



## Registration Refused

### A study on access to GP registration in England, 2016<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 builds on *Registration Refused 2015*, which presented equivalent analyses of DOTW's GP registration tracking data.<sup>2</sup>

Previous research has 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 2016. 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>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>

<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 1,523 attempts made by DOTW to register a patient with a GP in 2016, almost one quarter were unsuccessful (23%).
- Almost one quarter of practices (23%) refused every attempt to register a patient and a further 15% 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 (26%) or proof of address (30%). Immigration status was cited as a reason in 9% of attempts.
- The barriers to registration observed demonstrate widespread poor implementation of NHS guidelines, which clearly state that: a) lack of documentation is not considered reasonable grounds to refuse registration and, b) immigration status does not affect a person's entitlement to free primary care.
- These findings indicate worrying inequities in access to primary care services driven, at least in part, by potentially discriminatory registration policies which are not in line with official guidance. These policies are detrimental to the health of the individuals in vulnerable circumstances who access DOTW's services, including homeless people, asylum seekers, undocumented migrants and survivors of trafficking and modern slavery. They threaten public health and exacerbate health inequalities.

### Case Study: Helen (2016)

*When Helen went to the emergency ward of a London hospital with stomach cramps, she was shocked when doctors told her she was five weeks pregnant. It was February 2016 and she had just been made homeless. After being discharged from hospital, she spent three nights sleeping in a bus station as she had nowhere else to go.*

*Helen desperately needed to see a doctor, yet four GP surgeries turned her away for not having papers to prove her address: "The whole experience was tiring and scary. I really didn't know what to do," she says.*

*Helen had arrived in the UK in 2014, after a journey from her home country of Eritrea that lasted six years. She was granted refugee status weeks after arriving, giving her full legal rights to live here. But, in 2016, she became homeless when a friend's offer of a place to stay fell through.*

*Helen decided her life was too unstable to have a baby, but she couldn't see a doctor to arrange the abortion she needed. Luckily, Helen then heard about the DOTW clinic in east London. Our volunteers helped her to register with a GP and access abortion services, and also referred her for housing advice. We spent seven weeks liaising with surgeries and other groups on her behalf.*

*Just over a year later, Helen has a job as a chef and lives with her daughter, now aged 13, who was granted permission to join her in the UK. "When she arrived at the airport, I almost fainted with happiness!" Helen says, adding that her daughter is doing well at school in the UK and wants to be a lawyer.*

## 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. In 2016, we saw a total of 1,924 patients, the overwhelming majority of whom (89%) were 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 2016 they were successful in getting 91% of patients access to NHS healthcare. However, this often took 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's clinics between 1 January 2016 and 31 December 2016. During the period, caseworkers made a total of 1,607 attempts to register DOTW patients with GP practices and in doing so, approached a total of 1,153 individual GP practices. Although DOTW 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 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 volunteer would:

- inform the practice of the patient's circumstances;
- offer to provide a proof of address letter from DOTW;
- 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).*

**Number of patients refused registration despite previous agreement with DOTW.** *Even when registration is agreed over the phone, this does not always translate into a successful registration. Sometimes GP practices will refuse to register the service user when he/she attends in person. To capture the degree to which the ultimate outcome for the patient may differ from the outcome of DOTW registration attempts reported here, a separate analysis was performed with a random sample of 85 DOTW patients seen during the study period. For these patients, the outcome of DOTW's GP registration attempt was cross referenced with their case notes to establish the proportion of patients who got back in touch with DOTW because the GP practice refused to register them when they attended in person.*

**Number of attempts where proof of address and identification were requested to register.** *This includes a breakdown of when DOTW 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); and other<sup>14</sup>.*

**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.

<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.

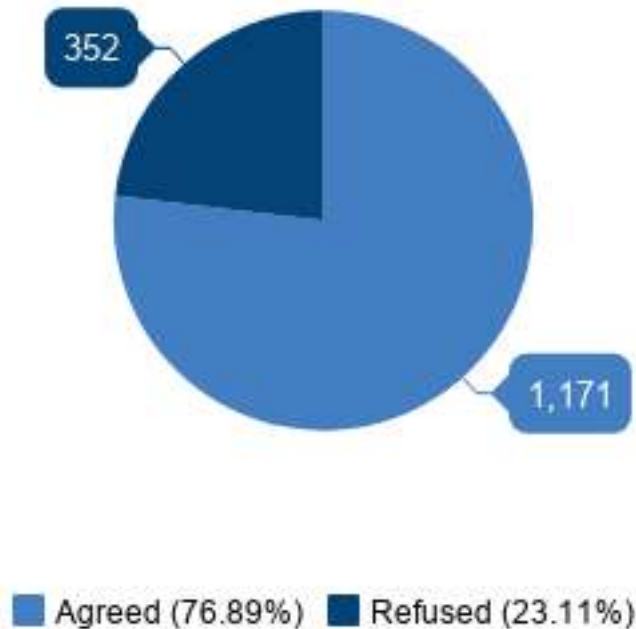
<sup>14</sup> Reasons coded as 'Other' included practices only allowing temporary registration of patient; refusing to register DOTW UK patients; refusing to register an 'unknown' patient and where a reason was not specified or was unclear in the case notes.

