

Sustainability Kidney Care committee scoping workshop

Wednesday 23rd June, 2-4 pm

Organisers

Name	Role	Organisation	Breakout group (facilitating)
Sarah Crimp	Project Officer	UKKA	
Mark Harber	Consultant Nephrologist	Royal Free, London	1
Suren Kanagasundaram	Consultant Nephrologist	Newcastle Hospitals	2
Frances Mortimer	MD, Centre for Sustainable Healthcare	CSH	3

Agenda

Item	Time	
1. Welcome and purpose of workshop	14:00 – 14:05	SK
2. Introductions	14:05 – 14:25	
3. History of green nephrology	14:25 – 14:30	FM / RS
4. Break out session 1: scope and ToRs	14:30– 14:40	All (facilitators: MH, SK, FM/RS)
5. Feedback	14:40 – 14:50	MH
6. Break out session 2: identify priority workstreams, facilitators and partners / partner organisations	14:50 – 15:35	All (facilitators: MH, SK, FM/RS)
7. Feedback	15:35 – 15:55	All (facilitators: MH, SK, FM/RS)
8. Next steps	15:55 – 16:00	SK

Participants

Name	Role	Organisation	Breakout group
EOI submitted			
Andy Connor	Consultant Nephrologist	Education. Metrics and CO2 emissions.	1
Nina Brown	Consultant Nephrologist	KPIs for energy/waste water.	2
Rosa Montero	Consultant Nephrologist	<p>Delivery of haemodialysis - switch/promote/aid to deliver home therapies, electric transport</p> <p>Use of consumables in renal eg in theatres - transplantation - work on this with CO2 emissions and environmental effect metrics have already been developed in this area for other surgical operations, HDx, renal biopsies/procedures</p> <p>Delivery of outpatient clinics</p>	3
John Stoves	Consultant Nephrologist	Education. Mandation of standards, KPIs, collab as a community to validate.	1
Mark Wright	Consultant Nephrologist	Y+H renal network, Engage with networks to drive change via commissioners – dialysis processes, prevention. Low value interventions and carbon footprints.	2
Eleanor Murray	Clinical Research Fellow	Local NHS sustain working group. QI Scottish RR.	3

		Dialysis processes and systems.	
Maduri Raja	Paediatric Nephrology Registrar	Next generation of paed nephs. Global health and sustainability. Education for trainees, more exposure in training days, QI, audits research as trainees. Multicenter. Dialysis and consumables.	1
Shazia Adalat	Paediatric Nephrology Consultant	Staff engagement in implementing. KPI. Education. Preventing kidney disease. Implementation leadership when setting a strategic direction. Circular economy	2
Monique Burgin	Paediatric Renal Nurse Specialist	Education. Support from management. ?pledges. understanding data/energy from online usage. Delivery of outpatient clinics to reduce travel.	3
Patrick Walsh	Wellcome clinical fellow, Paediatric Nephrology	Education.	1
Chris Stait	Patient	Dialysis. Emissions information etc for consumables for patients to make judgements. WLPT/best practice. Holistic. Prevention. KPIs. Education.	2
Diane Opoku	Senior Healthcare Assistant, Community PD	Consumables for PD in the community. Logistics for recycling to LME countries. Packaging.	1
Stephen Palmer	Senior renal technologist	Education, cultural shift. Procurement. Technology and manufacturer change.	2
Keith Channing	Chief Renal Technologist	Efficient use of equipment	3
Martin Ford	Consultant Nephrologist	QI to minimise, transport, consumables, maximize recycling. use more online consulting, reduce use of paper (letters), reduce DNA	1
Supporting			
Michael Collins	Technical Director, Product Services and Regulatory Affairs	Environmental Resources Management	1
Fiona Adshead	Chair, SHC	Sustainable Healthcare Coalition	2
Keith Moore	Programme coordinator, SHC	Sustainable Healthcare Coalition	3
Jo Pywell		KRUK	1
Ron Cullen	Chief Executive	UKRR	2
Paul Cockwell (tentative)	President (incoming), UKKA	UKKA	3
Katie Vinen	Chair, Clinical Services Committee	UKKA	1
Sharlene Greenwood	President, UKKA	UKKA	3
Rachel Stanicliffe	Director, CSH	CSH	1
Jacqueline Cutting		CSH	2

Intros and priorities

Education, collaborations, implementation, change in culture, engaging with networks and management, leadership

Dialysis and consumables. How to reduce at source , technology and manufacturing, how to recycle, efficiency and WLPT.

Delivery of outpatient clinics, use of technology to reduce travelling, patient transport and use of paper for clinic letters, reduce DNA rates

Prevention of kidney disease

Measurement, research, KPIs, metrics, understanding data/energy from online usage

Breakout 1

Purpose and responsibilities

Authoritative role, **mandation**. Prioritisation of work

Signposting, best practice, bring together enthusiasts, set recommendations, set annual programmes of work with objectives and timeframes. Facilitate the models recommended by CSH. Measurement and horizon scanning. Research and outcomes.

Ensure resource is available for working groups and implementation.

Advocate the uptake of pledges by units.

Championing better care

Membership

Small membership of committee, for efficiency, with larger working groups for projects and implementation.

Need dietitian and pharmacist, health economist.

Link with Greener NHS, UKKRC, other kidney and sustainability organisations.

Breakout 2

Workstreams

Education

- Patients/Kidney Beam
- Renal unit staff – nurses, technicians, therapists
- Clinical trainees
- Footprint in undergrad courses and curricula and specialty core competencies
- Workforce
- eLearning/slide decks/toolkits
- Webinars
- Signposting
- Trust level – procurement etc

Best practice/guidelines

- Start with easy wins

Digital transformation

- Virtual clinics
- Standards of practice and education
- Implementation science
- travel

Waste

- Consumables
- Water
- Travel
- Medicines
- Engagement with industry to influence manufacture and disposal of waste

Dialysis processes

- Lean service
- Mandate for clear metrics,
- Manufacturing – WLPT as an example
- Using UKRR data and KPIs
- Frequency of ICHD vs HHD
- Social, financial and environmental impact
- Low value interventions

Integration/facilitation/comms

- Outreach and liaison – supporting other initiatives, eHealth, embedding across UKKA structures, GIRFT
- Engaging with industry and commissioners
- Forum
- Publicising successes
- Acting as an exemplar

Prevention

- Multimorbidity
- Primary intervention
- Acknowledge work already done by others – Kidney Beam, Healthy Heart etc