

Sustainable and environmentally friendly general practice

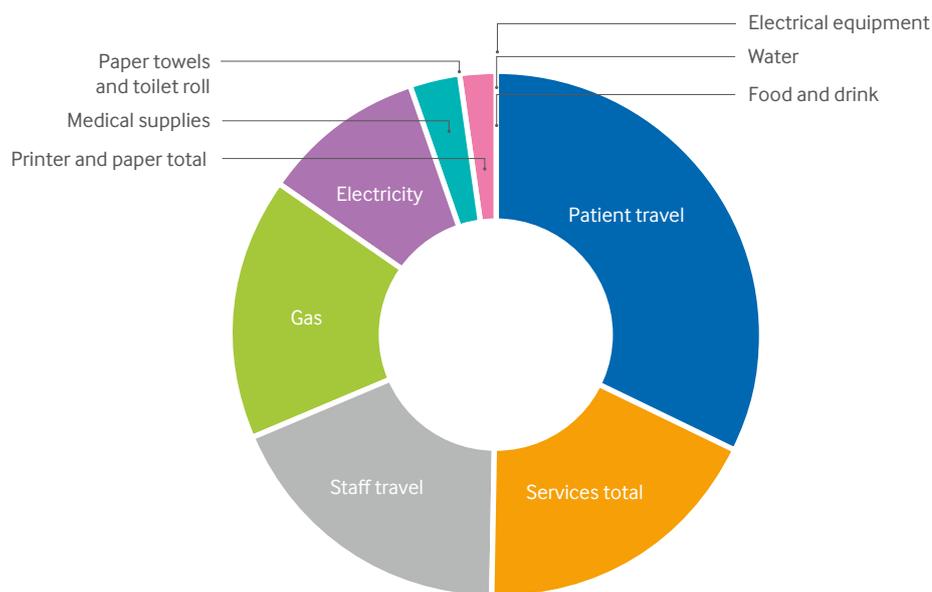
GPC England Policy Document

Introduction

This paper outlines ways in which general practice can develop, and can be helped to develop, environmentally responsible practises. It has been produced as part of a wider BMA workstream in line with 2019 ARM policy to campaign and cooperate to deliver carbon neutrality by 2030. Reducing the carbon footprint of practices will not only mitigate climate change, it can potentially improve patient health, reduce workload and save money. Inactivity and obesity-related conditions can be tackled by promoting active travel which can also reduce harm caused by air pollution. Reducing inappropriate prescribing and switching to low carbon alternatives can also reduce harm and improve health.

The carbon footprint of General Practice

Estimates of the carbon footprint in general practices suggest that between 65% and 90% is associated with pharmaceutical prescribing¹. If we exclude all medical treatments, including pharmaceuticals, the biggest contributor to the carbon footprint is patient and staff travel (see chart below)².



With added pressures on the health service and the ever-increasing carbon footprint on the planet, it is imperative that general practice evolves into a more environmentally friendly and sustainable service. The following six areas must be treated as an absolute priority by the government in supporting general practice to address climate change.

1 Sustainable development unit. Carbon Hotspots, 2018. <https://www.sduhealth.org.uk/policy-strategy/reporting/natural-resource-footprint-2018/carbon-hotspots.aspx>
 2 Sawyer M. Detailed audit of carbon footprint of one urban general practice, 2020. <https://seesustainability.co.uk/>



Priority 1: Green Impact for Health

[Green Impact for Health](#) is a free toolkit that supports practices to make environmentally responsible changes. Practices that sign up are provided with an extensive list of actions that can be taken to make improvements. These actions are in clinical areas such as prescribing (reducing inappropriate prescribing, switching to low carbon inhalers and increasing social prescribing) as well as business areas such as travel (active travel by practice) and practice premises (reducing waste, switching to green energy providers, increasing energy efficiency). There is also a 'continuing improvement process' for practice teams where points are collected, and awards made each year to recognise your practice's positive achievements.

Small and simple changes that a practice may not have considered can lead to significant carbon footprint reductions, and developing a checklist is an easy way to start making improvements. The next version of the toolkit will include a plan to help practices reduce the carbon footprint of the business side of their general practice by 50% by 2030 which is in line with the NHSE/I (NHS England & Improvement) commitment. Currently there are about 700 practices that are engaged with the programme and this has been achieved with limited promotion.

Priority 2: Prescribing

Pharmaceuticals are the second highest contributing factor towards the NHS carbon footprint, and the largest contributor in general practice. There are a range of options that the pharmaceutical industries should develop to help reduce the impact of pharmaceuticals.

- **Labelling:** GPs and other prescribers must be provided with information about the relative carbon footprint of the drugs that they prescribe. Where more than one suitable option is available for a patient, GPs, other prescribers and practice pharmacists require clear and helpful guidance on which of the options will be less damaging to the environment. A consistent methodology to assess the total environmental impact of all drugs is required and it would also be necessary to work with IT providers to ensure that this is incorporated into all GP systems.
- **Inhalers:** [The 2020/21 update to the GMS contract](#) includes a goal for practices to reduce MDI (Metered Dose Inhaler) prescriptions as a percentage of all inhaler prescriptions. Where it is clinically appropriate, practices should be offering their patients the opportunity to make the switch to DPI (Dry Powder Inhalers), which are [considerably better for the environment](#). A 50% cut in the carbon footprint of inhalers [would save 0.425MtCO₂e](#), which amounts to 4% of the total carbon saving needed for the NHS to meet its 2030 carbon reduction target. NICE have produced [a patient decision aid](#) and there is work being undertaken by the RCGP climate advisory group to develop quality improvement case studies and FAQs to help clinicians to consider this switch with patients.

