

# Will polyclinics deliver real benefits to patients?

May 23 2008

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Government proposals to establish polyclinics are intended to reshape NHS services, but will they deliver the more patient centred care they propose, or do they risk becoming an expensive mistake? Michael Dixon, Chair of the NHS Alliance and Stewart Kay, Chair of the Londonwide Local Medical Committees (LMC's), debate the issue on BMJ.com today.

Polyclinics will offer a one stop shop. Rather than replacing existing generalist care, they will extend it by bringing GP practices and other secondary care services together so patients can benefit from a greater range of cost effective, accessible, and better coordinated care, argues Michael Dixon Chair of the NHS Alliance.

In many cases general practices will stay where they currently are as part of a "virtual polyclinic".

The key to the success of these practices will be their development by frontline practitioners and local people. The implementation of the polyclinic idea should not be "a sequence of orders from strategic health authority to primary care trust but a process of support for local practices to achieve their own integrated vision", he writes.

Dixon believes that the scepticism and negative press surrounding polyclinics is misplaced and results partly from the connotation of the term "polyclinic" rather than a problem with the basic concept. The word "clinic" implies a very biomedical approach, he says, but the proposed

primary care polyclinics are about personal relationships, self help, personal health, and improving community health.

Changing the name from polyclinic to, for example, “integrated centre” would make it clearer what the polyclinic model is actually about, he claims.

In addition, he says, recent media stories of GPs being forced into submission and reports of growing divisions between managers and clinicians, has resulted in misinterpretation, exaggeration and conspiracy theories.

The idea behind polyclinics may have been “lost in translation”, but that does not mean that the basic concept is unsound, he concludes.

But Stewart Kay, Chair of the Londonwide LMC’s, argues that better value would be provided by investing in the current model of general practice that already provides a wide range of services to diverse communities. The polyclinic model is, he says, expensive, based on untested assumptions, and potentially harmful to existing practices.

He points out that the smaller and more local traditional general practice—which has evolved with its community—can better serve the old, young and vulnerable, as well as adapt better to meet the different cultural and language needs of a small locality. Continuity of care and personal care are more difficult to provide in large units.

Furthermore, he says, because 80–90% of medical encounters happen in general practice, it is vital that this service stays local to patients, and is not moved “to some arbitrarily situated polyclinic.” Because there are few sites of suitable size available in London to accommodate a polyclinic, it has been suggested that old hospital and community clinic sites be redeveloped—but these will rarely be well situated for patients,

he claims.

Recent data from 1562 patients across 24 Primary Care trusts suggests that only 1 in 10 patients favour the Polyclinic model over their current practice.

Kay believes that the suggested components of the Polyclinic are already provided by general practice (community services, minor procedures, extended hours, health education), or easily accessible elsewhere (urgent care centres, outpatients, diagnostics). The solution is to invest in the development of traditional general practice, he concludes.

The idea of the polyclinic is not new, argues Professor Virginia Berridge from the London School of Hygiene and Tropical Medicine, in an accompanying editorial.

Despite a long and interesting history in London, and in the discussions of the early NHS 60 years ago, polyclinics failed to reach their full potential as a result of political backtracking over cost, and opposition from GPs who saw their status, income, and relationship with patients threatened. However, GPs have been enthusiastic about them in the past and could be again, writes Berridge.

Could the polyclinic be an idea whose time has now come, she asks.

Source: British Medical Journal

Citation: Will polyclinics deliver real benefits to patients? (2008, May 23) retrieved 27 April 2024 from <https://medicalxpress.com/news/2008-05-polyclinics-real-benefits-patients.html>

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