Sustainable Healthcare

November 17

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November 2017



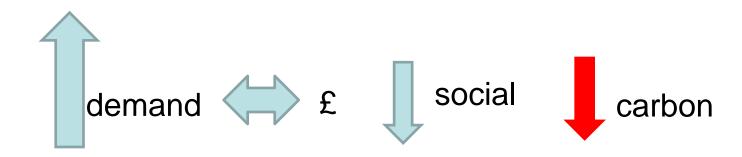
Sustainable Healthcare

- 1. Protecting the health service for (current and) future generations
 - Will the NHS still be with us in 2025 / 2035?
- 2. Protecting health for (current and) future generations
 - Does healthcare activity build health or undermine it?



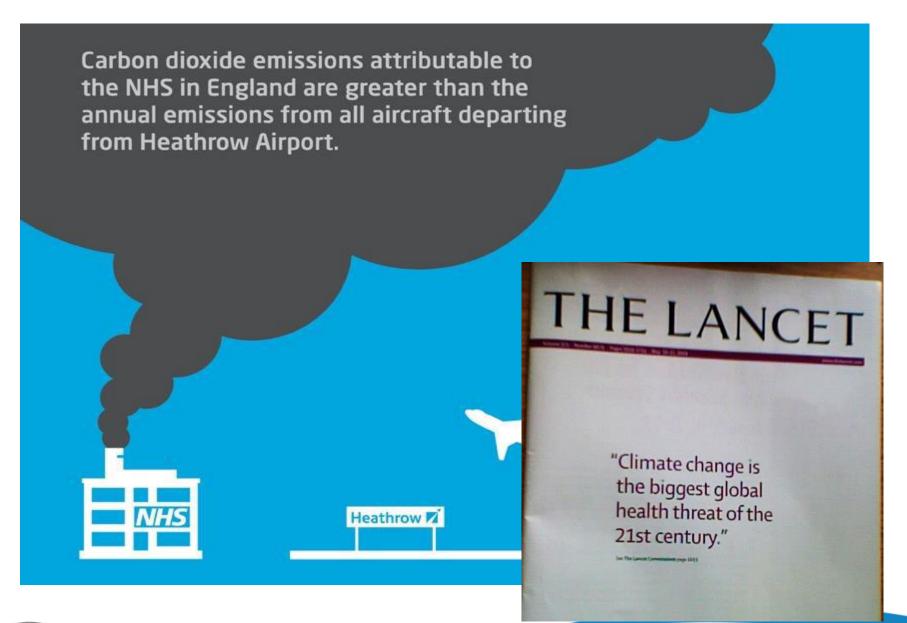
Health service sustainability

- 1. Protecting the health service for (current and) future generations
 - Will the NHS still be here in 2025 / 2035?



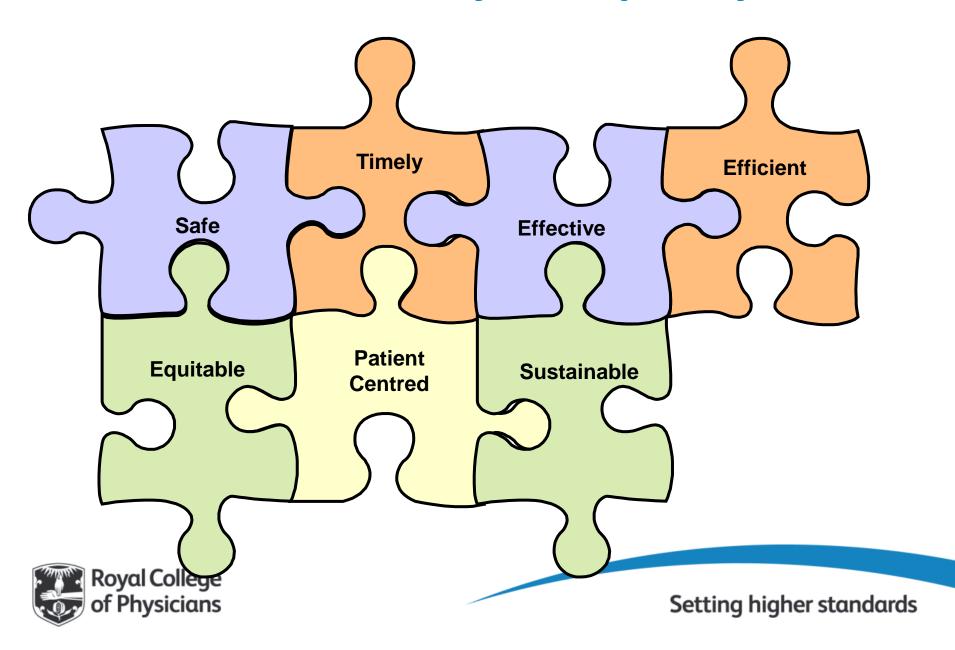
financial, social & environmental resource constraints







