

Primary Concerns 2014

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First published 2014 by Cogora.
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About this survey

The survey underlying the current report was conducted between 4 August and 21 August 2014 and included 1,171 respondents from across the UK. When appropriate, statistical analysis was conducted using IBM SPSS version 22. In instances when differences between respondent groups were statistically significant, this was reported in the narrative along with the relevant p-value¹.

This was the second annual survey conducted by Cogora to measure healthcare professionals' views on the NHS reforms, their attitudes to the efficacy of the healthcare system, and their job satisfaction. It is noted that while the current report highlights changes in key trends amongst healthcare professionals' attitudes, some of the questions in the current and previous survey were specific to prominent healthcare news at the time of the survey and therefore do not feature in both surveys.

¹ *In accordance with standard practice, a pre-determined significance level of 0.05 was used when interpreting p-values. In instances when multiple comparisons were made, a Bonferroni correction was used to avoid Type I errors.*

About Cogora

Cogora is a leading, pan-European healthcare publishing and research company. For over 20 years we have enjoyed a first-rate reputation for delivering top quality, timely content that supports healthcare professionals with their clinical decision-making and career development.

Our portfolio of journals and websites includes *Nursing in Practice*, *Management in Practice*, *The Commissioning Review* and *Hospital Pharmacy Europe*. We deliver 12 national conference exhibitions – including Commissioning Live – each year, as well as more than 100 smaller educational 'road show' events across the UK. And we produce numerous 'roundtable' discussion meetings, focusing on a single therapeutic area, across Europe.

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Executive summary

Two years on from the 2012 Social and Health Care Act, there is still a lack of support for the government's NHS reforms amongst healthcare professionals. The majority do not believe that the reforms have increased the quality of patient care, while more than half also believe that the quality of patient care has decreased over the past 18 months.

This represents a dramatic worsening in healthcare professionals' perception of the quality of NHS care; with only 35% of respondents in the 2013 Primary Concerns survey, stating that they perceived the quality of patient care to have decreased in the 24 months prior. There are, however, some significant regional difference, with a greater proportion of healthcare professionals in Wales believing that the quality of patient care has decreased relative to those in other regions.

Meanwhile, morale is low amongst healthcare professionals working in NHS primary care. Many of the reasons cited for poor morale had previously been mentioned in the 2013 survey, suggesting a persistent problem within the health service. These included bureaucracy (cited as a reason for dissatisfaction across all professional groups but most being pronounced amongst GPs); salaries; and poor management. Additional factors contributing to poor morale included criticism from politicians and the media, as well as unrealistic patient demands.

Survey findings

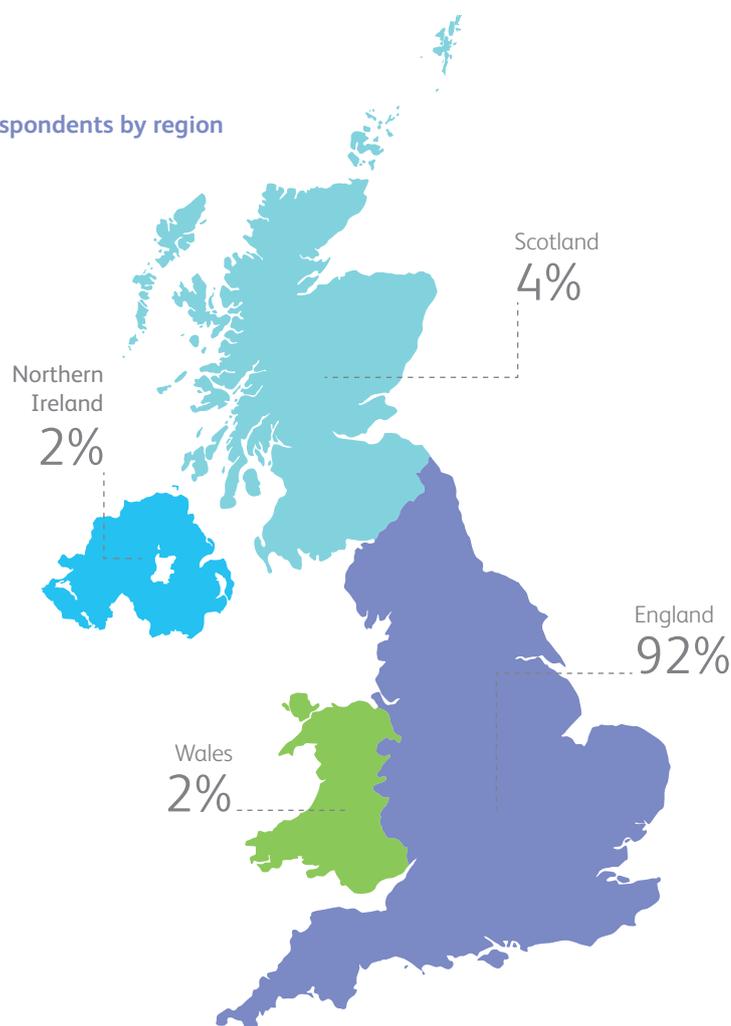
Meet the respondents

A total of 1,171 healthcare professionals took part in the survey. Almost half of the respondents were GPs (n=548), while the remaining respondents worked as nurses (n=418), practice managers (n=171), in 'other' healthcare roles (n=30), or chose not to state their profession (n=4).

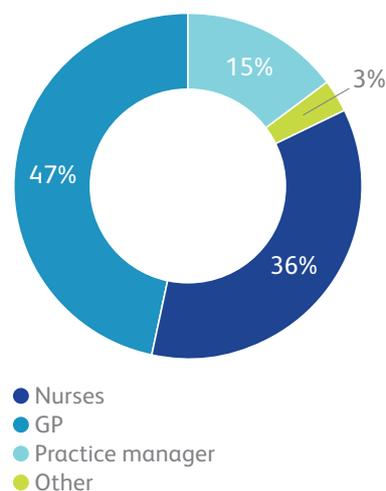
Overall, more women than men responded to the survey (64% versus 36%). However this gender distribution varied greatly depending on profession with the vast majority of nurses and practice managers being female (94% and 69% respectively) while the majority of GPs were male (59%).

Reflective of the UK population distribution, the vast majority of respondents stated that they worked in England (92%), but Northern Ireland (2%), Scotland (4%), and Wales (2%) were also represented in the survey sample.

