A Fair and Sustainable Future

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A Fair and Sustainable Future

❑ A moment for reflection

❑ The challenges facing Health and Care in Scotland

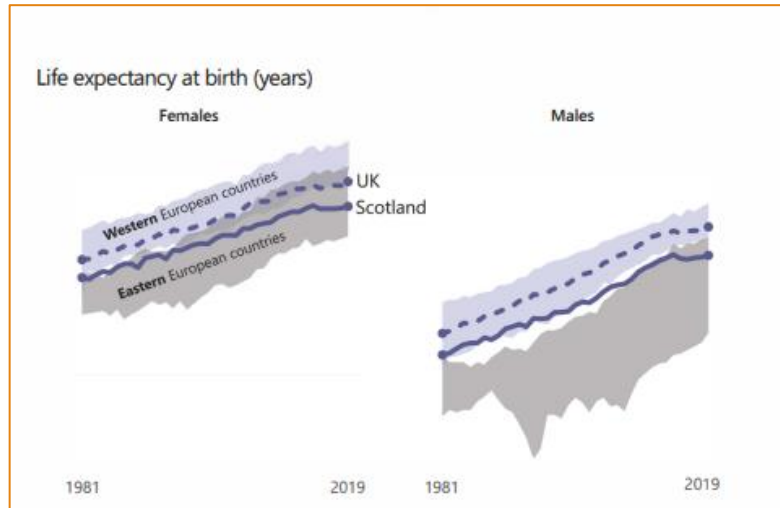❑ Role of Realistic Medicine and Value Based Health and Care

Some context:
The big Public Health challenges

Health inequalities are wide and have worsened over the last 10 years.

48.2 years of good health

72.3 years of good health

24.1 fewer years of good health for men in the most deprived areas

most deprived

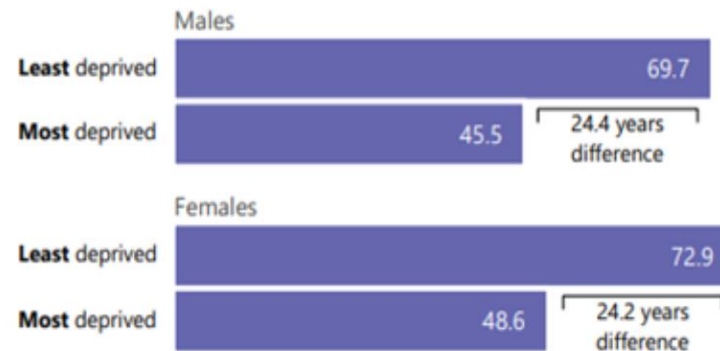least deprived

Source: Public Health Scotland

- ❑ Health Inequalities and changes in demography
- ❑ Ongoing pressures from infectious disease; Anti microbial resistance
- ❑ Sustainable health and care services; the relentless increase in the intensity of clinical practice
- ❑ Sustainable use of resources and impact on climate and biodiversity

Scotland has the lowest life expectancy in Western Europe, and healthy life expectancy is 24 years lower in Scotland's most deprived areas
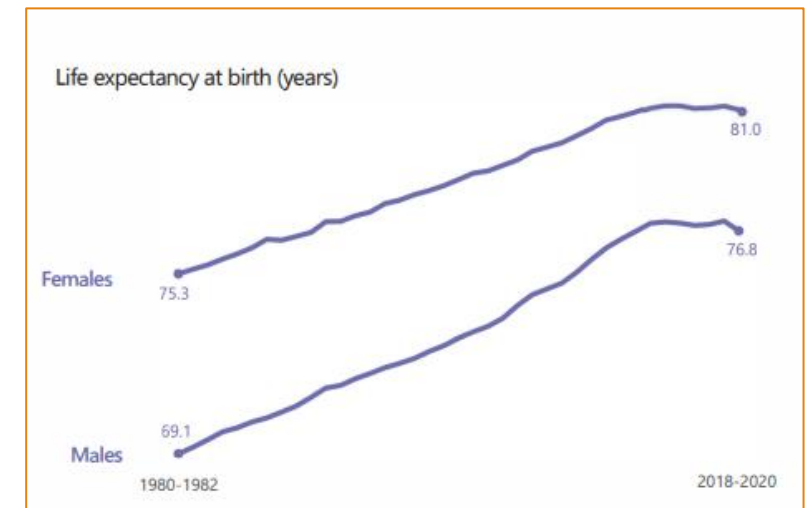

