General Practice Green Procurement Strategy

Your guide to more environmentally sustainable procurement in General Practice

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Version **2025 Edition**

About the General Practice Green Procurement Strategy

Purpose of the Strategy

The General Practice Green Procurement strategy is a comprehensive resource designed to help GP practices understand why and how they can ensure the procurement of goods and services required to delivery high quality healthcare can be done to minimise environmental harm.

This guide outlines key policies and benefits, offers approaches and implementable actions for practices and personnel.

What You'll Find in This Strategy

- **Principles and ethos** Expectations set by the NHS to suppliers
- **Understanding life cycles** Viewing procurement across the whole life cycle and introducing the circular economy
- **High impact opportunities** Identifying the goods and services with the highest environmental impacts
- **Action plan** Download and use action plans for goods and servicces

Why This Strategy Matters

- **Clarity** — It ensures you are aware of the environmental impact of procurement within general practice
- **Consistency** — It provides a unified understanding and approach to less harmful procurement
- **Support** — It is a valuable resource to help you and colleagues navigate any questions or concerns regarding procurement.

This strategy and guide is a living document and may be updated periodically to reflect changes in policies, laws, and available products and services. Please ensure you are familiar with its contents, as it plays a key role in our shared success.

Important Note

While the General Practice Green Procurement Strategy provides valuable information, it does not override the needs of the practice or ensure availability and access to goods and services identified as good practice.

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01 Welcome

1.1 Introduction

Across health care, goods and services are a major financial expense and carry a high environmental impact. Procurement is at least £32 billion in England – or 17% of total [1] NHS spending. Goods which are bought are consumed and then become waste. Procurement and waste are two sides of the same coin.

Many products and materials used in the delivery of healthcare may be harmful to patients, staff, and those in the community. Some products may contain or release carcinogens, reproductive toxins, or other hazardous materials, exposing people and communities to harm. The NHS supply chain contributes between 60-70% of the [2] greenhouse gas emissions of the whole NHS.

Sustainable procurement is an aspect of preventative medicine. It can reduce the environmental impact of delivering high quality healthcare and protect planetary health. Poor planetary health (lack of clean water or clean air, depletion of nature etc) causes harm to the health of humans.
Sustainable procurement can also improve the social value of healthcare by procuring from ethical and or local suppliers [3].

References
[1] https://www.england.nhs.uk/blog/changing-the-way-we-work-to-find-efficiencies-and-ensure-value-for-money-for-the-nhs/
[2] https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf
[3] Procurement Policy Note 06/20 – taking account of social value in the award of central government contracts - GOV.UK

1.2 At a glance - A practice policy

Sustainable Procurement Strategy

A strategy sets out your long-term vision for positive sustainability impacts in your supply chain. It aids recognising and taking responsibility the impact your business purchasing decisions, and patient care pathways and medicines have on society, the environment, and your finances.

Sustainable Procurement Policy

- Offer clear insight into the significance of sustainable purchasing for your organisation, outlines specific sustainability goals and priorities, and provides guidance on integrating these considerations into procurement practices.
- Uses Standard Operating Procedures as tools to help staff apply sustainability policy at point of order or requisitioning goods or services
- Uses analysis tools such as www.critecocare.co.uk to support decision making when comparing one product with another
- Uses tools and checklists to identify preferred suppliers and may include sustainability checklists, product specifications, lists of suppliers who meet proposed criteria, contract management, and use of local suppliers.
- Uses training and education to cover motives, goals, strategies, and practical ‘how to apply it’ knowledge.
- Recognises communications plans as essential to ensure the whole team understand why this is important and what their role is.
- Engages with suppliers to work transparently to improve collectively.
- Measure, tracking and monitoring changes occurring due to the practice policy and action plan. Uses preferred metrics to monitor and evaluate sustainability risks and opportunities.
- Reports results and shares them with leadership team, staff and suppliers.

1.3 A Practice Action Plan

An Action Plan includes baseline self-assessment, phased plan of action and implementation plan to address and harms caused and find solutions.

☑ Our practice has

☐ 1. included environmental sustainability and sustainable procurement in our practice vision and or goals. Chapter 2.

☐ 2. an education programme for staff on environmental sustainability and procurement. Chapter 3.

☐ 3. reviewed the goods bought and the care pathways in which they are used. Chapter 4.

☐ 4. reviewed the services used by the practice. Chapter 5.

☐ 5. reviewed the 'High Impact opportunities' by identifying which goods, or services have the greatest impact and alternatives available. Chapter 6.

☐ 6. assessed out stock control and management system. Chapter 7.

☐ 7. contacted our current suppliers and checked they have a Carbon Reduction Plan in place. We have asked to see progress being made to meet the net zero ambitions of the NHS. Chapter 8.

☐ 8. a waste management policy in line with the Simpler Recycling guidance. Chapter 9.

☐ 9. a communication strategy to share progress in delivering a sustainable practice and greener procurement. Chapter 10.

☐ 10. the results of our measuring and monitoring of our action plan are recorded and fedback annually to staff and suppliers. Chapter 11.

02

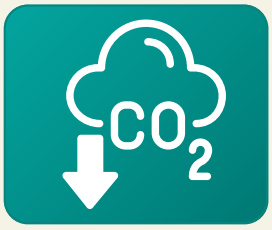
Environmental sustainability and sustainable procurement in healthcare

2.1 Environmental sustainability and sustainable procurement in healthcare

Underpinning a General Practice Green Procurement Strategy are a series of guiding principles. NHS England introduced the Evergreen Assessment and NHS Supplier roadmap. This strategy focusses on the environmental impact of procurement. Overall, a Green Procurement Policy aim is to 'seek to procure goods, services, and works with a reduced environmental impact throughout their life cycle when compared to goods, services and works with the same primary function that would otherwise be procured.'.

Evergreen Assessment Tool allows a single conversation across the NHS, with a clear aim of removing duplication and asking suppliers the same question multiple times. It is also a way of the NHS understanding where the suppliers are on the NHS Net Zero Journey and indicating where the NHS needs to put resources and support to help us all achieve the Net Zero goals.
Online tool for suppliers to align with NHS net zero ambitions.
https://www.england.nhs.uk/nhs-commercial/central-commercial-function-ccf/evergreen/

NHS England Supplier Roadmap
a. From April 2027: all suppliers will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all their Scope 1, 2 and 3 emissions.
b. From April 2028: new requirements will be introduced overseeing the provision of carbon footprinting for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology.
c. From 2030: suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the Evergreen sustainable supplier assessment.



2.2 Carbon Reduction Plan

Carbon Reduction Plan (CRP) PPN 006
a. All suppliers of goods and services publish a Carbon Reduction Plan using a recognised framework (See Appendix 13.1).
b. The CRP is updated annually.
c. Exceptional circumstances may apply to micro- or small companies, or where the value of the goods or services obtained is below the threshold. See Appendix (13.3) for exceptions.

2.3 NHS Supply Chain

NHS Supply Chain is one organisation supplying the NHS (often hospital Trusts) with goods and equipment, but are accessible to primary care and general practice.

For England, they drew up five asks of their suppliers which align with the NHS Net Zero Supplier Roadmap.

- 1.Carbon Reduction Plan
- 2.Social Value Requirements
- 3.Evergreen Assessment
- 4.Horizon Scanning - going beyond the NHS England Supplier Roadmap
- 5.Modern Slavery PPN 009

Some of these requirements as incorporated into this strategy for a practice procurement strategy as are embedded in other frameworks used across NHS organisations.

Procuring through NHS Supply Chain, deliveries can be consolidated on behalf of the practice.

