

The Sustainable Clinician



CENTRE *for*
SUSTAINABLE
HEALTHCARE
inspire • empower • transform

Dr. Frances Mortimer, Medical Director
Centre for Sustainable Healthcare

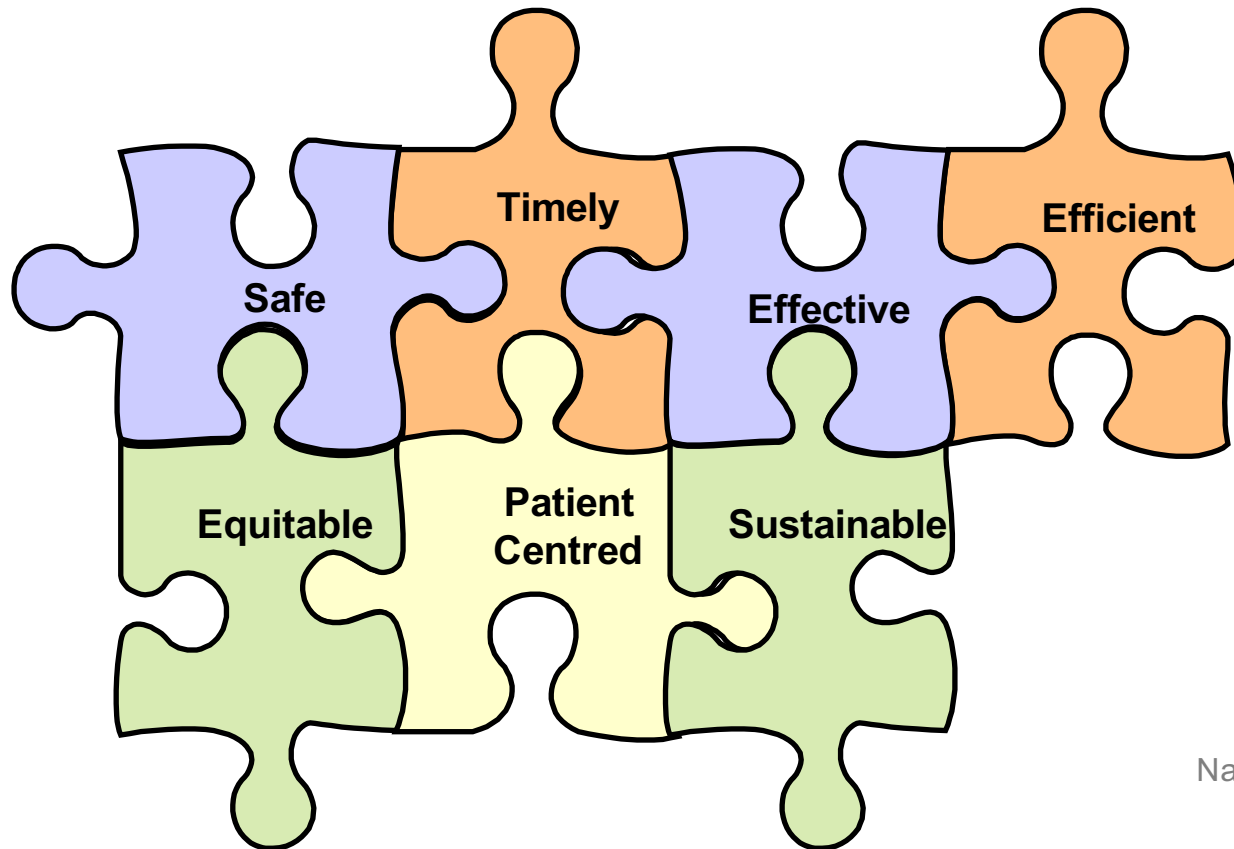
Medact annual forum
9th December 2016

Protecting health of future generations



“Our vision of sustainable health and care: A sustainable health and care system works within the available environmental and social resources protecting and improving health now and for future generations.”