Respondents by region



Respondents by profession



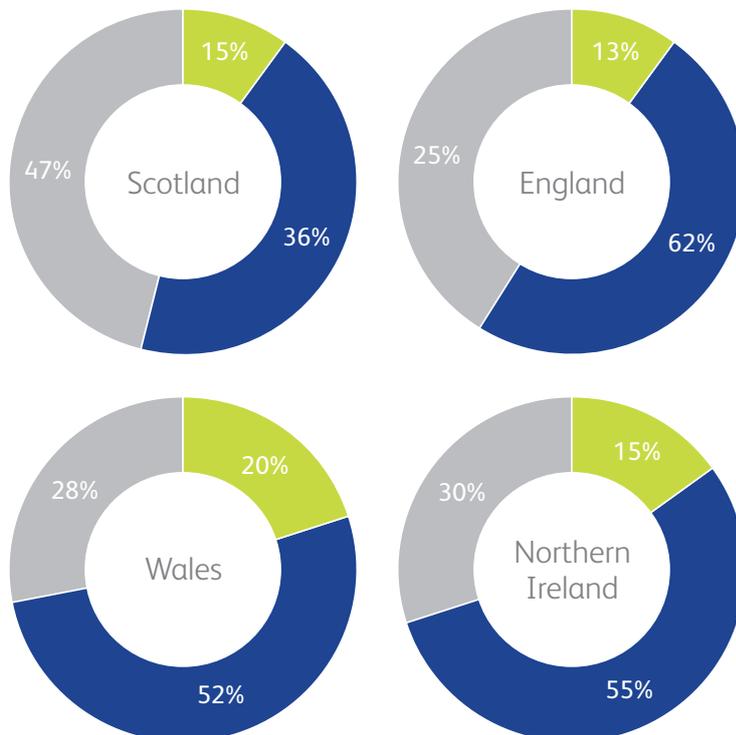
Impact of NHS reforms on everyday practice

The 2012 Health and Social Bill introduced a number of reforms to the NHS. These included: giving local authorities responsibility for local population health improvement; introducing health and wellbeing boards to bring together key health & social care stakeholders; introducing clinical commissioning groups (CCGs) which were given responsibility for managing primary care budgets to secure high quality healthcare services with the support of the new NHS England; and introducing a new regulator, the Care Quality Commission (CQC) which was set up to ensure that NHS services meet the minimum safety and quality requirements (1). In addition, legislation was introduced to encourage greater collaboration between health and social care services such as making it compulsory for health and social care representatives to draft Joint Health and Wellbeing Strategies for their local area (2).

In the 2013 Primary Concerns survey, 58% of the respondents stated that they did not support the NHS reforms while 47% stated that they believed the reforms would decrease the amount of time they and their colleagues would be able to spend with patients (3). To understand whether healthcare professionals' perception of the reforms had changed one year later, respondents in the 2014 survey were asked whether they believed that NHS reforms putting GPs in the frontline of commissioning care had improved the quality of care provided. The majority of respondents (61%) did not believe that such reforms had improved the quality of care provided. This opinion was persistent across nurses (56%), GPs (63%), and practice managers (62%). While not reaching statistical significance there was a trend towards regional differences in healthcare professionals' attitudes, with a higher percentage of Welsh respondents (20%) believing that the reforms had improved care compared to respondents working in England (13%), Northern Ireland (15%), and Scotland (10%).

Have reforms putting GPs at the frontline of commissioning improved the quality of care?

- Yes
- No
- Unsure

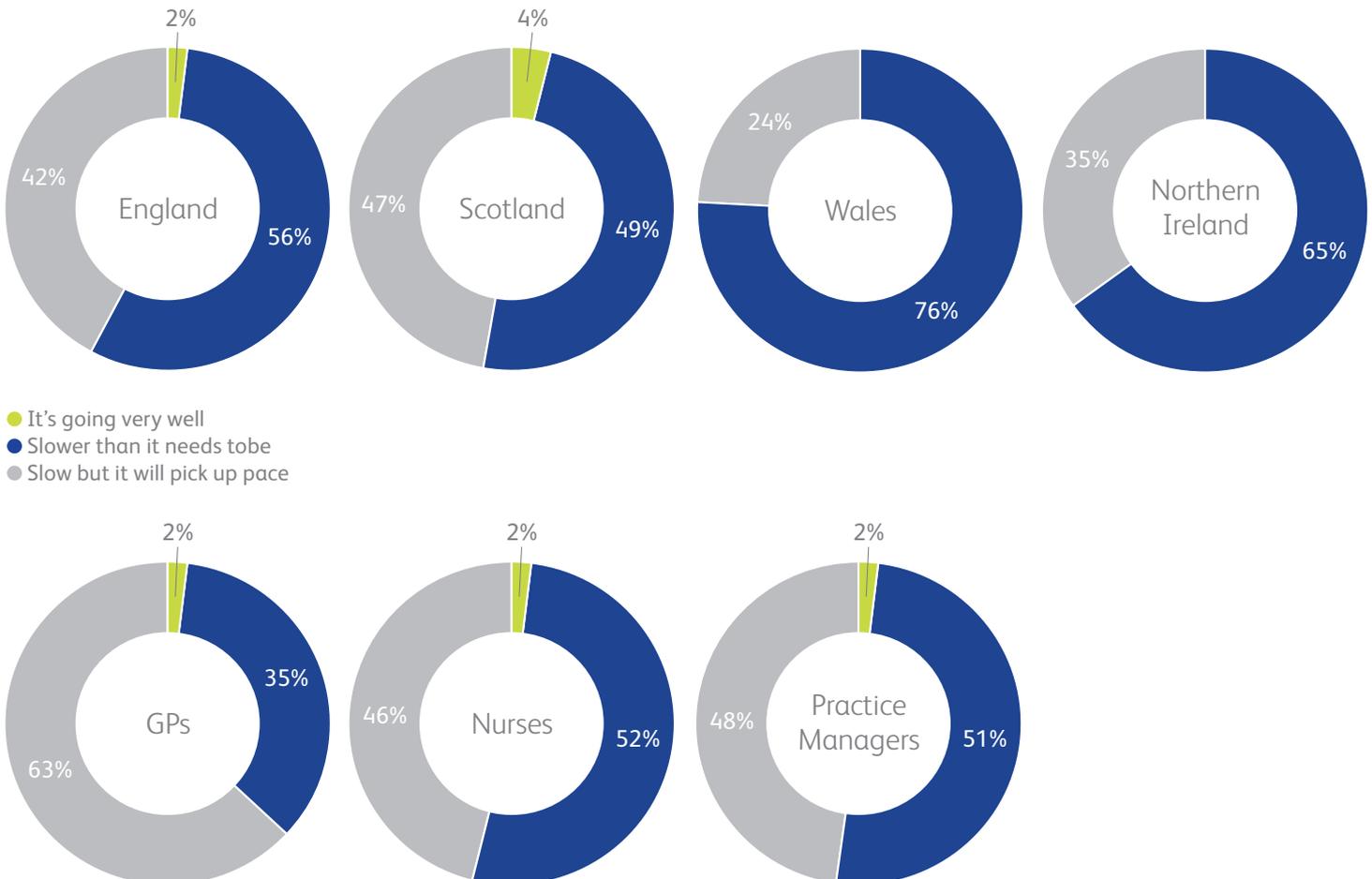


Commenting on these findings, Dr Sarah Schofield, chair NHS West Hampshire CCG, said: "I think the reforms are beginning to show changes in some areas but not in all (both geographically and in health sectors) ... The disjointed commissioning along pathways does not drive consistency or smoothing of pathways". To combat this problem, Dr Schofield stated that she wanted to see a less disjointed commissioning system where CCGs take on more primary care and some specialist commissioning, but that this cannot be done effectively unless staff and fund resources move from NHS England to CCGs.

When asked how they felt about the progress that had been made on the integrated care agenda, another government priority for the NHS (4, 5), the majority of respondents (57%) believed that implementation of the agenda was slower than it needed to be and only a fragment of respondents (2%) described it as 'going very well'. GPs were significantly more negative than practice managers and nurses (63% of GPs versus 52% of nurses and 51% of practice managers responding 'it's slower than it needs to be', $p < 0.05$). There was also a trend towards Welsh respondents being less satisfied than healthcare professionals working in other regions (76% of Welsh respondents stating 'it's slower than it needs to be'), although it is noted that there was no statistically significant difference between healthcare professionals working in Wales and other regions.

In response to the findings of nationwide dissatisfaction with the progress that had been made on the integrated care agenda, Dr Schofield from NHS West Hampshire CCG, stated that while the progress was slower than would be expected in an ideal world "differences in culture of different organisations which need to integrate is no small issue; changing culture so that teams can work together requires winning of hearts and minds; this is never a quick fix." However, Dr Schofield also noted that integration of community teams, mental health staff and primary care has moved quickly in West Hampshire CCG. Dr Schofield attributed this to "the involvement of local GPs and the community organisations rather than through any central initiative", thus suggesting that a greater engagement of healthcare professionals in the reforms is crucial for their success.

Attitudes to the progress made on the intergrated care agenda

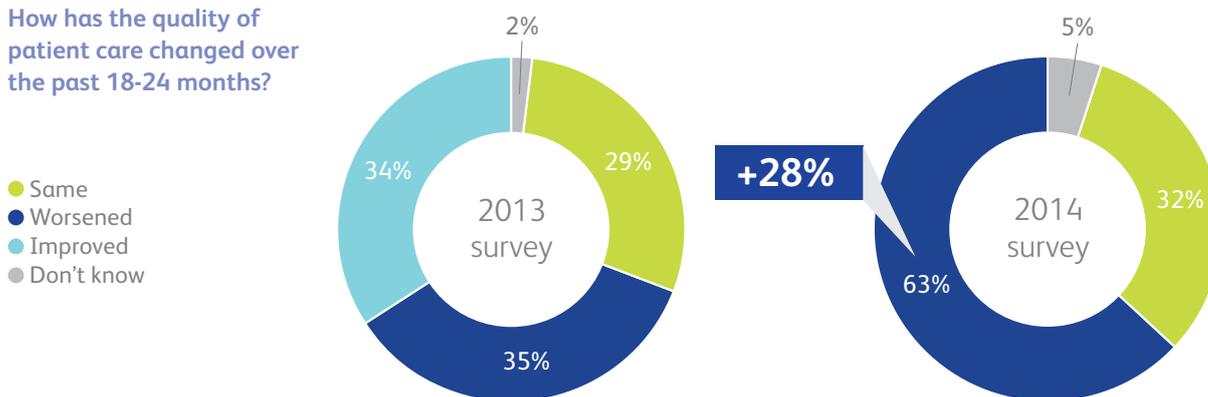


Quality of care

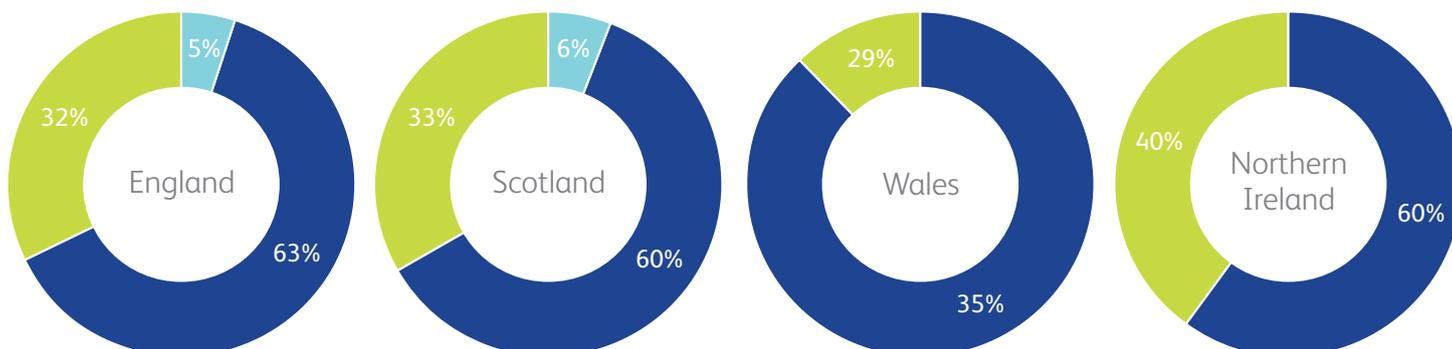
When healthcare professionals were asked whether they perceived the quality of patient care to have changed over the last 18 months, the majority of respondents (63%) stated that it had worsened. This represented a notable worsening in perceived quality of care relative to the 2013 Primary Concerns survey, where a much lower percentage (35%) of respondents had said that the service they provided had worsened in the last two years (3). There was a trend towards differences in the attitudes of healthcare professionals working in different regions ($p=0.054$) with the greatest dissatisfaction in the current survey was observed in Wales, where 88% of respondents believed that the quality of patient care had decreased. This was surprising given that, relative to other UK regions, a greater number to Welsh respondents had previously stated that they believed NHS reforms to have improved patient care.

