

# Preventing illness caused by climate change

## The role of the National Health Service

Anna Coote, Commissioner for Health  
UK Sustainable Development Commission  
June 2008



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**Sustainable development**

**Climate change and health**

**The role of the National Health Service**

**“Good Corporate Citizenship”**



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***Positive proof of global warming.***



**18th  
Century**

**1900**

**1950**

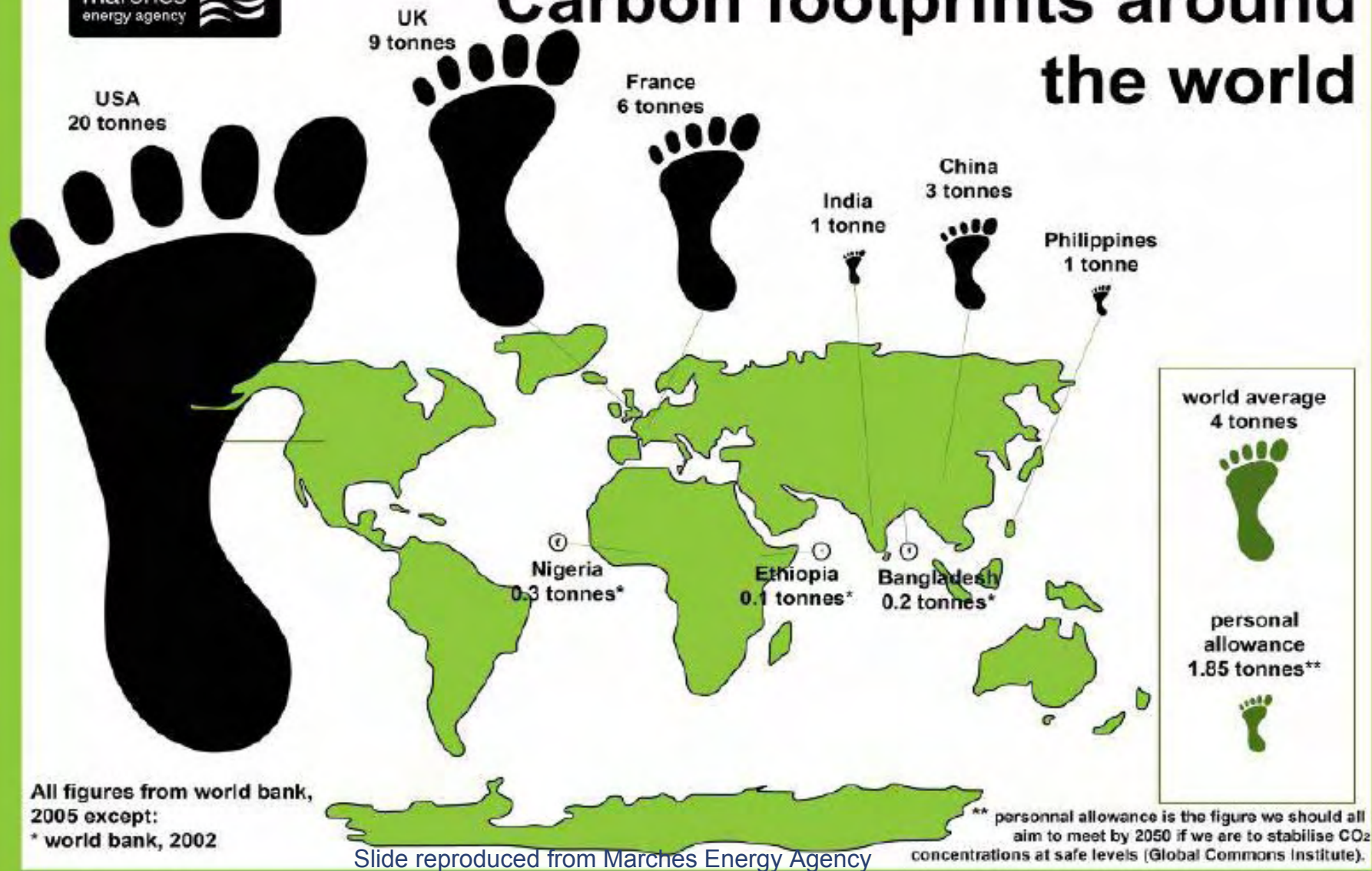
**1970**

**1980**

**1990**

**2006**

# Carbon footprints around the world



Slide reproduced from Marches Energy Agency



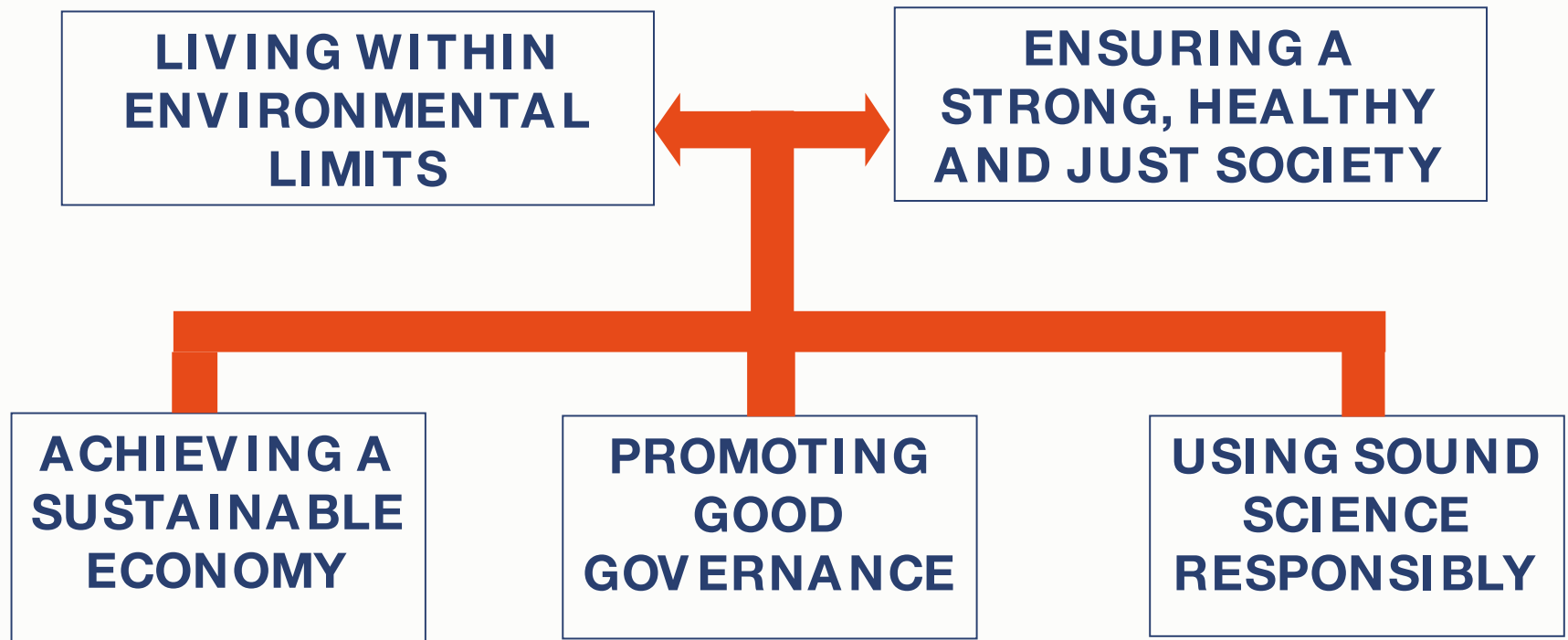


*Healthy Futures*



