

Green Nephrology Awards 2012

Cornwall Renal Unit: Patient Results Monitoring Service

The renal department at the Royal Cornwall Hospitals NHS Trust conducted a ten month pilot study of a Kidney Patient Results Review Monitoring Service from June 2011 to March 2012. Patients with chronic kidney disease (CKD) III and IV were managed in primary care with secondary care supervision of blood results. The model successfully reduced the number of patient visits to renal outpatients, saving on patient time and travel, without compromising care.

Benefits to environmental sustainability

During the pilot, a total of 135 patients came under the review service, 119 of them were reviewed, with 95 clinic visits being saved.

Mileage between the patients' homes and the hospital where they attended their renal outpatient clinic were calculated using the 'RAC Routeplanner' website. A total of 2,020 miles were 'saved' resulting in a saving of 2020 miles \times 0.37604 kgCO₂e per mile* = **760 kgCO₂e**

It is also worth noting that some patients would be travelling to their appointments by ambulance or hospital funded transport. 2 patients, who live on the Isles of Scilly, used to be flown by helicopter for each visit.

* total GHG conversion factor for medium cars using unknown fuel, taken from Annex 6 (Passenger Transport) of Defra 2012 greenhouse gas conversion factors for company reporting, available from: <http://www.defra.gov.uk/publications/2012/05/30/pb13773-2012-ghg-conversion/>

86% of patients felt that having blood tests taken at the surgery saved them time, money and the stress of travelling to hospital

Details of implementation

Funding was offered via the Southwest Peninsula Network to set up a 'virtual' CKD clinic. Our team took up this opportunity, recognising the particular benefits in Cornwall, where rural patients currently travel long distances. The lead consultant was Dr. Rob Parry, supported by PRMS nurse, Mel Geall.

Work over the past three years has embedded sustainability as a consideration across the management of the renal unit. It was therefore a natural step to include patient mileage and carbon analysis in the design of the pilot study. This was led by the PRMS nurse. We also took the opportunity to flag up the carbon savings to patients and GPs via the survey questionnaires and ask for their views.

Patient numbers have been limited due to the relatively short length of the pilot. In the final couple of months we stopped taking new patients into the service pending a decision on funding. Negotiation is currently under way to agree a tariff to non face-to-face review, which will allow the service to continue long term.

Logistically, looking at all patients blood results is relatively straightforward, but monitoring patients bloods alone does not fulfil the requirements of the Renal National Service Framework. GPs are now being asked to ensure PRMS patients have blood pressure checked and urinalysis carried out.



Additional benefits

Patient satisfaction

95% of patients were happy with the way they received results. Only 24% stated that saving carbon emissions was important to them, while 86% felt that having blood tests taken at the surgery saved them time, money and the stress of travelling to hospital.

Cost benefit

Costs: The pilot had funding for 1 day/week Band 6 specialist nurse and 2 hours/week consultant time (approx. £10,000 in total).

Savings: 175 tests were reviewed remotely, saving 95 clinic visits at a tariff of £128* = £12,160.

* 2011-12 PbR tariff for follow up attendance in nephrology, single professional



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