

# REGISTRATION REFUSED

A study on  
access to GP  
registration in  
England

Update 2017





## Registration Refused

### A study on access to GP registration in England, 2017<sup>1</sup>

Everyone living in the UK is entitled to free primary care. General Practitioner (GP) services are the National Health Service's (NHS) most effective and efficient means of preventing ill-health and promoting wellbeing. They save money and protect public health by treating patients early and well. Despite this, people in need of healthcare are wrongly turned away from GP practices in England every day.

This report presents findings from research conducted by the medical charity Doctors of the World (DOTW) UK to assess the accessibility of NHS GP registration for people in vulnerable circumstances. It is the third in a regular series presenting analyses of DOTW's GP registration tracking data.<sup>2</sup>

Previous reports have indicated that despite patient entitlements, wrongful refusal by GP practices is worryingly commonplace. Such refusals often contravene NHS guidelines and add to the complex social, psychological and cultural barriers to healthcare already faced by many DOTW patients.

For this update, DOTW analysed the outcome of all their attempts to register their patients with GPs between 1 January and 31 December 2017. The research aimed to establish the prevalence of poor practice<sup>3</sup> among GP practices in the registration of DOTW patients, the reasons for registration refusal and consistency within and between practices with regard to registration refusal.

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<sup>1</sup> Report written and prepared by Amruta Patel and Jennie Corbett.

<sup>2</sup> DoTW UK (2015). Registration refused: A study on access to GP registration in England. Part 1. Available at: <https://www.doctorsoftheworld.org.uk/Handlers/Download.ashx?IDMF=5c6ddf49-3da5-40cd-9819-f8c1f118ae17>  
DoTW UK (2016). Registration refused: A study on access to GP registration in England. Part 2.

<sup>3</sup> Good practice is defined as the standards outlined in the NHS England guidance on GP registration: NHS England (2017) 'GP Patient Registration Standard Operating Principles for Primary Medical Care' in [Primary Medical Care Policy and Guidance Manual](#).

## 1. Key findings

- Of the 1,717 attempts made by DOTW to register a patient with a GP in 2017, one fifth were refused (20%).
- Sixteen percent of practices refused every attempt to register a patient and a further 14% gave inconsistent responses (approving registration in some cases and refusing in others).
- Lack of paperwork was the most common reason for refused registration; lack of photo identification (34%) or proof of address (33%). Immigration status was cited as a reason in 10% of attempts and in 9% of attempts only temporary registration was allowed.
- An equivalent study in 2016 found similar rates of wrongful registration refusals and prevalence of discriminatory barriers, indicating little progress has been made in providing more safe and accessible GP services in London.
- The barriers to registration observed indicate worrying inequities in access to primary care driven, at least in part, by patient registration policies which are incompatible with NHS guidance. These policies are detrimental to the health of people who access DOTW's services, including homeless people, asylum seekers, undocumented migrants and survivors of trafficking and modern slavery.

### Case Study: Tavish

*Tavish was a 27-year-old man from Sri Lanka, who fled to the UK after having been arrested and tortured for his political activity multiple times. After claiming asylum Tavish was moved to Birmingham. He then managed to get in touch with one of his brothers in London and was able to move in with him.*

*Tavish's physical and mental health deteriorated as a result of the torture he suffered. He suffered pain in his lower back, had little appetite and had bad dreams every night: "I have a lot of pain on the body and I am not sleeping well, I have really bad dreams.... I think a lot, reliving things."*

*Despite the support of his brother, who was settled in the UK and speaks English, Tavish still struggled to access healthcare and was not able to register with their local GP. His Home Office papers all had the address of the accommodation in Birmingham and the practice would not accept any other proof of address: "They said I don't have any letter from Home Office, I [do] have a letter from Home Office, but not with [my brother's] address."*

*With some help from DoTW, Tavish was eventually registered and started having regular counselling with Freedom from Torture.*

## 2. Context

### 2.1 Doctors of the World's work in the UK

DOTW UK is part of the international *Médecins du Monde* network, a medical charity which works in more than 80 countries to help ensure that people affected by war, natural disasters, disease, hunger, poverty or exclusion get the healthcare they need regardless of income or legal status.

