NHSScotland Payments to General Practice

Financial Year 2017/18

06 November 2018
Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data, further details of which are presented in this report.

All official statistics should comply with the UK Statistics Authority’s Code of Practice which promotes the production and dissemination of official statistics that inform decision making. Once the evaluation is completed and an enhanced report is developed that meets the needs of users and stakeholders, the Experimental label will be removed.

Find out more about the Code of Practice at:

Find out more about Experimental Statistics at:
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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 2017/18. The information is provided in line with the 2018 GMS Contract in Scotland; more information about the contract can be found on the Scottish Government website. 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 NHS Board area, rather than a comparative analysis between practices.

There are three different types of general practice:

- **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).

Payments to each of these practice types can differ and 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 2017/18 there were 959 practices in total (781 of type GMS, 119 of type 17C and 59 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 and will not constitute the totality of expenditure on primary care health services. Other sources of funding include 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.
Main Points

In 2017/18 the sum of NHSScotland payments made to 959 General Practices was £794.1 million. It appears that investment has decreased by £4.3 million (0.54%) when compared to 2016/17.

- When the impact of a Quality and Outcomes Framework double payment in 2016/17 is adjusted for, payments to general practice actually increased by £21.0 million (2.7%) in 2017/18 (explained in Note 1 below);

- £643.3 million was paid to General Medical Services (GMS) contracted practices run by GPs;

- £112.0 million was paid to locally negotiated contracted practices (17C) run by GPs; and

- £38.8 million was paid to NHS Board run practices (2C).

- Of the £794.1 million paid in 2017/18:
  - The Global Sum was the largest payment amounting to £582.0 million to 959 General Practices; and
  - £4.5 million was paid to 894 General Practices for quality leads sessions in the new Transitional Quality Arrangements.

- In addition to the £794.1 million, £22.9 million was paid to 92 General Practices for dispensing services in 2017/18, similar to the previous year.

Note 1:

As part of the process of reducing the contractual complexity of the Scottish GMS contract, in 2015 the Scottish Government and the Scottish General Practitioners’ Committee of the BMA announced that Scotland would become the first country in the UK to remove the Quality and Outcomes Framework (QOF). QOF no longer incentivised the direction of travel needed with respect to demographic change (an ageing population and increasing multimorbidity), because the disease specific, procedural basis of QOF encouraged diseases to be viewed separately. This was counter to the holistic, person-centred care required for the increasing numbers of people with multiple long term conditions.

In April 2016, the remaining 659 QOF points were retired and transferred to the general practice core standard payments signalling a significant shift towards placing greater trust in the clinical judgment and professionalism of GPs. Transitional arrangements for quality assurance were introduced in the Statement of Financial Entitlements 2016/17 alongside the removal of QOF. These included early instructions for the creation of GP clusters in Scotland.

Prior to April 2016, QOF payments were made in two parts. Each year practices would be paid that year’s QOF aspiration payment, and the previous financial year’s QOF achievement payment (which was based on actual performance against QOF targets).

As a result of the removal of QOF, its payments were consolidated into one payment in 2016/17 and included in the Global Sum. This consolidation meant that both the QOF aspiration and achievement payment would be paid together in the same year for the first
time. On top of this, the final QOF achievement payment for the previous year (2015/16) was also paid. This resulted in a one-off higher payment in 2016/17.

In 2017/18 practices were paid the equivalent of the QOF achievement and aspiration money as part of the Global Sum. So, while it appears that investment has decreased, when the impact of the QOF double payment in 2016/17 is adjusted for, payments to general practice actually increased by £21.0 million (2.7%) in 2017/18.

The 2016/17 payments consisted of an achievement payment for 2015/16 and an aspiration and achievement payment for 2016/17 whereas the 2017/18 payments consisted of an aspiration and achievement payment for 2017/18.
Results and Commentary

Total Payment

Total Payment by type of practice
The sum of NHSScotland payments made for primary care services was £794.1 million in 2017/18 to 959 General Practice service providers (Figure 1), of which:

- £643.3 million was to 781 General Practice service providers with a GMS contract;
- £112.0 million was to 119 General Practice service providers with a 17C contract;
- £38.8 million was to 59 General Practice service providers with a 2C contract or where the NHS Board is directly responsible for providing services;
- In total, this is a decrease of £4.3 million (0.54%) on the £798.4 million paid to 966 General Practice service providers in 2016/17. When the impact of a Quality and Outcomes Framework double payment in 2016/17 is adjusted for, payments to general practice actually increased by £21.0 million (2.7%) in 2017/18 (explained in Note 1).

