

<p><b>EMBED</b></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><b>DEMAND</b></p> <p>Practice staff demand zero tolerance of carbon emissions</p> <p>High carbon practices are socially and environmentally unacceptable for patients</p>	<p><b>SELF REGULATE</b></p> <p>Self regulation and feedback identifies further improvements</p> <p>Feedback from data interpretation</p>	<p><b>VALUE</b></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><b>TAILOR</b></p> <p>Tailor models of low carbon to each practice e.g. availability of social prescribing, lifestyle medicine etc</p>	<p><b>REQUIRE/EXPECT</b></p> <p>Expects reduced carbon options from all services, products, contractors and suppliers</p> <p>Require low carbon procurement</p>
<p><b>INTEGRATE</b></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><b>EXPECT</b></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><b>ACCOUNT</b></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><b>MODEL</b></p> <p>Business modelled to ensure carbon impact accounted for</p> <p>Carbon audit compared to low carbon options</p>	<p><b>COLLABORATE</b></p> <p>Partner collaboration to reduce carbon</p> <p>“Build your team”</p> <p>Identify ‘carbon champions’/‘climate champion’</p>	<p><b>ENABLE/SUPPORT</b></p> <p>Enable and support new tech, equipment, processes</p> <p>Enable staff to try different ideas which might fail</p>
<p><b>ENGAGE</b></p> <p>Public declaration from</p> <ul style="list-style-type: none"> <li>◆ RCGP, health bodies</li> <li>◆ Regional</li> <li>◆ Local</li> <li>◆ Each practice</li> <li>◆ Patient groups</li> <li>◆ Trust</li> </ul>	<p><b>UNDERSTAND</b></p> <p>Identify concerns, risks, baseline level of knowledge</p> <ul style="list-style-type: none"> <li>◇ Patients</li> <li>◇ Staff</li> </ul> <p>Workshops to improve, involve, carbon literacy training</p>	<p><b>AGREE</b></p> <p>Practice and CCG (and regional body) agrees</p> <ul style="list-style-type: none"> <li>◇ Responsibility</li> <li>◇ Mechanisms</li> <li>◇ Incentives</li> </ul> <p>What zero carbon would mean for a practice</p>	<p><b>RESEARCH</b></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><b>EXPLORE</b></p> <p>Explores low carbon models.</p> <p>Partners mapped and identified e.g.</p> <ul style="list-style-type: none"> <li>◇ Local community</li> <li>◇ Social prescription options</li> <li>◇ Suppliers</li> <li>◇ Council, Trust</li> </ul>	<p><b>INVEST</b></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**

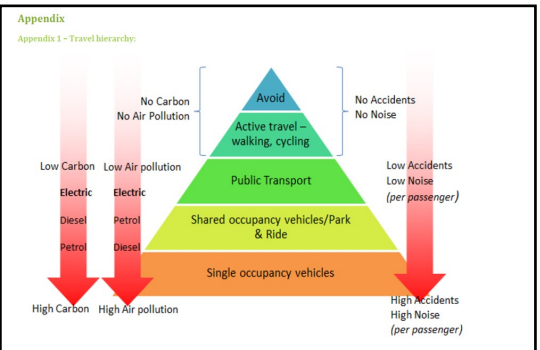
- Senior leadership sign up
- Peers being involved
- Providing skills and knowledge
- Providing facilities
- Providing time within the day
- Handing control to the staff - decentralisation of responsibility
- Better green policies => better engagement
- Better organisational support => increased perceived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