We have been in the UK for 20 years. We run clinics<sup>4</sup> and advocacy programmes which provide basic medical care, information and practical support to people facing multiple vulnerabilities and ultimately, to help them to access the NHS care that they need. Our patients include homeless people, drug users, destitute nationals as well as European citizens, sex workers, undocumented migrants, asylum seekers and Roma communities.

People who come to DOTW's clinics face multiple barriers that have affected their access to healthcare. Many also experience discrimination, including administrative barriers, when they try to register with a GP. We see almost 2,000 patients every year, the overwhelming majority of whom are not registered with a GP.<sup>5</sup>

We ask all of our patients about their experience of trying to access healthcare. While over half had not tried to access the NHS due to perceived barriers, those that had tried reported being asked for paperwork they could not provide as the primary barrier, followed by lack of understanding of how to access services, language barriers, flat-out refusal by NHS staff and fear of arrest.

Faced with these issues, our volunteers and staff advocate on behalf of patients to register them with a GP and in most cases, we are successful in facilitating access to NHS healthcare. However, this often takes multiple attempts and it is our experience of this GP registration advocacy which is the subject of this report.

### 2.2 The legal context: healthcare entitlement and charging in England

Everyone in the UK is entitled to free primary care and accident and emergency (A&E) services, as well as contraception and diagnosis and treatment of specified infectious diseases. Since October 2017, individuals not 'ordinarily resident' must be charged upfront for most other healthcare delivered in hospitals and community settings in England. Providers withhold care if payment is not received in advance, unless treatment is deemed urgent or immediately necessary.<sup>6</sup> Certain vulnerable groups, including asylum seekers, refugees and children in care, are exempt from all charges.<sup>7</sup>

This is the first time that charging has been extended into NHS community services and NHS-funded charity services, including drug and alcohol services, community mental health, community midwifery and termination of pregnancy services. The Government has also declared its intention to extend charges into primary care services in the future and to further consult on introducing charges into A&E.<sup>8</sup>

### 2.3 NHS England guidelines on GP registration

In the past, guidance to GP practices on registering new patients has been limited, inconsistent and unclear. The situation in England was improved in 2015 when NHS England issued

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<sup>4</sup> DOTW have a clinic in Bethnal Green and run pop-up clinics hosted by partner organisations in London. We also run a pilot programme in Hackney.

<sup>5</sup> DoTW UK (2016) [Impact report](#).

<sup>6</sup> Department of Health (2017) [Guidance on implementing the overseas visitor charging regulations](#).

<sup>7</sup> For more information on charging policy and exemptions, see our guide: DoTW UK (2018) [Healthcare entitlement and charging in England](#).

<sup>8</sup> Department of Health (2017) [Making a fair contribution: Government response to the consultation on the extension of charging overseas visitors and migrants using the NHS in England](#).

guidelines on patient registration which clarified universal entitlement to primary care.<sup>9</sup> This document also specified a number of guidelines intended to improve equity of access to services for individuals in vulnerable circumstances. The guidance, updated in 2017, states:

- Anybody in England may register and consult with a GP without charge.
- All asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if those visitors are not eligible for secondary care (hospital) services.
- When applying to become a patient there is no regulatory requirement to prove identity, address, immigration status or provide an NHS number.
- As there is no requirement under the regulations to produce identity or residence information, the patient **MUST** be registered on application unless the practice has reasonable grounds to decline.
- Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient.
- If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration.

The guidance acknowledges that although most people would be able to provide proof of identification (ID) and/or address, there are a number of situations where an individual would not be able to. The documents lists some circumstances where this might be the case:

- People fleeing domestic violence staying with friends or family;
- People in unstable accommodation or street homeless;
- People staying long-term with friends but who aren't receiving bills;
- People working in exploitative situations whose employer has taken their documents;
- People who have submitted their documents to the Home Office as part of an application;
- People trafficked into the country who had their documents taken upon arrival;
- Children born in the UK to parents without documentation.