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# Sustainable development



# How climate change can affect health

**ECONOMY** Loss of livelihood, poverty, insecurity, global recession

**SOCIETY** Dislocated neighbourhoods, homelessness, spread of air-borne disease, skin cancer, heat-related illness, fear, stress, anxiety, unhappiness, famine, mass migration, conflict

**ENVIRONMENT** Extremes of weather, rising sea levels, flooding, drought, storm damage, failure of agriculture, loss of land, severed transport and trade routes.

**GOVERNANCE** Widening inequalities, powerlessness, lack of opportunity, widespread distrust, damage to public institutions



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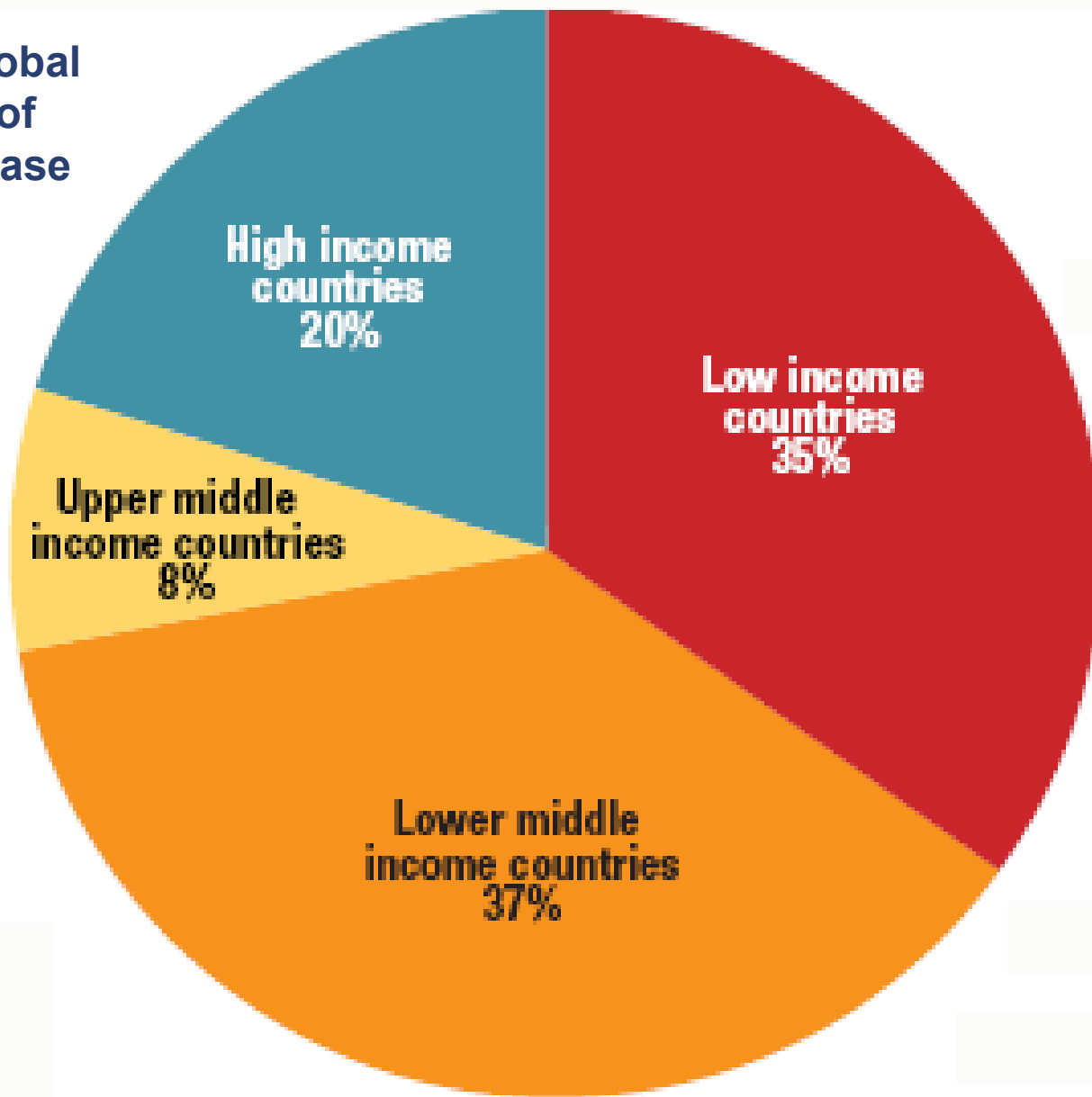
# The poor take the brunt of it

