

**PCN COMMUNITY PHARMACY LEAD MATURITY MATRIX****Contents**

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**Introduction**

Community Pharmacy West Yorkshire (CPWY) acknowledges and appreciates the outstanding work done by the team of PCN Community Pharmacy Leads (PCN CP Lead) on behalf of community pharmacy contractors.

CPWY is also aware that feedback from PCN CP Leads attending previous Leadership Development Events, highlighted frustration among the group about the pace of PCN development (e.g. not being invited to attend PCN meetings), which had led some Leads to become frustrated with the role and causing others to doubt their suitability for the role.

We are pleased to announce that NHSE&I and the Primary and Community Care Programme (ICS) also recognise the value that PCN CP Leads can offer the PCN and have agreed to invest in the development of the West Yorkshire PCN CP Leads team, using funds allocated to PCN Development.

CPWY has therefore developed a process by which PCN CP Leads can assess the current level of PCN development (maturity) and create a **PCN Development Plan** to demonstrate how they, as an individual, intend to use that investment funding to develop themselves, their relationships and influence within the PCN. The process developed, takes the form of a **PCN CP Lead Maturity Matrix**.

In March 2019, NHSE&I published their own PCN Maturity Matrix designed to help PCN leadership (Clinical Directors) build the foundations and plot the journey of development toward becoming a fully functioning Primary Care Network.

The PCN Maturity Matrix presents the PCN development in stages (Foundation to Step 3) over a 3-year period with objectives under the headings Leadership, Planning & Partnerships, Use of Data & Population Health Management, Integrating Care, Managing Resources and Working in partnership with People & Communities. For Example:

## PCN COMMUNITY PHARMACY LEAD MATURITY MATRIX

2019/2020		→ 2023/24		
Component	Foundation	Step 1	Step 2	Step 3
Leadership, planning and partnerships	<p><b>For PCNs</b> PCN has a clear vision for the network with all stakeholders involved in shaping this.</p> <p>Clinical directors have access to leadership support.</p>	<p><b>For PCNs</b> Agreed development actions and priorities</p> <p>Joint planning is underway to improve integration and out of hospital services</p> <p>PCN CDs have opportunity to be involved in place/system decision making to support collaboration across networks and wider providers</p>	<p><b>For PCNs</b> Establish approach to strategic and operational decision making that is inclusive of providers operating within the network footprint delivering network level services</p> <p>Governance arrangements in place to support integrated partnership working</p>	<p><b>For PCNs</b> PCN leaders are fully participating in decision making at the system and relevant place levels of the ICS.</p>
	<p><b>For Systems</b> Resources (people and funding) allocated to support PCN development</p> <p>Local approaches and teams established to support PCN CDs</p> <p>Networks established to support PCN CDs</p>	<p><b>For Systems</b> Primary care enabled to have a seat at the table for system and place strategic planning</p> <p>System level strategy for PCN development and transformation funding</p> <p>Support for PCN development</p> <p>System leaders support PCN CDs to share learning and support development across PCNs</p>	<p><b>For Systems</b> Primary care is enabled to play an active role in strategic and operational decision making e.g. urgent and emergency care</p> <p>Mechanisms in place for PCN representation at all levels</p> <p>PCN CDs work with STP/ICS leadership to share learning and work with other PCNs</p>	<p><b>For Systems</b> Primary care leaders are decision making members of the ICS and place level leadership, working in tandem with partner health and care organisations to allocate resources and deliver care.</p>

See

appendix 1 for full PCN Maturity Matrix

In consultation with NHSE&I, CPWY has developed the PCN CP Lead Maturity Matrix along the same principles, specifically for use by PCN Community Pharmacy Leads, to be used as a means of evaluating their personal development within the role and of their engagement/influence within the Primary Care Network Team.

### See accompanying Spreadsheet titled – PCN Community Pharmacy Lead – Maturity Matrix

The PCN CP Lead Maturity Matrix also aims to reflect the key competencies identified as requirements for the role of PCN CP Lead.

