



**Lincolnshire Health and Care**  
Shaping services to meet your needs into the future

# Lincolnshire Health and Care Case for Change

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## Delivering our vision for health and care in Lincolnshire

### Introduction

For too long, we have been aware that our health and care system is disjointed and does not always deliver high quality care. Our current model is based on treating illness rather than people; too often it is reactive, only responding when people reach crisis point, rather than supporting them to avoid crisis in the first place.

In Lincolnshire, we have an ageing population, with the number of over 75s set to double in the next 20 years. We also have a high proportion of people with more than one long term condition like diabetes or high blood pressure. Our health and care system is already under pressure; we see this every day with the difficulties people have in getting GP appointments and the failure to meet our 4 hour A&E waiting targets. The way we currently deliver health and care services is unaffordable and unsustainable. We are currently running at a collective deficit of over £60 million per year and we do not have the capacity in our workforce to continue to provide services safely based on our existing model.

Things need to change and we have looked at what is best for our whole population. This means making some difficult decisions but the alternative is to watch as our health and care system buckles under the pressure. We have to act now rather than risk compromising patient care and safety.

For two years, professionals have been working together as part of Lincolnshire Health and Care (LHAC) to design a new model for Lincolnshire which would enable people **to access the right services at the right time now and in the future**. We aim to build this on local and national evidence and best practice, based on the experience of professionals, patients, service-users and carers. There are no easy answers to the challenges we face in this sector but we are committed to working to create a health and care system which is sustainable for the future. This publication explains the challenges we face and allows us to share our emerging ideas on how to solve them.

Over the next few months we will be continuing to engage with professionals, patients, families and carers, staff and the public to develop the options which will go out to public consultation later in the year. We will be seeking NHS England approval to consult but no final decisions will be taken on the changes to Lincolnshire's health and care system until we have consulted with you the public.

Allan Kitt

Chief Officer, South West Lincolnshire Clinical Commissioning Group and Lincolnshire Health and Care (LHAC)

**LHAC Partners** include, Lincolnshire West Clinical Commissioning Group, South Lincolnshire Clinical Commissioning Group, South West Lincolnshire Clinical Commissioning Group, Lincolnshire East Clinical Commissioning Group, United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnership NHS Foundation Trust, Lincolnshire Community Health Services NHS Trust, Lincolnshire County Council, Lincolnshire Local Medical Committee, Healthwatch Lincolnshire (observer seat on behalf of Lincolnshire residents), Lincolnshire Care Association, East Midlands Ambulance Services NHS Trust and NHS England.

## Why change is needed

### The LHAC Case for Change

Our current model **doesn't always deliver high quality, safe services** – despite best efforts we often struggle to deliver the quality of care that we would be proud of

**Demand for our services is increasing** because of our population profile (an ageing population, many with long term conditions and multiple needs)

We **can't get the skilled workforce** to sustain the services - that's not just about money, it's about national shortages of key staff and about Lincolnshire not always being seen as an attractive place to work – the result is that we rely on expensive temporary staff or have unfilled vacancies which puts a huge strain on existing staff

We **can't afford to sustain what is an outdated system of care** – there is too much demand on our hospital system which is over £60m in deficit. We need to rebalance the system and treat people before they reach crisis point

**Too often too many people are travelling too far for care** at a hospital site which could be provided closer to home at facilities such as a GP surgery or a community hospital

We are **not smart at joining up services** – users of multiple services, who are often our most vulnerable residents, end up with a fragmented, and often poor, service. This is a poor use of staff time and leads to a duplication of work

## Quality and Safety

We know there are issues around the quality of many of our services and in some areas we are not meeting the national core standards. This leads to inadequate care and unsatisfactory patient experience. In particular there is a high demand for certain services, made more challenging by the wide geographical spread of our population.

