



Building a network and celebrating success with Greener Practice

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INTRODUCTION

Almost a quarter of the NHS' carbon footprint comes from Primary Care. Primary care is multiple separate small organisations with limited central control which makes creating change harder in this sector. The decarbonisation strategy "Delivering a zero carbon NHS" offers a somewhat limited focus on addressing primary care, in particular on General Practice Carbon hotspots.

The primary care carbon footprint is predominantly from medication including inhalers, therefore it is crucial to develop interventions which will support changes in prescribing behaviour such as guideline production, enabling quality improvement activities and raising awareness about environmental impact.

Overprescribing, overdiagnosis and over-investigation are issues in modern healthcare which create worse outcomes for our patients. There is also evidence that sustainable healthcare can both optimise health and focus on prevention.

General practice is notoriously target driven, working usually over the financial year without much long term thinking. Changing hearts and minds is a slow process. Greener Practice was formed to support those working in primary care who wanted to become involved in both reducing the environmental impact of healthcare and an understanding of the impacts of the climate crisis on the communities we serve.

METHODOLOGY

The first group started in Sheffield in 2017. There are now 32 local groups across England, Scotland, Wales and Northern Ireland. The chairs form a national leadership group.

Special interest groups (SIGs) became more organised from 2020. There are now eight different SIGs: clinical/respiratory; nature and health; education; working with other organisations; non clinical carbon; Green Impact for Health/ quality improvement, General and GP trainees. The total membership of the SIGs has grown to over 1000 people. The groups mainly function on Whatsapp with national logs shared on the national newsletter of just under 500 people.

Evaluation has been informal, the focus has been supported shared learning. As the local groups developed we have listened to the needs of the participants including developing resources, teaching trainees, supporting national discussions and training for group chairs.

CHALLENGES

A challenge we faced was trying to partner with organisations as a network. To become effective we decided to become a Community Interest Company; within this there was significant learning on how to manage this in the interests of the Greener Practice members.

Another huge challenge has been funding our work, and the costs of being a legal entity. We continue to work on how to have open access and participation whilst staying afloat financially.

Building a network

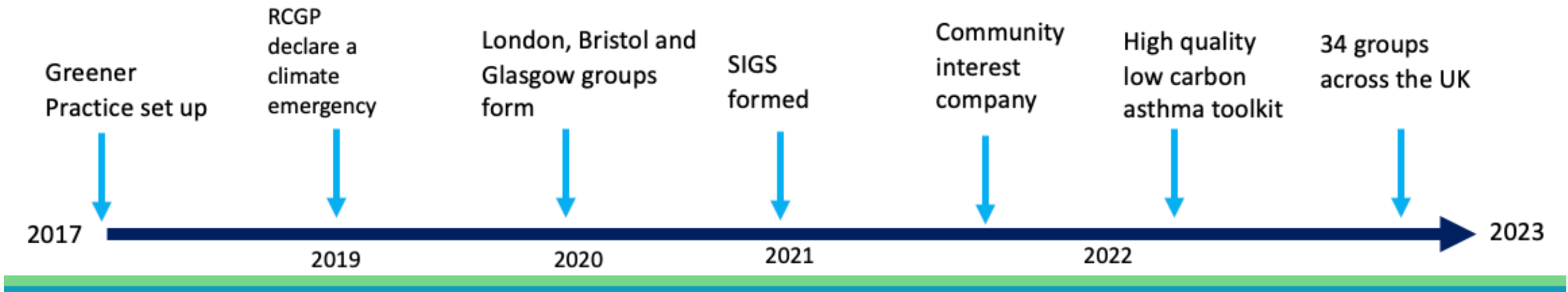


Fig 1. Greener Practice timeline of events.

ANALYSIS

Greener Practice has grown from a small group in Sheffield to thousands of people across the UK. A Greener Practice trainee forum recently grew to over 400 trainees in just a few months. An ongoing survey of members in April 2023 estimated that through approximately 249 educational talks 10564 people had been reached. Greener Practice has also been successful in achieving coverage in the national media e.g. BBC Radio 4 "Inside Health", this month's The Big Green Money Show, as well as formal and informal medical press. The wider social value of our impact is hard to measure; many of the Clean Air Champion GPs who were trained by Global Action Plan last year were from the Greener Practice network and much of the dissemination and awareness raising amongst health care professionals about air pollution will have had a wider benefit for the most vulnerable in our society.

The quality improvement work on asthma that was led by Greener Practice is now seen as best practice for improving the quality of asthma care nationally; work continues to ensure that the range of quality improvement options remain up to date and quick to use. Before it was withdrawn, Investment and Impact (IIF) funding in England resulted in significant changes in inhalers which will have had a measurable reduction in carbon footprint. These changes appeared to be more significant in places which correlate with very active Greener Practice groups (e.g. Cornwall and Gloucester) though no attempt has been made to prove a causal connection.

The continuing growth of Greener Practice, the contributions to its discussion groups and use of our website are all powerful positive feedback.

Other outputs from our network have been national and local webinars, train the trainers programmes e.g. High Quality, Low Carbon asthma toolkit training, co-producing educational resources e.g. Health Education England blended learning, RCGP e-learning and net zero advisors course, Centre for Sustainable Healthcare primary care sustainability course and developing the South East London ICS primary care green plan

SCALE OF THE PROBLEM

At the time of formation there was no primary care specific network of groups to connect clinicians locally and nationally to primary care sustainability education and resources. There were only generic resources and education for sustainable healthcare.

