Examining Access: Survey of GP practices in Scotland

reform scotland

Examining Access:
Survey of GP practices in Scotland

Ben Thomson
Geoff Mawdsley
Alison Payne

August 2014

About Reform Scotland

Reform Scotland is a public policy institute or 'think tank' which was established as a separate Scottish charity, completely independent of any political party or any other organisation and funded by donations from individuals, charitable trusts and corporate organisations. Its objective is to set out policies in Scotland that deliver increased economic prosperity and more effective public services based on the traditional Scottish principles of limited government, diversity and personal responsibility.

Reform Scotland has an Advisory Board to agree strategic goals and philosophical approach and a separate Board of Management (Trustees) to oversee its day-today running. Both boards are chaired by Ben Thomson.

Geoff Mawdsley is the Director of Reform Scotland and Alison Payne is Reform Scotland's Research Director.

Reform Scotland's Advisory Board

- Ben Thomson (Chairman)
- Petra Biberbach
- Graeme Blackett
- Keir Bloomer
- Derek Brownlee
- Isobel d'Inverno
- John Glen
- Andrew Haldenby
- Alex Hammond-Chambers
- Bill Jamieson
- Professor Sir Donald MacKay
- Alan McFarlane
- David Milne
- Lord Purvis of Tweed
- Martin Sime

Contents:

Executive summary

Objective

This report builds on work Reform Scotland set out in Patient Power (2009) and Patients First (2012), focusing on the relationship between the public and their GPs.

This paper is not about the medical care provided by individual doctors or GP practices, but about the practical arrangements as to 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.

Surveys such as the Scottish Government's Health and Care Experience Survey tend to suggest that while the public often praise the care they receive, there can be frustrations with the difficulty in accessing that care to begin with, something which was echoed by the public reaction to our 2012 report on programmes like BBC Radio Scotland's Call Kaye.

Reform Scotland believes that people should have a wider choice of GP. The purpose of this report is to outline a survey we have done of every GP practice in Scotland highlighting the very real differences that exist with regards to access across Scotland's GP practices; differences to which the practices' size or location are irrelevant. Yet, despite these differences, patients have little choice over who and where their GP is. This is despite the fact that the vast majority of GP practices are privately, not publicly, run. There has been much discussion in the referendum campaign about protecting the NHS in Scotland from privatisation, even though most people in Scotland's contact with the NHS is through a private contractor – their GP. However, whereas in any other situation dealing with a private company you are likely to have a choice to take your custom elsewhere if the services you need are not provided in a way that suits you, such a choice is extremely difficult to make with regards to your GP. Basically, they are private monopolies within our 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 give them much greater influence over the way services developed. 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.

Findings

- Most GP practices in Scotland are partnerships or owned by one medical practitioner. In contrast to limited companies, or limited liability partnerships, sole practitioners and partnerships do not need to publish their accounts.
- According to a Freedom of Information response we received from the Scottish Government, private sector GP practices which provide the majority of GP services in Scotland, are under no obligation in law to provide a health board, or any other organisation, with details of how they spend public money.
- Only 67 per cent of the 994 GP practices identified by ISD Scotland as operating in Scotland at 1 April 2014 have a website. In addition, only 51 per cent of practices allow patients to order repeat prescriptions online or by email, and only 10 per cent allow appointments to be booked online. This is despite a report developed by the Royal College of General Practitioners and the Scottish Government[1] in 2010 suggesting that improvements in access could be made by adopting such practices.
- However, when considering only GP practices which are directly funded by NHS boards, and are therefore fully part of the public sector, the proportions are even worse. Of the 42 directly funded practices, only 29 per cent have a website, 12 per cent allow patients to order repeat prescriptions online or by email, and none allow appointments to be booked online.
- There are huge variations in the way appointment systems operate between practices, with some only allowing appointments to be booked for that day, while others allow appointments to be booked up to 6 weeks in advance.
- A common way of dealing with repeat prescriptions by a number of practices appears to be to get people to phone and leave messages. This seems far from efficient. Some practices will accept repeat prescriptions by fax but not email. Indeed, a number of websites boasted of a computerised system, but did not allow you to email or fill in a form online to request a repeat prescription.

[1] Royal College of General Practitioners, 'Treating access: a toolkit for GP practices to improve their patients' access to primary care', November 2010

Policy recommendations

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 difference 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 that NHS 24 should aspire to provide at least as good a range of information about local services as its counterpart in England.

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.

Improved online access and information

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 Royal College of General Practitioners toolkit that was developed in partnership with the Scottish Government in 2010 highlights the usefulness of the internet and tools such as being able to order repeat prescriptions and book appointments online. In addition, our results showed that some GP practices do currently offer all these services regardless of size or geographical area.

Give patients greater choice over their GP practice

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 referred to above, even finding out what your existing choice is, is not straightforward.

Whilst there are practical problems associated with carrying out home visits across too large a catchment area, NHS boards should consider how catchments could be extended so that greater choice can be given to all patients.

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 in the evening, while others, who may live nearby, cannot.

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.[2] 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.

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 of private sector providers, but allowing others based on their perceived motivation is inconsistent and illogical.[3]

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

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

[3] See the quote by then Health Secretary Nicola Sturgeon to the Scottish Parliament's Health Committee on 10 June 2009 on page 17

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.

Publish annual accounts

Private bodies funded by public money should have to publish annual accounts and make them publicly available. Reform Scotland is NOT accusing GPs of misusing public money. However, there should be transparency and accountability when it comes to the use of taxpayers' money. Therefore, any organisation that receives taxpayers' money should have to publish annual accounts which are available to the public and detail how that money has been spent.

