**CENTRAL LIVERPOOL PCN sustainability for practices – examples of potential projects**

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**Background and rationale**

In light of several successful primary care green initiatives in Liverpool and Cheshire, implemented both by the ICB sustainability team (drawing up a 10 point plan for primary care), and by Greener Practice members (implementing greener respiratory care in 2 Liverpool PCNs, setting up green teams in practices, and implementing decarbonising plans), the ICB Sustainability- and the Greener Practice- teams have joined forces to propose sustainability projects to practices across Cheshire and Merseyside.

This is modelled on the successful sustainability scheme in Gloucestershire ICB (NHS Gloucestershire ICB 2023) whereby all 59 practices have signed up to this in the tax year 2023-24.

 We are hoping to put in a proposal for a Local Enhanced Service for practices in Cheshire and Merseyside this year, but would like to make a start with it in CLPCN.

The scheme aims to:

* Kickstart an interest, ownership, knowledge and understanding of the climate crisis and climate change as well as how general practice can contribute to the net zero target for the NHS– see the [10 point green plan for primary care](https://www.cheshireandmerseyside.nhs.uk/media/hahluufe/10-point-plan-for-primary-care.pdf) (NHS Cheshire and Merseyside 2023) (fig 1)
* Create Green Teams within each practice to raise awareness of sustainability in the practice and promote this work to patients; be the link into PCN sustainability work.
* Generate interest in sustainability within primary care by providing the resources and expertise principally through information provided and specialist champions Dr Kiki Lam (sustainability clinical lead ICB) and Dr Nadja van Ginneken (Central Liverpool PCN sustainability lead).
* Share good practice, knowledge and understanding as well as resources where possible, to create a community of actively involved and interested practices and staff who want to make a difference in reducing general practice carbon footprint.
* Demonstrate that green schemes can be easy to implement, reduces carbon and saves money.

Figure 1: The 10 point green plan for primary care in Cheshire and Merseyside



**2024/25 Primary Care Sustainability Scheme** **proposals**

Why take part in this scheme?

The NHS has got a net zero target (achieving carbon neutral footprint) by 2040, with an ambition for an 80% reduction to be achieved from 1990 baseline to 2028. England has already achieved a 62% reduction in its carbon footprint between 1990 to 2020, and water footprint by 21% between 2010 and 2017. However we still have a long way to go. Particularly:

* The major carbon hotspot in primary care are pharmaceuticals :
	+ 20% of the NHS England carbon footprint; of which 79% are primary- and community- care prescriptions.
	+ Primary care footprint: about 2/3rds of primary care footprint comes from prescribing/ clinical activity: 40% is due to pharmaceuticals (excluding inhalers), and an additional 22% are MDI inhalers (NHS Sustainable Development Unit Carbon Hotspots 2015)
	+ Pharmaceuticals have a wider impact on the environment as they are found in soil and water and affect biodiversity
	+ 300M medicines/year unused in England with consequences on waste, on patient safety, over-prescribing and lack of compliance.
* The non-clinical carbon hotspots are:
	+ Energy use: (40%)
	+ Patient and staff travel (30%)
	+ Business services and procurement (30%)

We suggest each practice chooses 1 project for each Quarter 1, 2 and 3 can be chosen from any section,

Suggested selection of Schemes for maximal impact:

* 1 from section A: Basics
* 1 from section B: environmental deprescribing
* The third one can be selected from any section (C,D,E)

Practices may choose to start the scheme earlier than the quarter it has been chosen for.

**Section A – Basics: (Easier to achieve)**

1. **Declare a nature and climate crisis**

This demonstrates to staff and patients that the practice takes their health and future seriously.

