PRUComm

POLICY RESEARCH UNIT IN COMMISSIONING AND THE HEALTHCARE SYSTEM

PRUComm Research Review August 2016

PRUComm:

- *PRUComm was established in 2011*
- *It is one of a number of Department of Health Policy Research Units*
- *PRUComm is a collaboration between the Service Delivery and Organisation Research Group at the London School of Hygiene and Tropical Medicine; the Health Policy, Politics and Organisation Group in the Faculty of Biology, Medicine and Health, Division of Population Health, Health Services Research, and Primary Care,University of Manchester and the Centre for Health Services Studies at the University of Kent.*
- *Research projects cover a broad spectrum of healthcare commissioning and health system issues*
- *PRUComm aims to deliver high quality, timely research to support healthcare practice and policy*

Making a difference through research

This is our fourth annual review of research and provides a brief overview of our current research activities. Following the recent extension of our contract to 2017 the Department of Health has further extended this to the end of 2018 providing an opportunity to continue core projects and evolve our research activities to address the changing policy and practice context of healthcare in England.

The past year has seen PRUComm develop a close working relationship with the NHS Commissioning Policy and Sponsorship, NHS Group within the Department's Policy Group and with NHS England. PRUComm to work to a programme of work agreed with a newly formed Advisory Group chaired by the Department of Health key policy lead.

Over the last year PRUComm's research activities have continued to expand culminating in a new phase of work examining co-commissioning of primary care by CGGs and NHS England and additional short research projects on primary care. Our research focus has continued to shift towards primary care for both substantive and short-term research projects, but is also evolving to address new issues such as place-based care. During the last year we completed research on the changes to the English public health system and the first phase of research on competition and cooperation. In addition we undertook the eighth GP Worklife survey and conducted a review on GP recruitment and retention.

As always PRUComm's aim is to develop a programme of research on commissioning and health systems that supports the Department of Health's policy development and analysis functions. We value our links with the Department and also with NHS England and other key national agencies. The unit serves as a key source of research on commissioning and the healthcare system providing support to healthcare commissioners and policy makers. We support the Department of Health to manage the challenges associated with developing commissioning for health and wellbeing.

Our key objectives remain as:

- Developing high quality research programmes that support healthcare commissioners and policy makers
- Providing a national resource, holding evidence and research on commissioning
- Bringing together academics who are nationally and internationally regarded as experts in health services, organisational and commissioning research with those responsible for making and implementing policy in order to foster relationships and exchange information.

We continue to publish copies of reports and papers on the PRUComm website and publish in high quality academic journals. As well as papers arising from our CCG research we have recently published well received articles on primary care and community health services integration and primary care led commissioning. The research team also continues to be engaged with much related research which adds value to the commissioned work we undertake for the Department of Health, NHS England and other national organisations.

Professor Stephen Peckham
Director

Engaging with policy makers, practitioners and researchers

Dissemination to practitioners, policy makers and academics remains a key element of our research programme. We value the close liaison with national and local health organisations. We make our research reports available on our website and are committed to publishing our research findings in academic journals.

We work closely with members of the NHS Commissioning Policy and Sponsorship policy group in the Department of Health and have worked with NHS England on issues related to primary care and GP recruitment and retention. Our work has also involved working with Monitor, Public Health England, the LGA and other national organisations.

In February Professor Stephen Peckham and Dr Erica Gadsby presented the findings of the Phoenix public health project to the House of Commons Health Select Committee to inform their current review of the reformed public health system in England.

As in previous years PRUComm organised a research day – this year in April 2016. The event was attended by 60 people representing the Department of Health, NHS England, RCGP, Primary Care Commissioners and academic institutions. Researchers from PRUComm presented findings form our research on CCGs and clinical engagement Dr Imelda McDermott), competition and co-operation (Professor Pauline Allen) and from Phoenix (Dr Erica Gadsby).

We welcomed Jonathan Walden, NHS Commissioning Policy and Sponsorship, Commissioning Policy Lead from the NHS Policy Group in the Department of Health. He presented a brief overview of key Department of Health priorities and developments. We also included a presentation from Dr Ysetn Williams, Reader in Health Policy and Management and Director of Research at the Health Services Management Centre on decommissioning.

Our final session was a panel discussion about the future of primary care-led commissioning involving Julia Simon from NHS England, Dr David Paynton — RCGP commissioning lead, and Julie Wood, Chief Executive of Primary Care Commissioners. This sessions touched on a wide range of issues including the future impact of developments such as multispecialty community providers, GP federations and Strategic Transformation Partnerships.

