

Primary Concerns 2015

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# About this report

The report is based on a survey which was distributed to readers of *The Commissioning Review*, *Management in Practice*, *Nursing in Practice* and *Pulse* between 7 November 2015 and 11 December 2015. It is the third annual survey Cogora has conducted to measure healthcare professionals' views on NHS reforms, their attitudes to the efficacy of the healthcare system, and their job satisfaction. For copies of the previous reports, please visit [www.cogora.com](http://www.cogora.com).

# About Cogora

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# Abbreviations

APMS = Alternative provider medical services

CCG = Clinical commissioning group

GP = General practitioner

LGA = Local government association

NHS = National health service

QOF = Quality and outcomes framework

# Executive summary

For the second year in a row healthcare professionals report that the quality of care has worsened. The vast majority agree that a contributing factor is a shortage of clinical staff. GP partners and practice managers also report that their practices have increased the use of locum GPs and agency nurses over the past year. In addition, when patients are seen there is insufficient time to provide quality care, with nurses and GPs reporting needing, respectively, a 50% and almost 100% increase in the length of their consultations in order to provide quality care.

There is little support for the government's overall policy package among healthcare professionals. Notably, three-quarters of respondents disagree with the government's recent proposal to give patients GP access seven days a week. Healthcare professionals also report little support for the 2012 reforms with approximately two-fifths believing that the reforms have worsened care and one-fifth believing the reforms had not had any effect on care. For the second year in a row healthcare professionals, including commissioners, also state that they do not feel their CCG's policies are very reflective of their own views. Healthcare professionals further report having little ability to influence their CCG's policy decisions. This holds true even when looking only at answers from GPs, despite one stated aim of the 2012 reforms being to increase GPs' influence on commissioning.

With NHS budgets being tight, healthcare professionals believe patients should be made aware of the true cost of their care to the NHS. Furthermore, respondents believe there needs to be a public debate on what treatments should, and should not, be provided for free. Notably, only around one-tenth of respondents believe that care should always be free for patients.

For the second year in a row we also found that morale is low among healthcare professionals. The main reasons for the low morale are a feeling of being overworked, there being too much bureaucracy, and unfair criticism from politicians. Shockingly, over one-half of healthcare professionals also report having received abuse from a patient in the past year.

# Survey findings

## Meet the respondents

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A total of 1,299 respondents took the survey, which was distributed to subscribers of *The Commissioning Review*, *Management in Practice*, *Nursing in Practice* and *Pulse* between 7 November 2015 and 11 December 2015. Respondents who were not currently working as healthcare professionals due to e.g. retirement, or who worked abroad, were excluded (see appendix for details). This left 1,158 respondents in the final sample.

Approximately one-half (48%) of the respondents were general practitioners (GPs) and one-third (32%) were nurses. Remaining respondents worked as commissioners (5%), practice managers (4%), health visitors (1%), midwives (1%) or 'other' (8%)\*. The 'other' category included general practice support staff, junior doctors, consultants, healthcare assistants, pharmacists, counsellors and psychologists.

The vast majority of respondents worked in England (89%) but the sample also included respondents from Scotland (5%), Wales (4%) and Northern Ireland (2%).

## Attitudes to CCGs

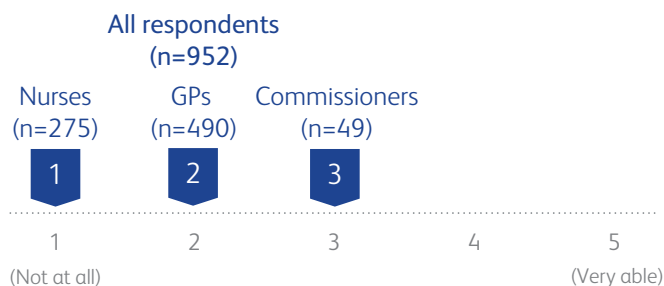
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The 2012 Health and Social Care Act introduced several changes to NHS England, with one of the most prominent being the introduction of clinical commissioning groups (CCGs). At the time, it was argued that clinically-led commissioning would improve health services while simultaneously removing political interference and micromanagement<sup>1</sup>. However, our 2013 annual Primary Concerns survey found that over one-half (58%) of healthcare professionals did not support the NHS England reforms<sup>2</sup>. A similar trend was found in our 2014 survey, where healthcare professionals reported not perceiving their CCG's decisions to be reflective of their own views (median rating of 2 on a scale of 1 to 5 where 5 = very reflective)<sup>3</sup>.

To understand whether or not attitudes to the new NHS structure have changed since our last survey, we asked respondents working in England to rate both how able they are to influence their CCG's policy decisions and how reflective they believe their CCG's decisions are of their own views. Overall, respondents did not feel very able to influence their CCG's policy decisions (median rating of 2 on a scale of 1 to 5). This was also true when only looking at answers from GPs, even though the 2012 Health and Social Care Act was meant to put GPs at the forefront of commissioning. Surprisingly, even commissioners, while giving a higher rating than other professional groups, did not rate themselves as being very able to influence policy decisions (median rating of 3). One reason for the low ratings could be the bureaucracy and regulations governing CCGs. As noted by Dr Joe Gilligan, GP and LGA Health and Wellbeing champion, "it is very difficult to affect a change with all the rules and regulations and threats of judicial reviews if any major service change is contemplated".

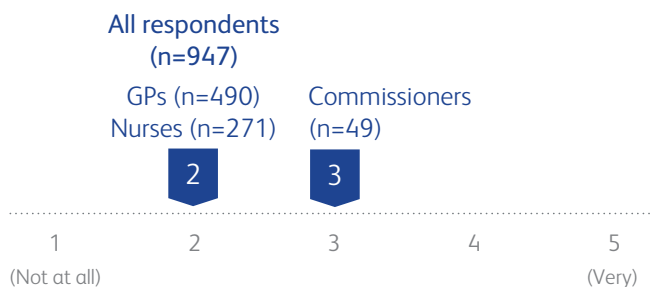
\*Numbers rounded up to the nearest full number and therefore do not add up to 100%

**How able are you to influence your CCG's policy decisions? (median ratings)**



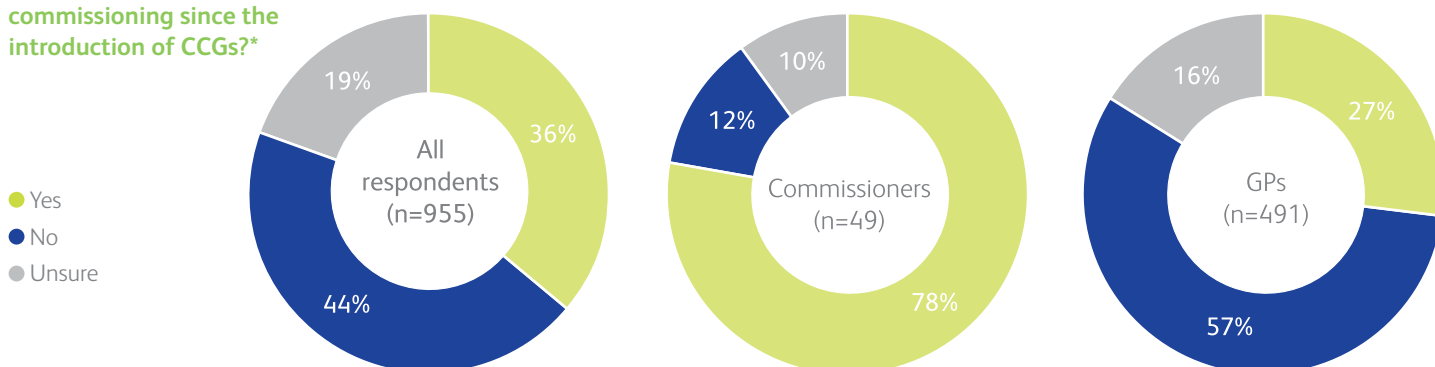
Unsurprisingly, given the limited ability of healthcare professionals to influence CCG policies, none of the professional groups surveyed found their CCG's decisions very reflective of their own views (median rating of 2). Even commissioners, despite reporting somewhat higher agreement between their own and their CCG's views than GPs and nurses did, did not consider their CCG's decisions very reflective of their own views (median rating of 3).