Sustainability as a domain of quality



Dr Donal O'Donoghue
National Clinical Director
for Kidney Care

See also: Atkinson, S. et al. Defining Quality and Quality Improvement. Clin Med vol. 10, no. 6 537-539 (2010)

CENTRE *for*
SUSTAINABLE
HEALTHCARE

Sustainable value in healthcare:

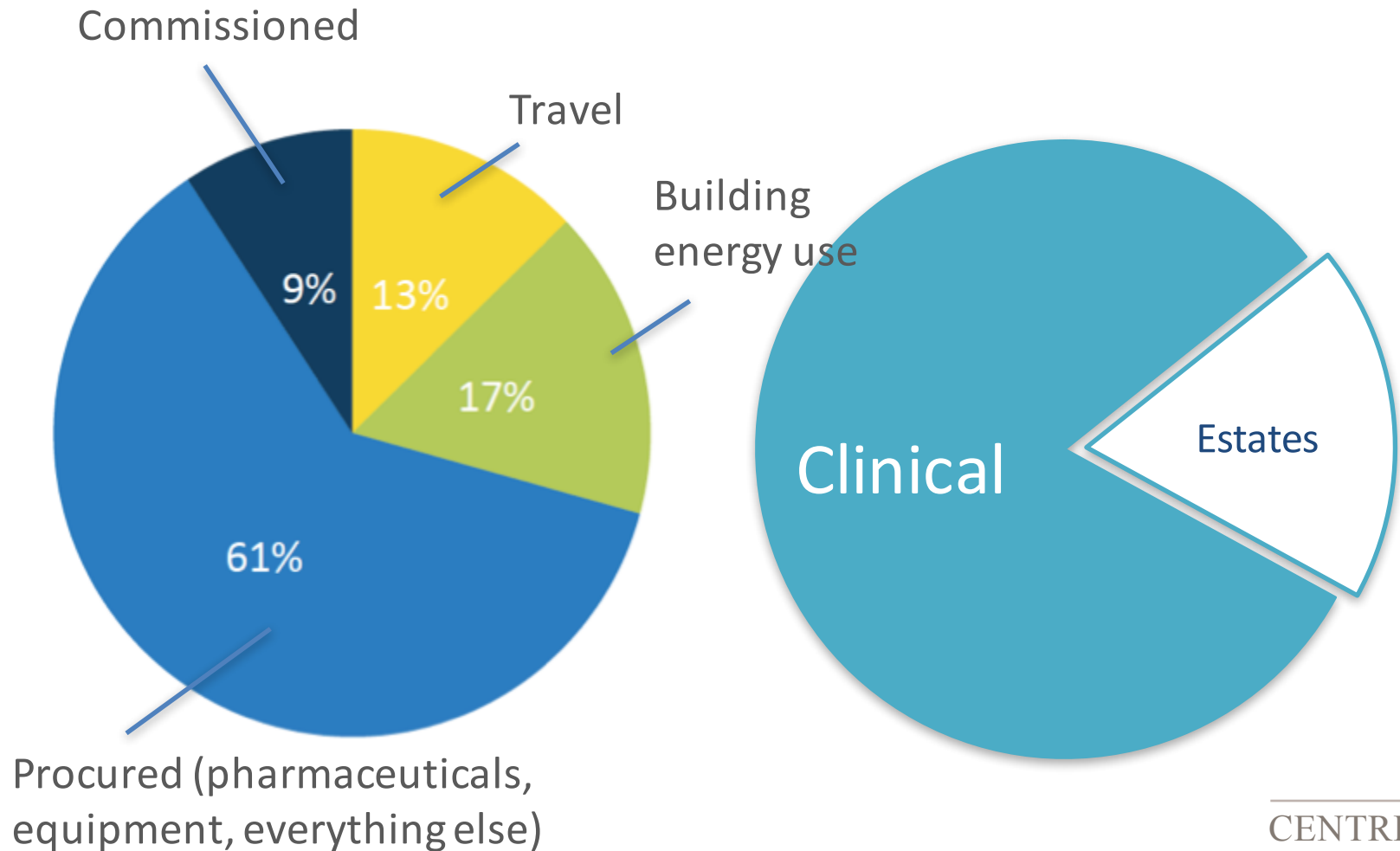
$$\text{Value} = \frac{\text{outcomes (goods – harms)}}{\text{environmental + social + financial costs (the “triple bottom line”)}}$$

Informed by patient *values*

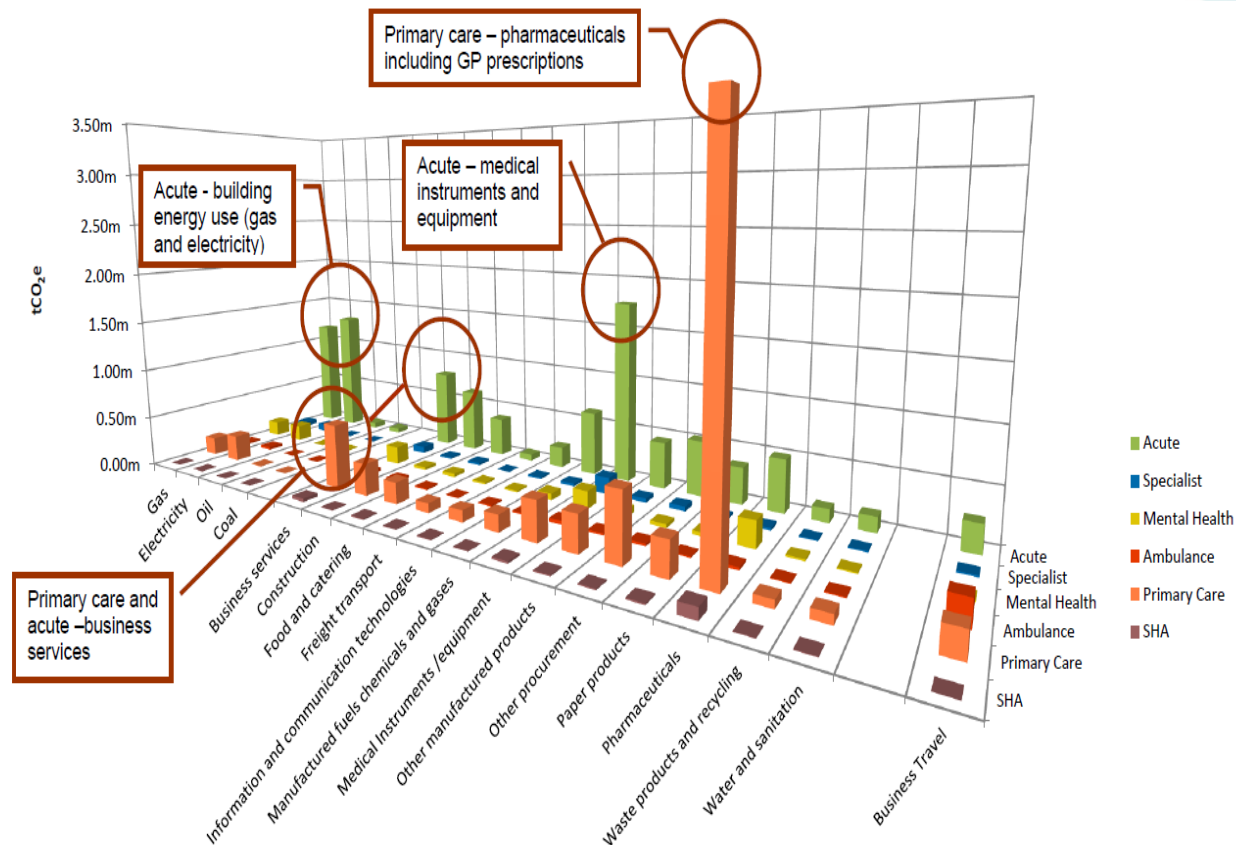


