

The Carbon Footprint of Outpatients

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Background

In the NHS 18% of carbon emissions are related to patient and staff travel.

The NHS SDU has suggested that organisations collect baseline data for staff and patient travel and set targets for reducing emissions using active travel planning.¹

One strategy for reducing patient travel is holding hospital outpatient clinics in peripheral locations.

This project aimed to collect baseline data on patient travel to outpatient appointments both at Salisbury District Hospital and other locations, providing a baseline for the Trust to consider when locating clinics.

Patient feedback on ways to facilitate lower carbon transport options was also invited.

Methods

Data was obtained on clinic attendance in all locations for a one year period.

A survey was administered to 164 patients attending clinics in 5 locations including the main hospital site. Data included patients' postcodes and specific mode of travel with additional questions on lower carbon transport preferences.

This data was used to calculate carbon emissions per patient using Department for Energy and Climate Change emission conversion factors.² For each location the overall annual carbon emissions and average emissions per patient were calculated.

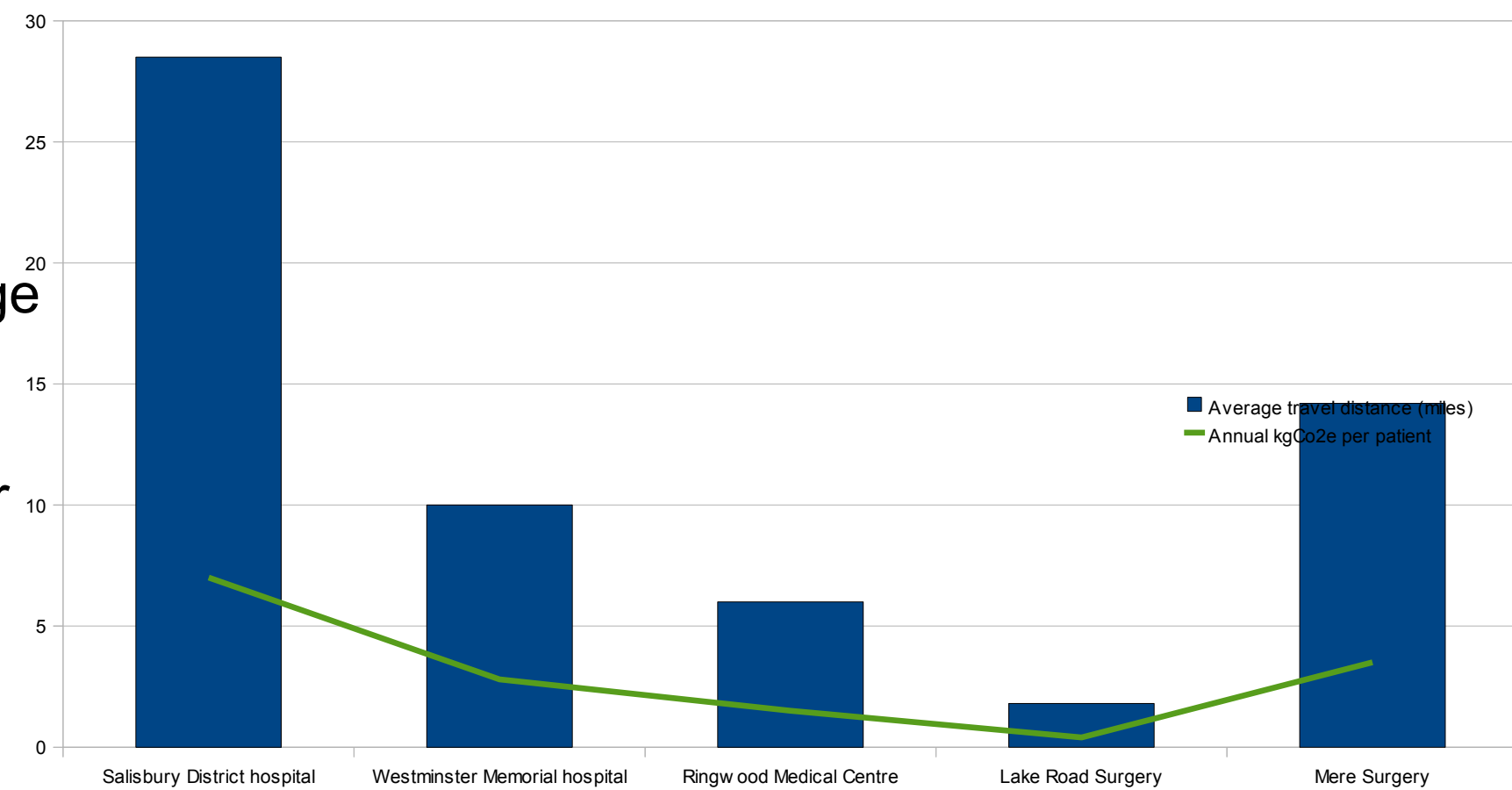


Results

This graph shows average travel distances and corresponding annual emissions per patient per year in the 5 locations assessed.

A specific area was identified (Devizes) where more peripheral clinics would reduce average travel distances to the main hospital, as patients reporting higher travel distances had Swindon postcodes.

Overall the average number of patients using shared or low carbon transport to get to appointments was 14% and the number driving less than one mile was 16%.



In terms of facilitating lower carbon transport options suggestions included a patient car sharing scheme on the hospital website, more information on cycling on the hospital website and improved cycle racks with better signposting.

Discussion

These data make a strong case from a sustainability point of view for peripheral outpatient clinics and provide a model for assessing the travel-related carbon footprint of different clinic locations.

The numbers driving less than one mile to appointments highlighted a potential need for a patient awareness campaign about the co-benefits of active travel for health and the environment.

Further exploration of patients' travel decisions and reasons for choosing different travel options would be useful.

References

- (1) Saving Carbon, Improving Health. Update NHS Carbon Reduction Strategy. NHS Sustainable Development Unit. January 2010 http://www.sdu.nhs.uk/documents/publications/UPDATE_NHS_Carbon_Reduction_Strategy_%28web%29.pdf
- (2) 2011 Guidelines to Defra/DECC's GHG Conversion Factors for Company Reporting: Methodology Paper for Emission Factors