1. Create a statement to put on your website, feature in your newsletter, and share on social media.
	1. [Climate Emergency declaration guide available from SEE Sustainability](https://img1.wsimg.com/blobby/go/15947d70-9404-4d54-921d-79cf246e9dc0/downloads/Declaring%20a%20climate%20emergency%20-%20Final.pdf?ver=1702045759019)
	2. [Sample wording for the declaration available from SEE Sustainability](https://img1.wsimg.com/blobby/go/15947d70-9404-4d54-921d-79cf246e9dc0/downloads/Declaration%20of%20a%20Climate%20Emergency%20pledge.pdf?ver=1702045759019)
	3. Sign up to the [RCGP Active Practice Charter](https://elearning.rcgp.org.uk/mod/page/view.php?id=12583) – assistance may be available from Active Cheshire & MSP for eligible practices.
2. Embed sustainability in your practice culture – Evidence at least two projects where this has been done.
	1. view all existing and new projects/changes through the lens of environmental impact and choose environmentally friendly options wherever possible.
	2. [7 short videos](https://westcheshireway.glasscubes.com/share/s/il35ho8dtr7hgdifa9ggjq00nh?0) to share on waiting room screens – also available on [YouTube](https://www.youtube.com/playlist?list=PLAm3ch0bjUdgeoQevU6U58e_HlRkMcnUX)
	3. Keep the climate crisis as a standing agenda item which features on every monthly practice meeting with new information or themes at each meeting.
3. **Incentivise carbon literacy training amongst staff**
	1. 1 person from the Green team to undertake carbon literacy training (see options below) and disseminate to all staff in their practice over several practice meetings (e.g. they could be in charge of monthly practice meetings updates/education) or as a series of learning events for the practice.
	2. Examples of carbon literacy training for primary care:
		1. carbon literacy project/ Greener NHS training: (for anyone in the NHS). 5x30mins elearning modules +1 half day workshop <https://www.e-lfh.org.uk/programmes/carbon-literacy-for-healthcare/>
		2. Other formats of NHS carbon literacy training: 2x workshops (‘NHS Generic’ course) or carbon literacy for leaders / managers (‘NHS leadership’ course) <https://carbonliteracy.com/toolkits/healthcare/>
		3. RCG (for GPs who are members of RCGP): 3 free online courses and a baseline survey <https://elearning.rcgp.org.uk/course/view.php?id=650>
			1. Introduction to sustainable primary care (30 mins)
			2. High quality and low carbon respiratory care (30 mins)
			3. Understanding non-clinical carbon in General Practice (30 mins)
			4. Resources for a Net Zero action plan and links to the Green Impact for Health Toolkit.
		4. Centre for sustainable Healthcare: Sustainable Primary Care course: tiered payment £150-£250. Self study (4-6 hours) + 4h workshop online. <https://sustainablehealthcare.org.uk/courses/sustainable-primary-care>
		5. SEE Sustainability: carbon literacy training: module 1 (4 hours) free (ie the above carbon literacy elearning modules); module 2+ 1 workshop (additional 8 hours) online £120. <https://seesustainability.co.uk/health-carbon-literacy>
4. **Engage, educate and empower patients to take individual action on the climate crisis for the benefit of their health**

By increasing awareness and empowering patients, smaller actions can have a bigger impact. Keen patients may also be able to support implementing green actions at the practice, and spread messages wider.

1. Discuss the climate crisis with your patient participation group (if applicable) and get them involved in practice actions as identified through discussion and carbon footprinting.
2. Encourage balanced plant-based diets and activity for maintaining a healthy weight and reducing car use, and improved physical and mental health. i. Free resources available from Plant Based Health Professionals UK.
	1. Free local Educ-EAT training sessions
	2. Engage with and promote green community schemes such as community gardens, tree planting, gardening, and caring for wildflower areas. Contact your local borough council for more information and support – ICB colleagues will have best contact details.
3. Include environmental rationale when prescribing treatment such as increased exercise, linking with active travel.
4. Promote self-care practices and education using ICB resources, to help improve overall personal and planetary health through healthy living.
5. [7 short videos](https://westcheshireway.glasscubes.com/share/s/il35ho8dtr7hgdifa9ggjq00nh?0) to share on waiting room screens – also available on [YouTube](https://www.youtube.com/playlist?list=PLAm3ch0bjUdgeoQevU6U58e_HlRkMcnUX)

**4. Switch your business banking provider to a green bank**

Greening your money is the single most effective thing you can do to reduce your personal or business impact on the climate crisis.

