



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Greener Primary Care

## Frequently asked questions

**Angharad Wooldridge & Sian Evans**  
Primary Care Hub, Public Health Wales

**16 September 2021**



Canolfan Datblygu ac Arloesi  
Gofal Sylfaenol a Chymunedol  
*Datblygu Gofal Sylfaenol yng Nghymru*

Primary and Community Care  
Development and Innovation Hub  
*Developing Primary Care in Wales*

## Contents

|  |    |
|--|----|
| 1. Why is climate change relevant to primary care professionals?.....          | 2  |
| 2. What is the Welsh policy context for this work? .....                       | 3  |
| 3. What is the background to the Greener Primary Care Framework? .....         | 4  |
| 4. Why do we need a bespoke framework for Wales? .....                         | 5  |
| 5. Why is this framework for primary care contractors only?.....               | 6  |
| 6. What are we asking people to do?.....                                       | 6  |
| 7. Why is Public Health Wales leading this work? .....                         | 7  |
| 8. Which partners we are collaborating with? .....                             | 8  |
| 9. What will the framework consist of? .....                                   | 10 |
| 10. What sort of activity will be included as actions in the framework? .....  | 10 |
| 11. How will the assessment and award process operate? .....                   | 11 |
| 12. What is the evidence base for the actions included in the framework? ..... | 12 |
| 13. What about the carbon footprint of primary care? .....                     | 13 |
| 14. When will the framework be available? .....                                | 13 |
| 15. What are we planning for user testing?.....                                | 13 |
| 16. How will we seek feedback and evaluate this work?.....                     | 14 |
| Bibliography .....   | 15 |
| <b>Appendix 1</b> – draft example of framework.....                            | 16 |
| <b>Appendix 2</b> – draft example of award criteria.....                       | 17 |



## 1. Why is climate change relevant to primary care professionals?

Climate change is the biggest challenge to health in the medium and long term with wide ranging and adverse consequences ([Watts et al., 2019](#)). There has been an increased call to action for all health professionals, arguing that restoring patients to good health includes helping to create healthy environments ([WHO, 2018](#)). In 2015 the United Nations [Paris Climate Change Agreement](#) saw 189 countries ratify a legally binding commitment to act to limit global warming. The following year the UK Health Alliance on Climate Change called on the UK Government to commit to carbon net zero by 2030 in order to preserve planetary and human health.

Following calls from the UK Health Alliance on Climate Change, in June 2019, the [UK Government](#) committed to bring all greenhouse gas emissions to net zero by 2050 in order to preserve planetary and human health. Several UK medical bodies also declared climate emergencies in the same year ([British Medical Association](#), the [Royal College of General Practitioners](#) and the [Faculty of Public Health](#)).

Amongst frontline clinicians and other key stakeholders in the wider system in Wales there appears to be a renewed appetite for this work as we emerge from the COVID 19 pandemic, with momentum building organically within existing networks. Examples include; enthusiastic GPs in the 'Greener Practice Wales Network', the appointment of a RCGP South East Wales Faculty GP Sustainability Lead for South East Wales, and there has been regular dialogue amongst interested parties including the Chair of the Respiratory Implementation Group to tackle inhaler prescribing.

Despite great work emerging from local clinicians, at the moment this does not appear to be co-ordinated nor consider the breadth of primary care and the structures to deliver this work e.g. individual practices, clusters and health boards. It also remains unclear whether the primary care workforce will have sufficient capacity to undertake practical long term sustainable actions and change behaviours whilst still dealing with the impacts of COVID 19 on the health and social care system.



## 2. What is the Welsh policy context for this work?

In April 2019 the Welsh Government (WG) declared a [climate emergency](#) and committed to achieving a carbon neutral public sector by 2030. This year it stated its ambition for [net zero emissions](#) for all sectors by 2050 and the newly published [Programme for Government](#), published on 15 June 2021, demonstrates unequivocal support for building a greener Wales by placing climate change at the heart of the new government. The WG has also administered the [Circular Economy Fund](#) for public bodies to support the post-COVID response and facilitate a green recovery in Wales.

