



Investigation report

Continuity of care: delayed diagnosis in GP practices

Date Published:

30/11/2023

Theme:

Primary care, Delayed diagnosis, Continuity of care

This PDF was downloaded from the Health Services Safety Investigations Body (HSSIB) website. To make sure you are reading the latest version, and for accessible reports, please visit <https://www.hssib.org.uk>

Contents

Show subheadings

[A note of acknowledgement](#)

[Executive summary](#)

[1. Background and context](#)

[2. The reference event](#)

[3. Analysis and findings - the reference event](#)

[4. Analysis and findings - the wider investigation](#)

[5. References](#)

[6. Appendix](#)

A note of acknowledgement

We would like to thank Brian and his family, whose experience is shared in this report. We would also like to thank the healthcare staff who engaged with the investigation for their openness and willingness to support improvements in this area of care.

Sadly, Brian passed away during the course of the investigation. However, he was able to hear about the final report from his family before his death. Brian told them that the investigation was “amazing” and that it will “improve [experiences] for other people”. He also said that he was “delighted, and when I’m gone, no-one else should have to go through what I did”.

About this report

This report is intended for healthcare organisations, policymakers and the public to help improve patient safety in relation to continuity of care in GP practices. For readers less familiar with this area of healthcare, medical terms are explained in section 1.

This is a legacy investigation completed by the Health Services Safety Investigations Body (HSSIB) under the National Health Service Trust Development Authority (Healthcare Safety Investigation Branch) Directions 2016.

Executive summary

Background

Patients who visit their GP practice with an ongoing health problem may see several different GPs about the same symptoms. To make sure they receive safe and efficient care, there needs to be a system in place to ensure continuity of care. In the context of this report, continuity of care is where a patient has an ongoing relationship with a specific doctor, or when information is managed in a way that allows any doctor to care for a patient.

While some GP practices in England operate a formalised system of continuity of care, many do not. This investigation explored the safety risk associated with the lack of a system of continuity of care within GP practices.

This investigation's findings, safety recommendations and safety observations aim to prevent the delayed diagnosis of serious health conditions caused by a lack of continuity of care and to improve care for patients across the NHS.

As an example, which is referred to as 'the reference event', the investigation reviewed the care of Brian, who had had treatment for breast cancer and later developed severe back pain.

The reference event

Brian had a history of breast cancer and had been discharged from the breast cancer service. Two years later he began to have back pain. Initially the pain was so severe that Brian visited his local emergency department (ED). He was discharged from the ED with pain relief and was advised to contact his GP practice.

A month later, Brian telephoned his GP practice and saw his named GP. The GP referred Brian to the GP practice's physiotherapist and requested a blood test. Brian saw the physiotherapist, who gave him advice about exercises to help relieve the back pain. The exercises did not relieve Brian's pain and over the following 8 months he saw two out-of-hours GPs and six practice GPs, a nurse and a physiotherapist at the GP practice.

Brian also had consultations with healthcare professionals during this time for other conditions not relating to his back pain. When Brian saw a GP at end of the 8-month period, the GP found a lump on his spine and advised Brian to go to the local ED.

At the ED, Brian had a computerised tomography (CT) scan. A lump was found on his spine which was later diagnosed as metastatic breast cancer (that is, breast cancer that had spread to his spine).

The investigation

The investigation worked with Brian, the GP practice, local ED and oncology services and national bodies to identify the themes for the national investigation.

The investigation focused on:

- How GP practices manage continuity of care. This includes how electronic record systems alert GPs to repeat attendances for symptoms that are not resolving and how information is shared across the healthcare system.
- Workload pressures that affect the ability of GP practices to deliver continuity of care.

Findings

- The GP contract, which sets out the mandatory requirements for GP services commissioned by the NHS, does not specifically require GP practices to adopt an approach that ensures continuity of care, but practices can do so voluntarily.
- Many GP practices do not operate a formalised system of continuity of care.
- There is no standard framework to deliver continuity of care in GP practices, so it is done differently across the country.
- Many GPs understand the benefits of continuity of care; however, some practices did not believe that it was possible to deliver such a system. Other practices were able to maintain continuity of care through systems developed by those practices.
- There is no requirement for GP IT systems to consider continuity of care or to 'surface' information (that is, identify and flag up relevant patient information) to GPs when they see a patient with unresolving symptoms.
- Patients told the investigation that they found it beneficial to see their named GP for long-term health conditions, including mental health conditions.
- GPs working in a practice with a system of continuity of care had more time to process information during consultations and to carry out any follow-on actions to ensure patients received the care they needed.
- GP practices that operated a system of continuity of care reported to have better staff welfare and retention, and fewer recruitment issues, than those that did not.

HSSIB makes the following safety recommendations

Safety recommendation R/2023/010:

HSSIB recommends that the Department of Health and Social Care ensures that the GP contract explicitly includes and supports the need for GP practices to deliver continuity of care. This is to improve patient safety by building clinician-patient relationships as well as providing continuity of information.