**How reflective do you feel your CCG's decisions are of your own views? (median ratings)**



While the introduction of CCGs was meant to increase GPs' influence on commissioning, just over one-third only of respondents (36%) believed this to have happened. Interestingly, there was a notable discrepancy in the answers provided by commissioners and GPs. While almost four-fifths of commissioners (78%) believed GPs to have gained more influence over commissioning, only one-quarter (27%) of GPs agreed with this and over one-half of GPs (57%) disagreed. One explanation for this discrepancy was provided by Dr Joe McGilligan who noted that "commissioners feel GP's are more involved because there are a few [GPs] on the boards or in clinical lead roles, but the majority of GP's have little say and those that do are restricted by the complexities of the NHS contracting and financial system".

**Do you believe GPs have gained more influence over commissioning since the introduction of CCGs?\***

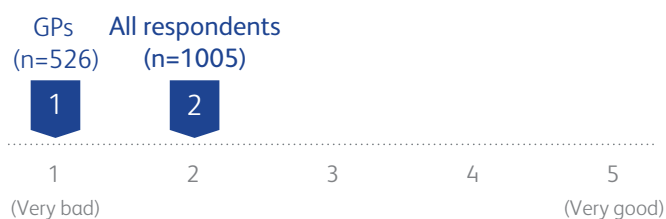


\*Numbers rounded up to the nearest full number and therefore do not add up to 100%

# Attitudes to government policies

Healthcare professionals' overall opinion of the new government's policies was low. On a scale of 1 (very bad) to 5 (very good) the overall sample gave the policy package a median rating of 2, with GPs giving an even lower rating.

## Overall, how would you rate the new government's NHS policies?



To understand what drives healthcare professionals' low rating of the new government's policy package, we asked respondents to give their opinion on specific policies that have been discussed in the last year. The only policy which more than one-half of respondents believed would improve patient care and wellbeing was pharmacist-led prescribing reviews. In July 2015, NHS England launched a new scheme under which clinical pharmacists will work in general practices in order to, among other things, ease GP workload and reduce prescribing errors<sup>4</sup>. While there are few UK and international studies examining the impact of co-locating pharmacists in general practices on prescribing errors, a 2012 literature review by the Health Foundation suggests that this can reduce prescribing errors<sup>5</sup>. Healthcare professionals in our survey also believed in the policy with over one-half (62%) agreeing that pharmacist-led prescribing reviews would improve patient care and wellbeing.

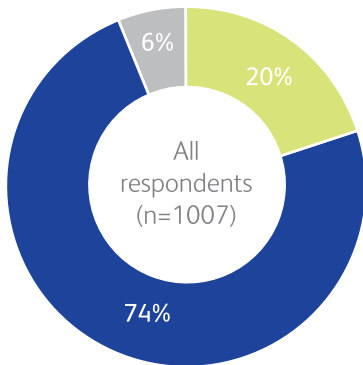
Another policy with relatively high support among healthcare professionals was the requirement that frontline healthcare staff report instances of female genital mutilation. Since April 2014, it has been mandatory for any healthcare professional that discovers or suspects female genital mutilation in a girl under the age of 18, or a vulnerable adult, to report this in the same way as they would with any other instance of child abuse<sup>6</sup>. Nearly one-half (47%) of healthcare professionals believed that the policy would improve patient care and wellbeing. However, surprisingly, almost one-third (31%) disagreed although open answers did not provide any rationale for this disagreement.

The third most popular policy was the introduction of a new sugar tax. In October 2015, Public Health England recommended a range of actions be taken to reduce sugar intake, in order to improve public health. One of the recommended actions was to increase the price of high-sugar products by a minimum of 10% to 20% via a tax or levy on full-sugar soft drinks. This is supported by findings from other countries suggesting that such a sugar tax could successfully decrease purchasing of sugar-sweetened drinks<sup>7</sup>. In our survey, the proposal to introduce a similar policy in the UK was supported by just under one-half (46%) of healthcare professionals.

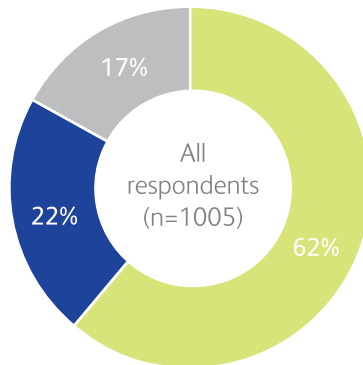
Conversely, three-quarters (74%) of respondents disagreed that GP access seven days a week would improve patient care and wellbeing. This opinion was often driven by respondents believing such access was already available and/or that it would increase staff workload. Similarly, approximately one-half of respondents disagreed that making local authorities responsible for health visitors and children up to the age of five, or introducing personal health budgets, would benefit patients (52% and 56% respectively).

Attitudes to the creation of multi-speciality community providers were more divided. Such providers are part of the Vanguard project, which received a £200 million transformation fund and aims to join up hospitals, primary care, mental health, community nursing, pharmacy and social care<sup>8</sup>. Two-fifths of respondents were unsure of whether or not these would improve patient care and wellbeing, and an approximately even number of respondents agreed and disagreed with them.

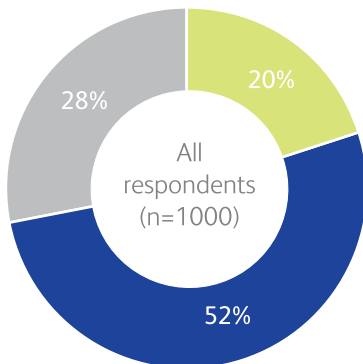
**GP access available 7 days a week**



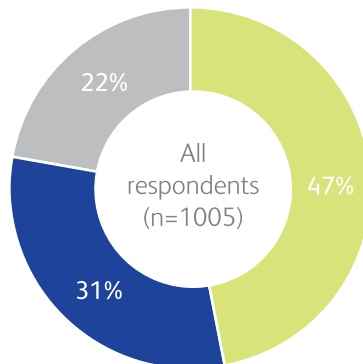
**Pharmacist-led prescribing reviews to reduce prescription errors**



