



**My Right to Healthcare: GP Registration
and Access**

**Review of 2019 report and
recommendations**



Published December 2020

Contents

1	Right to Access Healthcare Review	3
2	Issue Overview	4
3	Update on recommendations made	6
4	Recommendations	11

1 Right to Access Healthcare Review

This report intends to provide an update on the recommendations in so far as the extent to which they have been implemented and a current analysis of the GP registration processes across Milton Keynes.

Since our report in 2019 there have not been any changes to *The Primary Medical Care Policy and Guidance Manual (2017)* in respect of patient registration for primary medical care services. Furthermore, a patient does not need to be “ordinarily resident” in the country to be eligible for NHS primary medical care.

The evaluation methodology undertaken was a review of the individual websites for each GP practice in Milton Keynes between 23rd and 26th July 2020. Due to COVID 19 it was not possible to replicate the Mystery Shopper’ exercise at this time.

This report will recap HWMK recommendations, the responses from the Milton Keynes GP Federation and the Milton Keynes Clinical Commissioning Group, show the results of the review and make further recommendations to ensure consistent and constitutional registration practices are followed by GP practices.

The impact of Covid-19

We are acutely aware that the current pandemic is having a dramatic effect on the NHS and primary care clinical teams. However, the pandemic has continued to highlight that people who are not registered with a local GP experience a different level of care than those who are registered with a local GP. This could include access to timely primary care interventions, access to vital national immunisation programmes and testing.

In recognition of the Covid-19 impact on the NHS, we appreciate that there may be a delay in responding to our recommendations (It is a legal duty for relevant commissioners/responsible public bodies to have regard to our views, reports and recommendations and respond to explain what action they will take, or why they are not taking action¹), however, we will expect formal responses in due course where appropriate.



2 Issue Overview

While everyone in England has the right to access Primary Health care, a section of our community in Milton Keynes are struggling to register at a GP practice because they are unable to provide identification requested by GP Practices. This group includes people whose circumstances may make them vulnerable (for example people with a learning disability, people who are homeless, gypsies, travellers, vulnerable migrants and sex workers - this is not an exhaustive list). For example, we know that, from Public Health England data, homeless people face several health inequalities including:

- 1) Significantly reduced life expectancy. The average age of death among homeless people in the UK is 47 for a man and 43 for a woman. This compares to 79.5 for men and 83.1 for women in the general population.
- 2) Greater incidence of long-term physical health conditions. Public Health England estimates that 41% of people classified as rough sleepers have a long-term health condition. This compares to 28% of the general population
- 3) High prevalence of mental health problems. In 2009, the charity Crisis found homeless people were nearly twice as likely to have experienced mental health problems as the general population. Rates of suicide are high among the homeless population.²

Research by Homeless Link³ shows that 18% had been refused registration to a GP or dentist in the previous 12 months.

These individuals are subsequently unable to access Primary Care, indirectly being denied their right to access Primary Care against NHS England's (NHSE) guidelines, the Equalities Act 2010, the Public Sector Equality Duty (2011) and the Human Rights Act (1998)⁴. Some of these individuals are only able to access Primary Care through local Urgent Care services, which is welcomed but it is not necessarily the same as a named GP practice (e.g. potentially missing out on Health monitoring schemes, ongoing medication requirements, and vaccination schedules - influenza and potential Covid-19 vaccinations currently of high priority). Healthwatch Milton Keynes is concerned about the impact on the health and wellbeing of some of the more vulnerable groups in our society.

Our initial piece of work showed that, in Milton Keynes, our rough sleeping population were being supported through outreach clinics which circumnavigated the registration issues. However, we also found that those residents who live on the houseboats, couch surfers and hidden homeless, people in temporary accommodation for a variety of reasons, as well as older people who have moved to live with their adult children were being refused registration because of local GP Practice policies.



Healthwatch Milton Keynes remains concerned by the fact that in an age where more and more people will work and live in more than one geographical area during their lives (e.g. increased workforce mobility which supports economic growth) that the NHS continues to allow the rigid application of arbitrary boundaries and “Places”. The NHS should and must change to support a more dynamic and mobile workforce. For example, a person is able to register for Council Tax or even a school place relatively simply and quickly.

