

Continuity of care in general practice: a survey of patients' views

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SUMMARY

Background: It is not known how patients value continuity for different health problems. In addition, it is not clear how different types of patients value continuity. It has been argued, for example, that young and healthy individuals have different ideas about continuity from older people with chronic illnesses. More extensive exploration of patients' views and expectations on personal continuity is important as this may help to organise general practice better in the future.

Aim: To explore patients' views on continuity of care in general practice and their relations to patient characteristics.

Design of study: Postal questionnaire survey.

Setting: Thirty-five general practices throughout The Netherlands.

Method: A sample of 25 patients from each practice was sent a questionnaire.

Results: The response rate was 644/875 (74%). The percentage of patients feeling that it was important to see their personal doctor varied, from 21% for a splinter in the eye, to 96% for discussing the future when seriously ill. The main reasons for preference of their own general practitioners (GPs) were the GP's assumed better medical knowledge of the patient and understanding of the personal and family background. Multiple linear regression analysis (GLM) showed that patient characteristics could explain 10% to 12% of the variance in these views on personal continuity.

Conclusion: The importance that patients attach to continuity of care depends on the seriousness of the conditions facing them. Patients in The Netherlands desire a high level of personal care for serious conditions. Patient characteristics, such as age, sex, and frequency of visits to the GP influence views on continuity of care only to a minor extent.

Keywords: patient views; patient perspective; continuity of patient care.

Introduction

THERE is evidence that continuity of care matters.¹ In the literature, continuity of care mainly comprises the element of personal continuity. Seeing the same doctor may exert its benefit by the doctor's use of accumulated knowledge about the patient.¹⁻³ A feeling of responsibility for patients is believed to support quality of care as well.⁴⁻⁸ Recent developments, such as an increase in part-time work, enlargement of practices, general practitioner (GP) specialisation and more extensive out-of-hours services have all put pressure on the personal doctor as the provider of continuity. As a consequence, it has been argued that continuity has served its time and will matter less in the future.⁹

Although identification and discussion of patient beliefs is considered important for quality of healthcare,^{10,11} little is known about patients' views and expectations regarding continuity.^{12,13} One study found that patients rated personal continuity as less important than their GPs did when considering different aspects of general practice care.¹⁴ Nevertheless, high levels of personal continuity are related to patients having increased trust in physicians,¹⁵ feeling more satisfied with consultations,¹⁶ and more enabled afterwards.¹⁷

It is not known how patients value continuity for different health problems. Also, it is not very clear how different types of patients value continuity. It has been argued, for example, that young and healthy individuals have different ideas about continuity from older people with chronic illnesses. More extensive exploration of patients' views and expectations on personal continuity is important, as this may help to organise general practice better in the future.

The main objectives of this study were to assess patients' views on personal continuity and to determine the extent to which these views are related to patients' characteristics.

Method

This survey was carried out as part of a project investigating aspects of continuity of care in general practice. A self-designed questionnaire was posted to 875 patients from 35 general practices. The questionnaire incorporated items to elicit views on personal continuity.

Questionnaire design

In the process of questionnaire design,^{18,19} ten semi-structured interviews were conducted to explore patients' views and expectations of continuity. The interviews suggested that these views were dependent on different situations and circumstances. Therefore, in the questionnaire patients' views were assessed on the need for continuity in relation to different clinical scenarios. For nine problems requiring con-

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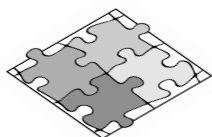
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HOW THIS FITS IN*What do we know?*

Continuity of care in general practice is associated with a number of potential benefits, including increased levels of patient satisfaction, recovery, and trust.

What does this paper add?

The importance that patients attach to continuity of care depends on the seriousness of the conditions facing them. Little of the variation in patients' views on continuity is explained by differences in characteristics.



tact during normal working hours the responders were asked to rate the importance of 'seeing the personal doctor' using a three-point scale. Patients were also asked their reasons for preferring their own GP; here, responders could tick a maximum of five out of ten reasons. Finally, general information was collected on patients, including their personal characteristics, number of visits to the GP in the past 12 months, number of years registered with the practice, practice type, practice area, chronic illness, chronic medicine use, recent hospital admission, and life events and psychosocial problems in the past five years. A pilot study was carried out with 20 patients. Following this, changes were made to produce a final version. Modifications included the simplification of scales from five points to three points.