<p><b>Building relationships</b></p> <ul style="list-style-type: none"> <li>• Building rapport</li> <li>• Engaging with different personalities</li> <li>• Networking</li> <li>• Managing stakeholders</li> <li>• Managing conflict</li> <li>• Challenging positively</li> <li>• Influencing and persuading others</li> </ul>	<p><b>Developing solutions</b></p> <ul style="list-style-type: none"> <li>• Developing vision and purpose</li> <li>• Identifying opportunities to collaborate</li> <li>• Problem solving</li> <li>• Planning and prioritising</li> <li>• Understanding and analysing data</li> <li>• Creative thinking</li> </ul>	<p><b>Personal development</b></p> <ul style="list-style-type: none"> <li>• Building self confidence</li> <li>• Personal effectiveness and time management</li> <li>• Taking personal accountability</li> <li>• Building resilience</li> </ul>
<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Presentation skills</li> <li>• Communicating with constituents</li> <li>• Giving feedback</li> <li>• Receiving feedback</li> <li>• Being effective in meetings</li> <li>• Creating interest in your ideas</li> </ul>	<p><b>Navigating NHS structures</b></p> <ul style="list-style-type: none"> <li>• The role of the PCN</li> <li>• PCN local priorities and Directed Enhanced Services (DES)</li> <li>• PCNs within the wider health economy</li> <li>• The pharmacy contract – essential, advanced and advanced services</li> <li>• The pharmacy contract – QPS, CPCS and service developments</li> </ul>	<p><b>The PCN Pharmacy lead role</b></p> <ul style="list-style-type: none"> <li>• Understanding the role of the PCN lead</li> <li>• Defining role – PCN pharmacy lead, LPC committee and LPC officers</li> <li>• Understanding the boundaries and limitations of the PCN lead role</li> </ul>

These competencies are also shown in the PCN CP Lead Maturity Matrix for reference.

PCN CP Leads will be asked first to assess their and PCN's current stage of development, measured against the Maturity Matrix and then to create a **PCN Development Plan**. The PCN Development Plan should reflect where possible, the speed of development of the PCN itself, thereby allowing PCN CP Leads to set realistic goals and timelines for their progression.

## PCN COMMUNITY PHARMACY LEAD MATURITY MATRIX

To support this work CPWY has secured additional investment from the PCN Development Fund amounting to £100 per month (half day backfill allowance), to enable PCN CP Reps to dedicate time to their own development and their role within the PCN. This funding is available for a period of one year, during which time we hope to see quantifiable development, measured by progression through the PCN Lead Maturity Matrix.

*Note - This funding is in addition to the current £100 attendance allowance currently provided by CPWY for attending PCN meetings (or Community Partnership Meetings) and completing follow up activities e.g. completing PharmOutcomes reports and sharing information via the gaggle group.*

PCN CP Leads can make expense claims for backfill costs incurred, by using the usual [Primary Care Network Expenses Claim Form](#) which is saved in the [PCN Lead Resources Centre](#) on the CPWY website. Whilst no report will need to be added to PharmOutcomes associated with these claims, in order to differentiate these claims from those relating to PCN Meeting attendance, please use the “Additional PCN work (prior approval needed)” box to make your claim.

### PCN Lead Maturity Matrix Process

To complete this work PCN CP Reps should:

1. Complete the Self-Assessment Tool as instructed
2. Discuss results and PCN Development Plan in consultation with PCN Project Manager (P Wiles)
3. Plan activities/actions agreed with the PCN Support Manager, making an assessment for time to be allocated to each activity/action.
4. Arrange locum backfill cover (where required) as agreed with the PCN Project Manager.
5. Record your progress against your PCN Development Plan every 3 months and provide a copy to the PCN Support Manager.

#### 1. Complete the PCN CP Rep Self-Assessment Tool

The Maturity Matrix (see spreadsheet) shows a number of ‘PCN CP Lead Maturity Matrix Objectives’ for each of which there are four levels of development/maturity as follows, ranging from ‘Basics in Place’ to ‘Excellent’.

Basics in Place	Developing	Well Developed	Excellent
1	2	3	4

Using the Self-Assessment tool below, mark the current level of maturity for each of the Objectives and note the ‘score’ (1 to 4) in the final column. For example, if the ‘Developing’ level has been attained, a score of ‘2’ is recorded.

**Please note – In order to attain a level of maturity (e.g. developing) for a PCN CP Lead Maturity Matrix Objective, ALL the requirements of that level must have been reached. A PCN CP Lead can have different levels of maturity in each of the PCN CP Lead Maturity Matrix Objectives.**

Having assessed and scored each category, record your total score on the sheet.

