



CARBON SAVINGS

The carbon savings of telephone clinics will vary between renal units catering for different geographical areas and patient numbers. Replacing a single face-to-face clinic with telephone consultations will contribute significantly to carbon savings. These can be calculated by undertaking a simple transport survey on patients attending clinic.

For each patient:

- identify the primary modality of travel (eg walking or cycling, car, bus, train, or tube).
- identify the *return* distance travelled in kilometres (perhaps by using GoogleMaps and the postcodes of the patient's home address and the renal unit).
- Calculate the total number of kilometres travelled by each modality for patients attending a single clinic.
- convert these distances to emissions using the relevant conversion factors.

Transport Modality	Conversion Factor
Bus	0.30462 kgCO ₂ /eq/km
Train	0.06313 kgCO ₂ /eq/km
Car (average sized, diesel or petrol *)	0.20487 kgCO ₂ /eq/km
Active Transport (walking, cycling)	0 kgCO ₂ /eq/km

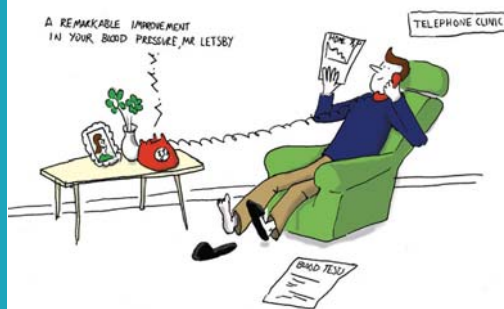
* more specific conversion factors, for different engine sizes and fuel types, are available from the DEFRA website.

Using a similar method, the annual carbon savings resulting from the fortnightly telephone clinic in Coventry have been estimated at ;

2000 kgCO₂ equivalents

THE USE OF TELEPHONE CLINICS IN FOLLOW UP OF RENAL

<http://www.greenerhealthcare.org/nephrology-resources/telephone-clinics>



THE FACTS

Most transplanted patients are required to attend hospital frequently, often for many years, particularly during the months following surgery and during any periods on dialysis.

Whilst clinicians may sometimes think that these patients become 'used to it', the reality is that most patients find these frequent trips to hospital extremely wearing, and the opportunity to reduce them is therefore often interpreted very positively by patients, empowering them to take greater responsibility for their care.

Patient and staff transport contributes nearly one fifth of the carbon footprint of the NHS.

THE PROCESS

- In preparation for a telephone consultation, patients undertake their blood tests by visiting either their GP, one of four local hospitals, or the city centre phlebotomist service and provide up-to-date blood pressure and weight readings (which can either be taken at home or at the Family Practice).
- Telephone appointments are scheduled to last 10-15 minutes, and the patients ring in at designated times.
- Letters are sent to GP's in the normal manner. Blood test forms are sent out to patients along with their next appointment time.



"Although telephone consultations are obviously more convenient, those patients embracing the telephone clinic that we run appear to see empowerment as the biggest benefit."

Dr Rob Higgins, Consultant Nephrologist, University Hospital Coventry & Warwickshire.

"I'd love to see RenalPatientView.org, which allows patients to view their own blood results, extended so that the blood tests can be done locally and uploaded to it. Then the consultation with the specialist could be done afterwards by phone, email or even Skype. This would save patients having to physically turn up regularly, and sometimes very frequently, to clinic – often mainly just to have a needle stuck in their arm."

Andy Williamson (Vice Chair - Guy's and St Thomas' Kidney Patient Association)

'HOW TO GUIDE' GETTING STARTED

- Ascertain the size and frequency of the telephone clinic you wish to run.
- Consider the resources you will require.
- Determine how your unit will be funded for the telephone clinic.

FURTHER TIPS

Ensure that patients appreciate that they can return to face-to-face appointments at a later date if they choose to do so.

It is important that the Trust and commissioning body define the unit of care covered by any agreed tariff. For example, it might be important to state whether or not impromptu phone calls between patients and clinicians that occur between designated telephone clinic appointments will also count as consultations.

FINANCIAL CONSIDERATIONS

Although sometimes perceived as a barrier to virtual medicine, the Payment by Results (PbR) system in fact makes provision for it. Clauses 174-177 of the Payment by Results Guidance for 2009 (available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_097469.pdf) state that the tariff commanded by non-face-to-face activity of any nature is £23. However, this figure is designated as 'non-mandatory', meaning that it is negotiable with the Primary Care Trust commissioning body.

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