

Summary report

Public perceptions of the environmental impacts of UK healthcare systems

March 2025

Miranda MacFarlane (MSc), King's College London
Dr Sarah Briggs, Oxford University
Dr Gabrielle Samuel, King's College London

FUNDED BY

NIHR | National Institute for
Health and Care Research



Background

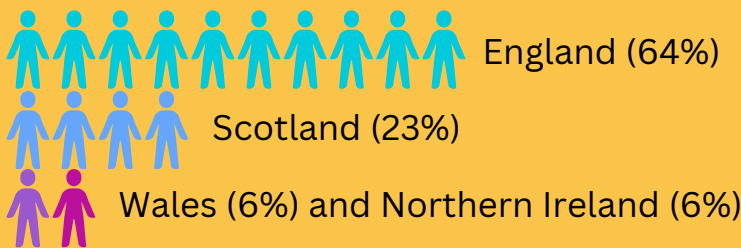
As the UK National Health Service (NHS) accelerates its transition towards Net Zero, it is important to understand how members of the public across England, Scotland, Wales and Northern Ireland perceive this transition, and their views on where they feel priority areas should lie.

Our research

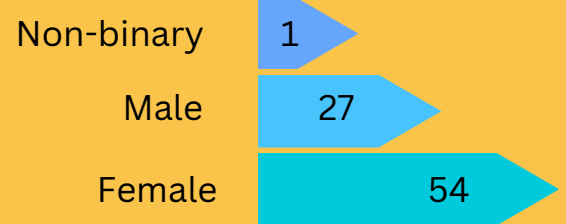
We conducted 12 focus groups with 82 members of the UK public. Participants had varying backgrounds and levels of knowledge about the healthcare system and environmental issues.

Demographic information

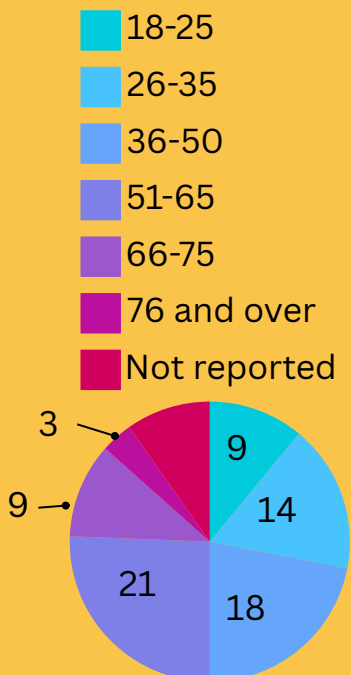
Country of residence



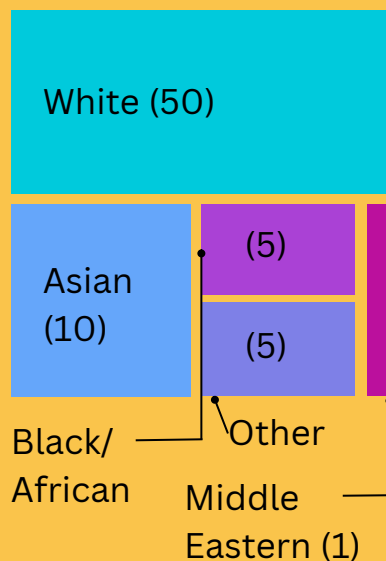
Self-identified gender



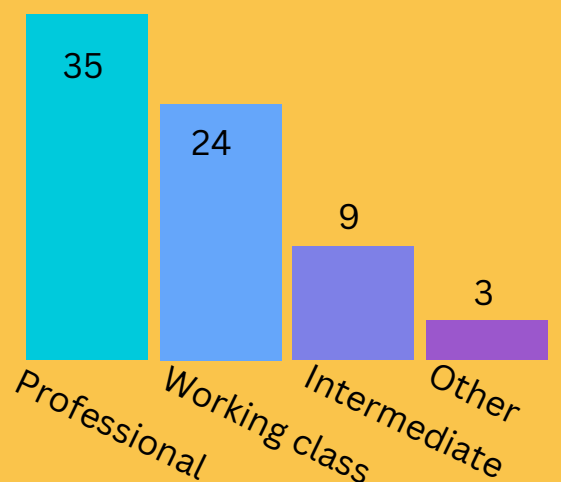
Age range



Ethnicity



Socio-economic background



Categories used are described by the [Social Mobility Commission tool-kit](#), July 2021

Demographic data was collected using free-text and responses have been grouped into categories. Contributing data beyond country of residence and gender was optional.

Public perspectives

The public had given little consideration towards the environmental impacts of the UK healthcare system. The majority of participants noted that by engaging with the focus groups this was the first time they had thought about the issue.

Key findings

- A** Participants discussed healthcare's environmental impacts mostly in terms of environmental harms. They supported efforts to reduce these environmental harms, as long as patient health remains the first priority.
- B** Participants felt that environmental harms from healthcare activity should be considered and addressed *outside clinical encounters* because:
 - thinking about environmental harms of treatments/care options could make patients feel guilty or responsible for the harms.
 - requiring healthcare professionals to discuss or manage environmental harms during appointments could (over)burden these professionals and disrupt caring relationships.
- C** For participants, patients needed to be able to understand how environmental harms have been or will be integrated into the health system *should they want to know*. Communication should detail positive aspects/progress towards environmentally responsible healthcare.
- D** Participants were tentatively supportive of technological solutions to decrease environmental harm, *with caveats*: technological approaches must be evaluated to ensure benefits to care quality and/or access.
- E** Participants supported processes that reduced environmental harms while also improving health outcomes ['co-benefits'], e.g. medical investigations only when necessary; walking/taking public transport to appointments. However, this approach was not always straight forward:
 - for example, when 'co-benefits' were assumed without consideration of factors beyond the healthcare system's direct control, such as access to good public transport to attend appointments.
 - participants had different beliefs (based on experiences) about what defined appropriate or necessary medical investigations.

Top priorities from our focus group participants

- 1 Patient health outcomes and quality of care must guide decision making.
- 2 Good quality care is equivalent to environmentally responsible care, with care giving meaning careful listening to patients and their needs.
- 3 Improve efficiency and reduce avoidable waste across the healthcare system. Examples include:
 - information sharing between services to avoid test duplication
 - prescribing practices to reduce over-prescribing
 - procurement behaviour change to reduce surplus use of disposable single use items
 - streamlining appointments to minimise patient travel
- 4 Involve the public in the development of sustainable changes impacting patient experiences and care pathways. Suggested mechanisms include:
 - Patient Participation Groups and the Patient's Association
 - Integrated Care System working groups for the co-design of local interventions
- 5 Communicate with patients outside clinical encounters about successful pilots, improvements to facilities, and best practices for environmentally responsible healthcare, especially those which demonstrate improvements to health outcomes. Mechanisms could include:
 - digital screens in waiting rooms, newsletters and community notice boards, media coverage
- 6 Integrate health and environmental sustainability across other policy areas so that any changes are supported by a wider enabling policy environment.
 - for example, healthcare policies to reduce travel emissions rely in part on a robust public transport provision
- 7 Raise the profile and increase investment in public health and its services. The role of public health is not always clear to members of the public even though it is essential to the NHS's green agenda. Focus group participants recognised that addressing wider environmental and social determinants of their health would reduce the environmental burden of healthcare.