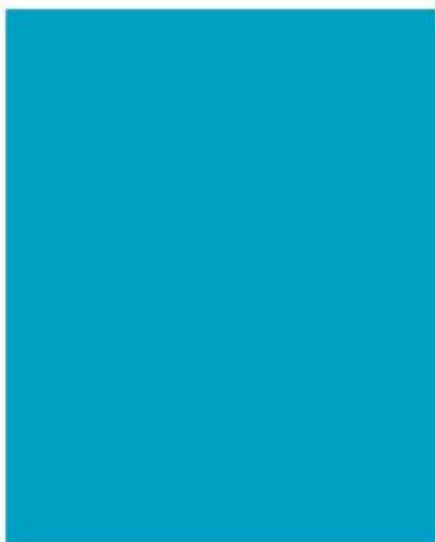


Tackling list inflation for primary medical services



Tackling list inflation for primary medical services

Standard operating policies and procedures for primary care

Issue Date: June 2013

Document Number: OPS_1019

Prepared by: Primary Care Commissioning

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Medical	Tools
Nursing	Guidance
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Publications Gateway Reference	00013(s)
Document Purpose	Standard operating policies and procedures for primary care
Document Name	Tackling list inflation for primary medical services
Publication Date	June 2013
Target Audience	All NHS England Employees
Additional Circulation List	n/a
Description	Tackling list inflation for primary medical services
Cross Reference	n/a
Superseded Document	n/a
Action Required	To Note
Timing/Deadlines	n/a
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Document Status

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Purpose of policy

- 1 NHS England is responsible for direct commissioning of services beyond the remit of clinical commissioning groups, namely primary care, offender health, military health and specialised services.
- 2 This document forms part of a suite of policies and procedures to support commissioning of primary care. They have been produced by Primary Care Commissioning (PCC) for use by NHS England's area teams (ATs).
- 3 The policies and procedures underpin NHS England's commitment to a single operating model for primary care – a “do once” approach intended to ensure consistency and eliminate duplication of effort in the management of the four primary care contractor groups from 1 April 2013.
- 4 All policies and procedures have been designed to support the principle of proportionality. By applying these policies and procedures, area teams are responding to local issues within a national framework, and our way of working across NHS England is to be proportionate in our actions.
- 5 The development process for the document reflects the principles set out in *Securing excellence in commissioning primary care*¹, including the intention to build on the established good practice of predecessor organisations.
- 6 Primary care professional bodies, representatives of patients and the public and other stakeholders were involved in the production of these documents. NHS England is grateful to all those who gave up their time to read and comment on the drafts.
- 7 The authors and reviewers of these documents were asked to keep the following principles in mind:
 - Wherever possible to enable improvement of primary care
 - To balance consistency and local flexibility
 - Alignment with policy and compliance with legislation
 - Compliance with the Equality Act 2010
 - A realistic balance between attention to detail and practical applicationA reasonable, proportionate and consistent approach across the four primary care contractor groups.

¹ *Securing excellence in commissioning primary care* <http://bit.ly/MJwrfA>

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- 8 This suite of documents will be refined in light of feedback from users.

Policy aims and objectives

- 9 This policy sets out the background and processes for NHS England's direct commissioning team to ensure list inflation is appropriately managed.

Background

- 10 Medical service contracts are predominantly funded on a capitation basis through a global sum payment that can range from the nationally agreed figure of £64.67², up to more than £150 per head of population in some cases. It follows, therefore, that if a patient list is overstated, the contractor will receive more funding than it would ordinarily be entitled to and this presents a significant financial burden on NHS resources.
- 11 While in most cases, primary care contractors endeavour to maintain their registered lists in a current and accurate state, patients often fail to notify their registered practice when leaving the area and/or country resulting in potential duplicate registrations, ghost and gone away patients remaining registered on the national patient registration systems (National Health Application and Infrastructure Service, NHAIS Exeter systems).
- 12 Some degree of list inflation is inevitable, but manageable if kept within reasonable bounds. Current trends of inflation are excessive and in some regions continue to rise.
- 13 The 2010 Office for National Statistics (ONS) estimates the latest total number of GP registrations exceeds the national population by approximately 2.8 million people, which is equivalent to 5.2 percent inflation. The 2012/13 operating framework quotes the England average as 5 percent, but the range of regional variances can be up to as much as 30 percent. The Department of Health (DH) provided more detailed comparison between ONS 2010 mid-year figures and Exeter 2010 extracted populations, which previously showed that by reducing the average percentage further to 3 percent, this would realise indicative savings of around £85 million.
- 14 In June 2010 DH also produced a paper titled Funding allocations and practice lists. It stated that when calculating regional allocations, GP registrations were constrained to ONS resident populations and that as a

² *Statement of financial entitlements (SFE), part 1, para 2.3 (Oct 2012)*

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result, previous commissioning organisations didn't receive proportionately greater funding if they had inflated GP registered lists.