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 2017/18 was £582.0 million to 959 General Practice service providers (Figure 2), of which:

- £486.9 million was to 781 General Practice service providers with a GMS contract. This is an increase of £11.4 million (2.4%) on the £475.5 million paid to the 782 General Practice service providers with a GMS contract in 2016/17;
- £77.4 million was to 119 General Practice service providers with a 17C contract. This is an increase of £0.7 million (0.9%) on the £76.7 million paid to the 124 General Practice service providers with a 17C contract in 2016/17;
- £17.7 million was to 59 General Practice service providers with a 2C contract or where the NHS Board is directly responsible for providing services. This amount is a decrease of £0.8 million (4.3%) on the £18.5 million paid to the 60 General Practice service providers with a 2C contract in 2016/17;
- In total, this is an increase of £11.3 million (2.0%) on the £570.7 million paid to 966 General Practice service providers in 2016/17. This increase can largely be attributed to the transfer of funding from the Quality and Outcomes Framework.
Figure 1 Type and number of General Practices and their Total Payment\textsuperscript{1,2}

![Graph showing Total Payment (in £ million) by type of practice from 2013/14 to 2017/18.]

Note 1: Calculation of Total Payment by type of practice is explained in Appendix A2.
Note 2: A Total Payment of £38.8 million was paid to 2C practices in 2017/18. Of this £21.0 million was a 2C payment.

Figure 2 Type and number of General Practices and their Global Sum Payments\textsuperscript{1}

![Graph showing Global Sum Payments (in £ million) by type of practice from 2013/14 to 2017/18.]

Note 1: Calculation of Global Sum Payment by Type of General Practice is explained in Appendix A2.
**Percentage of practice type by NHS Board**

*Figure 3* shows how the NHS Boards differ in terms of practice types, sorted in order of the highest percentage of GMS practice type.

**Figure 3 Percentage of practice type by NHS Board, 2017/18**

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>GMS (%)</th>
<th>S1c (%)</th>
<th>S2c (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PRACTICES (959)</td>
<td>95.9</td>
<td>4.5</td>
<td>0.6</td>
</tr>
<tr>
<td>DUMFRIES &amp; GALLOWAY (33)</td>
<td>94.1</td>
<td>5.9</td>
<td>0.0</td>
</tr>
<tr>
<td>BORDERS (23)</td>
<td>94.5</td>
<td>5.5</td>
<td>0.0</td>
</tr>
<tr>
<td>LANARKSHIRE (106)</td>
<td>95.7</td>
<td>4.3</td>
<td>0.0</td>
</tr>
<tr>
<td>TAYSIDE (65)</td>
<td>94.8</td>
<td>5.2</td>
<td>0.0</td>
</tr>
<tr>
<td>FIFE (57)</td>
<td>94.3</td>
<td>5.7</td>
<td>0.0</td>
</tr>
<tr>
<td>FORTH VALLEY (55)</td>
<td>94.8</td>
<td>5.2</td>
<td>0.0</td>
</tr>
<tr>
<td>AYRSHIRE &amp; ARRAN (57)</td>
<td>94.7</td>
<td>5.3</td>
<td>0.0</td>
</tr>
<tr>
<td>GREATER GLASGOW &amp; CLYDE (241)</td>
<td>94.5</td>
<td>5.5</td>
<td>0.0</td>
</tr>
<tr>
<td>HIGHLAND (98)</td>
<td>94.6</td>
<td>5.4</td>
<td>0.0</td>
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<td>LOTHIAN (123)</td>
<td>94.5</td>
<td>5.5</td>
<td>0.0</td>
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<td>GRAMPIAN (75)</td>
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<td>ORKNEY (7)</td>
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<td>WESTERN ISLES (9)</td>
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<td>5.4</td>
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<tr>
<td>SHETLAND (10)</td>
<td>94.6</td>
<td>5.4</td>
<td>0.0</td>
</tr>
</tbody>
</table>

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

The Global Sum payments make up 48 to 81 per cent of the Total Payment made to NHS Boards. The largest payment to each of the NHS Boards is for Global Sum payments (*Figure 4*).

Global Sum Payment by NHS Board is shown in *Figure 5*. The payment amounts to nearly £129 million in NHS Greater Glasgow and Clyde, and over £87 million in NHS Lothian. It is less than £5 million in each of the three island boards.

