

# REGISTRATION REFUSED

A study on access  
to GP registration  
in England  
Update 2018



## Registration Refused

### Access to GP registration for migrants in vulnerable circumstances in England, 2018

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 in 2018. It is the fourth in a regular series presenting analyses of DOTW's GP registration tracking data since 2015.<sup>1</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 2018.

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#### Case Study: Xuan\*

Xuan came to the UK from China in 2000 and claimed asylum, but his application was refused. Since then, he has lived without documents and has managed to pick up occasional work as a chef.

Xuan came to the DOTW clinic for help with GP registration after he began to suffer pain and stiffness in his limbs. Our support worker arranged registration at a local practice, but when Xuan subsequently had to move house and approached a different surgery, the receptionist turned him away. They told him he couldn't register without proof of identification or address and that they would contact the Home Office regarding his immigration status.

When DOTW contacted the Practice Manager, she said that she had found it suspicious that Xuan had been in the UK since 2000 but had no documentation or bills. Though she acknowledged that Xuan had the right to register, she had decided to seek advice from the Home Office due to the "suspicious circumstances". When DOTW tried to register Xuan at another surgery, we were asked to contact the CCG. The CCG staff member DOTW spoke with said she thought it was "impossible to register without ID and proof of address". Xuan refused DOTW's offer of pursuing a complaint with NHS England for the way he was treated.

Eventually DOTW was able to help Xuan register at the fourth surgery that we approached on his behalf, which upheld NHS England guidelines by not requiring documentation.

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<sup>1</sup> DOTW UK (2015). Registration refused: A study on access to GP registration in England. Part 1. Available at: [https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/RegistrationRefusedReport\\_Mar-Oct2015.pdf](https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/RegistrationRefusedReport_Mar-Oct2015.pdf)  
DOTW UK (2016). Registration refused: A study on access to GP registration in England. Part 2. Available at: [https://www.doctorsoftheworld.org.uk/wp-content/uploads/2019/04/RegistrationRefusedReport\\_2016\\_-final\\_corrected.pdf](https://www.doctorsoftheworld.org.uk/wp-content/uploads/2019/04/RegistrationRefusedReport_2016_-final_corrected.pdf)  
DOTW UK (2017). Registration refused: A study on access to GP registration in England. Part 3. Available at: [https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/Reg\\_Refused\\_2017\\_final.pdf](https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/Reg_Refused_2017_final.pdf)

## 1. Context

### *1.1 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 21 years. We run clinics 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.<sup>2</sup> Our patients include people experiencing homelessness, sex workers, migrants with insecure immigration status, asylum seekers, refugees and Roma communities. We support almost 2,000 patients every year, the overwhelming majority of whom are not registered with a GP.

People who come to DOTW's clinics face multiple barriers that have affected their access to healthcare. Many also experience discrimination when they try to register with a GP.

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.

### *1.2 The legal context: entitlement to NHS primary care in England*

Everyone in the UK is entitled to register and consult with a GP for free. In 2015, NHS England issued guidelines on patient registration which clarified universal entitlement to primary care.<sup>3</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 2019, states:

- Anybody in England may register and consult with a GP without charge.
- 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.

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>4</sup>

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<sup>2</sup> In addition to a national freephone helpline, DOTW run a clinic in Stratford, a mobile clinic, and pop-up clinics hosted by partner organisations in London.

<sup>3</sup> NHS England (2017) 'GP Patient Registration Standard Operating Principles for Primary Medical Care' in [Primary Medical Care Policy and Guidance Manual](#).

<sup>4</sup> BMA (2018) [Patient registration for GP practices](#).

## 2. Methods

This report analyses the outcomes of attempts to register patients who presented at DOTW UK's clinics between 1 January 2018 and 31 December 2018. Although DOTW UK clinics are located in London and most of our patients live in the city, we support patients from across England.<sup>5</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 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 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>6</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>5</sup> In 2016, 11% of people who visited our London clinics had travelled from outside the city. Figures for 2018 were not available.

