

Cover Note for Readers of the DRAFT BLMK Primary Care Green Plan – Actions Toolkit:

This is a **DRAFT version** of a toolkit to accompany the BLMK Primary Care Green Plan for 2026-2032. This document was produced as part of a response to a commitment in the BLMK Green Plan 2025-2032, which was published in July 2025.

It has been developed through engagement during 2025 with a group of stakeholders from primary care, including General Practice, pharmacy, optometry and dental services.

It will change before it is finalised and published, based on any comments we receive, so readers should not assume that any of the content is set in stone.

This document outlines the actions needed to carry out the main BLMK Primary Care Green Plan, which is available separately. This toolkit includes 39 generic actions for all primary care staff, and several additional actions specific to the specific sector of primary care or community services.

Readers are asked to comment on the draft and the accompanying toolkit by **30 April 2026**, providing queries, comments and suggestions to sian.pither@nhs.net. We're particularly looking for feedback on the following:

- a) **The breadth and depth of ambitions** – are they sufficiently all-encompassing, while remaining achievable?
- b) **Do you think the Green Plan will work** – will it deliver the reduction in emissions we need? What needs to be stronger? What barriers that are within our control do we need to overcome?
- c) **Clarity** – are the commitments clear and sufficiently specific? Is the language easily understandable?
- d) **Call to action** – is it clear what you need to do to support delivery of the plan? Should there be more direction for any particular group?

The BLMK sustainability team will use your comments to update The Primary Care Green Plan draft and associated toolkit to final versions ahead of approval during 2026.

The final published version, likely to be released in later Spring 2026, may also see some design changes, including some of the colours, imagery, iconography and diagrams.

Appendix 1

BLMK Primary Care Green Plan 2026-32 Action Toolkit

How to use this Action Toolkit

This toolkit provides ideas and resources to support carbon-reduction actions within Primary Care settings. It should be used alongside the Primary Care Green Plan 2026–32 [\[Insert link to webpage\]](#).

1. Range of Actions

The toolkit includes:

- **Generic actions** suitable for all Primary Care providers
- **Sector-specific actions** tailored to different parts of the Primary Care system
- Actions are aligned to the [ICS Green Plan](#) action themes BLMK **CARES**:
 - **Culture**: Enabling environmentally sustainable health and care
 - **Adaptation**: Climate -adapted communities and infrastructure, resilient to climate change
 - **Resource-Conscious**: A sustainable, circular economy
 - **Environmentally Sustainable**: healthcare design and delivery

2. Flexible Use for all staff

You are not expected to complete every action. Instead, any member of staff can use the toolkit as a menu from which you can select actions relevant to your role, capacity, and local priorities

4. Action Categories

Each action is labelled to indicate its priority:

- **Must Do** – actions required by legislation or statutory obligations
- **Priority** – actions that show a strong commitment to carbon reduction, are relatively easy to do, or could have an immediate positive impact
- **Should Do** – recommended actions that support progress

5. RAG Rating

Each action includes a RAG (Red/Amber/Green) rating indicating how easy it is to implement:

- **Green** – little effort or short process
- **Amber** – more effort or time required
- **Red** – more challenging or a long process

6. Benefits of Each Action

For every action, the toolkit RAG rates the potential benefits across five areas:

- **Environment** – reducing emissions and improving sustainability
- **Population Health** – improving health outcomes and reducing health inequalities
- **Finance / Business Operations** – contributing to cost savings and/or operational efficiencies
- **Staff** – supporting wellbeing, engagement, and a positive workplace
- **Social Value** – delivering wider social, economic, and environmental benefits for local communities

7. Key to RAG Ratings:

Ease of Task		Benefits	
	Very easy / short process		Lots of benefit
	Little harder / more time required		Some benefit
	Needs effort / long process		A little benefit

8. Navigating the Actions (Pages 3–10)

Pages 3–10 provide an overview of all available actions grouped into:

- [Generic](#) – relevant to all Primary Care providers
- [General Practice](#)
- [Dental Practice](#)
- [Community Pharmacy](#)
- [Optometry Practice](#)
- [Integrated Urgent Care Providers](#)

When you want to explore an action in more detail, click on the **hyperlink in the Action column**. This will take you to a dedicated page containing further information, including:

- **Why** the action should be undertaken
- **How** to carry out the action
- **Resources**, such as:
 - Reading and guidance
 - Templates and tools
 - Evidence and data
 - Case studies

When you have finished with the information, **click on the hyperlink to return to the actions overview list** (at the bottom right of the page)

Actions Overview

Generic Actions for all Primary Care

Key to RAG Rating:

Ease of Task		Benefits	
	Very easy / short process		Lots of benefit
	Little harder / more time required		Some benefit
	Needs effort / long process		A little benefit

Culture – Education, Leadership and removing barriers to change

No.	Culture Action	Must Do	Priority	Should do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	<u>Understand the guidance re CQC requirements</u>	✓						✓	✓	
2	<u>Declare a climate emergency</u>		✓					✓	✓	
3	<u>Provide training and education for all staff appropriate to their role</u>		✓					✓	✓	
4	<u>Encourage and empower all members of staff to take action</u>		✓					✓	✓	
5	<u>Pick a focus for your business</u>		✓					✓	✓	
6	<u>Sign up to useful toolkits/resources e.g. Greener Practice Platform, Green Impact Dentistry Toolkit</u>		✓					✓	✓	
7	<u>Swap to a Greener bank (one which doesn't invest in fossil fuels)</u>		✓			✓		✓	✓	✓

No.	Culture Action	Must Do	Priority	Should do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
8	<u>Creating a network of Green Champions to support ideas and solutions</u>			✓		✓	✓	✓	✓	
9	<u>Incorporate Sustainability into Quality Improvement Projects to include carbon footprinting</u>			✓		✓	✓	✓	✓	✓
10	<u>Educate Patients in the reasons for the changes and how they can make a difference</u>			✓			✓	✓	✓	✓
11	<u>Calculate your carbon footprint</u>			✓				✓		

Adaptation – Building resilience, infrastructure, optimising transport

No.	Action	Must Do	Priority	Should Do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	<u>Decarbonising the practice's heat and energy supply where possible</u>		✓			✓		✓		✓
2	<u>Use of blinds, shutters and curtains for insulation</u>		✓			✓	✓	✓		
3	<u>Promoting active travel for staff and patients (walking and wheeling)</u>		✓			✓	✓		✓	✓
4	<u>Promote public transport to staff and patients</u>		✓			✓	✓	✓	✓	✓
5	<u>Install insulation in premises where possible</u>			✓		✓	✓	✓	✓	
6	<u>Increase biodiversity (staff/patient gardens, green roofs)</u>			✓		✓	✓	✓	✓	✓

Resources – 3Rs, supply chain influence and minimising waste										
No.	Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
1	<u>Sustainable procurement of medicines/consumables</u>	✓				✓		✓	✓	✓
2	<u>Reduce single-use items</u> (<i>Gloves, PPE, Couch Roll, medical equipment, plastic cups, sample pots</i>)		✓			✓		✓		✓
3	<u>Switching to reusable equipment</u> (<i>sharps bins, medical equipment</i>)		✓			✓		✓		✓
4	<u>Reduce chemical use</u> (<i>cleaning materials</i>)		✓			✓	✓	✓	✓	
5	<u>Reduce waste</u> (<i>improved waste segregation, increased recycling, reduced clinical waste, less food waste</i>)		✓			✓		✓	✓	
6	<u>Reduce energy usage</u> (<i>switch it off, turn it down, PIRs, low energy replacements, smart energy meters</i>)		✓			✓		✓		
7	<u>Carry out a waste audit</u>			✓		✓		✓	✓	
8	<u>Stock control and audits</u>			✓		✓		✓		
9	<u>Office assets reuse</u> (<i>desks, chairs, cupboards from other services across BLMK</i>)			✓		✓		✓	✓	✓
10	<u>Reduce water waste</u> (<i>automatic and low flow taps, toilet displacement bags, dual flushes</i>)			✓		✓		✓		
11	<u>Choose digital over paper</u> (<i>booking, notes, communication and prescriptions</i>)			✓		✓		✓	✓	✓
12	<u>Optimise data storage</u>			✓		✓		✓	✓	
13	<u>Reusable water bottles, cups</u>			✓		✓	✓	✓	✓	✓
14	<u>Replace water deliveries with water filters</u>			✓		✓	✓	✓	✓	

Environmentally Sustainable – Supporting healthier lifestyles, service design & delivery and low carbon alternatives

No.	Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	<u>Increasing preventative healthcare using data to flag patients at risk of disease</u>	✓				✓	✓	✓		✓
2	<u>Digitalisation of information, prescriptions and bookings</u>	✓				✓	✓	✓	✓	✓
3	<u>Virtual consultations</u>	✓				✓	✓	✓	✓	✓
4	<u>Proactive follow-ups and call-ins</u>		✓			✓	✓	✓		✓
5	<u>Reducing food waste in the Practice</u>		✓			✓		✓		✓
6	<u>Encourage staff to eat a lower-carbon diet (EAT-Lancet Diet)</u>			✓		✓	✓		✓	
7	<u>Encourage patients to eat a lower-carbon diet (EAT-Lancet Diet)</u>			✓		✓	✓			✓
8	<u>Combined appointments</u>			✓		✓	✓	✓	✓	✓

Sector Specific Actions

General Practice										
No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	<u>Sign up to the Green Impact for Health Toolkit and/or the Greener Practice Platform</u>		✓						✓	
2	<u>Sign up to the Repeat Prescribing Toolkit</u>		✓			✓	✓	✓	✓	
Resources Action										
1	<u>Reusable Instruments</u> - tourniquets, vaginal speculums		✓			✓		✓		
2	<u>Streamline ordering of Chronic Disease Blood Tests</u>		✓			✓		✓	✓	✓
Environmentally Sustainable Action										
1	<u>Improved Respiratory care</u>	✓				✓	✓	✓	✓	
2	<u>Inhalers</u> – MART and low carbon switches	✓				✓	✓	✓	✓	
3	<u>Green medicines switches</u> – tablets for children, pessary applicators, dressings, eye drop bottles		✓			✓		✓		
4	<u>Polypharmacy</u> – medication reviews, OOWYN		✓			✓	✓	✓	✓	✓
5	<u>Social Prescribing</u>		✓			✓	✓	✓	✓	✓
6	<u>Green Social Prescribing</u>		✓			✓	✓	✓	✓	✓
7	<u>Food as a treatment</u> – low-carbon changes, EAT-Lancet diet		✓			✓	✓	✓		✓
8	<u>Exercise as a treatment</u> – staff and patients		✓			✓	✓	✓	✓	✓
9	<u>Increasing vaccinations</u>		✓			✓	✓	✓	✓	✓
10	<u>Condition-specific 'One-stop shops'</u> – heart failure, diabetes, respiratory			✓		✓	✓	✓	✓	✓

Dental Practice

No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	<u>Sign up to the Green Impact for Health Dentistry Toolkit</u>		✓					✓	✓	
2	<u>Plastic-free patient oral care supplies - (toothbrushes, toothpaste, floss)</u>			✓		✓				
Resources Action										
1	<u>Nitrous oxide - (leaks, mask fitting, ventilation, N2O capture & conversion)</u>		✓			✓	✓	✓	✓	
2	<u>Phase out the use of Amalgam - (If using amalgam, use encapsulated amalgam and an amalgam separator)</u>			✓		✓	✓	✓		✓

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Community Pharmacy										
No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	<u>Sign up to the Royal Pharmaceutical Society Greener Pharmacy Toolkit</u>		✓					✓	✓	
2	<u>Ensure drug labels state "Return to Pharmacy"</u>		✓			✓		✓		✓
Resources Action										
1	<u>Check patients understanding of medication changes on discharge from hospital (DMS)</u>	✓				✓	✓	✓		✓
2	<u>Check patient's technique when issuing inhalers (MCAs)</u>	✓				✓	✓	✓		✓
3	<u>Medicines Waste reduction</u>		✓			✓	✓	✓		
4	<u>Plastic bags switch to paper</u>			✓		✓		✓		✓
5	<u>Re-Hale scheme – register an interest</u>			✓		✓				
6	<u>Pencycle scheme - enrol and promote</u>			✓		✓				
Environmentally Sustainable Action										
1	<u>Promote vaccinations</u>			✓		✓	✓	✓	✓	✓

Optometry Practice

No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
1	<u>Educate patients on microplastic pollution due to incorrect contact lens disposal</u>			✓		✓				✓
2	<u>Complete the ABDO Sustainability Self-Assessment</u>		✓					✓	✓	
Resources Action										
1	<u>Signpost to Recycling schemes</u> (<i>Spectacles, contact lenses, saline bottles</i>)		✓			✓				✓
2	<u>Procure with less packaging</u> (<i>plastic bags, cardboard inserts</i>)		✓			✓		✓		✓
Environmentally sustainable										
1	<u>Procure eyewear from sustainable materials</u> (<i>bamboo, recycled plastic and bio-acetate</i>)		✓			✓		✓		✓

Integrated Urgent Care Providers

No.	Resources Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	<u>Choose Digital over Paper</u>			✓		✓	✓	✓	✓	✓
2	<u>Decarbonise Vending Machines</u>			✓		✓	✓		✓	✓

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FURTHER INFORMATION

Generic Actions for all Primary Care

Culture – Education, Leadership and removing barriers to change

No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Understand the guidance re CQC requirements	✓						✓	✓	

The [CQC assessment framework](#) is made up of 5 key questions and, under each key question, a set of quality statements.

The 5 key questions are asked of all health and social care services. The CQC asks businesses if they are:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

The quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

The Quality statement for **Environmental sustainability – sustainable development** sits under the ['Well-led' question](#):

“We understand any negative impact of our activities on the environment, and we strive to make positive contribution on reducing it and support people to do the same.”

What this quality statement means:

- Staff and leaders understand that climate change is a significant threat to the health of people who use services, their staff, and the wider population
- Staff and leaders empower their staff to understand sustainable healthcare and how to reduce the environmental impact of healthcare activity

- Staff and leaders encourage a shared goal of preventative, high quality, low carbon care which has health benefits for staff and the population the providers serve, for example, how a reduction in air pollution will lead to significant reductions in coronary heart disease, stroke, and lung cancer, among others
- Staff and leaders have Green Plans and take action to ensure the settings in which they provide care are as low carbon as possible, ensure energy efficiency, and use renewable energy sources where possible
- Staff and leaders take active steps towards ensuring the principles of net zero care are embedded in planning and delivery of care. Low carbon care is resource efficient and supports care to be delivered in the right place at the right time.

Subtopics this quality statement covers

- Staff awareness and education
- Carbon reduction e.g. within travel and transport, medicines, and supply chain
- Health promotion and prevention
- Estates and facilities. For example, energy saving measures, lower carbon options and waste reduction including recycling
- Efficient service delivery with resource optimisation

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No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
2	Declare a climate emergency		✓					✓	✓	

Declaring a climate emergency emphasises the link between climate change and health outcomes and commits the practice to sustainable healthcare practices. The declaration should be signed by the Practice Leads and uploaded to the business’ public facing website.

This will act as your declaration under the Net Zero commitment when bidding for services under £5m [NHS England » Carbon reduction plan and net zero commitment requirements for the procurement of NHS...](#)

Net Zero Carbon (NZC) is a public commitment to achieve net zero by 2050 or earlier, and a confirmation that the supplier is taking steps to reduce their GHG emissions over time. The NZC requirements are a subset of the Carbon Reduction Plan (CRP) requirements, therefore a supplier already complying with the CRP requirements is also complying with the NZC requirements and does not require further action.

To comply with the NHS Net Zero Commitment requirements, a supplier must:

- confirm the commitment to achieve net zero by 2050 or earlier for their UK operations on the sources included in scope 1 and 2 of the [GHG Protocol](#), and the defined subset of scope 3 emissions, outlined in the “CRP Requirements” section
- and**
- clearly signpost and publish the commitment on the supplier’s website

Guide: [Declaring a Climate Emergency Guide for Primary Care](#) by [See Sustainability](#)

An example of a declaration is below:

Name of Practice:

Date:

We [*Practice Name*] acknowledge that climate change is a health emergency that threatens the wellbeing of our patients and communities. Rising temperatures, air pollution, and extreme weather events are increasing the burden of disease and health inequalities.

As a [*Delete as appropriate*] GP Practice/Pharmacy/Dental Practice/Optomety Practice, we commit to:

1. Recognising climate change as a critical health issue
2. Reducing our carbon footprint across clinical and administrative operations
3. Integrating sustainability into clinical decision-making and procurement
4. Educating staff and patients on the health impacts of climate change
5. Collaborating with local health systems and community partners to achieve net-zero emissions by 2045
6. Reporting progress annually and continuously improve our approach

Immediate Actions we will take (where possible and appropriate):

1. Switch to renewable energy providers and sources
2. Improve energy efficiency in all buildings
3. Promote lower-carbon choices (e.g. inhalers, procurement, lifestyle, pathways)
4. Reduce waste by improving product procurement and segregation of recycling/clinical/non-clinical waste
5. Reduce single-use plastics and move toward reusable items
6. Support active travel for staff and patients and encourage virtual consultations where clinically appropriate

Signed: _____ **Name:** _____

Role: _____ **Business Logo:** _____

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No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
3	Provide training and education for all staff appropriate to their role		✓					✓	✓	

All healthcare staff will require training and support in order to achieve the CQC Quality Statement “**We understand any negative impact of our activities on the environment and we strive to make positive contribution on reducing it and support people to do the same**”.

The [BLMK ICS green Plan states](#) “All healthcare organisations will ensure 100% of their staff have received an appropriate level of knowledge and skills in environmental sustainability and health, including basic information for all staff (for example, inclusion within organisational values, at recruitment, induction, formal training where appropriate, and role-specific actionable tips).”

Training resources:

Training	Costs	Links
‘Building a Net Zero NHS’ e-learning – eLFH	Free	NHSE elfh Hub (e-lfh.org.uk)
Lighthouse Sustainability Carbon Literacy Courses	Varied	Upcoming Courses Lighthouse Sustainability <i>‘Greener NHS’ courses are free to access</i>
Sustainable Innovation for Nurses and Midwives individual course Centre for Sustainable Healthcare	Free	Sustainable Innovation for Nurses and Midwives individual course — Sustainable Healthcare
Centre for Sustainable Healthcare – Sustainable Primary Care	Varied	Sustainable Healthcare Learning
Greener NHS Training Hub (Future NHS)	Varied	Training hub - Greener NHS Knowledge Hub - FutureNHS Collaboration Platform
Carbon Literacy Project	Varied	Home - The Carbon Literacy Project Half Day workshop Buy tickets – NHS Carbon Literacy E-Learning Pathway: Half-Day Online Workshop – Microsoft Teams (tickettailor.com)
Carbon Literacy for Healthcare -eLFH	Free	Catalogue (learninghub.nhs.uk)
Sustainable Healthcare Academy - Apprenticeships	Apprenticeship levies available	The LDN Sustainable Healthcare Academy — LDN Apprenticeships Ofsted Outstanding Apprenticeships

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No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
4	Encourage and empower all members of staff to take action		✓					✓	✓	

All members of staff can make a difference when trying to reduce carbon emissions in your practice, from the partners to the cleaners.

Empowering your staff to get involved and take action works best when it is **practical, visible and embedded** into everyday culture:

- **Declare a climate and nature emergency** to send a clear message to staff and patients about organisational commitment
- **Link sustainable health care to better patient care** – framing as a health intervention makes it more meaningful
- **Communicate clear priorities and evidence-based actions** - ensuring staff understand what to focus on and why
- **Share progress frequently** - through bulletins, dashboards, and celebrate achievements however small; every bit makes a difference
- **Provide appropriate training** - to increase awareness, motivation and confidence
- **Establish a Practice Green Team** – appoint Green Champions to lead initiatives, share tasks and maintain momentum
- **Create a safe space for innovation** - encouraging staff to test new ideas without fear of failure
- **Develop a Green Fund** – reinvesting financial savings from sustainability improvements into future green projects
- **Provide practical resources** – toolkits, reading materials, videos, templates and carbon calculators
- **Embed sustainability into decision making** — routinely asking “What is the environmental impact of this?”
- **Make sustainability a standing agenda item** at practice meetings so it stays visible and normalised

Build a clear time plan for your sustainability projects and invite staff to champion each area.

Setting out project timeline, showing what will happen, when, and who is involved, helps staff understand expectations and see progress.

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No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
5	Pick a focus for your business		✓					✓	✓	

Picking a clear sustainability focus for your business enables staff to understand what to focus on and why. This boosts engagement, improves impact and ensures effort is directed where it will make the biggest difference

Choose from carbon hotspots:

- Medicines
- Consumables
- Energy use
- Waste
- Travel and transport

Prioritise projects based on:

- Carbon reduction impact
- Financial impact and cost savings
- Health improvement for patients or communities
- Effect on patient pathways and experience
- Impact on staff workload
- Ease and practicality of implementation
- Length and complexity of the project

Engage the whole team

Discuss options with the whole team to understand what matters most to them. Invite staff to vote on where the practice should focus its efforts. This inclusive approach builds ownership, strengthens motivation, and ensures the chosen focus genuinely resonates with the workforce.

Communicate clearly

When the focus areas have been agreed, communicate them clearly to all staff and patients. Sharing the priorities openly supports transparency, aligns expectations, and helps maintain momentum. Clear communication also strengthens understanding on all sides, enabling smoother project delivery and better engagement throughout the process.

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No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
6	Sign up to useful toolkits/resources e.g. Greener Practice Platform, Green Impact Dentistry Toolkit, ABDO See Hub		✓					✓	✓	

Toolkits provide a simple, structured way for practices to:

- **Understand what they can do** – giving clarity on aims, opportunities, and expected outcomes
- **Know how to do it** – offering clear steps, instructions, and best-practice guidance
- **Access ready-made resources** – such as templates, checklists, patient information, and implementation tools
- **Record and demonstrate impact** – supporting consistent data collection, reflection, and evaluation

By bringing everything together in one place, toolkits make projects easier to start, easier to deliver, and easier to measure. There are many toolkits available, below are some key ones for each sector.

General Practice

The [Greener Practice](#) platform is a web-based toolkit providing access to projects and resources for General Practice which can be filtered by staff member, time, carbon savings, benefits, financial savings and subject matter. For each project it provides the tools and resources to make it as easy as possible to carry out including clinical coding searches, recording and reporting templates and communications examples for staff and patients. The evidence gained from utilising the Greener Practice resources can be used for completion of the Green Impact for Health Toolkit.

The [RCGP Green Impact for Health \(GIFH\) Toolkit](#) is a SusQI-based programme that helps GP Practices record their sustainability work and achieve **bronze, silver, or gold accreditation**. It includes **over 125 actions** across key sustainability and social responsibility themes. Actions can be completed in **any order**, depending on your practice's priorities. [GIFH 5-minute overview](#).

Dental Practices

The [Green Impact in Dentistry Toolkit](#) (GID) is a SusQI-based programme that helps Dental Practices record their sustainability work and achieve **bronze, silver, or gold accreditation**. It includes **over 167 actions** across key sustainability and social responsibility themes. Actions can be completed in **any order**, depending on your practice's priorities. It also helps students to become trained GID auditors

[GIFD Impact Report 2025](#)

Community Pharmacies

The [Greener Pharmacy Guides and Toolkit](#) is a self-accreditation programme are designed to highlight areas in your practice where you can make carbon savings and improve sustainability. Pharmacies can record their sustainability work and achieve – bronze, silver and gold accreditation.

Optometry Practices

The [ABDO SEE Hub](#) brings together ABDO’s work on social, ethical and environmental (SEE) topics for Optometry Practices. It includes the [sustainability self-assessment tool](#), case studies, access to training, resources, advice and guidelines

More toolkit examples:

- [Care Without Carbon](#)
- [CSH Sus QI Toolkit](#)

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No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
7	Swap to a Greener bank (<i>one which doesn't invest in fossil fuels</i>)		✓			✓		✓	✓	✓

The fossil fuel industry receives billions of pounds of funding every year from banks across the worldⁱ. As the burning of fossil fuels is one of the main contributors to greenhouse gases and climate change, practices should, where practicable, move their assets to banks which have shifted their investment focus to sustainable technologies, environmentally alternatives and social impact organisations.

The social benefit of ethical banking investment includes, but is not limited to, Fairtrade organisations, social enterprises, charities, sustainable buildings, social housing and subsidised solar panels.

Practices should look at the feasibility of moving all their bank accounts including mortgages to greener banks. The **Bank League Table** from [MotherTree.com](#) in [Figure 1](#) below shows the major banks ranked in order of tonnes of CO₂e per £10k in a bank account.

