

Patients First:

Improving access to GP practices

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About Reform Scotland

Reform Scotland is an independent, non-party think tank that aims to set out a better way to deliver increased economic prosperity and more effective public services based on the traditional Scottish principles of limited government, diversity and personal responsibility.

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i. Executive Summary

Objective

In our report Patient Power (2009), Reform Scotland stated that we believed people should have a wider choice of GP. The purpose of this report is to expand on this work, using research from GP practices in urban and rural settings in Scotland to illustrate that the way GP practices operate can vary considerably from whether they operate open surgeries to extended hours, have the ability to process repeat prescriptions online to whether they even have a website.

It is often forgotten that GPs are usually private sector contractors to the NHS. They are often described as “independent contractors” but we believe that is simply a clever way for politicians to describe the situation without having to admit private sector involvement in the NHS.

Reform Scotland believes that giving individuals greater choice over their GP practice would mean that people were able to easily walk away from GP practices they felt did not provide services that suited them. We don't envisage that such a policy would lead to a mass exodus of patients from GP practices but the potential that they could would help drive up standards. It is also worth remembering that when the NHS was set up in 1948, information leaflets advised that the first thing people had to do was “choose your own doctor”. So what we are proposing is nothing particularly radical, or even that new, but an extension of something which patients were advised they could do when the NHS was set up over sixty years ago.

It is important to emphasise that this paper is not about the medical care provided by individual doctors or GP practices, but about the practical arrangements regarding how patients access their GPs, the “gate-keepers” to our health service, and whether we can't improve arrangements to encourage a better provision of service. Why is it unthinkable that a private sector contractor be open later in the evening or at weekends to better meet the needs of its patients – after all the pharmacists that dispense the medicine often are. It's time the system was designed to meet the needs of patients rather than the practice owners.

Findings

- Reform Scotland carried out some research looking at the operating practices of GP practices in Edinburgh and in the Scottish Borders. We found:
 - In Edinburgh Community Healthcare Partnership
 - 79 per cent of GP practices had a working website
 - Of those with a website, 47 per cent offered some level of extended hours
 - Of those with a website, 81 per cent offered online/email repeat prescriptions
 - Of those with a website, 15 per cent ran open surgeries with 71 per cent suggesting you tell the receptionist your case is urgent if you want to be seen the same day.
 - In NHS Borders
 - All 26 GP practices had a website (mostly a page on NHS Borders website)
 - 23 per cent of practices stated they offered extended hours
 - 12 per cent of practices offered online/email repeat prescriptions
 - 15 per cent offered open surgeries with 58 per cent suggesting you tell the receptionist your case is urgent if you want to be seen the same day.
- GP practices hold all the cards
Reform Scotland does not believe that it is clear to individuals which GP practice catchment areas they live in and how they can access what little choice exists in the current system. According to Practitioner Services you should “*Use the Find Your Local Services on the NHS 24 website www.nhs24.com to locate your nearest GP practice.*” Though it goes on to state “*Even though a GP practice is highlighted from your post code search, your address may not be served by that GP practice*”. Therefore, to clarify the situation regarding how patients find out what GP practices serve their areas as well as the rights patients have to choose a GP practice, Reform Scotland submitted a number of Freedom of Information requests to the Scottish government and individual health boards. From this we found:
 - There are catchment areas for GP practices, though it is not always straightforward to find out what these are. Whilst it is up to the NHS Boards to maintain them, it is the duty of the individual practice to publish a leaflet which includes the practice area by

reference to a sketch diagram, plan or postcode. So individuals trying to decide which GP practice to join have to go through a complicated and time-consuming process to contact a number of different practices and acquire their leaflets to find out which ones served their area. If there is more than one practice serving an individual's area, they are open to new patients and patients can find out this information, then they can choose between practices;

- Patients can register with a practice if they live outwith the catchment area at the discretion of the practice. Equally if a patient moves area, it is at the GP practice's discretion whether they can stay on the list.
- More information is available to patients in England and Wales online about GP practices through the NHS choices website compared to Scotland's NHS 24 site. In England and Wales, patients can find out through a simple search not just the contact details and website address of each GP practice within a certain radius of their postcode, but whether it operates online repeat prescriptions, has extended opening hours, the gender balance of the GPs and whether people would recommend the practice. In Scotland, all the information that is given is the address and telephone number of the practice.
- According to the Scottish government's patient experience survey, while 75 per cent of patients rated the overall arrangements to see a doctor as excellent or good in 2011/12, this was down from 81 per cent in 2009/10 and there was a 5 per cent drop in those able to see or speak to a doctor or nurse within 48 hours. All of the five issues which received the most negative responses to the survey related to the way in which patients accessed the services at their GP practice.

Policy Recommendations

Extend choice of GP practice by enlarging catchment areas

Patients' choice of GP is limited by the number of GP practices which serve the area they live in. Whilst some people will live in areas covered by a number of practices, others will be covered by only one. GP practices can only refuse to register patients if they have reasonable grounds to do so, one of which is that the individual seeking to register lives outwith the catchment area.

However, as GPs are no longer responsible for out-of-hours care, there is no reason why they cannot serve a wider area, with the NHS Boards responsible for agreeing the catchment areas, rather than the practice maintaining it

themselves. This could mean in more urban areas like Edinburgh, which has five Local Healthcare Partnerships (LHP), GP practices cover the whole LHP area, giving residents a choice of between 10 and 20 GP practices depending on which LHP they live in. In more rural areas, such as NHS Borders, catchment areas could cover the whole board area so residents would be entitled to join any of the 26 practices.

Expanding the catchment area would put no extra pressure on GP practices as they would still be able to close their lists to new patients if they reached capacity. The only difference would be that the area from which they could accept patients would be larger.

In practice, many people would still prefer to join the practice closest to them. However, by enabling patients to move and go elsewhere if they are unhappy with the way they access services where they are, there is greater pressure on all GP practices to improve. This would also help to end the current postcode lottery whereby some people can see their GP at a weekend or evening, while others, who may live nearby, cannot.

The current situation allows some people to join a practice out of their area at the practice's discretion. If NHS boards greatly expand the catchments and maintain them, this would change the situation so that the patient, rather than the practice, has greater power over where they can register. Practices would, of course, still be able to refuse to accept a patient under the current "reasonable grounds" rules. However, as the practice's area would be now significantly larger, individuals would have greater choice.

Allow new GP practices to open up

Choice is currently limited for patients due to the number of GP practices serving their area or if practices have closed lists and do not have the capability to take on new patients. If NHS boards allowed new GP practices to open up alongside existing practices, this would give patients far greater choice. This competition, in turn, should also improve access and operating practices across the board.

Competition is widely accepted as a good thing within the private sector. GP practices are essentially owned and operated by the private sector, yet despite the diversity in the way in which patients access GP services, the public has little choice.

As well as expanding GP practice catchment areas, allowing more GP practices to be set up would increase choice for patients and improve services. There is no

reason for the state to protect GP practices, which are private businesses, from competition and this would increase choice and diversity as well as making practices more responsive to the needs of patients.