- We have not met our 4 hour waiting time at A&E since the summer of 2014
- We regularly have more people attending at A&E than we can cope with, leading to crowded and uncomfortable waits. There is national evidence that overcrowding in A&E increases mortality
- Some of our mental health wards are not fit for purpose. For example, some wards are on the first floor which restricts patient access to outside space.
- The Nuffield Trust recommends that a safe ratio of GPs to patients is 1 GP to 1500 patients, and NHS England uses a safe figure of 1 GP to 1750 patients. The average ratio in Lincolnshire is 1 GP to 2080 patients, and in some practices this is as high as 1 GP to 2400 patients
- Over 15% of ambulances wait for over 30 minutes to handover patients at our A&Es

"My wife saw 13 different professionals before she was diagnosed with pancreatic cancer."  
Patient quote

- The Royal College of Obstetrics and Gynaecology suggest that you need at least 6,000 births a year on a single site to maintain clinical safety for women and babies. Across Lincolnshire we have on average just over 7000 births per year, with 5,500 births taking place within United Lincolnshire Hospitals NHS Trust, which are spread across two maternity units in Lincoln and Boston
- We consistently do not meet national standards for the number of children's clinicians on site
- Currently all babies born in county under 29 weeks have to go out of county for their care
- Older people are being admitted to hospital and staying longer than necessary because of a lack of availability of alternative community support services, and poor coordination between hospital and out of hospital services.

“Treating you like an object, in and out with the least possible time and interest in you.”  
Patient quote

“It’s hard to get appointments and you can wait too long for referrals to services.”  
Patient Quote

### Demand for services

In Lincolnshire we have an ageing population and a high proportion of those with multiple long term conditions and complex needs. This means demand on our already overstretched services is growing.

- Our population of over 75s is projected to more than double in size in the next 20 years. Already over 22% of our population is over 65
- 27% of our population is obese and we have over 42,000 recorded residents with diabetes (both of these are higher than the national average, with our diabetes being particularly high)
- Nationally over 70% of money spent on healthcare goes on those people with one or more long term conditions, of whom 70-80% are capable of self-managing. People with long term conditions are more likely to be over 65 and to live in deprived areas
- Waiting times for assessments and referrals remain very long for some services – there are some examples of people waiting over 12 months for an initial mental health assessment
- Hospitals only see a small proportion of patients in the county. 90% of contacts people have with a doctor or nurse takes place in a GP practice
- Over the last ten years the number of times a patient sees their doctor has doubled; the average patient attends their GP surgery 8 times per year compared to 4 times per year in 2004
- Our GP surgeries are stretched with some individual GPs seeing over 80 people a day
- Demand on A&E services is high: Lincoln can deal with 190 people per day, but regularly has more than 200 attendances. The number of people attending Lincolnshire’s A&Es has increased by 6.5% over the last 2 years
- 40% of people who go to A&E in Lincolnshire leave without the need for any treatment. Of the 154,128 people who went to A&E at Lincoln, Boston and Grantham hospitals between April 2015 and April 2016, only 40,727 of those were admitted to hospital
- Over 2,000 planned operations a year are cancelled, often at very short notice, due to emergencies taking priority

“You end up at A&E because you don’t know where else to go.” Patient Quote

- Over 50% of people requiring a planned operation have their surgery outside of Lincolnshire.
- 305 patients with mental health needs were admitted to a mental health bed outside of Lincolnshire last year resulting in friends and families having to travel to support them.

## A rural community

Lincolnshire is a beautiful part of the country but our population is spread over a vast area with some people living in isolated towns and villages. This makes delivering some services more difficult.

- Often patients have to travel over an hour for routine appointments
- Our overstretched workforce is spread over a large geographical area
- Currently we don't make good use of technology that can help resolve these issues

“Long travel distances, poor public transport, high deprivation, low income” GP quote

## Fragmented services

Nationally the NHS often does not provide a joined up service for patients. In Lincolnshire the picture is no different.

“I had to repeat my story every time to each different health professional – why isn't there better communication?”  
Patient quote

- Often patients have to travel to hospital several times a week for different appointments
  - Our systems are not joined up so our professionals do not always have the whole picture and are not working together, particularly our computer systems
  - At any one time we have over 60 people in hospital beds who are medically fit but are waiting for community care to be put in place before they can be discharged

## Staff shortages

There is a shortage of skilled staff nationally. We find it difficult to attract staff to Lincolnshire due to the rural nature of the county, our ageing population and lack of larger hospitals. This leads to high spend on agency staff and lack of continuity of care.

- Last year our acute (general) hospitals spent more than £30m on agency staff because they couldn't fill permanent posts
- We have a shortage of all core roles, for example only 4 out of 15 A&E Consultants posts are permanently filled
- We have over 300 nurse vacancies across our acute (general) hospitals and there are serious shortages in Nursing Care Homes in the County.
- Nationally, over 8% of GP posts are unfilled. The situation is worse in Lincolnshire, there are 40 vacancies with a current workforce of 340 whole time equivalent GPs (11%)
- Nationally, 12% of GP training places are unfilled, though in Lincolnshire this figure is 72%
- Our mental health service has 170 vacancies, 150 of these are clinical
- 27% of medical posts at Boston Pilgrim hospital are vacant
- We have an ageing workforce – for example 27% of our GPs and 29% of our nurses are over 55 in the East
- We have problems recruiting to key roles in the community, particularly in the East, in both health and care services.

## Financial pressures

The Lincolnshire health and care system is facing some very significant financial challenges. Year on year we overspend. If we don't do anything to address this, the deficit will continue to grow.

- Over recent years we have struggled to provide quality care and, at the same time, we have spent more money each year than we receive nationally, leaving us with a deficit of over £60 million annually
- Due to increasing demands and costs over the next five years, if we do nothing this would build to a deficit in our health budget to approximately £300 million by 2021. This is against a total NHS spend in 2016/17 of £1.2 billion rising to £1.4 billion in 2020/21
- We are nationally required, like every other area of the country, to submit a 5 year draft plan to NHS England by the end of June which sets out how we will improve health and wellbeing and ensure good quality care which meets national standards and bring the whole health system back into balance financially

## What is working well?

Despite these challenges there are a number of areas where we provide services that we can be very proud of:

- The Lincolnshire Heart Centre continues to deliver results above the national average, with survival rates following a heart attack being better than the national average
- We are improving our Dementia diagnosis
- We have introduced an Urgent Care Unit in Sleaford which is run by a team of experienced GPs and nurses, available seven days a week. The unit sees on average 670 patients per month, 60% of which are seen at weekends, over 90% are seen and treated in under one hour
- Child and Adolescent Mental Health Services (CAMHS) have recently transformed to provide a greater range of joined up services.
- Lincolnshire is part of the first wave of the rollout of the national Diabetes Prevention Programme across England
- The Hospice in a hospital based at Grantham is the first of its kind in the country and provides six inpatient beds for palliative care
- We have reduced antibiotic prescribing consistently
- The quality of care services in Lincolnshire is above the regional and national average as independently assessed by the Care Quality Commission; developed through a strong partnership between Adult Social Care and Lincolnshire Care Association representing domiciliary care, residential and nursing care homes and extra-care housing providers.