1. Many banks directly invest in the fossil fuel industry and may have other unethical practices. Find out more about green and ethical banking:

i. <https://www.switchit.green/switching/bank-score>

ii. <https://bank.green/>

iii. https://www.moneyexpert.com/current-account/ethical-banking/

iv. https://moralfibres.co.uk/best-ethical-banks/

1. This can also apply to private pensions such as NEST – to find out more visit: https://makemymoneymatter.co.uk/

*i. NB: NHS Pensions is a defined benefit fund and is not invested.*

1. To learn more about the environmental impact of invested funds, watch this COP26 talk & short film.
2. Consider contacting your business banking provider to find out where they stand, and to ask them to do better if you are unsatisfied with their response.

**Section B- Environmental prescribing and treatment** –

This is one of the most important sections to focus on and would like one project from this section to be initiated as over 60% (some estimates are up to 90% of the GP carbon footprint) comes from deprescribing.

Note: Support can be provided to you by your network pharmacists, or the ICB medicines management team, or others doing deprescribing projects in C&M such as the sustainability leads

Choose one of the following projects and evidence with changes in [www.openprescribing.net](http://www.openprescribing.net)

1. **Greener respiratory care:**

Metered dose inhalers (MDIs) make up a significant proportion primary care greenhouse gas emissions, so optimising asthma care and inhaler use, in addition to switching inhalers to lower emission equivalents, is a national priority. Lower carbon care is likely to be much ***better*** care due to improved control with better technique using DPI than MDIs. Our practices made a great start with the IIF targets however few have maintained their changes. To help implement a long-term strategy, Choose 2 of the following and evidence they have been done and how they are going to be sustained:

1. Increase preventer inhaler use OR start adopting the new GINA guidelines with AIR/MART therapies (increasingly the basis for most local guidance) to use combined preventer/reliever DPI therapy e.g. Fobumix easyhaler. Preventer inhalers are often low-emission dry powder inhalers (DPIs), and improve overall asthma care.
2. Reduce high usage of reliever inhalers (6+ prescriptions annually). In addition to the health risks associated with reliever over-use, reliever inhalers tend to be high emission MDIs.
3. Reduce the percentage of non-Salbutamol inhalers prescribed as MDIs.
4. Optimise prescribing to prioritise lower emission Salbutamol inhalers. i.e. prescribe specific lower emission MDIs such as Salamol.
5. Review a subset of patients with prescriptions for high carbon inhalers (i.e. Flutiform MDI, Symbicort MDI, Ventolin Evohaler MDI).
6. Consider environmental impact at each respiratory review.
7. Encourage patients to return old/ unwanted inhalers to pharmacies for environmentally safe disposal.
8. Encourage use of appropriate inhaler technique e.g. using placebo devices and promoting the Rightbreathe app and website.
9. Set up a system for review of patients on high carbon footprint inhalers, Flutiform MDI (£28, CO2e **37kg**) and Symbicort MDI (£28, CO2e **37kg**) and employ shared decision making to explain the environmental benefits of changing to lower carbon footprint inhalers without losing disease control. Provide evidence via open prescribing that your numbers are decreasing. *(Preventer inhalers are usually issued every month. Changing to Luforbec or Fobumix will save approx. £7 per month)*
10. Review patients on DPI treatment (preventer) inhalers and MDI rescue (reliever) inhalers. It is not logical for a patient to be prescribed inhalers requiring different inhalation techniques. Using shared decision making explain the environmental benefits of changing to lower carbon footprint DPI inhalers for both treatment & rescue therapy without losing disease control. Provide evidence of your process for changing these patients & screenshots of the falling average carbon footprint of your rescue inhalers from open prescribing.*(Cost neutral to NHS. DPI reliever inhalers have a slightly higher acquisition cost but doses cannot be released inadvertently as with an MDI)*
11. Review COPD patients on a combination of an ICS/LABA Fostair, Symbicort or Airflusal inhaler & a LAMA inhaler. Using shared decision making explain the environmental benefits of changing from triple therapy in two inhalers to a single combined ICS/LABA/LAMA inhaler (preferably DPI Trelegy or otherwise MDI Trimbow) Provide evidence of changes with audit searches or screen shots of your open prescribing data.*(Cost of these ICS/LABA inhalers approx. £29, cost of LAMA approx. £20. Cost of DPI (or MDI) ICS/LABA/LAMA = £44.50. Savings to NHS of £2700 per 50 patients per year)*

