



Green Plans for Primary care

Meeting the NHS Net Zero ambition

18th Feb 12.30
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Why does primary care need a green plan?

Primary care is responsible for

- approximately **23%** of the total NHS emissions footprint
- about **5.75 million tonnes** per year
- amounting to 1% of UK greenhouse gas emissions.

GOLDEN Opportunity

- Patient benefits
- Staff benefits



A green plan?

In October 2020, the Greener NHS National Programme published its new strategy, Delivering a net zero National Health Service.

- Set trajectories and actions for the entire NHS to reach net zero carbon emissions by 2040 for the emissions it controls directly, and 2045 for those it can influence

Each ICS is then asked to develop a consolidated system-wide Green Plan by 31 March 2022





Links to ICS green plan

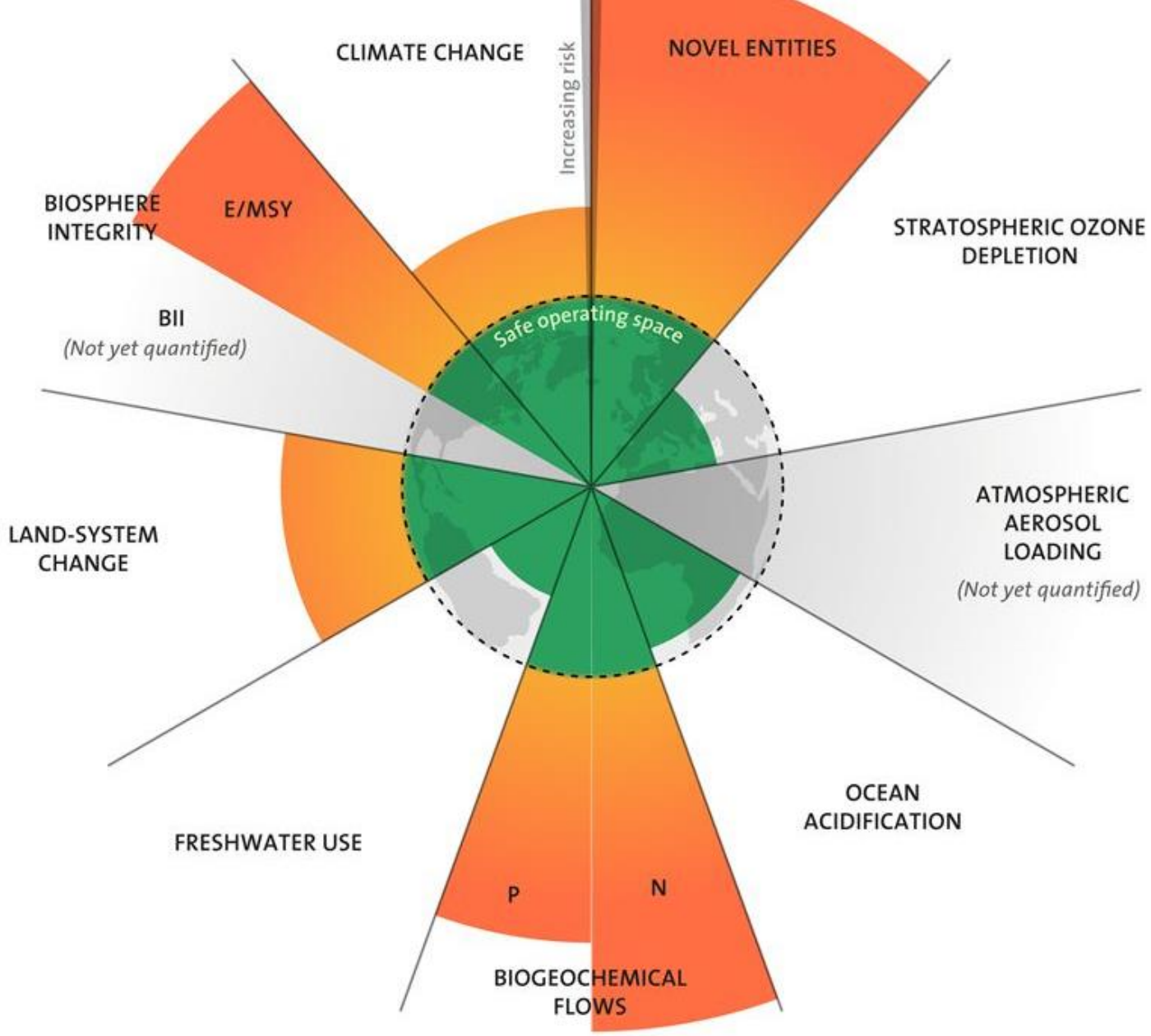
Differences between primary care and ICS/trust green plans

