**An Introduction to the Continuity of Care Project**

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| **What is Continuity of Care?**  Continuity of care is when the patient sees the same GP (or members of the clinical team) repeatedly over a period of time. General practice is uniquely placed to provide continuity of care. |
| **Why Does It Matter?**  Many patients value seeing the same GP (or member of the clinical team) because they:   * don’t need to repeat ‘their story’ * are more satisfied and more likely to have a good relationship with their GP * less likely to have to go to A&E or be admitted to hospital * more likely to follow the advice they are given and take positive steps to look after their own health * more likely to receive good quality of care |
| **What Are The Benefits?**  Research shows that after 5 consultations, patients showed a 30% chance of considering there was a ‘deep’ relationship with the GP, and after 20 consultations with the same GP, this rose to 80%. The development of this relationship provides the GP (or member of the clinical team) with a unique opportunity to get to know the patient, to build a holistic picture of the patient which in turn helps develop more personalised care. |
| **Is It Suitable for Everyone?**  Continuity of care may not be essential for every single problem but even if patients only see their usual GP on 50% of occasions, the GP will be responsible for the patient 100% of the time and the patient will know who is ultimately responsible for their care. Where continuity of care is in place, the evidence suggests consultations are more efficient, safer and more satisfying for both the patient and doctor. |
| **The Continuity of Care Project**  Over the past few years, there has a lot of publicity about how important it is to see your doctor quickly but there is also lots of evidence that seeing the same person or team is just as important.  The practice is part of a Continuity of Care Project which is being run by The Health Foundation. The ‘My Care’ project (covering 400,000 patients) is one of 5 sites selected by the Health Foundation to test models of continuity of care. The other sites include practices in London, Cumbria, Exeter and Weston Super Mare. |
| **How will it impact on patients?**  It may be that sometimes patients will be asked to wait a little longer for an appointment to ensure you see your usual doctor (or nurse). However if you have an urgent problem, we will always make sure you are seen as quickly as we can. |
| **The ‘My Care’ Project Toolkit**  The project is developing a Toolkit to support the roll out of continuity of care across BNSSG practices. There are 4 parts to the toolkit as shown in the diagram below.    PRACTICE SUPPORT   * Introduction to Project * Practice Guide * Training Sessions   PATIENT EDUCATION   * Leaflet * Poster * Animation * PPG Support     EMIS   * Usual GP * Workload Capacity * Adding CoC Code * Pop Up Reminder * Cohort Search * Booking Filter   LESSONS LEARNT   * Patient * Practice * PCN * Federation |
| **What happens next?**  The practice is currently deciding on how they wish to introduce continuity of care and this will in turn determine the tools needed from the Toolkit.  The project timeframes are set by The Health Foundation and ends in December 2020 but within those timeframes practices implement at their own pace.  The project is rolling out in Waves. There are 9 practices in the first wave and they are developing the Toolkit to support roll out to other practices in BNSSG. Wave 2 practices will begin Autumn this year. |
| If you would like more information, please visit the ‘My Care website <https://onecare.org.uk/mycare/> or contact the project manager [Julia.Martineau@onecare.org.uk](mailto:Julia.Martineau@onecare.org.uk) |