2.4 Social Value Requirements and Modern Slavery

These are important for social value but are beyond the scope of this environmentally sustainable procurement strategy. For more information, visit https://www.gov.uk/government/publications/ppn-002-taking-account-of-social-value-in-the-award-of-contracts/procurement-policy-note-002-the-social-value-model-html

03

Learning for staff

3.1 Staff learning oportunities

A highly knowledgeable and motivated workforce is desirable for a practice to embed greener procurement as a default.

However, not all staff need to be informed to the same level. It may be preferable for those involved in the ordering, stock control and financial aspects to be more aware of the opportunities available.

	Type of role	**Level of knowlege**
Level 1	Involved in using equipment	Aware of practice policy, no additional training required
Level 2	Involved in ordering equipment	More knowledge of the policy and how it is implemented by the practice.
Level 3	Involved in setting the organisational policy	Involve in reviewing the equipment needed and pathways used. Additional training likely.

There are videos from the NHS at https://www.events.england.nhs.uk/net-zero-and-sustainable-procurement-team-webinar-programme

There are training courses delivered by Centre for Sustainable Healthcare - details at https://sustainablehealthcare.org.uk/what-we-do/programmes/education-and-training/sustainable-procurement-individual-course/

Information is available from the NHS Supply Chain - https://www.supplychain.nhs.uk/programmes/sustainability/

The Health Care Supply Association has resources available at https://www.nhsprocurement.org.uk/sustainability

04 Reviewing goods

4.1 Essential goods

What are the essential goods used by the practice to deliver healthcare services?

This varies by practice and healthcare services provided. To achieve more sustainable procurement, identifying the key and essential goods required can be broken down into clinical and non-clinical, and rated as essential and non-essential, as well as single use, single patient use, or reusable
This list is dynamic and likely to change with time depending on size and location of the practice, number of staff, patient needs, enhanced services, services provided etc.

4.2 Running a goods audit

Goods	Non-clinical	Clinical
Essential		
Nonessential but desirable		
Could be avoided		

Using the table above, or the full table in Chapter 13, identify the goods purchased and used by the practice over the last 12 months (e.g. via practice invoices). Categorise into ‘essential’, ‘nonessential but desirable’ or ‘could be avoided’.

It is worth differentiating between ‘consumable goods’ and ‘equipment goods’.
‘Consumable goods’ are those which tend to be used once or a very small number of times, often considered disposable, single use or single patient use.
‘Equipment goods’ tends to be bought once and used multiple times.

4.3 Identifying essential and non-essential

Some items could fall into all three categories (essential, nonessential but desirable, could be avoided) depending on the situation. But considering the function of the item can help identify alternatives

For example, covering of the examination couch is important to keep it clean when either the patient or examination are wet or dirty. A couch roll could be appropriate in this situation (cheap, easy to store, easy to use, known end of life disposal route), but so could other coverings – e.g. a reusable, washable sheet. However, consideration to the additional advantages and disadvantages (e.g. expense of equipment, time taken to change, launder or store the alternatives, end of life options etc).

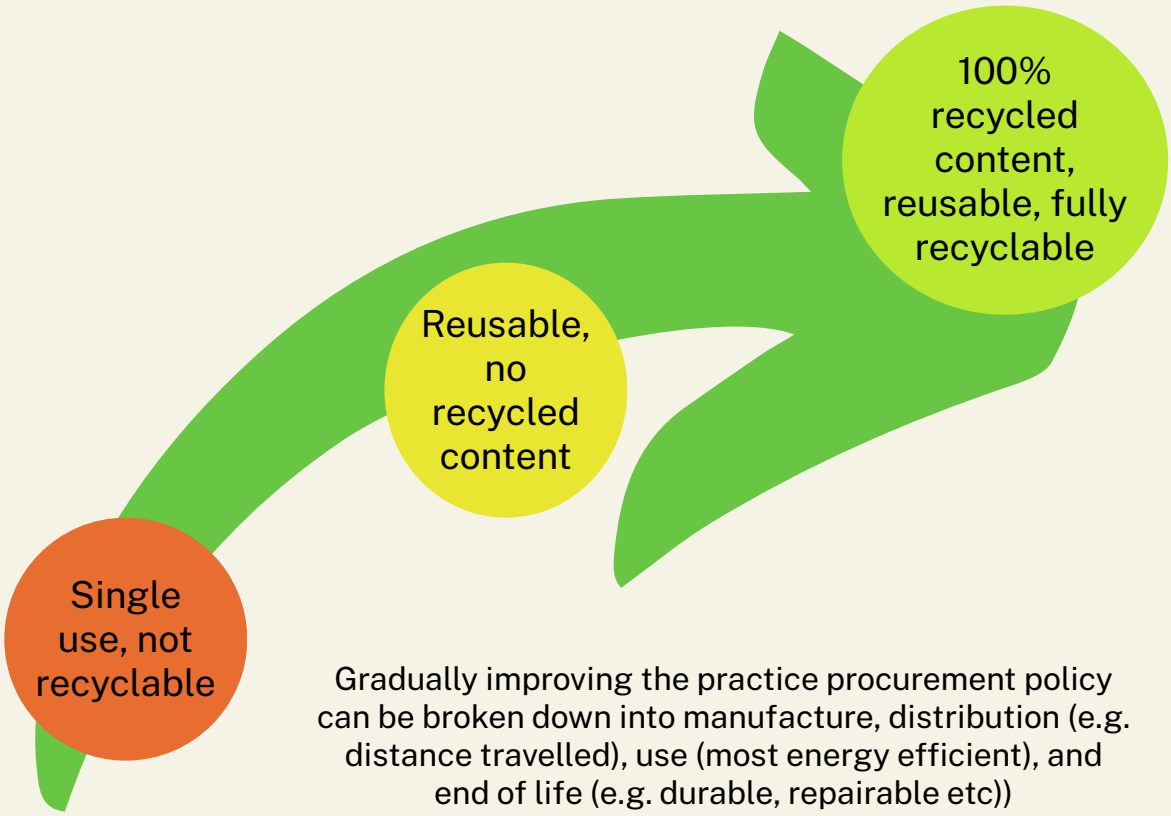
For the majority of clinical examinations, no couch roll and the wiping down of the examination couch between patients would be appropriate.

Overall, it is not simply a matter of saying 'yes' or 'no' to a product but about finding the most appropriate product for the desired outcome.

An alternate approach is to identify a healthcare service delivered by the practice to your patients and identify the goods and services used to deliver it. See Chapter 7 for an example.

Aim for progress not perfection. Using a graduated, incremental approach to greener procurement.

4.4 Good, Better, Best Practices



Gradually improving the practice procurement policy can be broken down into manufacture, distribution (e.g. distance travelled), use (most energy efficient), and end of life (e.g. durable, repairable etc))

Examples of good, better, and best practice

Current	Good	Better	Best
Bought and shipped from overseas, unable to verify manufacturing process or social standards	Source locally from credible and certified businesses	Ethical products that support quality working conditions, worker health and safety, and community prosperity	Certified eco-friendly products made by B Corps from recycled content and do not include caustic or toxic chemicals with COSHH warnings.
Look for fair trade labels, but don't buy fairtrade	Only buy fairtrade when same price as current goods	Often buy fair trade in preference	Always buy fair trade goods
Single use, disposable	Reusable, no recycled content, not recyclable at the end of life		Reusable, built to last, repairable, recyclable at the end of life by supplier
0% repairable, not recycled		100% recyclable	100% repairable and reusable
Least energy efficient product, not maintained.			Most energy efficient product during use.