**Local authorities to be responsible for health visitors and care of children up to age of 5**

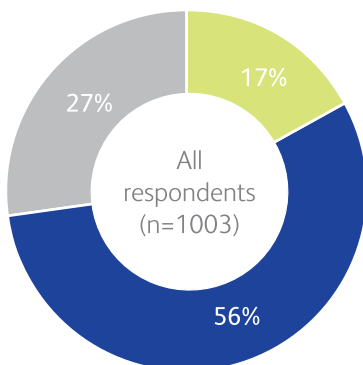


**Mandatory reporting of female genital mutilation by frontline healthcare staff to the police**

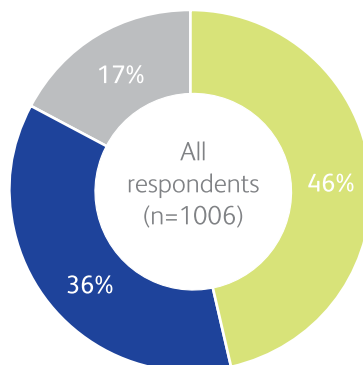


- Yes, will improve patient care and wellbeing
- No, will not improve patient care and wellbeing
- Don't know

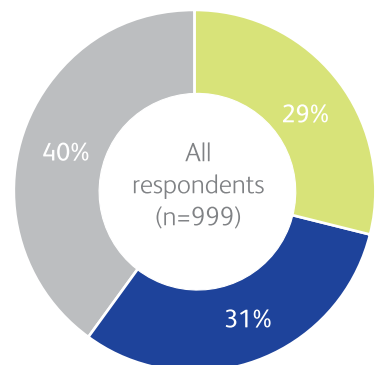
**Introduction of personal health budgets**



**Imposing a new sugar tax to improve public health\***



**Creation of multi-speciality community providers (part of the Vanguard project)**



\*Numbers rounded up to the nearest full number and therefore do not add up to 100%

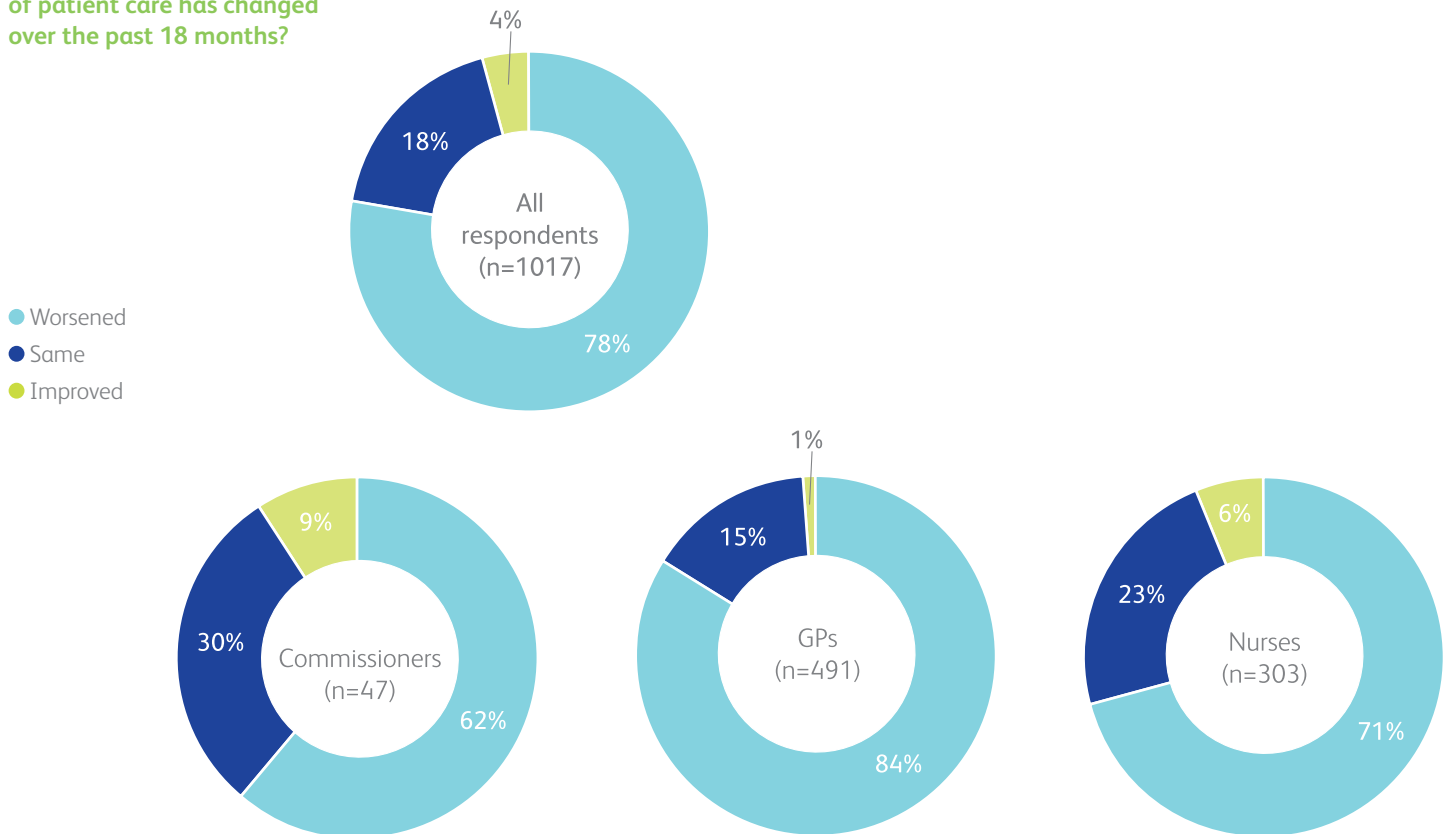


# The current state of the NHS

A recent patient survey commissioned by NHS England found that over four-fifths of patients (84.8%) reported having an overall good experience of their general practice. However, the proportion of patients who described their experience as 'very good' was found to have decreased by almost 4% between June 2013 and July 2014<sup>9</sup>. Despite the overall high ratings there has therefore been a decrease in patient satisfaction. This is in line with findings from previous *Primary Concerns* surveys, with our 2014 report showing that over one-half (63%) of healthcare professionals believed the quality of patient care had worsened relative to 18 months prior<sup>3</sup>.

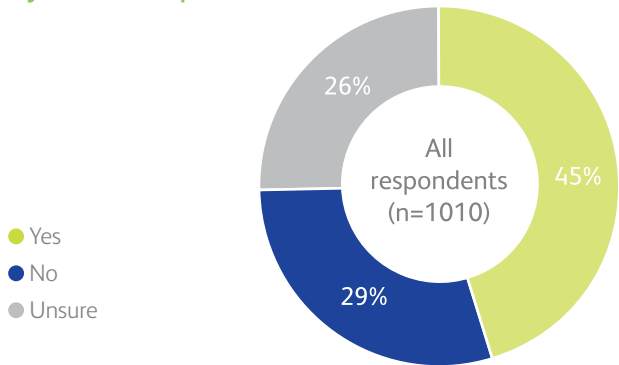
To follow up on our previous findings, we asked all respondents how they believed the quality of patient care had changed over the past 18 months. Worryingly, almost four-fifths of all respondents believed that quality of care had worsened. A similar trend was seen for all professional groups surveyed. In addition, primary care workers also had reservations about the quality of care provided in their local hospital, with less than one-half (45%) of respondents saying they would be happy for their family members to be treated there.