Sustainability and quality



BUT QUALITY IS NOT ENOUGH – WE NEED TO IMPROVE VALUE



Patient Value = Health Outcomes

Cost

Michael E. Porter, What is value in healthcare? English Journal of Medicine, 363:26, December 2010



Technical Value

Are the right patients being seen or is there either

Efficiency

Outcomes/

Resources

Productivity
Outputs/
Resources

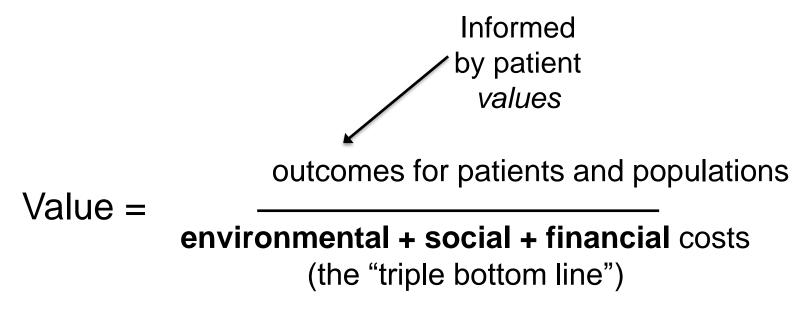
1. harm from over diagnosis or

2. inequity from underuse

Muir Gray, 2017



Sustainable value in healthcare:







Centre for Sustainable Healthcare & Academy of Medical Royal Colleges, 2016 r standards

Building sustainability into quality improvement

'SUSQI' FRAMEWORK

- Set Goal
- Study system
- Design improvement effort
- Measure impact

Aim of Sustainable QI:

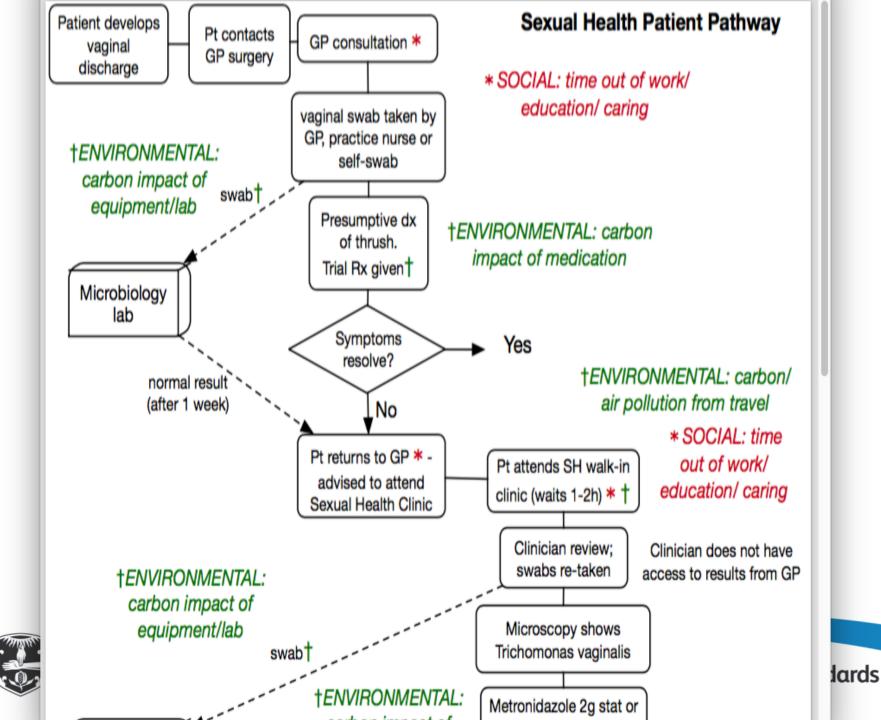
"to deliver care in a way that maximises positive health outcomes and avoids both financial waste and harmful environmental impacts, while adding social value at every opportunity."