Survey sample

The study was based in the practices of 35 GPs spread throughout The Netherlands. These GPs were members of a panel of 40 who took part in a recent Delphi study on continuity of care. In June 2000, each practice assistant was sent a batch of 25 questionnaires and was asked to post one questionnaire to each of 25 consecutive patients (aged 18 years or older), who had visited the GP on the first day of that week. The questionnaires were sent with a letter of recommendation on behalf of the patients' GPs and a postage-paid envelope so that completed questionnaires were sent back to the researchers. After two weeks, a combined 'thank you' and reminder card was sent to all the patients. To assess possible non-response bias, anonymous baseline characteristics were collected on all patients.

Analysis

The data were entered into the statistical program SPSS 9.0. Principal components analysis was used to determine whether calculation of scores was possible for patients' desire for personal continuity. Consecutively, a sum score was calculated for the need for personal continuity (seeing the personal doctor: 'very important' — 2 points, 'important' — 1 point, and 'not important' — 0 points). Multiple linear regression analysis (general linear model procedure, SAS) was used to relate sum scores to patient characteristics.

Results

The mean age of the 35 GPs participating in the survey was

48 (range 36-59). Twenty-eight were men and seven were women. Ten practised in a single-handed practice, 11 in a two-person practice, and 14 in a group practice or health centre. Six practices were situated in the countryside, 18 in the commuter belt, and 11 in a city.

A total of 875 questionnaires were sent out and 644 usable replies were received (74%). Older patients, and patients with chronic illness and more frequent attendance had higher response rates (Table 1).

Personal continuity

For most of the presented situations more than 75% of the responders felt that it was important to see their personal GP. For minor problems, such as a splinter in the eye or a sprained ankle, only a minority of patients considered it important to see their personal GP. A majority of patients thought that it was very important to see their personal doctor for family problems and for discussing the future when seriously ill (Table 2). Patients preferred their personal doctor chiefly because he was believed to have the best medical and personal knowledge of the patient. Also, the perception was that better communication was possible with the patient's personal GP (Table 3).

Relations with patient characteristics

Principal components' analysis showed that a one-factor model could explain 63% of the observed variance; all items loaded high (>0.6) on this component, which justified the making of a sum score.

Only a few significant relations were found between the mean sum score and patient or practice characteristics. Having children and having experienced a serious life event in the past five years was related to a greater need for personal continuity. No significant relationships were found with age, sex, marital status, chronic illness, psychosocial problems, practice area and practice type. A model containing all variables explained 10% of the observed variance (Table 5).

Discussion

This study has shown that patients' desire for personal care depends on the reason for encounter. In the Netherlands, Jung found that a majority of patients (64%) considered it important or very important to see their own GP on each visit.¹⁴ This study shows that a vast majority of patients find it important to see their own GP mainly for serious medical conditions and emotional problems. Very recently, Kearly *et al* found that, in the United Kingdom, patients valued a personal relationship with their GPs when consulting for more serious or for psychological problems.²⁰

It was surprising that views on personal continuity are hardly related to patients' characteristics. In Sweden, Hagman found that patients considered continuity less important than health professionals did.² In Ireland, Murphy observed that urban people value personal continuity more than rural people,²² which our study could not confirm. In the United States, in a hospital study on various aspects of medical care, Fletcher found that younger people gave a lower rank to personal continuity than older people.²³ In contrast to these findings, this study showed that younger patients val-

Table 1. Response rates. Numbers and percentages responding within subgroups (overall response = 644/873).

Characteristics	Responses	
	Number ^a of responses/surveys sent	Percentage within characteristic
Age ^b		
18–40	182/284	64
41–60	270/349	77
61–80	170/210	81
>80	20/24	83
Sex		
Female	399/533	75
Male	243/338	72
Chronic illness ^b		
Yes	255/314	81
No	380/548	70
Number of contacts with GP in the last 12 months (including last visit) ^c		
1–2 times	122/177	69
3–4 times	154/221	70
5–10 times	244/310	79
>10 times	121/162	75

^aOwing to missing values the count of sent questionnaires was 862–871 and responses 635–642. ^b $P < 0.001$ (χ^2 , df = 1 and 3);

^c $P = 0.046$ (χ^2 , df = 3). (Significant difference between responders and non-responders.)

