



# BNSSG Training Hub

---

---

## Health Inequalities Fellowship

---

Dr India Wheeler  
Charlotte Keel Medical Practice  
14/3/2025



# Project Summary- Continuity of Care

Continuity of care is associated with multiple benefits for both clinicians and patients.

***Inverse Continuity Law:*** *Patients who live in deprivation often have worse continuity of care, thus those that need it most are the least likely to receive it*

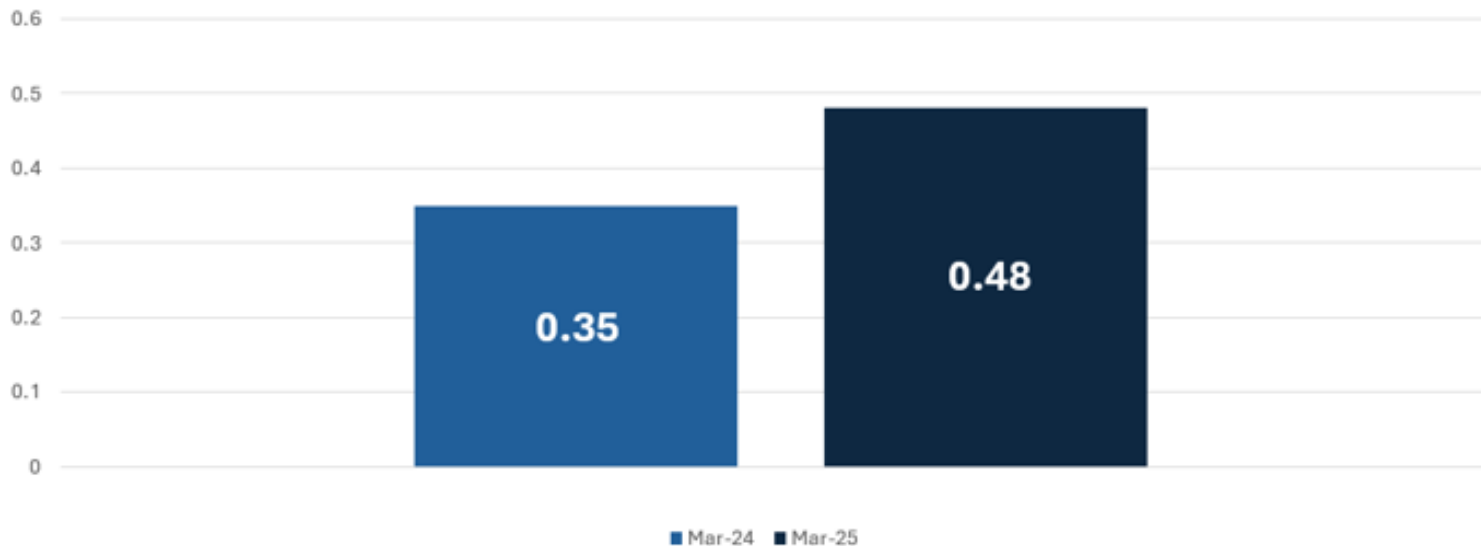


# Project Summary- Continuity of Care

- Aim:
  - To improve continuity of care at Charlotte Keel Medical Practice
- Process
  - Evaluated current continuity measurements- micro team for frequent attenders
  - Practice education- GP, health navigators, continuity committee (MDT)
- Outcome
  - Changed most seen GP to named GP on EMIS- complete
  - Reduce size of micro teams from 6-3 GPs- complete
  - Book ALL patients with named GP or micro team (due to go live April 2025)

