



Care Without Carbon: clinical activities

Better Care, lower environmental impact

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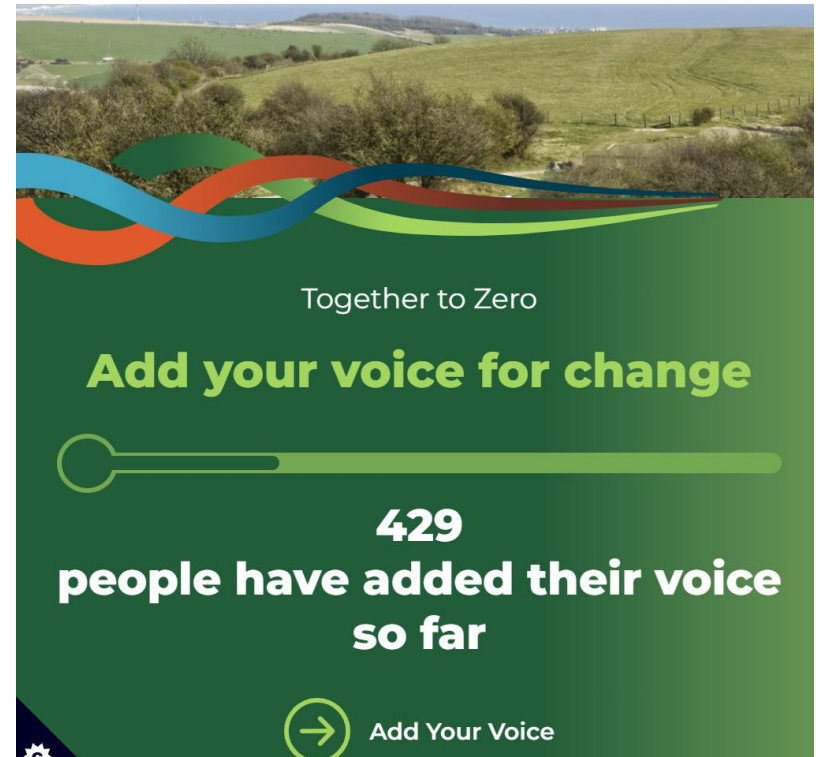


Sussex – service resilience

- Disruption to services heat/flooding – Lewes/ Alfriston/ Ashdown Forest
 - Health implications – air pollution, heat
 - Increased A & E admissions pressure on NHS
 - 65% of community staff cancelled appts due to weather in last year
 - **Poor air quality** – permanently above WHO recommended levels – B&H and many areas
- Improving Lives Together*

Care Without Carbon - Clinical Engagement

- 80% carbon footprint is driven by clinical decisions
- Delivering Carbon NZ by 2040 requires change in care delivery
- Staff have ideas for improvements
- Staff led QI projects usually benefits
 - better patient outcomes
 - saving staff time/ money
 - greener/save emissions
- Support staff: check impacts – pt, equity, sustainability
- Toolkits, ideas, case studies, drop-in sessions, staff meetings



1. PREVENTION

Promoting health and preventing disease by tackling the causes of illnesses and inequalities

3. LEAN SERVICE DELIVERY

Streamlining care systems to minimise wasteful activities



2. PATIENT SELF-CARE

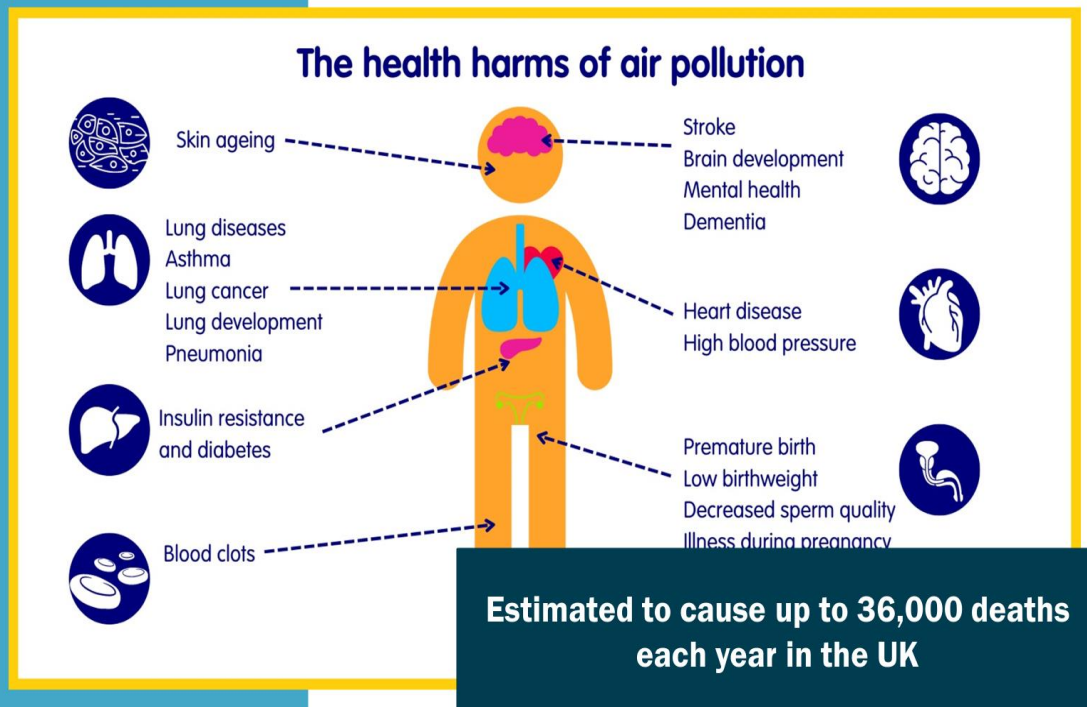
Empowering patients to take a greater role in managing their own health and healthcare

