

Ten ways to implement sustainable greener healthcare in primary care respiratory practice



Darush Attar-Zadeh

As healthcare professionals, we face the dual challenge of providing high-quality care while also minimising our environmental footprint. Primary care practices, particularly in respiratory care, have a unique opportunity to implement sustainable practices that not only benefit patients but also reduce the impact on our planet. This article outlines 10 strategies, divided into top wins and other things to consider, which can be used to create a greener healthcare environment.

Top wins for greener healthcare

1 Switch to ethical bank accounts and energy providers



Many traditional banks invest in fossil fuel projects, contributing to climate change. Some banks may avoid investing in certain sectors such as tobacco and gambling. By switching to ethical bank accounts, your practice can ensure its money supports sustainable projects. Additionally, choosing renewable energy providers helps reduce carbon emissions.

Tips for finding an ethical bank

● **Research** their ethical policies online.

● Look for **certifications** like B Corp or Global Alliance for Banking on Values (GABV) membership.

● Check **reviews** on platforms like *Ethical Consumer*.

● **Ask questions** directly about their ethical commitments.

Use these tips to choose a bank that aligns with your values and supports a sustainable future.



USEFUL RESOURCES



Unbiased article: *What are ethical banks, and are there any in the UK?*



RCGP article: *What GPs can do to reduce the carbon footprint for healthcare*



The Aberfeldy Practice conducted an evaluation of banks using Mothertree. They decided that they should move away from HSBC to Co-op in August 2024. It is estimated that this move should save 94 tonnes of CO₂e/ year. The practice hopes to make financial gain by investing in ethical savings opportunities in 2025. Moving banks requires careful thought about what the banking requirements are of the practice e.g. compatibility with accounting software and online banking functionality.

As well as avoiding harmful industries, there are other ethical indicators to consider:

- **Transparency**
Ethical banks openly share their goals, principles and financial practices, including who they work with and how they invest.
- **Commitment to sustainability**
They adopt eco-friendly practices, such as paperless operations and energy-efficient buildings, and prioritise fair wages for staff.
- **Positive impact investing**
They invest in sustainable industries, local communities, charities, social enterprises and co-operatives that support social and environmental causes.

2 Promote sustainable travel options



Tarleton Group Practice installed cycle and shower facilities at the practice to make it much easier for staff to commute consciously and comfortably. Alongside this, the use of e-bikes for patient home visits reduced car travel and air pollution around the village, as well as promoting active travel in the community.

Other steps you can take:



ENCOURAGE staff to adopt greener travel habits. Install cycle racks and electric vehicle charging stations at your practice to support those using electric vehicles. Limit car park spaces to discourage single-occupancy car travel and promote the use of public transport, walking or cycling.



PROMOTE active staff travel at practice/clinical meetings and explain the health benefits.



DISPLAY information on active travel (eg, surgery website, waiting room).



GIVE the staff an option of wearing appropriate trainers/more comfortable shoes to work to encourage extra activity while at work.



JOIN the government-supported "Cycle to Work Scheme".



