NHS
East London
NHS Foundation Trust

Primary Care Services

Patient Registration Policy
Version 1.0

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1.0	February 2021	Dr Liz Dawson / Charan Saduera	Based on: Primary Medical Care Policy and Guidance Manual (PGM) v3.

Contents

1. Executive summary

Practices have a contractual duty to provide emergency and immediately necessary treatment. This is free of charge for everyone. They cannot refuse to register someone because of any 'protected characteristic' under the Equality Act 2010, other grounds such as social class, appearance or medical condition (NHS constitution), should register patients without requiring any documentation.

Overseas visitors do not need to provide proof of identity or immigration status. Asylum seekers may have an 'application registration card' (ARC) from Immigration Services. Practices can register asylum seekers and refugees who are not in permanent housing. Practices should fulfil the fundamental standards of patient equality:

Regulation 10 – treating people with dignity and respect

Regulation 13 – protecting people from abuse and improper treatment

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. Seeing some form of ID will help to ensure the correct matching of a patient to the NHS central patient registry, thereby ensuring any previous medical notes are passed onto a new practice. 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.

Practices should be aware of additional responsibilities regarding the registration of veterans, defence personnel, children, persons released from prison, immigration centres and secure facilities.

NHS England acknowledges that things can rapidly change within practices. These may include for example;

• An immediate and unpredicted shortfall in the availability of staff e.g. through sickness or a delay to a staff appointment

• An unpredicted surge in demand

• An unexpected event affecting a practice's ability in the short term to provide the full range of services normally available e.g. a flood or a fire

• Impact on a practice of an unfavourable CQC inspection where remedial action temporarily affects normal service provision

In which case, practices may need to work with commissioners to implement a temporary suspension of patient registration. These guidelines have been drafted in recognition of the immediate pressures facing some practices; they do not however sanction the term 'open but full'.

Covid-19

Despite the recent pandemic, GP practices are reminded of the importance of continuing the registration process and in addition to this, providing face to face appointments for those who need them. It remains critical that information for patients about how they can access services is clear, encourages patients to consult where necessary, and that face to face care always remains available when clinically appropriate.

2. Eligibility

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.

3. Overseas patients

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. From October 2017, we have agreed contractual changes that help to identify patients with a non-UK issued EHIC or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015.

Practices will be required to provide all new patients with a revised GMS1 form, which includes supplementary questions to determine a patient's eligibility for healthcare. For those patients who self-declare that they hold either a non-UK issued EHIC or a S1 form, the practice will be required to manually record that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record and then send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post.

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.

An immigration health charge (or 'surcharge') is now payable by non-EEA nationals who apply for a visa to enter or remain in the UK for more than 6 months. People with indefinite leave to remain in the UK and those not subject to immigration control (e.g. diplomats posted to the UK) are not liable to pay the surcharge, but maybe ordinarily resident here and entitled to free NHS healthcare on that basis

Payment of the health surcharge entitles the payer to NHS-funded healthcare on the same basis as someone who is ordinarily resident, from the date their visa is granted and for as long as it remains valid. They are entitled to free NHS services, including NHS hospital care, except for services for which a UK ordinary resident must also pay, such as dentistry and prescriptions in England.

Payment of the health surcharge is mandatory when making an immigration application, subject to exemptions for certain categories of people and the discretion of the Home Secretary to reduce, waive or refund all or part of a surcharge payment. Most of these groups also receive NHS-funded healthcare on the same basis as an ordinarily resident person. Patients who have paid this surcharge as part of their visa application process should be registered as with any other patients

Practices to have information leaflets available for overseas patients accessing NHS in England.

Overseas visitors to England, including anyone living in the UK without permission, will not be charged for:

- testing for COVID-19 (even if the test shows they do not have COVID-19)
- treatment for COVID-19
- treatment for paediatric multisystem inflammatory syndrome (resulting from COVID-19)
- vaccination against COVID-19.

