



Module: Sustainable clinical and care models

Implementation note

This implementation note accompanies a module developed for the Sustainable Development Strategy for the NHS, Public Health and Social Care System 2014 – 2020.

It provides examples of practical approaches, actions, guidance and tools to help deliver the measures of success outlined in the module.

January 2014



The four measures of success by 2020 are:

Professionals are encouraged to consider sustainability principles when deciding what is right for patients and clients

Service transformations deliver improved health outcomes coupled with social and environmental benefits

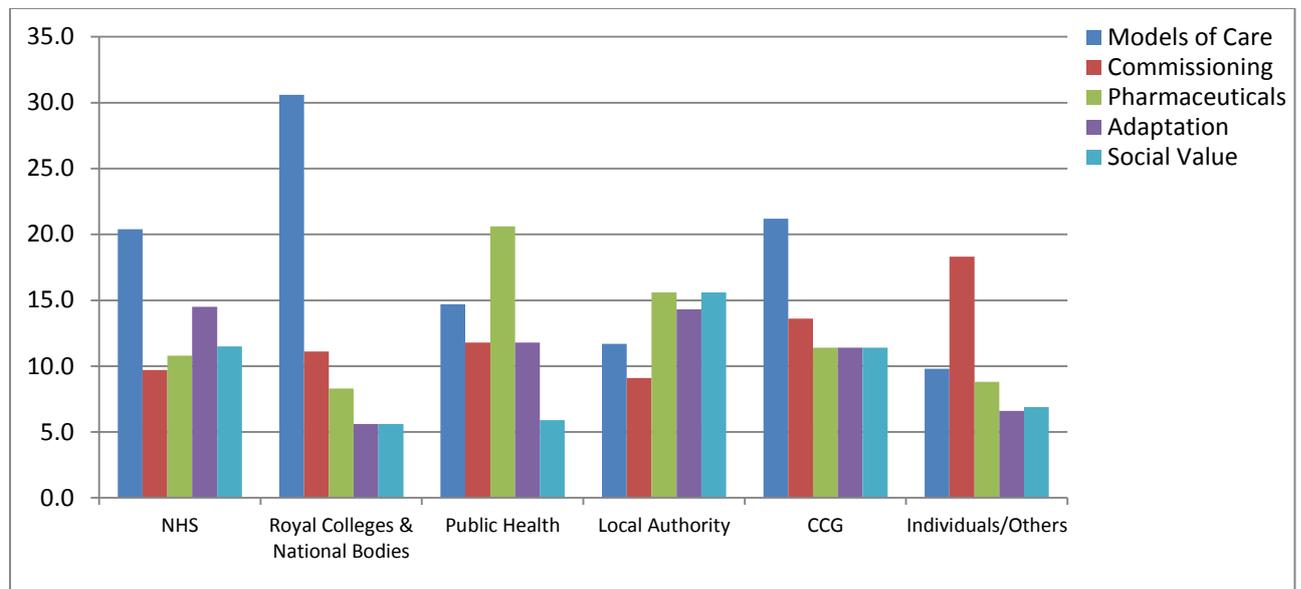
Sustainability is a core and measurable dimension that underpins quality

Funding solutions and contracts that incentivise more sustainable models of care and enable the re-configuration of services away from acute settings are jointly developed by commissioners, regulators and providers.

Introduction

‘Sustainable clinical and care models’ throughout the consultation and engagement process for developing the strategy were identified as a fundamental area to understand and address between now and 2020.

‘Models of Care’ was the most frequently recommended area for the strategy to focus on (16% of all 865 comments) and a module was therefore dedicated to this area.



The percentage of comments relating to the suggested areas of focus for the strategy from different groups (i.e. 20.4% of the comments received from NHS organisations identified Models of Care as important)

The system is at the start of the process of understanding what future models of care that are environmentally, socially and economically sustainable would look like. This understanding will undoubtedly evolve through the lifetime of the strategy. However, there are a number of actions that are happening now in various parts of the system that provides a good starting point for moving towards the measures of success.



Measure of Success 1: Professionals are encouraged to consider sustainability principles when deciding what is right for patients and clients

Health and care professionals can incorporate professional practices, such as prescribing, and interventions which use less toxic products, make better use of resources and make best use of the natural environment.

Examples of action could include:

- Encourage evidence based therapies and lifestyle changes, such as exercise and dietary advice over invasive procedures and pharmaceuticals at the first stage of management. This might include prescribing exercise outdoors.
- Avoid prescribing evidently ineffective medicines and treatments.
- Consider the environmental impact and toxicity of materials and products used. For example, propellants used in metered dose inhalers for treating respiratory conditions are powerful greenhouse gases. Switching to alternatives such as dry powder inhalers can help reduce harmful greenhouse gas emissions¹.
- Use a process methodology (for example Lean systems, Six Sigma, Total Quality Management) to identify and eliminate waste in pathways of care.
- Consider the needs of the individual in the care environment – for example access to green space, sunlight, thermal comfort, privacy and noise reduction by closing doors and switching off lights to aid sleep.

