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Implementing relational continuity of care

December 2025

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Executive Summary

Ongoing, trusting relationships between patients and their GPs, or relational continuity of care, is a cornerstone of effective general practice in Scotland. Despite strong evidence linking continuity to better health outcomes, patient satisfaction, professional satisfaction and reduced healthcare consumption, especially in unscheduled care settings, it has been in decline due to a number of factors. Declining GP workforce capacity, increasing workload pressures, and changing models of care, and the emphasis on rapid access have all created challenges to providing continuity of care for patients.

As Scotland's population health needs become more complex and patient expectations for convenience rise, prioritising speed of access, regardless of the urgency of the healthcare need, risks undermining care quality and safety. RCGP Scotland is calling on the Scottish Government to create the conditions to support the implementation of relational continuity of care, and promote a culture of valuing continuity in service design at all levels. This paper identifies the following recommendations:

1. Grow the GP workforce.
2. Create a quality improvement collaborative for use at GP Quality Clusters or practice level.
3. Identify, celebrate, and learn from flagship practices.
4. Enhance data collection and digital infrastructure to effectively measure continuity of care.
5. Explore appropriate contractual opportunities to support continuity of care.
6. Promote the value of continuity of care with patients.

By recognising, celebrating and enabling the value of GP relational continuity, Scotland can improve patient outcomes, reduce health inequalities, and build a more sustainable healthcare system.

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Introduction

In a time of evolving thinking about healthcare delivery in response to the increasing system pressures, relational continuity of care remains one of the most valuable yet often overlooked strengths of general practice.

Decades of evidence link continuity of care to better health outcomes, increased patient satisfaction, and more efficient use of resources. However, despite these well-documented benefits, continuity has been sidelined amid workforce shortages, emphasis on speed of access, and shifting models of care. Reframing continuity as a core policy priority is essential to preserving one of the greatest aspects of GP care and ensuring a sustainable future for general practice in Scotland.

Continuity of care has traditionally been defined as the ongoing relationship between a patient and one or more healthcare providers. This paper looks specifically at 'relational continuity', which focuses on long term relationships that build a therapeutic connection. It should be noted that this is distinct from 'information continuity' (shared information between providers) and 'management continuity' (a consistent approach across providers). [1]

The evidence base for the positive impact of continuity of GP care is significant:

- Lower death rates[2] [3]
- Better quality of care, for example, in earlier identification of patients at risk of cardiovascular events who would benefit from statins,[4] suspected meningitis in children,[5] better condition control with patients with diabetes,[6] and fewer hospital admissions and episodes of delirium for patients with dementia.[7]
- Reduced admissions to hospital, particularly for older patients with ambulatory care sensitive conditions (conditions for which effective management and treatment should limit emergency admission) [8] [9]
- Reducing health inequalities[10] [11] [12]
- Reduced attendances at emergency departments[13] [14] [15] [16]
- Better uptake of advice about lifestyle and preventative medical advice, such as screening and vaccination[17] [18]
- Better patient satisfaction[19] [20] [21]
- Higher level of trust between patient and clinician, reducing anxiety and enabling earlier symptom disclosure[22] [23]
- Less complaints and litigation[24]
- Reduction in workload. A major study in England found that when patients were able to see their regular doctor for a consultation, they waited on average 18% longer between visits.[25]
- Lower costs across the whole health system[26] [27] [28]
- Less overuse of medical procedures[29]
- Better following of medical advice and prescribed medication, and therefore less waste[30] [31]
- Reduced risk of patients becoming 'lost' between clinicians[32]

While recognising that not every patient will value (or indeed, need) relational continuity, for many patients these meaningful long term connections are key to building trust and to better health outcomes. It should be noted that highly trained generalists can also build trust rapidly, making useful connections even in single consultations, meaning that while continuity of care is less a feature of Out of Hours services or on a sessional basis, relationship-based care is still a facet of the care GPs provide in these settings.

While face-to-face appointments may not always be appropriate or preferred by every patient, research indicates that telephone consultations tend to be shorter, more superficial, and are less effective for GPs in identifying psychosocial factors, social determinants of health and building rapport. [33]

With the pressures on our health and social care system, it's vital to consider who stands to benefit most from services that prioritise stronger, more consistent relationships between patients and professionals. It is known to have a disproportionately strong evidence base for certain cohorts of patients, such as those with long term conditions, mental health issues, and complex healthcare needs. This is particularly true among vulnerable groups such as trauma survivors, the elderly, marginalised communities.