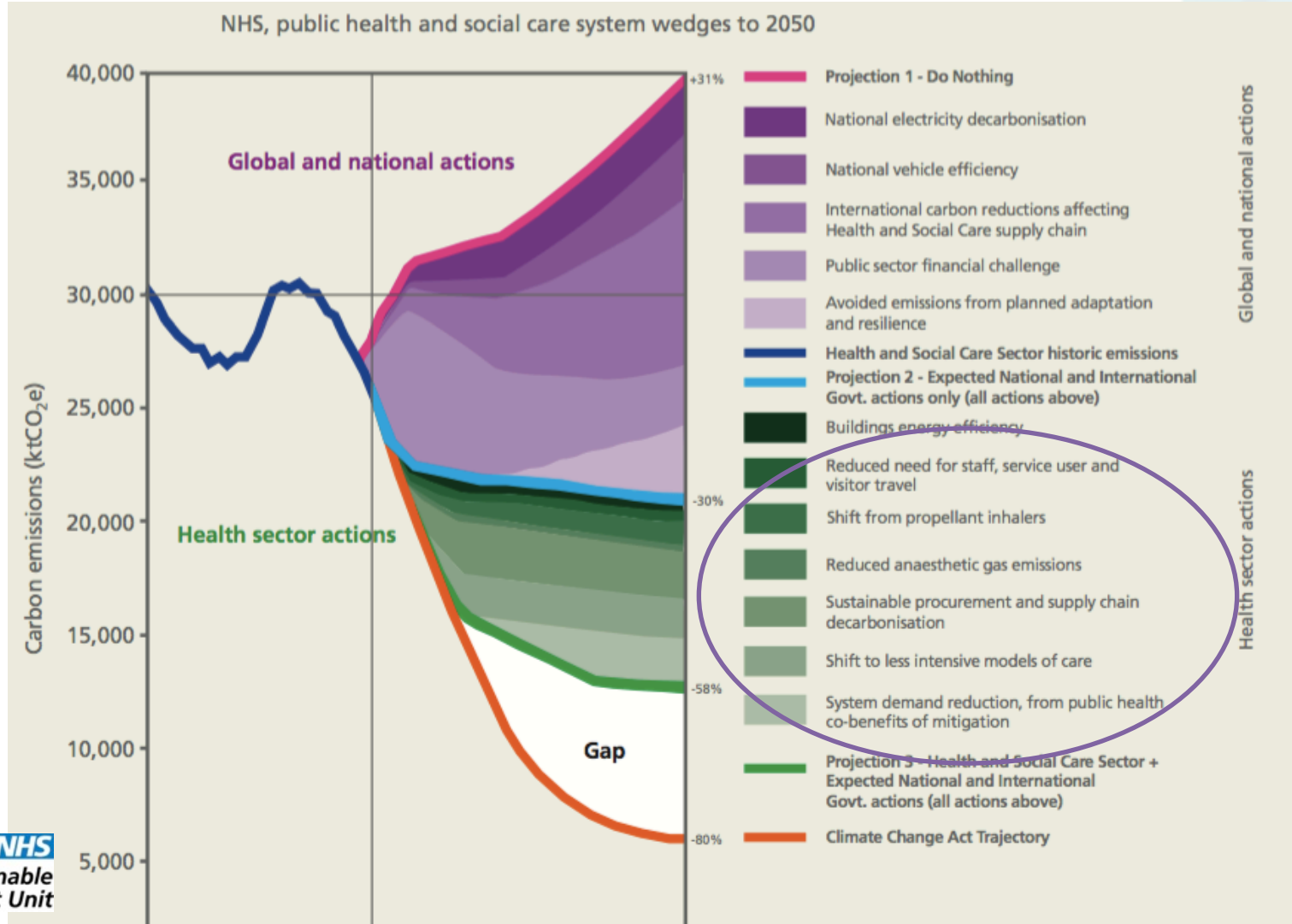
Academy of Medical Royal Colleges, 2016 (with CSH)