Table 2. Percentage of patients stating that seeing the personal doctor is important, or very important (n = 644).

Situations	Importance of seeing personal doctor ^a			
	Important or very important		Very important	
	Numbers	Percentage	Numbers	Percentage
Splinter in the eye	126/608	21	36/608	6
Sprained ankle	142/607	23	12/607	2
Regular blood pressure check	227/610	37	61/610	10
Problems at work	435/575	76	191/575	33
Sudden, severe breast pain	493/624	79	275/624	44
Unexpected blood in stools	511/621	82	243/621	39
Family problems	515/591	87	325/591	55
Anxiety about a-specific abdominal symptoms	566/618	91	253/618	41
Discussing future when seriously ill	591/617	96	456/617	74

^aOn a three-point scale: 'not important', 'important', and 'very important'.

Table 3. Reasons for general preference for own GP (n = 644).

Reason	Numbers	Percentage
Knows better what my medical condition is	489/644	76
Knows my personal and family background better	470/644	73
Is easier to talk to	290/644	45
Understands me better	206/644	32
Knows my opinion about treatment	155/644	24
Knows better what I expect from him	155/644	24
Is more interested in me as a person	142/644	22
Can solve my problems better	77/644	12
Will make greater efforts for me than other doctors	45/644	7
Will take offence if I visit another doctor	6/644	1

ued personal continuity more than older people, although not significantly. Patients with more frequent attendance appeared to expect a higher level of personal continuity, but the difference was not significant in the regression analysis. A broad range of patient characteristics accounted for only a small amount of the variance between responders. Apparently, other factors determine the valued importance

of personal continuity. More personal characteristics, such as coping behaviour, trust, and dependency may be of influence in this field. Qualitative research would provide a useful approach to identify these factors.

Patients are known to distinguish between clinical scenarios as regards their preference to see the usual doctor versus a trainee,²² or a specialist.²⁴ This survey shows that

Table 4. Relation between need for personal continuity and patient and practice characteristics. Principal components' analysis (PCA), mean sumscore and multiple linear regression analysis.

Characteristics	Personal continuity
PCA (1 component distinguished with Eigen value >1)	
Number of items loading >0.6	9/9
Eigen value	5.6
Cronbach's Alpha	0.92
Variance explained	63%
Mean sumscore (range)	8.8 (0-18)
Standard deviation	3.1
Characteristics related to more need for continuity (GLM-procedure; <i>P</i> -values)	
Younger age	0.146
Female	0.238
Single or divorced (versus widow[er] or married)	0.171
Having children	<0.001 ^a
More GP contacts in the past year	0.424
More years in the practice	0.198
Practice type (two-handed practices)	0.352
Rural or suburban (versus [inner] city)	0.284
Chronic illness	0.271
Chronic medication	0.414
No hospital admission in past year	0.372
Serious life event in past five years	0.018 ^a
No serious psychosocial problem in past five years	0.429
Variance explained	10%

^a*P*<0.05

these differences for various scenarios are considerable. For serious problems, patients want to see their own doctors; for minor ailments, this matters much less. These results agree very strongly with recent data from the UK.²⁰

This study had some limitations. The survey carried out focused on a patient sample that had visited the GP recently, because it was assumed that this group was of greatest interest as regards possible implications for service provision, and would be able to give the most valid information. In the group, patients with frequent attendance were relatively over-represented, and patients who did not attend were not present. Nevertheless, it was found that only a very limited relationship existed between the number of visits in the past 12 months and outcome, and therefore the survey also included a considerable number of patients that had visited their GP only once in the past year. Therefore, bias on this point was limited. The practice assistant was asked to send the questionnaires using the appointment book, thereby preventing any selection by the GPs. Although response rates of over 70% are considered to minimise bias,¹⁸ there were more responders in the older age groups and in the group with chronic illness. This may have caused some bias but, considering the result that outcome was related only very slightly to patient characteristics, the chance of bias is reduced.

What can be learnt from this survey? First, in a changing society with apparent emphasis on turbulence and short-lived interpersonal contacts, most patients within general practice continue to value a personal doctor for serious and emotional problems, regardless of age, sex, place of residence, and present circumstances. Secondly, patients appear to value personal continuity because they think that

this will be beneficial to their health. Prior knowledge of the medical condition, as well as knowledge of the personal and family background, is considered important by patients.

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Acknowledgements

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