Good Governance Institute

Barking, Havering and Redbridge University Hospitals NHS Trust

General practice: the national picture

March 2017

1. Introduction

Nationally, primary care is facing increasing and unprecedented pressure, with a significant and growing gap between capacity and demand. It is well acknowledged that the health needs of the population are changing – we have an ageing population in which an increasing number of people have multiple long-term conditions and therefore require more complex medical care. Coupled to this, the financial environment within which health care is delivered is in the midst of the most serious financial crisis since its inception, with an expectation that the NHS must meet a £30 billion funding gap by 2020, in a large part through the delivery of improved efficiencies.

The chair of the British Medical Association General Practitioners Committee (BMA GPC), Dr Chaand Nagpaul, recently described general practice as being in a state of crisis, and it is not hard to see why. The increasing pressure engulfing an already overstretched primary care system is not only impacting upon the patients who every day rely on the effective delivery of primary medical services, but also on the performance of secondary care,[1] as increasingly patients are bypassing their GP in favour of going straight to Accident and Emergency.

The challenge for primary care, as set out in The State of Health Care and Adult Social Care in England, is to consider what responses to an increasingly challenging environment will maintain the provision of high quality care, both in the current climate, and in to the future.[2]

In addition to general practice, primary care also covers dental practices, community pharmacies and high street optometrists. This paper focuses specifically on general practice and seeks to provide an overview of the national picture.

1. Care Quality Commission, The State of Health Care and Adult Social Care in England
2. Ibid.

2. What is primary care?

As stated in the General Practice Forward View, a growing and ageing population with increasingly complex health needs now means that personal and population-orientated primary care is central to the health system.[3]

The National Association of Primary Care (NAPC), a national membership organisation representing and supporting the interests of healthcare professionals working across the breadth of primary care, sets out the following four central features of primary care:

- **first point of contact** for all new health needs
- **person-centred** (holistic), rather than disease focused, continuing lifetime care
- **comprehensive care provided for all needs** common in a population
- **co-ordination and integration of care** when a person's need is sufficiently uncommon to requires special services or provision from another sector (secondary or tertiary)

This report focuses specifically on the national picture within *general practice*.

3. NHS England, General Practice Forward View (April 2016)

3. At a glance: core national challenges facing general practice

What is general practice? General practice provides continuing, comprehensive, coordinated and person-centred health care to patients in their communities. The widest range of health problems are managed in general practice, which provides health promotion, makes diagnoses and risk assessments; deals with multimorbidity; coordinates long-term care for patients; and addresses the physical, social and psychological aspects of patients' wellbeing throughout their lives.[4]

General practitioner (GP): GPs are expert medical generalists who provide the first point of contact with the NHS for most people in their communities. They may deal with any medical problem and by providing continuity of care to their patients, families, and communities, they contribute hugely to keeping the nation healthy.[5]

3.1 General practice workforce

3.1.1 Number of general practitioners

- the number of full time equivalent (FTE) GPs has decreased since 2010, and the number of GPs per head of population has declined since 2009.[6] There are ongoing challenges around the recruitment and retention of GPs across the country. In the last decade, the number of hospital consultants has increased by 48% whilst GP numbers have increased by only 14%

- a government commissioned GP work life survey from the University of Manchester published in in October 2015 showed that 38% of GPs intended to leave the profession in the next five years - that represents a loss of over 10,000 GPs[7]

3.1.2 GPs approaching retirement

- a survey by the British Medical Association (BMA) in early 2016 found that nationally, 40% of GP practices had GPs planning to retire in the next five years and nine out of ten practices had to rely on locum cover to plug gaps in their workforce. Locums also tend to cover ad hoc sessions, often at short notice and on a reactive rather than a planned basis