Interestingly, while only a minority (5%) of respondents believed that quality of patient care had improved, there were significant differences between the professional groups with twice as many nurses (8%) as GPs (4%) believing there had been an improvement in care ($p<0.01$). This discrepancy poses the question of whether decreases in the quality to care have disproportionately affected GP-led activities. Dr Sarah Schofield, chair of West Hampshire CCG, believed the difference between GPs and nurses attitudes could be due to the fact that “there has been much more discussion in the ‘nursing world’ about the quality agenda (stemming from the Francis Report)”.

How has the quality of patient care changed over the past 18-24 months?

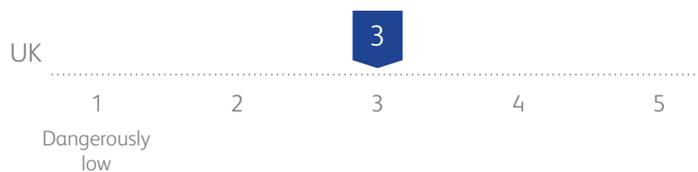


2014 survey results

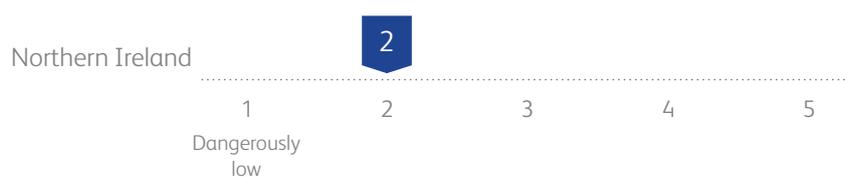
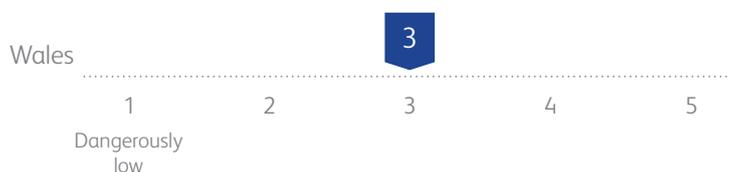
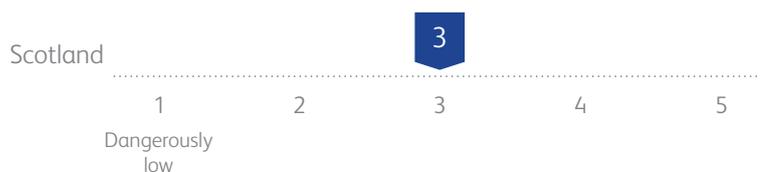
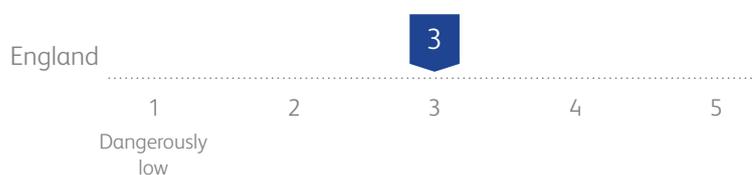


Surprisingly, even though some GPs quoted loss of district nurses as a contributing factor to the decreased quality of patient care, respondents in our survey did not rate current staff levels in their organisation as being dangerously low (median: 3, on a scale of 1 to 5 where 1=dangerously low). This perception was similar across healthcare groups and regions.

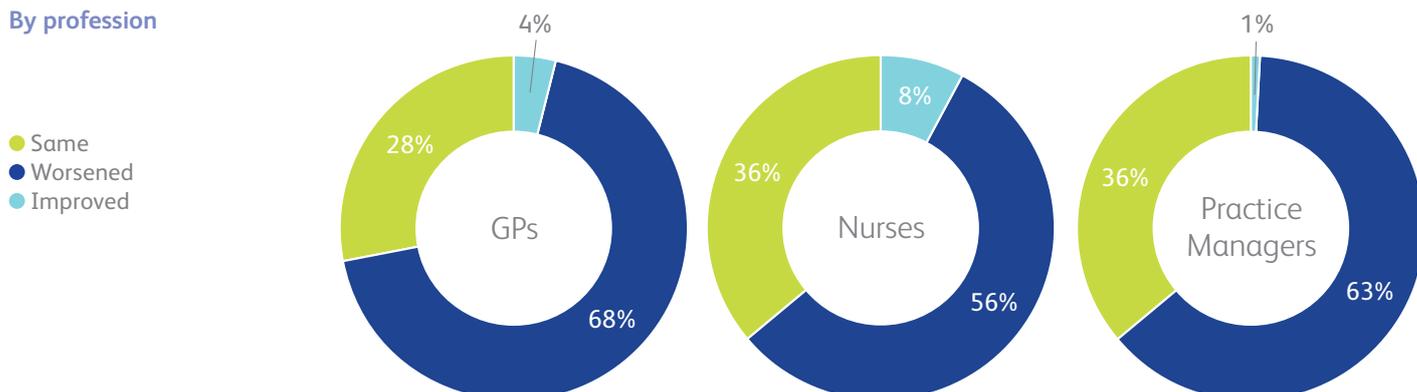
How would you rate staff levels in your organisation?



By region



By profession



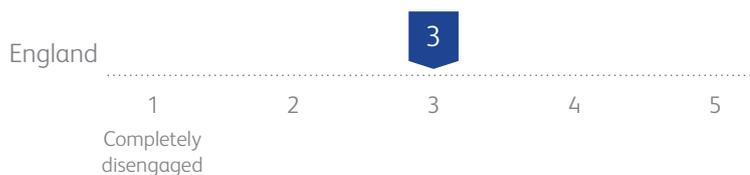
Clinical Commissioning Groups

Following the 2012 Health and Social Care Act, CCG boards whose members include GPs and other healthcare professionals have been trusted with the responsibility for managing primary care budgets in England (1). When CCGs were introduced, it was argued that providing increased budget spending powers to healthcare professionals who have a thorough understanding of their patients' needs, would improve the quality of patient care (6). Against this background, we asked English healthcare professionals to what extent they felt that their CCG's decisions were reflective of their views, and how engaged they felt with their CCG.

