CHOOSING A GP AWAY FROM WHERE YOU LIVE

The allegation

According to the general practitioners’ (GP) magazine Pulse, the government failed to publish an evaluation of a pilot scheme allowing people to register with GPs outside their local area until after a decision was taken to roll out the scheme nationwide.  

Timeline

- **Apr 2012**
  Government announced a pilot scheme to allow patients to register with a GP outside the locality in which they live.

- **Jul 2013**
  Researchers at the London School of Hygiene and Tropical Medicine provided an interim report on the pilot scheme, at the request of the Department of Health. The lead researcher said that the report was incomplete because they were still analysing the data.

- **Mar 2014**
  Final report published in the same week as new GP contract, which included an entitlement to choose a different GP.

How were government policy and public debate affected?

Researchers evaluating the GP choice pilot scheme say they were asked to provide an interim report to the Department of Health in order to inform a re-negotiation of the GP contract — before robust economic data could be collected. The final report was then released in the same week as a new GP contract, which included the entitlement of patients to choose out-of-area GPs. The final report showed low take-up of the scheme: only 43 out of a total of 345 eligible practices took part in the pilot, and 15 of these did not register any patients from outside their boundary. The contract negotiations might well have taken a different course if the pilot results had been available. At the time, Nigel Praities, deputy editor of Pulse magazine, said, “GP practice boundaries will be abolished from next month [April 2014] in England and the government still has yet to publish an evaluation of its pilots into this scheme. This is a huge national policy change and the evidence for it has not yet been published.”

It remains unclear whether publication of the final report was caused by overlong peer review, consequent revision, ministerial pressure to modify findings, or departmental inertia.

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37 Lind, S (2013)
38 Department of Health (2012)
39 Price, C (2014)