Inhaler therapy resources:

* New C&M Asthma guidelines to be added
* [NG80 Asthma inhalers and the environment patient decision aid](https://www.nice.org.uk/guidance/ng80/resources/inhalers-for-asthma-patient-decision-aid-pdf-6727144573)
* [Greener Practice High quality low carbon asthma toolkit](https://www.greenerpractice.co.uk/high-quality-and-low-carbon-asthma-care/)

1. **Engage with Deprescribing and safer prescribing activities**
	1. Focus on SMR/ polypharmacy reviews, including signposting and collaborative working with community pharmacy AND encouraging all clinicians to deprescribe opportunistically, following Royal Pharmaceutical Society medicines optimisation guidance. Use some of the following tools:
* [PrescQIPP IMPACT - Improving Medicines and Polypharmacy Appropriateness Clinical Tool](https://www.prescqipp.info/our-resources/bulletins/bulletin-268-impact/)
* [Polypharmacy Guidance on Realistic Prescribing](https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf)
* [STOPP START Tool](https://gpintern.com/resources/STOPP_START_Tool2015.pdf) to support medication reviews
* [Deprescribing in frailty guidance](https://g-care.glos.nhs.uk/uploads/files/DePrescribing%20in%20Frailty.pdf)

Examples of projects:

Establish a system for performing SMRs on all patients with >10 medications on repeat, and provide evidence to confirm that these are being carried out in a systematic manner. *(Audit data suggests approx. £1000 annual savings per 20 patients from structured medication reviews of polypharmacy. Savings to NHS £2,500 per 50 patients per year)*

Project on deprescribing in those with frailty

Project on deprescribing in those who are palliative

Deprescribing opiates

* 1. Focus on reducing medication waste:
	+ Liaise with your community pharmacy to set up a patient education system to decrease waste and provide evidence that your patients' knowledge has improved. Provide evidence of the scheme set up and impact of patient knowledge improvement.(Savings to the NHS but unquantified)
	+ Stop unnecessary third party ordering.
	+ Encourage patient-led ordering using the NHS App.
	+ Raise awareness of, and encourage, recycling options such as: 1. Medicine blister packet recycling
	+ Returning inhalers to pharmacies for safe disposal
	+ Avoid unnecessary waste for care home residents and people living independently.
	+ Ensure prescription durations are appropriate for the course of medication required
	+ Check for medicine stockpiling where suitable as part of home visits, see Dr Deb Gompertz’s talk for more information
	1. monitor prescribing activities and educate clinical staff:
* Sign up for bulletins on your practice prescribing trends at <https://openprescribing.net/>.
* Share [Healthcare Without Harm Europe’s Safer Pharma](https://www.youtube.com/watch?v=9PTpylVotd8) video with prescribers and patients.
* Avoid overprescribing by reading ‘[Good for you, good for us, good for everybody](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019475/good-for-you-good-for-us-good-for-everybody.pdf)’ from the Department of Health & Social Care.
* Very good [RCP deprescribing webinar](https://medicalcare.rcp.ac.uk/content-items/video/webinar-series-medication-safety/) with Lucy Pollock, Tony Avery and Emma Baker
* Deb Gompertz talk on deprescribing [‘Show me your meds’](https://vimeo.com/776150332/e147ed5604)
	1. Encourage care homes to use iPads and RESTORE2 for remote consultations. [not sure if available in Cheshire and Merseyside ]
	2. Consider non-pharmaceutical medical interventions such as green social prescribing or an increase in physical activity, bearing accessibility in mind.
* Resources and information is available from the All Together Active Strategy, Ramblers Wellbeing Walks, Natural Health Service, and Mersey Forest.
* For example consider promoting a new activity by involving members of ARRS scheme practitioners (social prescribers, wellbeing coaches)
	1. Focus on preventative care wherever possible such as treating pre-diabetes through lifestyle changes to prevent diabetes.

