ROADMAP FOR SUSTAINABLE HEALTHCARE

SUSTAINABLE HEALTHCARE

PROGRESS ONE YEAR ON

AN UPDATE REPORT FROM THE SUSTAINABLE HEALTHCARE STEERING GROUP

NOVEMBER 2015

College of Medicine

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ROADMAP FOR SUSTAINABLE HEALTHCARE

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FOREWORD

Our NHS is precious. One of our society's greatest achievements has been the provision of access to universal healthcare, based on need and free at the point of delivery. If this important principle is to be extended to future generations, we must all do our bit today to help our NHS respond to the financial and demographic challenges that threaten its long-term sustainability.

A sustainable health and care system is one that:

- Delivers the right care at the right time, and in the right place
- Recognises the power of individuals to manage their own health and supports them to do so
- Treats illness but also does its utmost to prevent it
- Actively seeks to improve individuals' wellbeing
- Makes the most of the financial resources available to it
- Innovates to deliver more for less
- Looks after its workforce, helping professionals stay physically and emotionally fit
- Minimises its impact on the environment

Our group came together in 2013 to explore how NHS health and care delivery in England could be made more sustainable. We consulted with a wide range of stakeholders, distilling our thinking into a report, **Patient, manager, expert: individual**, published in 2014. We offered our shared vision for sustainable health and care, with 12 recommendations for change.

Just a year later, a great deal has changed in our NHS. We were delighted that the NHS's **Five Year Forward View**[1] placed sustainability at the centre of its vision and echoed many of our recommendations. We believe that sustainability must be one of the key criteria against which the evolving models of care and vanguard sites evaluate their success.

When examining progress against our original recommendations, however, we were struck by the lack of leadership for the sustainability agenda. No single organisation has stepped up to assume an overall leadership role. We believe that a new leadership model needs to be adopted, that grows from professionals on the frontline and draws on the creative energies of the entire NHS workforce. Staff must be given the freedom to innovate, even in a cost-constrained system. Small changes to local processes can make a huge difference, especially when shared and implemented at scale.

There is a wealth of international examples[2] of how groups of individuals are pioneering system-wide change and how these changes benefit patients, carers and health economies. We need to be better at sharing these exemplars and making it easy for local commissioners and providers to find evidence-based models to try in their area. A shared health and care sustainability resource, highlighted in our original report, is still needed.

This update revisits the key themes of our original report, acknowledges the progress that has been made and reframes our recommendations to reflect the recent transformations in the NHS landscape. It also introduces a new theme into our work: environmental sustainability. We are re-issuing our call for the sustainability agenda to be prioritised. We hope that our new recommendations will help the health system to identify ways to meet the urgent sustainable healthcare challenge.

SUSTAINABLE HEALTHCARE STEERING GROUP
NOVEMBER 2015

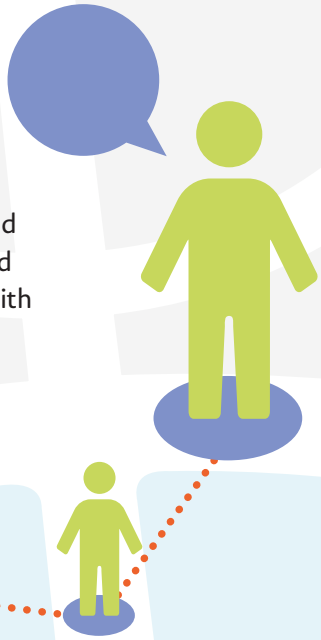
SUMMARY

THEME 1

ENABLING PEOPLE TO NAVIGATE THE HEALTH AND CARE SYSTEM

1 Individuals should always know who their main point of contact is to meet their changing health and care needs

2 Individuals should be able to access and co-manage their patient records, and allow records to be accessed by other health or care workers involved in their care when appropriate



THEME 2

SHARED DECISION-MAKING AND SUPPORTED SELF-MANAGEMENT

3 Health and care professionals should have the tools and training to encourage both shared decision-making and supported self-management, particularly for people with long-term conditions

4 All health and care staff should be able to easily and rapidly access occupational health support, including supported self-management courses