No immigration checks are needed for overseas visitors if they are only tested, treated or vaccinated for COVID-19.

This means COVID-19 vaccines offered by the NHS will be freely available to everyone, regardless immigration status. A patient is not required to prove their entitlement to free NHS treatment when accessing COVID-19 vaccination services.

4. Outreach Service - asylum seeker hotels or rough sleeper hostels

All asylum seekers and refugees, 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.

5. Requirements for registration

- All practices are required to have agreed catchment area with their commissioner (NHS England or CCG). Anyone who resides within the practice's catchment area is entitled to apply to register with the practice. Practice catchment area should be clearly advertised to patients on the GPs practice leaflet or website.

- GP practices are able to register new patients who live outside the practice catchment area with no obligation to provide home visits or services out of hours when the patient is unable to attend their registered practice. At the point of registration, practices to decide whether it is clinically appropriate and practical to register the individual patient.

- Registration should be available to all patients every day.

- Practices to provide pre-registration documentation in advance e.g. online prior to a patient attending to register in person or paper forms provided.

- Practices are advised to request that patients provide a form of identification (photo id and proof of address).

- 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.

- Where necessary, (e.g. homeless patients), the practice may use the practice address to register patients 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). Patients will be asked to sign a disclaimer stating that they will attend the practice to collect their post. (Examples appendices A and B).

- 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 the NHS Counter Fraud Authority (NHSCFA) Reporting Line: 0800 028 4060 or complete an online form at

https://reportfraud.cfa.nhs.uk/reportFraud or by post to the NHS Counter Fraud Authority, Skipton House, 80 London Road, London, SE1 6LH.

- 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.

6. New Patient Health Checks

All new registered patients must be invited to participate in a new patient check. For the London practices within 7 working days and the BLMK practices 4 weeks. Registration and clinical appointments should not be delayed because of the unavailability of a new patient check appointment.

7. Temporary registrations

General Medical Services

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. After 3 months' temporary patients must be deregistered and informed of the deregistration.

Alternative Provider of Medical Services

Registration can be up to 12 months however, at month 12 patients are sent a 'time to move on' letter encouraging patients to register with a GP practice in the local area. However, if the patient's situation remains the same e.g. lack of documentation and accommodation then the patients can remain with the practice.

Homeless Practices

Registration can be permanent however, if becomes the case that a patient has permanent accommodation then the patient is advised to register with a local GP practice.

Practices can refuse an application to join a practice list if:

- the commissioner has agreed that they can close their list to new patients
- the patient lives outside the practice catchment area
- or if they have other reasonable grounds such as physical or verbal abuse by the patient or evidence of fraud.

8. Patients who are temporarily resident in a specialist hospital away from home

This regulation is not considered 'reasonable grounds' to refuse registration according to legal advice. These only become relevant AFTER a patient is registered it does not provide grounds for a refusal to register the patient in the first instance. There are no legal grounds for refusing to register a patient because they are an inpatient in a hospital. Indeed, the "gatekeeper" role of the NHS GP for accessing secondary care services depends on patient registration.

Practices are not however expected to provide anything other than essential and additional services in these circumstances. If the resident requires any other services these must be arranged by the hospital or commissioned by the responsible CCG. CCGs who are responsible for securing specialist hospital services should ensure that all services over and above those normally associated with general practice are both agreed as part of the contract specification and actively monitored to ensure delivery against that specification.

9. 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 13 year old, depending on their Gillick competency. T

It is important for GP Practice to know the identity and name 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:

• 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). It may be necessary to use another form of identification such as the Red Book.

• An adult with parental responsibility should normally be registered at the practice with the child. The ID of the adult is preferable 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 at the same practice, as it is generally safer to register first and then seek advice from the Practice Child Safeguarding Lead, Health Visitor or Practice Manager. (This situation may alert you to a private fostering arrangement which constitutes a safeguarding concern).

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.

• Offering each child a new patient registration health check if the child arrives with no medical history as soon as possible after registration.

