



Registration refused: A study on access to GP registration in England

Everyone living in the UK is entitled to free primary care. GPs are our frontline defence against poor public and personal ill-health. They save the NHS money by treating patients early and well. Yet a huge number of vulnerable people across the UK are routinely and wrongly turned away from medical surgeries every day.

For this research the medical charity Doctors of the World (DOTW) recorded the outcome of their attempts to register patients with NHS GPs in England between 4 March 2015 and 21 October 2015. The purpose was to review the accessibility of GP registration for vulnerable people living in the UK.

1. Key findings

- Of the 849 attempts made by DOTW to register patients with a GP, 39% were refused.
- 31% of practices always refused GP registration and a further 16% gave inconsistent responses; sometimes they would register a patient, on other occasions they would refuse.
- The biggest barrier to GP registration was inability to provide paperwork: 39% of registration refusals were because of lack of ID; 36% because of lack of proof of address; and 13% because of immigration status.
- 23% of registration attempts were met with multiple reasons for refusal.
- Gatekeeping by reception staff is a significant barrier to GP registration; in 32% of cases the person responsible for registration was not available.
- These barriers are likely to impact on already vulnerable groups including homeless people, asylum seekers, undocumented migrants, children, pregnant women, and victims of torture, trafficking, domestic and sexual violence.

2. Context

Doctors of the World's UK Programme

Doctors of the World UK is part of the international Médecins du Monde network, which delivers over 350 projects in more than 80 countries. Our vision is of a world in which people affected by war, natural disasters, disease, hunger, poverty or exclusion get the healthcare they need regardless of income or status.

We've been in the UK for 17 years where we run clinics¹ and advocacy programmes which provide basic medical care, information and practical support to people facing multiple vulnerabilities. Those who come to our clinics include homeless people, drug users, destitute nationals as well as European citizens, sex workers, undocumented migrants, asylum seekers and Roma communities.

The legal context

Access to primary care, walk-in centres and Accident and Emergency, as well as diagnosis and treatment of infectious diseases, are all free for everyone in England. Those who are not 'ordinarily resident' in England may be charged for all other types of secondary care. Treatment which is immediately necessary or urgent², including antenatal care, must be provided but may be charged for afterwards. However, certain vulnerable groups, including asylum seekers, refugees and trafficking survivors, are exempt from all charges.

The 2014 Immigration Act sets out the government's intention to make it "more difficult for 'illegal'³ immigrants to live in the UK". From April 2015, those seeking to stay in the UK for more than six months must pay a healthcare surcharge of £200 per year (£150 for students). The definition of 'ordinarily resident' was changed meaning that all those who do not have indefinite leave to remain are now subject to the charge.

The Department of Health also introduced the Migrant and Visitor NHS Cost Recovery Programme which aims to expand charging and identify more existing chargeable patients. This has led to hospitals routinely asking about someone's immigration status before they access care and issuing more people with bills for treatment. The government is currently consulting on extending charges into primary care and A&E.

GP registration

In the past, guidance to GP practices on registering new patients has been limited, inconsistent and unclear. In 2011, NHS England published [pan-London guidelines for GP registration](#)⁴ which stated:

- Nationality is not relevant in giving people entitlement to register as NHS patients for primary care services
- Overseas visitors, whether lawfully in the UK or not, are also eligible to register with a GP practice
- Practices are not obliged to ask patients for official documentation in order to prove ID or proof of residence and there is no requirement in the regulations for them to do so.
- However it is not unreasonable for practices to ask for documentation in order to establish where a patient lives, and who a patient is, if they choose to do so.

This has led to variation in the way that GP practices have interpreted the guidelines and their policies regarding proof of address, ID and immigration status when registering new patients. As the guidelines are 'pan-London', GP practices outside of London have also tended to see them as not applicable to them.

Clarity over GP registration was improved in November 2015 when NHS England issued [guidelines on patient registration](#).⁵ As NHS England is responsible for commissioning and contracting primary medical services⁶, this guidance has been welcomed as the authority on GP registration in England.

¹ DOTW have a clinic in Bethnal Green and run pop-up clinics in community centres in London. We also run pilot programmes in Hackney and Brighton.

² http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496951/Overseas_visitor_hospital_charging_accs.pdf

³ Please note that MdM and its partners, especially PICUM, absolutely disagree with the use of 'illegal' designating a person. Only the laws saying that a person is illegal are illegal. No one is illegal. <http://picum.org/en/ourwork/terminology/>

⁴ http://www.ealingccg.nhs.uk/media/3499/nhs_london_gp_patient_registrations_operating_procedures.pdf

⁵ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf>

⁶ From April 2015, 63 Clinical Commissioning Groups (CCGs) took this responsibility from NHS England under a formal delegation agreement.

