

Review of: "[Commentary] Potential Mechanisms of Continuity of Care and Future Research"

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Thank you for inviting my comments on this paper. I welcome its publication since new thinking on primary care continuity is much in need. In particular, the idea of facilitating conditions included in the Table is novel and potentially could unlock routes to understanding more about how continuity works (or does not) under different conditions. The variation between different patients on the importance of continuity is also important and could impact with each of the eight types of mechanisms. It will be interesting to see how this work develops.

In my country, continuity in primary care is in steady decline. There is a shortage of GPs, and other health professionals are being introduced to make up for the shortfall, for example, advanced nurse practitioners or physician assistants. Triage has become the norm, and patients are losing control over who they see. Remote consulting (telephones, video calls, etc.) is increasingly common. All this is driven by the aging population, multimorbidity, and the failure of policymakers to plan for the workforce we need.

There is a strong case for European or international collaboration on continuity in primary care. This could investigate the mechanisms of continuity, but its more important role would be to identify and share ways to preserve continuity for those patients who benefit from it or want it. This work needs to take place before more countries implement policies to manage the tidal wave of chronic disease through extended teams of different professionals, leaving patients disempowered and confused about who has responsibility for their care.