This guidance has been welcomed as the authority on GP registration in England and the principles are reiterated in guidance produced by the British Medical Association.<sup>10</sup>

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<sup>9</sup> NHS England (2017) 'GP Patient Registration Standard Operating Principles for Primary Medical Care' in [Primary Medical Care Policy and Guidance Manual](#).

<sup>10</sup> BMA (2018) Patient registration for GP practices. <http://bma.org.uk/support-at-work/gp-Practices/service-provision/patient-registration-for-gp-Practices>

### 3. Methods

This report analyses the outcomes of attempts to register patients who presented at DOTW UK's clinics between 1 January 2017 and 31 December 2017. During the period, caseworkers made a total of 1,717 attempts to register DOTW UK patients with GP practices and in doing so, approached a total of 858 individual GP practices. Although DOTW UK clinics are located in London and most of our patients live in the city, we see patients from across England.<sup>11</sup>

If a person who was not registered with a GP presented at our clinic, with their consent DOTW UK caseworkers would attempt to facilitate registration by telephone. Typically, caseworkers would telephone the GP surgery closest to the patient's place of residence<sup>12</sup> to establish if the practice was accepting new patients and if the patient lived within the catchment area. They would then try to secure an agreement to register the patient based on the documents that the patient had available. If the practice refused to register the patient based on documents available, the DOTW UK volunteer would:

- inform the practice of the patient's circumstances;
- offer to provide a proof of address letter from DOTW UK;
- draw the practice's attention to the applicable NHS England guidelines, which protect patients' entitlement to register regardless of documentation or immigration status.

The information recorded by caseworkers during this process formed the basis of the analysis. The variables analysed were:

**Number of successful and unsuccessful registration attempts.** *Only attempts where the practice list was open and the patient was living in the practice catchment area were counted. Successful attempts included those where practices agreed to register patients either without any documents or with the documents they were able to provide (including those provided by DOTW UK).*

**Number of attempts where proof of address and identification were requested to register.** *This includes a breakdown of when DOTW UK letters were required as proof of identification or address.*

**Reasons for refusal.** *Reasons were coded as follows: no proof of address<sup>13</sup>; no proof of identification; gatekeeping behaviour (e.g. 'unable to speak to person responsible for registration' or 'receptionist could not confirm registration would be allowed'); immigration status (patient refused on the basis of their immigration status); temporary registration only and reason not specified.*

**Consistency within practices.** *Number of instances where practice staff accepted registration on some occasions and refused on others.*

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<sup>11</sup> In 2016, 11% of people who visited our London clinics had travelled from outside the city. Figures for 2017 were not available at the time of publication.

<sup>12</sup> If appropriate, a GP practice where a family member or another member of the household is registered will be approached first.

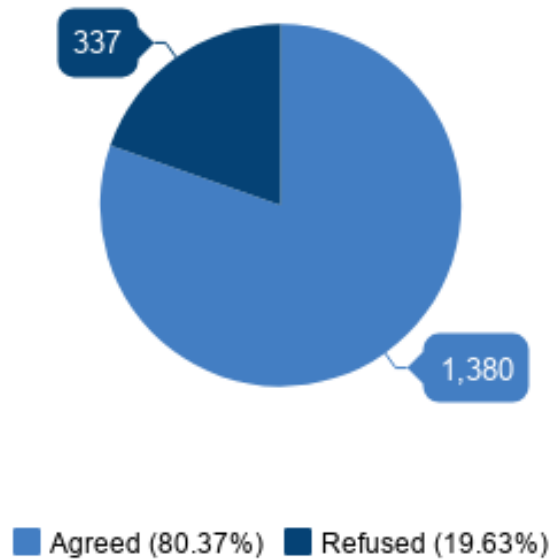
<sup>13</sup> Where documentation from DOTW was not accepted.