In March 2021 the WG published the [NHS Wales Decarbonisation Strategic Delivery Plan](#) which provides commitments to 2030 and will be reviewed in 2025. Although some of the Delivery Plan is focused on NHS Estates, particularly hospital sites, much of the plan can also apply to a primary care setting. The newly created National Programme Board for Climate Change and Decarbonisation for Health and Social Care in Wales will also provide strategic leadership for the development and implementation of further priorities in the delivery plan.

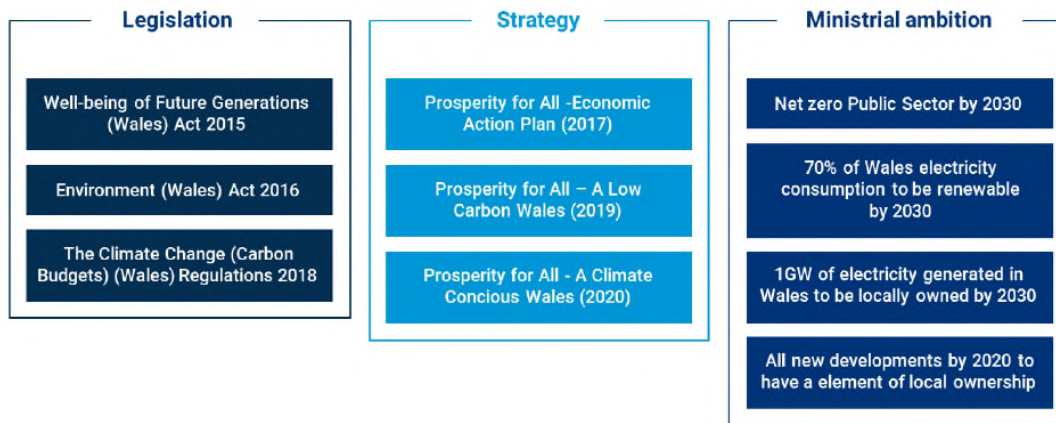
A recent Welsh Health Circular ([WHC/ 2021/024](#)) sets the challenge to NHS Wales' of working towards a net-zero Public Sector by 2030 and provides guidance on the next steps for organisations in the delivery of the NHS Wales Decarbonisation Strategic Delivery Plan.

Action on climate change at a local level is an opportunity to think global and act local to improve health and wellbeing at a population level and reduce inequalities. In Wales, the Greener Primary Care agenda closely aligns to our legislative and policy context (See **Figure 1** below). The well-being goals set out in the [Well-being of Future Generations \(Wales\) Act 2015](#) of a globally responsible Wales, a more equal Wales, a healthier Wales and a resilient Wales will all be positively impacted by this work. It will also address the sustainable development principle of the Act by taking a long-term approach to prevent



the deterioration of the climate emergency by working in collaboration with stakeholders and involving the healthcare professionals who have the ability to enact change.

**Figure 1**



Source: NHS Wales Decarbonisation Strategic Delivery Plan (Welsh Government, 2021)

The agenda is also supported by other related pieces of Welsh legislation and policy including: A Healthier Wales 2018, The Active Travel Plan Wales 2016, Healthy Weight Healthy Wales 2019, Connected Communities and Corporate Social Responsibility.

### 3. What is the background to the Greener Primary Care Framework?

Work began in the Primary Care Division (PCD) on the Greener Primary Care agenda in November 2019. A scoping paper was shared with and agreed by the Strategic Programme for Primary Care in December 2019. At the time, external and internal stakeholders were engaged and initial meetings were held to discuss whether to promote the existing RCGP [Green Impact for Health Toolkit](#) for general practices in Wales and/or do something different in Wales to encompass all of primary care and support this agenda in the Welsh context.

