Integration and continuity of primary care: polyclinics and alternatives – a patient-centred analysis of how organisation constrains care co-ordination

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Plain English summary

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Many NHS patients, especially frail older people, have what we call 'complex needs', that is, many and varied long-term conditions that need treatment and care from more than one service at once (general practice, community nursing, social services, etc.). The better co-ordinated these services are, the more likely it is that these patients will be aware of, and able to use, the range of support needed to maintain their health. This helps people to avoid further illness and hospital admissions and to continue living in their own homes. In recent years the NHS has introduced new organisations and ways of working in order to improve the care of people with complex health needs. These approaches include general practitioner-led health centres, 'case management' (where a community matron or similar co-ordinates patients' care) and (especially in London) 'polyclinics'. We wanted to find out how these approaches compare in terms of improving the co-ordination of patient care across the range of services. We did this by interviewing patients with complex health-care needs, their carers (where appropriate) and their health/social care workers to find out what helps to co-ordinate the care that patients receive and what creates difficulties. We also looked at the Swedish health system to find out how that goes about integrating and co-ordinating care for patients with complex care needs. This suggests that combining general practice and community health services into one organisation is likely to co-ordinate care better than the current separation between general practice and other health services.

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