Primary Care Network Maturity Matrix

What is the PCN Maturity Matrix?

The Primary Care Network (PCN) Maturity Matrix outlines the core components that underpin the successful development of networks. It sets out a progression model that evolves from the initial steps and actions that enable networks to begin to establish through to growing the scope and scale of the role of networks in delivering greater integrated care and population health for neighbourhoods.

The matrix was built through learning from the initial wave of Integrated Care Systems who commenced early work on the design and develop of PCNs during 2018/19. It has since been refreshed to take account of the NHS Long Term Plan and the GP Contract Framework.

Purpose of the Maturity Matrix

The PCN maturity matrix is not a binary checklist. It is designed to support network leaders, working in collaboration with their commissioners and other local leaders within neighbourhoods, to work together to understand the development journey both for individual networks, and how groups of networks can collaborate together in the planning and delivery of care. Using the matrix as a basis for these discussions will allow local leaders to

- Identify where PCNs are in their journey of development – and how PCNs can build on existing improvements such as those that may have been enabled by the GP Forward View and other local integration initiatives.
- Develop plans for further development – that help networks to continue to expand integrated care and approaches to population health
- Identify support needs – using the PCN Development Support Prospectus as a guide for framing support plans

A development journey for PCNs

Across England, PCNs will be at varied stages of development. A number of networks will be building on already established integrated ways of working and emerging population-health based new care models, with GP practices, other primary care providers, community services, secondary care, local authorities and the voluntary sector already collaborating on existing transformation schemes and initiatives. It is important the momentum of these existing ways of working is retained where that is already adding value for patients and staff.

The matrix is designed to set out a potential development journey for networks if theoretically a network was starting in 2019/20 as the first year of development, recognising that this is the first year of the new Primary Care Network DES. *Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan* sets out a clear trajectory for how networks can build over time and the matrix has been designed to align with the timeframe set out in the contract framework and, in alignment with the framework, PCNs are encouraged through the matrix to make early progress ahead of formal introduction of future planned contract requirements.

General practices are central to the successful development of PCNs but the matrix is intended to support a holistic multi-agency view of the development of networks as a key element of neighbourhoods within Integrated Care Systems. 'Neighbourhoods' are the cornerstone of integrated care, served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services. It is important that development discussions framed around the matrix are able to bring together the insights and expertise of a range of local stakeholders who will be working together to provide improvements in integrated care

How to use the matrix

Components of the matrix

The matrix is set out as a table of the core components for the development of PCNs and is organised as follows:

- There are four columns showing a development journey over time – organised into 'Foundation', Step 1, Step 2 and Step 3
- There are six rows which organise the components against the Foundations and Steps into six themes:
    - Leadership, planning and partnerships
    - Use of data and population health management
    - Integrating care
    - Managing resources
    - Patient and public partnerships
    - A summary of key requirements for PCNs set out in *Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan* – n.b. these are the outlined planned requirements set out in the framework and will be expanded upon in future iterations of the matrix as the specifications are agreed and confirmed.

A basis for development discussions

Experience from the initial community of Integrated Care Systems shows that the matrix was most effectively used when it provided the basis for local development discussions, where practices within a network came together with their CCGs and other local partners – for example local authority and/or community services leaders – for a shared discussion on the current maturity of integrated care and networks, and where the output was a shared development plan for how the network would evolve. There is no 'one size fits all' approach to how best to organise and hold these discussions. System primary care leaders, CCG primary care directors and PCN clinical directors should come together to agree an approach that works best locally. The PCN Development Support Prospectus and the funding available to systems for PCN development can be utilised to support these local development discussions where required.

The matrix should be used pragmatically and flexibly, with networks and their partners viewing PCN development as a multi-year journey, and one that can build on progress that has already been made in improving and transformation care and services for patients and populations. **Initial discussions may want to reference the maturity matrix and focus on the following questions: Where are you now? Where do you want to be in a year? How will you get there and what do you need? Within this discussion networks will need to think about the time needed, the capacity required, the support needed to build sustainable skills and confidence to deliver.** This will enable PCNs to create their development plans and identify where the network wants to focus its development activity during the remainder of 19/20 and what may be put into plans for 20/21 and subsequent years. It is likely that this process will be repeated on an annual basis (possibly using a self-assessment tool) support a continuous cycle of development.

