

# Creating Sustainable Health and Social Care Pathways: From Research to Impact

Luis Loria-Rebolledo

Preference And ValuE Theme, Health Economics Research Unit, University of Aberdeen







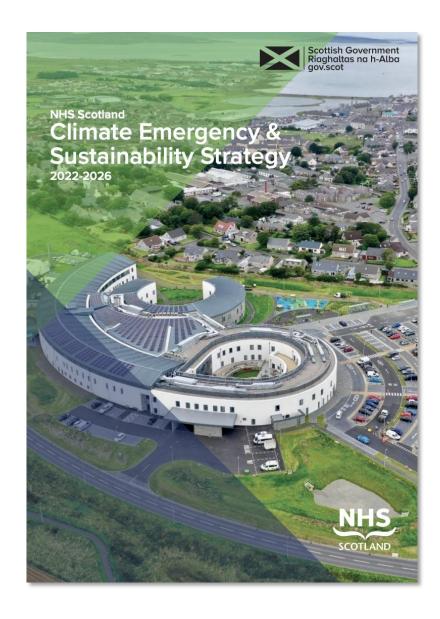


### Why NHS Scotland (NHSS) open spaces (OS)?

**Exposure** to open (green, blue or open) spaces offers many **health** and wellbeing benefits. But not everyone uses (or can easily use) these spaces.

NHSS OS can contribute to these benefits. Half of NHSS estate (966 sites) is open space, covering 825 hectares (twice the size of Loch Lomond Nature Reserve or about 1,500 football fields)...

But the use and value of this estate is not fully understood,



NHS Scotland is a custodian of significant areas of greenspace and we are committed to working with our local communities and other partners to develop and manage this public asset in a way which improves public health, reduces health inequalities and helps to address biodiversity loss and the climate emergency.

- 107. To ensure the development and management of NHS greenspace in a way which supports staff, patients and local communities, improves public health and reduces health inequalities, and helps to address biodiversity loss and climate change we will:
  - ✓ digitally map the extent, quality and accessibility of NHS greenspace
  - develop and implement a strategic framework for greenspace at the local Health Board level
  - use natural capital approaches to assess and value the contribution of NHS greenspace to delivering climate, sustainability and health outcomes, including carbon sequestration

#### First, site mapping...



Foresterhill Health Campus (Aberdeen Royal Infirmary, Aberdeen Maternity Hospital, Royal Aberdeen Children's Hospital). NHS Grampian.

Total Area: 46.75 ha

Open Space: 15.56 ha (33%)



Loch Leven Health Centre. NHS Tayside.

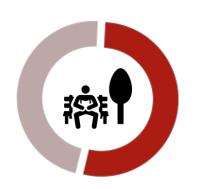
Total Area: 0.991 ha

Open Space: 0.34 ha (34%)

#### Then, a nationally representative

- Design based on Scotland's People and Nature Survey (n = 2,449 adults):
  - Fielded October-November 2024.
- Gather data on:
  - Visits to NHS estate and its open spaces
  - General outdoor recreation
  - Respondent characteristics.
- Use Office for National Statistics and The Green Book methods for Natural Capital Accounting to quantify:
  - The health benefit gain and value from exposure to NHS open spaces
  - A wider amenity value of the spaces.

#### How are NHSS OS used...



53% of adults have spent time in an NHSS open space in the previous twelve months.



65.9% trip main reason was using NHS services



78% last less than one hour; half less than 30 minutes.

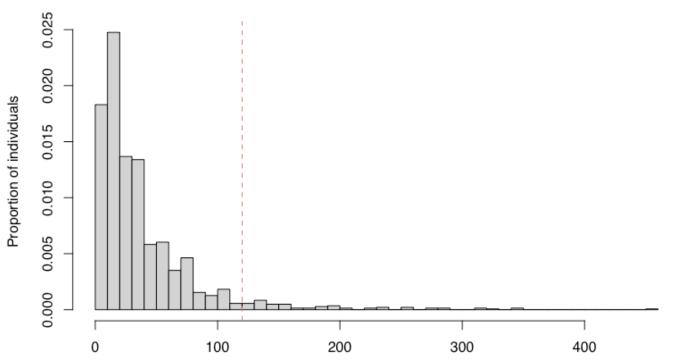


Walking & relaxing most common activities.



Helped
destress, relax
and unwind
most agreed
benefit

### NHS sites generate a lot of exposure to open space...



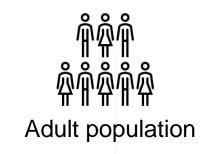
Weekly average exposure to NHSS open spaces, seasonally adjusted. Red bar indicates 120-minute threshold after which user is assumed to derive health benefits.

