

<p>EMBED</p> <p>Practice embeds zero carbon policy into <u>all</u> decision making (e.g change S1 template)</p> <p>Publicise gains on practice website</p> <p>CCG to produce publicly accessible report to inspire others</p>	<p>DEMAND</p> <p>Practice staff demand zero tolerance of carbon emissions</p> <p>High carbon practices are socially and environmentally unacceptable for patients</p>	<p>SELF REGULATE</p> <p>Self regulation and feedback identifies further improvements</p> <p>Feedback from data interpretation</p>	<p>VALUE</p> <p>Values all types of wasted resource (inc energy, water, food, time) unnecessarily contributing to carbon footprint</p> <p>Monthly (or annual) carbon data collection</p>	<p>TAILOR</p> <p>Tailor models of low carbon to each practice e.g. availability of social prescribing, lifestyle medicine etc</p>	<p>REQUIRE/EXPECT</p> <p>Expects reduced carbon options from all services, products, contractors and suppliers</p> <p>Require low carbon procurement</p>
<p>INTEGRATE</p> <p>CCGs and Practices integrate sustainability into products and services.</p> <p>Practices joint GIFH</p> <p>Publicise involvement on practice website</p>	<p>EXPECT</p> <p>Patient expect to make reduced carbon choices</p> <p>Staff involved in target setting for carbon reduction</p> <p>Practical options to reduce carbon (transport, energy)</p>	<p>ACCOUNT</p> <p>Accountable for carbon footprint in decision making</p> <p>Responsible person (ie staff member) identified</p> <p>Life cycle costing models used</p>	<p>MODEL</p> <p>Business modelled to ensure carbon impact accounted for</p> <p>Carbon audit compared to low carbon options</p>	<p>COLLABORATE</p> <p>Partner collaboration to reduce carbon</p> <p>“Build your team”</p> <p>Identify ‘carbon champions’/‘climate champion’</p>	<p>ENABLE/SUPPORT</p> <p>Enable and support new tech, equipment, processes</p> <p>Enable staff to try different ideas which might fail</p>
<p>ENGAGE</p> <p>Public declaration from</p> <ul style="list-style-type: none"> ◆ RCGP, health bodies ◆ Regional ◆ Local ◆ Each practice ◆ Patient groups ◆ Trust 	<p>UNDERSTAND</p> <p>Identify concerns, risks, baseline level of knowledge</p> <ul style="list-style-type: none"> ◇ Patients ◇ Staff <p>Workshops to improve, involve, carbon literacy training</p>	<p>AGREE</p> <p>Practice and CCG (and regional body) agrees</p> <ul style="list-style-type: none"> ◇ Responsibility ◇ Mechanisms ◇ Incentives <p>What zero carbon would mean for a practice</p>	<p>RESEARCH</p> <p>Practice researches alternatives to minimise carbon inc tech based approach</p> <p>Data collection</p> <p>Carbon audit(s) carried out</p>	<p>EXPLORE</p> <p>Explores low carbon models.</p> <p>Partners mapped and identified e.g.</p> <ul style="list-style-type: none"> ◇ Local community ◇ Social prescription options ◇ Suppliers ◇ Council, Trust 	<p>INVEST</p> <p>Practices identify internal investment fund and regional/national bodies external funding opportunities</p> <p>Practice adopts appropriate tech, staff development, facilities .</p>

Progress

BEHAVIOURS

STANDARDS

INNOVATION

DEMAND
Practice staff demand zero tolerance of carbon emissions
High carbon practices are socially and environmentally unacceptable for patients

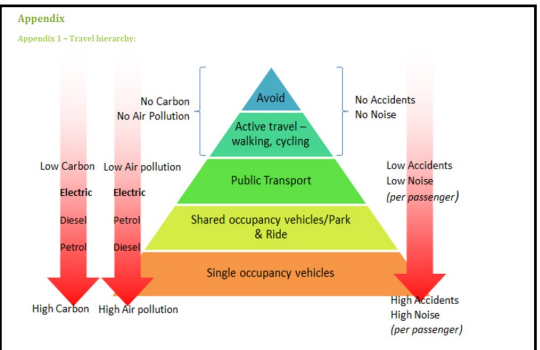
Zero tolerance for carbon emissions

- Ability to raise concerns in meetings/suggestion boxes
- Staff consider their own work/responsibility against low carbon
- Staff escalate concerns of carbon 'wastage' in practice

How to succeed

- Senior leadership sign up
- Peers being involved
- Providing skills and knowledge
- Providing facilities
- Providing time within the day
- Handing control to the staff - decentralisation of responsibility
- Better green policies => better engagement
- Better organisational support => increased perceived control by staff
- Permitting trial and error, failure

EXPECT
Patient expect to make reduced carbon choices
Staff involved in target setting for carbon reduction
Practical options to reduce carbon (transport, energy)



E.g. Active transport options

- Understanding motivations/barriers
- Facilities availability
- Incentives and rewards
- Leading by doing
- Infrastructure (council planned cycle routes)
- Active publicity

Identify different motivational groups within staff - 'how to get staff to do their bit?'

- Positive green** (needs choice, fit in with lifestyle)
- Waste watcher** (Using resources wisely)
- Concerned consumer** (show how changes can enhance their lifestyle)
- Sideline supporter** (needs steady flow of info, needs people in power to lead by example)
- Cautious participant** (motivated by cost savings and safeguarding the planet for future)
- Stalled starter** (needs simple straightforward language, needs to be positive)
- Honestly disengaged** (cost saving key, must be locally relevant, info from peers important)

UNDERSTAND
Identify concerns, risks, baseline level of knowledge
◇ Patients
◇ Staff
Workshops to improve, involve, carbon literacy training

Reasons for poor staff engagement

- Understanding motivations
- Not having sufficient power
- Not having right knowledge or skills
- Ingrained habits
- Resistance to change
- Diffusion of responsibility for resource use
- Unable to see the environmental/carbon costs

Education

- In house training from (self identified) carbon champion
- Local PLT education events from local champion
- Regional/national e.g. Carbon literacy project from recognised body
- Workshops inc practical demonstrations/idea, worked examples
- Informal e.g. Sharing articles in the media (national and specialist) in house and through network
- On line, face to face, group, video conferencing
- External 'coach' or 'facilitator'