THEME 3

DIGITAL TECHNOLOGY

5 A fully funded implementation plan should be put in place for how NHS digital systems will be made interoperable

6 Proposals to create a list of NHS endorsed apps must be expedited and implemented

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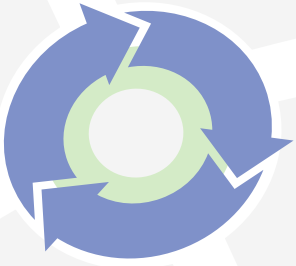
ENVIRONMENTAL SUSTAINABILITY

7 NHS and care organisations should sign up to the Sustainable Development Unit's 2014-2020 strategy and create their own Sustainable Development Management Plans



THEME 1

ENABLING PEOPLE TO NAVIGATE THE HEALTH AND CARE SYSTEM

The number of people with complex health and care needs is rising. Around 1.9 million people in England already have three or more health conditions and by 2018 this is expected to increase to 2.9 million.[3] Care for people with one or more long-term conditions is complex and each individual needs joined-up, comprehensive care tailored to their personal needs and preferences.

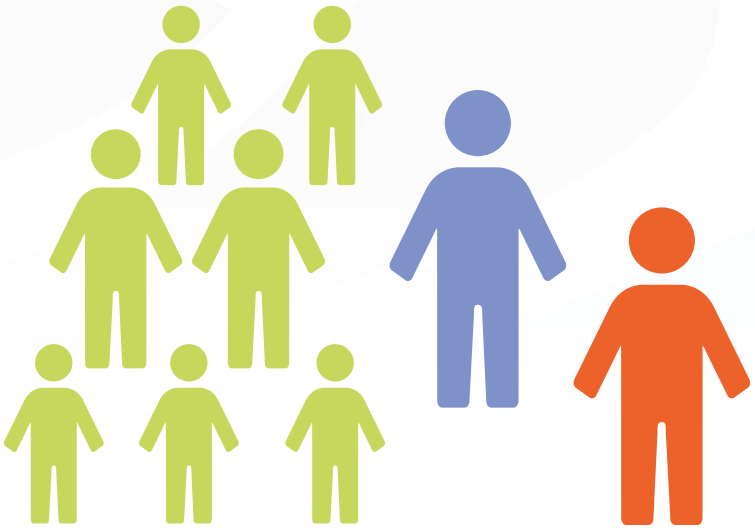
It can be difficult for an individual to navigate their way through a confusing web of professionals and settings. In the course of a year, someone with a musculoskeletal condition like ankylosing spondylitis might see any or indeed all of the following: their GP, rheumatologist, gastroenterologist, dermatologist, neurosurgeon, specialist nurse, physiotherapist, general practitioner, occupational therapist, dietician and podiatrist.

With such complexity it is unsurprising that people can fall through the gaps or end up in the wrong place. Further efforts are still needed to empower and support people to navigate the NHS better. This will prevent unnecessary appointments and enable people to receive treatment and support in the right place at the right time – ideally closer to home.