4. LOW CARBON ALTERNATIVES

Prioritising treatments and technologies with a lower environmental impact

Improvements in public health – relevance to patient group

Air pollution affects every organ



Air pollution now recognised as top risk factor for stroke on par with smoking

[The Lancet Neurology: Air pollution, high temperatures, and metabolic risk factors driving global increases in stroke](#)

Top risk factor for subarachnoid haemorrhage, 14% of the death & disability caused by this stroke subtype

Outcomes in year one- Improvements for staff/service

Waiting List Decreased



✓ 50-60 on WLs reduced to <10 in each area

✓ Longest wait 50-90 weeks reduced to 5 weeks

✓ Improved staff wellbeing

Project milestones



Stakeholder
engagement
sessions –
why, what
and when



Patient
feedback



Voluntary
engagement
(all 5 teams
involved)



Training
clinicians -
digital therapy



VC pilot –
5 months



Carbon
footprints
/ SHIA
current &
new
pathways

Outcomes

“..helped restore my confidence
...offered timely and effective
sessions.”



Patient benefits

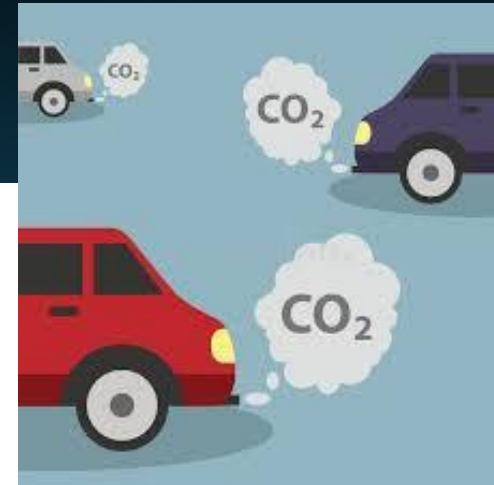
- ✓ **Outcome Measures** as good as face to face
- ✓ **Reported** flexibility, accessibility, cost savings, include carers/relatives
- ✓ **Patient contacts** increased, **WL** down

Staff

- **Saved 200-350** hours in travel
- **More appointments**
- **Staff flexibility**
- **Saved £7348** travel expense (5 months)



Environmental Results



Environment

- ✦ **4.8t CO2e** in 5 months equivalent to the annual emissions of about 40 average family cars
- ✦ **Saved 10,000 miles**

Service

- ✓ **NICE guidelines** can offer choice

<https://www.nice.org.uk/guidance>

- ✓ **Service Resilience**
when adverse weather

- ✓ **Blueprint /guide written**



Community Appointment Days

Solution

- Conversations not Consultations
- 3rd sector & charities invited
- Immediate spinal rehabilitation as needed

Benefits:

- ✦ Patients –immediate answers, less wait
- ✦ Ongoing healthier population
- ✦ 50% discharged 30% directed other services
- ✦ Reduced WL by 5 weeks
- ✦ Team –reduced stress, reduced strain on services
- ✦ Planet – reduced pollution, travel



Wound Care – community nurses

Background:

