

A 'How to' Guide for measuring the carbon footprint of general practice

For a practice to have their carbon footprint calculated, the data held within the practice can be analysed and converted to 'a carbon equivalent'.

Why?

The Climate Change Act 2008 sets legally binding targets for the UK to take action to reduce carbon dioxide equivalent emissions and achieve net zero by 2050.

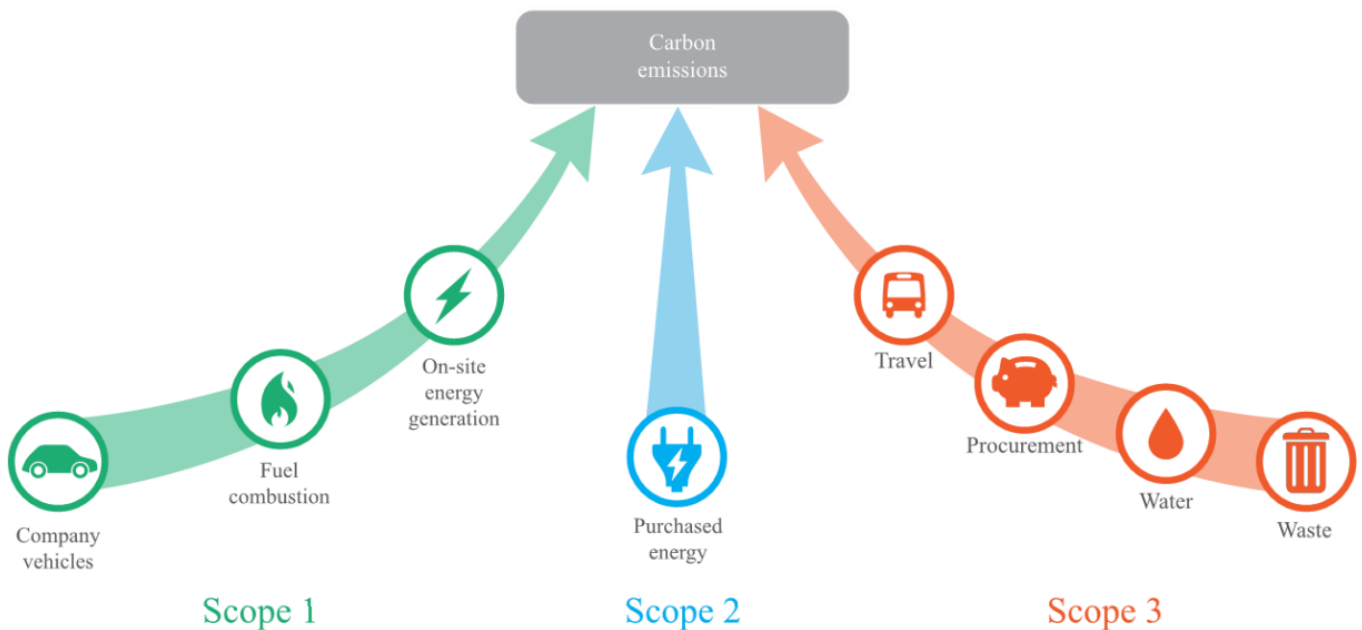
According to The Lancet, climate change is "the biggest global health threat of the 21st century". Our business is health, and we have a moral duty to act on health threats, to manage long-term strategic risk and to mitigate future demand on the health service

What is a carbon footprint?

The carbon footprint is the sum of all the direct and indirect greenhouse gas emissions (Carbon dioxide (CO₂), methane, nitrous oxide (e.g. Entonox), hydrofluorocarbons (in fridges and inhalers), perfluorocarbons and sulphur hexafluoride) attributable to a given process, product or organisation. This is usually written as 'CO₂e' or 'carbon dioxide equivalent'.

What are the components of a carbon footprint?

A carbon footprint is split into 3 areas



- Scope 1 – gases used by the business e.g. gas for heating, hydrofluorocarbons for fridges, company vehicle emissions
- Scope 2 – electricity bought for use on site
- Scope 3 – everything else e.g. all purchases, waste, water etc

How to measure the carbon footprint of a practice?

Data is collected from practice invoices. The practice provides the data either during a visit to the practice or, if using cloud accounting, by email. This covers information from a whole year. Once collected, conversion factors are applied to each aspect, and a total amount of emissions obtained.

Data for Scope 1 and 2 is relatively easy to find and record.

- The information on the gas and electric bills show the amounts used.
- If there has been servicing of the fridges and they have been 'regassed', then the type of gas and volume should be recorded.
- The assumption is there are no business vehicles owned/run by the practice, but if there are, then amount of fuel used over the year will be recorded

Scope 3 is more complex, but is broken down into the following areas

- Office equipment and consumables (including food and drink)
- Clinical equipment and consumables
- Business services (including professional services, water and waste)
- Staff travel
- Patient travel

Data is collected

- Basic practice characteristics including floor area, number of staff, patients list size
- How much energy (gas and electric) has been used
- Staff travel. Staff postcode, method of travel (Car/Walk/Cycle/Bus) and number of days worked. Note if cars are electric. A template for practice data collection is available
- Patient travel can be calculated from their post codes. I collect a sample of post codes from random days to calculate.
- What does the practice spend money on? Using procurement invoices, a table for each invoice/money spent can be completed. Column headings can be changed to reflect local spend

Once the tables are completed,

- Conversion factors are applied for each category to convert to CO₂e
- The carbon footprint of staff and patient travel is calculated
- Prescribing data is used for clinical emissions
- The carbon footprint for the whole practice is calculated with hotspots highlighted
- Any assumptions are demonstrated including boundary setting
- The methods to reduce the practices' carbon footprint are demonstrated in a 'How to decarbonise your practice' guide