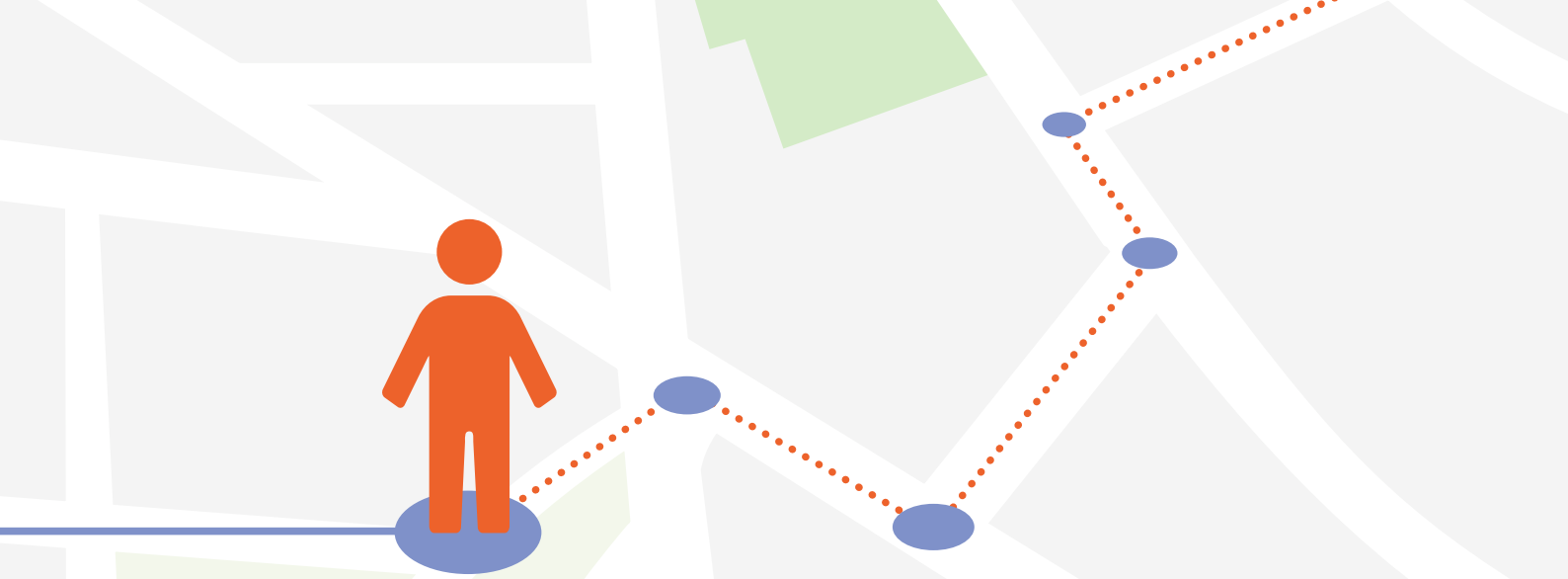
WE RECOMMEND:

1

Individuals should always know who their main point of contact is to meet their changing health and care needs



Individuals should have clarity about who to contact for both routine and for emergency health and care support. We welcome the recent announcement that from April 2015 GP practices are required under their contracts to allocate a named, accountable GP to all patients (including children).[4] The GP is often the best person to co-ordinate medical care and to unblock delays in the system.

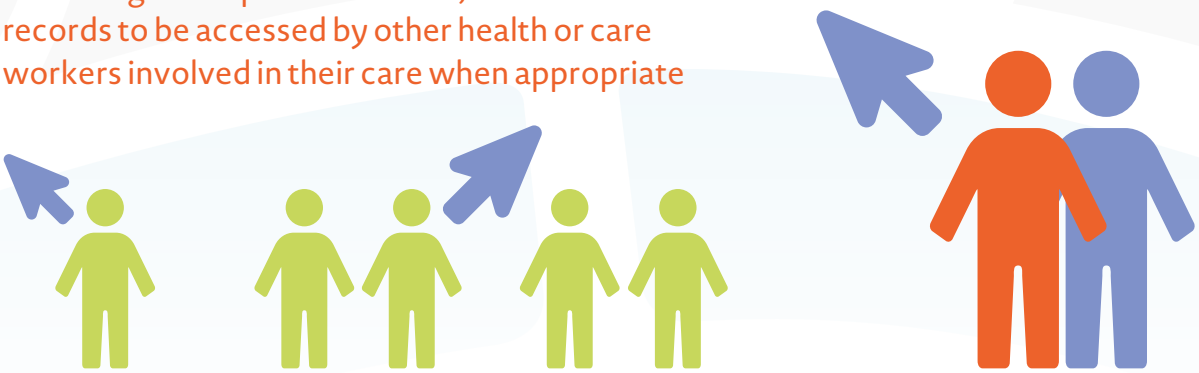


In some areas, primary care teams are linking people to activities in the community that might benefit their health and wellbeing, beyond traditional medical services. There is increasing evidence that this non-medical social prescribing approach can be helpful in supporting people with a range of physical and mental long-term conditions.

This is not to say, however, that the GP must always be the first point of call or the gatekeeper to medical or community services. As people become more expert in managing their condition, they are likely to know when their condition is changing and when they might need support from their specialist nurse or to self-refer to their physiotherapist, for example.

2

Individuals should be able to access and co-manage their patient records, and allow records to be accessed by other health or care workers involved in their care when appropriate



One of the most effective ways of empowering individuals is to give them control over their patient records. Records should belong to the individual that they concern and they should be able to co-manage them alongside their health and care team.

