

'Once for London'

Pan-London Operating Principles for Primary Care



# GP Patient Registration



## Once for London

### Background

Following the clustering of London's PCTs it was recognised that there were opportunities to develop London wide approaches to common QIPP challenges.

The output of this work is a set of operating principles that can be consistently applied London to strengthen primary care commissioning in key QIPP areas.

### Approach

A set of task and finish groups have been established to ensure that there is wide collaboration from across London. These task and finish groups have provided a forum through which primary care leaders have shared experiences, skills and knowledge to develop a unified approach to a basket of key QIPP challenges.

Approximately 45 primary care leaders have participated in this work to date with representatives from clusters, contractors, LMC, LDC, FHS organisations, clinicians, practice managers, public health, finance and contracting.

Each task and finish group is chaired by a Cluster Primary Care Director and is signed off by NHS London's Primary Care PLG.

### Aims

The operating principles aim to:

- Embed best practice approaches across all commissioning organisations
- Support continuing improvement in the quality and productivity of primary care services as part of QIPP
- Ensure fairness, equity and transparency in the way general practice services are being commissioned across London

NHS London has overseen the successful production of operating principles for Local Enhanced Services, PMS Contract Review and List Maintenance. The second tranche of operating principles addresses GP Practice Contractual Compliance, GP Patient Registrations and Premises .

## **Introduction and Background**

The NHS Act places an obligation on commissioners to secure primary care services for residents in their area.

NHS London wishes to establish operating principles for GP practices for patient registrations that promote human rights and public health.

### **Who can register for free primary care services?**

Nationality is **not** relevant in giving people entitlement to register as NHS patients for primary care services. Anyone who is in the UK may receive NHS primary medical services at a GP practice.

There is no set length of time that a patient must reside in the UK in order to become eligible to receive NHS primary care services.

A patient does not need to be “ordinarily resident” in the UK to be eligible for NHS primary care – this only applies to secondary care (see below)

The length of time that a patient is intending to reside in an area in the UK dictates whether a patient is registered as a temporary or permanent patient. Patients should be offered the option of registering as a temporary resident if they are resident in the practice area for more than 24 hours but less than 3 months.

This includes asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless

Practices can only refuse an application to join their list if the practice has “reasonable grounds for doing so that do not relate to the applicant’s race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition”.

Reasonable grounds include:

- Patient not living within the practice’s defined practice boundary
- Patient previously removed from the list following the breakdown of the GP/patient relationship

Overseas visitors, whether lawfully in the UK or not, are also eligible to register with a GP practice even if those visitors are not eligible for secondary care services. Patients should be offered the option of registering as a temporary resident if they are resident in the practice area for more than 24 hours but less than 3 months (or immediately necessary if clinically appropriate).

### **Immediately necessary treatment**

General Practices are also under a duty to provide emergency or immediately necessary treatment where clinically necessary irrespective of nationality or immigration status. They are also required to provide 14 days of further cover following provision of immediate and necessary treatment.

## Documentation

Practices are not obliged to ask patients for official documentation in order to prove ID or proof of residence and there is no requirement in the regulations for them to do so.

However it is not unreasonable for practices to ask for documentation in order to establish where a patient lives, and who a patient is, if they choose to do so.

Any practice that does request such documentation must do so for every patient, inconsistent application of policy could lead to legal action against them under the 2010 Equalities Act.

Although all individuals working within the NHS have a duty to protect NHS resources it is not the role of general practice to police fraud. If a practice suspects a patient of fraud (such as fake or multiple ID) then they should register and treat the patient but hand the matter over to their local counter fraud specialist.

### Determining if the patient lives in the practice area.

If a practice asks new patients for proof of residence then it must request this from all patients. Anyone who resides within the practices boundary is entitled to apply to register for primary care medical services and the practice boundary should be clearly advertised to patients on the GPs practice leaflet or website if they have one.

### Proof of identity

If a practice asks new patients to provide some form of ID then it must request this from all patients. Seeing some form of ID will help to ensure the correct matching of a patient to the NHS central patient registry to ensure previous medical notes are passed onto the new practice.

Patients can reasonably be asked for their NHS card but if they do not have one then any other form of personal ID should be sufficient. This does not have to be photo ID (practices can not insist on seeing passports for example as this could be discriminatory). The following are examples of some of the types of documentation which patients may provide;

- Utility bill (gas, electricity, community charge etc.)
- Phone bill stating address
- Credit card/Bank statement
- Rent book or tenancy agreement.
- Pension book
- Benefit/family credit book
- Home office permit to stay
- Bank card

- Document showing University/college hall of residence
- TV License
- Driving License (with address)
- HM Revenue and Customs Statements
- Council Tax Bill/Council Rent Book
- Home Insurance Policy
- Documentation from a reputable source, for example a letter from a voluntary organisation or a refuge

### **Patients who can not provide documentation (when it is the practice's policy to ask for it)**

The majority of patients will not find it difficult to produce ID/residence documentation, however there will be some patients who do live in the practice area, but are legitimately unable to produce any of the listed documentation. Reasonable exceptions therefore need to be considered as outlined below:

If a patient can not produce the listed documentation but states that they reside within the practice boundary then practices should either:

- Accept the registration but a note should be made for them to bring documentation next time they attend the surgery.
- Agree to register them as an NHS patient if he or she is accompanied to the practice by other household members who do have the necessary documentation

Registration and appointments should not be withheld because a patient does not have the necessary proof of residence or personal identification

### **Homeless & vulnerable patients**

Some patients may not be able to produce any documentation. Vulnerable patients (for example street homeless patients, those with chaotic lifestyles or non-English speaking elderly patients who live with their family) have often experienced difficulty trying to register with a GP due to a lack of documentation. People who are homeless face an increased risk of mental illness, physical illness, of contracting infectious disease and drink and drug abuse and it is therefore essential that practices provide primary care services to such patients.