INSTALL secure bicycle storage and changing facilities if required



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Department for Transport

Department of Transport
Cycle to Work Scheme



Greener Practice

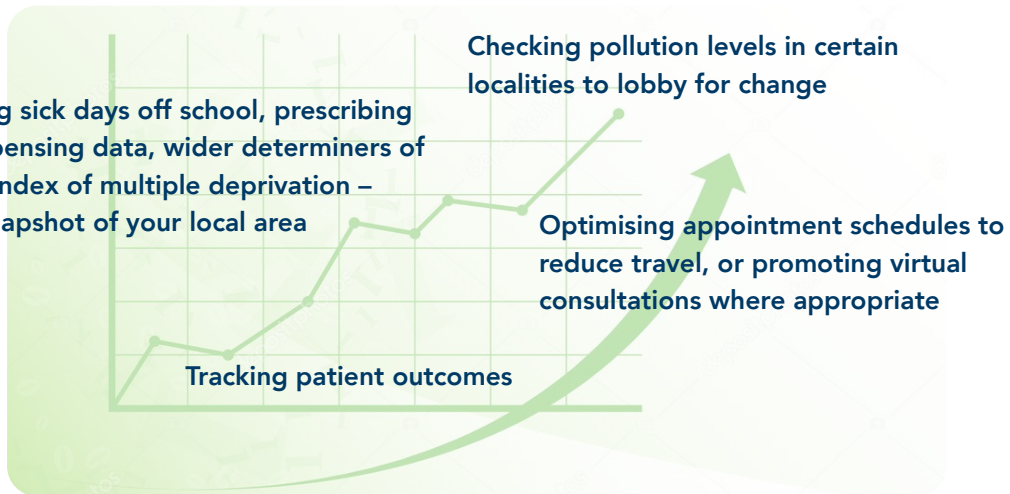
Greener Practice:
Ealing case study

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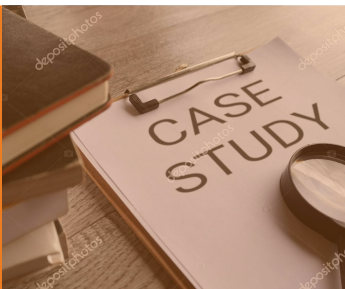
Leverage data to drive sustainable practices



Utilise data analytics to inform sustainable practice changes. This can include:



Embrace a 'no blame' culture when discussing sustainability goals with staff using data to inspire positive changes rather than to criticise past behaviours.



An example of a large-scale change is the Ultra Low Emission Zone (ULEZ) in London, where data around outdoor pollution levels can inform and then drive change after an intervention. We know that toxic air is associated with increased risks of asthma, cancer and dementia and that it disproportionately affects poorer Londoners and those from Black, Asian and minority ethnic communities.

ULEZ is estimated to have reduced nitrous oxide emissions from traffic between 2019 and 2022 by 13,500 tonnes – and reduced harmful road traffic particulate matter emissions by 180 tonnes across the same period.



An example of how data can support local change

In the London borough of Islington, after using data from air monitors and the AddressPollution tracker, a group of GPs decided to do something about it by increasing awareness to other GP practices and patients.

The results showed that, following the training, healthcare professionals who had spoken to patients about air pollution rose from 7% to 88%. In Islington 52% of the patients who received advice from their GP changed their behaviour as a result. The projects demonstrate the crucial role that GPs and other health professionals can play.



USEFUL RESOURCES

City Logistics
Ulez: fewer dirty cars in London. But the health impact is unclear



London Air:
<https://londonair.org.uk/LondonAir/nowcast.aspx>



RCGP
Dirty air: the killer all around us

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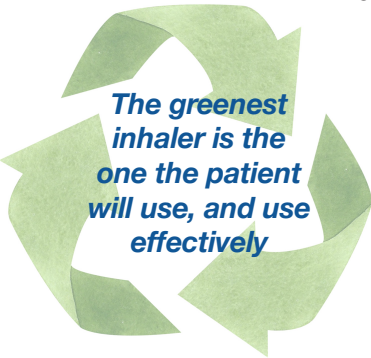
Shared decision making for inhaler prescribing



In respiratory care, inhalers are a significant source of carbon emissions, especially metered-dose inhalers (MDIs). There is a national drive to increase prescribing of dry powder inhalers (DPIs) due to their lower carbon footprint but not at the expense of destabilising a person’s respiratory control. Well controlled asthma has the lowest carbon footprint.

There are clinical advantages if the DPI is part of a short-acting beta-agonist (SABA)-free pathway – for example, using inhaler corticosteroids/formoterol as an anti-inflammatory reliever or maintenance and reliever therapy (MART), some licensed from 12 years of age.

Care must be taken to ensure children are able to use a DPI effectively before switching and patients should be followed up after the change.



PCRS does not support ‘blanket switching’ and believes in a ‘shared decision approach’.

Additionally, choose pharmaceutical companies that are committed to sustainability and are not associated with tobacco interests.

New BTS/NICE/SIGN asthma guideline 2024

First steps to implement the guidance

Introduction

This is a high-level summary of what the new BTS/NICE/SIGN Asthma diagnosis monitoring and chronic asthma management guideline means for you as a primary healthcare professional and what steps you need to take to implement it effectively. [The full guideline is available here.](#)

This document is a distillation of the new guidance to provide direct advice on the changes on the diagnosis and management to asthma. It is not intended to be a comprehensive guide of the new guideline, neither does it cover all non-pharmacological treatments or on-going monitoring. We recommend you use the links to resources provided throughout to obtain more detailed information and guidance.

It focuses on the following aspects of the patient journey for both adults and children and young people:

- Diagnosis of asthma
- Treatment of asthma
- Management and treatment of asthma
- Management and treatment of asthma
- Monitoring and self-management

Monitoring and self-management for all patients

All adults, young people and children with diagnosed or suspected asthma must have:

- An asthma action plan which includes treatment regime, triggers, warning signs and who to contact when they need help.
- Regular (at least annual) asthma reviews which are conducted by appropriately trained healthcare professionals. At these:
 - Consider using age-appropriate related tools e.g. Asthma Control Test (ACT)
 - Confirm adherence to prescribed treatment and review inhaler technique
 - Identify any risk associated with short-acting beta-agonist (SABA) overuse
 - A review of their asthma action plan
 - A review of smoking/vaping status, and referral to smoking cessation if appropriate
 - Access to education and self-management programme/information. This includes working alongside schools and community workers to ensure support in all settings.

**Use proactive alerts to ensure routine reviews of asthma, involve the multidisciplinary team in asthma care and optimise the use of telephone, email and IT to support asthma management.*

Where can I find more

Knowledge and training of asthma care

- Full to Care

Diagnosis

FeNO

- At a glance – FeNO testing in context
- Making a business case for FeNO
- FeNO in asthma – a learning opportunity

Spirometry

- PCRS position statement: Spirometry in primary care

Treatment

- The GINA approach to managing asthma
- WNET too hot articles
- Supporting people with asthma in learning: Member only resource
- Ensuring optimal treatment for asth
- Talking inhaler devices
- Asthma management – talking SAs

Monitoring and self-manage

- A good asthma review
- Good building blocks of an asthma
- PCRS tobacco discontinuance tub
- PCRS MART action plan
- Asthma and Lung UK: AIR action plan
- Calculates the number of reliever inhalers and courses of oral corticosteroids used in the past year - Asthma SABA Use

Authors

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Choosing ethical pharmaceutical companies

As with banks and energy providers, try to choose pharmaceutical companies that are committed to sustainability and are not associated with tobacco interests. Pharmaceutical companies that manufacture different device types should be transparent about the lifecycle of their inhalers.



USEFUL RESOURCES

PCRS PCRU article
Shared decision making for greener healthcare: guidance on making safe and clinically appropriate changes to inhalers

PCRS resource
Blanket switching of inhaler types: Why is this a bad idea

“Blanket” switching of inhaler types
Why is this a bad idea?

Authors: Dhiren Dayal and Deborah Leese

Introduction

The NHS is under increased financial and environmental pressures. Blanket switching of medications (changing medication from one to another without patient consultation) to more cost-effective and/or environmentally friendly options is therefore becoming more common.

Is this right for the patient? The short answer is, no.

This document will support primary care respiratory leaders to understand and challenge these decisions, whilst also promoting greener respiratory healthcare to align with NHS targets.

Background

Blanket inhaler switches have been carried out by some Integrated Care Boards (ICBs) and Health Boards for cost-saving or lower global warming potential (GWP) purposes.

Cost saving

PCRS resource
Tailoring inhaler choice

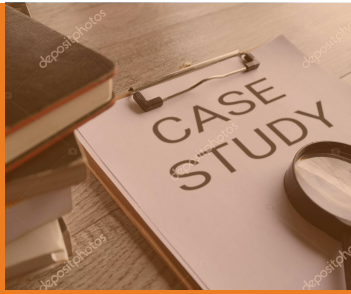
Tailoring Inhaler Devices

Danesh Arora-Zadeh
NICE Cochrane Organising Committee Lead of Pharmacy/Medical Operations

Introduction

Inhalers are the most commonly used drugs for the treatment of asthma or chronic obstructive pulmonary disease (COPD). The advantage of administering drugs by inhaler is that they deliver drugs to the site of action with minimal loss. The amount of drug in their liquid and systemic adverse effects are minimal. However, for an inhaler to be effective, the person using it must be able to use it correctly, and this is often the case. Poor inhaler technique is common in people with obstructive lung diseases.