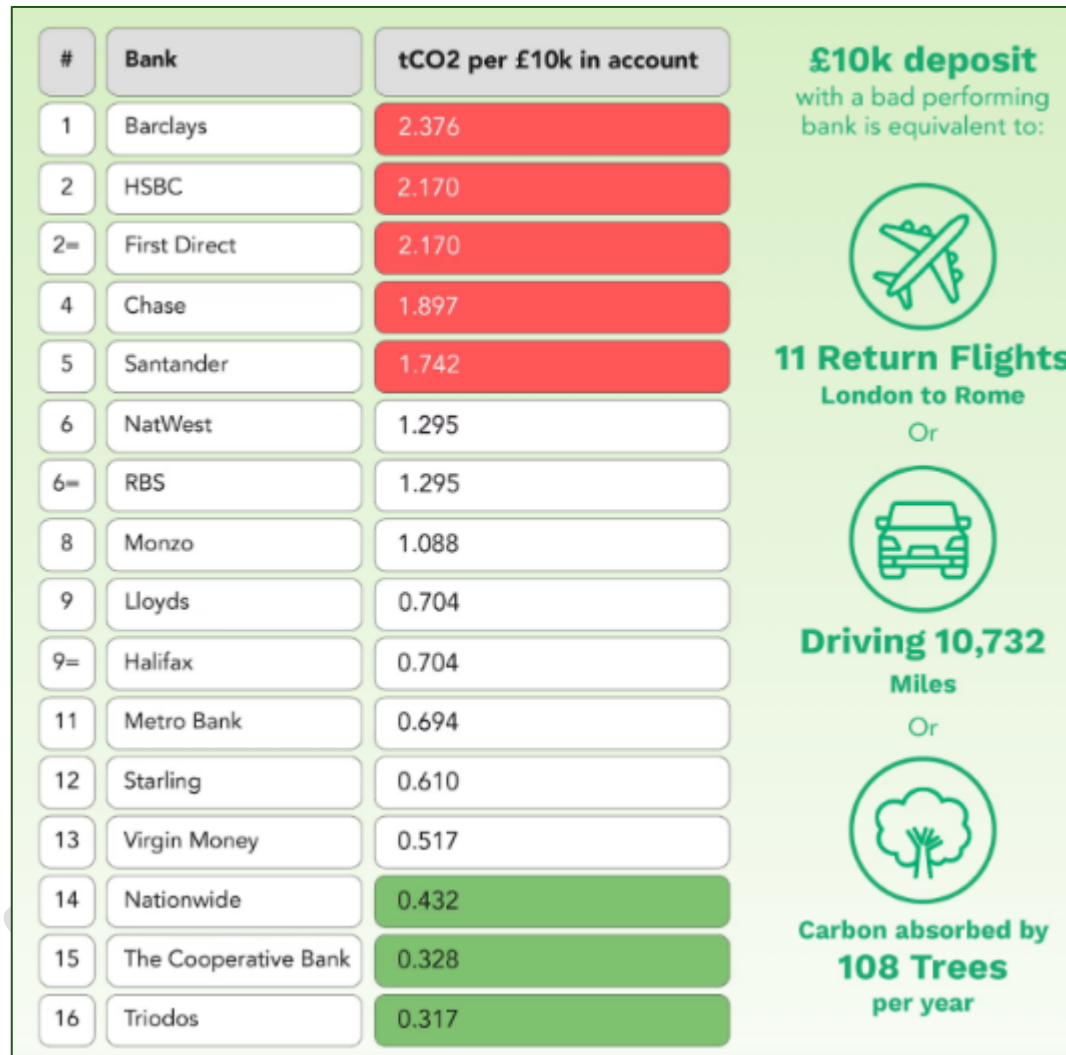


Figure 1: Bank League Table MotherTree.com

This [carbon calculator](#) can give an estimated carbon footprint of your bank accounts, allowing you to see what difference changing banks will make to your emissions. See Sustainability has a [Banking page](#) with lots of resources including videos regarding switching banks

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No.	Culture Action	Must Do	Priority	Should do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
8	Creating a network of Green Champions to support ideas and solutions			✓		✓	✓	✓	✓	

Green Champions are often people who are passionate about climate action and sustainability in their home lives and who see an opportunity to boost action in their work. Anyone can be a Green Champion, and practices can have several. The most important thing is that they want to create change to improve your organisation’s environmental impact.

To ensure Green Champions can be effective, they must be **empowered, supported, and recognised** within the practice.

How to Support and Enable Green Champions:

- **Identify Green Champions clearly** ensuring all staff know who they are and what they are working on
- **Provide time and space** by agreeing a regular, protected allocation of time each week for sustainability work and ensure all staff are aware of this
- **Formalise the role** by including it in job descriptions, annual appraisals, and objective-setting
- **Communicate clear priorities and evidence-based actions**, helping Champions and staff understand what to focus on and why
- **Meet regularly** to discuss ideas, review progress, and identify barriers and solutions
- **Share progress frequently** through bulletins, dashboards, team meetings, and celebrate achievements however small; every bit makes a difference
- **Offer relevant training** to build awareness, confidence, and motivation
- **Create a safe space for innovation**, encouraging staff to test new ideas without fear of failure
- **Establish a Green Fund**, reinvesting savings from sustainability actions into future green projects or equipment
- **Provide practical resources**, such as toolkits, reading materials, videos, templates, and carbon calculators

Create a clear timeline for all sustainability projects and invite staff to champion each focus area - a visual project timeline, showing what will happen, when, and who is responsible, helps staff understand expectations, maintain accountability, and track progress. Champions can then lead their area of work with confidence and clarity.

Resources:

[Green champions supporting trust-wide sustainability efforts | RCP](#)
[imperial-college-healthcare-nhs-trust-green-champions.jpg \(1379×1031\)](#)

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No.	Culture Action	Must Do	Priority	Should do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
9	Incorporate Sustainability into Quality Improvement Projects to include carbon footprinting			✓		✓	✓	✓	✓	✓

Sustainability in Quality Improvement (SusQI) is an approach to improving healthcare in a holistic way, by assessing quality and value through the [sustainable value lens](#).

Developed by the [Centre for Sustainable Healthcare](#) with partners, including the Royal College of Physicians, it has been [shown in research to engage and motivate learners](#) to participate in the sustainable healthcare agenda

In SusQI, the health outcomes of a service are measured against its environmental, social and economic costs and impacts to determine its “sustainable value” as shown in [Figure 2](#) below.



Figure 2: Sustainable Value CSHn

SusQI embeds the [The Principles of Sustainable Healthcare](#):

1. **Prevention**
2. **Patient empowerment and self-care**
3. **Lean clinical pathways**
4. **Low-carbon alternatives**

Rather than being a replacement for traditional QI, [SusQI is designed to embed sustainability into current QI theory and practice](#), and provides practical tools to support healthcare staff in contributing to health-system transformation.

SusQI recognises that there are finite environmental, social and financial resources available to deliver a high standard of patient care. The overall goal of incorporating sustainability into quality improvement is to maximise sustainable value. This means to deliver the *best possible health outcomes with minimum financial, environmental and social resources, while adding positive social value at every opportunity.*

The Centre for Sustainable Healthcare has everything you need to carry out a [SusQI Project](#) including:

- Step by step guide
- Project resources including carbon calculator, templates and articles
- Over 100 Case studies
- Training opportunities
- SusQI Showcase

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No.	Culture Action	Must Do	Priority	Should do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
10	Educate Patients in the reasons for the changes and how they can make a difference			✓			✓	✓	✓	✓

Many NHS sustainability changes directly affect how patients receive care and if patients don't understand *why* changes are happening, they are more likely to resist them. Patients can view changes as inconvenient and cost cutting rather than health protecting and without patient buy-in, practices can struggle to implement sustainability initiatives smoothly.

Changes which may concern patients include:

- Switching to lower-carbon inhalers
- Increasing remote consultations
- Using digital repeat prescriptions
- Reduced medicine waste
- Active travel promotion
- Recycling and proper disposal of inhalers and medicines

Education reduces frustration and increases acceptance. When patients understand the health benefits of climate action, such as cleaner air, reduced hospital admissions, and safer temperatures, they are less resistant and less willing to complain, more willing to try new approaches and more trusting of practice decisions.

Explain to patients how sustainability actions can:

- Improve air quality and reduce asthma triggers
- Lower heart and lung disease risk
- Lower diabetes and cancer risk
- Prevent heat-related illness
- Protect local green spaces
- Reduce pollution around the community
- Reduce pressures on staff and services

Messaging should be consistent and repeated across all areas:

- Waiting-room screens (short animations are ideal)
- Simple posters and leaflets using plain English
- Social media posts
- SMS messages linked to specific initiatives
- Practice websites with sustainability pages
- Community newsletters, local radio and outreach groups
- Pharmacy counters and prescription bag inserts

Use PPGs to:

- Support the practice
- Share positive messages
- Help challenge myths
- Encourage vulnerable groups to engage
- Co-design patient-friendly sustainability materials
- Host “Greener NHS” Q&A sessions
- Circulate messages through community groups
- Act as ambassadors for changes like inhaler switches, active travel, and medication waste reduction
- Share progress reports

Create feedback loops so patients can help shape your sustainability actions.

For seldom heard groups, work with community connectors, faith leaders, cultural organisations and social prescribers to spread the message and gain feedback.

GP Practices can sign up to become an RCGP Active Practice to help patients and staff get more active here [Course: Physical Activity Hub | RCGP Learning](#)

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No.	Culture Action	Must Do	Priority	Should do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
11	Calculate your carbon footprint			✓				✓		

A carbon footprint is the amount of greenhouse gases (GHG) emissions emitted as a result of your Practice’s activities. This covers energy and water use, procurement and waste, and transport.

Calculating your carbon footprint is important as it allows you to understand how your organisation is contributing to climate change. Finding out what your carbon footprint is, therefore, allows you to identify ways to reduce it and have an impact on tackling climate change.

Calculating on an annual basis allows you to monitor your emissions over time, helping you to track and identify the efficacy of any actions you are taking to reduce your carbon emissions. If you set your organisation a net zero target, annual calculations will allow you to identify progress towards meeting this target.

There are many carbon calculators available, below are some key ones for each sector:

General Practice

[GP Carbon Calculator](#) from SEE Sustainability
[Greener Practice](#) has a more in-depth calculator

Dental Practices

The BDA recommends using tailored prompts in Chat GBT to calculate your carbon footprint.
 Variants of the prompts can be seen in this article by [Duane, Ashley and Larkin Prompt-Driven ChatGBT Carbon Calculator for Dental Practices](#)

Community Pharmacies

There is no specific calculator for Community pharmacies but the self-assessment tool within the [Greener Pharmacy Toolkit](#) will help.
 The [SME Carbon Calculator](#) from the Carbon Trust is also available

Optometry Practices

[ABDO Sustainability Self-Assessment Tool](#) for Optometry Practices

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Adaptation – Building resilience, infrastructure, optimising transport

No.	Adaptation Action	Must Do	Priority	Should Do	Ease of task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
1	Decarbonising the practice’s heat and energy supply where possible		✓			✓		✓		✓

Emissions from purchased energy are included in the NHS Carbon Footprint. The Net Zero NHS targets aim for an **80% reduction in emissions between 2028 and 2032**, and to achieve **Net Zero by 2040**.

When fossil fuels (coal, oil, and natural gas) fuels are burned for energy and heat, they create greenhouse gas emissions. Whilst renewable energy supply has increased over the past decade, more than half of British electricityⁱⁱ is still created using fossil fuels.

Around **a quarter of non-clinical carbon emissions in Primary Care** come from the energy used for heating and electricity. This means that **reducing energy consumption** and **switching to renewable energy** can make a significant contribution to lowering a practice’s overall carbon footprint.

To decarbonise the energy supply, practices can:

- **switch to a greener energy supplier** (e.g. <https://greenly.earth/en-gb/blog/company-guide/5-green-energy-companies> [Greenly top 5 UK Green Energy Companies](#))
- **replace gas fired boilers and heating systems** with an [air source heat pump](#)
- **Install Solar Panels** to generate renewable energy. Case studies for solar panels in Primary Care can be found [here](#). Practices have the option of purchasing and maintaining their own Solar Panels or could opt for a [managed Solar Service](#) for which there is no upfront cost for the Solar Panels

More information on energy efficiency grants and schemes for businesses can be found on the [OFGEM website](#).

If practices are not the building owners, they should work with Landlords to plan for decarbonisation of heat and energy supplies.

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No.	Adaptation Action	Must Do	Priority	Should Do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
2	Use of blinds, shutters, curtains and awnings for insulation		✓			✓	✓	✓	✓	

Approximately 30% of heat is lost from a building through its windows and 76% of sunlight falling on standard double-glazed windows enters to become heat ⁱⁱⁱ.

Window coverings and awnings can help reduce heat loss in winter and limit heat gain in summer. This improves comfort for staff and patients, helps regulate indoor temperatures, and can lower both energy bills and carbon emissions. The level of saving will depend on factors such as the type of window attachment, the season, the local climate, and how consistently the attachment is used.

- **External shutters** are the most effective option for preventing internal heat build-up, as they stop the sun’s heat from reaching the window surface
- **Awnings and natural shading** (such as trees) provide a similar benefit by blocking or reducing direct sunlight before it reaches the glass
- **Internal blinds and curtains** offer additional insulation. For best performance, they should be made from insulated or cellular (honeycomb) materials to reduce heat transfer

Close window coverings during the day when it is sunny to keep the premises cool during summer and close them when the sun goes in to keep heat in during colder months.

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No.	Adaptation Action	Must Do	Priority	Should Do	Ease of task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
3	Promoting active travel for staff and patients		✓			✓	✓		✓	✓

Emissions from petrol and diesel engines contribute to air pollution which increases the risk of numerous health conditions^{iv} and adds pressure to healthcare services. Air pollution is linked to cardiovascular and respiratory conditions, cancer, diabetes, neurological conditions, low birth weight, cognitive function and dementia. 40,000 deaths each year in the UK are linked to air pollution.

Health inequalities are worsened by air pollution as people living in the 20% most deprived areas experience 8% higher concentrations^v of particulate matter PM2.5 (the main cause of health problems from traffic emissions) than those in the 20% least deprived.

The benefits of Active Travel:

- Improved physical health (burns calories and fat, improves muscle tone and strength, improves cardiovascular fitness)
- Improved Mental health (reduce stress levels, fights depression)
- Reduce emissions and air pollution
- Improved air quality
- Improved sense of community
- Reduced costs (e.g. petrol, bus fare)

Active travel has many potential benefits including health, environmental and economic. Encouraging active travel such as walking or cycling will help to reduce the carbon emissions costs and pollution associated with using vehicles.

The National Institute of Clinical Excellence (NICE) recommends that employers develop policies to encourage employees to walk, cycle or use other modes of transport involving physical activity to travel to and from work as part of their working day.

How Primary Care can encourage active travel:

- Encourage and promote active travel options by sharing resources in the practice and on the practice website
- Display walking/cycling routes and maps of your local area in the practice
- Install secure cycle parking at the practice
- Host activities or cycling and walking events at the practice may encourage your staff to increase active travel
- Sign up to the Government's '[Cycle to Work Scheme](#)' and let staff know that it applies to electric bikes too
- Survey travel patterns of your staff and patients using an online survey tool (such as Survey Monkey) to find out how they currently travel and what could help them to incorporate more walking or cycling
- Start a step challenge! How about collating the pedometer count for the whole staff every week and see how high you can get it?
- Offer [Cycle training](#) in your practice or PCN, to improve confidence for your staff
- Create a [Bike User Group \(BUG\)](#) in your PCN/Place
- Sign post patients to a [local cycle group](#) or join with the club to create cycling events for staff and patients
- Increase business mileage for bicycles to the same rate as cars
- Purchase electric bikes for the practice to use for patient visits (*e-bikes are less sweaty but still active*)
- Provide showers, changing facilities and lockers where possible
- Offer incentives such as prizes e.g. a pedometer, sportswear or gym/sports class memberships

GP Practices can sign up to become an **RCGP Active Practice** to help patients and staff get more active here [Course: Physical Activity Hub | RCGP Learning](#)

Resources:

More information about bike & scooter hire, walking and cycling routes in your area is below in Table 1:

What is available?	All Areas
Journey Planner	https://www.cyclinguk.org/journey-planner The National Cycle Network - Sustrans.org.uk
Bike Training	Cycle Skills Training - Outspoken!Training Looking to learn how to cycle with confidence? - Find Cycle Training
What is Available?	Luton & Dunstable
Free e-bike hire 18+	Luton & Dunstable Making cycling e-asier booking Cycling UK
Free e-cargo bike hire	E-cargo project (luton.gov.uk)
Cycling Routes	https://m.luton.gov.uk/Page/Show/Transport_and_streets/sustainable-travel/Pages/local-cycling-and-walking-infrastructure-plan-consultation.aspx
Walking	Walking (luton.gov.uk)
What is Available?	Bedford
Cycling Routes	Bedford Cycle Map Beds County Map-WEB (bedford.gov.uk) cycleBedford
What is Available?	Central Bedfordshire
Free e-bike hire 18+	Luton & Dunstable Making cycling e-asier booking Cycling UK
Free/subsidised bike hire	APP-BIKE Bike sharing and Rental – Bike sharing and Rental
Cycling Routes	Cycle maps for cycling in Central Bedfordshire — Travel Choices (cbtravelchoices.co.uk)
What is Available?	Milton Keynes
Free Bike	Access to bikes - Milton Keynes (getaroundmk.org.uk)
Subsidised Bike & Scooter hire	Lime Access Program Overview & Apply - United Kingdom – Help Centre (zendesk.com) (uk)TIER, access for all. TIER
Cycling Routes	Get Cycling - Milton Keynes
Bike Training Courses	Training courses - Milton Keynes (getaroundmk.org.uk)

Table 1: Walking and cycle resources by area

No.	Adaptation Action	Must Do	Priority	Should Do	Ease of task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
4	Promote public transport to staff and patients		✓			✓	✓	✓	✓	✓

Emissions from petrol and diesel engines contribute to air pollution which increases the risk of numerous health conditions^{vi} and adds pressure to healthcare services. Air pollution is linked to cardiovascular and respiratory conditions, cancer, diabetes, neurological conditions, low birth weight, cognitive function and dementia.

Health inequalities are worsened by air pollution as people living in the 20% most deprived areas experience 8% higher concentrations^{vii} of particulate matter PM2.5 (the main cause of health problems from traffic emissions) than those in the 20% least deprived.

A short journey (under 7 miles) taken by petrol or diesel car creates 30% more emissions than the same journey by bus^{viii}. On longer journeys this can be up to 4 times as many emissions as by train.

Reducing the need for travel and facilitating more sustainable alternatives such as public transport use, walking, cycling and car sharing will help to improve air quality and reduce travel associated emissions and sometimes also costs.

32% of Primary Care emissions are due to staff and patient transport so it is imperative that Primary Care communicates with staff and patients about air quality and promotes public transport and alternative modes of transport to its staff and patients.

The RCP summary paper '[A Breathe of Fresh Air](#)' equates air pollution with tobacco smoking and provides the top ten tips for clean air communication for healthcare professionals as in [Figure 3](#) below.



Figure 3: [RCP Top ten tips for clean air communication](#) adapted from WHO 2024

The benefits of reducing car travel at your practice:

- Improved air quality around the practice
- Increased car parking spaces for those that require them
- Staff will be more active by walking to/from bus stops and rail stations
- Reduced localised congestion
- Reduced emissions

Make Public Transport the Easy Choice:

Provide clear, visible information

- Display local bus/rail routes in waiting rooms and staff areas
- Add “*How to reach us by bus/train*” on practice websites
- Include route numbers, walking times, and frequency
- Use QR codes linking to real-time travel apps
- Advertise journey planner sites such as www.transportdirect.co.uk and www.travelinesw.co.uk (provide personal journey planning from your chosen location to your destination)

Reduce Dependence on Car Travel Through Practical Alternatives

For patients:

- Offer remote consultations where clinically appropriate
- Promote “hub appointments” that patients can access by major public transport links
- Send SMS reminders that include public transport info
- Time routine clinics around reliable bus schedules

For staff:

- Promote blended working (admin from home)
- Encourage car-free days for teams with good transport access
- Provide secure bike storage for mixed-mode journeys (bus and bike)

Use Incentives and Positive Reinforcement

For staff:

- Introduce a small reward system (e.g., “green travel points”)
- Run team challenges during Climate Week / Clean Air Month
- Provide subsidised or discounted bus passes (many councils offer employer schemes)
- Offer guaranteed “emergency taxi home” safety policies to reduce anxiety about using buses

For patients:

- Promote free or discounted local transport schemes (many areas have concession passes, mobility buses, or community transport)
- Highlight cost savings compared with parking and fuel

Make Parking Policies Support Sustainable Travel

For staff:

- Prioritise parking for:
 - blue badge holders
 - those on early/late shifts where buses are limited
 - staff carrying equipment
- Encourage lift-sharing through formal or informal systems

For patients:

- Reserve on-site parking for those with mobility needs
- Ensure website and appointment letters clearly explain limited parking and public transport alternatives

Partner with Local Transport Providers

- Work with bus companies to place stops nearer the practice
- Ask for shelters, lighting or real-time timetables
- Explore discounted “healthcare travel passes”
- Work with councils to improve pavements, crossings and signage near practices

Communicate the *Health Benefits*

- Improved air quality in our community
- Lower risk of respiratory and cardiovascular disease
- Increased physical activity (short walks to stops)

Lead by Example

- “Green champions” within the practice
- Staff photos or updates (“This week we travelled X miles sustainably!”)
- Senior leaders publicising their use of public transport

Engage PPGs and the Community to

- Promote public transport routes
- Identify barriers (poor lighting, unsafe paths, unreliable buses)
- Help co-design patient information
- Support campaigns such as “Leave the car at home day”

Provide Infrastructure That Supports Public Transport Use

- Covered outdoor seating for patients waiting for taxis or buses
- Safe cycle storage
- Staff lockers for wet-weather gear

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No.	Adaptation Action	Must Do	Priority	Should Do	Ease of task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
5	Install insulation in premises where possible			✓		✓	✓	✓	✓	

Buildings typically lose 25% of their heat through the roof, 33% through the walls and 10-20% through the floor^{ix}. Installing insulation will retain more heat, saving energy and reducing emissions.

Insulating walls and roofs also helps keep buildings cooler during the summer, reducing discomfort and health implications for staff and patients, supporting better electrical performance (IT and fridges), and lowering both energy costs and carbon emissions associated with air-conditioning.

There are four types of insulation

- [Cavity Wall Insulation](#)
- [Internal and external wall insulation for solid walls](#)
- [Floor Insulation](#)
- [Roof and loft insulation](#)

Many Primary Care practices are based in leased premises, which makes it difficult to update or improve the building fabric. To support organisations in these situations, NHSE has developed the [Green Leases Framework](#), designed to help improve the sustainability performance of leased estate.

The framework includes a template [memorandum of understanding](#) (MoU) that practices can use with their landlords. This enables organisations to have open conversations about sustainability goals, such as building fabric upgrades, energy improvements, or shared-premises enhancements and supports more collaborative planning for future improvements.

New legislation regarding minimum EPC rates for rented properties are due in the next few years Practices should start working with landlords to assess, plan and budget for upgrades.

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No.	Adaptation Action	Must Do	Priority	Should Do	Ease of task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
6	Increase biodiversity (staff/patient gardens)			✓		✓	✓	✓	✓	✓

Biodiversity, the variety of life in the world or in a particular habitat or ecosystem, is increasingly recognised for its profound benefits on human health and wellbeing. Within the NHS estate, incorporating biodiversity initiatives can significantly enhance the environment for both staff and patients, fostering improved mental health and creating a more sustainable, resilient healthcare system^x.

Enriched by trees and woodland, green space improves health and wellbeing, prevents disease and assists patients in recovering from illness. Access to green space has been linked to lower mortality from cardiovascular disease, lower levels of obesity and lower levels of type 2 diabetes^{xi}.

Green Spaces help:

- Improve air quality
- Provide cool, comfortable areas in hot weather
- Create places for exercise, rest and connection
- Support mental health and biodiversity

For the Primary Care Estate:

- **Enhanced Natural Beauty:** Integrating green spaces, trees, and diverse plant life enhances the aesthetic appeal of Primary Care grounds, creating welcoming and calming environments
- **Improved Air Quality:** Trees and plants play a crucial role in filtering pollutants, providing cleaner air which is particularly beneficial in urban areas
- **Climate Resilience:** Biodiverse landscapes help mitigate the effects of climate change by enhancing flood protection, reducing the urban heat island effect, and supporting ecosystems

For Staff and Patients:

- **Mental Health:** Studies have shown that exposure to nature can reduce stress, anxiety, and depression. Green spaces within provide a tranquil environment for relaxation and recovery
- **Physical Health:** Accessible green spaces encourage outdoor activities such as walking, which can improve physical health and wellbeing
- **Social Benefits:** Biodiverse areas offer spaces for social interaction, community engagement, and educational opportunities, fostering a sense of community and connectedness

Where there is space outside a Primary Care site, there is potential to increase biodiversity. This could be as small as putting up [window boxes or planting a few pots](#), creating a garden for staff and/or patients or creating a community food growing project outside your front door. Whichever you are able to do, remember to make it wildlife friendly:

- [Go chemical free](#)
- Use [native plants](#) where possible
- Use [pollinator friendly plants](#)

The [Wildlife trust](#) has lots of ways to create a [wildlife friendly space at work](#):

- If you can [plant a tree](#), do (*trees absorb carbon, remove air pollution, creating homes for insects and birds, provide food for many animals, stabilise the soil, provide shade, and can help reduce the risk of flooding*)
- [Mow grass less frequently](#):
- [Leave areas untidy with piles of leaves or branches](#): *these provide homes for insects and small mammals*
- [Provide bug hotels](#)
- [Provide bird feeders](#)
- [Provide water](#) (for birds and other wildlife)

The Wildlife Trust can offer advice and support to start your improvements. You can find your local branch [here](#)

If you have space for a garden, consider **adding a chair or bench** so staff and patients can take time to relax and connect with nature.

Work with your **PPG and local community garden groups** to engage volunteers who can help you develop and maintain a healthy green space for everyone to enjoy.

