



Continuity of Care GMS QI Project 2025/26

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Agenda

What is continuity of care?

Why is it important for patients?

What are the benefits for GPs?

Aim and objectives of the GMS QI project

Using the RCGP Wales toolkit

The aims for 2025/26

What is continuity of care?

Continuity of Care is the consistent and seamless provision of healthcare services to a patient over time and across different healthcare settings



The 3 types of continuity of care



Relational
Continuity



Managerial
Continuity



Informational
Continuity

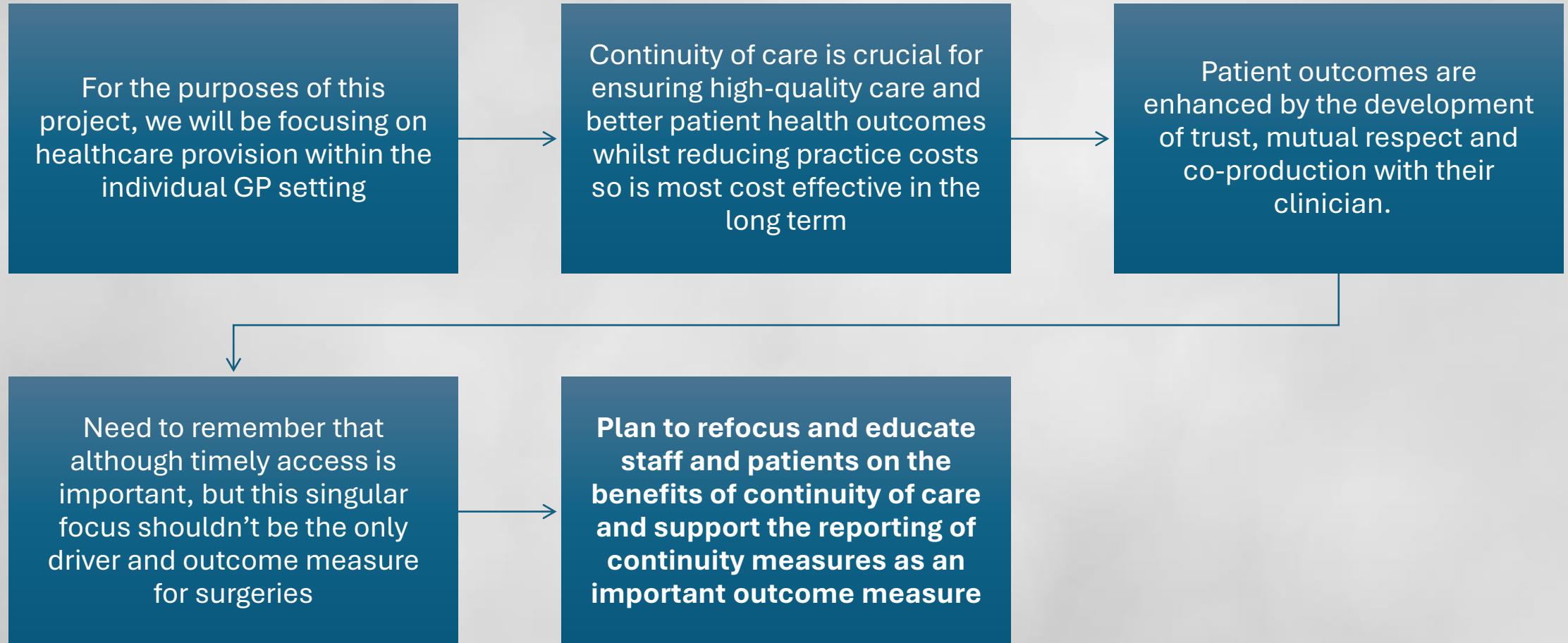


Overarching
Aim



**To embed relational continuity of
care into General Practice in
Wales**

Background



Objectives



Improve Clinical Outcomes



Address Health Inequalities



Enhance Practice Operations

Evidence – better for Patients

Better patient satisfaction^{1,2,3}

Better quality of GP care

Better care for patients with Dementia³

Developing trust between patients and their GPs^{4,5}

Improved adherence to medical advice

Improved compliance with prescribed medication,

Improved uptake of as screening and vaccination^{1,2}

Lowers mortality rate in patients^{5,6}

- A dose-response relationship shown between continuity and mortality¹

Evidence - better for the NHS and its staff

Lower rate of attendances at A+E

Greater GP job satisfaction¹ – improved GP motivation

Reduction in workload in practices^{1,2}

Lower costs in whole health systems, less overuse of medical procedures^{1,2,3,4}

