

# UK Health Alliance on Climate Change Response to the Greener NHS Consultation

**Sunday 22nd March 2020**

The UK Health Alliance on Climate Change (UKHACCC) is an alliance of some 20 organisations of health professionals. Including many of the Royal Colleges of Medicine, the Royal College of Nursing, Faculties of Health, the British Medical Association, and the UK's two leading medical journals – the Lancet and the BMJ. Our vision is that the threats to planetary health from climate change are minimised, in a way that maximises potential co-benefits to public health.

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## Increasing the indirect positive impacts of the NHS

The impact of the NHS on health goes beyond its provision of treatment and care. As anchor institutions (large employers, purchasers, capital asset holders, and road and carbon users), hospitals, trusts and other healthcare providers across the NHS have a significant impact on the local economies and communities in which they operate. Policy rightly focuses on ensuring positive direct impacts on patient health are maximised, but there is great potential to increase positive indirect social, economic and environmental impacts.

This paper presents opportunities for greening the health service and realising co-benefits to planetary health, finance and society through changes to the way the NHS operates in relation to procurement and waste, food, transport and air pollution, energy and advocacy and leadership. The paper is by no means exhaustive, but we have concentrated on areas in which we have been active.

## Procurement & (non-food) Waste

### Single-use plastics

In 2018, a freedom of information request by the Press Association revealed that NHS trusts in England have purchased around 600 million disposable cups since 2013 – the equivalent of more than 300,000 per day.<sup>1</sup>

While it's clear that the purchasing and disposal of many, if not the majority, of these cups could have been avoided without compromising the patient experience, there is often a stronger case for single-use plastics in a clinical setting.

With the current spread of coronavirus, gloves are an obvious examples of single-use plastics which can be justified for the prevention of infection, however, as Rose Gallagher the Royal College of Nursing's Professional Lead for Infection Prevention and Control, has said (overleaf):

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<sup>1</sup> Independent, 2018. *English hospitals get through millions of disposable cups every year, new figures reveal.* <https://bit.ly/2WtpjPN>

“Ensuring gloves are worn in appropriate circumstances is equally as important as considering when not to wear them. Every year the NHS spends over £35 million on more than 1.5 billion boxes of examination gloves and yet too often their use is unnecessary. Their overuse can actually lead to poor hand hygiene and increase the risk of infection.”<sup>2</sup>

Two questions should be asked of all products used by the NHS containing plastic – firstly, whether plastic is necessary for the product, and secondly whether there is a clinical necessity for the item to be used only once.

## Strengthening the focus on the Social Value of the NHS

The Social Value Act requires public bodies to consider how the services they commission and procure might affect the economic, social and environmental well-being of the area.

Commissioners are required to factor social value in at the pre-procurement phase, but adherence to the Act's requirements is mixed.<sup>3</sup> Recent estimates suggest that only 25 (13%) clinical commissioning groups (CCGs) have demonstrated a 'highly committed, evidenced and active' use of the Act, while the same percentage of Sustainability and Transformation Plans (STPs) mention social value.<sup>4</sup> The simultaneous opportunities for decreasing carbon while considering ways to increase the NHS's positive impacts on social value are clear, and the case study below – on the procurement of food – demonstrates the potential for economic co-benefits too.

## Food

The NHS rightly prides itself on providing the highest possible quality of care for patients; this now must extend to food it serves. There are procurement/dietary standards in place, and examples of good practice, but there are few data available on how individual trusts are choosing to adopt these standards.

If public procurement of food is to underpin more systematic change in food production and consumption, all catering in the NHS should as a minimum adhere to common, established guidelines. In the first instance, this could be Public Health England's Eatwell Guide<sup>5</sup> or, for example, the British Dietetic Association's One Blue Dot standard<sup>6</sup>.

