

Value Based Health and Care

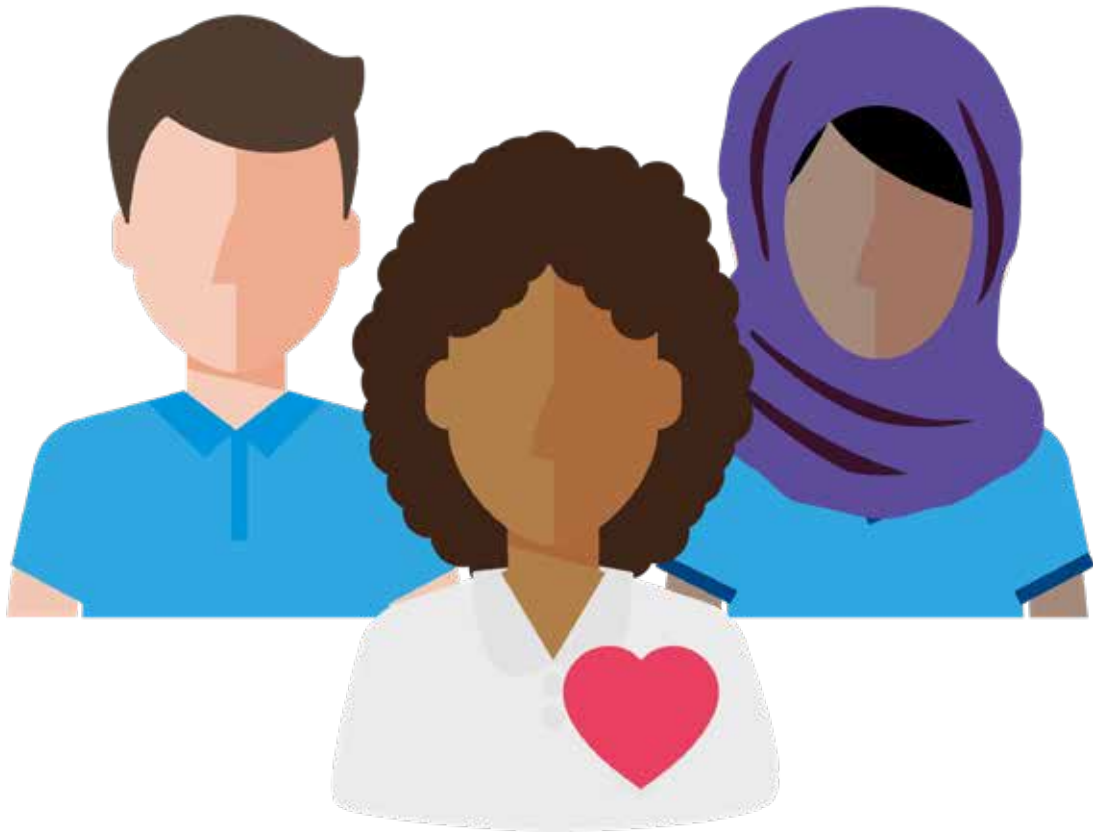


Action Plan



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Foreword



My [Annual Report for 2022/23: Doing The Right Thing](#), sets out four great population health challenges faced in Scotland. We know that threats from infectious diseases remain; life expectancy is stalling and health inequalities are widening; demand for and utilisation of our health and social care services continues to increase in an unsustainable way; and the climate emergency requires adaptation and is already affecting Scotland's health and wellbeing. There is a pressing need to do things differently if we are to address these interconnected challenges and improve the lives of the people we care for.

There remains unwarranted and potentially harmful variation and waste within the services that we provide. The Organisation for Economic Co-operation and Development estimates that [20% of healthcare spend does not actually result in improvement in health](#). This consumption of resource without benefit is more likely to prevent those who are disadvantaged from receiving the care that they need, worsening health inequalities. It is also a drain on our natural resources and increases harmful emissions – wasteful care is poor care for our patients and our environment and increases the potential for harm to them both.

