Seeing the same GP is good for your health, but only half of patients are able to do so

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People who benefit the most from seeing the same GP are those with long-term health conditions and people who visit a practice frequently. With continuity of care in decline, these patients could be

disproportionately affected, leading to suboptimal care and important issues being missed.

The researchers are calling on policymakers to measure continuity of care as a marker of GP practice quality, with incentives to encourage improvement.

Continuity of care between GPs and patients leads to better patient outcomes, particularly for people who are elderly, have complex, long-term or multiple conditions, or poor mental health. Research shows that patients who see the same clinician for the majority of their care have fewer hospital admissions and lower mortality rates. Patients who usually see the same GP are also more likely to build a trusted relationship with them, adhere to advice, and take preventative actions to improve their health. Despite its benefits, continuity is not currently measured or incentivized by health policy, but the Health and Social Care Committee (Commons) have made continuity of care a focus of their inquiry into the future of General Practice.

Researchers at Queen Mary's Clinical Effectiveness Group (CEG) analyzed the care of 1 million adults registered at 126 GP practices in East London and found that half (52%) of patients regularly see the same GP. They found that patient age and practice size were the strongest predictors of continuity—the older the patient, the more likely they were to see the same GP; the larger the practice, the less likely.

Continuity of care has been steadily declining, with reasons including the expansion of larger practices, an increase in the number of GPs working part time, recruitment difficulties, and a prioritization of rapid access over continuity. The pandemic has amplified many of these factors and has changed the way that patients interact with their local practice.

The Queen Mary study demonstrates that it's possible to measure

continuity of care in a simple way. The researchers used data from two sources—the annual General Practice Patient Survey (GPPS) and the Usual Provider of Care (UPC) index—to measure continuity of care in East London. This information is already routinely collected.

Queen Mary researchers are calling on policymakers to measure continuity of care as a marker of practice quality. They hope that the Health and Social Care Committee will consider this as part of the recommendations of their current inquiry into the future of general practice.

Dr. Sally Hull, lead author and Clinical Reader in Primary Care Development at Queen Mary University of London, said: "Continuity of care leads to better outcomes, particularly for elderly patients and those with complex needs, and it should be measured routinely as a marker of practice quality. We have shown that it is possible to measure continuity simply, across a whole health economy, using information that is already routinely collected.

"Improving continuity of care will require incentivization and engagement from the emerging primary care networks and integrated care systems. There are also opportunities for local initiatives, such as the development of micro-teams within larger practices, or changes to booking systems, but these would need to be underpinned by reliable monitoring.

"With incentivization and monitoring in place, it is possible to improve continuity of care. In addition to improving clinical outcomes, this is likely to have a positive effect on satisfaction for both patients and doctors. We hope that the Health and Social Care Committee will consider this in their current inquiry into the future of general practice."

More information: Sally Hull et al, Measuring continuity of care in

general practice: a comparison of two methods using routinely collected data., *British Journal of General Practice* (2022). DOI: 10.3399/BJGP.2022.0043

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