## 4. Results

### 4.1 Outcomes of patient registration attempts

Out of a total of 1,523 attempts by DOTW UK to register patients with GP practices, the majority were successful. However in almost one quarter of cases, patient registration was refused (n=352; 23%).

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



Total number of attempts to register patients	Registrations agreed	Registrations refused
1,523	1,171	352

Furthermore, additional analyses suggest that the outcomes of registration attempts recorded following agreement by telephone underestimate the number of ultimate registration refusals encountered by patients when they present to a GP practice in person.

Sixty-eight patients in a random sample of 85 patients supported by DOTW in 2016 were supported to register with a GP. Of these, 13% (n=9) were turned away at the GP practice after registration had been previously agreed on the phone between DOTW caseworkers and practice staff, and adequate DOTW paperwork had been supplied.

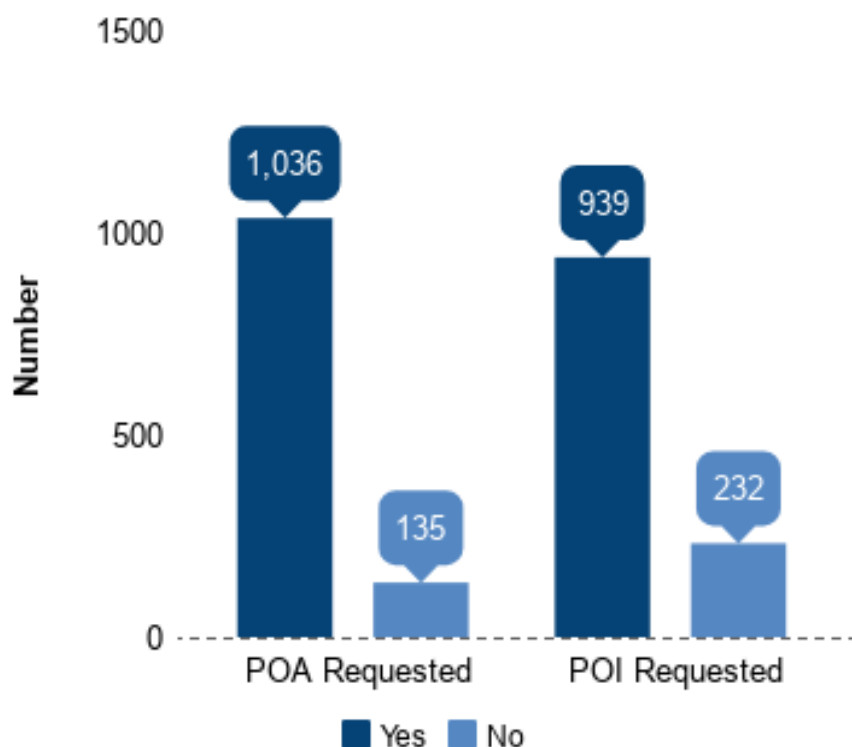
Given the small sample size, it is difficult to draw conclusions with regard to the reliability of DOTW attempts as an indicator of ultimate registration outcome. However, the analysis suggests that figures presented on refusals above may be an underestimate of the refusals that our patients experience in practice.

### 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, 1,036 (88%) were met with requests for POA and 939 (80%) for POI.

Of the successful registrations with document requests, some practices showed flexibility in the types of documents they would accept. Letters from DOTW were accepted as POA in most cases (841; 81%), and as POI for just over one third of attempts (343; 37%). Other types of documentation were used for the remainder of the attempts.

**Figure 3: Registration attempts met with requests for documentation (n(%))**



Total successful registration attempts	POA request		POI request	
	Yes	No	Yes	No
1,171	1,036 (88)	135 (12)	939 (80)	232 (20)

#### 4.3 Reasons for refusal

As noted, almost one quarter of attempts to register DOTW patients with GP practices were refused. Lack of proof of address or identification were the most prominent reasons for refusal, affecting over half of refused attempts (56%). In addition, the patient’s immigration status accounted for a worrying 31 instances of refusal (9%).

The reasons for refusal recorded were as follows: lack of proof of address (30%), lack of proof of ID (26%), gatekeeping behaviour (26%), immigration status (9%) and other (16%).

