

NHSScotland Payments to General Practice

Financial Year 2016/17

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Introduction

This annual release produced by Information Services Division in partnership with colleagues in Practitioner Services provides information on NHSScotland payments to General Practices for the financial year 2016/17. The information is provided in line with the agreed 2016/17 General Medical Services (GMS) contract; more information about the contract can be found on the [Scottish Government](#) website. Changes to the contract in Scotland are under discussion and [new contractual arrangements](#) will take place from April 2018. 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 band, rather than a comparative analysis between practices.

There are three different types of general practice and the payments to each of these practice types can differ:

- **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).

It is important to note that only the 'Global Sum', 'Correction Factor' and most Directed Enhanced Services 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 2016/17 there were 966 practices in total (782 of type GMS, 124 of type 17C and 60 of type 2C).

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

Main points

- In 2016/17 the sum of NHSScotland payments made to 966 General Practices was £798.4 million. An increase of £44.6 million (5.9%) compared to 2015/16.
 - £650.8 million was to GP run General Medical Services (GMS) contracted practices;
 - £110.8 million was to GP run locally negotiated contracted practices (17C); and
 - £36.8 million was to NHS Board run practices (2C).
- The Global Sum was the largest payment made in 2016/17 amounting to £570.7 million to 966 General Practices, incorporating the now retired Quality and Outcomes Framework payment.
- £25.6 million was paid to 898 General Practices in 2016/17 for the Quality and Outcomes Framework. This is a decrease of £59.0 million (69.7%) compared to 2015/16. This reduction is offset by an increase in the 'Global Sum' payments. In 2016/17, the £25.6 million includes the retrospective Quality and Outcomes Framework settlement.
- In addition, £23.1 million was paid to 100 General Practices for dispensing services in 2016/17, similar to the previous year.

Key Definitions

General Practice Contract 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 making arrangements for the provision of the services as they think fit. Provision of primary medical services may be from a general medical services contract, a Section 17C arrangement or a Section 2C arrangement. Information about General Practice types can be found in the [Glossary](#).

The majority (approximately 81%) 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 (6%).

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, and information on dispensing doctor payments has been obtained from the [Prescribing Information System \(PIS\)](#).

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 1st April 2014, are used throughout this publication.

General Practices

The location of a practice determines with which NHS Board the practice holds a contract. 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 2016/17 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 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. This 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.

Information on dispensing doctor payments has been obtained from the [Prescribing Information System \(PIS\)](#). This system is also used for the production of the [Prescribing & Medicines: Dispenser Payments and Prescription Cost Analysis, 2016/17](#) publication which reports at a national level. Figures may not be directly comparable with the prescribing publication when payments are allocated to practices.

NHS Payments to General Practice, England, 2016/17

The information presented here is comparable to the analogous publication by NHS England ([NHS Payments to General Practice, England, 2016/17](#)), in that the payment categories are calculated in a similar manner.

Investment in General Practice

Figures reported in the 2016/17 [Investment in General Practice Report](#) by NHS Digital includes money that does not reach practices, but contributes towards Primary Medical Care investment. This presents a key difference with the General Practice Payments publication which does not include this money. The Total Payment in the General Practice Payments publication is not exactly the same as the Total Investment Excluding Reimbursement of Drugs in the [Investment in General Practice Report](#). However, relative comparisons are still possible. Outturn figures in the [Investment in General Practice Report](#) provide for payment types which are similar to the General Practice Payments.

Quality & Outcomes Framework

In 2016/17 the Quality & Outcomes Framework (QOF) was decommissioned, with all points retired and funding transferred to practice core funding. QOF data will no longer be extracted for payment purposes. In July 2016, the Scottish Government and British Medical Association (BMA) announced developments relating to negotiations of the new GMS contract. Central to this was the discontinuation of the Quality Outcomes Framework (QOF) and introduction of Transitional Quality Arrangements (TQA) for use during 2016/17. These involve GP practices grouping together to form locally agreed clusters of practices. GPs will have responsibility within their cluster to support the delivery and monitor the quality of care provided.

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 was £798.4 million in 2016/17 to 966 General Practice service providers of which:

- £650.8 million was to 782 General Practice service providers with a GMS contract. This is an increase of £38.8 million (6.3%) on the £611.9 million paid to 795 General Practice service providers with a GMS contract in 2015/16;
- £110.8 million was to 124 General Practice service providers with a 17C contract. This is an increase of £0.8 million (0.7%) on the £110.1 million paid to 129 General Practice service providers with a 17C contract in 2015/16;
- £36.8 million was to 60 General Practice service providers with a 2C contract or where the NHS Board is directly responsible for providing services. This is an increase of £5.0 million (15.6%) on the £31.9 million paid to 60 General Practice service providers with a 2C contract in 2015/16.
- In total, this is an increase of £44.6 million (5.9%) on the £753.9 million paid to 984 General Practice service providers in 2015/16.