## 4. Results

### 4.1 Outcomes of patient registration attempts

Out of a total of 1,717 attempts by DOTW UK to register patients with GP practices, the majority were successful. However in one fifth of cases, patient registration was refused (n=337; 20%).

**Figure 1: Outcomes of registration attempts by DOTW UK (n (%))**



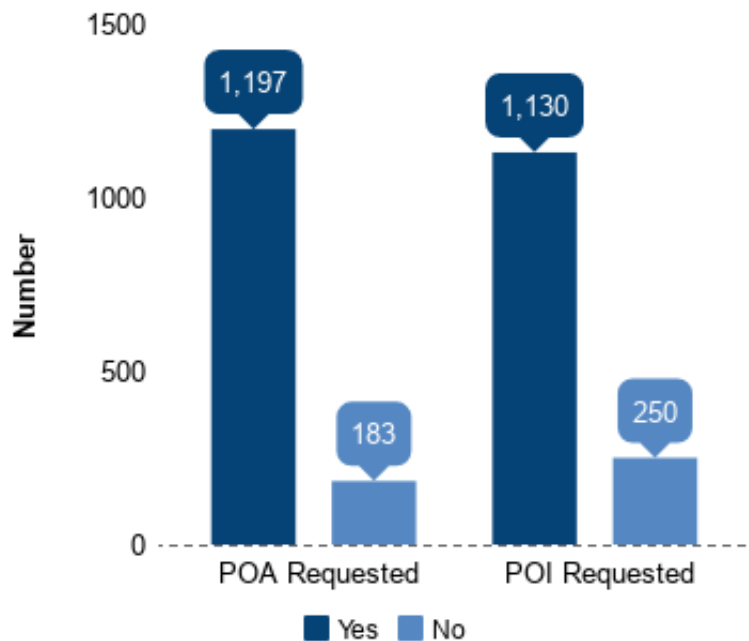
Total number of attempts to register patients	Registrations agreed (n(%))	Registrations refused (n(%))
1,717	1,380 (80)	337 (20)

### 4.2 Documents requested for registration

Most GP practices asked to see proof of address (POA) and/or identification (POI) prior to accepting patient registration. Of the successful registration attempts, 1,197 (87%) were met with requests for POA and 1,130 (82%) for POI.

Of the successful registrations with document requests, some practices showed flexibility in the types of documents they would accept. Letters from DOTW UK were accepted as unique POA in most cases (83%), and as POI for 41% of attempts. Other types of documentation, such as passports or utility bills, were requested for the remainder of the attempts.

**Figure 2: Registration attempts met with requests for documentation (n(%))**



Total successful registration attempts	POA requested? (n(%))		POI requested? (n(%))	
	Yes	No	Yes	No
1,380	1,197 (87)	183 (13)	1,130 (82)	250 (18)