We were encouraged by the announcement by the Secretary of State for Health that patients will be able to access their GP records and appointment history online and on mobile phones by 2018.[5] Roll-out of electronic patient records has long been talked about. However, rhetoric now needs to turn into reality – and in line with the ambitious but achievable three year timeline set out above.

This will require the Government to work proactively with patient and professional groups to overcome any residual anxieties about confidentiality. International examples – such as the Canterbury (New Zealand) model – demonstrate that this is achievable at scale.[6]

THEME 2

SHARED DECISION-MAKING AND SUPPORTED SELF-MANAGEMENT

The Government's current Mandate to NHS England sets the objective of becoming "better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment".[7] Despite their relatively frequent contact with health services, people with long-term conditions are likely to spend less than 1% of their time with health professionals.[1] The remaining 99% of their time, they will be managing their condition themselves.

The principles of shared decision-making and supported self-management should be the starting point for all interactions with people with long-term conditions. There is evidence that shared-decision making leads to higher levels of adherence with treatments,[8] with the potential to increase cost-effectiveness of interventions and reduce medicine wastage. Self-management approaches can help people feel more in control of their care, with a better experience, with less demand on services.

Individuals may make choices that conflict with clinical opinion and that, ultimately may, result in a 'poor' outcome – for the individual and for the NHS. This is no reason, however, to reject shared decision-making and supported self-management and to revert to a paternalistic system – care 'for' rather than 'with'. Rather we must proceed on the basis that people will make better decisions if given good information and the opportunity for frank and open discussion.

Our call for evidence to inform this report returned multiple examples of organisations making concerted efforts to embed the principle of shared decision-making in their processes. In particular, we were pleased to find that shared decision-making and coaching approaches feature consistently in the training curricula of the Royal Colleges that responded to our call for evidence.[9] Yet knowing what we need to do and actually doing it are two different things.

WE RECOMMEND:

3

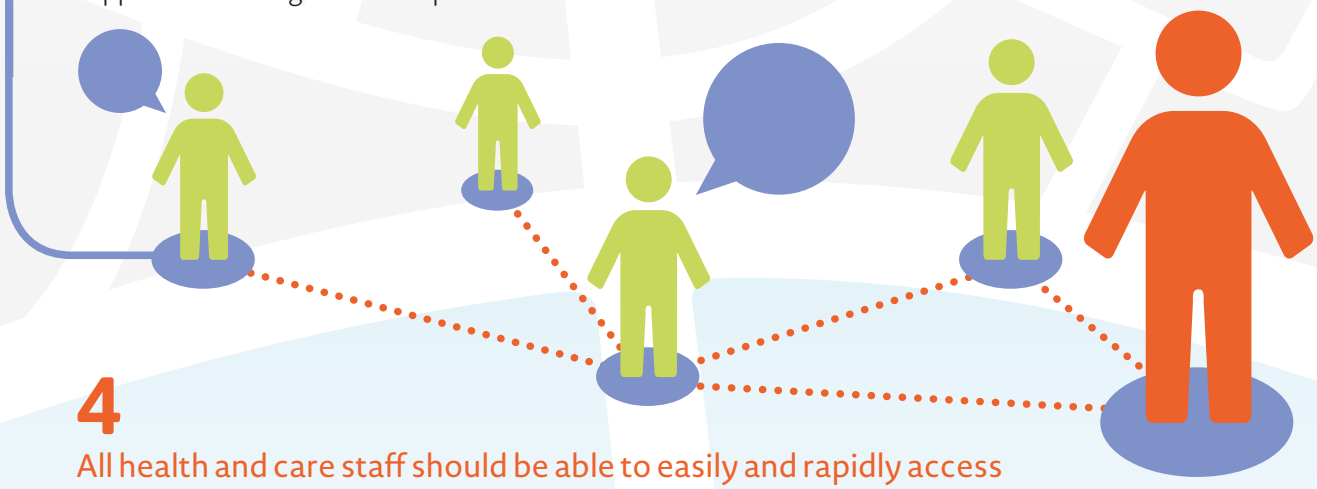
Health and care professionals should have the tools and training to encourage both shared decision-making and supported self-management, particularly for people with long-term conditions

Support for shared decision-making and supported self-management approaches must extend beyond policy-makers and clinical leaders to the front line, if these are to become the norm. Health and care professionals need to be convinced by the evidence, which continues to evolve with regard to the impact of these approaches on patient outcomes and experience – both equally important. The Health Foundation's research through its Co-Creating Health programme is a valuable addition to the evidence base. [10]

Shared decision-making and supported self-management can go a long way in helping people of working age who are living with long-term conditions to stay or return to work. In order to fully harness the positive relationship between work and health, work should be consistently recognised by the health system as a health outcome for patients, and should prominently feature in the discussions between individuals and their healthcare professionals.

