

Workplace Culture and its impact on Organisational Efficiency

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Executive summary

This report contains knowledge regarding the culture of an organisation and the effects on regulation. Different external problems that affect the collecting information process of the Trafalgar gp surgery and analyse its strategies. Tools such as Pestel analysis will be used to explore more Indepth their ethical problems in their daily activities and the impact it has on the business.

Introduction

This report will be showing the findings on how the workplace has dramatically transformed during the pandemic and its ongoing restrictions. How organisations have had to adapt to the new norm, however with all the challenging circumstances this has also made many opportunities for new adventures in the workplace and has brought the community spirit together and shown how resilient people have been.

The organisation that will be analysed is The Trafalgar Surgery this gp surgery stands out because they empower their patients by supplying a scheme that gives them access to take their own digitalisation test this is extremely important because of the high statistics of people dying from heart attacks due to having high blood pressure and not realising on till it's too late.

By giving patients the ability to take their health into the own hands can prevent late results that could form into a heart attack or any other underling health issues they may have. Another reason on why this gp surgery puts their patient needs first is that they have a good recent care quality commission report stating that people with long term conditions, family's children and young people, the elderly and people experiencing mental health including dementia also people in circumstances that may make them vulnerable is at the top of their concern.

The key business analytical tools that will support this report will be PESTEL analysis. PESTEL Analysis is a strategic framework used to evaluate the external environment of an organisation by breaking down the opportunities and risks into PESTEL analysis. Businesses are affected by both micro and macro factors in its external environment. this tool is what businesses use to understand and monitor the macro-environmental factors. This also helps to keep track of changing activities in the workplace environment.

Main Body

Company background

The Trafalgar Surgery supply primary medical services in the London Borough of Southwark roughly to 4000 plus patients and is one of many GP practices in Southwark Clinical Commissioning Group (CCG). The practice performs at 10 Trafalgar Avenue, London, SE15 6NR in the London Borough of Southwark. The surgery is in premises transformed from a residential premises, and there are consulting rooms within the building, with another floor used for administrative offices.

The surgery's patients are in the second most deprived decile in England. The practice population's age head count is widely in line with the governmental average. However, there are mostly more patients aged between zero and 50 years and fewer patients aged over 60. The GP team is made up of one practice principal GP and one locum GP. there is one female GP and one male GP operating at the practice, providing 17 GP sessions weekly. There is a locum Practice Nurse that attends the practice a few times a week.

The practice is registered as an independent provider with the Care Quality Commission to give supervised activities of family planning offering many treatments such as disease, disorder or injury diagnostic and screening services, maternity, and midwifery services.

Business Environmental Analysis Tools

“The environmental analysis tools that will underpin this report will be Pestel analysis, cultural WEB and porters five forces. An organisation requires to maintain their business activities, in addition, it requires reacting to the external and internal factors that an organisation operates which affects the main objectives and strategies. The company governmental environment is anything that affects or influences the business activities” (ANDRADE,2017).

External environmental analysis

Political factors

Brexit uncertainties

“Perhaps the biggest question in UK politics is that of Brexit. The United Kingdom's decision to leave the European Union should have far-reaching consequences for society, and that includes public institutions such as the Trafalgar gp surgery. Many articles have been published thinking about how Brexit could affect the NHS/GP surgeries, but nothing is certain yet. For example, there is uncertainty as to how EU drugs and equipment will be delivered to the UK. Perhaps the most serious problem is staff recruitment with many medical staff from other European countries, there is concern that staff may act if Brexit results in harsh or unhealthy living conditions for foreigners” (Bush,2019).

Economic downturn

“Following the 2008 financial crisis, the world is experiencing a recession. Of course, the United Kingdom was not at all immune to this recession, and this is something that has affected the GP surgery. For more than a decade, the GP has been plagued by financial problems (for economic reasons such as those under control). This makes it difficult for the Trafalgar surgery to provide adequate care to its patients. The biggest way this has shown is the huge shortage of qualified staff. With low pay, the GP surgery has never been the most attractive workplace for medical professionals.

