



Evaluating the Carbon Footprint of Kettering General Hospital Diabetes and Endocrine Clinic

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Background

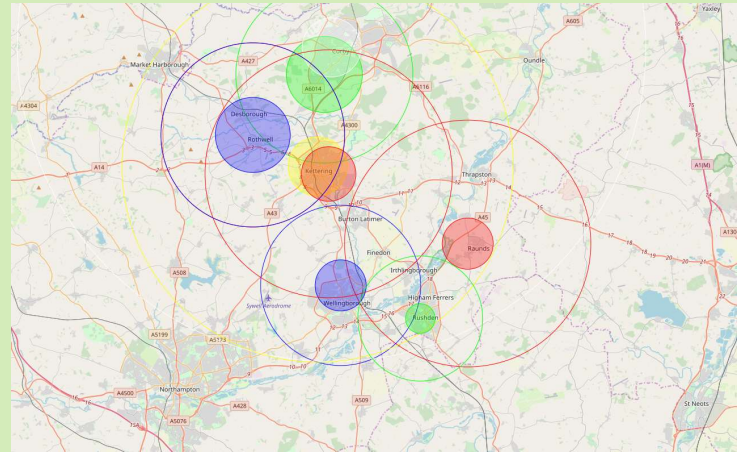
- There is increasing evidence that particulate matter (PM) in air (air pollution) is associated with ill health, hospital admission and all cause mortality (1).
- The main source of PM in western countries is road transport.
- Increased exposure to PM may increase the risk of T2DM (2)
- Here the aim was to examine the potential carbon footprint of clinics at a district general hospital

Methods

- A two week period at the start of September 2019 was evaluated to calculate the distance patients travelled to clinic, compared with the distance to their GP
- Distance was calculated using the fastest direct car route between the postcode of the GP or clinic and the postcode of the patient's home address.
- Due to the local geography and transport links train travel was not considered feasible

Results

- 202 patients travelled a combined distance of 1625 miles to be seen in clinic. (163 – Kettering General Hospital, 22 – Nene Park, 10 – Isebrook Hospital, 7 – Corby Hospital)
- The mean distance between clinic and patient's home was 8.0 miles, compared to 2.2 miles between patients' home and their GP.
- The median distance to Kettering General Hospital was 8.5 miles, compared to 3.9 miles for the peripheral clinics

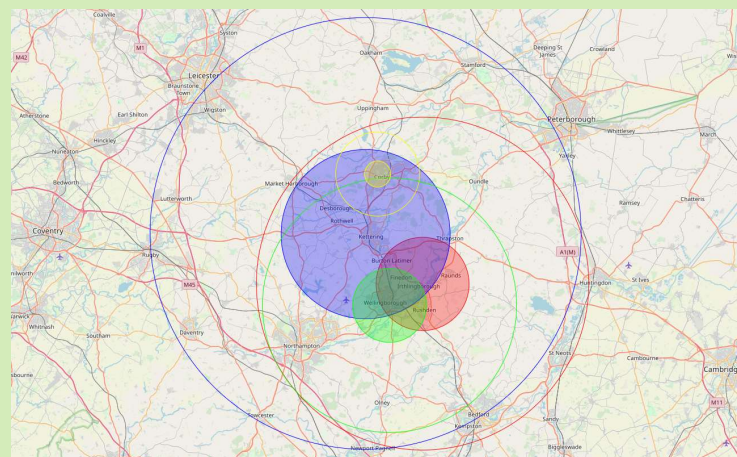


ABOVE - GP Surgeries are close to patient – median (shaded circle) and maximum (unshaded circle) of the main GP surgeries our patients were registered



The combined return distance of all the patients to their GP surgery is only driving Kettering to Munich

Whereas the combined returned distance to clinic is the equivalent of driving from Kettering to Baghdad



ABOVE – Median distance (shaded circle) and maximum distance (unshaded circle) – are far greater for hospital clinics, particularly those at Kettering General

Summary

- Coming to hospital clinics lead to an additional 404 road journeys, with a distance of over 3250 miles, equivalent to driving from Kettering to Baghdad
- Face-to-face interactions may be essential in some instances, but greater peripheral clinics may decrease the distance patients have to travel to be seen
- Greater virtual clinics and community lead clinics may further reduce the number of car journeys
- Previous studies have shown patient can be satisfied with video consultations for diabetes care (3)
- Previous surveys of Physicians have identified up to 20% of patients could have been managed through means other than face-to-face consultation (4)
- Distance to clinic is one of the most common reasons for patients not attending appointments (4)
- The NHS is responsible for 5.4% of the United Kingdoms Greenhouse Gas Emissions (5) – reorganisation of outpatient clinics may help to reduce the burden

COVID and Clinics

- Since COVID all non-essential clinics have been converted to virtual
- Plan in post-COVID practice to maintain as many virtual clinics as possible

Limitations

- It was assumed that all patients had made the visit specifically for the clinic appointment – some trips may have occurred anyway (e.g. for work)
- Patients may have taken public transport, although given the limited links in the area we did not consider this a viable option
- Patients may have come using carbon neutral transport (e.g. cycling and walking)

References

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