Health and care professionals should have ready access to courses and tools to support them in using their coaching skills. Online courses and 'train-the-trainer' approaches can be effective in sharing expertise and skills at scale. Validated tools to support health and care professionals to have better conversations with individuals around the management of their care should be made readily accessible and ideally in one place.

We must also continue to track through national surveys the extent to which individuals feel they are able to share in decision-making and are being supported to self-manage. We look forward to further details of the work that NHS England is undertaking to test a potential Patient Activation Measure within the NHS, to support self-management and person-centred care.



4

All health and care staff should be able to easily and rapidly access occupational health support, including supported self-management courses

With more than 1.3million staff, the NHS is the biggest employer in Europe.[11] Now more than ever, with the NHS under huge pressures, its workforce needs to be physically fit and emotionally resilient.

A commitment is made in the Five Year Forward View to "supporting the health and wellbeing of frontline staff; providing safe, inclusive and non-discriminatory opportunities; and supporting employees to raise concerns, and ensuring managers quickly act on them."[1]

We recommend that all health and care staff be afforded swift access and the ability to self-refer to comprehensive occupational health support (including physiotherapy and cognitive behavioural therapy). Enabling NHS staff to manage their health conditions and problems in a timely and effective way would help prevent their exacerbation and minimise the impact on services. In addition we believe that the NHS actively encouraging and supporting staff living with a long-term condition to make use of self-management services and support will assist in their wider adoption across the health and care system. Disability leave schemes should be implemented across organisations as a means to support this.

THEME 3

DIGITAL TECHNOLOGY

The digital revolution has transformed the way we bank, shop and communicate. It has the potential to transform health and care delivery, making it more personalised, effective and efficient. It is fundamental to the ambition of putting more control in the hands of individuals over their health and wellbeing. It also has the potential to reduce demand on face-to-face health services by helping people identify the most appropriate way to seek non-urgent medical advice.

The ambition and enthusiasm among NHS leadership for maximising digital technology is clear. The outgoing National Director for Patients and Information, Tim Kelsey, stated "increasing access to online health services is central to achieving our vision of a digitally enhanced healthcare system that is fully inclusive."[12] We welcome the Framework for Action[13] published by the National Information Board (NIB) since our first report. We believe its workstreams – each tasked with tackling a different aspect of digital transformation – must be supported and expedited, with investment in new equipment where that is needed.

While apps and wearable technologies proliferate, the NHS's use of new technologies is still in its infancy.[14] Progress has been uneven and slow. Sensitivities over confidentiality of personal health records in particular have been a barrier to progress. This cannot be allowed to continue.

We must, of course, guard against exacerbating health inequalities by leaving people behind. Around 9.5 million people in the United Kingdom lack basic digital literacy skills and 6.5 million have never been online in their lives.[15] The national programme to widen digital participation must continue. However, we cannot hold back progress. It is time for the NHS to truly embrace the digital revolution.

WE RECOMMEND:

5

A fully funded implementation plan should be put in place for how NHS systems will be made interoperable

The potential of new technologies can only be realised when systems are fit for purpose. The inability of health and care professionals to access patients' records held in different care settings is a barrier to the delivery of joined-up, patient-centered, effective care. With more people living with multiple complex long-term conditions, and greater reliance on wider teams of specialists working together, it is essential – and increasingly urgent – that NHS systems are able to talk to each other.