In response to the recent economic downturn, the United Kingdom government has introduced a range of spending measures to reduce public spending. While the NHS has never been directly affected by this crisis (with budget cuts), it is believed that rigid measures had a direct impact on the NHS's finances, exacerbating the organisation's financial problems” (Ham,2014).

Sociocultural Factors

Aging Population

“All over the world, the common thing is for the elderly. As health care improves, the average age of the population is increasing. While this is a good thing, older people often have many health problems. Conditions such as diabetes and various cancers often develop in later stages of life and can be very expensive to treat or manage. As a result, the number of older people in the UK poses additional challenges.

Patient expectations

With the advent of communication (allowing information to spread faster than ever before) and improved education systems, patient expectations are much higher than before. Patients often have the best knowledge of the treatments they receive, and in developed countries (such as the UK), they expect government agencies to keep costs down. While this reduces mortality and, again, is a positive change, it creates new challenges as they are expected to provide better care than ever before” (Charles,2017).

Technological Factors

Improved healthcare

“With the advent of communication (which makes information spread faster than ever) and the improvement of the educational system, patient expectations are much higher than before. Patients tend to know better about the treatment they are receiving, and in developed countries (like the UK) they want government agencies to cut costs. Although this reduces the death rate and is again a positive change, it presents new challenges as they are expected to provide better care than ever before.

Better Education

Importantly, technology has also opened the door to better health education. This applies not only to patients themselves who are educated on smart watches and high-quality free content resources, but also to clinical professionals. Because technology makes it easier for people to obtain correct information, it is an underutilized tool. However, through better education of clinicians, it should make it easier to find qualified new employees and provide high-level care” (Baird,2016).

Legal Factors

Litigation

“A growing trend around the world is litigation, in various circumstances. However, more important than ever, patients (or family members) who are dissatisfied with the quality of care seek revenge in court. There are increasing demands related to healthcare in the UK, and the upward trend shows no signs of stopping. Unfortunately, this is a huge new expense for the medical institution because it is forced to invest in expensive legal defence and pay large settlement fees.

Environmental

Reduced waste, making a greener environment, low carbon impacts and many other activities related to the environment. Covid 19 made a huge impact to the environment that is constantly being monitored and making sure people are washing their hands social distancing, not too many people in the same place at the same time, by keeping the health and safety of patients as main priority” (Steventon,2017).

Industry Analysis

Porters five forces

Threats of New Entrants

“New entrants to the field of education and training services are bringing innovation and new ways of doing things by lowering pricing strategies, lowering costs, and providing clients with new value propositions, and they are putting pressure on GP Strategies Corporation. GP Strategies Corporation must meet all these challenges and establish effective barriers to maintain its competitive advantage.

How GP Strategies Corporation responds to newcomer threats

by innovating new products and services. New products can not only attract new customers, but also give old customers a reason to buy GP Strategies Corporation products.

Establish economies of scale to reduce unit fixed costs.

Capacity building and R&D funding. New entrants are unlikely to enter a dynamic industry in which established companies such as GP Strategies Corporation continue to set standards on a regular basis. It greatly reduces the window of excess profit from the new company, which deters new entrants to the industry.

Bargaining Power of Suppliers

All companies in the education and training services sector purchase raw materials from many suppliers. Dominant vendors can reduce GP Strategies Corporation's profits in the marketplace. Powerful service sector providers use their bargaining power to obtain higher prices from companies in the education and training services sector. The overall effect of increased bargaining power from providers is that it reduces the overall profitability of education and training services” (Boyle,2017).

How GP Strategies Corporation can tackle Bargaining Power of the Suppliers

“Establish an efficient supply chain with multiple suppliers.

Try to use different materials for product design so that when the price of one raw material rises the company can switch to another raw material.

business development depends on the company's dedicated suppliers. One of the lessons that GP Strategies Corporation can learn from Wal-Mart and Nike is that how these companies develop their business is completely dependent on their third-party manufacturers, creating a scenario in which these third-party manufacturers' bargaining power is significantly lower than that of Wal-Mart and Nike.