OBJECTIVE

Greener Practice set out to link and empower those working in primary care to develop ways to address our carbon footprint, and improve healthcare simultaneously. Our interventions have been to build a network of local groups, enable national topic led collaborations, and creating shared resources about sustainable healthcare in general practice. We have become a Community Interest Company and have partnered with local and national organisations.

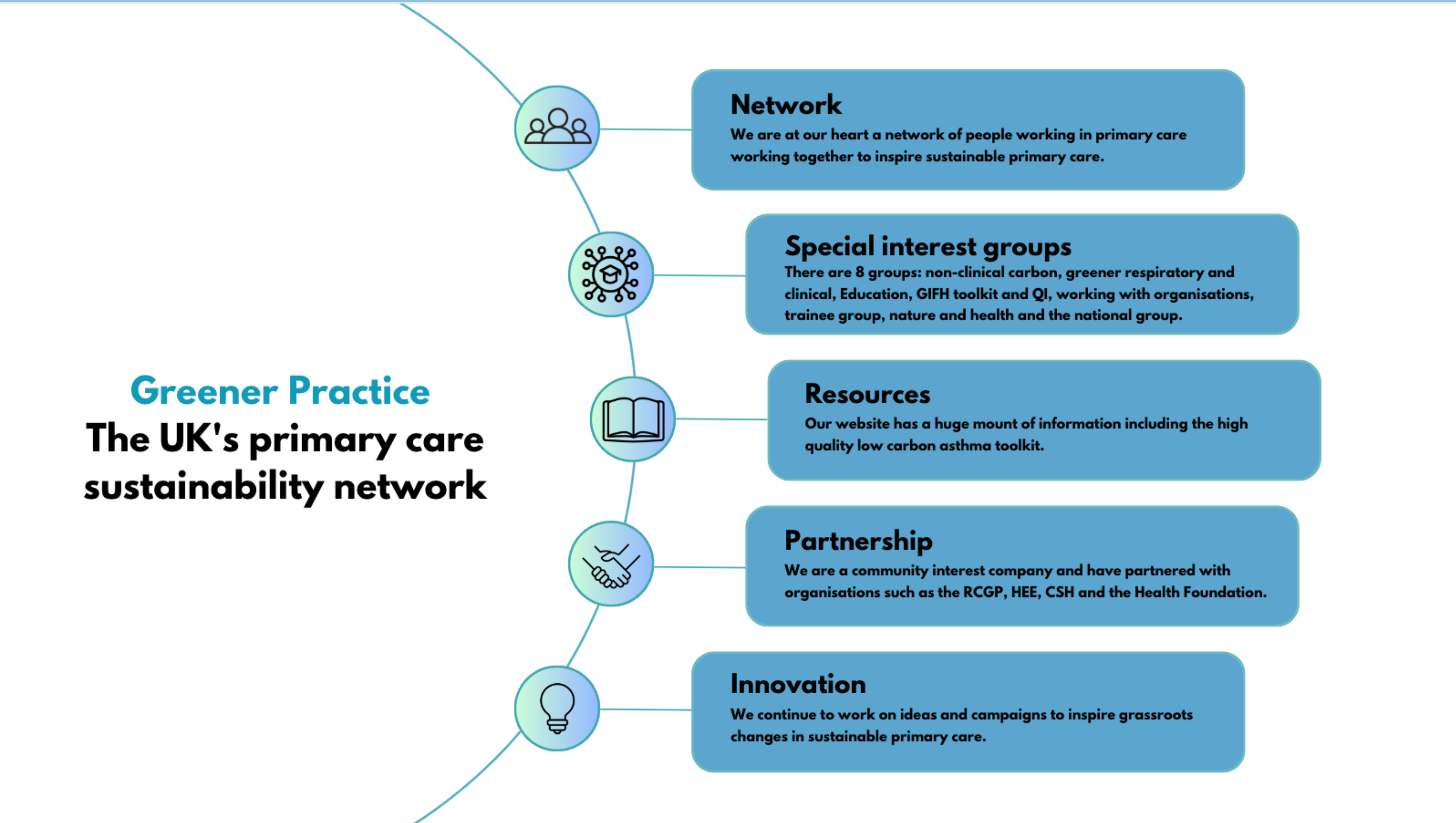


Fig 2. Quick reference guide to greenerpractice

CONCLUSION

Greener Practice is the first primary care network for sustainable healthcare which linked clinicians locally into local and special interest groups. We are the only place collating information, primarily clinical, for a primary care audience which is free and open access. Greener Practice addresses the reality that education and behaviour change in primary care is slow and hard to measure. Many organisations fail to focus their green plans on change in general practice due to the significant challenges specific to primary care. The focus of Greener Practice's work has been on enabling change rather than on measurement. We feel our strength has been the fluidity of growth as an organisation and enabling people to feel part of a supportive and encouraging group with disseminated leadership.

We have also been innovative through developing a variety of approaches to addressing the high carbon footprint of primary care at a time when this has not been addressed significantly by other organisations.

Our core mission has been to reduce carbon whilst maintaining high quality care, thus improving safety for patients and staff. We have prioritised working to enable and empower both healthcare professionals and patients to create sustainable action and change.

Find out more: <https://www.greenerpractice.co.uk/>



Fig 3. the national leads group at a Greener Practice weekend away day