GPs offline





FAST FACTS

- According to ISD Scotland there are 960 GP surgeries in Scotland. Of these 905, or 94%, are private sector contractors to the NHS. 55 practices are directly run by a health board.
- As a result there can be a great deal of variation in how patients can access their local GP.
- The Health & Care Experience Survey shows that four of the five most negatively answered GP questions relate to issues of access.
- The Scottish Government's eHealth Strategy set a goal of having at least 90% of GP surgeries offering repeat prescriptions and appointment booking online by the end of 2017.
- Despite this target, FOI responses suggest that most health boards have a long way to go before meeting this target.
- FOI responses also indicate that many GP practices have the ability to offer these services, but choose not to.
- The use of private sector contractors can increase diversity of provision, but for that to work effectively people need to be able to choose between providers.
- Most people are unable to choose to move to an alternative surgery so are stuck with a single private sector provider.
- Yet even finding out if you have an alternative choice is far from easy. NHS inform offers people in Scotland very basic information compared to the same search conducted through NHS choices in England.

CONTEXT

This briefing 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 Survey¹ tend to suggest that while the public often praise the care they receive, there can be frustrations with the difficulty in accessing that care.

In 2012 and again in 2014 Reform Scotland published reports highlighting the differences in access arrangements between surgeries. Different operating practices existed, such as how appointments are made or whether extended hours were offered, yet patients were often unable to choose between practices.

One of the areas we highlighted in the 2014 report, Examining Access, was that 43% of GP surgeries did not have a website, let alone offer other online services.

This is despite the fact that in 2010 the Royal College of General Practitioners toolkit was developed in partnership with the Scottish Government. It highlighted the usefulness of the internet and tools such as being able to order repeat prescriptions and book appointments online.

In addition, the Scottish Government's eHealth strategy 2014-17, published in March 2015, encourages all GP practices in Scotland

¹ http://www.gov.scot/Publications/2016/05/9045/1



to offer repeat prescribing and appointment booking as online services.

Reform Scotland submitted Freedom of Information requests to all health boards, as well as the Scottish Government, to find out what progress has been made on reaching this goal and how many GP surgeries actually offer the ability to book non-urgent appointments and order repeat prescriptions online.

BACKGROUND

The 2015/16 Health and Care Experience Survey highlighted that while most patients in Scotland were positive about the care and treatment they experienced at GP surgeries, four of the five most negatively answered GP questions related to issues of access.

The Survey suggested that patients were increasingly finding it more difficult to book appointments in advance, though nearly a quarter of respondents did not even know whether they could actually book an appointment in advance (regardless of how that was done).

The survey emphasises the toolkit that was developed in 2010 by the Royal College of General Practitioners (RCGP) Scotland, the Scottish Government and other partners to help practices improve access to appointments, treatments and information.

Since the toolkit was developed the Scottish Government has also published its eHealth Strategy 2014-17, which set a goal of increasing the number of GP surgeries offering these services:

"All GP practices will be encouraged to provide online repeat prescribing and online appointment booking as online services, with a view to at least 90% of practices offering this service by 2017. This will provide benefits for

patients and administration time savings for practices as well as important experience of the impact of these options which will inform wider developments²²

Therefore, it is not unreasonable to question what progress has been made and whether more GP surgeries have started offering more online services.

Clearly, GP surgeries cannot allow all of their appointments to be booked in advance online. However, many people need to see their GPs for non-urgent reasons and will want to fit such an appointment around work where possible. It, therefore, makes sense that they should be able to do this online, which could also take pressure off phone lines for people phoning the surgery to see someone more urgently.

Equally, it would make more sense for someone to complete a long list of repeat prescriptions by email or online form, as opposed to having to read it out over the phone.

However, because most GP surgeries are private sector contractors to the NHS, it is up to each individual practice whether or not they introduce such tools.

While that might be OK if patients had a choice over their GP surgery, it is blatantly unfair if the access arrangements can vary considerably, yet individuals have no choice over their practice.

Freedom of Information

Reform Scotland asked each Scottish Health Board what progress has been made to ensure more GP surgeries offered the online services highlighted in the toolkit and, more

² http://www.gov.scot/Resource/0047/00472754.pdf



specifically, what percentage of GP surgeries in the health board area allowed patients to a)order repeat prescriptions online, and b) book some appointments online?

Some health boards gave fully comprehensive answers; some only provided information for the GP surgeries managed directly by the NHS Board, so not the majority which are contracted out; while others said that because GP surgeries were independent contractors they were subject to FOI legislation themselves and the request would need to be submitted to them directly.

The full responses from each Health Board are detailed in the Appendix.

We also asked the Scottish Government for the same data. Its response highlighted that its eHealth Strategy 2014-17 had aimed to have at least 90% of GP practices offering repeat prescribing and appointment booking as online services by the end of 2017. Although the figures the Scottish Government provided initially look like some health boards are on target to reach that goal, those figures also include practices offering only one of those services.

We have summarised all the figures in the table below, indicating the response from the Scottish Government as well as from each health board. While some responses from health boards meant we could not add figures into this table, their full responses can be read in the appendix

It is clear that many areas are unlikely to meet the goal of ensuring at least 90% of surgeries offering online repeat prescribing and appointment booking this year.