In [Delivering Value Based Health & Care: A Vision for Scotland](#), I set out my thoughts on the way we should deliver care in Scotland. We know the challenges we continue to face. We know too that we need to deliver care differently if we are to meet these challenges. The [Vision](#) is for everyone regardless of your role or where you work. No matter your role, whether you are a clinician, Allied Health Professional, carer, finance manager, chief officer or porter, you can help build a more equitable and sustainable health and care system.

As I said in my [annual report](#), care is human. It is about personal interaction, uncertainty, co-creation and compassion in managing risk, anxiety and hope. It is about the power of the relationship and being able to jointly identify issues that affect us, our preferences and our goals. It is as much about alleviating as it is about fixing, but always with honesty, kindness and consideration of others life experience. Care is not just biomedical, it is biographical too. The desire is to provide [careful and kind care](#), that people really value.

I believe that by practising [Realistic Medicine](#) we can find ways to deliver the outcomes that matter most to the people we care for. It is about making evidence-based choices about how we use the resources we have at our disposal. It is about listening to and supporting the people we care for to make informed choices about the care that is right for them.

There remain concerns about finding the time to have [meaningful conversations](#) with the people we care for. Teams across Scotland are however, already leading the way, finding opportunities to practise differently. Working collaboratively across traditional health and social care boundaries, utilising the skills and expertise of multidisciplinary professional groups will help us to deliver Value Based Health and Care (VBH&C) centred on what matters to the people in our care. There are examples of this in Scotland already, such as for people living in care homes, who benefit from regular multiagency discussions, where there is a shared understanding of people's preferences and goals and a proactive, anticipatory approach to care. This type of working reduces duplication and omissions in care and provides better value care.

We all share the responsibility to limit the impact of the way we practice on our planet and [deliver more sustainable care to help address the climate emergency](#). Practising Realistic Medicine can help to [reduce waste](#) and help us optimise the use of resources. It can support people to live more years in good health and enable recovery and renewal of services across Scotland.

This action plan sets out the actions we will take to support you to deliver VBH&C. We will continue to work with our partners to deliver them. Meantime, I would ask everyone, no matter your role, to do what you can to deliver better value care and help secure the sustainable health and care system for Scotland that we all wish to see.



Professor Sir Gregor Smith

Chief Medical Officer for Scotland

Introduction

[Delivering Value Based Health & Care: A Vision for Scotland](#) describes how we can improve outcomes by collaborating with the people we care for to deliver care that is right for them.

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.



The principles of Realistic Medicine have gained widespread acceptance across Scotland: the six tenets outline how we can change the way we deliver health and care in Scotland.

Realistic Medicine 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 system for the future.

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

This action plan aims to keep the promise we made in [Delivering Value Based Health & Care](#).

Our Vision

Our vision is that:

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

We made six commitments in [Delivering Value Based Health & Care](#) which will help us to achieve our vision:

1.



Continue to promote Realistic Medicine as the way to deliver Value Based Health and Care;

2.



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;

3.



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;

4.



Continue to build a community of practice and a culture of stewardship across Scotland;

5.



Support delivery of sustainable care in line with the NHS Scotland climate emergency and sustainability strategy by reducing waste and harm;

6.



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.

Actions

The actions below detail how we will meet our commitments:



Commitment 1: Our health and care system will continue to promote [Realistic Medicine](#), as the way to deliver Value Based Health & Care.

Action 1: The Scottish Government and NHS Education for Scotland (NES) will engage with NHS Boards, education providers and wider partners to inform the education, training, and tools to support [kind and careful care](#), and the day to day practise of Realistic Medicine.



Why?

- To achieve the best outcomes, we need health and care professionals who are knowledgeable and skilled in practising Realistic Medicine and are supported with high quality educational resources.



How will we achieve this?

