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CONTINUITY OF CARE IN GENERAL PRACTICE

Continuity of care: let's not start a culture war between GPs

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Mathew's concern that relying on portfolio, part time, and salaried general practitioners (GPs) prevents us from providing relational generalist care to patients in 2025 is unsupported.[1]

Having GPs that work five days a week is not necessary to achieve high levels of continuity of care. I have been a list holding GP for 12 years. My partners and I all work 3-4 days a week, have lists of patients, and deliver levels of continuity (82.05% of all GP consultations were with the patient's own doctors in April 2025) comparable with Norway. Evidence shows that patients will wait to see "their" GP,[2] and as continuity increases, patients wait longer to come back,[3] creating capacity for acute matters. Salaried GPs successfully hold lists.[4] So, let's not start a culture war between established GP partners and newer salaried GPs.

When looking at how best to provide continuity of care, I've been amazed by the breadth of innovation in primary care. Practices are building continuity into their systems,[5 6] which work for their team and population. A stepwise bottom-up approach is essential. Culture and whole team buy-in are key predictors for success.

My recommended approach is to read the evidence summary[7] and have a look at what some of your patients think (https://www.gp-patient.co.uk/). Have a practice meeting. Decide if you want a targeted approach,[8] a system based on buddies or microteams,[6] or a list based system.[7] Build on your team. Get some data.[9] Implement your plan, allowing tweaks as needed and wait. It may take a few years to see maximal benefits.[5]

The heterogeneity of primary care is valuable and should be preserved. Continuity is possible—we all see patients and work hard. If a patient sees a GP twice, why can't it be the same one? So, let's not get distracted and get on with providing as much continuity of care as possible to as many patients as possible.

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1 Mathew R. Rammya Mathew: The illusion of continuity in general practice. *BMJ* 2025;389:. doi: 10.1136/bmj.r833 pmid: 40300788
2 Mott MacDonald. Increasing continuity of care in general practice programme. April 2022. https://www.health.org.uk/sites/default/files/2022-12/continuity_of_care_final_independent_evaluation_mixedmethodseval-report_2022.pdf
3 Kajaria-Montag H, Freeman M, Scholtes S. Continuity of care increases physician productivity in primary care. *Manage Sci* 2024;70:-60. doi: 10.1287/mnsc.2021.02015.
4 Graham A. [response to Mathew R. Rammya Mathew: The illusion of continuity in general practice]. *BMJ* 2025. https://www.bmj.com/content/389/bmj.r833/rr-0
5 Kim H, Winn B, Dineen M, et al. Can better continuity improve access to GP appointments? Findings from two deep end practices in Bristol [abstract]. 52nd SAPC Annual Scientific Meeting. Bristol, UK. 3-5 July 2024. 6F.4. https://sapc.ac.uk/file/abstract-book-asm-2024-pdf-0
6 Living Well Partnership in Southampton. Improving continuity of care with microteams. NHS Confederation. 19 Mar 2025. https://www.nhsconfed.org/events/watch-improving-continuity-care-microteams
7 Continuity Counts. Evidence on benefits of continuity Twelve benefits of continuity of care. https://www.continuity-counts.com/_files/ugd/41d2d2_bf20f11d30f94ebb94d18ce6b826b668.pdf
8 NIHR Applied Research Collaboration South West Peninsula. Hidden in plain sight. Identifying people with "complex lives" in general practice using a data driven approach. https://arc-swp.nihr.ac.uk/research/projects/hidden-in-plain-sight/
9 Continuity Counts. Resources for practices. https://www.continuity-counts.com/resources