Bargaining Power of buyers

Buyers are usually very demanding. They hope to buy the best price by paying the lowest possible price. This puts pressure on the long-term profitability of GP Strategies Corporation. The smaller and stronger GP Strategies Corporation's customer base, the greater the bargaining power of customers, and the greater their ability to seek greater discounts and concessions” (Appleby,2018).

How GP Strategies Corporation can tackle the Bargaining Power of Buyers

“Building a large customer base. This will help in two ways. This will reduce the bargaining power of buyers and at the same time give companies the opportunity to optimize their production and sales processes.

through rapid new product innovation. Customers are often looking for discounts and deals on existing products, so if GP Strategies Corporation keeps releasing new products, it can limit buyers' bargaining power. The

new product will also reduce the loss of existing GP Strategies Corporation customers to its competitors” (Harrison,2018).

Threats of Substitute Products or Services

When a new product or service meets the needs of similar customers in different ways, the profitability of the industry will suffer. For example, services like Dropbox and Google Drive can replace hardware storage drives. If an alternative product or service provides a value proposition that is very different from existing products in the industry, then its threat is very high.

How GP Strategies Corporation can tackle the Treat of Substitute Products / Services

Service-oriented, not just product-oriented.

Understand the core needs of customers, not what customers are buying.

by increasing switching costs for customers.

If competition between existing players in an industry is fierce, it will lower prices and reduce the overall profitability of the industry. GP Strategies Corporation operates in the highly competitive education and training services industry. This competition has an impact on the overall long-term profitability of the organization.

How GP Strategies Corporation solves the fierce competition among existing competitors in the education and training services industry

Build sustainable differentiation

Build a scale so you can compete better

Work with competitors to expand your market size instead of competing for small markets.

The influence of Porter's Five Forces on GP Strategies Corporation

“By analysing the five competitive forces, GP Strategies Corporation strategists can fully understand the factors that affect the profitability of organizations in the education and training services industry. They can spot game-changing trends early and can respond quickly to take advantage of emerging opportunities. By understanding Porter's Five Forces in detail, GP Strategies Corporation managers can shape the forces that benefit them

Organisational Culture

Cultural WEB model

Stories

Many GP stories over the years are related to technological advancement and the search for cures for terminal illnesses. There are stories about the negative impact of attempts by politicians to change the system and the heroic actions of those who fought to defend the NHS system.

Symbols

The symbols reflect the various institutions in the organization, the uniforms of clinical staff, and the unique symbols of doctors, such as entourage and status symbols, that is, the mobile phone is a restaurant. Reflects the importance of hospital size and conditions; especially considering the government's plan to close hospitals that lack practice. This will be a measure that will be used to ensure their future safety (Sambrook, 2006).

Power structures

“The power structure is dispersed among doctors, nurses, and managers. However, in history, senior doctors are considered to have the greatest power, and managers mainly appear as administrative personnel. As with many organizations, it is also obvious to identify a strong network of individuals and informal groups that combine around specific issues to promote or resist specific points of view. Structure of the organization

Organisational Structures

Is hierarchical and mechanical. There is a clear command chain that everyone can see. The services are also arranged in a certain order of priority and the care services are ranked further down the list. Informally, there is evidence of tribalism between functional and professional groups.

Control Systems

In the hospital, the key metric is based on the completed clinical event, that is, the activity rather than the outcome. Senior professionals exercise control over employees, and sponsorship is a key feature of the professional culture” Bush (2019).

Ritual and Routines

Organisational Culture and External Factors

Vision and values

“Leaders at all levels must convey an inspiring, forward-thinking, and ambitious vision, with a focus on providing high-quality, compassionate care to the communities they serve. must have clear values and set expectations for employee behaviour and interactions with colleagues and patients. NHS regulations stipulate values, with patient-centeredness and responsiveness at the core.

Good leaders reiterate that high-quality, compassionate care is the primary goal of all employees at all levels, so that everyone understands this commitment and acts. It takes time, sustained energy, and dedication. .Although many referrals are patient-driven, many general practitioners recognize the value of surgery, especially for patients with comorbidities.

This is based on clinical evaluation of individual patients by general practitioners. Although costs, visits, and feedback from previous patient experience are considered, these general practitioners report referred patients they believe will benefit of the operation. This is based on the experience and guidelines of professional institutions. Some general practitioners reported that they were affected by forensic considerations.

Surprisingly, there is no strong relationship between this variability between reported referrals and service availability, with general practitioners in the most remote areas (WNSWML and ISML) reporting that they refer patients to surgery, or the possibility of plan or lifestyle provider has not diminished” (JS,2019).

“In fact, ISML general practitioners believe they have multiple options and are more likely to report referrals to bariatric surgery and related health and weight loss programs. SWSML general practitioners are more likely to report limited access and less likely to refer patients to surgery and lifestyle services. All general practitioners reported that public hospitals hardly provide surgery.

When looking at languages used during consultation, there was no marked difference between GPs who consulted in English and GPs who consulted in another language. Patients' main language was not reported by the GPs to be a strong factor influencing referral.

General practitioners prepare or refer patients before surgery and expect the surgical team to provide patients with multidisciplinary support from preoperative evaluation to long-term follow-up. The

general practitioners who believed that the patient's mental state was an important factor affecting the outcome of the operation were more likely to spend time (usually several months) to evaluate the patient's surgical eligibility and mental and physical management capabilities.

Other general practitioners who are more likely to rely on the multidisciplinary surgical team report that they have access to an effective surgical team with reliable preoperative evaluation and postoperative psychological and physical follow-up.

Due to COVID19, the provision of care in the practice of general practitioners has changed dramatically. Teleconsultation has been quickly introduced to protect patients and staff from the risk of infection.

The form of face-to-face negotiation has undergone a dramatic change. Between March 1 and June 2020, 8.5% of appointments were made in person, compared to 38% in the same period in 2019. On the contrary, the use of remote consultation methods has increased. Phone appointments increased from 39% to 51% and online messages increased from 23% to 40%, although video increased 50 times, it remained at a low level of 0.5%.

The NHS 'long-term plan proposes the ambition to provide digital primary care first to most people by 2023/24: patients use online tools to remotely access primary care services. The latest GP contract requires that all patients have the right to an online consultation before April 2020 and a video consultation before 2021. However, due to concerns about the potential impact of remote consultation, especially the impact on privacy and patient safety, has been reluctant to implement remote consultation, inequality in medical care and the workload of general practitioners" (Farrar,2014).

Organisational Culture and Performance

Three levels of organisational culture in healthcare

“Visible manifestations of medical culture include the distribution of services and roles between service organisations (such as the long-standing divide between secondary and primary care and between medical and social care) and the physical distribution of facilities (the receptionist behind the desk and Consultation room physicians), through established channels of care (including ubiquitous outpatient appointments), division of activities between staff groups (and disputes that challenge or strengthen these activities), practices of staffing and reporting agreements, reward systems (salaries and pensions, but also intangible rewards for autonomy and respect) and local ceremonies and ceremonies that support approved practices. Visible manifestations of culture (sometimes referred to as artifacts) also include established ways (formal and informal) to address patient safety and quality improvement, risk management, and recognized ways of responding to employee concerns and patient comments or complaints.

Shared ways of thinking include the values and beliefs used to test and maintain the visible performance and related behaviours, as well as reasons for acting in different ways. This may include general perceptions of the patient's needs, autonomy, and dignity; ideas about evidence of action; and expectations for safety, quality, clinical performance, and service improvement.

Deeper shared assumptions are the basis of daily practice mostly unconscious and uncensored. These may include ideas about appropriate professional roles and descriptions; expectations about the knowledge and character of patients and caregivers; and assumptions about the relative power of health professionals (collective and individual) in the health system.