Table 1 Type and number of General Practices and their Total Payment^{1,2}

Type of General Practice	2015/16		2016/17	
	Number in Scotland	Total Payment (£m)	Number in Scotland	Total Payment (£m)
GMS	795	£611.9	782	£650.8
17C	129	£110.1	124	£110.8
2C	60	£31.9	60	£36.8
All practice types	984	£753.9	966	£798.4

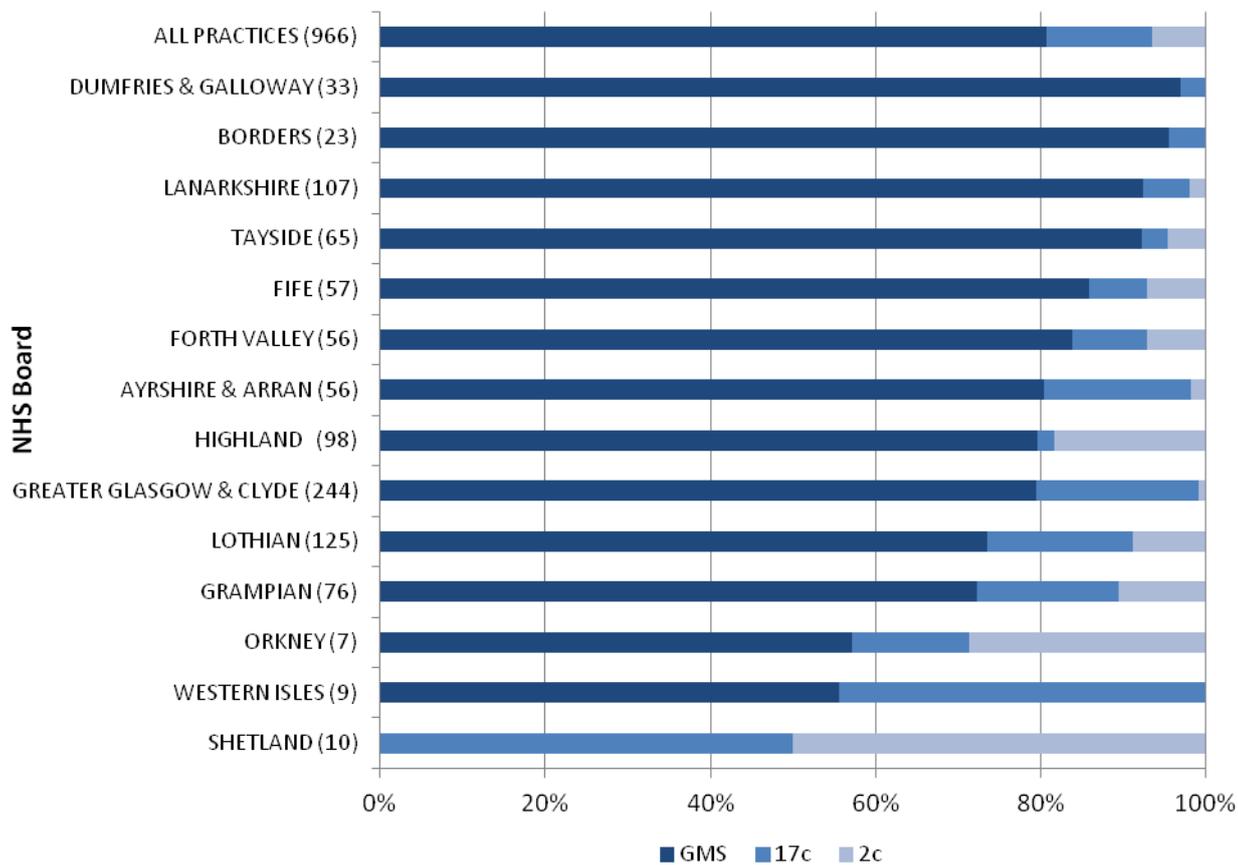
Note 1: Calculation of Total Payment by type of practice is explained in [Appendix A2](#).

Note 2: A Total Payment of £36.8 million was paid to 2C practices in 2016/17. Of this £17.6 million was a 2C payment.

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, 2016/17



Global Sum Payments

Global Sum Payments by type of practice

The Global Sum is the largest payment made to NHS Boards and apart from the Correction Factor it is the only payment type which has comparable data available across all the practice types. The Global Sum Payment made in 2016/17 was £570.7 million to 966 General Practice service providers, of which:

- £475.5 million was to 782 General Practice service providers with a GMS contract. This is an increase of £85.3 million (21.9%) on the £390.2 million paid to the 795 General Practice service providers with a GMS contract in 2015/16;
- £76.7 million was to 124 General Practice service providers with a 17C contract. This is an increase of £12.7 million (19.8%) on the £64.0 million paid to the 129 General Practice service providers with a 17C contract in 2015/16;
- £18.5 million was to 60 General Practice service providers with a 2C contract or where the NHS Board is directly responsible for providing services. This amount is an increase of £4.3 million (30.6%) on the £14.2 million paid to the 60 General Practice service providers with a 2C contract in 2015/16.
- In total, this is an increase of £102.3 million (21.8%) on the £468.4 million paid to 984 General Practice service providers in 2015/16. 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 Payments¹

Type of General Practice	2015/16		2016/17	
	Number in Scotland	Global Sum Payment (£m)	Number in Scotland	Global Sum Payment (£m)
GMS	795	£390.2	782	£475.5
17C	129	£64.0	124	£76.7
2C	60	£14.2	60	£18.5
All practice types	984	£468.4	966	£570.7

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 payments makes up 60 to 80 per cent of the Total Payment made to NHS Boards with one exception, NHS Orkney. The largest payment to each of the NHS Boards, including Orkney, is for Global Sum payments.

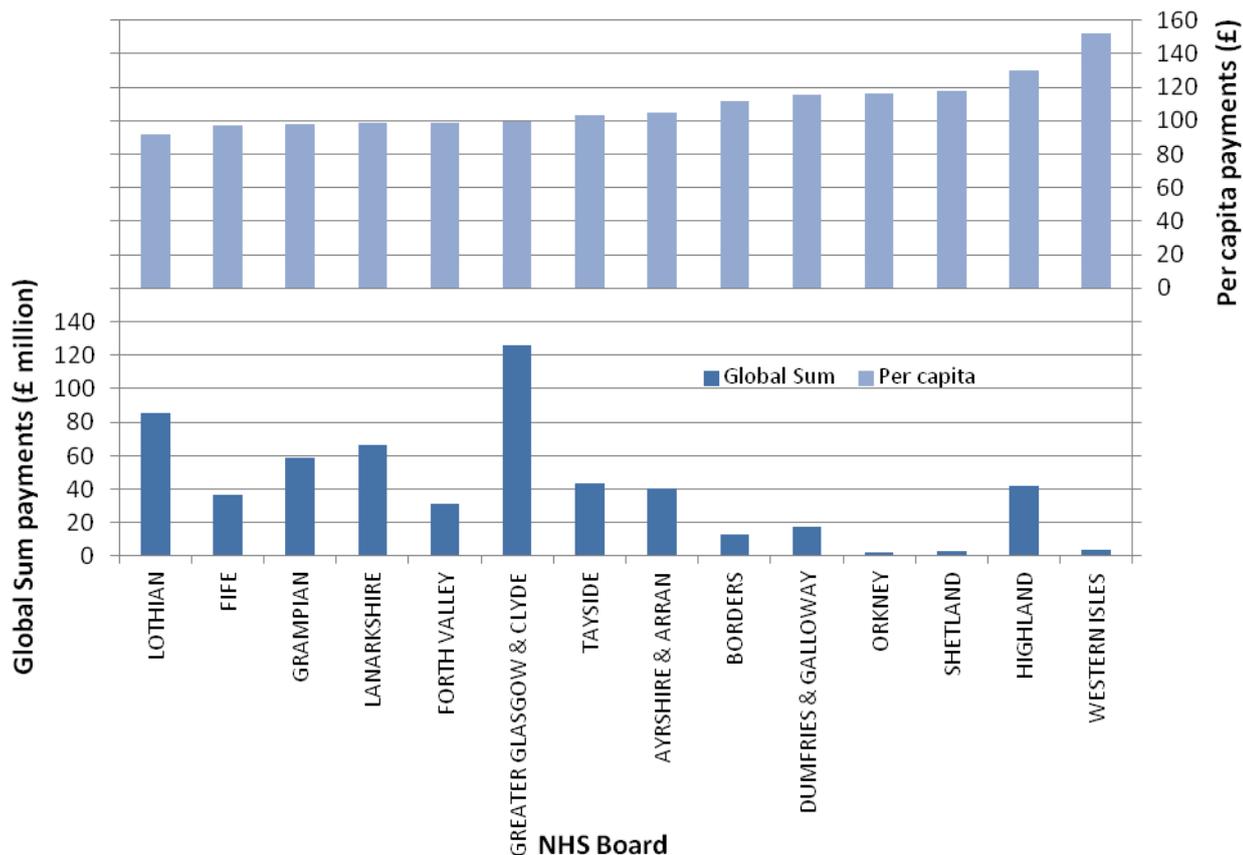
Table 3 Percentage of Global Sum out of Total Payment by NHS Board, 2016/17

NHS Board	Global Sum (£m)	Total Payment (£m)	%
AYRSHIRE & ARRAN	£40.4	£55.5	72.8%
BORDERS	£13.1	£16.7	78.1%
DUMFRIES & GALLOWAY	£17.8	£23.8	74.8%
FIFE	£36.7	£49.4	74.3%
FORTH VALLEY	£31.4	£41.9	74.8%
GRAMPIAN	£58.5	£83.6	70.0%
GREATER GLASGOW & CLYDE	£125.8	£169.1	74.4%
HIGHLAND	£42.2	£69.4	60.8%
LANARKSHIRE	£66.7	£85.3	78.2%
LOTHIAN	£85.1	£124.2	68.5%
ORKNEY	£2.4	£4.8	50.5%
SHETLAND	£2.7	£4.1	66.8%
TAYSIDE	£43.8	£64.6	67.8%
WESTERN ISLES	£4.1	£6.1	66.5%

Global Sum Payment by NHS Board is shown in [Figure 2](#). The payment amounts to nearly £126 million in NHS Greater Glasgow and Clyde, and over £85 million in NHS Lothian. It is less than £5 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 Board¹, 2016/17