Primary care:

- 90% of patient appointments
- 10% of funding
- 23% of GHG emissions

- Practice ownership (partnership, PFI, landlord, NHS Property Services),
- Access, number, floor space, travel,
- Types of care
- Building, type of building, size, energy bills, running costs
- Financial structure

Areas of focus at ICS level	
Workforce and system leadership	• Yes
Sustainable models of care	• Clinical
Digital transformation	• Both
Travel and transport	• Non-clinical
Estates and facilities	• Non-clinical
Medicines	• Clinical
Supply chain and procurement	• Non-clinical
Food and nutrition	• No
Adaptation	• Yes



Credit: Designed by Azote for Stockholm Resilience Centre, based on analysis in Persson et al 2022 and Steffen et al 2015.

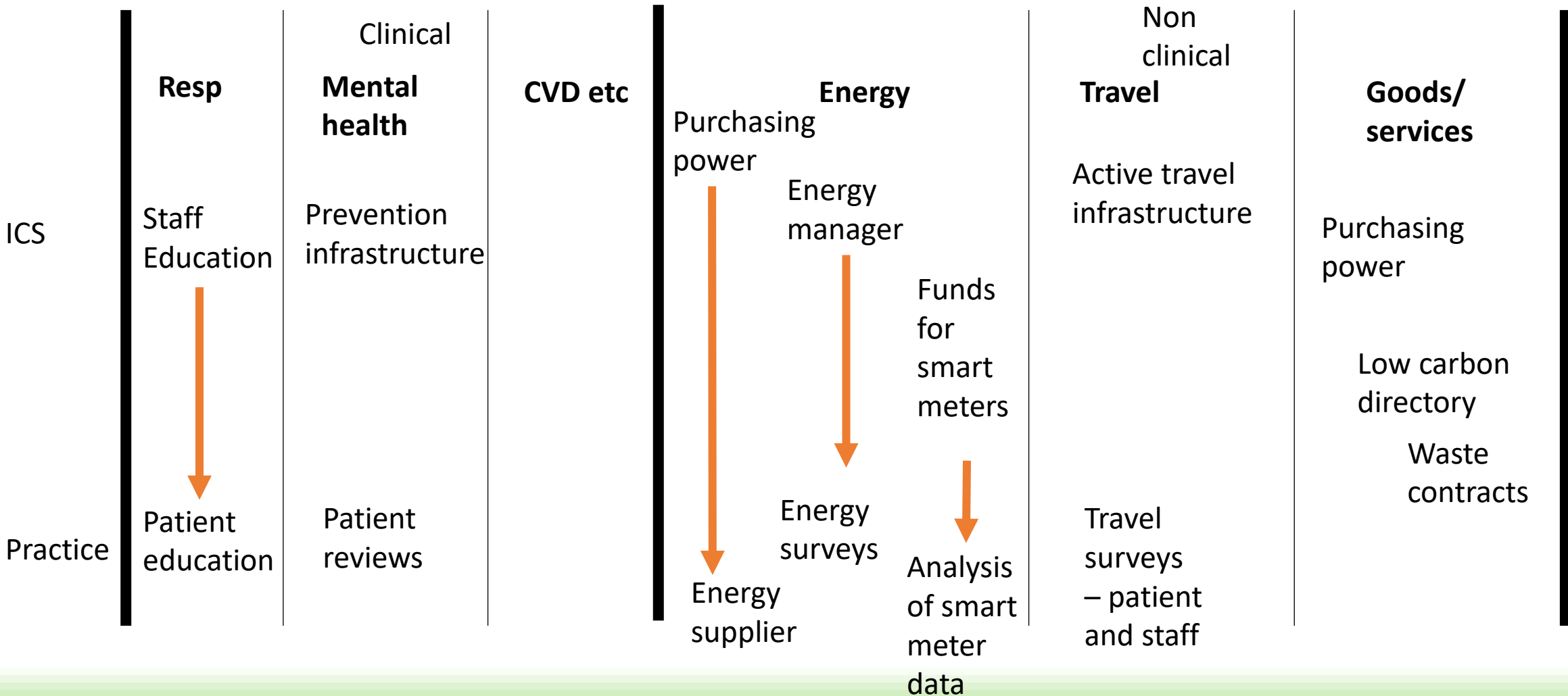
What to include?