- In the short term this will include promoting short and accessible [Realistic Medicine and VBH&C animations](#).
- We will support health and care colleagues' completion of existing training, such as shared decision making, health literacy e-modules and communications training.
- New VBH&C training modules about the principles of VBH&C will be developed in 2023/24 in partnership with NHS Boards and NES.



Resulting in

- Health and care professionals more confident in their knowledge and ability to deliver VBH&C.
- People are supported to practise Realistic Medicine and VBH&C by peers and leaders across the system.



Measures of success

- Health and care workforce surveys.
- Training feedback.
- Patient feedback using tools such as [Care Opinion](#).

Action 2: The Scottish Government, professional bodies, NHS Boards and Health and Social Care Partnerships (HSCPs) will work together to increase professional awareness of Realistic Medicine and enable delivery of Value Based Health and Care..



Why?

- Awareness and knowledge of Realistic Medicine and VBH&C is key to creating an effective community of practice and changing the culture towards a value based approach.



How will we achieve this?

- NHS Board Realistic Medicine teams will promote and develop Realistic Medicine practice and will work with health and care professionals and local leadership to support this.
- NHS Boards will embrace VBH&C and demonstrate its delivery in their Annual Delivery Plan and Medium-Term Plan reports.
- We continue discussions with professional bodies, including the Scottish Academy of Medical Royal Colleges and Faculties to identify opportunities to promote Realistic Medicine and VBH&C approaches to their members and networks.



Resulting in

- Increasing awareness and knowledge of Realistic Medicine and VBH&C across the health and social care sector in Scotland.
- A strengthening community of practice across Scotland of professionals who foster a culture of stewardship, promote Realistic Medicine and deliver VBH&C for the people of Scotland.



Measures of success

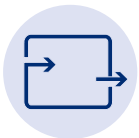
- Health and care workforce surveys and feedback.

Action 3: Through national digital health and care [data strategies](#), the Scottish Government will work with delivery partners to support development of digital technology and provide data that enables professionals to practise Realistic Medicine and deliver VBH&C.



Why?

- For people to make an informed choice about their health and care, they need information about their options based on what matters to them (their needs, preferences, and values).
- [Scotland's Data Strategy for Health and Social Care](#) sets out what we will do to ensure that data is managed consistently and securely and aims to support improved outcomes for the people we care for.



How will we achieve this?

- Initially, this will focus on promoting and supporting health and care professionals to use existing tools and developments, such as helping to encourage further use of [Technology Enabled Care](#) such as [Near Me, Connect Me](#), digital tools to support future care planning and [Right Decision Service](#) (RDS) digital tools.
- The Scottish Government will work with the RDS to develop Realistic Medicine Web and Mobile Apps, which will contain information, education, and training that supports professionals and the public to practise Realistic Medicine.
- Looking to the medium and longer term, by working with digital and data colleagues we will promote further innovation and a user-led design approach by integrating existing and future tools with emerging solutions such as the Digital Front Door, asynchronous and virtual appointments.



Resulting in

- Systems and services are designed, digitally enabled, and delivered around the needs of the people we care for, facilitating better value care and helping to reduce health inequalities.



Measures of success

- Increased uptake and use of tools such as [Near Me, Connect Me](#), and digital tools to support future care planning, and applications available through the [Right Decision Service](#).



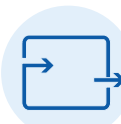
Commitment 2: Our health and care system will measure outcomes that matter to the people we care for, and explore how we can ensure a coordinated approach to their development and implementation.

Action 4: The Scottish Government will support development of a national Person Reported Experience Measure (PREM) to improve delivery of person-centred care.



Why?

- To deliver care that people really value, we must capture people's experience of care and their interactions with their health and care professionals and act on their feedback to deliver more person-centred care.



How will we achieve this?

- Work to develop a national PREM is underway. We will also seek to include the [CollaboRATE](#) tool, which measures shared decision making within the Near Me End of Consultation survey.
- Feedback from Care Opinion will also be included to support PREMs and drive improvement in people's experience of care.
- We will be looking to embed these measures in service redesign, seeking to see patient experience informing service development.



