NHS England

Policy for managing patient assignments

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Policy for managing patient assignments

Standard operating policies and procedures for primary care

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Purpose of the 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 application
- A reasonable, proportionate and consistent approach across the four

[1] *Securing excellence in commissioning primary care http://bit.ly/MJwrfA*

primary care contractor groups.

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

9 This document should be read in conjunction with: -

- *Managing contract breaches, sanctions and termination for primary medical services contracts;*
- *Managing closed lists; and*
- *Managing contract variations for primary medical services contracts.*

Policy aims and objectives

10 This policy outlines the approach to be taken by NHS England when managing patient assignments to a practice list.

Background

11 NHS England has the responsibility for ensuring that every person in its locality has access to primary care services and is able to register with a local GP practice. Before the introduction of the 2004 NHS Contract, difficulties were experienced by patients seeking registration with many patients having to be assigned to practices and this impacted on patient choice. Clearer processes were established with the introduction of the new NHS Contract in 2004, whereby practices would operate either an open or closed list and therefore patients had the ability to register with any local practice that was operating an open list. However, practices would continue to have discretion over new patient registrations, although fair and reasonable grounds would be expected to be presented in the event of a refusal to accept a patient onto an open practice list.

12 This alteration to the registration procedure significantly reduced the number of patient assignments to practices and the process for registering with a practice became simpler and clearer.

13 In outline, where a practice list is open, a patient may apply for registration either in person or on behalf of another, whether or not they are resident in the practice area or are currently registered at another practice.

14 When registering with a practice, patients may be asked to provide their medical card, which will have details of their name, address, and NHS number; and if the patient does not have a medical card, they will be asked to complete a GMS1 form at the practice. Practices are not required to request any further proof of identification from patients wishing to register and if unclear should seek guidance from the General Medical Services (GMS) and Personal Medical Services (PMS) Regulations relating to

discrimination[2].

15 The regulations state that if a practice is operating a closed list, the practice may only accept new registrations from a person who is an immediate family member of a registered patient whether or not resident in its practice area or included, at the time of that application, in the list of patients of another contractor or provider of primary medical services. Full details regarding the operation of a closed list may be found in the *Managing closed lists policy*.

16 Although NHS England have overall responsibility for ensuring the smooth running of the registration process within general practice, the registration procedure is managed via the Exeter system between the registering practice and FHS agencies on behalf of NHS England. However, there are circumstances where a patient may not be accepted onto the list of their chosen practice and in these circumstances (see below), the Area Team (AT) would be responsible for assisting patients in registering with a local practice.

Payment systems for contractors

17 Regardless of the contract type, the vast majority of payments to medical contractors are made through the central registration and payment system known as the Exeter system.

18 The current system of payment to GPs and practices via GMS is complex. In 2004 a new practice-based contract replaced the previous GMS, replacing the Red Book items of service payment. The GMS quarterly payments system maintains administrative information on practices and individual GPs, registrars, assistants and retainees, including a list of patients registered with each GP.

19 The Exeter system stores the banking details of each practice and is able to calculate the monthly global sum payment for each contractor in accordance with the terms within the statement of financial entitlements (SFE).

20 Payments for each contractor are generated by the Exeter system based on a range of data gathered from a number of sources and by regular adjustments made by ATs. It is therefore essential that AT primary care teams work closely with their finance colleagues, who manage the Exeter system, in order to ensure that payments made are accurate.

[2] GMS Regulations Schedule 6, Part 2, Para 17 and PMS Regulations Schedule 5, Part, Para 16

Scope of the policy

21 The scope of this policy is to set out the processes that NHS England needs to ensure are in place and are implemented in respect of patient assignment to practice lists.

22 This policy provides information regarding the grounds for practice refusal to register a new patient and potential difficulties that may arise following removal from a practice list (see below). Also detailed are the procedures to be followed in the event that patient assignment to a practice list is required.

Where difficulties arise in registration with a practice

23 In most circumstances, practices that are operating an open list do so effectively, and in a reasonable manner, accepting applications for new registrations on a daily basis. There are, however, a number of circumstances when a patient may find it difficult to obtain registration with their local practice and in these circumstances it is important that ATs are fully aware of the grounds under which a practice may refuse registration and the processes that must be followed in order to demonstrate that this refusal has not been on prejudicial grounds.

24 A practice may only refuse to accept a patient onto an open list where it has reasonable grounds for doing so. Reasonable grounds will not relate to the patients race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Reasonable grounds may include that the patient does not live in the practice area. Where a practice refuses to register a patient, the reason for this refusal must be made in writing to the patient within 14 days of the request for inclusion being made.

25 These grounds are also applicable in the event that a practice wishes to remove a patient from their practice list. Where a practice wishes to remove a patient from their practice list, the practice must normally provide the reason for removal in writing to the patient. Removal may normally only be requested, if within the period of 12 months prior to the date of the request, the practice has warned the patient in writing that they are at risk of removal and reasons for this have been stated.

26 It may be justified that a written warning was not possible/appropriate in the circumstances that the reason for removal relates to a change of address outside of the practice area including where a patient has been registered as a temporary resident elsewhere and has exceeded the three-month temporary residency period; the practice has reasonable grounds

for believing that the issue of a warning would be harmful to the physical or mental health of the patient; or the issue of a warning would put at risk one or more members of the practice team.

27 The practice must record in writing either the date of any warning given and the reasons for such a warning or the reason why no such warning was given. All patient removals must be recorded by the practice, including the reasons and circumstances of the removal and this record must be made available to the AT should it be requested.

28 Practices may remove a patient with immediate effect where the patient has committed an act of violence or behaved in such a way that the contractor, practice staff, other patients, or those present at the place the services were provided have feared for their safety. The incident leading to the request for immediate removal must have been reported to the police. It is highly likely that there are different ways in which violent patients are managed nationally as services were commissioned in different ways under a violent patient directed enhanced service scheme. For this reason ATs must refer to the full regulations, current guidance and NHS England protocols for managing violent patients.

29 Patients may experience difficulties in registering where they have been removed from a practice list, although, other than on the grounds of violence or threatening behaviour, this should not ordinarily be a factor considered by practices when approached by new patients. It should also be noted that patients have every right to choose to move from one practice to another, even within the same locality, without providing grounds for doing so.

30 The operation of a waiting list for registrations is not appropriate. Where a contractor feels that it cannot accept new registrations at the time of the patients' application to join the practice, they may need to consider whether the practice list should remain open and enter into discussions in this respect with the AT. See the policy for *Managing closed lists in primary medical services*.

31 In the event that the AT is approached regarding any refusal of registration, contact must be made with the practice to confirm the situation, the AT must address the matter in line with the regulations.

Where patient assignment to a practice list is required

Assignment to an open list

32 The AT may assign a new patient to a practice whose list of patients is

open and in making the assignment, the AT shall have regard to:

- the wishes and circumstances of the patient to be assigned;
- the distance between the patient's place of residence and the practice premises;
- whether, during the six months ending on the date on which the application for assignment is received by the AT, the patient's name has been removed from the list of patients of any practice in the area of the AT, at the request of the practice;
- whether the patient's name has previously been removed from the list of patients of any practice in the area of the AT owing to violent behavior and, if so, whether the practice to which the patient is to be assigned has appropriate facilities to deal with such a patient; and
- other matters the AT considers relevant.

33 A new patient is defined as a person who:

- is resident (whether temporarily or permanently) within the area of the AT;
- has been refused inclusion in a list of patients of, or has not been accepted as a temporary resident by, a practice whose premises are within such an area; and
- wishes to be included in the list of patients of a practice whose practice premises are within that area.

34 In making an assignment, the AT will contact the practice by telephone, to which the patient is to be assigned, to inform them that an assignment is being made. Following this telephone contact, the AT will send an assignment notification (Annex 2) to both the receiving practice and FHS agencies for their information. A letter (Annex 3) will also be sent to the patient informing them of their registration and provide details as to how they may access the service. In the majority of cases this letter will be issued by the FHS agency; however, ATs should assure themselves that this process is satisfied either through this mechanism or through their own local arrangements.

Assignment to a closed list

35 The AT may not assign a new patient to a practice that has closed its list of patients except in the following circumstances:

- most or all of the providers of essential services (or their equivalent) whose practice premises are within the AT's area have closed their lists of patients;
- the assessment panel, as will be detailed in the next section of this policy, has determined that patients may be assigned to the practice in

question, and that determination has not been overturned either by a determination of the Secretary of State or (where applicable) by a court; and

- the AT has entered into discussions with the practice in question regarding the assignment of a patient, whereby additional support that the AT can offer to the practice may be required. The AT shall use its best endeavours to provide appropriate support and should discuss support in respect of the first assignment of a patient and any subsequent assignments made to that contractor during their list closure.

