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Survey of Practices Affected by the National Patient List Validation Exercise

Findings from a national survey of general practices on the impact of the FP69/FP22 patient list validation exercise

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Executive summary

This report presents the findings of a national survey of general practices affected by the FP69/FP22 patient list validation exercise now underway across England. Responses were received from 300 practices, spanning all 7 NHS regions of England.

The findings show an exercise that is removing patients at scale, with widespread concern about accuracy, poor communication from commissioners, a substantial unfunded administrative burden, and a growing financial impact on practices.

Key findings:

- **Deductions at scale:** Practices report losing part of their registered list, with 11% losing more than 5% of their patients and some losing more than 10%.
- **Widespread inaccuracy:** 69% of practices have had to reinstate patients removed in error, and 46% are concerned that patients were wrongly deducted.
- **A communication failure:** 85% say they were given insufficient information about the methodology used to select patients, and 58% received insufficient notice before deductions were made.
- **Low confidence:** 52% of practices are not confident in the accuracy of the list validation process; just 3% are very confident.
- **An unfunded burden:** 74% report a significant or moderate additional administrative workload, absorbed without additional funding.
- **A material and growing financial impact:** 41% already report a material financial impact, with a large further group reporting it is too early to quantify. The financial modelling is set out in the companion briefing, *Counting the Cost*.

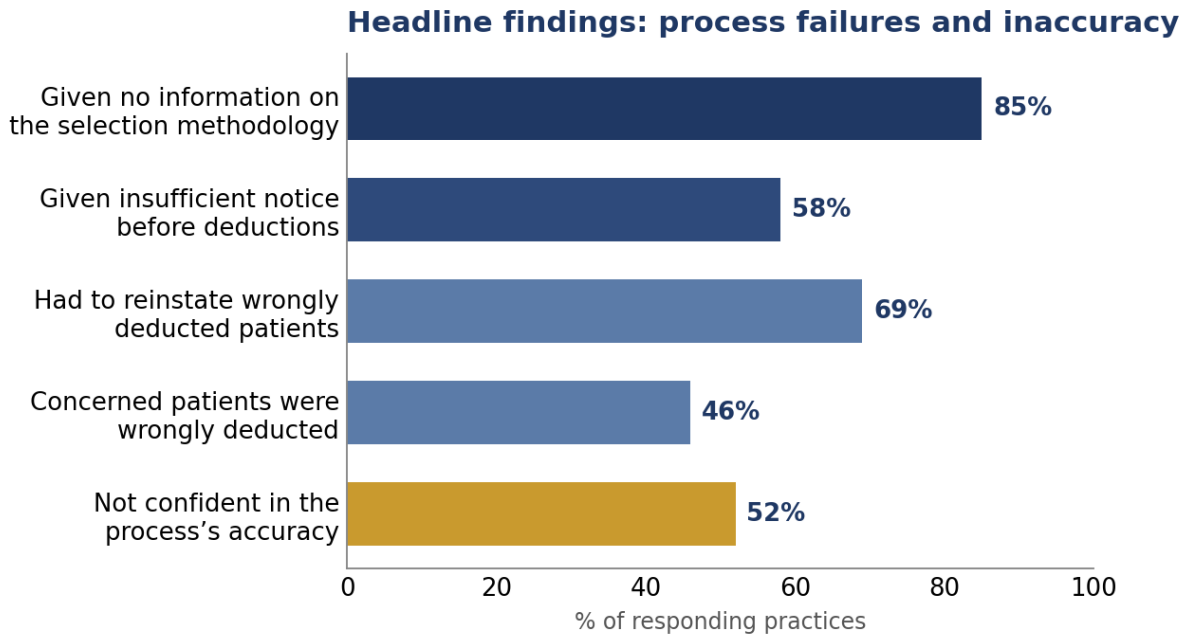

Figure 1. Headline findings across process, accuracy and confidence measures.

About the survey

Purpose. The survey was established to gather evidence from general practices on the operational, clinical and financial impact of the national patient list validation exercise conducted through the FP69 and FP22 processes since the start of 2026.

Distribution and respondents. The survey was distributed to practices via Local Medical Committees on behalf of the LMC England support network. Responses were received from 300 practices. After validation of practice codes against the national organisation dataset, 294 responses were matched to a verified practice, NHS region and ICB; the remainder are retained in the aggregate findings.

