

CO₂ assessments for surgeries

Andrew Cooper explains environmental and energy benchmarking assessment for new surgeries

GREEN GP

The UK faces binding European targets to reduce CO₂ emissions and energy shortages by 2016/17, and the NHS has its part to play in conserving energy and reducing CO₂ emissions.

To demonstrate energy efficiency, a benchmarking system is used: the Building Research Establishment Environmental Assessment Method (BREEAM).

BREEAM Healthcare applies to all buildings that contain medical facilities, including GP-owned developments. GPs working with their PCT to provide or extend surgery facilities are expected to comply.

For a building where the capital cost exceeds £2 million, a BREEAM Healthcare rating is compulsory in England and Scotland.

For buildings costing less than £2 million a pre-assessment is still required.

In Northern Ireland the rating is compulsory for buildings costing more than £1 million. All buildings in Wales require an assessment.

Credit-based system

BREEAM uses a credit-based system. Percentage scores are given in 10 categories as well as an overall rating.

The 10 categories are: management, health and wellbeing, energy, transport, water, materials, waste, land use and ecology, pollution and innovation.

It is important to obtain a pre-assessment at the planning stages to avoid implementing costly improvements later to obtain the necessary BREEAM rating.

All healthcare projects are also required to achieve the

travel plan credit covering public transport network connectivity, pedestrian and cyclist facilities, access to amenities, travel plans and information.

For existing buildings a self-assessment tool, BREEAM Healthcare XB, is available.

However, certification can be issued only after a licensed BREEAM Healthcare assessor has audited the assessment and



BREEAM healthcare applies to all buildings housing medical facilities

sent a report to BRE Global, the administrator of all BREEAM schemes.

You can download a free BREEAM Healthcare manual at the BREEAM website.

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NEW

Introducing MENVEO[®], the first conjugated meningococcal ACWY vaccine available in Europe^{1,2}

When it comes to protecting travellers from meningococcal disease

MORE IS MORE:

Versus a quadrivalent polysaccharide vaccine, Menveo[®] was shown to be **MORE** immunogenic:

- for adolescents for protection against serogroups A, C and Y³
- for adults (aged 55 to 65 years) for protection against serogroups A and Y⁴

MORE serogroup protection than a monovalent vaccine

To order **MENVEO[®]** or request further information call 08457 451500

MENVEO[®] Prescribing Information: MENVEO[®] vaccine and related information for insertion. Meningococcal group A, C, W135 and Y conjugate vaccine. **Presentation:** After reconstitution of the vaccine one 0.5 ml dose contains meningococcal polysaccharide antigens (10 micrograms) conjugated to *Corynebacterium alphaeum* (CM₁) protein (16.7–33.3 micrograms); meningococcal group C oligosaccharide (5 micrograms) conjugated to *Corynebacterium alphaeum* (CM₁) protein (2.1–12.5 micrograms); meningococcal group W135 oligosaccharide (5 micrograms) conjugated to *Corynebacterium alphaeum* (CM₁) protein (3.3–8.3 micrograms); meningococcal group Y oligosaccharide (5 micrograms) conjugated to *Corynebacterium alphaeum* (CM₁) protein (5.6–10.0 micrograms). **Indications:** Active immunisation against *Neisseria meningitidis* serogroups A, C, W135 and Y for adolescents (from 11 years of age) and adults. **Dosage:** For adolescents (from 11 years of age) and adults: a single dose (0.5 ml) of the vaccine is recommended. Limited data in persons aged 55–65 years and no data available in persons aged >65 years. Timing and need for booster dose has not been investigated. **Administration:** Intramuscular injection into the deltoid muscle. It must not be administered intravenously, subcutaneously or intradermally. Separate injection sites should be used if administering more than one vaccine. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients, including gelatin (see SPC), or a life-threatening reaction after previous administration of a vaccine containing similar components. Administration must be postponed in persons with acute, severe febrile conditions. **Warnings and Precautions:** Appropriate medical treatment and observation must always be readily available in case of a rare anaphylactic event following administration of the vaccine. MENVEO[®] will not protect against infections caused by serogroups of *Neisseria meningitidis* that are not present in the vaccine. While human immunodeficiency virus (HIV) infection is not a contraindication, MENVEO[®] has not been specifically evaluated in immunocompromised persons. MENVEO[®] may not result in protection in all cases. **Interactions:** Concurrent administration of MENVEO[®] with tetanus, reduced diphtheria and acellular pertussis vaccine (DTaP) and human papillomavirus quadrivalent vaccine (HPV) did not increase the rate of reactogenicity or change the safety profile of the vaccines. Antibody responses to MENVEO[®] and the diphtheria, tetanus and HPV vaccine components were not negatively affected by co-administration. Passive (supportive) immunosuppressive therapy in patients with immunodeficiency may not elicit an adequate response to MENVEO[®]. **Pregnancy and Lactation:** Use of MENVEO[®] should be avoided during pregnancy or lactation due to limited clinical data. Non-clinical studies have shown MENVEO[®] to have no direct or indirect effects with respect to pregnancy, embryonic/fetal development, parturition or postnatal development. Considering the severity of invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, W and Y, pregnancy should not preclude vaccination when the risk of exposure is clearly defined. MENVEO[®] may be used during breastfeeding. **Ability to Drive and Use Machines:** No data are available. **Side Effects:** Very common: headache, nausea, injection site reactions (pain, redness, swelling, itching), malaise. Common: rash, injection site reactions (redness, itching, swelling), fever, chills. Uncommon: dizziness. **Overdose:** No cases of overdose have been reported. **Legal Category:** PGM. **Packaging Quantities:** Pack of one vial and one pre-filled syringe. MENVEO[®] must be prepared for administration by reconstituting powder (in vial) with solution (in pre-filled syringe). **Bank code:** 642 01. **Marketing Authorisation Holder:** Novartis Vaccines and Diagnostics S.p.A., Via Fiorentina 1, 53100 Siena, Italy. **Marketing Authorisation Number:** EU/1/10/614/001.

For full prescribing information and details of other side effects see the Summary of Product Characteristics.

Full prescribing information is available on request from: Novartis Vaccines and Diagnostics Limited, Customer Service Department, Site 3, Grange Road, Liverpool, L24 9EB. Telephone: 08457 451500.

Date of preparation: March 2010

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk.

Adverse events should also be reported to Novartis Vaccines on 08457 451 500.

References: 1. Shashoua DG. Comparing the meningococci: FEMS Microbiol Rev. 2007;31(7):114. 2. MENVEO. Summary of Product Characteristics available on <http://www.menveo.org.uk/>. 3. Jackson LA, Knicker FM, Partridge KS, Aronson J, Bracy LE, Dull PM. A randomized trial to determine the tolerability and immunogenicity of a quadrivalent meningococcal polysaccharide vaccine in healthy adolescents. *Public Health* 113:2009:2812; 30-41. 4. Stanek J et al. Presented at 47th Annual Meeting, Infectious Disease Society of America, October 2009.

MENVEO[®] March 2010

RESOURCES

- **Building Research Establishment**
www.bre.co.uk
- **Building Research Establishment Environmental Assessment Method**
www.breeam.org
- **NHS Sustainable Development Unit**
www.sdu.nhs.uk