- 15 The document went on to summarise that tackling list inflation:
- saves the NHS money through paying less global sum (or equivalent) in the future;
 - improves allocative efficiency because the funding will go to where it is intended – funding real patients and not ghost patients who do not exist; and
 - increases fairness – GPs with overstated lists will receive proportionately more than their fair share of funding.
- 16 As a consequence of these findings, tackling list inflation was included as a new indicator within the 2012-13 operating framework. The indicator – PHF06: tackling list inflation: percentage of general practice list reviewed and cleaned – was detailed further in the accompanying technical guidance.
- 17 While some reductions in list inflation have been achieved over 2011/12, through work carried out by commissioning organisations and support payment agencies, there is still a great deal of excessive inflation and regional variations that needs to be addressed.
- 18 NHS England area teams (ATs) are expected to engage in regular proactive list management with general practices. This is to ensure progress on reducing list variance with the aim of achieving below three percent, reporting progress to their regions and contractors alike. England CB local teams with practice list differences substantially more than five percent will be benchmarked against their achievement in reducing list differences to agreed levels.
- 19 It is therefore necessary that NHS England regional leads receive assurance that ATs are taking the appropriate actions to maintain lists and address excessive variation.

Scope of the policy

- 20 The scope of the policy is to outline routine and targeted list maintenance processes to ensure that list variation does not exceed a nationally defined threshold for all general practices.
- 21 This policy details the list inflation and data quality measures to be undertaken and suggests additional measures to be taken. Where references are made to actions to be followed by ATs, these actions

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should, where possible, be done together with the available support services or payment authority.

- 22 Some of the list inflation measures outlined below may be of greater or lesser relevance in some areas or not applicable at all given the differing populations covered by local teams. It is, however, recommended that all local teams consider the measures suggested and where they are used that the standard working practices recommended are adopted.

Operating framework for list maintenance

Why do inaccurate lists occur?

- 23
- The patient list is a changing register reflecting population movement. This is particularly true in large urban areas where turnover of patients can be high and where some practices serve a transient population.
 - Ongoing and effective maintenance of lists is essential to ensure they are accurate. However, even with the most effective list maintenance procedures in place, a practice list can hold 3-8 percent of inaccuracy due to patient turnover alone.
 - It is estimated that in large urban areas the level of list inaccuracy can range from 3 to 35 percent. Some of this is accounted for by population turnover. However, high levels of list inaccuracy have also resulted from:
 - o list maintenance being one of many competing priorities for improvement; and
 - o low awareness of the importance of list maintenance and the link to both service outcomes, public health and the use of public funds
 - Practices have an important role to play in maintaining accurate lists. Practices with robust systems in place to verify and record patient details at the point of registration, as well as regular systematic checking of details when patients contact the practice, have more accurate lists.
 - ATs, patient registration authorities and general practices will be effective in reducing list inaccuracies sustainably, if they work collectively to address these factors.

Primary reasons for undertaking list maintenance

- 24 The accuracy of a practice's registration list is important for:
- the efficacy of ill-health prevention/screening programmes and total

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population capture;

- the assessment of performance and clinical outcomes which are often compared on a 'per patients' denominator; and
- the appropriate use of public funds, as allocations are made on a £ per patient basis.

Improving GP list accuracy should:

- 25
- reveal the true picture of prevalence of ill health and public health performance;
 - ensure the design of effective interventions to reach local priority groups and impact on priority programmes;
 - contribute to the delivery of regional and local QIPP (quality, innovation, productivity and prevention) health and well-being outcomes; and
 - have a positive impact on many clinical outcome measures for example: cancer, long term conditions, heart disease, communicable disease, respiratory disease.

Operating principles

- 26
- List maintenance processes should be designed with the proactive engagement of ATs, commissioners, registration authorities, and LMCs on behalf of GPs and practice managers.
 - Jointly, the ATs, area general practices and payment authorities must undertake list maintenance as a continuous rolling programme, for example: working through the practice registers alphabetically over a one to three-year period.
 - A rolling programme could also include phased targeting of specific patient cohorts. Examples of this approach include:
 - o choosing a patient cohort that supports a screening programme e.g. childhood immunisations, flu or cytology;
 - o addresses with apparent multiple occupancy; and
 - o practices with particular circumstances that dictate a local bespoke approach to maintaining accurate lists e.g. university practices.
 - A one hit approach in which a single practice is targeted should be avoided except in exceptional circumstances. This might include due

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diligence when transferring a full list to a new contract, for example. In all cases this should be carried out in consultation with the LMC.