• Proof of parental responsibility or relevant guardianship agreements.

• 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 safeguarding made.

• A 'think family' approach should be made when seeing either the adult(s) or child/children within the surgery. If you are aware that an adult has significant risk-taking behaviour, chronic mental health concerns or repeated episodes of stress and anxiety, safeguarding and support consideration should be made to the welfare and safety of the child/children being cared for by that adult.

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,16-18 year olds are still children by law of child protection but can also be parents and carers. It's imperative that we consider the risks and vulnerabilities within this age group.

There is nothing to stop a parent deregistering their family and not registering again. It is not compulsory to be registered with a GP whether an adult or a child. To amend this there would need to be legislative change. Such legislation would encroach on areas of personal freedoms and patient and parental rights so would likely attract resistance. In addition, it is difficult to see how to enforce or police as there is no jurisdiction or levers to ensure that all children are registered.

If a practice is concerned about a family who is deregistering their children with no plan to register with another general practice they need to consider whether this should be raised with the Local Authority as part of normal safeguarding processes.

10. Veterans and Defence servicemen and women

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 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 or bespoke care or charity support as necessary for such patients and for the delivery of the armed forces covenant.

A veteran is an ex-service person or reservist who has served in the armed forces for at least one day. All veterans are entitled to suffer no disadvantage from their service and to receive 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 normally be advised

automatically of prior registration with Defence Medical Services (with a summary of their in-service care).

11. Persons released from prisons, immigration centres or children's secure facilities

Patients who do not have a registered GP or are being released to a different area should be registered as usual. Records should be requested (with consent) from discharging facility if the patient does not have them (Appendix C).

Any clinical records relating to the TR (if) period of care can/should be submitted via PCSE for repatriation to the registered GP Practice or storage in archive.

12. Sensitive Patient Registrations

Practices are required to work with PCSE and take actions on their clinical systems to ensure that the registration information for patients who undergo a change of identity is accurate and up to date. This is also the case for foster care, name changes, adoptions, gender transition and reassignment, and patients in witness protection schemes. This ensures data is kept up to date and held in line with Information Governance requirements on national demographics systems. In the case of separated partners where abuse is present, appointments should be booked to ensure contact is avoided. Gender reassignment process is attached (Appendix D).

13. Temporary suspension to patient registration – Formal list closure

The GMS and PMS contracts allow for a Practice to request permission from its commissioner to close its list to new patients. This option exists to give practices a degree of workload control over the management of their services, particularly when there is unusual and sustained demand from patients or in situations of workforce or recruitment difficulties that affect a practices ability to provide services to an acceptable and safe standard.

As the commissioner also has a duty to ensure the availability of primary care services for the resident population it has certain powers with regard to these requests including agreeing to the length of the closure and the conditions that would need to exist to trigger a re-opening of the list. The commissioner will also need to consider the availability of alternative provision for new patients and any impact on neighbouring practices.

Following changes to the formal list closure process in 2012, the commissioner does not have the power to halt practices' delivery of additional and/or enhanced services as a means to reduce practice workload thereby keeping the patient list open. Therefore, list closure no longer carries such financial consequences for the practice as it was once thought to have and allows practices to continue to deliver holistic care to registered patients.

When a practice does formally close its list, the requirement is to close between three and twelve months; not less than three months. An approved closure notice must specify the time period.

14. 'Informal' or 'Temporary' List closure

While the GMS and PMS contracts do not allow for a 'temporary' or 'informal' list closure they do allow for a practice to refuse individual patient applications for inclusion in a contractors list of patients providing there are reasonable non-discriminatory grounds to do so.

Practices can however, suffer unforeseen pressures that can reasonably be predicted to be short term. In these circumstances there may be a real or perceived risk to 'safe patient care' by accepting more new patients onto the list and action to address this by the practice should be received by the commissioner as a trigger for support and help

Practices do not exist in isolation so when a practice restricts new patient registration, this has an impact not only on patients but on neighbouring practices.

