

# Primary care maturity matrix

## Foundations for transformation

**Plan:** Plan in place articulating clear vision and steps to getting there, including actions at network, place and system level.

**Engagement:** GPs, local primary care leaders and other stakeholders believe in the vision and the plan to get there.

**Time:** Primary care, in particular general practice, has the headroom to make change.

**Transformation resource:** There are people available with the right skills to make change happen, and a clear financial commitment to primary care transformation.

**Right scale**

**Integrated working**

**Targeting Care**

**Managing resources**

**Empowered Primary Care**

### Step 1

**Practices identify PCN partners and develop shared plan for realisation.**

**Analysis on variation in outcomes and resource use between practices is readily available and acted upon.**

**Basic population segmentation is in place, with understanding of needs of key groups and their resource use.**

**Integrated teams, which may not yet include social care and voluntary sector, are working in parts of the system.**

**Standardised end state models of care defined for all population groups, with clear gap analysis to achieve them.**

**Steps taken to ensure operational efficiency of primary care delivery and support struggling practices.**

**Primary care has a seat at the table for system strategic decision-making.**

### Step 2

**PCNs have defined future business model and have early components in place.**

**Functioning interoperability within networks, including read/write access to records, sharing of some staff and estate.**

**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.**

**Early elements of new models of care in place for most population segments, with integrated teams throughout system, including social care, the voluntary sector and easy access to secondary care expertise.**

**Routine peer review.**

**Networks have sight of resource use and impact on system performance, and can pilot new incentive schemes.**

**Primary care plays an active role in system tactical and operational decision-making, for example on UEC**

### Step 3

**PCN business model fully operational.**

**Fully interoperable IT, workforce and estates across networks, with sharing between networks as needed.**

**Systematic population health analysis allowing PCNs to understand in depth their populations' needs and design interventions to meet them, acting as early as possible to keep people well.**

**New models of care in place for all population segments, across system. Evaluation of impact of early-implementers used to guide roll out.**

**PCNs take collective responsibility for available funding. Data being used in clinical interactions to make best use of resources.**

**Primary care providers full decision making member of ICS leadership, working in tandem with other partners to allocate resources and deliver care.**