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### Case Study:

Nottingham University Hospitals NHS Trust sources more than 90% of its fresh red meat and all of its milk, vegetables, salad and fruit in season from within a 30 mile radius of the hospital. By switching to local suppliers and choosing different cuts of meat, the bill for fresh meat fell while the producers still enjoyed a premium. Nottingham has made a concerted effort to localise the supply chain and has achieved savings of over £800,000 per year while significantly reducing food miles and supporting the local economy.<sup>7</sup>

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<sup>2</sup> Royal College of Nursing, 2019. *Campaign raises awareness of inappropriate glove use*. <https://bit.ly/2WxpU30>

<sup>3</sup> Cabinet Office, 2015. *Social Value Act Review*. <https://bit.ly/2R3EOcm>

<sup>4</sup> Redding, D. [National Voices], and Butler, J. [Social Enterprise UK], 2017. *Healthy Commissioning: How the Social Value Act is being used by Clinical Commissioning Groups*. <https://bit.ly/2ojj3lN>

<sup>5</sup> Public Health England, 2016. *The Eatwell Guide*. <https://bit.ly/2WxrEt8>

<sup>6</sup> British Dietetic Association, 2018. *One Blue Dot: Eating patterns for health and environmental sustainability: A Reference Guide for Dietitians*. <https://bit.ly/2U5yAvR>

<sup>7</sup> Pencheon, D., 2018. *How food systems in the public sector can lead the way in being environmentally, socially and financially sustainable*. Royal Society of Arts [Blog]. <https://bit.ly/3ddV3OR>

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Even with the universal adoption of more environmentally friendly food standards in the NHS, there will still be considerable variation in the environmental impact of food served. Without clear information, consumers will not be able to make the healthiest and most sustainable choices. In addition to food labelling according to key health factors such as sugar, salt and fat content, all food served in the NHS should be labelled according to its estimated or relative carbon footprint. Public support for such a measure is strong; in 2019 a YouGov survey of more than 9,000 consumers found that two-thirds of consumers support the idea of a recognisable carbon label to demonstrate that products have been made with a commitment to measuring and reducing their carbon footprint.<sup>8</sup>

In addition to changes in NHS practice, health professionals should be properly equipped with the information they need to deliver clear and accessible advice to their patients about food and health that supports the transition to a climate-friendly diet, using the Eatwell Guide as a reference point.

## Transport & Air Pollution

It is possible that the World Health Organization (WHO) recommended air pollution targets for PM2.5 particulate matter will be adopted as legally binding limits in the UK through the Environment Bill, preferably to be achieved by 2030. Reducing PM2.5 and other air pollutants including NO<sub>x</sub> is directly beneficial to health and can serve as a proxy for reducing CO<sub>2</sub> emissions. If WHO targets are not adopted nationally, the NHS should show leadership by committing to aiming to achieve this target across its estates by that date.

According to the British Lung Foundation, 1 in 3 GP surgeries and 1 in 4 hospitals in England are located in areas that exceed WHO recommended PM2.5 limits.<sup>9</sup> However, these figures are based on modelling as air pollution is not measured at all such sites. Indeed, the Foundation thinks it likely that this is an underestimate, as the modelling does not account for hyperlocal spatial variations caused by road traffic – so-called ‘roadside’ levels.<sup>10</sup> Increasing understanding and awareness of the problem among staff and patients through visible monitoring at all hospitals, and as many NHS facilities as possible, must therefore be the first step towards cleaner air.

There is already a good level of understanding of the breakdown of NHS emissions related to transport. As figure 1 (overleaf) shows, over 75% of NHS related PM2.5 and NO<sub>x</sub> emissions in 2017 could be attributed to patient and visitor travel and staff commuting. Both of these pollutants are closely linked with CO<sub>2</sub> emissions, and therefore efforts to eliminate the carbon footprint of the NHS should focus on these sources – whether by incentivising and supporting shared and zero emissions travel, or by increasing the proportion of appointments that are conducted remotely. A good starting point for all hospitals is Global Action Plan and Great Ormond Street’s *Clean Air Hospital Framework*.<sup>11</sup>

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<sup>8</sup> YouGov [for Carbon Trust], 2019. *Consumer Demand for Climate Change Labelling*. <https://bit.ly/2UmyPBQ>

<sup>9</sup> British Lung Foundation, 2018. *Toxic Air at the Door of the NHS*. <https://bit.ly/2xOsLKy>

<sup>10</sup> *ibid*

<sup>11</sup> Global Action Plan and Great Ormond Street, 2019. *Clean Air Hospital Framework*. <https://bit.ly/2vzesc2>