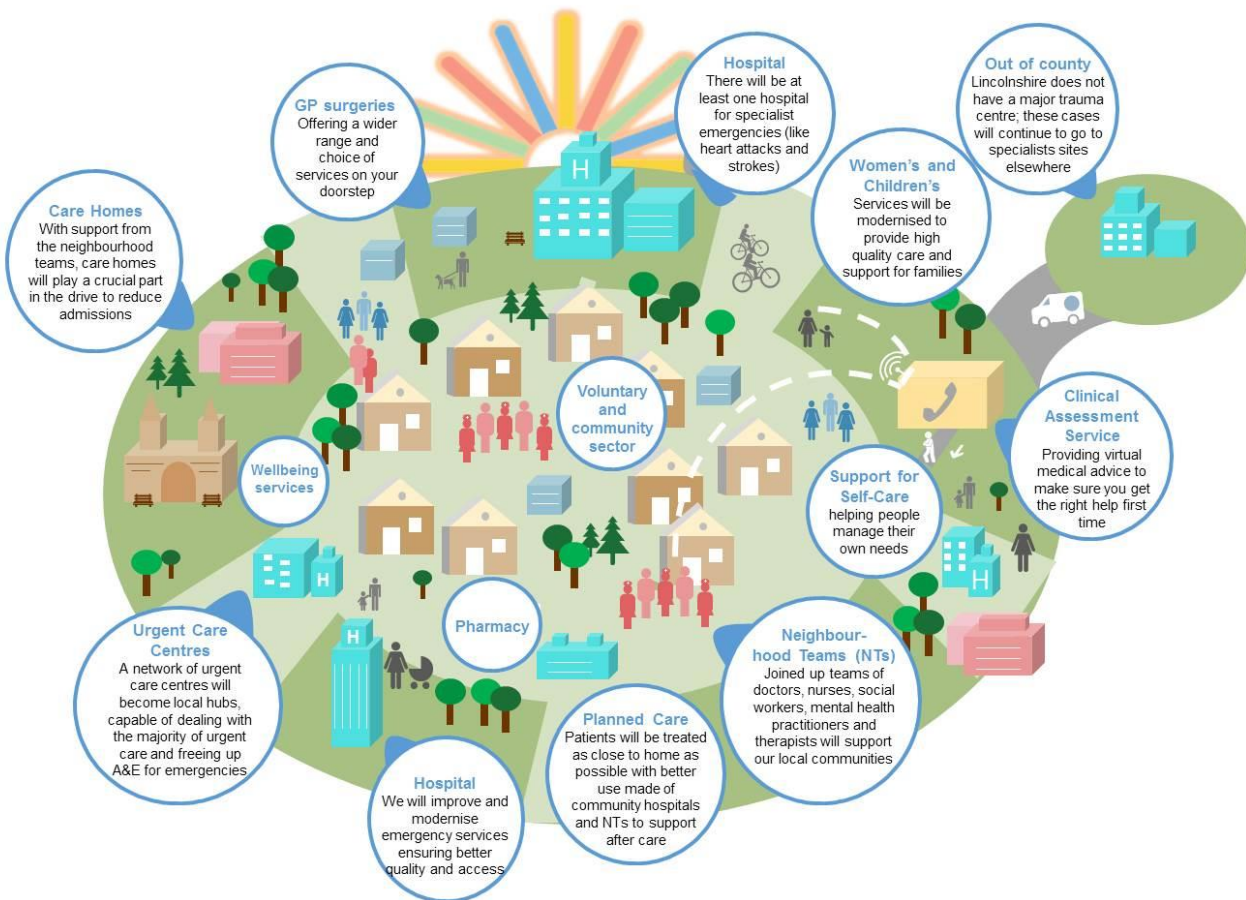
## What have you told us so far?

Over the past 2 years we have engaged with professionals, staff, stakeholder groups and the public. We have now spoken with more than 15,000 people including 1000 people who responded to our initial survey in 2014, and this is what we have been told:

- The way we provide health and social care in Lincolnshire needs to change and that the status quo is not acceptable
- The key priorities are quality and safety followed closely by services which prevent people going into hospital
- It is recognised that with less money services will need to change
- People want services available close to where they live wherever possible, although for specialist services most are willing to travel up to 60 miles
- It needs to be easier and quicker to obtain appointments and referrals including evenings and weekends
- Communication and sharing of information between professionals and the coordination of patient care needs improving
- More staff are needed and training needs to be improved

These priorities are central to our emerging ideas and developing options for our new model

## Our vision for health and care in Lincolnshire



To prevent ill health, support people as early on as possible and maintain their independence, giving them choice and control at every stage of their journey.