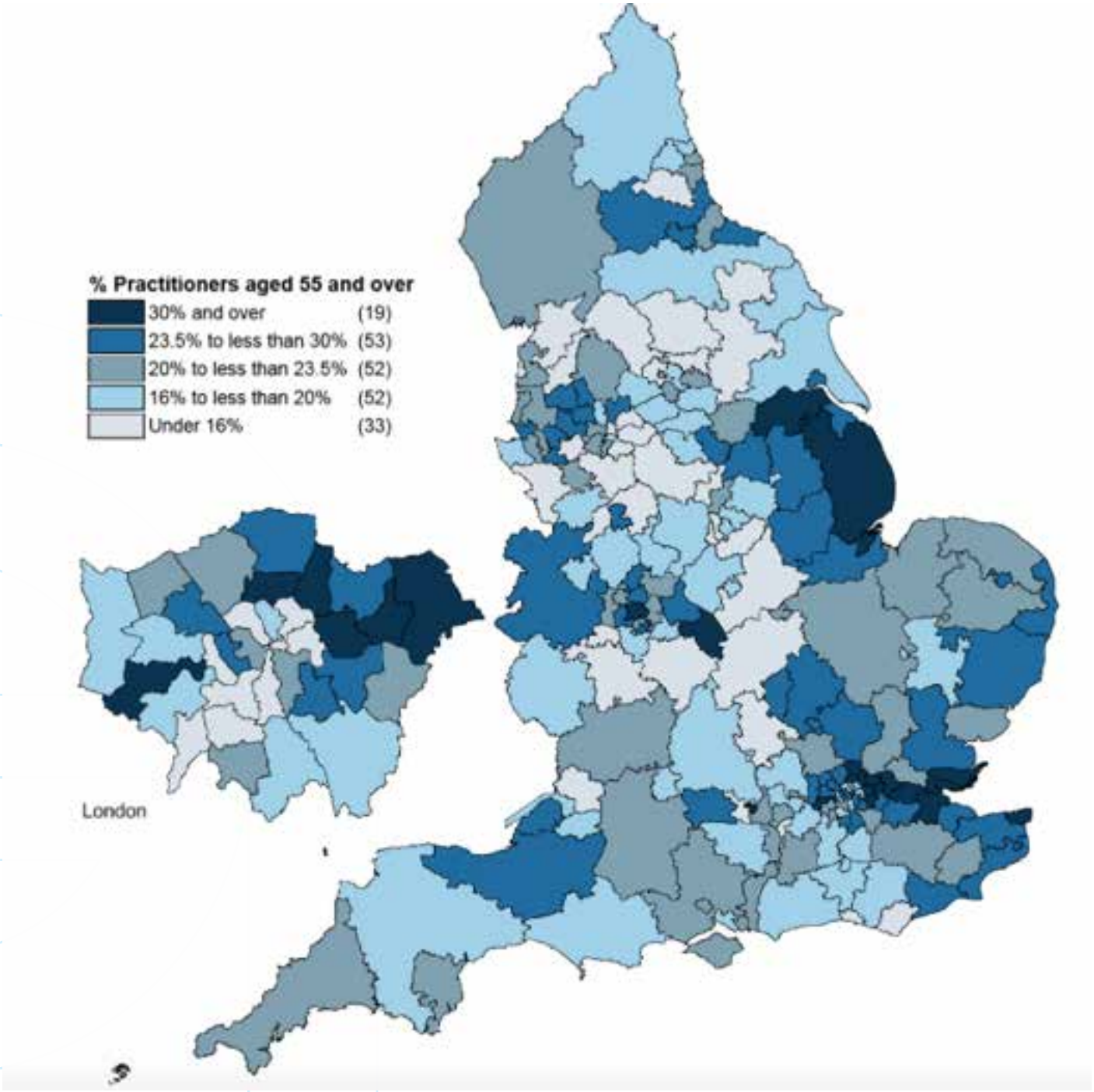
  For a general practice surgery, the downside of continuously employing different locums is that no matter what expertise they can temporarily offer, it is impossible for them to offer continuity of care to regular patients. Inevitably, locums do not become integrated team members and do not get to know the practice staff, including the other GPs, nurses and support staff. There are also significant cost implications associated with the employment of locums

- analysis by the Royal College of General Practitioners (RCGP) has shown that 467 practices in England – 594 across the UK – are at risk of closure because 75% or more of the GPs who work in them are aged 55 and over[8]

- this, coupled with a low under 35 workforce and challenges around the recruitment and retention of GPs, may signal a longer-term continuity risk due to loss of staff. This could have significant implications on GP workload, with staff becoming increasingly overstretched, which could in turn negatively impact on, for example, patient access to appointments, ultimately could result in more patients bypassing primary care and going straight to the hospital

- the below map illustrates the percentage of practitioners (headcount) that are aged 55 and over across England, as at March 2016, by clinical commissioning group. NHS England London has the highest proportion of practitioners aged 55 and over (25.5%)

4. Royal College of General Practitioners: What is general practice? http://www.rcgp.org.uk/training-exams/becoming-a-gp/what-is-general-practice.aspx
5. Ibid.
6. The Future of Primary Care: Creating teams for tomorrow, Primary Care Workforce Commission, July 2015
7. Special LMCs Conference: General practice in a state of emergency, GPC Chairman warns (30 January 2016)
8. Royal College of GPs, Retaining GPs must be as big a priority as recruiting new ones, RCGP urges government (25 September 2016)



3.1.3 GP vacancy rate

- GP vacancy rate is at its highest recorded level: the Health and Social Care Information Centre (HSCIC) reported that based on 1,246 practices who submitted vacancy data, there were 308 GP vacancies from October 2015 – March 2016, relating to 1,741 individuals[9]

- GP training posts are not being filled - in 2015, there were more than 600 GP trainee vacancies across the country, the largest ever shortfall in the number of young doctors joining the profession

3.1.4 GP workload

- a shortage of GPs means that practices are being forced to deal with unsustainable workloads. A major survey of almost 3000 GP practices conducted by the British Medical Association (BMA)

9. General and Personal Medical Services in England, September 2015 – March 2016: provisional experimental statistics

in 2016 found that almost six out of ten found their workload unmanageable a lot of the time whilst one in ten felt that it was unmanageable all of the time[10]

- GPs now deal with 370m consultations a year - an increase of 150,000 a day compared with seven years ago, while investment as a proportion of the total NHS budget has fallen from around 11% to less than 8%
- the 2016 GP Patient Survey showed that, in the last four years, the proportion of people waiting a week or more to see a GP rose from 13% in June 2012 to 19% in July 2016
- a survey of almost half GP practices in London indicated that one in five GP surgeries in London could close over the next three years due to the huge demand for appointments and shortage of GPs. Research conducted amongst 48% of surgeries across London found that 3% (19 surgeries), caring for 116,491 patients, definitely plan to close whilst 17% (109 practices) have not ruled out doing the same

3.2 Financial vulnerability

- a BMA survey of almost 3,000 practices published in March 2016 found that 10% believed they were financially unsustainable, with almost 300 surgeries across England facing closure due to financial pressures
- figures obtained from NHS England revealed that over 10% of the total number of practices in England (811) were identified by local NHS England teams as qualifying for support under a £10 million 'vulnerable practices' pilot scheme. The North Midlands has the highest number of vulnerable practices, whilst in London, over 15% of practices were identified as vulnerable. The West Midlands had the lowest percentage of practices identified as vulnerable (3.6%)
- financial uncertainty and the prospect of closure means that thousands of patients are at risk of being left without a local GP practice. These patients would lose relationships with family doctors that have been built up over many decades in some cases

3.3 Patient experience

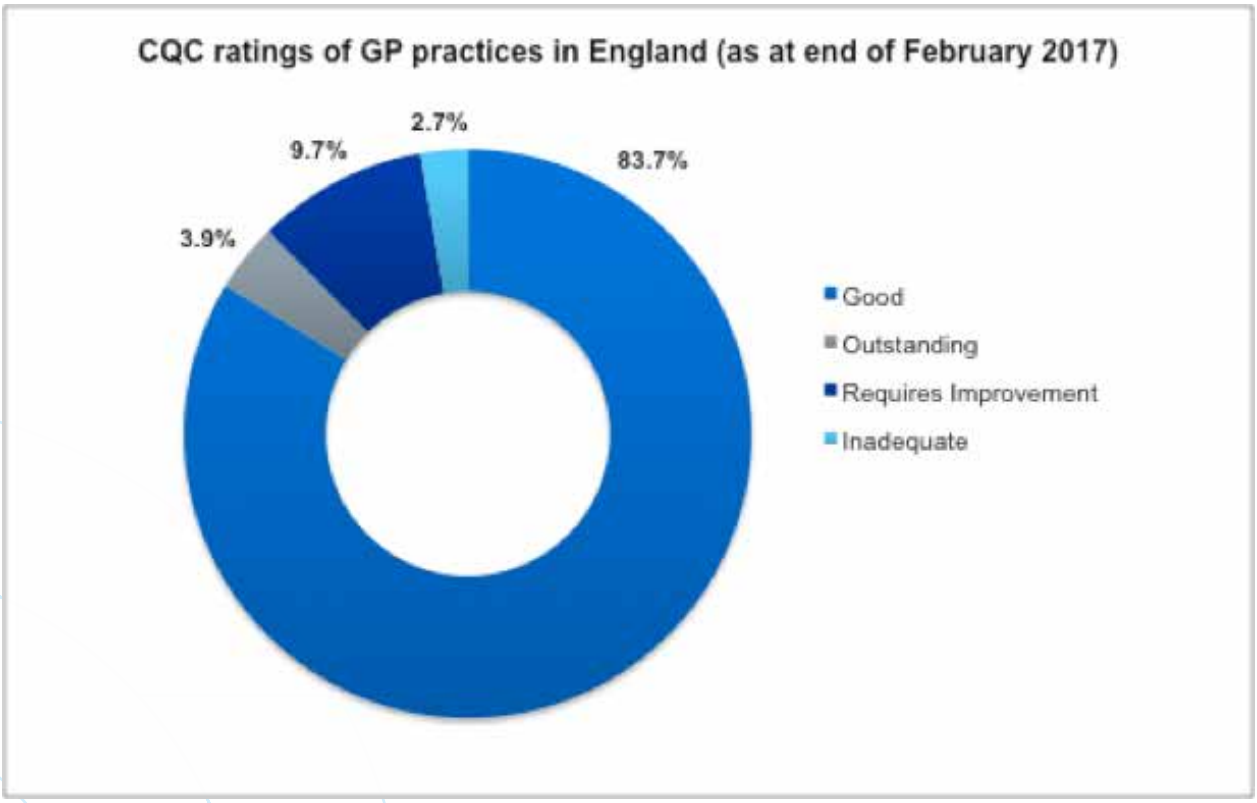
- despite the context of the above, patient satisfaction with general practice remains high, with 84% of patients describing their overall experience with their GP as good[11]. However, these figures have been slowly declining as practices come under greater pressure