Where any ICSs or STPs are confident that they have already undertaken a level of local development discussions against earlier versions of the matrix, it is expected those systems will apply a proportionate approach in how any further discussions are taken forward. This should have the agreement of PCN Clinical Directors. In these cases, systems should assure themselves through appropriate local governance channels that they have sufficient intelligence on network development to inform support activities during 19/20, including deployment of any transformation funding, and there are local PCN level plans that can inform the development of system primary care strategies.

Where any practices have not signed up to the DES, it will be for local determination how those practices are represented in any discussions involving members of the primary care network regarding how the matrix informs the design of local development plans. This should be agreed between the relevant system leaders, CCGs, PCN Clinical Directors and the LMC where necessary.

There is also an important role for systems in support the development of PCNs. The maturity matrix draws out how systems can do this across each theme of the matrix, ensuring that PCNs have the infrastructure, resources and relationships to thrive operationally and financially and make an important strategic contribution.

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Primary Care Network Maturity Matrix

	Foundation	Step 1	Step 2	Step 3
Leadership, planning and partnerships **Prospectus Domains:** Leadership, OD, Change management, CD leadership	For PCNs: • There is a plan in place articulating a clear vision for the Network and steps to getting there, including actions that will be taken forward within the Network to build the plan. • GPs, local primary care leaders, patients' representatives, and other stakeholders, believe in the vision and the plan to get there. For Systems • Systems are actively supporting GP practices and wider providers to start establishing networks and integrated ways of working and have identified resources (people and funding) to support PCNs on their development journey. • Systems have identified local approaches and teams to support PCN Clinical Directors with the establishment and development of networks and for clinical directors in their new roles.	For PCNs: • The member organisations within the network have an agreed shared development plan. • Joint planning is underway to improve integration with broader 'out of hospital' services as networks mature. There are developing arrangements for PCNs to collaborate for services delivered optimally above the 50k footprint (or above the equivalent population size at which the network is operating as per the PCN list size). • There are local arrangements in place for PCNs (for example through PCN Clinical Directors) to be involved in system strategic decision-making that both supports collaboration across networks and with wider providers including NHS Trusts/FTs and local authorities. For Systems: • Systems should enable primary care providers to have a seat at the table for system strategic decision-making. • As set out in the LTP, there is a system level strategy for PCN development & transformation funding and support made available for PCN development. System leaders supports PCN clinical directors to share learning and support PCN development.	For PCNs: • PCNs have established an approach to strategic and operational decision-making that is inclusive of providers operating within the network footprint and delivering network-level services. There are local governance arrangements in place within networks to support integrated partnership working. • The PCN Clinical Director is working with the ICS leadership to share learning and work collaboratively to support other PCNs. For Systems: • Primary care is enabled to play an active role in system strategic and operational decision-making, for example on Urgent and Emergency Care. Mechanisms in place to ensure effective representation of all PCNs at system level. • PCN Clinical Directors work with the ICS/STP leadership to share learning and work collaboratively to support other PCNs.	For PCNs: • PCN leaders are fully participating in the decision making of the ICS leadership team. For Systems: • Primary care providers are full decision making member of the ICS leadership (with appropriate representation at the system and place levels), working in tandem with other partners to allocate resources and deliver care.
Use of data and population health management **Prospectus Domain**: Population Health Management	For PCNs: • PCNs are considering how they will build their approach to population health management, including the potential PHM infrastructure and intelligence they will require. For Systems: • Infrastructure is being developed for PHM in PCNs including facilitating access to data, developing information governance & providing analytical support.	For PCNs: • Analysis on variation in outcomes and resource use between practices and PCNs is readily available and acted upon. • Basic population segmentation is in place, with understanding of needs of key groups, their needs and their resource use. For Systems: • Basic data sharing and information governance arrangements have been established that supports PCNs with implementation of PHM approaches. • Support is provided to PCNs around data and analysis of variation in outcomes and resource use. • Common population definitions are developed across different levels of the system.	For PCNs: • All primary care clinicians can access information to guide decision making, including risk stratification to identify patients for proactive interventions, IT-enabled access to shared protocols, and real-time information on patient interactions with the system. • Functioning interoperability within networks, including read/write access to records, sharing of some staff and estate. For Systems: • There is a data and digital infrastructure in place to enable a level of interoperability within and across PCNs, including an expansion in the availability of shared care records • PCNs are provided with more real time patient data and PHM tools to risk stratify patients to support identification of high risk patients and deliver proactive interventions.	For PCNs: • Systematic population health analysis allows PCNs to understand in depth their populations' needs and design interventions to meet them, acting as early as possible to keep people well. PCNs' population health model fully functioning for all patient cohorts. For Systems: • Full interoperability is in place across network partners, including shared care records across partners. • System partners work with PCNs to design care models and interventions based on evidence to target priority patient groups and implementation plans.