Critical elements of our new model will be:

- **Quality, safety and sustainability for health and care services**
- Providing the **right care at the right time closer to patients' homes**
- 7 day a week services for local people through **community 'neighbourhood' teams**, supported by **urgent care centres** across the county
- Improved **joint working by** health and care professionals - an integrated service for patients
- **Hospitals 'freed up'** to provide specialist or genuine emergency and time critical services
- Improved **community support and social care services** to provide alternatives to hospital care



## **What might future services look like?**

The challenge we face is not about doing “lots more of the same”, but delivering a radically different model of care; delivering care close to home whenever possible and giving our residents greater choice, control and responsibility. This will mean that what our hospitals do may change significantly, with fewer admissions, greater specialisation, and more care delivered in the community where appropriate. Our main hospital sites in Grantham, Boston and Lincoln will not all provide the current range of services that they do now. We believe that by improving how we plan and deliver care we can make Lincolnshire a place that will offer attractive and rewarding careers and therefore encourage new staff to come and help retain existing staff.

We are aiming to develop a new model of delivery that will improve patient experience, free up our hospitals for the work they need to do and balance the books.

## **Implementing the national vision for change: The NHS Five Year Forward View**

There is broad agreement nationally that, in order to create a better future for the NHS, we have to adapt the way we do things. This doesn't mean doing less for patients or reducing the quality of care. It means more preventative care; finding new ways to meet people's needs; and identifying ways to do things more efficiently. The Five Year Forward View brings together this agreement in a future vision for the NHS. It highlights three areas where there are growing gaps between where we are now and where we need to be in 2020/21. These gaps are:

- the health and wellbeing of the population;
- the quality of care that is provided; and
- the finance and efficiency of NHS services.

The Five Year Forward View vision will be achieved by everyone who has a stake in health and care adapting what they do, how they think, and how they act – at both local and national levels. As part of this, there is a growing consensus that one of the most powerful ways to achieve change is through local services working together - across entire communities and pathways of care - to find ways to close the gaps between where we are now, and where we need to be in the future.

As a result, neighbouring NHS providers, CCGs, and other health and care services, have come together to form ‘footprints’: geographic areas in which people and organisations will work together and at scale to develop robust Sustainability and Transformation Plans (STPs) to transform the way that care is planned and delivered to narrow the three gaps outlined in the Forward View – bringing benefit to all.

Lincolnshire's STP will build on the work undertaken through LHAC which has developed proposals for a new health and care model built on 2 years of engagement with the public and clinicians and with regard to national best practice.

“The NHS will take decisive steps to break down the barriers in how care is provided, between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single health diseases.” NHS Five Year Forward View

## Services for a rural county

To address the challenges we face as a rural county we need to provide the services that we can in local communities. There are a lot of things that do not need to be done in hospital but could be delivered closer to people's homes such as tests, follow up appointments and treatment of some long term conditions. We need to focus on services that prevent our patients having to travel to hospital unnecessarily.

This is particularly important for older people whose outcomes are much worse when they end up in hospital. 10 days in a hospital for the over 80s leads to the equivalent of 10 years ageing in their muscles.

“Nationally, 48% of people over 85 die within a year of a hospital admission.”  
Imminence of death among hospital inpatients:  
Prevalent cohort study

In order to make this work we propose to:

- Make better use of our buildings and facilities including GP surgeries and other appropriate venues
- Reduce the number of appointments patients have with different professionals by working better together and sharing information
- Make better use of technology to share information, allow patients to see appointments and have virtual appointments preventing time travelling
- Provide the support needed for patients to manage their own care and conditions more effectively.

This will free up our hospital services and allow us to improve quality within our hospitals by reducing these pressures.

In a rural county it is also vital that we bring some of our services together in order to have sufficiently skilled staff to deliver safe, high quality care. This may mean some patients having to travel further when they do have to visit hospital.

For those who live close to county borders care will also be available out of county based on patient preference or choice.

## Improving emergency care

We currently have 3 A&E departments in Lincolnshire in Lincoln, Boston and Grantham, although Grantham does not take serious complex cases. Demand on these is higher than capacity and leads to long waiting times and failure to meet national standards. Many patients do not need to visit A&E. We know that some people end up in A&E because they cannot get appointments elsewhere or are unsure of the actions to take. Improvements to services in the local community will help reduce this but is not the full solution.

“You are 43% more likely to die within 10 days of being admitted through a crowded A&E department.” Increase in patient mortality at 10 days associated with emergency department overcrowding.