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

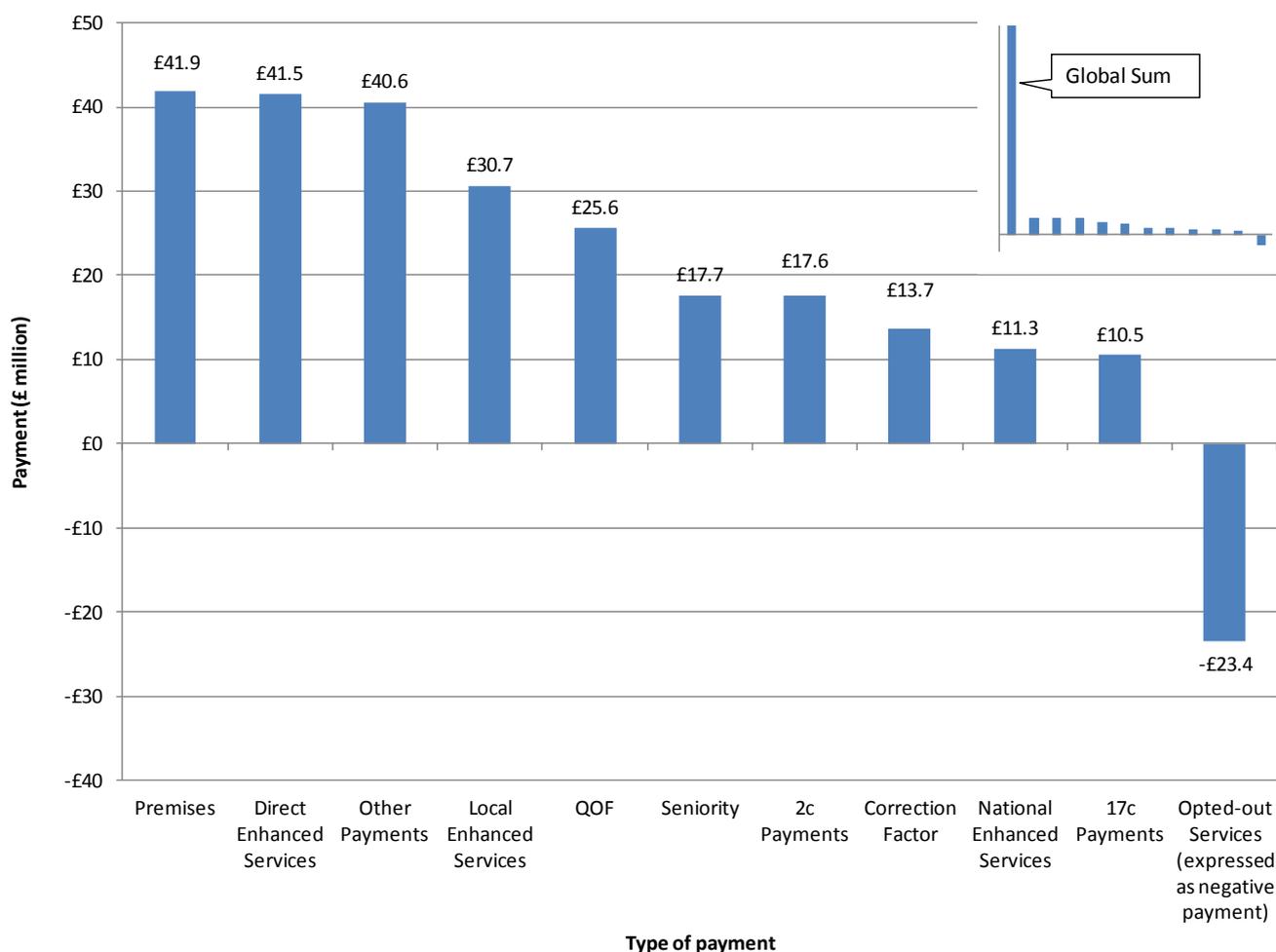
Other Types of Payments

Except for the Global Sum Payments and prior to 2016/17, the largest payment was for Quality and Outcomes Framework (QOF). From the 1st April 2016 QOF was decommissioned, with all points being retired and funding transferred to practice core funding. QOF data will no longer be extracted for payment purposes.

The next largest payments in 2016/17 are for premises, direct enhanced services and other payments. A payment of around £41million was made to each of these types of payments to 898 General Practices in 2016/17.

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

Figure 3 Breakdown of payments (excluding Global Sum payment)^{1,2}, 2016/17



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 the payments shown previously, just over £23.0 million was paid to 95 General Practices for dispensing services in 2016/17. This is an increase of £0.1 million, paid to 100 General Practices for these services in 2015/16.

All Payments

Including the payment for dispensing services, £821.5 million was made to General Practices in 2016/17, which incorporates a reduction of £23.4 million for opt-out services (i.e. if practices choose not to deliver certain services). Similarly in 2015/16, £776.9 million was made to General Practices, which incorporated a reduction of £22.9 million for opt-out services.

Of the £821.5 million in 2016/17, the Global Sum payment accounted for nearly 69% of All Payments made to General Practices at £570.7 million (this compares with £468.4 million and 60% in 2015/16).

QOF payments accounted for 3% of All Payments at £25.6 million in 2016/17 (which is comparable to £84.6 million and 11% in 2015/16). The remaining payment types each accounted for 6% or less of the £821.5 million amounting to £226.9 million (which is comparable to £223.8 million in 2015/16).

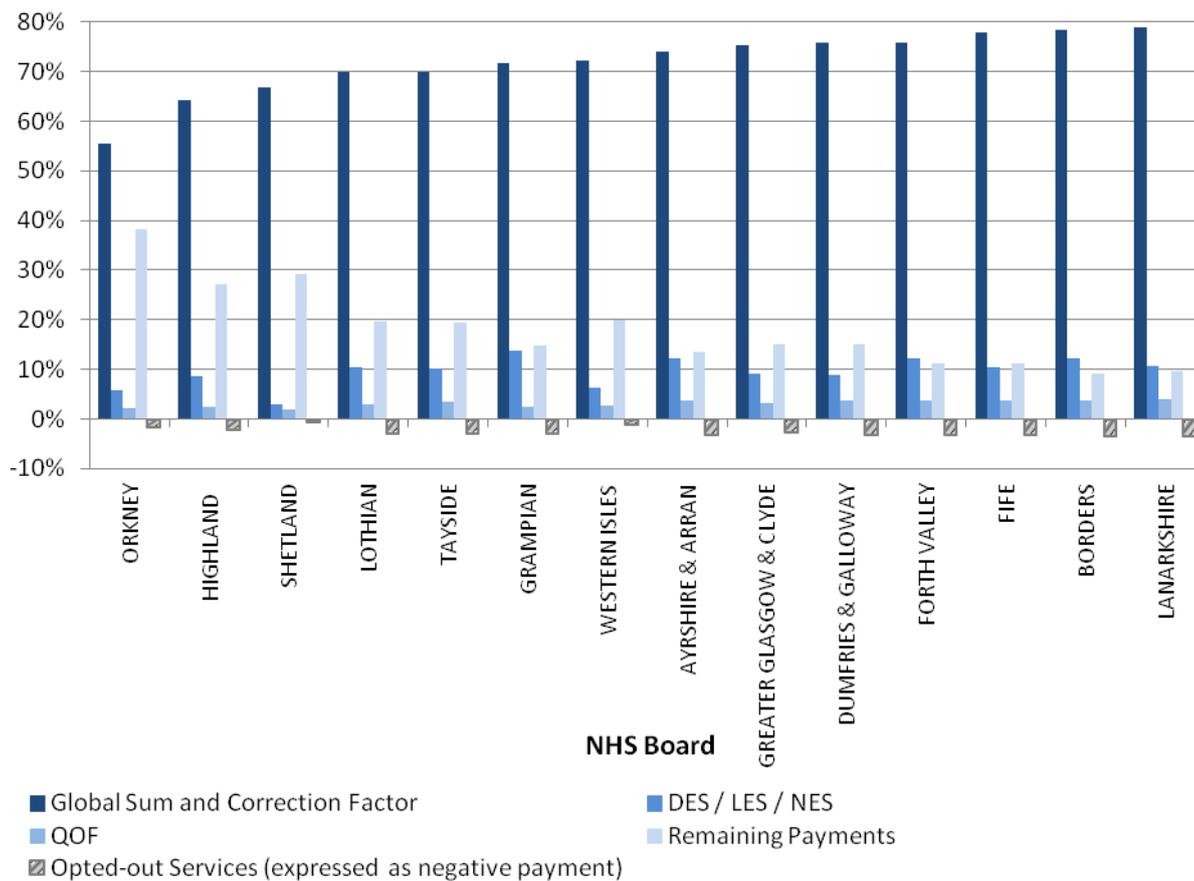
Total Payment by NHS Board, Deprivation and Urban Rural Classification