During the year PRUComm staff have made presentations to NHS England GP on the Worklife survey and the evidence on GP recruitment and retention. Professor Pauline Allen also presented the findings of PRUComm research to members of the NHS policy group at the Department of Health.

PRUComm will continue to work closely with the Department of Health and other national health agencies in developing our research programme and undertaking shorter research projects to inform policy development.

Public Health in England – the New Infrastructure Examined

We recently completed this major project on the changing public health system in England post April 2013. A key objective of government policy was to address the perceived fragmentation through a number of changes made to the structures and organisation of public health functions, chiefly by moving public health into Local Authorities (LAs) in order to:

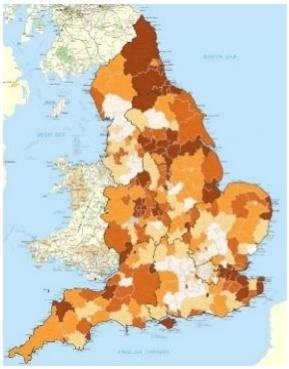
- increase the emphasis on public health and disease prevention;
- create a more joined-up system with clearer leadership;
- have a greater impact on the wider determinants of health at local level.

Examining the impact of such changes has been challenging, especially in the context of the broader changes to the health and social care system, to other government policies in areas such as education and welfare and the wider austerity environment.

Transferring public health activities into local government sought to build on the developing role of Local Authorities (LAs) in shaping local places to create healthier environments through spatial planning and local initiatives to improve health and wellbeing. At the same time a new body, Public Health England (PHE), was created to bring national health service leadership and commissioning. These structural changes have had wide ranging implications for the way in which the public health function is approached, organised and delivered.

Throughout our research we utilised 'systems thinking' to help us to focus on inter-relationships and emphasise holistic thinking gathered from multiple perspectives. This enabled us to describe what we found to be "a chaotic, sprawling, dynamic set of practices which were often intensely political, and a set of activities that might more closely resemble a non-system", which was still developing as our research was conducted.

Our research showed that initially LA public health teams concentrated on developing the structures and processes required for effective operation (Gadsby et al 2014). We demonstrate that this concern with structures and organisation has continued (Peckham et al 2016). Financial insecurity created additional problems with LAs sometimes unsure of the details of their financial settlement from government until many contracts had been negotiated. Budget cuts across other departments within LAs also brought pressures to public health teams, as costs were transferred and shared across departments. Similarly contracts have received new scrutiny, and both existing and new contracts have had to be (re)negotiated within a new provider landscape.



System co-ordination remained an area where roles and responsibilities of various actors were not always clear. In addition, actors within the system had to negotiate ways of working with others, in a situation where much was new and still changing. This was further complicated in two–tier council areas where responsibilities are spread between organisations creating additional complexities of inter-organisational working. However, our surveys (Jenkins et al 2015, Jenkins et al 2016) showed public health teams in two-tier authorities appeared to have fewer capacity issues in terms of supporting the information needs of CCGs.

Our research highlighted some important issues that have both policy and practice implications including:

- support for a stronger LA role in public health;
- a system still in flux ;
- financial constraint impacting on capacity of public health teams ;
- competing policy objectives; an ongoing struggle between local agendas and a central government push;
- some innovation and creativity in using public health resources;
- concern expressed about inappropriate use of public health funding;
- the development of collaborative work between some LA departments, but some poor linkages with CCGs;
- distinct differences in development across our sites.

Our findings suggest that the development of the new public health system in England is still in progress with both the internal organisation of public health in LAs, the NHS and PHE in a continuing state of flux. Despite much activity around the re-organisation of systems, structures and processes, which have had important consequences for roles, relationships and functions, we haven't seen a corresponding shift in priorities and strategies. We identified a mismatch between the rhetoric at policy level, emphasising the importance of prevention and the reality, which has seen cuts in public health funding. We found that the Health and Social Care Act (2012) and associated policies paid insufficient attention to the nature and quality of relationships across the various organisations and individuals that constitute the new public health system. As a result, some of the challenges identified during the passage of the Health and Social Care Bill have been averted, although many remain. Some of the opportunities identified have been realised, but many are highly dependent on a range of locally contextual factors.

For more details and a wider discussion of our data and finding refer to our final report which has just been published.