The following are examples of increasing biodiversity at GP practices and the utilisation of them for patient and staff health:

- [Abbey Field Medical Centre](#) created a therapeutic greenspace at their practice
- [Red & Green Practice](#) create a 'Healthy Haven Garden'
- [Grantham Practice](#) created a vegetable garden
- [Meopham Medical Centre](#) created a community garden

Locally, Lea Vale Medical Group in Luton has created community gardens across their sites, growing both flowers and food. They actively promote green social prescribing and have built a strong bank of volunteers to support the gardens. They also host family gardening days and encourage healthy eating by showing residents how to grow their own produce.

Resources

NHS Forest helps healthcare sites to plan, plant and manage trees, woodlands and related green spaces to create habitats for wildlife and sustainable social spaces for people. It provides free tree bundles and tree-planting advice to healthcare sites across England.

GreenTheUK | Conservation and Restoration Projects on Land and Sea support the growth of a conservation project local to your business. Share real-life results, rooted in your community, with your customers and employees.

The new online **Nature for Health Resource Hub** for Healthcare Sites will support healthcare professionals to make life-changing nature-based interventions more available to patients and staff.

Forestry England have produced a **Quick ways to bring nature into your healthcare setting** booklet with small changes anyone can make

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DRAFT

Resources – 3Rs, supply chain influence and minimising waste

No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
1	Sustainable procurement of medicines/consumables (<i>less packaging, consolidated deliveries, local suppliers, environmentally aware suppliers, sustainable/recyclable/recycled materials</i>)	✓				✓		✓	✓	✓

Procurement of consumables, medicines, and equipment contributes significantly to greenhouse gas emissions through manufacturing, transport, and disposal. Primary Care Practices can reduce their environmental impact by adopting sustainable procurement approaches and working proactively with suppliers.

Do We Actually Need It?

Before purchasing, practices should determine whether an item is truly required by conducting a **Goods Audit** for the Last 12 Months. This can help prevent unnecessary purchasing and reduce waste.

Categorise items into:

- **Essential** – items required for safe, effective patient care
- **Non-essential but desirable** – items that improve practice function but are not critical
- **Avoidable** – items where a reusable alternative exists, or use can be reduced or eliminated

Work With Suppliers

A. Reduce Packaging

Ask suppliers:

- Can the packaging on this item be reduced?
- Does it need to be wrapped?
- Can it be supplied without individual wrapping?
- Is the packaging easily recyclable?
- Will the supplier collect and reuse packaging?

B. Consolidate Deliveries to reduces transport emissions and overall packaging waste by moving from daily to weekly or less frequent deliveries

C. Source More Sustainable Products

Where possible, select items that are:

- Reusable or recyclable
- Made from recycled materials
- From sustainable or ethically managed sources
- Available in concentrate form or refillable formats

- Biodegradable
- Fairtrade certified (where relevant)

D. Assess Supplier Environmental Responsibility

Ask suppliers:

- Do they have an Environmental Policy?
- Do they have a Carbon Reduction Plan?
- Are they a certified [B-Corp](#)?
- Do they pay the Living Wage?
- What fuel do their delivery vehicles use (electric/petrol/diesel)?

E. Use Local Suppliers Where Possible

- Reduces transport emissions
- Supports the local community and economy

F. Consider [Social Enterprises](#) or Charities

- Supports organisations delivering social good
- Often aligned with sustainability values

Sustainable Equipment Purchasing

To ensure long-term reduction in energy and water usage as well as operating costs, when buying new equipment, check for:

- Energy efficiency labels (EPC ratings, EU energy labels, etc.)
- Water consumption [Labels](#) or UK [Waterwise checkmarks](#)

The [SEE Sustainability General Practice Green Procurement Strategy](#) is a helpful framework for any Primary Care practice starting a green procurement programme covering:

- Key policies and benefits
- Practical approaches and tools
- Immediate, implementable actions for Primary Care

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
2	Reduce single-use items (<i>Gloves, PPE, Couch Roll, medical equipment, plastic cups, sample pots</i>)		✓			✓		✓		✓

From sourcing the raw materials, to production, to transportation, to use and to disposal, everything we use creates greenhouse gas emissions which lead to climate change.

Many single use items are made of **plastic which accounts for at least 5% of global greenhouse emissions^{xii}** and only 9% of plastic is ever recycled.

Plastic is linked to infertility, miscarriage, cancer, IBD, Diabetes, Stroke, CVD and neurological development disorders. Every year the NHS creates 150 million tonnes of plastic waste.

We must reduce single use items in the NHS either by cutting out those items that are not necessary or by reusing items.

Cutting out the unnecessary:

Gloves

17.5% of all the plastic used globally in healthcare is made up of gloves. The NHS uses 1.4 billion gloves per year; this rose by 200% during the pandemic. Addressing the overuse of gloves is a great opportunity for reducing plastic consumption and waste. By reducing the unnecessary use of gloves, staff will have reduced risk of dermatitis and allergies, and practices will see an immediate financial benefit through purchasing less and having less waste to dispose of.

When used in the right circumstances, and correctly, gloves are a valuable part of the personal protective equipment available to protect staff, however, non-sterile gloves are often used unnecessarily meaning:

- hand hygiene is neglected
- There is an increased risk of cross-contamination
- There is increase risk of dermatitis and allergies through prolonged contact with gloves

[This video](#) demonstrates the risk of cross contamination through lack of proper hand hygiene when wearing gloves.

Correct hand hygiene is the most effective way to prevent the spread of infection and when there is no risk of exposure to blood, body fluids, or hazardous substances, you don't need to wear gloves.

Circumstances where gloves may not be necessary

- **Consultations** - gloves are not required for consultations, unless there is a risk of exposure to blood, bodily fluids, or hazardous substances
- **Talking to people** - removing your gloves and cleaning your hands supports compassionate care

- **Contact with patients** - when touching items in the general patient environment unless the patient has infection control precautions in place. This includes when transporting patients, touching door handles and carrying their belongings
- **Administering Medication** - preparing and administering IM and SC injections, NG, oral medications and topical preparations where there is no pharmacological risk
- **Administrative work** - work at the computer as there is no risk of exposure to blood, body fluids, or hazardous substances. Wearing gloves to move between admin tasks can indeed be more hazardous and spread infection
- **Using a keyboard** - When there is no risk of exposure to blood, body fluids, or hazardous substances, you don't need to wear gloves

TAKE 5 campaign

Can you reduce the use of gloves by just 5 pairs a day in your practice?

- If you can, you will save 1,300 gloves a year saving over £60 and 38 kg CO₂e each year.
- multiplied by all the practices across BLMK that will be tens of thousands of pounds and tens of tonnes of CO₂e.
- Imagine how much you could be saved if practices went beyond 5 pairs per day

Gloves reduction resources

[RCN Glove Awareness resources](#)

[Greener NHS Glove reduction resources](#)

[NHSE Gloves and PPE reduction Resources](#)

Couch Roll

Every year BLMK GP practices use an estimated 296 miles of couch roll (9,500 rolls) costing £40,000 and producing 4.7 Tonnes of CO₂e per year.

Couches should be cleaned between patients meaning that most of this couch roll is unnecessary. Reducing the use of couch roll will reduce cost, waste disposal and emissions.

To remove couch roll from examination couches where:

- Patients are not having invasive procedures (i.e. gynaecological examinations)
- Patients are not suspected or known to have an infection
- There is no risk of contamination with blood or bodily fluids
- Patients do not need to be unclothed from the waist down

Use couch roll:

- when the patient is unclothed, for their comfort, privacy and dignity
- if there is a risk of blood or bodily fluid spillage

Derbyshire Community Health services have produced a [Flow Chart for the use of couch roll](#)

Plastic Aprons

Practices should use same approach to IPC as gloves and couch roll

Use alternatives to plastic

- **Plastic water cups** – replace with paper cups or even better, [reusable cups](#)
- **Sample pots** – switch to [Pee in Pot \(PiP\)](#)
- **Clinell Wipes** – switch to plastic free

How to reduce single use items in your practice

1. **Start the conversation with education**
Use resources such as the [RCN Glove Awareness video](#) to support staff understanding of why reducing use of single use items is important for safety, sustainability and cost.
2. **Review your procurement data**
Look at your procurement data to calculate the yearly spend on the item/s. Calculate the average monthly spend so staff can clearly see the scale of usage
3. **Nominate and train ‘Reduction Champions’**
Identify staff members who can lead by example. Provide them with training so they can confidently support colleagues
4. **Use visual reminders**
Display ready-made posters (links below) in consultation rooms, treatment areas, and public spaces. Place them beside dispensers to prompt staff to pause and think
5. **Track your progress**
Revisit procurement data at regular intervals and compare usage over time to calculate savings—both financial and environmental
6. **Share the results**
Tell staff about the reductions achieved to help maintain momentum and keep everyone engaged in safer, more sustainable use
7. **Create a Green Fund**
Ringfence any savings made from reducing single use items and use it to fund another sustainability project in your practice e.g sanitary products

[Resources](#)

GNHS EoE Big Conversation - [Bridging the gap: Integrating IPC standards with Sustainable Practices](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
3	Switching to reusable equipment (<i>sharps bins, medical equipment</i>)		✓			✓		✓		✓

From sourcing the raw materials, to production, to transportation, to use and to disposal, everything we use creates greenhouse gas emissions which lead to climate change.

Many single use items are made from **plastic which accounts for at least 5% of global greenhouse emissions** and only 9% of plastic is ever recycled. Plastic is linked to infertility, miscarriage, cancer, IBD, Diabetes, Stroke, CVD and neurological development disorders. Every year the NHS creates 150 million tonnes of plastic waste.

We must reduce single use items in the NHS either by cutting out those items that are not necessary or by reusing items.

Reusing items

Many items can be reused including:

General Practice:

- [Tourniquets](#)
- Sharps bins e.g. [Sharpsmart](#)
- Insulin and Weight Management Pens - [Pencycle](#)
- Encouraging the use of and supplying reusable sanitary products e.g. [Frome](#)
- [Vaginal speculums](#)

Dental Practice:

- Dappens Pots
- Impression trays
- Prophy cups
- Suction tips

**note: To ensure continual supply of reusable items, consideration must to be given to the size of decontamination unit required and where to house it*

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
4	Reduce chemical use (<i>cleaning materials</i>)		✓			✓	✓	✓	✓	

Clean, safe healthcare environments are a vital contribution to patient safety, but the chemicals used for cleaning can be harmful to health and the environment.

Practices are, therefore, asked to consider the chemicals they use and try to reduce their harmful effects whilst adhering to the [NHSE National Standards of Healthcare Cleanliness 2025](#).

For routine cleaning, a detergent-based product is sufficient^{xiii}. Only use products containing chlorine for high-level disinfecting (such as following a blood or bodily fluid spill, or when cleaning the environment of an infectious patient).

Disinfectants^{xiv} used in healthcare are often accompanied with warnings, i.e. toxic to aquatic life, often due to degradation products. Sodium hypochlorite (Chlorine) is labelled as corrosive and an environmental hazard on PubChem. Of particular importance it carries the label, 'very toxic to aquatic life.' This includes a biocidal effect on both freshwater and marine organisms such as fish and algae, key components of the ecosystem.

Consider purchasing disinfectant agents that are more environmentally and human health friendly than chlorine, such as hypochlorous acid^{xv}. Hypochlorous acid (HOCL) is a [non-toxic antimicrobial](#) made with salt water and electricity meaning it is safe for the environment and humans.

Some examples of sustainable cleaning product suppliers can be found here:

- **DiffX** Chlorine free disinfectant and reusable bottles [Home - WELCOME TO GENERATION DIFFX](#)
- **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>

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
5	Reduce waste (<i>improved waste segregation, increased recycling, reduced clinical waste, less food waste</i>)		✓			✓		✓	✓	

Every year in England, the NHS produces ~156,000 tonnes of clinical waste which is sent for high temperature incineration or alternative treatment, this has a significant effect on the environment, carbon emissions and costs to the NHS.

The [NHS clinical waste strategy](#), sets out NHS England’s ambition to transform the management of clinical waste by eliminating unnecessary waste, finding innovative ways to reuse, and ensure waste is processed in the most cost effective, efficient, and sustainable way.

The best waste management practices reduce waste, improve compliance, and can lead to significant cost savings from lower waste volumes. They also have a significant part to play in minimising harm to the environment and increasing resource utilisation. This all leads to a reduction in carbon generated from waste and saving taxpayers money.

Not all waste created as a result of delivering clinical services is ‘clinical’ waste. A cardboard box from disposable gloves packaging, for example, would be recyclable waste. Further details on waste classification and the application of clinical waste treatment technologies are included in [Health technical memorandum \(HTM\) 07-01: Safe and sustainable waste management for health and social care](#).

Practices are asked to:

1. Discuss the importance of [correct use of bins with staff](#), including the cost difference between bins:

Bin/Bag	Indicative Cost per tonne
Recycling	£50
General	£75
Offensive	£146
Clinical	£290
Sharps	£410

2. Follow the guidance on [bin labels and posters](#) to help you sort your waste correctly (an example poster is in [Figure 4](#) below)
3. Don't put **general waste or recycling** into clinical waste bins
4. Use the **yellow and black** striped bags for non-infectious bandages, masks, and dressings
5. Use the **orange** waste bags for infectious waste that is not chemically and/or medically contaminated, such as bandages and dressings
6. Use the **yellow** waste bags only for infectious clinical waste that is also chemically and/or medically contaminated
7. **Recycle** where possible to protect our environment

NHS Property Services has several resources to [support correct disposal of waste](#)

NHS
Property Services

PUT YOUR WASTE IN THE RIGHT PLACE

BAG COLOUR	Black 	Clear 	Yellow 	Yellow and Black 	Orange 	Yellow and Purple Stripe 
TYPE OF WASTE	Domestic/General	Dry Mixed Recycling	Clinical Highly Infectious	Offensive	Clinical Infectious	Cytotoxic/Cytostatic Waste
WHAT IT MEANS	For the waste you would put in your household bin.	Recyclable items that can be put in the same bin.	Items used while treating patients with (suspected) infections. These items might also be contaminated with medicines or chemicals.	Waste that might be unpleasant but isn't harmful or infectious.	Items used in treating patients with (suspected) infections. These are typically contaminated with bodily fluids.	Items contaminated by cytotoxic and cytostatic waste.
EXAMPLES OF ITEMS	Coffee cups, paper towels, greasy food packaging, and polystyrene. Small quantities of food waste.	Food tins, drink cans, paper, cardboard and mixed plastics.	PPE, dressings, plasters, bandages, swabs and IV bags with medicines.	Nappies, sanitary towels, tampons and non-infectious PPE.	PPE, dressings, plasters, bandages, swabs and empty saline or glucose IV bags.	IV bags, lines and tubing that have had cytotoxic/static medicines added.
WHAT HAPPENS TO YOUR WASTE	Low level heat recovery which generates energy.	Recycled and made into other products.	High level incineration which generates energy.	Low level heat recovery which generates energy. A small amount of waste goes to landfill, but we're aiming to reduce this in the coming years.	Alternative treatment and incineration which generates energy.	High level incineration which generates energy.

Figure 4: [Put your waste in the right place poster - NHS Property Services](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
6	Reduce energy usage (switch it off, turn it down, PIRs, low energy replacements, smart energy meters)		✓			✓		✓		

Energy accounts for about a quarter of Primary Care carbon emissions and is one of the largest areas of spend. For example a £6,000 energy bill equates to over 5 tonnes of CO₂e^{xvi}.

The Energy Hierarchy triangle is a classification of energy options with the most sustainable at the top as in Figure 5 below:

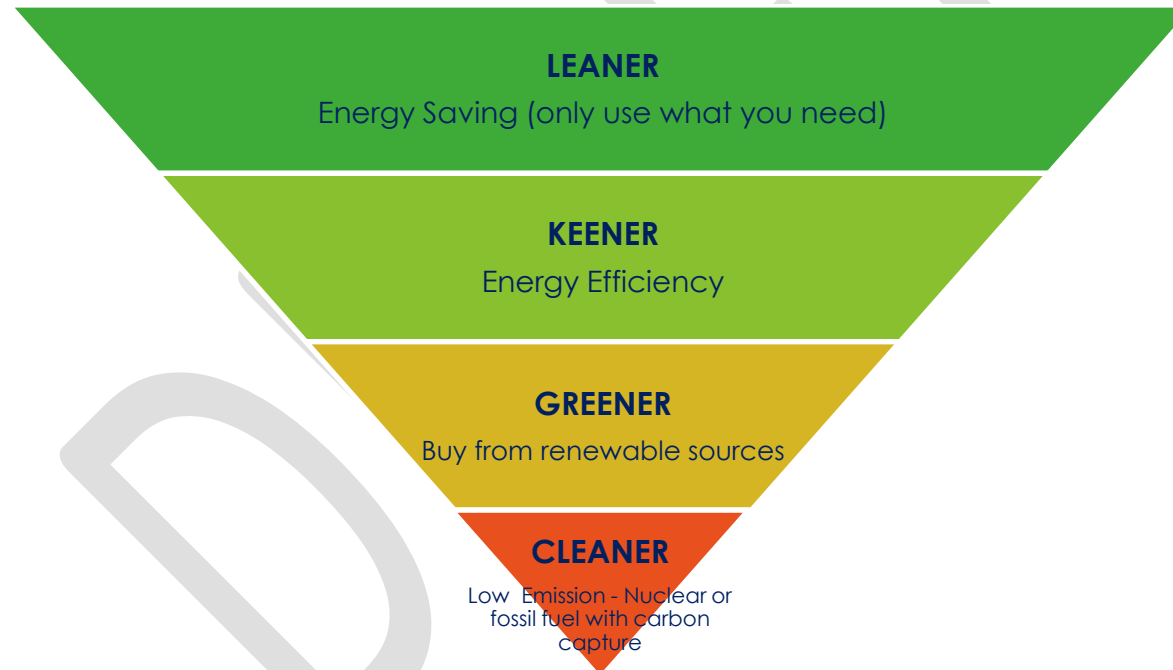


Figure 5: The Energy Hierarchy Triangle

Carry out an energy audit

1. Record the floor space of the practice
2. Use the energy bills to identify total use/expenditure
3. Set a target for reduction of £/kWh either per m² or per year ([gas conversion calculator](#))
4. Agree actions to reduce usage
5. Monitor the effect of the actions

Energy	Current Annual Use (kWh)	Annual Expenditure (£)	Practice Floor print (m ²)	(kWh/ m ²) or (£/m ²)
Gas				
Electricity				
Total				

Look around your practice to:

1. Identify heating and cooling equipment and how it is being used
2. Measure the energy use of the equipment ([plug in monitors](#) can help with individual pieces of equipment)
3. Identify leaks around doors and windows
4. Measure loft insulation
5. Identify type of windows (double/single glazed) to understand if an upgrade is required
6. Check lighting and other appliances

How to reduce energy consumption

Leaner - Only use the energy you need

1. Switch off everything at the wall when not in use:
 - Practices across BLMK could save £000s and tonnes of CO₂e by turning electrical items off at the wall rather than leaving them on standby
 - Consider installing 'Kill Switches' for sockets to ensure electrical items are switched off when the practice is closed
 - Use timer plugs for PCs and printers on powerbanks
2. Install motion detectors in toilets & corridors for lights
3. Install timers on lights
4. Promote energy saving guides and pointers for staff and patients on saving energy both in practice and at home, such as the [Energy Saving Trust](#) or [Get Energy Savvy](#).
5. Ask your energy supplier to install smart meters so you can understand your energy use
6. [Commission a professional energy audit](#)
 - there are many companies who can offer audits for no or a small charge
 - companies can offer advice for reducing energy use and changing to a greener or cheaper supplier

Keener – using energy efficiently and preventing wastage

1. Turn down heating (1°C = 8% less energy)
2. Reduce brightness on PCs and monitors
3. Upgrade heating controls to be in better control of your heating use
4. Install thermostatic valves on radiators to automatically switch off at set temperature
5. Change lights to [LEDs](#) (90% less energy and 4 times longer lifespan)
6. Insulating your premises:
 - draught excluders for external doors
 - repair seals on doors and windows
 - loft insulation
 - wall insulation
 - internal and external window coverings (blinds, shutter, curtains)
7. Ensure all purchases of new electrical equipment have a high EPC rating for efficiency

Greener – using renewable energy

- switch to a greener energy supplier (e.g. <https://greenly.earth/en-gb/blog/company-guide/5-green-energy-companies> [Greenly top 5 UK Green Energy Companies](#))
- replace old gas fired boilers and heating systems with an [air source heat pump](#)
- Install [Solar Panels](#) to generate renewable energy. Case studies for solar panels in Primary Care can be found [here](#)

Resources:

- [RCGP Net Zero Decarbonising General Practice](#)
- More information on energy efficiency grants and schemes for businesses can be found on the [OFGEM website](#) including the boiler upgrade government grant scheme
- Marches Energy Agency provided a webinar for Greener Practice on reducing energy consumption in GP Practices. The video can be found [here](#).
- [Energy Cooperative](#) is an organisation which negotiates rates with suppliers on behalf of members and can carry out energy audits

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
7	Carry out a waste audit			✓		✓		✓		

Every year in England, the NHS produces ~156,000 tonnes of clinical waste which is sent for high temperature incineration or alternative treatment, this has a significant effect on the environment, carbon emissions and costs to the NHS.

Check if your practice is segregating its waste properly by carrying out a waste audit over the course of a week:

- Record the number of waste bags collected
- Examine the contents of each bag by colour e.g. tiger stripe, black, orange
- Consider if waste has been appropriately disposed of – look for the below items in the wrong bags
 - Plastic
 - Metal
 - Paper
 - Contaminated waste
 - food
- Weigh the amount of incorrect items in each bag and return them to the correct waste bags
- Calculate the cost of disposal of the overall weight of incorrect items based on collection fees for each waste stream i.e. clinical, recycling, food, general
- Set targets for reduction of incorrect waste
- Monitor progress with regular waste audits

More information can be found in the [RCGP Net Zero Decarbonising General Practice](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
8	Stock control and audits			✓		✓		✓	✓	

Poor stock rotation, over-ordering, or expired stock contribute to unnecessary waste, increasing emissions linked to the manufacture, transport and disposal of these items. Efficient stock control therefore can directly influence Primary Care’s Environmental footprint and financial stability.

A good stock management approach will

- Improve purchasing efficiency and budget predictability
- Prevent avoidable costs from expired or unused stock
- Reduce waste disposal expenses
- Enhance overall system efficiency

<p>Setting up stock controls</p> <p>1. Set up a clear stock management framework with staff</p> <p><i>A. Define responsibility:</i></p> <ol style="list-style-type: none"> Appoint a Stock Lead (admin, PM, or clinical support worker) Appoint a deputy to ensure continuity during leave Ensure staff understand their responsibilities for ordering, checking, storing and reporting <p><i>B. Develop Standard Operating Procedures (SOPs) covering:</i></p> <ol style="list-style-type: none"> Ordering cycles Stock rotation Storage temperature requirements Documentation Audit processes <p><i>C. Use a digital stock system:</i></p> <ol style="list-style-type: none"> Spreadsheet, practice clinical system add-ons, or dedicated stock systems. Include: item name, supplier, batch number, expiry date, quantity, re-order level, cost <p><i>D. Set minimum and maximum levels:</i></p> <ol style="list-style-type: none"> based on historical usage and seasonal variation avoid overstocking “just in case” which leads to cost and carbon waste <p><i>E. Stock Location mapping:</i></p> <ol style="list-style-type: none"> Clearly label cupboards, rooms, and drawers. Ensure staff know where specific categories live (vaccines, consumables, PPE, equipment) 	<p>2. Implement Strong Day-to-Day Stock Controls</p> <p><i>A. Use First-In First-Out (FIFO) Rotation:</i></p> <ol style="list-style-type: none"> Always move older stock to the front Ensures items are used in date order Particularly important for vaccines and medicines <p><i>B. Daily or Weekly Visual Checks</i></p> <ol style="list-style-type: none"> Check high-turnover areas frequently: dressings, PPE, injections Look for low stock, damage, or storage problems <p><i>C. Temperature Monitoring for fridges storing vaccines or temperature-sensitive items:</i></p> <ol style="list-style-type: none"> Twice-daily checks Digital logging devices Immediate action if out of range <p><i>D. Create a “Dead Stock” Zone</i></p> <ol style="list-style-type: none"> A labelled area for items nearing expiry Prioritise use of these items to prevent waste (possibly use yellow stickers for close to expiry items) <p>3. Ordering and Supplier Management</p> <p><i>A. Create an Ordering Cycle:</i></p> <ol style="list-style-type: none"> Weekly, fortnightly or monthly depending on practice size Allows predictable budgeting Reduces multiple deliveries Reduces packaging <p><i>B. Use Approved Suppliers:</i></p> <ol style="list-style-type: none"> Ensures cost stability and reliability Consider frameworks that support sustainable procurement <p><i>C. Compare Costs Regularly</i></p> <ol style="list-style-type: none"> Monitor for cheaper or greener alternatives Negotiate bulk discounts with PCNs
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<p>Stock Audits</p> <p>1. Conduct Regular Stock Audits</p> <p>1) <i>Monthly Mini-Audits are ideal for:</i></p> <ol style="list-style-type: none"> PPE Dressings Vaccines Injection equipment Wound care items <p>Check for:</p> <ol style="list-style-type: none"> Expiry dates Correct quantities Storage issues Variations from expected usage <p>2) <i>Quarterly or Bi-Annual Full Stock Audits:</i></p> <ol style="list-style-type: none"> Complete physical count Check expiry of all items Compare actual vs recorded quantities Analyse usage trends Identify recurring waste areas Review ordering levels and supplier performance 	<p>3) <i>Audit Findings and Action Plans:</i></p> <ol style="list-style-type: none"> Create a short action plan addressing: Stock that is consistently over-ordered High-waste items (expired or unused) Gaps in staff training Opportunities to consolidate orders Carbon-saving opportunities (reduced deliveries, sustainable alternatives) <p>Use Data for Continuous Improvement</p> <p>1) <i>Usage Tracking:</i></p> <ol style="list-style-type: none"> Support smarter ordering and reduce unnecessary spending by recording: Monthly consumption Seasonal fluctuations High-cost categories <p>2) <i>Carbon Tracking (optional but recommended)</i></p> <ol style="list-style-type: none"> Number of supplier deliveries Waste disposal volumes High-impact items (e.g., medical plastics, gloves, pharmaceuticals)
<p>Strengthen Staff Engagement and Training</p> <p>1) <i>Train All Staff in Stock Awareness</i></p> <ol style="list-style-type: none"> Where items are stored Reporting low stock Using items before expiry Avoiding unnecessary clinical consumable use <p>2) <i>Encourage a “Sustainability Mindset”</i></p> <ol style="list-style-type: none"> Use items responsibly Choose low-carbon alternatives Avoid opening multiple packs unnecessarily Return unused items promptly to stock 	<p>Embed Stock Control into Governance</p> <p>1) <i>Include in Practice Governance Meetings</i></p> <ol style="list-style-type: none"> Review audit reports Discuss problems and proposed improvements Monitor waste and expenditure trends Highlight sustainability achievements <p>2) <i>Align with Wider Organisational Goals</i></p> <ol style="list-style-type: none"> PCN quality improvement programmes ICS sustainability and waste-reduction objectives

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
9	Office assets reuse (<i>desks, chairs, cupboards from other services across BLMK</i>)			✓		✓		✓		✓

Every year in the UK, 1.2 million desks and 1.8 million office chairs are sent to landfill^{xvii}, costing £360m and creating 171,600 tonnes of CO₂e. Many businesses and charities would take these items but concerns over liability and legal issues are often a barrier.