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 Board¹, 2016/17



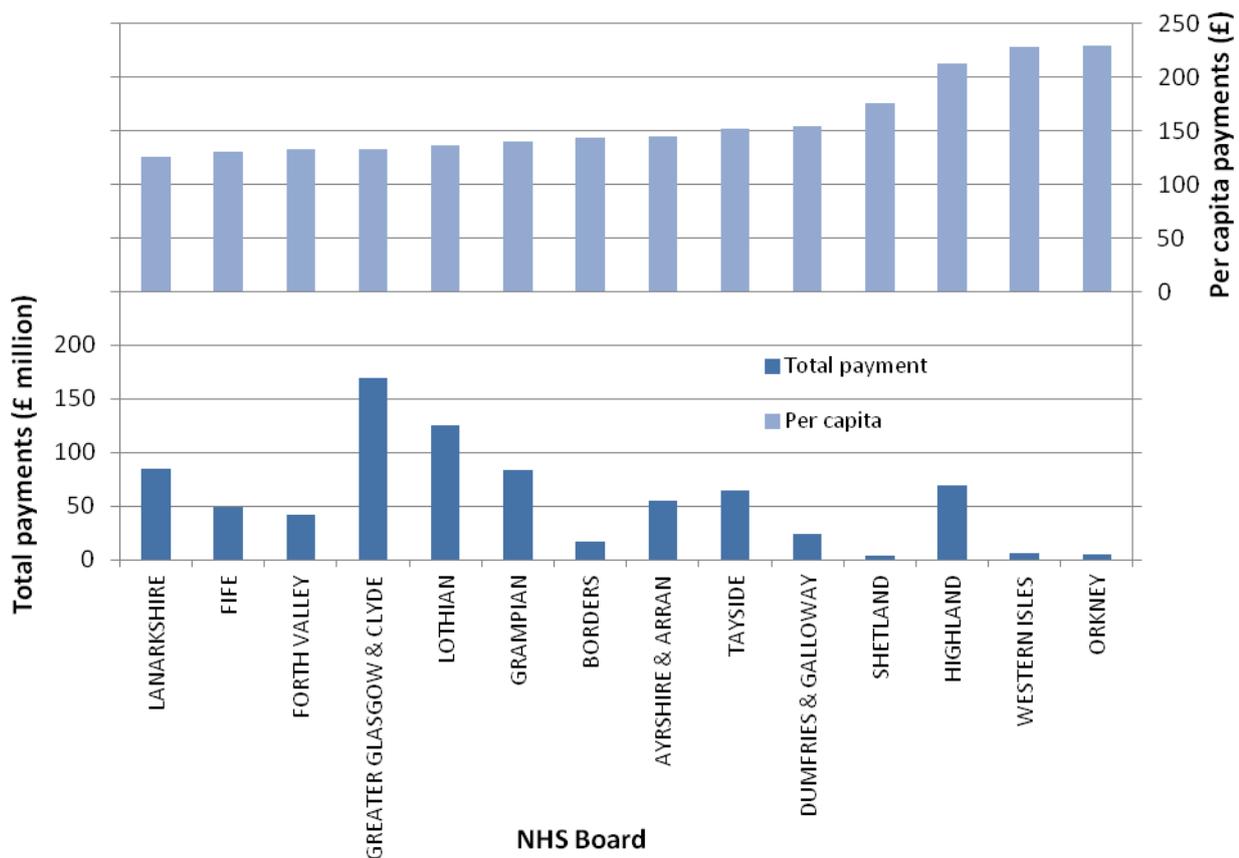
Note 1: The Remaining Payments includes Premises, Seniority, 17C Payments, 2C Payments and Other Payments. These Payment Types are explained further in the [Glossary](#).

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 (£169.1 million, 21.1% of total); and NHS Lothian (£124.2 million, 15.6% of total). See [Figure 5](#).

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 5 Total Payments and per capita payments by NHS Board¹, 2016/17



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

Total Payment by deprivation

Although patients registered with a General Practice may not have the same postcode as their General Practice the vast majority of patients register with practices that are geographically close to their homes. By linking together the payments for the practice with the postcode of the practice and with the Scottish Index of Multiple Deprivation 2016 (SIMD), this provides a simple proxy measure of Total Payment by deprivation. After amalgamating those with the same SIMD banding, the funding Per Head can be produced. This methodology is further discussed in [Appendix A2 Methodology](#).

