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Rethinking continuity in general practice for people with mesothelioma: recommendations for clinical practice, research, and policy

Background
Continuity in general practice has clear benefits but is difficult to achieve. Mesothelioma is an incurable disease caused by asbestos exposure. People with mesothelioma potentially derive significant benefit from continuity; but more evidence is needed.
Aim
To make policy relevant recommendations and develop new guidance to support people with mesothelioma, their close persons, and healthcare professionals, to achieve continuity in general practice.
Method
Stakeholder consultation workshops were undertaken to discuss the implications of realist case study data acquired earlier in the study, and form recommendations to optimise service design and delivery. Five individuals participated in a patient and public involvement capacity. Analysis consisted of three components: reflexive thematic analysis (inductive); formation of realist Context-Mechanism-Outcome configurations (retroductive) leading to programme theory refinement; and application of existing theory (deductive).
Results
Recommendations for practice, policy, and research, to facilitate continuity for people with mesothelioma in general practice, are presented. Clinician- and patient-facing outputs were developed to both contextualise and present the recommendations. Individuals providing patient and public involvement support contributed to the content and structure of outputs.
Conclusion
This realist research deepens understanding of continuity in NHS general practice for people with mesothelioma. Findings are relevant to other patient populations, particularly those with rare conditions or palliative care needs. Recommendations and novel outputs are targeted towards clinicians, researchers, policymakers and commissioners, and may be used in educational contexts, in clinical practice, and at policy level to guide resource allocation and service development.

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