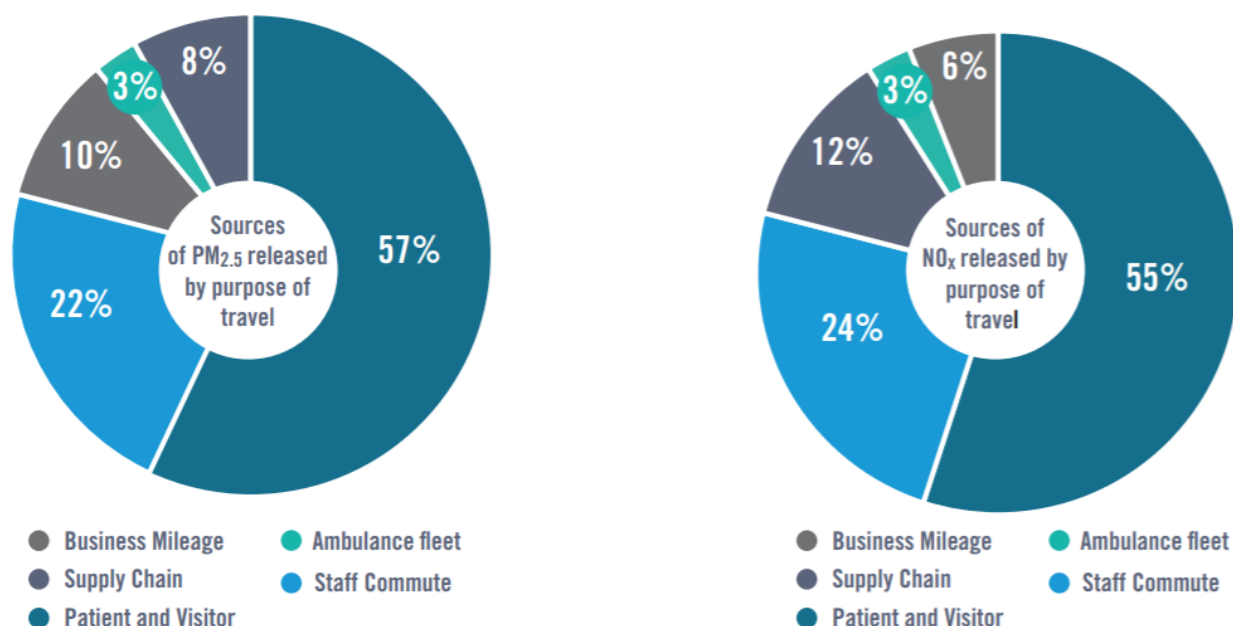


Figure 1 – NHS air pollution impact by pollutant and areas of influence, 2017.<sup>12</sup>

In the light of Government ambitions to phase out diesel, petrol and hybrid vehicles by 2035 at the latest, the NHS should invest in its fleet for the future by adopting an entirely ‘zero tailpipe emissions’ fleet as soon as possible. Procurement rules should be updated to require the adoption of ultra-low emission vehicles by those companies and providers using transport on NHS business.<sup>13</sup>

## Energy

Beyond the natural first step of switching to 100% renewable energy suppliers, there are many opportunities to reduce the carbon footprint of the NHS in relation to energy use.

### Using NHS land for low-carbon energy production

The NHS holds around £2.7billion in unused land assets,<sup>14</sup> and should undertake a comprehensive review to understand the potential economic, social and environmental benefits that could result from the installation of clean energy generation on this unused land.

#### Case study:

In 2016, Southern Staffordshire Community Energy launched a share offer in partnership with the University Hospitals of North Midlands NHS Trust and charity *Beat the Cold* to fund the installation of solar panels on hospital buildings and to improve the welfare of local residents living in fuel poverty.

Over 1000 roof-mounted solar photovoltaic panels were installed and commissioned on seven buildings across two hospitals. The £335,600 project has been entirely funded by investment from members of the public, who receive a 4.5% average rate of return. The electricity generated by the panels provides a guaranteed 20-year ‘Feed in Tariff’ income from the Government, which will

<sup>12</sup> Public Health England, 2018. *Reducing the use of natural resources in health and social care: 2018 report*. <https://bit.ly/2Ra7Uj>

<sup>13</sup> Tomson, C., 2015. Reducing the carbon footprint of hospital-based care, *Future Hosp J* (2) (57–62).