Clinical Commissioning Groups

PRUComm was commissioned by the Department of Health to undertake research following the development of CCGs in England since their inception in 2011.

The first phase of our study (January 2011 to September 2012) reported an early evidence from the development of CCGs prior to their authorisation. The findings of this phase of work were reported in 2012. In phase two we explored claims made about the added value of GP involvement to commissioning. (April 2013 to March 2015). We used 'Realist Evaluation' to seek out the participants 'programme theories' as to how a particular policy or programme brought about the desired outcomes; explore the extent to which these programme theories 'work' in the real world; and examine in detail the mechanisms and contexts which underpin them. This work was reported on in 2015.

The third phase of the study (June 2015 to December 2017) is exploring the significant change to the work of CCGs following taking on varying levels of responsibility for commissioning primary care services since April 2015. To date we have conducted interviews with senior policy makers in the Department of Health and NHS England, a telephone survey of 49 CCGs at different stages of delegated responsibility and some detailed case studies.

Overall, our analysis suggests a number of issues which could usefully be considered by those responsible for planning, providing and paying for primary care services across jurisdictions.

Firstly, health systems are complicated, with many inter-related parts. The 2012 reorganisation in England probably paid too little attention to the needs of primary care; policy makers in this area need mechanisms to ensure that impacts on all parts of a system are considered in advance.

Secondly, whilst it is probably inevitable that all systems are the result of incremental policy adjustment over time, the UK experience would seem to suggest that such incremental adjustment carries with it a high risk of unintended dysfunctional outcomes. Thus, the establishment of PMS contracts in the 1990s – intended as a flexible mechanism by which quality could be monitored and incentivised – acted to entrench funding inequities which have remained for more than 20 years, whilst the abolition of PCTs acted to disrupt a promising model of primary care oversight and to disperse the staff with the relevant expertise.

Thirdly, the short-lived English experiment with a national system of primary care oversight and management quickly foundered on the lack of local expertise and knowledge of local providers, history and context. This would seem to suggest that, whatever mechanism is chosen to fund primary care, it is important that service planning is decentralised to a regional tier of organisation which is large enough to afford the resources required, but small enough to retain detailed knowledge of the local area.

An interim report on the early stages of primary care co-commissioning was published in January 2016. We will be conducting another round of the telephone survey later in 2016 and additional case study research. A final report will be published 2017.

Competition and Co-operation

This project investigated the way in which Clinical Commissioning Groups (CCGs) used the range of commissioning mechanisms at their disposal to ensure that cooperative behaviour can appropriately coexist with competition between providers. This project commenced during 2013/14 with data collected from four case study sides and our final report was published earlier this year.

There were two phases of data collection: first in 2013/14 and then follow up in 2015 after the general election in May that year. The main form of data were interviews with senior commissioning staff and senior managers working for provider organisations. The interviews explored commissioners' and providers' understanding of policy and regulations regarding the use of competition and cooperation in commissioning NHS services, as well as their experiences of tendering and bidding for tenders and experiences of collaborative working. Forty two interviews were conducted.

We also analysed local documents to understand local commissioning strategies, and a series of national data sources to find out what competitive commissioning activity there had been in each case study site.

Our findings concerning the understanding of the regulatory context of the NHS market by both commissioners and providers of care indicate that that the 'rules of the game' are not clear to all 'players'. The written material issued by the national authorities and the regulators was seen as unclear. Commissioners across the four case study sites found it hard to pinpoint exactly what the rules on application of competition within the English NHS were and thus whether or not they had to change their commissioning practices in light of them.

Our findings concerning the lack of clarity of the regulatory regime for local actors are important. Actors need to understand the rules of the game in order to know how to relate to each other, and these rules are vital in setting the context and limits within which local actors can operate. It remains government policy (as well as being enshrined in the European procurement regulations) that there should be a 'fair playing field' for all providers of care to NHS patients in order to enable the quasi market to operate effectively, with the aim of producing efficient high quality care. In addition to the need for commissioners to treat all providers equally, all actors need to understand the rules governing the market.

It is not surprising that commissioners and providers used a judicious mixture of competition and cooperation in their dealings with each other. This behaviour is common in markets, in order to reduce transaction costs, inter alia. In fact, there are certain services whose characteristics indicate that non market institutional structures will be more efficient, due to the transaction costs incurred in operating markets.

