

**DEREGISTERING PATIENTS FROM GP PRACTICE LISTS AT THE CONTRACTOR’S**

**REQUEST**

Deciding to remove a patient from a practice list is normally the action of last resort for most General Practitioners. It can be an upsetting experience for all involved, and may have significant implications, both for the patient and the practice. It is important for all practices to have a policy in place for this process, and for all practice staff and doctors to be aware of and follow the practice guidance carefully. Although there is no formal Appeal process, such a decision may generate a complaint and cause widespread adverse publicity.

Practices should also note that as part of a CQC Inspection, or Healthwatch visit, practices will be expected to demonstrate they have a policy in place and that General Practitioners and Practice Managers can demonstrate they use this policy when making such decisions.

The importance of this issue is reflected in the amount of professional advice available; examples are listed at the end of this document and the LMC recommends practice policies explicitly refer to one or more of these guidance documents, or to this LMC guidance. The Parliamentary and Health Service Ombudsman has highlighted concerns about this issue on several occasions in recent years.

The relevant contractual terms are within Schedule 6, Part 2 of the GMS Regulations 2004. PMS contracts have the same provisions. Para. 20 (Removal from the list at the request of the Contractor), and Para. 21 (Removals from the list of patients who are violent) are reproduced as Appendices I and II.

Under Para 20 General Practitioners should:

* Not remove a patient for discriminatory reasons; in addition, the LMC recommends that every effort is made not to remove patients (even if this is justified under Para. 20) if the practice has received a complaint from that patient or until the process of resolving it is complete.
* Give a reason for the decision to remove: however, if a more specific reason cannot be given it is acceptable for the reason given to be that there has been an irrevocable breakdown in the relationship between the patient and the doctor.
* Give the patient a warning that they are at risk of removal, and why. Normally a patient should not be removed unless they have received such a warning over the previous twelve months.

Exceptions to this are if the GP has reasonable grounds for believing such a warning would:

* Cause harm to the patient’s physical or mental health
* Put at risk a member of the practice.
* General Practitioners need to keep a written record of:
* Any warning given to patients, and the reason(s) a warning was given
* Why a warning would have been given, but was not (as this provides a record which may be used if a patient is subsequently removed)
* When a patient is removed, and the reason(s) given for this.

NHS England (or a Level III, delegated, co-commissioning CCG) is entitled to inspect these records on request.

Once a removal has been requested it should be sent to PCSE (acting on behalf of NHS England or the CCG) and becomes effective eight days after notification, or earlier if the PCSS is advised the patient has already registered with another practice.  
  
Para. 21 refers to patients who are violent or whose behaviour means others (essentially practice staff or other patients) fear for their safety. In such cases, providing the practice reports the incident to the police, a patient can be removed with immediate effect. PCSE may initially be informed of this decision by phone, but should subsequently be contacted in writing/email confirming the decision. When the practice formally reports an incident to the local Police they will be given an Incident Number, which should be retained within the record of the deregistration process.

Patients should also be informed of this decision, though not if this is impractical to do, or if doing so may cause harm to the patient’s physical or mental health or place at risk a member of the practice staff or a doctor.

GPs should also note in a patient’s medical records if they have been removed from the practice list under this paragraph and the reason(s) why this decision was taken, but only in factual terms, no opinions should be entered.

Aside from the situation of unanticipated violence or abuse, the LMC recommends all practices adopt a step by step approach in considering whether a patient should be removed. It is professionally important to consider whether inadequate communication is in fact the problem, as studies have shown most patients who have been removed from practices say they did not understand why the decision had been taken. Practices should therefore:-

* Ensure all incidents that might lead to a warning or removal are identified
* Discuss these incidents and inform appropriate clinicians and other practice staff; such as receptionists
* Ensure all staff and doctors are aware of the relevant practice policy
* Consider whether any aspect of practice organisation or clinical care could have contributed to the incident and could be remedied.
* Consider informing the patient, but when doing so, also suggesting ways in which the patient’s behaviour or actions may be altered and thereby do not create the difficulties that the practice is describing.
* Consider an informal discussion, or meeting, prior to a written warning.
* Try to encourage the patient to understand the nature of the problem and also be prepared to listen to the patient’s perspective.

