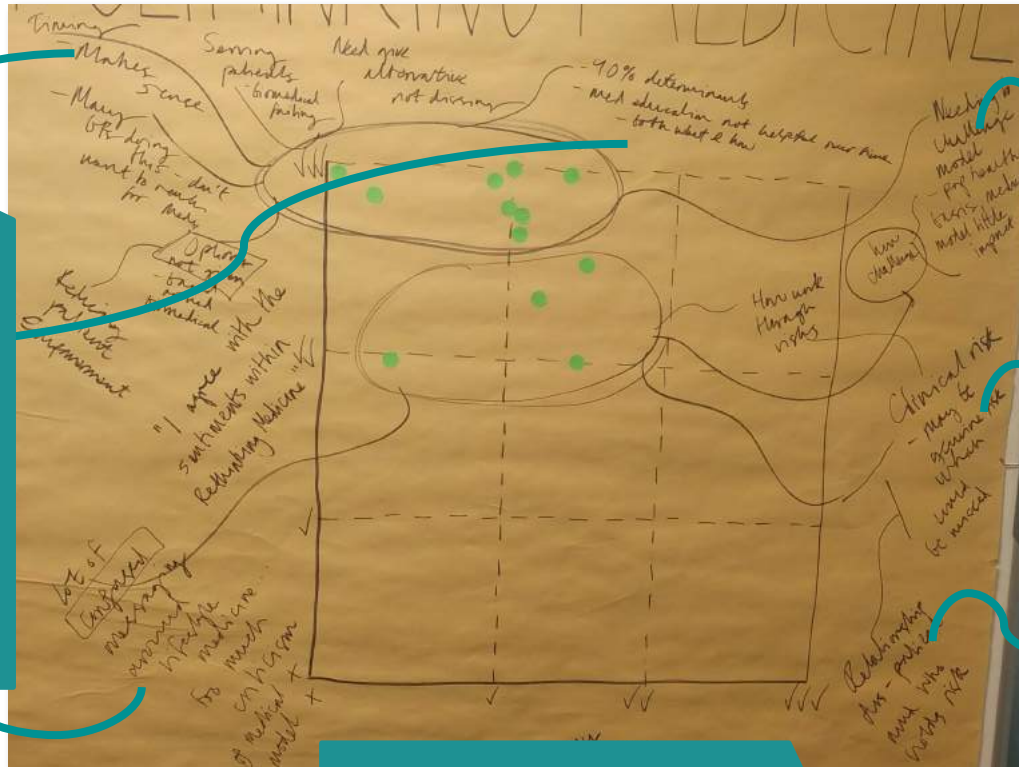


- We focused on:
- A. Reactions to the 'Rethinking Medicine' concept
 - B. What it would look like if it was happening
 - C. What would be needed to see these factors in abundance
 - D. One piece of advice



A: Reactions to the concept

After an introduction, participants gave a quick temperature test on whether they agreed with the Rethinking concept (most strong-mid), and whether already happening (most mid-low).



"It makes sense."

"Over time, medical education not helpful – neither the what or the how"

"Lots of confused messaging around 'lifestyle' medicine. Too much critique of medical model."

"I agree with the sentiments within Rethinking Medicine"

"Within my area, Rethinking Medicine is happening"