- When responding to FP69 (see annex 2) flags in the practice IT system, a practice declaration will be sufficient – additional evidence such as a screen-shot would be unnecessarily bureaucratic and may breach patient confidentiality. The practice is responsible for ensuring all declarations made are accurate and should be made aware that these can be challenged where any inconsistencies are highlighted through cluster-wide audit.
- A list maintenance exercise is not designed to address performance failures. Where there are reasonable grounds for believing that list inflation is particularly high at an individual practice then concerns about this should be handled separately and in accordance with the performance management directions.

Minimising inconvenience to patients

- 27
- Advance screening of the proposed cohort by practices means that fewer patients will be inconvenienced by having to respond to the letter. It will also reduce postal costs associated with the exercise.
 - The ATs should ensure that where the registration authority disputes the practice declaration, the practice is told why and is advised of any list actions that have been taken.
 - ATs should maximise awareness in the patient population of list maintenance procedures by ensuring that an effective patient communication strategy is in place. The strategy should be tailored to local needs and build upon examples of what has worked well. For example:
 - o Letters to be addressed to named patients and not the occupier (annex 4).
 - o Branded NHS envelopes are more likely to be opened as they are clearly directly in relation to the patients' health (annex 5).
 - o Contractor teams alerting patients to registration checks well in advance – as part of the registration conversation, through display notices in a practice.
 - o ATS and contractors making the process clear to patients through any letters and posters, for example – what the letter looks like, what to do when you get one, the steps in place to minimise deregistration errors, what to do if there is a de-registration error, what to do if a letter arrives for someone not living at that address.
 - o Communications must be tailored for different languages and

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consideration of other support for patients whose first language is not English.

- ATs will work with patients and community groups to develop recommendation templates which provide clear simple accessible messages on all patients correspondence
- Contractors have a crucial role to play in ensuring their staff access the training, are familiar with the FP69 process and are proactive partners in the list maintenance process.
- List maintenance is also an opportunity to improve other aspects of patients' registration including the accuracy of patient information held on the register. ATs should ensure that contractors verify the details held on the practice system systematically as part of routine on-going maintenance.

Patient registration process

- 28 Appropriate and timely management of the patient registration process is essential in minimising the potential for list inflation.
- 29 The standard registration process requires all general practices to notify all registrations to NHAIS. The NHAIS user should then confirm the registration to the practice and takes steps to arrange for the transfer of medical records from the previous general practice. Electronic links are in place between NHAIS sites and all general practices that enable this process.
- 30 The process of confirming the new patient registration by NHAIS staff involves checking the patient details against the national PDS to confirm the patient's NHS number and where NHS numbers cannot be traced the system provides for the user to request the allocation of a new NHS number.
- 31 Where it is not possible to trace an NHS number for a patient, rather than request allocation of a new NHS number the registration should be kept pending and the general practice contacted to obtain further details.
- 32 If a practice cannot provide further information to enable the NHS number to be traced it should be asked to contact the patient to obtain this. By taking these steps the user will ensure that allocation of new NHS numbers is kept to a minimum and therefore minimising the potential for list inflation.
- 33 Where a new NHS number has been allocated then additional checks are undertaken by National Back Office (NBO) to help ensure a duplicate NHS

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number has not been created for a patient. Monthly reports, identifying the number of duplicate NHS numbers allocated by each local family health service (FHS) service provider, are produced by National Health Service Connecting for Health (NHSCfH) and these are split between those where the service provider should have been able to trace the correct number and those duplicates that are considered unavoidable.

- 34 To minimise the potential for list inflation it is essential that robust procedures are in place to prevent creation of duplicate registrations at the time of registration. The figures available on the volumes of duplicate numbers created by each service provider should provide valuable benchmark data to monitor this.
- 35 ATs should ensure that FHS providers are processing routine registrations in a timely manner as this is also key to ensuring accuracy of practice lists and thereby reducing excessive list inflation.

Elements of a rolling list maintenance programme

Routine business processes

- 36 Routine business processes that involve sending letters to patients help reduce list inflation in that while the letters are not sent out as part of a list cleaning exercise, any returned undelivered by Royal Mail result in general practices being given the statutory six-month notice period to provide confirmation of the patient's address. Where confirmation of that address cannot be provided then the patient is removed from the practice list.
- 37 These letters to patients, using data sourced from the NHAIS system, are inclusive of, but not limited to, the following:
- Cervical screening invitation letters sent to all women aged 25-64.
 - Cervical screening test results sent to all women attending for a test as part of the NHS cervical screening programme.
 - Flu vaccination invitation letters sent to patients aged 65 and over together with any patients identified by general practices as being in an 'at risk' group.
 - Chlamydia screening invitations letters sent to patients on behalf of certain local authorities.
 - Bowel screening invitation letters are sent to all patients aged 60 and over where the source data used to identify patients to be invited is taken from the NHAIS system. Ensuring any letters returned undelivered are notified to the FHS service provider allows them to be actioned in line with other screening letters and general practices contacted to confirm patients' addresses.