## How do you believe the quality of patient care has changed over the past 18 months?



\*Numbers rounded up to the nearest full number and therefore do not add up to 100%

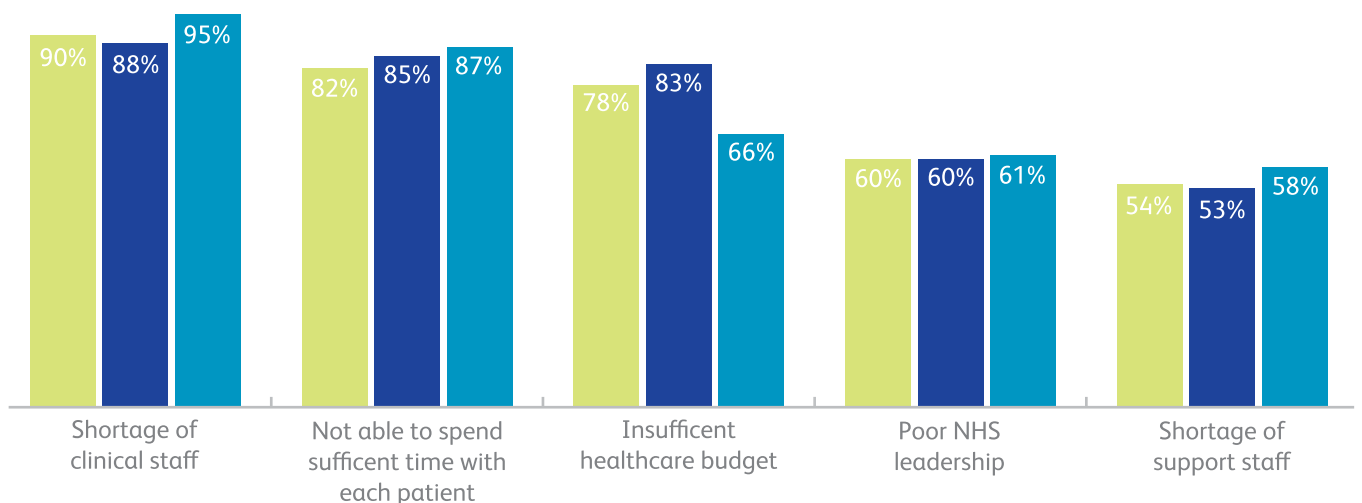
**Would you be happy for your family members to be treated in your local hospital?**



Of the respondents who believed that care had worsened, almost all (90%) believed that a shortage of clinical staff was a contributing factor. This came as no surprise to Dr. Joe McGilligan who commented that “quality of care comes at a cost and with budgets being stripped to the bone quality will suffer. Most of the cost is staff costs and there has been effectively a pay freeze since 2008 and real terms pay cut, when taking into account inflation, [therefore] the goodwill of staff is being lost.”

Most respondents also cited insufficient healthcare budgets (78%) and not being able to spend sufficient time with each patient (82%) as reasons for worsened care. Conversely, despite recent concerns that alternative provider medical services (APMS) practices are given an unfair advantage over neighbouring practices<sup>10</sup> only one-fifth (18%) of respondents believed that APMS practices had contributed to the worsening in care.

**If it has worsened, what do you believe are the reasons for this?**



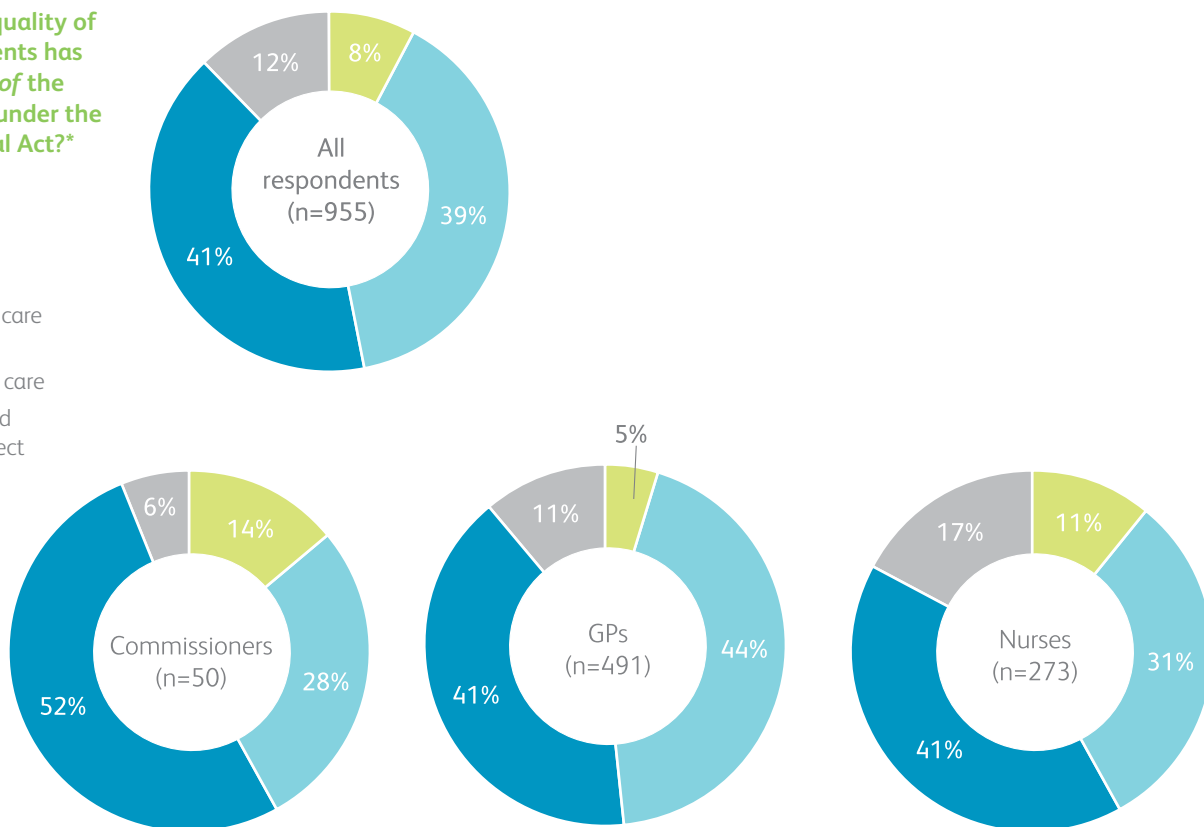
- All respondents (n=798)
- GPs (n=443)
- Nurses (n=215)

Insufficient time with each patient was cited as a key reason for worsened care. To encourage GPs to spend sufficient time with each patient, the Quality and Outcomes Framework (QoF) previously incentivised GPs to ensure routine appointments lasted for a minimum of 10 minutes<sup>11</sup>. However, this QoF indicator was removed in the 2014-2015 version of the QoF, meaning the NHS no longer incentivises staff to see patients for any minimum amount of time<sup>12</sup>. We therefore asked healthcare professionals how long a typical appointment lasts for, and how long a typical appointment should be to allow them to provide quality care. The median length of time for a GP and nurse appointment was reported to be 10 and 11 minutes, respectively, suggesting that most practices still adhere to the old QoF standards. However, our data also suggest this is not sufficient. Instead, GP and nurse respondents stated that a median appointment length of 15 and 20 minutes, respectively, would be needed to allow them to provide quality patient care. This represents a 50% and almost 100% increase, respectively, on the current length of a consultation.

