



**Registering with a GP in
the Rotherham area
as a vulnerable patient**

Background

The NHS states that patients have a legal right to register at whichever GP practice they choose. GP practices must accept any patients who wish to register with them unless they have reasonable grounds to refuse registration. Reasonable grounds include lack of capacity for new patients or not currently registering patients outside its practice boundary. GP practices must not decline registration due to personal characteristics (age, gender, social class, religion, race, appearance, disability or medical conditions).¹

It is often assumed that, to register with a GP, patients must produce certain documents to prove their identity or address. Also, many practice websites mention their requirements for new patients to bring certain forms of ID to register. This assumption may result in patients who do not hold those documents (e.g homeless people, refugees, etc) not receiving treatment to which they are entitled. Research by *Homeless Link* found that 18% of homeless people have been refused registration with a GP or dentist² despite 41% of rough sleepers having a long-term health condition (compared to 28% of the general population) and many living with mental health issues as well³. In fact, GP practices cannot refuse registration to any patient who cannot produce ID or proof of address⁴. In 2018, Healthwatch Croydon looked into homeless patients' access to GP's in the South London area⁵. They provide accounts of rough sleepers having great difficulty with registration due to them lacking sufficient ID, so produced 'My Rights To Healthcare' cards for vulnerable people which can be shown to GP receptionists who are refusing to register them. These cards state the NHS guidelines and reinforce the rule that practices cannot refuse registration if the patient lacks PoA, ID documents or correct immigration status.

Because of this, Healthwatch Rotherham is interested in researching the procedures of GP practices across the Rotherham CCG in the case that a patient who could not produce photographic ID or Proof of Address wanted to register with their practice. Background research found that the only requirement from NHS England to GP practices is that they must ask new patients to complete a GMS1 form. They do not need to ask for any photographic ID or proof of address (PoA). In addition, it was found that The Gate practice in Rotherham is set up especially to cater for vulnerable patients (including homeless, refugees, asylum seekers, removed from other practice lists etc) who may struggle to register at other GP practices due to document discrepancies. Therefore, the main questions we hope to answer are:

1. What is the standard procedure for a new patient to register at GP practices in Rotherham?
2. How would the practice manage a patient wishing to register who could not provide Photo ID or PoA?
3. Do practice staff mention The Gate practice and would they refer a vulnerable patient to The Gate or would they register them at their practice?

¹ <https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

² <https://www.homeless.org.uk/facts/homelessness-in-numbers/health-needs-audit-explore-data>

³ <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-29-looking-after-homeless-patients-general-practice>

⁴ <https://assets.nhs.uk/prod/documents/how-to-register-with-a-gp-homeless.pdf>

⁵ <https://www.healthwatch.co.uk/news/2018-03-23/improving-access-gp-services-people-who-are-homeless>

Method

It was decided the best way to conduct the research would be to act somewhat as a 'secret shopper'. We decided to make unannounced phone calls to GP receptions to ask their procedure for a standard patient coming into the practice wanting to register, and for a patient who could not provide any documents that were asked for. We also made note if practices mentioned The Gate practice. The time taken to speak to a member of the reception staff on the phone was recorded too.

A standard script was written for the phone calls. This was:

"Hello, my name's James, I'm calling from Healthwatch Rotherham. We're doing some research into how patients register with GP practices in the Rotherham area. Would I be able to ask you some questions about how a new patient would register with your practice?"

We then asked what their standard procedure is for registering a new patient, and how they would manage a patient who could not produce any documents requested, such as a homeless patient or a refugee.