### 4.3 Reasons for refusal

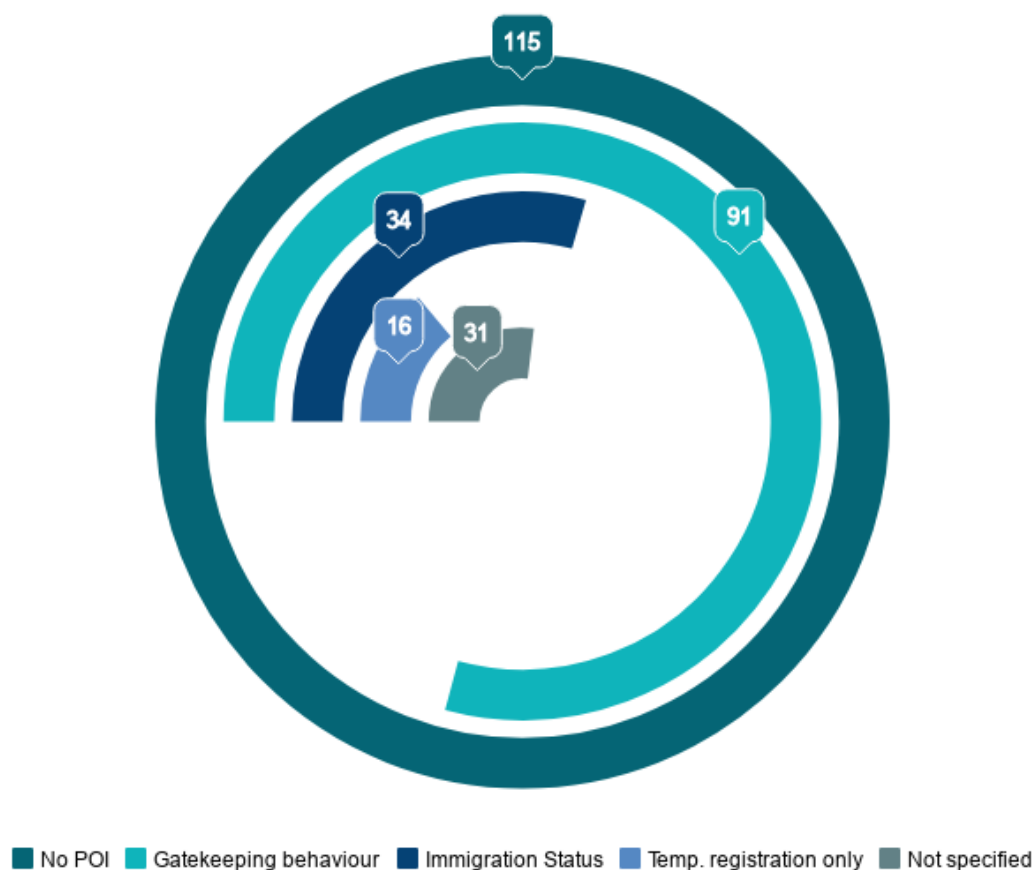
As noted, one fifth of attempts to register DOTW UK patients with GP practices were refused. Lack of proof of address or identification were the most prominent reasons for refusal, affecting over two thirds of refused attempts (67%). In addition, the patient’s immigration status accounted for a worrying 34 instances of refusal (10%).

The reasons for refusal recorded were as follows: lack of proof of address (33%), lack of proof of ID (34%), gatekeeping behaviour (27%), immigration status (10%) and not specified (9%). In addition, in 16 cases (5%) the practice agreed to a temporary patient registration only.

While there are circumstances in which GP practices have discretion to refuse a patient registration (e.g. if a person lives outside their catchment area), the prevalence of refusals based on immigration status and lack of paperwork reflect poor implementation of NHS England guidance and indicate limited understanding of the circumstances of potentially vulnerable patients. The gatekeeping behaviour noted in over one quarter of refusals also represents challenges for accessibility of services, indicating that bureaucratic protocols may prevent or delay a patient’s ability to access the healthcare they need.



**Figure 3: Reasons for refusal of GP registration (n(%))**



Total refusals	No POA (n(%))	No POI (n(%))	Gatekeeping behaviour (n(%))	Immigration status (n(%))	Temp. registration only (n(%))	Not specified (n(%))
<b>337</b>	110 (33)	115 (34)	91 (27)	34 (10)	16 (5)	31 (9)

Note: Some attempts were refused for multiple reasons.

#### 4.3.1 Exploring reasons for refusal: case note extracts

Case notes taken by DOTW UK volunteers during registration attempts give further insight into the reasons for refusal reported and into the diversity of registration policies and staff awareness which underpin them.