1. GP practices in Scotland

1.1 Private sector contractors

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 and are therefore private contractors to the NHS.

The Scottish Government has commented that "*often a patient's first and only contact with the NHS is through their GP practice*"[4], highlighting that it is actually through the private sector that many people will interact with the NHS in Scotland. The fact that so many people's experience of the NHS is through the private sector, would also contradict the notion that there is no private sector involvement in the delivery of care in the NHS in Scotland. For example, the Scottish Government's referendum website suggests that the NHS in Scotland is all within the public sector:

> "*The Scottish Government's vision for the NHS in Scotland is to maintain our publicly owned, publicly funded health service providing care free at the point of delivery*."[5]

However, that is simply misleading. Regardless of the restrictions placed on who can own a GP practice, as explained in section 1.4, the point is that the state does not own most of Scotland's GP practices. The majority of GP practices are private sector contractors, paid by the public sector, to perform a role. This is not a new scenario, but has been the case since the creation of the NHS.

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.[6] Approximately 87 per cent of GP practices in Scotland operate under the GMS contract.[7]

[4] Scottish Government, 'Health and Care Experience Survey 2013/14", May 2014
[5] http://www.scotreferendum.com/questions/what-will-happen-to-the-nhs-in-an-independent-scotland/
[6] Scottish Government, "Scottish Government Consultation on Changes to Eligibility Criteria for Providers of Primary Medical Services", October 2008
[7] Scottish Government, Freedom of Information response to Reform Scotland, 9 July 2012

Whilst health is devolved to the Scottish Parliament, the GMS contract, which was introduced in April 2004, is UK wide and is 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:[8]

- 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:[9]

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

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

[8] ISD Scotland, General Practice Glossary, http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/Glossary.asp
[9] ISD Scotland

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.[10]

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.

In this report we wanted to give an indication of the in-going and out-going costs facing a GP practice. However, after failing to find publicly available accounts, Reform Scotland lodged a Freedom of Information request with the Scottish Government to find out what financial reporting obligations were placed on GP practices to demonstrate how they had spent the public money they had received. We were surprised to learn there were none, as illustrated in the answers we received below:[11]

1) Are GP practices required to submit copies of their annual accounts to their health boards?

No. Although payments made to each practice by their respective boards, (using the evidence based allocation methodology, which includes weightings for age/sex, deprivation and remoteness and rurality, the purpose of which is to reflect practice workload and complexity and the relative costs of service delivery), are publically available, it is the responsibility of each practice, as individual contractors, to manage the funding they are allocated. As such, there is no requirement for a GP practice to submit copies of their accounts to their health board but they must fulfil all of their contractual obligations . It is the responsibility of each individual health board to ensure that these contractual obligations are fulfilled. You can find the amounts allocated to each practice in the financial year 2012-13 at the link I have attached below.

http://www.nhsnss.org/supplementary_pages/foi_detail.php?discref=482396

2) What requirements are placed on GP practices to provide information to their health board regarding how the money given to them by the board is spent and what profit they make?

As above, GP practices, as individual contractors, are under no obligation in law to provide a health board, or any other organisation, with details of the profits they make. As previously mentioned, they must fulfil all of their contractual obligations and it is for each health board to ensure that this is the case. Health boards can conduct a payment verification visit to check practices are compliant in providing the services they are contracted for. In addition to the individual tax returns submitted to HM Revenue and Customs, there is a requirement for

[10] BMA, "General Practitioners – briefing paper", 20 October 2010
[11] Scottish Government, FOI response, 19 June 2014

practices to submit an Annual Certificate of Pensionable Profit to Practitioner Services Division (PSD). This provides PSD with a practice's annual profit figures for the purposes of confirming their superannuation contributions, seniority payments and for calculating the national average earnings. The information is regarded as personal data and is therefore not provided under freedom of information. Publication of trends in GP earnings and expenses takes place annually by the Health and Social Care Information Centre, and this shows the average earnings and expenses for GPs in Scotland. The latest figures for 2011-12 were published in September 2013 and are online at:

http://www.hscic.gov.uk/catalogue/PUB11702/gp-earn-ex-1112-rep.pdf.

3) Are copies of GP practices annual accounts and/or any other information they have to supply to their health boards regarding their financial status publicly available?

No, as individual contractors there is no requirement in law for practices to produce publically available accounts. However, should a practice choose to make themselves a limited company which, under regulations, they are able to do, there may be a requirement to publish publically available accounts on the Companies House website. I have attached the link here which explains under what circumstances the publication of accounts is required.

https://www.gov.uk/prepare-file-annual-accounts-for-limited-company/prepare-annual-accounts

According to the information published by NHS National Services Scotland, in the link referred to in the answer to question 1 above, in 2012/13 £690 million was allocated to GP practices by NHS National Services Scotland. (This does not include any payments directly to the GP contractor by an NHS board). The information regarding how much money each practice was allocated by NHS National Services Scotland in 2012/13 is included in our results tables in chapter 2. However, it should be noted that those figures will not add up to the £690 million because some practices that received money in 2012/13 are no longer included in the list of GP practices according to ISD Scotland as at 1 April 2014

1.2 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, Practitioner Services[12] advises people to use the 'GP Practice Locator' offered by NHS24. This generates a list of surgery names, addresses and telephone numbers for GP practices nearby. However, the service offered on

[12] http://www.psd.scot.nhs.uk/doctors/index.html

NHS24 states "*Even though a GP practice is highlighted from your postcode search, your address may not be served by that GP practice*".

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

If people find that more than one GP practice serves the area in which they live, they are able to choose between the practices, as long as the practice list is open to new patients.

Patients can also 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 may have little choice, or be unaware of that choice.

In contrast to this experience, it is of interest to note the information that is available to residents in England and Wales with regard to choosing a GP. On the NHS choices website,[13] although it also performs a location search so may highlight a practice not served by the postcode, it informs the user not just of the practice's contact details, but also:

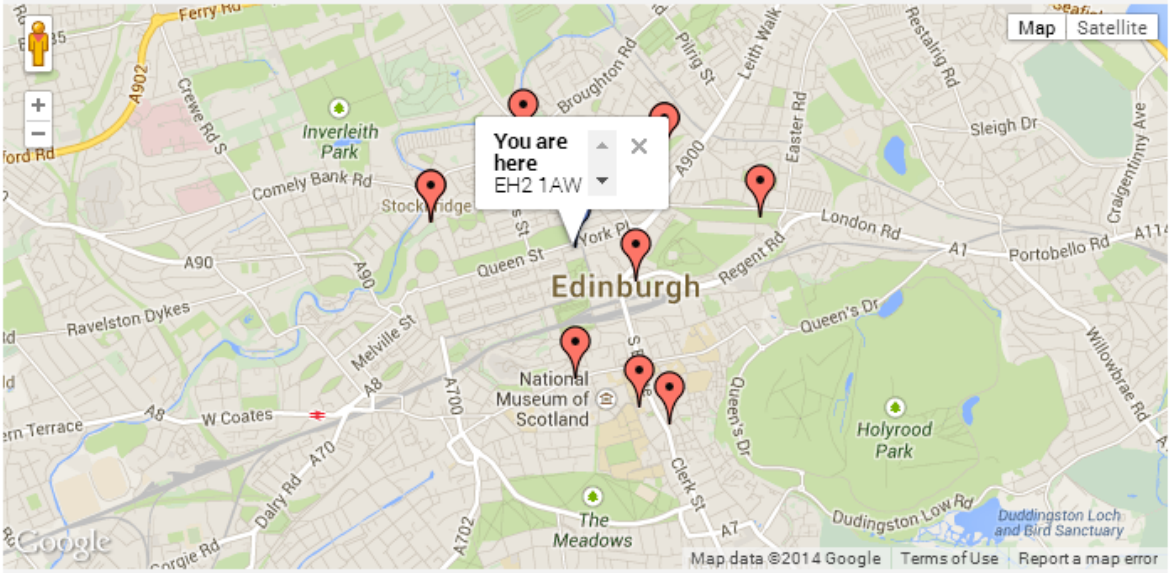
- whether it is accepting new patients
- the existing practice list size
- whether it operates online repeat prescriptions,
- whether it operates an online appointment system
- whether people would recommend the practice
- whether it operates an electronic prescription service

The differences between the two searches are illustrated in the screen shots:

[13] http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx?ServiceType=GP

NHS 24 postcode search for GP practices near EH2 1AW

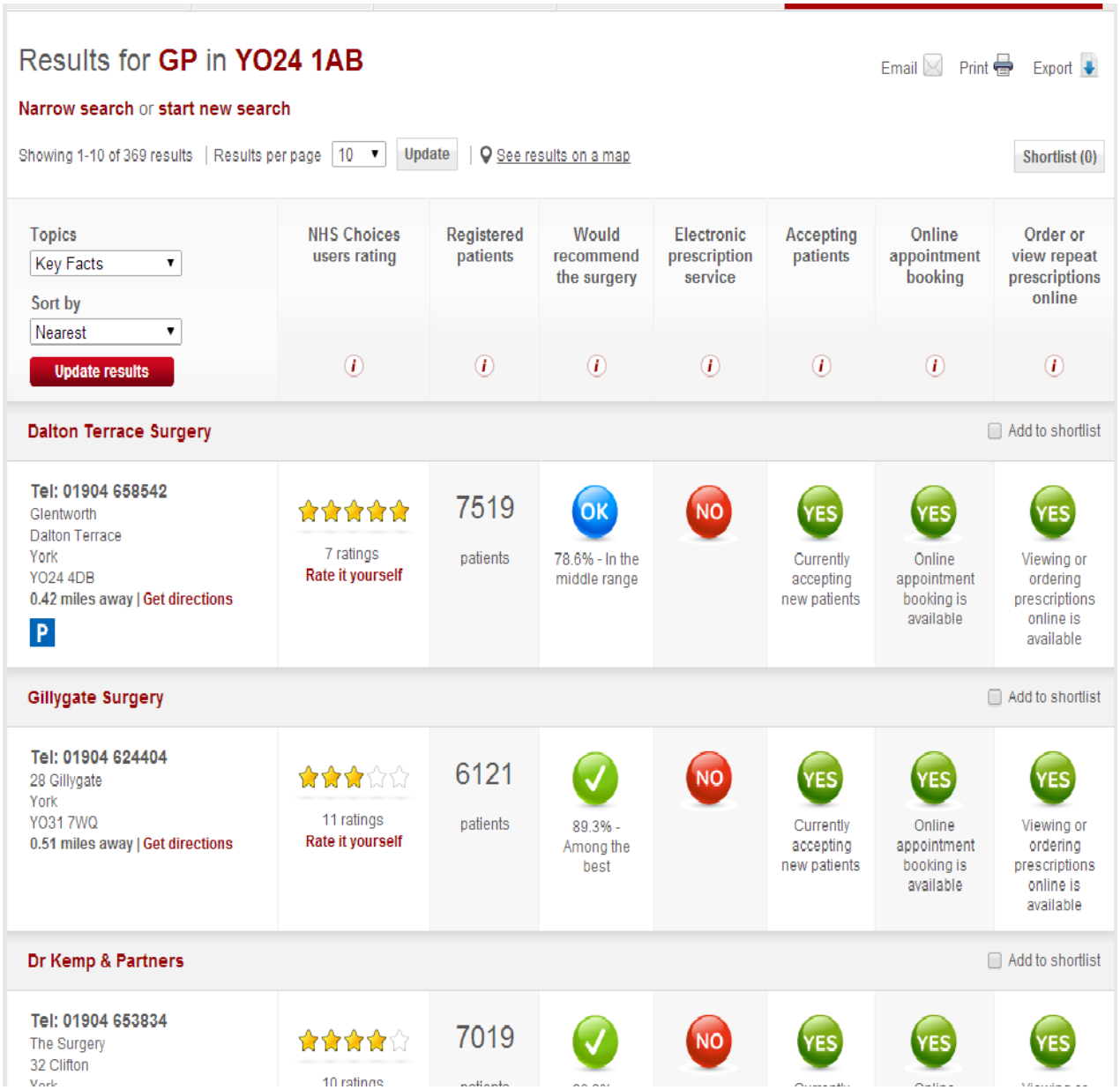
Your local GP Surgeries search results:



Showing records 1 to 10 of 100 << 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 >>

NAME AND ADDRESS	TELEPHONE	DISTANCE	FURTHER INFORMATION
Edinburgh Access Practice (Homeless) 17 & 23 LEITH STREET EDINBURGH EH1 3AT	0131 240 2810	0.44 km	Get directions (external link opens in a new window)
Eyre Group Practice 31 EYRE CRESCENT EDINBURGH EH3 5EU	0131 556 8842	0.74 km	Get directions (external link opens in a new window)
Bellevue Medical Centre (Dr Gray & Partners) 26 HUNTINGDON PLACE EDINBURGH EH7 4AT	0131 556 8196	0.81 km	Get directions (external link opens in a new window)
Bellevue Medical Centre (Dr Tolley & Partners) 26 HUNTINGDON PLACE EDINBURGH EH7 4AT	0131 556 2642	0.81 km	Get directions (external link opens in a new window)
Edinburgh Access Practice (Homeless) THE COWGATE CLINIC 20 THE COWGATE EDINBURGH EH1 1JX	0131 240 2810	0.83 km	Get directions (external link opens in a new window)
Stockbridge Health Centre (Dr McIntosh & Partners) 1 INDIA PLACE EDINBURGH EH3 6EH	0131 225 9191	0.93 km	Get directions (external link opens in a new window)
Stockbridge Health Centre (Green Practice) 1 INDIA PLACE EDINBURGH EH3 6EH	0131 260 9227	0.93 km	Get directions (external link opens in a new window)
Edinburgh University Practice THE UNIVERSITY OF EDINBURGH 6 BRISTO SQUARE EDINBURGH EH8 9AL	0131 650 2777	1.10 km	Get directions (external link opens in a new window)
Brunton Place Surgery 9 BRUNTON PLACE EDINBURGH EH7 5EG	0131 557 5545	1.19 km	Get directions (external link opens in a new window)

NHS Choices search for GP practices near YO24 1AB



No system is perfect, but it is disappointing how little information in available online to patients in Scotland.

1.3 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, ISD Scotland's GP practice population figures as at 1 April 2014indicate that only 52 GP practices have a population size of less than 1,000 and the rest vary greatly up to 24,000[14], so this should not be a stumbling block to reform.

1.4 Tobacco and Primary Medical Services Act 2009

As outlined, 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.[15]

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

[14] Practice name, code, list & type taken from 1 April 2014 http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Practices-and-Their-Populations/ (information at practice level)
[15] Scottish Parliament, "Health & Sport Committee, 8th Report 2009", 2009

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.[16] 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 Committee into the Bill published in 2009[17] highlighted an interesting debate over what constituted a private business.

"*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 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 contradiction whereby one type of private organisation is regarded as good and the other bad and this idea of second guessing the motives of individuals:

[16] Scottish Government, "Tobacco And Primary Medical Services (Scotland) Bill: Explanatory Notes", 2009
[17] Scottish Parliament, "Health & Sport Committee, 8th Report 2009", 2009

"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.

1.5 Health and Care Experience Survey 2013/14

The Scottish Government carries out a regular survey of patients' experiences of GP and local NHS services. The latest survey, the 'Health & Care Experience Survey 2013/14' was published in May 2014. The survey asks questions with regard to access, care & treatment, out-of-hours care, social care and carers.

The majority of the responses were positive, though there was a significant minority highlighting problems with regard to access arrangements. The main findings with regard to access arrangements were as follows[18]:

- Results relating to accessing GP practice services are generally less positive than results relating to the actual care received
- 72 per cent of patients rated the overall arrangements to see a doctor as excellent or good compared to 81 per cent in 2009/10;
- 17 per cent of patients felt it was not easy to get through to the GP practice on the phone.
- 23 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, 78 per cent responded that their GP practice allowed them to book an appointment three or more working days in advance. The remaining 22 per cent responded that their GP practice did not allow them to.
- Although 78 per cent were happy with their GP opening hours, 15 per cent indicated that they were not convenient, while 7 per cent were unsure as to when their GP practice was open.

[18] Scottish Government, Health & Care Experience Survey 2013/14, May 2014

- Whilst the survey also dealt with the other issues such as how they were treated and the consultations held with GPs and nurses, four of 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**
Were you happy with how any mistake was dealt with overall	38
Overall arrangement for getting to see a doctor	22
Can you usually see the doctor you prefer	18
How easy was it to get through on the phone	17
Could see or speak to a doctor or nurse within 2 working days	15

- The report also highlighted a variation in the results across practices. At 271 practices, at least 90 per cent of patients rated the overall arrangements for seeing a GP as good or excellent, whereas at 141 practices patients rated it below 60 per cent.

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 to which they did not have access.

The report makes reference to 'Treating access: a toolkit for GP practices to improve their patients' access to primary care' that was developed in 2010 by the Royal College of General Practitioners, the Scottish Government and other partners.[19]

The toolkit goes through ways GPs can spot access problems within their own practices and some options they should consider to improve things. One of the improvements highlighted is internet access and suggests considering allowing patients to order repeat prescriptions or book appointments online.

What is clear from the survey report is that there are differences between practices. It is perhaps bizarre that a report which highlights such a variety and postcode lottery in the experiences of patients accessing their GPs should

[19] Royal College of General Practitioners, 'Treating access: a toolkit for GP practices to improve their patients' access to primary care', November 2010

receive virtually no political comment. What other private sector contractor would that apply to?

The next chapter looks at some access arrangements for every GP practice in Scotland and further highlights this postcode lottery.

2. Survey

2.1 Background:

Between 16 April and 24 July 2014, Reform Scotland carried out internet based research of all GP practices in Scotland. Using the list of 994 GP practices as at 1 April 2014, published by ISD Scotland[20], we searched for every practice online, looking at whether the practice had:

1) A website
2) Ability to order repeat prescriptions online (either through the website or by email)
3) Advertised extended hours on their website
4) Ability to book appointments online

We searched for each practice using Google. First by using the practice name according to the ISD list, and also by using the address if this was unsuccessful. We only looked at the first page of Google results for each search. While we accept that such methodology may mean that one or two practices may not have been picked up, we would argue that is the sort of typical search that a patient could be expected to do.

The results are illustrated below, broken down both by health board area and Scotland as a whole. The full spreadsheet, providing information on each GP practice can be downloaded from our website.

We looked at all 994 GP practices named in the ISD list, regardless of whether they were independent contractors to the NHS (with a locally or nationally agreed contract) or practices run by an NHS board. This glossary taken from ISD[21] explains the terminology for the different types of practice:

[20] Practice name, code, list & type taken from 1 April 2014 http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Practices-and-Their-Populations/ (information at practice level)
[21] http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/Glossary.asp

2C practice: *In general terms, this is most likely to mean that the practice is run by the NHS Board (as opposed to being run by GPs and/or other partners, as is the case for practices with 17C or 17J contract types). With effect from 1st April 2004, The Primary Medical Services (Scotland) Act 2004 amended The National Health Service (Scotland) Act 1978 by placing a duty on NHS Boards to provide or secure 'primary medical services' for their populations. NHS Boards can do so by making arrangements with 17C and/or 17J practices (see below). Additionally they can arrange for services to be provided directly (this is known as 'direct provision') or via another organisation (this is known as a 'Health Board Primary Medical Services' contract). These additional options are included under Section 2C of the 1978 Act.*

17C practice: *A 'Section 17C' practice (formerly known as 'Personal Medical Services' or 'PMS' practice) is one that has a locally negotiated agreement, enabling, for example, flexible provision of services in accordance with specific local circumstances. Section 17C is in respect of The National Health Service (Scotland) Act 1978, as amended under The Primary Medical Services (Scotland) Act 2004.*

17J practice: *A 'Section 17J' or 'GMS' (General Medical Services) practice is one that has a standard, nationally negotiated contract. Within this, there is some local flexibility for GPs to opt out of certain services (such as additional services) or opt in to the provision of other services (such as enhanced services). Section 17J is in respect of The National Health Service (Scotland) Act 1978, as amended under The Primary Medical Services (Scotland) Act 2004.*

The results are also broken down by type of practice.

We would note that a number of the practices without websites will possibly offer extended hours, while others may indeed offer extended hours but do not advertise it on their website. However, our results indicate what patients would find if they were trying to find out information online.

What our research showed was that only 67 per cent of the 994 GP practices identified by ISD Scotland as operating in Scotland at 1 April 2014, have a website. Only 51 per cent of practices allow patients to order repeat prescriptions online or by email, and only 10 per cent allow appointments to be booked online. This is despite a report developed by the Royal College of

General Practitioners and the Scottish Government[22] in 2010 suggesting that improvements in access could be made by adopting such practices.

However, when considering only GP practices which are directly funded by NHS boards, and are therefore fully part of the public sector, the proportions are even worse. Of the 42 directly funded practices, only 29 per cent have a website, 12 per cent allow patients to order repeat prescriptions online or by email, and none allow appointments to be booked online.

There are a number of additional observations we noted when carrying out this research:

1) There was no correlation between the size or location (i.e. whether it was urban or rural) of a GP practice and whether it offered all the access arrangements we examined. There were practices of less than 1,000 which offered extended hours, online repeat prescriptions and bookable appointments online. If those practices could offer these services, why couldn't larger ones?