NHS England encourages practices to open a dialogue with their commissioner as early as possible when considering temporary suspension.

The increase in a temporary suspension of patient registration is a symptom of rising pressure in primary care, which creates a risk to patients, neighbouring practices and the commissioner; however, the risk to patients being registered with an oversubscribed practice should also be taken into account.

However, NHS England has a duty to ensure that patients have access to primary care.

• Core services include operating an open list by the fact of regulation and is how NHS England ensures access to services; the NHS Act confers a duty on the commissioner to ensure the provision of services

• Any actions considered by the commissioner should ensure, system-wide, safe, quality and accessible core services to patients and be proportionate and sensitive to the providers concerned.

• NHS England and CCGs as Commissioners have a responsibility to address health inequalities

• Commissioners and providers must work together to ensure compliance with the Equality Act, ensuring the rights of those with protected characteristics are not directly or indirectly compromised.

• Good medical practice states that if a practice is aware that patient safety is being compromised, then they have a professional duty to act.

• The unintended impact of any action needs to be considered in relation to both registered patients and unregistered patients in the locality as well as the impact on other local providers both primary (GP and pharmacy) and secondary care.

All practices should be encouraged to contact their commissioner at the earliest possible opportunity i.e. at the point that suspension to registration is being considered so that the provider and commissioner can work together to agree on what support is required. If actions can reasonably be expected to take longer than 3 months then the practice should be asked to make a formal application to close its list. Despite support to deliver an action plan if the practice continues to feel compromised, the commissioner should then consider an application for formal list closure, which will require wider consultation. The parties will need to agree on the status of the practice list during the formal process, whether, having regard to all local circumstances, the practice should continue to operate a temporary suspension to patient registration.

15. Review

This policy will be subject to review every three years, or, in light of any changes to national standards or Trust policy.

Appendix A

……Practice

No Fixed Abode Telephone Contract

I, ……., confirm that the number I have given to ……. Practice to contact me on in any circumstance is correct and that I am responsible for updating any changes made to my address or telephone/mobile number.

My current number is:

Print Name:

Date of Birth:

Signed:

Date:

Appendix B

…… Practice
No Fixed Abode or Telephone Number

I, ……, confirm that I have no contact details to give …….. Practice to contact me on. I am responsible for updating any changes made to my address or telephone/mobile number.

Print Name:

Date of Birth:

Signed:

Date:

Appendix C

RECIPIENT			SENDER		
Name:			**Name:**		
Organisation:	ELFT		**Department:**	…… Practice	
Telephone:			**Telephone:**	0208 536 2255	
Email:			**Email:**		
Date:		**Time:**		**Pages:**	1
Subject:					

Confidentiality Notice
The information contained in this message (and any accompanying documents) may be privileged and confidential. The information is intended only for the recipient named above. If the reader of this message is not the recipient you are notified that any use, disclosure, copying or distribution of the information is prohibited. If you have received this message in error, please notify the sender immediately and destroy the faxed information.

I _____(*patient's name)*

Give consent to _____ (*name of the establishment eg Brixton HMP)*

To share my up to date medical records (*Brief summary incl. medication from EMIS acceptable)*

With: ……..- GP
……..PRACTICE

who I am now registered with.

Patient Signature _____

Appendix D

Process for registering a patient gender re-assignment

Patients may request to change gender on their patient record at any time and do not need to have undergone any form of gender reassignment treatment in order to do so. When a patient changes gender, the current process on NHS systems requires that they are given a new NHS number and must be registered as a new patient at your practice. All previous medical information relating to the patient needs to be transferred into a newly created medical record. When the patient informs the practice that they wish to register their new gender on the clinical system, the practice must inform the patient that this will involve a new NHS number being issued for them. Subsequent changes to gender would involve a new NHS number. Please confirm this has been discussed with the patient when notifying PCSE. The process is as follows: