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Charlotte Keel MEDICAL PRACTICE

Continuity of care – patient requests alternative GP

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Purpose

To ensure a consistent, safe, and patient-centred approach when a patient declines to see their named GP or another specific GP, while:

- Promoting continuity of care
- Maintaining therapeutic relationships where possible
- Ensuring timely access to appropriate clinical care
- Supporting staff through clear escalation and governance arrangements

Background

Continuity of care in general practice is associated with improved patient outcomes, patient satisfaction, and reduced healthcare utilisation. All patients are allocated a **named GP**, supported by a defined **microteam** of 2–3 buddy GPs to ensure continuity, resilience, and safe care delivery.

The practice recognises patient choice while balancing this with the duty to provide safe, effective, and sustainable services.

Scope

This SOP applies to:

- All GPs (salaried, sessional, and locum)
- Reception and administrative staff
- Practice leadership and lead GPs
- All registered patients

Roles and Responsibilities

Reception and Administrative Staff

- Manage patient requests professionally and without judgement
- Follow this SOP consistently
- Escalate appropriately and promptly
- Avoid seeking sensitive or detailed explanations from patients

Named / Relevant GP

- Consider whether a direct conversation with the patient is appropriate
- Explore concerns proportionately and professionally
- Involve the microteam and leadership where needed
- Ensure accurate, factual documentation

Lead GPs / Practice Leadership

- Provide oversight and support where relationships have broken down
- Ensure decisions prioritise patient safety and service sustainability
- Monitor patterns and address systemic issues

Procedure

Initial Patient Request

Where a patient declines to see their named GP or a specific GP:

- The request must be acknowledged respectfully
- The patient must not be challenged or required to justify their preference

Reception staff should:

- Offer an appointment with another GP within the patient's microteam where available
- Inform the patient's **usual (named) GP** of the request

The named GP will consider whether it is appropriate to seek a direct conversation with the patient to better understand concerns, expectations, or any potential miscommunication.

GP Awareness and Handling

The relevant GP must be informed of the patient's preference. No assumptions should be made regarding motivation or cause. Immediate or urgent clinical needs must be addressed without delay.

GP–Patient Conversation (Where Appropriate)

If undertaken, the conversation should:

- Be timely and proportionate
- Maintain a professional, respectful, and non-defensive tone
- Focus on patient care, understanding expectations, and restoring trust where possible

Patients are not obliged to engage and are not required to disclose reasons.

Microteam Discussion

Where resolution is not immediately achieved, the GP should discuss the situation within their **microteam** to:

- Identify practical continuity solutions
- Ensure safe follow-up arrangements
- Support shared learning and reflection

Breakdown of the Doctor–Patient Relationship

Where the relationship is felt to have irretrievably broken down:

- The GP must escalate the matter to a **Lead GP**

Decisions will be made based on:

- Patient safety and access to care
- GMC professional standards
- Operational feasibility and fairness

Priority of Care

The practice's duty of care to the patient takes precedence at all times. Clinically urgent or essential care must not be delayed or withheld. Appropriate interim arrangements must be made where preferences limit availability.

Managing Expectations, Choice, and Behaviour

Patients should be supported to understand that:

- While preferences are listened to and respected where possible, choice of GP is not unlimited
- Declining multiple GPs may significantly restrict access to appointments and continuity of care

Expectations should be managed:

- Transparently and consistently
- In a calm, respectful, and non-confrontational manner
- With reference to the practice's duty to provide safe care to all patients

Where concerns arise about repeated refusals, inappropriate demands, or behaviour that impacts staff wellbeing or service delivery, **there may be a need to use a Patient Behaviour Contract**.

This will:

- Clearly set out mutual expectations
- Define acceptable and unacceptable behaviour
- Outline the consequences of continued inappropriate behaviour
- The use of a Patient Behaviour Contract should be:
- Proportionate
- Time-limited
- Reviewed by a Lead GP and/or Practice Manager

This approach aligns with the practice's **Zero Tolerance Policy**, which makes clear that:

- Abusive, threatening, or unreasonable behaviour towards staff or other patients is not acceptable
- The practice has a duty to protect staff and ensure a safe working environment

In exceptional circumstances, and only after appropriate consideration and escalation, the practice may:

- Advise the patient to consider registering with another practice
- Follow NHS guidance and contractual requirements regarding removal from the practice list

Patient safety and access to necessary care will continue to be prioritised throughout any such process.

Documentation

A clear, factual entry must be recorded in the clinical record, including:

- The patient's stated preference or refusal
- Any discussion undertaken
- Agreed outcomes or arrangements
- Language must remain objective and non-judgemental.

Safeguarding, Conduct, and Escalation

Any concerns regarding:

- Patient safety
- Professional conduct
- Safeguarding or discrimination

…must be escalated in line with relevant practice policies.

Equality, Dignity, and Confidentiality

All patients will be treated equitably and with respect. No patient will be disadvantaged as a result of raising concerns or preferences. All information will be handled in accordance with data protection and confidentiality standards.

Monitoring, Learning, and Review

Practice leadership will periodically review:

- Trends in GP refusal
- Impact on access and continuity
- Support needs for staff

Version Control

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