2) It is not uncommon for a number of GP practices to be operating out of the same health centre. Despite sharing an address, the online presence of the practices, as well as the other areas we examined can vary dramatically.

3) Ashton Medical Practice in the West End of Glasgow offered a different approach. The practice takes patients from all over Glasgow and allows patients to consult in any of its three locations.[23]

4) Repeat prescriptions – a common way of dealing with repeat prescriptions by a number of practices appears to be to get people to phone and leave messages. This seems far from efficient. Ironically, some practices will accept repeat prescriptions by fax but not email. Indeed, a number of websites boasted of a computerised system, but did not allow you to email or fill in a form to request a repeat prescription i.e.[24]

   "Our repeat prescription service is computerised. A request can be made in the following ways:
   - *Calling in person to the reception desk.*
   - *Placing you repeat prescription slip in the box provided in the reception area.*

[22] Royal College of General Practitioners, 'Treating access: a toolkit for GP practices to improve their patients' access to primary care', November 2010
[23] http://www.ashtonmedicalpractice.co.uk/#
[24] http://www.themaryhillredpractice.co.uk/prescriptions1.aspx?t=1

- *Posting you repeat prescription request to the surgery and enclosing a stamped addresses envelope.*
- *By telephoning and leaving your details on the automated script line; dial 041 531 8830 and select appropriate option (operates 24hours). "*

5) There can be a great variation in the sort of extended hours on offer. For those that provided details online, some offered only 5.30-6.30 one evening a week, while others operated a mixture of morning and evening surgeries from 7am to 8pm.

6) Some practices don't appear to allow patients to book a future routine appointment, instead offering only on-the-day appointments. While it may be the case that most of the case load at that practice relates to people being sick and therefore off work, trying to arrange a routine appointment to check up on something around work if you can only make an appointment for that day would be totally impractical for many people. In contrast, other practices note you can book appointments up to 6 weeks in advance and/or allow you to book such routine appointments online.

7) Some practices operate open surgeries, while others insist that an appointment is required.

2.2 The results

Charts 1 indicates the breakdown of the 994 GP practices by type of practice, while Charts 2 to 4 illustrate the results for Scotland as a whole.

Table 2 outlines the broken down by health board area, while Tables 3 to 5 detail the results by type of GP practice.

The full results, giving details for each individual website, can be downloaded from our website.

Chart 1: Scottish GP practices by type of practice, as at 1 April 2014.

