

Follow our 10 simple steps to provide sustainable healthcare on your SDEC!

This guide gives ideas and resources to drive change in your own department.

Medication management

1. Use the Community



Pharmacy First services can provide prescriptions for urgent medications via community pharmacies.

For discharges out of hours, this could prevent the need for a patient journey (and fuel usage) back to hospital simply to collect medications, as well as streamlining hospital pharmacy services.

Read more on **Pharmacy First**:



2.

Pack Your Bags



Encourage the use of **Patient's Own Drugs (PODs)** to reduce missed doses and avoid unnecessary duplicate supply.

Using PODs can lead to significant financial and environmental savings, reducing duplicate supply and waste within the NHS.

Read a **SusQI project report** promoting use of PODs:



3. Give what they need

Unnecessary supply of discharge medications, either duplicate or beyond required course length, inevitably leads to medication wastage.

Consider introduction of pre-pack medications (i.e. oral anticoagulation until scan performed next day) limited only to what patients need.



4. Iron Deficiency Anaemia

Not all patients with IDA need IV iron supplementation. The inappropriate use of IV iron leads to increased use of consumables, repeated points of contact with healthcare (including patient travel), and unnecessary associated costs.

IV iron is largely considered where GI absorption may be impaired (IBD, heart failure), or where PO replacement has failed.

Note – for the majority of patients, IV iron **does not** increase Hb quicker than PO.

Read the BSG Guidance to find out more



Quick Clinical Wins



5. Anticoagulation in VTE

VTE affects 1-2 per 1,000 annually in the UK, and commonly presents to SDEC.

For the majority of patients, **use of a DOAC is sufficient in treatment.**

Inappropriate use of LMWHs leads to significant consumable use, as well as the carbon cost of producing the often-porcine derived product.

VKAs are rarely used, but require significant ongoing monitoring and contact with healthcare.

Review **NICE's easy to use visual guide** to see what anticoagulation is right for your patient.

6. Minimum retesting intervals

The Royal College of Pathologists aimed to reduce unnecessary waste by developing Minimal Retesting Intervals (MRI) for multiple investigations and situation. These MRIs are evidence-based recommendations to **reduce waste and cost** while maintaining standards of care.

Unnecessary repeat investigations can lead to increased cost, consumable use, energy use in lab processing, and increased length of stay.

Specific examples relevant to SDEC are

- Autoimmune/CTD screens
- BNP
- Haematinics
- IBD investigations

Think – has that test been done already, and is there benefit to the patient in repeating?

Review the guidance to check your request!



Operational changes

7. Gloves Off

In the wake of COVID, it's easy to forget that not all patient contact requires gloves. Tasks such as performing observations, examining a patient, assisting with fluids or diet, moving belongings or tidying their bedspace **can be done with ungloved hands**, which should be washed before and after. Gloves still used for contact (or risk of) with bodily fluids or broken skin, chemical hazards or patients with infection undergoing isolation.

The Gloves Off campaign is **easy to implement**, and potential for **huge impact** on our financial and carbon cost. Scan the code to find out how to get started!



8. Remote follow up



This systematic review of several studies shows what a huge difference offering remote telemedicine consultation and follow up can make in reducing greenhouse gas emissions.

Utilizing this type of follow up could make the most difference in more rural DGHs where patient travel to hospital could be substantial. **Who could your telephone follow-up patients be?**

9. Outpatient Antimicrobial Therapy (OPAT)

While **IV to oral switch can make a significant impact** on cost and carbon impact, it isn't suitable for all patients.

OPAT can significantly reduce carbon cost through reduction in travel, consumable use, and length of stay.

The below case study highlights the need for robust OPAT pathways. **Can you implement this in your unit?**

Read about IV to oral switch and OPAT below:



10: Get involved!

Want to learn more?

Visit the EcoSAM page to find resources such as:

- Links to susQI resources
- EcoSAM's Hot Weather Health Plan
- IV to Oral Switch Guide
- The Acute Medical Podcast - 'Sustainable Medicine'
- Sustainability Spotlight to highlight your own work!



If you'd like to know more – please get in touch at ecosam@acutemedicine.org.uk

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