Coverage. Responses span all 7 NHS regions of England, 27 ICB areas, and at least 30 LMC areas, providing a genuinely national evidence base rather than a single locality.

Presentation. Findings are reported as the proportion of practices answering each question; the base for each question is stated beneath the relevant table, as not every practice answered every question. Percentages are rounded and may not sum to 100.

Findings

1. The scale of deductions

Practices were asked what share of their registered list had been deducted through the validation exercise. While most report losses below 5%, a significant minority report much larger reductions - a scale of change that, for the practices affected, is highly material to both funding and continuity of care.

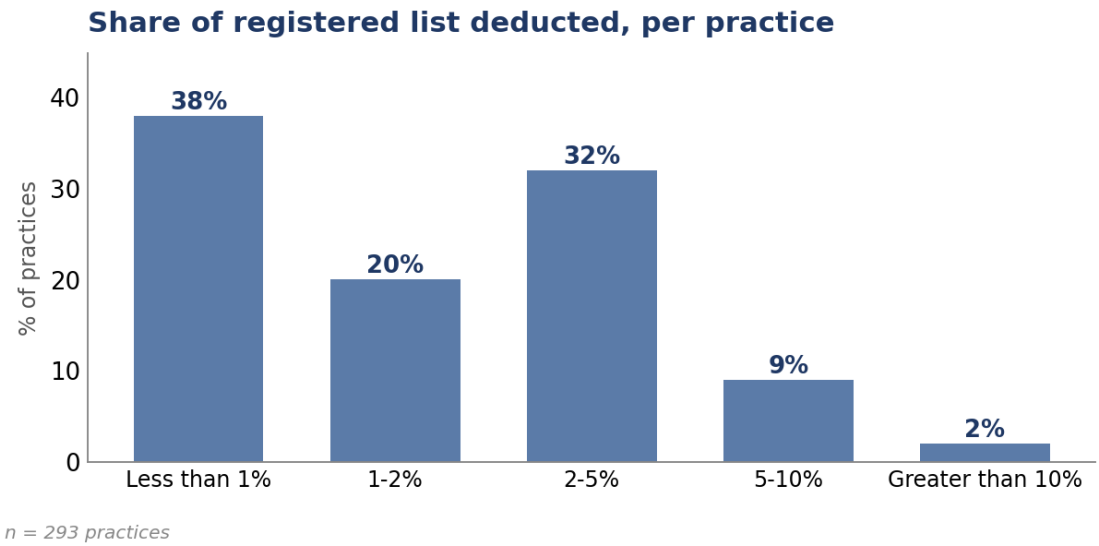

Figure 2. Share of the registered list deducted, per practice.

Response	Practices	%
Less than 1%	110	**38%**
1-2%	58	**20%**
2-5%	93	**32%**
5-10%	25	**9%**
Greater than 10%	7	**2%**

Base: 293 practices answering this question.

This picture is corroborated by national registration data, which shows registered lists contracting during the validation period - reversing the long-running trend of list growth. The financial consequences of this contraction are quantified in the companion briefing.

2. Accuracy and patient safety

The most serious concern to emerge is inaccuracy. A majority of practices have already identified patients removed in error and requiring reinstatement, and a large proportion are concerned that patients have been wrongly deducted.

Response	Practices	%
Yes	201	**69%**
No	90	**31%**

Base: 291 practices answering this question.

Practices report that deducted patients are returning to them for help - and that those most likely to be removed in error include people who do not respond to letters because of literacy or language barriers, people with learning disabilities, and patients who are temporarily away. These are precisely the groups for whom the loss of a registered GP carries the greatest clinical risk.

3. Process and communication

Practices report a consistent failure of communication from commissioners. The overwhelming majority were given no meaningful information about how patients were selected for removal, and most received insufficient notice before deductions were processed.

Measure	Yes	No
Given sufficient information on the selection methodology	15%	**85%**
Given sufficient notice before deductions were processed	42%	**58%**

Base: 292 practices answering this question.

Confidence in the process reflects this. Only a small minority of practices are confident in the accuracy of the validation exercise, while around half are not.