4.5 Goods Audit template

How to audit practice outgoings on goods

- Review invoices
- Identify your expenditure hotspots.
- Identify goods used by type, volume and cost
- Identify the healthcare services provided by the practice.
- Stocktake current goods
- Identify goods likely to be:
  - used or unused
  - expiry dates (where applicable)
  - rate of replacement (e.g. expected longevity/life expectancy of goods)
  - any goods no longer fit for purpose (e.g. incompatible with current equipment).
- Consider which goods are essential.
- Cancel those no longer needed or used.
- For those used, identify any substitutes with lower-carbon alternatives which are less environmentally harmful. See 5.2 for examples.

Future procurement

- Establish a system for procurement of future items so an environmental assessment can be made at the point of ordering. This reduces the need for retrospective audits of goods bought.
- Include all reoccuring items and one off items.
- Ask your suppliers and about their plans to tackle their carbon emissions.

See Appendix (13.5) for a full goods audit table.

05 Reviewing services

5.1 Essential services

What are the essential services used by the practice to delivery healthcare services?

As with goods in the previous chapter, this varies by practice and healthcare services provided. To achieve a more environmentally sustainable approach to services, identifying key and essential services is vital.
This list is dynamic and likely to change with time depending on size and location of the practice, number of staff, patient needs, enhanced services, services provided etc.

5.2 Running a services audit

How to audit a practices services

- Identify the services used by the practice.
- Review the service invoices.
- Identify your expenditure hotspots.
- Using the table overleaf to identify the services used by the practice over the last 12 months Categorise into ‘essential’, ‘nonessential but desirable’ or ‘could be avoided’.
- Consider which services are essential.
- Cancel those no longer needed or used.
- For those used, identify any substitutes with lower-carbon alternatives which are less environmentally harmful.
- Ask your suppliers and about their plans to tackle their carbon emissions.

It may be worth differentiating between who benefits - the practice, the staff or patient outcomes.

Reviewing by area.
Communication – how much spent on communicating with patients, professionals and suppliers - see below
Finance - ‘accountancy, banking, payroll’
Estates - building maintenance, servicing, repairs etc

Decide whether to include or exclude energy as it may be covered elsewhere, for example, within a practice energy plan.

Services	Business benefit	Staff benefit	Patient benefit
Essential			
Non essential but desirable			
Could be avoided			

5.3 Identifying essential and non-essential

Some services could fall into all three categories (essential, nonessential but desirable, could be avoided) depending on the situation. But considering who benefits form the service (the practice, the staff or patients) can help identify alternatives.

For example, clear and timely communication with patients is essential and benefits the practice, staff and patients alike. Comparing the aim - to deliver information to a patient - with the various options available can help a practice determine which is right for them. See example comparing traditional post methods with digital communication.

Overall, it is not simply a matter of saying ‘yes’ or ‘no’ to a service but about finding the most appropriate method for the desired outcome.

	Traditional method	Digital only method
Consumables	Paper Printer ink Envelope Stamp/franking machine	
Equipment	Computer Printer	Computer
Services used	Energy Software Waste and recycling services	Energy Software Internet connection

Review who you bank with
Ask ‘Is it one of the ethical banks?’ These include Co-op, Triodos, Nationwide. See here for more information

06
High Impact Opportunities

6.1 Goods

The goods and services identified in chapters 4 and 5 have varying degrees of impacts depending on the categories being assessed.

To fully identify, assess and understand all the impacts is a laborious, expensive and time-consuming process using Life Cycle Assessments. Overall, there are 17 different categories of impact considered, and the impact these categories have on human, animal and plant life.

For example, using different milk types as a case study, Fig 1. compares dairy, rice, oat, soya and almond milks in four different impact categories (land use, greenhouse gas emissions, freshwater use and eutrophication (excess nutrients accumulating in water).

The results show dairy milk has a greater impact on land use, greenhouse gas emissions, freshwater use and eutrophication. However, which non-dairy milk is least harmful can be debated as the answer is not clear cut. If access to freshwater was a big problem, almond milk is worse than soy milk, but if greenhouse gas emissions is considered most important, the positions are reversed.

Reference
Joseph Poore and Thomas Nemecek (2018). https://ourworldindata.org/environmental-impact-milks

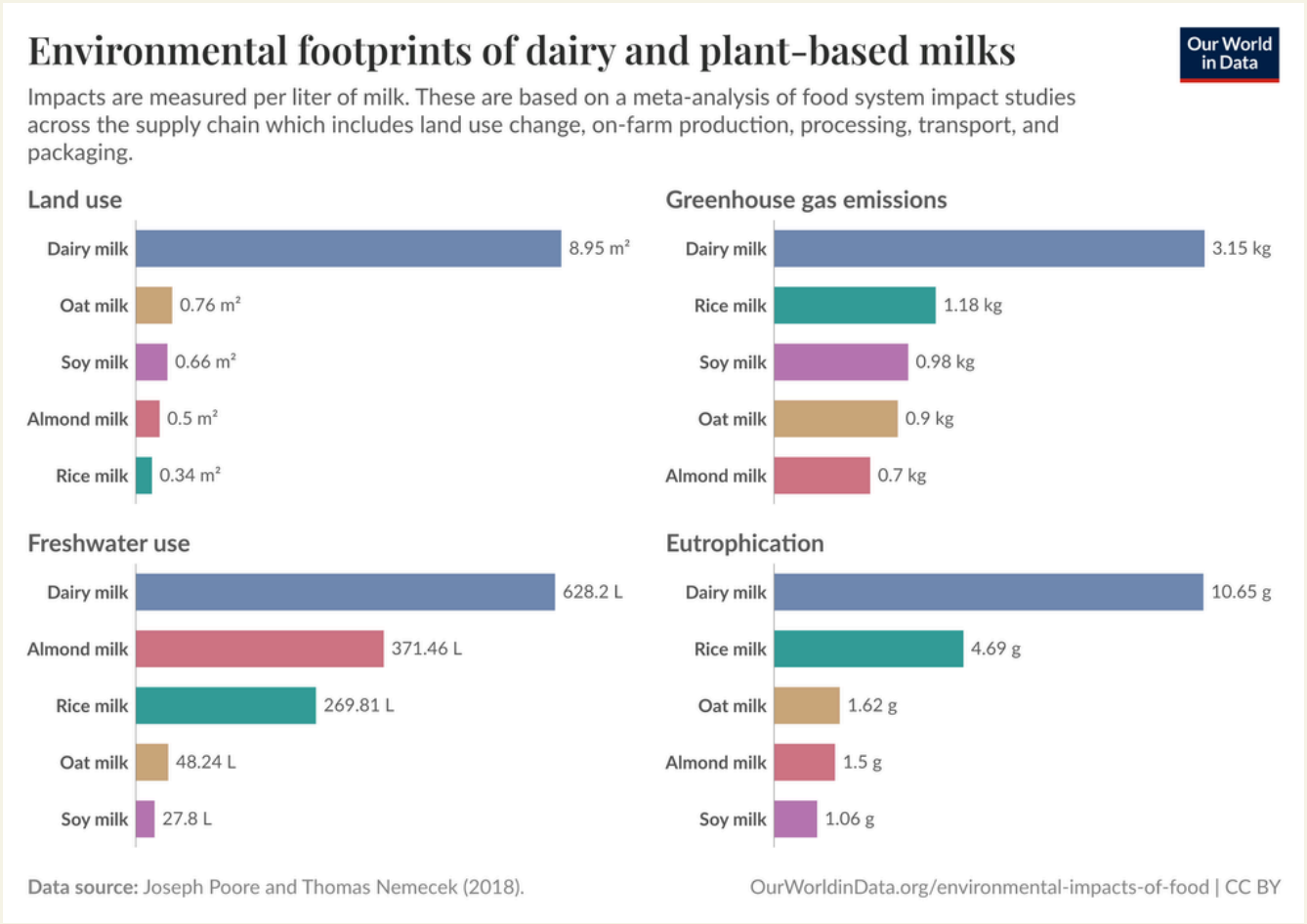


Fig 1. Impact of different types of milk in different impact categories.