The bureaucratic barriers for registering with a GP within the NHS seems to have increased rather than decreased over time. HWMK recognises that there are practical reasons why, when registering new patients, GP practices may ask for identification. We advise people that if they have identification, they should take it with them when registering at a GP practice. However, this report is aimed predominantly at the issues faced by those who are genuinely unable to provide identification to prove that they live within a specific practice boundary.

3 Update on recommendations made

In our original report (<https://www.healthwatchmiltonkeynes.co.uk/report/2019-06-06/my-right-healthcare-gp-registration-and-access>), Healthwatch Milton Keynes made recommendations to the Milton Keynes Clinical Commissioning Group and the MKGP Federation. The MKGP Federation is a GP Federation owned by 26 shareholders with each share representing a general practice within Milton Keynes. Their stated aim is that by working together they can improve and standardise care for MK patients, increase efficiencies in primary care, and make primary care more sustainable and resilient. The MKGP Federation supports their member practices with education, training, and representation. The recommendations we made, and the responses are summarised below.

2.1 Reflecting National Policy in Local Practice

1. Healthwatch Milton Keynes recommends that GP Practices in Milton Keynes review their practice procedures to ensure that they fall in line with, and do not contradict Primary Medical Care Policy and Guidance.
2. The Primary Medical Care Policy and Guidance policy highlights that patient registration is a complex issue. We recommend that Practice Managers ensure that national policy is not applied selectively in practice procedures.
3. The Primary Medical Care Policy and Guidance must be understood and applied as a whole, and we recommend that Milton Keynes Clinical Commissioning Group (MKCCG) ensure practices comply with it and offer appropriate support to manage complex issues.

In May 2019, the formal response from the MKGP Federation supported these recommendations and would work with stakeholder partners, stating:

“We support all patients’ right to register and we all aspire to make registration made simple and safe. Supporting vulnerable and homeless patients”

As a result of this agreement they pledged to undertake a review of the local guidance:

- Provide support to GP practices to assist them in making the required amendments to their respective websites to ensure accuracy and consistency across Milton Keynes
- Host training sessions for reception teams on vulnerable healthcare



- Invite HWMK to work with registration teams to develop a standardised, simpler registration forms for all practices.

The Clinical Commissioning Group (CCG) also agreed to address the matter at a wider level with regards to information being shared to practices ensuring that practices are supported in understanding guidance.

The MK GP Federation organised a Task and Finish group comprised of practice managers, registration clerks and other administrative staff to create a standardised registration form which asked the questions required to give a good medical history and also reminded people that providing identification was useful but would not be a barrier to registration.

While it is pleasing to note that many GP Practices have begun to use the standardised form, it is equally disappointing to see that almost every practice has added their own text alongside these forms stating that not providing photo identification and a variety of other forms of identification will result in patients not being registered.

2.2 Accurate Information on GP practice websites

Healthwatch Milton Keynes recommended that all GP practices in Milton Keynes ensure that the patient registration information on their website complied with the national policy. HWMK suggested the following wording which would have ensured a consistent and equitable approach:

Registering as a new patient:

Please bring one of each of the following forms of identification with you, if possible;

- *Proof of identification e.g. Passport, driving licence*
- *Proof of current address e.g. Bank Statement, Utility Bill*

If you are unable to produce identification, but live within the catchment area, you will still be able to register.

If you are registering as a new patient, we would encourage you, where possible, to register between X and Y, when the practice is usually less busy.

The MK GP Federation indicated agreement with this approach and would work with members to update website information.

The MK CCG agreed that they would circulate this wording to all practices to utilise on the practice website, and that they would check via an audit that practices are giving correct information and any issues will be raised with the practice and at the practice visit.

The August 2020 review has clearly demonstrated that this standardised wording has not been adopted on any of the 28 GP practice websites across Milton Keynes.

HWMK reviewed the patient registration information provided for the same set of 28 GP practice websites in Milton Keynes as the initial report in 2019.