Solving the challenge of interoperability spans a number of the different workstreams set up by the NIB: health information and transactions, setting technology and data standards, better data about the quality of data received, making the quality of care transparent, ensuring best value and opening up infrastructure. These workstreams must work together to meet the ambitions for clinicians in primary, urgent and emergency care to be operating without needing to use paper records by 2018, and for all patient and care records to be digital, real-time and interoperable by 2020.[13]

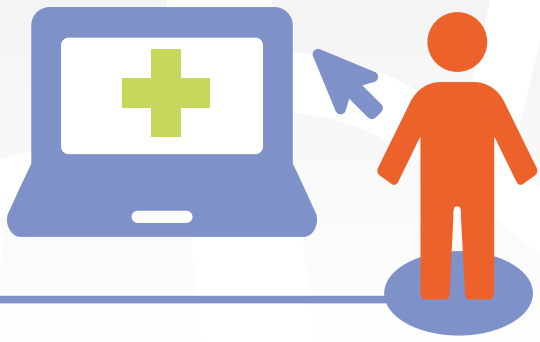
6

Proposals to create a list of NHS endorsed apps must be expedited and implemented

Health-related apps and wearable technologies are proliferating. It is hard for individuals to know which will work, and for health and care professionals to know which to recommend.

For this reason, we welcome the fact that the NIB has dedicated a workstream to publishing a list of health and care apps that are endorsed by the NHS. Endorsed apps would be low-cost, high-efficacy, and accessible through NHS Choices. It is expected that this endorsement will encourage health and care professionals to recommend them. It will also give individuals confidence in using them to make positive health and care choices. Ideally, these apps would continue to be evaluated to assess their long-term impact on patient outcomes, patient experience, and system efficiency.

The proposed implementation plan for this workstream sets out plans for kitemarking of apps to begin by the end of 2015. We look forward to updates about the progress of this important workstream.



THEME 4

ENVIRONMENTAL SUSTAINABILITY

Climate change is one of the most pressing issues of our age. As well as posing a challenge to the way we live, it also has the potential to impact on our health.[16] Environmental sustainability should be viewed as part of efforts to improve quality of care and the health system should explore ways in which it could contribute towards meeting the environmental challenge.

In addition to being a moral imperative, responding to climate change also provides the opportunity to equip the NHS to better meet the financial and demand challenges facing our health system. Sustainable procurement strategies and optimised product usage have the potential to reduce costs. Considerations of alternative products can enable recycling and deliver long-term costs savings.

WE RECOMMEND:

7

NHS and care organisations should sign up to the Sustainable Development Unit's 2014-2020 strategy and create their own Sustainable Development Management Plans

NHS and care organisations should do everything possible to reduce their carbon footprint. In line with the Sustainable Development Unit's **Sustainable Development Strategy for the Health and Social Care System 2014-2020**,[17] we have identified several areas for action:

Reducing direct and indirect consumption of carbon-based fuels

Changes to care pathways can have an impact on the consumption of carbon-based fuels, for example, by providing more care in community settings or individuals' homes, and encouraging staff and patients to use sustainable modes of travel.

Greater uptake of cycling and walking as means of transport has the potential to reduce the prevalence of some long-term conditions, as does the prescribing of exercise.[18,19] In turn, consequent reductions in emissions from motorised vehicles can help reduce the severity of conditions such as asthma and COPD, and, in the long-term, may reduce their overall prevalence.[20]

Employing sustainable procurement strategies

Better co-ordination of procurement across the health system (and increasingly the health and care system) can both reduce the cost of goods used as well as wastage from duplication or inappropriate usage.[21]

Reducing waste

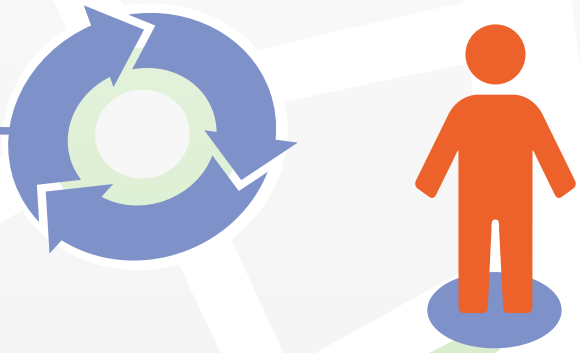
Reviewing the use of products along care pathways can assist in identifying unnecessary usage, or identify products that have less packaging or contain fewer or no toxic agents.

Recycling products where clinically viable

Similarly to wastage, reviews of product usage along care pathways can help to identify where opportunities exist for substitution to products that can be recycled, or which have recyclable packaging. For example, significant reduction in emissions could be achieved by recycling anaesthetic gases, which currently make up 5% of the carbon footprint for NHS acute organisations.[22] Furthermore, it has been shown that recycling all the paper, cardboard, magazines and newspapers produced by the NHS in England and Wales could save up to 42,000 tonnes of CO2 every year.[23]

Where appropriate, identifying opportunities to eschew travel in favour of internet-based interactions

Greater and smarter use of IT solutions for consultations, appointments, and meetings can help to reduce the number of journeys and facilitate better use of time, which in turn can also help with managing demand in busy services.