The same is true for different goods and services used by GP practices.

There are some factors which will increase the likelihood of higher impacts from goods.

- Those which burn fossil fuels. For example, diesel generators.
- Those with complex manufacturing processes involving multiple resources transported and processed in multiple countries.
- Those which release greenhouse gases with high Global Warming Potentials (GWP) during use. Examples include metered dose inhalers or air dusting aerosols.
- Those consumed in high volume
- Those which are single use/disposable items may have a higher impact compared to reusable items.

Some proxy measures are often employed to try and work out environmental impact – especially where there is incomplete data. These are more imprecise measures of environmental impact.
These measures may include

- Volume used (For example, 100 paper or plastic cups used compared to one standard reusable cup/mug).
- Cost spent (for example using £ per CO2e conversion factors).
- Weight of items (for example in waste disposal where waste may be charge by weight (or volume) collected).

Due to the imprecision in evaluating environmental harm through these metrics, cheaper goods may not offer less environmental impact when longevity etc are considered.

The Centre for Sustainable Healthcare run a course on working out a carbon footprint for those wishing for more information

6.2 Goods action plan

The goods which will (or likely) to be used can be labelled accordingly and (electronic) list kept by the relevant staff member. This can be referred to prior to ordering goods and equipment.

Goods **unlikely** to be used

- Incompatible with current equipment (e.g. ECG paper for previous ECG machine, headsets incompatible with current telephone system etc) – to offer to other practices who may have appropriate equipment or wider e.g. via eBay, Vinted etc depending on item(s).
- Damaged goods – can they be repaired or refurbished?

Goods **unable** to be used

- Past their expiry date – can they be used if resterilised? To identify the factors that precludes their use.

Examples of actions for office supplies

- Avoid single use plastic products and promote re-usable products like refillable pens, markers, etc.
- Go digital where possible.
- Purchase products made of recycled materials (preferably 75 to 100% recycled waste products).
- For any paper-based stationery products that aren't 100% recycled, check that the paper originates from a sustainable and legal source and choose unbeached paper products.

Example actions for cleaning products

- Buying concentrates and biodegradable products, whenever possible.
- Reduce the amount of packaging or buy containers that can be reused/refilled.
- Train staff on the appropriate use and 'dosage' of products to minimise wastage.
- Cleaning products should be 90% biodegradable in 5 days and should not have been tested on animals, where available.
- Products must not contain toxic substances, where possible.

Example actions for food purchases

- Choose locations that are environmentally certified/energy efficient.
- If outdoors, ensure that biodiversity is not disturbed.
- Make use of as many Fairtrade/ ethically sourced products as possible for catering at events.

6.3 Services action plan

Actions that can be taken from the practice service audit include:

- Identify your expenditure hotspots.
- Review services
- Consider which services are essential. These are likely to include building insurance, professional indemnity, CQC etc.
- Identify where your supplier is based? Are you spending your 'healthcare pound' locally?
- Aim to cancel those no longer needed or used.
- Work with your suppliers and ask about their plans to tackle their carbon emissions and set deadlines for them to improve.

Consider whether some goods can become 'a service'.
For example, if letters are posted, consider the alternatives between a stamp (physical item, single use) and a franking machine (equipment leased from a third party with consumable ink).

6.4 Pre-procurement

To consider how best to minimise the amount and type of goods procured, to reduce waste from inappropriate goods, unused good, incompletely used goods

A 'what would procurement look like in a perfect world' can be considered and applied to both clinical and non-clinical.

In practices, salaries and wages of staff account for the majority of spend. Procurement of good and services account for the remainder. Energy can be considered as a 'service purchased' or separately depending on the practices wishes.

Purchasing energy-efficient or water-saving products for example, can help to significantly reduce utility bills. Reducing hazardous substances in products can cut disposal costs.

6.5 Moving to a service model

Consider the aim of the good or service that is procured. What is it allowing the practice to do? What tasks and actions are being completed as a result?

Ask : Could this item/good/service be reduced or stopped if we did things differently? What do we need to enable a different approach?

Examples

- Communicate with patients
  - In place of a computer generated letter delivered via the postal service, digital communication (email, text, NHS app) can achieve the same function
- Cleaning a workspaces or equipment
  - In place of chemicals, wipes and other cleaning products, UVC light can sterilise rooms and equipment
- Medical equipment
  - Using leased rather than purchased equipment
- Printer, laptop or photocopier
  - Hardware-as-a-service - offered as part of a montly payment package.

Often, 'products-as-a-service' can work out cheaper for an organisation - especially for expensive items - when including whole life costs (purchase, maintainance, storage, running costs, disposal etc).

6.6 Stock control and inventory management

Approach

- Check if it is in stock prior to ordering.
- Stock rotation for items that have expiry dates.
- System for identifying current stock levels.
- Identify prior to ordering new goods or equipment, what is in stock.
- Can be practice wide, in common with neighbouring practices or PCN wide.

Yellow stickers can be useful to stick on items that are due to expire in the next month to ensure they are used first

If the practice already has the item in stock, can it be used? Does it need repairing, refurbishing or upgrading prior to use?
Aim for reusable goods wherever applicable.

07

Alternatives for goods used in practice

7.1 Greener Products, Greener Processes and Greener Procedures

What is the least amount of goods or equipment needed in different scenarios or different pathways?

Greener Products, Greener Processes and Greener Procedures
A greener practice procurement policy would reduce the goods and services required to delivery high quality care to the essentials. For each product or process, the following four questions can be considered:

What – What is the function or service provided?
How much (volume) – How much is needed and what is extent of the function of the service?
How long – How long or what is the duration or lifetime of the goods?
How well – How well does the goods work and what is the expected quality level?

7.2 Cervical Screening

Cervical screening can be used as an example of how to provide a healthcare service with less goods or resources needed. When performing the cervical screening for the patient population using vaginal speculums, a functional unit could be “to enable internal examination of the vaginal and cervix for 250 patients per year for 20 years at a specified quality level of zero failures”. The reference flow is the amount of goods needed to fulfil this defined function.

Traditional cervical screening performed in a GP practice is time consuming, resource intensive and has a high carbon footprint. This involves travel or patients and staff to a venue with appropriately heated and lit environment, with appropriate equipment (clinical and non-clinical; equipment and consumables) needed to take the sample for processing.

Equipment traditionally used

- Gloves (1 pair, non-sterile)
- Apron (plastic)
- Couch roll
- Cleaning products pre/post,
- Speculum (single use, plastic)
- Packaging
- Swab kit (cotton swab + plastic tube for transport)
- Plastic bag for specimen transport to lab

Alternative screening methods are available – including vaginal self-sampling and urine self-sampling. Both have similar detection rates to traditional screening methods but have a higher likelihood of uptake, meaning more women are tested, with less time, resource and environmental requirements. Ultimately, this means a greater proportion of women are screened, potential cervical cancer identified, and treatment commenced.

Equipment used

- Self Swabbing - See reference [1]
- Cotton swab + plastic tube for transport
- A4 paper for sample label, patient details, consent
- Cardboard return wallet
- Return bag (plastic)

References

[1] supplementary material at https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00251-7/fulltext)
https://evidence.nihr.ac.uk/alert/cervical-screening-home-self-sampling-could-be-environmentally-friendly/
https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00251-7/fulltext

7.3 Blood test

When taking a blood sample for analysis, the equipment needed depends on the situation. Requirements – item to pierce the skin; blood collection device/system, blood container appropriate for blood analysis machine, label with patient identification details, torniquet, dressing supplies to stop bleeding, sharps box for safety. Other items have included gloves, alcohol wipes.