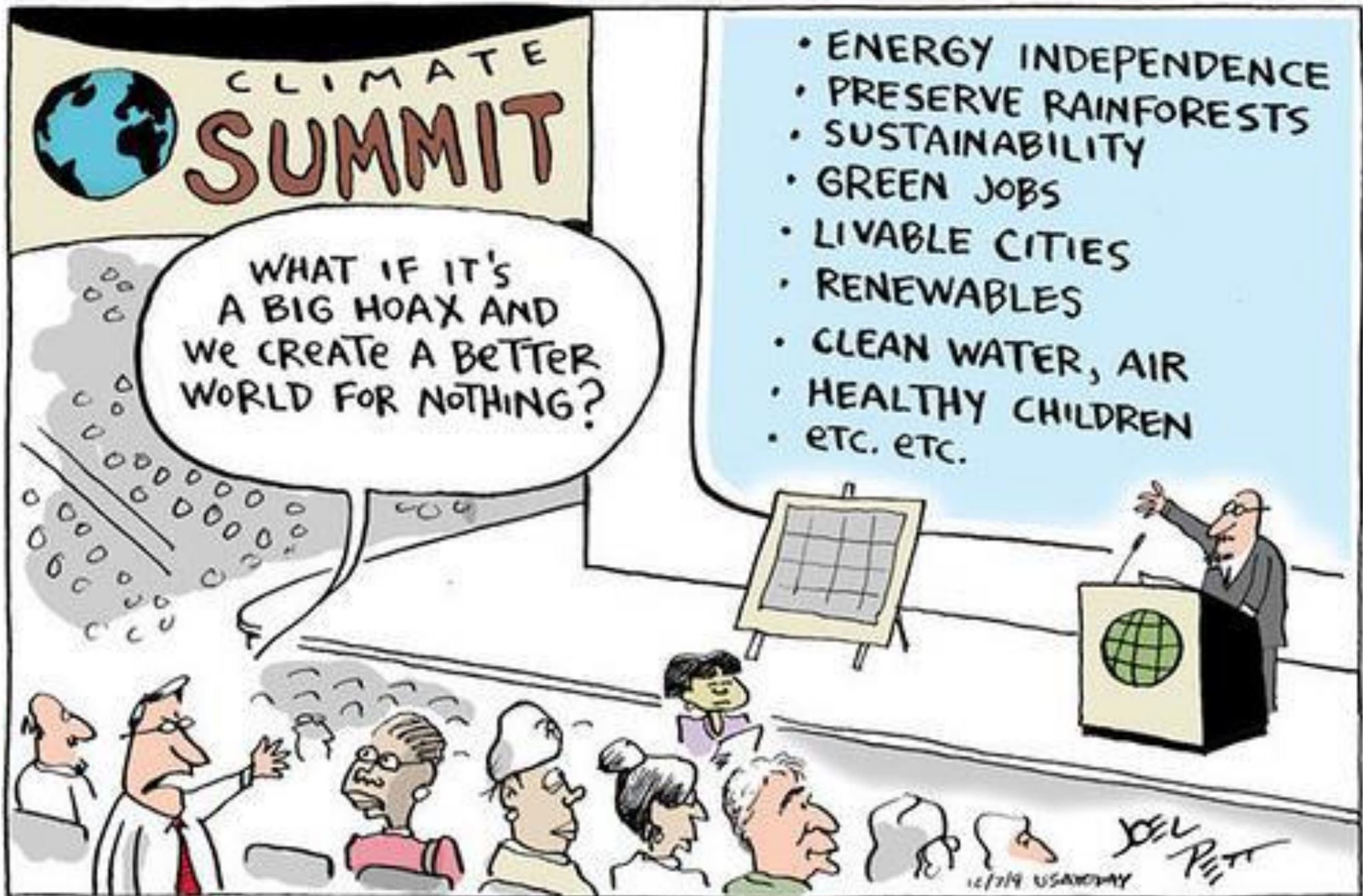
- Lower limb wounds: 3.8 million
- National Wound Care Strategy Programme (NWCSP)

Solution:

- Early intervention
- Compression garments
- Education for evidence-based care
- Clinical pathway

Results:

- Reduced patient suffering
- Improve healing rates/times
- Prevent wounds recurring
- Use clinical time effectively
- **Reduce travel – seen twice a week not daily**
- Reduce product waste

