

Quality issue / initial problem

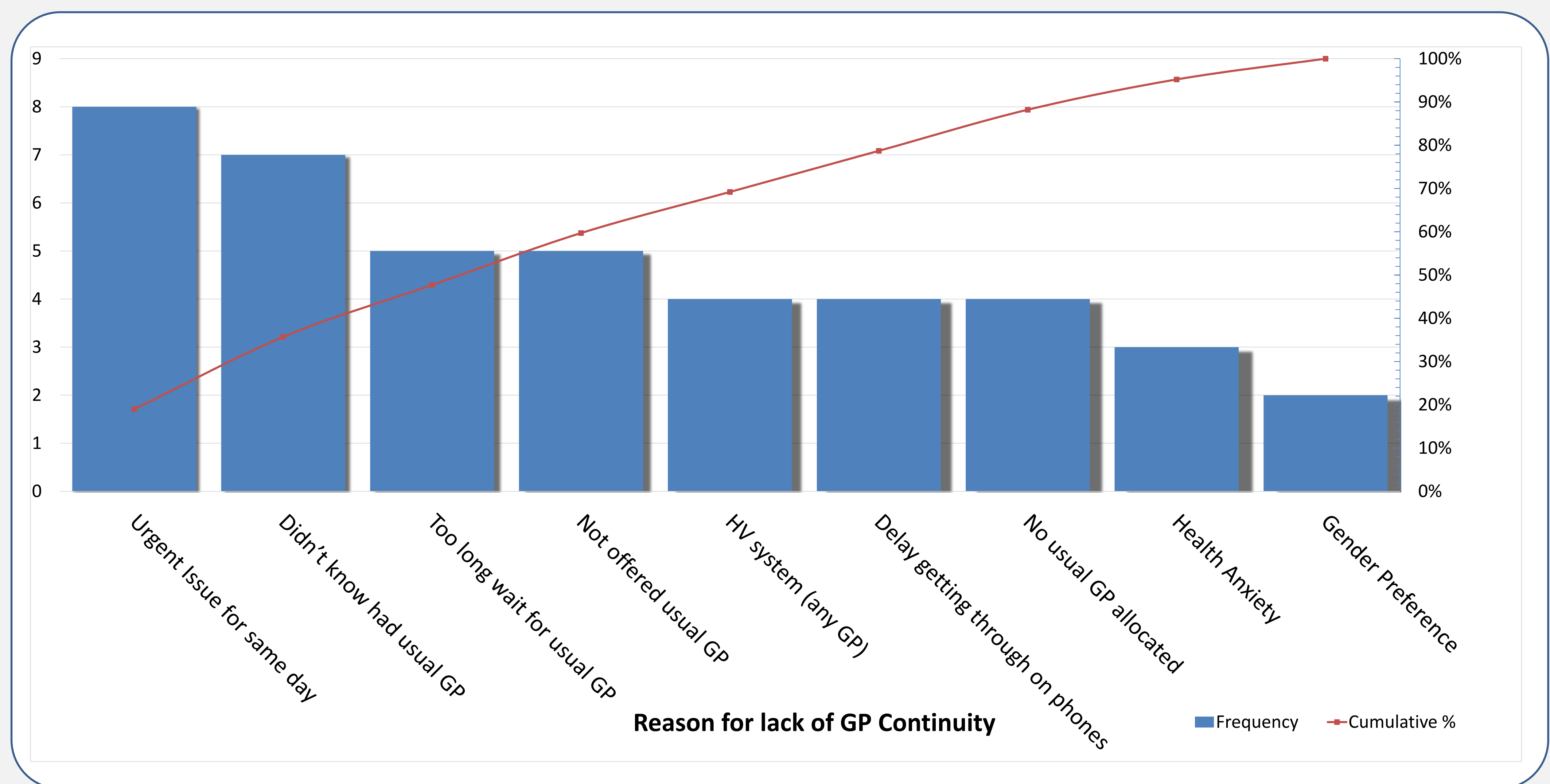
It is widely recognised that patients benefit from consistent management by the same clinician⁽¹⁾. However, is true continuity of care a realistic goal in a system facing multiple pressures of expanding clinical complexity, changing work patterns and the increasing cultural expectation of immediate feedback?

Specific aim

To reduce the number of GPs seen by 20 of our most frequently attending patients in six months.

Measurement of improvement

A cohort of 20 patients were selected as the study group. They had attended on average 17 times between Jan-June 2018 and saw on average eight different GPs. The patients were audited by telephone to establish the reasons they felt unable to see the same GP.



Tests of change

- All 20 patients allocated and informed of usual GP including days worked
- Warning note to remind reception at time of booking to offer usual GP in first instance as point of contact

Tools

- Process Map
- Driver Diagram
- Pareto Chart

Effects of change

Second data set collection due Aug 2019 to assess improved GP continuity amongst cohort. Potential to expand process to incorporate the next 50 most frequently attending patients. Future opportunity to scale-up and spread amongst cluster level practices.

Lessons learned and message for others

QI principles and processes played a vital role in identifying the root causes of our problem with GP continuity. Using the tools removed assumption bias and allowed a systematic approach to improve our patient care with targeted intervention.

⁽¹⁾References: Continuity of Care RCGP; BMJ 2017;356:j84; Improving access and continuity in general practice, www.nuffieldtrust.org.uk