QI element	Sustainability content	Intended benefits	
1. Setting goals	Sustainability as a domain of quality	New motivation & energy to contribute to QI	
2. Studying the system	Understanding environmental & social resource use/impacts; carbon hotspots in the NHS	Highlights wastes and opportunities	
3. Designing the improvement effort	4 principles of sustainable clinical practice	Directs towards highest value improvements	
4. Measuring impact/ return on investment	triple bottom line/ sustainable value equation	Drives sustainable change; broader audience, not exclusively financial	

Mortimer, F. The Sustainable Physician. Clinical Medicine (2010), Vol 10, No 2: 110-11 Mortimer F, Isherwood J, Wilkinson A, Vaux E (2017) In press of Physicians

Setting higher standards



Social value / impacts – on whom?

- Patient
- Staff
- Carers
- Dependants
- Local community
- Distant communities (e.g. supply chain workers)



Social impacts on distant communities



"Labourers in surgical instrument manufacture are often paid less than US\$1 per day, have poor job security, have woefully inadequate protection of health and safety, and many employees are children, some as young as seven years old."

BMA Medical Fair & Ethical Trade Group



Studying the system

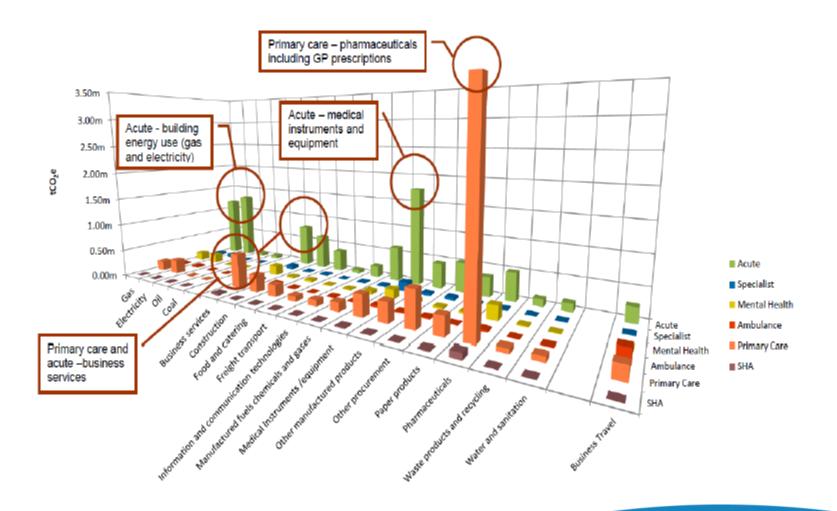
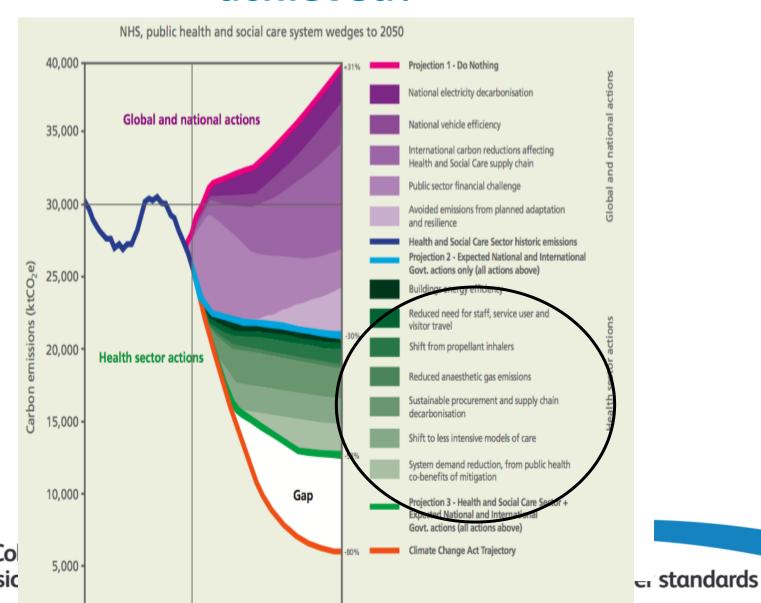