Resulting in

- The people we care for are listened to and fully involved in decisions about their care.
- Experience data and evidence is used routinely by health and care professionals to drive improvement.



Measures of success

- Development of national PREMs.
- Widespread use of national PREMs, shared decision making measures such as [CollaboRATE](#) and patient experience surveys.

Action 5: The Scottish Government and delivery partners will explore digital capture and use of Patient Reported Outcome Measures (PROMs) and specific outcome measures to drive improvement and better value care.



Why?

- To deliver value, we need to understand if we are delivering the outcomes that matter. We need to invest in and develop analytical and digital resources to capture them.



How will we achieve this?

- By learning from existing practice, we will continue to explore options for developing and reporting on PROMs and outcome measures within the National Digital Platform context, using systems and technology already in place, such as Connect Me.
- We will produce a scoping paper that will aim to inform a nationally co-ordinated approach to the development and use of PROMs and outcome measures.



Resulting in

- PROMs and outcome measures can be captured digitally, helping us measure the outcomes that matter to the people we care for and drive improvement.



Measures of success

- Increased use of PROMs and outcome measures to capture outcomes that matter.



Commitment 3: Our health and care system will continue to develop tools that enable health and care colleagues to eliminate unwarranted variation in access to healthcare, treatment, and outcomes.

Action 6: The Scottish Government and our delivery partners will continue to develop and promote the Scottish [Atlas of Healthcare Variation](#).



Why?

- The Scottish Atlas of Healthcare Variation will help to reduce waste and potential harm caused by over- and under-treatment and testing, when coupled with board level inquiry and evaluation.
- It can be a useful tool to reduce inequity of access to care.



How will we achieve this?

- Publicly available, high-quality Atlases, which enable health and care professionals to identify and tackle unwarranted variation.
- We will request board level reflections of their data in response to the Atlases.
- Training and education on interpreting the Atlas data for professionals.



Resulting in

- Health and care professionals understand variation in treatment, diagnostic testing and service provision. They can identify areas and population groups where variation is unwarranted, and work with colleagues to reduce it.
- Resources are in place to equip health and care professionals to understand the factors contributing to inequity of access and experience.
- Resource and capacity can be released to concentrate on delivering care that matters to people.



Measures of success

- Reduction in unwarranted variation identified through use of Atlas data.
- Reduction in lower value testing, treatments, care, and interventions.

Action 7: The Scottish Government will support National Services Scotland (NSS), NHS Boards, HSCPs and the Realistic Medicine Network to further develop and roll out the Demand Optimisation (DO) Atlas.



Why?

- 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 exposing the people we care for to inappropriate testing or interventions. It can also reduce waste.



How will we achieve this?

- The DO Atlas will continue to be developed and rolled out, supporting consistent professional decision making when requesting diagnostic tests.
- The Scottish Government will publicise and promote the use of the DO Atlas in collaboration with Boards and our Realistic Medicine Network.
- We will develop new atlases to explore variation and waste.



Resulting in

- More people receive tests that they will benefit from, and fewer people are subjected to inappropriate testing, resulting in the more appropriate use of diagnostic resources.
- Staff are trained to understand inequalities and strive to reduce these in their area.



Measures of success

- Reduction in inappropriate testing.
- Increase in appropriate tests that are currently underused.

Action 8: The Scottish Government will support people and communities to access preventative and proactive approaches to improve healthy life expectancy and reduce health inequalities.



Why?

- Prevention is one of the most effective ways to provide value in health and care. Whether its lifestyle advice (to stop smoking or exercise more), secondary prevention (to manage blood pressure or cholesterol) or preventing poor outcomes through future care planning conversations.
- Prevention can avoid waste of health, loss of independence through acquired disability, loss of livelihood through lost work due to ill health, or loss of life.
- Prevention also reduces inequalities for high risk populations, reducing avoidable harm.
- At any point in contact with health and care services, we need to promote each contact as an opportunity to do primary, secondary or tertiary prevention.