Reform Scotland recognises that to do this may mean examining elements of the GMS contract to ensure new, but growing, practices could be financially viable. However, the BMA in Scotland has already raised concerns that the current system does not allow small, but growing, GP practices to receive sufficient funding to make them financially viable.¹ Therefore, we would hope that the Scottish government could look at our recommendations as part of any consideration of how the system can be altered to address BMA Scotland's concerns.

We also believe that health boards should consider applications to open up new GP practices in a similar way to the process to open up a new pharmacy through the control of entry regulations which take account of the services the applicant would provide, including additional services and direct enhanced services.

Reform Scotland also believes that an existing GP practice should not be an obstacle to a new GP practice opening up in a similar area and entering into a GMS contract with the relevant health board.

This would not only widen the number of GP practices which patients could choose from, but potentially help provide more career opportunities for GPs. For example if a GP is employed by a practice but would like to set up their own practice, a health board which was more open to allowing new practices to set-up, rather than just ensuring minimum coverage for the population, could enable a GP, along with others, to do so. Such a move could also be financially viable for the applicant GPs as it is likely that some patients they were currently treating would want to follow them. The same could apply if a GP partner in a practice wanted to break away from their existing partnership and set up a new one.

End ban on private companies opening up GP practices

The current situation where some private enterprises can run GP practices while others can't is illogical. There should be a more consistent approach, either you believe that private companies should not be providing GP care, in which case all GPs should become salaried GPs and be employed by the NHS, or you believe that the private sector can provide GP care. Trying to ban certain types

¹ BMA Scotland, "Scotland's GPs call for more support to build new surgeries in growing communities", 2 August 2012

of private sector providers, but allowing others based on their perceived motivation is inconsistent and illogical.

If the private sector is to be allowed to continue to contract to provide GP services, Reform Scotland believes that the ban on commercial companies running GP practices should be lifted. This would not lead to any great influx, as it would still be up to NHS boards to make a decision based on all those who had tendered to provide services.

However, taken together with our other recommendation about enabling more GP practices to open up and extending the choice of GP available to patients, if patients felt their needs were not being met by a GP practice run by a commercial company or objected to attending a practice run by a commercial company, they could vote with their feet. Therefore, it would be in the interests of the commercial company to ensure they did provide a good service to their patients. Patients and politicians should, therefore, have nothing to fear from this policy – it would not change the nature of the care provided, which would still be provided by GPs paid for by taxpayers.

Provide more, and clearer, information to patients about GP services

During the completion of this report Reform Scotland was frequently frustrated by the lack of information easily available to the public regarding GP services. Whilst we appreciate that some individual health boards provide more online information than others, it is disappointing that there is such a gap in the quantity and quality of the information provided by NHS Choices in England compared to NHS 24 in Scotland regarding local GP practices. We believe NHS 24 should certainly aspire to provide as good a range of information about local services, if not better, than is available in England.

While individuals are able to choose their GP practice if more than one covers the area in which they live and have open lists, finding out which practices cover your area is far too complicated. Through Freedom of Information requests to each of Scotland's 14 health boards, Reform Scotland was able to get a rough idea of catchment areas, with most providing maps or street information. However, this basic information should be far more widely publicised to ensure patients have a far greater understanding of what services and choices are available to them. Even without introducing the recommendations in this report, some patients do have a limited choice over their GP, but that choice is pointless if they are unable to find out what they can choose between.

All GP practices, indeed any organisation offering services to the public which receives public money, should have a website.

In addition to the recommendation relating to the need for more, and clearer, information above, Reform Scotland also believes all GP practices should have a website. In carrying out the research for this report we were surprised at the number of GP practices which didn't have a website. In this electronic age, where many people rely on the internet for information we recommend that any organisation which is providing a service to the public and is in receipt of public money, such as GP practices, should have a website which provides, at least, minimum contact information and information explaining how you access services. As there is a requirement under the General Medical Services Contract for each GP practice to maintain a practice leaflet, which must include the contractor's practice area by reference to a sketch diagram, plan or postcode, and make copies available to the public, maintaining a website and having the practice leaflet available to download would also be helpful. The Scottish government has recognised the importance of utilising the internet and this policy recommendation would also help contribute toward meeting the 'national indicator' of "widening the use of the internet".

Separate General Medical Services Contract for Scotland

The General Medical Services (GMS) contract sets out what services GP practices must provide and how they are funded and is currently negotiated on a UK basis.

Reform Scotland recognises that it is likely that some of the policy recommendations set out in this report, such as the requirement to have a website and for the practice leaflet to be published online, would need to be addressed through changes to the GMS contract, particularly through the Quality and Outcomes Framework which includes organisational standards.

Due to the policy recommendations we are setting out in this report, taken together with changes being made to the way in which GPs operate within the NHS in England as a result of the Health and Social Care Act 2012, on top of a health system that is increasingly diverging in policy north and south of the border, Reform Scotland believes that it makes little sense for Scotland to remain part of the UK GMS contract. Instead, we believe that a separate deal should be negotiated for Scotland. This doesn't mean that the deal agreed would necessarily be all that different and there would be nothing stopping those involved in the Scottish negotiations from simply mirroring the English deal. But importantly the final agreement for Scottish GPs would be made for Scotland reflecting Scottish circumstances and policies, rather than tagged on to a deal which largely reflected circumstances elsewhere.

Make Health Boards more democratically accountable

The recommendations set out above impact on the way in which health boards interact with GP practices, particularly with regard to allowing new practices to open up and expanding the catchment areas, which the board would be responsible for setting. The 14 health boards in Scotland are currently non-departmental public bodies, or quangos, with little, if any, direct accountability to the populations they serve. As a result, in our report, 'Renewing Local Government', Reform Scotland called for local authorities to take on board the responsibilities and expenditure of health boards, with the activities currently carried out by non-executive health board members carried out by elected and accountable councillors. This is not politicising the delivery of health care any more than any of the other local authority responsibilities, but creating a simpler and more transparent hierarchy.

1. Introduction

GPs play a vital role within the Scottish NHS system; 90 per cent of patient contact with the NHS happens in general practice² and the public generally have high opinions of the care received, with 89 per cent of patients feeling that the care provided by their GP practice is excellent or good³.

But GP practices are an interesting case in service delivery within the public sector. Whilst care provided by GP practices is free at the point of use and paid for by the public sector, the majority of practices themselves are private companies owned and operated by private individuals contracted by NHS boards to provide care. It should be noted that politicians tend to refer to GP practices as “independent contractors” to the NHS. However, arguably this is simply a clever way to avoid admitting that GP practices are part of the private sector. After all, GP practices can charge for providing any service, such as private medicals, fitness to travel forms or vaccination certificates, that is not set out in the General Medical Services (GMS) contract. There is also no standardised level of fee for such services as it is an arrangement between the practice and the patient.

This is a model that is fairly rare within Scottish public services (though there are other examples such as opticians). For example, while we all live in the catchment area of a publicly-funded school, hospital or police station, those services are also operated and run by the public sector.

Although the type of care delivered by GP practices is set out in the General Medical Services contract, due to the way the contract operates how the public can access the services varies widely from practice to practice, as is demonstrated by our research set out in chapter three. That is not to say that the contract is necessarily wrong – there needs to be flexibility for different practices, which range in size and types of population, to operate differently. However, it cannot be right that people are limited in choosing a GP practice that would allow them to access services in a way which is more convenient to them.