Figure 3: Goods and Services Carbon Footprint - Carbon Hotspots, 2012. Reproduced with permission from the Sustainable Development Unit.ix

How will 80% carbon reduction be achieved?



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Designing the improvement effort



Patient Empowerment & self-care

Support patients to take a bigger role in managing their own health and healthcare

Prevention

- Promoting health
- Preventing disease
- Reduce the need for healthcare



Lean service delivery



- Services where people need them
- Streamlining care to minimise low value activity

Low carbon alternatives

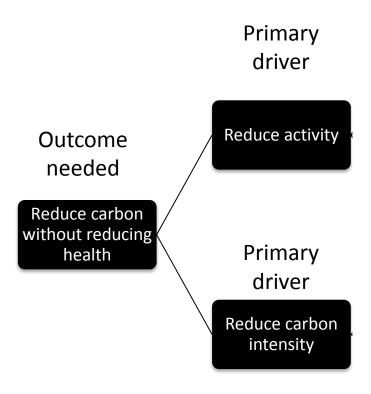
- Preferential use of effective treatment and medical technologies with lower environmental impact
- Minimising waste of medications, consumables and energy



CSH Principles of Sustainable Clinical Practice

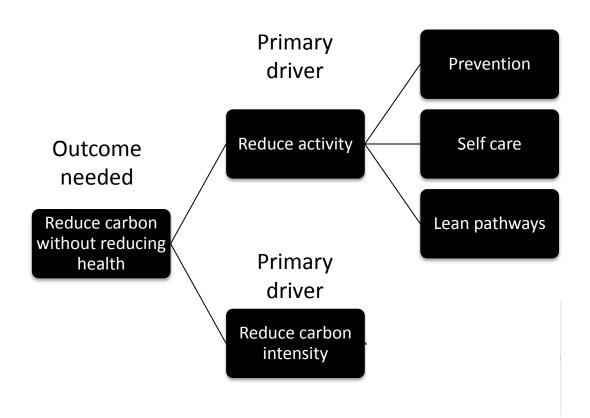


Sustainable clinical practice: principles

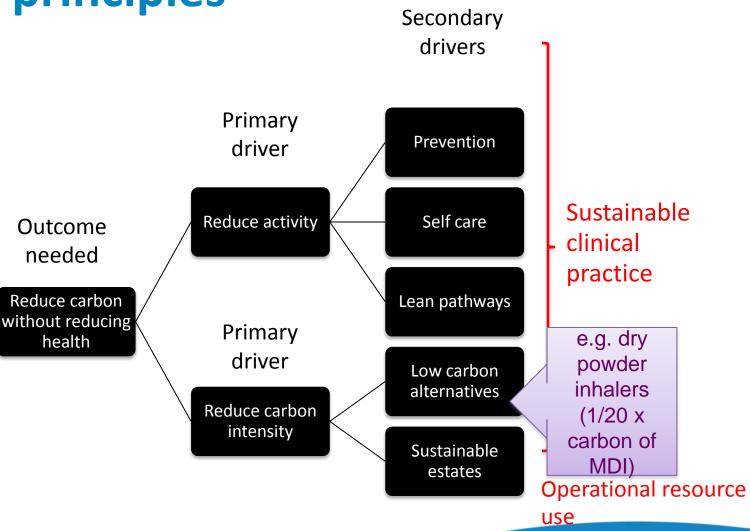


Sustainable clinical practice: principles

Secondary drivers



Sustainable clinical practice: principles





Setting higher standards

Case study: Smoking cessation

Sustainability	Project strengths	Opportunities to improve	
Principle			
1. Prevention	Prevention of smoking-related disease was the primary focus of	Greater focus on COPD patients could yield greater health gains	
	the project		
2. Empowerment	Most smokers want to quit*xi; this project facilitates them to do this	Further emphasis on facilitating rather than advising quitting***	
3. Lean systems	Implementation of high-value, cost-	artan da ribing quicang	
J. Lean systems	effective interventions; use of existing staff resources and opportunistic patient contact		
4. Low carbon alternatives	eCBD training avoids need for travel/face-to-face meeting	(Information needed on relative carbon impact of different options for smoking cessation support)	

Wilkinson A Thorax Vol. Supplement pS79, 2015



Measuring the impact

- Patient & population outcomes
- Financial costs
- Environmental costs
- Social impacts



Case study: measuring environmental costs

Some patients referred for hip and knee replacements were being referred back to the GP after pre-operative assessment at the local hospital.

1 in 6 patients looped through the system

Activity	Financial cost (£)	Environmental cost (CO ₂ e)
Extra GP consult	£45 ¹	18 kg ²
Extra Hospital consult	£112¹	23 kg ²
Total savings (for 10 loops)	£1570	410 kg

^{1.} Unit Costs of Health and Care, PSSRU, December 2015. Available at: http://www.pssru.ac.uk/project-pages/unit-costs/2015/index.php