Beyond carbon





Common areas : ICS and primary care





Education :

An example of ICS and primary care links

All need sustainability education and training

Being embedded into ICS level green plans ***and primary care***

Make it engaging and **action** focussed

Who?

- CSH sustainablehealthcare.org.uk/
- HEENE madeinheene.hee.nhs.uk/
- CLP carbonliteracy.com/



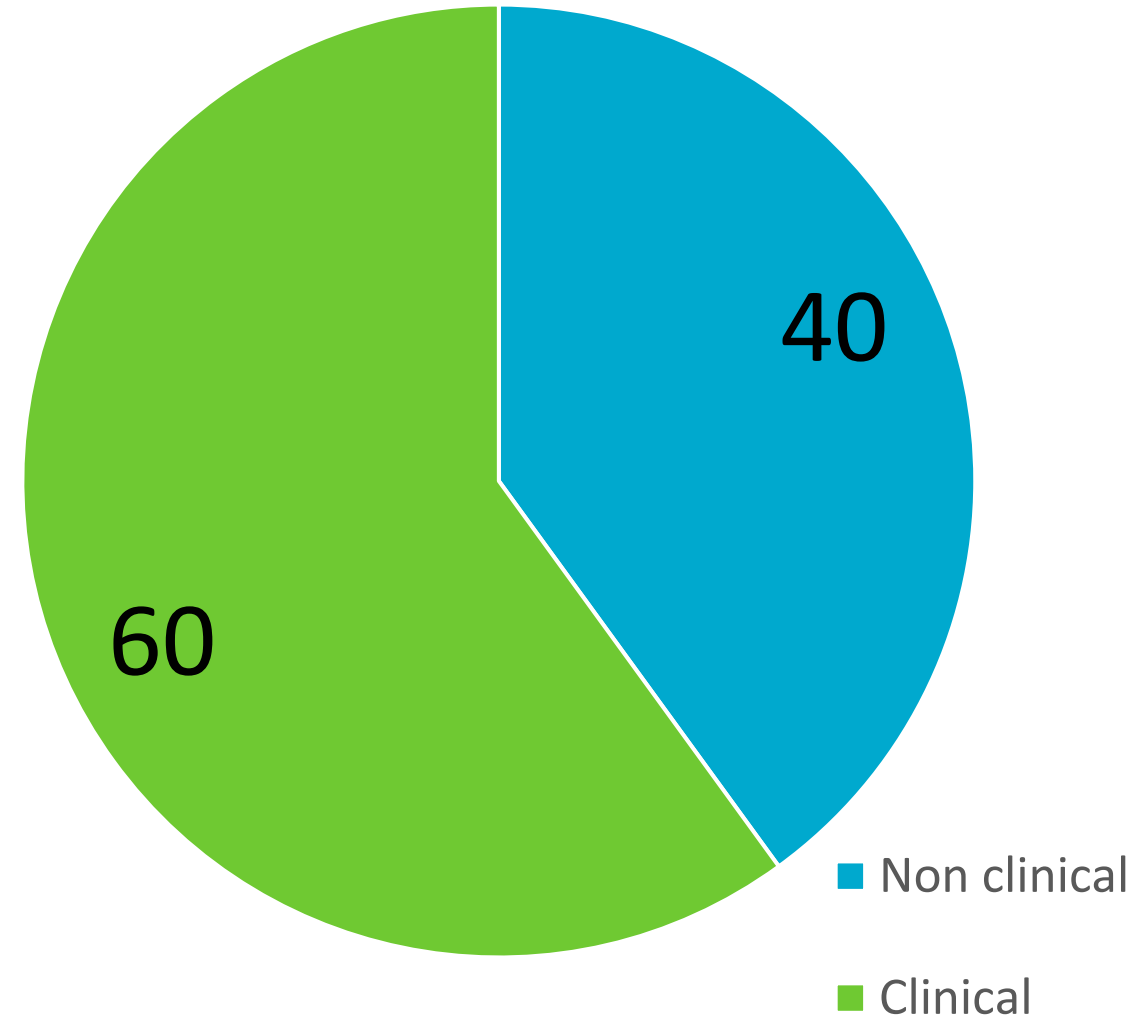
Clinical vs non clinical carbon

Clinical

- Pharmaceuticals, prescribing and inhalers

Non clinical

- Energy
- Staff travel
- Patient travel
- Services
- Medical supplies
- Office supplies





Non clinical emissions in primary care

