

THE HUGE IMPORTANCE OF CONTINUITY OF CARE IN GENERAL PRACTICE AND HOW THE RESTORATION OF A PERSONAL LIST WOULD BE THE SINGLE MOST POWERFUL AND USEFUL INTERVENTION IN THE NHS FOR DECADES

I have been privileged to be a full time GP partner at Whitley Bay Health Centre (WBHC) for almost 18 years. This is the only practice in the area (and indeed the North East) with a personal list, a system that provides superb continuity of care for our patients allowing them to see the same GP most of the time. This is much more than a token "named GP" system. The personal list and the continuity it brings is sometimes viewed as "traditional general practice" but its benefits for patients and more largely the NHS are huge. It does seem strange that nowadays continuity, once a core aspect of the GP service, has been almost disregarded despite being highly valued by our patients. Who wouldn't want a system that increases early cancer diagnosis by 30% and reduces hospital admissions by a similar amount? The advantages and gains, which are listed below, are backed by an increasing body of good evidence, the latest of which looked at continuity of GP care in Norway. This adds to the work of Sir Denis Pereira Gray who, for years, has examined how continuity leads to tangible health benefits for the population. His work is more relevant now than ever before.

1. **Patient satisfaction.** Patients value two things highly – access and continuity. The importance of the latter seems to have been lost over the years though not by patients. It is difficult to provide good access if there are not enough GPs, but you can improve continuity. This would improve patient satisfaction to the extremely high values we enjoy at WBHC.
2. **Cancer detection rate.** The Norwegian study demonstrates that if your GP has known you for 15 years or more, you have a 30% better chance of having your cancer detected early. Restoring continuity of care would improve cancer survival by early detection.
3. **Out of hours use and hospital admission rates.** Knowing your patient for longer means they are less likely to be admitted to hospital and use the Out of Hours/A&E services – by 28%. Another huge win for continuity (and our overstretched hospital and A&E services). Interestingly, there is much less evidence that improved GP access reduces inappropriate A&E use. Again, it is the continuity – patients will wait to see someone they know and trust.
4. **Job satisfaction.** The GP role is much more rewarding and altogether richer if we know our patients. The patient satisfaction surveys of Whitley Bay Health Centre are off the scale compared to national averages. Some gratifying examples are the reluctance of our student patients to enrol at their Uni's health service rather than see a GP they have known since they were toddlers, of patients making decisions in later life where they might downsize to so their new home is still within our practice boundary, of local consultants expressing

confidence that they can discharge patients back to our care knowing that they will be followed up. There are numerous other examples too many to document.

5. **Complaints and litigation** are much less if the patient knows their doctor. This could reduce the NHS litigation bill significantly.
6. **End of life care.** Many of our patients choose to die at home as they are confident they can receive continuity of care from a GP and the primary care team known to the family. This emotionally distressing time is eased if the family know and trust their GP.
7. **Improved GP recruitment.** This goes with job satisfaction. Many trainee GPs and medical students do not now see practices where there is good continuity. Instead, they are more likely to train in a practice that prioritises telephone triage at the expense of patient choice and face to face consultations and where the patient is barely known to the doctor. The GPs at WBHC currently train medical students and show them how continuity leads to improved patient care, patient and GP satisfaction and a system valued by the whole primary care team.

As you can see from the examples above, valuing and restoring continuity of GP care given to our patients would have huge benefits for the NHS. This form of care-delivery is much easier to achieve in a GP service based on the current partnership model. The committee should be aware that a move towards huge GP conglomerates with many GPs will make continuity much harder to achieve and all the benefits it would bring might slip between our fingers.

Yours,

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