Organizational culture covers how things are arranged and realized, and how things are talked about and proven, that is, stories and narratives about what to do and why, as well as the presuppositions that support them. In summary, these may reflect a common and universally understood vision of GP life, which is embodied in the care, safety, and risk model.

Although our focus here is on the GP environment, these arrangements and narratives can be found in all medical institutions (albeit in different formats), from the main office to the community trust. Those who are willing and willing to improve services need to have an in-depth understanding of social dynamics and common mindsets that support and strengthen existing practices and inform them that they are willing to change.

Another important level of complexity is that shared thinking may be limited to sub-groups in nursing services, which has important implications for patient experience and service delivery” (Hughes,2020).

Ethical Dilemma

“Since health care involves life in general and quality of life, there are likely to be ethical issues. Often, it is difficult for patients to know which treatment to choose and to whom to report their health care crisis. Even more difficult is the ethical dilemma faced by healthcare providers. While informed consent is obtained and the best interests of patients are advocated, the struggle to maintain patient confidentiality is often enormous. Although the laws related to medicine seem simple, the decisions that healthcare workers must make are often vaguer than people think, and not as black and white as people think. These are some of the primary problems faced by medical staff in their work.

Giving Placebos

Some doctors prescribe placebos just to reassure patients or prevent them from returning to medical facilities. As a healthcare professional, you must consider what is best for the patient and what is most ethical in each situation (Glanz,2019).

Revealing Mistakes

“As with all areas of life, mistakes are a fact in healthcare, no matter how hard you try to always provide perfect care. However, to say the least, exposing mistakes can sometimes lead to lawsuits or incredibly angry patients. When should you disclose your mistakes to doctors, supervisors, or patients.

Protecting Patient Privacy

Your patient's personal information is treated as private information and is protected by law. However, you may occasionally feel the need to vent to colleagues, family, or friends. How much and what kind of information you can share to make yourself feel better. In the next ten years, with the development of new therapies and changes in the laws, these ethical dilemmas will change and transform. Things that are considered legal today may not be treated the same next year and vice versa. Although managers and clinical leaders are often at the forefront of these dilemmas, every medical staff must have an innate understanding of basic social ethics and personal ethics and ethics in order to work with happiness, confidence, and compassion” (freeman,2020).

Conclusion

Although many GPs were concerned about their effectiveness in achieving sustained weight-loss, most were ready to refer obese patients for lifestyle interventions and only very infrequently referred patients for bariatric surgery. GPs' attitudes about these types of referrals were often formed on limited case experience, especially for surgical interventions. Further, cost and ability were major barriers, with most GPs perceiving that there was very little or no access to publicly funded surgery.

These referral practices could be improved by local health services educating GPs about the outcomes of these respective referrals or providing information encouraging them to follow guidelines about whether to refer to lifestyle programs or surgery. By providing training opportunities for GPs, local health services may be able to help improve their relationship with GPs as well as give better feedback on the outcomes of lifestyle and surgical interventions. In turn, this will help shape future practice where patients can receive better care for obesity and comorbidities.

Individual Reflection

Employers are also looking for people with creative thinking. In essence, I am a very creative person. I see things from a very different perspective. Usually, I take an original idea and use my creativity to expand it, which sometimes leads to something completely new. It has to do with thinking beyond the obvious. Employers want their employees to be able to use their creativity and reasoning skills to solve problems. Regardless of the industry, innovative problem solvers can take the organization to a new level.

I often get told by my friend's that I'm good at persuading them to join me in activities. I usually get my way 9 times out of 10 times. As they say, I always try to do things my way. This can also be called diplomatic art. Now, having employees who can persuade others is extremely helpful for organizations, because they may face situations where they must persuade customers or unions to reach an agreement. This skill may also be related to the employee's sales ability.

Effective communication with others is a basic but most important skill. Since being able to speak, listen or write, everyone has naturally practiced this skill, but the communication gap between employers and employees still seems to be a major problem for many organizations. To have a productive workplace, effective communication must always be maintained between employees and employers.

