

10 years progress, but does healthcare value the environment?

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First do no harm!



C3m staff in HSC, 10% of workers. [98% NHS staff want greener NHS](#)

NHS £34bn goods and services-
[C23% of all NHS waste is plastics](#)



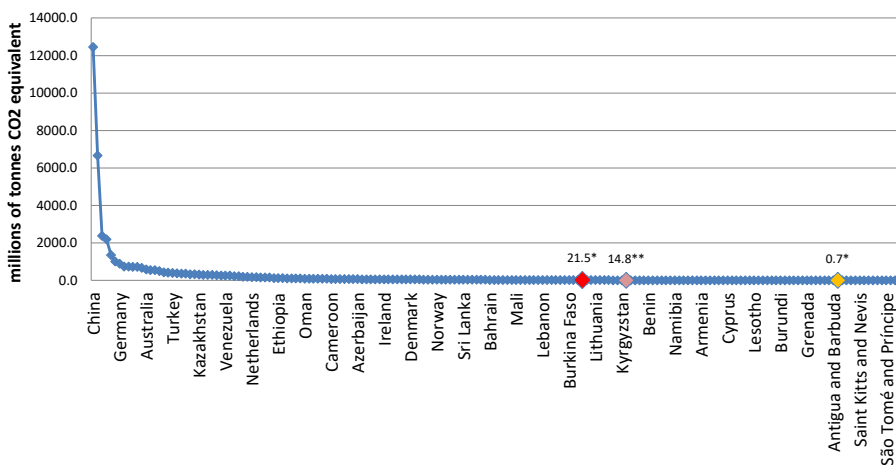
Health 3-5% all road traffic- [6,440 Life years lost](#) and [£345m economic cost](#)

21.7mt of CO2- [Societal cost of Climate Chg. up to £2bn each year](#)



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NHS Carbon footprint on the scale of nations



Footprint for Health and Social care

	2017	Baseline	Progress
Carbon	27.1 Million tonnes	1990	↓ 18.5% (↑ if inc. inhaler CFCs)
Water	2.2 Billion M ³	2010	↓ 21%
Air Pollution	7,285t NO _x ; 330t PM _{2.5}	2017	Baseline year
Waste	85% waste avoids landfill	2011	↑ (was 66%)

Substantial progress on *estates* measures with cashable benefit

Now need to value impacts in clinical service + product specification. e.g.

- Health cost of air pollution in service delivery
- Plastics waste impacts of single use products
- Cost of climate change impacts from clinical gases and propellants



Patient engagement- Inhalers

6.7m UK inhaler users

[UK 70% Metered Dose Inhalers](#), Sweden 10%

MDI

- Current F-gas Propellants 1,500-3,350 x GWP impact of CO₂
- Equivalent to all carbon from [NHS business travel](#)
- [UK Treasury](#) damage costs for carbon £33-£99
- **Damage cost per inhaler-£1-3 vs typical unit cost of £2-4**



DPI

- DPI- No propellants, less CO₂
- Often clinically equivalent as delivery mechanism
- Lowest cost equivalents can be cheaper than MDI
- If +costly MDI damage cost can exceed DPI price difference



Role for both- But, should we be accounting and valuing the environmental damage cost? Providing informed patient choice? Encouraging industry innovation?



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