These principles are reiterated in the British Medical Association's guidance on patient registration for GP practices⁷.

Although most people will be able to provide proof of ID and/or address when registering with a GP, there are a number of situations where an individual will not be able to. The NHS England guidelines list a number of situations 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

DOTW GP registration advocacy work

Patients coming to DOTW clinics face multiple barriers that affect their access to healthcare. Many also experience discrimination when they try to register with a GP. In 2014, DOTW provided 1,454 consultations and saw a total of 1,395 patients (findings published in our 2014 UK report⁸). 82.7% of service users who came to the DOTW clinic had not been able to register with a GP. 29% said that administrative problems – such as inability to provide proof of address or ID – had been the main barrier to healthcare access, while 12% said they had been refused registration.

DOTW volunteers and staff advocate on behalf of patients to register them with a GP. In 2014 DOTW was successful in getting 96% of patients registered with an NHS GP; however this often took multiple attempts. In 2014 we recorded 109 instances where GP practices wrongly refused to register the patient because of their immigration status.

Case study [2015]: Lilian is a 23 year-old who fled Vietnam to escape political persecution after she and other family members received threats. She was brought to the UK by road by people smugglers who took her passport and has been living and working in a nail salon for four years. Lilian came to DOTW's clinic when she was 10 weeks pregnant; she had been too scared to access healthcare before but was experiencing abdominal pain and was worried about her baby. DOTW immediately sent her to A&E where she had an emergency scan and received treatment.

DOTW continued to work with Lilian to help her register with a GP and access antenatal care. DOTW volunteers phoned three different GP practices before they could find one that agreed to register Lillian. When Lilian then went into the practice to register she was turned away because she did not have a passport. By the time Lilian was accepted by a GP practice and started accessing antenatal care she was 15 weeks pregnant.

Despite experiencing complications throughout her pregnancy, Lilian received good antenatal care and delivered a healthy baby boy at 39 weeks.

3. Rationale

DOTW data from 2014 shows a large number of GP practices refusing to register patients despite the fact that they were entitled to be registered with them. Many practices therefore acted as a barrier to

⁷ <http://bma.org.uk/support-at-work/gp-Practices/service-provision/patient-registration-for-gp-Practices>

⁸ https://www.doctorsoftheworld.org.uk/files/uk_report_2014_web.pdf

accessing healthcare. This scenario occurred both when patients approached GP practices themselves and when DOTW approached practices on a patient's behalf.

For this research DOTW analysed data on GP practice registrations and refusals in 2015 to establish:

- how often GP practices were refusing to register patients who were entitled to be registered with them;
- if practices were being consistent in refusing registrations; and
- the main reasons for refusal.

4. Method

This report analyses attempts to register patients who presented at DOTW's clinics⁹ between 4 March 2015 and 21 October 2015. The data set includes a total of 849 attempts to register in GP practices. Although DOTW clinics are based in London and Brighton, we also see patients from across England¹⁰.

The data was collected by DOTW volunteers whilst trying to register patients with a GP practice. Typically volunteers will telephone the GP surgery closest to the patient's place of residence¹¹ to establish whether the practice is accepting new patients and if the patient lives within the practice's catchment area. They will then try to secure registration with the practice based on the documents that the patient has. Most patients do not have proof of address or ID. If the practice refuses to register the patient based on documents available, the DOTW volunteer will:

- inform the practice of the patient's vulnerable situation;
- offer to provide a proof of address letter from DOTW (a UK registered charity and CQC regulated clinic); and
- draw the practice's attention to the Pan-London based principles regarding GP registration, reminding them of their obligation to register patients even if they are unable to produce proof of address and/or ID and regardless of immigration status.

At the end of this process, the practice either agrees to register the patient (logged as 'registration agreed' in our records) or refuses to register the patient (logged as 'registration refused' with the reason for refusal).

The two following scenarios have been categorised as 'registration refused':

- Receptionist could not confirm registration would be allowed
- Unable to speak to Practice Manager/person responsible for registration

This approach was chosen because, as a minimum standard, frontline administrative staff who take enquiries from the general public should know the practice's registration policy. Any restrictions on access to staff who do know the registration policy is gatekeeping behaviour (the activity of controlling, and usually limiting, general access to something).

