Implementation of Sustainable Practices

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Introduction

Sustainability in pharmaceutical wholesale is often discussed as an environmental issue, but in practice it is a broader operational challenge involving carbon emissions, medicine availability, waste, ethical sourcing, employee welfare, and long-term business resilience. A pharmaceutical distributor cannot simply reduce transport emissions if doing so weakens the reliability of medicine deliveries. Equally, a reliable supply chain cannot be considered sustainable if it depends on avoidable waste, inefficient logistics, poor labour standards, or unmanaged environmental impacts.

This paper examines the implementation of sustainability practices in a UK pharmaceutical wholesale context, using Lexon (UK) Limited as the organisational setting for discussion. The purpose is not to make unsupported claims about the company's current performance. Instead, the analysis considers the types of sustainability practices that a pharmaceutical wholesaler should assess and implement in light of contemporary NHS procurement expectations, supply-chain resilience requirements, and established sustainability theory.

Understanding Corporate Sustainability

The most widely used definition of sustainable development comes from the World Commission on Environment and Development (1987), which describes development that meets present needs without compromising the ability of future generations to meet their own needs. For businesses, this principle requires attention to environmental, social, and economic outcomes rather than short-term profitability alone.

Elkington's (1997) "triple bottom line" framework provides a useful way to translate this idea into organisational practice. The framework asks firms to consider people, planet, and profit together. For a pharmaceutical wholesaler, "people" includes patients, employees, pharmacy customers, drivers, warehouse staff, and workers within the wider supply chain. "Planet" includes emissions, energy use, packaging, waste, and resource consumption. "Profit" includes efficiency, service reliability, financial resilience, and the ability to continue operating over time.

Sustainability should therefore be integrated into strategy rather than treated as a separate corporate-social-responsibility exercise. Hart and Milstein (2003) argue that sustainable value can be created when firms reduce environmental burdens, develop capabilities, respond to stakeholder expectations, and prepare for future constraints. In distribution businesses, this can translate into lower fuel use, better route planning, reduced waste, improved supplier standards, and stronger

resilience.

Sustainability in the UK Pharmaceutical Supply Chain

The pharmaceutical supply chain has characteristics that make sustainability unusually complex. Medicines are regulated products with strict requirements for storage, temperature control, traceability, security, and timely delivery. Many products also depend on global manufacturing networks and specialist raw materials. The Department of Health and Social Care (DHSC, 2025) notes that medicine supply chains are global and vulnerable to disruptions involving raw materials, manufacturing, packaging, regulatory compliance, transport, and final delivery.

This means that sustainability cannot be pursued through simplistic cost cutting. A wholesaler must reduce environmental impact while maintaining patient safety and continuity of supply. The most sustainable delivery schedule is not necessarily the one with the fewest journeys if it increases the risk that community pharmacies will run out of essential medicines. Conversely, frequent low-volume deliveries can create unnecessary emissions and operating costs. The challenge is to find a balance based on service data, medicine criticality, inventory requirements, and transport efficiency.

Transport and Distribution

Transport is one of the most visible sustainability issues for a pharmaceutical wholesaler. Delivery fleets generate direct emissions, while congestion, idling, inefficient routing, and repeated deliveries increase fuel consumption. Sustainable transport therefore begins with operational analysis rather than with vehicle replacement alone.

Route optimisation can reduce unnecessary mileage by grouping deliveries intelligently and responding to demand patterns. Vehicle utilisation should also be monitored so that vans are neither routinely dispatched underloaded nor loaded in ways that compromise safety and service quality. Telematics can identify excessive idling, harsh acceleration, inefficient routing, and maintenance issues. Driver training can reinforce fuel-efficient and safe driving practices.

Fleet decarbonisation should occur gradually and with operational realism. Electric vehicles may be suitable for predictable urban routes where charging infrastructure is reliable. Other routes may require transitional technologies or different vehicle types. The NHS's current sustainable-procurement approach increasingly expects suppliers to measure and reduce carbon emissions across their operations and supply chains (NHS England, 2026a). Pharmaceutical wholesalers that begin measuring fleet emissions accurately will therefore be better positioned for future procurement requirements.

Energy Use in Warehouses

Warehouses are another important source of environmental impact. Pharmaceutical facilities may require heating, cooling, lighting, refrigeration, ventilation, security systems, and continuous digital infrastructure. Energy efficiency measures can reduce both carbon emissions and operating costs without affecting product quality.

Practical measures include LED lighting, occupancy controls, efficient heating and cooling systems, insulation, preventive maintenance, energy monitoring, and renewable electricity procurement. Solar generation may also be appropriate at some sites. However, sustainability projects must respect Good Distribution Practice requirements and any product-specific storage conditions. Environmental performance cannot take priority over medicine stability or patient safety.

A useful management approach is to establish a baseline for energy use and track consumption per unit of activity, such as per order line, pallet, or square metre. This prevents apparent improvement caused merely by changes in business volume. Targets should be measurable and linked to investment decisions.

Waste and Packaging Management

Waste reduction is especially significant in pharmaceutical distribution because some discarded products cannot simply enter ordinary recycling streams. Expired, damaged, recalled, or temperature-compromised medicines require controlled handling. The first priority should therefore be prevention.

Better inventory forecasting can reduce expiry-related losses. First-expiry-first-out stock rotation, accurate demand data, appropriate safety-stock settings, and timely communication with pharmacy customers can all improve stock use. Packaging should also be reviewed. Reusable transport containers, reduced secondary packaging, recycled-content materials, and better separation of cardboard, plastics, and general waste can reduce environmental impact where regulatory and hygiene requirements permit.