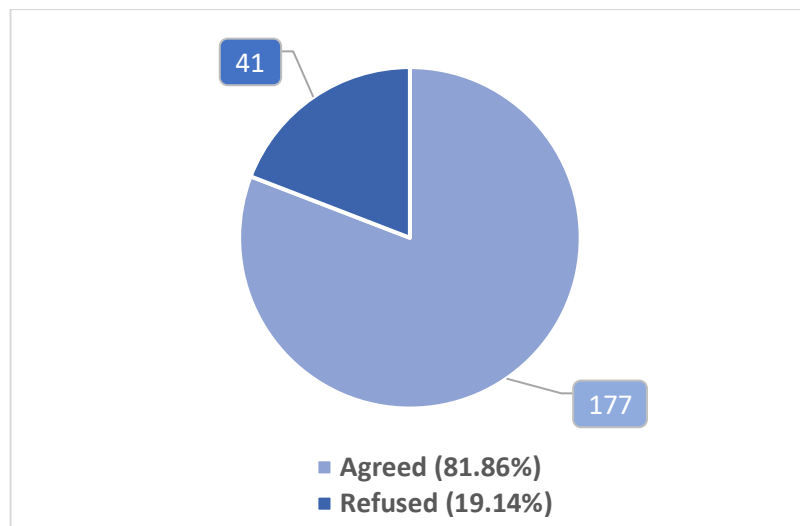
<sup>6</sup> Where documentation from DOTW was not accepted.

### 3. Results

#### 3.1 Outcomes of patient registration attempts

Out of a total of 2189 attempts by DOTW UK to register patients with GP practices, the majority were successful. However, in almost one fifth of cases, patient registration was refused (n=419; 19%).

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



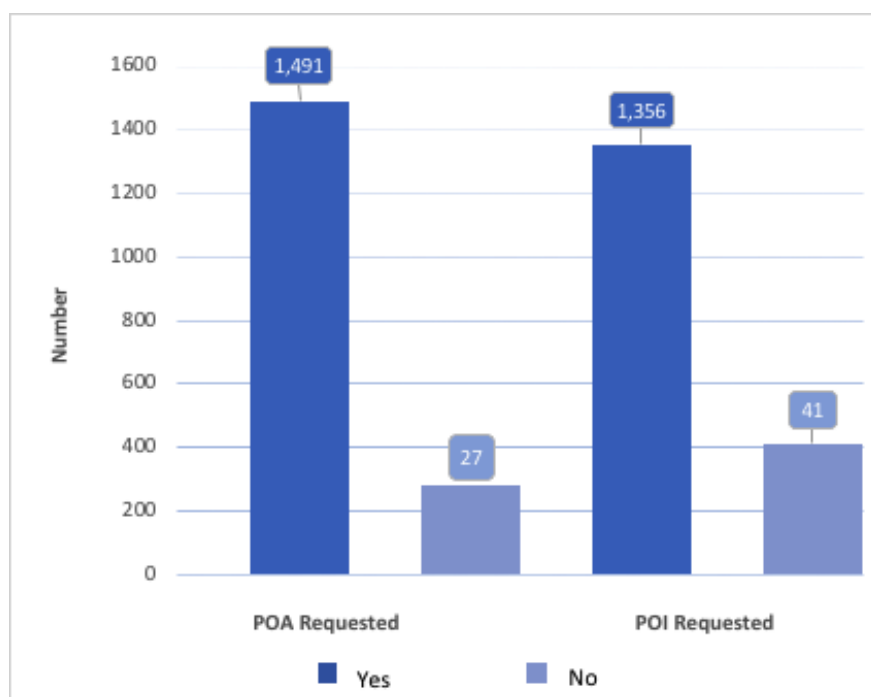
Total number of attempts to register patients	Registrations agreed (n(%))	Registrations refused (n(%))
2189	1770 (81%)	419 (19%)

#### 3.2 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, 1,491 (84%) included requests for POA and 1,356 (77%) for POI.