Table 4 Total Payment by deprivation¹, 2016/17

SIMD Band	No. of practices with postcodes in SIMD band	% GP Practices with postcodes in SIMD band	No. of patients (list size of GP practices)	% list size of total	Payment to these GP practices (£m)	Per Head (£)
1 (most deprived)	125	13%	660,397	12%	£92.3	£139.78
2	99	10%	639,642	11%	£87.2	£136.38
3	103	11%	614,502	11%	£86.1	£140.12
4	119	12%	720,691	13%	£103.1	£143.06
5	107	11%	529,634	9%	£81.0	£152.97
6	102	11%	552,567	10%	£85.4	£154.60
7	90	9%	493,786	9%	£71.6	£145.03
8	76	8%	445,842	8%	£60.4	£135.44
9	66	7%	443,695	8%	£63.0	£141.89
10 (least deprived)	63	7%	445,307	8%	£57.8	£129.71
Not included	16	2%	93,431	2%	£10.5	Not relevant
Total	966	100%	5,639,494	100%	£798.4	£141.58

Note 1: There are 16 General Practices that had closed during 2016/17 or they were not found in the postcode lookup file. The missing Total Payment amounted to 1.3% of the £799.8 million.

On average the levels of deprivation in areas in which General Practices are located are likely to be similar to areas in which patients live but there are extremes that do not satisfy these broad assumptions. Complicated methods such as that provided by the [Scottish Allocation Formula](#) (SAF) accounts for age and sex, deprivation, morbidity and remoteness and rurality. Because of this, SAF adjusts for these complex interactions of demographics and health conditions, whereas the proxy measure does not take any of these factors into account.

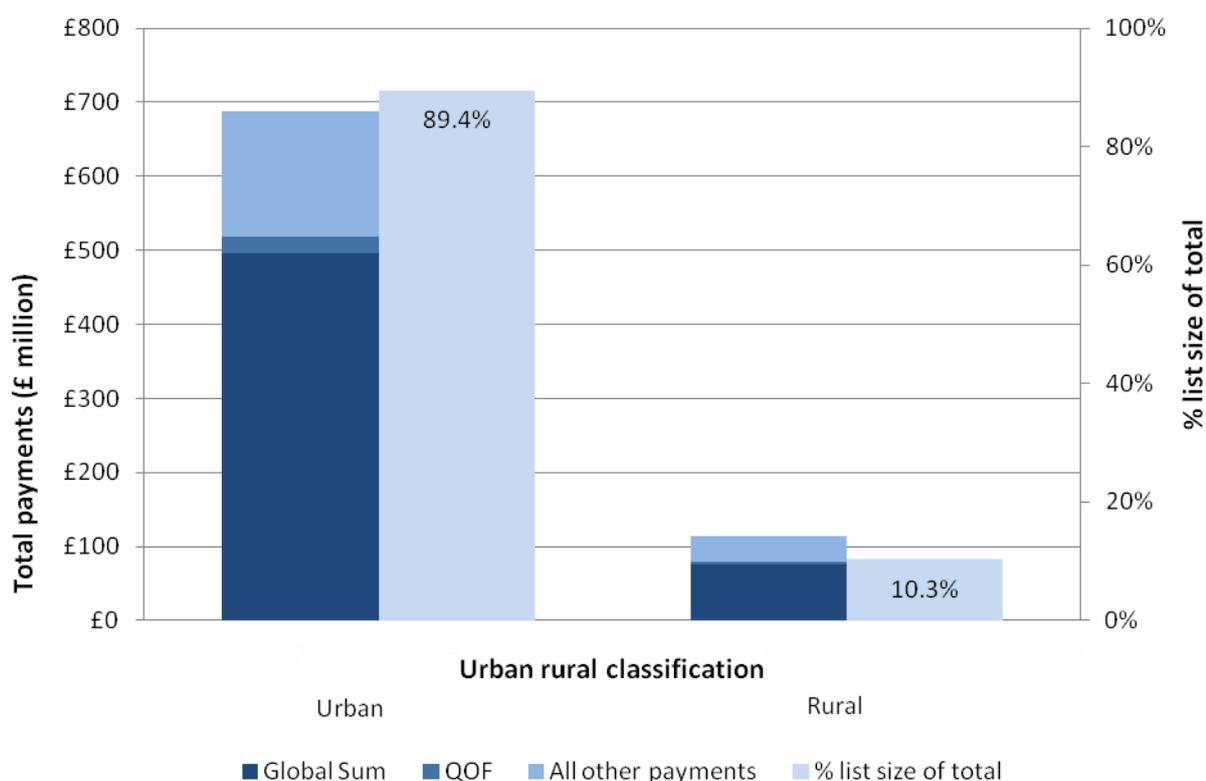
The results obtained from the proxy method are comparable with those provided SAF and the proxy method shows that there is variation in the Per Head funding between the different SIMD bands.

Total Payments by Urban Rural Classification

As mentioned in [Appendix A2 Methodology](#), an urban settlement is a settlement of 3,000 or more people and a rural settlement is a settlement of less than 3,000 people. General Practices have been categorised into 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 2016. The categorisation which has the highest number of patients associated with it has been selected for that practice. Note that this is a proxy measure because for every General Practice there will be some patients that do not have the same categorisation as the majority.

General Practices with the bulk of their patients located in urban areas received the vast majority of Total Payments at £685.0 million (89.4% of all Total Payments). This is compared with £111.9 million paid to practices with the bulk of their patients located in rural areas ([Figure 6](#)). To put this in context, around 89% of the Scottish population lives in urban areas.