How will we achieve this?

- [The Preventative and Proactive Care programme](#) (PPC) is designed to maximise the contribution of the health and care system to the full spectrum of prevention, reducing unwarranted variation and inequalities in health, treatment, and outcomes. PPC will implement a series of workstreams, including Living Well, Waiting Well, Getting it Right for Everyone (GIRFE), reaching people with the highest health inequalities and more preventative and proactive care at home and in communities.
- Working with professional bodies and boards we will promote a culture of prevention in every health care contact.
- We will continue to focus on better identification and management of the clinical risk factors for cardiovascular disease to reduce excess deaths.
- We will work with health boards and others on action to address racialised inequalities in health and care, taking an anti-racism approach. Priorities include maternal and neonatal care, mental health, type 2 diabetes and CVD detection and prevention.

**Resulting in**

- An increased focus on health promotion, illness prevention and proactive care improves healthy life expectancy, helping to reduce health inequalities, and reducing pressure on the wider health and social care system.
- There is a system-wide commitment to anti-racism and action to reduce racialised inequalities in health and care. This means people from minority ethnic communities receive culturally sensitive, person-centred care.

**Measures of success**

- Improved access, experience and health and care outcomes in areas and population groups where the need is greatest, with explicit early focus on minority ethnic communities.
- Improved staff understanding of the necessity of prevention.



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

Action 9: The Scottish Government and our delivery partners, including NES, Professional Bodies, NHS Boards and HSCPs, will continue to develop a multi-professional community of practice to foster a culture of stewardship.



Why?

- Research, quality improvement and audit create the conditions for a health and care system focussed on providing the evidence to deliver VBH&C.
- A community of practice helps foster a culture of stewardship across our health and care system where the use of resources is optimised.
- Professional bodies are uniquely positioned to co-ordinate education and training, exchange ideas and share expertise across their membership.



How will we achieve this?

- We will support the Realistic Medicine network, including local Realistic Medicine teams in NHS Boards to help their colleagues practise Realistic Medicine.
- The Scottish Academy of Medical Royal Colleges and Faculties will help to establish a community of practice through VBH&C promotion, collaboration with and co-ordination of member organisations.
- We will grow this community by actively engaging with other disciplines through their professional bodies, recognising that reconfiguring services to be more sustainable takes a collaborative interdisciplinary approach.
- We will work with NHS NES to develop a learning network across organisations (universities, third sector, industry, and expert experience).



Resulting in

- A stronger community of educated and empowered multidisciplinary health and care professionals.
- Better outcomes and experiences for the people we care for and a more sustainable health and care system, by providing leadership, learning, support, expertise, and strategic direction to embed VBH&C.



Measures of success

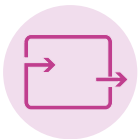
- Realistic Medicine action plans will provide evidence of delivery of VBH&C at a local level.
- Development of research trials, widespread shared learning from projects and pilots.
- Professional surveys.

Action 10: NHS 24, NES, Healthcare Improvement Scotland (HIS), Centre for Sustainable Delivery (CfSD) and Public Health Scotland (PHS) will continue to ensure access to high quality evidence-based knowledge and information that supports delivery of the Realistic Medicine goals of safe, person-centred care; reducing unwarranted variation and inequality; reducing waste and harm; and empowering people to make informed choices about their care through shared decisions.



Why?

- Putting high quality evidence and knowledge in the hands of health and care professionals and the public will enable shared decision making and help optimise the use of resources.



How will we achieve this?