In this way both the practice and patient have an opportunity of resolving the apparent difficulties, which may have added benefits in terms of improving the doctor/patient relationship. If, however, it is impossible to achieve a successful outcome all involved will know they have tried to do so, and practice staff and doctors cannot subsequently be appropriately challenged or accused of making hasty or ill-considered decisions.

If a patient is removed, the removal letter should, as well as explaining the decision, also include:

* A reassurance that the patient will not be left without NHS care, and that they can register with another practice.
* Advice on where help can be obtained (normally from NHS England or the CCG) in terms of registration.
* An explanation (if relevant) that this decision does not apply to other members of the patient’s family. Although there may be occasional circumstances when this is justified, particularly if a patient is being removed under Para 21 and they are a parent or carer who can be expected to be present when their relative needs to see a doctor, normally when a patient is removed other members of a family should not be simultaneously removed. They may be entirely unaware of their family member’s behaviour, or, in the case of children, not in a position to influence it. En bloc removal of patients who have not been warned of such a risk or who have not engaged in actions that may justify removal can create particularly adverse publicity (if, for example, the local MP or the Ombudsman is contacted) and a complaint which may prove difficult to justify.

It is important in any communication with patients to remain entirely factual and polite.

**Additional Advice:**

The RCGP advice relating to this issue dates from 2004 but is still relevant:

<https://www.networks.nhs.uk/nhs-networks/london-qof-network/documents/Corp_removal_of_patients_from_gp_lists1.pdf>

The GMC provides guidance based around GMC Good Medical Practice, which is

helpful for GP colleagues wanting a professional rather than regulatory view:

<http://www.gmc-uk.org/guidance/ethical_guidance/21160.asp>

The Ombudsman has commented on this issue a number of times, including:

<http://www.ombudsman.org.uk/healthchp/case-studies2/unfair-removal-from-gp-patient-lists>

The MPS guidance is below, although the other Indemnifying Organisations also offer advice:

<http://www.medicalprotection.org/uk/practice-matters-issue-2/removing-patients>

<http://www.medicalprotection.org/uk/uk-factsheets/removing-patients-from-the-practice-list>

The LMC is happy to be contacted by practices with any queries or who want advice about these Regulations.

Dr Julius Parker

**Chief Executive**

**Appendix 1**

**The National Health Service (General Medical Services Contracts) Regulations 2004**

**Schedule 6 Other Contractual Items**

**Part 2 Patients Removal from the list at the request of the contractor**

20.—(1) Subject to paragraph 21, a contractor which has reasonable grounds for wishing a patient to be removed from its list of patients which do not relate to the applicant’s race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition shall—

(a) notify the Primary Care Trust in writing that it wishes to have the patient removed; and

(b) subject to sub-paragraph (2), notify the patient of its specific reasons for requesting removal.

(2) Where, in the reasonable opinion of the contractor—

(a) the circumstances of the removal are such that it is not appropriate for a more specific reason to be given; and

(b) there has been an irrevocable breakdown in the relationship between the patient and the contractor,

the reason given under sub-paragraph (1) may consist of a statement that there has been such a breakdown.

(3)  Except in the circumstances specified in sub-paragraph (4), a contractor may only request a removal under sub-paragraph (1), if, within the period of 12 months prior to the date of its request to the Primary Care Trust, it has warned the patient that he is at risk of removal and explained to him the reasons for this.

(4) The circumstances referred to in sub-paragraph (3) are that—

(a) the reason for removal relates to a change of address;

(b) the contractor has reasonable grounds for believing that the issue of such a warning would—

(i) be harmful to the physical or mental health of the patient, or

(ii) put at risk the safety of one or more of the persons specified in sub-paragraph (5); or

(c) it is, in the opinion of the contractor, not otherwise reasonable or practical for a warning to be given

(5) The persons referred to in sub-paragraph (4) are—

(a) the contractor, where it is an individual medical practitioner;

(b) in the case of a contract with two or more individuals practising in partnership, a partner in that partnership;

(c) in the case of a contract with a company, a legal and beneficial owner of shares in that company;

(d) a member of the contractor’s staff;

(e) a person engaged by the contractor to perform or assist in the performance of services under the contract; or

(f) any other person present—

(i) on the practice premises, or

(ii) in the place where services are being provided to the patient under the contract.

