



# **Patient Registration**

**Standard Operating Principles for Primary  
Medical Care (General Practice)**

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## **NHS England**

# **GP Patient Registration Standard Operating Principles for Primary Medical Care**

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Developed from the NHS London 'Once for London' Operating Principles for Primary Care published in 2012

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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## 1 Policy statement

With effect from 1 April 2013 NHS England took responsibility for the NHS functions including the commissioning and contracting of primary medical (GP) services. From April 2015, 63 Clinical Commissioning Groups (CCGs) took this responsibility from NHS England under a formal delegation agreement. This number is expected to increase in 2016/17 and beyond.

There has not been any change in national policy in respect of patient registration for primary medical care services – this guidance clarifies the rights of patients and the responsibilities of providers in registering with a GP practice

The reason for issuing this guidance now is evidence of an increasing number of patients finding it difficult to register with some GP Practices. This is because they cannot provide documentation to the Practice in support of who they are or where they live and the subsequent problems they have in accessing health care. The guidance is designed to clarify the position for all patients, in particular though this issue is affecting migrants and asylum seekers who do not have ready access to documents

### 1.1 Aims

In issuing these patient registration operating principles we aim to:

- Clarify the contractual rules in respect of patient registration for patients, practices, CCGs and NHS England's regional teams
- Reduce the risk of exacerbating health inequalities for specific sections of the community
- Agree a consistent approach across England to clarify, simplify and standardise the patient registration process for patients and practices
- Embed best practice approaches for patient registrations
- Ensure fairness, equity and transparency in the way general practice services are delivered across England

## 2 Background

The Health and Social Care Act 2012 places an obligation on NHS England to secure the provision of primary medical services for patients throughout England. In addition the Health and Social Care Act 2012 introduced statutory duties on the NHS to “have regard to the need to reduce inequalities” in access to and outcomes achieved by services.

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There are further duties imposed on NHS England under the Equality Act 2010 and NHS Act 2006 on equality and health inequalities.

NHS England wishes to establish operating principles for GP practices for patient registrations that promote equality, human rights and public health and reduce health inequalities.

### 2.1 These principles are supported by;

- **Legislation**

Under the terms of their primary medical services contracts, GP practices cannot refuse an application to join its list of NHS patients on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Other than that, they can only turn down an application if:

- The commissioner has agreed that they can close their list to new patients,
- the patient lives outside the practice boundary ;or
- if they have other reasonable grounds

In practice, this means that the GP practice's discretion to refuse a patient is limited.

- **Legal Advice**

#### Requesting information from patients

When applying to become a patient there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register. However, there are practical reasons why a practice might need to be assured that people are who they say they are, or to check where they live, so it can help the process if a patient can provide relevant documents. There is however no contractual requirement to request this nor is establishing an individual's identity the role of General Practice

Any practice that requests documentation regarding a patient's identity or immigration status must apply the same process for all patients requesting registration.

As there is no requirement under the regulations to produce identity or residence information, the patient **MUST** be registered on application unless the practice has reasonable grounds to decline. Registration and appointments should not be withheld because a patient does not have the necessary proof of residence or personal identification. **Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient.**

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If a practice suspects a patient of fraud (such as using fake ID) then they should register and treat the patient but hand the matter over to their local NHS counter-fraud specialist or report online via the following link

<https://www.reportnhsfraud.nhs.uk/>

- **Care Quality Commission (CQC)** in their guidance entitled; GP Mythbuster 29; Looking after Homeless Patients in General Practice can be found via the link below<sup>1</sup>
  - In 2014 [Homeless and health research](#) provided by 'Homeless Link' reported that 90% of the homeless people they surveyed were registered with a GP. However many responded that they were not receiving the help they needed for their health problems, and 7% had been refused access to a GP or dentist in the previous 12 months. In some cases these refusals were due to having missed a previous appointment or because of behaviour. Others reported that they were refused access if they did not have identification or proof of address.
- **The General Practitioners Committee (GPC) of the British Medical Association (BMA)**; Related BMA guidance can be found at;

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/overseas-visitors-and-primary-care>

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

A patient does not need to be “ordinarily resident” in the country to be eligible for NHS primary medical care –this only applies to secondary (hospital) care. In effect, therefore, anybody in England may register and consult with a GP without charge.

Where a GP refers a patient for secondary services (hospital or other community services) they should do so on clinical grounds alone; eligibility for free care will be assessed by the receiving organisation.

The absence of any reciprocal arrangements between the nation states, a patient's nationality is therefore not relevant in giving people entitlement to register as NHS patients for primary medical care services..

It is important to note that there is no set length of time that a patient must reside in the country in order to become eligible to receive NHS primary medical care services.

Therefore all asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless., overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if those visitors are not eligible for secondary care (hospital care) services.

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<sup>1</sup> <http://www.cqc.org.uk/content/gp-mythbuster-29-looking-after-homeless-patients-general-practice>

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The length of time that a patient is intending to reside in an area 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.

### **4 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.

The practice is required to provide 14 days of further cover following provision of immediate and necessary treatment.

### **5 Assessing patient ID at registration.**

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. It is legitimate therefore for the practice to apply a policy to ask for patient ID as part of their registration process.

In such circumstances however, the policy must make clear what action should be taken when a patient is unable to supply any form of ID.

Any practice policy to ask for patient ID should be applied in a non-discriminatory fashion. This means the policy should apply to all prospective patients equally.

A practice policy should not routinely expect a patient to present a photograph as this could be discriminatory.

If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration

Where necessary, (e.g. homeless patients), the practice may use the practice address to register them if they wish. If possible, practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).