As a result of the COVID 19 pandemic, and the mobilisation of staff to provide the Public Health Wales response, this work was paused. A scoping exercise, originally undertaken in 2019 and revisited in 2021, to review products which would help primary care take actions on sustainability, identified two helpful resources:



- [RCGP Green Impact for Health](#): A UK-wide climate action programme established by GPs for GPs and in partnership with RCGP and [Students Organising for Sustainability](#) (SOS-UK). The resource is freely available to all GPs across the UK, including those in Wales, and was designed to drive change within a general practice setting. Our findings from a review of the content reported that much of the content is generic but approximately 15% of the toolkit's actions refer to England-only schemes. Despite approximately 10% of general practices in England signing up to the toolkit, the uptake in Wales remains low.
- [Green Impact in Dentistry](#), delivered by SOS-UK, is an international programme funded by NHS England (East of England). The programme was initially developed as a pilot and despite any practice based in the UK being able to access the toolkit, priority for support and assessment will be given to those in the East of England. To date approximately 70 dental practices across the UK have signed up to the scheme.

Despite dental and general practices being able to access these resources, uptake is low in Wales. There are barriers to the inclusion of actions relevant to Wales and there appears to be little in place for other primary care contractors such as community pharmacy and optometry. As a result the development of a bespoke framework and award scheme that could be used by all 4 contractors, primary care collaboratives and primary care clusters seemed like a reasonable option to progress.

## 4. Why do we need a bespoke framework for Wales?

As detailed in question 3, there appears to only be a UK-wide framework for general practice and dentistry and these are written with English practices in mind. There are potential barriers to completion and support for Welsh practices who enrol on either of the schemes and this may be a reason for the poor uptake in Wales. Approximately 15% of the RCGP toolkit's actions refer to England-only schemes which are not available in the same way in Wales, and similarly some of the actions contained within the dental toolkit do not correlate to Welsh practise. There appears to be no equivalent resource for community pharmacy or optometry.



## 5. Why is this framework for primary care contractors only?

The framework will contain a set of core actions relevant to any primary care setting. As a starting point the framework will be promoted to the 4 primary care contractor professions with the offer of an assessment and award to demonstrate their achievement. As the 4 primary care contractor professions are independent contractors, it was felt that other levers available for NHS employed staff to take action may be not be a catalyst for change. As the framework is piloted and implemented, discussions will continue with a wide range of stakeholders to explore developing the framework further to include a broader audience within primary and community care settings.

## 6. What are we asking people to do?

We are asking people to consider their personal, professional and organisational responsibility towards tackling the climate emergency and achieving the WG's decarbonisation milestones. Completion of the framework will be voluntary and free of charge. This framework will act as a tool to support primary care services in meeting the ambition for the public sector to be carbon neutral by 2030 and all sectors to be carbon neutral by 2050.

At this stage there is no mandatory obligation to complete the framework. There are some ongoing discussions as to how the wider sustainability agenda is embedded in contract negotiations. Participation in this scheme may mean that contractors are more advanced in their sustainability practice if any mandatory requirement to comply with similar actions comes into force in the future. There is however a legal duty for all public bodies to demonstrate how they are meeting the goals of the [Well-being of Future Generations \(Wales\) Act 2015](#).



We recognise the enormity of the task can seem daunting and that individual actions sometimes don't feel like enough, however if we all take some action across a range of activities, then the collective impact will be much greater.

Some of the actions within the framework may have been completed already through a different lens, whilst others which are setting-specific may align to other pieces of work e.g. changes to inhaler prescribing will align with the All Wales Asthma and COPD Clinical Guidelines. Working in this synergistic way should reduce duplication of efforts.

For practices wishing to undertake more in-depth actions we will signpost the relevant actions within the Welsh framework to the pre-existing RCGP Green Impact for Health toolkit and the Dental toolkit. This will ensure the Welsh framework does not contradict the UK-wide toolkits, and will instead act as a stepping stone towards these more complex tools. Welsh practices which have already initiated one of the UK-wide toolkits will be able to use this evidence towards the new Welsh framework.