- [SIGN guidelines](#) support shared decision making and provide evidence-based guidelines.
- SIGN patient booklets provide information on benefits and risks associated with treatment and care to help inform people's choices.
- The Scottish Health Technologies Group's independent evidence and advice will support wider use of health technologies that benefit patient care. For example, Freestyle Libre, which supports people with diabetes to manage their condition by reducing the number of times they need to measure blood glucose.
- HIS will support the [Right Decision Service](#) with continued development and maintenance of the suite of decision support tools which support safe, consistent, evidence-based care when and where it is needed. This includes the professional and citizen-facing Realistic Medicine Web and Mobile Apps Toolkit.
- NES will continue to support, develop, and promote knowledge services through [the knowledge network](#).
- NHS 24 will continue to develop NHS Inform to help people make informed choices about their treatment options.
- CfSD continue to develop pathways of best practice in areas where existing guidance is limited.

**Resulting in**

- People and professionals are able to make evidence-based decisions, using easily accessible, high-quality guidance, enabling safer care, reducing unwarranted variation in practice, and promoting shared decision making.

**Measures of success**

- Feedback from health and care professionals on SIGN guidelines.
- Public and professional evaluation of the impact of Right Decision Service tools and Realistic Medicine apps.
- NHS Boards' implementation of action plans for development of knowledge services.



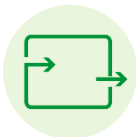
Commitment 5: Our health and care system will support the delivery of sustainable care in line with the NHS Scotland climate emergency and sustainability strategy by reducing waste and harm.

Action 11: The Scottish Government, CfSD, NHS Boards and HIS will further promote and support the use of improvement tools and approaches that help to deliver VBH&C, including Active Clinical Referral Triage ([ACRT](#)), [Effective Quality Interventions Pathways \(Opt-In Pathways\)](#), [Discharge PIR \(Patient Initiated Review\)](#), and digital approaches that help NHS Boards and HSCPs to manage patients by reducing or stopping lower value interventions and care.



Why?

- We must reduce potential harms associated with lower value interventions, reduce waste and redirect resources currently used on inappropriate care to higher value care.



How will we achieve this?

- CfSD Specialty Delivery Groups (SDGs) will help to engage and fully utilise clinical leadership to spread the use of these tools and approaches for service reform and redesign.
- Many of these tools and approaches already exist such as the [National Green Theatres Programme](#). NHS Boards must work with CfSD to ensure health and care professionals adopt them consistently and ensure widespread use.
- Scottish Intercollegiate Guidelines Network (SIGN) will work to produce a framework to consider sustainability within national Clinical Guidelines. This is a novel approach building on previous work around asthma inhalers and sustainable patient choice and will raise the profile of sustainability within clinical guidelines.



Resulting in

- Widespread use of improvement tools and approaches enable and empower professionals to deliver higher value, more sustainable care.
- New strategies and ways of working ensure sustainability is a priority.



Measures of success

- CfSD Heat Maps, reductions in waiting lists and more people are directed to more appropriate care.
- Guideline development informed by evidence on sustainability.
- Low value interventions are stopped or reduced.

Action 12: The Scottish Government will work with NHS Boards and HSCPs to continue to develop and support effective prescribing practices.



Why?

- Medicine prescriptions are the most common intervention in the NHS. Most medicines are prescribed in primary care.
- [Almost 11% of all hospital admissions are due to medication related harm, half of which may be preventable.](#)
- With increasing complexity around prescribing, there is a need to clearly identify and address areas of unwarranted variation to ensure safe and effective use of medicines.
- A VBH&C approach to over-prescribing and inappropriate prescribing, using '7 step' person-centred medication reviews, can help reduce harm and the environmental impact of the NHS.



How will we achieve this?

- The Scottish Government's Effective Prescribing and Therapeutics division will further develop benchmarking reference ranges for NHS Boards, alongside a common platform to share quality improvement work.
- A value based prescribing group will review available indicators (for National Pharmacy Information System data) to combine with board level data to create benchmarking models in key areas of prescribing.
- A unified dashboard will be developed. It will incorporate the National Therapeutics Indicators (NTI's) with data from NHS Board reports with agreed reference ranges, allowing benchmarking of prescribing practice.