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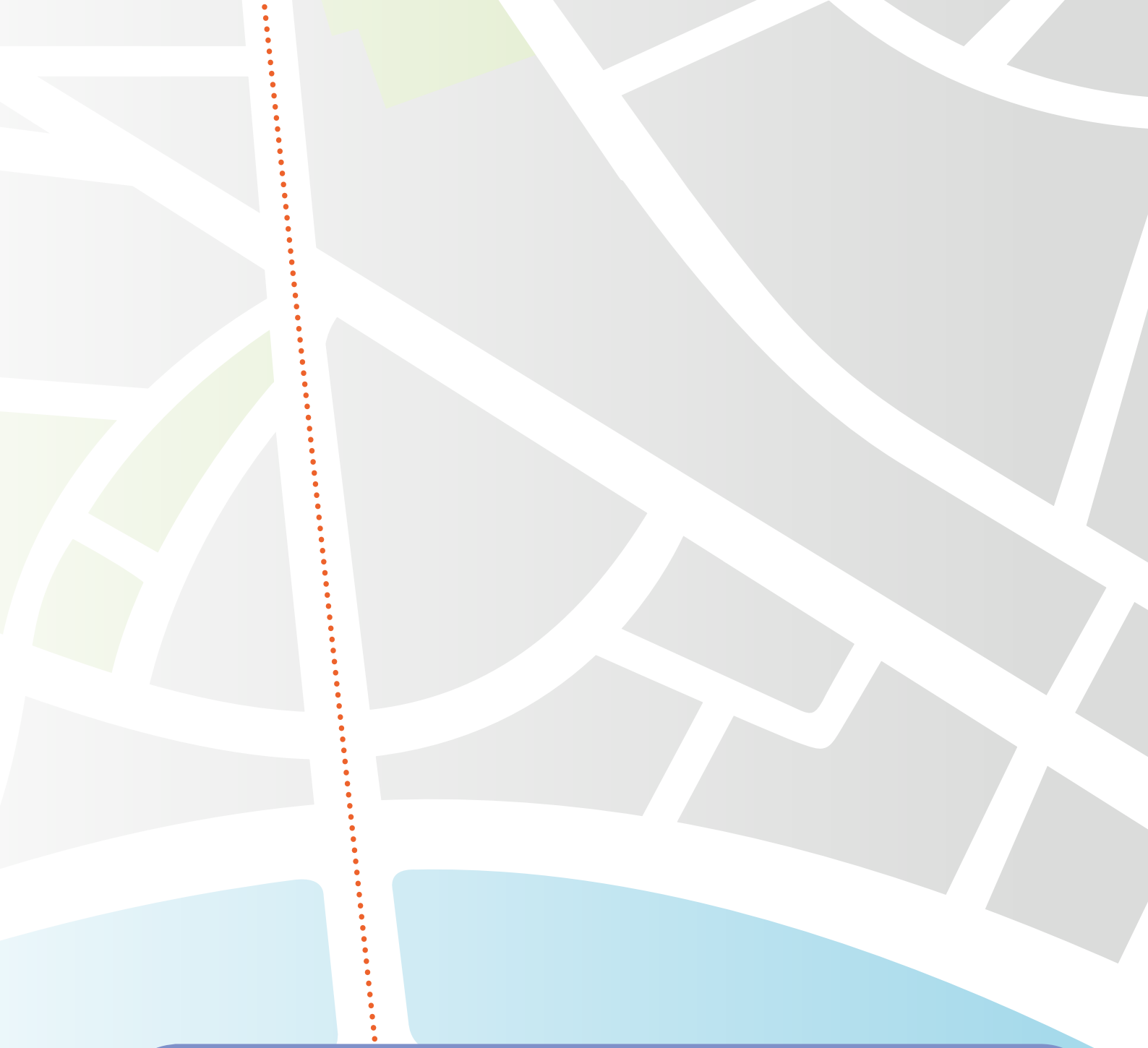

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