Primary Care can reduce its carbon emissions by utilising or redistributing used office assets. This can be done on a local basis using a **shared register** of goods within known networks such as using the local clinical committee (LMC, LDC, LOC, LPC), PCNs or ICS neighbourhood teams to include Acute and Community Trusts and VCSEs.

Using unwanted items reduces costs and carbon emissions (arising from purchase and disposal) for Primary Care and the other organisations involved.

A shared register can include:

- Desks, chairs, cabinets, examination couches
- Storage boxes, folders, stationery
- Phones, headsets
- Small office appliances (laminators, shredders)
- IT equipment such as monitors, keyboards, docking stations- not laptops or PCs due to GDP risks (*dependant on local commissioning and procurement policies*)

The register can be held centrally by an administrator or in digital places such as a MS Teams channel or SharePoint/google form.

- Each organisation lists surplus or unused items
- Network management or a designated lead maintains the list
- Organisations can “request” items instead of placing an order for a new item

There is no cost for the items, but the organisation acquiring the item is expected to:

- arrange transportation for collection
- carry out any safety, quality, security and operational checks before removal
- take on full responsibility and liability for any future use of the goods once collected
- an example of a standard liability and disclaimer clause for the disposing organisation is shown below in [Figure 5](#):

Liability and Disclaimer Clause

In this clause, Acquirer shall mean any person acquiring any asset, together with their employer organisation and Disposer shall mean any person disposing of any asset together with their employer organisation.

1. Disclaimer of Warranties

The assets listed and transferred are provided on an "as is" and "as available" basis. The assets are untested and offered as seen. The Disposer makes no representations or warranties of any kind, express or implied, regarding the condition, quality, fitness for a particular purpose, or any other aspect of the assets. All warranties, whether statutory, common law, or otherwise, are expressly disclaimed to the fullest extent permitted by law.

2. Buyer Acknowledgement

The Acquirer acknowledges that they have had the opportunity to inspect the assets and confirm their condition and suitability for their intended purpose. The Acquirer assumes all risks related to the assets' condition and performance upon acquisition and undertakes to inspect and test any items prior to their use to ensure their suitability and safety for the intended purpose.

3. Limitation of Liability

To the maximum extent permitted by applicable law, the Disposer shall not be liable for any direct, indirect, incidental, consequential, or special damages arising out of or in connection with the acquisition or use of the assets, including but not limited to loss of profits, loss of business, or loss of use, even if the Disposer has been advised of the possibility of such damages.

4. Indemnification

The Acquirer agrees to indemnify, defend, and hold harmless the Disposer from any and all claims, liabilities, damages, losses, or expenses (including reasonable legal fees) arising out of or in connection with the Acquirer's use or possession of the assets.

5. No Recourse

The Acquirer acknowledges and agrees that they shall have no recourse against the Disposer for any defect, non-conformity, or deficiency in the assets, and the Acquirer releases the Disposer from any and all claims and liabilities arising from or related to the acquisition of the assets.

6. Severability

If any provision of this clause is found to be invalid or unenforceable by a court of competent jurisdiction, such provision shall be severed from this clause, and the remaining provisions shall remain in full force and effect.

7. Governing Law

This clause shall be governed by and construed in accordance with the laws of England and Wales. Any disputes arising under or in connection with this clause shall be subject to the exclusive jurisdiction of the courts of England and Wales.

Figure 5: Example Liability & Disclaimer Clause

There are many digital asset reuse platforms available which could also be used such as [WARP IT](#) or [Globechain](#). However, if using online platforms the local benefit will not be readily recognised.

When reusing assets, the carbon emissions associated with each item should be recorded and added up each year for the individual organisations or across networks. These figures can be publicised on websites and in newsletters showing the organisation's commitment to reducing its carbon emissions.

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
10	Reduce water waste (automatic and low flow taps, toilet displacement bags, dual flushes)			✓		✓		✓		

Water is a precious resource – but it can’t be taken for granted. Water shortages and supply interruptions are becoming more common with climate change and extreme weather conditions.

Water costs are continually rising as suppliers work to compensate for increasing demand, ageing infrastructure, and the pressures of climate-related supply issues. Every litre of water wasted in a primary care setting is not only an unnecessary cost but also an avoidable environmental burden.

Wasted water is wasted money. Practices pay for clean water coming in *and* for wastewater going out. Any water that goes down the drain must be treated, and the cost of that treatment is reflected in your sewage charges. Reducing water use therefore reduces both parts of your bill.

There is also a significant carbon impact. A considerable amount of energy is required to abstract, treat, heat, and pump water. When water is wasted, so is the energy used to produce it—directly increasing carbon emissions.

Tips for reducing water waste:

- 1) *Hand hygiene:*
 - a) Use alcohol-based hand rubs where clinically appropriate—they use no water and are [recommended by WHO](#) except when hands are visibly dirty
- 2) *Taps:*
 - a) drips may be small but can add up to thousands of gallons of wasted water (and money) each year
 - b) Install aerators which reduce flow without affecting performance
 - c) Install sensor activated taps that automatically turn off
 - d) Display reminders to “turn me off”
 - e) Washing up – modern dishwashers use less water than manual washing up (as long as it is fully loaded)
- 3) *Toilets*
 - a) Use water displacement in toilet cisterns to reduce the capacity for water being flushed e.g. Hippo bag, [bottle filled with stones/water](#)
 - b) Install Dual flushes
 - c) Install motion detectors for urinals
- 4) *Garden:*
 - a) Catch rainwater in a water butt for watering plants (butts can store around 200 litres of ‘free’ water)
 - b) Use a watering can rather than a hose to prevent wastage
 - c) When watering plants a good soak at the base once a week, is more effective than a sprinkle every day due to evaporation
 - d) Apply a 5-8cm mulch around plants to decrease evaporation (mulch can be pebbles, gravel, bark, compost or grass clippings)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
11	Choose digital over paper (<i>booking, notes, communication and prescriptions</i>)			✓		✓		✓	✓	✓

Increasing digital processes in primary care improves efficiency, reduces costs, cuts environmental impact, and supports patient experience.

Digital healthcare empowers people to better track, manage, and improve their own and their family's health. Digital healthcare applications have potential to reduce inefficiencies in healthcare delivery, improve access, reduce costs, increase quality, and make medicine more personalised and precise.

Using digital technology to replace paper-based procedures reduces:

- Cost savings (printing, postage, storage)
- Environmental sustainability (paper production = water use, energy, carbon)
- Practice efficiency (less admin time, fewer errors, faster processing)
- Patient experience (instant communication, online access, less waiting)

What can Primary Care Do:

Communication – *moving from letter and paper printouts to digital channels can reduce printing and postage costs, administration time and is a faster more reliable way of communication*

- Encourage patients to use the **NHS App** to access test results, request repeat prescriptions, view messages, and manage their care. (All approved digital applications must now be fully compatible with the NHS App, ensuring patients have a single, secure place to view their information. This integration gives patients greater access, choice, and control over their healthcare, while reducing paper use, administrative workload, and environmental impact)
- Use SMS and email for appointment reminders, follow-up advice, and health promotion
- Enable online registration instead of printed forms
- Ensure up to date information on Practice Website, including signposting to help and advice

Clinical Records and Workflows – moving from paper to digital

- Use electronic templates for reviews (LTCs, screening, QOF-driven templates)
- Provide digital fit notes
- Use digital dictation and speech-to-text to reduce handwritten notes
- Adopt e-referrals for all services (most acute trusts are already paperless)
- Use digital task management in your clinical system instead of paper notes or message books
- Store policies, protocols, and audits in a shared digital workspace (SharePoint, Teams)

Digital Patient Access and Self-Service - *reduces paperwork by empowering patients to self-manage digitally*

- Promote online repeat prescription requests through the **NHS App**

- Enable online appointment **booking, cancelation, and triage** (e.g., AccuRx, eConsult)
- Use digital pre-appointment questionnaires (e.g., asthma reviews, medication reviews)
- Encourage patients to receive documents electronically (fit notes, test information, care plans)

Digital Admin & Back-Office Operations

- Use SharePoint/Teams for meeting papers, agendas, and minutes
- Move HR documentation (leave requests, timesheets, training logs) to digital tools
- Implement electronic invoice approvals and digital finance workflows
- Scan and securely store legacy paper records to reduce archive storage

Digital Poverty and Exclusion

Practices should recognise that digital poverty and digital exclusion disproportionately affect people living in more deprived areas. Not all patients have access to smartphones, reliable internet, data plans, or the digital confidence needed to use online services such as the NHS App.

Practices must take a balanced, inclusive approach: promoting digital tools while ensuring alternative non-digital routes remain available for those who need them.

Supporting digital inclusion helps reduce health inequalities, improves access to care, and ensures that digital transformation benefits all patients—not only those who are already digitally connected.

How practices can increase digital inclusion:

- Offer digital drop-in sessions or “NHS App help clinics”
- Train reception/admin teams to support basic tasks (logging in, identity verification)
- Use waiting room volunteers (PALS, digital champions, PCN volunteers) to guide patients
- Provide step-by-step leaflets on the NHS App, online prescriptions, and online forms
- Use simple, friendly language in digital instructions
- Avoid overloading patients with multiple apps or portals - direct them to the NHS App as the single front door
- Offer videos or screenshots showing how to use online services.
- Reduce the number of steps needed for common tasks (repeat prescriptions, online triage)

Ensure non-digital options remain available

- Use a digital inclusion flag in patient records to identify those who need alternatives
- Signpost to local schemes offering free SIMs, data vouchers, or refurbished devices ([Good Things Foundation](#), local councils, libraries)
- Encourage use of free Wi-Fi in the surgery (where appropriate)
- Display information on community digital support services

Train staff to recognise digital exclusion:

- Understanding signs of digital poverty (no smartphone, no email, poor literacy)
- Asking supportive, non-judgmental questions
- Knowing what local help is available
- Using digital inclusion coding within clinical systems

Design digital services with accessibility in mind

Ensure online options work for everyone - accessible design supports patients with disabilities, low digital literacy, or language barriers

- Ensure online forms are mobile phone friendly
- Offer options in different languages including British Sign Language
- Keep instructions short and clear
- Avoid complex medical jargon in online content

Resources:

[NHS England » Digitally enabled triage](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
12	Optimise data storage			✓		✓		✓	✓	

Data storage, often called ‘the cloud’, is a method of storing documents, emails, videos, photos, and other files on secure internet servers rather than on local devices such as hard drives, phones, or USB sticks. Cloud storage allows access to files from anywhere, sharing of information easily with colleagues, and supports remote working. It also enables patients to access their information without needing to travel to the practice.

Data is stored in huge buildings filled with hard drives which must be kept running at all times, using enormous amounts of electricity and water (for water-based cooling systems). The data centres require large amounts of land, impacting surrounding habitats and compromising biodiversity.

Reducing unnecessary data isn’t just a matter of tidying digital systems. It improves:

- **Information Governance** - less risk from holding outdated or duplicate files
- **Cyber Security** - fewer data assets to protect reduces vulnerability
- **Cost Efficiency** - data storage is paid for by the gigabyte; the more you store, the more it costs
- **Environmental Sustainability** - less storage means less energy and water use and a smaller carbon footprint

The NHS generates and stores huge volumes of information. Excessive or poorly managed data leads to higher energy use, increased backup costs, and greater risk exposure.

What can Primary Care Do?

Educate staff on good data management:

- Provide simple guidance on:
 - Where to save files
 - How long to keep them
 - How to avoid duplicates
- Run annual “data clean-up weeks”

- Include data hygiene in induction training

Clean up storage:

- Use shared drives or SharePoint instead of storing multiple local copies
- Avoid emailing attachments internally — use **links** instead
- When deleting documents, always follow the [Records Management Code of Practice - NHS Transformation Directorate](#)
- Set up automation of archiving/deleting documents once they reach their required retention period
- Identify and delete duplicates and previous drafts of documents
- Run periodic “duplicate file” clean-ups in shared folders
- Store clinical documents once, within the clinical system, not in parallel local folders
- Empty the ‘recycle bin’

Emails:

- Delete unnecessary emails:
 - Old and no longer required
 - Duplicates
 - Threads (only keep the latest email in the thread)
- Empty ‘Deleted’ folder
- Share links to shared folders, not files
- Do not ‘reply all’ unnecessarily
- Do not reply ‘Thank you’ – ensure all staff know this etiquette
- Set mailbox size thresholds and auto-archive older emails

Images and Scans:

Scanned documents and image files can be very large.

- Use [OCR](#) and compressed PDF formats
- Avoid scanning in colour unless clinically necessary
- Apply standard scanning settings (e.g., 200dpi for text)
- Ask suppliers to send documents digitally rather than by post

Resources:

More information can be found at [Digital Cleanup Day](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
13	Reusable water bottles, cups			✓		✓	✓	✓	✓	✓

Primary care settings can use hundreds of disposable cups each week in staff rooms, waiting areas, and at meetings. These items are used for seconds but take decades to break down.

Savings:

Disposable cups are an ongoing cost - reusables are a one-off purchase, Switching to staff-owned reusable mugs or bottles:

- reduces repeat ordering of single-use cups
- lowers waste disposal costs
- creates long-term savings for practices
- reduces carbon emissions

A single-use plastic cup has an impact ranging from 10g CO₂e to 30g CO₂e.

- [2.5billion coffee cups](#) are thrown away every day.
- Over the lifetime of a reusable cup 10.3kg of CO₂e could be saved compared to using single-use cups instead (assuming 500 uses / cups of coffee)
- If reusable cups replaced single-use cups, carbon emissions could fall by 69%
- In UK terms, a switch from disposable cups to reusable cups could save 52,000 tonnes of CO₂e each year

[10 million plastic bottles](#) are purchased every day in the UK

- 700,000 are discarded as litter, polluting nature, waterways and oceans
- Every bottle creates carbon emissions during its manufacture and disposal
- All plastic products shed tiny, microscopic particles called microplastics, and plastic water bottles are no exception. In water bottles, those microplastics leech into the water itself and are present in your every sip
- Each person can save [94kg CO₂e](#) each year by switching to reusable water bottles

What can Primary Care do?

- Provide access to safe, clean drinking water via:
 - taps with built-in filters
 - mains-fed water dispensers (without plastic cups)
 - switch to water dispensers that can dispense into reusable bottles/mugs
- Provide reusable bottles, cups or mugs for staff and encourage everyone to keep one at their desk
- Replace single use plastic cups for patient use with reusable cups
- Replace paper/plastic cups near water dispensers with posters encouraging patients to bring their own bottle
- Use eye-catching stickers or a small poster saying ‘Bring your own bottle – refill here’
- Encourage patients to refill before leaving the practice

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
14	Replace water deliveries with water filters			✓		✓	✓	✓	✓	

Providing access to safe, clean drinking water in Primary care is essential for staff and patients.

Many Primary Care premises still use traditional water coolers that rely on 5-gallon plastic bottles. These large bottles must be manufactured, filled, and regularly transported to and from the practice.

This process contributes significantly to carbon emissions through:

- Plastic production
- Energy used in bottling and distribution
- Transportation

Switching from bottled water coolers to bottle-free water dispensers, which deliver filtered water directly from the mains supply, can dramatically reduce this environmental impact. Bottle-free systems eliminate the need for single-use or multi-use plastic bottles and remove the carbon footprint associated with their transportation.

Research shows that replacing 5-gallon bottled coolers with mains-fed, bottle-free alternatives can reduce carbon emissions by up to 53%. This simple change lowers carbon emissions, and reduces ongoing costs related to ordering, storing, and managing bottled water deliveries.

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Environmentally Sustainable – Supporting healthier lifestyles, service design & delivery and low carbon alternatives

No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
1	Increasing preventative healthcare using data to flag patients at risk of disease	✓				✓	✓	✓		✓

The [Fit for the Future: 10 Year Health Plan for England](#) stresses the importance of the NHS treatment model moving from sickness to prevention.

Practices can utilise data to increase preventive measures for patients, before they become ill, reducing the need for healthcare and in turn reducing emissions and pressures on Primary Care.

What can Primary Care Do

1. Combine data sources:

To reliably identify at-risk patients, Primary Care should integrate:

- GP clinical system data (long-term conditions, medications, test results).
- Screening programme data (NHS Health Checks, cervical/bowel/breast screening).
- Social determinants of health (deprivation, housing insecurity, social isolation).
- Hospital activity (A&E attendances, admissions, outpatients).
- Local public health datasets (obesity prevalence, smoking rates, childhood immunisations).

2. Ensure quality of data entry:

- Consistent coding for smoking status, BMI, blood pressure, ethnicity, QOF conditions.
- Regular data-quality searches with feedback to clinicians/admin teams

3. Set up automated Clinical system searches to auto identify:

- Rising BP
- Missed appointments
- High risk polypharmacy
- Overdue LTC reviews

4. Use Risk Stratification Tools such as:

- Frailty indexes
- CVD risk calculators (e.g., QRISK3)
- Diabetes risk models

- Polypharmacy risk dashboards
- Mental health relapse predictors

5. Use data to flag risks such as:

- Rising blood pressure over time
- Irregular blood test trends
- Excess SABA inhaler prescriptions
- Frequent minor consultations that hint at underlying disease
- Missed screening or uncompleted care plans
- High cholesterol
- Medication adherence decline
- Family history

6. Prioritise high impact preventative areas:

- CVD
- Diabetes
- Cancer Screening uptake
- Mental Health

7. Create proactive targeted interventions:

- Population Level Campaigns – Smoking, Weight, Cancer Screening
- Personalised Care plans for High Risk Patients – regular check ins. Medication reviews, care-coordinator support, lifestyle interventions, community based services
- Social Prescribing and Green Social Prescribing – Exercises, housing, financial/benefits support, wellbeing, carer support

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
2	Digitalisation of information, prescriptions and bookings	✓				✓	✓	✓	✓	✓

Increasing digital processes in primary care improves efficiency, reduces costs, cuts environmental impact, and supports patient experience.

Digital healthcare empowers people to better track, manage, and improve their own and their family's health. Digital healthcare applications have potential to reduce inefficiencies in healthcare delivery, improve access, reduce costs, increase quality, and make medicine more personalised and precise.

Using digital technology to replace paper-based procedures reduces:

- Cost savings (printing, postage, storage)
- Environmental sustainability (paper production = water use, energy, carbon)
- Practice efficiency (less admin time, fewer errors, faster processing)
- Patient experience (instant communication, online access, less waiting) *[*note digital poverty and exclusion](#)*

What can Primary Care Do:

Communication – *moving from letter and paper printouts to digital channels can reduce printing and postage costs, administration time and is a faster more reliable way of communication*

- Encourage patients to use the **NHS App** to access test results, request repeat prescriptions, view messages, and manage their care. (All approved digital applications must now be fully compatible with the NHS App, ensuring patients have a single, secure place to view their information. This integration gives patients greater access, choice, and control over their healthcare, while reducing paper use, administrative workload, and environmental impact)
- Use SMS and email for appointment reminders, follow-up advice, and health promotion
- Encourage patients to use the NHS App for test results, repeat prescriptions, messages – all digital applications must now be compatible with the NHS app going forward and will enable patients to have complete access and control of their healthcare
- Enable online registration instead of printed forms
- Ensure up to date information on Practice Website, including signposting to help and advice

Digital Patient Access and Self-Service - *reduces paperwork by empowering patients to self-manage digitally*

- Promote online repeat prescription requests through the **NHS App**
- Enable online appointment **booking, cancelation, and triage** (e.g., AccuRx, eConsult)
- Use digital pre-appointment questionnaires (e.g., asthma reviews, medication reviews)
- Encourage patients to receive documents electronically (fit notes, test information, care plans)

Clinical Records and Workflows – moving from paper to digital

- Use electronic templates for reviews (LTCs, screening, QOF-driven templates)
- Provide digital fit notes
- Use digital dictation and speech-to-text to reduce handwritten notes
- Adopt e-referrals for all services (most acute trusts are already paperless)
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- Use SharePoint/Teams for meeting papers, agendas, and minutes
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Digital Poverty and Exclusion

Primary Care should recognise that digital poverty and digital exclusion disproportionately affect people living in more deprived areas. Not all patients have access to smartphones, reliable internet, data plans, or the digital confidence needed to use online services such as the NHS App.

Primary Care must take a balanced, inclusive approach: promoting digital tools while ensuring alternative non-digital routes remain available for those who need them.

Supporting digital inclusion helps reduce health inequalities, improves access to care, and ensures that digital transformation benefits all patients—not only those who are already digitally connected.

How Primary Care can increase digital inclusion:

- Offer digital drop-in sessions or “NHS App help clinics”
- Train reception/admin teams to support basic tasks (logging in, identity verification)
- Use waiting room volunteers (PALS, digital champions, PCN volunteers) to guide patients
- Provide step-by-step leaflets on the NHS App, online prescriptions, and online forms
- Use simple, friendly language in digital instructions
- Avoid overloading patients with multiple apps or portals - direct them to the NHS App as the single front door
- Offer videos or screenshots showing how to use online services.
- Reduce the number of steps needed for common tasks (repeat prescriptions, online triage)

Ensure non-digital options remain available

- Use a digital inclusion flag in patient records to identify those who need alternatives
- Signpost to local schemes offering free SIMs, data vouchers, or refurbished devices ([Good Things Foundation](#), local councils, libraries)
- Encourage use of free Wi-Fi in the surgery (where appropriate)
- Display information on community digital support services

Train staff to recognise digital exclusion:

- Understanding signs of digital poverty (no smartphone, no email, poor literacy)
- Asking supportive, non-judgmental questions
- Knowing what local help is available
- Using digital inclusion coding within clinical systems

Design digital services with accessibility in mind

Ensure online options work for everyone - accessible design supports patients with disabilities, low digital literacy, or language barriers

- Ensure online forms are mobile phone friendly
- Offer options in different languages including British Sign Language
- Keep instructions short and clear
- Avoid complex medical jargon in online content

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
3	Virtual consultations	✓				✓	✓	✓	✓	✓

Online consultations implemented inclusively, as part of a comprehensive primary care service, can enhance the experience of care for patients and support general practice in managing time and workloads, improving both access and sustainability^{xviii}.

Face to face consultations produce around 80% more carbon emissions than a virtual appointment^{xix}:

- Most emissions from face-to-face care come from patient travel (cars, buses, etc.).
- Other contributors include staff travel, heating/lighting the building, and PPE use.

Increasing virtual consultations appropriately can improve:

- air pollution around surgeries
- local traffic congestion
- parking availability for those that require it

Practices responding to patients via online consultation systems can also save clinical, administrative and patient time.

Please ensure [digital poverty and exclusion](#) is considered when choosing patients for virtual consultations

Resources

A guide to successful virtual consultations in Primary Care can be found here [NHS England » Remote consulting](#)

Further resources, including a digital triage calculator, Improving telephony journeys and accessible GP websites for patients, can be found here [NHS England » Modern general practice model](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
4	Proactive follow-ups and call-ins		✓			✓	✓	✓		✓

Much of primary care’s carbon footprint arises from clinical activity, including medications, over-medicalisation, unnecessary testing, and avoidable appointments. Improving follow-up systems, can reduce the need for emergency or repeated visits, prevent deterioration, and avoid high-carbon interventions later.