Health board	Scottish	Individual health board FOI	
area	Government	response	
	FOI response		
	GP practices	GP practices	GP
	offering online	offering online	practices
	appointments	appointments	offering
	booking	booking	online
	and/or repeat		repeat
	prescribing		prescribing
Ayrshire & Arran	45%	-	-
Borders	100%	78%	95%
Dumfries	69%	69%	69%
Fife	80%	72%	72%
Forth Valley	92%	0%	100%
		(board-run	(board-run
		practices only)	practices only)
Grampian	89%	28%	60%
Greater Glasgow	78%	48%	61%
& Clyde			
Highland	25%	26%	29%
Lanarkshire	70%	69%	69%
Lothian	96%	-	-
Orkney	100%	-	-
Shetland	50%	0%	80%
Tayside	89%	25%	91%
Western Isles	55%	44%	55%

One reason for the difference in figures could be that while more practices have the ability to offer the services, some have chosen not to, as illustrated in this response from NHS Ayrshire & Arran which stated that "All 52 EMIS practices have the facility to enable online appointment booking & prescription ordering, however some have chosen not to do so".

Similarly NHS Grampian commented "NHS Grampian currently has 89% of their GP practices activated to offer online services of which 60% offer repeat prescriptions and 28% offer online appointments."

That 89% figure NHS Grampian refers to of practices being able to offer the services matches the Scottish Government response, but doesn't actually correspond to practices offering the services.



The FOI responses also highlight the fact that most GP surgeries are not directly owned and run by the NHS, but are private sector contractors to the NHS.

The Tobacco and Primary Medical Services (Scotland) Act 2009 amended the eligibility criteria for persons contracting or entering into arrangements with Health Boards to provide primary medical services to include a requirement that all the contracting parties must regularly perform, or be engaged in, the day-to-day provision of primary medical This prevented services. commercial companies from entering into contracts with health boards and employing GPs as had previously been allowed, though it had never happened in Scotland.

According to ISD Scotland there are 960 GP surgeries in Scotland.³ Of these, 55 are a '2C' type of practice, which means they are run directly by the NHS Board. In other words only 6% of all GP surgeries in Scotland are state-run. In 2014, when Reform Scotland published Examining Access, we found that there were 994 GP practices, of which 42, or 4% were classed as '2c'.

It has always been the case since the NHS was created that the majority of GPs were private contractors.

The political rhetoric would suggest that there is hardly any private sector contracting in the NHS in Scotland, but this simply isn't accurate. The truth is that most people's contact with the NHS is through a private sector contractor; whether that is their GP, dentist, optician or pharmacist.

However, while individuals can normally choose which private contractor they use, when it comes to doctors, patients don't tend to have a choice.

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. For example, if you use the "find local services" tool on the NHS inform website, it simply presents you with a list of GP surgery addresses and their distance from that location. It does not tell you whether they actually cover your area, nor does it give out any useful information.

In contrast, the NHS Choices search which covers England informs people whether the practice is accepting new patients, whether it offers online booking and online repeat prescriptions as well as the number of patients in the practice and whether people would recommend it.

So although the Freedom of Information requests have highlighted that too few surgeries are improving their online accessibility, NHS Scotland and the information it provides to those trying to services is need also in improvement.

POLICY RECOMMENDATION

Greater choice over GP

Reform Scotland does not object to the principle of private sector contractors providing services for the public sector. Such arrangements can increase diversity, which is needed across 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.

³ http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Practices-and-Their-Populations/



In contrast, 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.

Reform Scotland believes that people should have a wider choice of GP. The purpose of this briefing is to highlight differences that exist in access arrangements 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.

For example, if a patient needs to regularly reorder numerous prescriptions, having the ability to easily do that online or by email is considerably simpler not just for the patient, but also for the surgery administration. Yet if the GP surgery that the patient is in does not offer that option there is often nothing the individual can do because they can't choose to use a different practice.

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. Yet, even finding out what your existing choice is, is not straightforward.

Reform Scotland believes that giving individuals greater choice over their GP surgery would mean that people were able to easily walk away from GP surgeries 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 surgeries, 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.

Allow new GP practices to open up

Choice is currently limited for patients due to the number of GP surgeries 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 surgeries 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 surgeries 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. 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.

Appendix: Individual Health Board's responses to Reform Scotland's Freedom of Information requests