## PCN COMMUNITY PHARMACY LEAD MATURITY MATRIX

### PCN CP Lead – Self Assessment Tool

Self Assessment Grading		Basics In Place	Developing	Well Developed	Excellent	Score
		1	2	3	4	
Leadership, Planning & Partnerships	PCN CP Rep (Lead) - Develop Leadership skills and understanding of the PCN CP Rep role with pharmacy contractors and PCN Colleagues.					
Use of Data and Population Health Management	PCN CP Rep (Lead) champions Community Pharmacy as a source of intelligence and feedback to support the understanding of population health needs and promotes the role of community pharmacy in meeting those needs.					
Integrating Care	PCN Rep (Lead) ensures PCN Leadership understands the range of community services available through community pharmacy and how these services support PCN objectives to deliver integrated care across the PCN					
Managing Resources	PCN CP Rep (Lead) champions community pharmacy services which improve efficiency and ensures the skills and expertise present in the PCN community pharmacy team is utilised by the PCN					
Working in Partnership with People and communities	PCN CP Rep aims to establish themselves as a trusted source of guidance and expertise with regard to pharmacy services and encourages to integration of pharmacy services, working in partnership with the PCN and communities					
PCN Directed Enhanced Services (DES) implementation Plan	The PCN CP Rep Identifies and Promotes Nationally and locally commissioned services which Support the PCN DES objectives					
					<b>Total</b>	

## PCN COMMUNITY PHARMACY LEAD MATURITY MATRIX

### 2. Consultation with PCN Project Manager

Having completed the Self-Assessment above, the PCN CP Lead should then arrange at time for a discussion with the PCN Project Manager.

The purpose of the meeting will be to discuss the outcomes of the self-assessment and to agree a PCN Development Plan which specified what activities will be undertaken over the coming months, to ensure that progress has been made through the Maturity Matrix in preparation for the next self-assessment is completed in 6 months' time.

The PCN CP Lead should also estimate the time required to complete the activity, bearing in mind the budget allowance of a half day per month, although a number of activities/meetings could be scheduled over the course of a full day, every other month. Prior to the discussion with the PCN Support Manager, PCN CP Leads should prepare some ideas for what activities could be included in the PCN Development Plan. For example:

- *Meetings with Key PCN or Community Partnership Personnel, including the purpose of the meeting e.g. Integrate NMS into routine patient pathways, Improve understanding of NMS and increase referrals from GP practices to community pharmacy,*
- *Agree and share a communication route for clinical queries between community pharmacists and PCN pharmacy teams,*
- *Meet and better understand the voluntary sector representative.*
- *CPPE Training*
- *Peer Review meetings*
- *Visits to Local Pharmacies/GP Surgeries*
- *Attending Training courses*
- *Research/Reading*
- *Attending local networking events*

### 3. Plan activities/actions agreed with the PCN Support Manager

Following the discussion with the PCN Support Manager, the PCN CP Lead should record the agreed activities in the PCN Development Plan template (see below) and estimate the time required to complete each of those activities.

## PCN COMMUNITY PHARMACY LEAD MATURITY MATRIX

### PCN Development Plan

Self Assessment Grading		Current Maturity Level	Summary of Objectives to reach next Maturity Level	Planned Activity/Activities	Estimated time for Completion	Cost (£100/half Day)
Leadership, Planning & Partnerships	PCN CP Rep (Lead) - Develop Leadership skills and understanding of the PCN CP Rep role with pharmacy contractors and PCN Colleagues.					
Use of Data and Population Health Management	PCN CP Rep (Lead) champions Community Pharmacy as a source of intelligence and feedback to support the understanding of population health needs and promotes the role of community pharmacy in meeting those needs.					
Integrating Care	PCN Rep (Lead) ensures PCN Leadership understands the range of community services available through community pharmacy and how these services support PCN objectives to deliver integrated care across the PCN					
Managing Resources	PCN CP Rep (Lead) champions community pharmacy services which improve efficiency and ensures the skills and expertise present in the PCN community pharmacy team is utilised by the PCN					
Working in Partnership with People and communities	PCN CP Rep aims to establish themselves as a trusted source of guidance and expertise with regard to pharmacy services and encourages to integration of pharmacy services, working in partnership with the PCN and communities					
PCN Directed Enhanced Services (DES) implementation Plan	The PCN CP Rep Identifies and Promotes Nationally and locally commissioned services which Support the PCN DES objectives					