Resulting in

- Reduction in over- and under-prescribing, identified through national therapeutic indicators.
- Avoidable medication related admissions are decreased.



Measures of success

- Quality prescribing guides, which focus on high value prescribing in Scotland, and national indicator data.



Commitment 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 as equal partners in their care, through shared decision making enabling self-management, and promoting health literacy and healthy lifestyle choices.

Action 13: The Scottish Government will work with HIS Community Engagement, NHS Boards & HSCPs and the public to understand awareness of VBH&C and Realistic Medicine to support shared decision making, health literacy, agency, and advocacy.



Why?

- Consulting with citizens will help us promote Realistic Medicine and support people to make informed choices about their treatment and care.



How will we achieve this?

- HIS will support a public engagement exercise which will help us understand the current level of public understanding of Realistic Medicine and VBH&C.
- We will support NHS Boards, NHS 24 and HSCPs to encourage patients and families to ask the BRAN questions (Benefits? Risks? Alternatives? do Nothing?).
- We will learn from those with lived experience to improve services. For example, learning from the primary care peer support group of people living with long term and mental health conditions who are helping to develop solutions.



Resulting in

- Increased public knowledge, awareness and participation in shared decision making and understanding of Realistic Medicine.

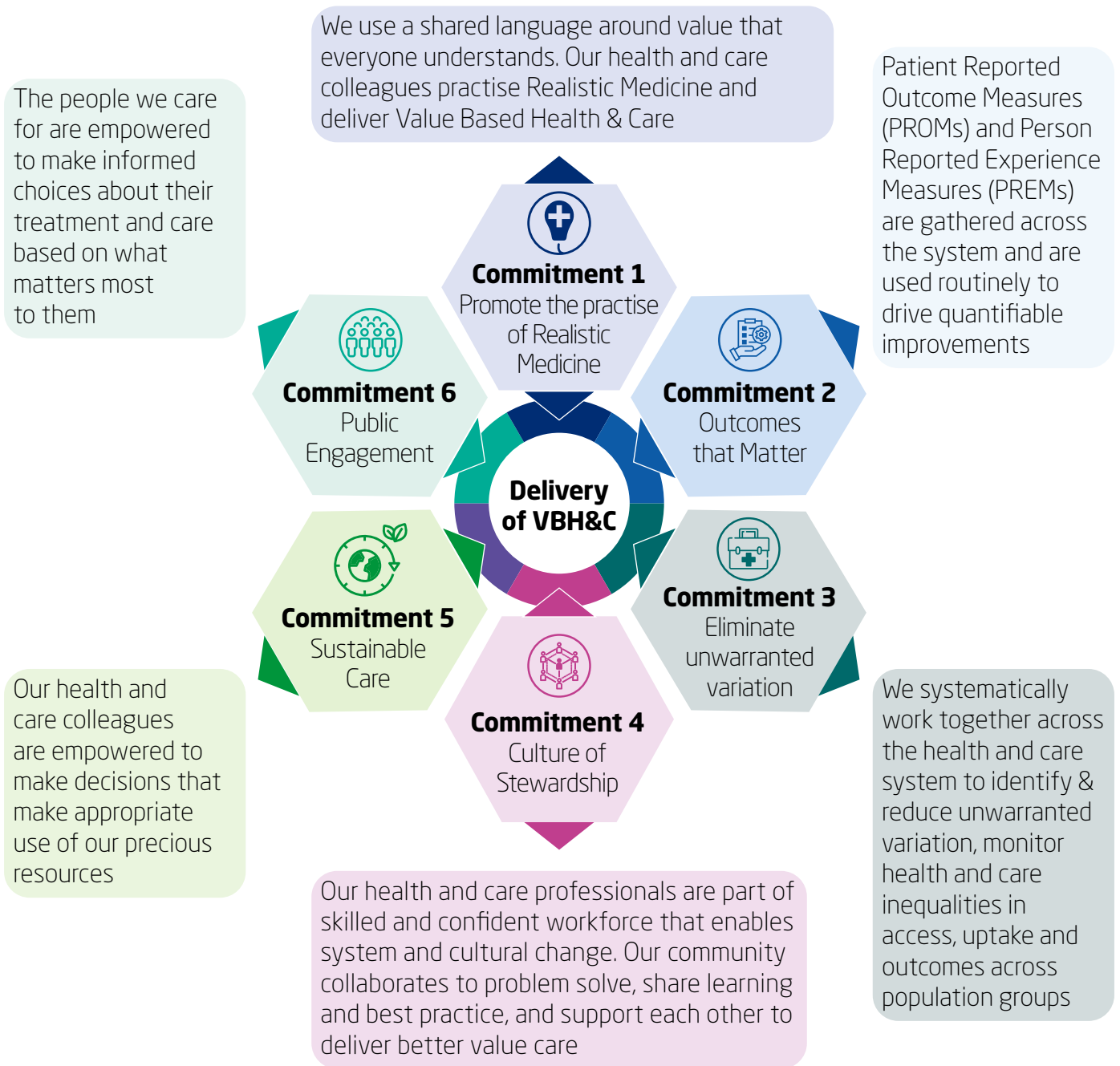


Measures of success

- Healthcare experience survey, PREMs, PROMs, and shared decision making evaluation tools like [CollaboRATE](#).
- Increased citizen and community engagement.

What does success look like?

To support the cultural and behavioural change required to implement VBH&C it's important to visualise what success will look like.



Collaboration & Governance

Delivery Partners



Implementation of this VBH&C Action Plan requires ongoing collaboration to ensure we have the data, analytical skills, education, training, measurement, and improvement support we need. We will continue to be guided by our governance structures.

Our key delivery partners will be crucial to implementing VBH&C effectively. They include:

- NHS Boards
- Health and Social Care Partnerships (HSCPs)
- Health and Social Care Colleagues