Reduced complaints and litigation¹

Reduced collusion of anonymity¹

Continuity of care is one of the best current options for reducing health inequalities^{1,2,3,4}

Reduced medicines waste^{6,7}

Continuity of Care in Wales – Public Perspectives

Time to talk survey – PHW Feb 2025

Most valued for ongoing conditions

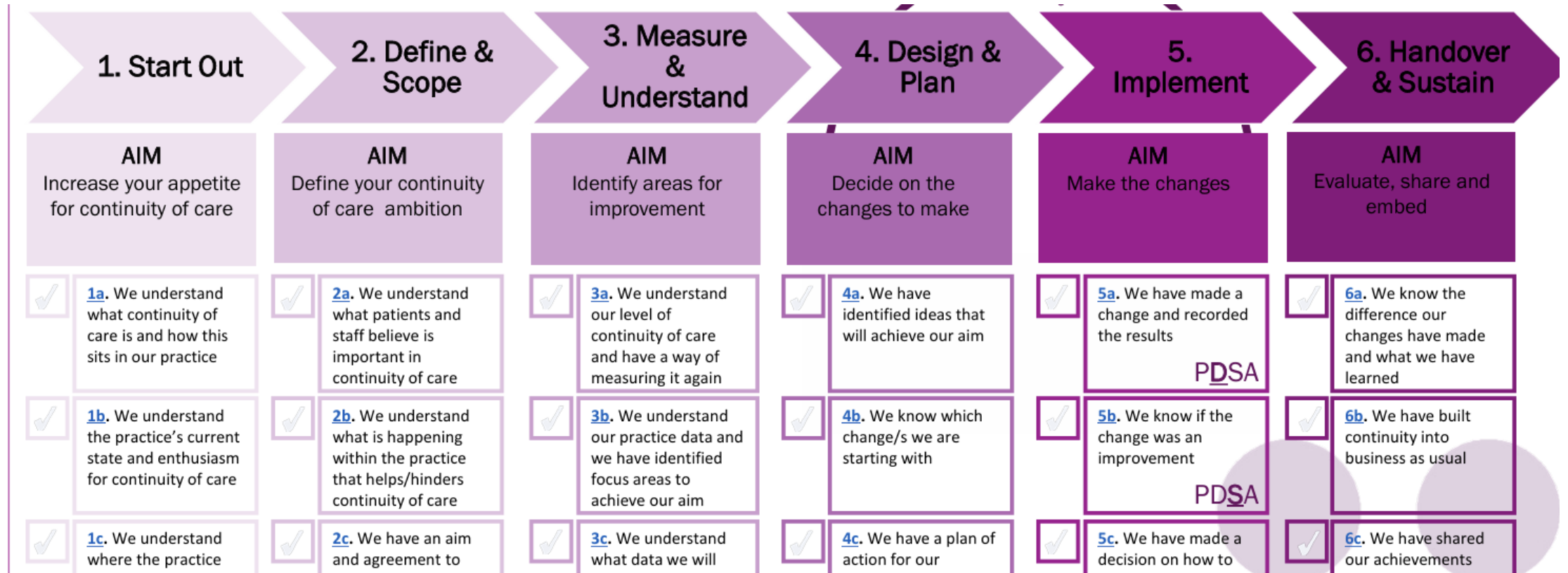
Deprivation – Higher preference for continuity of care in more deprived areas

Gender – Women value continuity more than men

Age – Older people (aged over 70) value continuity more

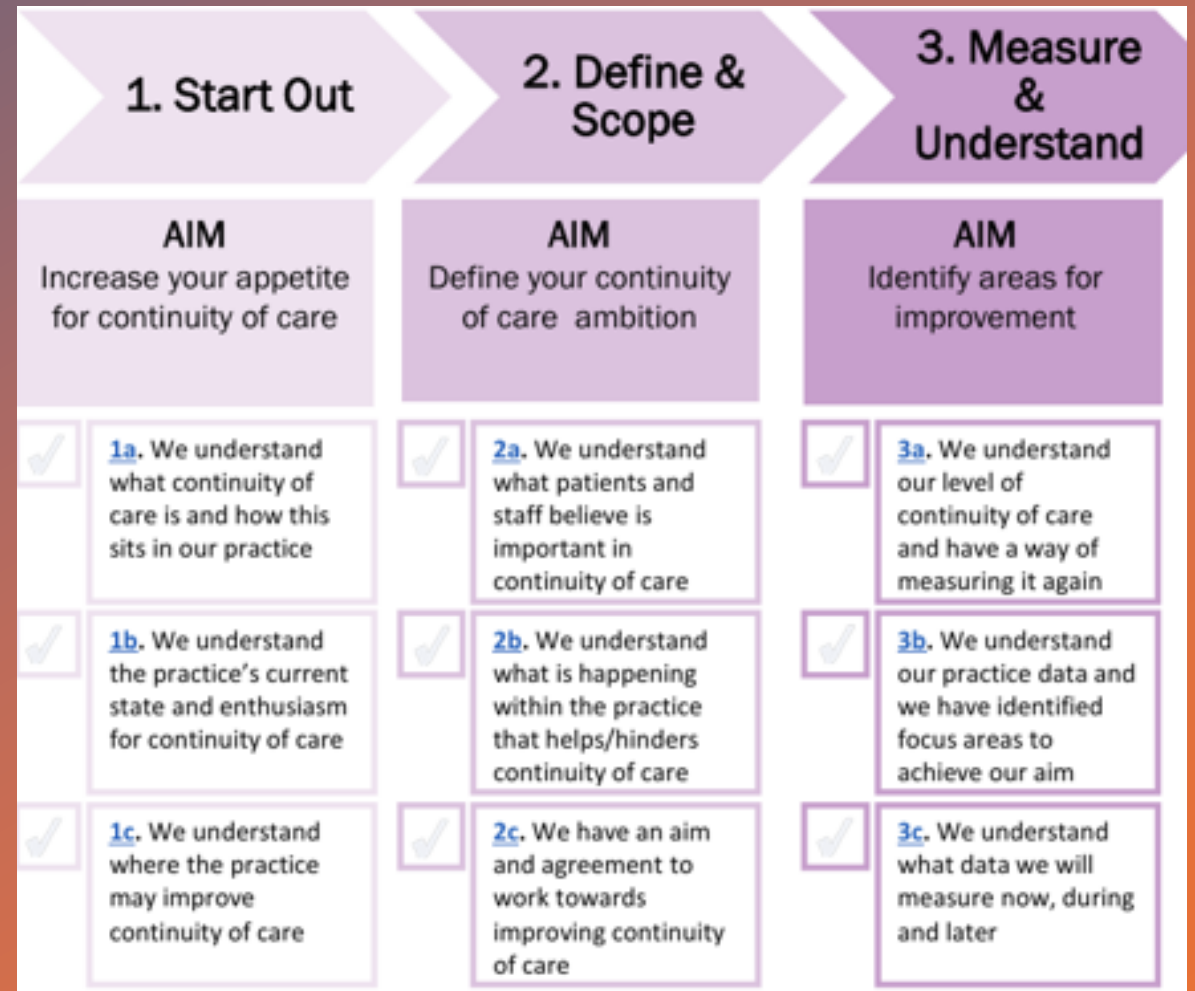
RCGP

Continuity of Care toolkit



GMS – QI 2025/26

Aims Step 1a to 3 a



Starting out – Increasing your appetite Step 1 a

Understanding what continuity of
care is and how it fits within your
practice

Practice level discussion

- What is Continuity of care?
- What is the vision of the practice ?
- How does continuity fit with the vision?
- Can staff and patients see the benefits?

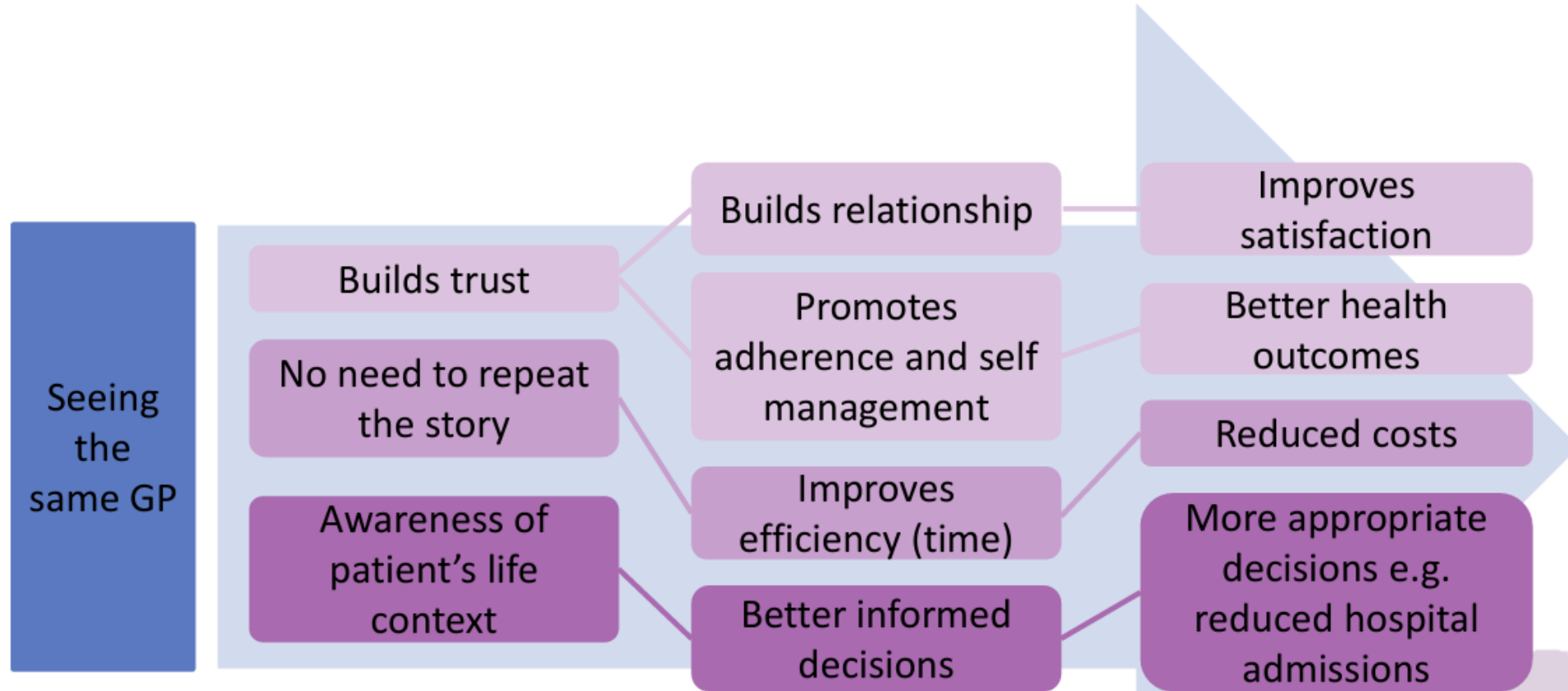
Examples of vision statements.

“To be the most trusted primary care team in Wales — where you know we are with you for every step of your health journey. From routine checks to life changes, we offer continuous, compassionate care, delivered by a well-coordinated, multi-professional team working side-by-side with our patients and community.”