Visits to A&E should only be made when absolutely necessary such as more serious or life threatening emergency care needs, and we need to help people to stay out of A&E.

In order to reduce visits we propose to:

- Improve our community crisis response services so people can be seen quickly by the most appropriate professional
- Bring together services in our communities so that people have better access to appropriate help and support
- Set up a series of walk-in Urgent Care Centres across the county, some localities already have them, which will be staffed by GPs and nurses who will be able to treat the majority of patients who currently visit A&E.

This will free up our A&E departments and allow us to improve safety and waiting times by reducing this pressure. Only those who really need to will be admitted to hospital. This will mean that by managing the admissions through A&E in a better way we will have less cancelled appointments and operations in the future.

We are considering the number of Urgent Care Centres and where these should be located.

## Centres of Excellence

In Lincolnshire our population is spread over a large geographical area with a shortage of skilled staff. In order to have sufficiently skilled staff to deliver high quality care we know it is vital that we bring together

"There is a strong relationship between the number of patients and the quality of care, derived from the greater experience these more practised clinicians have, access to costly specialised facilities and equipment, and the greater standardisation of care that tends to occur." NHS England

our key services across fewer sites, as well as providing more services closer to home where possible and protecting some hospital beds for planned treatment.

In some specialist services there is a compelling case for greater concentration of care.

In order to provide high quality care we propose to:

- Set up 'centres of excellence' for specialist services such as mental health, cancer, stroke and vascular
- Work with regional partners on some specialisms where we don't have the volumes to deliver in county
- Continue to send major trauma cases out of county

We are one of the biggest cancer services in the country but our fragmented service means patients attend multiple appointments over a number of weeks. A Centre of Excellence would mean we could offer a one stop service where you can get test results, see your hospital consultant and surgeon, and get support from a Cancer Nurse Specialist all on one day.

We already have a specialist centre for heart disease at Lincoln Hospital where we have seen survival rates rise above the national average. Developing further Centres of Excellence will enable us to provide a safe, high quality service by concentrating our specialist resources and skills in one place.

We are considering which services should be moved to 'centres of excellence' and where these should be located.

## Maternity and children's services

Across Lincolnshire we have on average just over 7000 births per year, with 5,500 births taking place within United Lincolnshire Hospitals NHS Trust, which are spread across two maternity units in Lincoln and Boston. As with our other key services we know that it is important to consider consolidation across fewer sites, in order to have sufficiently skilled staff to deliver safe, high quality care.

“Around 60% of births are normal, that means mothers and babies don’t need any care or interventions from doctors, they just need the support of their midwives. This can be done safely at home or in a midwifery led unit.” National Maternity Review 2016

National guidance recommends in large urban areas that 6000 births are needed on a single site per year to maintain clinical safety.

In order to improve this we are looking at a number of options which include:

- Improving women's choice for how they are supported before, during and after the birth of their baby
- Giving more consistent support to women who choose midwife-led or home births
- Providing ante-natal and post-natal care closer to home
- Setting up Midwife-led Maternity Units where mothers can have a 'home' style birthing experience with the support of their midwife and up to date birthing facilities
- Considering how we maintain safe and sustainable services for premature babies (neonatal services) and Consultant-led Maternity services across the whole county
- Developing Midwife-led Maternity Units co-located to Consultant-led Maternity Services
- Considering how we maintain safe and sustainable children’s emergency services across the county

We will be exploring how we can use the best national and international practice to move as much care closer to home as possible, but where it is necessary to travel to get a service we will need to make sure that the service is excellent and that the women and children of Lincolnshire get services that are as good as the best. This will involve moving away from some of our very traditional ways of doing things but will give women more choice and control during their pregnancy and ensure that children get the services that are right for them.

## What have we changed so far?

We have already started to address some of the challenges we face by making a number of improvements to the delivery of our services. Work has been taking place over the last two years to put the tools in place that we will need to deliver our vision of a sustainable, high quality, safe health and care system in Lincolnshire.

