Appendix 5: expectations for polysystems

PCTs' sections of strategic plans need to describe plans to achieve better quality and outcomes by personalising prevention services and transforming primary and community care through the implementation of polyclinics and polysystems, wherever possible by 2012. Plans also need to set out how they will strengthen home-based, personalised care.

Polyclinics are an ambitious model of care that seeks to address the common principles for changing healthcare in London:

- Services focused on individual needs and choices
- Localised where possible, centralised where necessary
- Truly integrated care and partnership working, maximising the contribution of the entire workforce
- Prevention is better than cure
- A focus on health inequalities and diversity

In order for the polyclinic service model to achieve the changes originally intended; raising quality, improving access and financial sustainability of the system, the implementation of polyclinics must be viewed within the context of system-wide change. Polyclinics as buildings will not be enough to effect changes in the wider system.

The polysystem, a clinically led model of care (based on a population of at least 50,000) involving all partners in the network and supported by a primary care led polyclinic hub at its heart, presents an opportunity to transform primary and community care. The polysystem can be focused around a polyclinic hub based in the community or on a hospital site.

PCT sections should demonstrate the local application of the Healthcare for London case for change, demonstrating how key stakeholders including clinicians, patients and local authorities have been engaged in the production of the work. PCT's sections should include:

- A clear vision for driving transformational change of primary and community care through polysystems.
- 100% population coverage by polysystems with each polysystem supported by a polyclinic hub; either in the community or on a hospital site.
- Polysystem catchment populations, polyclinic hub infrastructure options identified and implementation timetable identified
- Capital requirements and investment plans including reuse, refurbishment and new build options
- Polysystems incorporating a personalised approach to prevention
- Plans for primary care led urgent care on hospital sites, demonstrating clinical sustainability and value for money. PCTs must consider how this fits with their wider polysystems plans and existing recommendations on urgent care and hospital based polyclinics. PCTs must demonstrate how the model facilitates clinical leadership and involvement in service design, ensures integration with other relevant services, manages patients in primary care in a planned way and is financially sustainable in its own right and as part of the wider system. PCTs must demonstrate how both existing services and new service developments fit with these expectations.
- Incorporation of a commissioning strategy for community services, focused on two to three priority service areas as identified through the joint strategic needs assessment (JSNA). These priority areas should cover significant elements of

existing community services provision. Each priority service area strategy should include an in depth articulation of desired outcomes, specification designs and proposed procurement strategies. (By 2010/11 there will be a requirement that commissioning strategies for all aspects of community services provision will have been developed.)

- Using clinical leadership to drive change and in particular at PCT level what plans are in place to put Clinical Commissioning (practice based commissioning) at the heart of effective polysystems
- Integrated Multi-Disciplinary Networking to improve the management of long term conditions and people with complex health needs in out-of hospital settings.
- Plans for a one stop shop for treatment demonstrating continuity and integration between primary and secondary care to deliver care closer to home for outpatients, diagnostics, minor ops and the 50% of current A&E attendances that could be provided by primary care staff.
- A more efficient infrastructure for delivering the service based on greater skill mix, more efficient use of staff and estates, as well as lean overheads.

To meet the Transforming Community Services requirements in the context of commissioning polysystems, PCTs should include, in detail, at least three community services identified as priorities for market review.

PCTs should complete the polyclinic commissioning model to support robust development of their polysystem implementation plans.

In a similar way that the SHA will have responsibility for sector level coherence of plans, sectors will have responsibility for ensuring coherence of PCT polysystem plans across the sector.