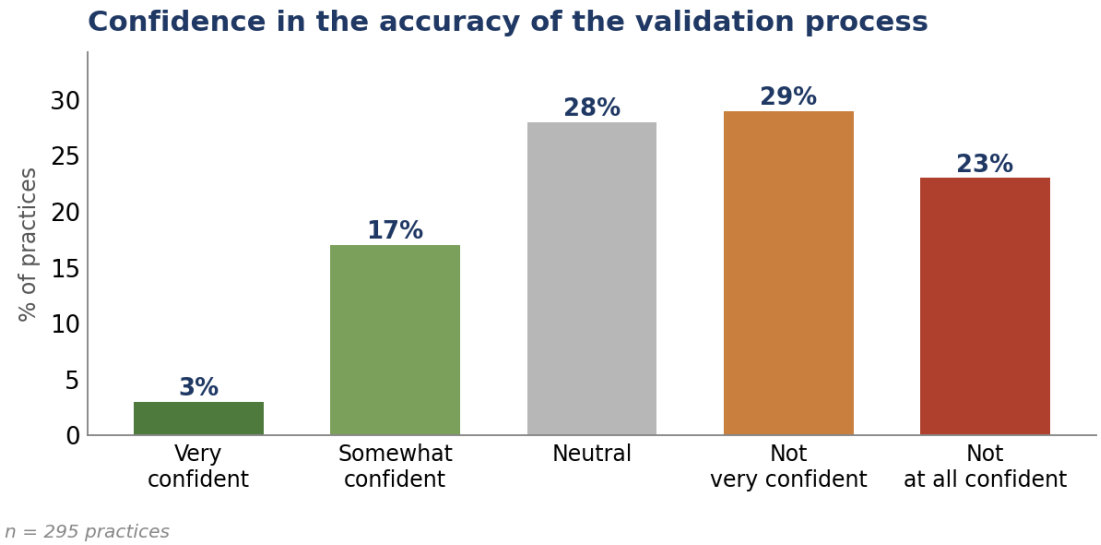

Figure 3. Practice confidence in the accuracy of the validation process.

The formal challenge route is little used and poorly regarded: only **23%** of practices have submitted challenges, and among those that rated it, more found the process difficult than easy.

4. Operational burden

The exercise is imposing a substantial administrative load on practices, unmatched by any additional funding. **74% of practices report a significant or moderate additional workload** from processing deductions, checking flagged patients and pursuing reinstatements - staff time diverted directly from patient care.

Response	Practices	%
Significant	85	**29%**
Moderate	131	**45%**
Minimal	73	**25%**

Base: 289 practices answering this question.

5. Financial impact

41% of practices already report a material financial impact, and only 14% report none; a substantial further group say it is too early to determine, meaning current figures understate the eventual effect. Because practice funding is driven by registered list size, deductions reduce not only core (Global Sum) income but also PCN, ARRS, QOF and enhanced-service funding.

Response	Practices	%
Yes	121	**41%**
No	42	**14%**
Too early to determine	135	**45%**

Base: 298 practices answering this question.

The full financial modelling - including national estimates of core funding lost - is set out in the companion briefing, *Counting the Cost: how the FP69/FP22 patient list validation exercise is stripping funding from GP practices across England*.

Conclusion

Taken together, the findings describe a national exercise that is removing patients from GP registers faster than practices can verify, with inadequate information, insufficient notice, a challenge process that is not trusted, and a real risk to vulnerable patients - all while imposing an unfunded administrative burden and stripping funding from practices already under strain. The evidence supports an urgent review of the pace, transparency and safeguards of the validation exercise.

Methodology notes

- Responses were received from 300 general practices in England via LMC distribution networks. Findings are reported as proportions of practices answering each question; bases are stated throughout.

- Practice identifiers were validated against the national organisation dataset; 294 responses were matched to a verified practice, NHS region and ICB, giving coverage across all 7 regions and across 27 ICB areas.
- The survey captures the experience of responding practices and is not a random sample of all English practices; as with any voluntary survey, practices experiencing greater impact may be more likely to respond. Findings should be read as the reported experience of affected practices.
- Financial estimates and their basis are set out separately in *Counting the Cost*.