Est. 128 million visits NHSS open spaces.

 Most are to smaller primary care sites (GP Surgeries and Health Centres).

91 million hours spent annually in NHSS open spaces.

At least 34% (est. 31 million) from sites with less than 0.85 hectares (1x







**Direct** health benefits (NHSS visits in isolation):

**5.1%** population Est. 230,318

4,595 £82.0 million

Attributable health benefits (combined with other outdoor visits):

4.8% population Est. 205,155

4,093 £73.0 million



**2.6%** population Est. 111,270

**2.2%** population Est. 93,885

2,219 £39.6 million

1,874 £33.4 million

#### Who is more likely to use the estate...

NHSS shares inequalities with other traditional open spaces



Male



**Higher** income



Younger age



Living with at least one under-18

NHSS can facilitate access that can reduce health inec

NHSS facilitates exposure when not easily available



No private garden at home



Living over 1 mile from nearest open space



Living with physical disability



Living with mental health condition

## Delivering Immediate Sequential Bilateral Cataract Surgery (ISBCS)







#### Why Cataract Surgeries?

Cataract surgeries are **one of the top five** most common procedures and the **most common** surgery in Scotland...and demand is only going to **increase**.

Relatively simple and quick (10-20 minutes) that can have a **significant positive impact on the quality of life of patients** (Javed et al., 2015). But there can be long waiting lists...

Each generates roughly 100 kilograms of CO<sub>2</sub> equivalent (van-Hove et al., 2024). And inconvenience for patients as they need to travel.

#### Implementing IBSCS





**Delayed** sequential bilateral cataract surgery

**Immediate** sequential bilateral cataract surgery

NHS Tayside has increased capacity from 12–14 to 24–32 cataract surgeries per day.

The *national Centre for Sustainable Delivery* estimates that implementing IBSCS can save up to **146 KiloTonnes of CO<sub>2</sub> equivalent** from reduced patient travel (equivalent to the carbon sequestered by 2.4 million tree seedlings over 10 years).

#### ISBCS uptake...

Studies and data have shown they are safe and have high levels of uptake, but some **hesitancy remains**.

Reasons are poorly understood, but most cited is the perceived cross-contamination infection risk that could lead to permanent vision loss.

But it's a complex picture: patients may also have different contexts and concerns...

- Those with limited support networks?
- Aversion to the recovery period following an IBSCS.

#### Incorporating preferences...

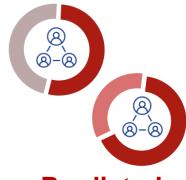
Using a national survey in Scotland, we will use economic methods (Discrete Choice Experiments) to understand what people care and derive the trade-offs for different patients:



Benefit-risk uptake matrix



Maximum
Willingness to
travel



Predicted
Uptake based on context

Inform a **prediction model** to understand the real impact on waiting lists, increased societal health and wellbeing and environmental ...

### The One Health System Net Zero Hub























University for the Common Good

#### A UK-wide approach, Scotland-led

Decarbonising health and social care pathways: a UK research hub that will work with patients to design-out carbon from care pathways.

Funded by UKRI and NIHR, includes a specific work program to re-imagine the patient journey for those living with anxiety and depression, using Scotland as case study.

£42m funding to ensure health is central to net zero strategies



Subscribe to UKRI emails

Keep up to date with funding, news and events, and a weekly newsletter.

Subscribe

3 March 2025

Seven new transdisciplinary research hubs will explore ways to ensure the UK's transition to net zero also protects and promotes physical and mental health.

#### Reimagining health care pathways:

Drawing on the lessons of social prescribing, we will:

- 1. Map the sources of emissions in the different patient journeys.
- Co-create emission reduction plans which are low emission and non-clinically based.
- Implement and adapt the plan, with NHS Tayside (Dundee) as case study.
- 4. Monitor and evaluate the health, social and economic outcomes.

A call to action: we need all the help we can get!

### Thank you.

#### **Contact Information:**

Luis Loria-Rebolledo: <a href="mailto:luis.loria@abdn.ac.uk">luis.loria@abdn.ac.uk</a>

Health Economics Research Unit: abdn.ac.uk/heru

NHS Scotland Outdoor Estate Report Link: https://doi.org/10.57064/2164/25



Collaborating with the One Health Hub Contact:

<u>UKHub\_OneHealthSystems@exeter.ac.uk@abdn.ac.uk</u>