Life expectancy at birth (years)

Females   Males

Western European countries
UK
Scotland
Eastern European countries

1981   2019   1981   2019

Scotland has the lowest life expectancy in Western Europe
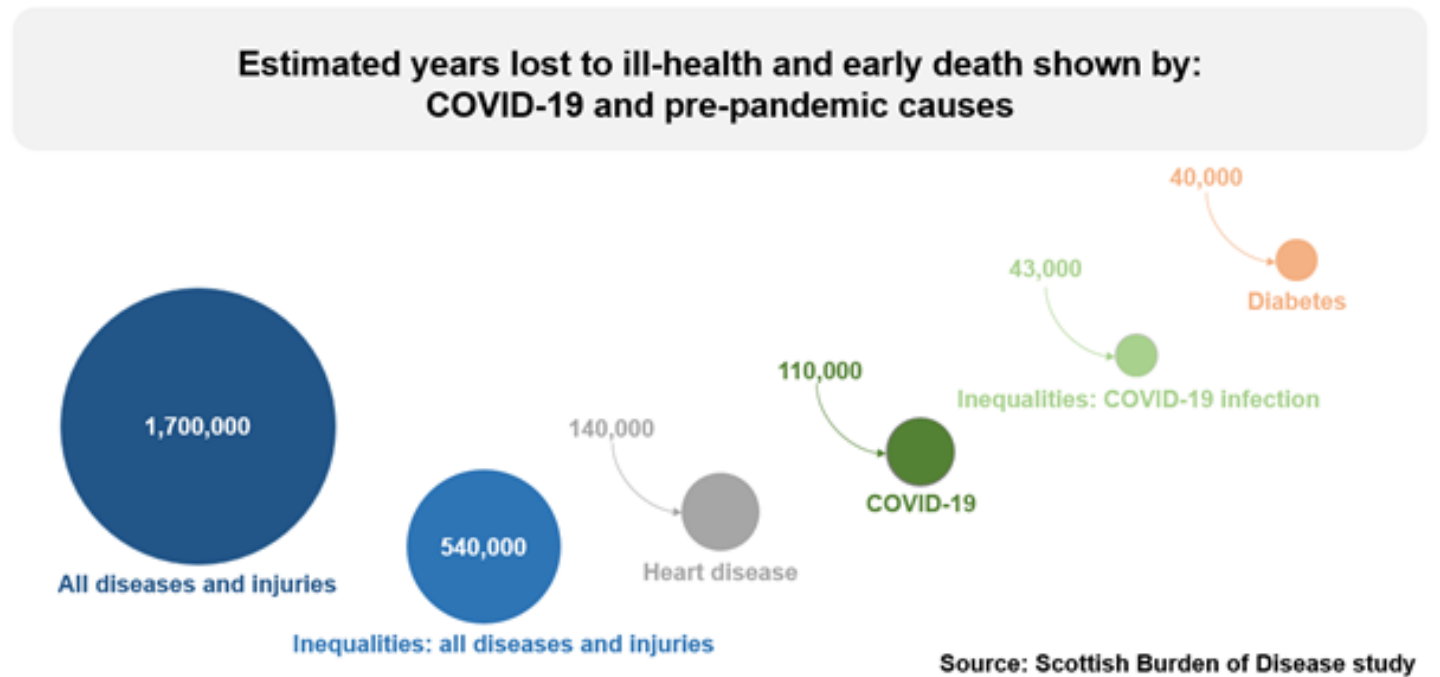

