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Continuity of Care Between GPs and Patients Improves Patient Outcomes



Research shows that continuity of care between GPs and patients can lead to better outcomes, particularly in the elderly, as they tend to have complex, long-term or multiple conditions and/or poor mental health. Patients who see the same clinician for most of their care have lower mortality rates and fewer hospital admissions. They are also more likely to build a trusted relationship with their GP and adhere to their doctor's advice. Despite these proven benefits, health policy does not measure or incentivise continuity of care.

Researchers at Queen Mary's Clinical Effectiveness Group analysed the care of 1 million adults who were registered at 126 GP practices in East London. Their analysis showed that 52% of patients regularly see the same GP. The researchers observed that the age of the patient and the size of the GP practice were the strongest predictors of continuity. The older the patient, the greater was the possibility they would see the same GP. In contrast, the larger the practice, the less likely the case.

People with long-term health conditions and those who visit a practice frequently are the ones who benefit most from seeing the same GP. In case of a decline in the continuity of care, these patients could be disproportionately affected, and there could be important health issues that may be missed. That is why it is important for policymakers to measure continuity of care as a marker of GP practice quality, with incentives to encourage improvement.

Over the years, there has been a significant decline in continuity of care. This is mainly due to the expansion of larger practices, an increase in the number of GPs working part-time, difficulties in recruitment difficulties, and an increased focus on rapid access.

The researchers believe that continuity of care should be measured routinely as a marker of practice quality. Improving continuity of care will require incentivisation and engagement from the emerging primary care networks and integrated care systems. Not only will this improve patient outcomes, but it will also have a positive effect on satisfaction for both patients and doctors.

Source: Queen Mary University of London

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