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- Letters sent to all patients registered with a specific general practice if there are any significant changes to practice arrangements.
- Medical cards or letters of confirmation of NHS number and registration.
- Verification by general practices of the vaccination status of all children aged two years and five years registered with the practice on the first day of each quarter. To ensure maximum targets are achieved, practices check the accuracy of the list of patients in this cohort. This again helps ensure the accuracy of the practice list.

Routine list inflation work

- 38 In maintaining the NHAIS system (population database) specific tasks need to be undertaken to reduce list inflation and help maintain the accuracy of practice lists. The annual programme of checks to be undertaken is shown below together with the standard procedure which should be adopted for each. The flow chart illustrated within annexes 2 and 3 indicates the standard process to be followed.

Multiple occupancy checks (monthly)

- 39 ATs should send letters to any properties where more than eight people are recorded as being registered. The letter needs to request the occupant to confirm details of people residing at that address. If any letters are returned undelivered then the practice should be given six months' notice to provide the patient's correct address. Where this is not provided the patients should then be removed from the general practice list.
- First compare ONS and NHAIS population figures at ward/super output area (SOA) level to enable prioritisation of work.
 - Send the list of names to the relevant general practices. Each practice to confirm if patients have been seen in the last 15 months.
 - Send letters to any properties where a large number of patients are recorded as being registered and have not been seen by their general practice in the past 15 months, requesting the occupant to confirm details of people's resident.
 - Send reminder letters if no reply received after four weeks.
 - Any letters returned undelivered should result in the general practice being issued with an FP69 with an expiry date of six months.
 - Where no response is received within two months of the date of the original letter sent this should result in the general practice being issued with an FP69 with an expiry date of six months.
 - Any cases where the General practice does not confirm patient contact within six months should result in patients being removed from the general practice list.

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- 40 FHS agencies report that it is important the envelope has the NHS logo to avoid the letter being classed as junk mail and discarded (annexes 4 and 5 include a template letter for patients and envelope with NHS logo).

University/college student/residential school checks (annually October to December)

- 41 ATs should check with general practices for any patients who have been registered for four or more years at an address relating to a university/college/residential school. The practice should be asked to confirm registration is still current and that the patients are still attending for treatment.
- 42 Any patients found to be no longer resident should be removed from the practice lists.
- Patients recorded on an NHAIS system as being registered with a general practice for four or more years in respect of a college/university address should be identified.
 - ATs should send lists of these patients to general practices asking them to confirm the patients are still registered and are still attending the surgery for treatment.
 - Any patients found to be no longer resident should be removed from the practice lists.
 - Where practices are unable to confirm registration, ATs should then send letters to the patients asking them to confirm their address.
 - Send reminder letters if no reply received after four weeks. Any letters returned undelivered should result in the general practice being issued with an FP69 with an expiry date of six months.
 - Where no response is received within two months of the date of the original letter sent, the general practice should be issued with an FP69 with an expiry date of six months.
 - Any cases where the general practice does not confirm the address within six months should result in patients being removed from the list.

Patients aged 100 and over (six monthly March and September)

- 43 ATs should check with general practices to confirm patients are still registered.
- Check on NHAIS system for any patients aged over 100 years.
 - Contact general practice to confirm patient still registered.
 - Any patients no longer registered should be removed from practice lists.

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Immigrant checks (monthly)

- 44 Patients who registered and were recorded as having recently arrived from abroad should be sent letters by the ATs 12 months after their date of registration. This is because many patients reside at a temporary address initially before moving to a more permanent one. The letter needs to ask the patient to confirm their current address. If any letters are returned undelivered then the practice should be given six months' notice to provide the patient's correct address. Where this is not provided the patients should then be removed from the general practice list.
- Letters sent out to patients 12 months after their date of registration with a general practice where at the time of registration they were recorded as having recently arrived from abroad.
 - Letters to include this sentence in several different languages.
 - Reminder letters sent out where there has been no response.
 - Any letters returned undelivered or where no response is received should result in the general practice being contacted and given six months to confirm address.
 - Any cases where general practices cannot confirm addresses should result in the patients being removed from practice lists.

Notification of demolished addresses (quarterly)

- 45 NHAIS systems receive regular updates to postcode address file (PAF) information to enable the accurate maintenance of patient addresses. Included in the updates are notifications of properties which have been demolished.
- 46 ATs should ensure that the correct address of patients registered regarding any of these addresses is checked with the registered general practices. Practices should then be given six months' notice to confirm the correct address and where this is not provided the patients should be removed from the practice list.