3.4 Regional variation in Care Quality Commission (CQC) inspection results

The CQC have reported that as at the end of February 2017, all registered practices had been visited by inspectors at least once, and reports for 6,300 practices have now been published. Key themes are set out below:

- 83.7% of practices nationally were rated as 'good' or 'outstanding', one in ten as 'requires improvement' and only 3% of practices as inadequate[12]
- the below graph shows the breakdown on GP practice ratings, as reported by GPonline at the beginning of March 2017[13]. This demonstrates that despite 83.7% of practices being rated as 'good', variation in the quality of delivered care across the country still varies

10. GPonline: Map: How have GP practices across England fared in CQC inspections? (6 March 2017)
11. Figures from the 2016 GP patient survey.
12. GPonline: Map: How have GP practices across England fared in CQC inspections? (6 March 2017)
13. GPonline: Map: How have GP practices across England fared in CQC inspections? (6 March 2017)



- the results of published inspections to date also indicated regional variation in the standards of delivered care
- larger practices tended to be rated better. In addition, practices in the north and east of England were found to be five times more likely to be rated as 'outstanding' than those in London – 2% of those in the north and south of England were awarded 'inadequate' ratings, along with 3% in the midlands and 4% in London[14]. It was suggested that this reflects a historical lack of investment in the infrastructure of London practices
- 'inadequate' ratings often came about as a result of a poor rating for safety or for leadership
- the small percentage of inadequate practices must be considered in the context that **800.000 people were registered with a practice that received an inadequate rating on the grounds of safety**, which is clearly concerning
- where improvements are needed, most of the time practices have shown that they do improve (73% of inadequate ratings improved on re-inspection)

14. GPonline, Exclusive: CQC 'outstanding' rating up to five times more likely for practices outside London

4. Future vision for general practice

The Royal College of General Practitioners (RCGP) has set out the following vision for general practice in 2022[15]:

- accessible, high-quality, comprehensive healthcare services available for all communities
- a good in- and out-of-hours care experience for patients, carers and families
- Patients and carers routinely sharing decisions and participating as partners
- an expanded, skilled, resilient and adaptable general practice workforce
- investment in suitable community-based premises for delivering care, teaching, training and research
- coordination and collaboration across boundaries, with less fragmentation of care
- reduced health inequalities and increased community self-sufficiency
- greater use of information and technology to improve health and care
- improved understanding and management of inappropriate variability in quality
- more community-led research, development and quality improvement

15. Royal College of General Practitioners:

5. Delivering the vision: actions from the centre

5.1 General Practice Forward View[16]

In response to the mounting demands and financial pressures facing primary care, NHS England published the General Practice Forward View in April 2016, which sets out the changes needed by the sector. To support the implementation of these changes, the General Practice Forward View announced further investment into GP services of £2.4 billion a year by 2020/21, increasing funding from £9.6 billion a year to £12 billion a year, and also describes a plan to create an extra 5,000 doctors in general practice by 2020.

The plan includes specific, practical and funded steps to:

- channel investment: accelerate funding for primary care
- grow and develop the workforce: expand and support GP and wider primary care staffing
- streamline the workload: reduce practice burdens and help release time
- improve infrastructure and support practices to redesign their services to patients: develop the primary care estate and invest in better technology.

