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**Stephen Kinnock MP**
Minister of State for Care, Department of Health and Social Care
Department of Health and Social Care

*Sent via email*

18 June 2026

Dear Stephen,

I am writing to you to raise our serious concerns with regards to the impact that the current 'list cleansing' exercise is having on general practice. We, of course, recognise the importance of ensuring that practice lists are accurate and up to date, however we are alarmed at the manner in which the current process has been implemented, particularly in terms of halving the time practices and patients are given to respond from 6 to 3 months. This accelerated approach also means that practices feel the impact of any financial reductions more suddenly leading to a greater impact on future planning for things such as staffing. To date the current 'list cleansing' exercise has seen a reduction in the number of patients registered at a GP practice of 344,000 over the past six months. This represents over £40 million in core funding for GP services, at a time when practices are more financially stretched than ever.

A programme of this scale and intensity impacts both patients and practices. For patients, it potentially sees them erroneously removed from their local GP practice if they fail to respond to communications from PCSE or the practice within the given timeframes. There are many reasons that patients may fail to respond to such communications, but it is particularly risky for those populations that are most vulnerable; elderly patients, those with a learning disability, or for those whose first language is not English. We are keen to understand what impact assessment may have been undertaken prior to the commencement of the list cleansing exercise, especially given the vulnerability of those patients likely to be most affected. This approach has the potential to significantly disrupt the provision of care to these patients and thus requires practices teams to spend a substantial amount of time checking the proposed removals, as far as they can, to try and reduce any mistakes which may result in negative consequences for patients.

For practices, it also presents a potentially serious cash-flow problem, that could destabilise the entire practice. In some areas list-reductions are resulting in a drop in core income in the tens of thousands of pounds. This is funding on which the practices rely for day-to-day business and the provision of services and on which practices will have based

their planning for the current financial year and beyond (which already equates to just 36p per patient per day). Furthermore, it would appear that the funding 'saved' through this exercise is not being recycled back into Global Sum, which would allow it to be reallocated in line with the 'corrected' list sizes, but is being set aside for as yet unknown purposes. This is core GMS funding and it is a minimum expectation of the profession that it should be reinvested directly back into Global Sum.

Given the impacts outlined above we request urgent discussions on the process currently being undertaken, including whether impacts on patients, practices and health inequalities have been fully modelled and considered, and the use of the 'savings' that arise from it.

Yours sincerely,

**Dr Katie Bramall**
Chair, General Practitioners Committee, BMA

**CC:**
Rt Hon James Murray MP, Secretary of State for Health and Social Care
Dr Amanda Doyle, National Director for Primary Care and Community Services
Dr Edward Scully, Director of Primary and Community Health Care