Figure 6 Total Payments by urban rural classification¹, 2016/17



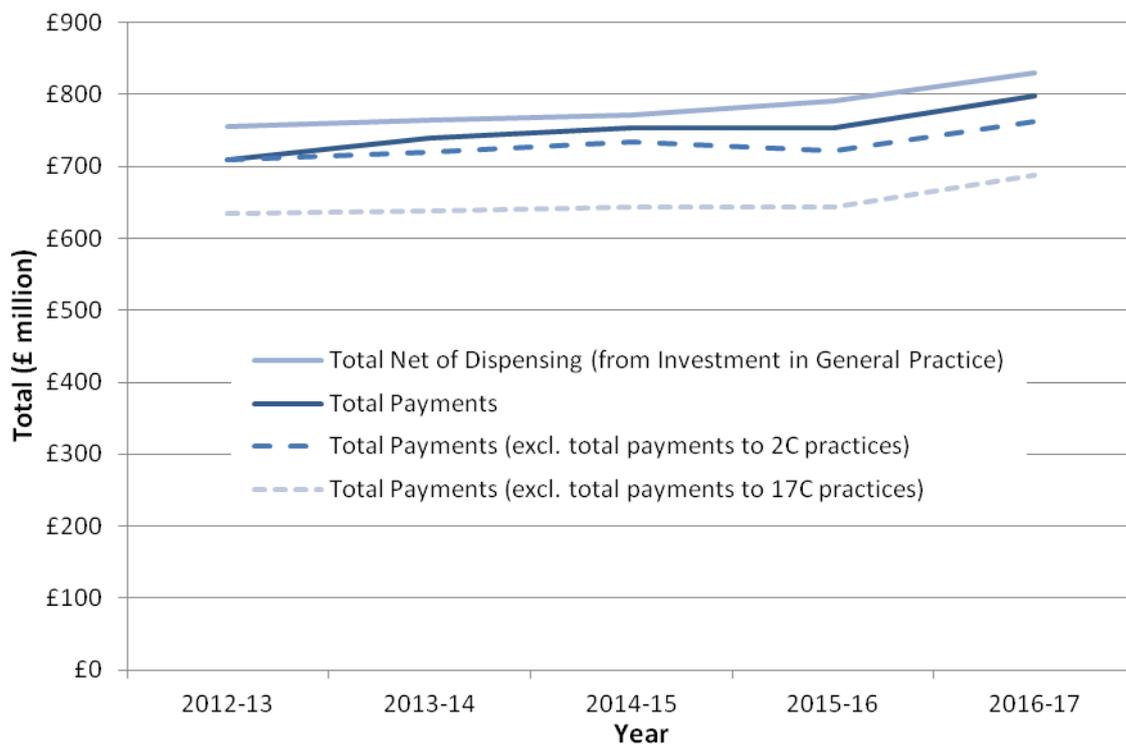
Note 1: Sixteen General Practices have not been included in this analysis as they opened / closed part way through 2016/17. The missing Total Payment for these sixteen practices amounts to £1.5 million, so summing the Total Payments by urban rural classification will not equal £798.4 million. This missing Total Payment amounted to only 0.19% of the £798.4 million.

Trends

Total Net of Dispensing is published by NHS Digital in the publication [Investment in General Practice, 2012/13 to 2016/17, England, Wales, Northern Ireland and Scotland](#). Between 2012/13 and 2016/17, Total Net of Dispensing increased from £756.2 million to £830.1million.

[Figure 7](#) compares Total Payments to General Practices by NHSScotland to the Investment in General Practice. It shows that payments to General Practices steadily increased between 2012/13 and 2016/17.

Figure 7 Total Payments^R and Total Net of Dispensing^{1,2}, 2012/13 to 2016/17



^R Figures for Total Payments (excl. total payments to 2C practices) for 2015/16 have been updated following identification of errors in the methodology.

Note 1: Information on Total Net of Dispensing for 2012/13 to 2016/17 has been obtained from the publication Investment in General Practice, 2012/13 to 2016/17, England, Wales, Northern Ireland and Scotland. This can be downloaded from the [NHS Digital](#) website.

Note 2: In 2015/16 and 2016/17, the Total Net of Dispensing includes investments in pharmacists who were employed by the NHS Boards but were seconded to general practices.

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; Out of Hours services; Other personal medical services contracted to non-General Practice providers and Other Primary Care Fund Investment such as Pharmacists Independent Prescribers.

Glossary

The GMS contract	The GMS contract, implemented throughout the United Kingdom since 1 st 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 Primary Care Contracting pages of the NHS Employers website.
GMS (17J)	GMS (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.
17C	Section 17C (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.
17C Payments	Balance of payments to 17C practices.
2C	'Health Board Primary Medical Services' contracts (Section 2C 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.
2C Payments	Balance of the costs to the NHS Boards of providing services through 2C practices.
Global Sum	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 Scottish Allocation Formula . 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.

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. This correction factor was agreed to ensure that no practice was disadvantaged as a result of the introduction of the contract.
Directed Enhanced Services (DES)	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.
National Enhanced Services (NES)	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.
Local Enhanced Services (LES)	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.
QOF Payments	In 2016/17 the Quality & Outcomes Framework (QOF) is being decommissioned, with all points retired and funding transferred to practice core funding. QOF data will no longer be extracted for payment purposes.
Premises	Payments to practices that provide their own premises.
Seniority	Payments to a contractor in respect of individual GPs to reward experience, based on years of Reckonable Service.
Additional Services Opt Outs	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.
Other Payments	Include, for example, items listed in Part 4 of the Statement of Financial Entitlements such as Payments for Specific Purposes (e.g. 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.
Total Payment	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.

