Minor Procedures, Wider Impact

Can Decentralised Care Make Healthcare More Sustainable?

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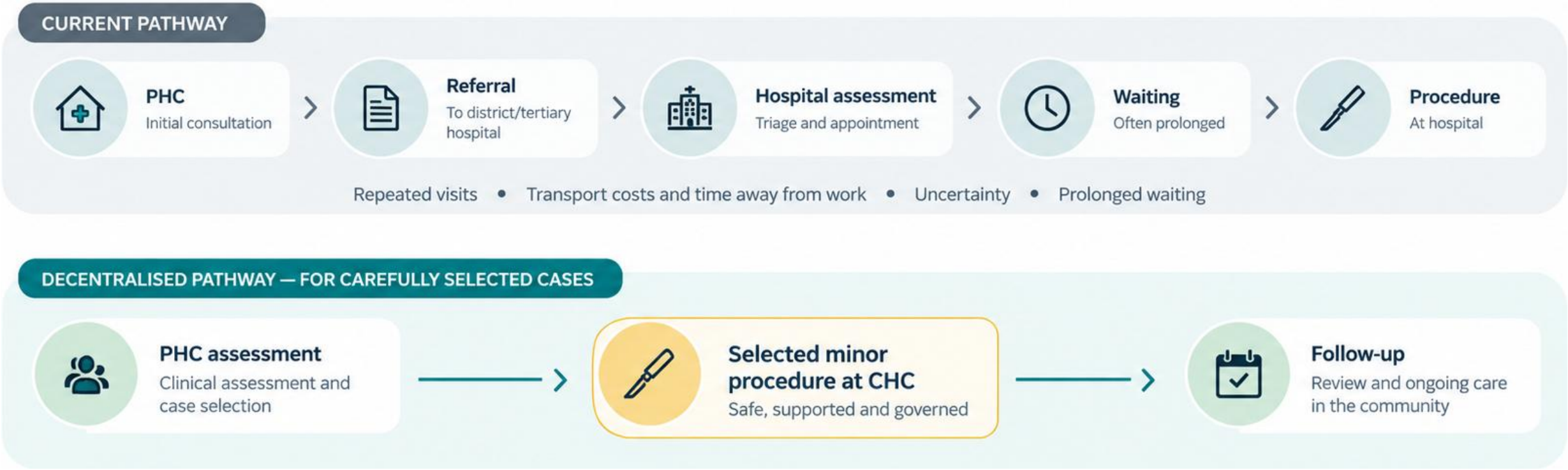
A shorter patient journey



Appropriate case selection, specialist support and local follow-up underpin the proposed pathway

Aligned with national referral policy: care at the appropriate level, based on capability

Setting and methods

SETTING District-supported primary care in Tshwane, Gauteng

DESIGN Prospective descriptive service evaluation

PERIOD Early implementation report: May–July 2026

ANALYSIS Service activity and implementation processes

Selected benign superficial lesions, with training and specialist support

Training within a service

1. **TRAIN**
   Theory + practical skills
2. **MENTOR**
   Specialist support
3. **PRACTISE**
   Supervised workplace-based learning
4. **DELIVER**
   Regular facility lists
5. **LEARN**
   Use data to refine the service

Early implementation reach

May–July 2026

4

facilities with regular lists

18

clinicians completed training

78

procedures performed

Programme update to October 2026

142 completed procedures cumulatively (May–October). 15 additional clinicians trained.
3 additional CHCs completing supervised training before regular lists.

Clinical, financial and environmental outcomes need further evaluation

Collaborative learning

Clinicians and specialist	Case selection, practice and escalation
Nursing team	Preparation, wound care and follow-up
List coordination	Booking, communication and reliable supplies
Procurement and waste	Supplies, packaging and waste segregation
Patient	A manageable pathway and clear expectations

Different people see different needs
Proposed next step: shared case discussion and debrief

The system around the procedure

Referral and booking

A clear route into the service

Follow-up and complications

Named responsibility and surveillance

Data and digital support

Visibility across sites

Reliable delivery

Supplies, staff time and escalation

The procedure could move. The system around it had to follow.

Sustainability across the whole pathway

Potential benefits and costs to test

Dimension	Potential benefit	Costs and risks to include
Social	Fewer journeys and less time away	Patient experience and staff workload
Financial	Less hospital activity for selected cases	CHC staff, training and supplies
Environmental	Less travel across the pathway	Supplies, sterilisation and waste

Safe patient outcomes remain the test of value

Cost and carbon savings have not yet been measured

Measuring sustainability

Proposed next phase. Carbon savings have not yet been quantified.

CARBON: HOSPITAL AND CHC PATHWAYS

Travel activity and appropriate emissions factors estimate travel emissions

Travel estimates first, reported separately in kg CO_2e per completed pathway

OTHER OUTCOMES

Safety and follow-up. Patient costs and time away. Staff workload and service costs.

Materials, sterilisation and waste: extend the scope as data become available

Applicability in other settings

WHERE IT MAY FIT	Suitable lesions and a burdensome referral pathway
WHAT IT NEEDS	Trained teams, mentorship, supplies and safe follow-up
WHAT MUST ADAPT	Procedure scope, staffing, referral and escalation routes
HOW TO BEGIN	One facility, limited scope and measured local outcomes

Transferability and sustainability need local evaluation

Minor procedures may be minor. Access to them is not.

Decentralised care has the potential to improve sustainable value

Appropriate cases. Supported teams.
Measured outcomes across the whole pathway.

Thank you

References

Diedericks C, Eales O, Brand M. Programme abstract (2026)

Digitally supported minor surgical programme in primary healthcare

National Department of Health. National referral policy (2020)

Referral Policy for South African Health Services and Implementation Guidelines

Centre for Sustainable Healthcare. SusQI resources

Measuring impact and environmental outcomes

World Health Organization (2010)

Framework for Action on Interprofessional Education and Collaborative Practice

World Health Organization (2025)

Measuring greenhouse gas emissions in health systems