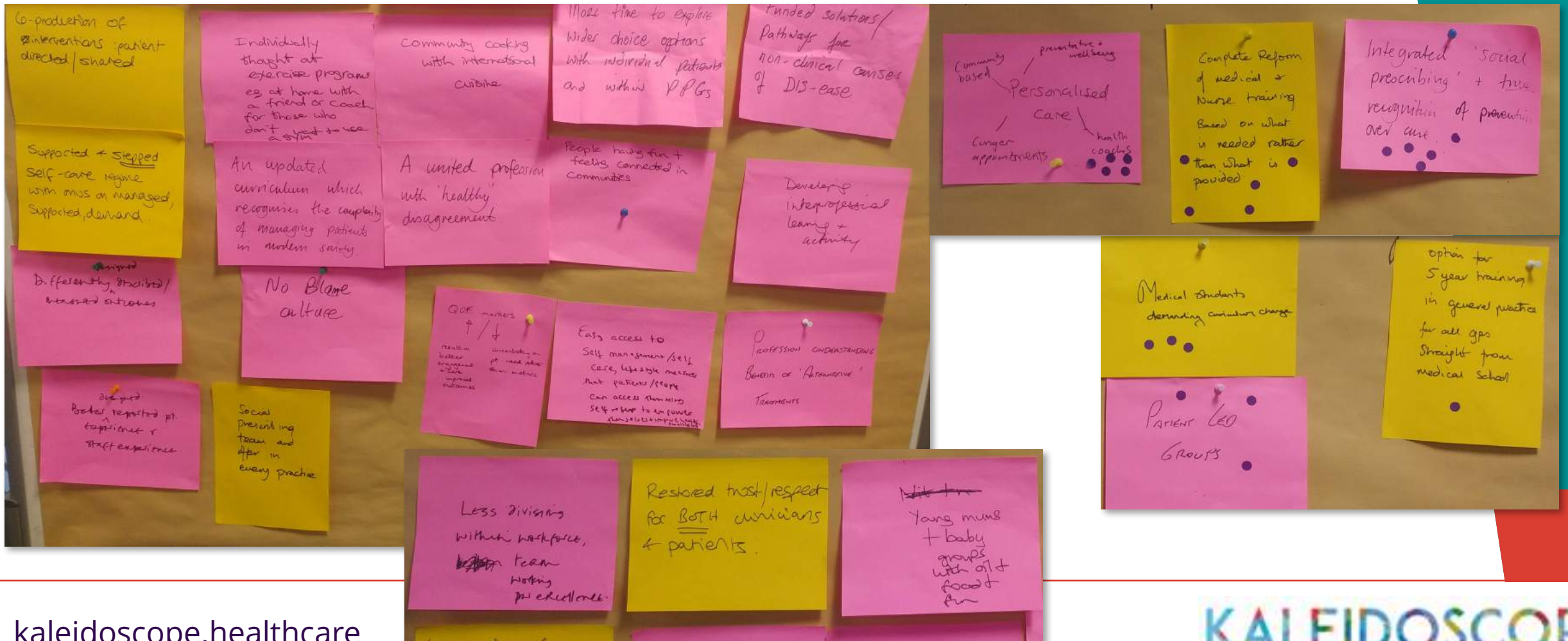
"On a population basis, medical model makes little impact. How do we challenge it?"

"How work through risks? May be genuine risk which could be missed."

"Need to be clear on relationship between doctors and patients, and who holds the risk"

B: What would it look like? (1/2)

In pairs, we translated the concept of Rethinking Medicine into markers of how we would know it was happening.



B: What would it look like? (2/2)

Participant then voted on the different markers as to which would most represent a successful 'implementation' of Rethinking Medicine. The three most popular ideas covered training, social prescribing and personalised care.

Complete Reform
of medical &
Nurse training
Based on what
is needed rather
than what is
provided.

Integrated 'social
prescribing' + true
recognition of prevention
over cure.

Community based / preventative + well being
Personalised
Care
Longer appointments / health coaches



C: Barriers and assets

Participants were asked to think about the barriers and assets to Rethinking Medicine progressing in London specifically - What could be drawn upon to help make it happen? What would get in the way?



ASSETS

- Communities especially first generation immigrants
- strong voluntary sector
- entrepreneurs who think creatively / digital
- Business
- opportunities/investment for health care professionals
- geographical advantage heavily populated small areas
- Access to complementary therapies
- cheap fruit / veg healthy foods
- sense of London identity

Assets focused on London's strengths beyond healthcare - sense of London identity, business and entrepreneurial culture, strong voluntary sector and communities (especially first generation immigrants). *How can Rethinking Medicine best tap into an area's societal assets?*