Furthermore, the influence of the 'institutional logics' are also important to understanding how the NHS operates. The NHS has a long history of hierarchical modes of control which it is difficult to change. Our study indicates that this is substantially true in respect of the NHS quasi market under the HSCA 2012. However, our study also shows that there are signs that competitive forces are gradually taking hold in respect of some more marginal services, and especially in respect of CHS and MH services.

The implications of our study for policy makers are as follows: Local commissioners should be allowed to make their own decisions about which modes of commissioning are most appropriate in their particular circumstances, and in respect of particular services. Setting up nationally imposed rules about what mechanisms must be used is unhelpful (and probably will not be adhered to, in fact). It appears that in most circumstances, the use of cooperative modes of coordination are likely to be more appropriate. Fortunately, the recent policy developments under the 5YFV indicate this is the direction of travel. At the same time, it is important to clarify the rules of the game for local actors. It may be politically unpalatable, but the regulatory framework of the HSCA 2012 needs revisiting.

Responsive research

PRUComm has continued to respond to requests from the Department of Health and NHS England for discrete pieces of research. Once again the key focus of this work has been on primary and community health services.

In November 2015 we published the results of the Eighth GP Work-Life survey. This work was led by Professor Matt Sutton at the University of Manchester. It provides a robust assessment of the current state of the GP workforce in England, covering not only overall job satisfaction and workload, but also perceived job stressors and intentions to quit.

The 2015 results continue the trends observed in recent waves of the National GP Worklife Survey. The 2015 respondents reported the lowest levels of job satisfaction amongst GPs since before the introduction of their new contract in 2004, the highest levels of stress since the start of the survey series, and an increase since three years ago in the proportion of GPs intending to quit direct patient care within the next five years.

In February 2016 we submitted a review of the evidence on GP recruitment and retention to NHS England. Some of the most important determinants to increase recruitment in primary care were early exposure to primary care practice, role models, the medical environment, the fit between skills and attributes and intellectual content and a significant experience in a primary care setting. Factors which seemed to influence retention were subspecialisation and portfolio careers where doctors might gain skills in a range of specialities and practices and job satisfaction. The most important determinants of recruitment and retention were intrinsic and idiosyncratic factors such as recognition rather than extrinsic factors such as income.

While the published evidence related to GP recruitment and retention is limited and most focused on attracting GPs to rural areas, we found that there were clear overlaps between strategies to increase recruitment to general practice and retention of existing practising GPs. The most influential factors were idiosyncratic and intrinsic to the individual. The evidence suggests that strategies should focus on improving students experiences of practice and emphasising the professional nature of general practice.

Both reports contributed to ongoing work on the GP contract and developing primary care strategy by the Department of Health, NHS England and Health Education England and were used in developing the Five Year Forward View published

PRUComm Reports

(Available from www.prucomm.ac.uk):

July 2016: PHOENIX: Public Health and Obesity in England – the New Infrastructure Examined—Final report

July 2016: PHOENIX: Second survey report

June 2016: Commissioning through Competition and Cooperation: Final report.

January 2016: Understanding primary care co-commissioning: Uptake, scope of activity and process of change

November 2015: Eighth national GP worklife survey. *University of Manchester*.

October 2015: PHOENIX: First survey report.

July 2015: Study of the use of Contractual Mechanisms in Commissioning: Final Report

April 2015: PHOENIX: Public Health and Obesity in England – the New Infrastructure Examined—Second interim report

March 2015: Exploring the GP 'added value' in commissioning: What works, in what circumstances: Final Report

January 2015: The Role Of Local Authorities In Health Issues: A Policy Document Analysis.

January 2015: PHOENIX: Public Health and Obesity in England–the New Infrastructure examined First interim report: the scoping review.

October 2014: Commissioning through Competition and Cooperation: interim report.

October 2014: GP payment schemes review

August 2014: Moving Services out of hospital: Joining up General Practice and community services?