To further understand potential reasons for the perceived worsening in the quality of care, respondents working in England were asked if they believed the quality of care had changed *as a result of* the 2012 reforms<sup>\*\*</sup>. Respondents were sceptical about the benefits of the reforms, with under one-tenth believing they had improved quality of care and two-fifths (39%) believing that the reforms had worsened the quality of care. Commissioners had relatively higher confidence in the reforms than other healthcare professionals. However, even their confidence was low with one-half (52%) of commissioners not believing the reforms had any effect on quality of care and almost one-third believing the reforms had worsened care.

**Do you believe the quality of care offered to patients has changed as a result of the reforms introduced under the 2012 Health & Social Act?\***

- Yes – the reforms improved quality of care
- Yes – the reforms worsened quality of care
- No – the reforms had negligible or no effect on quality of care
- Unsure



\* Numbers rounded up to the nearest full number and therefore do not add up to 100%

\*\* Respondents were specifically asked to answer 'no' if they believed that changes in quality of care were primarily driven by other factors

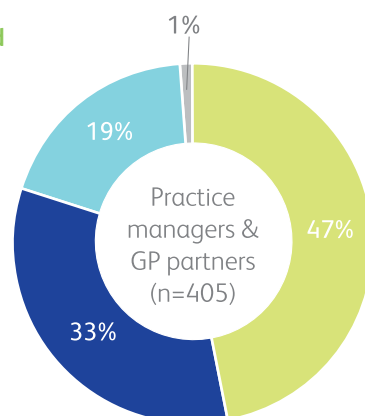
# Staff shortage in the general practice

Shortage of clinical staff was cited as a reason for worsening of patient care. To understand the extent of the problem, respondents were asked to rate the clinical staff levels in their workplace. Worryingly, the staff levels were indicated as insufficient to provide quality care with both GPs and nurses giving the staff levels in their workplace a median rating of 3 on a scale of 1 (dangerously low) to 5 (sufficient to provide good quality of care).

The responses also indicated that general practices are becoming increasingly dependent on locum GPs and agency nurses. Of the practice managers and GP partners included in the survey, just short of one-half (47%) stated that their practice had increased their use of locum GPs over the past 12 months. Both practice managers and GP partners reported that their practice hired locum GPs for a median of five days in a typical month. Agency nurses were used somewhat less frequently and hired for a median of approximately three work days in a typical month (practice managers reporting median of 2.5 work days, and GP partners reporting a median of 3.5 work days).

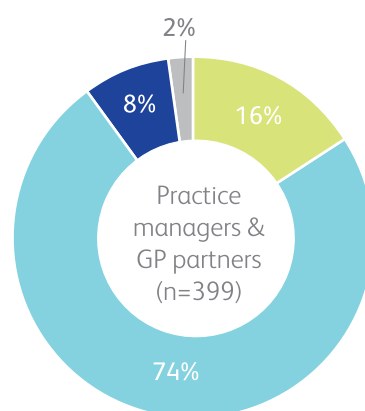
## Has the extent to which your practise uses locum GPs changed over the past 12 months?

- We use locum GPs to a greater extent
- No change
- We use locum GPs to a lesser extent
- Don't know



## Has the extent to which your practise uses agency nurses changed over the past 12 months?

- We use agency nurses to a greater extent
- No change
- We use agency nurses to a lesser extent
- Don't know



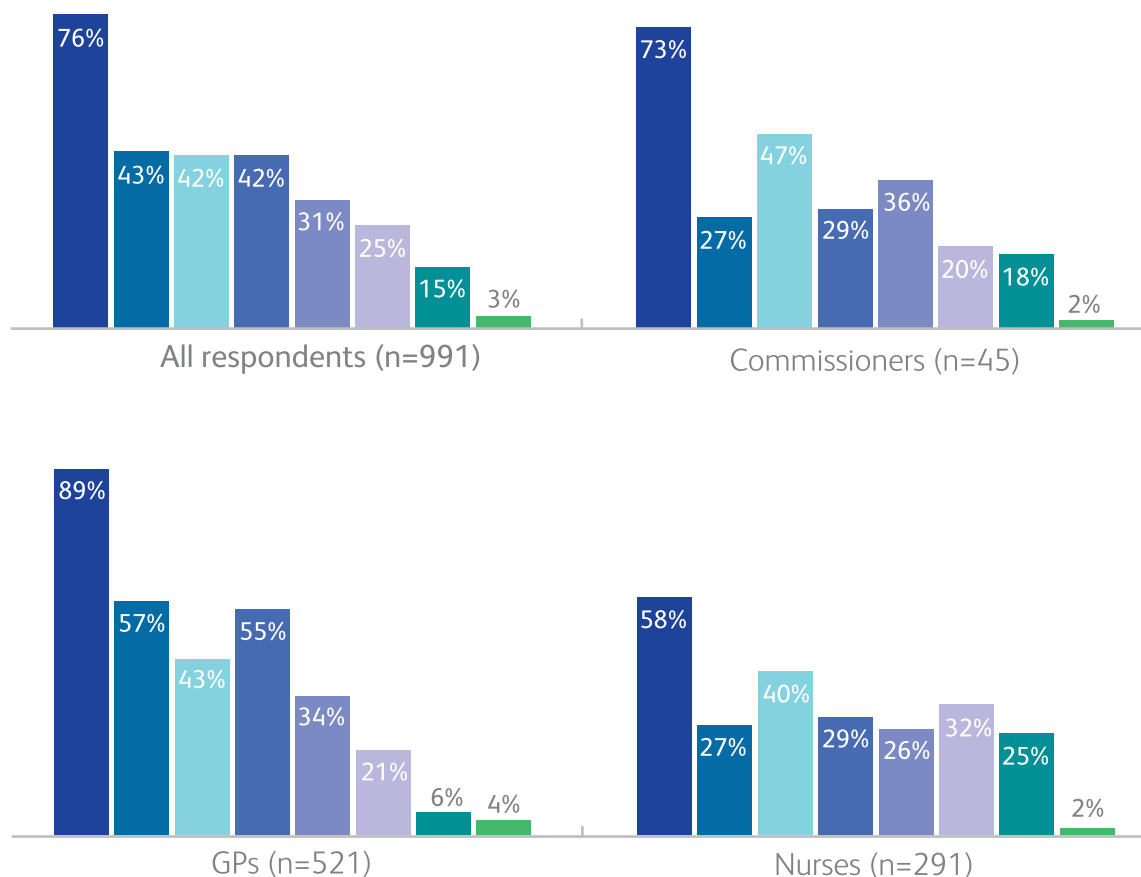
# How to best spend the NHS budget

The NHS budget remains a hot political topic. In October 2015, the government announced that NHS England would receive an additional £1.8 billion of funding for 2015-2016. The majority of this funding was awarded to CCGs<sup>8</sup>. However, concerns about the NHS budget remains, with, for example, John Appleby, the Chief Economist at the King's Fund, previously commenting that the increase to the NHS budget that was announced in the 2015 Spending Review "falls a long way short of the new settlement needed to place the NHS and social care on a sustainable footing for the future"<sup>13</sup>.