“Our vision is to deliver continuous care you can count on, through trusted relationships with your key clinician, supported by a compassionate, collaborative team. We are committed to co-producing health with you, ensuring seamless, personalised care every step of the way. In doing so, we build healthier communities rooted in dignity, prevention and practical partnership.”

Why Continuity

Infographic on what happens when there is continuity of care



Starting out – Increasing your appetite Step 1 b

Understanding your
practices current state
and enthusiasm for
continuity of care



Practice discussion



General views on continuity – staff and patients



Are there clinical or non- clinical
champions of CoC already in the
practice?



Is there resistance to CoC

Benefits and barriers exercise

A simple pro/cons exercise exploring barriers and benefits

Consider using sticky notes or digital board for integration

Ensure MDT input – whole surgery approach

Continuity But.....

Reflective Exercise
to help staff voice
their concerns
about continuity

Acknowledging
tensions and
obstacles

Use responses to
facilitate
discussion

Validate emotional
labour involved

Map the barriers in
your practice

Co-create
solutions

Starting out – Increasing your appetite Step 1 c

Understanding where the
practice may improve

Practice discussion
Exploring specific points



A series of Questions you might ask

- **Has there recently been or is there a practice merger planned?**
- **What is the patient population of the practice and is it multi-site?**
- **How stable is the GP team?**
- **What is the range of GP sessions?**
- **Does the practice use 'personal lists' and maintain an accurate 'usual GP' field on EMIS?**
- **What is the patient churn?**

Points to consider

How do patients book appointments and which appointments?



How long are your appointments?



Is this a training practice?



Does the practice have a highly functioning Patient Group?

Define and scope – Define your practice's continuity of care goal Step 2 a

Canvas opinion about the
practice and its continuity of Care

Practice level discussion

- What do patients say about your practice and its continuity?
- What do staff think about continuity at your practice?

Patient survey

Staff survey

Engaging with your PPG

Waiting room chat

NHS GP patient survey

Focus group

Reception desk audit

Define and scope – Define your practice's continuity of care goal

Step 2 b

Investigate the data and the processes that may help or hinder continuity of care

Practice level discussion

- What does the data tell you about your practice and potential challenges?
- What cohorts of patients would benefit from continuity of care?
- What does the practice do that encourages/discourages continuity of care?
- Consider where information about a patient flows and the way GPs work

Things to explore

National profile

Look at PHW data to understand your patient demographic

[PHW dashboard](#)

GP differences

Are there differences in continuity between different doctors?
If so why might this be the case?

Share GP views on patient cohorts

Frequent attenders
Palliative Care
Frailty
Polypharmacy
Older patients
Mental health

Process mapping

Booking appointments
New patient registrations
Clinic diary set up
Test results
Prescriptions
Workflow

Process	Current Navigation	Future/Proposed Navigation
New patient registrations		
Routine appointment or triage requests		
Urgent appointments		
Urgent appointments if fully booked		
Late appointments squeezed in		
Test results		
Test results when Usual GP not in		
Repeat prescriptions		
Urgent prescription requests		
Electronic documents (workflow)		

Define and scope –
Define your practice's
continuity of care goal
Step 2 c

Gain consensus on
what you are aiming
for and share

Practice level discussion

- What is the practice continuity of care aim we are starting with?
- How will you share the aim and gain agreement?
- Who is going to lead on delivering this aim?

PRACTICE PROPOSAL



Proposal Date

MM

DD

YY

Practice

Complete a practice proposal

WHO?				
Who will lead the project in the practice?	Clinical Lead			
	Operational Lead			
WHY?				
Why are you doing it? Set out the benefits you are hoping to see. Does it fit with your practice vision?				
WHAT?				
What is your approach to improving continuity?	Select One	GP	Micro Team	GP or Micro team - which approach fits your practice best?
	Select One	Whole List	Cohort	All patients at the practice or cohort of patients. See suggested cohorts.
WHEN?	When will you start?			
When will you move through the 6 steps?	When will you define & scope?			
	When will you measure & understand?			

