

Continuity of English primary care has worsened with GP expansions

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A new study published by the *British Journal of General Practice* has found that patients' abilities to see their preferred GP has fallen greater in English practices that have expanded, compared with those that stayed about the same size.

At the same time, English practices that have expanded have not achieved better access to care or provided better overall experience. Being able to see the same GP is highly valued by many patients and previous studies have suggested that it may lead to fewer hospital admissions and fewer deaths.

Over the last few years, the UK Government has encouraged expansion, mergers and greater collaboration between practices. This was intended to enable them to deliver services in new ways, work more efficiently and lengthen their opening hours. Most recently, in 2019, Primary Care Networks—collaborative groups of practices serving larger populations—have been set up across England.

The study led by the University of Kent analysed changes in reported ability for patients to see a preferred GP, their access to care and overall patient experience over the last few years based on responses to the UK GP Patient Survey. This survey asks questions of several hundred thousand people each year.

In the 644 practices that had expanded by more than 20% between 2013 to 2018, the proportion of patients saying they were able to see their

preferred GP fell by 10% from 59% to 49%, while in the 5,602 practices that had stayed about the same size (i.e. less than 20% change in number of patients), the same proportion fell by 7% from 63% to 56%. The fall remained greater in practices that had expanded even after allowing for other characteristics of the practices, such as age distribution of the registered patients, rurality and level of poverty.

The research was led by Professor Lindsay Forbes at the University of Kent's Centre for Health Services Studies alongside Professor Stephen Peckham (Kent and the London School of Hygiene & Tropical Medicine (LSHTM)), Professor Matt Sutton (University of Manchester), Professor Katherine Checkland (Manchester) and Hannah Forbes (Manchester).

These scientists are all part of the Policy Research Unit in Commissioning and the Healthcare System (PRUComm), a collaboration between LSHTM and the Universities of Manchester and Kent, funded by the National Institute for Health Research. PRUComm undertakes research into how the health and [social care system](#) and commissioning of its services could be improved, providing evidence to the Department of Health and Social Care to inform the development of policy.

Professor Forbes said: 'Larger general practice size in England may well be associated with slightly poorer continuity of care and may not improve patient access. This goes to show that bigger may not be better with English primary care. Better health outcomes for individuals and patient experience for those with long-term conditions must be prioritised. Continuity of care is an important feature of good quality primary care and it is vital that we preserve this for the benefit of patients. It is also important that we collect good data about collaborative working and practice growth and monitor the effects on patient experience.'

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