April 2014: Exploring the ongoing development and impact of Clinical Commissioning Groups

January 2014: Changing the local Public Health system in England: Early evidence from two qualitative studies of Clinical Commissioning Groups

March 2013: Personal Budgets and Health: a review of the evidence

January 2013: Clinical engagement in primary care-led commissioning: a review of the evidence

January 2013: Study of the use of contractual mechanisms in commissioning

November 2012: Exploring the early workings of emerging Clinical Commissioning Groups: Final report

Reports waiting publication:

GP recruitment and retention: an evidence review

New contractual models: an evidence review

PRUComm

POLICY RESEARCH UNIT IN COMMISSIONING AND THE HEALTHCARE SYSTEM

Research staff

Core researchers

Professor Stephen Peckham: Director
Professor Pauline Allen: Deputy Director
Professor Kath Checkland: Deputy Director
Dr Anna Coleman
Dr Imelda McDermott
Dr Valerie Moran
Dr Dorota Osipovic
Dr Marie Sanderson
Dr Lynsey Warwick-Giles

Associate researchers

Dr Donna Bramwell
Dr Erica Gadsby
Professor Steve Harrison
Linda Jenkins
Neil Perkins
Dr Christina Petsoulas
Dr Harry Rutter
Dr Julia Segar

Administrative staff

Avril Porter—LSHTM
Diane Arthurs—CHSS, Kent

Contact details:

Avril Porter
PRUComm
Department of Health Services Research and Policy
London School of Hygiene and Tropical Medicine
15-17 Tavistock Place
London
WC1 9SH

Tel:
Email: Avril.Porter@lshtm.ac.uk

Stephen Peckham
CHSS
George Allen Wing
University of Kent
Canterbury
Kent
CT2 7NF

CHSS University of Kent
Centre for Health Services Studies

MANCHESTER 1824
The University of Manchester

Recent journal articles July 2015 - July 2016

Allen, P. & Petsoulas, C. (2016) Pricing in the NHS quasi market: A national study of the allocation of financial risk through contracts. *Public Money & Management*, 36(5), 341-348.

Allen, R.S.P. and Sheaff, W.R., (2016) Provider plurality and supply-side reform. *Dismantling the NHS?: Evaluating the Impact of Health Reforms*, .211.

Allen, P., Hughes, D., Vincent-Jones, P., Petsoulas, C., Doheny, S. and Roberts, J.A. (2016) Public Contracts as Accountability Mechanisms: Assuring quality in public health care in England and Wales. *Public Management Review*, *18*(1), 20-39.

Bramwell D ,Sanders C, Rogers A, (2016) "A case of tightrope walking: An exploration of the role of employers and managers in supporting people with long-term conditions in the workplace", *International Journal of Workplace Health Management*, 9(2), 238 - 250

Checkland, K., McDermott, I., Coleman, A. and Perkins, N., (2016) Complexity in the new NHS: longitudinal case studies of CCGs in England. *BMJ open*, *6*(1), p.e010199.

Hurri, J., Vuori, J., Liddle, J. and Allen, P., (2016) The impact of quasi-markets on processes and factors affecting the costs of contracting. *Policy Studies*, *37*(2), 178-196

Osipovic, D., Allen, P., Shepherd, E., Coleman, A., Perkins, N., Williams, L., Sanderson, M., & Checkland, K. (2016).Interrogating institutional change: Actors' attitudes to competition and cooperation in commissioning health services in England. *Public Administration*. Online first. DOI:10.1111/padm.12268

McDermott, I., Checkland, K., Coleman, A., Osipovic, D., Petsoulas, C., & Perkins, N. (2016) Engaging GPs in commissioning: realist evaluation of the early experiences of Clinical Commissioning Groups in the English NHS. *Journal of Health Services Research and Policy*. DOI:10.1177/1355819616648352

Peckham S (2016) Decentralisation – A Portmanteau Concept That Promises Much but Fails to Deliver?; Comment on "Decentralisation of Health Services in Fiji: A Decision Space Analysis" *Int J Health Policy Manag* 5(x), 1–4.

Moran, V, Jacobs, R. and Mason, A. (2016) Variations in performance of mental health providers in the English NHS: An analysis of the relationship between readmission rates and length of stay, *Administration and Policy in Mental Health and Mental Health Services Research*. DOI 10.1007/s10488-015-0711-4.

Sanderson, M., Allen, P. and Osipovic, D. (2016) The regulation of competition in the National Health Service (NHS): what difference has the Health and Social Care Act 2012 made? *Health Economics, Policy, and Law* 1-19.

Sheaff, R., Halliday, J., Exworthy, M., Allen, P., Mannion, R., Asthana, S., Gibson, A. and Clark, J. (2016) A qualitative study of diverse providers' behaviour in response to commissioners, patients and innovators in England: research protocol. *BMJ Open*, *6*(5), e010680.

Stokes, J., Kristensen, S.R., Checkland, K. and Bower, P. (2016) Effectiveness of multidisciplinary team case management: difference-in-differences analysis. *BMJ Open*, *6*(4), p.e010468.

