

Twelve benefits of continuity of care

1. Better patient satisfaction

Several studies show that more continuity of doctor care is significantly associated with better patient satisfaction. (Fan *et al.*, 2005; Adler, Vasiliadis and Bickell, 2010)

2. Developing trust between patients and their GPs

Continuity of care GP care is associated with patients developing trust in a doctor they get to know. This reduces anxiety and provides a sense of security. (Mainous *et al.*, 2001; von Bültzingslöwen *et al.*, 2006)

3. Adherence to medical advice and prescribed medication

Patients follow medical advice significantly more when they have continuity with their GP. The trust that develops through a good GP- patient relationship ensures more effective treatment and less waste (Youens *et al.*, 2021) Continuity of GP care is associated with significantly better adherence by patients. (Dossa *et al.*, 2017)

4. Uptake of personal preventive medicine

Continuity of GP care is associated with significantly better uptake of personal preventive medical advice. (O'Malley *et al.*, 1997; Christakis *et al.*, 2000)

5. Better quality of GP care

GPs with continuity identified more patients needing statins. (Youens *et al.*, 2021) GPs made better, life-saving decisions with suspected meningitis when they knew the child and family. (Granier *et al.*, 1998). Patients with dementia with GP continuity have reductions of delirium and incontinence, and fewer hospital admissions. (Delgado *et al.*, 2022)

6. Fewer complaints- patient forgiveness of mistakes

All human beings make mistakes. Lings *et al.* (Lings *et al.*, 2003) found that patients who have received good continuity of care forgive moderate mistakes. Continuity is associated with reduced complaints. (Chen *et al.*, 2025)

7. Reduced collusion of anonymity

Clarity of responsibility and continuity reduces the risk of patients becoming lost between clinicians. (Freeman and Hughes 2010)

8. Reduction in workload in practices

Patients consulting their regular GP reconsult after a significantly longer interval than if they consult another GP. The Cambridge Business School estimates that for patients with ≥ 4 consultations in 2 years, GP continuity could save 5.2% of GP appointments. (Kajaria-Montag., *et al* 2022)

9. Lower rate of attendances at emergency departments

Patients receiving GP continuity of care are significantly less likely to attend accident and emergency departments. (Kohnke and Zielinski, 2017; Ride *et al.*, 2019)

10. Fewer admissions to hospital

In Canada (Menec *et al.*, 2006) and in the UK (Barker *et al.*, 2017) many studies have shown that patients with good continuity of GP care are significantly less likely to be admitted to hospital, particularly for older patients with ambulatory care sensitive conditions. Hospital admissions are one of the most expensive NHS costs.

11. Lower costs in whole health systems

Good continuity of GP care was associated with lower costs across the whole health system. (De Maeseneer, 2003; Bazemore *et al.*, 2023)

12. Lower death rate in patients

Two systematic reviews show that better continuity of GP care is associated with a lower death rate in patients. (Pereira Gray *et al.*, 2018; Baker *et al.*, 2020) A dose-response relationship, which adds considerable scientific weight to the findings, has been shown between continuity and mortality. (Sandvik *et al.*, 2022)

