

## How green is the NHS?

By Anna Coote

Climate change brings greater long-term risks to health than anything else we can imagine. On a global scale, it is a bigger hazard than AIDS, obesity and bird 'flu. It is a pity to have to resort to this kind of competitive scaremongering, but the problem is so overpoweringly serious that ways must be found to heave it up the health policy agenda.

Extremes of heat and cold, rising sea levels, droughts, floods, storms, food shortages: these are the likely effects. In turn, they threaten famine, drowning, destruction of human habitation, mass migration, the spread of deadly diseases and armed conflict as people fight over scarce resources. One might expect the NHS to be on to the case. It is, after all, the organisation most obviously committed to safeguarding the nation's health.

But evidently, health professionals are better at tackling some risks than others. The threat of bird 'flu is addressed with a 178-page Pandemic Influenza Contingency Plan. The Department of Health's website is bulging with initiatives on obesity. In the last five years £41 million has been ploughed into treatment centres for people with HIV and AIDS. There is nothing comparable addressing the problems of climate change.

Is the challenge beyond the reach of the NHS? Is the threat too vast, too distant, too far removed from the bailiwick of health ministers, managers and clinicians?

In fact, the NHS has enormous power to do good, or harm, to human health and the natural environment, not just by providing health services, but also – and mainly - by

deploying its vast corporate resources. It is the largest single organisation in the country. Its annual budget for England and Wales is more than £80 billion, with £17 billion spent on goods and services, and a workforce of more 1.3 million people – one of the largest in the world. It is planning to spend £11 billion by 2010 on new hospital buildings.

At the last estimate, in 2001, it was found to have used over a million tonnes of fuels in a year, accounting for one per cent of all energy consumed in the country. It produced 3.2 million tonnes of emissions to the air – nearly all of it carbon dioxide. It was supplied with 49.8 million litres of water, of which 14 per cent was lost in leakage, and produced 400,000 tonnes of waste. Staff, patients and visitors travelled almost 25 billion kilometres for NHS related purposes, of which 83 per cent was by car or van.

This suggests the NHS could achieve a great deal by changing the rules that govern decisions about what it buys, what it builds and how it manages its affairs. It could also exert a powerful influence over individual patients, visitors and staff so that they, too, are encouraged to behave in more sustainable ways.

There are some encouraging signs that the NHS is beginning to acknowledge its responsibilities. In March this year, the Department of Health launched a web-based toolkit to promote 'good corporate citizenship', aimed at helping NHS managers 'embrace sustainable development and tackle health inequalities through their day-to-day activities'. In six areas, including transport, building, procurement and management of energy, waste and water, it provides detailed guidance, a checklist to help managers judge their own performance, examples of good practice and supporting evidence.

The toolkit was developed by the UK Sustainable Development Commission, which has been building a library of case studies, showing what the NHS can do when it puts its best foot forward.

A primary care trust in Easington, County Durham, has introduced a 'warmer homes on prescription scheme', which allows GPs to refer patients who are suffering from cold to have their homes insulated by the local council. It saves energy, cuts emissions and helps reduce the annual peaks of cold-related illness and death.

Norfolk and Norwich University Hospital Trust has introduced a car sharing scheme to its new out-of-town site, aimed at reducing risks to health from air pollution and carbon emissions.

The in-house catering team at Bedford Hospital, whose award-winning service feeds 1500 patients daily, makes a point of using seasonal and locally sourced food wherever possible, dramatically reducing the number of polluting 'food miles' required to bring in supplies. A midwife in the Isle of Man has persuaded the local hospital to switch to reusable nappies, reducing clinical waste by 83 per cent.

Great Western Hospital, a £100 million new development outside Swindon, was built making maximum use of materials from renewable sources. A new 419-bed unit at Lewisham Hospital, south London, is designed to use natural ventilation instead of air conditioning wherever possible.

These and other innovations, ranging from the small and quirky to the large and systemic, are signs of passionate commitment harboured by individuals across the NHS. There is official support for them, up to a point. In addition to the 'corporate citizenship' toolkit, there's a new Environmental Strategy for the National Health Service, published last July, which explains how the NHS can achieve cost savings and better quality services 'by adopting a more sustainable, environmentally friendly approach'. Similarly, the Healthy Urban Development Unit launched by Dr Sue Atkinson, director of public health for London, aims to work with the London's government and local councils to 'create healthy, sustainable communities across the

capital', where new health service buildings are influential players in local regeneration.

But how many rows of seasonal, organic, locally sourced beans does this add up to? Anyone observing the NHS in the throes of its latest structural upheavals and budgetary crises would be hard pressed to recognise an organisation bent of saving the planet. Most managers are rather understandably obsessed with their balance sheets. 'Efficiency' still implies getting more things for less money, whatever the cost to the environment. Financial auditors and performance management systems still can't cope with the idea of long-term sustainability as a way of assessing 'value for money'. Most clinicians, meanwhile, are habitually focused on treating today's patients rather than avoiding tomorrow's ill health. It remains too easy for NHS leaders to assume responsibility for climate change belongs elsewhere in the public sector – especially when they are in danger of failing on many other fronts. No-one gets fired for increasing carbon emissions, never mind failing to reduce them. Amid the guidance and toolkits and policy documents, it is hard to find anything about tackling climate change that is actually compulsory, let alone a high priority.

A few green shoots, then, sprouting from rather unfavourable soil. But one can sense a shift in the weather of opinion that might help them to flourish.

The NHS Confederation, which represents health trusts and has its annual conference this week, has just produced a strong statement on 'Sustainable Communities', urging the NHS to help to make 'safe, green, clean and healthy environments'.

On Friday, the *British Medical Journal*, the doctors' bible, will take up the issue of climate change, calling on health professionals to support a policy of 'contraction and convergence', in which every individual has an annual carbon allowance, to be traded globally and reduced year on year. On Saturday, at a conference at the London

School of Economics, the global health charity, Medact, which campaigns on international issues, will focus its efforts on climate change.

Most important, perhaps, is Monday's report from the Government's Task Force on Sustainable Procurement, which sets out recommendations for all public bodies, including the NHS. It calls – among much else - for clear policy leadership, emanating from the Prime Minister and reflected through the contracts and incentives of top civil servants and managers, and for performance to be audited for 'long term value for money and thus for sustainability'.

If the Government takes its own advice, there's just a chance the NHS could reap a creditable harvest of green beans.

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