Overall, English healthcare professionals in our sample did not perceive their CCG's decisions as being very reflective of their views (median: 2, on a scale of 1 to 5 where 5=very reflective of their views). There were, however, significant differences between professional groups ($p<0.05$), with practice managers rating CCGs' decisions as being more reflective of their views than GPs and nurses did. The low rating provided by GPs was surprising considering data from a recent False Economy False survey demonstrating that GPs make up 43% of all CCG board members (7, 8).

When asked how engaged they felt with their CCG, the median respondent in our survey rated their sense of engagement as a '3' on a scale of 1 to 5, where 1 represented feeling completely disengaged with their CCG. Again, there were significant differences between how engaged different professional groups felt with their CCGs ($p<0.001$) with nurses and GPs feeling somewhat less engaged than practice managers.

How engaged do you feel with your CCG?



By profession



How reflective do you feel
that the CCGs decisions
are of your views?



By profession



Morale

In the 2013 Primary Concerns survey, respondents' average rating of their morale was 5.7 on a scale of 1 to 10 (where 10 indicated highest possible morale score) (3). The current survey indicated a worsening in morale, with a median rating of 2 on a scale of 1 to 5 (where 1 represented very low morale). The median rating was the same for all professional groups surveyed and all UK regions, suggesting there is a widespread morale problem within the NHS. Similar ratings were observed when respondents were asked about how hopeful they felt about the future of the NHS when, again, the median rating for all professional groups and regions was 2 out of 5.

Despite not previously having indicated staff levels as being a major concern (see 'Quality of current healthcare' section), healthcare professionals indicated high workload as a key reason for their low morale. On a scale of 1 to 5, where 5 indicated having a high influence on their low morale, being 'over-worked' was given a median rating of 4-5 by GPs, nurses, and practice managers. Interestingly, practice managers rated feeling over worked as having a significantly greater effect on their poor morale than nurses did ($p < 0.05$). The negative effect of a high workload on morale was similar across the UK.

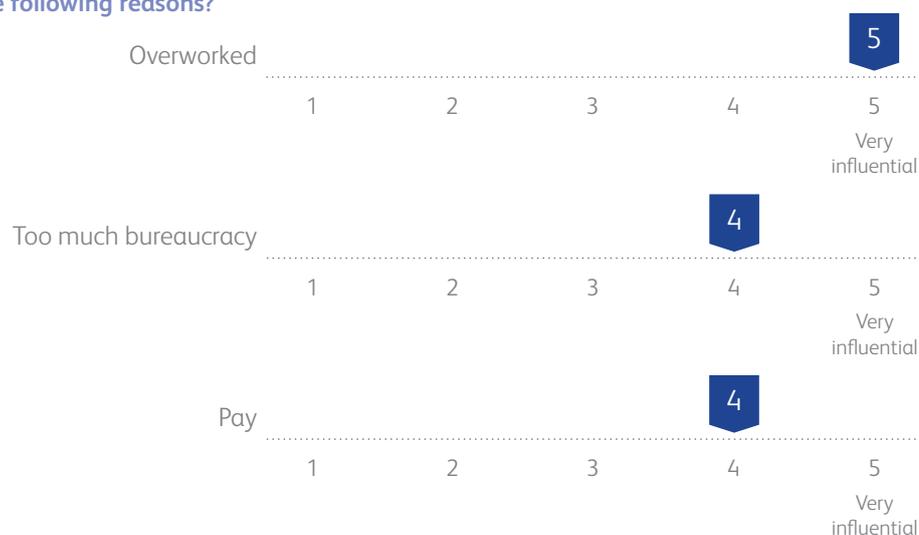
Respondents also perceived bureaucracy to have a negative impact on their morale, with 'too much bureaucracy' receiving an overall median rating of 4 on a scale of 1 to 5, where 5 indicated being highly influential for poor morale. GPs and practice managers believed that bureaucracy had a significantly worse effect on their morale than nurses did ($p < 0.05$). It is noted that the problem of overwhelming bureaucracy is not new; in the 2013 Primary Concerns survey, 28% of respondents who said that they would take a different career path if choosing again stated 'too much bureaucracy' as the reason for no longer considering healthcare as a good career option (3).

Similar to the 2013 survey, where 55% of healthcare professionals did not feel their pay was appropriate for their job (3), the current survey also highlighted salaries as having a negative impact on healthcare professionals. Interestingly, despite known differences in the salaries of nurses, GPs, and practice managers, there were no significant differences between the professional groups in terms of how much they attributed their poor morale to their current income. While not systematically probed in the survey, the negative effect of salaries on morale may have been exacerbated by changes to the pensions. Approximately 2% of respondents (all GPs) spontaneously expressing concerns regarding their future pension and/or retirement age when commenting on the reasons for their poor morale.

How would you rate your current level of morale?



If your morale is 4 or below, how influential are the following reasons?



Additional reasons for poor morale emerged following analysis of respondents' open-ended answers. A considerable percentage of respondents (approximately 13%) indicated that unfair criticism from the media and politicians contributed to low morale amongst healthcare professionals. Another commonly cited reason (approximately 12% of respondents) was unrealistic demand from patients, sometimes driven by the media, as indicated by one healthcare professional who stated that "the media and the politicians give the patients unrealistic expectations about what is possible. They are creating a 'nanny state'. People will take no responsibility whatsoever for their own health". Concerns that politicians and the media may create unrealistic expectations were also voiced by Dr Sarah Schofield, chair of West Hampshire CCG, who said that she would "like to see some encouragement for local dialogue about priorities in healthcare. The message still seems to be that the NHS can provide everything and if the local NHS does not do so, the local teams are somehow failing the individual. This is a difficult message to give to the public but the NHS cannot provide everything that everybody may wish for". In line with this, Joe Gilligan, chair of East Surrey CCG, commented that "we also need to educate the public about the true cost of their care".