Health	Response	Percentage of	Percentage of
Board area	Response	GP surgeries	GP surgeries
		offering online	offering
		appointment	online repeat
Associations	NUC A making 0 Amon isomodaka Assasa Taalliska khair CD maasti sa hamana inalamankati a afaki a midana	booking	prescriptions
Ayrshire & Arran	NHS Ayrshire & Arran issued the Access Toolkit to their GP practices, however implementation of this guidance was optional. Ayrshire & Arran have 55 GP practices of which 52 use EMIS as their Clinical System. All 52		
& Allali	EMIS practice have the facility to enable online appointment booking & prescription ordering, however some		
	have chosen not to do so and some have implemented prescription ordering only. All GP Practices are		
	independent contractors and therefore responsible for making the decision to provide these online services or not within their individual practice. The health board have no direct locus on control over this.		
Borders	NHS Borders have rolled out the facility and offered support to practices to adopt it as well as encouraging	78%	95%
5 6	their practice population to use the facility as much as possible.		
Dumfries	In March 2016 10 out of 35 practices had EMIS Access activated and enabled to allow people to order repeat prescriptions and book appointments. The Health Board had an initiative locally to encourage participation		
	and by December 2016 this number had risen to 16 out of 35. We have continued to support the program and a		
	further 8 practices have signed up and are at the early stages of making this available. There are 4 sites where		
	this is not technically possible because of a shared database amongst other reasons. Activation of EMIS Access allows the introduction of both appointments and prescriptions. Practices have all progressed with		
	prescriptions and the development of appointments on line has been taken up by all practices although the		
	proportion of appointments available on line varies from one practice to another. Again this will increase		
Fife	slowly as they manage to open the appointment book slots in due course. To encourage uptake, NHS Fife regularly engages with general practice on the benefits electronic online	72%	72%
riie	services can deliver for patients. As a result, we have seen the number of practices offering these services	7 2 70	7 2 70
	significantly increase.		
Forth	The 'toolkit for GP practices to improve their patients' access to primary care 'was circulated to GP practices promoting consideration of the facility for online ordering of repeat prescriptions and the online appointment	0%	100%
Valley	booking. As Independent Contractors, GP Practices are responsible for managing the arrangements for	(of board managed	(of board managed
	patients to access general medical services provided by the practice. Therefore we do not hold practice specific	surgeries)	surgeries)
Cuamarian	information other than for our three board managed GP practices. NHS Grampian is working with GP practices to help reach the target defined within the eHealth strategy of at	ourgerres)	ourgeries)
Grampian	least 90% of GP practices offering online services by 2017. NHS Grampian currently has 89% of their GP		
	practices activated to offer online services of which 60% offer repeat prescriptions and 28% offer online		
	appointments. The eHealth facilitation team will continue to work with practices to increase the offering of these services to their patients.		
Greater	A number of practices have their own websites, the actual numbers are not routinely held by eHealth. In a	48%.	61%
Glasgow	number of practices they offered via their websites, the ability to order prescriptions. Over the last couple of	At least six	At least six
& Clyde	years practices have moved away from this process to adopt the clinical systems online services functionality as it offered a higher level of efficiency. From September 2014, NHSGGC have been providing training and	practices in	practices in
	support to practices who wished to make use of this functionality. The number of practices who are currently	addition to	addition to
	enabled and using this functionality are 172 out of 240 eligible practices = 72%. We have been promoting this	these figures offer the	these figures offer the
	functionality with all practices over the past two and half years in a variety of ways, including lunchtime workshops with practice presentations sharing their practice experience, supportive visits to practices to	service	service
	demonstrate the functionality and encouraging use. Also attendance at GP conferences promoting	through their	through their
	functionality. Some practices offer patients the ability to book appointments and prescriptions online, some	own website	own website
Highland	just offer prescriptions and a very small number just offer the ability to book appointments .	17 (26%)	19 (29%)
Lothian	GP Practices are independent contractors and make their own decisions about management of access to their	17 (2070)	17 (27/0)
	services. They are also subject individually to the Freedom of Information (Scotland) Act 2002. NHS Lothian		
	does not hold information on whether GP Practices make these services available online. You may be able to request this information from the GP Practices individually.		
Lanarkshire	I can advise that there are 107 GP practices within NHS Lanarkshire. Of those, 74 (69 per cent) have online	69%	69%
	services installed as part of their clinical systems, allowing patients to order repeat prescriptions and book		
Orkney	appointments. At the present time no GP surgeries operated by NHS Orkney offer online appointment booking or repeat	0	0
Orkiley	prescription ordering services. NHS Orkney is not able to respond to this request on behalf of independent GP		
	surgeries. The requested information is not collated by NHS Orkney, therefore I must advise that in terms of		
Shetland	Section 17 of the Freedom of Information (Scotland) Act 2002 the information sought is not held. The largest practice, covering approximately one third of population, was supported by an NHS Shetland	0	80%
Sileudilu	pharmacist to roll out on line prescribing. All practices in the NHS Shetland Health Board area use EMIS as	, o	0070
	their management system and information sessions on access is included in regular meetings. As the majority		
	of Shetland practices will soon be directly managed by the Board, we will be looking at rolling out EMIS access to all salaried practices, initially for repeat prescribing.		
Tayside	Currently 59 of 65 GP Practices in NHS Tayside provide online repeat prescription services to patients. At		
J =	present 16 of 65 GP Practices in NHS Tayside provide online services to patients for the purposes of booking		
	some appointments online. The introduction of online booking for an additional 42 practices is planned for completion through 2017.		
Western	NHS Westerns Isles have gone from 0 to 44% of practices offering some online appointment bookings, and	44%	55%
Isles	from 0 to 55% offering online repeat prescription ordering. Practices are supported via the Primary Care		
	Digital Fund to expand the number		