To: Dr Adam Janjua
Acting Chair
LMC Support Network
(by email only)

Cc: Chair and Deputy Chairs of the
General Practitioners Committee
England
(by email only)

NHS England
Wellington House
133-155 Waterloo Road
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SE1 8UG

10 August 2026

Dear Adam,

Thank you for your letter of 21 July regarding the national patient list validation programme and the FP69 process, and for sharing the accompanying survey findings and analysis.

We acknowledge the concerns being raised by Local Medical Committees and practices, particularly where patients are believed to have been incorrectly identified through the process. Maintaining confidence in the accuracy of GP patient lists, while safeguarding patients from inappropriate deductions, is important.

Having considered the issues raised, there may be some misunderstandings about how the programme operates and the safeguards that are built into the process.

The programme uses an algorithm that draws on a range of NHS data sources (see annex 1), to identify patients who may have moved away from their registered address including those that may have left the country. As with any predictive model, a small number of false positives will occur. This is why identification by the algorithm does not itself lead to removal from a GP list. Patient contact, the FP69 process and the subsequent practice review period are all critical safeguards.

With specific reference to the Algorithmic Transparency Recording Standard, this is currently being rolled out and has not yet been implemented across NHS England. The statistical assessment model being used underwent the assurance review required at the time of implementation. This included internal review by someone outside the programme team and entry on our internal register of significant analysis and models.

You highlight the importance of GP activity in determining whether a patient remains engaged with NHS services. The activity data currently used within the programme includes a range of NHS interactions but does not currently include routine GP consultation and

appointment activity recorded within practice systems, such as consultations, home visits and other patient contacts. GP consultation and appointment data is held within GP systems and is not currently available to NHS England for the purposes of the patient list validation programme. Access to and use of this information would require a separate legal direction. We recognise the potential value of incorporating such information in future and would welcome support from the profession to take forward inclusion. In addition, during the FP69 review process practices can stop a proposed removal either by selecting an appropriate reason from the available options or by providing a free-text explanation, including where they are aware of recent patient contact or engagement with the practice. Patients with other available NHS activity available within the data sources used by the programme should not be flagged through the process.

We note your request for direct engagement with the LMC Support Network. We value the role of Local Medical Committees in surfacing local operational intelligence and specific examples that can help test and improve the operation of the process. At the same time, GPCE is the recognised national body with whom NHS England and the Department of Health and Social Care engage on national contractual and policy issues affecting general practice. We would therefore encourage any further national policy or contractual issues to continue to be raised through GPCE, while recognising that local examples shared by LMCs can provide useful operational evidence.

Thank you again for taking the time to raise these issues. We remain committed to monitoring the programme, considering evidence where concerns are identified, and improving the process where appropriate.

Yours sincerely

Dr Amanda Doyle OBE, MRCGP

National Director for Primary Care and Community Services

NHS England

Annex 1 – Process and Statistical Assessment Model for Patient List Validation

We use a multi-stage process that combines demographic and administrative indicators, statistical modelling and evidence of recent clinical activity to target contact activity where there is the greatest likelihood of people who are no longer resident in England.

PDS Patients Filters (ensuring we avoid contacting patients out of scope):

- Registered to a Practice in England
- Aged 18+
- No reasonable adjustments
- No other on-going list maintenance activity
- Record isn't invalidated
- No S-Flag
- Patient is not marked as formally/informally dead
- No PDS activity in 18 months

Statistical Assessment Model (SAM) (selecting the 'most likely' gone away patients by evaluating different factors):

- No recent changes to PDS
- Has a University email
- Age at NHS Number allocation
- Has a visitor/migrant registration
- Higher numbers of historic 'Goneaway patients in practice removals'
- Size of gap between ONS/PDS in local area

Clinical Activity (filtering out patients who've had recent healthcare interactions)

- Hospital Episode Statistics (HES)
- Emergency Care Dataset (ECDS)
- Primary care prescriptions - Primary Care Medicines (PCareMeds)
- National Pathology Exchange (NPEX)
- Second Generation Surveillance System (SGSS)