Choosing a drug and a corresponding device that is safe, while available is generally costly? Patient choice recommendations that the people with respiratory conditions should have their inhaler to use that is the most suitable for their condition. This should be based on their clinical and personal circumstances. The inhaler should be chosen based on the patient's clinical and personal circumstances. The inhaler should be chosen based on the patient's clinical and personal circumstances.



The SENTINEL Project in Hull was set up to reduce SABA over-reliance, improve asthma control and reduce carbon emissions. The natural consequence of reducing over-reliance on SABA inhalers is that there are fewer of these in circulation, resulting in benefits for the environment.

MART is an approach to treating asthma that uses the same inhaler as both the preventer and reliever. This approach is well known to reduce the risk of asthma attacks and has the potential to reduce the need for blue reliever inhalers and the environmental impact of asthma and its treatment.

During the 12 months prior to implementation, around 46% of patients were prescribed three or more SABA inhaler canisters per year. After implementation of the SENTINEL project, this decreased to 23.9%. This improvement can be observed using open prescribing data in one of the integrated care board (ICB) locations.



USEFUL RESOURCES

Open prescribing dashboard:

<https://openprescribing.net/sicbl/42D/measures/?tags=respiratory>

Hull York Medical School article

Revolutionising asthma care cuts blue inhaler reliance and carbon emissions

PCRS MART resources:

Top tips article and action plan

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Implement safe disposal schemes



Proper disposal of medical waste, especially inhalers, is crucial.

Educate patients on returning used inhalers to pharmacies for safe disposal even if there is no comprehensive recycling scheme in your area. Implement recycling programmes within your practice, focusing on reducing single-use plastics and safely managing pharmaceutical waste.

Every year in the UK 61.1 million inhalers are prescribed for those being treated for asthma (5.4 million people) and many of those diagnosed with chronic obstructive pulmonary disease (COPD); a conservative estimate for which is 1 million people.

NHS England: National medicines optimisation opportunities 2024/25



Large scale projects around inhaler recycling have taken place – for example, the TakeAIR project in Leicestershire.

Any GP practice can signpost patients to the local community pharmacy and alert patients on how to recognise when their inhaler is empty and order new medicines responsibly to minimise waste. There are many case studies of GP practices where this is happening. Will yours be the next?



USEFUL RESOURCES

News article

In your area – Leicestershire NHS trust launches inhaler recycling scheme

Poster:

Return your used inhalers to a pharmacy to help reduce your carbon footprint

Download the poster here

RETURN YOUR USED INHALERS TO A PHARMACY TO HELP REDUCE YOUR CARBON FOOTPRINT

The propellants used in **some inhalers** are powerful greenhouse gases that contribute to **climate change**. Even after an inhaler is finished it still contains these environmentally damaging gases.
(Please be assured these gases are not harmful to you when you use your inhaler)

Return all used inhalers to your local pharmacy for safe disposal – Returned inhalers will be incinerated which will destroy the greenhouse gases and prevent inhaler plastics going to landfill

Don't throw used inhalers into your household waste or recycling bins! Landfill disposal of inhalers is harmful to the environment due to left over gases being released into the atmosphere. Plastics from inhalers cannot be recycled using domestic recycling schemes

Make each puff count! – Only order your inhaler when required to reduce waste

If you have concerns about the environmental impact of your inhaler, make an appointment with your GP practice - don't stop using your inhaler!

Other things to consider for sustainable practices

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Embrace social prescribing

Social prescribing offers non-pharmaceutical options for managing conditions such as asthma and COPD. This can include activities like gardening, walking groups or arts programmes, which not only improve patients' quality of life but also reduce reliance on medications that have environmental impacts.



Donate and recycle

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Shredded wastepaper can be donated to animal sanctuaries for bedding, reducing landfill waste. Encourage staff to walk or use public transport to commute, creating a healthier work environment and reducing the practice's overall carbon footprint.