**Section C – Energy Use, carbon footprinting and waste**

1. **Monitor and reduce energy use**

This saves money as well as reducing environmental impact. You must start with a. and then select one or more from b. to e.

* 1. Undertake an energy audit to find hotspots for energy use, (See the ‘Energy’ section in the RCGP guide to decarbonising general practice) for example:
		1. Change lightbulbs to LEDs
		2. Turn off monitors and other equipment when not in use to reduce electricity consumption.
		3. Look at night time energy usage to identify what you can switch off for financial and carbon savings - eg monitors, redundant equipment like covid vaccine fridge/freezer during the Summer
		4. Install PIR (aka magic eye or dawn and dusk sensors) for corridors and outdoor lights.
		5. Install heating timers.
		6. Switch to one central printer instead of multiple smaller printers.
		7. When electricity use has been reduced as much as possible, consider installing solar panels or sources of renewable energy. This can be considered as part of estates contract renewals with building landlord/s.
	2. 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. This could be through information sent round to the practice by email, disseminating it through a clinical meeting.
	3. Review your practice’s EPC/DEC for recommendations to improve energy efficiency, including projected payback periods.
	4. Take steps to improve insulation such as using radiator backing and refreshing ceiling lagging.
	5. Consider switching to a 100% renewable electricity provider.

1. **Calculate the carbon footprint of your practice**

By doing this, you can identify emissions hotspots for reduction. This is easier than you think! A basic footprint is fairly quick and easy to do from documents stored on file, and is informative and will help you identify immediate cost savings (and carbon savings)

1. Free carbon calculator tools is available online for General practice through SEE Sustainability: <https://www.gpcarbon.org/#/> (note this does not include calculations for procedures).
2. Create a plan to target each identified hotspot, e.g.:
	1. Use yellow and black striped waste bags (aka tiger bags) for non-infectious clinical waste to reduce unnecessary waste**.** NHS Property Services have several resources to support correct disposed of waste.
	2. Reduce electricity costs from boiling kettles by installing a boiling water tap and turning it off outside working hours.
	3. Save water by labelling the appropriate flush on dual-flush toilets. Hippo Bags can be installed to save water in single flush toilets.
	4. Have a system for reporting facilities problems, i.e. leaky taps - use screensavers as reminders.
	5. The SHAPE tool can be used to assist with data gathering on the patient population.
3. **Embed the ‘3Rs’ into your culture**

Evidence two activities from at two separate items Reduce, Reuse or Recycle.

**Reduce** – consider alternative options rather than buying new. Evidence one area where you have managed to reduce consumption e.g. reducing paper/ going paperless and give a figure of how many savings you achieved according to fewer cartridges and paper bought.

**Reuse** – consider how existing or second-hand items can be utilised. i.e., use an old projector stand as a standing desk; involve IT in renovating/updating computers etc.

**Recycle** – sort your recycling in-house or sign up to a company who can sort off-site.

* 1. Waste contracts are often a good option as it is much cheaper to send items for recycling than for destruction with heat recovery.
	2. Use printer toner schemes such as:
* \_https://www.brother.co.uk/recycling
* \_http://www.zerowasterecycling.co.uk/faq.aspx
* \_https://cartridges4charity.co.uk/toner-cartridge-recycling/
* \_https://everycartridge.com/uk/alternatives/
1. **Procure ‘green’ goods and services**

Swap to environmentally friendly stationery. Practices can choose to sign up to the [NHS Supply Chain](https://www.supplychain.nhs.uk/) to access their frameworks.