Research shows that patients impacted by socio-economic deprivation get less continuity of care despite a greater need for it.[34] The Scottish Deep End Group describes how continuity of care allows for incremental relationship building, and for those patients who struggle to trust, this becomes intrinsic to the care given and may even be the care itself.[35]

Given the increasing health needs and complexity of Scotland's population, alongside rising societal expectations for convenience and immediate access, decision makers have frequently prioritised speed of access to healthcare services. This tension between speed and continuity has significant implications for the quality, safety, and effectiveness of care delivered.

RCGP Scotland therefore recommends a more balanced approach that values quality of access alongside speed. This means ensuring that patients are able to see the right clinician, for an appropriate consultation length, within a timeframe that reflects clinical urgency. Emphasising both quality and speed in access aligns with broader health and social care priorities around person-centred care, sustainability, and equity, and should be reflected in future policy and service design.

2025 has seen the Scottish Government publish a number of important documents intended to detail its programme of health and social care reform. The NHS Scotland Operational Improvement Plan, Health and Social Care Service Renewal Framework, and Population Health Framework all set out approaches to deliver the vision of enabling people to live longer, healthier and fulfilling lives.

Continuity of care - while not mentioned explicitly in these documents, although featured in the accompanying Evidence Review[36] - aligns closely the Scottish Government's priorities of person-centred care, prevention and early interventions, reducing demand on acute services, improving health equity, and delivering a resilient health service.

On 13 October 2025, First Minister John Swinney MSP announced plans at the SNP Annual Conference to pilot a network of fifteen primary care walk-in centres, open seven days a week from 12:00-20:00. The College voiced its vigorous opposition to this proposal, given the extensive evidence that such centres fail to reduce demand for core services. and in fact, generate unnecessary demand rather than meet genuine need. Furthermore, they have been shown to duplicate existing provision, exacerbate health inequalities, incur higher costs than in-hours general practice - and undermine continuity of care.[37] The Scottish Government must commit to a robust evaluation of the pilot, with an exit strategy in place should the Scottish evaluation confirm what we already know from the English experience. No further public money should be diverted to an initiative that works against the core values of general practice.

RCGP Scotland activity

RCGP is a leading voice in advocating for support for GPs to deliver relational continuity of care for their patients. Over the years, the College has produced a number of papers endorsing continuity of care and supporting members to take steps to embed it into their practice.[38] Most recently, the 2025 RCGP Scotland paper, 'Whole person medical care: the value of the General Practitioner'[39] spotlights continuity of care as a key element of what GPs and patients alike value.

There has been a renewed and growing interest in continuity of care across a number of other key healthcare decision makers. RCGP Scotland was represented on the continuity of care subgroup of the Chief Medical Officer's Senior Medical Leadership Advisory Forum. This sub-group, spearheaded by former Chair of RCGP Scotland Dr Miles Mack, met to discuss and develop a paper on the subject, which formed part of the Chief Medical Officer's (CMO) annual report 2024-2025, entitled 'Realistic Medicine - Critical Connections.'[40]

This was a significant and welcome advancement in the recognition of relational continuity at senior medical leadership level. In his report, CMO Sir Gregor Smith said, "We must also change the way we deliver care to consistently provide careful and kind care, recognising the critical importance of continuity and relationship-based care in accounting for the biography as well as the biology of the people we serve. ... [Relational continuity] is the polar opposite of industrialised, transactional care and not just a mechanism for healthcare delivery."

Recent changes in the model of care for patients can potentially lead to fragmentation of care and do not promote the value of continuity and personalised care.

Despite the known wealth of benefits, embedding continuity of care into everyday GP practice in Scotland has been underprioritised. RCGP Scotland's 2024 GP Voice tracking survey found that under half of GPs (48%) felt they were able to deliver continuity of care which meets their patients' needs.

In February 2025, the RCGP Scottish Patient Forum met to discuss continuity of care. Dr Miles Mack joined this session to share a presentation on the evidence around continuity, and the approach his practice had taken to embed it into their systems. Members of the Patient Forum shared their experiences and perceptions of continuity of care, within the context of a pressurised general practice and barriers to access. Many members noted their positive experiences with continuity of care where it had been possible, and others said it would be their preference, but they had not experienced it before.