Successful communication is essential in business. Over time, I have developed effective communication skills. I can speak easily and make the other party understand me and communicate with me verbally or in writing. Also, my listening skills are also exceptionally good, because I listen to the other person patiently then communicate with the other person. I can improve this skill by practicing more.

Another skill I developed when writing reports at university was teamwork. Working in a team is probably one of the most important skills required to succeed in the workplace, especially in terms of the way you communicate with colleagues. Most jobs require you to work as a team.

Working with different groups of teams helped me understand how to communicate with different colleagues and understand their perspectives when solving problems. Teamwork has many benefits, one of which is that it helps to generate many different ideas, resulting in creative solutions, and will speed up the process. Once I start working at a professional level, my abilities will be tested, so having more projects involving teamwork will prepare me.

References

Thomas Bush (2019) GP Strategies Corporation Porter Five Forces Analysis WWW.Fernfortuniversity.com, (Accessed: 20 August 2021).

Andrade et al, 2017 C.C Andrade, the hospital rooms make a difference for parent's stress, *psychol*, 53 (2017), pp.63-72

Addicott Ham, (2014), Commissioning and funding general practice: making the case for family care networks. London: The King's Fund.
www.kingsfund.org.Uk/publications/commissioning-and-funding-general-practice (accessed on 1 August 2021).

Agency for Healthcare Research and Quality (undated). 'Defining the PCMH'. AHRC website. Available at: www.pcmh.ahrq.gov/page/defining-pcmh (Accessed on 2 August 2021).

Alderwick Charles, (2017) Making the case for quality improvement: lessons for NHS boards and leaders. London: The King's Fund. Available at: www.kingsfund.org.Uk/publications/making-case-quality-improvement (Accessed on 22 August 2021).

Charles Baird, (2016). Understanding pressures in general practice. The King's Fund. www.kingsfund.org.Uk/publications/pressures-in-general-practice (Accessed on 24 August 2021).

Alex Steventon, (2017). Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected person level data. *British Medical Journal*, vol 356, p j84.

Boyle S, Appleby J, Harrison A (2018). A rapid view of access to care. London: The King's Fund. Available at: www.kingsfund.org.Uk/projects/gp-inquiry/access-to-care (Accessed on 26 April 2021).

Care Partners (undated). 'Collaborative care'. Care Partners website. Available at: <https://aims.uw.edu/care-partners/content/collaborative-care> (Accessed on 27 August 2021).

Care Quality Commission (2017). 'The Mount View Practice'. Care Quality Commission. www.cqc.org.uk/location/1-871260986/reports (Accessed 28, August 2021). Care Quality Commission (2016a).

'Bevan Healthcare CIC'. Care Quality Commission website. Available at: www.cqc.org.uk/provider/1-199697065/reports (Accessed 28 August 2021). Care Quality Commission (2016b).

Castle-Clarke S, Imison C (2016). The digital patient: transforming primary care. London: Nuffield Trust. Available at: www.nuffieldtrust.org.uk/digital-patient (Accessed on 29 August 2021).

Collings JS (2019). 'General practice in England today: a reconnaissance'. The Lancet, vol i, pp 555–85.

Farrar M (2014), An inquiry into patient centred care in the 21st century: implications for general practice and primary care. London: Royal College of General Practitioner's. rcgp.org.uk/policy/rcgp-policy-areas/inquiry-into-patient-centred-care-in-the-21st-century.aspx (Accessed on 29 August 2021).

Freeman G, Hughes J (2020). Continuity of care and the patient experience. London: The King's Fund. Available at: www.kingsfund.org.uk/projects/gp-inquiry/continuity-of-care (accessed on 30 August 2021).

Goodwin N, Dixon A, Poole T, Raleigh V (2020). Improving the quality of care in general practice: report of an independent inquiry commissioned by The King's Fund. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/improving-quality-care-general-practice (accessed on 20 April 2018).

Glanz and Saraiya, (2019) Summary of current policy drivers and national practice overview, www.nice.org.uk (Accessed 30 August 2021)