If you use catering consumables – check out the [NHS’ single-use plastics alternatives brochure](https://azuksappnpdsa01.blob.core.windows.net/datashare/Catering-Alternatives-Brochure-14-June-2023-T11.pdf).

Ensuring all cleaning and maintenance products are environmentally friendly (not full of harsh chemicals!) helps to reduce toxins and lessens environmental damage.

* 1. buy ecological cleaning products e.g. [eco Delphis](https://delphiseco.com/) or [smol](https://smolproducts.com/) or [Method products](https://methodproducts.co.uk/)

Consolidate orders to reduce deliveries.

Reduce waste by asking suppliers to eliminate unnecessary packaging.

Consider the life cycle of products.

Buy local to reduce travel miles.

1. **Promote active transport for staff and patients**

Active transport, or active travel, is any type of transport involving physical activity, e.g. walking, wheeling or cycling.

1. Sign up to a [bicycle lease scheme](https://www.gov.uk/expenses-and-benefits-bikes-for-employees) for staff and install bike lockers/secure shelters and changing facilities if required.
	1. [Cycle to Work Scheme – guidance for employers](https://www.gov.uk/government/publications/cycle-to-work-scheme-implementation-guidance)
	2. To encourage patients to cycle, consider installing Sheffield cycle stands (metal ‘n’ shape stands typically seen outdoors) to allow easy access for short term use.
2. Encourage staff to walk or cycle to work where possible, or to use public transport
3. Be aware of local council information on transport schemes for residents.
	1. [Cheshire East](https://www.cheshireeast.gov.uk/public_transport/public-transport.aspx)
	2. [Cheshire West and Chester](https://www.cheshirewestandchester.gov.uk/residents/transport-and-roads/public-transport)
	3. [Liverpool City Region](https://www.liverpoolcityregion-ca.gov.uk/transport)
	4. [Warrington](https://www.warrington.gov.uk/buses)
4. Encourage patients to attend appointments using active transport as opposed to driving; explain the cardiovascular and respiratory benefits of this, and encourage the adoption of active transport into daily life.
5. Get involved with the CHAMPS All Together Active strategy
6. Get involved with Active Cheshire & Merseyside Sports Partnership (MSP) and use their resources for both patients and staff.
7. Review how well mapped your practice is on Google Maps – is the pin in the correct location, and are all cycle paths and pedestrian routes shown? If not, request for them to be added.
8. OPTIONAL: Consider installing electric vehicle charging points for cars and bikes at the practice. Some funding is available via the government [Workplace Charging Scheme](https://www.gov.uk/guidance/workplace-charging-scheme-guidance-for-applicants)
9. **Use the Green Impact toolkits**

The toolkit for general practice is hosted on the NUS/SOS Green Impact web platform and contains many useful large and small ideas to follow - you may be surprised by how many things you are already doing! An example of a quick change from the toolkit is switching your default search engine (i.e. Google) to Ecosia, which uses ad profits to plant trees.

The toolkits can be completed by volunteers; either formal volunteers, PPG members, or willing friends or family (know any bored students during school/university holidays?).

<https://toolkit.sosuk.org/greenimpact/giforhealth/login>

**Section D – Waste**

1. Start going paperless:
	1. Send messages via the NHS app to patients instead of letters.  Provide evidence of the systems you have changed.

*(Estimated financial savings per 1000 letters £1,100 before postage and 140kg CO2e)*

* 1. Implement a system to send sick notes via the functionality within EMIS (or other systems) instead of requiring patients to come and pick up a paper copy. [Are all practices not already doing this in C&M?]

