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POSTER ABSTRACT

# Rethinking continuity in context: introducing the CAP Continuity theory

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**Background**: Continuity has benefits at individual and organisational levels but is compromised by challenges within healthcare systems internationally. This paper describes a new theoretical framework entitled 'CAP Continuity', which was developed within a realist evaluation exploring continuity in UK general practice for people with mesothelioma. It highlights three key elements of continuity: competence, attitude, and provision.

**Approach**: Nine patient case studies were formed through longitudinal realist interviews. Data were triangulated by also interviewing healthcare professionals (n=12) and close persons (n=9). The analytical approach to the development of the new theoretical framework consisted of three concurrent components: reflexive thematic analysis of the interview transcripts; the development of realist Context-Mechanism-Outcome configurations; and the application of two existing theories (the Burden of Treatment Theory and the Candidacy Framework).

**Results**: The CAP Continuity framework stipulates that healthcare professionals and patients must be sufficiently competent to provide care or navigate the system to receive such care (competence); each party within the clinician-patient relationship, and the wider healthcare team, requires an attitude that reflects appreciation of the value of continuity (attitude); and the healthcare system must be adequately resourced, both physically and strategically (provision).

**Implications**: The CAP Continuity framework does not seek to replace existing definitions of continuity, but to help integrate such definitions within clinical practice and policy. It could be applied to contexts beyond mesothelioma, general practice, and the UK, and is potentially relevant to all patients seeking to achieve, and all healthcare professionals keen to deliver, continuity of care.