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We need tougher action on reducing air pollution

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The recent *Chief Medical Officer's annual report* had a welcome focus on air pollution, demonstrating how much of a threat to health it is and highlighting the seriousness of this public health issue.¹ As doctors, we are already seeing the impact of air pollution and climate change on our patients. We also remember when a coroner made legal history in 2020 by ruling that air pollution was a cause of the death of Ella Kissi-Debrah, a nine-year-old girl, with severe asthma. The cost of living crisis means more people are living with inadequate heating and inadequate clothing and more patients are having to prioritise paying for food over inhalers, resulting in asthma deaths being at an all time high.

Therefore, in order to make a real impact and improve the health of the population, we need more than what this recent report offers. The UK government must make solid commitments to significantly reduce air pollution and make fundamental changes to protect people and the planet.

The report correctly highlights the devastating impact on health that air pollution can have. The list of associated conditions that it can cause is exhaustive—increased risk of respiratory and cardiovascular disease, lung cancer, diabetes, neurological disorders, adverse pregnancy outcomes, depression and anxiety. However, much tougher action and clearer direction is needed than the recommendations set out in the report, to accelerate our efforts in reducing air pollution in order to reduce the impact on health.

The BMA, UK Health Alliance on Climate Change and other health organisations clearly set out in the 2022 The Lancet Countdown on Health and Climate Change Policy brief, that the UK needs to adopt a legally binding commitment to reducing fine particulate air pollution.² Particulate air pollution exposure can cause cardiovascular and respiratory disease, and cancers. Therefore, we recommend that in the UK the level should be reduced to 10 µg/m³ by 2030, with a future objective of achieving the World Health Organization's recommended guideline of 5 µg/m³. If the government is serious about reducing air pollution, they should start with this.

Achieving a target of 10 µg/m³ by 2030 would result in 98 000 life years gained annually with people living longer, experiencing less ill health, a reduced burden on the health service, and fewer days lost to absenteeism in the workplace.² Conversely, the current UK government's proposed target of achieving the 10 µg/m³ target by 2040 rather than 2030 would mean the UK limit would be double the WHO's recommended guideline 18 years from now. The UK government must bring forward the target to achieve a lower level of air pollution and commit to reducing it further.

Like the chief medical officer, the BMA has also called for greater and equitable access to green space. Green spaces reduce areas of raised temperatures (urban heat islands), positively affect physical and mental health and wellbeing, provide shade and cooling benefits, and contribute to reducing air pollution. In the UK, inequalities in access to green space for exercise and recreation, combined with higher levels of air pollution in the most socioeconomically deprived areas, threaten the physical and mental health of millions of adults and children. The government must commit to investing in, and encouraging use of, green spaces. Protecting and developing high-quality natural places should be prioritised to ensure everyone has a local park within a 10 minute walk of their home.

The chief medical officer was right to highlight the NHS as a major contributor to air pollution. The sheer size of the NHS means that it has one of the largest carbon profiles in the country and bringing this down will be crucial to meeting national targets. Nevertheless, the recommendations for the NHS in the report were weak. Much more practical guidance and support, such as national guidance on carbon monitoring, is needed to help the NHS achieve its net zero targets.

The NHS has made some good progress in reducing carbon emissions. However, new BMA research found that this progress is stalling.³ Only small improvements have been made in reducing energy consumption from fossil fuels within the NHS and nearly all NHS fleet vehicles are fuelled by petrol or diesel—an area that the chief medical officer makes recommendations for improvement in his report. There is no doubt that the pandemic is one of the major reasons for the slow progress, causing the NHS to, quite rightly, prioritise protecting the immediate health of the population and service delivery. But it is important that we don't lose momentum and that reductions in emissions continue.

If UK governments are serious about achieving net zero carbon targets within the NHS, they will need to go much further than the recommendations set out in the chief medical officer's report and provide much greater support for NHS organisations. Practical guidance is needed on how organisations can implement sustainability practices and measure their effectiveness and let's not forget the need for investment. Given the huge pressures the NHS is under and the increasing energy costs, major improvements to sustainability practices may not happen if specific funding is not made available by UK governments, despite the fact they can save money in the longer term.

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- 1 Chief Medical Officer's annual report 2022: air pollution <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2022-air-pollution>
- 2 The Lancet Countdown on Health and Climate Change. Policy brief for the UK. 2022. <https://www.bma.org.uk/media/6332/2022-lancet-countdown-uk-policy-brief.pdf>
- 3 More support needed to help the NHS reach net zero <https://www.bma.org.uk/what-we-do/population-health/protecting-people-from-threats-to-health/more-support-needed-to-help-the-nhs-reach-net-zero>