In contrast for example, when it comes to eye tests, which are performed by opticians working in the private sector, but are paid for by the NHS in Scotland, individuals can choose from a wide range of companies to provide the tests from small practices owned and operated by opticians, or from big national companies.

² Royal College of General Practitioners, “The Future of General Practice in Scotland: A Vision”, March 2011

³ Scottish government, “Patient Experience survey of GP and local NHS services 2011/12 Volume 1: National Results”, June 2012

The following is a copy of the information leaflet issued to Scottish households ahead of the introduction of the National Health Service in 1948:

Fellow Scots!

I am writing this message to give you the facts about the National Health Service which begins on 5th July. It will provide medical, dental and nursing care and there will be no charge.

Every man, woman and child can have the benefit of this Service. It is there for us all, rich and poor alike. We are paying for it out of taxes, rates and insurance contributions.

I am confident that 5th July will be an important milestone on the road to better health for Scotland. But the help of all of us is needed. We should know what our Health Service will be able to give us and, of course, we must know how to get it.

Remember this is OUR Health Service. It is up to us to see that we take the best advantage of it. The first thing for each of us to do is to choose our doctor.

Do it NOW.

Arthur Woodburn

Issued to every
Scottish Household
by the Department
of Health for
Scotland

AN OPEN LETTER TO EVERY
SCOTTISH HOUSEHOLD ON—

*Your
NEW
Health
Service!*

—by
**The Right Honourable
ARTHUR WOODBURN, M.P.**
SECRETARY OF STATE FOR SCOTLAND

Printed for His Majesty's Stationery Office by the Stationery Press Ltd., York (1948)

What the Service will mean to YOU

How to choose your Doctor

YOU and every member of your family will be entitled to advice and treatment from a family doctor. EACH OF YOU CAN CHOOSE YOUR OWN DOCTOR—the one you like best. Your family need not all have the same doctor but YOU choose for your children under 14.

If one doctor cannot accept you, ask another or, if you wish, you can ask to be put in touch with one by the new EXECUTIVE COUNCIL set up in your district. YOU CAN GET THE ADDRESS OF THE EXECUTIVE COUNCIL AT THE POST OFFICE.

When you have chosen and been accepted by a doctor your relations with him will remain as they are now—CONFIDENTIAL AND PERSONAL. You will visit his surgery or he will visit you at home as necessary.

Choose your Own Doctor NOW

Get an application form at any Post Office, at a Public Library, or at the Office of the new local Executive Council, or from the doctor you choose. Fill it in AT ONCE—one form for each member of your family—and give it to the doctor. You should do this NOW so that the Health Service can be ready to start on 5th July.

If you are already on a doctor's list under the National Health Insurance Scheme you need do NOTHING if you wish to remain with your present doctor under the new arrangements.

Later, your local Executive Council will send a "medical card" to everyone who has been accepted by a doctor. If you wish to change your doctor you can do so at any time without difficulty.

If you need a doctor when away from your own district, you can go to any doctor who is taking part in the National Health Service. He will give you free advice and treatment.

If you wish further information about the family doctor arrangements, ask at the office of the local Executive Council.

Medicine and Medical Aids

YOUR doctor will give you a prescription for any medicine you may need. You can get this FREE from any chemist who takes part in the scheme. In some country districts the doctor himself may dispense your medicine. Again this will cost you nothing.

The same is true of all necessary appliances. You can get some of them through hospitals; some your doctor can prescribe for you.



For your other Needs

A FREE dental service will be provided. But at present there are not enough dentists to give a full service to everybody. There will, however, be special priority services for expectant and nursing mothers, young children and children at school. You can get information about the priority services from your local authority officers or local welfare centre.

After 5th July you can go to any dentist who is taking part in the scheme. YOU CAN SEE A LIST AT THE POST OFFICE. Just call by appointment on a dentist of your choice when you need him. You do not need an application form.

Hospital and Specialist Service

If you need it, you can have treatment in hospital either as an in-patient or as an out-patient. You can have the help of consultants and specialists at hospitals or if need be at your home. This service covers all surgical operations.

If you need any of these things your family doctor will make the arrangements.

Hospital charges will cease, but for a small payment you can get extra privacy, for example in a single room where this is available.

Care of Your Eyes

You can get your eyes tested by a specially qualified doctor or optician taking part in the scheme. If you need spectacles they will be provided FREE. You will be able to choose from several kinds of spectacles of different design.

Deafness

A new type of hearing aid will be available. If you are deaf, your doctor will tell you where you can go to have your hearing tested and, if the new aid will help you, to have it fitted. The supply of aids will be limited at first, and it may be some time before arrangements can be made for everyone.

Mother and Child

An expectant mother can have her baby at home or in hospital. In either case she can get medical advice and care both before and after her baby is born. Her doctor can tell her about the arrangements that can be made. Details can also be obtained from the local authority offices or from the local welfare centre.

A mother who wishes to have her baby at home can be looked after there by her own doctor and by a midwife. If her doctor does not attend confinements he will tell her how to get another doctor.

Vaccination against smallpox and immunisation against diphtheria will be available for everyone.

There will be health visitors to give advice in homes where young children are to be looked after, or where there is sickness in the family, especially tuberculosis.

There will be a home nursing service, to help where people need to be nursed in their own homes. But the number of nurses at the start will not be sufficient to meet all needs.

Ask your doctor or welfare centre for further particulars of all these arrangements.



The first paragraph inside the pamphlet explains that:

“You and every member of your family will be entitled to advice and treatment from a family doctor. EACH OF YOU CAN CHOOSE YOUR OWN DOCTOR – the one you have now if you like. Your family need not all have the same doctor but YOU choose for your children under 16”⁴

A more detailed brochure was also available in Scotland at the same time that explained the process in more detail stating:

“The choice of doctor depends on the doctor agreeing and being able to take you on his list of patients. If one doctor cannot accept you, you should ask another. If you wish you can ask to be put into touch with a doctor by the new Executive Council set up in your district.....

“You should choose your own doctor now. Get an application form at any Post Office, at a Public Library, or at the office of the new local Executive Council, or from the doctor you choose. Fill in the form at once-one form for each member of your family-and give it to the doctor.....

“No one is obliged to go to a doctor for treatment under the Service. He can make his own arrangements for a family doctor privately, without losing his right to specialist and hospital treatment under the Service. Doctors taking part in the Service are allowed to accept private patients. These patients, however, must not be on the doctors’ lists as public patients.”⁵

We need to re-emphasise and extend this fundamental aspect of the NHS.

Having limited or no choice in providers is part of the way publicly-run services operate in Scotland with the idea being that although there is no choice, everyone will receive the same service (a notion Reform Scotland has strongly refuted in previous reports). However, as mentioned, GP practices are not like most other public sector services in Scotland as the vast majority, roughly 87 per cent⁶, are private businesses, run by independent contractors to NHS boards, even though the businesses have to be owned by individuals where at least one is a practising medical professional or other healthcare professional who therefore have a vested interest in the NHS. A small minority of GP practices are run by the NHS which directly employs the GPs.

As the majority of GP practices are independent contractors and not run by the public sector, the way they operate their practices, including the way in which

⁴ The capitalised words are how they appear in the 1948 leaflet and are not Reform Scotland’s emphasis.

⁵ HMSO, “Your Health Service: How it will work in Scotland”, 1948

⁶ Scottish Government, Freedom of Information response to Reform Scotland, 9 July 2012

people can access their GP, can vary. Diversity is a good thing, and something which Reform Scotland would like to see more of within publicly-run services. However, unless there is genuine choice for the public between GP practices, a postcode lottery is created. And this is what we will demonstrate has occurred in Scotland in relation to GP practices.

2. GP practices in Scotland

2.1 Background statistics

The following statistics from ISD Scotland provide some background on GP practices and their work in Scotland:

- In 2011 there were 4,937 GPs in Scotland, of which 3,782 were GP performers (i.e. GP practice partners)⁷
- In October 2011 there were 1,002 GP practices in Scotland with an average list size of 5,518.⁸
- The number of practices and average list size vary between boards. In NHS Glasgow & Clyde there are 266 GP practices with an average list size of 4,939 while in NHS Western Isles there are 10 GP practices with an average list size of 2,738. NHS Lothian has the highest average list size at 7,204 while NHS Orkney has the lowest at 1,473.⁹
- In 2010/11 there were approximately 16.1 million GP consultations and 7 million practice nurse consultations at GP practices in Scotland¹⁰.
- The top ten complaints for which people sought advice from their GP and/or practice nurse in 2010/11 were¹¹:
 - Circulatory & respiratory signs & symptoms
 - General abnormal signs & symptoms (Excluding infections and malignancies)
 - Hypertension
 - Digestive/abdominal signs & symptoms
 - Diseases of the skin & subcutaneous tissue
 - Psychological signs & symptoms
 - Neurological/musculoskeletal signs & symptoms
 - Diabetes
 - Soft tissue disorders
 - Genitourinary signs & symptoms

The Scottish government carries out a regular survey of patients' experiences of GP and local NHS services. The survey is a postal survey which is sent to a random sample of patients registered with a GP in Scotland. The latest survey

⁷ ISD Scotland, GP & other practice workforce, <http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/> GP partners run the practice. Sometimes there is only one GP partner (known as a single-hander), but more often than not, a number of GPs group together in a multi partnership practice. A salaried GP is employed by the practice and receives a salary for a fixed number of hours worked while a GP locum is essentially a freelance GP who mostly works independently or through locum agencies. A locum GP is employed to cover leave or sickness and to back-fill a practice GP attending a meeting or activity outside the practice.

⁸ ISD Scotland, Practices & their populations, <http://www.isdscotland.org/Health-Topics/General-Practice/Practices-and-Their-Populations/> These figures do not include practices run directly by NHS boards.

⁹ *ibid*

¹⁰ ISD Scotland, Practice Team Information Statistics, <http://www.isdscotland.org/Health-Topics/General-Practice/PTI-Statistics/>

¹¹ *ibid*

was carried out in October 2011 and published in June 2012. The main findings of the survey which related to how patients accessed services were:¹²

- Patients were asked to rate the overall arrangements for getting to see a doctor and/or a nurse in their GP practice. Patients rated the overall arrangements for getting to see a nurse better than for doctors.
 - 75 per cent of patients rated the overall arrangements to see a doctor as excellent or good compared to 81 per cent in 2009/10;
 - 8 per cent of patients rated the overall arrangements to see a doctor as poor or very poor compared to 6 per cent in 2009/10.
- 24 per cent of patients said they did not know if they could book an appointment 3 or more days in advance; of those who did know, 80 per cent responded that their GP practice allowed them to book an appointment three or more working days in advance. The remaining 20 per cent responded that their GP practice did not allow them to.
- 85 per cent said they could see or speak to a doctor or nurse within two working days compared to 90 per cent in 2009/10.
- Whilst the survey also dealt with the other issues such as how they were treated and the consultations held with GPs and nurses, the five issues which generated the most negative responses in the survey all related to the way in which patients accessed services at their GP practice, as illustrated in Table 1:

Table 1: Bottom five results

Question	Percentage of patients answering negatively
Able to book a doctors' appointment 3 or more working days in advance	20
Can usually see preferred doctor	16
It was easy to get through on the phone	15
Could see or speak to a doctor or nurse within 2 working days	15
Time waiting to be seen at GP practice	13

Although the survey reveals that patients are generally happy with the way services can be accessed, it would be interesting to know patients' views about accessing services if they knew that neighbouring GP practices may offer additional ways to access services, such as extended hours or online bookable appointments.

¹² Scottish government, "Patient Experience survey of GP and local NHS services 2011/12 Volume 1: National Results", June 2012

2.2 General Medical Services Contract

Although it is an option for Health Boards to directly employ doctors to act as GPs, the vast majority of GP practices in Scotland operate under primary medical services contracts between Health Boards and GPs. Health boards can either establish General Medical Services (GMS) contracts with individuals, partnerships or companies of medical practitioners (who may in turn employ other medical practitioners); or establish a local contract, again with individuals, partnerships or companies of medical practitioners.¹³ Approximately 87 per cent of GP practices in Scotland operate under the GMS contract.¹⁴

Whilst health is devolved to the Scottish Parliament, the GMS contract, which was introduced in April 2004, is UK wide and was negotiated between the BMA and NHS Employers (with representation from the devolved nations). However, implementation of the contract is devolved.

The GMS contract states that GP practices must provide certain ‘essential services’ to patients. ISD Scotland defines these services as:¹⁵

- Management of patients who are ill or believe themselves to be ill with conditions from which recovery is generally expected
- Management of patients who are terminally ill
- Management of chronic disease
- Provide ongoing care to registered and temporary patients
- Provide primary care medical services in core hours to treat accidents or emergencies

In addition to the essential services, GP practices can also provide ‘additional services’, which they can choose to opt out of providing, though by doing so a portion of their income is deducted. Additional services are:¹⁶

- Cervical Screening
- Contraceptive Services
- Vaccinations and Immunisations
- Childhood Vaccinations and Immunisations
- Child Health Surveillance
- Maternity Medical Services
- Minor Surgery
- Out of Hours Services

¹³ Scottish Government, “Scottish Government Consultation on Changes to Eligibility Criteria for Providers of Primary Medical Services”, October 2008

¹⁴ Scottish Government, Freedom of Information response to Reform Scotland, 9 July 2012

¹⁵ ISD Scotland, General Practice Glossary, <http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/Glossary.asp>

¹⁶ ISD Scotland

Finally, there are enhanced services which are commissioned by a NHS board from GP practices, in order to secure services that are not part of the core GMS contract. There are three kinds:

- Directed Enhanced Services (DES) which must be provided by the NHS Board for its population. GP practices do not need to sign up to them, but if they do they get a payment for doing so
- National Enhanced Services - services that are nationally recommended, but which NHS Boards are not bound to commission
- Local Enhanced Services - enables NHS Boards some flexibility in commissioning services to respond to locally identified needs

Almost all funding in the current contract is practice-based. Expenses such as rent, wages and utility bills are taken out of this funding pot and the amount remaining, after the cost of providing clinical services has been taken out, makes up the pay available to the GP partners.¹⁷

The funding is distributed to practices according to the weighted needs of their population - for example a practice with a large elderly population, and therefore a greater workload, will get more funding than a practice with a relatively young, healthy population. The main funding streams covered by the contract are¹⁸:

- The global sum – covering the costs of running a general practice, including some essential GP services. Payments are made according to the needs of a practice's patients and the cost of providing primary care services using the Scottish Allocation Formula. The formula takes into account issues such as age and deprivation and the Minimum Practice Income Guarantee (MPIG) has been used to top up the global sum payments for some practices, to match their basic income levels before the new contract. Seniority factor payments were also introduced in 2004, to reward GPs' experience. As well as providing essential GMS services, some practices - usually in rural areas - provide dispensing services to patients who find it more difficult to access a pharmacy. Dispensing doctors receive a fee for each item that they dispense.
- The quality and outcomes framework (QOF) – covering the four areas of clinical standards, additional services, organisational standards and patient experience. Practices can choose to provide these services. The QOF has a range of national quality standards based on the best available research-based evidence covering four domains. Each domain has measures of achievement, known as indicators, against which practices

¹⁷ BMA, "General Practitioners – briefing paper", 20 October 2010

¹⁸ <http://www.nhsemployers.org/PAYANDCONTRACTS/GENERALMEDICALSERVICESCONTRACT/Pages/Contract.aspx>

score points according to their level of achievement. Practice payments are calculated on the points achieved and prevalence. The four domains are:

- **Clinical** - this domain has indicators across different clinical areas eg coronary heart disease, heart failure, hypertension.
- **Organisational** - this has indicators across the five areas of records and information, information for patients, education and training, practice management, medicines' management and quality and productivity. It requires practices to hold policy information and have processes in place that actively demonstrate sound practice and understanding amongst their practice team.
- **Patient experience** - this has an indicator on the length of patient consultations.
- **Additional services** - this has indicators across the four service areas of cervical screening, child health surveillance, maternity services and contraceptive services.
- Directed enhanced services (DES) – covering additional services that practices can choose to provide, such as extended hours or being able to see a health professional within 48 hours.

2.3 Finding and choosing your GP

Reform Scotland does not believe that it is clear to individuals which GP practice catchment areas they live in, or what power they have to choose which practice to register with.

Whilst different NHS boards may offer different information on their own websites, according to Practitioner Services you should “*Use the Find Your Local Services on the NHS 24 website www.nhs24.com to locate your nearest GP practice.*” Though it goes on to state “*Even though a GP practice is highlighted from your postcode search, your address may not be served by that GP practice*”. Therefore, to clarify the situation regarding how patients find out what GP practices serve their areas as well as the ability patients have to choose a GP practice, Reform Scotland submitted a number of Freedom of Information requests to the Scottish government and individual health boards.

Finding a GP practice

With regard to how people find out which practices serve their area given the dubiety of the NHS 24 search, the response from the Scottish government stated:

“NHS Boards will maintain lists of which practices serve which areas and you can also phone the NHS Board.”

Therefore, we contacted each NHS board. Some sent us maps, some sent us rough indicators, and others described the areas, all information which would be of interest to residents but doesn't appear to be readily available. NHS Greater Glasgow & Clyde informed us that *"It should be noted that GPs can set their own catchment area provided they are approved by the NHS Board."*

The Scottish government, as well as some health boards, also stated that individual GP practices have to publish a practice leaflet which defines their practice area. However, as not all practices have even a website, let alone their practice leaflet online, the answer to the question of how an individual finds out what GP practices serve their area is far from clear and would leave many having to make several phone calls or visits to individual GP practices to even find out if the practice served their area and, as is the case with schools, living close to a GP practice does not necessarily mean that you live in its catchment area.

Power to choose a GP practice

The response from the Scottish government confirmed that in areas where more than one GP practice serves where a person lives, that person would be able to choose between the practices, as long as their list was open to new patients.

Patients can register with a practice if they live outwith the catchment area at the discretion of the practice. Equally if a patient moves area, it is at the GP practice's discretion whether they can stay on the list if they now live outside the catchment area.

While in practical terms there is a limit to the number of people a practice can accept on its lists, it appears that GP Practices hold all the cards – they have the discretion over who to accept whilst patients have little or, most likely, no choice.

Basically, if there is more than one GP practice serving your address and they are accepting new patients, then you can choose between them, and you can also try your luck at practices outside your area. Though finding out this information, as we have demonstrated, is no easy task.

In a digital age, the whole process seems cumbersome and certainly not designed to serve the needs of the public.

In contrast to this experience, it is of interest to note the information that is available to residents in England and Wales regarding the different operating procedures at GP practices compared to the information given in Scotland. On

the NHS choices website,¹⁹ at the click of a button not only are you given all the practices within a certain area and their contact details and website where available, but information on each including whether it operates online repeat prescriptions, whether it has extended opening hours, the gender balance of the GPs and whether people would recommend the practice. That is not to say this system is perfect. However, when it is contrasted with the NHS 24's search,²⁰ where the only information that is given is the address and telephone number of the practice, the Scottish system does not compare well.

The amount of information available online is particularly disappointing given the Scottish government has itself recognised the important of communicating online through its 'national indicator' aiming to "widen the use of the internet".²¹

2.4 Setting up new GP practices

Under section 2c of the NHS (Scotland) Act 1978, NHS boards must "provide or secure the provision of primary medical services as respects their area". As discussed above, this is normally by way of entering into GMS contracts with GP practices.

However, NHS boards must also monitor issues such as population changes, new housing developments, or the closure of GP practices to ensure that there is adequate coverage. Where a gap appears, the board can tender for people or groups of people allowed by the NHS (Scotland) Act 1978 (as amended by the Tobacco & Primary Medical Services Act 2009) to run the practice.

However, NHS boards could, if they wished, enter into separate contracts with GP practices covering the same area. There would perhaps be some practical problems that such a move would need to take account of due to funding mechanisms linked to patient numbers for GP practices. However, with ISD Scotland's GP practice population figures indicating that only 54 GP practices have a population size of less than 1,000 and the rest vary greatly from 1,009 to 24,395,²² this should not be a stumbling block to reform.

¹⁹ <http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx?ServiceType=GP>

²⁰ <http://www.nhs24.com/FindLocal>

²¹ Scottish Government, "Scotland Performs: National Indicators",

<http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/internet>

²² <http://www.isdscotland.org/Health-Topics/General-Practice/Practices-and-Their-Populations/>

2.5 Tobacco and Primary Medical Services Act 2009

As outlined above, GP practices are generally operated and run by private businesses. However, although these are private businesses they are owned and run by healthcare professionals.