5.2 Support to practices

A selection of support initiatives are set out below:

Established as part of the General Practice Forward View, the five-year, £127 million **General Practice Development Programme** is aimed at providing practical support to help practices to respond to the opportunities and challenges identified within the General Practice Forward View and build capacity for improvement over the next five years. The programme aims to make workloads more sustainable and release time for staff to spend with patients who need it most. It will also support the strengthening of collaboration between practices and other organisations across the health and care system.

The Royal College of General Practitioners has introduced a **Peer Support Programme**[17] for practices placed in special measures. The programme intends to provide a to support practices to make significant change through a programme of advice, support and mentoring from senior GPs, practice managers and nurses.

In addition, the NHS England's **General Practice Resilience Programme**[18] launched in September 2016 aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face both currently and in to the future, and to secure continuing high quality care for patients. NHS is committed to investing £40 million to the programme over the next four years.

5.3. New ways of working

The Five Year Forward View sets out transformational change for the NHS, which includes the development of new models of care in vanguard sites, built around the needs of patients rather than historical or professional divides.

5.3.1 GP Federations

As a result of the challenges around GP recruitment and retention, increasing workload and declining GP income, the consensus is that general practices standing alone cannot survive as individual partnerships for much longer. Some practices are therefore entering in to collaborative arrangements with other local practices to form an organisational entity known as a federation or network.

This is taking off to a differing degree across the country and the idea is that by forming a federation, practices are able to share the responsibilities for delivering high quality care. In small practices, patients often value their continuous ongoing relationship with their own practice and their familiarity with their own doctor and their own wider practice team. The development of GP federations therefore mean,

16. NHS England, General Practice Forward View (April 2016)
17. RCGP Peer Support Programme for practices placed in special measures: http://www.rcgp.org.uk/policy/rcgp-policy-areas/supporting-practices.aspx
18. NHS England, General Practice Resilience Programme (05 September 2016)

for example, that smaller practices are able to retain a local focus whilst simultaneously being able to provide a wider range of services for their registered population. Federated organisations combine back office functions, share organisational learning and co-develop clinical services[19].

Examples of the types of benefits that GP federations could achieve include[20]:

- better access to general practice services with opening hours that reflect the needs of the local community
- different ways of accessing services with booked appointments and unscheduled, "walk in" clinics
- tailored services specifically designed to address very local needs
- a greater emphasis upon health promotion
- continuity of care with patients able to choose between their own GP or another in the federation
- one large cohort of clinicians should help sustain services and improve capacity and access - illness or absence could be easily covered and doctors and nurses could specialise in areas such as long-term conditions
- working with a large number of GPs, provides the opportunity for individual GPs to become specialised in certain clinical conditions
- ffederating front-of-house functions, nursing teams and business running costs will enhance the practices financially
- strong patient involvement with patient representation on federation boards

5.3.2 New Care Partnerships

Fifty partnerships across the country have been invited to be part of the new care models programme, which involves consideration of a complete redesign of the health and care system to improve the standard of care. The partnerships, known as vanguards, link health and care services together to reduce variation in the quality of care and improve efficiency. There are currently five types of vanguard:

- Primary and Acute Care Systems (PACS)
- Multispecialty Community Providers (MCPs)
- Enhanced Health and Care Homes
- Urgent and Emergency Care
- Acute Care Collaborations

For the purpose of this paper, described below are the principles of the PACS and MCP new models of care.

5.3.2.1 Multispecialty community providers

In this new care model, outlined in the NHS Five-Year Forward View and based on the GP registered list, the scope of GP practices expands to include the services of nurses, mental health staff, community health services, hospital services, and other relevant specialists where suitable. This shifts certain aspects of hospital care, such as outpatient and ambulatory care, out of hospitals and thus reduces pressure on the acute system.

It requires GPs practices to come together to develop networks or federations, as described above, and collaborate with other health and social care professionals (nurses, other community health services, hospital specialists and perhaps mental health and social care[21]) to provide more integrated services outside of hospitals.

Key benefits for patients: a single integrated and multidisciplinary team, working to provide comprehensive and personalised care to individuals.

Below are set out a number of examples of MCPs across the country:

19. Royal College of General Practitioners: A vision for general practice in the future NHS
20. NHS England, Supporting Sustainable General Practice: A guide to networks and federations for general practice https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/guide-netwrks-feds-gp.pdf
21. NHS England, Five Year Forward View (October 2014)

1. Wider integration of health and social care- Sunderland MCP vanguard

Through the Better Care Fund (a programme announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care) all of Sunderland's resources for out-of-hospital care from both the CCG and local authority are now contained within a single pooled budget of over £160 million.

