

Briefing *Paper*



The access/relationship trade off: how important is continuity of primary care to patients and their carers?

Key messages

- Patients want both quick access and relationship continuity in their primary care consultations, but are more willing to sacrifice relationship continuity when consulting for minor or short-term problems in order to be seen quickly.
- Primary care practices and primary care trusts (PCTs) must make relationship continuity a higher priority than they do at present – some patients have increasing difficulty in seeing the doctor of their choice.
- Relationship continuity should not be imposed because not everyone wants or needs it. However, it should be made possible for patients to have it and it should not be prevented.
- Patients and their carers play a key role in negotiating with care providers to get the care they want and to meet their preferences, but it is not always an easy process.
- Patients and carers expect good continuity between all parts of the health care system – primary and secondary care.
- Practices should ensure they have systems in place to provide good continuity for patients, such as asking what their priorities are (for consulting a particular person, or for consulting urgently) when they book an appointment.
- Practices should be monitored and rewarded for providing good continuity for patients.
- Practices need to communicate better with patients and carers on how they operate.

About the *study*

What is continuity of care?

Patients know, recognise and value continuity within primary care, but just how important is it to them when compared with other aspects of care such as quick access and a range of services? It is essential to gather such information when it comes to planning NHS services for the future.

It is helpful to consider continuity of care in three main aspects:

- **Information** – where information from previous events and personal circumstances are used to make current care appropriate for each person.
- **Management** – where there is a consistent approach to managing a patient's health condition, which responds to their changing needs.
- **Relationship** (sometimes referred to as interpersonal) – where there is an ongoing therapeutic relationship between a patient and one or more care providers.



Background to the study

Changes to primary care in recent years may have caused a reduction in the continuity of care that patients receive. These changes include greater use of nurses in primary care, new alternative services such as NHS Direct and NHS walk-in centres, and changes to general practices to become more multi-professional.

Against this background, the NHS Service Delivery and Organisation (SDO) Programme commissioned a study to explore the current role played by continuity in primary care. This will help government and health professionals to plan their services better and provide what patients really want.

Previous work indicates the importance to patients of both relationship continuity and access. In the 2005 national patient survey carried out in England by NHS watchdog the Healthcare Commission, 74 percent of people reported being seen within the 48-hour national target.

Meanwhile, 38 percent reported delaying an appointment in order to consult a doctor of their choice, and 70 percent reported that their practice allowed them to book appointments more than three days in advance.

Aims of the study

The aim of the study was to gauge the views of patients and carers about the importance of continuity. Its specific objectives were:

- to describe the views of patients and carers about the meaning, value and importance of various types of continuity of care
- to identify the circumstances in which various



- types of continuity of care are given greater or lesser importance relative to other aspects of primary care such as access, specialist knowledge, sex of provider, trust in provider
- to examine how this influences the way patients use the range of primary care services available to them
 - to determine the proportions of people in different groups who hold particular views about the importance of continuity
 - to determine the trade-offs people are willing to make between continuity and other aspects of care.

How the study was carried out

The study was carried out between November 2001 and September 2005 by researchers from various bodies, and was led by Professor Richard Baker of the Department of Health Sciences, University of Leicester.

The study was carried out at two locations (West London and Leicestershire) and used four approaches to gather its information.

1. An interview study in which 79 patients or carers were asked to describe their views on continuity in primary care and the choices they made.
2. A study in which 36 people were followed up over an extended period of time to investigate their use of primary care and the choices they made at different times and in different circumstances.
3. An analysis of questionnaires from 666 patients investigating the relative importance of different attributes of primary care for them under different hypothetical conditions.
4. A survey involving 1437 patients to investigate the patient and service characteristics that influence choices for primary care.

The four approaches taken to the study are detailed individually in the full report, available at www.sdo.lshtm.ac.uk

Main findings

- Patients are aware that there can be a clash between relationship continuity with their doctor/nurse and quick access in primary care. They value all aspects of continuity of care but tend to focus on relationship continuity. Some patients raised concerns about their increasing difficulty in seeing the doctor of their choice.
- Patients and carers want relationship continuity for more serious or ongoing problems and are less concerned when consulting for problems they see as minor or short term.
- Patients believe the NHS should be joined up in any way or aspect that their health problems require and continuity should exist between primary and secondary care.
- Patients expect continuity of information in the sense that they expect primary care professionals to have their medical history records readily available.
- Patients value relationship continuity, particularly if they are in poorer health or for problems that have a great impact on their lives.
- As patients get older and/or become more ill and feel more vulnerable, they place more importance on continuity of care. Some patients will wait to see someone they know and trust, even with new and unexplained symptoms.
- Some patients are more successful than others in obtaining the kind of care they prefer. Groups who are less successful include those from non-white ethnic groups, the socially isolated, and the unemployed.
- Where a patient lives can make a difference to the extent to which patients' preferences are met. Patients in London are less likely than those in Leicestershire to experience continuity.

Study 1: Interviews with patients and carers

For the first study, 79 patients and carers were asked to describe their views on continuity in primary care and the choices they made, through face-to-face interviews and completing questionnaires.

The researchers' concluded from this part of their study that:

- patients with a long-term, limiting health problem, feel it is particularly important that they have access to a known and trusted professional of their choice
- practices should consider having more flexible policies and training receptionists to respond to patients' preferences – whether it is waiting to see a particular practitioner or being seen by any practitioner – more quickly.

Study 2: Use of primary care over time

For the second study, the researchers followed up 36 people – using a set of record keeping booklets – over an extended period of time to investigate their use of primary care and the choices they made at different times and in different circumstances.