Incorrect disposal of inhalers also has a negative environmental impact. GSK (GlaxoSmithKline) operate a [recycling and recovery scheme](#) through pharmacies, hospitals and dispensing practices around the country which allows patients to drop off their old inhalers when collecting their prescription. Initiatives such as these should be available to the whole population to encourage appropriate recycling of inhalers.

- **Over-prescribing and waste:** Pharmaceutical wastage is a financial burden on the NHS and has a negative environmental impact. Discouraging stockpiling and regularly reviewing repeat prescriptions can help to reduce waste and benefit patients by potentially reducing the number of medicines they take. Currently, any medicines that have left a pharmacy cannot be given to another patient even if they are unopened. The COVID-19 crisis has seen some relaxation of similar rules in secondary care and [care homes](#) and therefore DHSC should build on these emergency changes and review the current regulations concerning use of returned medication in unused packaging.
- **Deprescribing:** Online tools like [Medstopper](#), could play a pivotal role if incorporated into practice IT systems. The tool helps clinicians and patients make decisions about reducing or stopping medications. By entering the list of medications a patient is receiving, it sequences the drugs from "more likely to stop" to "less likely to stop", based on three key criteria: the potential of the drug to improve symptoms, its potential to reduce the risk of future illness and its likelihood of causing harm. Suggestions for how to taper the medication are also provided.

Priority 3: Social prescribing

Effective use of social prescribing has the potential to improve patients' health and wellbeing while also reducing practice attendances and wider NHS use. For some patients, social prescribing may take the form of nature-based health interventions (green prescribing) which can be used to supplement orthodox medical treatments. Nature-based activities [may lead patients into better health as well as into more pro-environmental behaviours and a general sense of environmental stewardship](#). Through social prescribing, GPs have the potential to lead patients into more environmentally aware lifestyles.

Social prescribing has been part of the GMS contract since 2019, with 100% of funding for access to social prescribers being paid for through the PCN DES. However, to ensure that it is used to its full potential, social prescribing needs to be added as a default option to all GP IT systems. Practices may also benefit from educational resources on the evidence for physical, psychological and social benefits of nature-based activities.

Priority 4: Equipment

For most patients and clinicians, disposable medical instruments became the norm as a result of concerns about diseases such as Creutzfeldt-Jacob. However, medical equipment and instruments are the [leading contributor to the NHS's carbon footprint](#) and while their contribution is not as high in primary care, there is still room for improvement.

One way to address this part of the carbon footprint would be to return to the use of re-usable instruments, either sterilised onsite, or by an external service in order to benefit from economies of scale. This change would require significant work, not least in light of the current COVID-19 pandemic; to overcome resistance from the CQC, to establish environmentally and economically sound sterilisation processes, and to bring patients and clinicians along with the change.

More work needs to be done to establish whether disposal issues can be overcome to allow either recyclable or biodegradable instruments to be a long-term solution.

Priority 5: Remote consultations

The COVID-19 pandemic has encouraged practices and patients into finding alternatives to face-to-face consultations. As both practitioners and patients become more familiar with the use of telephone and video consultations, many will want to continue to use both remote working and remote consultations beyond the lockdown. Remote consulting can be appropriate for certain kinds of consultation and its use would reduce the need for (potentially environmentally damaging) patient travel.

The pandemic has also shown that GPs and practice staff themselves do not always have to travel into work to carry out consultations, providing they have access to the suitable technology to work from home. This not only has potential benefits in terms of carbon reduction but also promotes more flexible ways of working.

Priority 6: Infrastructure and premises

Many practice premises will need improvements to make them fit for the future in terms of the service they provide to patients and the working conditions for clinicians. [In our 2018 premises survey](#), only half of practices considered their premises to be fit for present needs and only 2 in 10 practices felt that their premises were fit for the future. The process for making these improvements should also consider those which would lead to a reduction in the practice's carbon footprint (e.g. installing solar panels). The carbon emissions impact of these improvements needs to be properly assessed and appropriate funding provided.

Call to action

With the declaration of a climate emergency, GPC England calls for the government and NHSE/I to take immediate steps to support the implementation of the following 10-point plan in order to ensure that the impact of the provision of health services on climate change is reversed. These changes will lay the foundation for a more sustainable way of providing primary care services to our patients.

1. Support the development of the Green Impact programme to ensure that it covers all the clinical domains of sustainability change and that it is easily available to all GP practices.
2. Develop and encourage uptake of carbon literacy training modules that support clinicians and other practice staff to make an action plan for carbon footprint reduction.
3. The pharmaceutical industry must develop an independently validated methodology to assess the total environmental impact of all medications.
4. All medications must clearly display their carbon footprint. This should operate on the familiar RAG (red, amber, green) rating system and must be incorporated into the GP IT systems.
5. A nation-wide medication (including inhalers and devices) returns and recycling scheme to be introduced that is easily available for the public to use to reduce prescribing waste and the impact of inhaler propellants.
6. IT system providers to incorporate validated deprescribing tools into the general practice operating system.
7. Social prescribing to be considered a default option for management plans and for these to be incorporated fully into GP IT systems.
8. Support and resource GP practices to return to re-usable medical equipment safely to reduce the carbon impact of disposable equipment.
9. Promote and support more remote working for staff to decrease the carbon impact of travel.
10. Invest in infrastructure and premises to make the general practice estate carbon neutral by no later than 1st of January 2030.