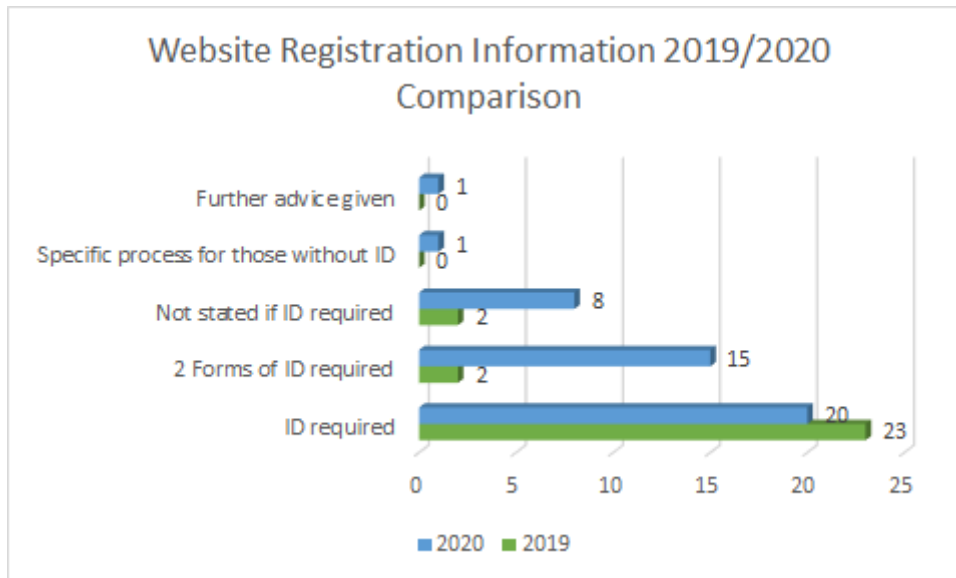
Of the 28 websites reviewed by following the link from NHS.uk (formerly NHS Choices), none displayed the recommended wording. The registration pages of two websites were either 'under construction' or only showed the boundary area and no other information. Three Practices did not have websites, but two of these are practices that are not currently open. Four of the practices' registration information opened on to the registration form, we did not fill in the forms and so were unable to find out whether ID was required. Only the Bedford Street and Furzton Practices were clear that ID was helpful but not required for registration. Hilltops practice website advises that if a patient is of no fixed abode, they should speak to a receptionist who would be able to help with registration. Stony Medical Centre state that ID provided "may be verified with the appropriate authority".

Most troubling, for Healthwatch Milton Keynes, is the requirement by Brooklands Health Centre for photo identification as well as two proofs of address. The reason this is so concerning is that many practices assume, because Brooklands boundary is all of Milton Keynes, that it is their responsibility to register homeless patients and those with no ID.

It is discouraging that most GP practice websites still include registration information that is not in line with the Primary Medical Care Policy and Guidance and that 53% of practices that insist on identification state that a minimum of 2 pieces are required. This perpetual requirement to provide documentation in order to facilitate registration continues to discriminate. Those who are in need of primary care may, as a result of this misinformation, fail to receive the required care which will result in increased health inequalities and poor health outcomes for Milton Keynes residents.



Unfortunately, despite the responses from the MKGP Fed and the MK CCG, the requirement for ID as stated by practices appears to have worsened overall since we published our original report:



This analysis highlights a clear disconnect between GP practice processes and website information, and the clear guidance stated in the *Primary Medical Care Policy and Guidance Manual (2017)*.

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

The NHS is explicitly clear that not having ID is not a reasonable ground to refuse registration. To complement this, there are several information leaflets for patients to refer to and print which they can present to a GP should they be in a ‘refusal to register’ position:

<https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

The British Medical Association (BMA) Website is equally explicit:

“There is no contractual duty to seek evidence of identity, immigration status or proof of address. Practices should not refuse registration on the grounds that a patient is unable to produce such evidence.

Practice staff do not have to make any assessment of immigration status or eligibility for NHS care; they are not expected to act as immigration officials”

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/patient-registration>

2.3 Staff Training

HWMK recommended that all receptionists and other relevant staff undertake consistent training with regards to their pivotal role within the registration process. Information was shared with regards to the training materials produced by Healthy London Partnership.

<https://www.healthylondon.org/resource/homeless-health-elearning/>

The CCG developed and rolled out training for receptionists and admin staff with regards to customer service. Clearly defined outcomes were established to ensure that all staff who undertook the training will have the ability to complete a customer service improvement plan which covered:

- Patient registration
- Confidentiality
- Listening Skills
- Questioning skills
- Patients with challenging behaviours
- Waiting room management
- Using an effective handover tool

This improvement plan allows the person to be aware of their behaviours, tailor their style and communication method to each individual to maintain an excellent patient experience.

