general practice, involves a single funding stream for partners' income and patient care. During times of significant challenges for the healthcare system, this can lead to stressful and impossible choices for those working in deprived areas with impacts on recruitment, investment into patient care, and the wellbeing of practice teams.[8]

We would argue that it is time to look again at general practice funding to better reflect the workload involved to meet patient need, and mitigate rather than exacerbate the wide health inequalities so worryingly highlighted in this current pandemic.

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Changes in patient experience associated with growth and collaboration in general practice

These insights from Forbes *et al* into the impact of practice size and collaboration on continuity of care are timely and concerning.[1] Efforts to strengthen collaboration between practices have continued in the UK since the end of the study period, so the trend the authors report up until 2018 may well have progressed.

For at least some patients (notably the most vulnerable and complex), continuity of care has repeatedly been shown to be a key factor in the quality of primary care and the satisfaction of patients and clinicians. Evidence of the continued fall in continuity as reported by patients is therefore a cause of concern, but it seems likely to be amenable to practical action in every practice.

In the early days of the NHS, the single-handed nature of general practices ensured a strongly personal (and wholly medical) model of care. With the exception of holiday periods, continuity could be 100%. Although this was valued by GPs and patients, general practice was providing continuity by default rather than by design. As we began adopting group practice and multidisciplinary approaches, surveys have pointed to a reduction in continuity. However, this can be seen not as an inherent consequence of size but simply as a failure to design continuity into our model of access.

The opportunity to improve continuity of care lies largely in the hands of practices ourselves. Ensuring that those patients who most need continuity are more consistently signposted to the right person usually involves relatively simple adjustments to a practice's access system, supported by training for reception staff. Although we are unlikely ever to return to the days where one GP shouldered 100% of responsibility for their patients' needs, improving continuity is within our grasp, as long as practices design it in.

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