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. Examples of this may be;

- People fleeing domestic violence staying with friends or family
- People living on a boat, in unstable accommodation or street homeless
- People staying long term with friends but who aren't receiving bills
- People working in exploitative situations whose employer has taken their documents



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- People who have submitted their documents to the Home Office as part of an application
- People trafficked into the country who had their documents taken on arrival
- Children born in the UK to parents without documentation

Reasonable exceptions therefore need to be considered and the individual registered with sensitivity to their situation.

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

All practices are required to have agreed an “inner” boundary with their commissioner (NHS England or CCG). Anyone who resides within the practice’s inner 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.

In addition most practices have also agreed an “outer” practice boundary. 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 if they wish and the practice agrees.

GP practices are able to register new patients who live outside the practice area without any obligation to provide home visits or services out of hours when the patient is unable to attend their registered practice. It is for a practice to decide, at the point of registration, whether it is clinically appropriate and practical to register the individual patient in that way.

## 7 Registering children

As a minimum requirement the arrangements above in respect of the registration of any patient with a GP surgery should be followed when the person registering is a child. However, there are circumstances that practices should be aware of, in relation to safeguarding guidance.

The legal definition of a child is 0 to 18 years of age; however young people may be able to make independent decisions from as young as 12, depending on the circumstances. Section 11 of the Children Act 2004 places a statutory duty on the NHS to safeguard and promote the welfare of children. The Victoria Climbié Enquiry Report 2003 (9.104) stresses the importance of GP registration for every child. It sets out the importance of knowing the identity of those registering the child and their relationship to that child.

If a child under 16 attempts to register alone or with an adult that does not have parental responsibility, the Practice Child Safeguarding Lead should be alerted.

For purposes of safeguarding children, the following should be considered whilst recognising that patients must still be registered in the absence of documentation and policies must be applied in a non- discriminatory manner.

The practice should seek assurance through:

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- Proof of identity and address for every child, supported by official documentation such as a birth certificate, (This helps to identify children who may have been trafficked or who are privately fostered.)
- An adult with parental responsibility should normally be registered at the practice with the child<sup>2</sup>. The ID of the adult is useful as it can be matched to the birth certificate details. However, the practice should not refuse to register a child if there is no-one with parental responsibility who can register, as it is generally safer to register first and then seek advice from the Safeguarding Practice Lead, Health Visitor or Practice Manager. (This situation may alert you to a private fostering arrangement which constitutes a safeguarding concern).
- Offering each child a new patient registration health check as soon as possible after registration
- Seeking collaborative information (supported by official documentation) relating to
  - Current carers and relationship to the child
  - Previous GP registration history
  - Whether the child is registered with a school and previous education history
  - Previous contact with other professionals such as health visitors and social workers
- Children who have been temporarily registered with the practice should be reviewed regularly and proceed to permanent registration as soon as possible and ideally within three months of initial registration. Likely length of stay should be determined at initial registration and patient registered as temp/permanent as appropriate.
- Children of parents or carers, who have been removed from the list for any reason, must not be left without access to primary care services.
- Where parents or carers have been removed from the list due to aggressive and or violent behaviour a risk assessment should be completed to identify any risk to their children and the appropriate referrals made.

Practices should be alert to potential risks such as those described above when young people aged between 16-18 years of age register alone and dealt with in line with practice safeguarding procedures and escalated outside of the practice through the local procedures if appropriate

## **8 Registration of those previously registered with Defence Medical Services (DMS) and Priority NHS care for Veterans**

DMS have their own GP services that look after serving personnel, mobilised reservists and some families. These specific primary care services are commissioned separately by the DMS of the Ministry of Defence. When servicemen and women

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<sup>2</sup> There may be legitimate exceptions to this, such as where both parents are serving in the armed forces and are registered with an 'armed forces' GP.

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leave the armed forces, their primary healthcare reverts to the responsibility of the local NHS. As a minimum requirement the arrangements set out above in respect of the registration of any patient with a GP surgery should be followed when the person registering is a veteran. Prior service should be recorded on registration and allocated the correct Read/Snomed Code. This should enable access to specialist care or charity support as necessary for such patients.

A veteran is an ex-service person or reservist who has served in the armed forces for at least one day. There are around 2.5m veterans in England at the time of drafting. All veterans are entitled to priority access to NHS hospital care for any condition as long as it's related to their service (subject to clinical need), regardless of whether or not they receive a war pension.

All people leaving the armed forces are given a summary of their medical records, which they are advised to give to their new GP when they register. The practice will also be advised of prior registration with Defence Medical Services and with a summary of their in-service care.

More information on the duty of care owed to service personnel is contained in the armed forces covenant which can be found here;

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49469/the\\_armed\\_forces\\_covenant.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf);

## **9 Persons released from prison and/or in contact with the criminal justice system**

As a minimum requirement the arrangements set out above in respect of the registration of any patient with a GP surgery should be followed when the person registering has just been released from prison or young offenders institute and/or is in contact with the criminal justice system. It is important that these patients have equitable access to primary medical care services. This patient group MAY produce a letter from either the Youth Offending Team or Community Rehabilitation Companies (CRC) stating that they have a place to stay, this letter should suffice for registration purposes under the category 'documentation from a reputable source' where the practice has a policy of requiring documentation at registration.

## 10 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.

Practices may find it helpful to let patients know the less busy times of the day when registration might be easier.

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 local practice this is not a reason to refuse registration

## 11 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.

For purposes of clarity – it is not acceptable to refuse to register a patient because they are registered with another local practice.

## 12 New patient health checks

It is a contractual requirement that once registered all patients must be invited to participate in a new patient check however neither registration nor clinical appointments should be delayed because of the unavailability of a new patient check appointment