Patients not seen by general practice in previous five years (annually)

- 47 ATs should ensure that any patients not having received a consultation in the last five years are moved from the practice list.
- ATs to contact practices to obtain a list of all those patients that have not had a consultation within the last five years.
 - Letters should then be sent to all those identified patients to confirm address and registration.
 - Send reminder letters if no reply received after four weeks.

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- Any letters returned undelivered should result in the general practice being issued with an FP69 with an expiry date of six months.
- Where no response is received within two months of the date of the original letter sent, the general practice should be issued with an FP69 with an expiry date of six months.
- Any cases where the general practice does not confirm the address within six months, patients should be removed from the general practice list.

Additional measures

- 48 Despite initiating a rolling programme of list inflation measures, figures comparing ONS mid-year populations with NHAIS registered population may still show significant inflation in the NHAIS figures. These inflation rates may also differ significantly for local areas.
- 49 If an AT has a particularly large variance it may wish to undertake a targeted campaign to reduce this in one large exercise. If so, all ATs are strongly urged to engage their general practices, local medical committee and CCGs.
- 50 Suggested work that could be undertaken is:

Comparison of ONS mid-year stats with NHAIS figures at middle SOA level

This will identify localities within each area where inflation rates are highest and will therefore highlight specific areas to be targeted.

Send mail shot to confirm residency to male patients aged 18-44 living in areas where inflation rates are highest

ONS/ NHAIS comparison at area level have previously shown that the highest inflation rates are related to male patients in this age group, possibly because there are no routine mail shots sent to this cohort.

Undertake further immigrant checks three years after date of first registration for persons who immediately before their current registration are recorded as having arrived from abroad

Issue guidance and clarification for general practices on the FP69 procedure

Greater awareness of the processes for removing patients within general practices could reduce the scale of list inflation. If guidance has not previously been given to practices on the FP69 process then this should be undertaken. Once in place this could become part of a standard rolling programme.

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Test the effectiveness of undertaking checks for duplicate registrations between NHAIS systems

A check between several systems will confirm whether this type of check would identify duplicate registrations and if so could be developed as a standard procedure to be carried out at agreed intervals.

Monitoring

- 51 It is essential that work is carried out to reduce list inflation and verify practice lists but it is also important to recognise the resource implications of undertaking this work.
- 52 So it is equally essential that all work carried out is recorded and the outcomes monitored to evaluate the success of each initiative.
- 53 ATs should ensure that the FHS service providers submit a monthly return detailing the work undertaken and the outcome. A pro-forma is attached at annex 6 to be used to submit the monthly returns. To streamline this process, standard reports available from the NHAIS system could be used to populate this pro-forma.
- 54 Given the requirement to allow a practice six months to confirm the address before patients can be removed from the practice list, it is recognised that any list inflation exercise could take six to nine months before benefits of the list cleansing work are realised. This needs to be considered when assessing the effectiveness of interventions.

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Annex 1: abbreviations and acronyms

A&E	accident and emergency
APHO	Association of Public Health Observatories (now known as the Network of Public Health Observatories)
APMS	Alternative Provider Medical Services
AT	area team (of NHS England)
AUR	appliance use reviews
BDA	British Dental Association
BMA	British Medical Association
CCG	clinical commissioning group
CD	controlled drug
CDAO	controlled drug accountable officer
CGST	NHS Clinical Governance Support Team
CIC	community interest company
CMO	chief medical officer
COT	course of treatment
CPAF	community pharmacy assurance framework
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service (replacement for QMAS)
DAC	dispensing appliance contractor
Days	calendar days unless working days is specifically stated
DBS	Disclosure and Barring Service
DDA	Disability Discrimination Act
DES	directed enhanced service
DH	Department of Health
EEA	European Economic Area
ePACT	electronic prescribing analysis and costs
ESPLPS	essential small pharmacy local pharmaceutical services
EU	European Union
FHS	family health services
FHS AU	family health services appeals unit
FHSS	family health shared services
FPC	family practitioner committee
FTA	failed to attend
FTT	first-tier tribunal
GDP	general dental practitioner
GDS	General Dental Services
GMC	General Medical Council

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GMS	General Medical Services
GP	general practitioner
GPES	GP Extraction Service
GPhC	General Pharmaceutical Council
GSMP	global sum monthly payment
HR	human resources
HSE	Health and Safety Executive
HWB	health and wellbeing board
IC	NHS Information Centre
IELTS	International English Language Testing System
KPIs	key performance indicators
LA	local authority
LDC	local dental committee
LETB	local education and training board
LIN	local intelligence network
LLP	limited liability partnership
LMC	local medical committee
LOC	local optical committee
LPC	local pharmaceutical committee
LPN	local professional network
LPS	local pharmaceutical services
LRC	local representative committee
MDO	medical defence organisation
MHRA	Medicines and Healthcare Products Regulatory Agency
MIS	management information system
MPIG	minimum practice income guarantee
MUR	medicines use review and prescription intervention services
NACV	negotiated annual contract value
NCAS	National Clinical Assessment Service
NDRI	National Duplicate Registration Initiative
NHAIS	National Health Authority Information System (also known as Exeter)
NHS Act	National Health Service Act 2006
NHS BSA	NHS Business Services Authority
NHS CB	NHS Commissioning Board (NHS England)
NHS CfH	NHS Connecting for Health
NHS DS	NHS Dental Services
NHS LA	NHS Litigation Authority
NMS	new medicine service
NPE	net pensionable earnings
NPSA	National Patient Safety Agency