Safety recommendation R/2023/011:

HSSIB recommends that NHS England updates the GP IT standards to ensure that patient continuity of care is maintained, including the identification and prioritisation (technically known as 'clear surfacing') of information to health and care professionals, when patients visit GP practices multiple times with unresolving symptoms.

HSSIB makes the following safety observation

Safety observation O/2023/008:

GP practices can improve patient safety by aligning their staff wellbeing and patient safety policies to those of NHS England's proposed patient safety strategy.

1. Background and context

This investigation explored the safety risk associated with the lack of continuity of care within GP practices. In the context of this report, continuity of care is where a patient has an ongoing relationship with a specific doctor, or when information is managed in a way that allows any doctor to care for a patient.

The safety issue was referred to HSSIB by a family whose relative, Brian, received a delayed cancer diagnosis after numerous visits to his GP practice and a local hospital with back pain.

This section provides context for the findings and analysis described later in the report, including information about GP practices, continuity of care, cancer, and back pain.

1.1 The GP contract

1.1.1 GP practices are individual businesses that are commissioned by the NHS to provide for the needs of the local community. The contractual requirements for GP practices are set out in the 'Standard general medical services contract' (NHS England, n.d.), also known as the 'GP contract'.

1.1.2 Continuity of care is referred to in several documents that support the GP contract. These are:

- 'Quality and Outcomes Framework guidance for 2023/24' (NHS England, 2023b)
- 'Network Contracted Directed Enhanced Service – guidance for 2023/2024 in England' (NHS England, 2023c)
- 'Network Contract Directed Enhanced Service – early cancer diagnosis support pack' (NHS England, 2023d).

1.2 GP Practices

1.2.1 There are several ways in which GP practices can be organised and run. This investigation focused on GP practices that are formed of a group of GPs working in partnership (NHS, 2022b).

1.2.2 A GP practice can deliver a wide range of health services including medical advice, examinations, treatment, vaccinations, medication prescriptions and referral to other health and social services.

1.2.3 GPs are expert medical generalists who provide the first point of contact with the NHS for most people and their communities (Royal College of General Practitioners, 2021).

1.3 Primary care networks

1.3.1 A GP practice that works closely with community, mental health, social care, pharmacy, hospital and voluntary services in their community as a group is known as a primary care network (PCN). Over 99% of general practices are part of a PCN.

1.3.2 PCNs are led by clinical directors. A clinical director may be a GP, general practice nurse, clinical pharmacist or other professional working in general practice.

1.3.3 PCNs build on existing primary care services to enable greater provision of proactive, personalised, co-ordinated and more integrated health and social care for people close to home (NHS, n.d.).

GP practice staffing

1.3.4 GP practices consist of many different healthcare professionals, and can include:

- GPs

- nurses
- paramedics
- physiotherapists
- mental health staff
- social prescribers (who interact with the social care system)
- pharmacists
- business managers
- administrative staff.

1.4 Continuity of care

1.4.1 The Royal College of General Practitioners has stated that GPs providing patients with continuity of care is a 'critical element' of the service they deliver. Continuity of care is defined by the Royal College of General Practitioners as:

'... the extent to which a person experiences an ongoing relationship with a clinical team or member of a clinical team and the coordinated clinical care that progresses smoothly as the patient moves between different parts of the health service.

It can consist of relational continuity – seeing the same people or team, management continuity – management and coordination of care and informational continuity – continuity of patient records and information.' (Royal College of General Practitioners, 2021).

1.5 Breast cancer in men

1.5.1 Breast cancer is often thought of as something that only affects women, but men can get it in rare cases. It grows in the small amount of breast tissue men have behind their nipples. It usually happens in men over 60, but can very occasionally affect younger men (NHS, 2020).

1.5.2 Symptoms of breast cancer in men include:

- a lump in the breast
- the nipple turning inward
- fluid oozing from the nipple
- a sore or rash around the nipple
- the nipple or surrounding skin becoming hard, red or swollen

- small bumps in the armpit.

1.5.3 If breast cancer is found early, it may be possible to cure it. However, if it has spread beyond the breast, a cure is less likely and treatment options are available to relieve the symptoms and increase the length of the patient's life. If breast cancer spreads, it is likely to spread into the bones and spine.

1.6 Back pain

1.6.1 Back pain can have many causes. It is not always obvious what causes it, and it often gets better on its own (NHS, 2022a).

1.6.2 A common cause of back pain is an injury like a pulled muscle. Very rarely, back pain can be a sign of a serious problem such as a broken bone, cancer or an infection (NHS, 2022a).

