

GHG Protocol Product Life Cycle Accounting and Reporting Standard: Sector Guidance for Pharmaceutical and Medical Device Products

Response from the Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) welcomes the opportunity to contribute its views on this Standard.

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

Leadership, representation and advocacy: promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

Professional development, education and support: helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

Professional networking and publications: creating a series of communication channels to enable pharmacists to discuss areas of common interest.

We would like to highlight that our response has been produced in the spirit of a professional leadership body and that we have produced the response within the very short timescale of 4 weeks which we believe for this level of complexity and detail of consultation is inadequate.

General comments:

In general we support the overall aim of the development of a common language and approach to carbon footprinting that can be used across the sector by producers and users alike. However, the

implications of collecting, analysing and reporting the data required by this standard need to be carefully considered before its wider implementation.

There are a number of strategic issues we would like to raise and these are outlined below:

Medicines optimisation:

Around £8.8 billion is spent every year on medicines in England in primary care¹ and we know that around 30 - 50% of patients don't take their medicines as intended². Therefore we are currently not getting good value for the investment made in medicines. We believe that there should be more emphasis on adherence and shared decision making with patients. Healthcare professionals need to support patient's choice including whether or not they want to take the medicine based on the relevant information. Whilst not necessarily reducing the carbon footprint there would be a level of reassurance that the energy and investment made in producing the medicine was having the best possible outcome for the patient. Potential benefits from good medicines optimisation include a reduction in hospital admissions which could contribute to an overall reduction in the carbon footprint as transportation to hospitals is reduced and a reduction in medicines waste (see below). Good medicines optimisation could also result in a reduction in the number of medicines prescribed for individual patients.

Sourcing of medicines:

We believe that wherever possible medicines used in Great Britain should be sourced closer to home. The cost of medicines from other parts of the world such as China may be significantly cheaper but when the carbon footprint costs such as transportation are added into the equation does this could have a negative effect on the overall carbon footprint and needs to be taken into consideration.

Homecare:

Homecare services have recently expanded. These services enable patients to receive the medicines to their home and could have an impact on carbon footprint in a positive way. The carbon footprint of one delivery van going to a number of patient's homes vs a number of patients travelling to a hospital needs to be considered especially in relation to 'travel by the patient or the clinician to receive / collect / administer the pharmaceutical product or to utilise the medical device is a non-attributable process

¹ NHS Information Centre <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions/prescription-cost-analysis-england--2011>

² <http://www.bowgroup.org/content/delivering-enhanced-pharmacy-services-modern-nhs-improving-outcomes-public-health-and-long-t> Bow Group: Delivering Enhanced Pharmacy Services in a Modern NHS: Improving Outcomes in Public Health and Long-Term Conditions

that should be included in the study' (page 130). However, there are a number of concerns around Homecare which have recently been highlighted in a Department of Health report³.

Medicines Waste:

There is a large amount of medicines wasted across Great Britain. Good medicines optimisation (see above) has the potential to reduce the amount of medicines wasted. A study carried out in 2010 concluded that for the NHS in England a gross annual prescribed medicines wastage sum of £300 million represents a robust central estimate⁴. The majority of waste medicines are incinerated adding to the carbon footprint of a medicine and this relates to 'Transport of waste product and packaging to the point of delivery to its point of final treatment - this shall include intermediate transport stages, such as return of medicines or take back of medical devices etc is an attributable process' (page 137).

Kind regards,



Shilpa Gohil

Chair, English Pharmacy Board,
Royal Pharmaceutical Society

For further information or any queries you may have on our consultation response please contact Heidi Wright heidi.wright@rpharms.com 0207 572 2602

³ <http://cmu.dh.gov.uk/files/2011/12/111201-Homecare-Medicines-Towards-a-Vision-for-the-Future2.pdf>.

Homecare Medicines: Towards a Vision for the Future

⁴ http://php.york.ac.uk/inst/yhec/web/news/documents/Evaluation_of_NHS_Medicines_Waste_Nov_2010.pdf