Proactive follow-ups and call-ins can help to:

- Detect issues earlier (avoids emergency care, which is more carbon intensive)
- Reduce repeat consultations caused by poor symptom control
- Support self-management with timely advice and reassurance
- Reduce medication waste

This reduces carbon emissions through:

- Lower travel emissions (through remote and fewer urgent visits)
- Lower medication emissions (particularly inhalers and unneeded prescriptions)
- Reduced unnecessary testing (avoids overuse of diagnostics)
- Better disease control (reducing high-carbon interventions later)
- Avoided emergency and hospital care (hospital-based care has far higher emissions)

Follow-ups should be **needs-based and risk-stratified** (not routine annual check ins) to ensure resources go to those most likely to deteriorate. For example:

- High-risk patients get proactive calls (reduces hospital emissions)
- Low-risk patients get remote check-ins or digital self-monitoring

Use call-ins to educate patients on self-care for example:

- Nurse-led self-management reviews
- Phone follow-ups on lifestyle interventions*
- Digital messaging for symptom management guidance*
- Medication use and technique

**Patients must be assessed in advance, to ensure suitability for phone consultations and digital messaging. Consider hearing and cognitive impairment and digital poverty/exclusion*

Low-Carbon Proactive Follow-Up Process for Primary Care

1. Define the Aim:

- Improve patient outcomes
- Reduce unnecessary appointments
- Cut the carbon footprint of care by preventing deterioration and avoiding high-carbon emergency interventions

2. Map Current Follow-Up Activity - ask:

1. Are follow-ups based on *need* or just calendar time?
2. Where are the “hotspots” (frequent unplanned visits, repeated reviews, over-testing)?
- 3.

3. Risk-Stratify Patients:

4. **High-risk:** unstable conditions, frequent exacerbations - proactive calls
5. **Moderate-risk:** stable but needs monitoring - mix of remote and planned reviews
6. **Low-risk:** well-controlled -remote check-ins, self-monitoring

4. Create Follow-Up Protocols - for each risk group, define:

7. Follow-up frequency
8. Method (phone, video, digital check-in, in-person only if necessary)
9. Clinical triggers
10. Escalation steps

5. Remote-First Follow-Ups - whenever safe and appropriate, use:

11. Phone reviews
12. Video consultations
13. Digital self-report forms
14. SMS check-ins

This can cut travel emissions and reduces avoidable in-person visits.

6. Build a Call-In Education System - use follow-ups to strengthen self-care and reduce future demand:

15. Nurse-led self-management reviews
16. Lifestyle and symptom-management support
17. Medication use and technique guidance
18. Digital messaging for reminders and self-care prompts

7. Monitor & Measure Impact - track:

19. Reductions in emergency visits
20. Fewer repeat appointments
21. Lower over-medicalisation
22. Increase in remote vs. in-person reviews
23. Medication optimisation outcomes

8. Continuously Improve

24. Review processes every 6–12 months
25. Update risk criteria, protocols, and educational materials
26. Address barriers and share what works across the team

Why This Matters - Proactive, need-based follow-ups:

27. Prevent deterioration
28. Cut high-carbon emergency care
29. Reduce travel emissions
30. Reduce medication waste
31. Improve disease control
32. Support patient independence

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
5	Reducing food waste in the Practice		✓			✓	✓	✓		✓

17% of all food available at consumer levels is wasted^{xx}, in 2019 that totalled 931 million tonnes of food waste. Up to 10% of global greenhouse gas emissions are due to wasted food.

When you throw away food, you're not only wasting money (purchase and disposal costs), you are also wasting the energy, land, water, and fertilizer that was used to produce, package, and transport it.

In the UK [1 in 7 families with children](#) struggle to afford food. This equates to 11% of the population and 18% of children. A more in-depth breakdown is more clearly shown below in [Figure 6](#) below.

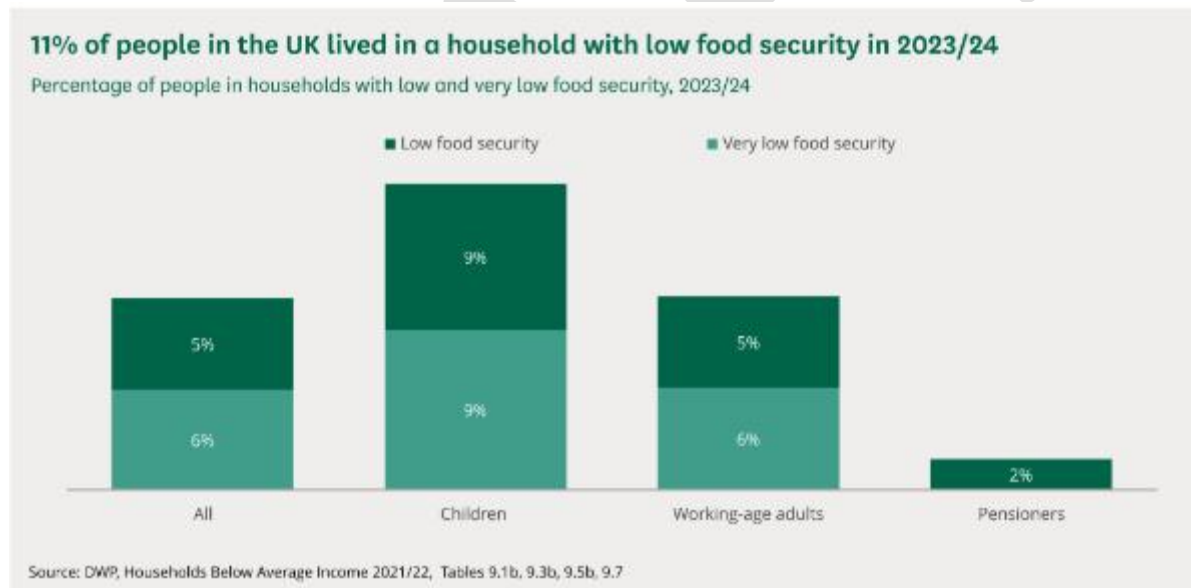


Figure 6: [Commons Library](#)

Reducing food loss and waste helps to protect natural resources and biodiversity, reduce pollution and greenhouse gas emissions, and maximise the use of food produced towards ensuring a food secure world – now and in the future

What can Primary Care do?

- [Carry out a Waste Audit](#) to understand how much of the Practice's waste is food and the cost of its disposal
- Use the audit to identify the main sources of food waste
- Look at reducing the amount of wasted food by:
 - [Stock control](#) measures
 - Check the temperature of your fridges – ideal temp is 0-5°C
 - Set up a fridge cleaning rota – each Friday one person clears out the fridge and hands back near to use by date food to its owner or donates to a local food bank/charity
 - Donating surplus food to local food banks, shelters and charities
 - Think about supplying a small freezer for staff use
- If you do need to throw out food:
 - [composting](#) your leftovers can reduce the amount of methane produced
 - Food waste bins should be used instead of putting in the normal rubbish

Educate your staff to think about food waste to:

- Think about [how you buy, prepare and dispose](#) of food.
- Only buy what you need by using a shopping list
- Buy loose fruit and veg to avoid overbuying
- Don't shy away from buying [imperfect-looking fruits](#) and vegetables. They might otherwise get thrown out
- Ensure they know how to best store each type of food to prevent deterioration
- [Use leftovers to create new meals](#)
- If you do need to throw out food:
 - [composting](#) your leftovers can reduce the amount of methane produced
 - Or use the council food waste bins instead of putting in the normal rubbish

Resources

[Food and Climate Change: Healthy diets for a healthier planet | United Nations](#)

[Food Waste Statistics - 2024](#)

[Food Waste & Climate Change | Love Food Hate Waste](#)

[FAO UN How to reduce food waste get involved](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
6	Encourage staff to eat a lower-carbon diet (EAT-Lancet Diet)			✓		✓	✓		✓	

What we eat, and how that food is produced, affects our health but also the environment. Food needs to be grown and processed, transported, distributed, prepared, consumed, and sometimes disposed of. Each of these steps creates greenhouse gases that trap the sun’s heat and contribute to climate [change](#). **About a third of all human-caused greenhouse gas emissions is linked to food.**

The largest chunk of food-related greenhouse gases comes from [agriculture and land use](#). This includes, for instance:

- methane from cattle’s digestive process
- nitrous oxide from fertilisers used for crop production
- carbon dioxide from cutting down forests for the expansion of farmland
- other agricultural emissions from manure management, rice cultivation, burning of crop residues, and the use of fuel on farms

A much smaller share of the greenhouse gas emissions of food are caused by:

- refrigeration and transport of food
- industrial processes such as the production of paper and aluminium for packaging
- the management of food waste

Carbon footprints of foods

Highest footprint:

- Red meat and dairy:
 - Extensive farmland required often created by cutting down trees, releasing their stored carbon dioxide
 - Cows and sheep emit methane as they digest grass and plants
 - Chemical fertiliser on crops to feed cattle and the cattle’s waste on pastures emit nitrous oxide (a powerful green house gas)
- Shrimp/prawns:
 - Farms often require coastal lands created by clearing mangrove forests which absorb large amounts of carbon

Lowest footprints:

- Fruits an vegetables
- Whole grains
- Benas, peas, lentils and nuts
 - All the above uses less energy, land, water and have lower greenhouse gas intensities than animal based foods

The graph in [Figure 7](#) below demonstrates the difference in carbon emissions per 100 grams of protein by food source

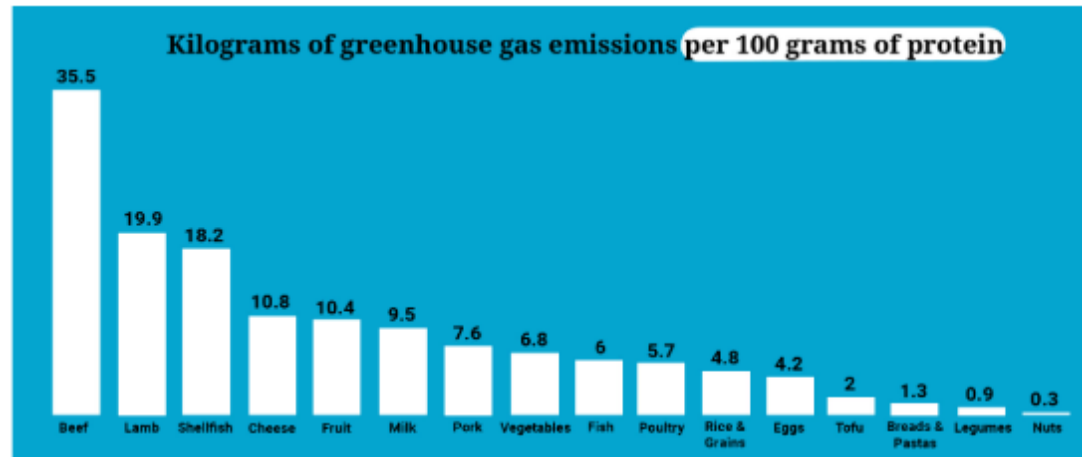


Figure 7: *KG CO₂e per 100 Grams of protein UN Climate Actions*

The higher the carbon footprint of food also relates to its impact on our health:

- Meat and animal product consumption is linked to increased risk of cancer and heart disease^{xxi}
- A more plant-based diet can have the following benefits^{xxii}:
 - improved blood sugars, lowering the risk of complications from diabetes
 - improved heart health
 - reduced blood pressure and cholesterol
 - reduced risk of certain cancers
 - Reduced risk of depression and anxiety
 - balance gut health and acts as an anti-inflammatory
 - improved weight management

Reducing our meat and animal product intake, therefore, is better for the environment and for our health

What Can primary Care do?

Encourage staff to eat lower carbon diets through:

Education:

- explaining the impact of food production on the planet
- explaining the impact of food consumption on our health
- discuss how to reduce their carbon emissions by diet changes:
 - Stress that any reduction in high carbon food has an impact
 - Providing resources for meat free meals such as [Veganuary](#), [Meat Free May](#) and [BDA Blue Dot Meal Swaps](#)
 - The poster in [Figure 8](#) below pictures a healthy low carbon diet

Involve everyone:

- Encourage meat free days
- Promote batch cooking and bring your own lunch initiatives
- Encourage staff to bring and share for others to try new foods/recipes
- Promote recipe of the month competition
- Support staff to access healthy affordable food by:
 - Partnering with community initiatives such as veg-box schemes and community fridges
 - Join local food growing projects and allotments

Lead by example:

- Order meat free food for meetings/events/training sessions
- Provide plant-based milk alongside dairy milk in staff kitchens
- Practice leaders and Green Champions model low-carbon food choices
- Include low carbon food commitments in the Practice's Green Plan
-

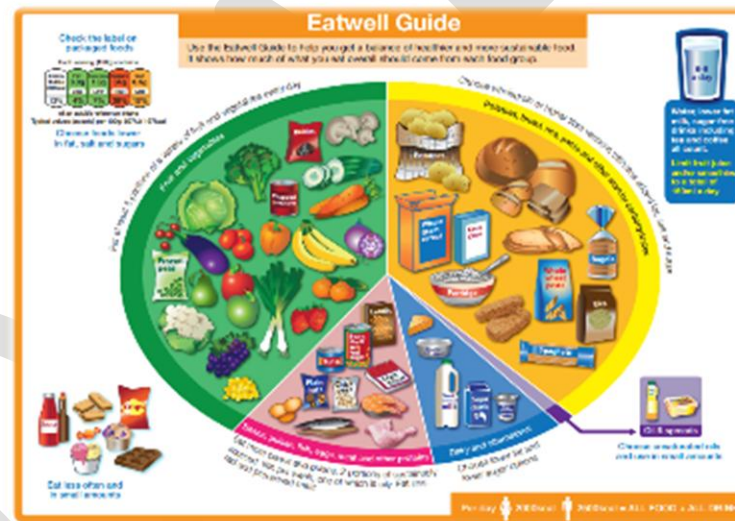


Figure 8: [The EAT-Lancet Commission on Food, Planet, Health - EAT Knowledge](#)

More resources:

- This video from the [Lancet Planetary Health Diet](#) explains more
- [UN Eating Healthy Matters](#) booklet can help to understand healthier eating.
- [Centre for Sustainable Healthcare](#)
- [The BDA One Blue Dot](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
7	Encourage patients to eat a lower-carbon diet (EAT-Lancet Diet)			✓		✓	✓			✓

What we eat, and how that food is produced, affects our health but also the environment. Food needs to be grown and processed, transported, distributed, prepared, consumed, and sometimes disposed of. Each of these steps creates greenhouse gases that trap the sun’s heat and contribute to climate [change](#). **About a third of all human-caused greenhouse gas emissions is linked to food.**

The largest chunk of food-related greenhouse gases comes from [agriculture and land use](#). This includes, for instance:

- methane from cattle’s digestive process
- nitrous oxide from fertilisers used for crop production
- carbon dioxide from cutting down forests for the expansion of farmland
- other agricultural emissions from manure management, rice cultivation, burning of crop residues, and the use of fuel on farms

A much smaller share of the greenhouse gas emissions of food are caused by:

- refrigeration and transport of food
- industrial processes such as the production of paper and aluminium for packaging
- the management of food waste

Carbon footprints of foods

Highest footprint:

- Red meat and dairy:
 - Extensive farmland required often created by cutting down trees, releasing their stored carbon dioxide
 - Cows and sheep emit methane as they digest grass and plants
 - Chemical fertiliser on crops to feed cattle and the cattle’s waste on pastures emit nitrous oxide (a powerful green house gas)
- Shrimp/prawns:
 - Farms often require coastal lands created by clearing mangrove forests which absorb large amounts of carbon

Lowest footprints:

- Fruits an vegetables
- Whole grains
- Benas, peas, lentils and nuts
 - All the above uses less energy, land, water and have lower greenhouse gas intensities than animal based foods

The graph in [Figure 7](#) below demonstrates the difference in carbon emissions per 100 grams of protein by food source

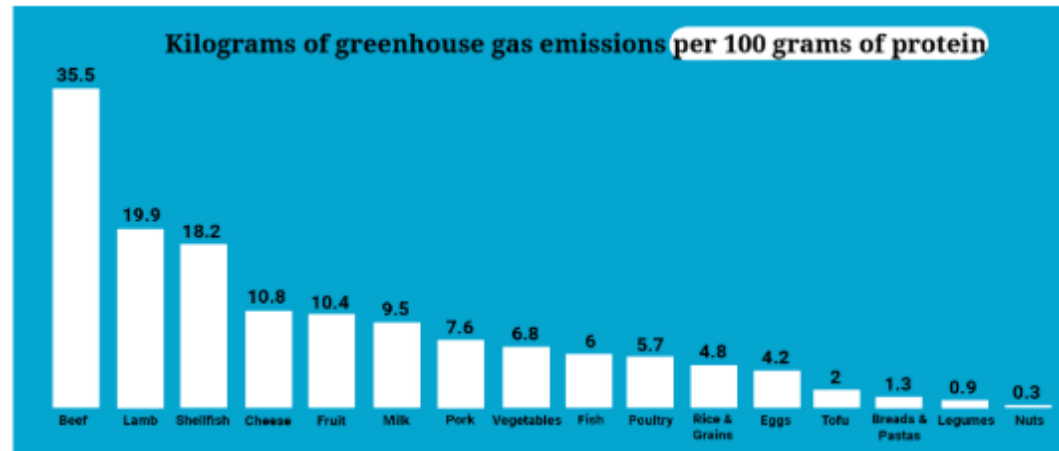


Figure 7: KG CO₂e per 100 Grams of protein UN Climate Actions

The higher the carbon footprint of food also relates to its impact on our health:

- Meat and animal product consumption is linked to increased risk of cancer and heart disease^{xxiii}
- A more plant-based diet can have the following benefits^{xxiv}:
 - improved blood sugars, lowering the risk of complications from diabetes
 - improved heart health
 - reduced blood pressure and cholesterol
 - reduced risk of certain cancers
 - Reduced risk of depression and anxiety
 - balance gut health and acts as an anti-inflammatory
 - improved weight management

Reducing our meat and animal product intake, therefore, is better for the environment and for our health

What Can primary Care do?

Encourage patients to eat lower carbon diets through:

Education:

- explaining the impact of food production on the planet
- explaining the impact of food consumption on our health
- discuss how to reduce their carbon emissions by diet changes:
 - Stress that any reduction in high carbon food has an impact
 - Providing resources for meat free meals such as [Veganuary](#), [Meat Free May](#) and [Simple Plant based Swaps](#)
 - The poster in [Figure 8](#) below pictures a healthy low carbon diet

- The BDA's Environmentally Sustainable Diet Project '[One Blue Dot](#)' contains lots of resources for dietitians to use with patients
- Encourage meat free days
- Support patients to access healthy affordable food by:
 - Partnering with community initiatives such as veg-box schemes and community fridges
 - Join local food growing projects and allotments (can be part of Green Social Prescribing)
- Promote 'recipe of the month competition' in practice newsletters



Figure 8: [The EAT-Lancet Commission on Food, Planet, Health - EAT Knowledge](#)

More resources:

This video from the [Lancet Planetary Health Diet](#) explains more
[UN Eating Healthy Matters](#) booklet can help to understand healthier eating.
[Centre for Sustainable Healthcare](#)
[The BDA One Blue Dot](#)
[Plant-Based Diet Factsheets | Plant Based Health Professionals UK](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
8	Combined appointments			✓		✓	✓	✓	✓	✓

As patient travel is one of the [largest contributors to primary care’s carbon footprint](#), reducing avoidable journeys directly supports carbon emissions reduction.

Introducing combined appointments for patients with long-term conditions (LTCs), especially using approaches such as *Birthday Call-Ups* and *family appointments*, offers significant environmental, clinical, and operational benefits.

Combined appointments help minimise repeated visits for reviews, blood tests, check-ups and medication reviews, all of which typically generate multiple patient journeys and therefore higher emissions.

Carbon Emissions Reduction

- Fewer separate visits mean fewer car journeys, taxis, or public transport trips

Improved Patient Convenience

- Patients with multiple LTCs often attend several different appointments throughout the year. Combining them reduces:
 - time off work
 - travel time
 - parking stress
 - waiting room time
- A single, well-planned appointment improves patient experience and reduces logistical burdens on carers and family members

More Holistic, Coordinated Care

- Seeing multiple clinicians on the same day supports a holistic approach to long-term condition management
- Joined-up care leads to:
 - better continuity
 - more accurate medication reviews
 - alignment between nursing, pharmacy, and allied health input
- Holistic review models have been shown to improve outcomes in LTC pathways (supported by wider virtual/remote clinic data showing improved efficiency and patient experience)

More Efficient Use of Staff Time

- Clinicians do not have to repeat history taking or repeat administrative processes across multiple appointments
- Combined appointments reduce:
 - multiple sets of notes

- repeated booking efforts
- calls/recalls for blood tests or observations
- Practices can streamline workloads and free up time for more complex clinical needs

Better Medication Safety

- Polypharmacy reviews conducted alongside LTC checks allow:
 - safer prescribing
 - fewer duplicated medicines
 - better adherence
 - timelier deprescribing
- Patients may understand their care better when multiple clinicians reinforce the same messages in one coherent appointment

Reduced Administrative Burden

For admin and reception teams:

- fewer bookings
- fewer reminders
- fewer letters or texts
- fewer tasks for chasing results

Supports Family-Centred and Preventative Care

Family appointments allow:

- shared travel to one single session
- earlier identification of risk factors (e.g. diabetes prevalence within families)
- opportunities for health promotion for multiple people at once
- better engagement for families who would struggle to attend separately

Resources: [Southeast Clinical Networks Moving to Birth Month Recall](#)

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Primary Care Green Plan Action Toolkit

Sector Specific Actions – further information

- [General Practice](#)
- [Dental Practice](#)
- [Community Pharmacy](#)
- [Optometry Practice](#)

General Practice

No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Sign up to the Green Impact for Health Toolkit and/or the Greener Practice Platform		✓						✓	

Toolkits provide a simple, structured way for practices to:

- **Understand what they can do** – giving clarity on aims, opportunities, and expected outcomes
- **Know how to do it** – offering clear steps, instructions, and best-practice guidance
- **Access ready-made resources** – such as templates, checklists, patient information, and implementation tools
- **Record and demonstrate impact** – supporting consistent data collection, reflection, and evaluation

By bringing everything together in one place, toolkits make projects easier to start, easier to deliver, and easier to measure.

The [Greener Practice platform](#) is a web-based toolkit providing access to projects and resources for General Practice which can be filtered by staff member, time, carbon savings, benefits, financial savings and subject matter. For each project it provides the tools and resources to make it as easy as possible to carry out including clinical coding searches, recording and reporting templates and communications examples for staff and patients. The evidence gained from utilising the Greener Practice resources can be used for completion of the Green Impact for Health Toolkit.

The [RCGP Green Impact for Health \(GIFH\) Toolkit](#) is a SusQI-based programme that helps GP Practices record their sustainability work and achieve bronze, silver, or gold accreditation. It includes over 125 actions across key sustainability and social responsibility themes. Actions can be completed in any order, depending on your practice’s priorities. [GIFH 5-minute overview](#).

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No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
2	Sign up to the Repeat Prescribing Toolkit		✓			✓	✓	✓	✓	

Millions of patients in England receive their medicines through repeat prescriptions, ensuring they have access to the medications they need safely and on time.

However, findings from the National Overprescribing Review, along with patient feedback, highlight concerns about the lack of regular reviews for some users of long-term medicines. In some cases, patients have been exposed to harm due to inadequate monitoring or review of repeat prescriptions.

The Royal Pharmaceutical Society [Repeat Prescribing Toolkit](#) is designed to help practices improve the consistency of repeat prescribing processes and support this with training resources. Resources in the toolkit include:

- Process mapping
- Repeat Prescribing Self-Assessment toolkit
- Good practice examples and tools
- Training resources

[Open Prescribing](#) allows you to compare your Practice Prescribing data with others across England and can help to identify areas where prescribing can be changed to have the biggest impact.

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
1	Reusable Instruments		✓			✓		✓		

From sourcing the raw materials, to production, to transportation, to use and to disposal, everything we use creates greenhouse gas emissions which lead to climate change.

Many single use items are made **plastic which accounts for at least 5% of global greenhouse emissions** and only 9% of plastic is ever recycled. Plastic is linked to infertility, miscarriage, cancer, IBD, Diabetes, Stroke, CVD and neurological development disorders. Every year the NHS creates 150 million tonnes of plastic waste.

We must reduce single use items in the NHS, either by cutting out those items that are not necessary or by [reusing items](#)

Reusing items

The appropriate reuse of items reduces:

- waste and waste disposal costs
- carbon emissions
- procurement costs (*after initial purchase*)
- reliance on single use supply chains (*which can be affected by world events such as wars or during Covid*)

Many items can be reused including but not limited to:

- [Tourniquets](#) (Daisygrip)
- Sharps bins e.g. [Sharpsmart](#)
- Insulin and Weight Management Pens - [Pencycle](#)
- [Vaginal speculums](#)
- BP Cuffs
- Masks
- Drinking cups/glasses
- Cutlery
- Cleaning cloths
- Mop heads

Practices must follow **decontamination, risk assessment, and IPC protocols.**

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
2	Streamline ordering of Chronic Disease Blood Tests		✓			✓		✓	✓	✓

Patients who are recorded on multiple disease registers often undergo blood tests at different times for each condition. This can lead to duplicated testing, unnecessary appointments, unnecessary use of healthcare resources and consumables, avoidable financial costs and inefficient use of staff time.