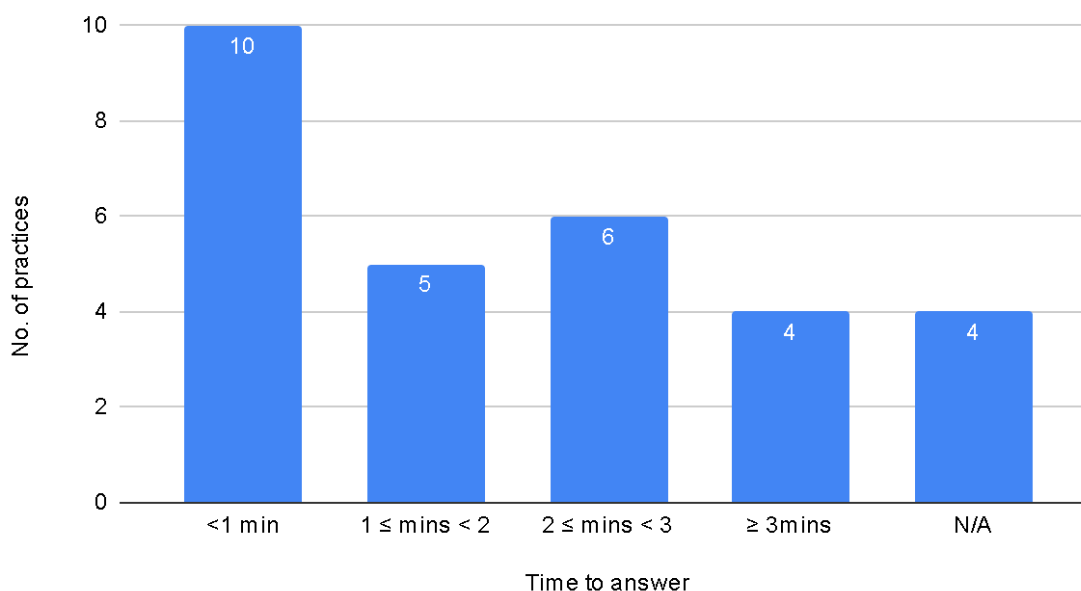
All calls were made on 2nd or 3rd December 2019 between 10am - 4pm.

Results

We received complete data from 28 GP practices across Rotherham's 6 primary care networks plus one practice who told us they would call back with the info but never did.

Initially we noted how long it took from dialing the practice number to speak to a receptionist. These times are shown in the graph below:

Time to speak to Receptionist



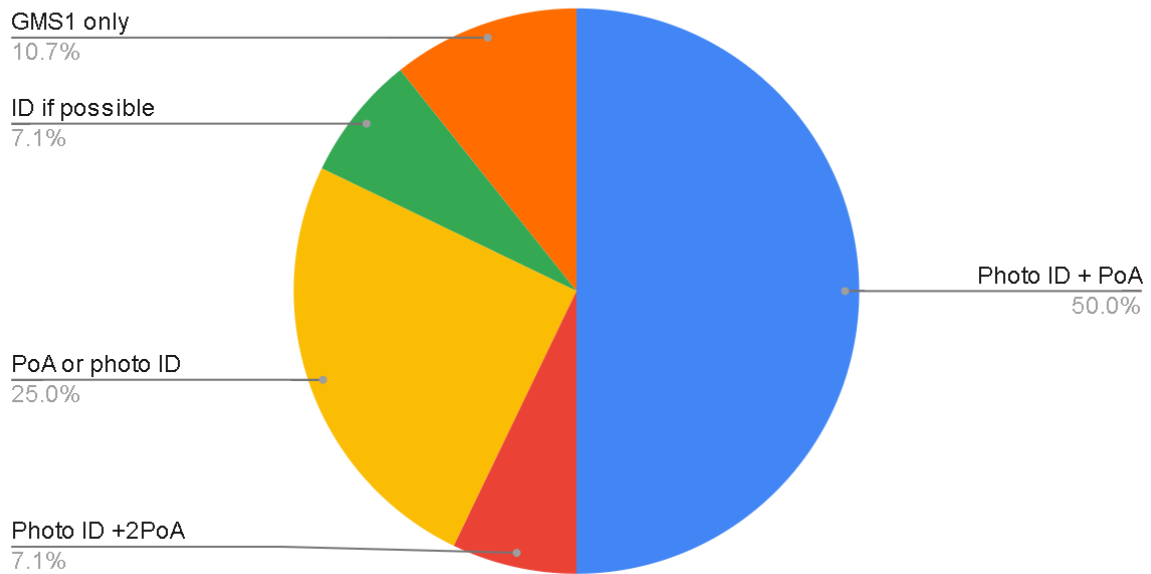
Most practices answered in under three minutes. Of the practices who took more than three minutes, times to answer varied from 03:30 to 12:00 minutes. Of the practices in the N/A set, two were practices partnered with another who shared a telephone number and another two were not recorded in error.