Sample Poster

Continuity of Care – Year 1 GMS Quality Improvement project 2025/26																												
Name of Practice: XXXXXXXXXXXXXXXXXXXXXXXX Name of Cluster: XXXXXXXXXXXXXXXXXXXXXXXX																												
PLAN: Understanding the problem Practices will be asked to use Quality Improvement methodology to inform adaptations to strengthen continuity of care and to report progress to collaboratives and health boards. This will be a 5-year Quality Improvement Project, with Year 1 being a preparatory year. (please note that a PDSA cycle is not required for Year 1 only). A review will be undertaken by the Welsh Government GMS Quality Committee in the 3rd year to establish whether it continues into years 4 and 5. The purpose of this project is to refocus and educate practice staff about the benefits of continuity of care and then understand how to implement lasting positive changes for their individual patient populations. The first year of the QI initiative will be one of research, preparation, and education of patients and staff. In Year 1 each practice should use the step-by-step process to evaluate their current standing and then look at steps to improve. As this is a 5-year QI Project we would expect practices to have achieved a minimum of stage 3a by the end of the first year.	DO: Have you satisfied the following criteria in year 1 of the project? To be completed by all practices Practice Level requirement of the QI Project (please tick) <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>The Practice has a named QI Project lead clinician</td> <td></td> <td></td> </tr> <tr> <td>Name of the QI Project lead clinician</td> <td></td> <td></td> </tr> <tr> <td>The Practice has accessed the RCGP Continuity of care tool kit or other high quality support resources</td> <td></td> <td></td> </tr> <tr> <td>There is 'whole practice' sign up to continuity principles and application</td> <td></td> <td></td> </tr> <tr> <td>The Practice has addressed educational needs of staff and patients to explain the rationale that continuity is at least as important as access</td> <td></td> <td></td> </tr> <tr> <td>The Practice reviews its data internally monthly</td> <td></td> <td></td> </tr> <tr> <td>The Practice has shared practice-level data with the Collaborative on a quarterly basis, with the nationally agreed QI poster shared at the final meeting before 31/03/2026*</td> <td></td> <td></td> </tr> <tr> <td>There is explicit acknowledgement that the benefits will take around two years to manifest in terms of improved outcomes, reduced practice workload etc. and will be proportional to the scale of improvement</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	The Practice has a named QI Project lead clinician			Name of the QI Project lead clinician			The Practice has accessed the RCGP Continuity of care tool kit or other high quality support resources			There is 'whole practice' sign up to continuity principles and application			The Practice has addressed educational needs of staff and patients to explain the rationale that continuity is at least as important as access			The Practice reviews its data internally monthly			The Practice has shared practice-level data with the Collaborative on a quarterly basis, with the nationally agreed QI poster shared at the final meeting before 31/03/2026*			There is explicit acknowledgement that the benefits will take around two years to manifest in terms of improved outcomes, reduced practice workload etc. and will be proportional to the scale of improvement		
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PLAN: Involving others (completion not required in Year 1)	*Please provide evidence e.g. relevant minutes from collaborative meetings to demonstrate that the requirement has been met																											
PLAN: Aim: What are we trying to accomplish? (completion not required in Year 1)	ELABORATE further below to provide a description of the steps the practice has taken to meet the above requirements, and including any barriers/difficulties in completion that should be highlighted: Add details																											
PLAN: Measures: How will we know a change is an improvement? (completion not required in Year 1)	ACT: Reflection and the next steps Add details																											

Practice Level requirement of the QI Project (please tick)

	Yes	No
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Measure and understand

–

Identify your improvement measures and listen to what the data is telling you now

Step 3 a

Understand the measures of continuity care and how to use them

Practice level discussion

- What are recognised measures of continuity of care?
- Which measure will be the best for our practice and our continuity of care aim?
- Which tool will help our practice measure continuity of care?
- What is our level of continuity of care now?

Measures of continuity of care

UPC

Usual provider of
care

SLICC

St Leonards index
of continuity of care

COCi

Continuity of care
index

In summary

The first year of this project is about preparation

Focus should be whole practice involvement

Ensure education about continuity of care for all staff and patients

Understand your patient data

Develop a practice goal involving continuity of care



Any questions?