

Continuity as an organisational accomplishment

A comparative qualitative multiple-case study in English general practice

Fiona Scheibl and the QUERCC study team

6-slide overview | Draft paper, 5 October 2026



Study at a glance

How practices organise, enact and adapt relational continuity

8

English
general
practices

174

staff + patient
participants

3 data sources

Focus groups •
interviews •
documents

Comparative approach

- 1

Within-case
analysis

Preserved organisational history, routines and participant perspectives
- 2

Cross-case
comparison

Examined recurrent processes, contradictions and disconfirming evidence
- 3

GPPS as context

Descriptive patient-reported profile, not a validated implementation outcome



The central explanatory model

Continuity becomes possible when three functions are connected



ACCESS

A navigable route back to a familiar clinician or team

ACCUMULATED KNOWLEDGE

Patient-specific knowledge is created, retained and used

ONGOING RESPONSIBILITY

Follow-up is visible across encounters and periods of absence

Relational continuity is an organisational accomplishment

Four findings

A progressive explanation from commitment to configuration

1

Priority

Continuity was widely valued, but aspiration did not ensure enactment.

value → routines

2

Access work

Booking, triage, follow-up and administrative discretion actively produced continuity.

navigation → follow-up

3

Relational capacity

Stable staff, time, cover and visible responsibility made continuity sustainable.

stability → cover

4

Configurations

The effect of each feature depended on how it connected with the others.

components → coherence

“It isn’t just about continuity of doctors ... it’s that clinician knowing the story and following it through.”

Senior clinician, Site 4

Configurations and disconfirming cases

No universal model, and no simple high-versus-low comparison



Recurring personal-continuity route

Sites 1, 2, 4, 6 and 8

- patient–clinician allocation
- continuity-aware access
- proactive follow-up
- administrative navigation
- stable teams + planned cover

What the contrasts add

Sites 3 & 5

Continuity work persisted, but arrangements were fragmented.

Site 6

Formal configuration did not guarantee a favourable GPPS profile.

Site 7

Open access + organisation-wide coordination suggested an alternative route.

Interpretation: composition matters, but so do coherence, reach and enactment.

Contribution and implications

What this paper adds to the continuity literature

Relational continuity is best understood as an organisational accomplishment, not the direct product of a single intervention.

Conceptual

Moves beyond lists of facilitators to configuration, coherence and enactment.

Empirical

Makes administrative navigation and follow-up visible as continuity infrastructure.

Methodological

Uses contradictions and disconfirming cases to refine, rather than flatten, the explanation.

Implications for practice and evaluation

- Design continuity across clinical and administrative workflows.
- Specify the form of continuity sought and the route patients will navigate.
- Evaluate formal arrangements, reach, consistency and patient experience together.