## 7. Why is Public Health Wales leading this work?

The Primary Care Hub, Public Health Wales can provide system leadership and a 'Once for Wales' approach through the development of a national framework and award process. This should reduce:

- variation in practise by providing an all-Wales approach to environmental sustainability and decarbonisation across all independent primary care contractors.
- intra-service variability (i.e. between general practices) and inter-service variability (i.e. between general practices, community pharmacies, dental practices, and optometric services within the same health board).
- reduce inappropriate variation by providing options for action to be achieved on a cluster footprint.

This Once for Wales approach will ensure a more co-ordinated roll-out to all independent primary care contractors and will also provide a central point of leadership.



Many of the actions contained within the framework are public health actions which are being framed in a slightly different way (e.g. active transport) and therefore the expertise for these topics are well founded in the organisation. In order to elicit long-term behaviour change amongst primary care professionals and the patients which they serve, knowledge of behaviour change theory and techniques from public health professionals will be needed to support the framework's development, implementation and adoption.

Public Health Wales also hosts the *Health and Sustainability Hub* which aims to support both PHW internally in its contribution towards Wales' well-being goals and in applying the sustainable development principle and other stakeholders. It works with the wider public health community and stakeholder organisations to support system change, and strengthen the impact of the Act on public health, planetary health and environmental sustainability. The *Health and Sustainability Hub* has produced a range of useful resources including:

- [Step Change for a Sustainable Planet: Implementing the United Nations Sustainable Development Goals – a toolkit for global organisation](#)
- [Green Opportunities: Supporting Wales's COVID-19 Green Recovery by identifying opportunities to support population health through sustainable means](#)
- [A toolkit for public bodies 'Leading the Way' for a Sustainable Wales.](#)

We will be working with the *Health and Sustainability* to draw on their expertise in this area.

## 8. Which partners we are collaborating with?

In order to achieve the ambitions set out by the Welsh Government in relation to climate change we must all work together. Working in this way is not new to us in Wales. The Well-being of Future Generations (Wales) Act 2015 calls on public bodies to work collaboratively, to integrate and to involve others. Similarly, one of the four prudent healthcare principles in Wales is to use co-production.



Throughout the development of this framework we have worked in partnership with a number of our key stakeholders, representing the breadth of primary and community care in Wales. These have included, but are not limited to, the Welsh Government, the contractor professional bodies, clinicians, third sector representatives, NHS Wales Shared Services Partnership, Health Education and Improvement Wales, Health Boards, Welsh Analytical Prescribing Support Unit and public health colleagues.

The views of “frontline” professionals will be paramount in understanding the feasibility and usability of the framework in practice. However we will also seek the endorsement of each respective professional body to ensure the framework is consistent with the guidance and standards required of each profession.

An Expert Group consisting of partner representatives has been established to support the development of the framework and ensure its appropriateness in clinical practice. The first meeting of the Expert Group will take place in October 2021.

Strategic steer and governance will be sought from the Strategic Programme for Primary Care, Work stream 6 – Transformation and the Vision for Clusters.

We recognise that some of the actions contained within the framework will impact more directly on patients than others e.g. prescribing initiatives and patient active travel initiatives. Actions specific to inhaler use will require more thorough and personalised clinical consultations with the relevant patients to co-produce a new management plan. We would encourage each practice undertaking the framework and award to consult with their respective user/patient participation groups using their usual channels of communication. This may include the use of practice newsletters, websites and/or social media accounts. There is, however, variation across practices and contractors as to user engagement groups - some feature in their contracts whilst others are good practice.



## 9. What will the framework consist of?

The actions within the framework will cross-reference the existing RCGP UK-wide Green Impact for Health toolkit. They will also align to the NHS Wales Decarbonisation Strategic Delivery Plan to enable actions to be scaled up to Collaborative and Cluster level in the future, as well as supporting monitoring and reporting mechanisms to health board decarbonisation action plans.

In order to align with the NHS Wales Decarbonisation Strategic Delivery Plan as far as possible, we propose that the high level categories applicable to all settings will be:

- carbon management
- buildings and estates
- transport and smart working
- procurement
- healthy behaviours, and
- waste

Each category will include a short list of actions which can be undertaken by the service in any order.