The data being analysed includes the:

- **Number of GP registrations agreed** - includes practices that agreed to register patients either without any documents or with the documents that they had had
- **Number of GP registration refusals** - a range of responses that fall outside of the NHS London's pan-London registration principles
- **Number of GP Practices refusing registrations**

⁹ n Bethnal Green, three pop up clinics held at community centres across London, and pilot programmes in Hackney and Brighton

¹⁰ In 2014, 11% of people who visited the Bethnal Green clinic had travelled from outside London.

¹¹ If appropriate, a GP practice where a family member or another member of the household is registered will be approached first.

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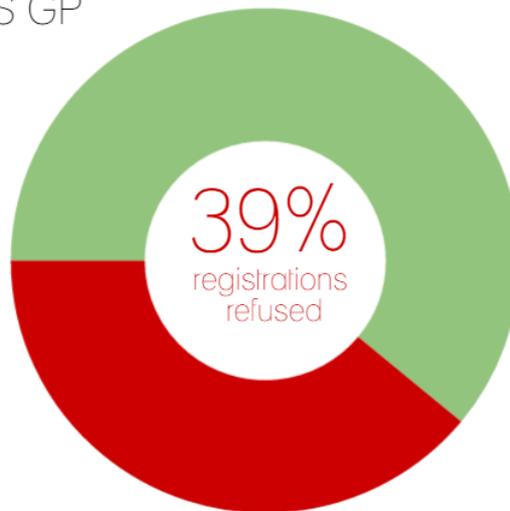
- **Reason for refusals** - categorised as a) refusal because of no proof of address, b) refusal because of no proof of identification, c) refusal because of immigration status d) gatekeeping behaviour (i.e. 'unable to speak to Practice manager/person responsible for registration' or 'receptionist could not confirm registration would be allowed'), e) refusal to register patients from DOTW, and f) would only register as a temporary patient.¹²

5. Results

GP registrations agreed and refused

Total number of attempts to register patients	Registrations agreed		Registrations refused	
	#.	%	#	%
849	518	61	331	39

Outcome of attempts to register patients with an NHS GP

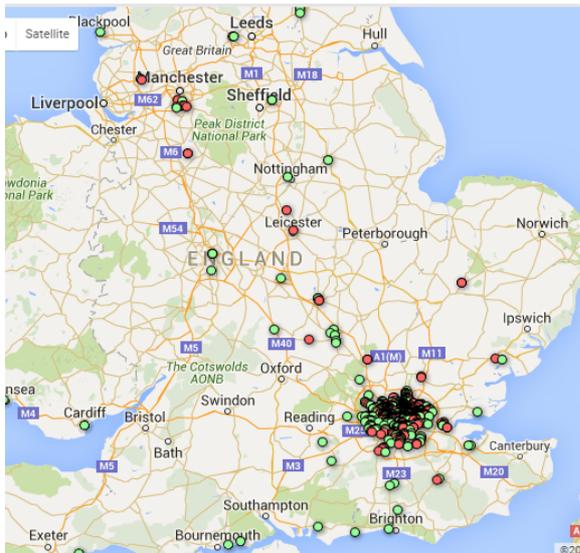


Of the 849 recorded attempts to register with a GP, 518 registrations (61%) were agreed and 331 registrations refused (39%).

The maps below illustrate the distribution of registration acceptances and refusals. They show that the majority of registration attempts are concentrated around Greater London. This is because DOTW's permanent clinic is based in London.

¹² Patients should only be offered temporary registration if they are in the catchment area for longer than 24 hours but less than three months.

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Distribution of GP registration acceptances and refusals across England