Function	Commonly used items in GP practice	Alternatives
Pierce the skin	Vacutainer two needle device	Butterfly needle, needle for syringe, lancet
Blood collection device	Vacutainer system (two needle device, needle holder and tube)	Syringe (now single use plastic, historically reusable metal or glass)
Blood container	Vacutainer collection tube	
Label with patient ID		
Tourniquet	Single use	Reusable [2]
Dressing supplies to stop bleeding	Cotton wool ball, gauze, plaster, micropore tape	
Safety	Single use sharps box	Reusable sharps bin
Waste	Domestic waste	Recycling waste stream
'Hot pack' Vein finder (infra red light) Gloves Site sterilisation Bag for transportation	Non sterile Alcohol wipe	Not advised Not advised

A similar approach can be used to identify the items used for other procedures within general practice.

Where possible, items that are no longer essential can be discarded, and items which can be reusable alternatives can be encouraged through substitution.

7.4 Hand cleaning

Hand cleaning depends if there is visible dirt or not.
If **removing microbes** from the hands, a paper on hand hygiene [1] compared soap with alcohol gels. It states, 'All forms of hand hygiene have an environmental cost'. Overall, isopropanol-based sanitizer is better (less harmful) for planetary health than washing with hand and soap.

Hand washing
If **removing visible dirt**, use soap and water. Modern hand driers run from 100% renewable electricity are less impactful than paper towels.

Reference
[1]https://discovery.ucl.ac.uk/id/eprint/10144903/1/Ashley_Duane2022_Article_HandHygieneWithHandSanitizerVe.pdf

7.5 Couch cleaning

A practice procurement policy can follow a hierarchical approach when considering couch roll
If **no** risk of blood or body fluids and no known skin condition = no couch roll
If a risk of blood or body fluids or a known skin condition = use couch roll

Alternates are
1. no couch roll
2. wipe with isopropanol and one paper towel between patients OR reusable cloth
3. either wipe between patients with wet wipe OR cover couch in roll (?5 sheets).

Couch roll and paper towels are both tissue paper so the emissions from production and waste disposal are likely to be almost identical if the same weight of material is used i.e. use the smallest which completes the task in hand.

7.6 Individual goods that use resources and their alternatives

Air duster
Used to clean electronics from dust and grime. Previously contained HFCs – gases with a high Global Warming Potential (GWP). Most common was HFC 134a (GWP 1400) – full can of 400g had emissions of 560kg CO2e. Second was HFC 152a (GWP 130).
Alternative: Current regulations have replaced these with low GWP (<1) alternatives such as butane or HFO (e.g. HFO-1234ze).

Alcowipe
Used for disinfecting skin e.g. prior to blood taking.
Alternative
Recommended only if visible contamination of the skin.

Couch roll
Tissue paper has a carbon footprint of roughly 1kg CO2e per kg of paper. A couch roll weighs approximately 1kg.
Alternative
To avoid couch roll as a default. To use only in certain circumstances e.g. where the examination may contaminate the couch with body fluids. Otherwise, to wipe down the couch with (reusable) cloth and disinfecting spray.

Disinfecting/cleaning spray
Used in non-clinical areas
Alternative
See Wipes

Examination gloves
Used for patient examinations. Can be overused in unnecessary situations.
Alternative
No gloves (aka ‘gloves off campaign’) unless clinically indicated. If in contact with a fluid which is ‘warm, wet and not yours’, gloves are appropriate. For many healthcare tasks (feeding patients, distributing medication etc), they are not.

Paper towels (hand drying)
Used to dry hands after washing in non-clinical areas e.g. staff toilets, kitchens etc.
Alternative
Electrically heated hand dryer can be used especially in non-clinical areas. These tend to save the practice money, delivery, storage of paper towels and waste disposal costs.

Paper (printing)
Used in communication between staff, healthcare professionals, and with patients
Alternative
Digitalisation and paper free offices/surgeries

PV Speculum
The majority of vaginal speculums used by general practice are plastic, single use and disposable. This is in contrast with historic use of metal speculums. The replacement
Alternative
Reusable specula. Patient preference and willingness to compromise with metal vs plastic speculums was explored review clinical pathways for goods – are all the goods needed e.g. 'gloves off' or 'ditch the couch roll' campaigns? showing a willingness to consider reusable specula.

Thermometer covers
Plastic, disposable, single use thermometer covers are used by infrared thermometers
Alternative
No touch thermometers e.g. Marsden T-100 Non-Contact Infrared Thermometer - a Medical Devices Directive approved non-contact thermometer

Wipes
Can be used to both clean and disinfect surfaces, couches, worktops etc. The NHS get through billions of these plastic containing wipes.
Alternative
UV and other forms of lighting can disinfect whole rooms and surfaces
Reusable cloths with least environmentally impactful cleaning supplies.

7.7 Example campaigns

'The gloves are off' - Implemented by Manchester University NHS Foundation Trust. More information here.

Ditch the couch roll - 'To roll or not to roll' with Derbyshire Community Health Services Infection Prevention and Control Team. Available here.

08 Assessing suppliers

8.1 Goods checklist

Goods - both clinical and non-clinical - are supplied to GP practices via a number of national sellers. There is a difference between the manufacturers and retail sellers. The latter tend to act as catalogue or warehousing organisations with multiple products from multiple manufacturers.

The following can be identified regarding suppliers and their goods.

- Is it fit for the purpose and provide value for money?
- Is it energy and resource efficient?
- Does it use minimum amount of virgin materials?
- Does it contain any hazardous chemicals?
- Does it make maximum use of post-consumer materials?
- Is it non (or reduced) polluting?
- Is it durable, easily upgraded, repairable, or refillable?
- Is it recyclable or biodegradable?
- Has it been dispatched with minimal packaging materials?
- Has it been delivered (transported) in a sustainable fashion?

8.2 Services checklist

Using an approach to assess the service companies the practice is comfortable with could include the following criteria in addition to identifying if they have an environmental policy, have a Carbon Reduction Plan and progress made:

- Is the company a Living Wage Employer?
  - The practice may decide to only work with companies who pay the living wage.
- Can I use a company who is providing social good? For example, is the company a Social Enterprise, CIC or charity that can provide the service we need?
  - The practice can use - as first line default - the Social Enterprise UK directory to find all new suppliers of goods and services.
- Is the company a certified B-Corp?
- Is the practice local to the GP practice?
  - This helps keep ‘healthcare spend’ money in the local community.

'Every time you spend money, you're casting a vote for the kind of world you want.'

Anna Lappe

8.3 Identifying more sustainable products

There are a host of certification organisation and standards for different products and services. Using reputable organisations is essential. Some are listed here.

Energy
EPC ratings (UK) https://www.gov.uk/find-energy-certificate
Energy labels (EU) https://energy-efficient-products.ec.europa.eu/ecodesign-and-energy-label/understanding-energy-label_en
Electrical equipment energy efficient product list (EU) https://www.topten.eu/

Water consumption
EU Water label https://uwla.eu/find-a-product/
UK Waterwise checkmark https://www.waterwise.org.uk/waterwise-community-checkmark/

Waste
See Waste hierarchy section

Goods
Fairtrade https://www.fairtrade.org.uk/
Good Shopping Guide - https://thegoodshoppingguide.com/the-ethical-company-organisation/ (covers energy providers and banking/finance too)

Transport
Consolidate your deliveries.
Consider the fuel source of your delivery methods (and those of your suppliers) - prioritise electric vehicles using renewable electricity
Reduce travel when possible and encourage active travel/ use of public transport
Consider a carpooling scheme

Cleaning supplies
Cleaning suppliers and products (with Ethical accreditation at Good Shopping Guide)
Green Bear https://www.green-bear.co.uk/gb-pro-green-cleaning-products.html
Xtra - https://xtrasolutions.co.uk/sector/healthcare/
Colt and Willow - https://coltandwillow.com/collections/all

Food
Certification standards include
https://www.msc.org/uk
https://redtractor.org.uk/
https://www.rainforest-alliance.org/
https://www.soilassociation.org/ https://www.fairtrade.org.uk/

8.4 Supplier engagement

Working with suppliers to improve their environmental credentials helps them which in turn helps the practice.