## 10. What sort of activity will be included as actions in the framework?

The majority of the actions within the framework will be generic to any primary healthcare provider and could therefore be implemented by all independent primary care contractors and any community service e.g. changing to LED lightbulbs. However the framework will also include a sub-section of actions specific to each setting e.g. general practice, dental, optometry and community pharmacy.



Actions are being developed, in the first instance, based on a number of factors:

- inclusion and uptake in RCGP Green Impact for Health Toolkit
- inclusion in Dental Toolkit
- alignment to NHS Wales Decarbonisation Strategic Delivery Plan
- feedback from the Expert Group and other key stakeholders

It is anticipated that each action will be mapped to the Well-being of Future Generations (Wales) Act 2015 goals and to the UN Sustainable Development goals.

The assessment and award part of the scheme will incorporate levels of achievement for collective actions taken across a primary care collaborative and / or a primary care cluster. It is hoped this would highlight sustainability as a priority area across a professional discipline and across a cluster footprint. Some actions may give individual practices more influence and negotiating power if taken as a group e.g. procuring a certain energy provider.

## 11. How will the assessment and award process operate?

Evidence to support the completion of actions will be submitted by participating practices via an online portal, to an independent provider. This will be commissioned out, currently we are in discussions with the SOS-UK charity to ascertain what is possible. The charity has worked on the existing RCGP toolkit since its creation in 2014 and is therefore has experience in this area. We are requesting that students from Welsh Universities studying relevant healthcare degree programmes will be prioritised as volunteer auditors.

A straightforward and transparent marking criteria will apply to all contractors. Award levels will be based on the successful completion of incremental percentages of the total actions e.g. 25%, 50%, 75% and 100% (TBC). This model will be easily replicated across contractors and at a Collaborative and Cluster level.

See **Appendix 2** for draft marking criteria.



## 12. What is the evidence base for the actions included in the framework?

A comprehensive evidence review for each of the framework's actions has not been conducted for the following reasons:

- The RCGP Green Impact for Health toolkit was developed in 2014 following an evaluation of a small scale pilot. Dr Terry Kemple, current RCGP representative for Sustainability, Climate Change and Green issues, was integral to the toolkit's development and its ongoing maintenance. Each year the toolkit has been amended and improved to take account of suggestions and feedback. Endorsed by the RCGP and SOS-UK, each action within the toolkit is linked to a *Further Information* tab to enable individuals to further explore the rationale behind each action's inclusion. There are currently approximately 940 practices registered as using the toolkit. Given the national and high-profile connections to this toolkit, the project team are assured that its actions are credible.
- Similarly, the WG recently published the NHS Wales Decarbonisation Strategic Delivery Plan which highlights 46 initiatives to drive down a reduction in carbon emissions by 2030. Many of the strategy's initiatives are applicable to primary and community care, therefore mapping these across to the new framework will align work conducted at a practice-level to the overarching national targets.
- This is an emerging area of policy, therefore the data and evidence supporting the long-term impacts of any action within a healthcare setting will be limited, especially within the Welsh context. The project team hope to pilot the new toolkit within a small number of Welsh practices and to use the findings from these early-adopters to inform the further development of the toolkit as well as its wider roll-out. A baseline carbon footprint for each practice could be compared to measurements at successive intervals, and this process could be repeated at a Cluster level once the toolkit has matured. These findings could form the basis of the longer-term impact of adopting the actions within the framework.



### 13. What about the carbon footprint of primary care?

Our aspiration is to have a baseline carbon footprint of primary care in Wales and for each individual practice and/or cluster. This data could be used to measure the impact of the actions taken. We have been informed that measuring the carbon footprint of primary care at the moment is very difficult to achieve due to lack of routine data.

As part of this work we will be reviewing the various carbon footprint calculators that claim to enable a practice to measure their own carbon footprint. We will be also looking at projects that report to be able to do this and will be making recommendations regarding their usability and generalisability in practice.

### 14. When will the framework be available?

The Primary Care Division are working to make the framework, assessment and award scheme available from 1st April 2022. This may still be in the pilot phase where we will be seeking feedback from pilot practices and refining before a formal launch.

