

Standard 6: Green Initiative

<p>Rationale</p>	<p>The NHS England Long Term Plan published in January 2019, outlined the national targets of reducing the carbon footprint of health and social care in line with the Climate Change Act targets of 51% by 2025. Primary Care is a large part of this carbon footprint with its many varied estates and multiple types of patient contact.</p> <p>There has been a massive push to decrease the negative impact our behaviours have on the environment and we can make many adjustments to how we work and interact with patients by making changes over the next few years. Some may be small and incremental changes, whilst others may take preparation and additional support.</p> <p>This standard aims to embrace the climate movement and encourage as many practices as possible to start making changes that will improve the health and wellbeing for generations to come.</p>
<p>Delivery</p>	<p>The Standard will be broken down into ‘Essential Components’ and ‘Bucket List’ items. There are 8 Bucket List items to choose from. Each Bucket List item has several activities. For example, Bucket List item 2 (Raising awareness: education and training of primary care team) has 4 activities (a, b, c & d). (This will be evidenced via completion of a practice based survey)</p> <p>Each practice needs to fulfil the Essential Components:</p> <ul style="list-style-type: none"> • Designate a Green Champion Lead (clinical and/or non-clinical) within each practice as well as a PCN Green Champion who will have oversight and steer the practices to achieve targets. • Ensure quarterly attendance at educational events and/or review resources, followed by documenting the dissemination of information within the practice. <p>Bucket List items completion:</p> <ul style="list-style-type: none"> • a) Complete a minimum of 2 activities per Bucket List item, from 5 of the 8 Bucket List items specified in the Delivery section, totalling 10 activities or • b) i) Alternatively, select a minimum of 2 activities from the Bucket List items and ii) provide evidence showcasing a decrease in carbon emissions compared to the initial baseline. This evidence can be demonstrated through a carbon footprint assessment and/or improved wellness metrics. <p>Practices will need to audit at the beginning of the year to evidence their change in practice.</p> <p>Bucket List items:</p> <p>1. Calculate your practice’s carbon footprint To achieve a reduction in carbon emission, calculate the carbon footprint of your practice to act as a baseline from which changes to achieve net zero can be measured. Utilise the free online carbon footprint calculator (non-clinical); work out a plan to target and reduce at least one hotspot identified (e.g. using electronic systems instead of printing; cleaning products; changing lightbulbs to LED; installing smart meters; tuning off monitors when not in use)</p> <p>2. Raising awareness: education and training of primary care team The team need to view clinical and non-clinical care through the sustainability lens and be role models to patients.</p>

- a. Have 'Green Agenda' as a recurring item in practice/staff and clinical meetings to raise awareness and discuss practical tips on how to mitigate climate change
- b. Trainers/supervisors (GPs, nurses, clinical pharmacists) to educate trainees/students about 'greener sustainable primary care' and encourage involvement in quality improvement projects on environmental sustainability; feedback on findings, challenges and progress to the wider team
- c. Practice to hold multidisciplinary team meetings (at least 1-2 meetings/year) which could include ARRS team, social care, community services and external speakers to discuss green agenda and take forward any recommendations
- d. Embed sustainability in practice culture - implement policies such as staff health and well-being and/or initiate projects that are sustainable

3. Raise awareness: engage and empower patients

According to a nationally representative survey of adults conducted by MORI 2021, the public considered climate change to be a huge threat to their own health as accidents and mental health problems but majority failed to identify NHS's role as a major contributor of emissions.

- a. Display and communicate public awareness material such as active travel posters, inhaler disposal and medicine wastage via laminated posters in the waiting room, surgery website, social media.
- b. Discuss climate crisis with PPG and get them involved in practice action(s) as identified through discussion and carbon foot printing
- c. Engage with the Social Prescriber on green community schemes (e.g. community gardens, tree planting, gardening, caring for wildflower areas); share case studies (at least one) to the wider practice team
- d. Promote climate and health initiatives with your patient population (e.g. via posters, newsletter, website, group consultations, SMS)
 - i. Encourage balanced plant-based diets; increase their consumption of whole grains, nuts, seeds, plant-based protein, fruits and vegetables, whilst reducing red meat and processed food consumption *and/or*
 - ii. Promote physical activity for maintaining a healthy weight and improved physical and mental health *and/or*
 - iii. Promote self-care practices and self-management

4. Promote Green Travel for both staff and patients

- a. Sign up to the government supported 'cycle to work scheme' for staff
- b. Conduct staff travel survey - analyse travel data and identify perceived barriers to active travel; identify which actions would be most effective to implement to encourage a shift to active travel at the level of general practice (e.g. safe storage for bicycles, changing facilities)
- c. Take time to encourage staff to walk, cycle to work or car share where possible
- d. Take time to encourage patients to attend appointments using active transport as opposed to driving
- e. Encourage patients to adopt active transport into daily life (e.g. Ramblers Walking for Health have many local routes and social groups for patients and staff of all mobility levels; Green health routes)
- f. Encourage accountability of travel (e.g. use of a GPS watch to track steps, miles etc.)
- g. Sign up to the RCGP Active Practice Charter and become one of the national networks of practices making positive changes in staff and patient welfare

5. Reduce unnecessary visits to practice

- a. Provide staff training around reduction in the number of appointments each patient attends thereby reducing the appointment attendance per patient

- b. Encourage patients to reduce the number of appointments they attend in person and to be efficient with booking review appointments (e.g. patient with learning disability needing diabetes and asthma check can be invited for review in addition to the annual health check in one practice visit)
- c. Introduce chronic disease 'one stop' clinics
- d. Encourage remote consultation/use of digital tools to reduce the number of visits to GP practices e.g. use of digital documentation such as consenting forms, extension of sick note, prescriptions, etc.