- \* More vulnerable to health risks
- \* Lower land
- \* Fewer defences
- \* Struggling local economies
- \* Poor access to services
- \* Less opportunity and autonomy
- \* No escape





## Projected global distribution of chronic disease deaths



**“The major **causes** of chronic diseases are **known**, and if these risk factors were **eliminated**, at least **80%** of all heart disease, stroke and type 2 diabetes would be **prevented**; over 40% of cancer would be prevented.”**

*WHO, Preventing Chronic Disease: a vital investment*



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# Certain diseases are increasing

***Mental illness*** - In Great Britain, mental health disorders affect about 1 in 6 of the adult population

***Obesity related ill health*** - In England in 2005 nearly a quarter of men and women were obese

***Diabetes*** - Between 1994-2003 in England the prevalence of diabetes in men increased by nearly two-thirds and in women has almost doubled



# The cost of ill health

	Health and social care	Wider economy	Total
Mental ill health	£12 billion/annum	£64 billion/annum	£76 billion/annum
Obesity	>£1 billion/annum	> £2.3 billion/annum	>£3.7 billion/annum
Diabetes	£1.3 billion/annum	Unknown	> £1.3 billion/annum



# Preventing mental illness, obesity and diabetes

- \* Reducing greenhouse gases
- \* More fresh, nutritious, local food
- \* Promoting active travel
- \* Sustainable build environment
- \* Protecting natural environments





Sustainable  
social policy

Sustainable  
development

Preventing  
environmental  
damage

Preventing  
illness



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**The NHS has  
a budget of  
£90 billion  
a year**



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**If it were a country  
its economy  
would rank  
30<sup>th</sup>  
in the world**



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# A powerful consumer

## NHS corporate activities

- \* employs more than 1.3 million people
- \* spends over £17 billion a year on goods and services
- \* serves more than 300 million meals a year
- \* contributes up to 10% of regional GDP



# Good Corporate Citizenship

How NHS organisations contribute, through their **corporate** activities to

- ☀ strong local economies,
- ☀ social cohesion
- ☀ a healthy environment

and so help to tackle **climate change** and reduce **risks to health**.



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# Good corporate citizenship self-assessment model

Helps NHS organisations assess and improve their contribution to social, economic and environmental well-being. Covers

- ☀ managing energy and other facilities
- ☀ procurement, including food
- ☀ transport
- ☀ buildings and landscaping,
- ☀ employment and skills,
- ☀ community engagement



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Topic Overviews, Case Studies & Resources...

[Transport](#) [Procurement](#) [Facilities Management](#) [Employment & Skills](#) [Community Engagement](#) [New Buildings](#)



Are you a Good Corporate Citizen?

 Take the Test!

*'All organisations providing healthcare stand to benefit from behaving as **good corporate citizens**. It offers the opportunity to promote health, tackle health inequalities, save money and contribute to a healthy environment.'*

Sir Nigel Crisp  
Former NHS Chief Executive

**Good Corporate Citizenship describes how NHS organisations can embrace sustainable development and tackle health inequalities through their day-to-day activities.**

**This means using NHS organisations' corporate powers and resources in ways that benefit rather than damage the social, economic and environmental conditions in which we live. How the NHS behaves - as an employer, a purchaser of goods and services, a manager of transport, energy, waste and water, as a landholder and commissioner of building work and as an influential neighbour in many communities - can make a big difference to people's health and to the well being of society, the economy and the environment.**

Good corporate citizenship discussion network

Need some good advice?  
Looking for best practice? Join

Find Out How...

**OTHER NHS TRUSTS HAVE USED THE MODEL**

-  Gloucestershire Hospitals NHS Foundation Trust Case Study
-  Derbyshire Mental Health Trust Case Study
-  Greater Manchester Good Corporate Citizenship Group Case Study

**Pilot Organisations**

-  Norfolk and Norwich University Hospital NHS Trust

# Good corporate citizenship self-assessment model

Provides managers with

- ☀ Evidence
- ☀ Case studies
- ☀ Slide shows
- ☀ Links to policy and guidance
- ☀ On-line test to monitor performance



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# Managing energy



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**“The UK’s healthcare sector spends more than £400 million per year on energy. A significant proportion of this is wasted, so that money is wasted too. A few simple techniques can help reduce energy consumed in a hospital, releasing funds for use elsewhere. Energy efficient buildings provide better indoor conditions for patients and staff.”**



CTV024 Sector Overview

## Hospitals

Healthy budgets through energy efficiency



**Lighting can  
account for  
more than  
20%  
of energy use  
and  
more than  
35%  
of electricity  
used in a typical  
hospital.  
Good lighting  
can cut costs  
and heat,  
reducing the  
need for air  
conditioning too.**



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# Progress in Practice

## Antrim Area Hospital Wind Turbine

Antrim Area Hospital in Northern Ireland is on track to save £90,000 a year in energy costs by generating its own wind power, to the benefit of patients and the environment.