However, most practices showed flexibility in the types of documents they would accept. Letters from DOTW UK were accepted as unique POA in most attempts where documents were requested (90%), and as POI for 48% of these 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
1,770	1,491 (84%)	279 (16%)	1,356 (77%)	414 (23%)

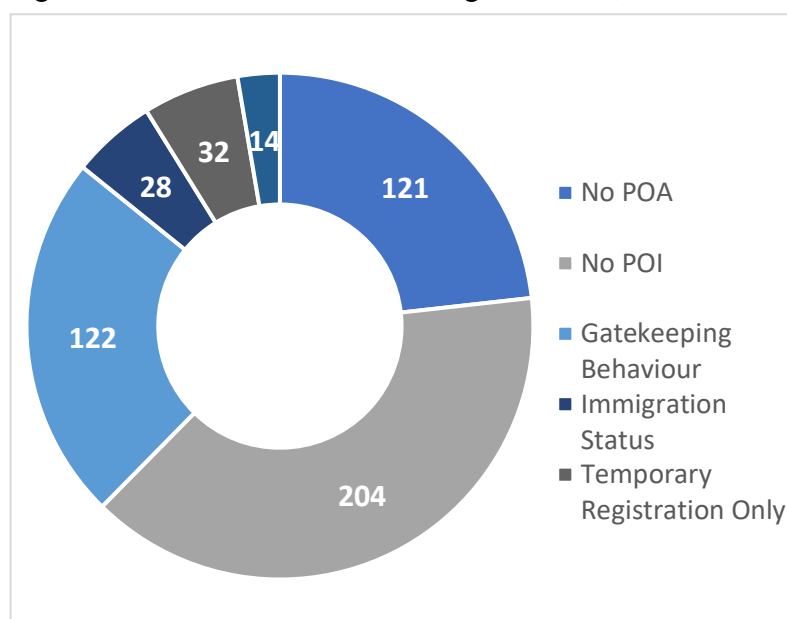
### *3.3 Reasons for refusal*

As noted, almost one fifth of attempts to register DOTW UK patients with GP practices were wrongly refused. Lack of paperwork was the most common reason for refusal, cited in almost two thirds of refusals (64%). The patient’s immigration status was cited in 28 instances of refusal (7%).

The reasons for refusal were recorded as follows: lack of proof of address (29%), lack of proof of ID (49%), gatekeeping behaviour (29%), immigration status (7%) and not specified (3%). In addition, in 32 cases (8%) 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 N (%)	No POA	No POI	Paperwork (total)	Gatekeeping behaviour	Immigration status	Temp. only	Not specified
<b>419</b>	121 (29%)	204 (49%)	268 (64%)	122 (29%)	28 (7%)	32 (8%)	14 (3%)

*Note: Some attempts were refused for multiple reasons.*

### 3.3.1 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:

*“Called surgery and I was told that they no longer ask for proof of address or anything. One just needs to drop by and register providing they live in the area”.*

*“She said our letter would be fine as POA but need an original ID or letter from the Home Office. After speaking with the practice manager and I explained that ID was not an NHS requirement, she said SU could come in with our letter and whatever ID she had”.*

However, other extracts illustrate lack of awareness on the part of staff, registration policies that deviate from official NHS guidance and attempts to determine a patient’s immigration status before agreeing to registration. These factors have all prevented patients from accessing the healthcare they are entitled to:

*“Asked for patient's immigration status. Asked whether she was a visa over-stayer”.*

*“Said that service user would have to state why he is not renewing his passport for Home Office checks. They were not aware that sharing between NHS and Home Office is no longer allowed to occur”.*

*“Said they would not register without being able to prove how long they had been in the country for”.*

*“I was informed that NHS guidance was just guidance, and it was at the discretion of the partners whether to follow this guidance... Seemed unaware/disagreed that immigration status had no bearing on entitlement to primary care”.*

*“Spoke to practice manager, she said she is aware of the NHS guideline, but it is their practice policy to not accept patients without any paperwork”.*

### ***3.4 Characteristics and consistency of GP practices***

Three quarters of the 990 practices approached were located within Greater London (n=744). Thirty percent of GP practices approached (299 of 990) refused at least one registration attempt. Almost all of these (n=256; 87%) were rated as ‘Good’ or ‘Outstanding’ by the Care Quality Commission (CQC).