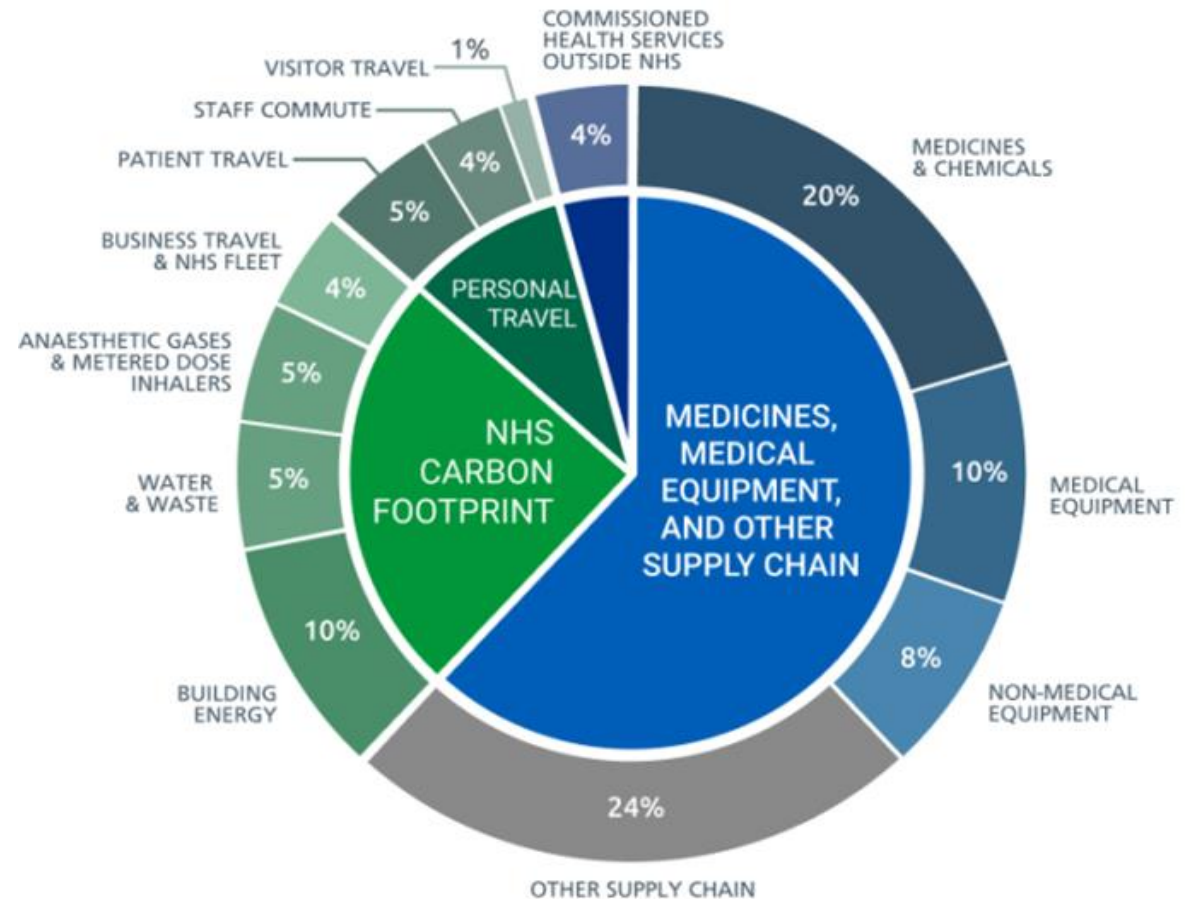


**What else are we doing to reduce pollution
linked to the care we provide?**

What else are we doing to reduce pollution linked to the care we provide?

Sources of travel pollution:

- Business travel
- NHS operational fleet
- Staff commuting
- Patient Travel
- Visitor Travel



How can we reduce pollution from travel?

1

**Reduce the
need to
travel**

Essential travel

Non-essential travel

Clinical business travel

Training
Meetings
Staff commute



2

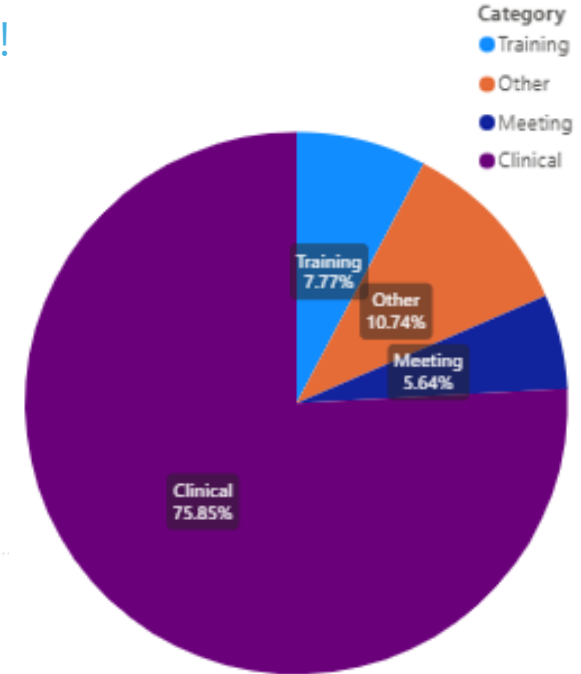
How can we reduce pollution from travel?

Business Travel

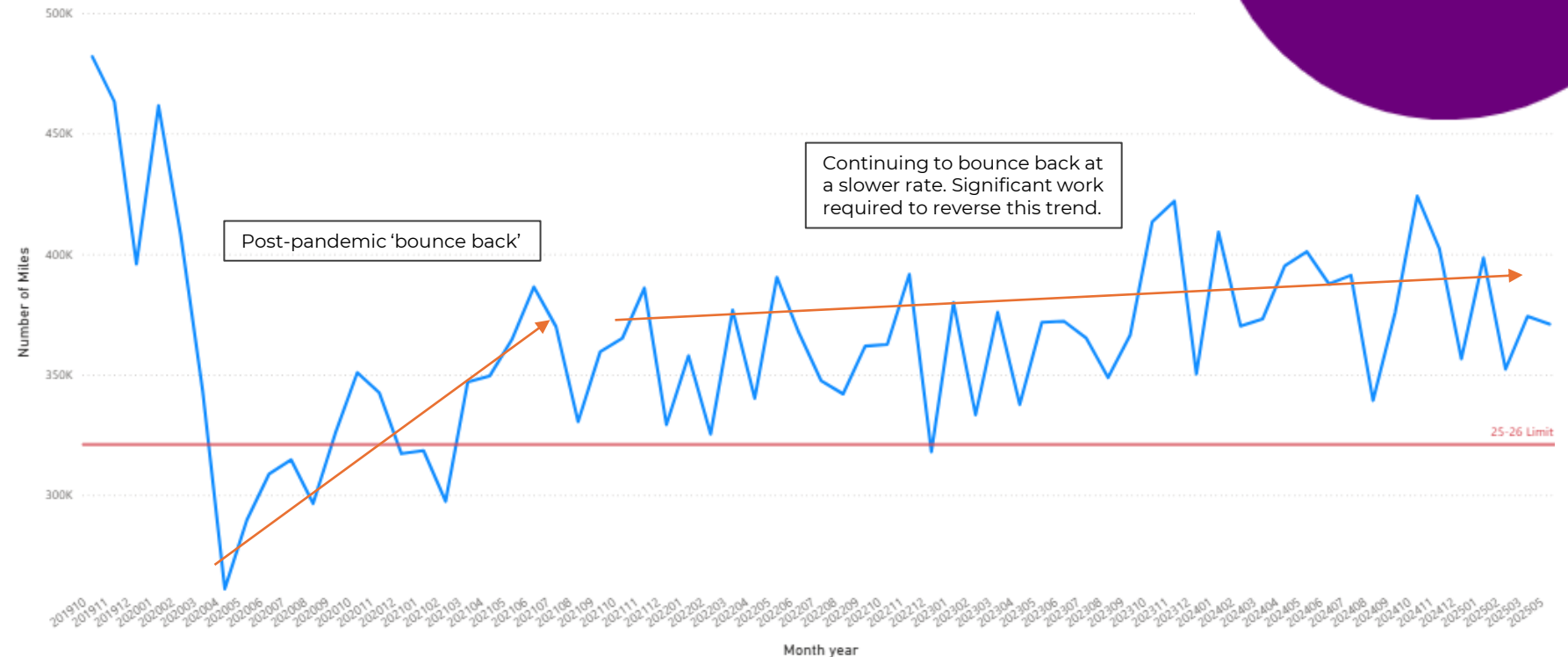
In 2024-25, SCFT staff drove **4,597,800 business miles**

