

**PCN Maturity Matrix**

Element	Foundations for transformation	Level 1 (least mature)	Level 2	Level 3 (most mature)
<b>Right Scale</b>	<b>Plan</b> : There is a plan in place articulating a clear end state vision and steps to getting there, including actions required at team, network and system level.	Practices identify partners for <b>network-level working</b> and develop shared plan for realisation	Practices have <b>defined future business model</b> and have early components in place.	<b>Network</b> business model fully operational.
<b>Integrated Working</b>	<b>Engagement</b> : GPs, local primary care leaders and other stakeholders believe the vision and the plan to get there	<b>Integrated teams</b> , which may not yet include social care, are working in parts of the system.	<b>Integrated teams</b> formalised to include social care, the voluntary sector and easy access to secondary care expertise in at least some sites.  <b>Functioning interoperability</b> between practices, including read/write access to records. Data sharing agreements in place.	<b>Fully functioning integrated team. Workforce shared</b> across network  Rationalisation of primary care with <b>optimum estate usage</b> .  <b>Interoperable systems</b> Integrated clinical records
<b>Targeted care</b>	<b>Time</b> : Primary care, in particular general practice, has the headroom to make change	<b>Analysis on variation</b> between practices is readily available and acted upon.  <b>Basic population segmentation</b> is in place, with understanding of needs of key groups and their resource use.  Standardised end state <b>models of care</b> defined for all population groups, with clear gap analysis to achieve them.  Prototypes in place for highest risk groups.	The system can <b>track data in real time</b> , including visibility of patient movement across the system and between segments, and information on variability  <b>New models of care</b> in place for most population segments, including both proactive and reactive models, with standardised protocols in use across the system. Evidence of active sign posting to community assets.	Systematic population segmentation including risk stratification with in depth understanding of needs of each population segment. Routine peer review of metrics in and between networks.  New models of care in place to meet needs of all population segments. Internal referral processes in place. Routine peer review of metrics per hub.
<b>Managing resources</b>	Transformation resource : There are people available with the right skills to make change happen	Steps taken to ensure <b>operational efficiency</b> of primary care delivery.	<b>Networks have sight of resource use</b> for their patients, and can pilot new incentive schemes.	Primary care networks take <b>collective responsibility for available funding</b> . Data being used at individual clinical level to make best use of resources.
<b>Empowered primary care</b>		<b>Primary care</b> has a seat at the table for all system-level decision making.		<b>Primary care network</b> full decision making member of ICS leadership.