We initially asked what the procedure would be for a new patient wishing to register at the practice. All of the practices said that they ask patients to fill in a form (GMS1 or practice's own version). In addition to this:

- 14 practices ask patients to bring Photo ID (e.g passport, driving licence) and Proof of Address (e.g bank statement, utility bill)
- 2 practices ask for Photo ID and 2 PoA
- 7 practices ask for Photo ID or PoA
- 2 practices ask for any form of ID the patient could produce
- 3 practices ask for no ID at all.

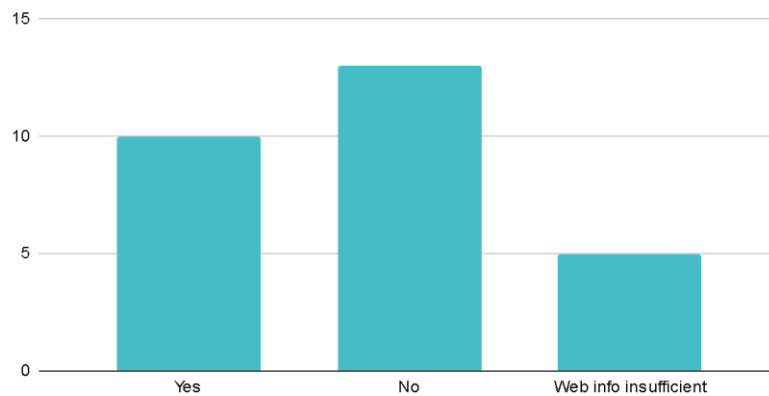
This is demonstrated in the chart below:

According to the GP receptionist, what are the ID/PoA requirements for a new patient registration?



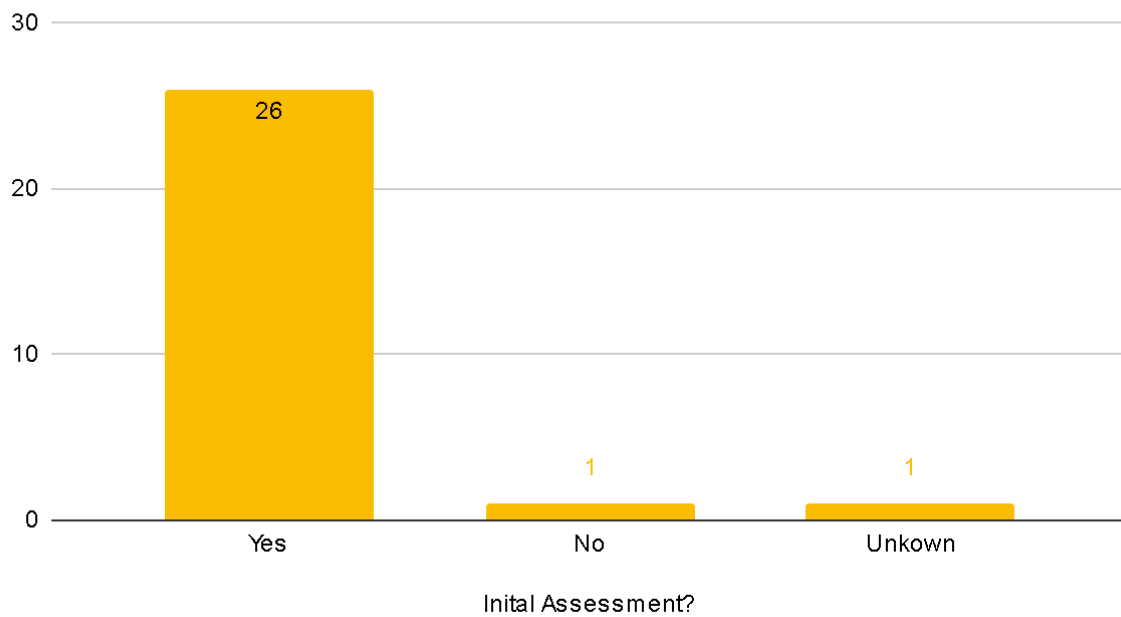
We compared what GP receptionists explained with what was shown on the respective website under their 'new patient registration' section. We found that, more often than not, GP practice websites were asking new patients to bring different documents to those that the receptionists asked for or that GP websites lack this information.