#### 4. Arrange locum backfill cover (where required) as agreed with the PCN Project Manager.

**Please note – ALL proposed activities must be agreed in advance with the PCN Support Manager before booking or arranging locum cover. All expenditure must be approved in advance.**

*Note – PCN CP Representatives planning to carry out development work in their own time, should ensure that they discuss their plans with their line manager or owner of the pharmacy, if they wish to be reimbursed for this work. Claims made via expenses/attendance allowance submitted to CPWY can only be paid to the contractor and not directly to individual PCN CP Representatives.*

## PCN COMMUNITY PHARMACY LEAD MATURITY MATRIX

## Appendix 1: PCN Maturity Matrix

2019/2020 → 2023/24				
Component	Foundation	Step 1	Step 2	Step 3
Leadership, planning and partnerships	<p><b>For PCNs</b> PCN has a clear vision for the network with all stakeholders involved in shaping this.</p> <p>Clinical directors have access to leadership support.</p>	<p><b>For PCNs</b> Agreed development actions and priorities</p> <p>Joint planning is underway to improve integration and out of hospital services</p> <p>PCN CDs have opportunity to be involved in place/system decision making to support collaboration across networks and wider providers</p>	<p><b>For PCNs</b> Establish approach to strategic and operational decision making that is inclusive of providers operating within the network footprint delivering network level services</p> <p>Governance arrangements in place to support integrated partnership working</p>	<p><b>For PCNs</b> PCN leaders are fully participating in decision making at the system and relevant place levels of the ICS.</p>
	<p><b>For Systems</b> Resources (people and funding) allocated to support PCN development</p> <p>Local approaches and teams established to support PCN CDs</p> <p>Networks established to support PCN CDs</p>	<p><b>For Systems</b> Primary care enabled to have a seat at the table for system and place strategic planning</p> <p>System level strategy for PCN development and transformation funding</p> <p>Support for PCN development</p> <p>System leaders support PCN CDs to share learning and support development across PCNs</p>	<p><b>For Systems</b> Primary care is enabled to play an active role in strategic and operational decision making e.g. urgent and emergency care</p> <p>Mechanisms in place for PCN representation at all levels</p> <p>PCN CDs work with STP/ICS leadership to share learning and work with other PCNs</p>	<p><b>For Systems</b> Primary care leaders are decision making members of the ICS and place level leadership, working in tandem with partner health and care organisations to allocate resources and deliver care.</p>

2019/2020 → 2023/24				
Component	Foundation	Step 1	Step 2	Step 3
Use of data and population health management	<p><b>For PCNs</b> PCN is using existing readily available data to understand and address population needs and identifying improvements</p>	<p><b>For PCNs</b> Analysis on variation in outcomes and resource use between practices and PCNs is readily available and acted upon</p> <p>Basic population segmentation in place understanding of key groups their needs and their resource use</p> <p>Data and sort intelligence from multiple sources is being used to identify interventions</p>	<p><b>For PCNs</b> All primary care clinicians can access information to guide decision making and identify at risk patients</p> <p>Shared protocols and real time patient information developed</p> <p>Read/write access to records</p>	<p><b>For PCNs</b> Systematic population health analysis allows the PCN to understand in depth their population needs, including wider determinants of health</p> <p>Population health model fully functioning for all cohorts</p> <p>Ongoing statistical analysis and use of data in care design case management and direct care</p>
	<p><b>For systems</b> Infrastructure is being developed for PHM in PCNs including facilitating access to data</p> <p>IG arrangements in place</p> <p>Analytical support</p>	<p><b>For systems</b> Basic data sharing common population definitions and IG arrangements in place</p> <p>Some linking of data flows between primary care community and secondary care</p>	<p><b>For systems</b> Data and digital infrastructure in place to enable a level of interoperability within and across PCNs and other partners including wider availability of a shared care record</p> <p>Analytical support real time patient data and PHM tools are available for PCNs to help them to understand patient cohorts</p>	<p><b>For systems</b> Full interoperability is in place across organisations including shared care record</p> <p>System partners work with PCNs to design proactive care models and anticipatory care interventions based on evidence to target priority patient groups to reduce health inequalities.</p>