### Neighbourhood Teams

“We had one patient who had had 18 hospital admissions in a period of 15 months; by working through our neighbourhood team we reduced that figure right down.” Social Worker

Neighbourhood Teams are developing to enable professionals to work closer together to provide the right care, in the right place at the right time. Community Services will continue to develop to ensure that a home first principle is followed to enable you to remain in your home for as long as possible. If there is a time when you need to go to hospital community staff from within your neighbourhood will support you to return home as soon and as safely as possible. There are 13 Neighbourhood Teams covering the whole county where community staff are coming together to ensure that you can remain in your local community for as long as is possible with information, care support

and advice available close to home. These are made up of a core professionals: GP, nurses, mental health, practitioners, social care professionals and therapists, working with local social care services – domiciliary and residential care services, support from the community and voluntary sectors.

### Care Portal

One of the overwhelming messages from the public was that professionals are not working in joined up ways or aware of the full picture. This means that patients constantly have to repeat their story and go to multiple appointments with different specialists. This year we are launching the new Care Portal. We were awarded £1M of NHS funding to implement this state of the art system. This enables health and social care professionals to work together and see a summary of your health and care records, with your consent, which will help support them to make better informed and faster decisions. Phase two development of this system will allow you to access your own records, enabling you to see information about your care. This could, for instance, enable you to have a telephone appointment with your consultant where you would both be looking at your x-ray or test results and discussing treatment and options.

“This will improve the quality and safety of care and will also save staff time by providing fingertip access to the information they need to manage that patient's care.” Gary James, Accountable Officer LECCG

### Clinical Assessment Service

Navigating the urgent care service in Lincolnshire is currently complex and confusing for patients. We are setting up the Clinical Assessment Service to simplify access to urgent care services in the county. By dialling NHS 111, patients who need urgent help will get the most appropriate response to meet their need. The new service will enable patients to speak to a suitably qualified clinician, if appropriate, who will be able to access the patient's summary care record in order to make a referral to the most

appropriate place – that could be their GP, their Neighbourhood Team, an Urgent Care Centre or self-care advice.

## Self-care

A large factor in staying out of hospital is looking after yourself and making healthy choices. Services are being put into place to enable people to access information and support to help them to do this more effectively. This includes a directory of services, more information on how to 'navigate' the care system and a self-care assessment process. We recognise that staying healthy is not just about medical needs and includes social activities, education and exercise. Our 'Social Prescribing' project encourages professionals to look outside of the health system and prescribe other activities to support people's wellbeing. Our main role here is to educate, promote and raise awareness amongst professionals and residents.

"Our vision is that people and communities have confidence and motivation to improve and maintain their health and wellbeing." Prevention, Self-Care and Enhanced Carers' Support Strategic Plan for Lincolnshire 2016-2018

## Next steps

The proposals described are still being developed and over the next few months we will continue to engage with professionals, patients, families, carers, staff and the public to inform these ideas and to put together the options which will go out to full public consultation later in the year. Some of the options will be contentious but we need to radically change the way we deliver services in order to overcome the challenges we face and deliver the safe, high quality service we strive to provide.

We will be developing the detail of each of the options including:

- Which services will be delivered in the community
- How many Urgent Care Centres and where they should be
- What are the priority services for Centres of Excellence
- How many Midwife led Maternity Units and where these should be
- The precise configuration of our hospitals and services within them
- Further development of community support and adult social care services to promote self-care and to provide alternatives to hospital care

For each of the options put forward we will be modelling travel times, workforce and budget.

We will be evaluating all these proposals against our four criteria of quality/safety, accessibility, deliverability and affordability. We will be seeking approval on the options from our clinical senate and NHS England who will be particularly checking for clinical safety. Options will not be signed off that put patients at any increased risk.

No final decisions will be taken on the changes to Lincolnshire's health and care system until we have consulted with you, the public. We would urge all residents to respond to the full public consultation when it is published so that you can see the detail of what is being proposed and give us your views.

Further information, developments and the consultation when it is launched can be found in the following places:

[www.lincolnshirehealthandcare.org](http://www.lincolnshirehealthandcare.org)

@healthcarelincs

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