Some GP surgeries demonstrated good practice by agreeing to register patients without paperwork, or accepting alternative versions of paperwork, such as photocopies or letters from DOTW UK:

*“Spoke to receptionist and she said that normally patients require proof of ID however she was happy for the patient to bring in a DOTW letter as proof of ID and said no other documents would be required.”*

*“Although we agreed on that the SU could bring a copy of his passport plus a utility bill, she twice confirmed that the SU would be accepted whether he provided these documents or not.”*

However, other extracts illustrate how lack of awareness on the part of staff and poor registration policies can prevent patients from accessing the healthcare they are entitled to:

*“The receptionist was asking questions about whether the person was here to work and whether they had a right to live here. When told about the NHS England guidelines, she said ‘well that’s NHS England, this is our practice policy’.”*

*“Refused to register this SU when they heard she was an asylum seeker.”*

*“They refused to register the SU since she had no photo ID, they said they cannot register anyone without an ID and that their clinic has its own policy.”*

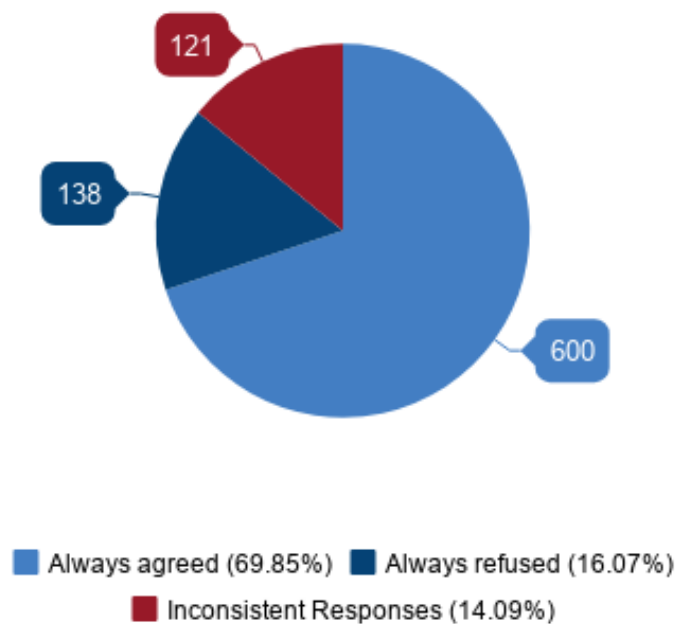
*“Receptionist refused to register the SU without POA and said that the policy states they have their own requirements.”*

#### 4.5 Consistency of decision-making within GP practices

Out of the 858 GP practices approached with registration requests, the majority agreed registration on every attempt (n=600; 70%) and almost one fifth consistently refused registration attempts (n=138; 16%).

However, 14% of practices (n=121) were inconsistent in their responses, on some occasions agreeing to register patients and, on some occasions, refusing. This suggests a significant degree of confusion amongst GP practice staff and potentially, selective and discriminatory approaches to registration.

**Figure 4: Consistency of responses within GP practices (n(%))**



Total number of GP practices approached	GP practices agreed registration on every attempt (n(%))	GP practices always refused registration (n(%))	GP practices gave inconsistent responses (n(%))
858 (100)	600 (70)	138 (16)	121 (14)

## 5. Conclusions

Everyone in the UK is entitled to free primary care and NHS England guidelines protect the right to GP registration for individuals, including many of our patients, who do not have proof of address or identification at their disposal.

However, our research shows that vulnerable patients face multiple barriers when trying to register with a GP. Additionally, registration policies which compound these barriers are being implemented in a substantial number of GP practices across (and beyond) London.

One fifth of 1,717 registration attempts across 858 GP practices made by DOTW UK caseworkers on patients' behalf in 2017 were refused.

The most prominent reasons for refusal suggested widespread poor implementation of NHS England guidance. Inadequate documentation was the most common barrier to GP registration, affecting 67% of attempts. Over one quarter were refused due to gatekeeping behaviour by practice staff and one in ten were rejected due to the patient's immigration status. This evidence suggests a significant level of confusion, and unfamiliarity of NHS registration guidelines amongst GP practice staff.