## PCN COMMUNITY PHARMACY LEAD MATURITY MATRIX

2019/2020		→ 2023/24		
Component	Foundation	Step 1	Step 2	Step 3
Integrating care	<p><b>For PCNs</b> PCN is starting to build local plans for improving the integration of care</p> <p>PCN is aware of the organisations they need to engage with to develop multi agency approaches to integrated care</p>	<p><b>For PCNs</b> Integrated teams which may include social care are working within the PCN</p> <p>Plans in place to develop MDT ways of working including integrated rapid community response teams and delivery of personalised care</p>	<p><b>For PCNs</b> Early elements of step 1 model now in place for most population segments with integrated teams working together</p> <p>Routine peer to peer review takes place</p> <p>Supportive HR arrangements to support MDT working</p>	<p><b>For PCNs</b> Fully integrated teams are in place within the PCN</p> <p>MDT working is highly functioning and supported by technology</p> <p>MDT holds a single view of the patient record</p> <p>Care plans in place for all high risk patients</p> <p>Fully interoperable IT workforce and estates across the PCN with sharing between networks as needed.</p>
	<p><b>For systems</b> Support the PCNs to build relationships across physical mental health and social care partners to facilitate delivery of integrated care</p>	<p><b>For systems</b> Support to build relationships across all providers</p> <p>System workforce plan supports the development of integrated teams</p>	<p><b>For systems</b> Continued development of partnerships across service providers to enable ongoing MDT development workforce sharing and protocols in place</p>	<p><b>For systems</b> Developed and implemented integrated care models meet the objectives of the LTP</p>
Managing resources	<p><b>For PCNs</b> Primary Care in particular GP practices has the headroom to make change</p> <p>People with the right skills are available to make change</p>	<p><b>For PCNs</b> Steps taken to ensure operational efficiency of primary care delivery</p>	<p><b>For PCNs</b> PCN has sight of resource use and impact on system performance and can pilot new incentive schemes locally</p>	<p><b>For PCNs</b> PCN take collective responsibility for managing the resource flowing to the PCN</p> <p>Data is used in clinical and</p>

2019/2020		→ 2023/24		
Component	Foundation	Step 1	Step 2	Step 3
Managing resources	happen			non clinical interactions to make best use of resource
	<p><b>For systems</b> System plan to support managing collective financial resources that includes PCNs</p> <p>PCN development support funding is being used to address PCN development needs</p>	<p><b>For systems</b> Systems have arrangements in place to support PCNs with improvements in the efficiency of primary care delivery to enable optimum use of resources.</p>	<p><b>For systems</b> Systems support networks to have sight of resource use and impact on system performance can enable piloting of new incentive schemes</p>	<p><b>For systems</b> Systems support PCNs to take collective responsibility for managing the resource flowing to the PCN</p>
Working in partnership with people and communities	<p><b>For PCNs</b> Approach agreed to engaging local communities</p> <p>Local people and communities are informed and there are routes for them to contribute to the PCN development</p>	<p><b>For PCNs</b> PCNs engaging directly with their population and are beginning to develop trusted relationships with wider community assets</p> <p>PCN assessment of available community assets to support improvements in population health and greater integration</p> <p>PCN has established relationships with local VCS and Healthwatch</p>	<p><b>For PCNs</b> PCN is routinely connecting with and working in partnership with wide community assets in meeting population needs</p> <p>Insight from local people and communities, VCS is used to inform decision making</p> <p>Community networks are understood and connected to the PCN</p>	<p><b>For PCNs</b> PCN has fully incorporated integrated working with local Voluntary, Community and Social Enterprise as part of the wider network</p> <p>Community reps and community voice are embedded into the PCN working practices and are integral part of planning and decision making</p> <p>PCN has built on existing community assets to connect the whole community and co-design local services and support</p>

2019/2020		→ 2023/24		
Component	Foundation	Step 1	Step 2	Step 3
Working in partnership with people and communities	<p><b>For systems</b> Providing expertise to support local involvement of people and communities</p>	<p><b>For systems</b> Systems in place to support PCNs to develop local asset maps in partnership with local communities to enable models of social prescribing</p>	<p><b>For systems</b> Facilitating effective partnerships between PCNs and local community assets</p> <p>Developing a strategy to support communities to develop and build</p>	<p><b>For systems</b> Community assets and partnerships developed by PCNs are being connected in at strategic planning at place and system level.</p>