Assignment based on the determination of an NHS England assessment panel

36 Where the AT has the need to assign a patient to a practice that has a closed list and most or all of the providers of essential services (or their equivalent) whose practice premises are within the locality of the AT have closed their lists of patients, the AT must:

- prepare a proposal to be considered by the assessment panel which must include details of those practices to which the AT wishes to assign patients;
- ensure that the assessment panel is appointed to consider and determine its proposal and the members of the assessment panel must include:
  i. the AT director of which the assessment panel is a committee or sub-committee;
  ii. a person representative of patients in an area other than that of the AT that is a party to the contract;
  iii. a person representative of the Local Medical Committee (LMC) that does not represent practitioners in the area of the AT that is a party to the contract.
  It is best practice for each AT to prepare and maintain a list of potential representatives to take part in assessment panel decisions when they arise. It would be possible to then use this list to assist neighbouring ATs in establishing assessment panels that require out of area representation.
- notify in writing:
  - NHS England;
  - the LMC for the area of the AT; and
  - any contractors whose practice premises are within the AT's area that have closed their list of patients and may, in the opinion of the AT be affected by the determination of the assessment panel

that it has referred the matter of patient assignment to the assessment panel. In reaching its determination, the assessment panel shall have regard to relevant factors including –

- whether the AT has attempted to secure the provision of essential services (or their equivalent) for new patients other than by means of their assignment to contractors with closed lists of patients; and
- the workload of those contractors likely to be affected by any decision to assign such patients to their list of patients.

37 The assessment panel shall reach a determination within the period of 28 days beginning with the date on which the panel was appointed. The assessment panel shall determine whether the AT may assign patients to practices which have closed their lists of patients; and if it determines that the AT may make such assignments, it shall also determine those practices to which patients may be assigned.

38 The assessment panel may determine that the AT may assign patients to practices other than those practices specified by the AT in its proposal, as long as the practices were notified during the preparation stages of the assessment panel being held.

39 The assessment panel's determination must include the factors considered by the panel and be made in writing to:

- NHS England; and
- the practices that were notified during the preparation stage of the assessment panel being held.

NHS dispute resolution procedure relating to determinations of the AT assessment panel

40 Where an assessment panel makes a determination that the AT may assign new patients to contractors which have closed their lists of patients, any contractor specified in that determination may refer the matter to the Secretary of State to review the determination of the assessment panel.

41 Full details of this process can be found in the policy for *Managing disputes for primary medical services.*

Removal by a contractor of patients assigned to the practice

42 Historically, practices have often applied an unwritten agreement to the retention period of assigned patients. However, ATs should note there are no formal arrangements in respect of timescales for patient retention in

these circumstances. While the significant majority of practices continue to manage assigned patients in the same manner as an ordinarily registered patient, others may commence a formal removal process immediately following assignment. ATs have a responsibility to ensure that all requests to remove a patient at the request of the contractor must be managed in line with the regulations.

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
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
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

Annex 2: Example assignment notification

To be completed for every assignment and then faxed to the practice to which the patient has been assigned and to the FHS agency.

Date from which patient assignment effective:
Patient name:
Patient address:
Patient telephone number Home: Mobile:
Date of birth:
NHS number (if known):
Name and address of current or most recent GP practice:
Reason for assignment:
Name of Area Team Representative completing assignment:
Area Team Representative contact number:
Date:

Annex 3: Example patient letter confirming registration

DATE

Dear [Name]

You are now registered with a GP practice

I am writing to inform you that you have been registered with the practice detailed below, following your request to be assigned due to the problems you have been experiencing in registering at a local practice yourself.

Your registered practice is:
[Insert practice name, address and telephone number]

This practice is aware of your registration and your registration with this practice came into effect on [insert date].

Please contact the practice directly for information regarding the services that are delivered and to book any medical appointments as required. However, should you have any problems regarding your registration with the practice then please do not hesitate to contact me at the address above.

Yours sincerely

[Insert name]
[Insert title]

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