Equivalent to circumnavigating Earth almost 185 times!
This generates **1,425 tonnes CO₂e** emissions

- Embrace and embed digital and remote care options
- Enable smarter working practices
- Redesign care pathways to bring care closer to patients



Grey Fleet BM claims - Road - 2025-26 Target



How can we reduce pollution from travel?

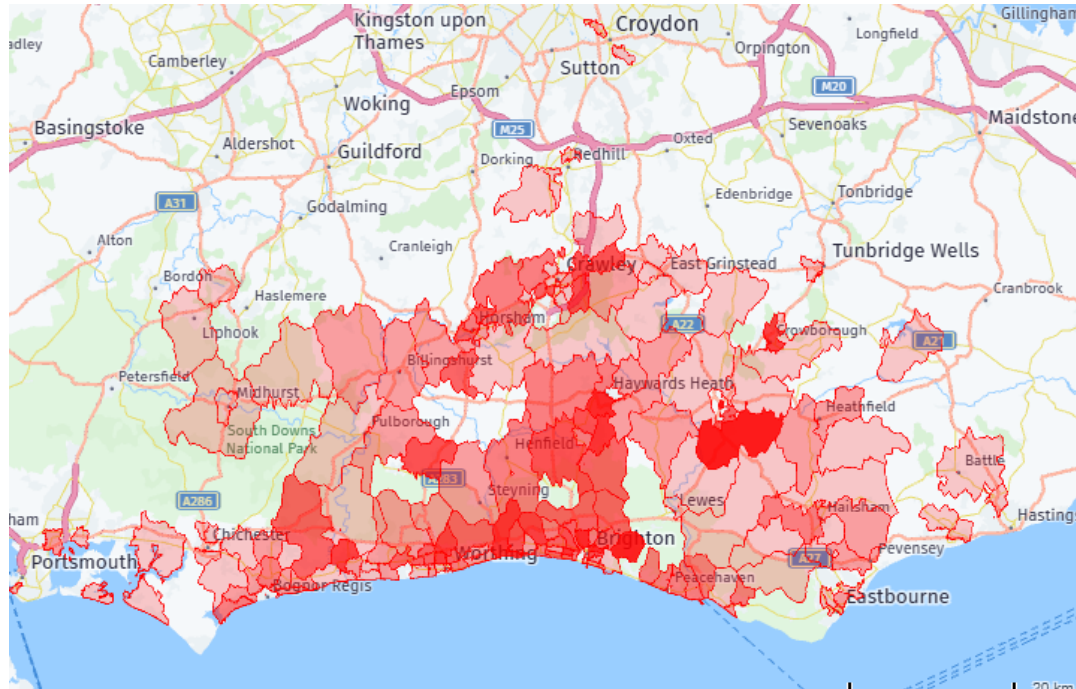
Staff Commute

During 2024-25, it is estimated that our staff travelled **12,912,438 miles** commuting to work.

This is equivalent to travelling to the moon, **and back, 27 times!**



We have a NHSE target to reduce staff travel emissions by 50% by 2033



- Annual Staff Travel Surveys
- Improving facilities to support active travel
- Cycle-to-work scheme (incl. E-bike)
- Site travel maps and green routes
- Signposting to local services
- Public transport discounts
- Affordable EVs through salary sacrifice