Against this background it was unsurprising that three-quarters (75%) of healthcare professionals surveyed believed there should be a public debate on the treatments that should, and should not, be provided for free via the NHS. Furthermore, the vast majority of respondents (93%) believed that patients should be made aware of the true cost of their care to the NHS.

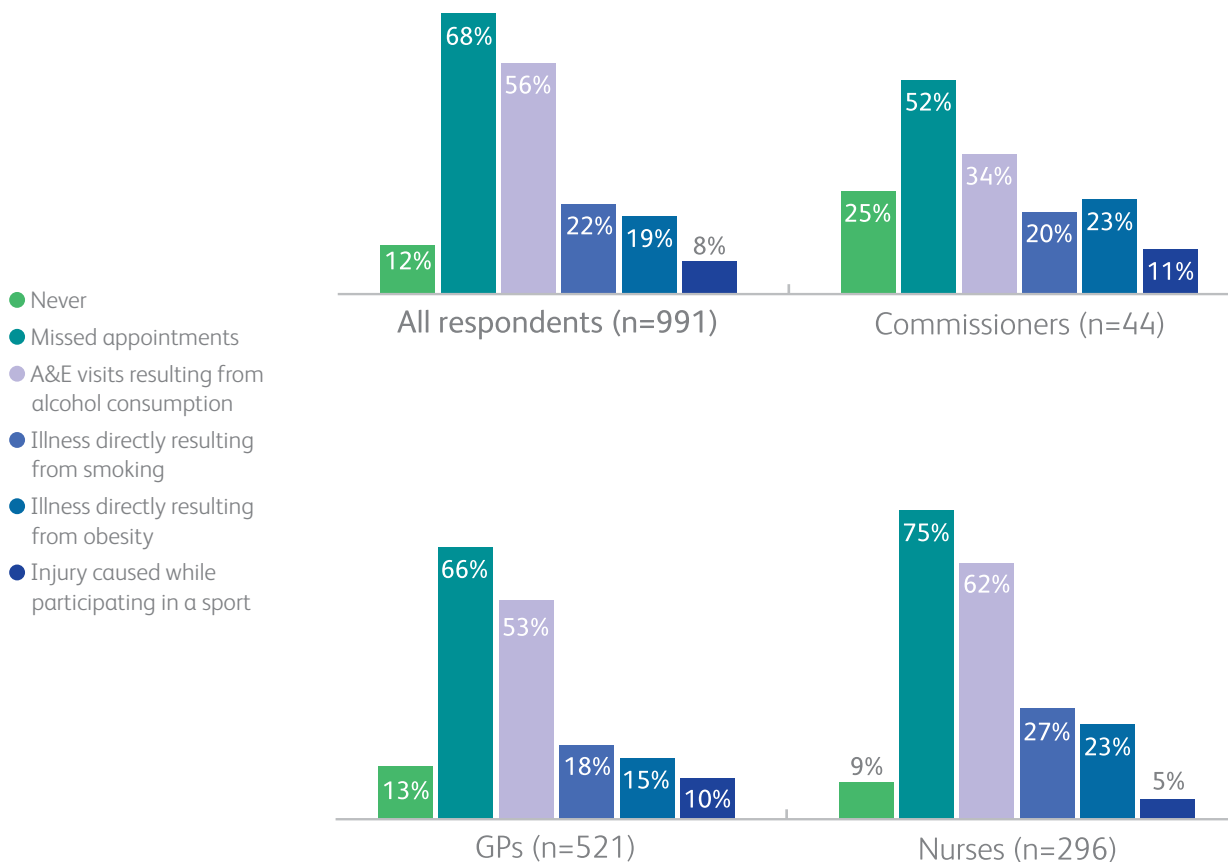
Respondents also provided their own views on what treatments the NHS should *not* fund. Homeopathy received the least support with three-quarters (76%) of respondents not believing it should be provided on the NHS. Relative to other professional groups, GPs were the most conservative with the majority of GPs also stating that funding should be stopped for osteopathy and chiropractic treatments.

## Which of these treatments, if any, do you believe the NHS should stop funding?



There was also considerable support for the idea that patients should pay towards their treatment under certain circumstances. Only one-tenth (12%) of respondents believed that healthcare should always be free. Missed appointments and A&E visits resulting from alcohol consumption were the instances where the majority of respondents believed patients should be made to pay towards their treatment. Interestingly, commissioners were less supportive of the idea of making patients pay towards appointments than GPs and nurses were.

**In which of these situations, if any, do you believe patients should pay towards their treatments?**



When probing on payments for care, one-quarter of healthcare professionals surveyed also stated that they would consider asking patients for a voluntary contribution towards GP appointments. Again, GPs and nurses were more positive about this idea than commissioners (13% of commissioners in favour of idea versus 25% and 27% of GPs and nurses respectively).

