Fylde Coast Primary Care Maturity Matrix

Appendix B

	Plan: 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. - ACP plan in place. - Refreshed primary/community plan to be developed.	**Engagement:** GPs, local primary care leaders and other stakeholders believe in the vision and the plan to get there. - Robust GP leadership and engagement arrangements in place. - Contribute to ACP clinical leadership model.via new Clinical Senate.	**Time:** Primary care, in particular general practice, has the headroom to make change. - Network funding used to secure Network Chair and Vice-Chair roles and support - Review CCG clinical lead roles and support.	**Transformation resource:** There are people available with the right skills to make change happen. - CCG support roles for networks in place - Align additional CCG support for delivery of plans below - Develop OD programme.
Right scale	Practices identify partners for **network-level working** and develop shared plan for realisation. - 10 neighbourhoods/networks in place for over 3 years. - MoUs in place. - 1 MCP alliance in place. - Review leadership, membership and governance arrangements.	Practices have **defined future business model** and have early components in place. - 1 federation (and Primary Care Home) in place. - Individual and multi network business model(s) to be defined and phased implementation plan(s) developed.	**Network** business model fully operational. - Business models implementation plan(s) delivered.	
Integrated working	**Integrated teams**, which may not yet include social care, are working in parts of the system. - Integrated teams in place for all networks, including Blackpool Council social workers - Phased service roll out plan in place. - Review roll out plan and enhance to include broader out of hospital care partners, e.g. Lancashire County Council - Some **interoperability** with solutions in place to access health care records but not yet social care - Develop phased interoperability plan which aligns with and enables integrated team phased implementation plan. - Good **estates** infrastructure and some integrated team co-location. - Develop primary/community estates plan which aligns with and enables integrated team phased implementation plan.	**Functioning interoperability** between practices, including read/write access to records. Data sharing agreements in place. - Some data sharing agreements in place - Phased implementation of interoperability plan. **Integrated teams** formalised to include social care, the voluntary sector and easy access to secondary care expertise. - Implement phased roll out plan. - Develop single operating framework for all teams.	**Interoperable systems** Integrated clinical records. - Interoperability plan delivered. **Workforce shared** across network. - Single operating framework in place. Rationalisation of primary care with **optimum estate usage**. - Estates plan delivered.
Targeting care	**Analysis on variation** between practices is readily available and acted upon. - Practices and networks receive monthly 'effective use of resource' pack. - GP Quality and Plus contracts include review requirements. - Review, refresh and align effective use of resources pack and local contracts of above for 2018/19. **Basic population segmentation** is in place, with understanding of needs of key groups and their resource use. Standardised end state **models of care** defined for all population groups, with clear gap analysis to achieve them. **Prototypes** in place for highest risk groups. - Initial focus on frail elderly and 2 networks piloting children's and families. - Agree and launch new optimised extensive care and enhanced primary care model. - Evaluate and spread children's and families model.	The system can **track data in real time**, including visibility of patient movement across the system and between segments, and information on variability. - Nexus developed and unscheduled care application rolled out, primary care application being tested by 2 neighbourhoods. - Develop testing and roll out plan. **New models of care** 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. - Identify and develop any additional new models of care. - FYI 'service directory' developed. - Continue to evaluate and enhance FYI to include applications - Agree post Vanguard EPAC priorities and individual and multi network EPAC plans.	**Fully functioning integrated team.** Systematic population segmentation including risk stratification. Care plans for all high risk patients. Internal referral processes in place. Routine peer review of metrics per hub. - Nexus fully rolled out. - All new models of care in place. - EPAC plans delivered. Stratification of appointments with **7 day working**. Upper decile public health targets and patient and staff survey metrics. *Clarify with NHSE.*
Managing resources	Steps taken to ensure **operational efficiency** of primary care delivery. - GP Quality and Plus contracts in place which standardise requirements and payments. - Review, refresh and align local contracts for 2018/19.	**Networks have sight of resource use** for their patients, and can pilot new incentive schemes. - Implement refreshed effective use of resource pack. - Test planned care incentive schemes and develop pipeline of future incentive schemes. - Develop end state vision for network resource management.	Primary care networks take collective responsibility for available funding. Clinical pathway change leading to care closer to home. Data being used at individual clinical level to make best use of resources. - Implement end state vision for network resource management.
Empowered Primary Care	**Primary care** has a seat at the table for all system-level decision making. - Robust arrangements in place via networks, MCP, CCGs and evolving ACP (Clinical Senate). - Contribute to design of future ACP clinical leadership model (via Clinical Senate).		**Primary care network full decision making member of ACS leadership.** - ACP clinical leadership model agreed and in place,