By standardising and coordinating blood test requirements, these inefficiencies can be significantly reduced leading to:

- **Less duplication of tests** - lowering workload for practice, phlebotomy, and laboratory teams
- **Less patient time and travel** - improving patient experience and reducing carbon emissions from transport
- **Fewer samples processed** - reducing overall system demand and using less single use items
- **Cost savings for the NHS** – single use items, paper, laboratory processes
- **Less paper use**
- **Lower carbon emissions**

A simplified blood test monitoring protocol should be developed – a pharmacist would be best suited to this if the practice has one. The protocol will clearly outline:

- **Which blood tests are required** for each long-term condition
- **Recommended monitoring frequency**
- **Opportunities for aligning tests** to avoid duplication (identification of patients suitable for consolidated reviews)
- **Educational sessions** must be delivered for practice staff, phlebotomists, and other relevant team members to support the adoption of the protocol

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Improved Respiratory Care	✓				✓	✓	✓	✓	

In the UK, poorly controlled asthma is common and leads to avoidable asthma symptoms, attacks and deaths. Over 12,000 people in the UK have died from asthma attacks in the last ten years with many of the deaths considered preventable^{xxv}.

The UK has one of the worst mortality rates from asthma in Europe^{xxvi}. The major driver of this poor control is that many people with asthma do not take enough preventer medication or do not use their inhaler correctly.

Well-controlled asthma has a much lower carbon footprint compared with uncontrolled asthma. When asthma is controlled, patients need **fewer reliever inhalers** and **less emergency or unplanned healthcare**, both of which contribute significantly to emissions. This means improving asthma control is beneficial for both **patient outcomes and environmental sustainability**

What can General Practice do?

Follow the [NICE NG245 Pathway](#) and the [NHSE Asthma Toolkit](#) to:

- Ensure an Accurate Diagnosis (objective testing e.g. FeNO & spirometry, avoid relying solely on clinical history)
- Provide regular structured asthma reviews (at least annually and after every emergency attack)
- Provide personalised asthma action plans
- Use national asthma templates for consistent and complete data recording
- Ensuring that patients know how to and can use their inhalers is paramount to good asthma management
- Technique and adherence must be assessed at every review
- Consider switching to combination inhalers (AIR or MART) where appropriate to increase preventative medication use
- Switch to [lower carbon inhalers](#) where appropriate – to reduce carbon emissions of the inhaler and encourage better control of asthma
- Utilise the [NICE Inhalers decision aid](#) when discussing switching inhalers with patients
- Proactively check SABA prescribing data to identify overuse
- Proactively check ED attendance data to identify poorly controlled asthma

Air pollution and Asthma

Air pollution can be made up of:

- Particulate Matter from:
 - Domestic wood burning (stoves/fires/logburners)
 - Traffic fumes
 - Fireworks
 - Pollen

- Nitrogen Dioxide (NO₂) from:
 - Traffic fumes
 - Coal and oil burning
 - Industrial and factory processes
- Ozone:
 - Higher during Spring, Summer and after midday
 - Higher in the countryside than the city

Consider how air pollution affects your patients and advise on reducing the risk:

- Using the preventer inhaler regularly to control symptoms
- Avoiding pollution hotspots:
 - Busy roads
 - Bus stations
 - Carparks
- Ensuring they always carry their reliever inhaler, and know when to use it
- Checking the [pollution forecast in their area](#) and considering their plans for the day
- Recommend joining the [Herts & Beds Air Quality Monitoring Network](#) which issues alerts to the Public when Air pollution is particularly high (the service is free to subscribe to and should be used by those with respiratory issues to change behaviours and reduce hospital admissions)

Resources:

Asthma Pathways, Inhalers and Spacers advice at [RightBreathe RightCare-Asthma-Toolkit.pdf](#)

The [NICE Guidance NG245](#) provides information on diagnosis and management of asthma including the [Asthma Pathway NG244](#).

[Lowering your risk from air pollution | Asthma + Lung UK](#)

BLMK ICB Medicines [Greener Prescribing Inhaler Choices](#)

[The Greener Practice Asthma Toolkit](#) is designed to help improve asthma outcomes and reduce the carbon footprint of asthma care
[South East London ICB AskAboutAsthma2025](#)

The recording of the **Respiratory Care for Children and Adults PLT 24.10.24** can be found on the BLMK Primary Care Training Hub SharePoint site [PLT for BB, CB and Luton | BLMK Primary Care Training Hub | Microsoft Teams](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
2	Inhalers – MART and low carbon switches	✓				✓	✓	✓	✓	

Inhalers account for around 3% of the entire NHS carbon footprint, making them the single largest source of carbon emissions from any medicine used in the health service.

Most of these emissions come from the propellant gas used in pressurised metered-dose inhalers (pMDIs). This gas is a potent greenhouse gas, with a global warming potential thousands of times greater than CO₂. Figure 9 below shows the carbon footprint of different types of inhalers:

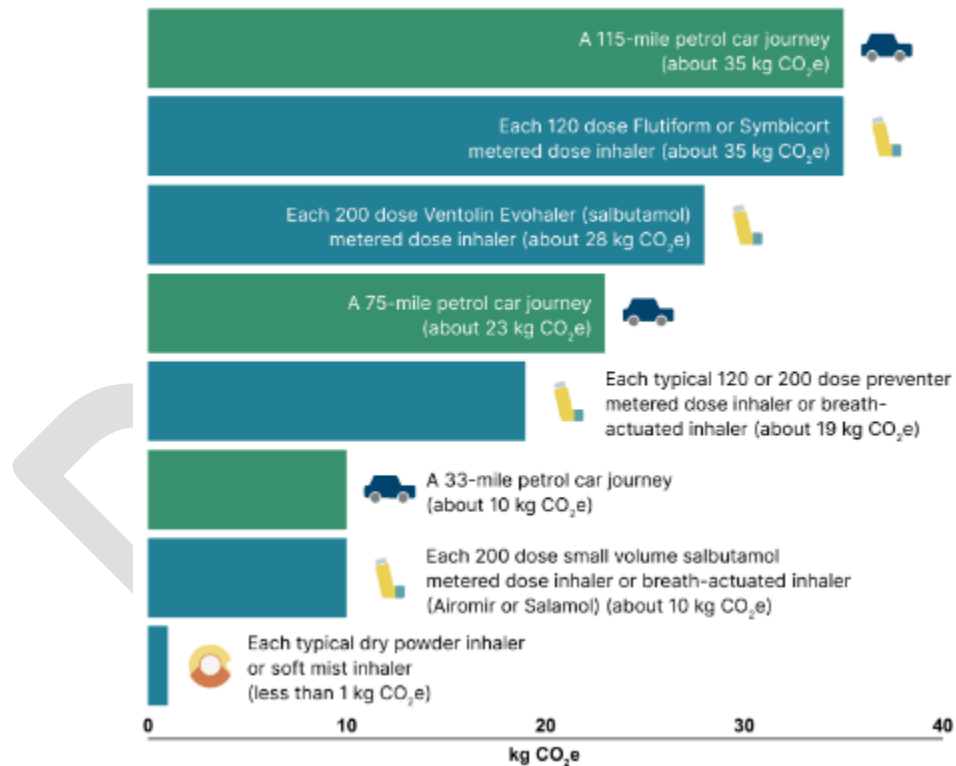


Figure 9: Carbon footprint of different types of inhalers

Overuse of SABA Inhalers:

- Overuse of reliever inhalers (SABA) is strongly associated with poorly controlled asthma and is one of the key preventable risk factors for asthma attacks. The NRAD data shows two-thirds of asthma deaths were found to be preventable, with [many patients relying heavily on SABAs](#) while underusing anti-inflammatory preventer medication (inhaled corticosteroids)
- The data showed that many of the patients had been prescribed over 6 SABA inhalers in the year before their death (*4% had been prescribed 50 SABA Inhalers*)

The NHS is encouraging healthcare professionals to discuss lower-carbon inhaler options with people aged 12 and over. This may include:

- **Switching to lower-carbon inhaler devices** (such as dry-powder or soft-mist inhalers)
- **Moving to combined anti-inflammatory reliever regimens, such as AIR or MART**, which help improve asthma control by ensuring patients consistently receive preventer medication alongside their reliever

What can General Practice do?

- Proactively check SABA prescribing data to identify overuse (6+ per year) and call patients in for an urgent review
- Proactively check ED attendance data to identify poorly controlled asthma
- Review asthma registers and, utilising the [BLMK Medicines Optimisation webpage](#), consider switching patients to:
 - **Combined anti-inflammatory reliever regimens, such as AIR or MART**, which help improve asthma control by ensuring patients consistently receive preventer medication alongside their reliever:
 - *Better control of asthma*
 - *Less exacerbations*
 - *Less use of SABA inhalers*
 - *Less prescriptions*
 - *Less hospital attendances / GP appointments*
 - **Lower-carbon inhaler devices:**
 - dry-powder or soft-mist inhalers
 - lower carbon pMDI inhalers (*if pMDI is required*)
- Utilise the [NICE Inhalers decision aid](#) when discussing switching inhalers with patients
- Ensure Patient and staff education on [use and adherence](#)

Resources:

[Inhaler Choices – BLMKICB Medicines Optimisation](#)

[Strategies-for-lowering-inhaler-carbon-footprint-Dec-2021_-1-1.pdf](#)

[Patient Decision Aid Asthma Inhaler](#)

[Greener NHS » Improving health outcomes for respiratory patients while reducing carbon emissions](#)

[Asthma-Management-and-Prescribing-Adults-Preferred-Approach-AIR-and-MART.pdf](#)

[Greener Practice Asthma Toolkit](#)

[Asthma Visual Guide](#)

[How inhalers affect the environment | Asthma + Lung UK](#)

[Improved Respiratory Care Action](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit			Staff Benefit	Social Benefit
						Environment	Health	Finance/ Business		
3	Green Medicines Switches		✓			✓		✓		

Around 60% of the Primary Care Carbon Footprint is due to medicines - production, transport, and disposal.

The RCGP notes that [greener prescribing](#) often leads to “a gold standard of care, improved patient experience and outcomes”, not just lower emissions.

What can general Practice do?

- **Review unnecessary or low-value medicines:**
 - Structured medical reviews to reduce polypharmacy using the [RCGP Repeat Prescribing Toolkit](#)
 - [Deprescribing Iron](#) – reducing from multiple tablets to one per day
 - [Tablets for children rather than liquid meds](#)
- **Switching to [lower carbon inhalers](#)**
- **Switching to the lower carbon medicines using**
 - [Greener Prescribing tool on BLMK Medicines platform](#)
 - [MCF Formulary](#)
- **Simplifying regimens by:**
 - [shared decision making](#)
 - [reducing unnecessary tests](#)
- **Promote preventative measures:**
 - Lifestyle improvements [diet](#) and [exercise](#)
 - [Social Prescribing](#)
 - [Green Social Prescribing](#)
 - Improved inhaler and medicines adherence
- **Lower plastic/carbon prescribing e.g.:**
 - Eye drops - single use ampoules to large bottles
 - Oestrogen pessaries – [Vagifem to Vagirux \(less applicators\)](#)
 - [Reusable insulin pens](#)
 - Reusable ring pessaries

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
4	Polypharmacy – medication reviews, OOWYN		✓			✓	✓	✓	✓	✓

It is estimated that every year, in the UK, £300 million medication goes unused. This equates to around a fifth of all the medicine in peoples’ homes with a carbon footprint of around **46,750 tonnes of CO₂e**.

Over a million people in England receive 10 or more medicines on repeat prescription. Evidence shows that up to 16.5% of hospital admissions are caused by adverse drug reactions (ADR) with polypharmacy and multimorbidity important factors.

Structured Medical reviews (SMR) for patients with polypharmacy, are crucial to:

- optimise the impact of medicines
- minimise the number of medication-related problems
- reduce waste
- reduce carbon emissions from unused medicines and hospital admissions

The Royal Pharmaceutical Society (RPS) and Royal College of General Practitioners (RCGP) have developed a toolkit to help practices improve the consistency of repeat prescribing processes and support this with training resources. This is called the [RCGP Repeat Prescribing Toolkit](#).

The toolkit includes all the information required to carry out effective SMRs but this is simplified below:

SMRs should:

- be part of a [shared decision-making process](#) as part of a shared decision-making process about:
 - treatment
 - optimising the impact of medicines
 - minimising the number of medication-related problems
 - reducing waste
- take place regularly for any patient with polypharmacy
- be visible within the repeat medication section of their clinical records and authorisation durations should be synchronised to coincide with the next SMR
- be face to face where possible
- include carers
- be recorded in clinical records

During the review:

- Patients should be asked:
 - are they still using their medicines?

- are they using the medicines as prescribed?
 - Are the medicines working?
 - are they having any side effects?
 - do they still need the medicines?
- Patients should also be reminded to:
 - “Only Order What You Need”
 - return medicines and inhalers to pharmacy for disposal

Patient Resources:

Are your medicines working for you? - Health Innovation NENC
Resources to support patients having a Structured Medication Review - The Health Innovation Network
Me & My Medicines, Medicines Communication Charter, It's OK to Ask – Home
I manage my meds – NIHR

Resources:

Only order what you need :: West Yorkshire Health & Care Partnership
RCGP Repeat Prescribing Toolkit
Recommendations | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
5	Social Prescribing		✓			✓	✓	✓	✓	✓

Social Prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

Social prescribing is an **all-age, whole population approach** that works particularly well for people who:

- have one or more long term conditions
- who need support with low level mental health issues
- who are lonely or isolated
- who have complex social needs which affect their wellbeing

Social prescribing link workers give people the time to focus on ‘**what matters to me?**’, coproduce a simple personalised care and support plan, and support people to take control of their health and wellbeing.

Social prescribing link workers can also support existing community groups to be **accessible and sustainable**, and help people to start new groups, working collaboratively with all local partners.

The [NAPC Social Prescribing Analysis](#) studied a sample of 4170 patients and saw the following results from Social Prescribing:

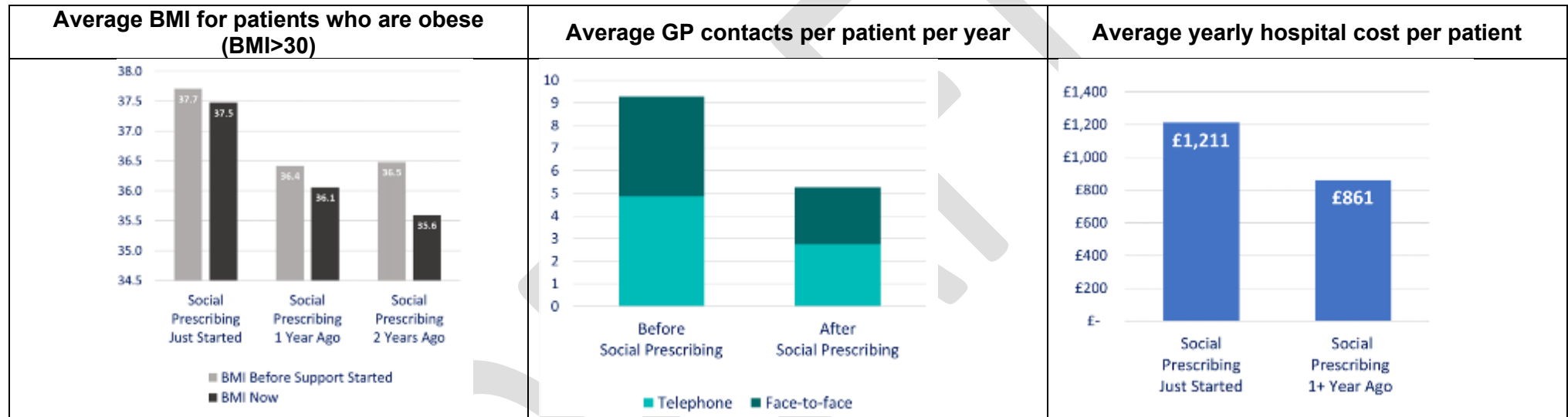


Figure 10: NAPC Social Prescribing Analysis results

Local offers for social prescribing:

- **Bedfordshire** [Social Prescribing – Beds RCC](#)
- **Luton** [Total Wellbeing Luton | Homepage](#)
- **MK** [Age UK Milton Keynes | Social Prescribing Service](#) (all age)
- **MIDOS**

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
6	Green Social Prescribing		✓			✓	✓	✓	✓	✓

Time spent in nature is linked to a range of [positive mental and physical health outcomes](#) such as:

- reduced blood pressure
- reduced stress levels and associated symptoms
- lower levels of cardiovascular and respiratory problems
- reduced risk of diabetes and obesity
- Improved sleep
- Increased wellbeing, including subjective wellbeing
- reduced social isolation, happiness, and resilience
- A decrease in PTSD symptoms (when offered alongside therapeutic and mindfulness activities)

There are different ways this relationship may work, for example:

- Nature may inspire positive emotions and reduce negative thoughts
- Help to renew attention and decrease mental fatigue
- Or it may be that people have an innate ability to respond emotionally to nature

[Green Social Prescribing](#) is a way of linking people to outdoor, nature-based activities that can help with physical or mental health and general wellness. You will sometimes see these activities called “nature-based health interventions.”

It does not require physical exercise. In some cases just sitting and observing may be enough. Examples of Green Social Prescribing examples can be

- Community gardening
- Health walks
- Conservation volunteering
- Citizen science
- Open water swimming
- Forest bathing
- Outdoor or nature-based arts and cultural activities

These activities may be ‘prescribed’ alongside other forms of support, for example, referrals to support for housing or finances and some activities could be planned and delivered by healthcare organisations including GP practices.

Here is a local case study from Luton: [SIG Penrose - Roots Community Based Recovery Services \(CBRS\) on ITV News](#)

[Deep Green](#) is a toolkit for Green Social Prescribing. It is designed to help GPs and other health and social-care practitioners working in primary care to prescribe outdoor, nature-based activities.

This toolkit provides support, information and evidence about Green Social Prescribing. It can be used by practitioners looking for help to add or expand Green Social Prescribing in their practice. It can also be used for people interested in the subject more generally.

To find out what is on offer in your area, speak to the PCB Social Prescriber or visit:

- **Bedfordshire** [Social Prescribing – Beds RCC](#)
- **Luton** [Total Wellbeing Luton | Homepage](#)
- **MK Age UK Milton Keynes | Social Prescribing Service** (all age)
- MiDOS

Resources:

National Resources

- [Green Social Prescribing - National Academy for Social Prescribing | NASP](#)
- [CSH Green Social Prescribing webinar](#)
- [NHS England » Green social prescribing](#)
- [How the Natural Environment can support health and wellbeing through social prescribing](#)
- [Home - NHS Forest](#)

Articles

- [Addressing health inequalities in greenspaces to age well: Part I socio-economic and transport access inequalities | OpenLearn - Open University](#)
- [Addressing health inequalities in greenspaces to age well: Part II diversity and safety | OpenLearn - Open University](#)
- [The why and how of green social prescribing in aid of health ageing | OpenLearn - Open University](#)

Social Action – MK Climate Action Network

- [Mkcan.org](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
7	Food as a treatment – low-carbon changes, EAT-Lancet diet		✓			✓	✓	✓		✓

Diet is one of the strongest determinants of health.

Food, Health and the Planet

- Globally, nine of the top fifteen risk factors for morbidity (including high BMI, high blood pressure, cardiac disease, diabetes and malnutrition), and mental health issues are associated with poor diet.^{xxvii}
- People with low socioeconomic status are more likely to live with and die from diet-related disease.
- The NHS spends £7 billion annually treating obesity and 10% of its budget on type 2 Diabetes.
- It is estimated that 30-40% of all cancers can be prevented by lifestyle and dietary measures alone^{xxviii}.

The foods associated with higher disease risk are also those that have the higher carbon footprint such as red meat, processed meat and dairy. As shown below in Figure 11 Plant-rich diets, therefore promote health and have a lower environmental impact.



Figure 11: Multiple health and environmental impacts of foods | PNAS

What can primary Care do?

In General Practice, lifestyle related conditions make up a significant portion of caseloads and evidence shows that supported changes to lifestyle can prevent, treat and in some cases reverse metabolic diseases^{xxx} such as Type 2 Diabetes, liver disease, obesity and hypertension.

GP led lifestyle interventions:

- Nutrition counselling
- Physical activity guidance
- Sleep and stress management
- Relationship and social support

Food-based treatments can help reduce polypharmacy, improve self-management, and lower healthcare utilisation especially in patients with multiple long-term conditions^{xxx}

Using Food as a Treatment

Using diet as the first line of treatment or prevention can involve:

- Referral to dietician for advice
- Social prescribing for food-based initiatives such as gardening and cooking
- Prescribed food packages (description in [Figure 12](#) below):
 - Medically tailored meals (therapeutic meals)
 - Medically tailored groceries (healthy food prescriptions)
 - Produce Prescriptions

Intervention	Definition	Target population	Research outcomes
Medically tailored meals	Fully prepared meals designed by a professional based on an individual assessment. Typically includes individualised nutrition counselling	Patients with complex medical conditions (such as cancer, HIV, chronic heart failure) who are unable to shop and preparing meals	Decreased inpatient hospital admissions, ^{2,3} emergency department use, ³ emergency transports, ³ admissions to skilled nursing facilities, ² overall healthcare costs, ^{2,3} days where mental health interfered with quality of life, ⁶ hypoglycaemia in people with diabetes, ⁶ self-reported depressive symptoms, ⁷ trade-offs in food versus filling prescription medications, ⁷ increased diet quality, ⁶ adherence to medication regimens ⁷
Medically tailored groceries	Non-prepared grocery items selected by a nutrition professional as part of a treatment plan. Typically collected at a clinic or community point and prepared at home.	Patients with diet related chronic and acute conditions (such as diabetes, cardiovascular disease) who are also food insecure but able to cook and prepare food at home	Decreased HbA1c in people with diabetes ⁴ and cost of care where cost data were available ¹² Increased medication adherence and fruit and vegetable consumption ⁴
Produce prescriptions	Vouchers or debit cards for free or discounted produce, distributed by healthcare providers. Can be redeemed at various locations	Patients who have or are at risk for diet related chronic conditions (such as obesity or prediabetes) and who are food insecure	Decreased HbA1c in people with diabetes, ⁵ fast food consumption, ⁸ BMI, ⁹ need for oral antibiotics in children ¹³ Increased fruit and vegetable consumption ⁸

Figure 12: *Food is Medicine : Key food and nutrition interventions in healthcare systems BMJ*

General practice should actively target cohorts of patients based on risk factors including:

- Family health history (colon cancer, diabetes, CVD)
- Frailty indexes
- CVD risk calculator e.g. QRISK3
- Diabetes risk models
- Red flag markers such as rising blood pressure, weight and high cholesterol
- Polypharmacy

What is a healthy diet?

The Lancet Eatwell Guide (below in [figure 8](#)) shows a diet recommended bring a positive impact to the health of patients and also the health of the planet. More guidance can be found in the [BDA One Blue Dot](#) guide.



Figure 8: The EAT-Lancet Commission on Food, Planet, Health - EAT Knowledge

Healthier diets emphasise:

- More:
 - fruit and vegetables
 - legumes
 - whole grains
 - nuts and seeds
- Less:
 - meat (especially red meat)
 - processed meat
 - processed food
 - sugar sweetened beverages

A more plant-based diet can have the following benefits:

- improved blood sugars, lowering the risk of complications from diabetes
- improved heart health
- reduced blood pressure and cholesterol
- reduced risk of anxiety and depression
- reduced risk of certain cancers
- balance gut health and acts as an anti-inflammatory
- improved weight management
- cheaper than using meat (*when using less 'processed' protein alternatives such as tofu, beans, lentils and nuts*)

Further resources

[NHS England » Food and nutrition](#)

[one blue dot reference guide.pdf](#)

[Plant Based Health Professionals UK | Plant-Based Nutrition & Lifestyle Resources](#)

[Plant-Based Diet Factsheets | Plant Based Health Professionals UK](#)

[Lancet Planetary Health Diet](#) video

[UN Eating Healthy Matters](#) booklet

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
8	Exercise as a treatment – staff and patients		✓			✓	✓	✓	✓	✓

Exercise is one of the most effective, evidence-based, low-cost treatments available in primary care and can reduce risk of early death by [up to 30%](#)

People who do regular physical activity have a lower risk of:

- coronary heart disease and stroke
- type 2 diabetes
- [bowel cancer](#)
- [breast cancer in women](#)
- early death
- [osteoarthritis](#)
- [hip fracture](#)
- [falls](#) (among older adults)
- [depression](#)
- [dementia](#), including [Alzheimer's disease](#)

Research also shows that physical activity can boost self-esteem, mood, sleep quality and energy, as well as reducing your risk of stress.

Exercise can reduce:

- Pain medication (especially opioids and NSAIDs)
- Antidepressant needs for mild–moderate depression
- Antihypertensive medication
- Blood glucose-lowering medication

For most people, the easiest way to get moving is to make activity part of everyday life, like [walking for health](#) or cycling instead of using the car to get around. However, the more exercise done, the better, and taking part in activities such as sports and exercise will improve health even more.^{xxxi}

What can GP Practices Do

Advice:

- Give brief advice on physical activity to every appropriate patient (recommended by [NICE PH44](#)).
- Encourage patients to follow the [UK Chief Medical Officers' Guidelines](#):
 - 150 min moderate activity per week
 - Strengthening activity 2+ days per week
 - Reduce sedentary time
- Tailor advice to specific conditions, e.g.