The GP federation provided Protected Learning Time (PLT) in September 2019 specifically focusing on registering vulnerable people. While this was useful, it perhaps perpetuates the perception that it is the homeless or vulnerable patient who needs support to register, when the reality is, the registration process is the actual issue. Healthwatch Milton Keynes also attended these sessions as an observer and were disappointed in the overall low numbers of administrative staff who attended this session.

We would like to reiterate the need for Milton Keynes wide support for a process that is consistent, accurate, effective, and non-discriminatory, as required by the NHS constitution and the General Practice guidelines.



4 Recommendations

Because nothing has, in effect, changed for residents of Milton Keynes in being able to register with a GP Practice, we have made the same recommendations as in 2019 and expanded the recommendations to Healthwatch England to provide further challenge to National public bodies with responsibilities in either commissioning or regulating primary care services. We have chosen to take this approach as it appears that some local improvements/actions may benefit from a stronger national effort and with concerns that sometimes contradictory directions/mandates are been issued beyond the local landscape which perpetuates this inequality in access to primary care.

Additionally, this issue is not isolated to the Milton Keynes area; we are aware it is occurring on a national level and we would urge the named national bodies to work with Healthwatch England to act on the evidence and recommendations of this national issue.

We recommend that Healthwatch England ask the national bodies to evaluate the impact of local actions (such as Healthy London Partnership work on Homeless people in London and our own 'My Right to Access Healthcare' project that distributed 1,250 cards across Milton Keynes⁵) and whether such programs have led to any sustained improvements in access to primary care or whether further national action is needed.

Our hope is that this year, in a time where equitable access to Primary Care is more important than ever, there will be a stronger move by commissioners and regulators to ensure that patients' rights are being upheld.



Local Recommendations

Reflecting National Policy in Local Practice

- Healthwatch Milton Keynes recommends that GP Practices in Milton Keynes review their practice procedures to ensure that they fall in line with, and do not contradict Primary Medical Care Policy and Guidance.
- The Primary Medical Care Policy and Guidance policy highlights that patient registration is a complex issue. We recommend that Practice Managers ensure that national policy is not applied selectively in practice procedures.
- The Primary Medical Care Policy and Guidance must be understood and applied as a whole, and we recommend that the BLMK Clinical Commissioning Group, as the successor to the Milton Keynes Clinical Commissioning Group (MKCCG), ensure practices comply with it and offer appropriate support to manage complex issues.

Accurate Information on GP practice websites

- Healthwatch Milton Keynes recommends that all GP practices in Milton Keynes ensure that the patient registration information on their website complies with the national policy. HWMK suggests the following wording:

Registering as a new patient:

Please bring one of each of the following forms of identification with you, if possible.

- ***Proof of identification e.g. Passport, driving licence***
- ***Proof of current address e.g. Bank Statement, Utility Bill***

If you are unable to produce identification, but live within the catchment area, you will still be able to register.

If you are registering as a new patient, we would encourage you, where possible, to register between X and Y, when the practice is usually less busy.

Staff Training

- The role of the receptionist in the registration process is critical. Healthwatch Milton Keynes recommends that Practices provide further, and ongoing, training to their teams, so that they feel empowered to make reasonable exceptions based on individual circumstances.
- Healthy London Partnership produced some useful training resources, aimed at helping receptionists understand homeless peoples' experiences of accessing Primary Care, and highlighting the vital role that receptionists can play in changing this.

<https://www.healthylondon.org/resource/homeless-health-elearning/>.



Patient Registration Refusals

Healthwatch Milton Keynes recommends that when Practices refuse a patient registration, they undertake the relevant record keeping and communication to the applicant, as outlined in the Primary Medical Care Policy and Guidance. If a practice does have reasonable grounds to decline a patient registration, then following this process will help ensure the patient understands why their application has been rejected.