While the majority of practices agreed to every registration attempt (n=690; 70%), 130 consistently refused registration (13%) and 17% of practices (n=169) were inconsistent in their responses. This means that on some occasions they agreed to register patients and on others they refused. Eighty-four percent (n=109) of those that refused all attempts had ‘Good’ or ‘Outstanding’ CQC ratings.

#### **Exploring**

Overall trends were replicated at the London level. Of the 744 London practices approached, one third (n=242) refused at least once. Refusing practices were more likely to be located in London's more deprived boroughs and 37% of total refusals were concentrated in London's five most deprived boroughs.<sup>7</sup> While these were also boroughs with higher numbers of registration attempts by DOTW, four of the five most deprived boroughs had higher than average rates of refusals (above 17%).

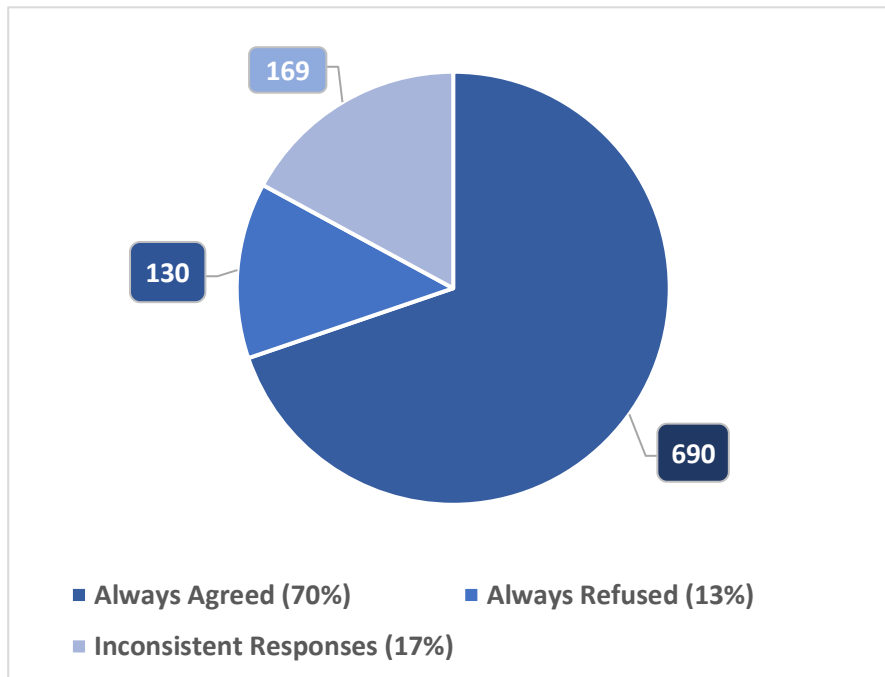
The correlation between DOTW attempts and deprivation was inconsistent. For example although Islington and Hackney count among most deprived boroughs, DOTW made comparatively few registration attempts there (36 and 61, respectively).

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<sup>7</sup> 112 refusing practices located in 10 most deprived boroughs, as measured by DCLG English Indices of Deprivation 2015 for London.



**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(%))
990	690 (70%)	130 (13%)	169 (17%)

## 4. Discussion

The UK's primary care services are, in principle, open to everyone in the country. This principle is enshrined in law as well as in the contracts which govern GP services. NHS England guidelines, in interpreting GP services' duties in relation to equalities and non-discrimination, protect the right to GP registration for those who are not able to provide proof of address or identification. However, our findings demonstrate that many GP practices are failing to implement these principles and, as a result, vulnerable patients are facing worrying obstacles and unnecessary delays to primary care access.