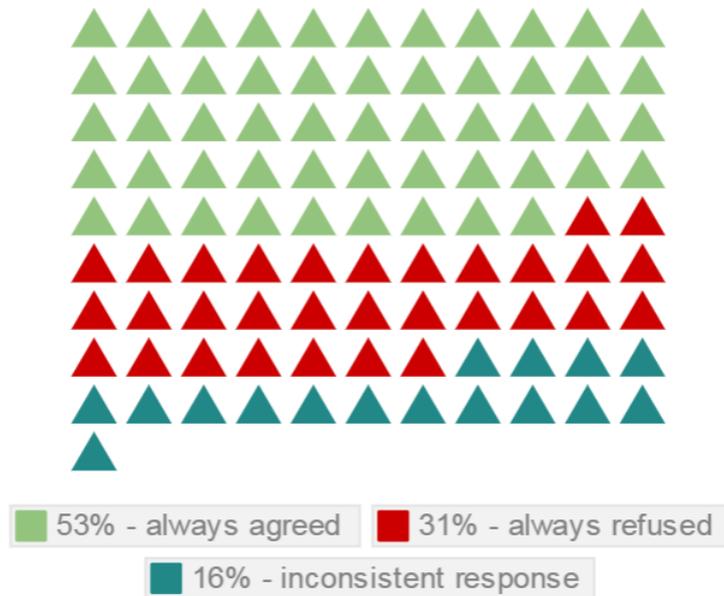


Distribution of GP registration acceptances and refusals across London

Consistency of response from practices

Total number of GP practices approached		GP practices always agreed registration		GP practices always refused registration		GP practices gave inconsistent responses	
#.	%	#.	%	#.	%	#.	%
511	100	269	53	159	31	83	16

Consistency of response from GP Practices



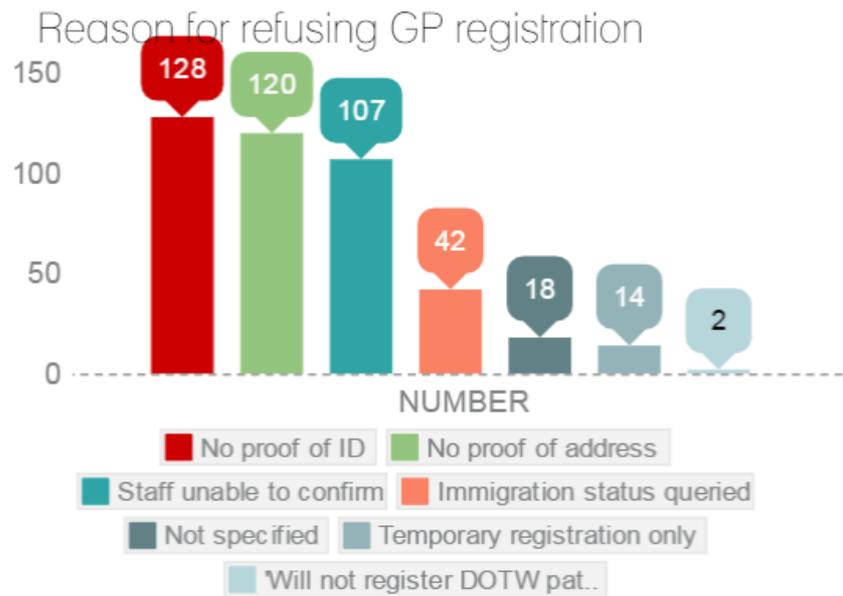
In total 511 GP practices were approached with registration requests. 269 GP practices always agreed registration (53%) and 159 practices always refused registration (31%). 159 practices were inconsistent when registering patients (16%); sometimes agreeing to register patients and sometimes not.

Reason for refusals

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Number of registration refusals	Reason for refusals														Multiple reasons for refusal given	
	No proof of address		No proof of ID		Immigrati on status queried		Gatekeep ing*		Won't register DOTW patients		Temp registrati on only		Not specified			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
331	120	36	128	39	42	13	107	32	2	1	14	4	18	5	75	23

* Unable to speak to Practice Manager/person responsible for registration or 'Receptionist could not confirm registration would be allowed'



23% of registrations received multiple reasons for refusal

Of the 331 registration refusals recorded, the most common reason for refusal was no proof of ID (128 instances, 39%) followed by no proof of address (120 instances, 36%), gatekeeping behaviour (107 instances, 32%), immigration status queried (42 instances, 13%), temporary registration only (14 instances, 4%) and refusal to register patients referred by DOTW (2 instances, 1%). 75 attempts to register were given more than one refusal reason (23%).



Example responses from GP practices

DOTW volunteers write a short summary of the registration attempt which includes the GP practice's response. These responses show GP practices agreeing to register patients without paperwork, or accepting alternative versions of paperwork, such as photocopies or letters from DOTW.

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[Receptionist] was very helpful and agreed to register [patient] with minimal discussion.

Agreed to register SU with DOTW letter and photocopy of Sri Lankan passport

Agreed to register with letter from DOTW as proof of address & ID

Very helpful, said had registered DOTW SUs before

These responses also demonstrate that some practices implement policies that directly contradict the NHS England guidance:

'Wanted proof of ID and proof of address. No negotiation possible'

'Only people with valid visas can register with the Practice.'