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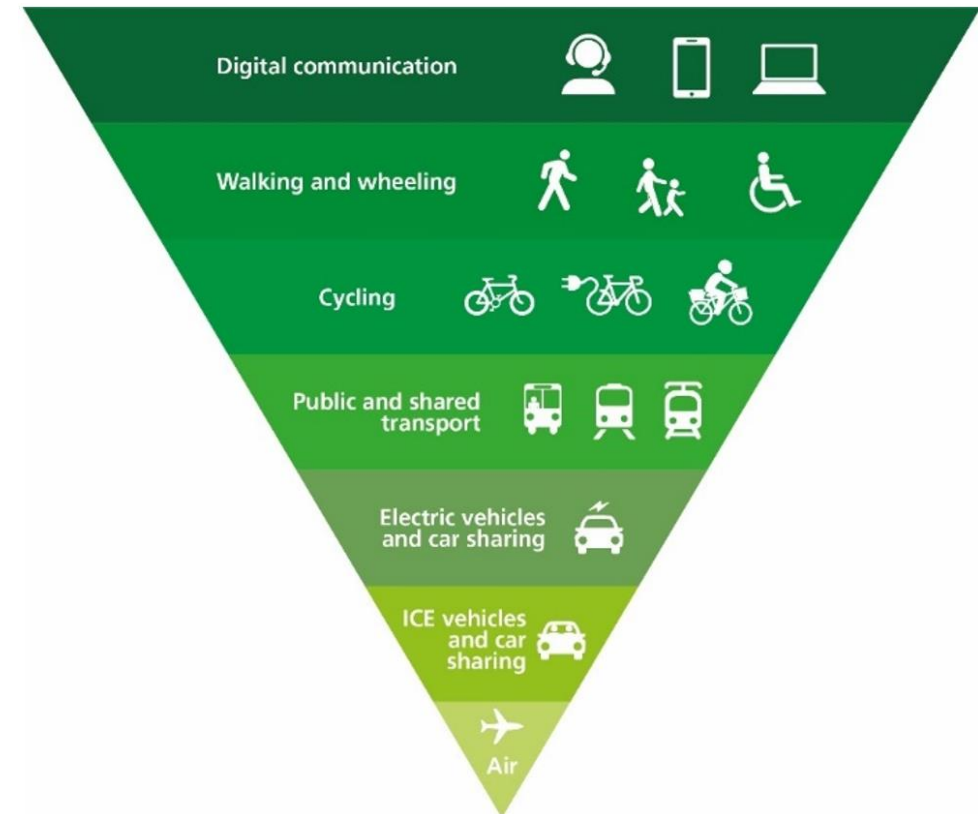
Non-essential travel

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2

Make every mile cleaner, healthier and lower carbon



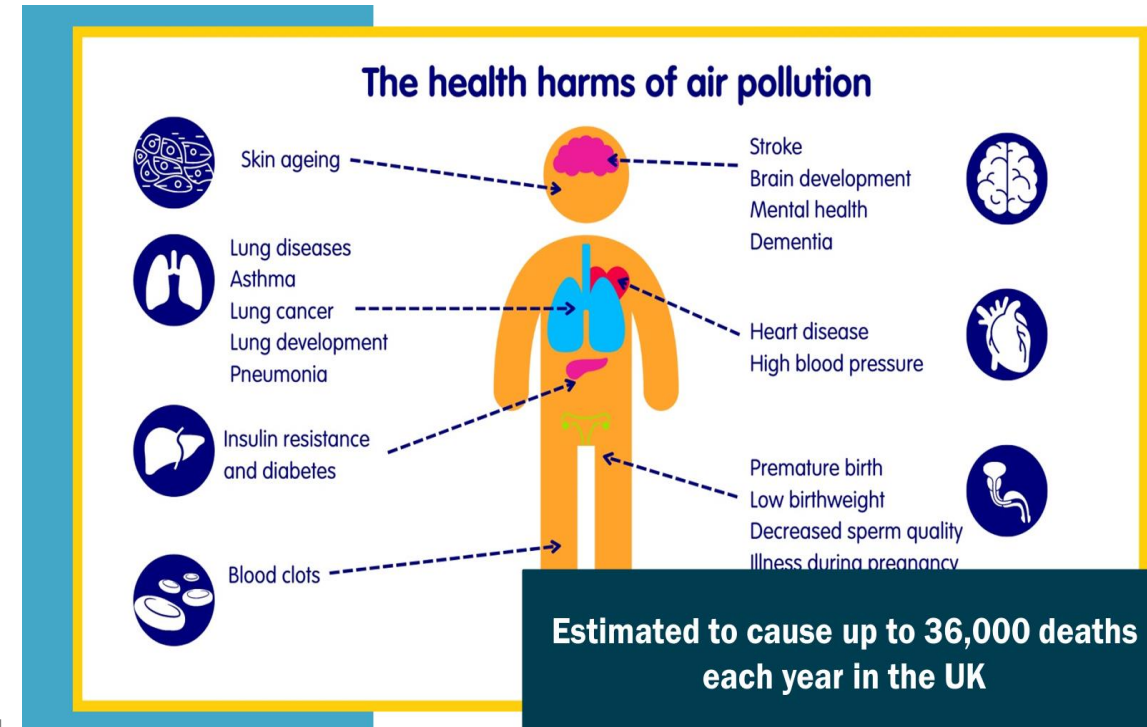
Making every mile cleaner, healthier and lower carbon

What are we seeing?

Pollution is harming the health and wellbeing of our staff, patients and the communities we serve.



The most vulnerable in our communities suffer the greatest impacts from pollution



Making every mile cleaner, healthier and lower carbon

Encouraging to see the **increasing number of EVs on the road**

Vision of the future where EVs, not ICE vehicles, are the norm



This also highlights some **challenges...**

- Not everyone can make the switch to EV
- Many don't want to
- What can be done to support our staff to adopt EVs for commuting and business travel?