(6) The contractor shall record in writing—

(a) the date of any warning given in accordance with sub-paragraph (3) and the reasons for giving such a warning as explained to the patient; or

(b) the reason why no such warning was given.

(7) The contractor shall keep a written record of removals under this paragraph which shall include—

(a) the reason for removal given to the patient;

(b) the circumstances of the removal; and

(c) in cases where sub-paragraph (2) applies, the grounds for a more specific reason not being appropriate,

and shall make this record available to the Primary Care Trust on request.

(8) A removal requested in accordance with sub-paragraph (1) shall, subject to sub-paragraph (9), take effect from—

(a) the date on which the Primary Care Trust receives notification of the registration of the person with another provider of essential services (or their equivalent); or

(b) the eighth day after the Primary Care Trust receives the notice referred to in sub-paragraph (1)(a),

whichever is the sooner.

(9) Where, on the date on which the removal would take effect under sub-paragraph (8), the contractor is treating the patient at intervals of less than seven days, the contractor shall notify the Primary Care Trust in writing of the fact and the removal shall take effect—

(a) on the eighth day after the Trust receives notification from the contractor that the person no longer needs such treatment; or

(b)on the date on which the Primary Care Trust receives notification of the registration of the person with another provider of essential services (or their equivalent),

whichever is the sooner.

(10) The Primary Care Trust shall notify in writing—

(a) the patient; and

(b) the contractor,

that the patient’s name has been or will be removed from the contractor’s list of patients on the date referred to in sub-paragraph (8) or (9).

**Appendix II**

**The National Health Service (General Medical Services Contracts) Regulations 2004**

**Schedule 6 Other Contractual Items**

**Part 2 Patients Removals from the list of patients who are violent**

21.—(1) A contractor which wishes a patient to be removed from its list of patients with immediate effect on the grounds that—

(a) the patient has committed an act of violence against any of the persons specified in sub-paragraph (2) or behaved in such a way that any such person has feared for his safety; and

(b) it has reported the incident to the police,

shall notify the Primary Care Trust in accordance with sub-paragraph (3).

(2) The persons referred to in sub-paragraph (1) are—

(a) the contractor where it is an individual medical practitioner;

(b) in the case of a contract with two or more individuals practising in partnership, a partner in that partnership;

(c) in the case of a contract with a company, a legal and beneficial owner of shares in that company;

(d) a member of the contractor’s staff;

(e) a person engaged by the contractor to perform or assist in the performance of services under the contract; or

(f) any other person present—

(i) on the practice premises, or

(ii) in the place where services were provided to the patient under the contract.

(3) Notification under sub-paragraph (1) may be given by any means including telephone or fax but if not given in writing shall subsequently be confirmed in writing within seven days (and for this purpose a faxed notification is not a written one).

(4) The Primary Care Trust shall acknowledge in writing receipt of a request from the contractor under sub-paragraph (1).

(5) A removal requested in accordance with sub-paragraph (1) shall take effect at the time that the contractor

a) makes the telephone call to the Primary Care Trust; or

(b) sends or delivers the notification to the Primary Care Trust.

(6) Where, pursuant to this paragraph, the contractor has notified the Primary Care Trust that it wishes to have a patient removed from its list of patients, it shall inform the patient concerned unless—

(a) it is not reasonably practicable for it to do so; or

(b) it has reasonable grounds for believing that to do so would—

(i) be harmful to the physical or mental health of the patient, or

(ii) put at risk the safety of one or more of the persons specified in sub-paragraph (2) .

(7) Where the Primary Care Trust has removed a patient from the contractor’s list of patients in accordance with sub-paragraph (5) it shall give written notice of the removal to that patient.

(8) Where a patient is removed from the contractor’s list of patients in accordance with this paragraph, the contractor shall record in the patient’s medical records that the patient has been removed under this paragraph and the circumstances leading to his removal.