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Explore renewable energy solutions

For a significant long-term impact, consider investing in renewable energy sources for your practice. Solar panels, improved insulation and energy-efficient lighting can drastically reduce your carbon footprint. Although these require upfront investment, the long-term savings and environmental benefits are substantial.



Adopt simple everyday changes

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There are numerous small changes that can make a big difference. Use e-bikes for home visits, which reduce emissions and promote physical activity. Turn off computers and other electronics overnight, and compost organic waste from staff kitchens. Use the RCPCH Air Pollution Companion to learn about and act on air pollution and its impact on child health.

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Encourage plant-based diets

Promote plant-based diets among staff and patients, highlighting the environmental and health benefits. Poor asthma control has been linked to high meat consumption due to the inflammatory effects of certain animal proteins. Consider holding educational sessions to inform patients about the benefits of plant-based eating, while being mindful of financial and cultural sensitivities.





RESOURCES AND FURTHER READING

Matt Sawyer's Sustainability Consultancy:

For personalised advice on making your practice more sustainable, visit seesustainability.co.uk.

Frome Medical Practice Podcasts:

Learn from real-world examples of sustainable healthcare practices at fromemedicalpractice.co.uk.

Greener Practice Resources:

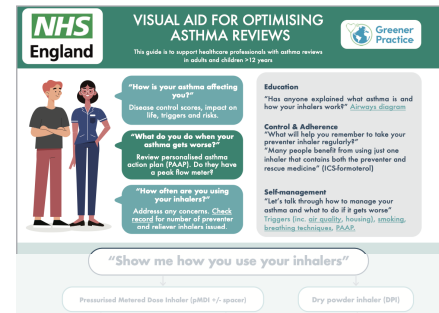
- Low Carbon Asthma Care Guide
- Asthma Visual Guide PDF

RCGP Greener Practice Initiative:

Access tools and guides at rcgp.org.uk.

PCRS Greener Healthcare Campaign:

Explore campaigns and resources at pcrs-uk.org.



Top 10 tips for contacting your local MP about environmental issues



This resource has been developed based on a PCRS member's experience of contacting their local MP. Some of the examples given are therefore area/MP specific but can be used to inform action you can take in your local area.

1. Check who your local MP is

Start by confirming who your MP is. You can do this by entering the necessary residential postcode here: <https://members.parliament.uk/FindYourMP>

MPs only respond to their constituents, so make sure you contact the right representative.

2. Follow all the instructions

MPs often outline specific instructions to ensure your query is handled efficiently. For example, here's a common response template:

"This is an automated response with important information, so please read it fully. I can only raise cases for residents of the <area> constituency. To check if I'm your MP, enter your postcode here: <https://members.parliament.uk/FindYourMP>. Please ensure your email includes:

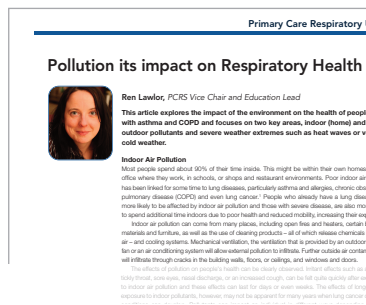
- Full name
- Postal address
- Contact telephone number
- Any relevant reference numbers

If these details are missing, I may not be able to respond."

NOTE: Establish if your MP will only deal with one issue per email and plan/ tailor your communication accordingly.

3. Grab their attention

MPs receive a lot of correspondence, so use a compelling subject line, such as:



Conclusion

The transition to greener healthcare requires commitment but offers substantial benefits, from improved patient outcomes to a reduced environmental impact. By implementing the strategies outlined above, primary care practices can lead the way in sustainable healthcare, particularly in respiratory care where the potential for change is significant.

Let's take these small steps today to create a healthier, more sustainable future for our patients and our planet.



Acknowledgement

We are grateful to Chiesi Ltd for the provision of a grant to support the activities of the PCRS Greener Respiratory Healthcare campaign. This campaign has been solely organised by PCRS and Chiesi Ltd has had no input into the content.