1.6.3 It is recommended that someone with back pain sees a GP if (NHS, 2022a):

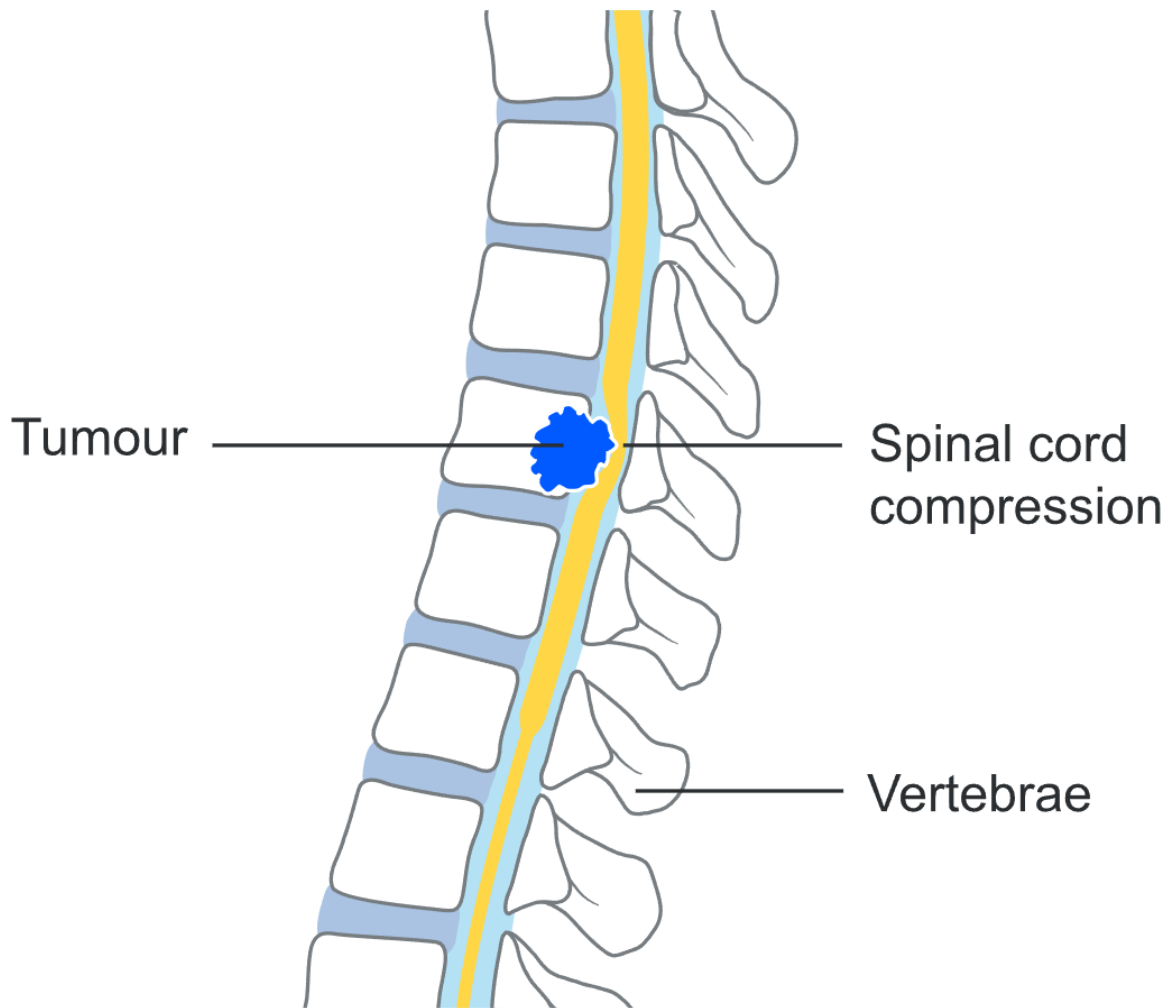
- the pain does not improve after treating it at home for a few weeks
- the pain is preventing day-to-day activities happening
- the pain is severe or getting worse over time
- the pain creates concern or means that coping is difficult.

1.7 Spinal cord compression

1.7.1 The spinal cord is a long bundle of nerves that stretches from a person's brain to the lower part of their back. The nerves send messages from the brain to control movement and feeling in different parts of the body (Cancer Research UK, 2021).

1.7.2 Spinal cord compression happens when there is pressure on a person's spinal cord. This pressure causes the nerves in the spinal cord to swell and slows down or blocks their blood supply, stopping the nerves working normally (see figure 1). The pressure can create pain in the spine and the muscles surrounding the spine. The pain can also be felt in other parts of the body.

Figure 1 Example of a tumour on the spine compressing the spinal cord (Cancer Research UK, 2021)



Cancer Research UK

Source: Cancer Research UK, the world's leading independent cancer charity dedicated to saving lives through research, influence and information. © Cancer Research UK 2023. All rights reserved.

1.7.3 Not all spinal cord compression is a result of cancer. Around 3 to 5 in 100 people (3 to 5%) with cancer develop spinal cord compression.

1.7.4 Almost any type of cancer can spread to the spine. People are at higher risk of developing spinal cord compression if they have cancer that:

- has already spread to the bones
- is at high risk of spreading to the bones, such as prostate, breast, lung or myeloma (a type of blood cancer)
- started in the spine.