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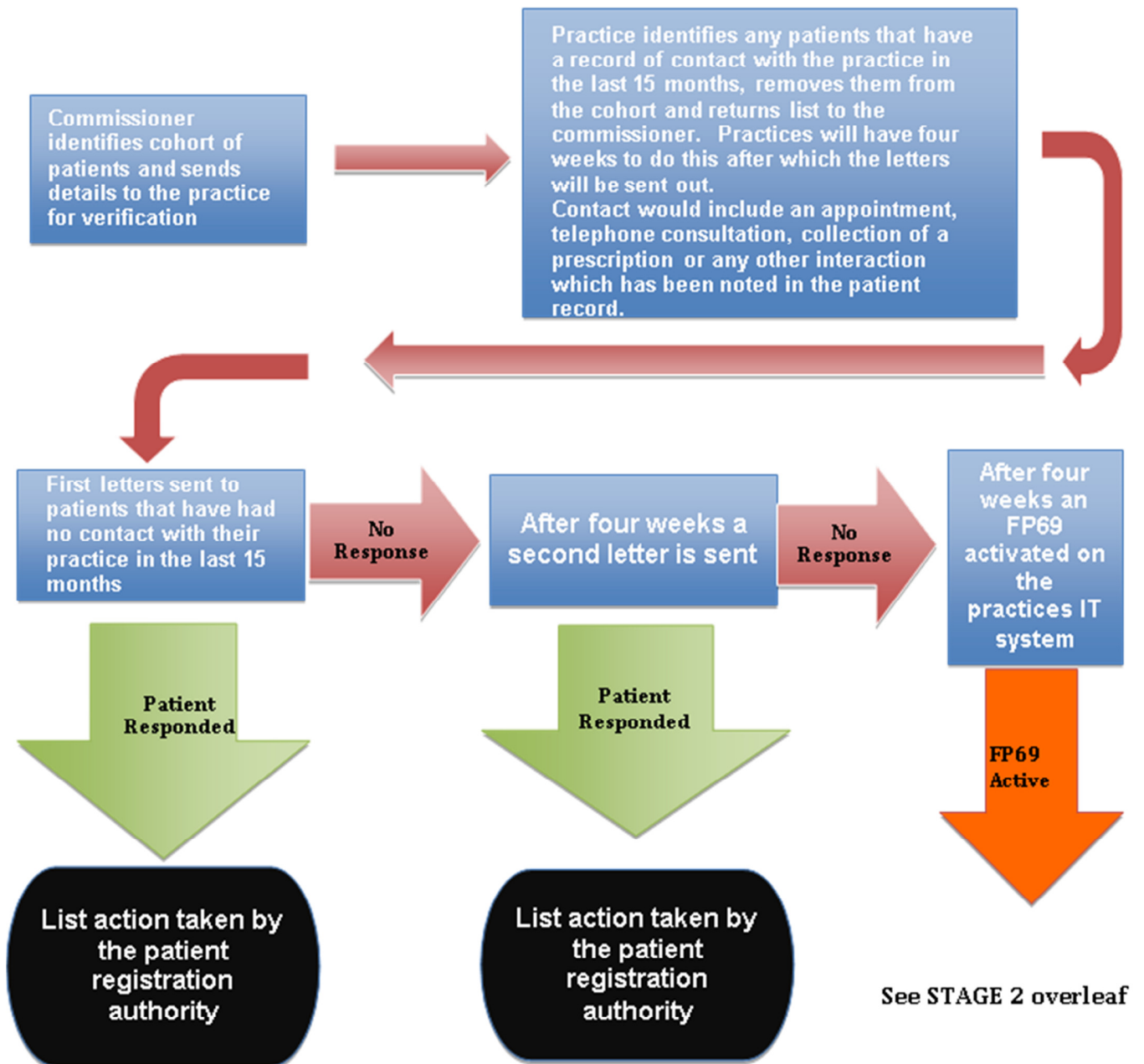
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OJEU	Official Journal of the European Union
OMP	ophthalmic medical practitioner
ONS	Office of National Statistics
OOH	out of hours
PAF	postcode address file
PALS	patient advice and liaison service
PAM	professions allied to medicine
PCC	Primary Care Commissioning
PCT	primary care trust
PDS	personal dental services
PDS NBO	Personal Demographic Service National Back Office
PGD	patient group direction
PHE	Public Health England
PLDP	performers' list decision panel
PMC	primary medical contract
PMS	Personal Medical Services
PNA	pharmaceutical needs assessment
POL	payments online
PPD	prescription pricing division (part of NHS BSA)
PSG	performance screening group
PSNC	Pharmaceutical Services Negotiating Committee
QOF	quality and outcomes framework
RCGP	Royal College of General Practitioners
RO	responsible officer
SEO	social enterprise organisation
SFE	statement of financial entitlements
SI	statutory instrument
SMART	specific, measurable, achievable, realistic, timely
SOA	super output area
SOP	standard operating procedure
SPMS	Specialist Personal Medical Services
SUI	serious untoward incident
UDA	unit of dental activity
UOA	unit of orthodontic activity