The concept of a circular economy is useful here because it shifts attention from disposal to material use across the whole system. Waste management should not be measured only by recycling rates. A more meaningful hierarchy is to avoid unnecessary material, reuse where safe, recycle where possible, and dispose responsibly when no higher-value option is available.

Procurement and Supplier Responsibility

A pharmaceutical wholesaler’s environmental footprint extends beyond its own warehouses and vehicles. Purchased goods and services, contracted transport, packaging, information technology, and

upstream manufacturing can represent substantial indirect impacts. Sustainable procurement therefore requires suppliers to provide evidence about environmental and social practices.

NHS England's Net Zero Supplier Roadmap illustrates the direction of travel in UK healthcare procurement. The NHS aims for net zero by 2040 for emissions it controls directly and by 2045 for emissions it can influence through purchased goods and services. Carbon Reduction Plan requirements have already been extended across new procurements, and from April 2027 suppliers are expected to face broader requirements covering relevant global Scope 1, 2, and 3 emissions (NHS England, 2026a).

The Evergreen Sustainable Supplier Assessment provides another signal. Its 2026 maturity criteria assess suppliers on public carbon-reduction plans, emissions reporting, net-zero targets, environmental measures, and modern-slavery risk management (NHS England, 2026b). A pharmaceutical wholesaler seeking long-term competitiveness in NHS-related markets should therefore treat carbon accounting and ethical supply-chain governance as strategic capabilities rather than administrative exercises.

Social Sustainability and Employee Welfare

Sustainability also includes the quality of work experienced by employees. Warehouse staff and delivery drivers can face physical demands, repetitive tasks, tight schedules, and safety risks. A sustainable operation should monitor working hours, training, accident rates, manual-handling practices, employee turnover, and access to development opportunities.

Driver scheduling deserves particular attention. Excessive delivery pressure can create both environmental and safety problems by encouraging speeding, idling, or poor route decisions. Targets should therefore reward safe and efficient performance rather than speed alone. Employees should also be encouraged to identify waste and inefficiency because frontline staff often see operational problems before managers do.

Social sustainability extends into the supply chain. Modern slavery, poor working conditions, and opaque subcontracting are material business risks. Supplier due diligence should therefore cover labour standards as well as price, quality, and delivery performance.

Supply-Chain Resilience as a Sustainability Issue

Resilience is sometimes separated from sustainability, but in pharmaceutical distribution the two are closely connected. A supply chain that fails during disruption is not sustainable for patients or healthcare providers. DHSC and NHS England (2025) emphasize the need to strengthen medicine-supply resilience because shortages can arise at multiple points in the global chain.

For wholesalers, resilience can include diversified sourcing, appropriate inventory buffers, contingency transport arrangements, supplier-risk assessment, accurate shortage communication, and business-continuity planning. These practices can occasionally increase short-term cost, but they reduce the risk of severe disruption. The objective should be efficient resilience rather than maximum inventory or minimum inventory.

Measuring Performance

Sustainability programmes often fail because goals are expressed in broad language without measurable indicators. A pharmaceutical wholesaler should establish a small set of practical key performance indicators. Examples include fleet emissions per delivery, kilometres per order, vehicle utilisation, warehouse energy intensity, percentage of renewable electricity, medicine write-offs due to expiry or damage, recycling and reuse rates, employee injury rates, staff turnover, supplier sustainability coverage, and delivery-service reliability.

These indicators should be reviewed together. A fall in emissions is not a success if medicine availability deteriorates. Similarly, high delivery reliability is not enough if it is achieved through excessive fuel use or unsafe working conditions. Balanced measurement is consistent with the triple-bottom-line approach because it prevents one dimension of sustainability from being improved at the expense of another.

Recommendations for Implementation

A practical implementation plan should begin with a baseline assessment. The organisation should identify its largest environmental and social impacts before selecting projects. The next stage is target setting, with clear ownership and review dates. Carbon accounting should cover Scope 1 and 2 emissions first and progressively extend to relevant Scope 3 categories.

Transport improvement should combine route optimisation, vehicle utilisation, driver training, preventive maintenance, and a phased low-emission fleet strategy. Warehouses should introduce energy monitoring and efficiency projects. Waste programmes should focus on prevention, particularly medicine expiry and unnecessary packaging. Procurement policies should incorporate carbon, labour, and modern-slavery expectations alongside cost and quality.

Finally, sustainability should be integrated into routine management. Senior leadership should review performance, while drivers, warehouse employees, procurement staff, and pharmacy-facing teams should participate in identifying improvements. This approach makes sustainability part of operational excellence rather than an annual reporting exercise.

Conclusion

The implementation of sustainability practices in pharmaceutical wholesale requires more than a set of environmental initiatives. It involves redesigning operations so that medicines are delivered reliably while emissions, waste, resource use, labour risks, and unnecessary costs are reduced. The UK healthcare environment is making this increasingly important as NHS procurement expectations move toward deeper carbon reporting and supplier accountability.

For a wholesaler such as Lexon, the strongest sustainability strategy would therefore connect transport efficiency, warehouse energy use, waste prevention, ethical procurement, employee welfare, and supply resilience. Sustainable performance should be measured through evidence and reviewed over time. When these practices are integrated with service quality and patient needs, sustainability can improve both social value and long-term competitiveness.

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