These figures suggest no significant improvement on those from 2016 both in terms of rates of refusal and the prominence of lack of paperwork, gatekeeping and immigration status as barriers to access.<sup>14</sup>

Registration refusals on these grounds are likely to disproportionately affect already vulnerable groups and may risk breaching the practice's contract obligations to ensure that refusals do not discriminate based on appearance, race, social class or any other protected characteristic.<sup>15</sup>

The insistence that patients produce proof of address presents an impediment for individuals who are homeless, sleeping rough, or staying in temporary accommodation such as friends' homes.

Refusal on the grounds of immigration status affects a diverse range of individuals, including asylum seekers, survivors of trafficking and torture and people who lack the documents to prove they are in the UK legally. This is concerning as healthcare professionals play a vital role in both safeguarding these individuals as well as in meeting more serious health needs.

The prominence of gatekeeping behaviour indicates a limited understanding of healthcare entitlement among many frontline staff. In over a quarter of refused registration attempts, the receptionist was unable to confirm whether registration would be allowed, usually because they needed to consult with the practice manager first. This points to the need for a comprehensive programme of training for GP reception staff to facilitate improved support for vulnerable patients.

It is important to note that the extent of registration refusal is likely to be much higher in reality. Our analysis was limited to attempts made by DOTW UK volunteers who are aware of NHS England registration guidance and have training and experience in advocating on behalf of our patients. Our experience tells us that when vulnerable patients approach GP practices themselves, usually with little knowledge of healthcare entitlement, a successful registration is much less likely. Indeed, previous research has shown that a significant proportion of patients are later turned away from practices that DOTW had secured agreement from over the phone.<sup>16</sup>

These findings have extensive implications for the effectiveness and efficiency of the health service and public health. The persistence of administrative barriers to GP registration means

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<sup>14</sup> DOTW UK (2016) Registration refused: A study on access to GP registration in England.

<sup>15</sup> NHS England Standard Personal Medical Services Agreement 2017/18. Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/01/17-18-pms-contract.pdf>

NHS England Standard General Medical Services Contract 2017/18. Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/01/17-18-gms-contract.pdf>

<sup>16</sup> DOTW UK (2016)

lost opportunities for illness prevention and early intervention, as well as an increased burden on overstretched hospital and emergency services. They demonstrate a clear requirement for investment in training and awareness-raising among primary care staff around existing guidance and good practice in ensuring safe and accessible GP services.

## 6. Recommendations

**GP practice administrative and clinical staff receive training on entitlement to NHS care,** as defined in NHS England guidelines and relevant Medical Services contracts.

**GP practice partners and practice managers ensure registration policies are in line with the NHS England Standard Operating Principles on GP Registration and protect potentially vulnerable individuals.** DOTW UK's Safe Surgeries initiative<sup>17</sup> offers practical suggestions and resources to support such policies, as well as access to a knowledge-sharing network of GP practices. Key tips include:

- Accommodate for individuals who do not have proof of address or identification.
  - If a patient is homeless or worried about giving a home address, you can register them using the practice address, or another place where post could reach them (e.g. a friend, church, mosque or community centre).
  - Don't ask about a patient's immigration status, or to see proof of it. This information is not needed for registration and might intimidate some patients. The current GMS1 form includes 'supplementary questions' about immigration status, however as per BMA guidance, patients don't have to complete this section if they don't want to.<sup>18</sup>
- Ensure language interpreters are used when needed, both at reception and in consultations.

**Reception staff receive training on registration policies which promote equity of access,** including good practice when registering vulnerable patients; handling situations where an individual does not have paperwork and; knowing when a temporary registration is appropriate. In London, DOTW UK can offer free Safe Surgeries training to clinical and non-clinical practice staff.<sup>19</sup>

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<sup>17</sup> DoTW UK (2018). Safe Surgeries. Available at: <https://www.doctorsoftheworld.org.uk/safe-surgeries>

<sup>18</sup> BMA (2018). Registration of overseas visitors. Available at: <https://www.bma.org.uk/advice/employment/contracts/gp-partner-contracts/registration-of-overseas-visitors>

<sup>19</sup> DoTW UK (2018). Training. Available at: <https://www.doctorsoftheworld.org.uk/training>