Healthy life expectancy at birth by deprivation (years)

Males

Least deprived   69.7

Most deprived   45.5   24.4 years difference

Females

Least deprived   72.9

Most deprived   48.6   24.2 years difference

Deprivation has a large impact on healthy life expectancy

Life expectancy at birth (years)

Females   75.3   81.0

Males   69.1   76.8

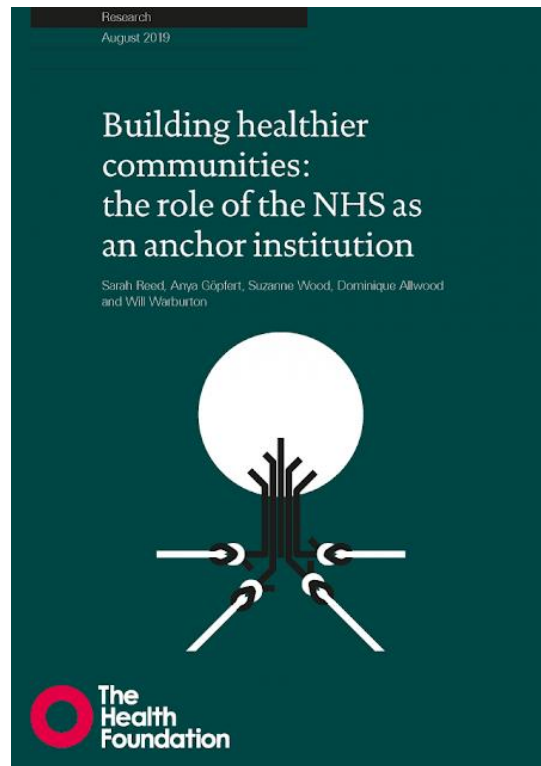1980-1982   2018-2020

Life expectancy has fallen in 2018 - 2020

Every year in Scotland our population loses over half a million years of healthy life years because of inequalities

❑ Around a third of the total annual healthy life years lost are inequality-attributable

❑ In a wider context, this is five-times the healthy life years lost to COVID-19 infection in 2020 – illustrating the extent of impact of inequality

❑ In 2020, 40% of COVID-19 healthy life years lost were inequality-attributable, thus contributing to the recent increasing gap in healthy life expectancy

Estimated years lost to ill-health and early death shown by:
COVID-19 and pre-pandemic causes

40,000 → Diabetes

43,000 → Inequalities: COVID-19 infection

110,000 → COVID-19

140,000 → Heart disease

1,700,000
All diseases and injuries

540,000
Inequalities: all diseases and injuries

Source: Scottish Burden of Disease study

Source: Scottish Burden of Disease, https://doi.org/10.1186/s12939-021-01547-7

NHS as an anchor institution

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.

Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.

Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.

Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.

Widening access to quality work
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

References available at www.health.org.uk/anchor-institutions

The Triple Planetary Crisis

- ❑ The climate emergency
- ❑ Pollution
- ❑ Biodiversity loss

"We are waging a war on nature. This is suicidal… Making peace with nature is the defining task of the 21st century. It must be the top, top priority for everyone, everywhere."

UN Secretary General António Guterres,
2 December 2020, "The State of the Planet" address

NHS Emissions

☐ Healthcare estimated to account for 4.4% of global emissions

☐ NHS Scotland produced at least 608,700 tCO2e in 20/21

☐ Actual NHS Scotland carbon footprint will be comfortably more than double that figure

Source	tCO2e (20/21)
Supply chain	Unknown
Building energy	431,000
Metered dose inhaler propellant	79,000
Staff, patient and visitor travel	Unknown
NHS fleet	60,000 (data incomplete
Medical gases	27,000
Waste	7000 (incomplete data)
Water	4,800
Known total	**608,700**