6. Embed the '5 Rs' into Practice culture

Incorporate the '5 Rs' (refuse, reduce, reuse, repurpose, recycle) into your practice's waste reduction and recycling efforts, to minimise landfill waste and reduce carbon emissions with added financial benefits.

Reduce

- a. Reduce the amount of printing done and if it is, then encourage double sided printing. Put up signs saying, "Think before you print", "Please print only if necessary"
- b. Educate staff - save pathology/microbiology forms electronically and only print when patient attends for their tests as appropriate - saves time/wastage
- c. Conduct a case study or audit to review pathology and microbiology tests, aiming to implement a strategy that reduces over-investigation and/or duplication
- d. Optimise existing stock-taking practices with the aim of ordering only what is used, ensuring equipment and other resources are used before their expiration date, and preventing over-ordering
- e. Provide staff training to reduce waste from over diagnosis and over-investigation (e.g. use Choosing Wisely)
- f. Implement a SusQI approach to identify low-value interventions and embed change at a practice level

Reuse

- g. Reuse as many items as possible instead of buying new ones; put up signs in the practice to encourage staff to think about what they are using and how to reduce waste (conscience prodger)
- h. Use scrap paper and paper clips instead of post it notes

Repurpose

- i. Prioritise refurbished, repaired, and reused items over new, where appropriate, e.g. furniture, blood pressure or ECG machines etc.

Recycle

- j. Increase paper recycling in practice by ensuring each room has a box to put paper in (ensuring appropriate disposal of confidential paper) and that staff use this paper for use rather than new paper
- k. Recycle whatever you can – paper, plastic, metal and glass; 'hard-to-recycle' items (lotion tubes/pumps, medicine blister packets, printer toners)
- l. Encourage safe disposal of inhaler devices by returning to the pharmacy

7. Inhaler Changes

Metered Dose Inhalers (MDIs) use hydrofluorocarbons which are used in the propellant of the inhaler, so reduction in their use is encouraged either through switching to dry powder inhalers (DPIs), reducing the amount that is used or switching to lower carbon inhalers. About 70% of inhalers prescribed in the UK are MDIs which account for 4% of the entire NHS carbon footprint.

	<ul style="list-style-type: none"> a. Switch over 50% MDIs to DPIs b. Switch current MDIs to lower carbon inhalers (50%) <p>8. Medicine Usage</p> <p>In primary care, medications account for the largest carbon emission ‘hotspot’, and there is a growing acknowledgment of the risks of pharmaceuticals. Prevention of illness is the best way to reduce carbon emissions from medicines. Overprescribing and pharmaceutical wastage has a considerable impact on the NHS expenditure and patient well-being, in addition to the negative environmental impact.</p> <ul style="list-style-type: none"> a. Discuss with patients before starting a medication whether they can incorporate dietary/lifestyles changes in the first instance (case study) b. Use social prescribing to reduce medication usage (case study) c. Encourage patient-led ordering using the NHS App; Stop unnecessary third party ordering; Avoid unnecessary waste for care home residents and people living independently (e.g. SMS, right hand prescription message etc.) d. Encourage patients to check their prescription is correct before they leave the pharmacy. Medication returned before the patients leave the pharmacy can be reused. If medicines are taken home, they have to be destroyed e. Review repeat prescriptions for any patients on 7 or more medications to see whether they are still needed or can be reduced f. Bulk message (SMS) to patients to remind of safe disposal, both inhalers and blister packs g. Clinicians to consider lower carbon alternative to certain prescribing options, depending on how the medication is packaged (e.g. Vagifem has multiple applicators in the pack, whereas Vagirux has a reusable applicator and is no more expensive) <p>If you are feeling adventurous, your practice may want to sign up to complete the Toolkit for green accreditation²²</p>
<p>Key Performance Indicators (KPIs)</p>	<p>The provider is required to meet the below Key Performance Indicators (this will be evidenced via completion of a practice based survey):</p> <p>Team Engagement and Training:</p> <ul style="list-style-type: none"> 1. Designate a Green Champion Lead within each practice and a PCN Green Champion. 2. Ensure quarterly attendance at educational events and/or review resources, followed by dissemination within the practice (documentation). 3. Bucket List Activity Completion: <ul style="list-style-type: none"> a) Complete a minimum of 2 activities per Bucket List item, from 5 of the 8 Bucket List items specified in the Delivery section, totalling 10 activities or b) i) Alternatively, select a minimum of 2 activities from the Bucket List items and ii) provide evidence showcasing a decrease in carbon emissions compared to the initial baseline. This evidence can be demonstrated through a carbon footprint assessment and/or improved wellness metrics.
<p>Borough Team Support</p>	<p>The local borough team will provide:</p> <ul style="list-style-type: none"> ▪ Annual self-declaration form ▪ Conduct random audit at practice level

² www.greenerpractice.co.uk/gifh-audit

References	<ul style="list-style-type: none">▪ Delivering a 'Net Zero' National Health Service report – NHS England⁴▪ North West London ICS developed a three-year Green Plan⁵
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