

# How do patients with advanced cancer (and their close persons) experience continuity in primary care?

## A mixed-methods review



Emilie Couchman<sup>1</sup>, Steph Ejegi-Memeh<sup>1</sup>, Sarah Mitchell<sup>2</sup>, Clare Gardiner<sup>1</sup>  
<sup>1</sup> Mesothelioma UK Research Centre, Division of Nursing & Midwifery  
Health Sciences School, University of Sheffield, UK  
<sup>2</sup> Department of Oncology and Metabolism, University of Sheffield, UK



### Background

Continuity is 'the extent to which a person experiences an ongoing relationship with a clinician and the coordinated clinical care that progresses smoothly as the patient moves between different parts of the health service'. (1)

There are three main types of continuity in healthcare:

- Relational continuity
- Informational continuity
- Managerial continuity (1)

General practitioners (GPs) have a key role in supporting people with advanced cancer and their close persons. (2) Continuity is especially valued by patients with life-limiting conditions, but the current NHS primary care system makes it difficult for GPs (and other healthcare professionals) to provide continuity of care. (1)

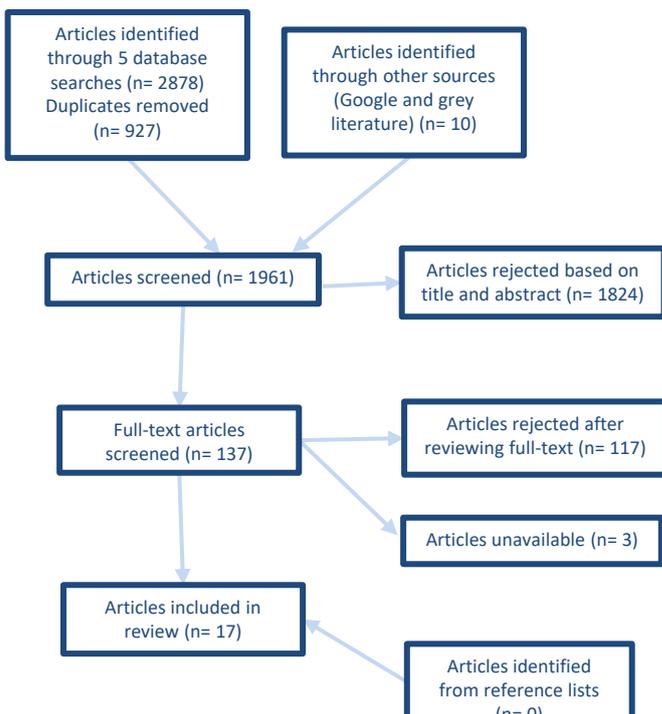
### Aim

To examine existing evidence on the experiences of continuity in primary palliative care among people with advanced cancer and/or their close persons.

### Method

Mixed-methods systematic review with content and thematic analyses. Keyword searches were carried out in five databases (MEDLINE, EMBASE, CINAHL, Web of Science, and Cochrane), policy documents and grey literature search engines. Evidence was reviewed using relevant quality appraisal tools, and data were extracted and tabulated. Findings were reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement (3) and the review was prospectively registered on PROSPERO (4). (ID: CRD42020223117)

### PRISMA flow diagram



### Results

Seventeen studies were included. (5-22) Four themes were developed:

#### 1) The role of GPs in facilitating continuity

GP characteristics such as being proactive, responsive and flexible, can facilitate continuity. (6, 11, 14) The level of GP involvement may vary depending on understanding of the GP's role (among both patients and professionals). (9, 10, 17, 22)

#### 2) The role of patients and/or close persons in facilitating continuity

A patient's personality, whether 'active' or 'passive', may affect their care preferences, ability to cope and continuity of care. (16)

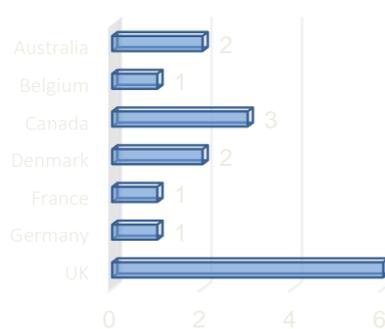
#### 3) Changing needs throughout the disease trajectory

Continuity is a spectrum, rather than a binary concept. (16) Patients often relate more to specialists early in their disease, and gravitate towards GPs later on. GP involvement from diagnosis can facilitate high-quality end of life care given the well-established doctor-patient relationship. (6, 9, 11, 14, 21)

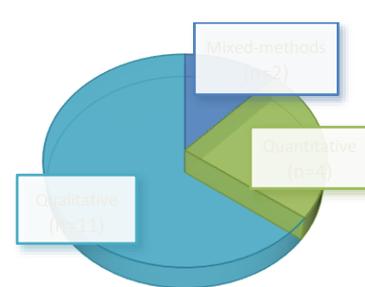
#### 4) The organisational context in primary care

There is no 'one size fits all' approach; how continuity is facilitated depends on the workings of each individual practice and its context. (7) Clearly defined roles and good communication between primary and secondary care lead patients to perceive effective continuity. (9)

Study country of origin



Study methodology



### Discussion

Continuity is difficult to define given its complexity; its multiple inter-relating components and dependency on contextual factors. (1) Terms such as 'involvement', 'collaboration' and 'coordination' were used in included studies that discussed issues relating to continuity. Further, the terms 'abandonment' and 'fragmentation' were used to reflect a lack of continuity. (12, 16) Informational and managerial continuity are often viewed as overlapping concepts, and many studies in this review presented them as such. (7, 10, 20)

The issue of individual roles and responsibility in continuity of care was a recurring theme, approached from various angles. Only two of the 17 included studies directly considered the role of patients, and their close persons, in facilitating continuity of care. (13, 16) Dalsted et al. suggest that a single individual (GP) assuming a coordination role for patient care across the entire healthcare system is unrealistic. (10) This review identifies a significant gap in the literature regarding understanding of the work required by patients and their close persons to achieve their desired level of continuity, and their capacity for action in this context.

### References

Please contact Dr Emilie Couchman for the full reference list.

### Contact Details

Dr Emilie Couchman, PhD Student at Mesothelioma UK Research Centre, emcouchman1@sheffield.ac.uk, website: <https://www.sheffield.ac.uk/murc>