From April 2015, a Provider Management Board took on the leadership for redesigning existing services and investing new funds in additional GP and nursing sessions in integrated teams and a 24/7 Recovery at Home service.

Co-located multidisciplinary teams, working across several practices, provide an enhanced level of care to patients with complex needs. These are often frail older people and/or people with multiple co-morbidities both at home and in supported housing, including care homes, identified via a risk stratification approach.

Source: NHS England Five-Year Forward View

2. All Together Better – Dudley MCP

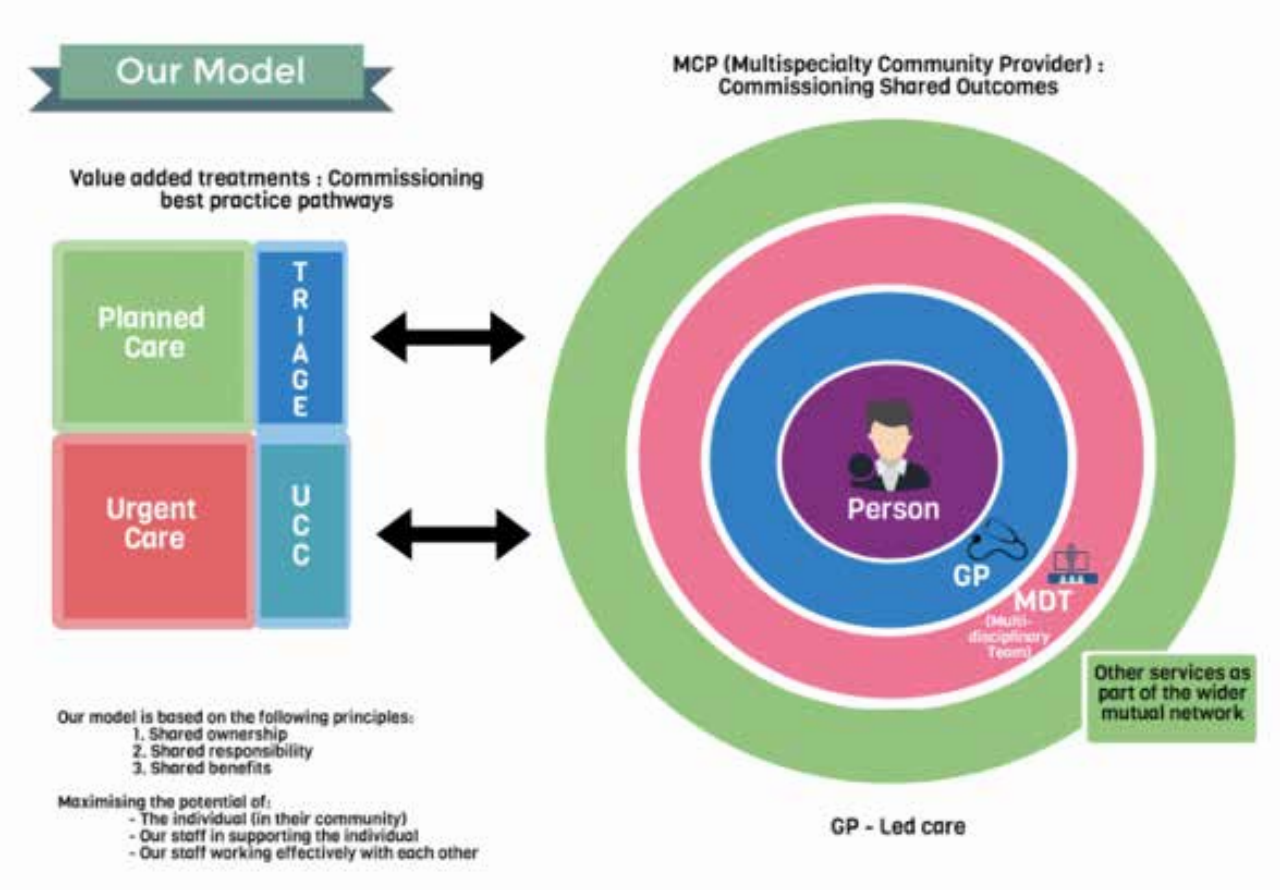
All Together Better partnership brings together all the health and social care organisations across the area to review and shape future health and social care services in Dudley. The organisations involved in the partnership are: Dudley CCG, The Dudley Group NHS Foundation Trust, Black Country Partnership NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust, Dudley Metropolitan Borough Council, Dudley Council for Voluntary Services, local GP practices in Dudley (46 practices). The areas has a population of 315,000.