The per capita variations, also shown in *Figure 5*, 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 4 Percentage of Global Sum out of Total Payment by NHS Board\(^1\), 2017/18

Figure 5 Global Sum and per capita payments by NHS Board\(^1\), 2017/18

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 largest payments in 2017/18 are for other payments, premises and direct enhanced services (see Glossary). A payment of around £40 million was made for each of these types of payments in 2017/18.

A breakdown of the payments is shown in (Figure 6).

Figure 6 Breakdown of payments (excluding Global Sum payment)\(^1,2\), 2017/18

![Figure 6](image)

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 under £23.0 million was paid to 92 General Practices for dispensing services in 2017/18. This is a decrease of £0.3 million, paid to 95 General Practices for these services in 2016/17.
All Payments

Including the payment for dispensing services, £817.0 million was made to General Practices in 2017/18, which incorporates a reduction of £23.8 million for opt-out services (i.e. if practices choose not to deliver certain services). Similarly in 2016/17, £821.5 million was made to General Practices, which incorporated a reduction of £23.4 million for opt-out services.

Of the £817.0 million in 2017/18, the Global Sum payment accounted for nearly 71% of All Payments made to General Practices at £582.0 million (this compares with £570.7 million and 69% in 2016/17).

Quality payments accounted for 0.6% of All Payments at £4.5 million in 2017/18 (which is comparable to £25.6 million and 3.1% in 2016/17). The £4.5 million includes funding for quality leads sessions in the new Transitional Quality Arrangements. The remaining payment types each accounted for 6% or less of the £817.0 million amounting to £231.4 million (which is comparable to £225.5 million in 2016/17).
Total Payment by NHS Board

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 (£167.2 million, 21.1% of total); and NHS Lothian (£123.9 million, 15.6% of total). See Figure 7.

Figure 7 Total Payments and per capita payments by NHS Board¹, 2017/18

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 and Urban Rural Classification
A number of approaches have been investigated with a view to provide information on total payment by deprivation and Urban Rural classification. See Appendix A4 – Changes to the publication. Representative results cannot be produced so this analysis has been removed.

General practices cannot be assigned a single deprivation measure, only a deprivation profile based on the patients’ postcodes. Payments are made to general practices and cannot be assigned to patients.

Information on the deprivation profiles of general practices can be found in the data table associated with the GP workforce and practice list sizes publication which can be found at: http://www.isdscotland.org/Health-Topics/General-Practice/Publications/

Similarly, general practices cannot be assigned a specific urban or rural status because it is the patients, who attend the practice, that define rurality.
Trends
Total Net of Dispensing is published by NHS Digital in the publication Investment in General Practice - 2013/14 to 2017/18, England, Wales, Northern Ireland and Scotland. Between 2013/14 and 2017/18, Total Net of Dispensing increased from £786.9 million to £900.7 million. In 2017/18 there was a change in the reporting methodology, and Total Net of Dispensing now includes Out of Hours payments and Other Primary Care Investments.

Figure 8 compares Total Payments to General Practices by NHSScotland to the Investment in General Practice. It shows that payments to General Practices steadily increased between 2013/14 and 2016/17 followed by a levelling off in 2017/18.

Figure 8 Total Payments and Total Net of Dispensing\(^1,2\), 2013/14 to 2017/18

Note 1: Information on Total Net of Dispensing for 2013/14 to 2017/18 has been obtained from the publication Investment in General Practice. This can be downloaded from the NHS Digital website.

Note 2: In 2017/18 there was a change in the reporting methodology in the Investment in General Practice - 2013/14 to 2017/18, England, Wales, Northern Ireland and Scotland, and Total Net of Dispensing now includes Out of Hours payments and Other Primary Care Investments.

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.
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, a Section 2C arrangement or some other 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 (12%), 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 contractors’ 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;
- ‘Quality Payments’ - payments which relate to cluster quality work;
- ‘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. Further information is provided on the ISD Geography website.

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 2017/18 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 and practice List Size 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. Quality 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 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 in that the payment categories are calculated in a similar manner.

Investment in General Practice

Figures reported in the 2017/18 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 QOF and introduction of Transitional Quality Arrangements (TQA) for use from 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.

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1 At the time of publication NHS Digital had not been commissioned to produce NHS Payments to General Practice, England, 2017/18.
Further information

Further information on the Comparability with other data is contained in Appendix A3.

Glossary

The GMS contract

The GMS contract, implemented throughout the United Kingdom since 1st 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.

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 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, intrapartum 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) was 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**
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.