Carbon footprint – NHS England

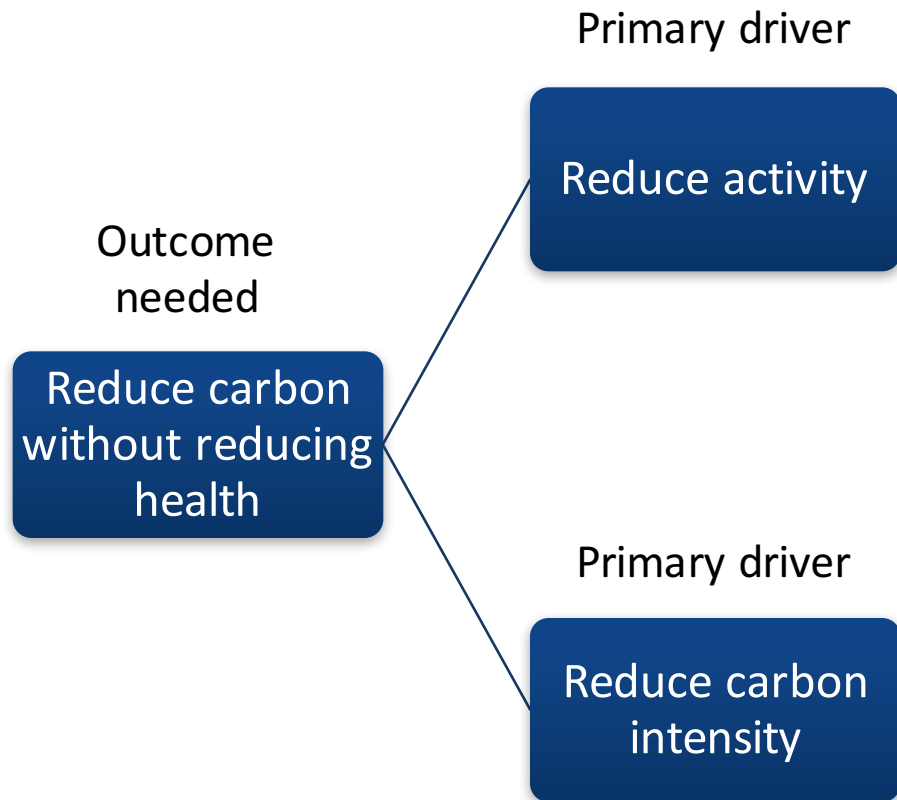


NHS carbon footprint – goods and services carbon hotspots

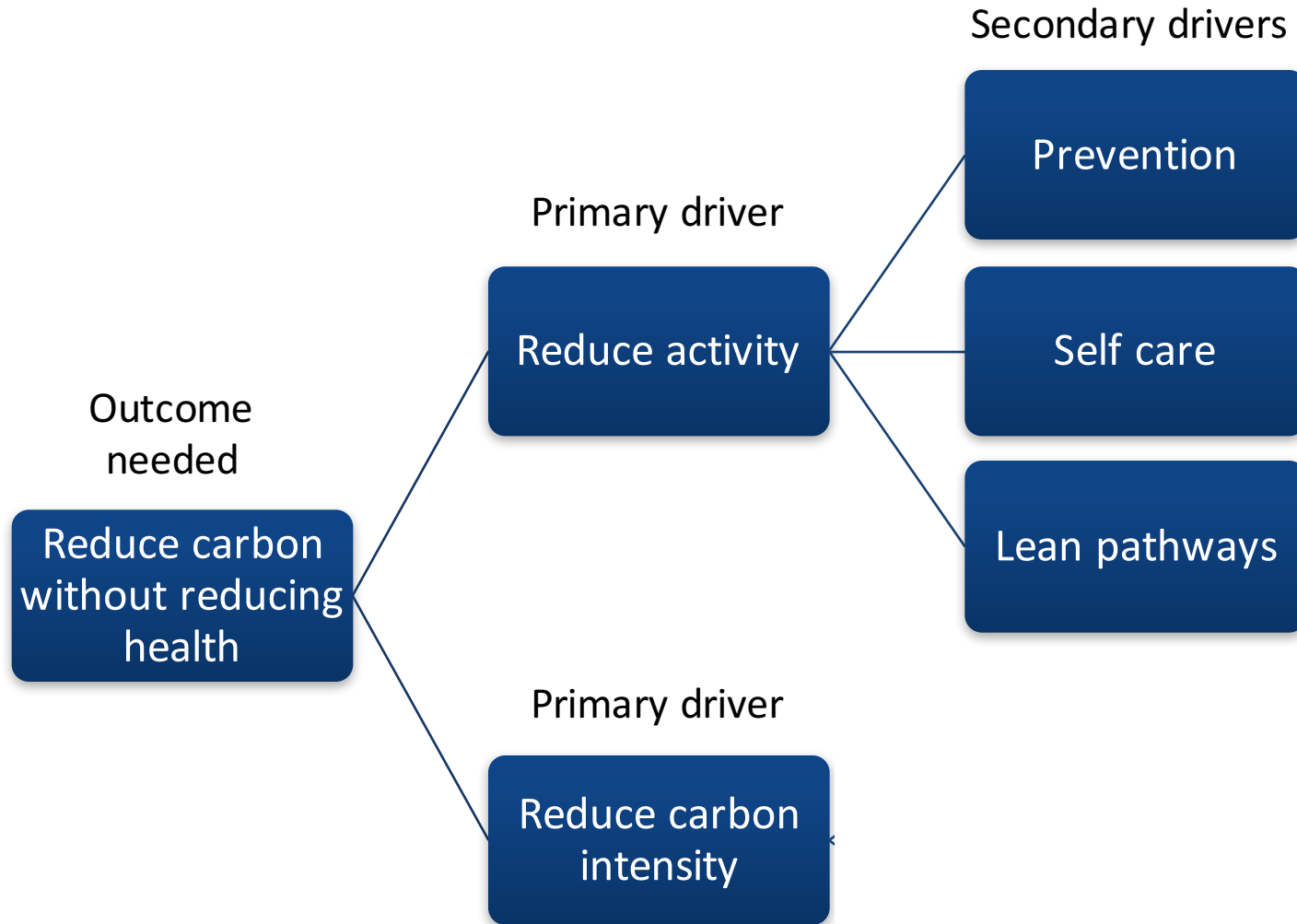




Sustainable clinical practice



Sustainable clinical practice

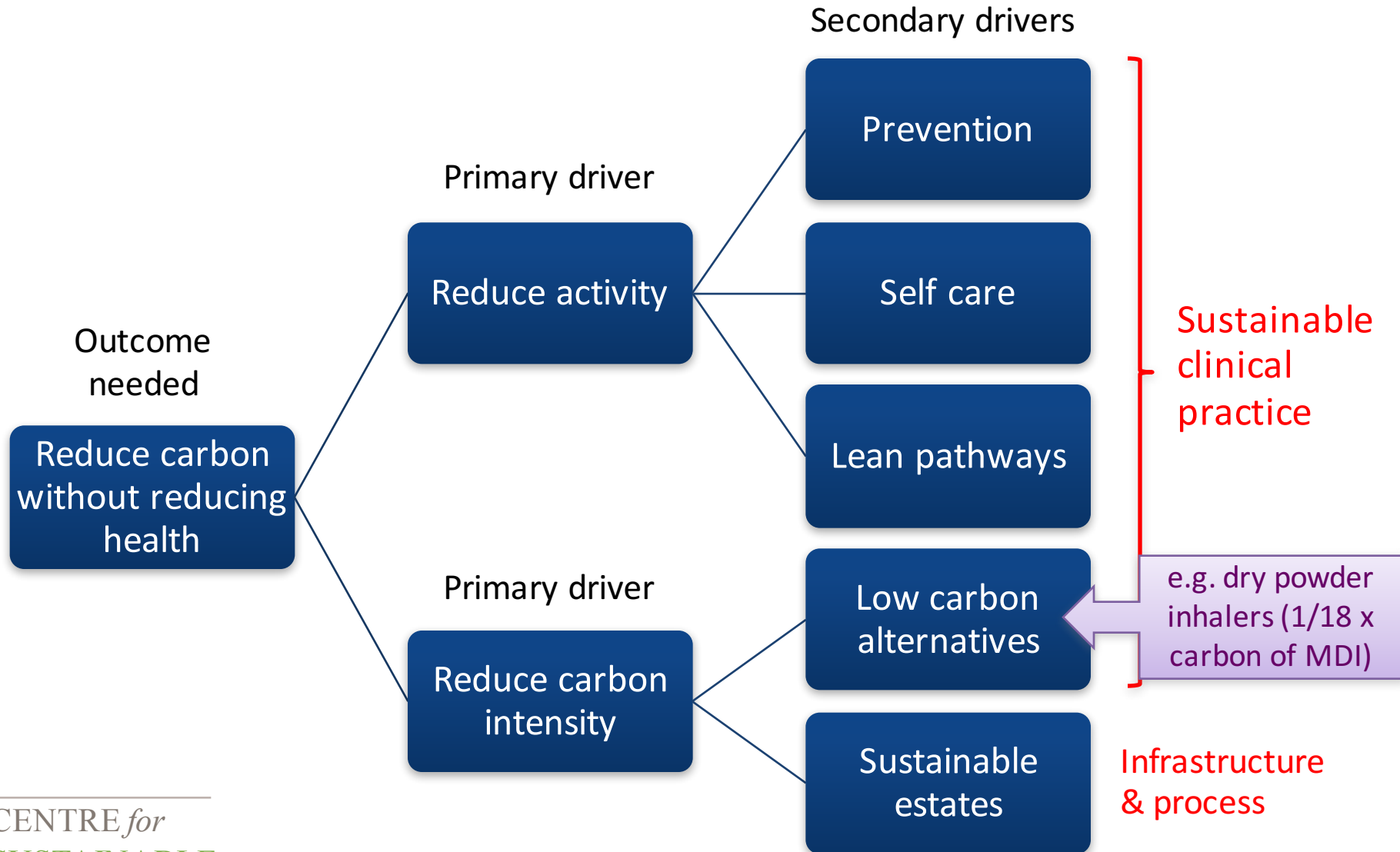


Five year forward view