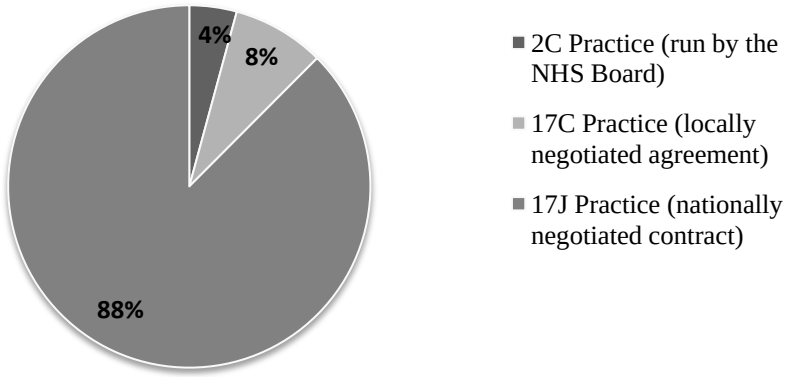


Chart 2: GP practices with a website

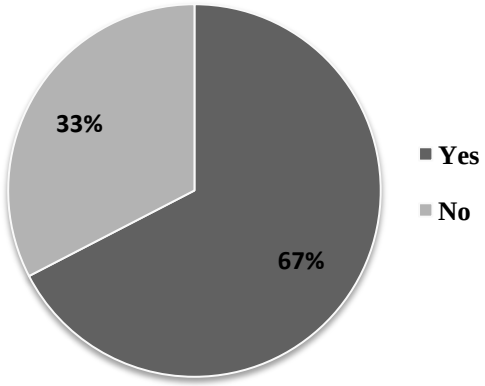


Chart 3: GP practices offering online/ email repeat prescriptions

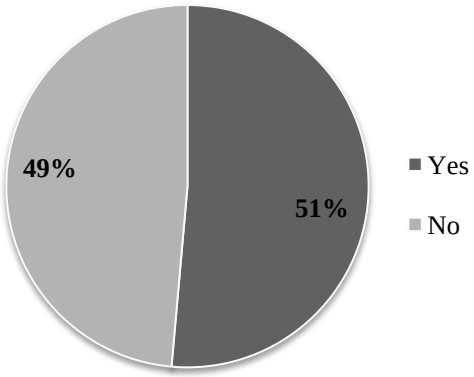


Chart 4: GP practices where you can book appointments online

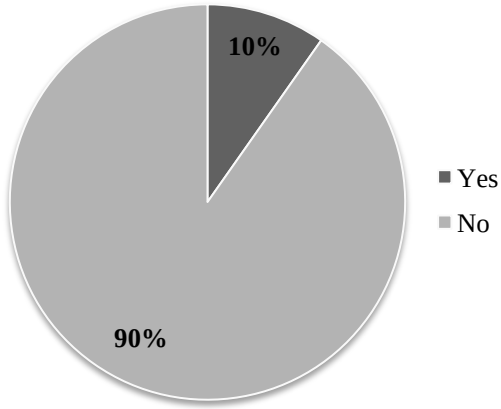


Table 2: GP practices by health board area

Health Board	Number of Practices	GP practices with website	GP practices offering online/ email repeat prescriptions	GP practices advertising extended hours on website	GP practices where you can book appointments online
Ayrshire & Arran	56	46	35	28	2
		82.1%	62.5%	50.0%	3.6%
Borders	23	23	3	3	0
		100.0%	13.0%	13.0%	0.0%
Dumfries & Galloway	34	16	10	6	2
		47.1%	29.4%	17.6%	5.9%
Fife	59	39	35	13	6
		66.1%	59.3%	22.0%	10.2%
Forth Valley	57	40	37	24	23
		70.2%	64.9%	42.1%	40.4%
Grampian	81	54	42	28	11
		66.7%	51.9%	34.6%	13.6%
Greater Glasgow & Clyde	262	152	96	97	19
		58.0%	36.6%	37.0%	7.3%
Highland	100	61	51	42	6
		61.0%	51.0%	42.0%	6.0%
Lanarkshire	97	47	33	27	6
		48.5%	34.0%	27.8%	6.2%
Lothian	128	105	98	67	10
		82.0%	76.6%	52.3%	7.8%
Orkney	10	7	5	5	0
		70.0%	50.0%	50.0%	0.0%
Shetland	10	10	5	6	0
		100.0%	50.0%	60.0%	0.0%
Tayside	67	63	54	40	10
		94.0%	80.6%	59.7%	14.9%
Western Isles	10	7	7	3	2
		70.0%	70.0%	30.0%	20.0%
Scotland	**994**	**670**	**511**	**389**	**97**
		67.40%	**51.41%**	**39.13%**	**9.76%**

Table 3: Directly funded (2C) GP practices

Health Board	Number of Practices	GP practices with website	GP practices offering online/ email repeat prescriptions	GP practices advertising extended hours on website	GP practices where you can book appointments online
Ayrshire & Arran	2	0	0	0	0
		0.0%	0.0%	0.0%	0.0%
Borders	0	n/a	n/a	n/a	n/a
		n/a	n/a	n/a	n/a
Dumfries & Galloway	0	n/a	n/a	n/a	n/a
		n/a	n/a	n/a	n/a
Fife	2	2	1	0	0
		100.0%	50.0%	0.0%	0.0%
Forth Valley	2	0	0	0	0
		0.0%	0.0%	0.0%	0.0%
Grampian	9	2	0	0	0
		22.2%	0.0%	0.0%	0.0%
Greater Glasgow & Clyde	2	1	0	0	0
		50.0%	0.0%	0.0%	0.0%
Highland	10	1	1	0	0
		10.0%	10.0%	0.0%	0.0%
Lanarkshire	1	0	0	0	0
		0.0%	0.0%	0.0%	0.0%
Lothian	5	1	1	1	0
		20.0%	20.0%	20.0%	0.0%
Orkney	5	2	1	2	0
		40.0%	20.0%	40.0%	0.0%
Shetland	2	2	0	1	0
		100.0%	0.0%	50.0%	0.0%
Tayside	2	1	1	1	0
		50.0%	50.0%	50.0%	0.0%
Western Isles	0	n/a	n/a	n/a	n/a
		n/a	n/a	n/a	n/a
Scotland	**42**	**12**	**5**	**5**	**0**
		28.57%	**11.90%**	**11.90%**	**0.00%**

Table 4: Locally negotiated contract (17C) GP practices

Health Board	Number of Practices	GP practices with website	GP practices offering online/ email repeat prescriptions	GP practices advertising extended hours on website	GP practices where you can book appointments online
Ayrshire & Arran	8	8	5	3	0
		100.0%	62.5%	37.5%	0.0%
Borders	1	1	0	1	0
		100.0%	0.0%	100.0%	0.0%
Dumfries & Galloway	1	0	0	0	0
		0.0%	0.0%	0.0%	0.0%
Fife	4	4	4	2	2
		100.0%	100.0%	50.0%	50.0%
Forth Valley	5	3	3	2	2
		60.0%	60.0%	40.0%	40.0%
Grampian	9	7	7	3	1
		77.8%	77.8%	33.3%	11.1%
Greater Glasgow & Clyde	9	7	4	7	3
		77.8%	44.4%	77.8%	33.3%
Highland	2	0	0	0	0
		0.0%	0.0%	0.0%	0.0%
Lanarkshire	6	4	2	3	0
		66.7%	33.3%	50.0%	0.0%
Lothian	23	20	20	14	2
		87.0%	87.0%	60.9%	8.7%
Orkney	1	1	1	0	0
		100.0%	100.0%	0.0%	0.0%
Shetland	7	7	4	4	0
		100.0%	57.1%	57.1%	0.0%
Tayside	1	1	1	1	1
		100.0%	100.0%	100.0%	100.0%
Western Isles	5	4	4	1	2
		80.0%	80.0%	20.0%	40.0%
Scotland	**82**	**67**	**55**	**41**	**13**
		81.71%	**67.07%**	**50.00%**	**15.85%**