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



■ No POA ■ No POI ■ Gatekeeping behaviour ■ Catchment area ■ Immigration Status ■ Other

Total refusals	No POA	No POI	Gatekeeping behaviour	Immigration status	Other
352	106 (30)	91 (26)	90 (26)	31 (9)	56 (16)

Note: Some attempts were refused for multiple reasons.

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

Case notes taken by DOTW 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:

*'Receptionist understood the rules and stated that there was no need to provide documents, as per BMA guidelines.'*

*'[Receptionist] initially said patient should bring proof of ID, but after some chatting can bring NHS number and DOTW letter.'*

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 suspected they were migrants and mentioned requiring a stamp in passport.'*

*'Absolutely refused registration without photo ID/bank statement.'*

*'Receptionist asked for a tenancy agreement despite my indicating the SU was an asylum seeker.'*

*'[Receptionist] refused registration due to requesting proof of address; said we would provide DOTW letter. Checked with manager and told SU to bring letter and manager would decide then.'*

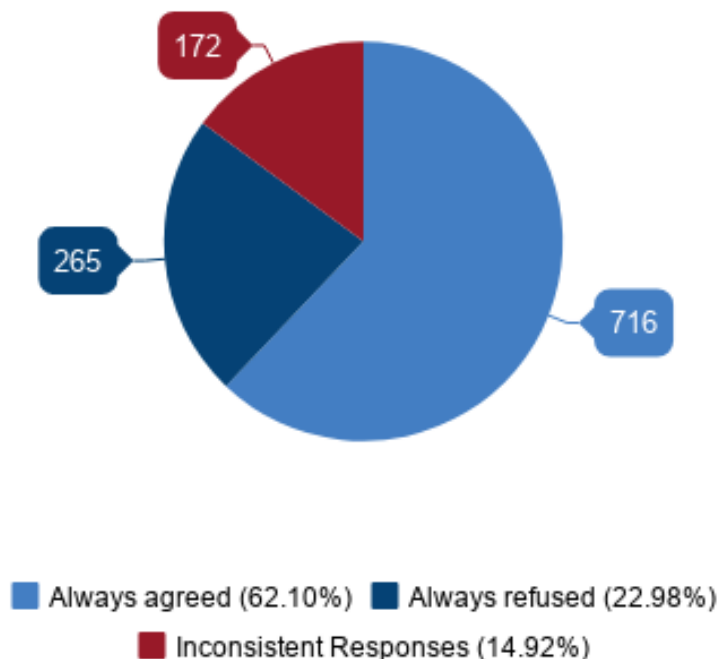
*'Practice Manager said those without leave to remain in the UK are not entitled to register with GP practices, and could only attend walk-in clinics and the like.'*

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

Out of the 1,153 GP practices approached with registration requests, the majority agreed registration on every attempt (n=716; 62%) and almost one quarter consistently refused registration attempts (n=265; 23%).

However, 15% of practices (n=172) 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 2: Consistency of responses within GP practices (n(%))**



Total number of GP practices approached	GP practices agreed registration on every attempt	GP practices always refused registration	GP practices gave inconsistent responses
1,153 (100)	716 (62)	265 (23)	172 (15)

## 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.

Almost one quarter of 1,523 registration attempts across 1,153 GP practices made by DOTW caseworkers on patients' behalf in 2016 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: 30% of attempts were refused due to lack of proof of address, and 26% due to lack of proof of identification. Over one quarter were refused due to gatekeeping behaviour by practice staff and 9% were rejected due to immigration status. This evidence suggests a significant level of confusion, and unfamiliarity of NHS registration guidelines amongst GP practice staff.

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 the more serious health needs of these populations.

Another prominent barrier to registration was gatekeeping behaviour. In 26% 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 further suggests a lack of awareness of primary care entitlement and GP registration guidance amongst practice staff, and 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 here that the extent of registration refusal is likely to be much higher in reality. Our analysis was limited to attempts made by DOTW 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 even when registration is agreed with DOTW, our sub-analysis indicates that a significant proportion of patients are later turned away.

These findings have extensive implications for the NHS and public health and demonstrate a clear requirement for investment in training and awareness-raising among primary care staff. GPs are our frontline defence against poor health. They are essential to the effectiveness and efficiency of the NHS because they treat patients early and reduce demand on costlier secondary care. The persistence of administrative barriers to GP registration means lost opportunities for illness prevention and early intervention, as well as an increased burden on overstretched hospital and emergency services.

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<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>

## 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>16</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>17</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>18</sup>

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<sup>16</sup> DoTW UK (2018). Safe Surgeries. Available at: <https://www.doctorsoftheworld.org.uk/safe-surgeries>

<sup>17</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>18</sup> DoTW UK (2018). Training. Available at: <https://www.doctorsoftheworld.org.uk/training>