- [Centre for Sustainable Delivery \(CfSD\)](#)
- [Healthcare Improvement Scotland \(HIS\)](#)
- [NHS Education for Scotland \(NES\)](#)
- [National Services Scotland \(NSS\)](#)
- [Public Health Scotland \(PHS\)](#)
- Education providers and wider partners e.g., Universities
- Professional bodies, such as Royal Colleges

In addition, we will make the most of our ongoing relationships with key collaborative partners including:

- The Public
- NHS Partners, including NHS Wales
- Third Sector Organisations
- Research and Industry Partners

Governance & Evaluation



This action plan sets out the steps we will take to support people to deliver VBH&C across our health and care system and help realise [the 2030 Vision](#). We intend to demonstrate impact and improvement on an iterative basis. We will use the measures of success indicated throughout this plan to inform a measurement framework and delivery timelines.

As work progresses and further innovations are developed, we will be able to describe medium-and long-term measures of success, which reflect the evolving health and care landscape.

We are committed to continuing with the recovery and renewal of the NHS and Social Care systems from the pandemic, including focusing on building a more sustainable NHS and a National Care Service fit for the future. We will drive recovery and reform of services through our strengthened Delivery Plan process with NHS Boards, across the breadth of Scotland at pace.

Our work to support health and care colleagues to deliver VBH&C makes a vital contribution to 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.

Conclusion



Realistic Medicine and VBH&C are fundamental in underpinning the way we reshape our health and care system. Fostering a culture of stewardship will enable delivery of sustainable care that meets the needs of the people we care for. Regardless of your role, or where you work, we hope that it gives you the agency you need to champion Realistic Medicine and deliver VBH&C.

We are not starting from scratch. VBH&C is already being delivered across Scotland. Now is the time to accelerate our efforts, implement these actions and deliver system-level results.





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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80525-592-5 (web only)

Published by The Scottish Government, September 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1249862 (09/23)

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