Department of Health & Social Care

From Stephen Kinnock MP
Minister of State for Care

39 Victoria Street
London
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06 July 2026

Dr Katie Bramall-Stainer
Chair, General Practitioners Committee England
British Medical Association

Sent via email

Dear Katie,

Thank you for your letter of 18 June regarding the current programme of GP patient list maintenance and the issues you raise on behalf of the profession.

I recognise the concerns that some practices have expressed about the impact of this work and welcome the continued engagement between NHS England and GPCE on these issues.

Maintaining accurate GP patient lists is important to ensure that NHS resources are allocated fairly and effectively, and to support population health planning, prevention programmes and the delivery of services. NHS England's analysis indicates that there are currently around six million more patients recorded on GP registration lists than would be expected based on population estimates, with some of this difference arising from people who have left the country without deregistering from their GP practice.

The current programme builds on longstanding list maintenance processes, but uses a more targeted, data-led approach to identify patients who may no longer be resident in England. Patients are initially identified using demographic and administrative indicators alongside statistical modelling to assess the likelihood they have left the country. This is then cross-checked against clinical activity from the previous 18 months to exclude patients actively using NHS services before any further action is taken. These enhancements have significantly improved accuracy and reduced the risk of inappropriate de-registration. In the 2025/26 pilot, the FP69 process was over 95% accurate, with fewer than 5% of patients referred for GP review subsequently confirmed as resident at their recorded address.

Before any patient is removed from a practice list, a number of safeguards are applied. If a patient is identified as having no clinical activity over the preceding minimum 18 months, a number of further validation steps are undertaken before any removal is considered. Patients are contacted and invited to confirm their details, practices are notified through the established FP69 process, and patients have multiple opportunities to confirm that they

remain resident before any removal action is taken. Non-response to correspondence alone is not sufficient to determine removal, decisions are based on a combination of statistical likelihood, activity data and validation steps. NHS England has also put operational controls in place, including limits on monthly volumes, to help manage administrative impacts on practices.

You raise concerns regarding the potential impact on vulnerable patients. Protecting patient safety and continuity of care remains a priority. The identification process incorporates a number of safeguards designed to minimise the risk of inappropriate removals. Available evidence indicates that the overwhelming majority of patients removed through this process are no longer resident in England. In the highly unlikely event that a patient is removed in error, they can re-register with a GP quickly and continue to access NHS services.

I also recognise concerns regarding the financial consequences for individual practices. NHS England is continuing to consider the distributional impact of list corrections and is working with regions and integrated care boards to understand where support may be required for practices experiencing disproportionate effects. The government remains committed to the overall general practice envelope for 26/27 on which we consulted with you, and funding released from this activity will be reinvested in general practice services accordingly.

I understand that GPCE has also discussed these matters directly with NHS England recently at the regular operational meeting you have with them, and that further work is underway to share additional information on the methodology, safeguards and impacts of the programme. I would encourage that engagement to continue.

Thank you again for raising these important issues.

Yours sincerely,

STEPHEN KINNOCK

MINISTER OF STATE FOR CARE