

Green Nephrology Summit 2012

Position Statement

Sustainable Healthcare

Sustainable healthcare delivers the highest possible value to patients from a radically reduced resource input.

The scale and urgency of carbon cuts needed to protect from climate change dwarf the financial challenge currently faced by the NHS. To meet the UK's carbon reduction targets, the health sector will need to go well beyond simple efficiencies to strip out redundant process and create whole systems change. This is an opportunity to re-imagine a more preventative, flexible, smaller health service organised around the true needs of patients.

Policy Barriers

The transformation to sustainable healthcare will place greater emphasis on upstream prevention, lean service design and patient empowerment – including better use of technology to enable patients to participate actively in monitoring their condition and, where appropriate, to access care remotely. However, current funding arrangements in the NHS incentivise healthcare activity over patient outcomes and experience, and therefore make it difficult to deliver system-wide savings in carbon and money without destabilising the provider units.

A Challenge to Policy Makers

Kidney care has been the first clinical specialty to address its environmental impact, under the banner of “Green Nephrology”. Local initiatives in kidney units are saving hundreds of tonnes of greenhouse gas emissions each year (and thousands of pounds).

The kidney care community is ready to lead in the innovation and adoption of high quality, patient-centred, sustainable care systems.

We call upon policy makers and healthcare commissioners in the NHS to support us by developing funding models which incentivise outcomes over activity, and reward services for improving health and reducing demand.

London, 26 September 2012

NOTES

I. Climate change: a major threat to health in the 21st Century

The World Health Organisation (WHO) estimates that the climatic changes which occurred between 1961-2000 caused 150,000 deaths per year and were responsible for a total loss of 920,300 Disability-Adjusted Life Years (DALY) across the worldⁱ. It has been predicted that an average temperature rise of just two degrees centigrade will have a catastrophic impact on human healthⁱⁱ.

2. NHS Sustainability

The health sector is itself a major contributor to greenhouse gases, which cause climate change: the NHS in England produced 20 million tonnes of CO₂ equivalents in 2010, or approximately 25% of public sector emissionsⁱⁱⁱ. The NHS Sustainable Development Unit (SDU) was established in April 2008, to support “the NHS to fulfil its potential as a leading sustainable and low carbon healthcare service”. In January 2009, the SDU published the ‘Saving Carbon, Improving Health: NHS Carbon Reduction Strategy for England’^{iv}, introduced by NHS Chief Executive, Sir David Nicholson. The Strategy commits the NHS to reduce carbon emissions to 80% below 1990 levels, by 2050, in line with the legally-binding targets set by the UK Climate Change Act (2008).

3. Funding incentives for NHS providers

The Payment by Results funding system sets tariffs for units of healthcare activity. For example, a specialist care provider in England receives £124 (single professional) or £219 (multi-professional) for every follow-up outpatient attendance in nephrology, or up to £454 for a first attendance^v. This arrangement creates an incentive to maintain a high volume of outpatient visits, even where a proportion of patients may require less frequent review, or might be more appropriately managed in primary care. Similarly, providers are discouraged from engaging in upstream interventions, which, by improving health, reduce demand for their services, thereby potentially threatening their financial stability.

4. Funding arrangements for telemedicine in NHS England

The 2012-13 Payment by Results non-mandatory tariff for non face-to-face outpatient attendances is £23^{vi}, as compared with mandatory tariffs of £124 (single professional) and £219 (multi-professional) for face-to-face follow up outpatient attendances in nephrology^{vii}.

The much lower tariff for non face-to-face attendances does not reflect the actual costs to providers, since the requirement for clinical expertise, time and administrative costs may be only marginally reduced, if at all.

5. Green Nephrology – a model for sustainable healthcare

In 2009, the Centre for Sustainable Healthcare partnered with the Renal Association, the British Renal Society, NHS Kidney Care, the National Kidney Federation (representing patients), the NHS Sustainable Development Unit and industry partners to set up the Green Nephrology programme to support sustainable kidney care.

The Green Nephrology programme has successfully delivered:

- Green Nephrology Summits (sponsored by Baxter Healthcare, NHS Kidney Care and the Association of Renal Industries)
- Green Nephrology Fellowships (sponsored by NHS Kidney Care, the Association of Renal Industries, J&J and by private donations)
- Green Nephrology Network of local representatives - encompassing >80% of UK renal units.
- Green Nephrology Awards – for projects undertaken in local renal services

- National meeting on the role of telemedicine and remote monitoring in kidney care, joint with the Royal Society of Medicine, March 2011.

Working intensively in kidney care, the Green Nephrology programme has demonstrated a new approach to sustainable healthcare: creating a model of clinical transformation to inspire all clinical specialties. Published work includes a comparative carbon footprint of haemodialysis provided at home vs. in-centre, as well as a carbon footprint of a local renal service and case studies of local green initiatives^{viii ix x xi xii xiii}.

Website: <http://sustainablehealthcare.org.uk/green-nephrology>

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