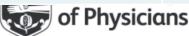
Dr. Charlie Kenward, Severn GP ST3 Sustainability Scholar 2014-15

ing higher standards

^{2.} Carbon Hotspots update for the health and care sector in England 2015, Sustainable Development Unit, January 2016.

Measuring social impacts?

	Patients	Carers	Community	Supply chain	Staff
Housing					
Poverty					
Health					
Education					
Employment					
Safety/security					
Wellbeing/ satisfaction					
Participation					
Social gradient					
of Physicic	100			Satting big	hor standards



Case study: smoking cessation QIP

- 1. Setting goals: QIP goal aligns with SusQI
- 2. Understanding resource use: not explicitly considered
- 3. Applying sustainability principles:
 - 1. Prevention 🗸 🗸
 - 2. Empowerment ±
 - 3. Lean 🗸
 - 4. Low carbon ✓ eCBD



Case study: smoking cessation QIP

4. Measuring impact:

£ cost to the NHS and total carbon impacts (from estimated ↑ nicotine replacement therapy minus estimated avoided bed days, ↓ inhaler use and ↓ carbon impact from not using tobacco) were estimated at:

- £7000 saving / year
- 16,000kgCO₂e saving / year.
- Cost savings to the patients ++



Case study: A sustainable early memory service

- Setting goals:
- 2. Understanding resource use: staff/patient travel, overuse of CT scans, staff disempowerment identified as issues to address
- 3. Applying sustainability principles:
 - 1. Prevention X
 - Empowerment
 - 3. Lean ✓
 - 4. Low carbon 🗸

Case study: A sustainable early memory service

4. Measuring impact:

- Time to diagnosis reduced 63 > 20 days
- Social: positive patient experience maintained; staff empowerment – self assessment Q
- Carbon: staff travel 513.5 > 509 kg CO2e per pt; patient travel 12.3 > 7.7 kg CO2e per patient; ↓ CT head scans 60%

What is Royal College of Physicians doing?

Royal College of Physicians

- Procurement
- Models of Care
- Promote good practice
- Lead by example





A Sustainability Lens

- Important and legitimate domain of quality in healthcare
- It calls for the redefinition of value to incorporate social and environmental costs
- Incorporation into QI efforts provides a practical and ethical way to respond
- New motivation and energy for change
- Whole systems thinking



HOW COULD YOUR QUALITY IMPROVEMENT WORK TAKE INTO ACCOUNT

- Social impact?
- Environmental impact?



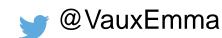
WHO IN YOUR TEAM WOULD RUN WITH A SUSTAINABLE VALUE APPROACH?



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www.rcplondon.ac.uk/projects/healthcare-sustainability

In press Future Healthcare Journal