- Hypertension – aerobic activity reduces BP
- Depression/anxiety – physical activity as effective as antidepressants for mild-moderate symptoms
- Type 2 diabetes – improves HbA1c and weight management
- Chronic pain – movement reduces pain sensitivity
- Osteoarthritis– exercise is the core treatment in NICE guidance
- Use tools:
 - [GPPAQ](#) (General Practice Physical Activity Questionnaire)
 - [Moving Medicine](#) consultation guides
 - Recommend Digital tools
 - NHS-approved apps (e.g., [Couch to 5k](#), [Active 10](#), [NHS Fitness Studio](#))
 - Wearables for step goals
 - Online exercise classes for those with mobility issues

Exercise should be positioned as a *prescribed treatment*, not optional advice:

Use Social Prescribing to increase access to exercise:

- Walking groups
- Low-impact exercise classes
- Strength and balance programmes for falls prevention
- Local gyms and leisure centres offering NHS discounts
- Community or charity-led activity programmes
- “Green social prescribing” – gardening, nature-based activity

Exercise Referral Schemes:

Suitable for patients who:

- Have stable long-term conditions
- Need supervised or tailored activity
- Are deconditioned or recovering from illness

Practices should maintain a local directory and ensure staff know criteria and referral routes

Group Consultations and Lifestyle Clinics

Group-based approaches are highly effective for behaviour change, increasing motivation and encouraging peer support

Practices and PCNs can run:

- Group physical activity education sessions
- LTC specific group exercise sessions
- Diabetes prevention programmes
- Weight-management classes
- Chronic pain movement groups (e.g., [ESCAPE-Pain](#))
- Post-Covid rehabilitation exercise classes

Resources:

The NICE Guideline PH44 [Physical Activity: brief advice for adults in Primary Care](#) includes recommendations on:

- [identifying adults who are inactive](#)
- [delivering and following up on brief advice](#)
- [incorporating brief advice in commissioning](#)
- [systems to support brief advice](#)
- [providing information and training](#)

[Physical Activity Resources RCGP Learning](#)

[Exercise guidelines by age](#)

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DRAFT

No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
9	Increasing vaccinations		✓			✓	✓	✓	✓	✓

Vaccination saves lives and protects people’s health. It ranks second only to clean water as the most effective public health intervention to prevent disease^{xxxii} Through vaccination, diseases that were previously common are now rare, and millions of people each year are protected from severe illness and death.

By increasing vaccination rates, Primary care can reduce the need for healthcare services and therefore reduce its carbon emissions.

What Can GP Practices do

Make Access Easier and More Flexible

NHS England’s strategy states that improving **access** is essential to increase coverage through simple, convenient routes. [\[england.nhs.uk\]](http://england.nhs.uk)

Practical actions:

- Offer extended hours vaccine clinics (early mornings, lunchtimes, evenings)
- Provide walk-in and same-day vaccination opportunities
- Use community venues (pharmacies, community centres, places of worship) to reach underserved groups
- Run pop-up clinics in schools, workplaces, or neighbourhoods with low uptake
- Deliver mobile vaccination units for migrant, homeless, or rural populations

NHS App and Digital Booking Systems

- The NHS vaccination strategy promotes expanding online services and booking via the NHS App to simplify the process
- Digital booking reduces administrative burden and improves uptake by removing friction
- Encourage patients to book vaccines through the NHS App
- Send automated reminders using text/email linked to the national booking system
- Use the App to send targeted notifications for eligible cohorts (flu, shingles, COVID-19, RSV, childhood immunisations)

Target Underserved Communities with Tailored outreach

- Addressing inequity is essential to improving coverage and preventing outbreaks
- Work with local community leaders, faith groups, schools and charities
- Provide translated materials and support for non-English speakers
- Use trusted messengers (link workers, health visitors, community nurses)
- Offer culturally sensitive clinics or women-only sessions where appropriate

Strengthen communication and tackle misinformation

- Use evidence-based messaging that focuses on:
 - safety
 - effectiveness
 - community protection
 - convenience
- Provide clear explanations during consultations on why a vaccine is needed and when
- Share proactive messaging on practice websites, social media, waiting room screens and SMS campaigns
- Train staff to confidently respond to vaccine hesitancy and misinformation

Proactive Call/Recall System

- Automated SMS reminders for childhood and adult vaccinations
- Second and third reminders for non-responders
- Birthday-month immunisation reviews (e.g., combining MMR, flu, or booster reminders)
- Structured follow-up calls from administrative teams or link workers.

Integrate Vaccinations into Routine Appointments

- Offer vaccines opportunistically during:
 - LTC reviews
 - medication reviews
 - contraceptive consultations
 - postnatal checks
 - asthma/diabetes clinics
 - pregnancy checks
- Combine with health checks or blood tests to reduce repeat visits

Work with Social Prescribing Link Workers

Link workers can:

- support vaccine-hesitant individuals
- help with digital access barriers
- accompany vulnerable people to appointments
- engage communities with low trust or historic inequalities

Resources:

[NHSE Vaccination Strategy](#)

[NICE NG218 Vaccine Uptake in the general population](#)

[RCPCH Vaccination in the UK: Access, uptake and equity](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
10	Condition-specific 'One-stop shops' – <i>heart failure, diabetes, respiratory</i>			✓		✓	✓	✓	✓	✓

Patient travel at 25% is one of the largest contributors to primary care's carbon footprint, therefore reducing avoidable journeys will directly reduce the Practice's carbon footprint.

Introducing one stop shops for specific long-term conditions (LTCs), such as heart failure, diabetes, respiratory and MSK conditions, offers significant environmental, clinical, operational and social benefits.

How does a One Stop Shop work?

One Stop shops are hosted in a large room (school hall, community centre, room in a gym etc) where patients are given access to:

- Primary Care health professionals such as:
 - GPs
 - Nurses
 - Physiotherapists
 - Dieticians
 - Pharmacists
 - Mental Health Practitioners
 - Health & Wellbeing coaches
 - Social Prescribers
 - Optometrists
 - Podiatrists
 - HCAs

- Non health professionals such as:
 - Citizens advice
 - Benefits advisors
 - Fitness instructors
 - Community organisations and Charities aligned to the health condition
 - Translators
 - Domestic violence advisors
 - Smoking cessation
 - Healthwatch

- Diagnostics such as:
 - blood pressure check

- weight check
- cholesterol check
- Blood sugar check

The session would usually include:

- Educational presentation(s) regarding the health condition
- consultation with health professionals
- diagnostic test
- signposting to other professionals
- referrals to other services

It can also include:

- group exercise class
- cookery or food prep class
- lifestyle advice

The Benefits of One-Stop Shops:

- Reduced patient travel - patients complete multiple appointments in a single visit
- More efficient use of staff time - [group consultations](#) and education sessions allow teams to support more patients at once
- Holistic review models have been shown to improve outcomes in LTC pathways (supported by wider virtual/remote clinic data showing improved efficiency and patient experience)
- Improved Medication Safety - polypharmacy reviews are conducted alongside LTC checks allow:
 - safer prescribing
 - fewer duplicated medicines
 - better adherence
 - timelier deprescribing
- A joined-up approach:
 - improves continuity of care
 - provides more accurate medication reviews
 - provides alignment between nursing, pharmacy, and allied health input - patients may understand their care better when multiple clinicians reinforce the same messages in one coherent appointment
 - Improved understanding at home:
 - patients can attend with family members or carers, helping everyone understand care plans and self-management strategies
 - enables family members to help with translation
 - family members can learn new techniques approaches at the same time
- Built-in [peer support](#) - patients with similar conditions can:
 - build knowledge, skills and confidence
 - feel more empowered to manage their condition(s)
 - contribute to reducing pressure on the wider health and care system

- When sessions are delivered outside GP practices, they can:
 - feel [less intimidating](#) for patients who worry about being “told off”
 - create a more relaxed, community atmosphere where people are more willing to talk and share experiences

What has happened locally?

[Phoenix Health PCN in Luton](#) has carried out one-stop-shops specifically targeting Diabetes patients who were overdue for reviews (non-attenders) or showing signs of poor condition management. They won the [HSJ Patient Safety Award in 2025](#) for the Diabetes event they carried out in 2024 (photos in [Figure 13](#) below).

More information can be found here [Diabetes Event 2026](#)



Figure 13: Phoenix PCN Diabetes One-Stop-Shop 2024 and the HSJ Patient Safety Award 2025

Resources:

[NHS England » Group consultations: Together, patients are stronger](#)
[Group Consultations and Community-Integrated Care \(Chapter 20\) - Essential Lifestyle Medicine](#)

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Dental Practice

No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Sign up to the Green Impact for Health Dentistry Toolkit		✓					✓	✓	

Toolkits provide a simple, structured way for practices to:

- **Understand what they can do** – giving clarity on aims, opportunities, and expected outcomes
- **Know how to do it** – offering clear steps, instructions, and best-practice guidance
- **Access ready-made resources** – such as templates, checklists, patient information, and implementation tools
- **Record and demonstrate impact** – supporting consistent data collection, reflection, and evaluation

By bringing everything together in one place, toolkits make projects easier to start, easier to deliver, and easier to measure.

The [Green Impact in Dentistry Toolkit](#) (GID) is a SusQI-based programme that helps Dental Practices record their sustainability work and achieve **bronze, silver, or gold accreditation**. It includes **over 167 actions** across key sustainability and social responsibility themes. Actions can be completed in **any order**, depending on your practice's priorities. It also helps students to become trained GID auditors

[GIFD Impact Report 2025](#)

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No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
2	Plastic-free patient oral care supplies - (toothbrushes, toothpaste, floss)			✓		✓				

Alongside reducing the practice’s own plastic use, Dental Practices should also encourage patients to reduce theirs by offering plastic free, oral health products.

Most dental flosses, toothbrushes, toothpaste tubes, flossing sticks are made of plastic which can break down into microplastics which:

- Can leach chemicals into waterways and soil harming wildlife and food production
- can be ingested/inhaled by humans
- have been found in human placentas and breast milk
- are linked to endocrine disorders, cancer and neurodevelopmental disorders

It is important therefore to educate patients on the harm of microplastics and to offer alternatives to their oral healthcare products such as:

- bamboo toothbrushes
- plastic free floss
- reusable toothpaste dispensers
- reusable floss sticks
- toothpaste in metal tubes
- toothpaste tablets or powders
- reusable interdental brushes

Patients do not need complex science, use simple statements to help create understanding such as:

“Microplastics from oral healthcare products end up in animals and eventually in our food and water”

Resources:

[Plastics in Dentistry: The Current Reality and Plastic-Free Solutions | Plastic Pollution Coalition](#)

[Oral health care and the environment`](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Nitrous oxide		✓			✓	✓	✓	✓	

Nitrous Oxide (N₂O) is a greenhouse gas which is 273 times more potent than CO₂. The gas also has health concerns attached to its use for staff.

Health concerns of N₂O

N₂O is used in dentistry for inhalation sedation and delivered via a face mask. Patients inhale the gas through a demand valve but some N₂O is released into the room when they exhale.

Continued exposure to N₂O can cause dizziness and confusion in staff.

The risk for staff is higher if they continually administer N₂O in a poorly ventilated room.

To reduce the environmental and health risks associated with N₂O use, the NHS has set a target to reduce the use of N₂O and other anaesthetics gases by 40%^{xxxiii}.

What can Dental Practices do?

If providing inhalation sedation with Nitrous Oxide, practices should:

- train staff on the health and environmental risks associated with its use
- use the minimum effective dose possible
- use correctly fitting face masks for patients
- monitor airborne concentrations of waste gas
- check equipment for faults or leaks
- ensure adequate ventilation
- consider purchasing a unit which converts waste gas into a less harmful product

Resources:

[B1728-delivering-a-net-zero-nhs-july-2022.pdf](#)

[Reducing the environmental impact of nitrous oxide in dentistry: a national quality improvement project | British Dental Journal](#)

[How to Guide Dentistry-2](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
2	Phase out the use of Amalgam			✓		✓	✓	✓		✓

Mercury is highly toxic and can cause issues to the nervous system, digestive system, immune system, lungs and kidneys, eyes and skin. It is the key component of amalgam fillings and whilst the fillings are considered safe, the environmental impacts of mercury and amalgam production and disposal are not.

Mercury enters the environment:

- through amalgam waste in water sewage from dental practices
- through vaporisation when a body is cremated – the vapour will then land as rainwater and contaminate the land.

[The WHO](#) has warned that just 0.6 grams of mercury, the average amount in a single filling, can pollute 100,000 litres of water, enough to fill a swimming pool, making it unsafe to drink.

[The Guardian reported in October](#) that more than 98% of fish and mussels tested in English rivers and coastal waters contain mercury above safety limits proposed by the EU

'The Minamata Convention on Mercury' effective from August 2017 encourages the phasing down of amalgam use, to protect human health and the environment from anthropogenic emissions and releases of mercury and its compound.

A [landmark agreement at COP6](#) in November 2025, established a global phase out of dental amalgam by 2034.

The British Dental Association has estimated it will take 9 years^{xxxiv} to develop alternatives to amalgam and implement prevention policies.

Resources:

[final-dental-amalgam-bda-position-paper-february-2024.pdf](#)

[Minamata Convention Topic - Dental amalgam | Global Mercury Partnership](#)

[Movement to Phase-Out Mercury in Dental Fillings Notches a Win | Global Health NOW](#)

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Community Pharmacy

No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Sign up to the Royal Pharmaceutical Society Greener Pharmacy Toolkit		✓					✓	✓	

Toolkits provide a simple, structured way for practices to:

- **Understand what they can do** – giving clarity on aims, opportunities, and expected outcomes
- **Know how to do it** – offering clear steps, instructions, and best-practice guidance
- **Access ready-made resources** – such as templates, checklists, patient information, and implementation tools
- **Record and demonstrate impact** – supporting consistent data collection, reflection, and evaluation

By bringing everything together in one place, toolkits make projects easier to start, easier to deliver, and easier to measure.

The [Greener Pharmacy Guides and Toolkit](#) is a self-accreditation programme are designed to highlight areas in your practice where you can make carbon savings and improve sustainability. Pharmacies can record their sustainability work and achieve – bronze, silver and gold accreditation.

Resources:

- [RPS Greener Pharmacy Guide](#)
- [Simplified Greener Pharmacy Checklist](#)

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No.	Culture Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
2	Ensure drug labels state "Return to Pharmacy"		✓			✓		✓		✓

It is estimated that every year, in the UK, £300 million medication goes unused. This equates to around a fifth of all the medicine in peoples' homes with a carbon footprint of around **46,750 tonnes of CO₂e**

Two thirds of this unused medication is disposed of incorrectly, either in the general waste bin or flushed down the toilet/sink, leading to waterways contamination, poisoning of wildlife and antimicrobial resistance and in the case of pressurised metred dose inhalers, greenhouse gas escapes.

What can Community Pharmacies do?

Patients, relatives and carers should be encouraged to dispose of unwanted medicines by returning them to a community pharmacy in their original packaging.

Talking

- Each time, when dispensing medicine, remind patients to bring back any unused items and old inhalers for proper disposal
- When carrying out medication reviews, ask if there is any unused medication/old inhalers at home and remind to bring them in

Labels

- Dispensing labels and bag stickers should promote returning medicines and inhalers
- Evidence shows that adding sticker to drug packets stating to return medicine to the pharmacy, increased returns by 300%^{xxxv}

Posters

Use posters inside the Pharmacy and in the window to promote returning items

Communications

- Use social media posts, newsletters and SMS to remind patients to return unused medicines and inhalers
- Hold "Inhaler Amnesty Weeks" or "Old medicines Amnesty Weeks"
- Targeted messaging to Asthma/COPD patients to return inhalers

Messages should be simple for example:

- "Return your inhalers here!"
- "Please return unwanted or used medicines and inhalers to your pharmacy for safe disposal."
- "Inhalers cannot be recycled at home - returning them to your pharmacy is the safest and most environmentally friendly option."
- "Old medicine? Don't bin it, bring it in!"

Reassure Patients:

To reduce hesitation or confusion, explain to patients:

- Everything is handled safely and securely
- Nothing returned is reused
- Patients do not need to sort items – the pharmacy team does that

Resources:

[Managing pharmaceutical waste – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

[Disposal of unwanted medicines - Community Pharmacy England](#)

[What Is Pharmaceutical Waste Disposal? How to Do It Properly](#)

[Returning Inhalers to Pharmacy Campaign Support Pack.pdf](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Check patients understanding of medication changes on discharge from hospital (DMS)	✓				✓	✓	✓		✓

Hospital discharge is a high-risk transition point for medication related harm and readmissions.

Patients may experience:

- New medicines started in hospital
- Existing medicines stopped
- Dose or frequency changes
- Formulation changes (e.g., Modified Release vs Immediate Release)

All of which can cause:

- Confusion
- missed doses
- incorrect timing or administration
- double dosing
- using discontinued medicines

This can lead to illness and readmissions to hospital.

NHS data consistently shows that medication-related problems are a major cause of avoidable readmissions, particularly in the first 30 days post-discharge

What can Community Pharmacies do?

The Pharmacy Discharge Medication Service (DMS)^{xxxvi} is in place to reduce harm and avoid hospital returns.

10 completed DMS save 1 readmission, and for those who are readmitted their length of stay is reduced by 6 days, so supports reduction in A&E, ambulance waits and medication waste.

By checking patient and carer understanding of medicines, Community Pharmacies can:

- **Catch discrepancies between GP, hospital, and patient behaviours**
- **Identify potential Adverse Drug Reactions early**
- **Highlight monitoring needs (e.g., INR, U&Es, lithium levels)**

The DMS process is shown below in [Figure 14](#):

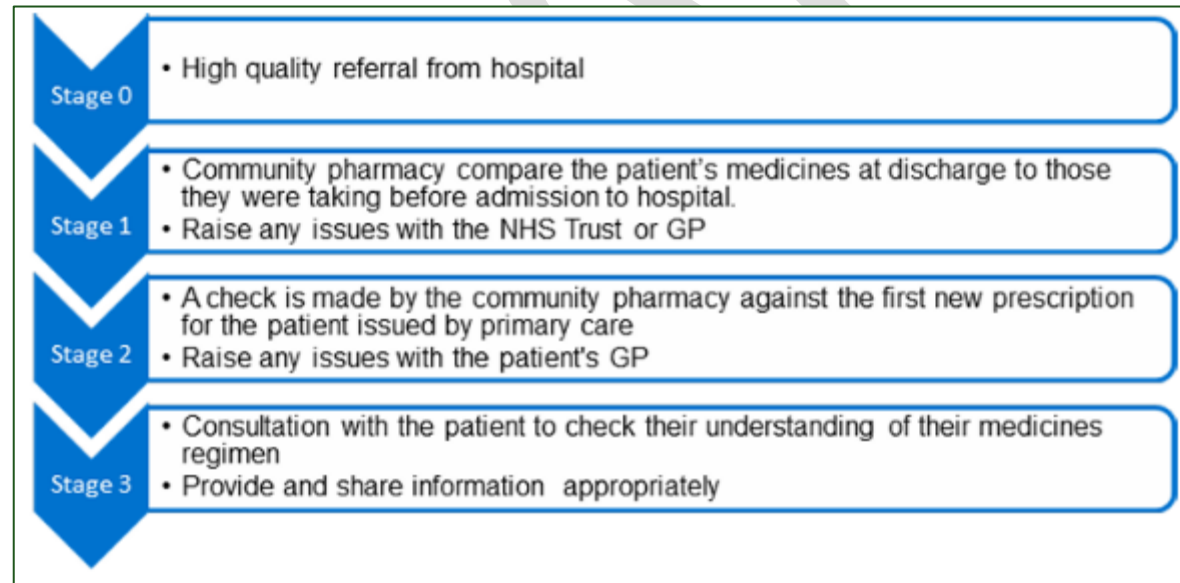


Figure 14: DMS Consultation Process NHSE Midlands

Staff Training:

- Ensure all the team are aware of the service
- Have a clear SOP for your Pharmacy
- Build in routine daily checking of your DMS IT Platform for referrals
- Ensure you have contacts for local Hospital Trust
- Agree an appropriate contact at local GP Practices

Patient Consultation:

Patients are more likely to take medicines correctly when they:

- Understand why changes were made
- Know what each medicine does
- Feel confident about side effects and what to do if problems arise

To improve long-term condition control and recovery after hospitalisation, checking understanding is an opportunity to provide:

- Simple, personalised counselling
- Inhaler or device technique review
- Clear dosing instructions
- Support for complex regimens

Engage with the patient (and/or carer) around their medicines. The discussion:

- can take place virtually if appropriate
- should be a confidential discussion
- should adopt a shared decision-making approach
- outcomes should be communicated to GP practice as appropriate

Some cohorts of patients that are more vulnerable on discharge:

- older adults
- those with Polypharmacy
- those with cognitive impairment
- those transitioning from acute to long-term therapy (e.g., antibiotics to prophylaxis)
- those with new devices (insulin, inhalers, anticoagulants)

Use a patient checklist to ensure standardisation of consultations. An example of the information required in a checklist is below:	
<p>Patient Details</p> <p>Name:</p> <p>Address:</p> <p>DoB:</p> <p>NHS Number:</p> <p>Who manages patient’s medicines? Patient Carer Family Member</p> <p>Name of person managing medicines:</p>	<p>Discharge details</p> <p>Hospital Name:</p> <p>Hospital ODS Code:</p> <p>Hospital Number:</p> <p>Date of Hospital Discharge:</p> <p>Date of consultation:</p> <p>Discharge summary paperwork present? Yes No</p>

<p>1. Understanding of Medication Changes For EACH medicine on the discharge summary:</p> <ul style="list-style-type: none"> • Does the patient understand what this medicine is for? • Do they know how and when to take it? • Do they know what has changed from before hospital? <ul style="list-style-type: none"> ○ New medicine ○ Stopped medicine ○ Dose/frequency change ○ Formulation change (e.g., MR → standard) • Do they understand why each change was made? 	<p>6. Supply & Repeat Prescriptions</p> <ul style="list-style-type: none"> • Have changed medicines been updated on the GP repeat list? • Does the patient know when and how to order the next supply? • Do they need a synchronised supply? • Do they need support with ordering (NMS, MAR charts, blister packs)?
<p>2. High-Risk Medicines Check If applicable, confirm understanding for:</p> <ul style="list-style-type: none"> • Anticoagulants • Insulin/diabetes medicines • Opioids • Methotrexate • Antiarrhythmics • Lithium • Sodium valproate • Antibiotics (duration & indication) <p>For each medicine:</p> <ul style="list-style-type: none"> • Signs of side effects they should report • Any required blood tests or monitoring • How to take them safely 	<p>7. Adherence Support</p> <ul style="list-style-type: none"> • Assess confidence in managing their medicines • Explore adherence issues (timing, complexity, memory) • Offer solutions: <ul style="list-style-type: none"> ○ Reminder charts ○ DoseTT/MDS (if appropriate) ○ Simplification of regimen ○ New Medicines Service referral ○ EPS nomination review
<p>3. Stopped Medicines</p> <ul style="list-style-type: none"> • Have any medicines been stopped? • Does the patient understand why? • Do they still have old stock at home that needs removing? • Remind patients that old and unused medicines including inhalers should be returned to the pharmacy for disposal 	<p>8. Side Effects & Safety Netting</p> <ul style="list-style-type: none"> • Patient knows common or serious side effects • Patient knows when to seek help and from whom • Pharmacy contact details provided Signposting given (NHS 111, GP, OOH)
<p>4. New Medicines</p> <ul style="list-style-type: none"> • Explain purpose, duration, and how to take • Clarify if temporary or long-term • Check for interactions with existing medicines or OTC use • Check patient confidence in using devices (inhalers, pens, patches, etc.) 	<p>9. Carer / Family Involvement (if needed)</p> <ul style="list-style-type: none"> • Confirm if a carer helps with medicines • Provide clear instructions for carers • Check carer's understanding of changes • Ensure consent is documented if discussing with a carer

<p>5. Practical Use & Administration</p> <ul style="list-style-type: none"> • Can the patient open packaging/blister packs? • Can they use any devices correctly (inhaler demonstration, insulin pen, etc.)? • Do they understand correct storage (e.g., insulin in fridge)? • Do they have the right equipment? (spacers, sharps bin, measuring spoon) 	<p>10. Final Check & Documentation</p> <ul style="list-style-type: none"> • Ask patient to repeat back key information to confirm understanding • Record all interventions in PMR • Record any queries sent to hospital or GP • Schedule follow-up if needed
--	--

Resources:

[NHS England » NHS Discharge Medicines Service – Essential Service: Toolkit for pharmacy staff in community, primary and secondary care](#)

[NHS England » NHS Discharge Medicines Service](#)

[DMS top Tips NHSE Midlands](#)

[Discharge Medicines Service - Community Pharmacy England](#)

[DMS Training CPPE](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
2	Check patient's technique when issuing inhalers	✓				✓	✓	✓		✓

Correct technique for all inhalers is critical for disease management of Asthma and COPD. Up to 80% of patients using an inhaler make critical mistakes, preventing them from receiving a full dose of medication^{xxxvii}.

Incorrect technique can lead to:

- Poor symptom control
- Increased breathlessness
- More frequent use of reliever inhalers
- Reduced quality of life
- More exacerbations and hospital admissions
- Wasted medicines
- Escalation of treatment:
 - higher dose inhaled steroids
 - Additional Inhalers
 - Oral steroid
 - Specialist referrals

Examples of mistakes^{xxxviii}:

- Not taking a deep enough or forceful enough breath
- Not breathing out before taking inhaler
- Not pushing buttons
- Incorrect insertion of cartridge
- Not turning fully for click
- Not removing cap
- Teeth or lips blocking mouthpiece
- Tipping device so medication drops out

What can Community Pharmacies do?