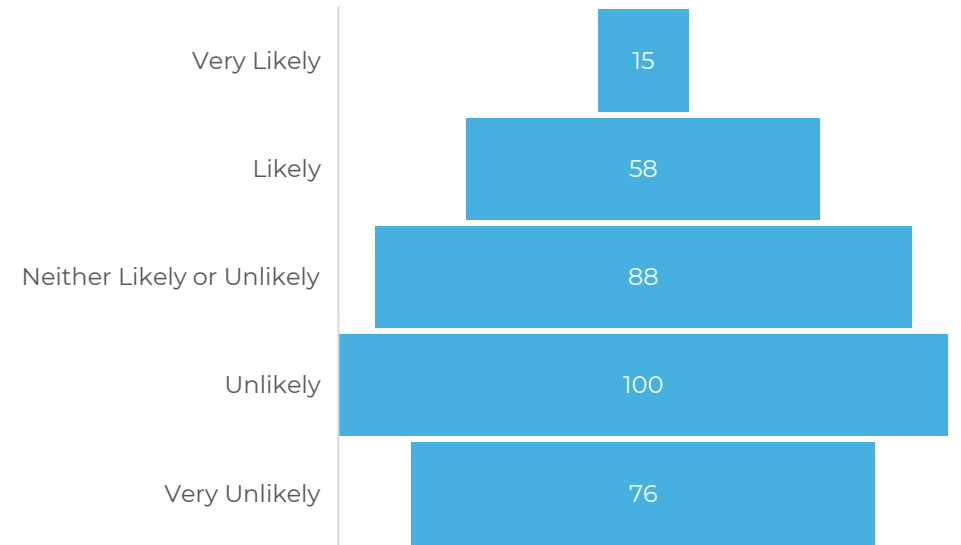


Making every mile cleaner, healthier and lower carbon

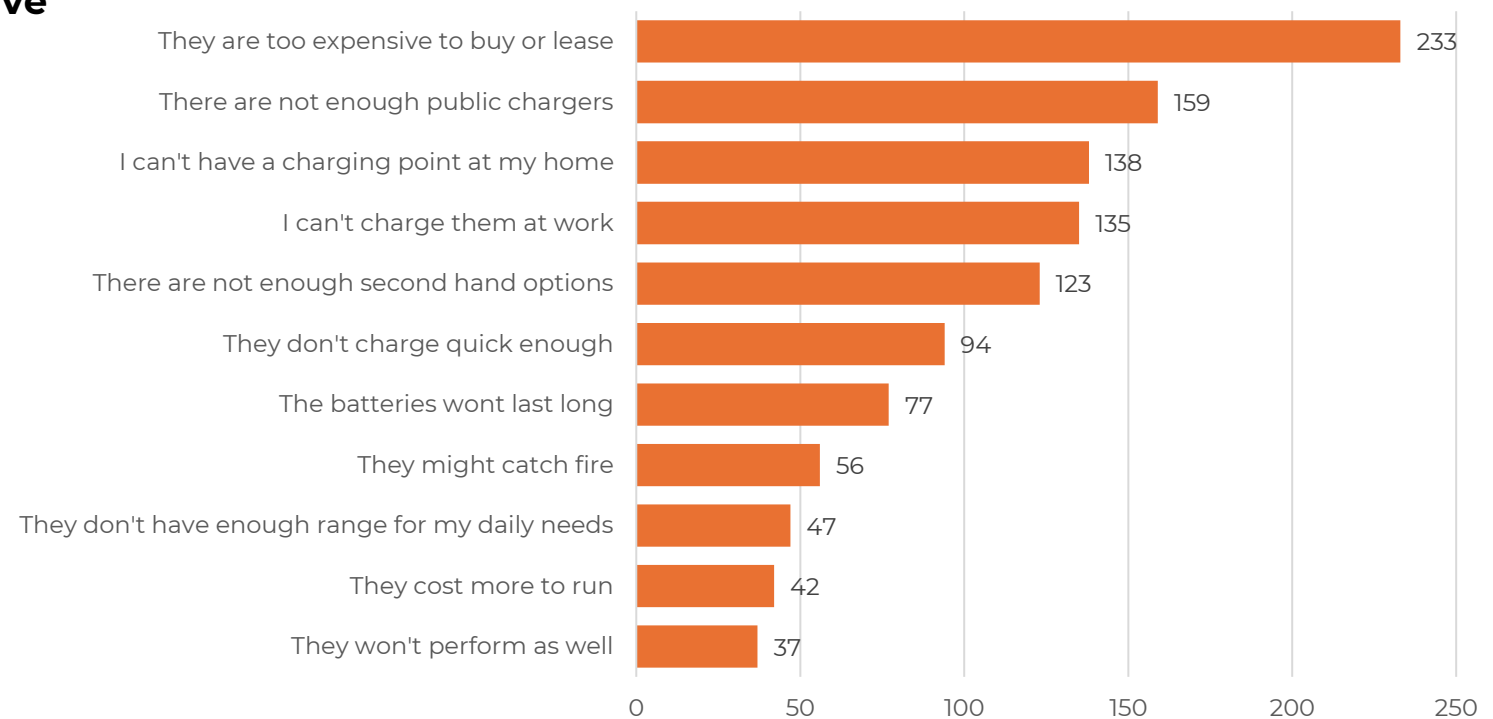
Staff opinions on EV adoption

(Staff Travel Survey results)