Scope 1 greenhouse gas emissions cover gases emitted directly by the business for example through the burning of gas or fuels.
Scope 2 emissions are those cause by producing electricity bought by the business.
Scope 3 emissions are from the entire supply chain to the business or organisation.
More information available at https://www.nationalgrid.com/stories/energy-explained/what-are-scope-1-2-3-carbon-emissions

8.5 Example letter - 1

Example letter for suppliers regarding engagement

Dear [Primary/Senior Contact Name at Supplier Company],

Being environmentally responsible and delivering high quality healthcare with minimal planetary harm is a key part of our practice. We consider [insert supplier business name], as one of our valued suppliers and as such an important part of our overall sustainability journey.

To help us better understand how we can reduce our impact we are reviewing both our sustainability practices and the practices of our suppliers.

As a supplier, the [products/services] that you deliver to us falls under our Scope 3, supply chain emissions calculation. To help us to understand what [insert supplier business name] is doing to measure, monitor and reduce its emissions, we have provided a range of questions below. Please respond to the below as best as you can and email back to us by [insert deadline date]. If you do not know the answers or have not yet started your net zero journey yet, please do not worry, as we are keen to understand this too.

1) Has your organisation measured its environmental impact including Scopes 1 & 2 CO2e emissions? If no, when does it intend to start measuring? If yes, please share this report with us.

2) Have you started to measure your Scope 3 emissions? If no, when do you intend to start measuring? If yes, please share your latest report with us.

3) Do you have a published, publicly available long-term emission Carbon Reduction Plan in line with the NHS Net Zero Plan? Does this include a transitions strategy and/or net zero targets in place?

4) What initiatives, changes have you taken to reduce your emissions?

If you have any questions or wish to discuss further, please don’t hesitate to contact me.

We appreciate your time. Yours sincerely,

8.4 Example letter - 2

Dear [Supplier Name],

I hope this letter finds you well. As you know, we have been working together for some time now, and I have always appreciated the quality of the goods, products and services you provide. However, as sustainability becomes an increasingly important issue for healthcare practices worldwide, I am writing to inquire about your sustainability credentials.

As a practice, we are committed to reducing our environmental impact, promoting social responsibility, and improving the sustainability of our supply chain. To achieve this, we are keen to work with suppliers who share our values and have robust sustainability practices in place.

Therefore, I would like to request that you provide us with information about your sustainability credentials. Specifically, I would like to know about:

- Your environmental policies and practices, including any efforts to reduce your carbon footprint and use of sustainable materials.

- Your social responsibility practices, including any measures you take to promote fair labor practices, human rights, and ethical sourcing.

- Your overall sustainability strategy, including any targets you have set for reducing your environmental impact and improving your sustainability performance.

If you have any sustainability reports or other relevant documentation, please share them with us. We would appreciate as much detail as possible about your sustainability practices so that we can make informed decisions about our supply chain.

Thank you for your cooperation.

We look forward to continuing our partnership and working together to build a more sustainable future.

Sincerely,

09

Waste management and simpler recycing

9.1 Waste hierarchy and simpler recycling

From 31 March 2025, all businesses and non-domestic premises in England, including GP practices, have been required to arrange for the collection of core recyclable waste streams: glass, metal, plastic, paper and card, and food waste.

The Simple Recycling Policy establishes a universal standard, simplifying recycling across England. It ensures that recyclable materials are consistently collected eliminating the need to check local rules. A primary care guide is here.

The waste hierarchy diagram helps ask the following:

- Refuse/Prevent – Do I need this item at all? Is there any staff or patient benefits from using this equipment or service?
- Reduce – Can I provide clinical benefit to patients by reducing the amount of goods or equipment used?
- Reuse – If I do need equipment, can it be reused?
- Recycle – How can I fulfil the Simple Recycling Policy?
- Recover – Will energy be recovered if the waste is incinerated?
- Dispose - What will happen if this ends up in land fill?

Consider consumable and non-consumable goods and equipment

- Consumable goods are those good traditionally used on a single patient. Examples include gloves, needle for blood taking, couch roll, ECG stickers etc.
- Non-consumable equipment is used multiple times. Examples include computers, desks, staff uniform etc.

An approach:
Avoid single-use (plastic) products.
Choose products with minimal packaging or recyclable/reusable packaging,
Explore packaging takeback provisions.
Consider end-of-life options such as reusability, recyclability, or composability.

10 Communication with staff

10.1 Communication with staff

Staff communication is vital for the success of this - and any - project or change of procedure within the workplace.

Having envirnomental sustainability as a standing item at practice meetings is good practice, and linking to all other agenda items - from procurement to energy, from travel to staff well being etc can help foster this as the 'business as usual' approach.

Highlighting the co-benefits of changing the goods or services used or the ordering process and stock control can be helpful.

Co-benefits can include

- Gain efficiency and save time and money: More efficient practices can reduce energy use and bills, reduce water use; reduce waste and costs from managing waste and treatment; and extend the useful life of many products.
- Support resiliency: Using reusable healthcare products improves the likelihood of uninterrupted delivery of healthcare through reducing reliance on 'just in time' delivery supply chains.
- Better patient and population health: A large proportion of the emissions from healthcare is from manufacturing, transporting and waste disposal of items used in the delivery of healthcare. Reduced transport improves air quality and reduces greenhouse gas emissions to improve population and planetary health.
- Improve staff health: Working with low-emission products and safer cleaners can improve indoor air quality
- Enthuse engaged staff: Sustainable procurement can be a cornerstone of broader programs that help attract talent and retain employees. A dedication to leadership and innovation can establish a robust framework that incentivises employees to act with integrity, take responsibility, and identify new opportunities for sustainability.

Being transparent that there may be financial investment costs, additional training or changes to workload helps foster trust.

Asking staff for their involvement, suggestions and 'enablers' ('What could the practice do to enable you to perform this greener behaviour?') engages team members.

Regular updates and feedback of progress made can aid uptake.

11

Measuring, monitoring and reporting

11.1 Measuring

There are several ways to measure the progress of the practice.

The easiest is to list all the goods purchased and services used with the most bought or most spent listed at the top.

Start by identifying the top 5 used and review appropriateness and place in the pathways used by the practice and alternatives available.

Measure how many of the top 5 items or services used have been changed or amended.

Move to the top 10, then the top 20, then the top 50.

Use the table below to identify the goods or suppliers, record when a letter is sent regarding their Carbon Reduction Plan or environmental impact, whether a response has been received and moving to a less environmentally impactful alternative.

Goods or suppliers	Letter sent regarding CRP	Positive reply received?	Alternative good or supplier identified	Moved to alternative
A				
B				
C				

Other approachs can be using staff survery. For example, asking the baseline knowledge of those involved in procurement.

- What is the staff understand ing of the practice green procurement policy?
- Do staff implement the practice procurement policy?

11.2 Monitoring

Reviewing goods, pathways and organisations can be time consuming. Once the practice has found their preferred mechanism for assessing goods, services, suppliers, the review process can become more automated.