### Summary

Antrim Area Hospital is an acute trust of 350 beds and is part of Antrim United Hospitals Trust. Spurred on by the public sector building energy reduction target, the Hospital investigated installing a wind turbine on site to provide energy.

Following a feasibility study, a wind study and an environmental impact assessment (EIA), planning permission for the project was given. From idea conception to installation took 3 years. The civil work started in autumn 2004 and the turbine was delivered in January 2005. It took only three days to install and has been fully operational since 7th February 2005.

The 40 metre high 660 kW Vestas V47 wind turbine is the largest at any hospital in the UK. It will generate an average of 1.2 million units of electricity per annum, which is used as base load replacement. It has the potential to provide enough electricity for the hospital during the night, and two-thirds of the power needed during the day, which would otherwise cost £90,000 a year. Even in low wind conditions the turbine is cost effective and the money that would have been spent on power is freed up for improved services for patients.

The turbine cost £497,000, of which 80% was a grant from the Government Central Energy Efficiency Fund. Without a grant it would take five years for the initial cost to be repaid (at 2005 energy prices).

The wind turbine has been a success and other hospitals across the UK are taking an interest in replicating what has been achieved at Antrim.



Alistair Donaldson, Support Services Manager said: "So far the wind turbine has been performing exactly to expectation... we have re-couped our capital investment in energy savings and every penny saved from now on in energy costs will be available to be invested elsewhere in patient care. Wind power is good for Antrim Area Hospital, good for our patients and good for the environment of Northern Ireland."

### Benefits

As well as cutting Antrim Area Hospital's energy bill, the project has also reaped the following benefits:

- Reduces power generation waste
- Benefits air pollution and climate change
- No impact on biodiversity
- Easy to return the site to how it was before.

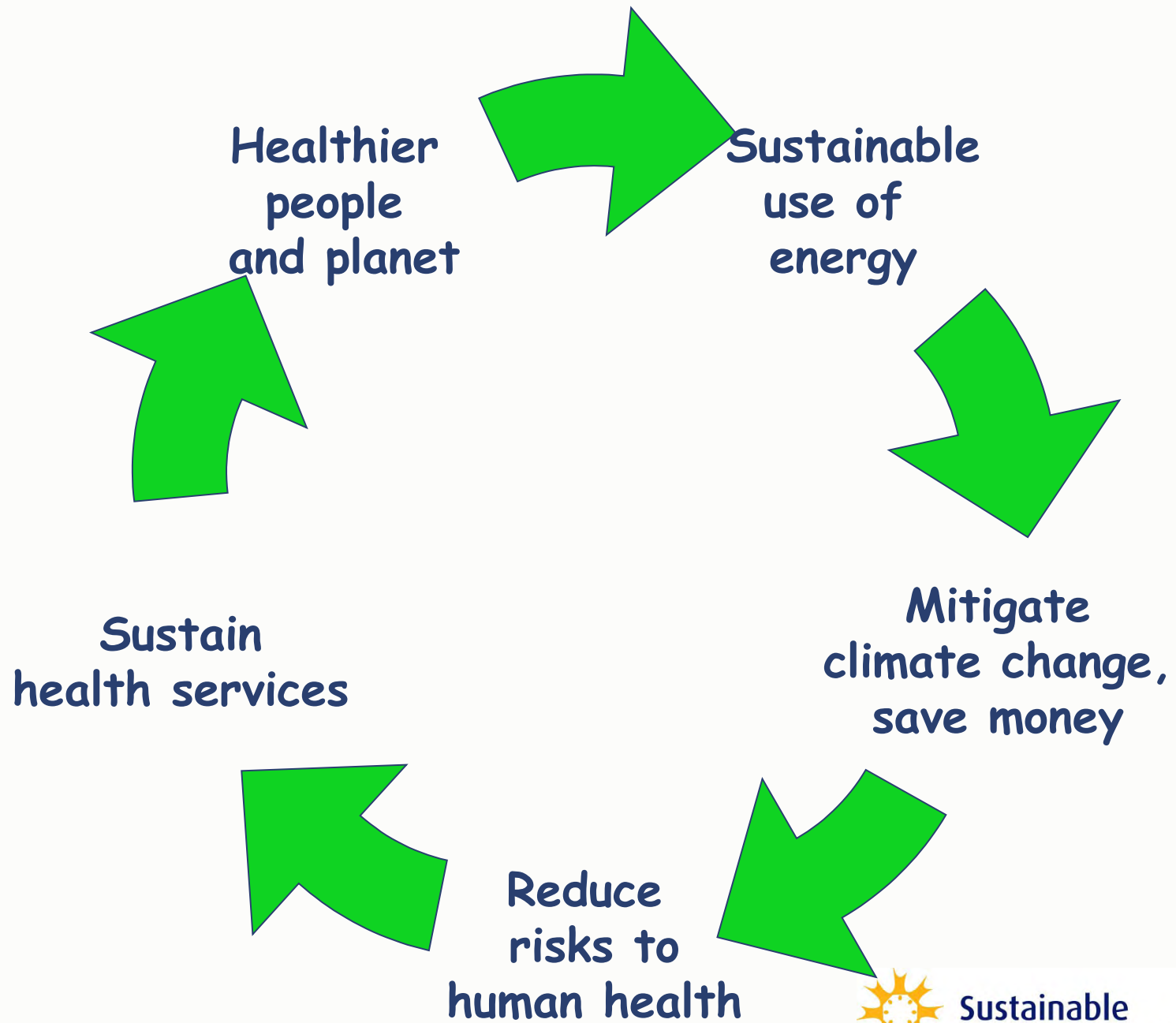
### Links and organisations involved:

Antrim Area Hospital (part of United Hospitals Trust) [www.unitedhospitals.org](http://www.unitedhospitals.org); Consulting Engineers: Angus Biggerstaff, White Young Green, Tel: 028 9070 6000, [www.wyg.com](http://www.wyg.com); Contractors: Total Communications Infrastructure (TCI), Tel: 028 9037 1122, [www.tci.net](http://www.tci.net)

**Contact:** Alistair Donaldson, Support Services Manager, Antrim Area Hospital, 45 Bush Road, Antrim, Northern Ireland, BT41 2RL, Tel: 028 9442 4609, Fax: 028 9442 4604, email: [alistair.donaldson@uh.n-i.nhs.uk](mailto:alistair.donaldson@uh.n-i.nhs.uk)

"Antrim Area Hospital in Northern Ireland is on track to save £90,000 a year in energy costs by generating its own wind power, to the benefit of patients and the environment."





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# Buying food



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# More fresh, nutritious, local food

Major factors in the growth in obesity are thought to be decreasing levels of physical activity and more sedentary lifestyles, and **the rise in our consumption of processed and “junk” food**

*Office for National Statistics*

Food transport in Britain emits **18 million tons** of carbon dioxide a year...Almost **a third more** food was flown into Britain than in 2005 ...Overall carbon dioxide emissions from all food transport **rose by 5 per cent** between 2005 and 2006

*Department for Environment, Food and Rural Affairs,, 2006*



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# Changing patterns of procurement

- ☀ influencing suppliers
- ☀ reducing packaging and waste
- ☀ supporting local businesses
- ☀ healthy food choices
- ☀ encouraging innovation
- ☀ ethical trading



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# Progress in Practice

## Cornwall's NHS Food Project

The NHS Trusts in Cornwall are working together to purchase more food from local suppliers and develop more jobs locally

### Summary

The five NHS Trusts in Cornwall work together as a healthcare community. They have achieved national recognition for their work on sustainable food procurement and the Government's Public Sector Food Procurement Initiative was launched by Lord Whitty, the farming and food Minister, at the Royal Cornwall Hospital in August 2003.

The Trusts believe that high-quality food for patients, staff and visitors is crucial to the provision of health care. Between them they spend about £1.5 million per annum on food products. Bringing this expenditure back into Cornwall and the South West would significantly improve the wealth, and the social and physical health, of the local community. It would also reduce carbon dioxide emissions through minimising food transportation.

The Royal Cornwall Hospital Trust has placed business with local suppliers, for sandwiches, fruit and vegetables, cheese and ice cream. It is currently considering the local procurement of milk. The Trust has worked with local suppliers to provide assistance and has secured the support of the NHS Purchasing and Supply Agency.

The NHS Trusts are now at the planning stages of a Central Production Unit (CPU) which will source local food and employ local labour, to provide meals for patients and staff in all healthcare establishments in Cornwall.



Jonathon Porritt, Chair of the Sustainable Development Commission, said:

*"This work is so commendable. It is exactly what is needed to support local economies, reduce the pollution from long-distance transport and agri-chemicals and develop a healthier diet."*

Mike Pearson, Catering Services Manager at the Royal Cornwall Hospital Trust, said:

*"NHS purchasing at a local level has a pivotal role to play in the sustainable development of its local community."*