	Foundation	Step 1	Step 2	Step 3
Integrating care **Prospectus Domain:** Collaborative Working (MDTs)	For PCNs: • Networks are starting to build their local plans for improving the integration of care for their populations, informed by the Long Term Plan, GP contract framework and locally agreed priorities. For Systems: • Systems support the PCNs to build relationships across physical and mental health and social care partners to facilitate the delivery of the network's plan.	For PCNs: • Integrated teams, which may include social care, are working within the network and supporting delivery of integrated care to the local population. Plans are in place to develop MDT ways of working, including integrated rapid response community teams and the delivery of personalised care. • Common components of end state models of care defined for all population groups, with clear gap analysis and workforce plan. For Systems: • Systems support the building of relationships across physical and mental health and social care partners. • System workforce plan supports the development of integrated neighbourhood teams.	For PCNs: • Early elements of new models of care defined at Step 1 now in place for most population segments, with integrated teams including social care, mental health, the voluntary sector and ready access to secondary care expertise. Routine peer review takes place. • PCNs and other providers have in place supportive HR arrangements that enable multi-agency MDTs to work together effectively. For Systems: • There is continued development of partnerships across social care, mental health, the voluntary sector and secondary care that are enabling on-going MDT development. Workforce sharing protocols in place.	For PCNs: • Fully integrated teams are in place within the network, comprising of the appropriate clinical and non-clinical skill mix. MDT working is high functioning and supported by technology. The MDT holds a single view of the patient. Care plans and co-ordination in place for all high risk patients. • There are fully interoperable IT, workforce and estates across networks, with sharing between networks as needed. For Systems: • Systems have developed and implemented care models that align with objectives of the LTP.
Managing resources	For PCNs: • Primary care, in particular general practice, has the headroom to make change • There are people available with the right skills to make change happen. For Systems: • System plan in place to support managing collective financial resources that includes PCNs	For PCNs: • Steps taken to ensure operational efficiency of primary care delivery and support practices experiencing challenges in delivery of core services. For Systems: • Systems have put in place arrangements that support PCNs with improvements in the efficiency of primary care delivery and enables PCNs to make optimum use of resources.	For PCNs: • Networks have sight of resource use and impact on system performance and can pilot new incentive schemes. For Systems: • Networks have sight of resource use and impact on system performance and can pilot new incentive schemes.	For PCNs: • PCNs take collective responsibility for available funding. Data is used in clinical interactions to make best use of resources. For Systems: • To add

	Foundation	Step 1	Step 2	Step 3
Patient and public partnerships **Prospectus Domain:** Asset based community development & social prescribing	For PCNs: • To add For Systems: • To add	For PCNs: • The PCN is engaging directly with their population and are beginning to make use of wider community assets. • The PCN has undertaken an assessment of the available community assets that can support improvements in population health and greater integration of care. For Systems: • The system has put in place arrangements to support identification of community assets to enable models of social prescribing for personalised care.	For PCNs: • PCNs are routinely making use of wider community assets in meeting their population's needs. For Systems: • To add .	For PCNs: • The PCN has fully incorporated integrated working with local Voluntary, Community and Social Enterprise (VCSE) organisations as part of the wider network, that supports meeting comprehensively the health, care and wellbeing needs of the PCN's population. For Systems: • To add

Network DES	• Where practices within PCNs wish to take up the funding through the Network Contract DES, PCNs have completed the registration requirements.
	
	• Commissioners should also have agreed the workforce baseline with the PCN.
		• PCNs receive network participation practice payment, which includes:
		  ○ Core PCN funding - £1.50/head from CCG allocations
		  ○ Support funding for the Clinical Director
		  ○ Extended hours access funding
		  ○ Additional role reimbursement
		
		• PCNs recruit clinical pharmacists & social prescribing link workers, receiving reimbursement through the Additional Roles Reimbursement Scheme
		
		• PCNs meet the new Extended Hours Access requirements across all practices (until March 2021)
		
		• PCNs meet the new digital requirements by April 2020, which include:
		  ○ all patients have access to the full record
		  ○ all patients to be able to access online correspondence
		  ○ there is no longer use fax machines for NHS work or patient correspondence
		  ○ there is an offer and promotion of electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate
		  ○ PCNs have an up-to-date and informative online presence
			• Network participation practice payment continues, with additional funding available via the National Network Investment & Impact Fund
			