Acting now will reduce Health Inequalities

❑Extreme weather events

❑Heat stress

❑Decreased air quality

❑Decreased water quality and quantity

❑Decreased food security and safety

❑Increase in vector-borne disease

Health co benefits of climate and environmental action

❑Improved air quality

❑Increase in active travel

❑Increase in green space

❑Well-insulated buildings

❑Improved diets

❑Reducing medicinal residues in waste water helps tackle anti-microbial resistance
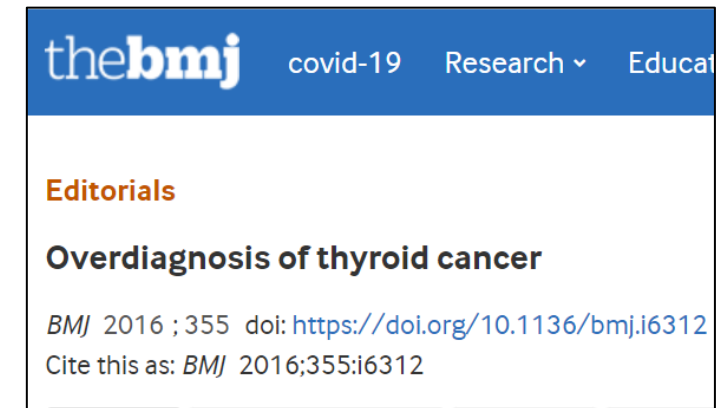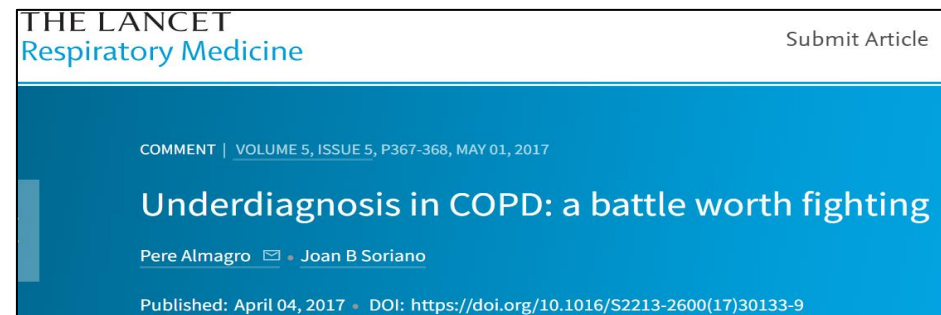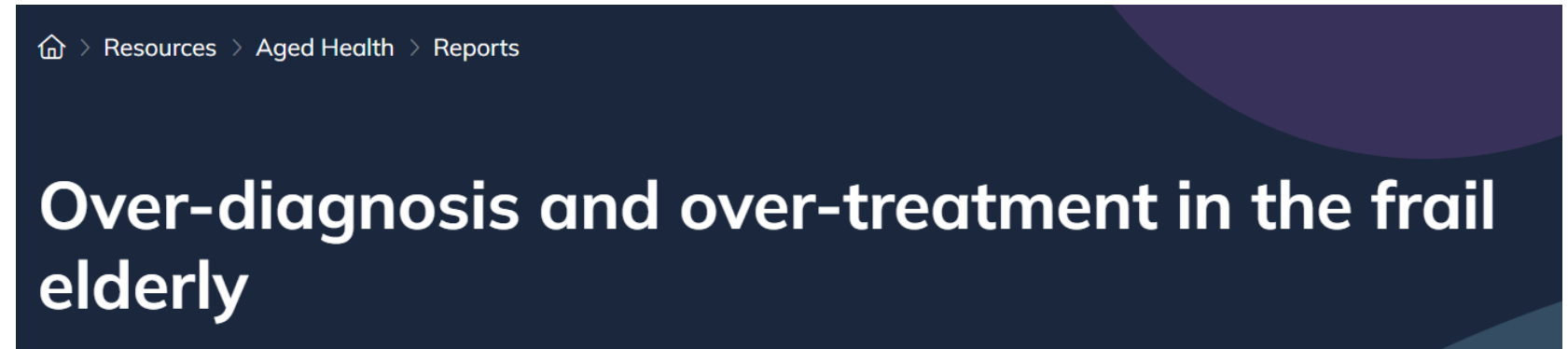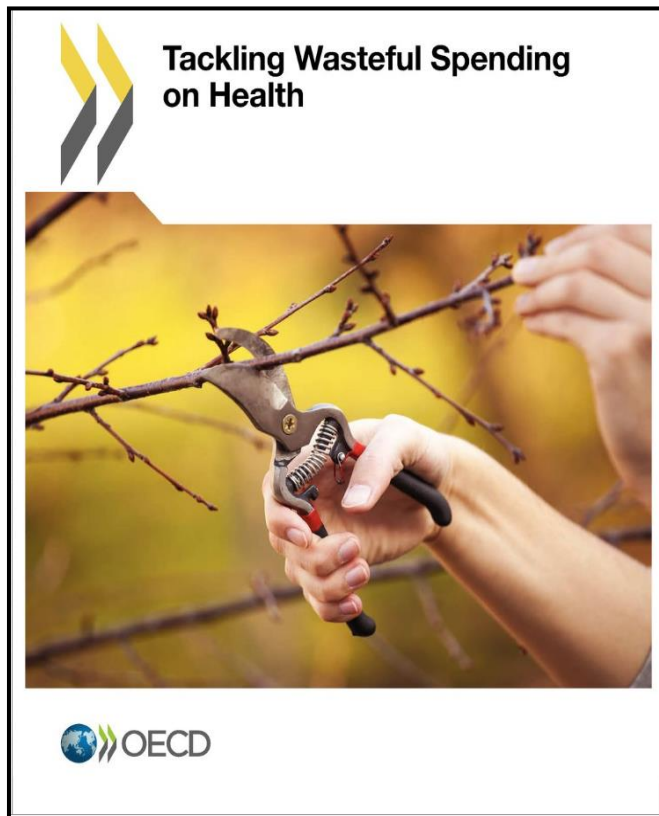
'Good care is environmentally sustainable care'

