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

Rod Sheaff,1* Joyce Halliday,1 John Øvretveit,2 Richard Byng,3 Mark Exworthy,4 Stephen Peckham5 and Sheena Asthana1

1School of Government, Plymouth University, Plymouth, UK
2Medical Management Centre, Karolinska Institutet Stockholm, Stockholm, Sweden
3Health Services Management Centre, Plymouth University Peninsula Schools of Medicine and Dentistry, Plymouth, UK
4Centre for Health Services Studies, University of Birmingham, Birmingham, UK
5Department of Health Services Research and Policy, University of Kent, Kent, UK

*Corresponding author

Declared competing interests of authors: none

Published August 2015
DOI: 10.3310/hsdr03350

Plain English summary

Integration and continuity of primary care
Health Services and Delivery Research 2015; Vol. 3: No. 35
DOI: 10.3310/hsdr03350

NIHR Journals Library www.journalslibrary.nihr.ac.uk
Plain English summary

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.
Criteria for inclusion in the Health Services and Delivery Research journal

Reports are published in Health Services and Delivery Research (HS&DR) if (1) they have resulted from work for the HS&DR programme or programmes which preceded the HS&DR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

HS&DR programme

The Health Services and Delivery Research (HS&DR) programme, part of the National Institute for Health Research (NIHR), was established to fund a broad range of research. It combines the strengths and contributions of two previous NIHR research programmes: the Health Services Research (HSR) programme and the Service Delivery and Organisation (SDO) programme, which were merged in January 2012.

The HS&DR programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services including costs and outcomes, as well as research on implementation. The programme will enhance the strategic focus on research that matters to the NHS and is keen to support ambitious evaluative research to improve health services.

For more information about the HS&DR programme please visit the website: http://www.nets.nihr.ac.uk/programmes/hsdr

This report

The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 09/1801/1063. The contractual start date was in February 2011. The final report began editorial review in August 2014 and was accepted for publication in November 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health.

© Queen’s Printer and Controller of HMSO 2015. This work was produced by Sheaff et al. under the terms of a commissioning contract issued by the Secretary of State for Health. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Prepress Projects Ltd, Perth, Scotland (www.prepress-projects.co.uk).