It was highlighted that patients often do not know that they can ask to see a specific GP or feel empowered to ask for continuity of care, and that often vulnerable patients who need continuity the most are the least likely to ask for it. One member talked about the importance of continuity within palliative care and how distressing lack of continuity of care can be for patients and families when they have to talk to different clinicians during an already challenging time.

Chair of Scottish Council, Dr Chris Provan has been collaborating closely with former Chairs Dr Carey Lunan and Dr Miles Mack to develop thinking on continuity of care, with regular meetings since October 2024. Learning has also been shared across the UK, with insights from activity in NHS England and the GMS Wales Continuity of Care Quality Improvement Project.[41]

Recommendations

RCGP Scotland has identified the following opportunities to enhance continuity through targeted interventions, policy reform, and cultural shifts:

1. Grow the GP workforce.

The single most impactful intervention to enabling greater continuity of care would be to restabilise and grow the GP workforce, and to enable and support them to be trained in, and work in, a healthcare environment where continuity of care is valued and achievable. The significant capacity challenges in general practice constrain the ability to offer patients relational continuity.

A comprehensive, long term GP workforce plan, with interconnected measures on retention and recruitment, is critical to return services to a stable footing and to improve GP wellbeing. A sustainable and fair ratio of GPs to patients is essential, taking into account different patient needs in different areas, so that patients can see their trusted GP in a timely and appropriate way.

2. Create a quality improvement toolkit for use at GP Quality Clusters or practice level.

The Scottish Government should direct funding into the development of an advanced toolkit for the implementation of relational continuity of care, providing easy-to-use tools to review, measure and improve the continuity of care in practices or local area.

Initially, this work would be suited at a GP Quality Cluster level, particularly while there is variation in the 'readiness' of practices under current workforce and workload pressures. GP Quality Clusters are well placed to take quality improvement steps towards better continuity of care given their intrinsic and extrinsic roles. In September 2024, RCGP Scotland produced a joint statement with the SGPC calling for the enabling of delivery and funding support for GP Quality Clusters to meet their potential.

Healthcare Improvement Scotland (HIS) should play a key part in the quality improvement aspect of this toolkit. There are existing resources that could be adapted and drawn from. The RCGP Continuity of Care Toolkit could be adapted for usability in the Scottish context[42], or the HIS Access Collaborative, which did have some recognition of balancing access and continuity, is a useful model for a practicable support for general practice that could be applied to relational continuity.

For Clusters or practices that wish to go further in enhancing continuity of care, there are known approaches such as:

- Personal lists: patients are assigned to personal lists for a named GP or small team within a practice. This can be considered the gold standard but can be difficult to adopt in the current workload and workforce pressures.
- Cohort continuity: targeted groups of patients are identified based on the existing evidence-base of who is known to especially benefit from relational continuity of care, and a named GP or small team takes on increased responsibility for their long-term care.

This support would not only support more practices to deliver greater continuity, but could also support the development of a network of practices across Scotland and capture the learning needed for wider rollout of continuity enabled at scale.

3. Identify, celebrate, and learn from flagship practices.

It is important that practices do not feel top-down pressure to also deliver continuity of care while existing workloads feel unmanageable. Instead, the College believes greater value lies in showcasing a small number of flagship practices that have taken practical steps to strengthen continuity for their patients or targeted patient groups. These practices could receive enhanced Quality Improvement and data support, or a small amount of additional financial resource to make the changes needed. Ideally, we need to establish flagship practices across a wide range of demographics so that any learning is transferable, i.e. rural, urban, suburban, deprived, affluent, large, small, independent contractor, 2C, multi-site. To make it possible to achieve this, we need to

create a level playing field for participation as far as possible. Sharing their experience through peer-to-peer learning would not only foster a grassroots approach to change but also help spread best practice and tangible, effective ideas.

Identifying and supporting these practices would also contribute valuable insights and real-world learning to inform the proof of concept for Healthcare Improvement Scotland and its work to develop the Continuity of Care Collaborative.