Case for change

- local people requested better access to joined up services
- the requirement for better communication between local health are staff
- increasing demand for services but limited resources – too much care being provided by the hospital and a need to invest in services outside the hospital
- current services were not set up to cater for the increasing population – there will be 25,100 people aged over 65 and 9,900 people aged over 85 will be living in Dudley within two decades
- local GPs approaching crisis point – increased demand, more patients with complex health needs, increasing workloads and more GPs retiring than joining the profession

New model of care

Development of a MCP model of care to facilitate joint working between the professionals involved in a person's care, working together in community teams to keep people well and out of hospital as much as possible



The focus in on four main areas:

- **Enhanced primary care –** including consistent and more co-ordinated support for people with long term conditions that is tailored to their needs.
- **Integrated care –** patients can be supported by a wide ranging team made up of a GP, community nurse, social worker, mental health worker, voluntary sector worker and other specialists.
- **Pathways –** people will be supported to remain at home wherever possible by reducing the variation in hospital care for patients referred by their GP for non-emergency care.
- **Urgent care –** the vanguard will build on Dudley's successful new urgent care centre by improving support for frail elderly people, reducing the number of times they need to go to hospital as an emergency.

Benefits:

- multidisciplinary teams in place in all practices - teams without walls' providing improved efficiency through staff working as a single team, regardless of which organisation they are employed with. More time to support patients who require specific expertise
- straightforward access to a wider range of care via local GP practices -results in improved health and wellbeing, a reduction in avoidable hospital admissions, Accident and Emergency attendances, delayed transfers of care and social isolation
- more advice and guidance and better access to local support groups - help people make the right choices and manage their own health
- improved long term condition management

Source:

- All Together Better http://www.atbdudley.org

5.3.2.2 Integrated Primary and Acute Care Systems (PACS) vanguard

A PACS brings together local health and care providers with shared goals and incentives, enabling them to focus on best meeting the needs of their local population. The PACS model allows single organisations to provide NHS list-based GP and hospital services, as well as mental health and community care services.[22] Joining up services in the PACS model enables better decision-making and for the more sustainable use of resources as well as a greater focus on prevention and on community based care.[23] This lessens the reliance on hospital-based care.

Whilst the PACS and MCP models of care are similar in that they both include the integration of primary, community, mental health and social care, the PACS model also includes most hospital services[24]. There are nine integrated and acute care system vanguards.

Some examples of integrated PACS vanguards are set out below:

1. Better Together – Mid Nottinghamshire

The programme brings together all the health and social care organisations across the areas of Mansfield and Ashfield, Newark and Sherwood to review and shape future health and social care services in Mid-Nottinghamshire. The aim of the programme is to ensure that patients receive the best possible care in the community and in hospital, with services that continue to meet future challenges and embrace the opportunities for improvement.

Case for change

- increased demand for health and social care services – growing number of patients who need more complex care and rising cost of care
- growth in the number of older people requiring services
- this could result in a £140 million funding gap within the area in 10 years
- patients reported poor communication between organisations
- lack of patient awareness regarding what services are available and how they can be accessed
- lack of focus on prevention of ill-health and treatment of patients in the community

Better Together

The vanguard is focused on empowering patients and communities to better support their own health and on the integration of health and care services. The vanguard is focused on:

- Urgent and proactive care (e.g. long term conditions and frail older people
- Early and planned care (e.g. surgery for hips, knees or cataracts)

Better Together vanguard partners are:

- Central Nottinghamshire Clinical Services
- Circle Health Limited
- East Midlands Ambulance Service NHS Trust
- Nottingham University Hospitals NHS Trust
- Nottinghamshire County Council
- Nottinghamshire Healthcare NHS Foundation Trust (including County Health Partnerships)
- Sherwood Forest Hospitals NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- Together Everyone Achieves More (TEAM)

Together, the population is around 310,000.