The National Health Service (Scotland) Act 1978 Act, amended by the Primary Medical Services (Scotland) Act 2004, also allowed NHS Boards to contract with commercial companies to provide GP services, companies which would in turn employ the GPs to provide the services. Such circumstances fell under ‘section 17C’ agreements, which would be locally negotiated, to provide for more flexibility to deal with local circumstances. They differed from a GMS contract and, crucially, there was no requirement for at least one of the individual shareholders holding the contract to be a medical practitioner.²³

However, the prospect of a commercial company running a GP practice in Scotland was never relevant until 2007 when the company Serco tendered to NHS Lanarkshire for a vacant GP practice in Harthill. Although the contract was ultimately given to one of the incumbent GPs, who had gone into partnership with another GP, there was a great deal of local and national interest in and reaction to the bid from Serco.

As a result, to ensure that commercial companies could not run GP practices in the future, the SNP Scottish government introduced the Tobacco and Primary Medical Services (Scotland) Bill which was subsequently passed by the Scottish Parliament in 2009.

The Act amended the eligibility criteria for persons contracting or entering into arrangements with Health Boards to provide primary medical services including a requirement that all the contracting parties must regularly perform, or be engaged in, the day-to-day provision of primary medical services.²⁴ This prevented commercial companies from entering into contracts with health boards and employing GPs as had been allowed, though it had never happened.

The report by the Health and Sport Committee²⁵ into the Bill published in 2009²⁵ highlighted an interesting debate over what constituted a private company.

“The members were also interested to learn of an increasing number of GP consortia (i.e. companies owned by a small number of doctors) that are competing with ‘big business’ like Atos Healthcare and Serco to provide primary medical services. These GP consortia – if they are owned by individuals – would be likely to meet the tightened eligibility criteria proposed

²³ Scottish Parliament, “Health & Sport Committee, 8th Report 2009”, 2009

²⁴ Scottish Government, “Tobacco And Primary Medical Services (Scotland) Bill: Explanatory Notes”, 2009

²⁵ Scottish Parliament, “Health & Sport Committee, 8th Report 2009”, 2009

by the Bill. However, it would appear that they are just as commercial in outlook as companies that are listed on the stock exchange.”

In her evidence to the Health and Sport Committee on 10 June 2009 Nicola Sturgeon, the Cabinet Secretary for Health, explained the Scottish government’s approach, commenting:

“GPs are independent contractors who run businesses, but they are also medical professionals whose motive is the best interests of the patients and the communities in which they live. There is a difference between a company that is made up of health professionals who have a health motive and a big company that is not composed of health professionals...that approach is not appropriate for what is often rightly described as the gateway to our national health service.”

Labour MSP Rhoda Grant commented on the perceived contradictory attitude of one type of private organisation being good and the other being bad and this idea of second guessing the motives of individuals:

“I do not see why one private is good and the other private is bad. I do not understand why one private contractor's motivation is different from another's. If you are talking about a commitment to the NHS, surely you should be using the bill to ensure that all GPs are directly employed by the NHS rather than by private contractors. I cannot quite square the circle that you are making. It is either one or the other—you cannot have a grey area, with the argument that, just because someone has trained as a doctor, they have a different motivation from somebody who is looking to provide a service in another way.”

However, despite this inconsistency, the legislation was passed. This means that now only private companies which are owned by individuals where at least one is a practising medical professional or other healthcare professional can enter into contracts with NHS boards.

3. Research into GP practices in Edinburgh & Scottish Borders

3.1 Research

'Postcode lottery' is a phrase often used in the media referring to different levels of service people receive from the public sector depending on where they live. Sometimes such a phrase is unfairly used – for example local authorities in Scotland adopt different policies which can lead to different levels of service. However, crucially, on these occasions the public has the choice of voting out politicians and electing ones that offer different policies if they are not happy with the service they receive. As long as the public has some sort of choice, whether being able to change provider or vote for different politicians, there is no postcode lottery.

However, Reform Scotland believes there is a postcode lottery in Scotland when it comes to accessing GP services. Depending on where you live, the way you can access GP services can be quite different. Reform Scotland carried out an examination of GP practices to discover exactly how much of a postcode lottery existed. We looked at two areas, Edinburgh Community Health Partnership area, within NHS Lothian, and NHS Borders - an urban and rural area.

First, we looked to see whether GP practices had a website, something that is so basic in this day and age it's almost taken for granted that an organisation, whether in the public, private or third sector, which performs a public service will have a basic website with contacts and key information. However, we soon discovered while some GP practices had fully functioning websites that allowed you to order repeat prescriptions online and some even enabling patients to book appointments online, a fair minority did not have a website at all. So there was even a postcode lottery in relation to the accessibility of basic information about the practices. Of those that did have websites, we compared their procedures for whether they offered open surgeries, whether there was an explanation of what you should do if you needed to see a GP on the same day, whether the practice offered extended hours and whether there was the ability to order repeat prescriptions online. The following are the results of this work.

It should be noted that this research simply looks at the operating practices of GP practices and does **not** comment on the quality of the advice and treatment on offer. Reform Scotland is **not** suggesting that there is any correlation between whether a GP practice offers the services outlined in the tables below and the quality of care provided.

All the information detailed below is correct according to the information on individual GP practices' websites during June/July 2012 when this research was carried out. If a GP practice does in fact offer some of these services, but they

are not mentioned online, they are not included in the totals below. However, offering the services, but not telling people through your website that you do is hardly a defence!

Edinburgh CHP

According to the five Local Healthcare Partnerships (LHPs) within Edinburgh's Community Healthcare Partnership (CHP) there are 78 GP practices within the City of Edinburgh²⁶. Nearly all of the practices are independent contractors who are contracted by Lothian NHS Board to provide primary medical services to the public though some practices and their staff are direct employees of NHS Lothian.²⁷

Table 2: Number of GP practices in Edinburgh providing certain services

	GP practices in Edinburgh	GP practices in Edinburgh with a working website	Of those with a website, GP practices in Edinburgh offering extended hours	Of those with a website, GP practices offering online/email repeat prescriptions	Of those with a website, GP practices specifically offering open surgeries	Of those with a website and not offering open surgeries, those who state you should phone and request urgent same day appointment.²⁸
Number	78	62	29	50	9	44
Per cent of those with a website	-	-	47%	81%	15%	71%
Per cent of overall total	100	79%	36%	62%	12%	56%

²⁶ <http://www.nwelhp.scot.nhs.uk/>;

<http://www.nhsllothian.scot.nhs.uk/Community/EdinburghCHP/LocalHealthPartnerships/NorthEast/Pages/default.aspx>;
<http://www.nhsllothian.scot.nhs.uk/Community/EdinburghCHP/LocalHealthPartnerships/SouthCentral/Pages/ContactDetails.aspx>;
<http://www.nhsllothian.scot.nhs.uk/Community/EdinburghCHP/LocalHealthPartnerships/SouthEast/Pages/GPPractices.aspx>;
<http://www.nhsllothian.scot.nhs.uk/Community/EdinburghCHP/LocalHealthPartnerships/SouthWest/Pages/default.aspx>

²⁷ <http://www.nhsllothian.scot.nhs.uk/Community/EdinburghCHP/Documents/081110%20-%20GP%20Practices%20-%20CHP%20Internet.pdf>

²⁸ This only includes those GP practices whose website specifically set out that this is what you should do if you cannot wait. Other practices may run similar procedures but this may not have been set out on their websites.

NHS Borders

According to NHS Borders there are 26 GP practices operating in the Scottish Borders.²⁹ The situation in NHS Borders is slightly different regarding websites as each of the practices at the very least has a single page of basic information on NHS Borders main site. As a result there is no practice without a website; however, the information below is still based on the information available online.

Table 3: Number of GP practices in Scottish Borders providing certain services

	GP practices in the Scottish Borders	GP practices in the Scottish Borders with a website	GP practices in the Scottish Borders offering extended hours	GP practices offering online/email repeat prescriptions	GP practices offering open surgeries	Of those not offering open surgeries, those who state you should phone and request urgent same day appointment.³⁰
Number	26	26	6	3	4	15
Per cent of overall total	-	100%	23%	12%	15%	58%

The tables above clearly indicate that there is a wide variation in terms of access to the services offered by different GP practices.

While most people's main concern will be the quality of care and advice given by their doctor, how they go about getting that advice is also important, especially when their time is at a premium. If someone gets ill with a non-medical emergency on a Saturday, knowing what they should do come Monday morning to ensure they can see a doctor as soon as possible is important. So if a GP practice doesn't have a website, or have that information easily available, especially out of hours, they are at a disadvantage. Having more information online would also help reduce enquiries to the practice looking for basic information.

Some groups of people, such as those with young children, the elderly or those with on-going medical conditions, will of course be well aware of how their GP practice operates and how to best access the services they need. But there will be others who just happen to wake up with an illness and won't necessarily know how their GP practice operates, or indeed what its phone number is, and a website is a very easy and efficient way of finding this information out.

²⁹ <http://www.nhsborders.org.uk/health-services/gps>

³⁰ This only includes those GP practices whose website specifically set out that this is what you should do if you cannot wait. Other practices may run similar procedures but this may not have been set out on their websites.

Services such as extended hours and ordering repeat prescriptions online are very helpful to people needing routine advice and wanting to minimise the impact on their working day, while open surgeries, as well as being able to book appointments in advance, are welcome benefits to those who simply wake up unwell or want to plan ahead. However, simply knowing what services your GP practice offers and how to go about accessing them is important for patients to be aware of.

3.2 Policy recommendations

Extend choice of GP practice by enlarging catchment areas

Given the differences in operating practices, Reform Scotland believes that individuals should be able to choose a GP practice that operates in a way that is convenient to them. Allowing people greater ability to choose their GP practice would also lead to better organisation of services across the board, as there would be greater pressure on GP practices to react to patients' access requirements or risk losing them.

However, patients' choice of GP is currently heavily limited due to the number of GP practices which serve the area they live in. Whilst some people will live in areas covered by a number of practices, others will be covered by only one. GP practices can only refuse to register patients if they have reasonable grounds to do so, one of which is that the individual seeking to register lives outwith the catchment area.

Some may argue that, particularly in rural areas, being able to choose between practices is unrealistic. However, as GPs are no longer responsible for out of hours care; there is arguably no reason why practices cannot serve a wider area, with the NHS Boards responsible for agreeing the catchment areas, rather than the practice maintaining it themselves. For example, this could mean in more urban areas like Edinburgh, which has five Local Healthcare Partnerships (LHP), GP practices could cover the whole LHP area, giving residents a choice of between 10 and 20 GP practices depending on which LHP they live in. In more rural areas, such as NHS Borders, catchment areas could cover the whole board area so residents would be entitled to join any of the 26 practices. However, ultimately Reform Scotland believes that the Health Boards themselves should be responsible for setting the catchment areas and how this is done could vary from board to board.

Such a policy would change the current situation whereby GP practices have discretion over whether to accept patients from out of their catchments, and instead put the patient in the driving seat over where they could register.

Practices would, of course, still be able to refuse to accept a patient under the current “reasonable grounds” rules. However, as each practice’s area would now be significantly larger, individuals would have greater choice.

This would not mean that some practices suddenly become oversubscribed or their services stretched to breaking point. The list system would remain in place and if a GP practice was at capacity this would still be grounds to refuse new patients.

Neither would such a policy leave some patients stuck in a less desirable practice. GP practices are commercial entities and as such it is in their own interest to make any changes they deem necessary to maintain or attract patients. Such a move could also lead to a more diverse population on a practice’s list as it would be drawn from a wider area.

In reality, many people would still prefer to join the practice closest to them. However, by giving patients the ability to move and go elsewhere if they are unhappy with the operating practices where they are, there is greater pressure on all GP practices to improve access arrangements. This would also go some way to help end the current postcode lottery whereby some people have a different level of access to their GP simply as a result of their address.

Ultimately, it is simply unfair that some people who happen to live in the catchment area of a GP practice which does operate extended hours and weekend opening can have access to their GP for a longer period than those who do not live in such areas. This is a genuine postcode lottery as it is something over which patients have no choice. However, if people had greater choice as to where they registered for primary care, they could change practice if they felt they weren’t being afforded the same advantages. This would help improve access arrangements for all as GP practices would find they would have to improve their procedures in order to maintain patients, as the loss of patients would result in a loss of income.

Allow new GP practices to open up

As well as expanding GP practice catchment areas, allowing more GP practices to be set up would increase choice for patients and improve services. There is no reason for the state to protect GP practices, which are private businesses, from competition, and this would increase choice and diversity as well as making practices more responsive to the needs of patients.

Reform Scotland recognises that to do this may mean examining elements of the GMS contract to ensure new, but growing, practices could be financially viable. However, the BMA in Scotland has already raised concerns that the current

system does not allow small, but growing, GP practices to receive sufficient funding to make them financially viable.³¹ Therefore, we would hope that the Scottish government could look at our recommendations as part of any consideration of how the system can be altered to address BMA Scotland's concerns.

We also believe that health boards should consider applications to open up new GP practices in a similar way to the process to open up a new pharmacy through the control of entry regulations which take account of the services the applicant would provide, including additional services and direct enhanced services.

Reform Scotland also believes that an existing GP practice should not be an obstacle to a new GP practice opening up in a similar area and entering into a GMS contract with the relevant health board.

This would not only widen the number of GP practices which patients could choose from, but potentially help provide more career opportunities for GPs. For example if a GP is employed by a practice but would like to set up their own practice, a health board which was more open to allowing new practices to set-up, rather than just ensuring minimum coverage for the population, could enable a GP, along with others, to do so. Such a move could also be financially viable for the applicant GPs as it is likely that some patients they were currently treating would want to follow them. The same could apply if a GP partner in a practice wanted to break away from their existing partnership and set up a new one.

For the postcode lottery that Reform Scotland exists to be removed, patients need to be able to have greater choice over their GP practice, and to do this, greater capacity is required. Allowing more GP practices to open would help provide the necessary additional capacity.

End ban on private companies opening up GPO practices

To paraphrase Rhoda Grant's comments to Nicola Sturgeon during the passage of the Tobacco & Primary Medical Services Act, either you believe that private companies should not be providing GP care, in which case all GPs should become salaried and be employed by the NHS; or you believe that the private sector can provide GP care. Trying to ban certain types of private sector providers, but allowing others due to what you perceive their motivation to be is illogical and inconsistent.

³¹ BMA Scotland, "Scotland's GPs call for more support to build new surgeries in growing communities", 2 August 2012

If the private sector is to continue contracting to provide GP services, Reform Scotland believes that the ban on commercial companies should be lifted. This would not lead to any great influx, as it would still be up to NHS boards to make a decision based on all those who had tendered to provide services.

However, taken together with our other recommendation about enabling more GP practices to open up and by giving patients more power to choose their GPs, if patients felt their needs were not being met by a GP practice run by a commercial company they could vote with their feet. Therefore, it would be in the interests of the commercial company to ensure they did provide a good service to their patients.

It is also worth remembering that many commercial companies are already involved in providing NHS services including dispensing of medicine and carrying out eye tests.

Some may argue that there would be potential for commercial companies to try and cherry pick the areas they wanted to serve. However, there is no more incentive for a commercial company to do this than there is for a GP partnership at present as the funding mechanism distributes money to practices according to the weighted needs of their population.

Reform Scotland's previous recommendation about expanding the catchment areas of GP practices would also help prevent a situation of commercial companies, or indeed any practice trying to cherry picking the areas in which they wished to operate as the wider catchment areas should ensure that all GP practices serve a more diverse population group.

Provide more, and clearer, information to patients about GP services

During the completion of this report Reform Scotland was frequently frustrated by the lack of information easily available to the public regarding GP services. Whilst we appreciate that some individual health boards provide more online information than others, it is disappointing that there is such a gap in the quantity and quality of the information provided by NHS Choices in England compared to NHS 24 in Scotland regarding local GP practices. We believe NHS 24 should certainly aspire to provide as good a range of information about local services, if not better, than is available in England.

While individuals are able to choose their GP practice if more than one covers the area in which they live and have open lists, finding out which practices cover your area is far too complicated. Through Freedom of Information requests to each of Scotland's 14 health boards, Reform Scotland was able to get a rough idea of catchment areas, with most providing maps or street

information. However, this basic information should be far more widely publicised to ensure patients have a far greater understanding of what services and choices are available to them. Even without introducing the recommendations in this report, some patients do have a limited choice over their GP, but that choice is pointless if they are unable to find out what they can choose between.

All GP practices, indeed any organisation offering services to the public which receives public money, should have a website.

In addition to the recommendation relating to the need for more, and clearer, information above, Reform Scotland also believes all GP practices should have a website. In carrying out the research for this report we were surprised at the number of GP practices which didn't have a website. Although there may be inter-generational differences in relation to the extent to which people use new technology, more and more people are living internet-driven lifestyles, especially as most mobile phones and tablets are developing so quickly.

Therefore, in an age in which many people rely on the internet for information, Reform Scotland believes that any organisation which is providing a service to the public and is in receipt of public money, such as a GP practice, should have a website which provides, at the very least, bare minimum contact information and information explaining how you access services.

However, we would hope that the majority would consider adopting online tools such as allowing patients to book/cancel appointments online and order repeat prescriptions. In addition, as there is a requirement under the General Medical Services Contract for each GP practice to maintain a practice leaflet³², which must include the contractor's practice area by reference to a sketch diagram, plan or postcode, and make copies available to the public, maintaining a website and having the practice leaflet available to download would also greatly enhance accessibility.

Indeed, in time, we would hope such communication means are developed further with GP practices having systems which enabled patients to check their medical records and test results confidentially online – something which can already be done for some patient groups, such as through Renal Patient View.

While individual practice websites are a matter for them, there is perhaps more that NHS boards and the Scottish government could do to improve the online information available to patients and potential patients, especially through NHS 24. It is disappointing that NHS 24 offers far less information than NHS Choices does to people in England and Wales and we would hope that the

³² FOI response from NHS Tayside

Scottish government would consider improving the online service, including considering developing apps which could provide information to the public about the NHS services available in their area.

Separate General Medical Services contract for Scotland

Reform Scotland recognises that it is likely that some of the policy recommendations set out in this report, such as the requirement to have a website and for the practice leaflet to be published online, would need to be addressed through changes to the GMS contract, particularly through the Quality and Outcomes Framework which includes organisational standards.

At present the GMS contract is negotiated on a UK basis, despite health being devolved and policy within the NHS increasingly diverging. However, the implementation of the Health and Social Care Act 2012 in England greatly increases the different responsibilities being placed on GPs north and south of the border. The Act has brought in clinical-led commissioning meaning that instead of negotiating with primary health care trusts, which was the case before, GPs will, with the help of NHS commissioning boards, commission services which they feel most benefit their patients.³³

As a result of the changes being made down south taken together with the policy recommendations we are setting out in this report, Reform Scotland believes that it makes little sense for Scotland to remain part of the UK GMS contract and instead a separate contract should be negotiated for Scotland. This should reflect Scottish circumstances and needs, rather than Scotland being tagged on to a deal for England.

This doesn't mean that ultimately the deal agreed would be all that different and there would be nothing stopping those involved in the Scottish negotiations from simply mirroring the English deal. However, importantly the final agreement for Scottish GPs would be made in Scotland reflecting Scottish circumstances and policies.

Make Health Boards more democratically accountable

The recommendations set out above impact on the way in which health boards interact with GP practices, particularly with regard to allowing new practices to open up and expanding the catchment areas, which the board would be responsible for setting. The 14 health boards in Scotland are currently non-departmental public bodies, or quangos, with little, if any, direct accountability to the populations they serve. As a result, in our report, 'Renewing Local Government', Reform Scotland called for local authorities to take on board the responsibilities and expenditure of health boards, with the activities currently

³³ Department of Health. Health & Social Care Act 2012 Factsheets, June 2012 <http://www.dh.gov.uk/health/2012/06/act-explained/>

carried out by non-executive health board members carried out by elected and accountable councillors. This is not politicising the delivery of health care any more than any of the other local authority responsibilities, but creating a simpler and more transparent hierarchy.

4. Conclusion

The NHS in Scotland and the many men and women who work in it day-in-and-day-out perform admirably and are deserving of the praise they often receive, including that from government surveys, such as those mentioned in this report.

However, that doesn't mean those services could not be organised in a different way that better suited the public. Our report, "Patient Power", set out Reform Scotland's long-term ideas about the organisation of the health service, while "Renewing Local Democracy" set out our idea of passing the responsibilities of NHS boards to local government.

This report, in contrast, is narrower, looking specifically at the arrangements for accessing GP services in Scotland. However, the recommendations are no less relevant, and we believe would be reasonably straightforward to implement in the short term.

It is simply unacceptable that there is such a wide variation in the way people can access GP services, whilst there is little or no choice over where they can register.

Diversity is a good thing, and something which there needs to be more of in all public services. However, for diversity to help raise standards across the board, people have to be able to choose between providers, in this case GP practices.

Given the generally high level of patient satisfaction levels with their GP practice, it is likely that such a change will not lead to a mass exodus of patients, but instead encourage practices to improve access arrangements and consider the needs of their patients more.

No service is perfect, but it is very telling that the top five negatively-rated issues in the Scottish government's GP survey were all to do with how patients accessed services. Reform Scotland believes the recommendations we have set out in this report are a step in the right direction to helping improve that experience for patients.

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