For example, if the practice sends letter to their top 25 suppliers, notes the replies, and changes to alternatives where appropriate. This process can be repeated at a timescale that works best for the practice e.g. every 1, 2 or 3 years.

Showing progress of staff knowledge and understanding i.e. the number of staff who have a subjectively good understanding of the practice green procurement policy - is key.

11.3 Reporting results

Celebrating progress and results with the staff, patients, suppliers and other interested parties is important.

Having a mechanism to report annual progress can help. Being transparent about problems identified, and any goods or services that have been assessed but can't be changed is important.

Reporting number of actions taken, number of goods or suppliers assessed, number of less environmentally harmful goods or services now used etc can help maintain momentum and enthusiasm.

11.3 Progress not perfection

It can feel overwhelming to start with when considering all the goods and services used by a practice, the pathways that have been developed and work and considering making changes. The adage of 'if it's not broke, don't fix it' could apply! However, when the overall impact on staff, patients, practice and planet of the current policies and procedures are considered, some could be considered broken.

Making progress is a success rather than aiming at perfection as a goal. It is a marathon rather than a sprint.

Many practices will find it easier as they become more experienced in using this Sustainable Procurement policy.

Being supportive of the actions of team members is really key to maintaining morale.

When something is completely overwhelming, we need to make the problem smaller. It's the old: how do you eat an elephant? One bite at a time.

12 Creating an action plan

12.1 The practice action plan

Each practice can create their own practice action plan which reflects their current position, amount of staff time available, motivation of staff, financial situation, range of goods and services used etc.

An action plan can include baseline self-assessment, phased plan of action and implementation plan to address and harms caused and find solutions.

Our practice has an action plan (*) which includes:

- environmental sustainability and sustainable procurement in our practice vision and or goals.
- an education programme for staff on environmental sustainability and procurement appropriate to their involvement.
- reviewing the top 20 or top 50 goods bought and the care pathways in which they are used.
- reviewing the top services used by the practice.
- reviewing the 'High Impact opportunities' by identifying which goods or services have the greatest impact and alternatives available.
- assessing out stock control and management system and reviewing regularly.
- contacting current suppliers and checked they have a Carbon Reduction Plan in place. This includes asking to see progress being made to meet the net zero ambitions of the NHS.
- a waste management policy in line with the Simpler Recycling guidance
- a communication strategy to share progress in delivering a sustainable practice and greener procurement.
- feeding back annually to staff the results of our measuring and monitoring of our action plan.
- raising staff understand of labelling and certifications of products.
- including all purchases (where appropriate) For example, some - such as IT equipment - may be considered differently from other office consumables if under the control of the ICB.
- including environmental impact as an important criterion when purchasing goods or services.
- having targets and timeframes for implementing a practice wide procurement policy.
- identifying practice priority items for example, based on environmental harm done, volume purchased, financial cost, ability to influence the market/supplier etc.
- identifying market ready alternatives for the goods and services needed.
- making declarations based on their actions and alternative suppliers and been visibly support environmental procurement.

(* - delete as appropriate)

12.2 Practice check list

	Done (with date)	How
Goods		
Ranked goods based on practice expenditure		
Reviewed top 25 goods		
Identified alternatives available		
Reviewed top 5 suppliers of goods		
Services		
Ranked services based on practice expenditure		Those of small impact, low volume or likely low impact have been minimised initially.
Reviewed top 25 suppliers of services		
Identified alternatives available		
Stock control		
Reviewed current stock levels		
Review stock quarterly to identify items close to their use by date		‘Use me first’ stickers used on appropriate goods

12.3 Practice check list - goods example

	Example	Alternatives
Non clinical		
Goods with alternatives available	Printer toner	Paperless office, 100% digital.
	Batteries	Rechargeable batteries
Appropriate, small impact or low volume	Push pins	
	Webcam	Appropriate to aid move to digital delivery of healthcare
Clinical		
Goods with alternatives available	Couch Roll	Couch roll audit to check appropriate use. Likely reduced volume purchased
	Forceps	Reusable forceps
	Kidney bowl	Reusable Kidney bowl
Appropriate, small impact or low volume	Resuscitation equipment	Clinically appropriate. Likely low volume purchase and to meet CQC requirement
	Pregnancy testing equipment	‘Use me first’ stickers used to prevent out of date losses
Suppliers reviewed	Check credentials of current suppliers	Numed healthcare, PMS instruments and Rocialle all meet the NHS Net Zero targets

12.4 Practice case study

Summary of Initiatives & Environmental Co-Benefits Initiative	Savings / Waste Avoided	Environmental Impact
Porcelain mugs replacing cardboard cups	£4,560 p/a; ~8,000 cups diverted	Cuts single-use waste, supports circular reuse
CSSD pouch reuse	£3,005 p/a	Reduces procurement emissions; cuts disposal
Camera drapes for vasectomy gloves	£1,980 p/a; ~3,600 gloves saved	Avoids glove production/emissions
Bioguard spray & cloths	£3,500 p/a; 125,000 wipes; 5 trollies saved	Prevents single-use plastic, extends equipment life
Wipeable trays	£1,300 p/a; ~7,800 trays	Eliminates pulp tray waste
Biodegradable sutures supplier change	£7,512 p/a	Cuts plastic and synthetic waste
Reusable forceps	£12,000 p/a; ~1,100 forceps diverted	Reduces single-use instrument procurement emissions
Diluting iodine in BSS	£2,600 p/a	Less plastic waste from iodine bottles
Pilocarpine vs Mephitel/Miochol	£4,560 p/a	Low ecotoxicity, simplified packaging
Non-sterile gloves bulk purchase	£3,120 p/a	Less packaging, lower sterilisation footprint
Reusable choppers	£3,667 p/a	Single-use tool reduction
Email instead of postal appointments	£8,204 p/a; 10,310 envelopes; 54 k sheets paper	Reduces deforestation, transport & energy use

Cumulatively, this practice had:

- £43,758 in annual savings
- Diverted tens of thousands of single-use items from waste streams
- Minimised procurement-related Scope 3 emissions

13 Appendicies

13.1 Carbon Reduction Plan

Taken from NHS Supply Chain Sustainability and Social Value – Expectation of Suppliers PPN 006

Supplier name: ……
Publication date: ……

Commitment to achieving Net Zero

[Supplier name] is committed to achieving Net Zero emissions by 20XX.

Baseline Emissions Footprint
Baseline emissions are a record of the greenhouse gases that have been produced in the past and were produced prior to the introduction of any strategies to reduce emissions. Baseline emissions are the reference point against which emissions reduction can be measured.

Baseline Year: 20XX
Additional Details relating to the Baseline Emissions calculations.

Baseline year emissions:

EMISSIONS	TOTAL (tCO2e)
Scope 1	XX
Scope 2	XX
Scope 3	XX (Included Sources)
Total Emissions	XX

Current Emissions Reporting Year: 20XX

EMISSIONS	TOTAL (tCO2e)
Scope 1	XX
Scope 2	XX
Scope 3	XX (Included Sources)
Total Emissions	XX

Emissions reduction targets
In order to continue our progress to achieving net zero, we have adopted the following carbon reduction targets.
We project that carbon emissions will decrease over the next five years to XX tCO2e by 20XX. This is a reduction of XX%.

Carbon reduction projects
Completed carbon reduction initiatives
The following environmental management measures and projects have been completed or implemented since the 20XX baseline. The carbon emission reduction achieved by these schemes equate to XX tCO2e, a XX% reduction against the 20XX baseline and the measures will be in effect when performing the contract.

13.1 CRP - cont.

Future carbon reduction initiatives
In the future we hope to implement further measures such as:

[Enter details]

Declaration and Sign Off
This Carbon Reduction Plan has been completed in accordance with PPN 006 and associated guidance and reporting standard for Carbon Reduction Plans.