Table 5: Nationally negotiated contract (17J) GP practices

Health Board	Number of Practices	GP practices with website	GP practices offering online/ email repeat prescriptions	GP practices advertising extended hours on website	GP practices where you can book appointments online
Ayrshire & Arran	46	38	30	25	2
		82.6%	65.2%	54.3%	4.3%
Borders	22	22	3	2	0
		100.0%	13.6%	9.1%	0.0%
Dumfries & Galloway	33	16	10	6	2
		48.5%	30.3%	18.2%	6.1%
Fife	53	33	30	11	4
		62.3%	56.6%	20.8%	7.5%
Forth Valley	50	37	34	22	21
		74.0%	68.0%	44.0%	42.0%
Grampian	63	45	35	25	10
		71.4%	55.6%	39.7%	15.9%
Greater Glasgow & Clyde	251	144	92	90	16
		57.4%	36.7%	35.9%	6.4%
Highland	88	60	50	42	6
		68.2%	56.8%	47.7%	6.8%
Lanarkshire	90	43	31	24	6
		47.8%	34.4%	26.7%	6.7%
Lothian	100	84	77	52	8
		84.0%	77.0%	52.0%	8.0%
Orkney	4	4	3	3	0
		100.0%	75.0%	75.0%	0.0%
Shetland	1	1	1	1	0
		100.0%	100.0%	100.0%	0.0%
Tayside	64	61	52	38	9
		95.3%	81.3%	59.4%	14.1%
Western Isles	5	3	3	2	0
		60.0%	60.0%	40.0%	0.0%
Scotland	**870**	**591**	**451**	**343**	**84**
		67.93%	**51.84%**	**39.43%**	**9.66%**

3. Policy recommendations

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 difference 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 that NHS 24 should aspire to provide at least as good a range of information about local services as its counterpart in England.

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.

Improved online access and information
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 Royal College of General Practitioners toolkit that was developed in partnership with the Scottish Government in 2010 highlights the usefulness of the internet and tools such as being able to order repeat prescriptions and book appointments online. In addition, our results showed that some GP practices do currently offer all these services regardless of size or geographical area.

Give patients greater choice over their GP practice
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 referred to above, even finding out what your existing choice is, is not straightforward.

Whilst there are practical problems associated with carrying out home visits across too large a catchment area, NHS boards should consider how catchments could be extended so that greater choice can be given to all patients.

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 in the evening, while others, who may live nearby, cannot.

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.[25] Therefore, we would hope that the

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

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.

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 of private sector providers, but allowing others based on their perceived motivation is inconsistent and illogical.[26]

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

[26] See the quote by then Health Secretary Nicola Sturgeon to the Scottish Parliament's Health Committee on 10 June 2009 on page 17

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.

Publish annual accounts

Private bodies funded by public money should have to publish annual accounts and make them publicly available. Reform Scotland is NOT accusing GPs of misusing public money. However, there should be transparency and accountability when it comes to the use of taxpayers' money. Therefore, any organisation that receives taxpayers' money should have to publish annual accounts which are available to the public and detail how that money has been spent.

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.

However, that doesn't mean those services could not be organised in a different way that better suited the public. Reform Scotland believes that 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.

The evidence presented in this report clearly highlights that there is a great variety in terms of access arrangements for GP practices in Scotland and a postcode lottery exists because patients have little choice, or are unaware of that choice, between practices.

It would be unacceptable within publicly owned and operated services, but it is even worse when that lottery is actually a state sponsored monopoly operated by the private sector.

Reform Scotland does not object to the principle of private sector contractors providing services for the public sector. Such arrangements can increase diversity, which there needs to be more of in all public services. However, for this diversity to work effectively and to help raise standards across the board, people have to be able to choose between providers.

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, to big national companies.

The debate over access has perhaps been played down because of the misunderstanding of the status of GP practices. The very fact that the within the referendum campaign there has been continued reference to the NHS in Scotland not using the private sector for the delivery of care highlights this. We do use the private sector because the majority of GP practices are private contractors.

The Scottish Government developed a toolkit in 2010 in conjunction with the Royal College of General Practitioners which highlighted the use of the internet to improve access arrangements, including aspects such as ordering repeat prescriptions online/via email or booking appointments online. Yet in the four

years since this was published, as our research shows, only 67 per cent even have a website, with 10 per cent allowing patients to book online.

However, the public sector also needs to improve. Of the 42 GP practices which are directly funded by NHS boards and which are fully part of the NHS in Scotland, the results were even worse with only 29 per cent having a website, and none allowing patients to book online.

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.

5. References

- BMA, "General Practitioners – briefing paper", 20 October 2010
- BMA Scotland, "Scotland's GPs call for more support to build new surgeries in growing communities", 2 August 2012
- ISD – http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Practices-and-Their-Populations/ http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/Glossary.asp
- NHS Choices - http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx?ServiceType=GP
- NHS National Services Scotland- http://www.nhsnss.org/supplementary_pages/foi_detail.php?discref=482396
- Practitioner Services - http://www.psd.scot.nhs.uk/doctors/index.html
- Reform Scotland, Patient Power, 2009
- Reform Scotland, Patients First, 2012
- Royal College of General Practitioners, 'Treating access: a toolkit for GP practices to improve their patients' access to primary care', November 2010
- Scottish Government, Freedom of Information response to Reform Scotland, 9 July 2012
- Scottish Government, Freedom of Information response to Reform Scotland, 19 June 2014
- Scottish Government, 'Health & Care Experience Survey 2013/14', May 2014
- Scottish Government, "Scottish Government Consultation on Changes to Eligibility Criteria for Providers of Primary Medical Services", October 2008
- Scottish Government, "Tobacco And Primary Medical Services (Scotland) Bill: Explanatory Notes", 2009
- Scottish Parliament, "Health & Sport Committee, 8th Report 2009", 2009
- http://www.scotreferendum.com/questions/what-will-happen-to-the-nhs-in-an-independent-scotland/

www.reformscotland.com