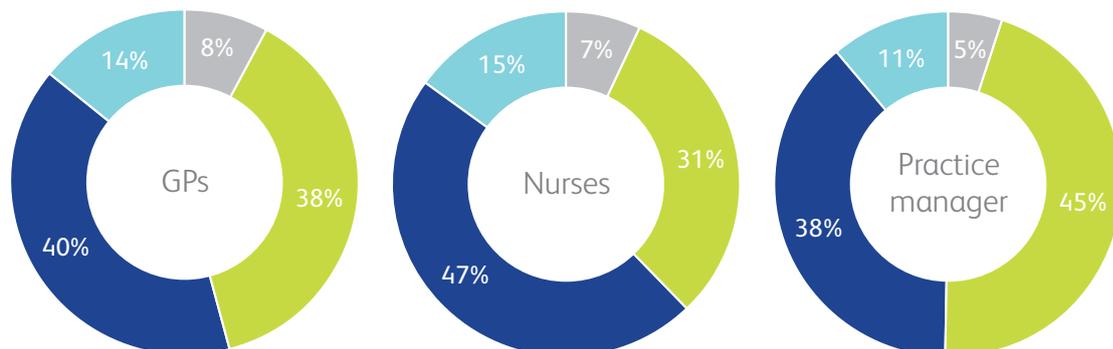
NHS management and structural changes were also cited as reasons for low morale (approximately 13% and 9% of respondents respectively). Examples of poor management included poor communication, a perception of management as not appreciating their staff, and a feeling that decision makers did not have sufficient clinical expertise to make good judgements. This finding highlights a cultural problem which was also recognised in the 2013 Primary Concerns survey, where 35% of respondents reported having received verbal or written abuse by a NHS colleague (3).

Attitudes to NHS reforms

As part the 2012 Health and Social Care Act, the Department of Health created a framework for increasing choice and competition in the NHS, with the aim of improving quality of patient care (9). This reform has seen an increased involvement of the private sector in the NHS. For example, CCGs are able to outsource commissioning support to private sector companies (10, 11). Against this background, respondents in our survey were asked when they believed 'privatisation' of the NHS would occur. The most common perception was that such a change would take place within the next 5 to 10 years (43% of all respondents), while only a minority of healthcare professionals (14%) believed privatisation would not occur within the next 10 years. While there was a trend towards practice managers providing a shorter time estimate than GP and nurse groups, there was no statistically significant difference between the professional groups ($p=0.061$).

Which of the following do you think best reflects the times scale of NHS privatisation?

- 2015-16
- 2017-19
- 2020-24
- 2025+



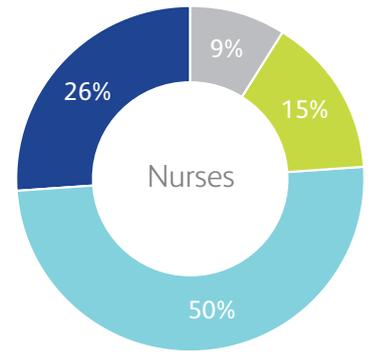
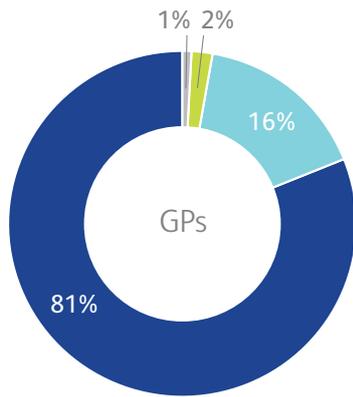
Percentages were rounded to the nearest full number and do therefore not always add up to 100%.

Respondents were also probed on their attitudes to government plans to rate the speed and accuracy with which GP practices refer suspected cancer patients to hospital (12). Overall, only a small minority of healthcare professionals stated that they 'agreed' (7%) or 'strongly agreed' (4%) with the plans. Nurses were significantly more positive to the plans than GPs and practice managers ($p<0.05$). Conversely, the strongest resistance came from GPs, with 81% of GPs stating that they 'strongly disagreed' with the plans, relative to 26% of nurses and practice managers.

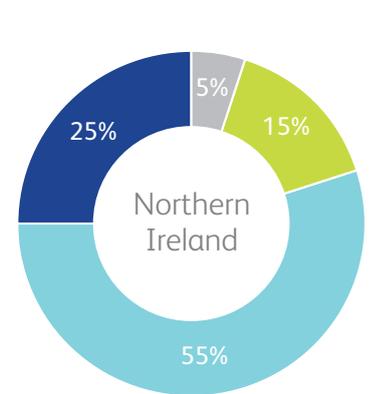
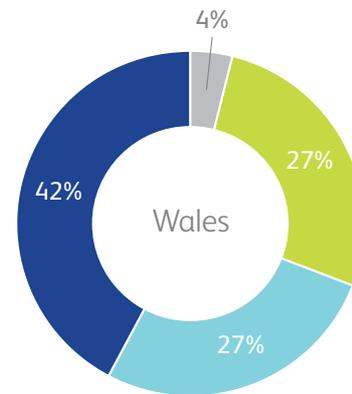
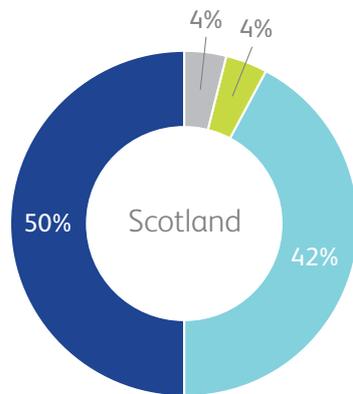
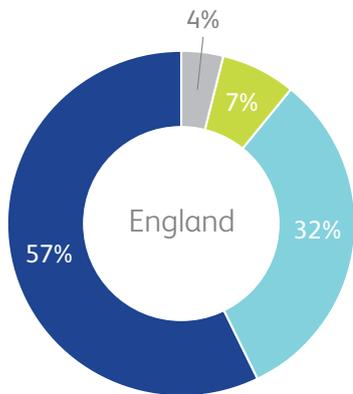
Hesitance towards the proposal was also expressed by Dr Sarah Schofield, chair of West Hampshire CCG, who noted that "referring too early or too many patients will flood the systems in hospitals, meaning that everyone will be waiting longer for investigation and treatment" and that "mistakes will be made whatever the system, and those doctors who repeatedly refer late, need support and education to improve their skills. Publishing rates of referral is likely to drive GPs to refer many more people into the cancer pathways, in order to avoid publicity. This will not drive up quality later in the pathway".