### 15. What are we planning for user testing?

Once the initial draft of the framework has been developed we will seek to pilot the framework at a select number of practices which have already expressed interest. The learning taken from this pilot will help inform the framework's further development and its ability to scale up to collaborative and cluster level actions.

An Expert Group consisting of partner representatives (including users) is in the process of being established to support the development of the framework and ensure its appropriateness in clinical practice.



## 16. How will we seek feedback and evaluate this work?

As this will be an iterative development we will use a QI approach and learn from early adopters to adapt the product and implementation accordingly.

Crude evaluation will be based on outputs such as number of practices enrolling into the scheme. Analytics will be available from the online portal/platform generated and managed by SOS-UK. Practices will also be able to compare energy and water usage via monthly utility bills to understand trends in usage over time following the adoption of actions. This may also translate into cost savings.

User feedback on the framework will be extremely important to its uptake and use in practice. Qualitative insight from professionals using the framework, the views of patients, and feedback from Welsh University students undertaking the assessment will be sought.



## Bibliography

Health and Sustainability Hub. (n.d.). A toolkit for public bodies: 'leading the Way' for a Sustainable Wales. <https://phw.nhs.wales/topics/health-and-sustainability/be-the-change-toolkit/>

Health and Sustainability Hub. (2021). *GREEN OPPORTUNITIES Supporting Wales' COVID-19 Green Recovery by identifying opportunities to support population health through sustainable means.* <https://phwwhocc.co.uk/wp-content/uploads/2021/07/Green-Opportunities-Summer-2021.-Final..pdf>

Health and Sustainability Hub. (2021). Step Change for a Sustainable Planet: Implementing the United Nations Sustainable Development Goals: A toolkit for global organisation. <https://phw.nhs.wales/news/public-health-wales-launches-new-toolkit-to-help-create-a-more-sustainable-future-for-all/step-change-for-a-sustainable-planet-toolkit/>

Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, S., Belesova, K., Boykoff, M., Byass, P., Cai, W., Campbell-Lendrum, D., Capstick S., Chambers, J., Dalin, C., Daly, M., Dasandi, N., Davies, M., Drummond, P., Dubrow, R., Ebi, K, L., Eckelman, M., Ekins, P., ... Escobar, L. E. (2019). The 2019 report of The Lancet Countdown on health and climate change: Ensuring that the health of a child born today is not defined by a changing climate. *The Lancet*, 394(10211), 1836-1878. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32596-6/fulltext?dqcid=etoc-edschoice\\_email\\_tlclimate19#seccestitle10](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32596-6/fulltext?dqcid=etoc-edschoice_email_tlclimate19#seccestitle10)

Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, S., Beagley, J., Belesova, K., Boykoff, M., Byass, P., Cai, W., Campbell-Lendrum, D., Capstick, S., Chambers, J., Coleman, S., Dalin, C., Daly, M., Dasandi, N., Dasgupta, S., Davies, M., Di Napoli, C., Dominguez-Sala, P. Costello, A. (2021). The 2020 report of The Lancet Countdown on health and climate change: Responding to converging crises. *The Lancet*, 397(10269), 129-170. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32290-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32290-X/fulltext)

Welsh Government. (2021). *Programme for Government.* <https://gov.wales/sites/default/files/publications/2021-06/programme-for-government-2021-to-2026.pdf>

World Health Organization (WHO). (2018). *COP24 special report. Health and climate change.* Retrieved 11 August, 2021 from <https://apps.who.int/iris/bitstream/handle/10665/276405/9789241514972-eng.pdf?ua=1>