In 2018, almost one fifth of 2,189 registration attempts made by DOTW across 990 GP practices were refused. In almost two thirds of cases, patients were refused because they could not produce the required paperwork (ID or proof of address).

The prevalence of gatekeeping behaviour and the inconsistencies within practices indicate 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.

Although a correlation between deprivation and refusals was visible in London, this could be primarily a function of the geographical concentrations of DOTW patients and therefore increased DOTW activity in those areas rather than any other factor and more research is needed to understand the provider-side drivers of registration refusals.

Our findings echo a large body of existing evidence showing barriers to mainstream primary care services faced by inclusion health groups, especially people who are homeless.<sup>8</sup> A recent 'secret shopper' study by Friends, Family and Travellers found that 24 out of 50 GP practices they contacted in England would not register their Gypsy or Traveller mystery shopper, despite being rated 'good' or 'outstanding' by the CQC for their work with 'People whose circumstances may make them vulnerable'.<sup>9</sup>

Like that of Friends, Family and Travellers, our research also suggests that the CQC may not be picking up on the problem of GP registration barriers for inclusion health groups in their inspections. In addition, our findings show no significant improvement since 2016 and 2017, when 23% and 20% of DOTW registration attempts were refused, respectively, mostly because of a lack of paperwork.<sup>10,11</sup>

This analysis has some limitations. The problem of wrongful registration refusal is likely to be much greater in reality, given that our analysis concerned attempts made by trained and experienced DOTW volunteers. When patients approach GP practices themselves, they often have limited knowledge of their rights and face language and psychosocial barriers, making 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>12</sup>

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<sup>8</sup> For example: Gunner E, Chandan SK, Marwick S, Saunders K, Burwood S, Yahyouche A, Paudyal V. 2019. Provision and accessibility of primary healthcare services for people who are homeless: a qualitative study of patient perspectives in the UK. *Br J Gen Practice*; 69(685):e526-e536. doi: 10.3399/bjgp19X704633.

<sup>9</sup> Friends Families and Travellers. 2019. No room at the inn: How easy is it for nomadic Gypsies and Travellers to access primary care? Available at: <https://www.gypsy-traveller.org/wp-content/uploads/2019/03/No-room-at-the-inn-findings-from-mystery-shopping-GP-practices.pdf>

<sup>10</sup> DOTW UK (2016) Registration refused: A study on access to GP registration in England.

<sup>11</sup> DOTW UK (2017). Registration refused: A study on access to GP registration in England.

<sup>12</sup> DOTW UK (2016)

## Conclusion

The findings have extensive implications for the effectiveness and efficiency of the health service as well as for public health. The persistence of barriers to GP registration means lost opportunities for illness prevention and early intervention and increases the likelihood of patients resorting to unscheduled or emergency care.

The research sheds light on the concerning prevalence of restrictive patient registration policies, which deviate from the NHS England registration guidelines and from GP contract obligations.<sup>13</sup> Such policies are discriminatory and dangerous because they disproportionately affect vulnerable groups who may not be able to provide documents or an address, such as people who are homeless, newly arrived and survivors of domestic abuse and modern slavery. This is doubly concerning given the vital role that primary care professionals play in identifying and safeguarding vulnerable individuals, especially at a time when upfront charging rules for migrants mean that access to secondary care services are more restricted than ever.<sup>14</sup>

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<sup>13</sup> NHS England GP Contract documentation 2019/2020. Available at: <https://www.england.nhs.uk/gp/gp-fv/investment/gp-contract/gp-contract-documentation-2018-19/>

<sup>14</sup> DOTW UK. 2017. Deterrence, delay and distress: the impact of charging in NHS hospitals on migrants in vulnerable circumstances. [https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/Research\\_brief\\_KCL\\_upfront\\_charging\\_research\\_2310.pdf](https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/Research_brief_KCL_upfront_charging_research_2310.pdf)