**Opt Outs**
Include, for example, items listed in Part 4 of the **GMS 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](https://isd.gov.uk/gpPages) pages on the ISD website. Information on dispensing doctor payments has been obtained from the [Prescribing Information System (PIS)](https://isd.gov.uk/pis).

**All Payments**

Total Payment plus Dispensing Doctors.

In addition to those provided, a supplementary glossary of General Practice terms from [ISD General Practice](https://isd.gov.uk/gpPages) website may be useful to the reader.
## List of Tables

<table>
<thead>
<tr>
<th>File name</th>
<th>Time period</th>
<th>File and size</th>
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<tbody>
<tr>
<td>NHSScotland Payments to General Practice, 2017/18</td>
<td>Financial Year 2017/18</td>
<td>Excel (xlsx) [240KB]</td>
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</tbody>
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Further Information
Further information can be found on the [ISD website](http://www.isdwebsite.com).

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Appendices

A1 – Publication Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>NHSScotland Payments to General Practice, 2017/18.</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Payments to General Practices in NHSScotland, at Practice level, for the financial year 2017/18.</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care.</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>General Practice Payments Information.</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel workbook.</td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>GMS practices: NSS Practitioner Services General Practice Payment System. Non-payment 17C and 2C practices: NHS Boards Calculations as per GMS Statement of Financial Entitlements</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>01 September 2018</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>06 November 2018</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Annual publication every November.</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>Financial Year 2017/18. Future publications will be approximately 6 months after end of the index financial year.</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>This is the fifth publication, containing 2017/18 financial year data. Trend data from 2013/14 to 2017/18.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Concepts and definitions</strong></td>
<td>This document and the Excel workbook contain notes that explain the types of payments included.</td>
</tr>
<tr>
<td><strong>Relevance and key uses of the statistics</strong></td>
<td>These data promote transparency of Scotland's expenditure in General Practice.</td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>Information is signed off by the Associate Director, Contractor Finance, Practitioner Services.</td>
</tr>
<tr>
<td><strong>Completeness</strong></td>
<td>Includes all General Practices in Scotland that receive payments from the NHS.</td>
</tr>
<tr>
<td><strong>Comparability</strong></td>
<td>The unadjusted data are broadly comparable to unadjusted data published by NHS England.</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td><strong>Coherence and clarity</strong></td>
<td>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.</td>
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<tr>
<td><strong>Value type and unit of measurement</strong></td>
<td>Numeric values on expenditure are presented to the nearest pound Sterling.</td>
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<tr>
<td><strong>Disclosure</strong></td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
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<tr>
<td><strong>UK Statistics Authority Assessment</strong></td>
<td>Not assessed.</td>
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<td><strong>Last published</strong></td>
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<td><strong>Next published</strong></td>
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<tr>
<td><strong>Date of first publication</strong></td>
<td>26 May 2015.</td>
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<tr>
<td><strong>Help email</strong></td>
<td><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>;</td>
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<td>24 September 2018.</td>
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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 2017 to March 2018, comparative data are available in the corresponding Investment in General Practice report for 2013/14 to 2017/18. Historical data from the General Practice Payment system is also available for the periods between 2013/14 and 2017/18. Overall, this amalgamated collection of information from 2013/14 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 2013/14 to 2017/18 has been obtained from the publication Investment in General Practice, 2013/14 to 2017/18, 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 2017/18; 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 2017.
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.

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.

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 figures on the General Practice Workforce & Practice Populations in Scotland.

Related information and publications

NHS Payments to General Practice, England, 2016/17\(^2\)
http://digital.nhs.uk/catalogue/PUB30089

Investment in General Practice, 2013/14 to 2017/18, England, Wales, Northern Ireland and Scotland at NHS Digital

\(^2\) At the time of publication NHS Digital had not been commissioned to produce NHS Payments to General Practice, England, 2017/18.
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 and covered the financial year 2013/14.

This is an annual publication with 2018/19 data being published in autumn 2019. It is the first publication which compares payment data 2013/14 to 2017/18.

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.

The method used to categorise deprivation was changed in 2015/16. Instead of using the modal method, the Total Payments to General Practices was amalgamated into Scottish Index of Multiple Deprivation 2016 (SIMD) bands according to the deprivation at the postcode of the practice.

In 2017/18, further analysis showed that representative results of deprivation could not be produced so the analysis has been removed.

In 2014/15, a modal method was used. For each practice, an Urban / Rural status 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. The method used to categorise Urban / Rural status has been removed in 2017/18 since payments are made to general practices and cannot be assigned to patients.

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