- NICE, BTS/SIGN, and NHS England all state that **inhaler technique must be checked at every opportunity**, including:
 - When dispensing inhalers, ask patient to show you their technique (highlighting on bag sticker will help to identify patients)
 - Inviting patients for an inhaler technique review appointment (via SMS, social media and when patients collect medicines)
 - Agreement with GPs to send patients to pharmacy for technique review
- Patients should be:
 - given demonstrations for correct use
 - signposted to [How to use your inhaler | Asthma + Lung UK](#)
 - or shown the poster with QR codes for their inhaler [Inhaler technique A3 Poster \(NHS multiple Trusts\).pdf](#)
- Should the pharmacist assess that the device being used by the patient is inappropriate in any way, they should make a recommendation to the patient's GP for a change of device

Resources:

[Asthma: diagnosis, monitoring and chronic asthma management \(BTS, NICE, SIGN\)](#)

[bts-asthma-care-bundle-april-2016-v3.pdf](#)

[Asthma-Management-and-Prescribing-Adults-Preferred-Approach-AIR-and-MART.pdf](#)

[Checking Inhaler Technique in the Community Pharmacy: Predictors of Critical Errors - PMC](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
3	Medicines Waste reduction		✓			✓	✓	✓		

It is estimated that every year, in the UK, £300 million medication goes unused. This equates to around a fifth of all the medicine in peoples' homes with a carbon footprint of around 46,750 tonnes of CO₂e.

It has been estimated that between 30% and 50% of medicines prescribed for long term conditions are not taken as intended.

Optimising a person's medicines is important to ensure a person is taking their medicines as intended and can support the management of long term conditions, multimorbidity's and polypharmacy.

There are many reasons for wasted medicine as shown in Figure 15 below,

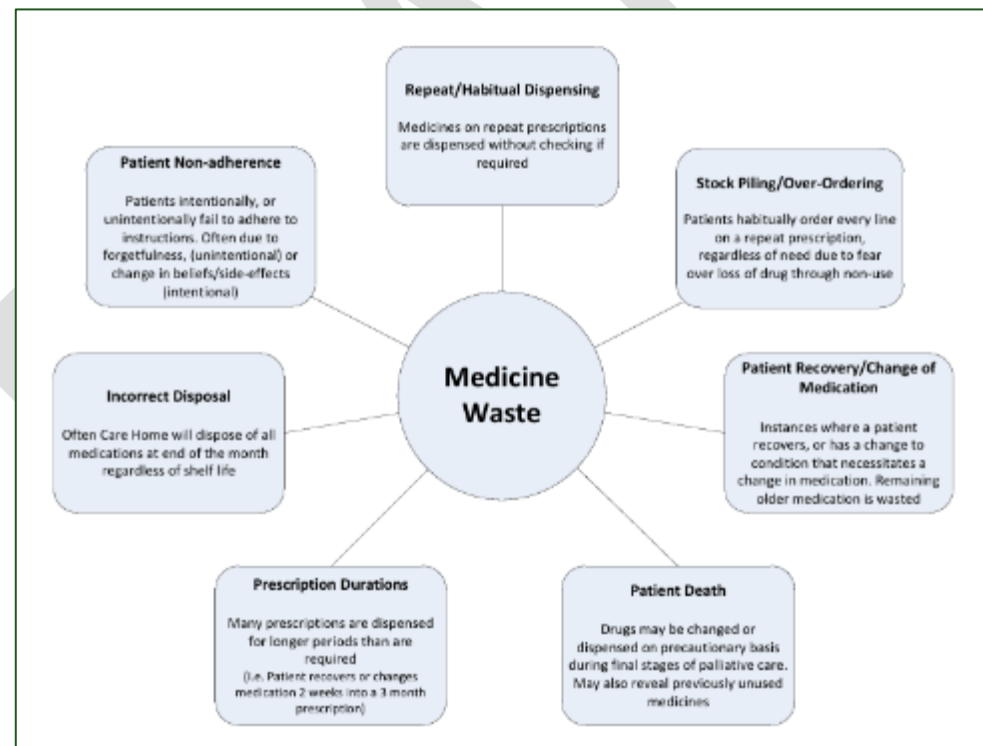


Figure 15: Causes of medicines waste NHSE

What can Community Pharmacies do?

Community Pharmacies can help reduce waste when patients are stockpiling unused medication due to:

- Habitual ordering of repeat prescriptions
- Carers ordering repeats without looking at stock
- Concerns about losing the prescription for the drug if not ordering each time

When patients and carers collect their medication, Community Pharmacies should be asking:

- **Are you still using it?**
- **Do you still need it?**

**Reminders on bag stickers will help staff to remember*

Inform GPs:

- If, on asking, a patient/carer confirm they no longer require or use the medication:
 - request to take it back into stock before they leave the premises so it can be issued to other patients
 - explain to the patient why they should not request medication they no longer use/require
 - explain that you will inform the GP and they may receive a call regarding a Structured Medication review
 - request that the patient returns all unused medication to the pharmacy for correct disposal
- Inform the GP of the conversation and outcome, requesting that they:
 - carry out a Structured Medicines Review with the patient
 - remove the medication from the repeat prescriptions list
- Record the conversation, outcome and actions

Resources:

[Reducing medicines waste: a toolkit for general practice and primary care networks :: West Yorkshire Health & Care Partnership](#)

[Microsoft Word - Pharmaceutical Waste Reduction in the NHS report with IG amend](#)

[B166. Medicines adherence and waste](#)

[Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE](#)

[Overprescribing Resources for Healthcare Professionals 09 24.pptx](#)

[Overprescribing Resources for Public and Patient use 09 24.pptx](#)

[Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE](#)

[Reducing medicines waste: a toolkit for general practice and primary care networks :: West Yorkshire Health & Care Partnership](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
4	Plastic bags - switch to paper or stop use			✓		✓		✓		✓

In the UK, 1.16 billion prescription items were dispensed by Community Pharmacies in 2024/5^{xxix}. Assuming that each prescription included two items, that represents 580 million prescription bags.

Bags made of plastic take 20-100 years to decompose and can leak endocrine disruptors and microplastics into waterways and soil.

Paper bags, although their production creates higher CO₂e emissions than plastic, they can be composted and recycled, take under a year to decompose^{xi} posing less threat to the natural environment.

What can Community Pharmacies do?

- Switch from plastic bags to paper bags
- Purchase paper bags made from unbleached recycled paper such as [Origin](#) and [Midco](#)
- Work with providers to reduce the carbon footprint and environmental impact of their bags
- Advise patients to recycle/compost their paper bags
- Discontinue use of bags for larger sealed items

Resources:

[The environmental benefits of reusable plastic over single-use products | Zero Waste Scotland](#)
[Which Bag is Greener: Plastic, Paper, or Reusable?](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
5	Re-Hale scheme			✓		✓				

Every year, the UK distributes approximately 73 million inhalers^{xli}. 47% of these are pMDIs which contain a Greenhouse Gas which is thousands of times more potent than CO₂.

Usually some gas and medicine remain in a pMDI when it is disposed of as they do not have dose counters. If the inhalers are not disposed of correctly, the gas is released into the atmosphere and the medicine can get into waterways and soil, causing environmental damage and harming wildlife.

What can Community Pharmacies do?

In addition to the general [Return Medicines to Pharmacy](#) actions, Pharmacies can discuss carrying out a join the [RE-Hale scheme](#), with their LPC representative and ICB Medicines Optimisation Teams.

Re-Hale is an inhaler recycling programme, supported by [Chiesi](#). The scheme allows patients to drop off their used and no longer required inhalers at participating sites (this can include community pharmacies, GP practices with dispensing pharmacies, and large hospitals).

All types of inhalers can be returned to Re-Hale

What is recycled?

- **Plastic** - The polypropylene plastic is recycled into clothing, food containers and compost bins to name a few items.
- **Metal** - Metal components, such as inhaler canisters, are compressed into a brick and then sent to a smelter where they are separated into different metals and used in a variety of applications.
- **Gas** - The hydrofluoroalkane (HFA) gas found in MDI inhalers is reclaimed and used in the refrigeration industry
- **Pharmaceutical product** - Any remaining pharmaceutical product is captured using extremely fine filters and then incinerated at high temperature to ensure safe disposal.

The Re-Hale scheme is currently only active in Kent, but did prove to be very successful in its first year collecting [over 40,000 inhalers](#) and saving around 180 tonnes of CO₂e.

Pharmacies can express interest in the Re-Hale scheme by completing [this form](#)

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No.	Resources Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
6	PenCycle scheme			✓		✓				

Every year, 23 million medical pens are sent to landfill or incinerated in the UK due to the lack of a viable recycling alternative. Some of the materials used to make medical pens aren't biodegradable, so they could stay in landfills for hundreds of years, and incinerating these materials uses a lot of energy while producing harmful gases^{xliii}

Insulin pens and other types of pre-filled medical pens are made with high-quality, long-lasting materials. Sending these materials to landfills is not only harmful to the environment but also incredibly wasteful.

PenCycle:

- is free of charge
- designed with pharmacies
- will recycle:
 - Novo Nordisk insulin and GLP-1 pens
 - Weight loss pens
 - Growth hormone pens (*only available via the patient home delivery service*)

How does PenCycle work?

1. Pharmacy signs up for PenCycle
2. Pharmacy received [welcome pack](#) containing:
 - 25 Information leaflets to introduce the initiative to people using prefilled Novo Nordisk pens
 - A poster for the pharmacy
 - 64 stickers for dispensing bags or elsewhere as reminders
 - A self-adhesive envelope to attach your waste collection barcode to
 - A small display unit containing 25 PenCycle return boxes to give to pen users to take home
 - A blue PenCycle recycling bin for collecting full boxes from patients
3. Distribute the collection boxes to patients
4. Receive the full boxes and provide a new empty box
5. Store full boxes in the blue recycling bin until ready for collection
6. Arrange a collection and order new supplies

Patients can also sign up for a home delivery service which is used for Growth hormone pens.

What can Community Pharmacies do?

- Pharmacies can sign up for PenCycle
- Promote the scheme with those patients using the pens listed above, by
 - Stickers
 - Posters
 - SMS texts
 - Reminding patients when collecting pens prescription
 - Issue boxes to patients as they collect their prescriptions
- Inform patients how to use the service including the removal of the needle before returning the pen as per the instructions in [Figure 16](#) below:

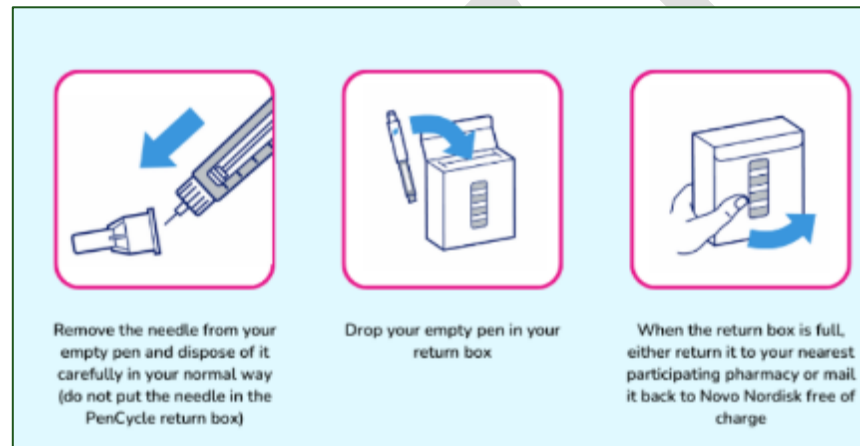


Figure 16: Removing needle from Novo Nordisk pen for PenCycle return

Resources:

[PenCycle](#)

[PenCycle Order Form](#)

[Pencycle-Introductory-leaflet-for-pharmacists.pdf](#)

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No.	Environmentally Sustainable Action	Must Do	Priority	Should Do	Ease of Task	Benefit				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
1	Promote vaccinations			✓		✓	✓	✓	✓	✓

Vaccination saves lives and protects people’s health. It ranks second only to clean water as the most effective public health intervention to prevent disease^{xliii} Through vaccination, diseases that were previously common are now rare, and millions of people each year are protected from severe illness and death.

By increasing vaccination rates, Primary Care can reduce the need for healthcare services and therefore reduce its carbon emissions.

Community Pharmacies are commissioned to provide influenza and covid vaccines in England with many many locally commissioned services targeting specific areas of need, for example Respiratory Syncytial Virus (RSV) and MMR, and previously Poliomyelitis (polio)^{xliiv}

What Can Community Pharmacies do?

Make Access Easier and More Flexible

Community Pharmacies have an opportunity to improve vaccine uptake in deprived areas and reduce health inequalities as they:

- offer more flexibility with late night and weekend opening
- are often nearer to patients’ homes than GP surgeries
- are often in the more deprived communities that often have the greatest health need
- administer more vaccines in deprived communities than affluent areas

Appointments Accessibility:

- Ensure both bookable and walk-in appointments are available
- Ensure times of vaccination clinics is widely available in booking systems, websites, posters, social media

Target Underserved Communities with Tailored outreach

- Addressing inequity is essential to improving coverage and preventing outbreaks
- Work with the ICB, local community leaders, faith groups, schools and charities
- Provide translated materials and support for non-English speakers
- Offer culturally sensitive clinics or women-only sessions where appropriate

Strengthen communication and tackle misinformation

- Use evidence-based messaging that focuses on:
 - safety
 - effectiveness
 - community protection
 - convenience
 - myth busting
- Provide clear explanations during consultations on why a vaccine is needed and when
- Share proactive messaging on practice websites, social media, waiting room screens and SMS campaigns
- Train staff to confidently respond to vaccine hesitancy and misinformation
- Discuss vaccinations with residents when they are collection prescriptions ([MECC](#))

Resources:

[Increasing vaccination uptake through community pharmacy](#)
[NHS England » NHS vaccination strategy](#)

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Optometry Practices										
No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Educate patients on microplastic pollution due to incorrect contact lens disposal			✓		✓				✓

Every year, in the UK over 750 million contact lenses are discarded with most people unaware that they are made of nonbiodegradable plastic. Add to this the packaging: blister packs, foil lids and cardboard boxes adding further to landfill and microplastic pollution.

What can Optometry Practices do?

Practices should educate their patients on the environmental harm caused by incorrect disposal of contact lenses:

1. Explain the problem (*during appointments, via posters or in your communications*):

- Contact lenses are made of soft plastic which can break down into microplastics^{xiv}
- 21% of users flush their lenses; lushing lenses down the toilet/sink sends them into water systems where they fragment into microplastics
- Microplastics:
 - leach chemicals into waterways and soil harming wildlife and food production
 - can be ingested/inhaled by humans
 - have been found in human placentas and breast milk
 - are linked to endocrine disorders, cancer and neurodevelopmental disorders
- Patients do not need complex science—simple statements like “Microplastics from lenses end up in animals and eventually in our food and water” to help create understanding

2. Explain the correct Disposal Method:

- Put lenses in the general waste bin
- Recycle packaging where possible ([check council sites](#))
- Signpost to local [Terracycle](#) zero Waste boxes in your area

3. Keep it simple:

- “Don’t flush your lenses—bin them”
- “Every lens counts. Small plastics cause big problems”
- “Your lenses may be tiny, but their environmental impact isn’t”

4. Recommend reusable contact lenses:

Full-time daily disposable contact lens wearers generate 27% more waste than full-time reusable lens wearers – plastic blister packs make up 67% of the plastic waste by mass^{xlvi}.

If patients are suitable, recommend they try reusable lenses to reduce their environmental impact.

Resources:

[Everything you should know about microplastics](#)

[End Plastics | Earth Day](#)

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No.	Culture Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
2	Complete the ABDO Sustainability Self-Assessment		✓					✓	✓	

The [ABDO Sustainability Self-Assessment tool](#) is designed to cover as many sustainability activities as possible for individuals, practices and businesses in the optical community.

The tool gives an indication of how sustainable your practice is, and highlights areas that require improvement. It can then be used as a progress checker by completing every 6 months or so.

Resources:

[The ABDO SEE Hub](#)

[ABDO Sustainability-Template-2022.docx](#)

[Guide for Environmentally Sustainable Practices in The Eye Health Sector - The International Agency for the Prevention of Blindness](#)

[Sustainability in eye care - College of Optometrists](#)

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No.	Resources Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Signpost to Recycling schemes		✓			✓				✓

Reduction of waste is a key issue for optometry Practices with most frames and accessories being made from a mixture of metal and plastic (acetate) and over 1 billion frames being manufactured annually. Up to 80% of the acetate used to make the frames is discarded creating enormous amounts of waste^{xlvii}.

In the UK each year, 780 million contact lenses^{xlviii} and millions of pairs of glasses are discarded adding to plastic pollution. Millions of people across the world still suffer from preventable vision loss due to uncorrected refractive errors which could be addressed with spectacles^{xlix}. In low-income countries, 2 out of 3 people who need glasses are unable to get them increasing health inequalities, with women less likely to receive glasses.

In addition to the actions listed in the generic section

Optometry Practices should:

- Remind patients they can reuse their frames
- Provide recycling bins
- Signpost patients to re-use or recycling schemes

Recycling bins for:

- Frames
- Spectacle Lenses
- Contact Lenses
- Spectacle Cases

Remind customers that lenses should be separated from frames and put into separate recycling bins

Some companies offering recycling:

- [Recycline – spectacle frames](#)
- [Refactory – spectacle frames](#)
- [Terracycle – contact lenses](#)
- [MyGroup – plastics](#)

Re-use of spectacles:

- Remind patients to donate glasses to or have a collection box in your practice for these organisations which are working to reduce sight impairment across the world:
 - [Lions Clubs International](#) – refurbishes and distributes donated glasses globally to people with limited access to eye care
 - [Peep Eyewear](#) – accepts old glasses frames for recycling, upcycling, or redistribution through partner charities
 - Many charity shops also collect old glasses

Resources:

[Thinking Green: Recycling optical products - ABDO](#)

[Sight Advice FAQ](#)

[Spectacles | Recycle Now](#)

[What To Do With Old Glasses: All UK Recycling Options ♻️ - Moral Fibres](#)

[Optometric Waste Impacts the Environment - Optometry Advisor](#)

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No.	Resources Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
2	Procure with less packaging		✓			✓		✓		✓

Much of the waste from optometry is due to packaging for the frames, cases and lenses, and also the cleaning and chemical product bottles and caps. Much of this waste is plastic and excessive.

In addition to the waste reduction actions listed in the generic section, Optometry Practices should Work with Suppliers to:

- minimise packaging and paper inserts
- change from plastic packaging to paper from sustainable sources
- source more sustainable and biodegradable packaging
- advocate for refillable eyedrop bottles and solutions
- advocate for larger bottles to reduce plastic

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No.	Environmentally sustainable Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/Business	Staff Benefit	Social Benefit
1	Procure eyewear from sustainable materials		✓			✓		✓		✓

Most frames and accessories are made from a mixture of metal and plastic (acetate) and over 1 billion frames being manufactured annually. Up to 80% of the acetate used to make the frames is discarded creating enormous amounts of waste!

To reduce environmental impact many brands are now expanding their product lines to include sustainable options. These are items made from biodegradable, renewable or recycled materials such as:

- Bamboo
- Wood pulp from sustainable forests
- Cereals
- Sugar cane
- plant-based acetate
- recycled metals

Look for closed-loop production processes that minimise waste and ensure that materials can be reused or recycled at the end of their life, reducing the need for virgin materials.

Brands offering take-back schemes help reduce landfill waste by repurposing old frames such as [Fashion Eyewear](#).

Brands such as [Eco Eyewear](#), [Peep Eyewear](#), and [Bird Eyewear](#) all produce more sustainable and environmentally friendly designs.

Sell eco-friendly glasses cases and those that come with minimal packaging too.

Resources:

[Sustainable Eyewear: A Green Vision for the Future](#)

[Eco Friendly Eyewear: Sustainable Tips, Tricks, and Habits - Zero Waste Week](#)

[Reducing Plastic Waste with Eco-Friendly Eyewear Frames](#)

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Urgent Care Providers

No.	Resources Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
1	Choose digital over paper			✓		✓	✓	✓	✓	✓

Increasing digital processes in primary care improves efficiency, reduces costs, cuts environmental impact, and supports patient experience.

Digital healthcare empowers people to better track and manage their health. Healthcare applications have potential to reduce inefficiencies in healthcare delivery, improve access, reduce costs, increase quality, and make medicine more personalised and precise.

Using digital technology to replace paper-based procedures reduces:

- Cost savings (printing, postage, storage)
- Environmental sustainability (paper production = water use, energy, carbon)
- Practice efficiency (less admin time, fewer errors, faster processing)
- Patient experience (instant communication, online access, less waiting)

In addition to the actions listed in the [generic section](#), 111 and Urgent Care Providers can increase:

- digital triage
- access to digital patient information

Digital Triage:

NHS England’s *Digitally Enabled Triage* guidance (March 2025) outlines how remote triage using online consultation (OC) tools and secure online messaging improves triage quality and reduces unnecessary contact routes. 111 and Urgent Care providers are now expected to offer these digital pathways as part of the national core digital offer:

- Triage patients via digital forms before phone/face-to-face contact
- Using blended triage approaches (digital + phone + in-person)
- Integrating online consultation tools into workflow to pre-gather clinical information
- Expand use of NHS111 online and NHS APP as a first contact front door
- Increase use of AI driven triage tools to improve safety and efficiency:
 - helps classify urgency and prioritise care more accurately than traditional decision tree models
 - Reduces duplication and “bouncing” of patients between services
 - Can support call handlers in 111 to make safer, more consistent decisions

Digital Poverty and Exclusion

Practices should recognise that digital poverty and digital exclusion disproportionately affect people living in more deprived areas. Not all patients have access to smartphones, reliable internet, data plans, or the digital confidence needed to use online services such as the NHS App.

Practices must take a balanced, inclusive approach: promoting digital tools while ensuring alternative non-digital routes remain available for those who need them.

Supporting digital inclusion helps reduce health inequalities, improves access to care, and ensures that digital transformation benefits all patients—not only those who are already digitally connected.

How practices can increase digital inclusion:

- Offer digital drop-in sessions or “NHS App help clinics”
- Train reception/admin teams to support basic tasks (logging in, identity verification)
- Use waiting room volunteers (PALS, digital champions, PCN volunteers) to guide patients
- Provide step-by-step leaflets on the NHS App, online prescriptions, and online forms
- Use simple, friendly language in digital instructions
- Avoid overloading patients with multiple apps or portals - direct them to the NHS App as the single front door
- Offer videos or screenshots showing how to use online services.
- Reduce the number of steps needed for common tasks (repeat prescriptions, online triage)

Ensure non-digital options remain available

- Use a digital inclusion flag in patient records to identify those who need alternatives
- Signpost to local schemes offering free SIMs, data vouchers, or refurbished devices ([Good Things Foundation](#), local councils, libraries)
- Encourage use of free Wi-Fi in the surgery (where appropriate)
- Display information on community digital support services

Train staff to recognise digital exclusion:

- Understanding signs of digital poverty (no smartphone, no email, poor literacy)
- Asking supportive, non-judgmental questions
- Knowing what local help is available
- Using digital inclusion coding within clinical systems

Design digital services with accessibility in mind

Ensure online options work for everyone - accessible design supports patients with disabilities, low digital literacy, or language barriers

- Ensure online forms are mobile phone friendly
- Offer options in different languages
- Keep instructions short and clear
- Avoid complex medical jargon in online content

Resources:

[NHS England » Digitally enabled triage](#)

[NHS Pathways - NHS England Digital](#)

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No.	Resources Action	Must Do	Priority	Should do	Ease of Task	Benefits				
						Environment	Health	Finance/ Business	Staff Benefit	Social Benefit
2	Decarbonise Vending Machines			✓		✓	✓		✓	✓

Traditional vending machines contributes heavily to landfill waste because items are often packaged in single-use plastics, bottles, cans, and wrappers. More environmentally sustainable vending initiatives emphasise switching to **minimal, recyclable, or biodegradable packaging.**

What staff eat influences their physical and mental wellbeing. Encouraging healthier choices at work could lead to healthier happier staff. See [low carbon diets](#) for more information.

What can Urgent Care Providers do?

- **Practical swaps:**
 - Replace plastic bottles with aluminium cans
 - Offer snacks with compostable or paper-based wrappers/containers
 - Prioritise brands that use recycled materials
- **Reduce Waste:**
 - Ensure [recycling bins](#) are easily accessible in all departments
 - Include signage encouraging proper disposal
- **Increase nutrition and reduce ultra processed food:**
 - Plant based and Whole food such as:
 - Nuts
 - Seeds
 - Dried Fruit
 - Swap chocolate bars for plant-based protein bars
 - Popcorn
 - Baked Crisps
 - Fruit Crisps
 - Rice Cakes
 - Long life plant-based soups/rice bowls
 - Plant based sandwiches and wraps
 - Plant-based milk substitutes
- **Reduce additives in drinks:**
 - Sparkling water
 - Iced Tea
 - Fruit drinks

- **Use local ethical suppliers:**

- Look for:
 - Organic
 - fair-trade
 - locally sourced products
- Fewer food miles
- More ethical and transparent supply chains
- Supports local, environmentally conscious producers

- **Prioritise brands with:**

- Climate-friendly certification
- Transparent supply chain reporting
- Brands using renewable energy or regenerative agriculture
- Energy efficient machines

Resources:

[How Can You Make Your Vending Machines More Eco-Friendly? - vending-machines](#)

[The Environmental Impact of Vending Machines - Tooling Intelligence](#)

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