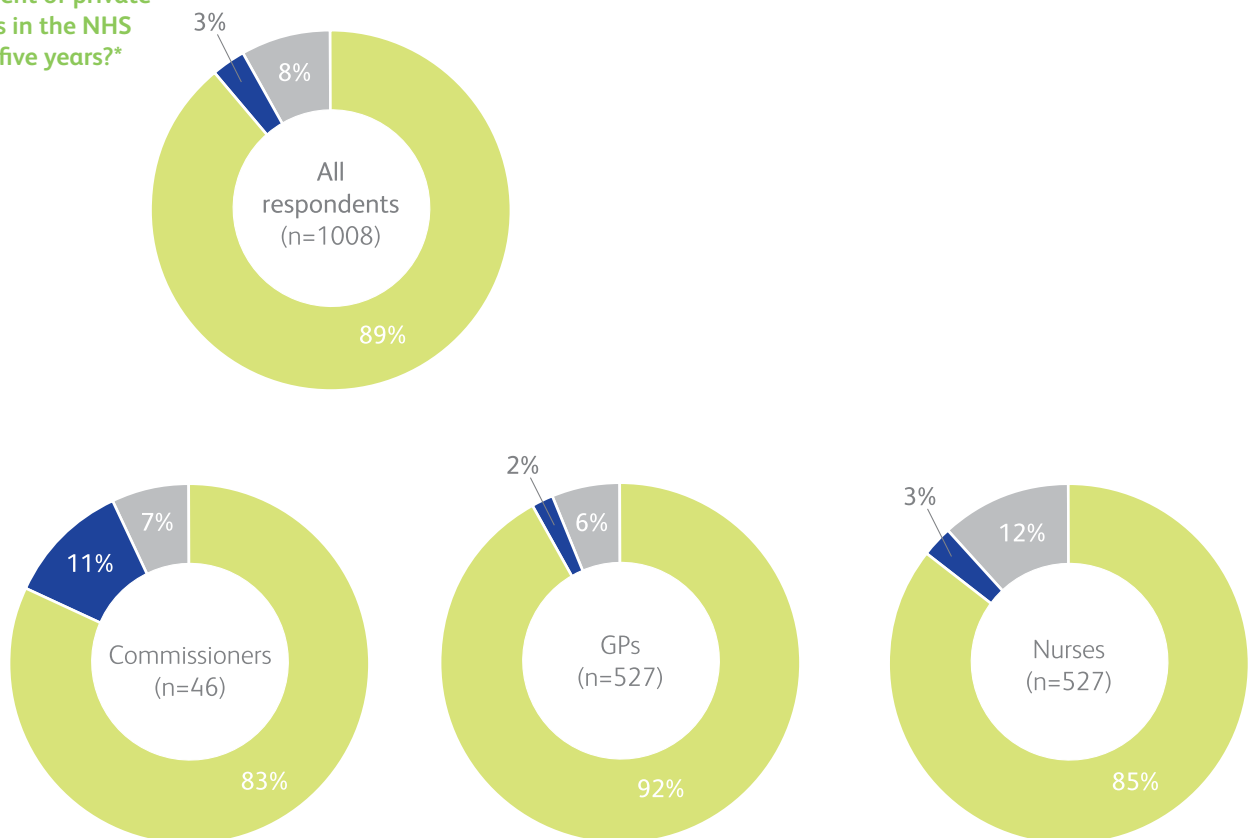
# Future of the NHS

In 2014-2015, the vast majority of healthcare services purchased were supplied by NHS providers while 6.3% of the money spent on commissioning was awarded to independent sector providers<sup>14</sup>. In our survey, almost nine out of ten (89%) of (89%) of respondents believed there will be greater involvement of private sector companies in the NHS in the coming five years. At the same time, three-quarters of respondents disagreed that greater involvement of private companies would increase the quality of care. One reason for the resistance to greater private involvement in the NHS was the perception that private companies selectively treat more 'profitable' conditions. As noted by one respondent "the private sector cherry-picks from the NHS and the NHS is left picking up the unprofitable work".

It is striking that the majority of healthcare professionals surveyed believed the NHS was heading towards a model they do not agree will improve the quality of care provided. However, amid the scepticism towards private companies it should be noted that most GPs currently operate as private businesses. As pointed out by Dr Joe McGilligan, "the myth about privatisation must be resolved. Nearly every GP practice is a self-employed private small business contracted to do NHS work".

**Do you believe there will be greater involvement of private sector companies in the NHS over the coming five years?\***

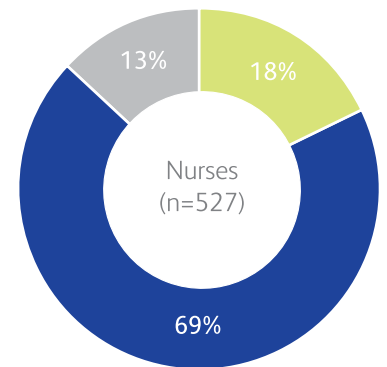
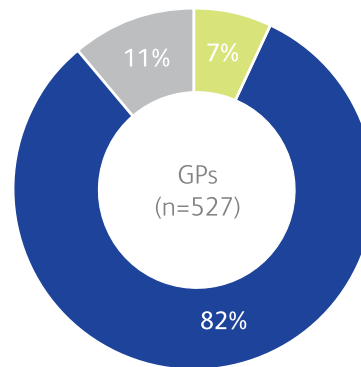
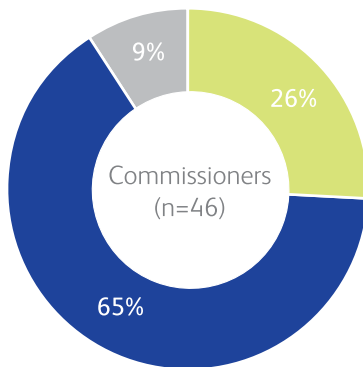
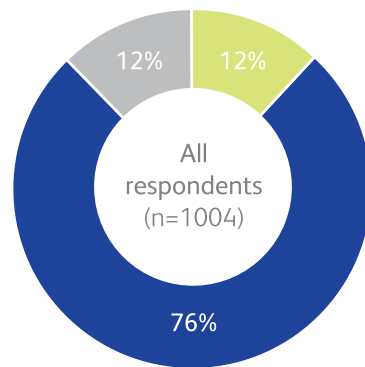
- Yes
- No
- Unsure



\* Numbers rounded up to the nearest full number and therefore do not add up to 100%

Do you believe greater involvement by private sector companies in the NHS would increase the quality of patient care?

- Yes
- No
- Unsure



## Staff morale

Our 2014 survey highlighted a widespread morale problem among healthcare workers with the median respondent rating their morale as 2 on a scale of 1 to 5 where 1 represented 'very low' morale. This year's survey showed that poor morale continues to be a problem in the NHS. When healthcare professionals were asked to rate their morale on a scale of 1 (very low) to 5 (very high), the median respondent only gave a score of 2 (n=879). Morale was particularly low among commissioners (n=36) and GPs (n=491), who both gave a median score of 2, while it was somewhat higher among nurses (n=240) who gave a median rating of 3.

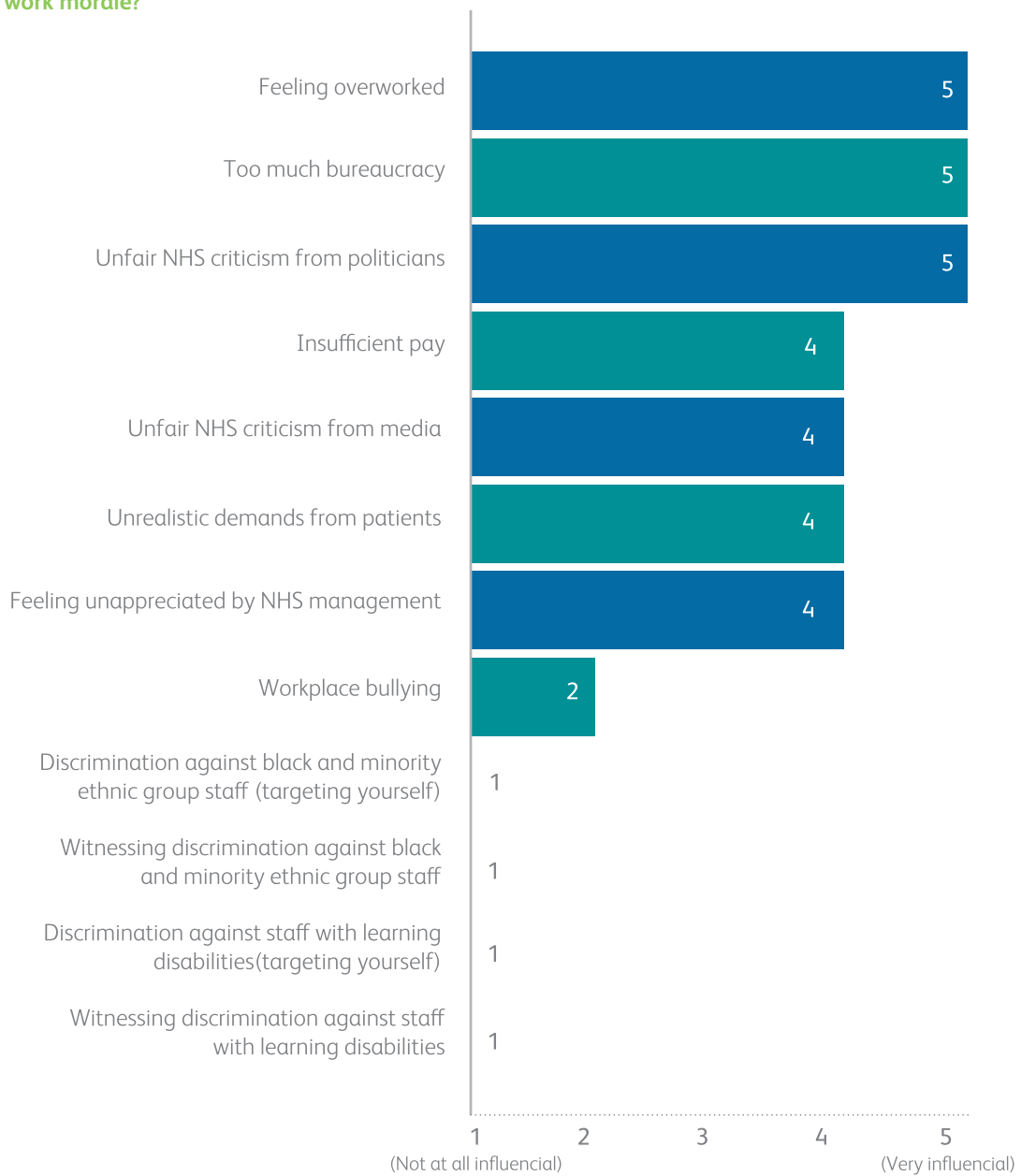
To understand the reasons for the low morale, respondents were also asked to rate how influential a number of pre-set factors were for their morale. The reasons that were perceived as most influential were a feeling of being overworked, too much bureaucracy, and unfair NHS criticism. These all received a median rating of 5 on a scale of 1 to 5 where 5 indicated 'very influential'.