# Appendix 1 – draft example of framework

| High level theme   | Specific action  |     | Example | Strategic alignment | Source of action |  |
|--|--|-----|---------|---------------------|------------------|--|
| <i>Below are examples of what may be included as high level themes</i>               | <i>The number of actions for each theme are yet to be determined but will be small in number (approximately 5)</i> |     |         |                     |                  |  |
| <b>Buildings and Estates</b>   | 1  |     |         |                     |                  |  |
|  | 2  |     |         |                     |                  |  |
|  | 3  |     |         |                     |                  |  |
| <b>Carbon Management (News and Communications, Raising awareness and Engagement)</b> | 1  |     |         |                     |                  |  |
|  | 2  |     |         |                     |                  |  |
|  | 3  |     |         |                     |                  |  |
| <b>Healthy Behaviours</b>  | 1  |     |         |                     |                  |  |
|  | 2  |     |         |                     |                  |  |
|  | 3  |     |         |                     |                  |  |
| <b>Procurement</b>   | 1  |     |         |                     |                  |  |
|  | 2  |     |         |                     |                  |  |
|  | 3  |     |         |                     |                  |  |
| <b>Transport and Smart Working</b>   | 1  |     |         |                     |                  |  |
|  | 2  |     |         |                     |                  |  |
|  | 3  |     |         |                     |                  |  |
| <b>Waste</b>   | 1  |     |         |                     |                  |  |
|  | 2  |     |         |                     |                  |  |
|  | 3  |     |         |                     |                  |  |
| <b>Approach to healthcare</b>  | <b>Community Pharmacy</b>  | GP1 |         |                     |                  |  |
|  |  | GP2 |         |                     |                  |  |
|  |  | GP3 |         |                     |                  |  |
|  | <b>Dental Practice</b>   | CP1 |         |                     |                  |  |
|  |  | CP2 |         |                     |                  |  |
|  |  | CP3 |         |                     |                  |  |
|  | <b>General Practice</b>  | DP1 |         |                     |                  |  |
|  |  | DP2 |         |                     |                  |  |
|  |  | DP3 |         |                     |                  |  |
|  | <b>Optometry Practice</b>  | OP1 |         |                     |                  |  |
|  |  | OP2 |         |                     |                  |  |
|  |  | OP3 |         |                     |                  |  |



## Appendix 2 – draft example of award criteria

|                                    |                    | Bronze   | Silver   | Gold   | Platinum  |
|------------------------------------|--------------------|--|--|--|---|
| <b>Individual practices</b>        | General Practice   | 25% of actions achieved  | 50% of actions achieved  | 75% of actions achieved  | 100% of actions achieved  |
|                                    | Community Pharmacy | 25% of actions achieved  | 50% of actions achieved  | 75% of actions achieved  | 100% of actions achieved  |
|                                    | Dental Practice    | 25% of actions achieved  | 50% of actions achieved  | 75% of actions achieved  | 100% of actions achieved  |
|                                    | Optometry Practice | 25% of actions achieved  | 50% of actions achieved  | 75% of actions achieved  | 100% of actions achieved  |
| <b>Primary Care Collaboratives</b> | General Practice   | 25% of actions achieved by all contractors in the collaborative        | 50% of actions achieved by all contractors in the collaborative        | 75% of actions achieved by all contractors in the collaborative        | 100% of actions achieved by all contractors in the collaborative        |
|                                    | Community Pharmacy | 25% of actions achieved by all contractors in the collaborative        | 50% of actions achieved by all contractors in the collaborative        | 75% of actions achieved by all contractors in the collaborative        | 100% of actions achieved by all contractors in the collaborative        |
|                                    | Dental Practice    | 25% of actions achieved by all contractors in the collaborative        | 50% of actions achieved by all contractors in the collaborative        | 75% of actions achieved by all contractors in the collaborative        | 100% of actions achieved by all contractors in the collaborative        |
|                                    | Optometry Practice | 25% of actions achieved by all contractors in the collaborative        | 50% of actions achieved by all contractors in the collaborative        | 75% of actions achieved by all contractors in the collaborative        | 100% of actions achieved by all contractors in the collaborative        |
| <b>Primary Care Clusters</b>       | All 4 contractors  | 25% of actions achieved by all contractors in the primary care cluster | 50% of actions achieved by all contractors in the primary care cluster | 75% of actions achieved by all contractors in the primary care cluster | 100% of actions achieved by all contractors in the primary care cluster |