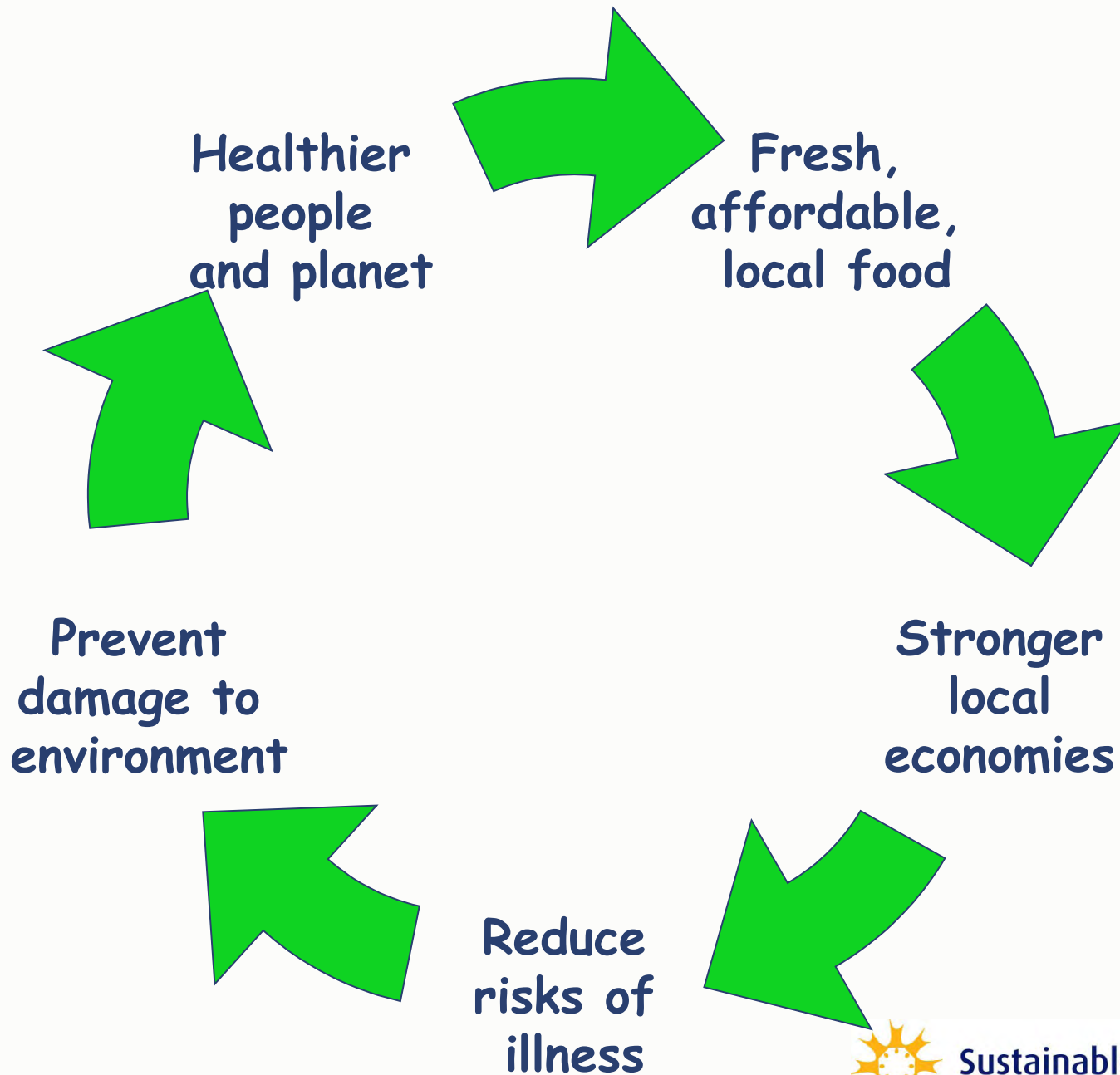
Links and organisations involved: Central Cornwall Primary Care Trust ([www.cornwall.nhs.uk/centralpct/](http://www.cornwall.nhs.uk/centralpct/)), Cornwall Partnership Trust ([www.cornwall.nhs.uk/cornwall\\_partnership\\_trust/](http://www.cornwall.nhs.uk/cornwall_partnership_trust/)), North & East Cornwall Primary Care Trust ([www.cornwall.nhs.uk/necornwall/](http://www.cornwall.nhs.uk/necornwall/)), Royal Cornwall Hospital Trust ([www.cornwall.nhs.uk/rcht/](http://www.cornwall.nhs.uk/rcht/)), West of Cornwall Primary Care Trust ([www.cornwall.nhs.uk/westcornwall/](http://www.cornwall.nhs.uk/westcornwall/)), Government Office for the South West ([www.gosw.gov.uk/](http://www.gosw.gov.uk/)), DEFRA ([www.defra.gov.uk/](http://www.defra.gov.uk/)), Soil Association ([www.soilassociation.org/](http://www.soilassociation.org/)), Sustain ([www.sustainweb.org/](http://www.sustainweb.org/)), NHS Purchasing and Supply Agency ([www.pasa.nhs.uk/](http://www.pasa.nhs.uk/)).

### Contact:

Nathan Harrow, Project Manager, Royal Cornwall Hospital Trust, Truro, Cornwall, TR1 3LJ  
01872 252895, [nathan.harrow@cornwall.nhs.uk](mailto:nathan.harrow@cornwall.nhs.uk)

"The Royal Cornwall Hospital Trust has placed business with local suppliers, for sandwiches, fruit and vegetables, cheese and ice cream. It is working to procure local milk."





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# Transport



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# Fact:

The British Medical Association has calculated that the health benefits of cycling outweigh the road accident danger by a factor of 20.



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NHS staff, patients and visitors travel more than **25 billion kilometres** a year - more than eight in ten by car.

Road transport accounts for **one quarter of all UK carbon dioxide emissions**. This is the only sector where emissions are due to be higher in 2020 than in 1990

In 2006, 3,172 people were **killed** and 260,360 were **injured** on roads in Britain. Pollution-related admissions are estimated to cost the NHS between **£17m and £60m** each year.



# Encouraging...

public transport

cycling & walking

lower carbon options

service design



planning for the longer term  
minimising travel and transport



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# Progress in Practice

## Addenbrooke's Hospital Travel Plan

Cambridge University Hospitals NHS Foundation Trust has an 'Access to Addenbrooke's' strategy to encourage more sustainable and healthy methods of transport to the hospital. It includes the first ever NHS commissioned and managed public bus service and the Space Programme to encourage people to leave their cars at home.

### Summary

With over 18,000 traffic movements each day Addenbrooke's Hospital - part of the Cambridge University Hospitals NHS Foundation Trust - is reported to be the largest single generator of traffic in Cambridgeshire. In order to cope with this huge volume of traffic, they have an Access to Addenbrooke's strategy to help reduce car parking demand and traffic congestion. At peak times more than 60 buses stop at Addenbrooke's per hour and bicycle parking has increased to 1,300 spaces. This is complemented by a weekly visiting cycle repair service. To encourage staff to use more sustainable and healthy methods of transport, the Trust offers interest-free loans for pedal cycle or motorcycle/scooter purchase, have 16 pool cars, a car-share scheme and offer discounted weekly bus tickets. Latest reports on the Trust's highly successful travel plan show impressive shifts from car commuting to healthier and more sustainable modes of transport. Bus use is now at 23% (from 12% in 1999) and cycling is up to 25% (from 21% in 1999). All Access to Addenbrooke's initiatives are self-funding - no money destined for patient care is used for any Access projects.