Agreement with government plans to 'name and shame' GPs failing to refer cancer patients

- Strongly agree
- Agree
- Disagree somewhat
- Totally disagree



By region



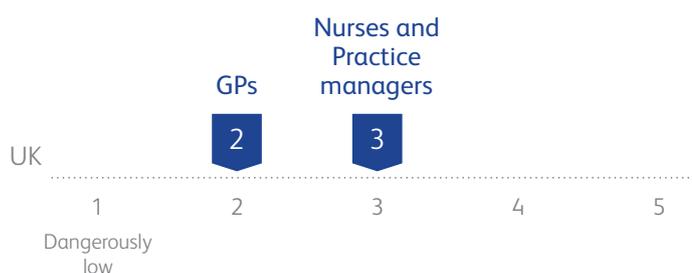
In another effort to improve patient care, the government has (via the 2012 Health and Social Care Act) granted the CQC the power to place practices considered to have such significant problems so as to put patients at risk under 'special care' (13). Overall, respondents indicated that they had little confidence in the scheme's ability to improve the quality of care, with the median respondent rating the effectiveness of the scheme as 2 (on a scale of 1 to 5, where 5=very effective). GPs showed significantly lower support for the plans than nurses and practice managers and, while the difference was low, there was also marginally lower support for the plans amongst nurses than practice managers ($p < 0.05$).

- Strongly agree
- Agree
- Disagree somewhat
- Totally disagree

How effective will plans to put failing GPs under 'special measures' be to improve quality of care?

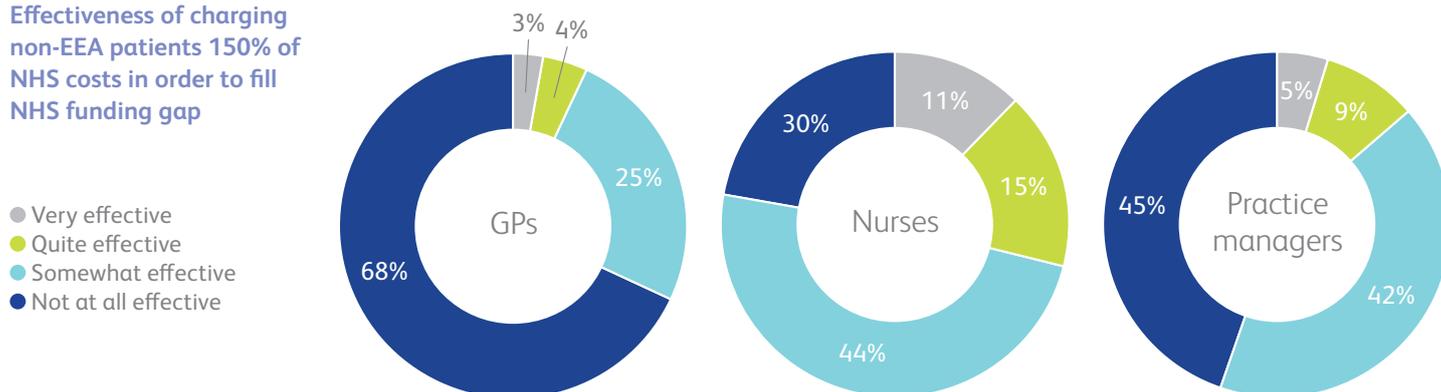


By profession



Another recent proposal for improving NHS efficiency and easing budget constraints has been to charge patients from outside the EEA up to 150% of NHS treatment costs. The Department of Health has estimated that such a measure would allow the NHS to recover up to £500 million a year (14). Conversely, healthcare professionals were sceptical about the ability of the proposed action to compensate for the gap in NHS funding. Roughly half of respondents (51%) believed the proposed scheme to be 'not at all effective' in filling the black hole in NHS funding, and only a minority believed it would be 'quite effective' (9%) or 'very effective' (6%). The greatest support for the view that introducing extra charges on non EEA patients would fill the unmet need in NHS funding came from nurses, who showed significantly greater support for the with proposal than GPs and practice managers, while GPs were significantly less inclined to support it than any other professional group ($p < 0.05$).

Effectiveness of charging non-EEA patients 150% of NHS costs in order to fill NHS funding gap



Another measure which has been suggested to improve NHS care is to bring GPs into A&E departments. Despite failure of a systematic review by the Cochrane Collaboration to demonstrate strong evidence supporting the hypothesis that effectiveness and safety can be increased by allowing GPs to provide non-urgent care to patients in A&E departments (15), the NHS Confederation recently recommended co-locating GP facilities in A&E departments in order to bring primary care expertise into emergency departments and to facilitate discharges (16). In our survey, a similar number of respondents agreed (40%) and disagreed (44%) with the notion that having GPs in A&E departments would relieve the burden on urgent care. Interestingly, segmenting the data by professional groups demonstrated a significant difference in the attitudes of GPs, nurses, and practice managers ($p < 0.01$) with GPs being least inclined to agree with the statement (38% of GPs versus 52% and 53% of nurses and practice managers respectively).

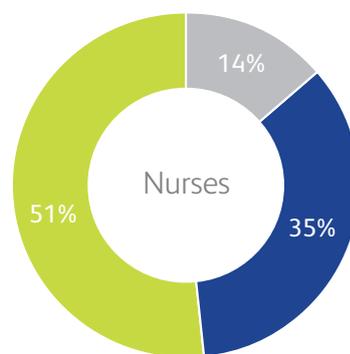
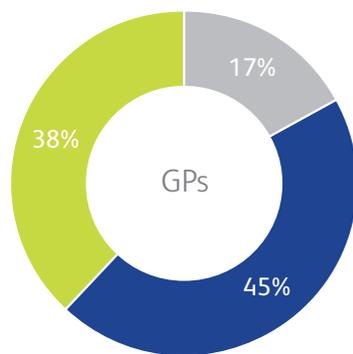
Commenting on the survey, Joe McGilligan, chair of East Surrey CCG, noted that "the reforms will take several years to really be able to judge if things are better. On the ground the demand is so great that most GP's are struggling to cope balancing the needs of patients with the financial constraints of their CCG's. Any pathway re-design takes years to prove the savings intended and need double running costs which do not exist. We need to commission for outcomes not incomes".

Just over one quarter (26%) of respondents feared that having GPs working in A&E departments would decrease the quality of community care. Again, there was a significant difference in the attitudes of GPs, nurses, and practice managers ($p < 0.001$) with a significantly greater proportion of GPs (32%) than nurses (21%) and practice managers (18%) stating that locating GPs to A&E departments negatively impacts on community care. These findings were discussed in the context of staff resources by Dr Sarah Shofield, chair of West Hampshire CCG, who noted that “in order to put a GP surgery in front of A&E a surgery would need to close elsewhere, I imagine, as there is a manpower crisis in GP - there is insufficient manpower to create continuously staffed GP units on top of the GP provision in the community”. The potential negative impact of bringing GPs into A&E departments was further highlighted by the fact that the majority of all respondents believed it would be the ‘final straw’ for already very busy GPs (58% agreed, 17% disagreed), a perception which was similar across all professional groups surveyed (56% to 60% in agreement).

