

Appendix 1 - Primary Care Networks

Name	Composition	Member Practices
Wolverhampton North Network Dr S Rafiq – Clinical Director	7 practices 52,584 patients	Prestbury Medical Practice Woden Road Surgery MGS (Low Hill/Ruskin Road) Dr St Pierre-Libberton Ashfield Road Surgery Showell Park Health Centre Keats Grove Surgery
Unity East Network Dr K Krishan – Clinical Director	8 practices 32,867 patients	Poplars Practice Dr Kainth (Primrose Lane) Ashmore Park Health Centre Dr Fowler Probert Road Surgery IH Medical Mayfield Medical Practice Bilston Family Practice
Wolverhampton South East Network Dr R Mohindroo – Clinical Director	7 practices 56,933 patients	Health & Beyond Ettingshall Medical Practice Parkfield Medical Practice Bilston Urban Village Dr Mudigonda Dr Suryani MGS (Bradley)
Vertical Integration Dr J Parkes – Clinical Director	8 practices 55,516 patients	Alfred Squire Group Practice Dr Bilas West Park Surgery Coalway Road Thornley Street Warstones Medical Penn Manor Medical Centre

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(June 2019)



<p>Unit West Network Dr K Ahmed – Clinical Director</p>	<p>5 practices 38,197 patients</p>	<p>Castlecroft Medical Practice Tettenhall Medical Practice Penn Surgery Dr Whitehouse Pennfields Health Centre</p>
<p>Wolverhampton Total Health Dr G Pickavance – Clinical Director</p>	<p>6 practices 56,321 patients</p>	<p>Newbridge Surgery Duncan Street Primary Care Centre East Park Medical Practice Tudor Medical Centre Fordhouses Medical Centre</p>



Appendix 2 – Network Self-Assessment

PCN Maturity Assessment : May 2019

Step 1

Practices identify partners for network-level working and develop shared plan for realisation. ✓

Integrated teams, which may not yet include social care, are working in parts of the system. ✓

Analysis on variation 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. ✓

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. !

Steps taken to ensure **operational efficiency** of primary care delivery. !

Primary care has a seat at the table for all system-level decision making. ✓

Step 2

Practices have defined future business model and have early components in place. ✓

Functioning **interoperability between practices**, including read/write access to records. Data sharing agreements in place. ✓

Integrated teams in place throughout system and formalised to include social care, the voluntary sector and easy access to secondary care expertise in at least some sites. ✓

The system can **track data in real time**, including visibility of patient movement across the system and between segments, and information on variability. !

New models of care in place for most population segments, including both proactive and reactive models, with standardised protocols in use across the system. !

Networks have sight of resource use for their patients, and can pilot new incentive schemes. ✓

Step 3

Network business model fully operational. ✓

Interoperable systems Workforce shared across network. Rationalisation of estates. !

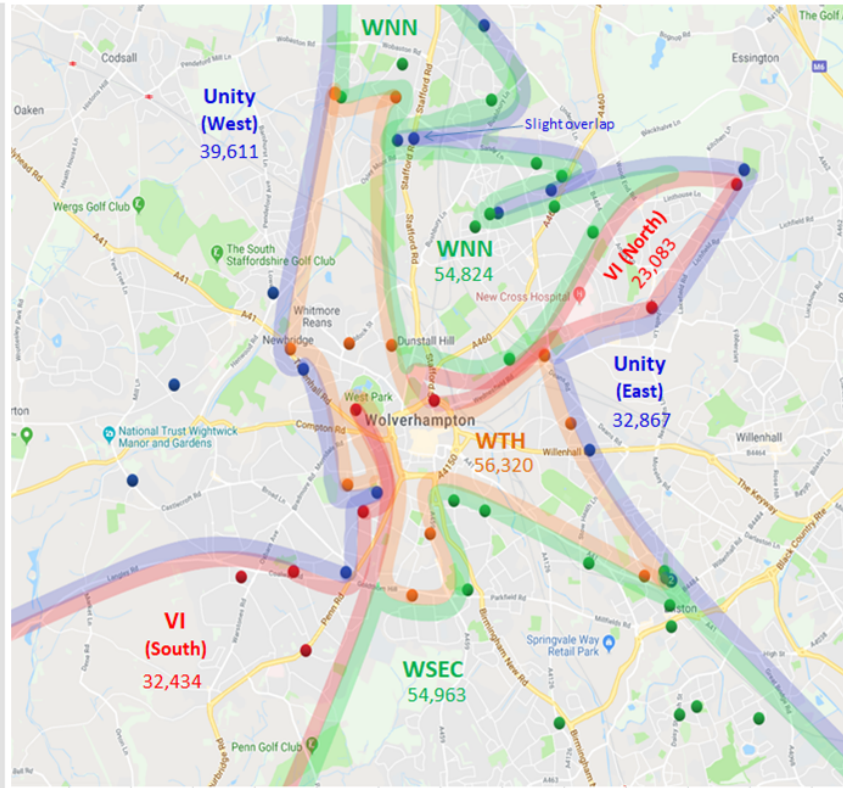
Fully functioning integrated teams in place across whole system including general practice, access to secondary expertise, nursing, community services, social care and voluntary sector. Care plans and coordination in place for all high risk patients. !

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. !

Primary care networks take **collective responsibility for available funding.** Data being used at individual clinical level to make best use of resources. !

Primary care network full decision making member of ICS leadership. ✓



Appendix 3 – PCN Assurance Statements

(Primary Care Commissioning Committee)
(June 2019)

Page 9 of 9