The principles of environmentally sustainable care emphasise:

- ❑ prevention
- ❑ patient empowerment and self-care
- ❑ green clinical pathways
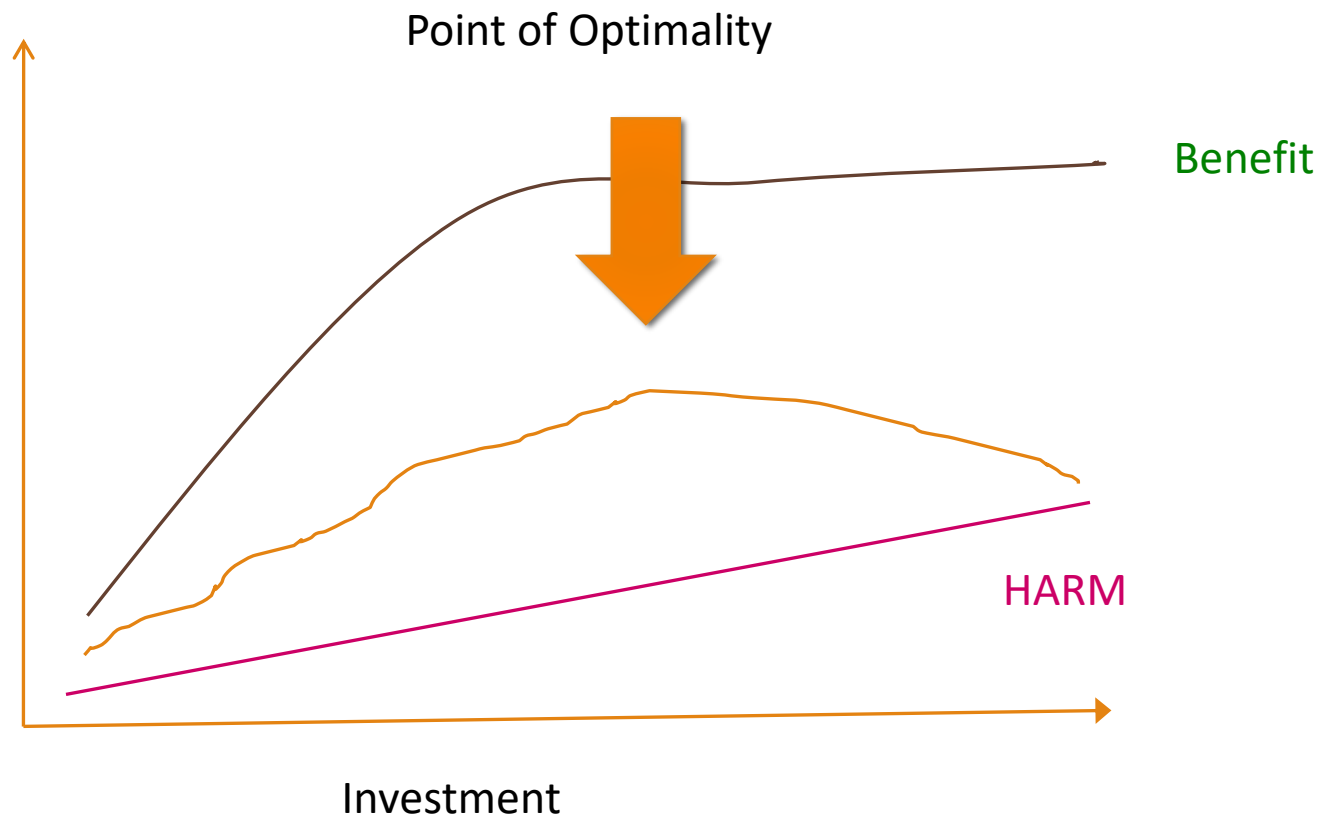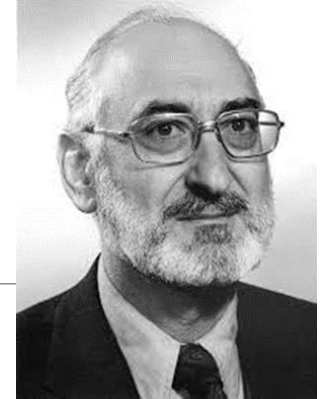- ❑ low-carbon alternatives

These support what we want to achieve in NHS Scotland more widely

OECD report on waste:
One fifth of healthcare spend has <u>NO</u> impact

Tackling Wasteful Spending on Health

OECD

⌂ > Resources > Aged Health > Reports

Over-diagnosis and over-treatment in the frail elderly

THE LANCET
Respiratory Medicine

Submit Article

COMMENT | VOLUME 5, ISSUE 5, P367-368, MAY 01, 2017

Underdiagnosis in COPD: a battle worth fighting

Pere Almagro ✉ • Joan B Soriano

Published: April 04, 2017 • DOI: https://doi.org/10.1016/S2213-2600(17)30133-9

thebmj covid-19 Research ˅ Educat

Editorials

Overdiagnosis of thyroid cancer

BMJ 2016 ; 355 doi: https://doi.org/10.1136/bmj.i6312
Cite this as: *BMJ* 2016;355:i6312