Do the registration requirements listed on practice websites match what we were told by receptionists?



It became apparent that many practices offer an initial screening appointment with patients, often lead by a nurse or HCA, to assess new patients' current health, medications and lifestyle. 26 of the practices we spoke to offered this service.

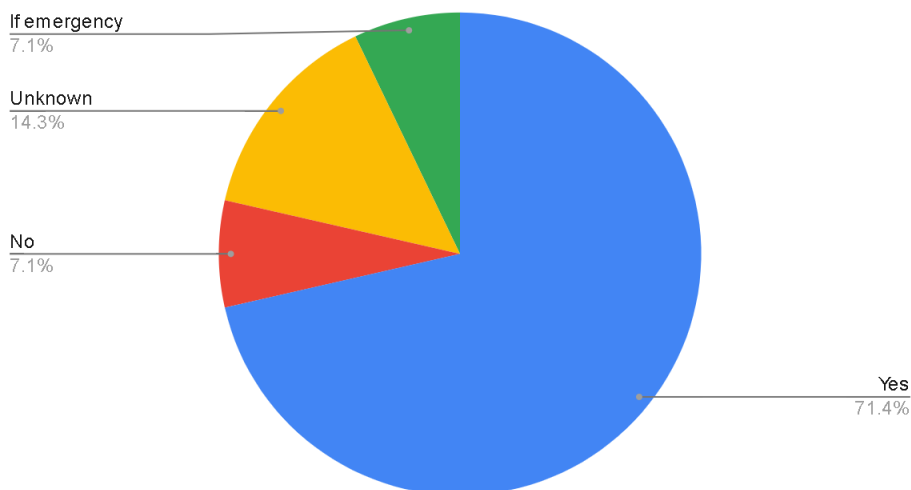
Do you offer any initial health assessment to new patients?



Next, we enquired as to whether the practice would allow a patient to register if they did not have any documentation, including no photo ID or PoA. It was found that:

