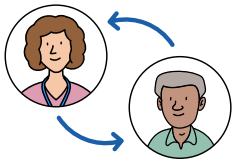
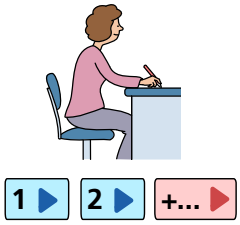
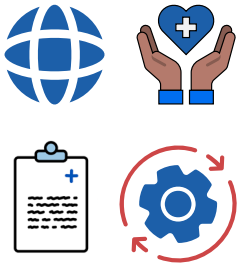
Thinking differently about continuity in general practice

Findings from the Remote by Default 2 research study
Sub-study led by Emma Ladds and Trish Greenhalgh

'Continuity' used to mean that a patient saw the same GP every time and developed a long-term relationship with that GP. Modern general practice is complex: more staff roles, more technologies, more people working part-time or remotely, more ways of investigating and treating illness. Continuity is still very important, but there are different kinds.

We propose a new framework to help patients, clinicians and policymakers understand the many ways in which continuity can be achieved and the effort and resources required.

Type of continuity	Definition	Paradigm	Example
Therapeutic relationship 	An ongoing relationship between a patient and practitioner, characterised by attentiveness, trust and positive regard	**Psycho-dynamic**	*A patient with medically unexplained symptoms sees a regular GP for years. They work through a complex illness narrative and achieve a degree of 'containment' which saves unnecessary investigations, fruitless referrals and repeated 'treatment trials'.*
Disease episode 	The practitioner who sees a patient for one presentation follows them up until closure or they are passed to an integrating practitioner, e.g. a GP	**Bio-medical**	*A GP trainee receives an online query from a patient with altered bowel habit. She sends an electronic task through his medical record to the reception team to arrange a face-to-face appointment. She examines him, orders appropriate tests and telephones him to explain the results. She arranges an urgent referral and sends a text message link to an online information sheet about the process.*
Distributed work 	The 'arc of work' i.e. the totality of tasks being done for the patient distributed between practitioners and across space, time, technological media, and care distinctions, e.g. primary/ secondary services	**Socio-technical**	*An elderly patient with hypertension, heart failure, type 2 diabetes and asthma is seen regularly by the practice nurses to manage her chronic diseases. She sees her GP (for future planning discussions), clinical pharmacist (for medication reviews), the community-based heart failure team (at times when her control is poor), and a respiratory consultant (as she later develops COPD). Through the electronic record, interfacing systems/platforms, referral and clinical correspondence, MDT and interpersonal discussions, and from the patient/family, all can ascertain what other team members have been doing, when, and what further input is required.*
Commitment to the community 	A practice serves a community over time, ensuring access and care according to need, changing demographics, cultural values and policy levers	**Socio-cultural**	*A GP practice has served a 'deep end' inner-city community for 60 years. Substance abuse, homelessness and other social problems are rife. Few patients have smart phones. The practice has a turn-up-and-wait policy rather than booked appointments and employs care navigators to support patients with limited system knowledge. They have resisted remote and digital access options because they feel their vulnerable patients would be disadvantaged.*

Learning summaries

Continuity in all its forms remains at the core of general practice. Practitioners, policymakers and technological innovators need to recognise the value of aligning activities to support it.

For practice

- **Continuity of relationships** can reduce the cost and harms of over-investigation and treatment and supports staff and patient wellbeing.
- **Continuity of the disease episode** improves safety by enabling integration and reducing avoidable events
- **Continuity of distributed work** improves coherence in a patient's journey, outcomes, and morale.
- **Continuity with the community** minimises inequalities, promoting the benefits of universal primary care.
- **Continuity is often perceived to be in tension with patient access**. However, systems with high continuity can also support appropriate, timely access.

For policy

- Enabling different forms of continuity within 'modern' general practice is essential to ensure patient safety, improve system efficiencies, promote patient and staff satisfaction, reduce health inequalities and improve overall outcomes.
- However, achieving continuity is an effortful process for practitioners, patients, and families, particularly in the complex, fragmented context of remote and digital care.
- Systems and technologies need to be designed to retain core values like continuity.
- This requires resources: time, money, and personnel with sufficient energy and drive to enable them.

More information on this paper

Ladds E, Greenhalgh T: 'Modernising continuity: A new conceptual framework'. *Brit J Gen Pract* 2023;73(731):246≠8

Ladds E, Greenhalgh T: 'A contemporary ontology of continuity in general practice: Capturing its multiple essences in a digital age'. *Soc Sci Med. 2023 Sep:332:116112*

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