Dispensing Doctors (not included in Total)	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 General Practice pages on the ISD website. Information on dispensing doctor payments has been obtained from the Prescribing Information System (PIS)
All Payments	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	NHSScotland Payments to General Practice, 2016/17	Financial Year 2016/17	Excel (xlsx) [240KB]

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Further Information

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

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Appendices

A1 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHSScotland Payments to General Practice, 2016/17.
Description	Payments to General Practices in NHSScotland, at Practice level, for the financial year 2016/17.
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 Statement of Financial Entitlements .
Date that data are acquired	September 2017.
Release date	7 November 2017.
Frequency	Annual publication every November.
Timeframe of data and timeliness	Financial Year 2016/17. Future publications will be approximately 6 months after end of the index financial year.
Continuity of data	This is the fourth publication, containing 2016/17 financial year data. Trend data from 2012/13 to 2016/17.
Revisions statement	<p>In last year's publication, Total Payments (excl. 2C payments to 2C practices) for 2015/16 was incorrectly labelled. It also represents an overstated amount in Figure 7 and is therefore understated in terms of the difference with Total Net of Dispensing reported in the text (£48 million).</p> <p>The label should have been the Total Payments (excl. total payments to 2C practices), and for 2015/16 the value needs to reflect that label. These issues have been corrected in this year's publication.</p> <p>The difference between Total Payments (excl. total payments to 2C practices and Total Net of dispensing for 2015/16 and 2016/17 is actually £69.4m and £68.5m respectively.</p> <p>To prevent further confusion and to ensure that this publication is in line with the Investment in General Practice Report only 5 years of financial data have been published and comparisons between the two reports have been based on Total Payments (i.e. incl. total payments to 2C practices and incl. total payments to 17C practices).</p>

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 published guidelines .
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 ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics.
UK Statistics Authority Assessment	Not assessed.
Last published	01 November 2016.
Next published	November 2018.
Date of first publication	26 May 2015.
Help email	Alasdair.pinkerton@nhs.net ; sallyrichards2@nhs.net ; Paula.mcclements@nhs.net ; imorton1@nhs.net ;
Date form completed	13 September 2017.

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.

The practice payment data tables and figures in this publication are listed in the accompanying [List of Tables](#).

Trend Data

Whilst the majority of this report covers the period April 2016 to March 2017, comparative data are available in the corresponding Investment in General Practice report for 2012/13 to 2016/17. Historical data from the General Practice Payment system is also available for the periods between 2012/13 and 2016/17. Overall, this amalgamated collection of information from 2012/13 to the present day facilitates 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.

Information on Total Net of Dispensing for 2012/13 to 2016/17 has been obtained from the publication Investment in General Practice, 2012/13 to 2016/17, England, Wales, Northern Ireland and Scotland. This can be downloaded from the [NHS Digital](#) 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). Reasons which generally resulted in a different practice number were: new practices opening in 2016/17; a change in the practice name; or a change in practice type (e.g. from GMS to 2C).

Practice List Size

For each practice, the Practice List Size is the number of individuals registered at the practice as at 1st April 2016.

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

A proxy measure of Total Payment by deprivation can be created by linking together three different data sources: the payments for the practice; the postcode of the practice as at 1st July 2017; and the Scottish Index of Multiple Deprivation 2016 (SIMD). These can then be amalgamated together according to the SIMD banding to create the funding Per Head.

Information on SIMD 2016 has been obtained from the published [postcode to SIMD16 lookup file](#) available from the Scottish Government website and information on the practice postcode has been obtained from the published [practice details](#) on the ISD Scotland website.

There are 16 General Practices that have not been included in this analysis as they had closed during 2016/17 or they were not found in the postcode lookup file. The missing Total Payment amounted to 1.3% of the £798.4 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 2016. 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 2016 [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.

Sixteen General Practices have not been included in this analysis as they opened or closed part way through 2016/17. The missing Total Payment amounted to 0.19% of the £799.8 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 SIMD deprivation bands, this is the Total Payments across all practices in the band.

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.

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

- Figures on the [General Practice Workforce & Practice Populations in Scotland](#).

Related information and publications

NHS Payments to General Practice, England, 2016/17

<http://digital.nhs.uk/catalogue/PUB30089>

Investment in General Practice, 2012/13 to 2016/17, England, Wales, Northern Ireland and Scotland <http://digital.nhs.uk/catalogue/PUB30090>

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 2015¹ and covered the financial year 2013/14. These statistics are being published as experimental statistics. Experimental statistics² 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 an annual publication with 2017/18 data being published in autumn 2018. It is the first publication which compares payment data 2015/16 to 2016/17.

In 2014/15, a modal method was used. For each practice, a Scottish Index of Multiple Deprivation 2012 (SIMD) band was chosen which had the highest number of patients associated with it. Then the Total Payments were amalgamated and distributed according to this modal choice.

Since the [previous release of this publication](#) (on the 3rd November 2015) the method used to categorise deprivation has been changed. These changes are reflected in the section [Total Payment by deprivation](#) and in Table 4 Total Payment by deprivation, 2016/17. In 2015/16 and 2016/17, instead of using the modal method, the Total Payments to General Practices have been amalgamated into Scottish Index of Multiple Deprivation 2016 (SIMD) bands according to the deprivation at the postcode of the practice.

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

² 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 Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

- Scottish Government Primary Care Directorate; and
- Scottish Government Analytical Services Division.

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; and
- Scottish Government Analytical Services Division;
- The Scottish General Practitioners Committee, British Medical Association; and
- NHS Family Health Services Finance Executive.

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 (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie 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](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.