			• PCNs continue to deliver requirements from 2020 and implement new national service specifications, including:
			  ○ Anticipatory care (with community services)
			  ○ Enhanced health in care homes
			  ○ Structured medications review
			  ○ Personalised care
			  ○ Early cancer diagnosis support
			
			• PCNs recruit physician associates and physiotherapists, receiving reimbursement through the Additional Roles Reimbursement Scheme
			
			• PCNs implement digital-first support offer, with all patients having access to online and video consultations
			
			• PCNs to use PCN dashboard to monitor progress on network metrics
			
			• PCNs to primary care training hubs launched. PCNs to work with ICS/STPs to realise benefits.
			
			• PCNs to consider the outputs of the national access review, beginning to transition to the new arrangements
			
			• PCNs will need to expand to include non-GP providers as members in the network. This will be a requirement of the DES from April 2021.
				• Network participation practice payment continues including the National Network Investment & Impact Fund
				
				• PCNs implement new national service specifications, including:
				  ○ Cardio-vascular disease case finding
				  ○ Prevention and inequalities
				
				• PCNs recruit paramedics, receiving reimbursement through the Additional Roles Reimbursement Scheme
				
				• New access arrangements fully implemented
				
				• PCNs to publish patient reported access and waiting times data monthly

PCN Maturity Matrix self-assessment diagnostic tool

The maturity matrix provides the basis for a self-assessment diagnostic tool that will be designed to support systems to assess PCN maturity, target support and inform development of local PCN-level annual plans. The tool enables PCNs to put the matrix 'into action'.

We propose to adopt the model that has already been developed by PCST for the ICS maturity matrix, which would provide systems and their networks with an online self-assessment survey

What is the ICS Maturity Matrix Self-Assessment?

✓A qualitative self-assessment that provides a framework for understanding the current status of a system along it's ICS journey. It helps to identify what support is needed to progress and thrive, and to inform system level NHS LTP implementation and transformation plans.

✓Enables systems and regions to work together and with NHSE/I to identify and resource support offers to match the needs of each system.

What it is	What it isn't
✓A tried and tested self assessment tool to support systems in their development journey. ✓A support tool aligned to the PCN Maturity Matrix framework that allows networks, supported by their systems, to track their progress against over time. ✓A consistent way for networks to compare themselves against peers if desired. ✓A guide for what support networks require from systems.	× An assurance or regulatory tool × A mechanism to create a league table to monitor performance × A deep dive review of each PCN

Benefits of adapting the existing ICS maturity matrix on-line tool

- The ICS Maturity Matrix has already been developed into web based self-assessment support tool.
- We propose to use the same proven digital architecture to create an equivalent tool for PCNs.
- There are no development costs for NHSE, systems or PCNs in adapting and using the infrastructure already in place for this tool.
- This would be optional for systems and networks to use if they wish as a way of compiling their own local assessment against the PCN matrix. We will provide the matrix in an easy to use 'self-assessment' spreadsheet format should systems and networks choose not to use the tool.
- We have the option to provide PCN would have their own unique web link provided by the NHS England digital survey platform team. The survey is laptop/phone/tablet friendly.
- The ICS tool takes around 30 minutes to 1 hour to complete and we assess this would be an equivalent level of time required by networks, if they chose to use the tool
- For each theme, there will be an option to leave a free text response.
- For the ICS maturity matrix, data is being collated by the NHS England digital team for use in the ICS thematic reviews. We do not propose the NHS England collects data in the same way for PCNs, rather PCNs and their systems would agree locally:
  - Whether they wanted to use the tool
  - Who would receive the summary data generated by the tool

Using the matrix with the Primary Care Support Development Prospectus

N.B. This slide is in draft and some further text is to be included.

Mapping across from the maturity matrix to the tool

Structured Development Discussion:

Where are you now?

Where do you want to be in a year?

What do you need to get you there?