References

- Adler, R., Vasiliadis, A. and Bickell, N. (2010) 'The relationship between continuity and patient satisfaction: A systematic review', *Family Practice*, 27(2), pp. 171–178. doi: 10.1093/fampra/cmp099.
- Baker, R. *et al.* (2020) 'Primary medical care continuity and patient mortality', *British Journal of General Practice*, 70(698), pp. E600–E611. doi: 10.3399/bjgp20X712289.
- Barker, I., Steventon, A. and Deeny, S. R. (2017) 'Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: Cross sectional study of routinely collected, person level data', *BMJ (Online)*, 356, pp. 10–11. doi: 10.1136/bmj.j84.
- Bazemore, A. *et al.* (2023) 'The Impact of Interpersonal Continuity of Primary Care on Health Care Costs and Use: A Critical Review', *The Annals of Family Medicine*, 21(3), pp. 274 LP – 279. doi: 10.1370/afm.2961.
- von Bültzingslöwen, I. *et al.* (2006) 'Patients' views on interpersonal continuity in primary care: a sense of security based on four core foundations.', *Family practice*, 23(2), pp. 210–9. doi: 10.1093/fampra/cmi103.
- Chen, J. *et al.* (2025) 'Less continuity with more complaints: a repeated cross-sectional study of the association between relational continuity of care and patient complaints in English general practice.', *BMJ quality & safety*. England. doi: 10.1136/bmjqs-2025-018989.
- Christakis, D. A. *et al.* (2000) 'The association between greater continuity of care and timely measles- mumps-rubella vaccination', *American Journal of Public Health*, 90(6), pp. 962–965. doi: 10.2105/AJPH.90.6.962.
- Delgado, J. *et al.* (2022) 'Continuity of GP care for patients with dementia: impact on prescribing and the health of patients.', *The British journal of general practice*, 72(715), pp. e91–e98. doi: 10.3399/BJGP.2021.0413.
- Dossa, A. R. *et al.* (2017) 'Association between interpersonal continuity of care and medication adherence in type 2 diabetes: an observational cohort study.', *CMAJ open*, 5(2), pp. E359–E364. doi: 10.9778/cmajo.20160063.
- Fan, V. S. *et al.* (2005) 'Continuity of care and other determinants of patient satisfaction with primary care', *Journal of General Internal Medicine*. doi: 10.1111/j.1525-1497.2005.40135.x.
- Granier, S. *et al.* (1998) 'Recognising meningococcal disease in primary care: qualitative study of how general practitioners process clinical and contextual information', *BMJ*, 316(7127), pp. 276–279. doi: 10.1136/bmj.316.7127.276.
- Kohnke, H. and Zielinski, A. (2017) 'Association between continuity of care in Swedish primary care and emergency services utilisation: a population-based cross-sectional study', *Scandinavian Journal of Primary Health Care*, 35(2). doi: 10.1080/02813432.2017.1333303.
- Lings, P. *et al.* (2003) 'The doctor-patient relationship in US primary care', *Journal of the Royal Society of Medicine*, 96(4), pp. 180–184. doi: 10.1258/jrsm.96.4.180.
- De Maeseneer, J. M. (2003) 'Provider Continuity in Family Medicine: Does It Make a Difference for Total Health Care Costs?', *The Annals of Family Medicine*, 1(3), pp. 144–148. doi: 10.1370/afm.75.
- Menec, V. H. *et al.* (2006) 'Does continuity of care with a family physician reduce hospitalizations among older adults?', *Journal of Health Services Research and Policy*, 11(4), pp. 196–201. doi: 10.1258/135581906778476562.
- O'Malley, A. S. *et al.* (1997) 'Continuity of care and the use of breast and cervical cancer screening services in a multiethnic community.', *Archives of internal medicine*, 157(13), pp. 1462–70. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/9224225>.
- Pereira Gray, D. *et al.* (2018) 'Continuity of care with doctors - A matter of life and death? A systematic review

of continuity of care and mortality', *BMJ Open*. BMJ Publishing Group, 8(6), p. e021161. doi: 10.1136/bmjopen-2017-021161.

Ride, J. *et al.* (2019) 'Impact of family practice continuity of care on unplanned hospital use for people with serious mental illness', *Health Services Research*, 54(6), pp. 1316–1325. doi: 10.1111/1475-6773.13211.

Sandvik, H. *et al.* (2022) 'Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of-hours care: a registry-based observational study in Norway', *British Journal of General Practice*, 72(715), pp. e84–e90. doi: 10.3399/BJGP.2021.0340.

Youens, D. *et al.* (2021) 'Regularity and Continuity of GP Contacts and Use of Statins Amongst People at Risk of Cardiovascular Events', *Journal of General Internal Medicine*, 36(6), pp. 1656–1665. doi: 10.1007/s11606-021-06638-3.