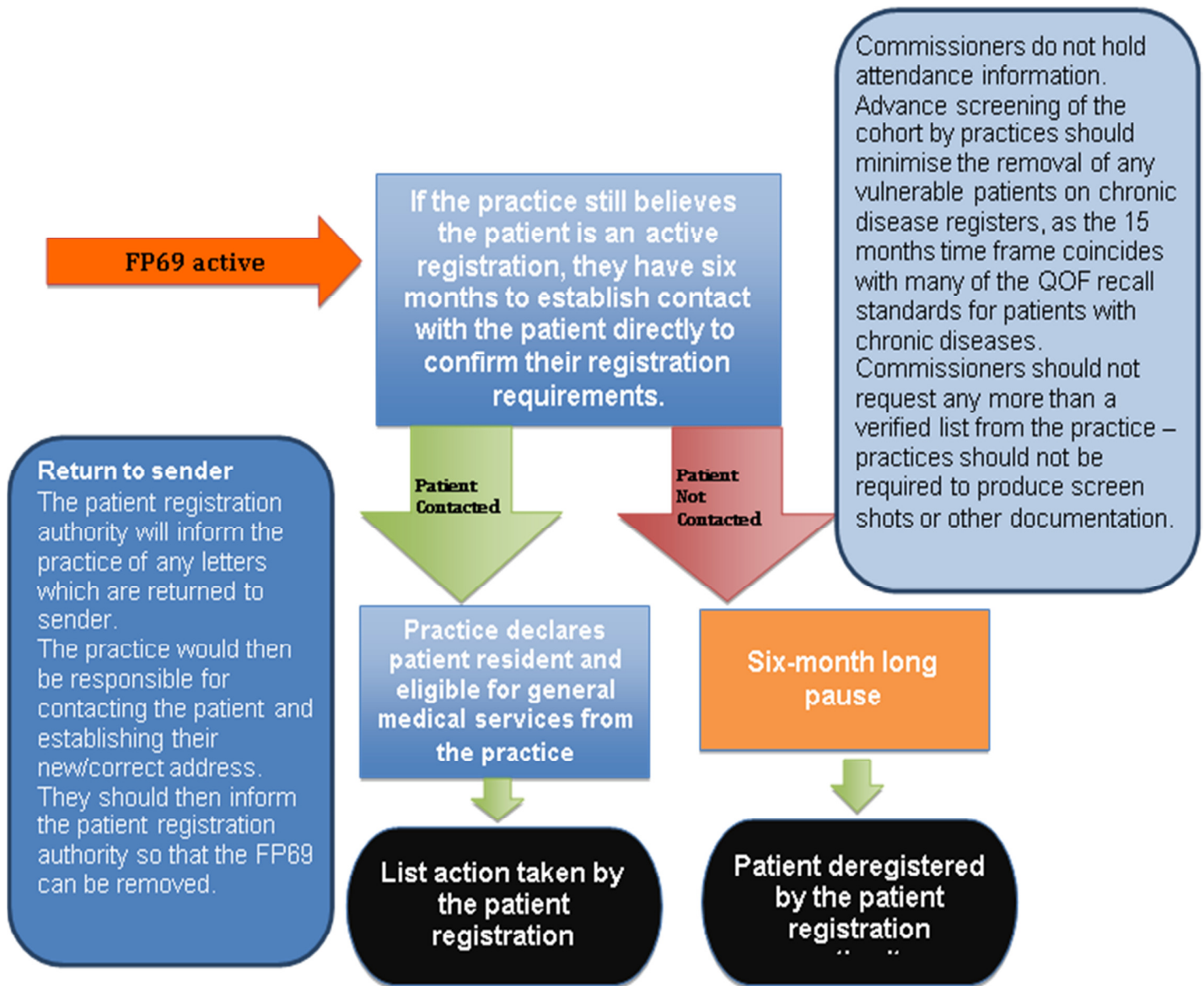
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Annex 2: Stage 1 of a list maintenance programme



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Annex 3: Stage 2 of a list maintenance programme



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Annex 4: Sample letter to patients

Miss A.N.Other
1 Example road
Somewhere
Exampleton
AB12 3CD

[Date]

Dear *[name]*

Important letter regarding your general practice registration

The NHS is carrying out work to make sure that GP lists are accurate. We are writing to you to check that you are still registered at the above practice and still reside at this address.

