



*Brighton and Hove  
Clinical Commissioning Group*

# Sustainability in Practice

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*Better Health For Our City*

## 3 Projects

- Inhaler recycling
- Healthy Homes
- Optimising pathology testing



*Better Health For Our City*

- **Medicines waste (22% of carbon footprint; nearly 80% of this is in primary care)**
- **Improving quality and safety**
- **Integrated care - working more closely with community pharmacists**

- **73 million inhalers prescribed each year**
- **63% end up in landfill: most aren't empty**
- **Up to 90% of people don't use their inhalers properly**
- **In Brighton & Hove, £4 million spent on inhalers in 2014/15 - 10% of drug budget**
- **Aims of "Breathe Better, Waste Less":**
  - **Optimise inhaler medicine therapy**
  - **Reduce inhaler medicine wastage**

# Breathe Better, Waste Less



**YOU**  
**COULD FEEL SO MUCH BETTER.**



BREATHE BETTER WASTE LESS  
BRIGHTON



STUDIES HAVE SHOWN UP TO 90% OF **ASTHMA**  
**AND COPD** PATIENTS DON'T USE THEIR INHALER  
PROPERLY.

Poor inhaler technique is associated with worse control of  
your condition and more use of emergency services.

Your pharmacist can check your inhaler technique and make  
sure you are getting the most benefit from your medicine.

**COME IN AND HAVE A CHAT WITH YOUR PHARMACIST TODAY.**

Bring your used inhalers with you and they can be recycled.

- **Awareness campaign**
- **27 community pharmacies signed up**
- **On site training to pharmacists**
- **Enhanced MUR feedback forms**
- **All inhalers collected and analysed**
- **Three collections - chance for feedback and encouragement**

## 1st collection

- **Over 300 inhalers collected**
- **Only 20% completely empty; 30% completely full**

## Final collection

- **Over 700 inhalers collected**
- **40% completely empty; 18% completely full**
- **On average, 35% of medicine remained, compared to 53% in first collection**



## Consider:

- **A seretide 250 accuhaler costs £35**
- **35% of wasted medicine represents >£1 million**
- **700 inhalers collected over 4 months from only 1/4 of our pharmacies:**
  - **4800kg carbon (12,000 miles in average car)**
  - **If every inhaler user in the UK returned all their inhalers, it would save 511,330 tonnes of carbon (you'd need to grow more than 13 million tree seedlings for 10 years to get the same saving)**

## What you can do:

- » Persuade your local pharmacy to collect used inhalers (they can do this anyway)
- » Approach GSK to develop a local business case
- » Use every opportunity to teach patients how to use their inhalers

- **>24,000 excess winter deaths last year in England and Wales (much higher than in some colder countries)**
- **WHO estimates that 1/3 of these excess deaths can be attributed to poor quality, energy inefficient housing**
- **Treating the health impacts of cold homes is costing the NHS £1.36 billion each year. Housing is as important as any co-morbidity**
- **Yet fuel poverty is not seen as a health issue**

**WARMTH**  
FOR WELLBEING



**Warmth for Wellbeing is here to help people on low incomes whose health is at risk from living in a cold home.**

## Warmth for Wellbeing

- **Collaboration between 14 partners - including those working on food poverty, and financial inclusion**
- **First contact makes initial assessment**
- **Holistic support; building resilience**
- **Addressing fuel poverty while also delivering single joined-up service to most vulnerable residents who often require range of support services**

- **Tailored solutions, often including in-depth case work, advocacy and support:**
  - **Maximising benefits**
  - **Reducing or managing debt**
  - **Home energy advice, including cheaper fuel tariff, getting off a key meter**
  - **Soft energy measures, including draught-proofing, insulation**
  - **Access to crisis funds**
  - **Emergency warm packs**

## The story of Susan

- **Used to work and own her own home**
  - **Separated from partner and moved into rented accommodation**
  - **Stopped working to look after 3 young kids**
  - **Income from benefits did not meet the rent**
  - **Falling behind with Council Tax and fuel bills**
  - **Picked up by the service she attended food bank**
- 

## **Susan: what happened next**

- **Debt and benefits advice included Debt Relief Order**
- **Hardship payment to pay court fees for DRO**
- **Home visit from BHESCo: fitted secondary glazing, draught-excluders; switch to cheaper tariff**
- **Can now afford rent and bills; no longer uses food bank. Son's asthma has improved. Home is more comfortable and MH is improving**
- **Susan feels more stable and is now looking for work**

## Evaluating the project

- **Traditional wellbeing measures not appropriate for evaluating the service**
- **Most Significant Change**
- **"Story" based approach with participants providing their own version of impacts**
- **Patterns - domains of change - emerge from data collection**
- **4th year medical student literature review:**
  - » **Mental illness accounts for 75% of the cost savings; any intervention that can demonstrate improved mental wellbeing and/or illness likely to be cost-effective**

## What you can do:

- » NHS Five Year Forward View has a renewed focus on tackling the wider determinants of health
- » NICE Guideline - 12 recommendations; local Health & Wellbeing Boards charged with leadership role
- » NEA report showed only 30% of areas have some form of health and housing referral service. Approach your Health & Wellbeing Board and find out what they are doing
- » Social prescribing: list of 3rd sector organisations who can offer 'softer' options eg help with debt, changing tariff etc

# Optimising pathology testing



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- **Demand for laboratory tests has increased dramatically**
- **Community clinic 100% above its activity plan; requesting funds to increase capacity**
- **Over-testing threatens the sustainability of high quality healthcare; increases patient anxiety and harm**
- **Carter review estimated that 25% of laboratory tests could be unnecessary**
- **Cost of a test:**
  - **Financial**
  - **Opportunity**
  - **Harm**
  - **Carbon**



## What you can do:

- » Deciding how and when to use resources are clinical questions
- » Pathology optimisation: engage clinicians and develop consensus guidelines
  - » GP leads in each practice
  - » Benchmarking
  - » Address variation
- » "I know why I am having this test done and what I will do with the result"



**Questions?**