# Where were we? Where are we now?

Practice UPC (frequent attenders) : Charlotte Keel Medical Practice



## April 2024

- Clinician Triage
- Micro team for Frequent Attenders

## March 2025

- Clinician triage
- Continuity community
- Most seen GP = named GP on EMIS

**Practice UPC: 0.36**

***Work in progress.....  
? Impact of booking all patients  
with named GP/ micro team***

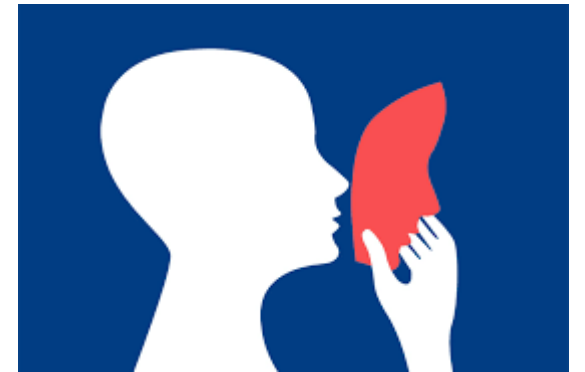
# Headlines and Highlights

- **Gradual** but *meaningful* change
- Continuity teaching with HEFT GP trainees- ongoing involvement
- Wider engagement- **Deep End Continuity Network**
  - Community of Deep End clinicians and academics interested in improving continuity of care
  - Collaboration with other organisations – East Trees Health Centre, University of Bristol, St Leonards practice Exeter
  - 7 practices running Bristol Continuity tool to better understand their current continuity for protected characteristics
  - Face to face event 20<sup>th</sup> March
  - Research funding to continue work to promote equitable continuity of care
  - Further events/ collaboration



# Learning points

- Bigger project than I thought!
  - Newly qualified GP with no managerial experience
  - Process take time and things change- micro teams change/ balancing wishes/ staffing changes
  - Non partnership model
  - Uncertain time for practice
- Don't give up
- Collaboration is key



# QIP- Improving Coc at your practice

- Assess current continuity- One Care tool
- Choose cohort – frequent attenders vs whole list
- Choose method- micro team/ personalised list
- Decide Key Performance Indicator- UPC/ SLICC/ appt use
- Practice buy in- continuity committee, GP presentations/ workshops, patient questionnaires, PPG, reception training
- Don't rush
- Attend Continuity in Deep End Event for interactive discussion about challenges and learn from each other
- Useful resources- RCGP continuity toolkit, [www.continuitycounts.com](http://www.continuitycounts.com)



# Continuity in the Deep End: Improving equitable continuity of care

Join us on **Thursday March 20th** at **St Werburghs Community Centre** for a morning (9.15am-1.30pm) of insightful discussions and practical strategies about how to promote **equitable continuity of care in Deep End practices**.

We welcome community members and 2 members of staff from each practice including both clinical and non-clinical staff.

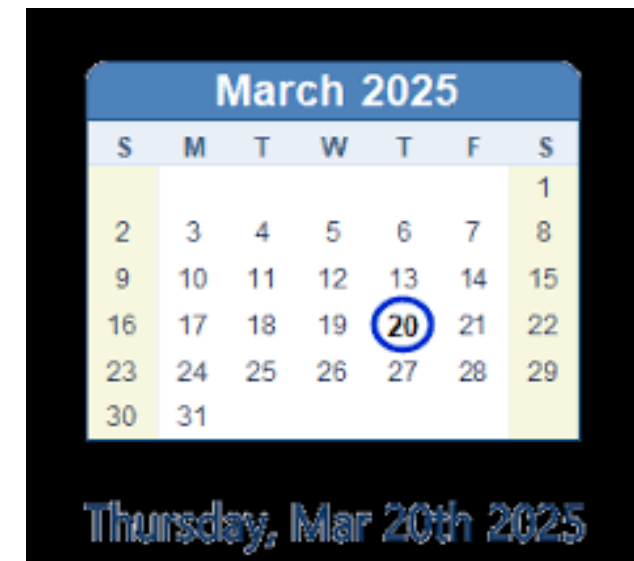
**Lunch will be provided.**

Everyone who attends will be **reimbursed £75** for their time.

To register in advance please use this link:

<https://www.eventbrite.co.uk/e/continuity-in-the-deep-end-overcoming-challenges-to-enable-good-continuity-tickets-1245844637849?aff=oddtcreator>

Email: india.wheeler1@nhs.net







## BNSSG Training Hub

---

# Thank you

---

[bnssg.training.hub@nhs.net](mailto:bnssg.training.hub@nhs.net)  
[www.bnssgtraininghub.com](http://www.bnssgtraininghub.com)

 [BNSSG\\_Thub](#)

 [bnssg-traininghub](#)