<sup>14</sup> Deloitte, 2016. *Sir Robert Naylor’s NHS Estate and Property Review*. <https://bit.ly/2RcZONL>

accumulate into a 'Community Fund'. This fund is diverted to *Beat the Cold* in order to assist local and vulnerable patients who are suffering from, and/or their illness is exacerbated by, fuel poverty and living in cold and damp homes.<sup>15</sup>

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## Support for Divestment from Fossil Fuels

This year the Royal College of Physicians and the Royal College of Psychiatrists have become the latest of our members to commit to withdrawing all investments in fossil fuel producing companies. They join the British Medical Association, the Royal College of General Practitioners, the Faculty of Public Health, the Royal College of Emergency Medicine and the Royal College of Paediatrics and Child Health, which have all now fully divested or are in the process of doing so. The BMJ, another member of the Alliance, is currently running a campaign to encourage more institutions and individuals in the sector to take the same course.<sup>16</sup>

As divestment becomes more widespread, investment service providers are increasingly providing more sustainable options, including the FTSE and MSCI ACWI fossil fuel-free indices. Investor engagement can successfully change practice in some cases but won't be effective with companies whose business model relies on fossil fuel extraction. Only divestment will reduce such damaging activities. A public declaration of support from the NHS for divestment from fossil fuels by more health organisations would have a huge impact, and send the clear message that the NHS values a range of different actions to mitigate climate change and acknowledges the harm they do to health.

## Reducing carbon emissions from clinical activity and procurement

The NHS will not be able to achieve net-zero simply by reducing energy consumption and waste. It will also mean changing clinical practice, and the Centre for Sustainable Healthcare has taken a lead on investigating and demonstrating how this can be done. The Alliance plans to work with the Centre and its members to move this work forward, particularly on the question of scaling up necessary changes. As discussed, procurement, particularly of drugs, accounts for much of the NHS carbon footprint, and the Alliance plans to work with the Sustainable Healthcare Coalition on reducing the footprint from both procurement and clinical activity.

## Advocacy & Leadership

### Public Perception of Climate Change

The latest evidence shows that there has been a significant shift in the public perception of climate change – towards greater concern and general willingness to address this issue.

In a survey published in March 2020 by Cardiff University, after Brexit, climate change was considered the most important issue affecting the UK for the next 20 years.<sup>17</sup> Just three years ago, climate change ranked 13th.<sup>18</sup> When survey participants were asked to assign finite resources to prioritise adaptation policies, health and wellbeing of UK citizens, the wellbeing of vulnerable groups and the smooth running of social and emergency services were the top three choices with

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<sup>15</sup> Southern Staffordshire Community Energy, SSCE Share Offer. <https://bit.ly/2bhphDA>

<sup>16</sup> Abbasi, K., Godlee, F., 2020. Investing in humanity: The BMJ's divestment campaign. *BMJ*. 368 :m167

<sup>17</sup> British Public Perceptions of Climate Risk, Adaptation Options and Resilience March 2020 Cardiff University, UK Climate Resilience Programme, Climate Outreach

<sup>18</sup> ibid

transport infrastructure and the growth of the UK economy coming further down the list – to the British public, health is wealth.

We need public concern around climate change to remain high in order to make the challenging changes necessary to achieve net-zero emissions in the NHS. It is therefore important to frame messages around climate impacts in relation to health risks and wellbeing. These resonate. Health is a salient consideration across diverse audiences when engaging with climate change.

But while messages that make clear links between our changing climate and health risks are likely to be well received, it is also important to remember that the public's understanding and awareness of the nature of the health impacts of climate change are still low. We should not assume that the public knows the health benefits of climate policies. We need to join the dots. Gradually building this narrative around the health impacts of climate change is an important step to furthering and maintaining public engagement, and no one is better placed to do this than health professionals.