Practices are expected to register homeless people or those legitimately unable to provide documentation living within their catchment area who wish to register with them in line with the guidance above.

Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them if they wish. Practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).

Some boroughs will have special services for homeless patients and practices may refer homeless patients into those services in line with local arrangements where it is in the best interests and with the agreement of the patient.

## **Access to registration**

Practices should ensure there is equitable access for all patients who wish to register with them.

Registration should be available to all patients every day rather than on particular days and throughout the practice's advertised opening hours.

Patients should be informed of the most suitable times of day for them to register.

Where possible it is good practice for practices to provide pre-registration documentation in advance e.g. on line prior to a patient attending to register in person.

Patients have the right to change practices if they wish . If a patient is registered at another practice this is not a reason to prevent them from registering at another practice.

## **Refusing Registration**

If a practice refuses any patient registration then they must record the name, date and reason for the refusal and write to the patient explaining why they have been refused, within a period of 14 days of the refusal.

This information should be made available to commissioners on request. Commissioners may ask practices to submit the numbers of registration refusals, age, ethnicity and reasons as part of their quality assurance process.

## **New patient health checks**

It is desirable that patients, once they are registered, should be invited to have a new patient check.

However ,neither registration or appointments to see the doctor should be delayed because of the unavailability of a new patient check appointment.

## **Practice boundary areas**

Most practices are required to agree an "inner" and "outer" practice boundary with their PCT.

Patients who move out of a practice's inner boundary area but still reside in the outer boundary area may be able to remain registered with the practice where appropriate. Patients in both the inner and outer boundaries will be entitled to receive home visits if clinically indicated.

## Secondary care

Not all patients who are entitled or eligible to receive NHS primary care medical services are entitled or eligible to receive NHS secondary care services without charge.

Only patients who are “ordinarily resident” in the UK are entitled to receive secondary care services. Patients who are classed as “overseas visitors” are subject to charges for secondary care (unless there is a reciprocal agreement with their country of residence).

“Overseas visitors” are eligible to receive primary care services.

Where a GP refers an overseas visitor for hospital services they should inform the patient that the hospital may charge them for treatment even though the GP may have treated them on the NHS.

Visiting nationals from the European Economic Area in possession of a Form E128, E112 or European Health Insurance (EHIC) or nationals from any state with which the UK has a reciprocal agreement are eligible to receive free NHS care. However they may not be entitled to free treatment for a pre-existing condition or where it is reasonable for to delay treatment until the visitor returns home.

The Department of Health has a series of helpful leaflets which the practice may wish to utilise when referring such patients to secondary care.

It is not however the responsibility of the practice to establish entitlement to NHS hospital treatment as hospitals have overseas visitor managers who are trained to formally determine this.

Advice on entitlement to free NHS hospital services can be found here:

[http://www.dh.gov.uk/en/Healthcare/Entitlementsandcharges/OverseasVisitors/Browsable/DH\\_074373](http://www.dh.gov.uk/en/Healthcare/Entitlementsandcharges/OverseasVisitors/Browsable/DH_074373)

## Summary of principles

- Practice GP registration policies must be clear, transparent, equitable and consistently applied.
- A patient is entitled to join a practice list if they live in the practice area.
- In order to register with a practice, patients can provide their medical card and/or complete a GMS1 form (or equivalent).
- Practices may request some form of proof of residence and ID but these requests must be asked of all patients and it may be necessary to apply this sympathetically to an individual's particular circumstances
- Immigration status does not affect eligibility to primary care (see page 7 for secondary care regulations) - practices should not enquire about patients immigration status
- All individuals working within the NHS have a duty to protect NHS resources. If a practice suspects a patient of fraud (such as fake or multiple ID) then they should register the patient but contact their local counter fraud specialist for advice.
- Practices should endeavour to allow patients to register everyday that they are open and not on selected days of the week.
- Practices should register those who live in their practice area, including those who wish to change practices from another local practice, unless they have reasonable non-discriminatory grounds for refusing (see below).
- Appointments to see the doctor should not be withheld where the patient has need of one, because of the unavailability of a new patient check appointment.
- Appointments should also not be withheld because of the unavailability of proof of residence or personal ID
- Practices must keep a record of patients that they refuse to register and make this available to the PCT on request. The practice must have reasonable non-discriminatory grounds, and they should inform the applicant in writing of their refusal and reason for it.
- Practices should ensure that their registration process and practice boundary is clearly outlined on their practice leaflet, relevant NHS Choices section or website if they have one.