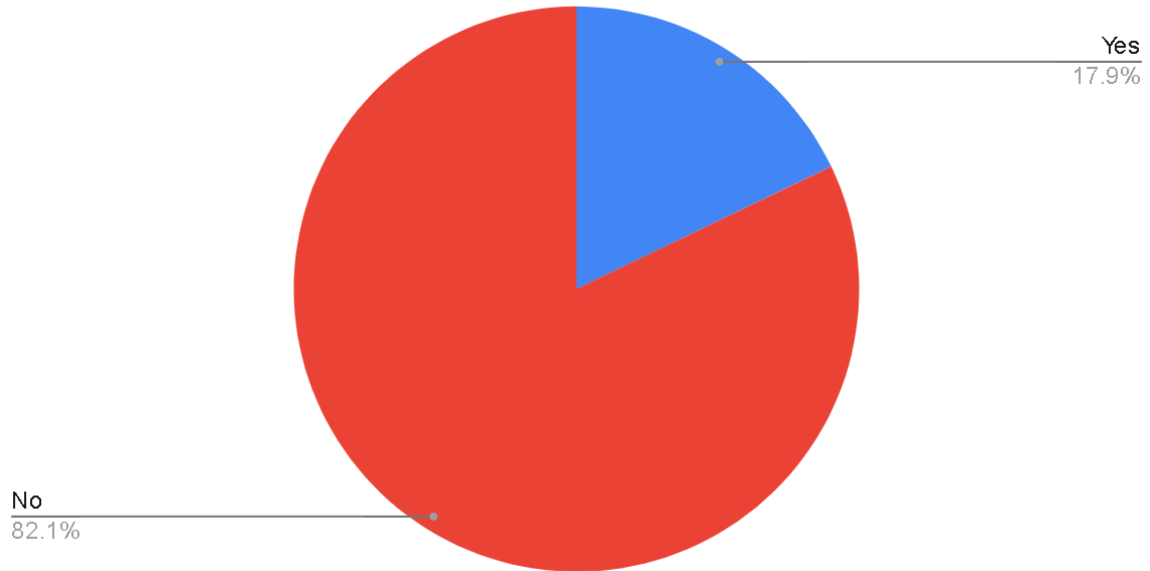
- 20 practices said that the lack of ID would not be an issue and they would allow the patient to register
- 2 practices would refuse to register a patient without ID
- 4 practices were unsure, were unable to answer or had no procedure in place
- 2 practices said they would only register the patient in exceptional circumstances where an emergency appointment was required.

Can someone with no documents register?



Finally, we noted whether the practice staff mentioned The Gate practice or suggested that they would refer a vulnerable patient there. 5 practices said that they would encourage a homeless patient, refugee or patient with a complex social status to The Gate. 23 did not mention it.

Did the practice mention The Gate or state that they refer there?



Discussion

From this research, certain points for discussion are raised. Firstly, it was reassuring to see that, when calling GP practices, a receptionist was generally reached within 3 minutes of dialling. This includes time spent listening to prerecorded messages and call-directing menus. This was an encouraging finding as we can assume patients are not generally having to wait for a long time to speak to their practices, which in turn may lead to impatience and choosing inappropriate services for the health condition they are calling for (e.g going to A&E).

When we asked the standard procedure for a new patient registering, all receptionists were able to answer. All practices mentioned a form that they would require - a GMS1 or their own equivalent. However, there was a great variety in the types of documentation that practices would ask for to accompany the form. While half of practices would ask patients to bring one form of photo ID and one PoA, the remaining half asked for combinations ranging from no ID at all to photo ID and 2 PoA's. The general consensus was that practices ask for ID for their own benefit i.e to verify that a patient lives within the practice's catchment (if applicable), to verify their identity or to trace past medical records.

We also checked what the receptionist explained as their practice's registration process against the respective practice's website. Alarming, only 10 practice's websites listed the same process (including what documents to bring) as that given by the receptionist. The remaining practices either had no information on their website or listed a different registration process. From a patient perspective, this may cause confusion and unnecessary delays to registration, which may then lead to patients lacking confidence in their GP practice and reluctance to use their GP as a first port-of-call.

Furthermore, it became apparent that most GP surgeries offer newly-registering patient an initial health screening appointment. This was usually lead by a practice nurse, nurse practitioner or healthcare assistant. During these appointments, it is commonplace to ask new patients about their past medical history, prescription drugs, lifestyle and take some baseline observations (BMI, blood pressure, blood glucose etc). It was disappointing to hear from many practices that uptake and attendance of these appointments is low, as these initial appointments allow practices to tailor their services to new patients' needs and offer early health interventions. This is especially important for the vulnerable patient for whom we are concerned in this report, as they may have scarce medical records and are unlikely to have been seen by a GP recently. One practice said it did not offer these appointments any longer due to poor uptake. One practice did not mention any initial appointment so was recorded as unknown.