Other factors which had a large impact on morale were unfair NHS criticism from the media, unrealistic demands from patients, feeling unappreciated by NHS management and insufficient pay (all median rating of 4). Not surprisingly, nurses rated insufficient pay somewhat higher than GPs and commissioners (median rating of 4 for nurses and 3 for GPs and commissioners). Professional groups also differed in the extent to which feeling unappreciated by NHS management impacted on their morale. While this only had a moderate effect on practice managers (median rating 3, n=41) it was rated as being very influential by nurses (median rating 5, n=274).



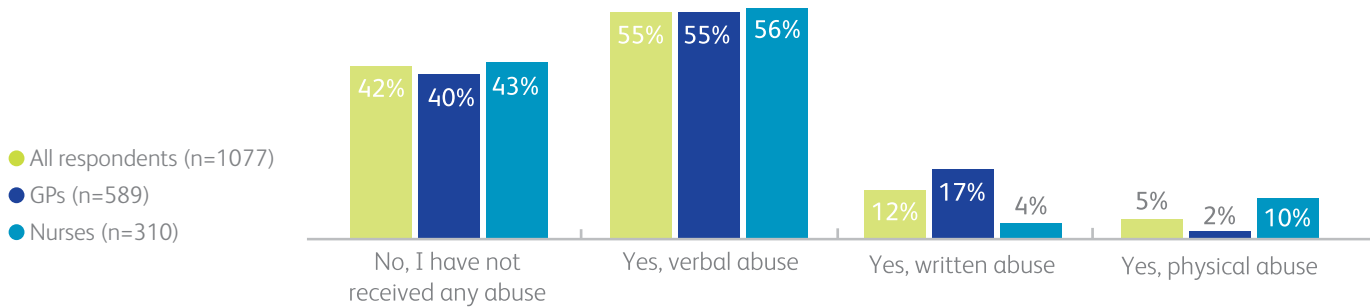
A more positive picture emerged when healthcare professionals were asked about discrimination and bullying. Discrimination against black and ethnic group staff, or staff with learning disabilities, was rated as being not at all influential for morale. This was true both when asked about discrimination targeting respondents themselves and when asked about instances when respondents witnessed such discrimination. Workplace bullying also received a low rating (median rating of 2). However, there was a difference in the extent to which workplace bullying affected the morale of different professional groups, with GPs rating it as not at all influential (median rating of 1, n=507) while a higher rating was given by nurses (median rating of 3, n=273).

**How influential are the following for your work morale?**

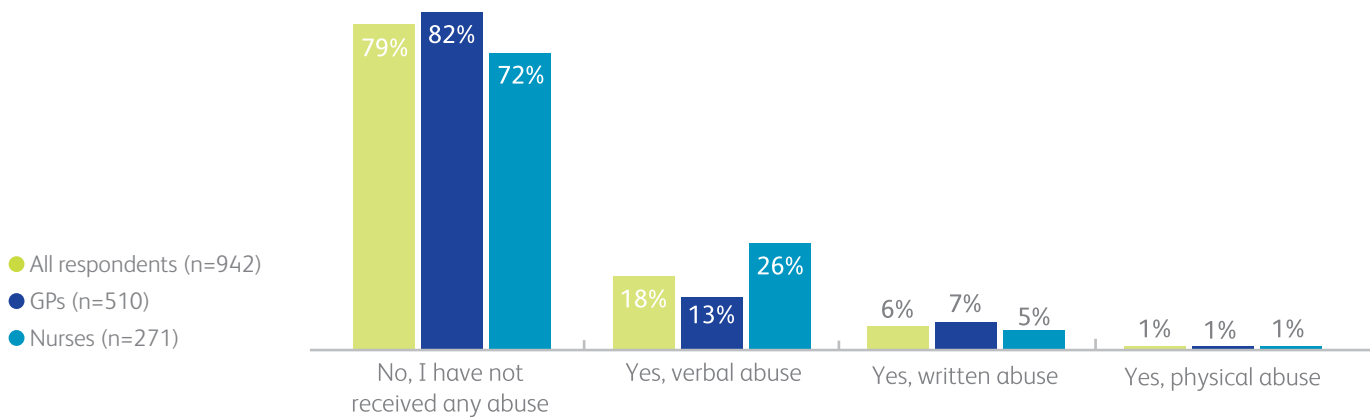


In our 2013 report<sup>2</sup>, we found that over one-half (65%) of healthcare workers surveyed had experienced physical or verbal abuse by a patient and that over one-third (35%) had received similar abuse from an NHS colleague. In this year's survey, we found that abuse directed toward NHS staff continues to be a concern. Over one-half (55%) of respondents reported having received verbal abuse from a patient in the past 12 months and one-fifth (18%) reported having received such abuse from a colleague over the same time period. Strikingly, nurses were five times more likely than GPs to have experienced physical abuse from a patient (10% versus 2%), and almost twice as likely to have experienced verbal abuse from an NHS colleague (26% versus 13%). Conversely, GPs were almost four times as likely than nurses to have received written abuse from a patient.

**Have you received any form of abuse from a patient in the past 12 months?**



**Have you received any form of abuse from a NHS colleague in the past 12 months?**



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# Appendix

Only respondents currently working as NHS healthcare professionals were included in the final data set. Respondents whose answers were excluded from the data included patients, carers, retired healthcare professionals, volunteers and private sector employees. Furthermore, five respondents were excluded because they did not work in the UK.