

# Publication Report



**NHSScotland Payments to General Practice  
Financial Year 2014-15  
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## Introduction

This release provides information on NHSScotland Payments to General Practices for the financial year 2014-15. The information is provided in line with the agreed 2014-15 General Medical Services (GMS) contract; more information about the contract can be found on [the British Medical Association](#) and [Scottish Government](#) websites, the latter giving information on the latest GP contracting arrangements in Scotland. A broad suite of information relating to General Practice in Scotland can be found on the website of [the Information Services Division](#) of National Services Scotland.

This publication provides a factual reporting of actual payments, including some added analysis of payments by broad categories such as NHS Board area and deprivation quintile, rather than a comparative analysis between practices.

There are three different types of general practice: GMS, 17C and 2C ([detailed below](#)) and the payments to each of these practice types can differ. It is important to note that only the 'Global Sum' and 'Correction Factor' categories are consistently calculated across all practices. The varying contractual terms and local NHS Board arrangements determine the precise payments due to each practice. In 2014-15 there were 815 of type GMS, 130 of type 17C and 50 of type 2C.

Note that this publication does not provide information on General Practitioner earnings, which are published by [the Health & Social Care Information Centre](#) in September of each year. The purpose of this publication is to provide information on payments made to the General Practices.

## Key Points

- In 2014-15 the sum of NHSScotland payments made was £754.2 million to 995 General Practice service providers. This is an increase of £14.5 million (2.0%) compared to 2013-14. Of the £754.2 million in 2014-15:
  - £622.2 million was to GMS practices;
  - £111.2 million was to 17C practices; and
  - £20.7 million was to 2C practices.
- The Global Sum was the largest payment made in 2014-15. This amounted to £457.9 million to 995 General Practice service providers. This is an increase of £48.6 million (11.9%) compared to 2013-14.
- The next largest payment was for the Quality and Outcomes Framework (QOF) where a payment of £96.1 million was made to 938 General Practices in 2014-15. This is a decrease of £32.1 million (25.0%) compared to 2013-14.
- In addition, £23.0 million was paid to 106 General Practices for dispensing services in 2014-15. This is a decrease of £0.8 million (from nearly £24.0 million), paid to 105 General Practices for these services in 2013-14.

## Key Definitions

### General Practice Types

With effect from 1 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 providing services directly (this is known as 'direct provision' - Section 2C of the 1978 Act) or by making arrangements (by contract or agreement) with a range of 'providers' through:

- **GMS (17J)** - GP run General Medical Services (GMS) contracted practices (also known as 17J practices);
- **17C** - GP run locally negotiated contracted practices (also known as 17C practices); and
- **2C** - NHS Board run practices (also known as 2C practices).

Furthermore information about General Practice types can be found in the [Glossary](#).

The majority (approximately 82%) of General Practices in Scotland have a GMS contract. The larger proportion of the remainder is made up of Section 17C (13%), with a smaller number of services provided under Section 2C (5%).

### What the payments are for and how they are calculated

The basis and calculation of payment types to GMS providers of primary medical services are largely set out in the [GMS Statement of Financial Entitlements](#). Payments to practices include:

- 'Global Sum' payments, a contribution towards the contractor's costs in delivering essential and additional services, including staff costs;
- A 'correction factor', a payment adjustment initially linked to the minimum practice income guarantee made as part of the 2004 contract in the [Primary Medical Services \(Scotland\) Act 2004](#);
- 'Directed Enhanced Services' (DES) - Services which NHS Boards must ensure are provided for patients within their area;
- 'National Enhanced Services' (NES) - Services which NHS Boards may seek to commission within their area;
- 'Local Enhanced Services' (LES) - Services which are commissioned by NHS Boards and are locally negotiated;
- 'QOF Payments' - Payments to practices under the [Quality and Outcomes Framework](#);
- 'Premises' – payments to practices which provide their own premises;
- 'Seniority' - payments to practices in respect of individual GPs to reward experience, based on years of Reckonable Service;
- 'Additional Services Opt Outs' – A reduction in 'Global Sum' made where a practice does not provide certain additional services;

- '17C' - Balance of payments to 17C practices;
- '2C' – Balance of the costs to the NHS Boards of providing services through 2C practices;
- 'Dispensing Doctors' – this payment is for reimbursement of drugs and fees paid to practices that are required to provide dispensing services for their patients; and
- 'Other' Payments.

More information about payment types can be found in the [Glossary](#).

## Methodology

### Consistency of reporting

It is important to note that the 'Global Sum' and 'Correction Factor' categories are consistently calculated across all practices, but other payment types may be calculated in different ways. The varying contractual terms and local NHS Board arrangements determine the precise payments due to each practice.

### Data

Data are extracted from National Services Scotland's Practitioner Services General Practice Payment system, an operational system for calculating the monthly payments to providers of primary medical services which are, in the main, General Practices. The data are presented for all organisations that have received a payment through the National Services Scotland's Practitioner Services General Practice Payment System and those that have been paid directly by the NHS Boards. Data relevant to 'non-payment practices' have been provided by the relevant NHS Boards.

Practice payment data and all the tables and charts in this publication are provided in the accompanying [List of Tables](#).

### NHS Board boundaries

2014 NHS Board boundaries, which came into effect from 1<sup>st</sup> April 2014, are used throughout this publication.

### Practice

The location of a practice determines which NHS Board the practice holds a contract with. Those individuals registered at the practice may have postcodes that are not within the NHS Board boundary.

Practices are included which have opened or closed within the 2014-15 year, and their part payments have been included in the calculations that follow. These part payments have not been scaled to make them appear as full year payments.

### Further information

Further information on Practice changes over time, Practice List Size, and on the categorisation of Deprivation and Urban Rural Classification are contained in [Appendix A2](#).

## Aggregation of payments

### Total Payment

For each practice, this is the mathematical sum of the amounts paid for each of the following 12 payment types:

1. Global Sum
2. Correction Factor
3. Directed Enhanced Services (DES)
4. National Enhanced Services (NES)
5. Local Enhanced Services (LES)
6. QOF Payments
7. Premises
8. Seniority
9. Additional Services Opt Outs (deduction)
- 10.17C
- 11.2C
12. Other Payments

More detailed information on these payment types is included in the [Glossary](#). These payments are for Primary Medical Services to each contractor, before deductions for pension contributions and levy payments.

Total Payment does not include dispensing doctors' payments for providing dispensing services. The latter is included in the calculation of All Payments.

### Further information

Further information on the Aggregation of payments is contained in [Appendix A2](#).

## Comparability with other data

### How this publication relates to other data

The information presented here is from data directly extracted from the Practitioner Services General Practice Payment system, and has not undergone any amendments (e.g. for accruals). This system does not record all payments that are made by NHS Boards to practices. As such, these figures may not be directly comparable with other published General Practice finance statistics.

### NHS Payments to General Practice, England, 2014-15

The information presented here is comparable to the analogous publication by NHS England ([NHS Payments to General Practice, England, 2014-15](#)), in that the payment categories are calculated in a similar manner.

### Investment in General Practice

Figures reported in the 2014-15 [Investment in General Practice Report](#) may include payments which are made by NHS Boards to practices, and therefore this presents a key difference with the General Practice Payments publication. However, the Investment in General Practice Report does provide Outturn figures for payment types which are similar to the General Practice Payments publication, although some categories have been combined to improve analysis.

Because of the reasons mentioned above, the Total Payment in the General Practice Payments publication may not be the same as the Total Investment Excluding Reimbursement of Drugs in the Investment in General Practice Report.

### Quality & Outcomes Framework

Amounts presented in this report are calculated on a different basis to those published in [Quality & Outcomes Framework - Prevalence, achievement, payment and exceptions data for Scotland, 2014/15](#). In the General Practice Payments publication, there is an aspiration payment which is a part payment made in advance for expected achievement. This is based on last year's (2013-14) achievement with a balancing achievement payment for 2014-15 made at the end of the June 2015 to complete the total sum earned by the practice from Quality & Outcomes Framework (QOF). In comparison, the QOF publication is based on a full year worth of achievement, as all the data are available to calculate payments.

QOF achievement data are not comparable from one year to the next due to changes in the list of indicators, changes in the points available and changes in the list of practices whose data are included in the QOF publication each year. This is particularly relevant for 2014-15 data, as the number of QOF points decreased by around a third from 923 in 2013-14 to 659. By comparison, the number of QOF points decreased by only 8% from 2012-13 (1000 points) to 2013-14 (923 points).

In addition, the figures quoted in this publication incorporate the QOF payments made to 995 practices (which includes some that were opened or closed **at any time in the 2014-15 financial year**). This compares with 987 practices quoted in the QOF publication **as at 31st March 2015**. Of those, 978 participated in the QOF. For more detail see the [Quality & Outcomes Framework publication](#).

**Further information**

Further information on the Comparability with other data is contained in [Appendix A3](#).

## Results and Commentary

### Total Payment

#### Total Payment by type of practice

The sum of NHSScotland payments made for primary care services in 2014-15 was £754.2 million to 995 General Practice service providers of which:

- £622.2 million was to 815 General Practice service providers with a GMS contract. This is an increase of £4.0 million (0.6%) to 829 General Practice service providers in 2013-14;
- £111.2 million was to 130 General Practice service providers with a 17C contract. This is an increase of £9.0 million (8.8%) to 120 General Practice service providers in 2013-14;
- £20.7 million was to 50 General Practice service providers with a 2C contract or where the NHS Board is directly responsible for providing services. This is an increase of £1.5 million (7.5%) to 46 General Practice service providers in 2013-14.
- In total, this is an increase of £14.5 million (2.0%) to 995 General Practice service providers compared to 2013-14.

**Table 1 Type and number of General Practices and their Total Payment<sup>1</sup>**

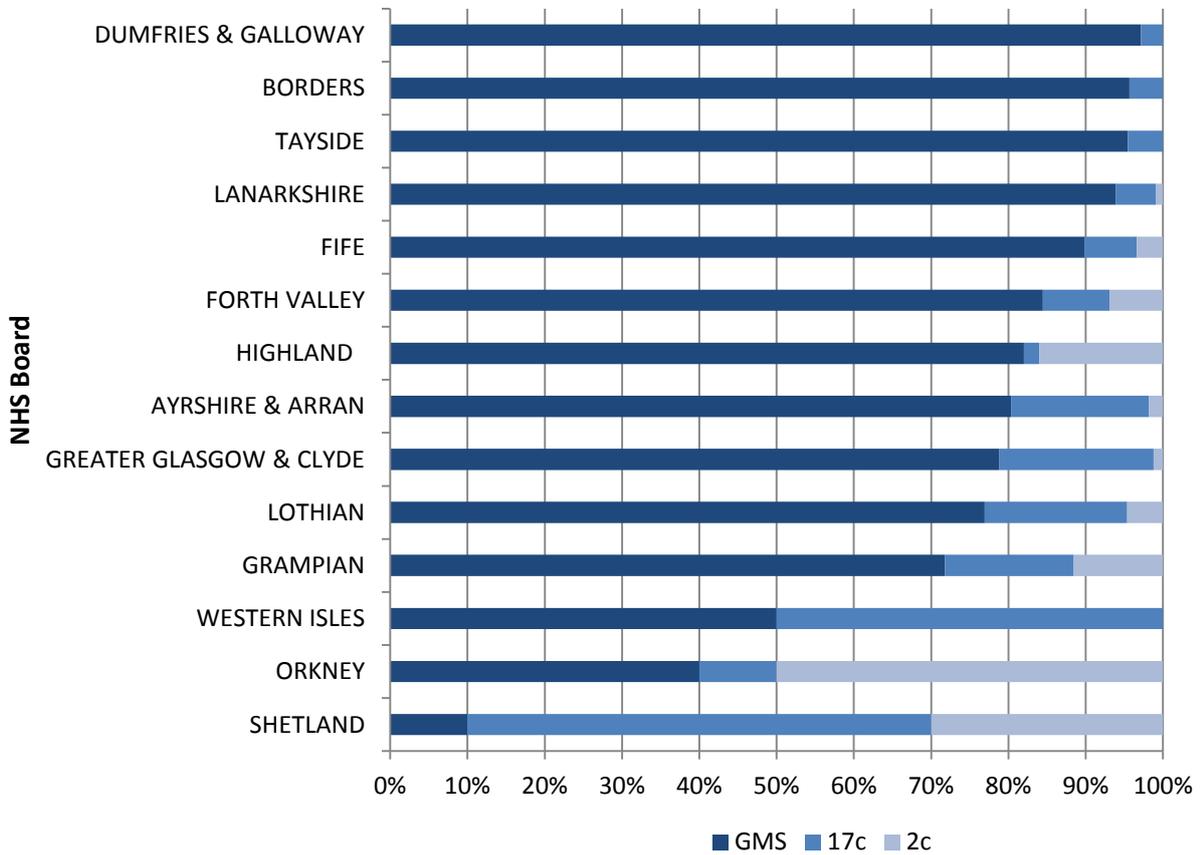
Type of General Practice	2013-14		2014-15	
	Number in Scotland	Total Payment (£m)	Number in Scotland	Total Payment (£m)
GMS	829	£618.2	815	£622.2
17C	120	£102.2	130	£111.2
2C	46	£19.3	50	£20.7
All practice types	995	£739.7	995	£754.2

Note 1: Calculation of Total Payment by type of practice is explained in [Appendix A2](#).

Percentage of practice type by NHS Board

Figure 1 shows how the NHS Boards differ in terms of practice types, sorted in order of the highest percentage of GMS practice type.

Figure 1 Percentage of practice type by NHS Board, 2014-15



## Global Sum Payments

### Global Sum Payments by type of practice

The Global Sum is the largest payment made to NHS Boards and it is the only payment type which has comparable data available across all the practice types. The Global Sum Payment made in 2014-15 was £457.9 million to 995 General Practice service providers of which:

- £386.5 million was to 815 General Practice service providers with a GMS contract. This is an increase of £37.6 million (10.8%) compared to the 829 General Practice service providers in 2013-14;
- £62.2 million was to 130 General Practice service providers with a 17C contract. This is an increase of £10.2 million (19.6%) compared to the 120 General Practice service providers in 2013-14;
- £9.1 million was to 50 General Practice service providers with a 2C contract or where the NHS Board is directly responsible for providing services. This is an increase of £0.9 million (10.8%) compared to the 46 General Practice service providers in 2013-14.
- For all practice types, this is a payment increase of £48.6 million (11.9%) compared to 2013-14. This increase can largely be attributed to the transfer of funding from the Quality and Outcomes Framework.

**Table 2 Type and number of General Practices and their Global Sum Payments<sup>1</sup>**

Type of General Practice	2013-14		2014-15	
	Number in Scotland	Global Sum Payment (£m)	Number in Scotland	Global Sum Payment (£m)
GMS	829	£349.0	815	£386.5
17C	120	£52.0	130	£62.2
2C	46	£8.2	50	£9.1
All practice types	995	£409.2	995	£457.9

Note 1: Calculation of Global Sum Payment by Type of General Practice is explained in [Appendix A2](#).

**Global Sum Payments and per capita payments by NHS Board**

The Global Sum payment makes up at least half of the Total Payment made to NHS Boards with one exception NHS Orkney.

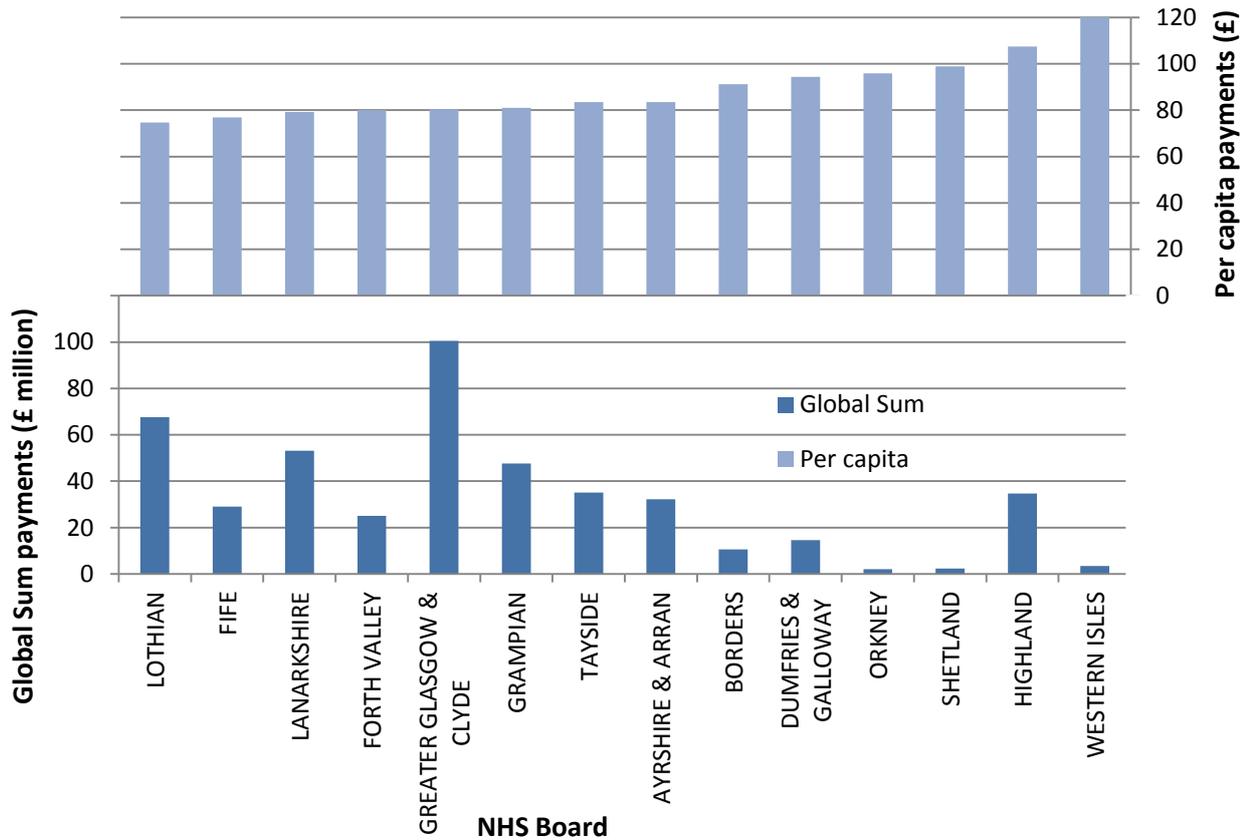
**Table 3 Percentage of Global Sum out of Total Payment by NHS Board, 2014-15**

NHS Board	Global Sum (£m)	Total Payment (£m)	%
BORDERS	10.6	16.0	66%
LANARKSHIRE	53.2	80.1	66%
FORTH VALLEY	25.0	39.0	64%
DUMFRIES & GALLOWAY	14.5	22.9	64%
FIFE	29.0	46.6	62%
GREATER GLASGOW & CLYDE	100.5	162.1	62%
AYRSHIRE & ARRAN	32.2	53.2	60%
GRAMPIAN	47.6	79.5	60%
LOTHIAN	67.6	117.2	58%
TAYSIDE	35.1	61.2	57%
HIGHLAND	34.7	61.3	57%
WESTERN ISLES	3.5	6.2	56%
SHETLAND	2.3	4.2	54%
ORKNEY	2.0	4.7	42%

Global Sum Payment by NHS Board is shown in [Figure 2](#). The payment amounts to over £100 million in NHS Greater Glasgow and Clyde, and nearly £68 million in NHS Lothian. It is less than £2 million in each of the three island boards.

The per-capita variations directly reflect the functioning of the Scottish Allocation Formula (SAF), which is used to allocate the Global Sum between practices. The SAF is a weighted capitation formula that adjusts for workload associated with the age-sex structure of the population, additional needs due to morbidity and life circumstances and unavoidable excess costs due to remoteness and rurality.

**Figure 2 Global Sum and per capita payments by NHS Board<sup>1</sup>, 2014-15**



Note 1: Calculation of the Global Sum Payments by NHS Board and Global Sum per capita payments by NHS Board are explained in [Appendix A2](#).

## Other Types of Payments

### Quality and Outcomes Framework payment

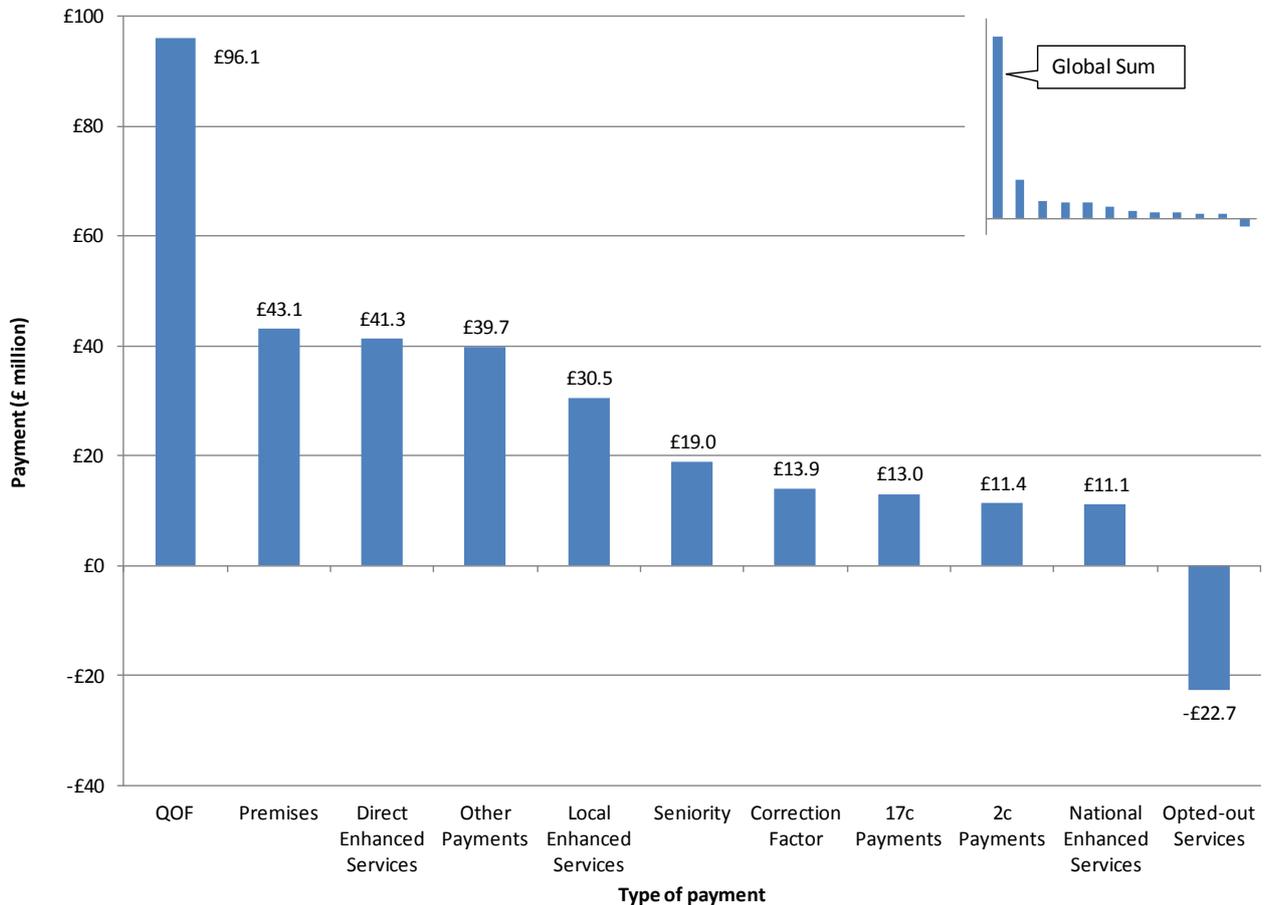
Except for the Global Sum Payments, the largest payment was for Quality and Outcomes Framework (QOF), where a payment of £96.1 million was made to 938 General Practices in 2014-15. This is a reduction of £32.1 million (25%) to 934 General Practices in 2013-14 for QOF, but which was transferred to the Global Sum.

As discussed in the section [Comparability with Other Data](#), the amounts presented in this report are calculated on a different basis to those published in [Quality & Outcomes Framework - Prevalence, achievement, payment and exceptions data for Scotland, 2014/15](#).

There were 978 practices quoted in the Quality & Outcomes Framework publication that participated (As at 31<sup>st</sup> March 2015), and the payment was £85.6 million.

A breakdown of the payments is shown in ([Figure 3](#)).

**Figure 3 Breakdown of payments (excluding Global Sum payment)<sup>1,2</sup>, 2014-15**



Note 1: Global Sum has not been included because of its magnitude (see thumbnail). Its inclusion would prevent a visual analysis of other payment types.

Note 2: A reduction has been made to the Global Sum payment for those practices which do not provide additional services, such as Out of Hours services and Child Health Surveillance. These are expressed as negative values.

### **Dispensing Doctor payment**

In addition to those shown, £23.0 million was paid to 106 General Practices for dispensing services in 2014-15. This is a decrease of £0.8 million (from nearly £24.0 million), paid to 105 General Practices for these services in 2013-14.

### **All Payments**

Including the payment for dispensing services, £777.1 million was made to General Practices in 2014-15, and this also incorporates a reduction of £22.7 million for opt-out services. Similarly in 2013-14, £763.4 million was made to General Practices, which incorporated a reduction of £22.5 million for opt-out services.

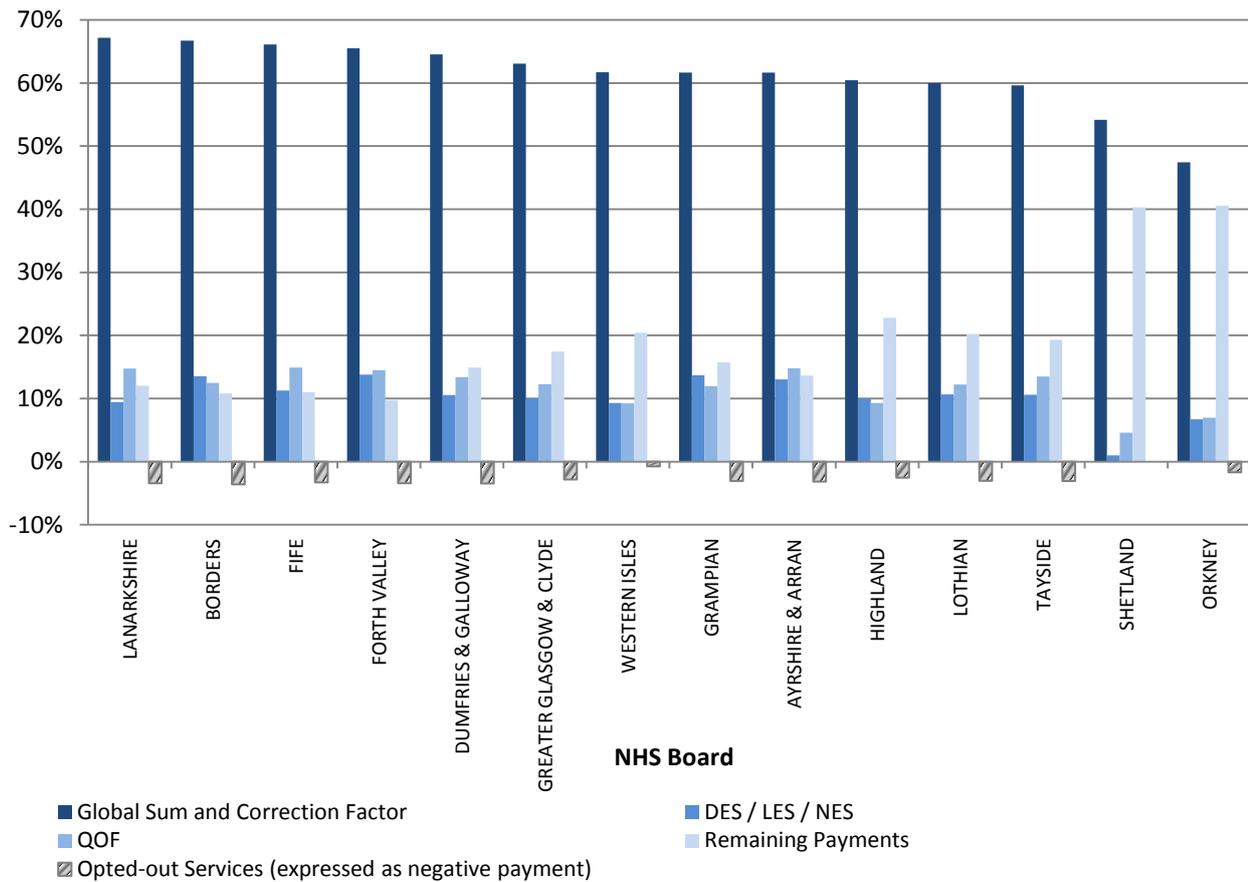
Of the £777.1 million in 2014-15, the Global Sum payment accounted for over half of All Payments made to General Practices at £457.9 million, 59% of all payment made (£409.2 million and 54% in 2013-14). QOF payments accounted for 12% of All Payments at £96.1 million (£128.2 million, 17% in 2013-14). The remaining payment types each accounted for 6% or less of the £777.1 million amounting to £222.9 million (£224.8 million in 2013-14).

## Total Payment by NHS Board, Deprivation and Urban Rural Classification

### Distribution of Total Payment by NHS Board

Figure 4 shows the main payment types as a percentage of Total Payment by NHS Board. The Opted-out Services payment is shown as a negative percentage since it is expressed as a negative payment.

Figure 4 Percentage of payment types by NHS Board<sup>1</sup>, 2014-15

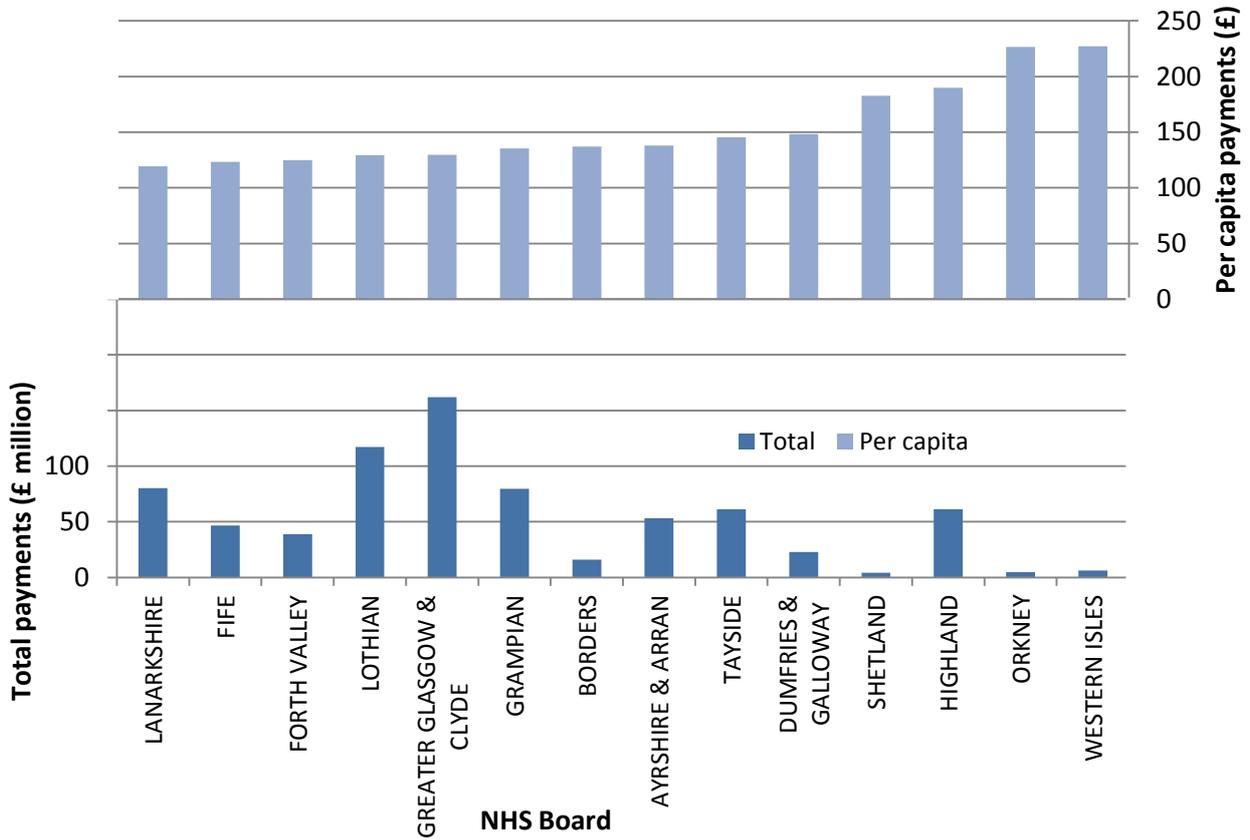


Note 1: The Remaining Payments includes Premises, Seniority, 17C Payments, 2C Payments and Other Payments. These Payment Types are explained further in the [Glossary](#).

**Total Payments and per capita payments by NHS Board**

As expected based on population size, over a third of Total Payments to General Practices were made to practices in two NHS Boards: NHS Greater Glasgow and Clyde (£162.1 million, 21.4% of total); and NHS Lothian (£117.2 million, 15.5% of total). See [Figure 5](#).

**Figure 5 Total Payments and per capita payments by NHS Board<sup>1</sup>, 2014-15**



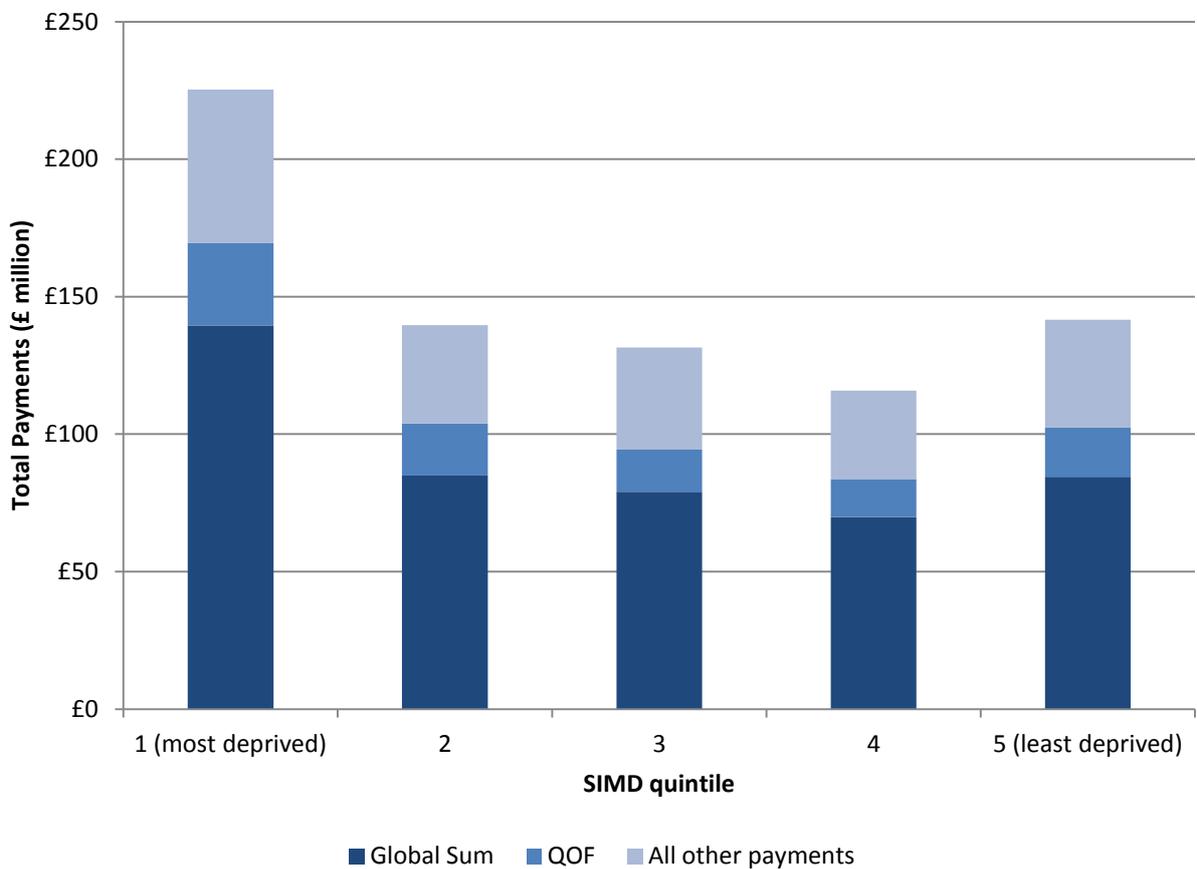
Note 1: Calculation of the Total Payments by NHS Boards and Total per capita payments by NHS Boards are explained in [Appendix A2](#).

**Total Payment by deprivation**

As mentioned in [Appendix A2 Methodology](#), General Practices have been categorised into Scottish Index of Multiple Deprivation 2012 (SIMD) quintiles according to the postcode of the individuals registered at the practice mid way through the financial year i.e. at 30 September 2014. The quintile which has the highest number of patients associated with it has been selected for that practice. Note that this modal quintile is a proxy measure of deprivation and should be considered as experimental statistics.

The General Practices with the highest populations in the most deprived quintile receive the largest Total Payments ([Figure 6](#)). These practices received a total of £225.4 million, 29.8% of all payments. The proportion of payments is consistent with the proportion of the population registered to practices assigned to the most deprived quintile using the proxy measure approach.

**Figure 6 Total Payment by deprivation<sup>1</sup>, 2014-15**



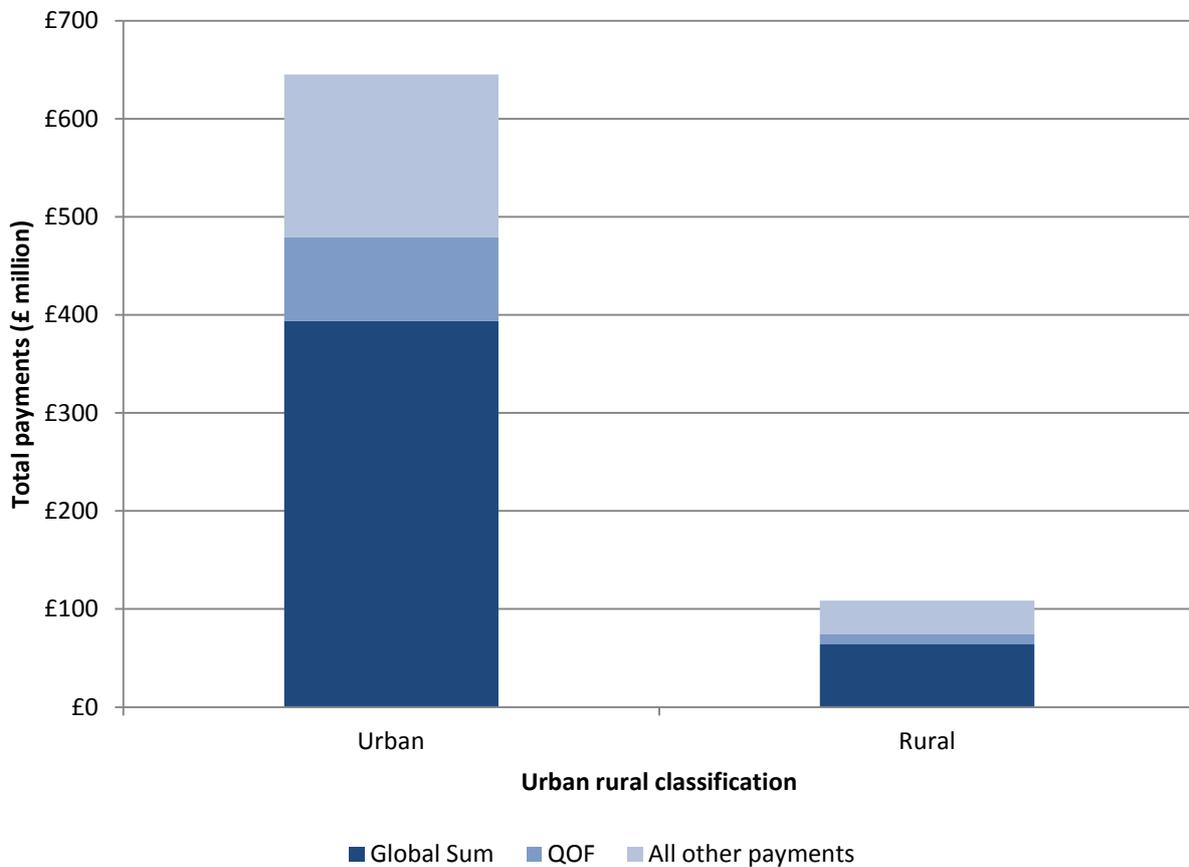
Note 1: Five General Practices have not been included in this analysis as they opened part way through 2014-15. The missing Total Payment for these five practices amounts to £225,046, so summing the Total Payments by deprivation will not equal £754.2 million. This missing Total Payment amounted to only 0.03% of the £754.2 million.

### Total Payments by Urban Rural Classification

As mentioned in [Appendix A2 Methodology](#), General Practices have been categorised urban or rural according to the postcode of the individuals registered at the practice mid way through the financial year i.e. at 30 September 2014. The category which has the highest number of patients associated with it has been selected for that practice. Note that this is a proxy measure of urban rural classification and should be considered as experimental statistics.

General Practices located in urban areas received the vast majority of Total Payments at £645.2 million (85.6% of all Total Payments) compared with £108.7 million paid to practices with the higher number of patients located in rural areas ([Figure 7](#)). To put this in context, around 80% of the Scottish population lives in urban areas.

**Figure 7 Total Payments by urban rural classification<sup>1</sup>, 2014-15**



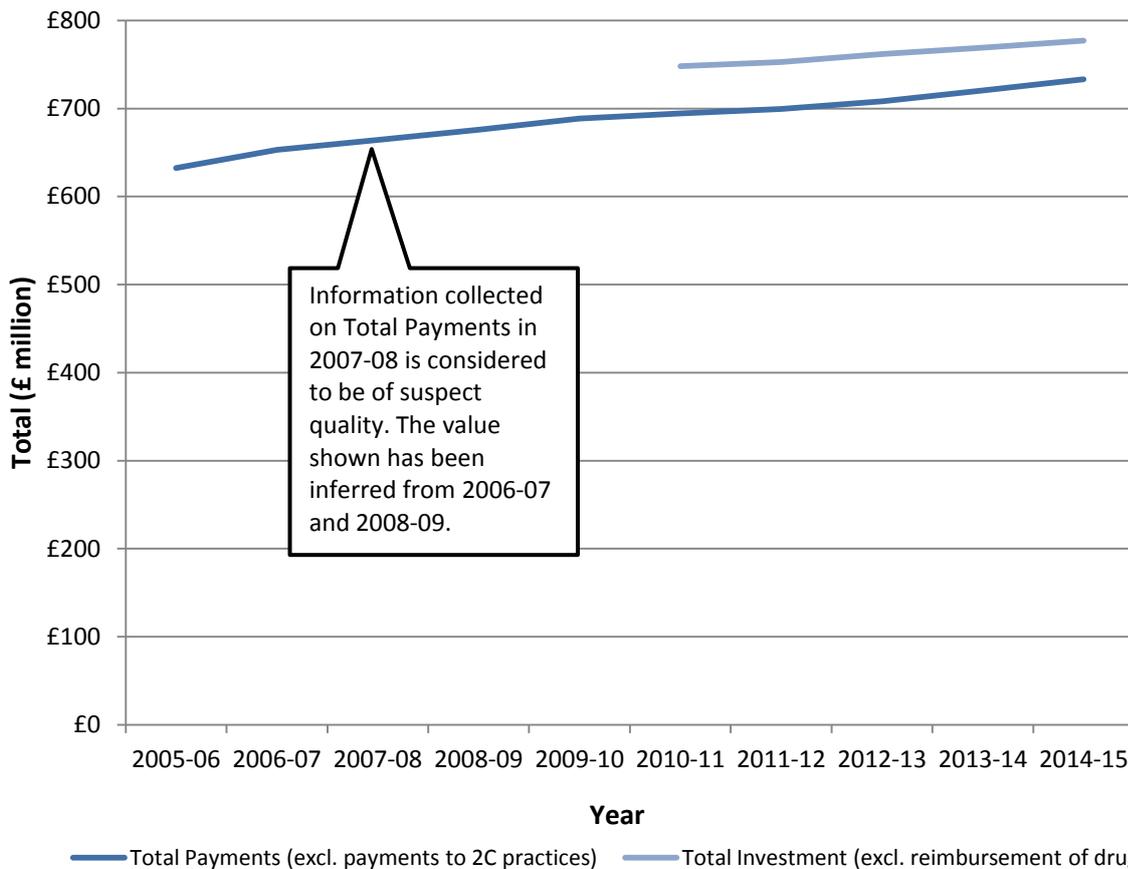
Note 1: Five General Practices have not been included in this analysis as they opened part way through 2014-15. The missing Total Payment for these five practices amounts to £225,046, so summing the Total Payments by urban rural classification will not equal £754.2 million. This missing Total Payment amounted to only 0.03% of the £754.2 million.

## Trends

Total Investment (excl. reimbursement of drugs) is published by the Health and Social Care Information Centre in the publication [Investment in General Practice, 2010-11 to 2014-15, England, Wales, Northern Ireland and Scotland](#). Between 2010-11 and 2014-15, Total Investment (excl. reimbursement of drugs) increased from £748.0 million to £777.2 million.

[Figure 8](#) below shows that payments to General Practices steadily increased between 2005-06 and 2014-15. Whilst the rate of increase is similar to the rate of increase in Total Investment (excl. reimbursement of drugs), there is a difference of £44 million in 2014-15.

**Figure 8 Total Payments excluding payments to 2C practices<sup>1,2</sup>, 2005-06 to 2014-15**



Note 1: Information on payments to General Practices has been collected since 2005-06; however specific information on the amount of payments to 2C practices has been infrequently collected. To enable comparisons over time, [Figure 8](#) excludes 2C payments for the period 2005-06 to 2014-15.

Note 2: Information on Total Investment (excl. reimbursement of drugs) for 2010-11 to 2014-15 has been obtained from the publication [Investment in General Practice, 2010-11 to 2014-15, England, Wales, Northern Ireland and Scotland](#). This can be downloaded from the [Health and Social Care Information Centre](#) website.

The £44 million difference can partly be explained by the removal of 2C practice payments (amounting to £21 million). The remaining £23 million relates to money which does not reach the General Practices, but contributes towards Primary Medical Care investment.

Specifically, the Outturns in the Investment in General Practice report includes: Information Management & Technology monies spent on General Practice systems; Premises costs where met directly by the NHS Board and Out of Hours services; and Other personal medical services contracted to non-General Practice providers.

## Glossary

<b>The GMS contract</b>	The GMS contract, implemented throughout the United Kingdom since 1 <sup>st</sup> April 2004, was the product of negotiations between the British Medical Association's (BMA's) General Practitioners Committee and the NHS Confederation. The new contract was introduced to support the ongoing development of primary care, and to give greater flexibility in how General Practices deliver patient care, and are paid. A component of the new GMS contract is a system of financial incentives for delivering clinical and organisational quality – the Quality & Outcomes Framework (QOF). Further information on the QOF and the new GMS contract is available via the <a href="#">Primary Care Contracting</a> pages of the NHS Employers website.
<b>GMS (17J)</b>	<b>GMS</b> (General Medical Services - Section 17J of the 1978 Act) contracts - nationally negotiated with some local flexibility for GPs to 'opt out' of certain services or 'opt in' to the provision of other services.
<b>17C</b>	Section <b>17C</b> (formerly known as 'Personal Medical Services' or PMS) agreements - locally negotiated agreements which can be flexible in accordance with local circumstances. Whilst the majority of 17C practices are paid through the Practitioner Services payment system, the payments are not all broken down by the various GMS categories, and can vary by NHS Board in the way they are broken down. For this publication we have included the Global Sum amount for all practices including those that do not record this in the payment system at the practice level.
<b>17C Payments</b>	Balance of payments to 17C practices.
<b>2C</b>	<b>'Health Board Primary Medical Services'</b> contracts (Section <b>2C</b> of the 1978 Act) – the NHS Board can, in certain circumstances, make arrangements with either a NHS organisation or a non-NHS organisation for the provision of NHS services. Often, these Section 2C practices are run by the Boards themselves and only a total figure for payments is available. However, as the Global Sum is calculated for all practices we have included the Global Sum figure for these practices.  Information on 2C Payments comes directly from the NHS Boards not the General Practice Payments system.
<b>2C Payments</b>	Balance of the costs to the NHS Boards of providing services through 2C practices.
<b>Global Sum</b>	Global Sum Payments are a contribution towards the contractor's costs in delivering essential and additional services, including its staff costs. The total Global Sum amount for Scotland is distributed amongst practices on a weighted capitation basis using the <a href="#">Scottish Allocation Formula</a> . This formula allocates resources to GP practices on the basis of the practice workload and needs of their patients, taking into consideration the relative costs of service

	delivery.
<b>Correction Factor</b>	A payment adjustment initially linked to the minimum practice income guarantee made as part of the <a href="#">2004 contract</a> in the Primary Medical Services (Scotland) Act 2004. This correction factor was agreed to ensure that no practice was disadvantaged as a result of the introduction of the contract.
<b>Directed Enhanced Services (DES)</b>	Services that NHS Boards must ensure are provided for patients within their area. The DESs can include services such as flu immunisations, childhood immunisations and minor surgery. NHS Boards are legally obliged to commission all DESs. Individual practices, however, do not have to agree to undertake this work.
<b>National Enhanced Services (NES)</b>	Services which NHS Boards may seek to commission within their area. These services can include anti-coagulant monitoring, intra partum care, minor injuries, IUCD fitting, drug and alcohol misuse.
<b>Local Enhanced Services (LES)</b>	Services which are commissioned by NHS Boards and are locally negotiated. They are intended to be services provided in response to specific local needs or innovations that are being piloted, such as methadone administration as part of drugs misuse services.
<b>QOF Payments</b>	Payments to practices under the Quality and Outcomes Framework are made up of 2013-14 balancing payment (achievements) and 2014-15 aspiration payments.
<b>Premises</b>	Payments to practices that provide their own premises.
<b>Seniority</b>	Payments to a contractor in respect of individual GPs to reward experience, based on years of Reckonable Service.
<b>Additional Services Opt Outs</b>	A reduction is made to the Global Sum payment for those practices which do not provide additional services, such as Out of Hours services and Child Health Surveillance.
<b>Other Payments</b>	Include, for example, items listed in Part 4 of the <a href="#">Statement of Financial Entitlements</a> such as Payments for Specific Purposes (such as Golden Hellos), NHS Education for Scotland Training Grants and Miscellaneous Health Board Administered Funds, such as Collaborative fees and Hospitals & Community Health (HCH) Practice Staff. It also includes other Family Health Service and HCH costs such as some Out of Hours work that is contracted to a practice, and cover for community hospital beds.
<b>Total Payment</b>	The total of the above 12 payment types, which is the total of payments for Primary Medical Services to each contractor, before deductions for pension contributions and levy payments. Note that for consistency of reporting between 17C and 2C practice types, the Total includes reimbursements for Premises and Seniority payments.
<b>Dispensing Doctors (not included in Total)</b>	This payment is for reimbursement of drugs and fees paid to practices that are required to provide dispensing services for their patients. It is included here to facilitate reconciliation of total payments to those practices. Note that information about the number of dispensing practices can also be found in the GP Workforce and Practice Population Statistics Publication, accessed

	online via the <a href="#">General Practice</a> pages on the ISD website.
<b>All Payments</b>	Total Payment plus Dispensing Doctors.

In addition to those provided, a [supplementary glossary](#) of General Practice terms from [ISD General Practice](#) website may be useful to the reader.

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">NHSScotland Payments to General Practice, 2014-15</a>	Financial Year 2014-2015	Excel (xlsx) [xxx]

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## Further Information

Further information can be found on the [ISD website](#)

## Rate this publication

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## Appendices

### A1 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHSScotland Payments to General Practice, 2014-15.
Description	Payments to General Practices in NHSScotland, at Practice level, for the financial year 2014-2015.
Theme	Health and Social Care.
Topic	General Practice Payments Information.
Format	Excel workbook.
Data source(s)	GMS practices: NSS Practitioner Services General Practice Payment System. Non-payment 17C and 2C practices: NHS Boards Calculations as per <a href="#">Statement of Financial Entitlements</a> .
Date that data are acquired	September 2015.
Release date	3 November 2015.
Frequency	Annual publication every November.
Timeframe of data and timeliness	Financial Year 2014-2015. Future publications will be approximately 6 months after end of the index financial year.
Continuity of data	This is the second publication, containing 2014-15 financial year data. Trend data from 2005-06 to 2014-15.
Revisions statement	Not applicable to this publication.
Concepts and definitions	This document and the Excel workbook contain notes that explain the types of payments included.
Relevance and key uses of the statistics	These data promote transparency of Scotland's expenditure in General Practice.
Accuracy	Information is signed off by the Associate Director, Contractor Finance, Practitioner Services.
Completeness	Includes all General Practices in Scotland that receive payments from the NHS.
Comparability	The unadjusted data are broadly comparable to unadjusted data published by NHS England.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	Information is presented at General Practice level. Geographical hierarchies are available using filters within the Excel spreadsheet. The data are available in Excel to give greatest possible availability for re-use of the data by users.

Value type and unit of measurement	Numeric values on expenditure are presented to the nearest pound Sterling.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official Statistics.
UK Statistics Authority Assessment	Not assessed.
Last published	26 May 2015.
Next published	November 2016.
Date of first publication	26 May 2015.
Help email	<a href="mailto:Alasdair.pinkerton@nhs.net">Alasdair.pinkerton@nhs.net</a> ; <a href="mailto:sallyrichards2@nhs.net">sallyrichards2@nhs.net</a> ; <a href="mailto:Paula.mcclements@nhs.net">Paula.mcclements@nhs.net</a> ; <a href="mailto:imorton1@nhs.net">imorton1@nhs.net</a> ;
Date form completed	20 October 2015.

## A2 – Methodology

### Data

The data are published without accruals or other adjustments, for example an adjustment made for amounts earned in the current year and paid for in the following financial year.

Practice payment data and the figures in this publication are provided in the accompanying [List of Tables](#).

### Trend Data

Whilst the majority of this report covers the period April 2014 to March 2015, comparative data are available in the corresponding report for 2013-14. Historical data from the General Practice Payment system is also available for the periods between 2005-06 and 2011-12. Overall, this amalgamated collection of information from 2005-06 to the present day facilitate an analysis of how General Practice Payments have changed over time. However, consideration must be given to the Consistency of reporting (see above): only the 'Global Sum' and 'Correction Factor' categories are consistently calculated across all practices. In addition to this, the amount of 2C payments isn't included in all of the historical data, and for this reason to allow comparability the 2C payments have been completely excluded in the analysis of this trend data in [Figure 8](#).

In [Figure 8](#), the amount for 2007-08 is considered to be of suspect quality. The value shown has been inferred from 2006-07 and 2008-09.

Information on Total Investment (excl. Reimbursement of Drugs) for 2010-11 to 2014-15 has been obtained from the publication Investment in General Practice, 2010-11 to 2014-15, England, Wales, Northern Ireland and Scotland. This can be downloaded from the [Health and Social Care Information Centre](#) website.

### Practice changes over time

Practices may change type within the year, e.g. from a GMS practice to a 2C practice. This means that the practice is obtaining payments for part of the year as a GP run practice, and then for another part of the year as an NHS Board run practice. However, the practice type will be flagged as its latter designation. Further to this in terms of payment types, there will be a part year of 2C payments, and a part year of other types of payments for these practices. These part payments have not been scaled to make them appear as full year payments. Each General Practice has its own unique identifier (Practice Number). Matching the Practice Numbers between 2013-14 and 2014-15 showed 24 differences predominantly due to the change of NHS Board boundaries e.g. from NHS Greater Glasgow and Clyde to NHS Lanarkshire. Other reasons which generally resulted in a different practice number were: new practices opening in 2014-15; a change in the practice name; or a change in practice type (e.g. from GMS to 2C). However, the number of each of these other reasons was relatively small.

### Practice List Size

For each practice, the Practice List Size is the number of individuals registered at the practice as at 1<sup>st</sup> April 2014.

## Practice List Size by NHS Board

For each of the 14 NHS Boards, this is the sum of the Practice List Size for all practices within the NHS Board.

## Deprivation

General Practices have been categorised into Scottish Index of Multiple Deprivation 2012 (SIMD) quintiles according to the postcode of the individuals registered at the practice mid way through the financial year i.e. at 30 September 2014. The quintile which has the highest number of patients associated with it will be selected for that practice. Note that this modal quintile is a proxy measure of deprivation.

Information on the SIMD has been obtained from the published 2014 [Practice populations by deprivation status](#) on the ISD Scotland website.

Five General Practices have not been included in this analysis as they opened part way through 2014-15. The missing Total Payment amounted to only 0.03% of the £754.2 million.

## Urban Rural Classification

General Practices have been categorised urban or rural according to the postcode of the individuals registered at the practice mid way through the financial year i.e. at 30 September 2014. The category which has the highest number of patients associated with it will be selected for that practice. Note that this is a proxy measure of urban rural classification.

Information on the urban rural classification has been obtained from the published 2014 [Practice populations by urban/rural classification](#). This has been further classified according to the urban rural classification on the Scottish Government website ([Defining Scotland by Rurality](#)). This ensures that the definition is bimodal: urban is classified as settlements of 3,000 or more people and rural is classified as settlements of less than 3,000 people.

Five General Practices have not been included in this analysis as they opened part way through 2014-15. The missing Total Payment amounted to only 0.03% of the £754.2 million.

## Aggregation of payments

### All Payments

This is the Total Payment plus the payments to dispensing doctors.

### Total Payment by type of practice

For each of the three different practice types (GMS, 17C and 2C), this is the sum of their Total Payments across all practices with that practice type.

### Total Payment by NHS Boards

For each of the 14 NHS Boards, this is the sum of their Total Payments across all practices in the NHS Board.

**Quality and Outcomes Framework payment and other payments**

Quality and Outcomes Framework payment and other payments are calculated by adding together the amounts of these payments for all the General Practice providers.

**Total Payment by deprivation**

For each of the deprivation quintiles, this is the Total Payments across all practices in the quintile.

**Total Payment by Urban Rural Classification**

For urban or rural classification, this is the Total Payments across all practices in the urban or rural classification.

**Global Sum Payment by type of practice**

This is the Global Sum payment for each of the three different practice types (GMS, 17C and 2C).

**Global Sum payment by NHS Board**

This is the Global Sum payment for each of the 14 different NHS Boards.

**Total per capita payment by NHS Board**

This is the Total payment by NHS Board divided by the Practice List Size by NHS Board.

**Global Sum per capita payment by NHS Board**

This is the Global Sum payment by NHS Board divided by the Practice List Size by NHS Board.

## A3 – Comparability with other data

### How this publication relates to other data

Out of Hours services payments are included only for the small number of practices actually providing these services. Out of Hours services are also provided by a number of different health organisations not paid directly through the Practitioner Services General Practice payments system. The [Investment in General Practice Report](#) includes payments to all organisations providing these services.

In the Investment in General Practice Report, the QOF amounts are the achievement for the financial year, which are comparable to information [published by ISD](#) on QOF points and payments.

Note that the data in this report may exclude some low level detail for individual elements where there are risks to patient confidentiality or possible identification of individual patients.

ISD also publishes [detailed information](#) on

- [Prevalence data](#) for a range of conditions recorded in QOF registers.
- [Information on QOF exception reporting](#), i.e. numbers of patients excluded for reasons such as a treatment not being clinically appropriate, or the patient choosing not to attend review appointments.
- Figures on the [General Practice Workforce & Practice Populations in Scotland](#).

### Related information and publications

NHS Payments to General Practice, England, 2014-15  
<http://www.hscic.gov.uk/catalogue/PUB18468>

Quality & Outcomes Framework - Prevalence, achievement, payment and exceptions data for Scotland, 2014/15 <http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/>

Investment in General Practice, 2010-11 to 2014-15, England, Wales, Northern Ireland and Scotland <http://www.hscic.gov.uk/catalogue/PUB18469>

## A4 – Changes to the publication

This publication provides information on NHSScotland Payments to General Practices. This was published by Information Services Division (ISD) for the first time in May 2015<sup>1</sup> and covered the financial year 2013-14. These statistics are being published as experimental statistics. Experimental statistics<sup>2</sup> are defined in the Code of Practice for Official Statistics as “*new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.*”

This is the second instalment of what will become an annual publication with 2015-16 data being published in autumn 2016. It is the first publication which compares payment data 2013-14 to 2014-15.

Since the [last release of this publication](#) (on the 26<sup>th</sup> May 2015) a number of charts and tables have been included, as well as an improvement in the commentary.

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<sup>1</sup> The publication is available from: <http://www.isdscotland.org/Health-Topics/General-Practice/>

<sup>2</sup> For more information on experimental statistics please see:

<http://www.statisticsauthority.gov.uk/news/assessment-and-designation-of-experimental-statistics.html>

## **A5 – Early Access details (including Pre-Release Access)**

### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

### **Standard Pre-Release Access:**

Scottish Government Directorate of Health and Social Care  
NHS Board Chief Executives  
NHS Board Communication leads

### **Early Access for Quality Assurance**

These statistics will also have been made available to those who needed access to help quality assure the publication:

#### **Scottish Government**

##### **Primary Care Directorate:**

Lynda Nicholson  
Fiona Howe

##### **Analytical Services Division:**

Tom Russon  
Daniel Hinze  
Paudric Osborne

#### **Scottish General Practitioners Committee, British Medical Association**

Dr Alan McDevitt  
Dr Andrew Buist  
Dr Colette Maule  
David Prince  
Carrie Young

#### **NHS Family Health Services Finance Executive**

Zena Trendell

## A6 – ISD and Official Statistics

### About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

### Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).