BARRIERS

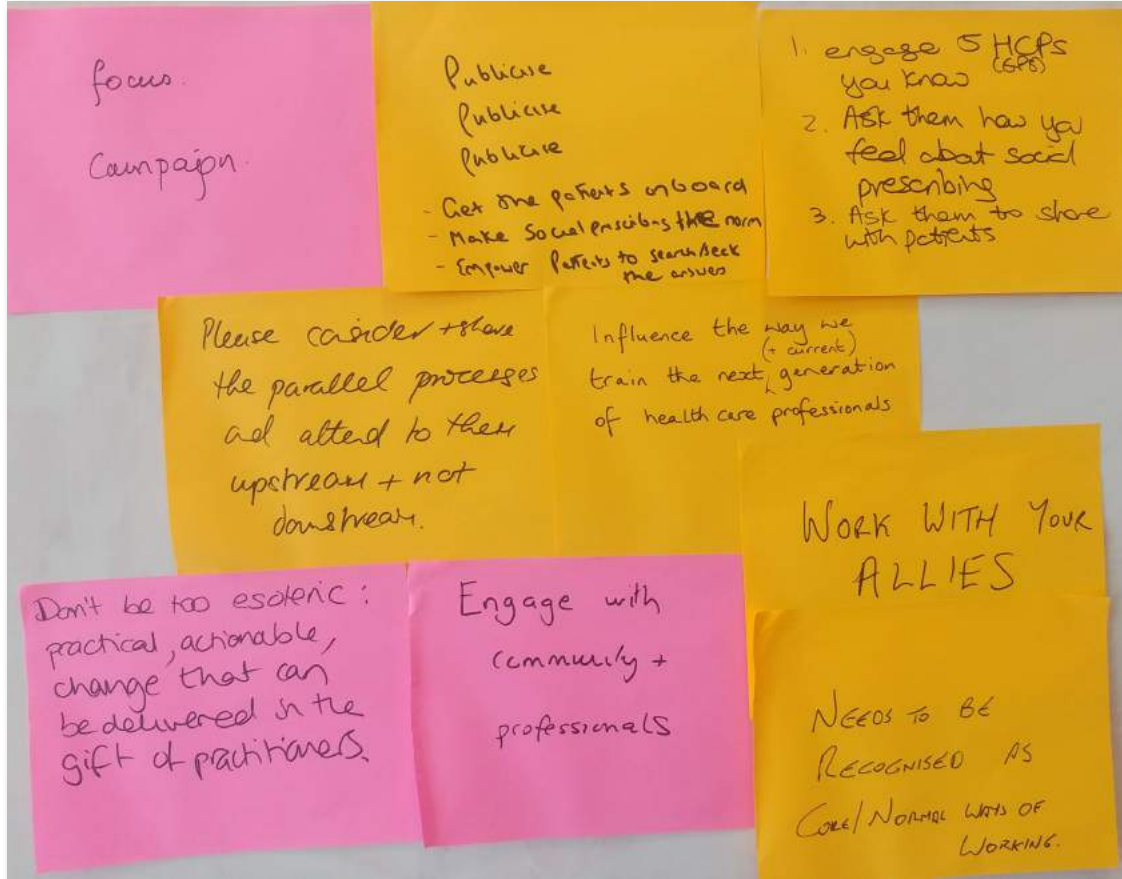
- Teaching hospitals
- Funding Structures
- Lack of Suitable Contracted outcome measures (Quality)
- Bullying culture / Command and Control
- QI v Reputation
- empowering patients & Clinicians
- professional arrogance
- Hierarchies
- Boundaries ~~with~~
- "we have to be seen to do it"
- London - v the country
- cost of living/housing
- Win win
- Cultures
- Staff training

Barriers in contrast focused on topics within the NHS - hierarchies, culture of bullying and command and control, the negative effect of culture associated with teaching hospitals, and professional arrogance. *A number of these barriers are deeply entrenched; what can happen at a local level to move these?*



D: One piece of advice

Reflecting on the session, participants were asked to give one piece of advice to those taking Rethinking Medicine forward.



“Don’t be too esoteric: practical, actionable, change that can be delivered in the gift of practitioners.”

Next steps: Rethinking Medicine working group making proposals to reference group for a forward plan in October