Recommendations to Healthwatch England

Healthwatch Milton Keynes ask that Healthwatch England approach the following National bodies with the recommendations below:

1. NHS England

- 1.1 We recommend that NHS England ensures that local commissioners of primary care services are provided with the clarity of advice and guidance that enables them to meet their legal obligations under the Equalities Act and Human Rights Act with regards to primary care registration. This clarity of advice should ensure that potentially contradictory advice/policy/guidance is not issued to primary care contractors/sub-contractors/providers which may negate or conflict with the duties set out in primary legislation (the Equalities Act 2010 and Human Rights Act 1998).
- 1.2 We recommend that NHS England ensures, without exception, that all of their contractors/sub-contractors of patient registration services/data collection services/ debt collection etc., as well as Primary Care Contractors/Providers are given clear and consistent advice/guidance on their requirement to follow the Equalities Act 2010 and the Human Rights Act 1998 and their legal obligations and individual liabilities under these Acts with regards to registering patients for primary care services.
- 1.3 We recommend that NHS England conducts an audit of their contractors/sub-contractors of GP Primary care services and registration service providers in order to identify current policies/guidance/advice which hinders or contradict the effective implementation of primary legislation (Equalities Act 2010 and the Human Rights Act 1998).
- 1.4 We recommend that NHS England undertakes an audit of the training needs for frontline primary care reception staff to better understand the gaps in skill and knowledge so that more focused, documented training can be provided. This training should be linked with key performance indicators/behaviours which are required for these roles (potentially as part of a wider Workforce Development in Primary Care). This training should include registration of patients where identification documents are unavailable.



2. Care Quality Commission (CQC) - Primary Care Inspection

- 2.1 We recommend that the CQC, as part of their usual Inspection and Rating of Primary Care Providers, ensures that providers are not providing/promoting or encouraging the distribution of information (website, forms or other forms of information or personal communication via reception staff) which unintentionally or intentionally prevents or discourages legitimate patients from registering with a primary care provider.
- 2.2 We note that as part of the CQC's rating of GP providers, the CQC already currently inspects and rates each provider on certain population groups. Therefore, we recommend that the CQC reviews its current rating grades to better or more firmly reflect whether primary care providers are meeting their obligations under the Equalities Act 2010 or the Human Rights Act 1998 with regards to registration of patients.
- 2.3 We recommend that the CQC works closely with Healthwatch England and local Healthwatch to (a) gather further evidence of the scope and scale of this issue and (b) to identify primary care providers who continue to breach the NHS England Guidance on GP patient registration and primary legislation (the Equalities Act 2010 or the Human Rights Act 1998) as part of their regular Primary Care Inspection and Rating programme.



3. The Equalities and Human Rights Commission (EHRC)

- 3.1 We recommend that the EHRC works closely with Healthwatch England and CQC to better understand the scale and impact of preventing/discouraging patients from registering with a GP. The EHRC is the system regulator for fairness and equality: “Our job is to help make Britain fairer. We do this by safeguarding and enforcing the laws that protect people’s rights to fairness, dignity and respect.” Additionally, the EHRC has unique powers and duties that are particularly relevant to this report and hence our recommendations to the EHRC.
- 3.2 We recommend that EHRC undertakes a review to establish whether current guidance/policies/advice issued by NHS England and the administrative processes behind/supporting the registration of primary care patients in England (whether by NHS England, local CCGs and/or their contractors/sub-contractors/providers) supports compliance with the Equalities Act 2010 or the Human Rights Act 1998. This review should aim to identify any areas where improvements are necessary.
- 3.3 We recommend that this review (Recommendation 3.2) should also encompass any potentially contradictory/confusing guidance/advice/mandates issued by other national bodies (e.g. Home Office, Department of Health & Social Care) which impact on the registration of GP patients, e.g. identifying the legislative need/origin of the requirement of providing photographic forms of identification for GP patient registration and whether this aligns with existing primary legislation (e.g. the Equalities Act 2010 or the Human Rights Act 1998).
- 3.4 Following a review, we recommend that EHRC explores how best it can exercise its existing duties and powers to reduce or eliminate the current systemic inequality that has flourished around registering patients for NHS primary care services.

¹ Section 221 [3a] and Section 224 of the Local Government and Public Involvement in Health Act 2007 and implemented by “The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013”

² <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-29-looking-after-homeless-patients-general-practice>

³ <https://www.homeless.org.uk/facts/homelessness-in-numbers/health-needs-audit-explore-data>

⁴ For the purposes of this report, we refer to Article 2 (Right to life and life expectancy) and Article 14 (Protection from Discrimination) of the Human Rights Act 1998.

⁵ <https://www.healthwatchmiltonkeynes.co.uk/report/2019-06-06/my-right-healthcare-gp-registration-and-access>