Walshe K, Coleman A, McDonald R, Lorne C and Munford L (2016) Health and social care devolution: the Greater Manchester experiment *BMJ* 2016;352:i1495 (22 March 2016)

Warwick-Giles, L., Coleman, A. and Checkland, K. (2016) Making Sense of Inequalities: How Do Clinical Commissioning Groups in England Understand their New Role? *Social Policy & Administration*.

Bramwell, D., Peckham, S., Allen, P., & Checkland, K. (2015) How can GPs and community health services work more effectively together?. *Br J Gen Pract*, *65*(636), 374-375.

Cameron, A., Allen, P., Williams, L., Durand, M.A., Bartlett, W., Perotin, V. and Hutchings, A., (2015) Increasing autonomy in publically owned services: The case of community health services in England. *Journal of health organization and management*, *29*(6), 778-794.

Checkland, K. and Spooner, S. (2015) The future of primary care? Reflections on the Primary Care Workforce Commission report. *Br J Gen Pract*, *65*(639), e633-e635.

Checkland K, Segar J, Voorhees J and Coleman A (2015) Like a circle in a spiral, like a wheel within a wheel: the layers of complexity and challenge for devolution of health and social care in Greater Manchester. Representation 51 (4) pp 453-469 [NB in print 2016]

Coleman, A., & Glendinning, C. (2015). Going round in circles? Joint working between primary health and social care. *Journal of Integrated Care,* 23, 53-61.

Coleman A, Segar J and Checkland K (2015) The devolution project in Greater Manchester: Introduction to the special issue. *Representation* 51(4) pp 377-384 [NB in print 2016].

Coleman A, Segar J, Checkland K, McDermott I, Harrison S and Peckham S (2015) Leadership for health commissioning in the new NHS. *Journal of Health Organization and Management* 29(1) pp 75-91.

Ettelt, S, Mays, N. and Allen, P. (2015) 'Policy Experiments: Investigating effectiveness or confirming direction?' *Evaluation* 21 (3), 292-307.

Ettelt, S., Mays, N. and Allen, P. (2015) The Multiple Purposes of Policy Piloting and Their Consequences: Three Examples from National Health and Social Care Policy in England. *Journal of Social Policy*, *44*(02), 319-337

Flood, C., Allen, P., Thomas, B. Walker, K. (2015) 'Restricting private sector practice using contracts' *Canadian Medical Association Journal 187*(8), 583-586.

Jenkins L, Bramwell D, Coleman A, Gadsby E. Peckham S, Perkins N and Segar J (2015) Integration, influence and change in public health: findings from a survey of Directors of Public Health in England. *Journal of Public Health* (online October 20th 2015).

Miller, R., Peckham, S., Coleman, A., McDermott, I., Harrison, S. & Checkland, K (2015) What happens when GPs engage in commissioning? Two decades of experience in the English NHS. *J Health Serv Res Policy* doi: 10.1177/1355819615594825

Moran, V., Jacobs, R., (2015) Comparing the performance of English mental health providers in achieving patient outcomes, *Social Science & Medicine* 140:127-135.

Peckham S, Falconer J, Gillam S, Hann A, Kendall S, Nanchahal K, Ritchie B, Rogers R, Wallace A. (2015) The organisation and delivery of health improvement in general practice and primary care: a scoping study *Health Research and Services Delivery* 3:29.

Segar, J. (2015). Under-representation of women on governing bodies: women general practitioners on Clinical Commissioning Groups in England. *J Health Serv Res Policy,* DOI:10.1177/1355819614567912

Segar, J., Checkland, K., Coleman, A., & McDermott, I. (2015). Thinking about case studies in 3-D: researching the NHS clinical commissioning landscape in England. In S. Kushner, J. Russell, & T. Greenhalgh (Eds.), *Advances in Program Evaluation, Vol 15: Case Study Evaluation: past, present and future challenges*: Emerald Insight

Simpson, J.M., Checkland, K., Snow, S., Voorhees, J., Rothwell, K. and Esmail, A. (2015) Access to general practice in England: time for a policy rethink. *Br J Gen Pract*, *65*(640), 606-607

Smiddy J, Reay J, Williams L, Peckham S, and Wilson P (2015) Developing patient reference groups within general practice: A mixed methods study *British Journal of General Practice* [Online] 65:e177-e183.