**How likely would you be to
change your commuting
vehicle to an electric one in
the next five years?**

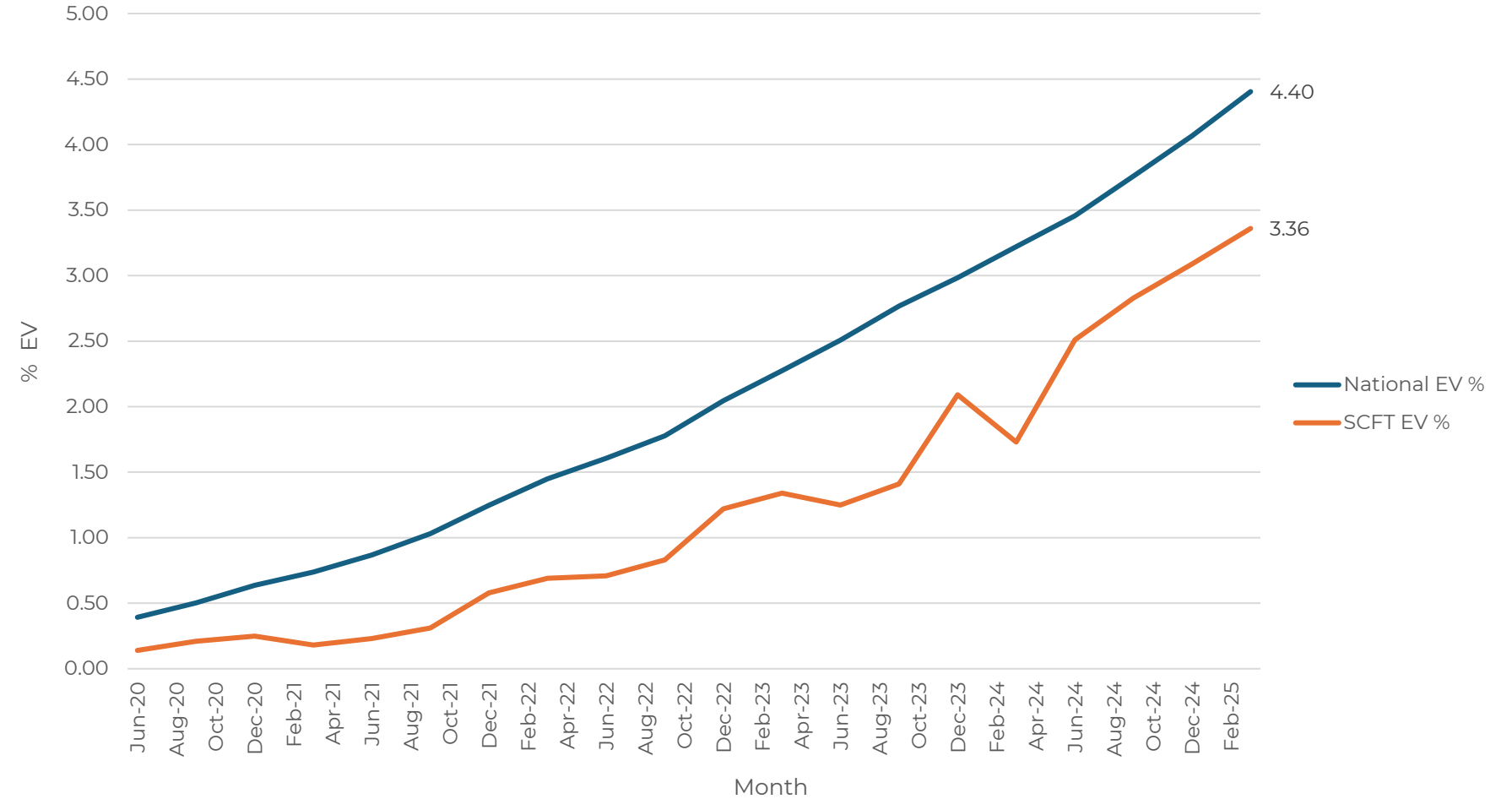


**Which of the following
concerns do you have
about owning an
electric vehicle?**



**Making every
mile cleaner,
healthier and
lower carbon**

% EVs in SCFT Grey Fleet vs National Roads



Making every mile cleaner, healthier and lower carbon

In its 2024 report on EV strategy, The House of Lords Environment and Climate Change Committee noted that there had been “a **concerted campaign of misinformation about EVs in recent months.**”

So what are we doing to make our miles cleaner?

Transitioning our operational fleet (~150 vehicles)

>**90%** Low-emission

>**33%** Zero-emission

From 2027, all new leased/purchased vehicles must be zero emission.

Expanding our fleet of **EV pool cars** and **E-bikes** for business travel.

Installed EV Chargers at Brighton General Hospital to enable fleet transition – now opening up chargers to **support staff charging.**



Staff Communications

Myth-busting report

Health impacts of ICE vehicle pollution

Advice on second hand EVs

Listening to staff via surveys

Salary Sacrifice Lease Car Scheme

We have made EVs the cheapest options

National mandate - EV only from December 2026

EV Myth-busting

EV myths and misinformation are out of control.

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Thank you for listening

Questions?