Benefits and Harms
The Law of Diminishing Returns

Point of Optimality

Benefit

HARM

Investment

REDUCE HARM AND WASTE

VALUE BASED
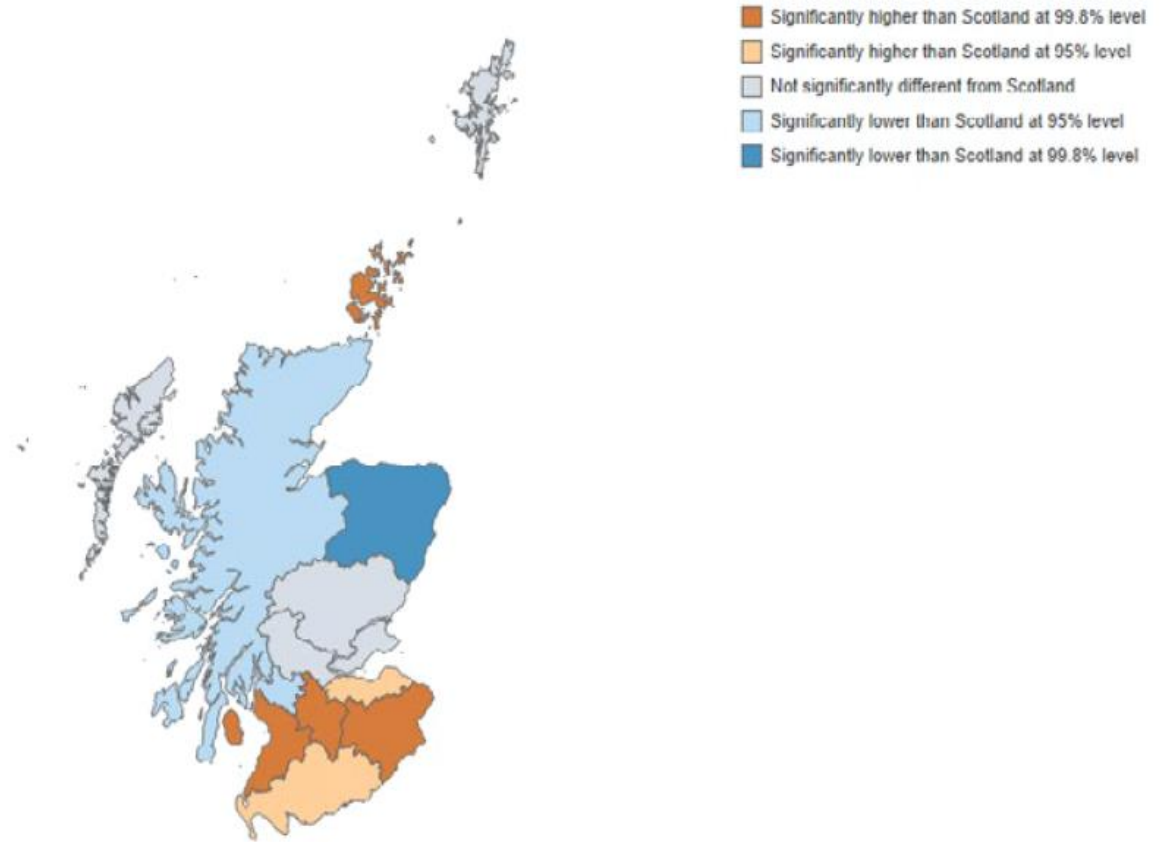**HEALTH & CARE**

Unwarranted Variation

❑Variation in practice that cannot be explained by illness, medical need, or the dictates of evidence-based medicine. It is one of the causes of low value care.

Significantly higher than Scotland at 99.8% level
Significantly higher than Scotland at 95% level
Not significantly different from Scotland
Significantly lower than Scotland at 95% level
Significantly lower than Scotland at 99.8% level

Definition

❑ Value-based health & care delivers better outcomes and experiences for the people we care for by the equitable, sustainable, appropriate and transparent use of available resources.

Vision:
❑ By 2030 all professionals will be supported to deliver Value-based Health & Care. This will achieve the outcomes that matter to people and a more sustainable system.

"We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly"

Martin Luther King