## Health Professionals as Climate Advocates

Most doctors, nurses and other health professionals already understand the need for urgent action, and support decarbonising our society. In November 2018, a survey conducted by YouGov on behalf of UKHACC found that a majority of health professionals working in the NHS (including nurses, doctors, AHPs, commissioning managers etc.) are concerned about the impact climate change will have on public health and the health service, and 79% support the UK adopting an aim to cut its carbon emissions to zero in “the next few decades”.<sup>19</sup> While such a target has since been set by the Government, this strength of feeling amongst NHS staff is a strong basis for swifter action in the health sector, and for interested individual health professionals to be connected as part of a network of political and social advocates.

UKHACC is currently co-delivering a pilot-project with Global Action Plan to investigate the power of enabling Doctors, Nurses and other health to help the public to change their behaviours to those which are healthier for the planet and for themselves. Specifically, we are assessing a variety of messages and materials related to air pollution<sup>20</sup>. Results are not expected to be gathered until late spring, but thus far we have found that there is an appetite amongst health professionals to be engaged in such projects.

## Involving patients & other stakeholders

In developing a plan to reduce net carbon emissions in the health service to net-zero, the NHS might look to the processes by which the UK Government aim to achieve the same across the country by 2050. The Government has established a ‘Climate Assembly’, which brings together a representative sample of the UK population to learn about climate change, discuss how we might address it, and make recommendations about what should happen.<sup>21</sup> The outcomes of their discussions will be presented to six parliamentary select committees, and will also be debated in the House of Commons. In France, President Macron has afforded even more influence to its citizen's assembly on climate change – promising to submit their proposals, “without filter”, for referendum, parliamentary vote or decree.<sup>22</sup>

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<sup>19</sup> YouGov [for UK Health Alliance on Climate Change], 2018. Health Professionals' Attitudes to Climate Change.

<sup>20</sup> UKHACC, 2020. *Your role in tackling air pollution*. <https://bit.ly/3dkqeYP>

<sup>21</sup> Climate Assembly UK, [2019]. <https://www.climateassembly.uk/about/>

<sup>22</sup> European Climate Foundation, [no date]. *A Tale of Two CitIZENS' ASSEMBLies*. <https://bit.ly/2J0JlZZ>

By establishing an NHS Climate Assembly as part of the Greener NHS campaign, the NHS could ensure that the significant changes that are required to be made in order to reach net-zero are done in a way that is equitable, and well represents the interests of staff, patients, contractors and a wealth of other health stakeholders.



# Appendix 1: Actions that UKHACC Members might take to counter the climate emergency

In all meetings between UKHACC Chair, Dr Richard Smith, Director Nicky Philpott, and the leadership of individual UKHACC members (Presidents, CEOs etc.), we have shared this list as a starting point for discussions about actions our members can take themselves to reduce their environmental impact. Many of these steps have already been taken by several UKHACC members (some of which are recorded in appendix 2), and it is our ambition to record the progress of each organisation on our website.

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## Advocate

- Talk about the climate emergency and its impact on health in your organisation - many of us are not having this conversation. Have a discussion, bring people in, talk about what you can do as an organisation and the benefits this might bring.
- Use your political leverage with elected representatives, with the NHS and with key partners.
- Declare that the climate emergency is a health emergency.

## Plan

- Produce a plan to reduce your organisations contribution to the climate emergency, including targets to be met by specific dates
- Measure, monitor, and report on the progress with your plan
- Embed environmental actions, such as reducing greenhouse gas emissions, in your governance processes.
- Appoint a member of staff to lead your organisation's efforts to combat the climate emergency.

## Adapt

- Buy only renewable energy.
- Ensure all lighting in your buildings uses energy efficient bulbs - ideally LED throughout.
- Reduce waste year-on-year.
- Eliminate the use of single-use plastics.
- Introduce meat-free days in your café/canteen and promote ways of encouraging less meat and dairy consumption.

## Travel

- Transport accounted for 28% of greenhouse gas emissions in 2017. Make it easier for staff and members to walk or cycle to your building (cycle racks, showers, developing walking routes), promote car sharing, if you have fleet cars change to electric or hybrid vehicles.
- Increase virtual meetings, reduce meetings that necessitate long-distance travel.
- Support staff and members to use alternatives to flying for work trips when possible and if not, then carbon offset.

## Finance

- Buy goods and services only from those committed to a sustainable future.
- Divest from fossil fuels.