Reviewer's report

Title: The Primary Care Amplification Model: an antipodean alternative to UK Polyclinics?

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Reviewer: Bonnie Sibbald

Reviewer's report:

This short paper describes an organisational model of care, developed in Australia, to expand the scope and quality of care delivered from general practice. While I know of no identical initiative, the model has various components which already operate in other countries - such as the development of GPs specialising in particular areas of care and receiving referrals from other local GPs (e.g. GPSIs in the UK); the co-location of specialists with generalists (e.g. shifted outpatient clinics in the UK; multi-specialty private practices in the USA); educational outreach by specialists to improve primary care management (e.g. see Cochrane EPOC reviews). The governance structure is adapted to the Australian setting and would require modification to meet the regulatory and payment frameworks extant in other countries. Overall, I am not convinced the model is as innovative as the authors’ suggest. It is, however, a promising one which is poorly described in the literature and well presented here.

The authors assert that their model builds on traditional strengths without destabilising general practice – a proposition with which I would agree. They go on to say that alternative approaches (i.e. polyclinics in the UK) may destabilise general practice and provoke opposition. This, of course, depends on the nature of the ‘alternative’. It is undoubtedly true that the British Medical Association (BMA) in the UK led a much publicised campaign against the polyclinic idea first proposed by government. However, this superficial observation belies the underlying complexity of the debate. The government did not precisely define the nature of a polyclinic, leaving it open to wide interpretation. The BMA opposed only one of many possible models (i.e. forcing existing practices to co-locate); while the Kings Fund paper cited by the authors (ref 5) describes a different model (i.e. co-locating selected specialist diagnostic and therapeutic services within general practices). Indeed one model proposed by the Kings Fund for achieving this (the ‘hub’ model) is remarkably similar to the ‘beacon’ proposed by the authors. The government has since clarified its definition of a polyclinic – advocating a model which is remote from that originally opposed by the BMA and fully compatible with that proposed by the authors of this paper.

Minor discretionary revision:

It would therefore be advisable to remove the allusion to UK polyclinics (from the title, at least) as a model standing in opposition to that proposed by the authors.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests