

Research papers

Continuity of care and the new GMS contract: a survey of general practitioners in England and Wales

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ABSTRACT

There has been concern that new General Medical Services (GMS) contract ignores interpersonal aspects of care and threatens continuity of care. We report the results of a survey of general practitioners (GPs) in England and Wales that sought to determine how the new GP contract is perceived to affect the provision of continuity of care. The GPs reported that they would be significantly less likely

to be able to provide personal continuity of care and management continuity in future. In contrast, the GPs reported that informational continuity across the primary–secondary care interface would be significantly more likely to improve in future.

Keywords: continuity of care, physician–patient relations

Introduction

The new General Medical Services (GMS) contract for British general practitioners (GPs), which took effect from 1 April 2004, aims to encourage and reward the delivery of high-quality care.¹ Key features of the contract are that it focuses on easily measurable disease management outcomes, GPs will be able to ‘opt out’ of certain services for patients, and patients will be registered with practices rather than with a particular doctor. Although the contract secured a majority vote

from GPs in June 2003 there has been concern that it ignores interpersonal aspects of care and threatens continuity of care.^{2,3}

As part of a larger international survey of GPs about their views on continuity of care we specifically sought to determine how recent and proposed changes in the delivery of health services, including the new GP contract, were perceived to affect the provision of continuity of care by GPs in England and Wales.

Method

Full details of the methods have been reported elsewhere.⁴ A random sample of English and Welsh GPs was drawn from a national database in England and Wales. The questionnaire was posted to doctors in spring 2003. The self-administered structured questionnaire was developed from previous survey instruments,^{5,6} and included attitude statements measuring the extent to which GPs felt they were able to provide the different types of continuity (personal continuity, and continuity of information and management both within their practice and across boundaries with other services) in their current day-to-day practice,⁷ and how recent and proposed changes in the delivery of health services would affect their ability to provide continuity in two years' time. Participants were asked

one open question about continuity of care in modern general practice. These responses were inductively grouped into categories by TS and CT.

Results

The response rate was 60% (568/946). The sample was representative of the population from which it was drawn for age and sex.

The GPs (see Table 1) felt that they would be significantly less likely to be able to provide personal continuity of care and two aspects of management continuity (both the range of health problems managed within their practice, and co-ordination of care within their practice) in two years' time. In contrast,

Table 1 Extent to which GPs felt able to provide different types of continuity of care to their patients in their current day-to-day practice and in two years' time (1: strongly disagree; 5: strongly agree)

Statement	Provision of this type of continuity in current practice Mean (SD)	Provision of this type of continuity in 2 years' time Mean (SD)	Mean difference (99% CI)
I have the opportunity to build up relationships over time with many of the patients I see [personal continuity]	4.31 (0.78)	3.57 (1.03)	-0.74*** (-0.85, -0.63)
There is very good recording and transfer of patient information within my practice [informational continuity]	4.03 (0.75)	4.14 (0.78)	0.11 (0.02, 0.21)
There is very good recording and transfer of patient information from health professionals/service providers outside the practice, to my practice [informational continuity]	2.89 (0.95)	3.29 (0.93)	0.40*** (0.29, 0.51)
The GPs, nurses and other health professionals in my practice (employed and attached staff) work together to provide co-ordinated and consistent care [management continuity]	4.15 (0.73)	3.97 (0.82)	-0.18*** (-0.27, -0.09)
Health professionals/service providers outside the practice (e.g. hospitals) work with my practice to provide co-ordinated and consistent care [management continuity]	2.96 (0.90)	3.07 (0.90)	0.11 (0.02, 0.20)
The patients I see can have a wide range of health problems managed within my practice [management continuity]	4.33 (0.69)	4.05 (0.83)	-0.28*** (-0.36, -0.19)

***Significant at $P < 0.001$ (paired t test).

SD: standard deviation; CI: confidence interval.

they felt that they would be better able to provide management continuity and informational continuity of care in relation to care across the primary–secondary care interface.

These findings were confirmed in an analysis of the free text comments. Personal and management continuity of care were seen as being under threat by the new GP contract:

There will be no 'personal' continuity of care in the new GP contract. (GP 546)

Current government policy seems to be designed to destroy continuity of care for management!! (GP 149)

Adequate recording and transfer of patient data certainly reduce the problems of dis-integrated care, but there is a limit to the amount of data that can be effectively recorded and used, e.g. personal knowledge of patients. (GP 129)

Discussion

This survey shows that GPs in England and Wales see current NHS re-organisational changes, specifically the new GMS contract, as leading to a decline in their ability to provide continuity of care. The survey was carried out at a time (spring 2003) when there was much speculation that the new GP contract would adversely affect the delivery of personal continuity and further research will be required to identify whether the new contract has led to a demonstrable decline in continuity of care.²

Given the large sample size one should be cautious in interpreting statistical significance as indicating that the results are of clinical importance. Nonetheless, we contend that the large drop (4.31 to 3.57, $P < 0.001$) in mean score of the ability of GPs to provide personal continuity of care and also their added free text comments are noteworthy. It is also significant that GPs see their own ability to provide management for a wide range of health problems as being reduced, perhaps because of the ability of practices to 'opt' out of certain services. It is very encouraging that GPs see both informational continuity and management continuity across the primary–secondary care interface as improving but it does not follow that this will compensate for reduced personal and management continuity.³

Personal continuity is still viewed as important by GPs.⁴ Our findings strongly support calls for the next revision of the GMS contract to reward interpersonal aspects of care, including delivery of care by a professional known to the patient where possible.⁸

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CONFLICTS OF INTEREST

None.

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