Emissions have been reported and recorded in accordance with the published reporting standard for Carbon Reduction Plans and the GHG Reporting Protocol corporate standard[1] and uses the appropriate government emission conversion factors for greenhouse gas company reporting.[2]

Scope 1 and Scope 2 emissions have been reported in accordance with SECR requirements (where required), and the required subset of Scope 3 emissions have been reported in accordance with the published reporting standard for Carbon Reduction Plans and the Corporate Value Chain (Scope 3) Standard.[3]
This Carbon Reduction Plan has been reviewed and signed off by the board of directors (or equivalent management body).

Signed on behalf of the Supplier:
……
Date:……

Useful references
[1] https://ghgprotocol.org/corporate-standard
[2] www.gov.uk/government/collections/government-conversion-factors-for-company-reporting
[3] https://ghgprotocol.org/standards/scope-3-standard

13.2 CRP - requirements

The following is more detail on what is being assessed for CRP compliance from PPN 06/21 for suppliers.

Commitments

- Confirm the bidding supplier's commitment to achieve net zero by 2050 or earlier for their UK operations at a minimum.

Data

- Provide the supplier's current emissions for their UK operations at a minimum, for the sources included in scope 1, and 2 of the GHG Protocol, and a defined subset of scope 3 emissions. The five relevant GHG Protocol scope 3 categories are:
  - upstream transportation and distribution
  - waste generated in operations
  - business travel
  - employee commuting
  - downstream transportation and distribution.
- Suppliers may provide additional categories of scope 3 emissions if the above categories are included and clearly identified. Provide emissions reporting in CO2e for seven greenhouse gases covered by the Kyoto Protocol (carbon dioxide [CO2], methane [CH4], nitrous oxide [N2O], hydrofluorocarbons [HFCs], perfluorocarbons [PFCs], sulphur hexafluoride [SF6] and nitrogen trifluoride [NF3]).

Actions

- Set out the environmental management measures in effect, including certification scheme or specific carbon reduction measures adopted; these should be measures the supplier can apply when performing the contract and support the supplier to achieve net zero by 2050 or earlier.

Sign Off

- Be board approved or company director approved if no board is in place
- Be clearly signposted and published on the supplier's website (Note: Please check that your link is working)
- If the supplier does not have a website, a pdf copy must be provided in the tender submission.
- Be updated regularly. i.e., within the 12 months prior to tender close date.
- Be on the appropriate template
- The CRP must follow the structure and length of central government's PPN 06/21 CRP template, though stylistic differences are acceptable, such as corporate branding
- In the bidding entity name

13.3 CRP - exceptions

The following do not need a CRP when supplying goods to GP practice

- Companies with less than 10 people in size, or
- Turnover less than £1million, or
- Value of goods or services provided is below £1,000 in any calendar year.

13.4 Standards, labelling and certification

Relevant standards include

- The LCA methodology ISO 140405 and ISO 140446 which describe principles, application, phases of an LCA study, requirements, critical review, and reporting.
- ISO 140467 for water footprint
- more environmental management standards are linked to ISO 14040-44
- ISO 140068 (eco-design),
- ISO 140259 (environmental labelling),
- ISO 1406410 (carbon footprint of organisations),
- ISO 1406711 (carbon footprint of products),
- ISO 1407212 (organisational LCA)

Approach and methodology

Using a waste hierarchy approach, this continues the traditional linear model.

- Life Cycle Assessment (LCA)
  - Uses ISO14040/44. Assesses the environmental impacts from all stages of the life cycle of products and services are considered, from raw materials extraction, to processing and manufacturing, distribution, use, and end of life. Multiple impact categories. Info here
- Product Environmental Footprint (PEF) method
  - Based on LCA, focuses on reducing impacts across the supply chain and provides requirements for material flows, emissions, waste streams etc. Info here
- Organisational Environmental Footprint method
  - Covers all the inputs/resources (known as Upstream activities e.g. raw materials, energy, services), direct activities (e.g. pollution to air, water, soil) and ‘downstream activities’ (covering distribution, use, waste/end of life). https://green-business.ec.europa.eu/environmental-footprint-methods/oef-method_en

13.5 Identifying essential and non-essential goods and services.

	Non-clinical	Clinical
Goods		
Essential		
Non-essential but desirable		
Could be avoided		
Equipment		
Essential		
Non-essential but desirable		
Could be avoided		
Services		
Essential		
Non-essential but desirable		
Could be avoided		

13.6 Review of suppliers (correct 2024)

Name of company	1. Do they have a section of their website devoted to environmental sustainability	2. Do they have a public written carbon reduction plan	3. Do they have a public commitment to meet net zero emissions
Alliance	**Yes**	**Yes**	**Yes**
CCG supplies	No	No	No
Dene healthcare	**Yes**	No	No
Foursquare healthcare	No	No	No
Hillcroft supplies	No	No	No
Medical supermarket	**Yes**	No	No
medisave	No	No	No
Medtree	No	No	No
Midmeds	No	No	No
Numed healthcare	**Yes**	**Yes**	**Yes**
PMS instruments	**Yes**	**Yes**	**Yes**
Rocialle Healthcare	**Yes**	**Yes**	**Yes**
Wel medical	No	No	No
Williams Medical supplies	**Yes**	**Yes**	**Yes**

13.7 Remanufacture, recondition and repair - definitions

From the BSI standards:
Remanufactured include the 'Industrial process which creates a new product, from used products, or components which has to be placed on the market'.
Return a used product to at least its original performance with a warranty that is *equivalent or better* than that of the newly manufactured product
From a customer viewpoint, the *remanufactured product can be considered to be the same as the new product.*
With respect to remanufacture:

- manufacturing effort involves dismantling the product, the restoration and replacement of components and testing of the individual parts and whole product to ensure that it is within its original design specifications
- performance after remanufacture is expected to be at least to the original performance specification
- any subsequent warranty is generally at least equal to that of new product. This assumes that remanufacture applies to like-for-like products.

Reconditioned is the 'Industrial process which returns a used product or component to a satisfactory performance level when made available on the market as a used product'

- Manufacturing effort involves the replacement of worn or broken components but is generally more extensive than for repair;
- Performance after refurbishing is expected to perform its intended role but the overall performance is likely to be inferior to that of the original model;
- Any subsequent warranty is generally less than that for a new or remanufactured product but is likely to cover the whole product (unlike repair); refurbished products do not require a warranty equivalent to that of a newly manufactured equivalent.

Repaired is 'returning a faulty, worn or broken product or component back to a usable state'. A repair may use remanufactured or refurbished components.
With respect to repairing:

- manufacturing effort is the minimum required to address the specified fault;
- after repair, the product is expected to be in a useable state, but assurances of performance are generally limited to the repaired component;
- any subsequent warranty is generally less than that of newly manufactured, remanufactured or refurbished equivalents and may apply only to the component that has been replaced or repaired.
- Recycled is an 'operation by which a product or its components are put back into use for the same purpose at end-of-life'.

BSI Technical specification documents:

- BS 8887-220:2010 - Design for manufacture, assembly, disassembly and end-of-life processing (MADE). The process of remanufacture.
- BS 8887-220 specifies requirements for the process of remanufacture.
- BS ISO 8887-1:2017 - Design for manufacture, assembly, disassembly and end-of-life processing (MADE). General concepts, process and requirements
- BS ISO 8887-1:2017 specifies the requirements for the design and preparation of technical product documentation for the manufacture, assembly, disassembly and end-of-life processing (MADE) of products.
- BS 8887-2:2009 - Design for manufacture, assembly, disassembly and end-of-life processing (MADE).

Thank You

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