'Practice Manager said those without leave to remain in the UK are not entitled to register with GP practices, and could only attend walk-in clinics and the like.'

'Only treat overseas visitors privately.'

'Absolutely refused registration as no photo ID/bank statement.'

'Said [they] would only register people with visa of two years plus or UK passport.'

'Utterly unsympathetic, brick wall. Require passport or driving license and formal proof of address. Hung up on me.'

There are examples of administrative staff acting as gatekeepers:

'Receptionist was unsure whether Practice Manager would accept minimal documentation - said she would ask Practice Manager and then asked where I was calling from. When I later mentioned DOTW, I was told the documents wouldn't be sufficient, and they had heard from 'us' before.'

'They asked me to call again after they have spoken to the manager'

'Possible registration, will consider after reviewing documents.'

And examples of practices failing to understand the guidance and using excuses to refuse registration:

'We have no reciprocal agreement with the Philippines and this is required for all NHS services because this is a non EEA country, we would therefore advise her to access private services.'

'We are not taking patients from Doctors of the World.'

6. Conclusion

Everyone in the UK is entitled to free primary care. However, vulnerable people face barriers that prevent them from registering with a GP. Of the 849 attempts made by DOTW to register patients with a GP, 39% were refused. This shows a significant number of GP practices implementing registration policies that prevent access to healthcare.

A total of 511 GP practices were approached with registration requests. 16% of these were

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inconsistent in their response: sometimes agreeing to register a patient and sometimes refusing. This evidence suggests that there is confusion amongst GP Practice staff about entitlement to primary care.

The biggest barrier to GP registration is the inability to provide paperwork: 39% of registration refusals reasons were due to lack of ID; 36% to lack of proof of address; and 13% to immigration status. This shows a poor level of understanding and/or awareness of the pan-London registration guidelines amongst staff.

These barriers are likely to impact on already vulnerable groups, often with serious medical needs. The incorrect insistence that patients have proof of address presents a barrier to healthcare for homeless people. Individuals sleeping rough, living in a hostel or temporarily staying with friends and family are unlikely to have tenancy agreements or utility bills in their name. Refusals on the grounds of immigration status bar vulnerable migrants, such as asylum seekers and undocumented migrants, from accessing healthcare. These groups include children, pregnant women, and victims of torture, trafficking, domestic and sexual violence. This is concerning as healthcare professionals play a vital role in safeguarding these individuals as well as meeting their health needs.

In 32% of cases of refused registration, the practice was unable to confirm whether registration would be allowed as the person responsible, usually the Practice Manager, was not available. This shows that gatekeeping is a significant barrier to GP registration. This figure also reflects the lack of understanding of primary care entitlement and GP registration guidance amongst administrative staff and indicates they are poorly trained on how to respond appropriately to vulnerable patients.

The data also shows that a small number of practices (4%) use temporary registration as a solution to lack of paperwork. However, patients should only be offered temporary registration if they are in the catchment area for longer than 24 hours but less than three months. This evidence indicates a poor understanding of registration guidelines amongst administrative staff.

This study demonstrates that vulnerable patients face multiple barriers when they try to register with a GP. 23% of registration attempts received more than one reason for refusal, such as inability to produce ID and inability to produce proof of address.

The rate at which vulnerable people are refused GP registration is likely to be much higher than this in reality. This data records attempts made by DOTW volunteers who are trained in the NHS England registration guidance and have experience of advocating on behalf of patients. Our experience tells us that when vulnerable patients approach GP practices themselves, usually with little knowledge of healthcare entitlement in the UK, a successful registration is much less likely.

These findings have far reaching implications for the NHS and public health. Barring GP registration undermines the value of primary care in preventative and early intervention medicine. GPs are our frontline defence against poor public and personal ill-health. They save the NHS money by treating patients early and well and preventing admission to expensive emergency and secondary care.

7. Recommendations

GP practice administrative and clinical staff is trained on entitlement to NHS care. Everyone is entitled to free primary care regardless of immigration status.

Partners and Practice Managers ensure registration policies are in line with Standard Operating Principles from NHS England. This includes accommodating for individuals who do not have proof of address or ID.

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Frontline administrative staff receives training in the practice's registration policy including handling situations where an individual does not have paperwork and knowing when a temporary registration is appropriate.

Practice Managers and administrative staff receive training working with vulnerable patients.

GP practices ensure their services are accessible for vulnerable individuals and sensitive to their needs: appointment booking options for those without access to a phone or the internet; interpreters are used when needed.