Areas to cover in a primary care green plan

- Energy
- Travel
- Goods
- Procurement



Travel

- Behaviour change
- Intentions
- How to implement actions
- How to overcome intention gap?



GP Surgery

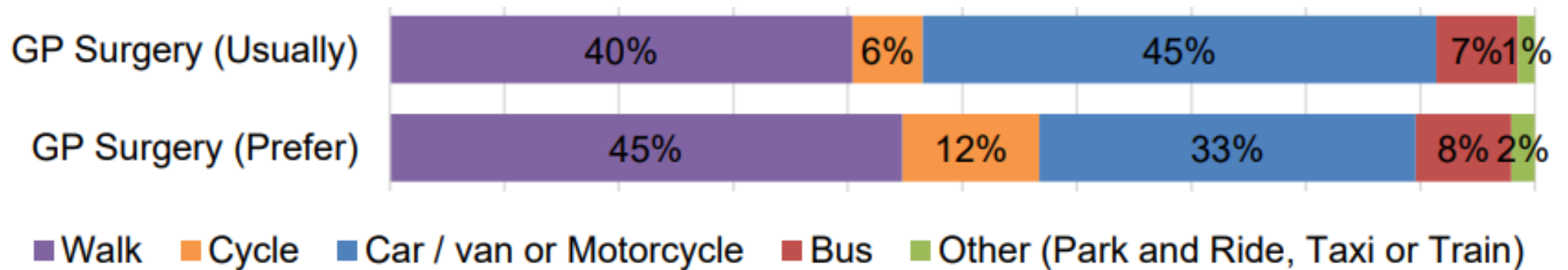
+12% Shift to Alternative

+4% Walk

+1% Bus

+6% Cycle

+1% Other





Clinical

How?

- Clinician involvement
 - Essential
 - Co-ordinator ICS level
 - Sus QI framework
- Paid time
 - Cant do voluntary any more!
- Use wider network
 - Third sector
 - Local groups
 - Community base

Team and leadership

Help people get to the position where they believe they can make a difference and affect positive change.

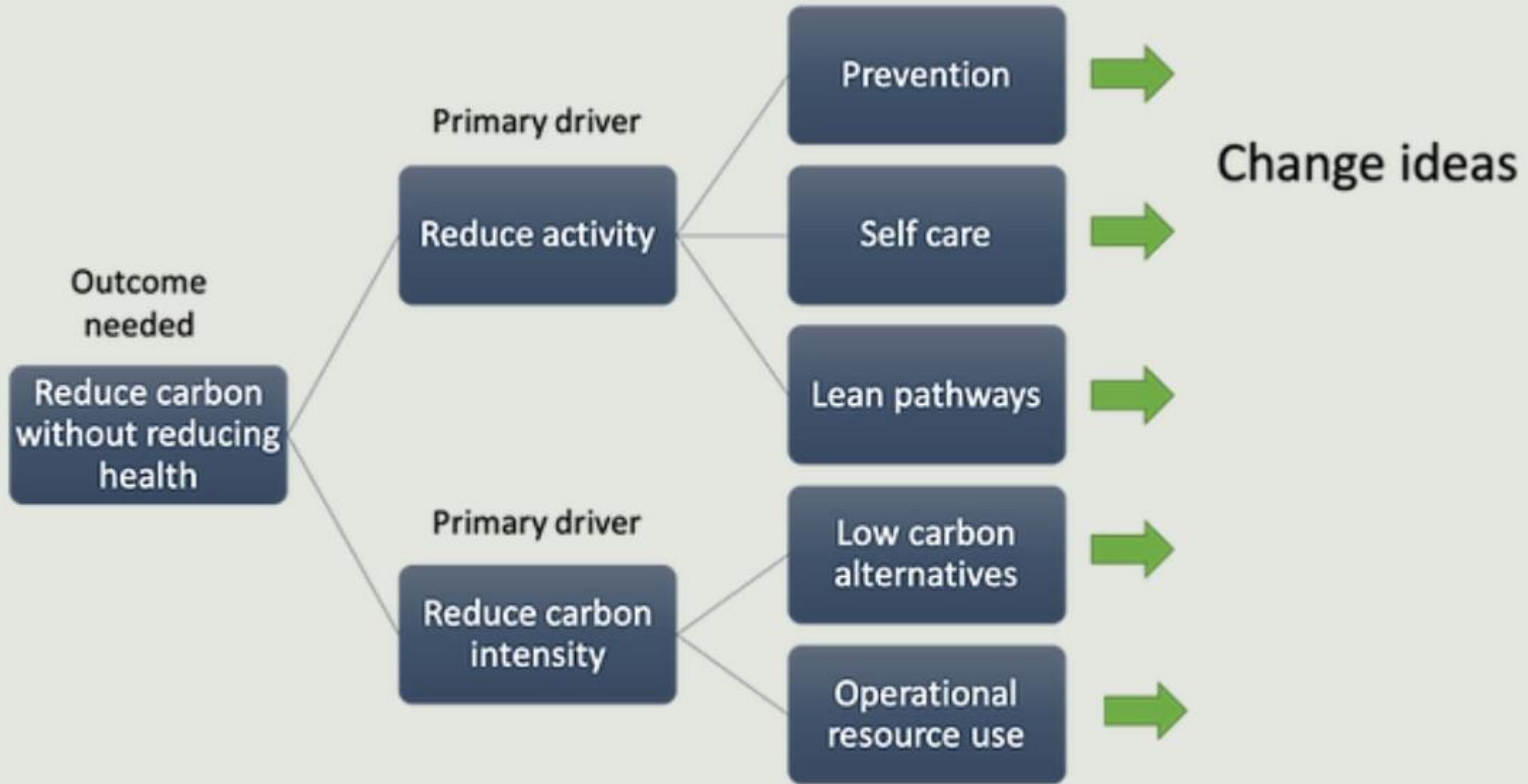
Sust

1. PREVENTION

promoting and preventing disease by tackling the underlying causes of illness and health inequalities

3. LEAN SERVICE DELIVERY

streamlining systems to reduce waste and improve efficiency





QI toolkit on High Quality and low carbon asthma care will be available from April 2022

www.greenerpractice.co.uk

Educational resources

Videos, tips on successful QI in primary care

Diagnosis

- Improve asthma diagnosis and coding
- Find the “lost” patients on SABA-only therapy with no diagnosis

Disease control

IIF

- Address SABA over-reliance
- Identify patients with other high-risk medication use
- Optimise asthma reviews (self-management)
- Link to SENTINEL etc.

Device

IIF

- Effective inhaler use
- Offer patients switch to lower carbon devices
- Bulk switch where safe (same drug, same device)
- Support staff to make lower carbon prescribing choices

Disposal

- Raise awareness of inhaler disposal and recycling
- Support patients to dispose of inhalers safely

Resources

QI: step-by-step project guides, clinician resources
IT: searches, asthma review templates, prescription templates
Comms: SMS/ email/ letter templates, patient information

Resources



Prescribing and deprescribing

Low carbon	Appropriate	Involve
<p>Ensure low carbon options are available</p> <p>Life cycle analysis of whole disease or illness</p>	<p>Appropriate prescribing and deprescribing</p> <ul style="list-style-type: none">• Better for patients (e.g. adverse drug reactions (ADRs))• Better financially• Better for the planet	<p>Involve patient decision making, local pharmacists and medicines management teams</p>





Green spaces

- Biodiversity
- Links to better health – how to promote?

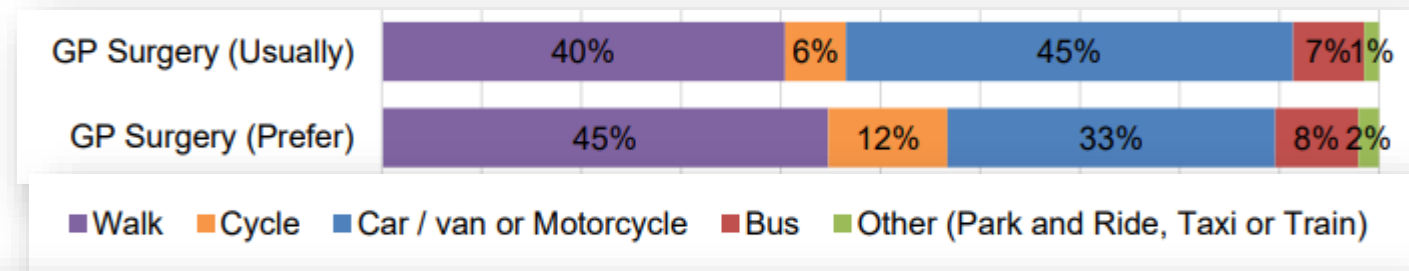




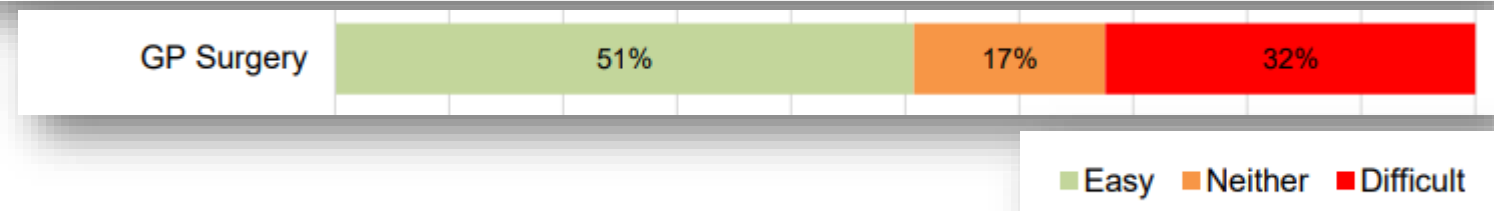
Patient and community involvement

Why?

- Patient safety
- Patient outcomes
- Community outcomes
- Wider determinants of health



How difficult would it be for you to get to the following without access to a motorised vehicle or taxi?



Inequality

Need data to identify those most vulnerable

- e.g. resp patients who are on high SABA prescribing,
- Patients least able to access healthcare (e.g. without suitable transport, access, digital kit)
- Those least likely to attend



Writing and implementing

- Build on what has already been done
 - ‘not another consultant’
 - ‘not another top down plan’
- Need a process to engage in the writing makes the implementation easier.
 - Ongoing dialogue
- Targets, milestones

Consultation

- the action or process of formally consulting or discussing.

Consult

- seek information or advice from (someone, especially an expert or professional).
- have discussions with (someone), typically before undertaking a course of action.

Co-authorship, co-operation

- to write an article, report, etc. together



Primary care green plan

Areas to cover

Go **beyond** carbon

- Biodiversity
- Forever chemicals etc

Links to ICS, trusts and LA

Patient, primary care and ICS **co-authorship**

Behaviour change

Implement **action**

- Clinical emissions,
 - low carbon options
 - appropriate prescribing and deprescribing
- Non-clinical emissions
 - Travel, energy, goods and services



Opportunities

- What *could* happen? Go big!
- How optimistic can we be?
- Co benefits – more than the sum of their individual parts
- Invest in shared resources
- Net zero is not going to happen without support

Primary care as a driving force – proactively engaging with ICS

23% of the emissions -> 23% of the funding?



Any questions