In conjunction with the travel plan, the Space Programme advertising campaign was launched to inform people travelling to the site about all the transport options available to them and to encourage them to leave their cars at home.



In July 2004, Addenbrooke's Hospital launched the first public bus service in the country to be commissioned and managed by the NHS. Two new H1 'Addenbrooke's Shuttle' buses provide a regular service between Addenbrooke's Hospital and Trumpington Park and Ride in a move designed to reduce car traffic in the hospital's vicinity and thus help improve Cambridge traffic congestion in general. This service operates like any other public bus service and is fully accessible to disabled users.

Dr Wyn Hughes, who commissioned the Addenbrooke's Shuttle service, said: *"The Addenbrooke's Shuttle is just one of the methods of transport patients, visitors and staff can use to get to the hospital - and we're hoping that it will help make a real difference to traffic congestion in the area."*

"Access to Addenbrooke's" encourages more sustainable and healthy transport to the hospital. It includes the first ever NHS public bus service and the Space Programme to encourage people to leave their cars at home.

Links and organisations involved: Addenbrooke's Hospital's travel information is available at: [www.addenbrookes.org.uk/directions/index.html](http://www.addenbrookes.org.uk/directions/index.html) and Space Programme information is available at [www.spaceprogramme.org.uk](http://www.spaceprogramme.org.uk).

Contact: Emma Oram, Press Officer, Communications Department, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ, Tel: 01223 274 433, Fax: 01223 257 143, [emma.oram@addenbrookes.nhs.uk](mailto:emma.oram@addenbrookes.nhs.uk)





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# New buildings



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# The NHS building boom

## By 2010

- ☀ more than £11 billion will have been invested in 100 new hospitals
- ☀ more than £1 billion in new primary care buildings
- ☀ plus continuing investment in refurbishing existing buildings



# Sustainable building...



planning

design and landscaping

energy and emissions

water and waste

building materials

location and access

green spaces

regeneration

local labour force

community and staff engagement



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# Promoting natural environments



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# Getting out more



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People who **live near trees and grass** have a more positive attitude to life and make more social contacts

Patients with Alzheimer's who have regular **access to a garden** are less troubled by anger and negativity than those without access.

Prison inmates with a **view of nature from cell window** need less healthcare

Patients with a **view of trees** after gall bladder surgery recover faster, leave hospital earlier and need fewer painkillers, than those with a view of a wall.





PATIENT  
RECOVERY  
AREA

# The NHS can...

## Promote better mental and physical health through

- ☀ **“Green” travel plans**
- ☀ **landscaping NHS environments**
- ☀ **making better use of trees, gardens, green spaces**
- ☀ **planning land-use with partner organisations**
- ☀ **prescribing exercise in natural surroundings**



# [www.corporatecitizen.nhs.uk](http://www.corporatecitizen.nhs.uk)

- ☀ Launched February 2006 by Minister for Public Health and DH Permanent Secretary
- ☀ 15,950 visitors in first year
- ☀ 185 NHS organisations have signed up to take the on-line test, including one in three Strategic Health Authorities
- ☀ 75 non NHS organisations have registered



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# The business case

## Financial savings

- ☀ less spent on energy, waste disposal

## Improved staff morale

- ☀ a well-designed building enhances staff performance

## A healthier local population

- ☀ employed people are healthier people

## Faster patient recovery rates

- ☀ Good food and a healthy environment can speed patient recovery





## Saving Carbon, Improving Health

A Draft Carbon Reduction Strategy for the NHS in England  
- a consultation document



The NHS  
now has a  
dedicated  
Sustainable  
Development  
Unit and a  
carbon  
reduction  
strategy,  
out for  
consultation

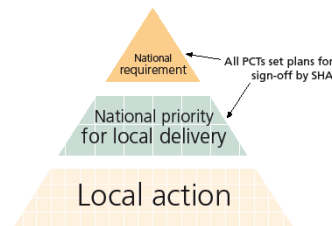


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# the operating framework. **vitalsigns.**