Measure of Success 2: Service transformations deliver improved health outcomes coupled with social and environmental benefits

The current discussion in the health and care system around the design of more integrated care services provides a great opportunity for developing services in a way that also delivers wider societal and environmental benefits.

Examples of action to make care more sustainable when planning for services could include:

- Assess the social and environmental impacts of proposed redesigned services alongside financial impacts and health outcomes. For example, by including environmental and social sustainability assessments on business case templates.
- Consider the needs, risks, strengths and assets of communities served and ensure that services are tailored to support and manage health and wellbeing, particularly for those that are most in need or most vulnerable.
- Review models of care and patient pathways in every specialty taking into account the overhead use of resources and carbon footprint to identify where resources are used and can be reduced.
- Consider most appropriate service location to minimise travel and facilitate access, including use of mobile technology or telephone clinics. Enable service users to access services in different ways.



Measure of Success 3: Sustainability is a core and measurable dimension that underpins quality

Sustainability can provide a useful lens to ensure models of care are robust and fit for the future. Quantifying sustainability in a standardised way can support health and care systems to understand and improve the broader dimensions that necessarily underpin high quality services.

Examples of action could include:

- Consider including sustainability principles in all service planning, commissioning, patient safety and quality improvement programmes as a core component underpinning quality care.
- Develop a Quality and Outcomes Framework (QOF) incentive payment for improving sustainability performance.

Measure of Success 4: Funding solutions and contracts that incentivise more sustainable models of care and enable the re-configuration of services away from acute settings are jointly developed by commissioners, regulators and providers

- Actively encourage and support outcomes based commissioning as opposed to activity based commissioning.
- Involve the third sector and communities in supporting and enabling improved health and wellbeing.
- Consider how to bring housing, health and social care closer together for instance through wellbeing centres that include health, social care, welfare advisers and practitioners or Citizen Advice Bureau sessions in primary care locations.
- Build on the existing professional support, training and research that is geared to supporting individuals to live well and enable them to live independently thus minimising the need for acute and specialist input.
- Improve the use of technology and self-help approaches to enable people to take charge of their own health and life care planning.
- Promote remote diagnostics, surveillance and therapeutic self-monitoring services to encourage more sustainable models of care.

Summary of Useful Tools and Guidance

Good Corporate Citizen (GCC) Tool – Models of Care section - *The GCC tool has been specifically designed for health and care providers and allows an organisation to self-assess and benchmark sustainability performance across a number of sustainability areas.* www.sduhealth.org.uk/gcc/

SHAPE tool - SHAPE is a web-enabled, evidence-based application which informs and supports the strategic planning of services and physical assets across a whole health economy. <http://shape.dh.gov.uk/>

Sustainable social care programme – *The Social Care Institute for Excellence (SCIE) has led the way in promoting sustainable development across the sector. Through its Sustainable Social Care programme, SCIE demonstrates how to embed a balanced approach to social, economic and environmental factors in the commissioning and delivery of adult social care.* www.scie.org.uk/adults/sustainable-social-care/



Case Study - Bradford: E-health

The Bradford Teaching Hospitals NHS Foundation Trust is using an electronic consultation system for patients with chronic kidney disease, cutting down on the need for referrals to outpatient clinics. With rising prevalence of chronic kidney disease, a multidisciplinary review of local renal service provision included a programme to strengthen communication between primary care clinicians (doctors and nurses at the local practice) and secondary care (renal specialists based in the hospital).

A Chronic Kidney Disease electronic consultation service enables doctors to send electronic referrals and share patient electronic health records with a renal specialist at the hospital (after obtaining patient consent). Then a decision is made as to whether a patient should be referred to clinic, undergo tests or interventions in the primary care setting, or continue to be monitored and treated by the primary care team.

As a result of this project only 16% of e-consultations were finally referred to a clinic, compared to 94% of paper referrals before. An estimated 40kg CO₂ emissions per outpatient visit was saved. Positive outcomes of the project include: convenience for patient and healthcare practitioners, avoidance of unnecessary referrals, increased confidence by doctors in managing chronic kidney disease in the community, prompt and informative decision-making by the nephrologist, releasing resources in the specialist unit, and savings in transport and resource costs.

This project has won an Innovation Award from the British Journal of Renal Medicine in 2011.

Further Information: <http://map.greenerhealthcare.org/bradford-teaching-hospitals-nhs-foundation-trust/electronic-consultation-alternative-hospital-referr>

References

¹Toby Hillman, Frances Mortimer, Nicholas S Hopkinson. Inhaled drugs and global warming: time to shift to dry powder inhalers. *BMJ* 2013; 346 doi: <http://dx.doi.org/10.1136/bmj.f3359> (Published 28 May 2013) Cite this as: *BMJ* 2013;346:f3359



Please note that this implementation note is intended to be a supporting document to the Sustainable Development Strategy for the NHS, Public Health and Social Care System for those interested in taking forward action in specific areas. They are not intended to be must-dos and they will evolve over the lifetime of the strategy.

We are particularly keen to be made aware of public health and social care actions in these areas so please do get in touch if you feel key information, tools and guidance are missing from the implementation note.

Sustainable Development Unit
Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

e: england.sdu@nhs.net

w: www.sduhealth.org.uk

Twitter @sduhealth

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