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IS THERE A POLYCLINIC ALTERNATIVE ACCEPTABLE TO GENERAL PRACTICE? THE 'BEACON' PRACTICE MODEL

Much has been written of late regarding the threat to UK general practice posed by the current NHS reform process.^{1,2} Australia, facing the same change drivers, similarly faces a raft of reforms which promise to challenge established general practice. In 2007, the University of Queensland (UQ) in partnership with the state health department, developed the 'Primary Care Amplification Model' (PCAM),³ as a means to build on the existing national general practice infrastructure in changing times, rather than destabilise it.

The PCAM harnesses the collective strengths of local community general practices to respond to today's heavy reform agenda. The model builds primary care capacity by uniting local general practices around a central 'beacon' practice, similar to the federated model of primary care, endorsed by the Royal College of General Practitioners.⁴ The beacon practice supports and extends the capacity of local general practices in areas of local population clinical need, undergraduate and postgraduate teaching (medical, nursing, and allied health), relevant local clinical research, and improved integration with local secondary, tertiary, and other state-funded health care.

Central to the PCAM is the provision of the core elements of general practice and primary care — first contact, continuous, comprehensive, and coordinated care provided to populations undifferentiated by sex, disease, or organ system.⁵ The PCAM features four additional key characteristics: an ethos of supporting primary care within and external to the practice; an expanded clinical model of care; a governance approach that meets the specific needs of the community it serves; and a physical infrastructure to deliver the expanded scope of practice. It is these characteristics that enable a beacon practice to realise its potential.

Inala Primary Care, the pilot beacon in Brisbane, Queensland, has delivered a number of capacity-building initiatives for its community in the past 12 months. It provides an onsite complex diabetes care service in cooperation with the local hospital endocrinology unit. This service has improved access to appropriate secondary/tertiary care for the local community and facilitated much improved linkage back to the patient's usual GP,

building onto the GP care plan for each patient. GPs with Special Interests staff the service and a written summary returns to the patient's own GP within 10 days. Advanced skills in complex diabetes care and diabetic retinopathy screening via UQ's Master of Medicine (General Practice) are available to all local GPs via Inala Primary Care. Since September 2007, 170 patients have been seen. Analysis of the first 64 patients at 6 months shows a reduction in mean HbA1c of 0.64% ($P = 0.01$) with 25% (16/64) demonstrating a drop of $\geq 1.5\%$. The IPC provides diabetic retinopathy screening via a retinal camera for patients with complex diabetes attending the service. GP screening (compared with the gold standard of ophthalmology screening) was highly effective, demonstrating sensitivity of 89% and specificity of 97%. It also provides a special skills position for GP registrars in Chronic Disease Management.

Inala Primary Care has commenced multidisciplinary interprofessional learning for students from different health disciplines. It hosts a monthly evidence-based practice journal club for local practices and is a UQ Practice of Research Excellence for the local area.

One of the first Australian 'Superclinic' applications to the Commonwealth Health Department this month cited the beacon practice model as its preferred option.

Traditional general practice can grow, adapt, and thrive in new environments and address novel healthcare challenges, as it has done for hundreds of years. The central tenants of high quality general practice and comprehensive, patient-focused continuity of care, are as relevant and valuable to today's populations as they ever were. The beacon practice model supports local practices to build on these in new and challenging times, and may offer UK general practice a useful addition to its armoury in confronting a changing and uncertain health environment.

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