*(Estimated financial savings for 1000 sheets of paper - £8.00. CO2e savings 1202 kg from 1000 x 6km round drip avoided*

1. Improving bedside waste:
	1. Put unsoiled couch paper into the domestic waste instead of the clinical waste, to be incinerated at a lower temperature.   Provide evidence of a decrease in weight of the clinical waste you are sending for incineration.*(Estimated CO2 saving of 860 kg CO2e per tonne of waste NHS saving from cheaper incineration)*
	2. Educate your workforce about the World Health Organisation steps for handwashing and decrease unnecessary disposable glove use. Provide evidence of the education and the plan you have implemented with estimated impact. *(Estimated financial savings £6.00 per box of 100 gloves, carbon savings 2.6kg per box of gloves)*
2. Focus on reducing medication waste (same as above: select 4 of the 7 below to focus on):
	1. Liaise with your community pharmacy to set up a patient education system to decrease waste and provide evidence that your patients' knowledge has improved. Provide evidence of the scheme set up and impact of patient knowledge improvement.(Savings to the NHS but unquantified)
	2. Stop unnecessary third party ordering.
	3. Encourage patient-led ordering using the NHS App.
	4. Raise awareness of, and encourage, recycling options such as: 1. Medicine blister packet recycling
	5. Returning inhalers to pharmacies for safe disposal
	6. Avoid unnecessary waste for care home residents and people living independently.
	7. Ensure prescription durations are appropriate for the course of medication required
	8. Check for medicine stockpiling where suitable as part of home visits, see [Dr Deb Gompertz’s talk](https://vimeo.com/776150332/e147ed5604) for more information

**Section E - Testing**

1. Reducing the number of blood tests done:
	1. Look at your routine blood monitoring systems and modify to reduce over testing (eg only doing 3 monthly DMARD bloods\*\*\* for stable patients, bringing back patients for LFT and cholesterol at same appointment 12 weeks after initiating a statin).

*(Estimated savings 164.5 kg CO2e for patient travel avoided and blood analysis)*

* 1. Implement a system to check on ICE that annual blood tests haven’t already been done by the hospital. Provide evidence that this is taking place.

*(Estimated savings per 100 HCA appointments and 62.5kg CO2e for patient travel avoided)*

* 1. Implement a system to use the test ‘add on’ website to request additional tests instead of calling patients back to take blood again. Show evidence that your system is working. **http://ghcsrv040.glos.nhs.uk/pathologyaddontests/**

*(Estimated savings per 100 HCA appointments 62.5kg CO2e for patient travel avoided)*

1. Design an annual one stop clinic visit system for chronic disease monitoring measurements in suitable patients (bloods, blood pressure, diabetic foot check, weight, PEFR, inhaler technique). Clinical review to take place later with trained professionals via telephone.

(*Estimated savings per 100 HCA appointments 62.5kg CO2e for patient travel avoided)*

**\***There is an Ardens CQC search for patients on 10 or more medications, so this will be easy to measure and monitor

**\*\*** <https://www.prescqipp.info/our-resources/bulletins/bulletin-295-inhaler-carbon-footprint/> see attachment 1 for list of carbon footprints of inhalers

**\*\*\*** [Gloucestershire Hospitals (glos.nhs.uk)](https://ccglive.glos.nhs.uk/intranet/media/k2/attachments/Shared%20Care%20Guidelines/Oral_methotrexate_SCG_July21_v1_1.pdf) shared care guidelines state 3 monthly blood tests for patients stable on methotrexate (exception; co-prescription with leflunomide maintain monthly schedule)

**References**

NHS Gloucestershire ICB 2023. Practice Sustainability Memorandum of Understanding 2023/24. April 2023

NHS Cheshire and Merseyside 2023. 10-Point Green Plan for Primary Care. <https://www.cheshireandmerseyside.nhs.uk/media/hahluufe/10-point-plan-for-primary-care.pdf>

NHS Sustainable Development Unit Carbon Hotspots update for the health and care sector in England,

2015: https://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots.aspx