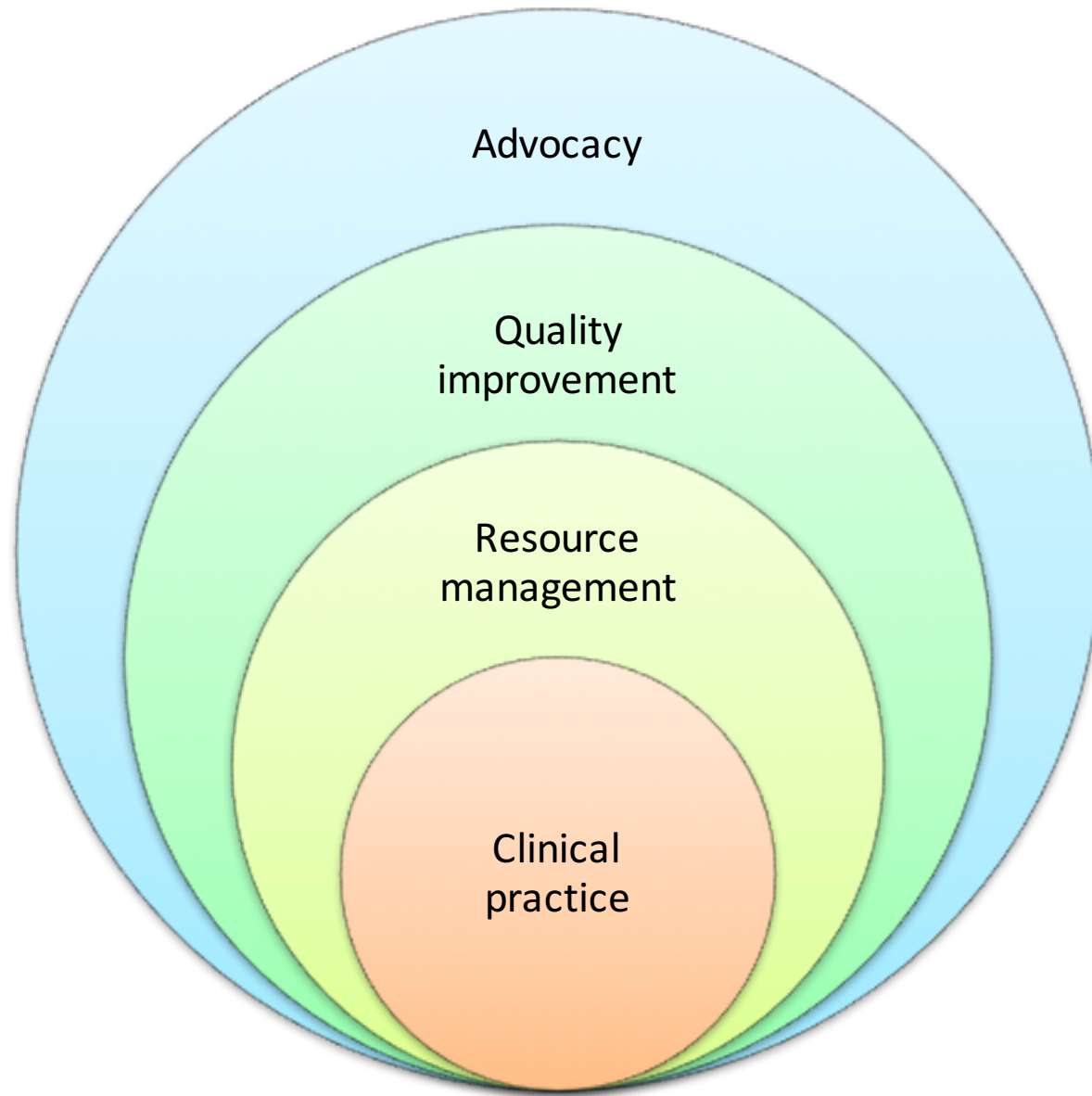
- ‘Getting serious about prevention’
- ‘Empowering patients’
- ‘New care models’



Sustainable clinical practice



The sustainable clinician



Clinical practice?



Dr. Hugh Rayner



Fundamental attributes of a value-promoting doctor



A skilled diagnostician:

forms intelligent differential diagnoses and can discern which investigations are truly necessary to diagnose and treat the patient effectively.



Patient-centred:

skilled in eliciting patients' needs and expectations, understands the family and social context, skilled in supporting patients to understand and co-manage their conditions.