An example of the changes being made is the creation of new integrated care team, which includes GPs, specialist nurses (such as diabetes and cardiac nurses), social workers and a voluntary sector worker. These

The integrated care team includes GPs, specialist nurses (e.g. diabetes, cardiac), social workers and a

22. NHS Five Year Forward View (October 2014)
23. New care models: Integrated primary and acute care systems (PACS) – describing the care model and the business model https://www.england.nhs.uk/wp-content/uploads/2016/09/pacs-framework.pdf
24. Ibid.

voluntary sector worker. They work closely with other community teams to provide better, joined-up care for patients who are at high risk of being admitted to hospital.
A new process called 'transfer of care' now allows patients to be discharged from hospital as soon as they are medically fit, with wide-ranging health and social care support already put in place.

Impact

- reduce pressure on hospitals by helping patients leave hospital sooner
- patients receive more and better care closer to home

Source:
- www.bettertogethermidnotts.org.uk
- https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/primary-acute-sites/mid-notts/

5.3.2.3 Primary Care Home (PCH)

The primary care home model aims to re-shape the way primary care services are delivered, based on local population needs. The model was launched in October 2015 as a joint National Association of Primary Care (NAPC) and NHS Confederation programme. The PCH is comprised of primary, community, mental health, social and secondary care providers working together in their locality to provide comprehensive and personalised care focused on the needs of local communities.

Primary care Homes, whilst not part of the Vanguard programme, are consistent with the ambitions of the Five Year Forward View and supported by NHS England.

The key features[25] of the PCH are:

- sites provide care to a defined, registered population of between 30,000 and 50,000
- aligned clinical financial drivers through a unified, capitated budget with appropriate shared risks and rewards
- an integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care; and
- a combined focus on personalisation of care with improvements in population health outcomes.

In essence, the PCH has the goal of:

- achieving better outcomes for patients at lower cost
- this is based on greater and better integration between primary and secondary care.

Since April 2016, 15 Rapid Test Sites have been implementing this new enhanced approach to primary care across England, with a further 77 sites identified and approved in December 2016. The types of issues that the rapid test sites have been working on include:

- managing delegated budgets and using NHS resources more efficiently
- workforce development
- improving demand management and changing patient flows
- improving access and preparing for the different ways of managing patients' health and care needs

1. South Bristol Primary Care Collaborative

South Bristol Primary Care Home covers six GP practices in the city, working with partners in the NHS, social care and the voluntary sector. The population covered by this PCH is 45,000. The area which the PCH covers is one of the most deprived in the country, with high levels of health inequalities and disease. GP surgeries in the area are often the first port of call for health and social problems, placing a real strain on a limited resource. The PCH will develop an integrated team to offer the right support, clinical and non-clinical, for patients, and where appropriate offer signposts to other services which can address their underlying needs. This will in turn be supported and enabled by a high-quality, integrated ICT system.

Partners: Bristol Clinical Commissioning Group (CCG) & Bristol City Council (BCC) and the Better Care Bristol Vision Governance Structure. Brisdoc, our GP Out of Hours service, University Hospitals Bristol (UHB), South Bristol Community Hospital (SBCH).

25. National Association of Primary Care, Primary Care Home: A unique model of care (December 2016)

2. The Healthy East Grinstead Partnership

Innovations include allowing patients to make a self-referral to physiotherapy, freeing up some 270 GP appointments in five months and cutting waiting times for specialist treatment. Similar self-referral will follow soon for midwifery, potentially freeing up another 400 appointments a year. Another change means patients recovering from a cataract operation no longer need to visit their GP for a repeat prescription of their medication – saving time for both the patient and doctor. The PCH has also introduced social care advisers who offer 'social prescribing', advising patients how to access non-medical services ranging from food banks to social clubs. The population covered by this PCH is 40,000

Partners: Horsham & Mid Sussex CCG, Queen Victoria Hospital NHS Foundation Trust, Sussex Community Trust, Sussex Partnership Foundation Trust, Age UK, East Grinstead and District, St Catherine's Hospice, East Grinstead Town Council, Brighton and Sussex University Hospitals Trust and West Sussex County Council, South East Coast Ambulance NHS Trust, Local population.

Conclusion

To conclude, nationally general practice is facing significant workforce pressures including an aging GP population, increasing vacancies rates, and growing patient demand. As a result, we are seeing significant variation in the quality of care, work related stress is becoming more prevalent and practices are more at risk financially.

Several measures have been put in place nationally to try and shore up the future of general practice, and we have explored some of these within the case studies. However, many of these best practice examples are still in their infancy and it is unclear as to how effective these will be long-term. What is clear is that significant transformation is required to ensure the sustainability of general practice into the future.

Appendix 1

General practice CQC inspections: GP practice rated locations map, as at 31 July 2016[26]

26. The State of Health Care and Adult Social Care in England 2015/16

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