

# Is there a Strategy for Healthcare Waste Management?

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## What's what in NHS healthcare waste?

- ◆ 104,700 tonnes of 'clinical waste' 2001/02
- ◆ 247,700 tonnes of 'domestic' waste 2001/02
- ◆ Disposal costs the NHS £48.4 million (maybe £40 / tonne domestic, £350 / tonne clinical)
- ◆ 92% disposed via private waste management contractors
- ◆ 'Total waste management' – universal contracts for on-site segregation, recycling, transport and disposal – multi-hospital consortia contracts

## Community healthcare waste

- ◆ Non-hospital NHS waste (PCT providers e.g. district nurses treating people at home)
- ◆ GPs, dental practices, pharmacies, vets
- ◆ Care homes / residential homes / hospices
- ◆ Commercial practitioners (chiropractors, homeopaths, 'body modification clinics')
- ◆ LA collected clinical waste from domestic premises, also drug-related litter, house and land clearance

## Need for concerted action

- ◆ A growing problem...
  - ◆ Infection control has generated more disposables
  - ◆ Greater volumes of health treatment throughout (more surgical procedures than ever)
  - ◆ More fragile control environment – treatment in community settings
  - ◆ Spiralling treatment and disposal costs
  - ◆ Tougher regulation
- ◆ Surely, it means we need a ‘national strategy’?

## What is a ‘Strategy’?

- ◆ “The determination of the basic long term goals of an enterprise, and the adoption of courses of action and resources necessary to achieve them”  
*(Chandler 1962)*

# The Defra National Waste Strategy

- ◆ Fits the above description
- ◆ Goals, targets, actions, monitoring, review
- ◆ Accountability (“the government / waste industry have missed their targets again”)
- ◆ Review – Waste Strategy 2006 consultation
- ◆ An attempt by national government to direct and determine the future

## “When is a strategy not a strategy”?

- ◆ .... when it’s an NHS Waste Strategy!
- ◆ Trailed for years, much build-up and anticipation
- ◆ The NHS - our favourite national corporation
- ◆ The last bastion of the central corporatist state
- ◆ Awash with targets, layers of hierarchical management, tightly disciplined around ‘rules’
- ◆ Remember HTM2065 (1998)
- ◆ NHS Estates, NHS Supplies, logistics systems
- ◆ The perfect ‘strategy’ environment?

## Not so!

- ◆ A 'new era' – public service “reform”
- ◆ Every hospital trust to become a self-governing Foundation Trust by 2008
- ◆ A semi-autonomous provider of healthcare services within a regulated environment, performing to Standards for Better Health (Health Commission's SfBH = AC CPA)
- ◆ Run by a local Trust Board, makes local executive decisions, takes local responsibility

## So... ‘Best Practice Advice for TWM’

- ◆ “This document provides best practice advice (to NHS Trusts) on the development and implementation of local waste management strategies. It recommends that Trusts .....

  - *Total waste management – best practice advice to NHS Trusts in England, NHS Estates, TSO, 2004*

- ◆ Gone is the ‘command and control’ model
- ◆ Instead we have exhortation to ‘be good’!

# How do we make things happen?

## 'The old way'

- ◆ Authority
- ◆ Edict
- ◆ Instruction
- ◆ Management
- ◆ Sanction

## 'The new way'

- ◆ Influence
- ◆ Persuasion
- ◆ Example
- ◆ Partnership
- ◆ Peer-pressure

# NHS Total Waste Management

- ◆ How does the NHS TWM Guide do this?
- ◆ “It is recommended that NHS Trusts have ....
  - A documented policy and strategy – examples given
  - A board waste ‘champion’
  - A designated waste manager to make things happen
  - Short terms contracts that include recycling and waste reduction
  - Training and awareness, risks, accurate data”
- ◆ “Consideration should be given to single contractor, NHS consortium TWM contracts”

## Key Recommendations

- ◆ “Let us assume the NHS reduces its waste production by 20%”
- ◆ “This would mean a reduction of 50,000 tonnes ... [and ] .... result in savings of £4 – 10 million”
- ◆ NHS Trusts should use Key Performance Indicators as a benchmark e.g.
  - Kg/ available bed
  - Kg/ occupied bed day
  - Kg/ finished consultant episode
  - Kg/ sq m workspace

## Strategies – the real truth

- ◆ The days of the top-down national strategy are numbered
- ◆ The future model of public service management is based on decentralised providers working in a local mixed economy ‘market’ environment
- ◆ The public sector policy manager becomes mainly a regulator and commissioner of services – in many sectors not just NHS
- ◆ Managing for results becomes a more subtle art

## What then for CIWM?

- ◆ We cannot rely any longer on “thou shalt do xyz”
- ◆ Ministers are less and less likely to be persuaded to issue targets, instructions, requirements, statutory instruments, regulations
- ◆ We need to find new ways to influence what happens ‘on the ground’, and work with others
- ◆ We can give good advice to local managers who are asking “what should we do, if we want to do this well?”
- ◆ We need to go local – a renewed need for the CIWM Regional Structure?