Next we asked if a patient who could not provide any ID (photo or PoA) would be able to register with their practice. This question was often passed to the practice manager as reception staff were unsure of their practice's policy. This in itself is concerning as it may suggest that, if a vulnerable patient were to ask at the practice's reception to register, the receptionist would not know how to deal with the request - leading to embarrassment and additional stress for the patient. Encouragingly, despite only 3 practices having no ID requirements (only requiring GMS1 to register), 20 practices said that they would not have an issue with registering a patient who couldn't produce any documentation. Indeed some practices mentioned how they had registered multiple homeless patients in the past and some allowed patients with no fixed address to use the practice address as a % for any NHS correspondence to be delivered to. Unfortunately, 2 practices said that they would not be

able to register a patient with no ID. As previously established, this is in breach of the NHS guidelines to practices which state that this is not valid grounds to refuse registration. A further 2 practices said that they would give appointments to a vulnerable patient in emergency circumstances; one of which said that they would refer the patient to The Gate for full registration, the other said that they would not register the patient routinely. A final 4 practices were unable to give a comprehensive answer.

Finally, we kept a note of whether GP staff (reception or practice manager) showed awareness of The Gate practice or stated they would refer vulnerable patients there. As previously mentioned, The Gate is a practice in central Rotherham which caters specifically for patients who may be challenging for 'standard' practices to manage. This includes people who are homeless, asylum seekers, refugees, children in care, EU nationals, etc. The Gate also offers a weekly drop-in clinic with a nurse and admin staff at Shiloh (a homeless support centre in Rotherham) where service users can receive medical attention and register with The Gate. 5 practices seemed aware of and/or referred patients with no documents to The Gate, including the 2 practices that would refuse registration to these patients. 23 practices made no mention of The Gate, which is unfortunate as this practice is arguably best set up to handle these vulnerable patients.

This research does have certain drawbacks. It is important to note that only a small number of GP practices within Rotherham were sampled over a short time and may not be reflective of the entire CCG area. Also, as we introduced ourselves as Healthwatch, communicated by phone, and asked theoretical questions, our research may not accurately reflect how a real vulnerable patient attending a practice in person may be dealt with. To improve this research, it would be necessary to carry out more phone calls to practices. In addition, we could carry out surveys of vulnerable patient groups in Rotherham to elicit their experiences of GP registration and accessing health services.

Conclusions and recommendations

From this research, we can draw numerous conclusions and make recommendations:

- Patients are not generally waiting for a long time for their calls to their practice to be answered.
- There is great variety in what forms of identification practices request when registering as a new patient, even though NHS guidelines state none is required. This could be standardised (e.g 1 photo ID and 1 PoA). Patients should be made aware that it is not at all compulsory for them to prove their identity and practices should be advised that they should not demand any ID for a registration.
- A considerable number of GP practice websites have incorrect information regarding registration and many lack details specific to registration for vulnerable patients. This should be addressed.
- It is reassuring that most practices offer new patients an initial health screening appointment. These are beneficial because they allow practices to tailor their services to patient's needs and offer early interventions if health/lifestyle concerns are highlighted. The value of these appointments should be made clear to patients and they should be encouraged to attend, particularly vulnerable patient groups.
- A large number of GP practices would allow patients with no ID documents to register. Those who were unsure or would refuse should be made aware of their obligation under NHS guidelines to register all patients regardless of ID documents unless they have reasonable grounds to refuse.
- It should be considered that cards similar to the 'My Rights To Healthcare' cards issued in South London could be introduced in the Rotherham area for vulnerable patients to show to GP receptions to ensure their registration is not refused.
- There should be greater awareness of The Gate practice's services amongst other practices in the CCG, particularly to receptionists, as The Gate may be better equipped to handle patients lacking documents than a 'standard' practice.

Acknowledgements

Healthwatch Rotherham would like to thank James Dudfield and Lucy Hunter from University of Sheffield Medical School for undertaking this piece of work on our behalf during their Community Placement.