Why do GP lists need to be regularly updated?

If your GP does not have an accurate record of your name and address then your GP or hospital may not be able to contact you with important information about your health.

GP surgeries need to contact their patients to provide them with test results or invite them for bowel, breast or cervical screening to protect against cancer for example, or to be vaccinated against infectious diseases such as flu or measles, mumps and rubella. If you suffer from a long-term illness then your practice may also need to give you an appointment date and time as part of your plan to stay healthy.

Hospitals also rely on GP lists to ensure they can write to patients with appointments and results of tests or other information.

If this letter is addressed to a child under the age of 16 and you are their parent or guardian then please respond on their behalf.

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What will happen if I don't reply?

If you do not respond within two months of the date of this letter then we will assume that you have moved away and we will begin the process of removing you from your GP's list. This means you will not receive important information about your health and will no longer be registered with a GP.

What do you need to do?

Please complete and return the form below in the prepaid envelope provided.

Full name and title	
Date of birth	
Name and address of your current general practice	
Current address (if different from above)	
Signed..... Dated	

Do we share this information with anyone?

No. Your response is only used to ensure we have accurate patient lists and is entirely confidential.

If you have any further questions not covered by this letter or the information provided then please ring XXXXXX on the number shown.

Many thanks for taking the time to respond to this letter.

Yours sincerely

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Annex 5: Standard envelope content

Contains important information regarding your general practice –
requires a response

Private and confidential



Important: If undelivered or not known at this address then please return
to:



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Annex 6: Standard monthly return pro-forma

Date:

ONS and NHAIS population figures compared – [complete in April]

Multiple occupancy check (more than eight residents) (monthly), relating to the number of:

- Households identified with more than eight residents.
- Practices requiring contact with households with more than eight residents.
- Practices sent clarification notifications (if differs from above please give reason).
- Practice confirmations received (practices have confirmed those patients seen in last 15 months).
- Households remaining to contact (after list cleansed by practice confirmation).
- Letters sent to households requesting confirmation of occupancy and registration.
- Responses received from households.
- Reminders letters sent within this reporting period.
- FP69s with six-month expiry date issued during this reporting period.
- Deductions within this reporting period.

University/college student/residential school checks [complete for October to December only], relating to the number of:

- Patients recorded on NHAIS as being registered with a general practice for four or more years relating to a college/university/residential school address.
- Practices requiring contact with patients with college/university address.
- Practices sent clarification notifications (if differs from above give reason).
- Practice confirmations received (practices have confirmed patients registered/seen).
- Patients deducted by general practice.
- Patients remaining to contact (after list cleansed by practice confirmation).
- Letters sent to patients requesting confirmation of address/registration.
- Responses received from patients contacted.
- Reminders letters sent within this reporting period.
- FP69s with six-month expiry date issued during this reporting period.
- Deductions within this reporting period.

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Patients aged 100 and over [complete in March and September reporting period only]. Relating to the number of:

Patients recorded on NHAIS aged over 100 years.	
Practices requiring contact with patients aged over 100 years.	
Practices sent clarification notifications (if differs from above give reason)	
Practice confirmations received (practices have confirmed patients registered/seen)	
Patients deducted by general practice	

Notification of demolished addresses (monthly). The number of:

Addresses notified as demolished as indicated by postcode address file (PAF).	
Practices requiring contact with patients identified at demolished addresses.	
Practices sent clarification notifications (if differs from above please give reason).	
Practice confirmations received (practices have confirmed patient still registered with change of address).	
FP69s with six-month expiry date issued during this reporting period.	
Deductions within this reporting period.	

Patients not seen by general practice in previous five years (annually – to be reported in April)

Letters sent to all general practices requesting list of all those patients registered who have not had a consultation in five years - date completed. The number of:	
Practices contacted.	
Practices returned list of patients who have not had a consultation in five years.	
Letters sent to identified patients to confirm address and registration.	
Responses received from patients contacted.	
Reminder letters sent within this reporting period.	
FP69s with six month expiry date issued during this reporting period.	
Deductions within this reporting period.	

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Version control tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
01.00	March 2013	Primary Care Commissioning	Approved	New document
01.01	June 2013	Primary Care Commissioning	Approved	Reformatted into NHS England standard
01.02	October 2013	Primary Care Commissioning	Approved	Corrections made to published document

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First published June 2103
Published in electronic format only.

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