A good collaborator:

has a good understanding of the care system within which they are working, enabling them to efficiently access the most appropriate care for their patients



An agent of change:

takes active part in shaping care systems to improve value



A focus on health:

recognises and has skills to act upon opportunities to promote healthy behaviours

Resource management

2009

14,000 dialysis treatments
per year – 2.9kg waste each

40.3 tonnes / year

100% incinerated as clinical
waste

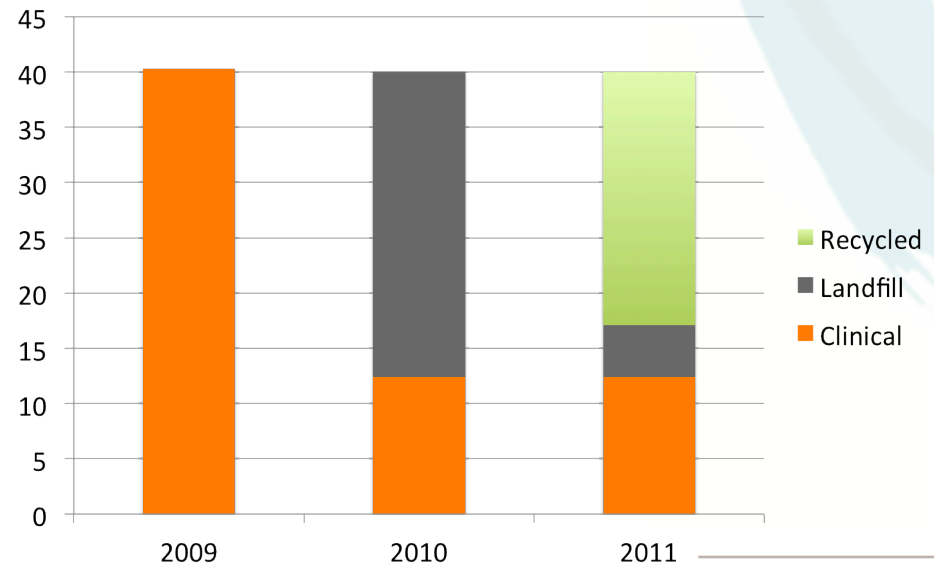


Queen Margaret Hospital Renal Unit, Fife
Green Nurse: Mary Thomson



Resource management (2)

- Normal saline bags, together with priming sets and drainage bags, replaced with online infusion
- Dressing packs replaced with individual items
- IV infusion > bolus (6,175 antibiotic doses/yr)
- Introduced waste segregation



Saving: £45,000/yr

Sustainable QI

Table 1 Benefits of building sustainability into quality improvement ⁵¹

<i>QI element</i>	<i>Sustainability content</i>	<i>Benefits</i>
1. Setting goals	Sustainability as a domain of quality; relationship to other domains	New motivation to contribute to quality improvement, energy for change
2. Studying the system	Understanding environmental & social resource use/ impacts; carbon hotspots in the NHS; “seven capitals” matrix	Highlights wastes and opportunities which are often overlooked; stimulates radical thinking
3. Designing the improvement effort	Four principles of sustainable clinical practice (prevention, patient empowerment and self - care, lean systems, low carbon alternatives) – drivers & process changes	Directs towards highest value improvements, future proofing
4. Measuring impact/ return on investment	Triple bottom line/ sustainable value equation; measuring carbon	Allows benefits to be communicated to broader audience, not exclusively re financial cost-benefit

SusQI: improving pre-op pathways

A primary care team noticed that some patients who were referred for hip and knee replacements were being referred back to the GP surgery after pre-operative assessment at the local hospital. This was because parameters, such as blood pressure, were either outside the target range or were not communicated properly in the referral information. An audit revealed that 1 in 6 patients looped through the system – 10/ year.

Activity	Outcome	£'s	CO ₂ e	Social
Extra GP consult	[delay to surgery]	£45 ¹	18 kg ²	Patient & carer time/ stress
Extra Hospital consult	[delay to surgery]	£112 ¹	23 kg ²	Patient & carer time/ stress (parking...)
Total (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>

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

Charlie Kenward, Severn GP ST3 Sustainability Scholar 2014-15





Advocacy



Advocacy

As leading organisations in mental health we will strive to improve the sustainability of mental health care, by designing and delivering services that....

- 1 Prioritise prevention.** We will seek to prevent poor mental health and thereby reduce the need for health care in the future.
- 2 Empower individuals and communities.** If people become unwell, we will promote opportunities for self-management and independent living and will support community projects, social networks and employment, all of which improve mental health resilience.
- 3 Improve value.** If people need services, we will seek to offer interventions that provide the maximum patient benefit for the least economic and environmental cost by delivering the right intervention, at the right time, to the right person.
- 4 Consider carbon.** We will work together to understand the carbon impacts of interventions and models of care within mental health. This knowledge will become increasingly important in the design of carbon efficient services.





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We bring together staff and service users from across health and social care to share ideas and resources for the transformation to sustainable mental health services.

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