Expected effect of having GPs on site at A&E departments

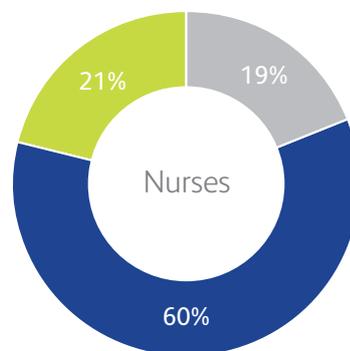
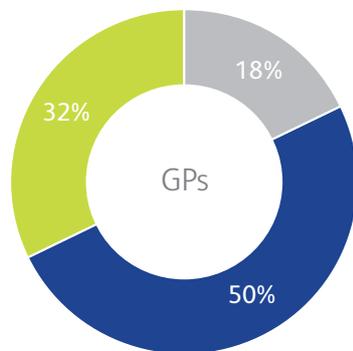
Relieve burden on urgent care

● Unsure
● Yes
● No



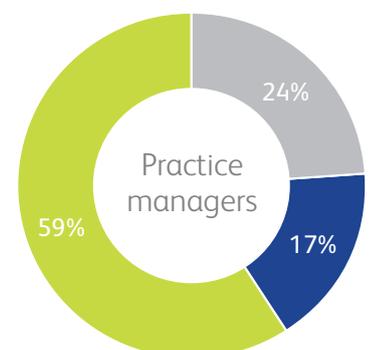
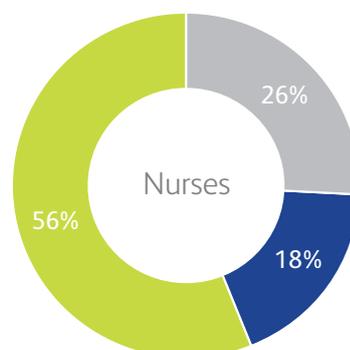
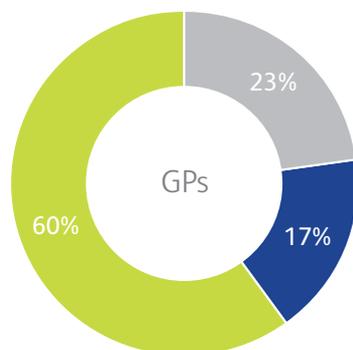
Decrease quality of community care

● Unsure
● Yes
● No



‘Final straw’ for GPs

● Unsure
● Yes
● No



References

1. Department of Health. Overview of health and care structures - The Health and Social Care Act 2012 [Internet]. 2012 Jun [cited 2014 Sep 16]. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/138258/A3-Factsheet-Overview-of-health-and-care-structures-240412.pdf
2. Department of Health. Improving integration of services - The Health and Social Care Act 2012 [Internet]. 2012 Apr [cited 2014 Sep 16]. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/138268/C3-Factsheet-Promoting-better-integration-of-health-and-care-services-270412.pdf
3. Campden Health. Primary Concerns [Internet]. 2013. Available from: www.cogora.com/sites/www.cogora.com/files/resource/Primary_Care_Research.pdf
4. Goodwin, N., Smith, J., Davies, A., Perry, C., Rosen, R., Dixon, A., et al. Integrated care for patients and populations: improving outcomes by working together [Internet]. The Kings Fund; Available from: www.kingsfund.org.uk/sites/files/kf/integrated-care-patients-populations-paper-nuffield-trust-kings-fund-january-2012.pdf
5. Field, S. NHS Future Forum. Summary report - second phase [Internet]. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/216422/dh_132085.pdf
6. Department of Health. Clinically-led commissioning - The Health and Social Care Act 2012 [Internet]. 2012 Apr [cited 2014 Sep 16]. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/138260/B1-Factsheet-Clinically-led-commissioning-2404121.pdf
7. Kaffash, J., Mooney, H. Revealed: GPs now in a majority on less than a third of CCG boards. Pulse Today [Internet]. 2014 Mar 28 [cited 2014 Sep 16]; Available from: www.pulsetoday.co.uk/commissioning/commissioning-topics/ccgs/revealed-gps-now-in-a-majority-on-less-than-a-third-of-ccg-boards/20006227.article#VBMKJ_IdWmR
8. False Economy. Personal communication. 2014.
9. Department of Health. Choice and competition - The Health and Social Care Act 2012 [Internet]. 2012 Apr [cited 2014 Sep 16]. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/138269/C4-Factsheet-Choice-and-competition-270412.pdf
10. NHS England, Cogora. Mapping the market: commissioning support services [Internet]. 2013. Available from: www.cogora.com/sites/www.cogora.com/files/resource/mapping-the-market%201.pdf
11. NHS England, Cogora. Mapping the market 2: commissioning support services [Internet]. 2013. Available from: www.cogora.com/sites/www.cogora.com/files/resource/Mapping%20the%20market%202.pdf
12. Adams, S. GPs who fail to spot cancer to be named and shamed as Health Secretary tells Mail on Sunday about radical new policy to crack down on doctors who miss vital diagnosis. Daily Mail [Internet]. 2014 Jun 28; Available from: www.dailymail.co.uk/news/article-2673477/EXCLUSIVE-GPs-fail-spot-cancer-named-shamed-Health-Secretary-tells-Mail-Sunday-radical-new-policy-crack-doctors-miss-vital-diagnosis.html
13. Quality Care Commission. Special measures aim to drive improvement in GP practices [Internet]. 2014 [cited 2014 Sep 16]. Available from: www.cqc.org.uk/content/special-measures-aim-drive-improvement-gp-practices
14. Department of Health. Plans to encourage the recovery of migrant NHS healthcare costs [Internet]. 2014 [cited 2014 Sep 16]. Available from: www.gov.uk/government/news/plans-to-encourage-the-recovery-of-migrant-nhs-healthcare-costs
15. Khangura, J.K., Flodgren, G., Perera, R., Rowe, B.H., Shepperd, S. Primary care professionals providing non-urgent care in hospital emergency departments (review). The Cochrane Library 2012. (11).
16. NHS Confederation. A workforce for the future. Briefing [Internet]. 2014 Aug;(276). Available from: www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/a-workforce-fit-for-the-future.pdf