4. Enhance data collection and digital infrastructure to effectively measure continuity of care.

High-quality data on continuity of care is essential to help practices identify strategies and monitor outcomes. To meaningfully improve continuity of care in Scottish general practice, more robust and targeted data collection is essential. Practices should be able to track the proportion of patient contacts with their usual GP or care team over time using standardised metrics like the Usual Provider of Care index or St Leonard's Index of Continuity of Care. RCGP Scotland is aware of ongoing work within NSS to improve the ease and quality of relational continuity measurement, through the development of a 'modified SLICC' score for Scotland.

Not only should these metrics be embedded, but they should also be simple to use with the digital infrastructure available to GPs.

Across the board, GP IT and data is known to be not fit for purpose, with dated IT systems hindering the ability of GPs to deliver the best possible care for their patients. GPs report obsolete clinical codes remaining in the system, slow system performance and loading times, and outdated hardware. These challenges not only impact day-to-day efficiency but also compromise the ability to record, access, and act on data in a timely and accurate manner—undermining efforts to improve continuity of care and overall patient outcomes.

The GP IT Reprovisioning programme could present an opportunity to embed better informational continuity into general practice. The programme promises to enable routine data collection, accessibility, and monitoring via clinical systems. It promises a more advanced system, which will support practice teams to deliver improved practice management and patient care, with 24/7 real time remote access to patient records and offers GPs the ability to access patient data even in instances of loss of internet access, power outage, or data connectivity sources[43].

5. Explore appropriate contractual opportunities to support continuity of care.

Contractual mechanisms are one part of the jigsaw of enablement that should be considered by the Scottish Government and Scottish GP Committee of the BMA.

The BMA paper 'The Value of a GP' recognises that opportunity, stating, "Continuity of care is a cornerstone of effective general practice, playing a crucial role in both enhancing productivity and alleviating pressure on secondary healthcare services. But of late, has been sacrificed on the political imperative of quick access, over all else."[44] The paper highlights the evidence that relational continuity of care increases

productivity in GP practices. Long-term relationships can reduce demand, extending the time between a patient's appointments by 14%, freeing up GP time for other patients in need. It can also shield other parts of the NHS; a decline in emergency department reliance in a 2024 study was projected to reduce hospital admissions by over 20%.[45]

Different parts of the UK have taken different contractual approaches to enabling continuity. Changes to the GP Contract for England for 2025/26 will incentivise Primary Care Networks in England to risk stratify their patients in accordance with need – including to identify those that would benefit most from continuity of care.[46] In Wales, the Continuity of Care Quality Improvement Project aims to enhance quality assurance processes by highlighting the importance of relational continuity in practice as a marker of high-quality care. Practices in Wales will be asked to use Quality Improvement methodology and to report progress to collaboratives and Health Boards. [47]

This connection to the sustainability of the healthcare service should be acknowledged and enabled by the Scottish Government. This should not look like targets for delivery without additional capacity building, but rather support to take enabling steps, such as the ability to offer pre-bookable appointments.

In the broader development of the future model of care in general practice, RCGP Scotland would encourage policy makers to keep the value of relational continuity of care at the forefront of their mind.

7. Promote the value of continuity of care with patients.

RCGP Scotland has long called for a National Conversation between the Scottish Government, patients, and doctors in order to manage public expectations of what the NHS can realistically deliver with current resources. We know that many patients understand and value continuity, yet the societal and media focus on immediate access can undermine this. Public messaging should be shared to support care coordinators and practice teams to take steps towards implementing continuity in their patient interactions and appointment systems.

While it is essential to maintain timely access based on clinical need, public messaging on the benefits of continuity of care could encourage more patients to embrace shifts in practice policy.

Conclusion

Relational continuity of care is not a luxury—it is a foundational element of safe, effective, and person-centred general practice. The weight of evidence is clear: patients who have an ongoing, trusted relationship with their GP experience better health outcomes, higher satisfaction, fewer hospital admissions, and reduced healthcare costs. Yet in the face of growing system pressures, continuity has been deprioritised in favour of speed and convenience, particularly to the detriment of those who would benefit from it most.

To reverse this trend, continuity must be reframed as a critical measure of quality in modern general practice, not a nostalgic ideal.

It is incumbent on all stakeholders; the Scottish Government, policy makers and healthcare leaders, to respond and create the conditions needed to embed continuity into the fabric of general practice.

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RCGP Scotland represents a network of around 5,000 doctors in Scotland aiming to improve care for patients. We work to encourage and maintain the highest standard of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

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