The researchers' concluded from this part of their study that:

- older people generally prefer relationship continuity of care while younger, healthy people generally prefer quick access to care
- some patients get the continuity they want but only by working hard to do so, emphasising just how important it is to them to see their 'own' GP and showing how imaginative and resourceful they can be in overcoming the obstacles practices put in their way.

Study 2: case study

One booklet recording the experiences of a patient told of Mr E – a middle-aged man, registered as a methadone user and not well enough to work. He used a number of primary care services, most notably a GP practice and the Community Assessment and Primary Services (CAPS), run by the Community Mental Health Trust.

Mr E valued continuity because he was *"sick and tired of having to tell the story over and over again and having to re-fill assessment forms in."* He also wanted someone he could trust to look after and support him in a variety of contexts.

He said: *"I would always prefer my regular GP as I have built up a good relationship with them over the years I have been a patient here."* The strength of this relationship was demonstrated in various ways over the years. For example, when Mr E had difficulties with the local pharmacists, his GP intervened: *"The doctor [rang and gave] them a bollocking as it were. And the next time I went, he couldn't do enough for me."*

Relationship continuity was difficult to sustain in the CAPS counselling service where a high turnover of staff meant that Mr E was unable to see the psychiatrist [or clinical psychologist] with whom he had originally established a good relationship. He said in one of his booklets: *"Five different doctors over the last eight months is too much for me. It leaves me feeling negative that none of the doctors truly knows me, except for the case notes that they quickly flick through."*

Study 3: Questioning patients' choices

For the third study, the researchers carried out an analysis of questionnaires received from 666 patients to investigate the relative importance of different attributes of primary care under different hypothetical conditions.

The researchers' concluded from this part of their study that:

- patients generally seem willing to sacrifice speed for continuity in seeing the person they want
- patients are willing to accept more delay in order to see someone they know and trust for chronic conditions, than for minor acute problems
- patients tend to value information continuity as highly as relationship continuity with a health care professional, although the two are closely linked as a familiar and trusted doctor is far more likely to have a patient's health history to hand
- patients with poorer health place greater value on relationship continuity of care.

Study 4: Survey of patients' experiences and choices

For the fourth study, the researchers carried out a survey involving 1437 patients to investigate the patient and service characteristics that influence choices for primary care.

The researchers' concluded from this part of their study that:

- around two thirds of patients say that seeing a particular person or seeing someone they know and trust is important
- three quarters of patients consider being able to book in advance, choosing the kind of health professional they see, or seeing someone who knows them personally is important
- patients who are unemployed, from a non-white ethnic minority or socially isolated are more likely to have problems getting what they want from primary care.

Implications and recommendations

- Practices need to communicate better with their patients about how they operate and can be used effectively, and there is scope for using various forms of communications including the phone, text messages and e-mail.
- Primary care trusts (PCTs) must give relationship continuity equivalent priority to access targets for their patients.
- Practices should monitor this relationship continuity by sampling patients' own experience. For example, the practice could carry out regular surveys, and the Healthcare Commission could add relevant questions to the annual national primary care patient survey.
- Primary care practices need to prioritise personal continuity by building it into team work, staff awareness and training, and practice policy.
- The Government should revise the Quality and Outcomes Framework (QOF) for primary care practices – the system by which practices are financially rewarded for achieving high standards and performance – so there are incentives for offering personal continuity. For example, practices could be rewarded for allowing patients to book appointments in advance.
- Primary care providers should have systems that make it easy for patients to express a choice of health professional, and the patient should be encouraged to access this person at all times.
- PCTs and practices should pay particular attention to those patients who find it difficult to access the kind of care they prefer.

Areas for further investigation

The research report suggests that more research is required on how patients achieve relationship continuity in primary care and what prevents and helps them with this. Studies could include longer and larger diary studies, perhaps concentrating on people with a major problem such as diabetes or depression; and a follow-up study of one to two years of a sample of patients newly registering with a practice who seem to have ongoing

serious health problems that justify prioritised relationship continuity of care.

The researchers also suggest that relationship continuity may be worth more to the NHS than currently realised. They propose a study within practices about the use of resources in relation to the number of different practitioners seen alongside assessment of clinical outcomes. Such a study would calculate the costs of a lack of continuity in terms of waste, duplication and dissatisfaction.

They suggest a study into staff behaviours, particularly receptionists, to explore different ways of helping patients who have difficulty negotiating the care they want.

Finally, the researchers propose that by combining all of the above proposed work, there could be a major trial of a well-worked out system for improving relationship continuity that considers costs, clinical outcomes, and patient and staff morale/satisfaction.

Conclusion

The researchers say that much good practice in this area exists and that there is a wide variety of patient views about it.

All of the four studies carried out by the researchers showed a common theme – patients and carers value continuity of care. Some people – those who are more ill, or older – value it even more highly.

Everyone values continuity of information (a patient's health history) being available when patients are seen by a doctor or nurse, and ongoing efforts towards this end, such as the use of shared electronic patient records, are to be welcomed. However, many patients consider this continuity of information should be an automatic feature of care, and that it cannot be an adequate substitute for relationship continuity from a health professional.

Patients find it difficult to achieve relationship continuity sometimes, especially with the current focus on quick access to practitioners. To value and encourage relationship continuity properly, the researchers say, will require a combination of better understanding of the relationship between access and continuity of care, and will also call for creative ways of finding out what patients want and then providing it for them.

Further information

The full report, this briefing paper and details of current SDO research in the field can be downloaded at:
www.sdo.lshtm.ac.uk

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About the SDO Programme

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For further information about the NCCSDO or the SDO Programme visit our website at www.sdo.lshtm.ac.uk or contact:

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Addendum

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