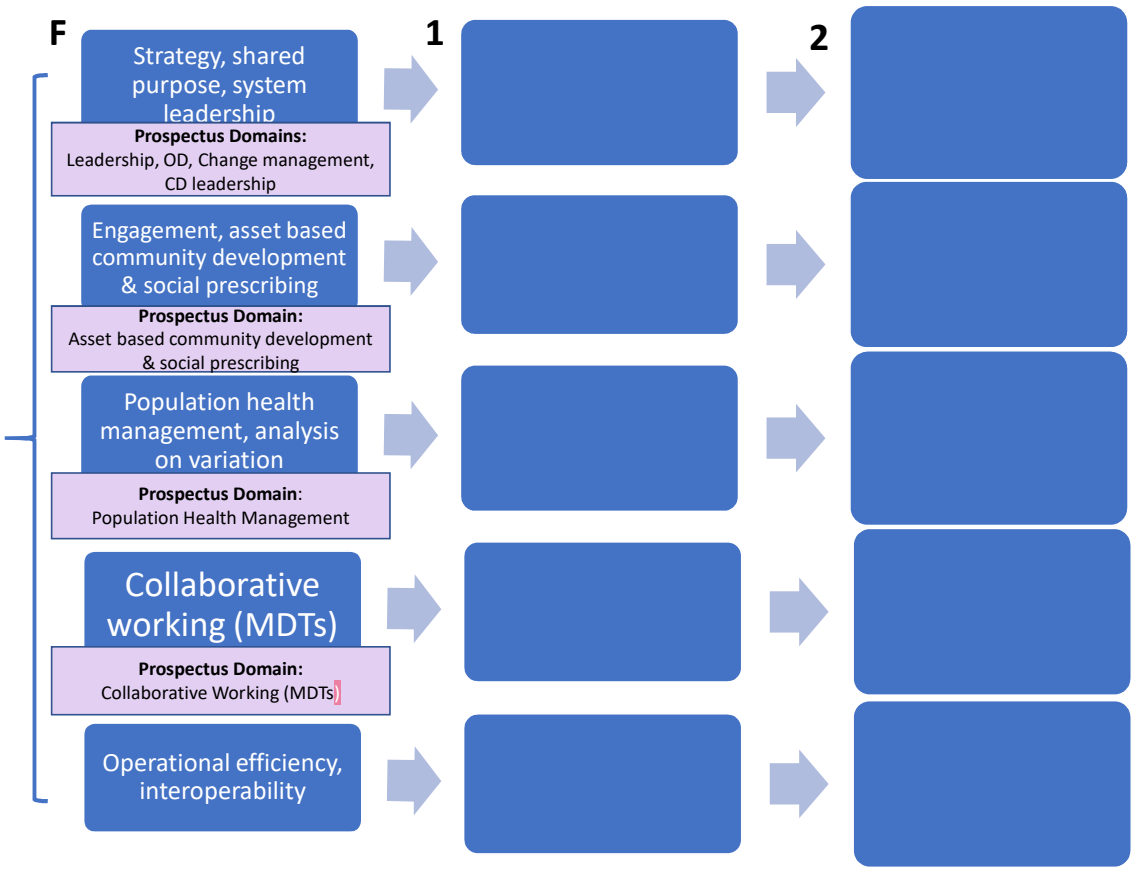
How will you get it?

Time

Capacity

Competence

Confidence



Key lines of enquiry for regions and systems

To support conversations with systems and PCNs, and understand how systems are approaching the on-going development of their networks, we have developed a set of proposed KLOEs for regions across the themes of the matrix.

These KLOEs are primarily designed around the Foundation and Step 1 of the matrix, on the basis these are the core building blocks that we expect to see happen as part of the transition year in 19/20. We would welcome feedback from Regions on the suggested questions.

Leadership, planning and partnerships

- Has the system established a local development programme that supports PCNs to establish and builds momentum for new ways of working, integrated care and population health that sets PCNs up for success for delivery of the LTP, GP contract framework and local priorities?

Use of data and population health management

- Is there a plan in place that will enable PCNs to implement PHM approaches and that support PCNs through planned improvements to data infrastructure and intelligence, including addressing IG considerations required for PHM?

Integrating care

- Do PCNs have support to further develop their workforce and that enables the establishment (or expansion) of MDTs, and that can enable integration of clinical teams across member organisations within networks?

Managing resources

- Do networks have access to the resources they will need to deliver the network plan and make an effective contribution to wider system priorities outlined in the system's response to the LTP and primary care strategy?

Patient and public partnerships

- Has the system has put in place arrangements that can support networks build effective partnerships with patients and the public, and that support networks to build a community-asset based approach to addressing the wider determinants of health?

Network DES

- Are plans in place to support the clinical director, recruit the additional roles, meet the extended access and digital requirements?