	Indicator	Commitment
Cleanliness and health care associated infections	MRSA number of infections	MRSA levels sustained, locally determined stretch targets taking us beyond the national target.
	Rates of Clostridium difficile	C difficile reduction of 30 per cent by 2011, differential SHA envelopes to deliver a 30 per cent reduction nationally by 2011
Access to personalised and effective care	Achievement of CNGT risk management standards	
	Percentage of patients seen within 18 weeks for admitted and non-admitted pathways Supporting measures: Number of diagnostic waits > 6 weeks Percentage of patients seen within 18 weeks for direct access audiology treatment Activity levels Patient-reported experience of 18-week pathways	To ensure that, by December 2008, no one waits more than 18 weeks from referral to the start of hospital treatment or other clinically appropriate outcome (for clinically appropriate patients who choose to start their treatment within 18 weeks)
	Patient experience of access to primary care Supporting measures: Extended opening hours for GP practices Increased capacity in primary care Patient reported access to out-of-hours care (indicator to be developed)	At least 50 per cent of GP practices in each PCT offer extended opening to their patients 100 new GP practices, including up to 900 GPs, nurses and healthcare assistants introduced into the 25 per cent of PCTs with the poorest provision
	Proportion of patients with breast symptoms referred to a specialist who are seen within 2 weeks of referral	All patients by December 2009
	Proportion of women aged 47-49 and 71-73 offered screening for breast cancer	NHS Breast Cancer Screening Programme will be extended to all women aged 47-73 by 2012
	Proportion of men and women aged 70-75 taking part in bowel screening programme	NHS Bowel Cancer Screening Programme will be extended from 2010 to invite men and women aged 70-75 to take part
	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (surgery and drug treatments)	Patients wait no more than 31 days from decision to treat to start of treatment, extended to cover all cancer treatments by December 2008
	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	Patients wait no more than 31 days from decision to treat to start of treatment, extended to cover all cancer treatments by December 2010
	Proportion of patients with suspected cancer, detected through national screening programmes or by hospital specialists, who wait less than 62 days from referral to treatment	All patients with suspected cancer, detected through national screening programmes or by hospital specialists, wait no more than 62 days from referral to treatment by 2009
	Proportion of people with depression and/or anxiety disorders who are offered psychological therapies	
	Proportion of adults (18 and over) supported directly through social care to live independently at home	
	Proportion of people achieving independence 3 months after entering care/rehab – rate per 10,000	
	Primary dental services, based on assessments of local needs and with the objective of ensuring year-on-year improvements in the number of patients accessing NHS dental services	
	Proportion of adults with learning disabilities in settled accommodation	
	Proportion of adults in contact with secondary mental health services in settled accommodation	
	Proportion of adults with learning disabilities in employment	
	Proportion of adults in contact with secondary mental health services in employment	
	Patient-reported unmet care needs	
	Number of delayed transfers of care per 100,000 population (aged 18 and over)	
	Proportion of people with long-term conditions supported to be independent and in control of their condition	
	Timeliness of social care assessment	
	Timeliness of social care packages	
	Ambulance conveyance rate to A&E (to be developed)	
	Proportion of all deaths that occur at home	
	Patient-reported measure of choice of hospital	
	Adults and older people receiving direct payments and/or individual budgets per 100,000 population (aged 18 and over)	
	Proportion of cases receiving a 'care's break' or a specific service for carers as a percentage of clients receiving community-based services	
	Prescribing indicator (to be developed)	
	Number of emergency bed days per head of weighted population	
	Rate of hospital admissions for ambulatory care sensitive conditions per 100,000 population	
	Learning disabilities (indicator to be developed)	
	All-age all-cause mortality rate per 100,000 population	
Improving health and reducing health inequalities	<75 CVD mortality rate	
	Implementation of the stroke strategy	
	Vascular risk score	
	Percentages of patients admitted with a heart attack who, upon discharge, are prescribed an anti-platelet, a statin, a beta-blocker	
	<75 cancer mortality rate	
	Proportion of women receiving cervical cancer screening test results within 2 weeks	All women should receive the results of their cervical screening tests within 2 weeks by 2010
	Suicide and injury of undetermined intent mortality rate	
	Smoking prevalence among people aged 16 or over, and aged 16 or over in routine and manual groups (quit rates locally 2008)	
	Percentage of women who have seen a midwife or a maternity healthcare professional, for assessment of health and social care needs, risks and choices, by 12 completed weeks of pregnancy	
	Under-18 conception rate per 1,000 females aged 15-17	
	Obesity among primary school-age children	
	Proportion of children who complete immunisation by recommended ages	
	Percentage of infants breastfed at 6-8 weeks	
	Effectiveness of Children and Adult Mental Health Service (CAMHS) (percentage of PCTs and local authorities that are providing comprehensive CAMHS)	
	Healthy life expectancy at age 65	
	Rate of hospital admissions per 100,000 population for alcohol-related harm	
	Number of drug users recorded as being in effective treatment	
	Prevalence of chlamydia	
	Patients with diabetes in whom the last HbA1c is 7.5 or less from Quality Outcomes Framework (QOF)	
	Proportion of people where health affects the amount/type of work they can do	
	Hospital admissions caused by unintended and deliberate injuries	
	Mortality rate from causes considered amenable to healthcare	
Reputation, satisfaction and confidence in the NHS	Self-reported experience of patients and users	
	Public confidence in local NHS	
	NHS staff survey scores-based measures of job satisfaction	
	Self-reported measure of people's overall health	
	Patient and user reported measure of confidence in dignity in their treatment	
	Parents' experience of services for their children	
Finance	Financial balance (PCT)	
	NHS estates energy/carbon efficiency	

Can you spot the breakthrough?



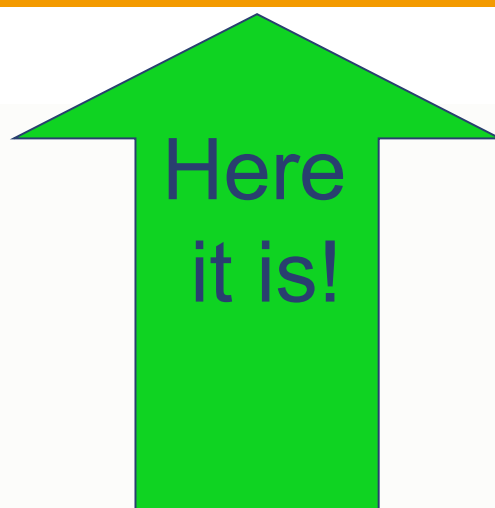
PCTs need to choose – in consultation with local partners – which of these to prioritise locally

Supporting measures are required for performance management purposes



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	Parents' experience of services for disabled children
Finance	Financial balance (PCT)
	NHS estates energy/carbon efficiency





'Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.'





Don't just stand there, do something!

# Thank you

[www.sd-commission.org.uk](http://www.sd-commission.org.uk)



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