

Population Health Directorate  
Primary Care Division



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**For Action**

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Scottish General Practitioners Committee

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Dear colleague

**PATIENT REGISTRATION**

1. This circular encloses Patient Registration – A Guide for Healthcare Providers of General Medical Services in Scotland. The intention of this document is to clarify the patient registration process to ensure it is being conducted fairly and equitably for all patients, including transient populations such as Gypsy Travellers, migrants, asylum seekers and people liberated from prison amongst many others.
2. There has been no change in national policy in respect of patient registration – this guidance clarifies the rights of patients and the responsibilities of providers in registering with a GP practice. [CEL 09 \(2010\)](#) sets out Overseas Visitors' liability to pay charges for NHS care and services. The CEL is clear that the "overseas visitors regulations do not permit charging for NHS primary care services other than certain dental and optical services"; it suggests that GP practices may find reference to its general principles helpful in determining whether or not to register a patient privately. This guidance, which does not supersede the CEL, makes clear that Overseas Visitors can register on the same basis as ordinary residents.
3. This guidance has been produced by the Scottish Government in collaboration with colleagues from across Health Board Primary Care Leads, Practitioner Services Division, NHS 24 and NHS Education Scotland.

**Action**

4. NHS Boards are requested to bring this circular to the attention of all GP contractors.

**Enquiries**

5. In the instance of any enquiries on this circular please contact Michael Taylor.

Yours sincerely

A handwritten signature in black ink that reads "Richard Foggo". The signature is written in a cursive style with a prominent initial 'R' and a long, sweeping tail on the 'o'.

Richard Foggo

Deputy Director and Head of Primary Care Division

# **PATIENT REGISTRATION**

**A GUIDE FOR HEALTHCARE PROVIDERS OF  
GENERAL MEDICAL SERVICES IN SCOTLAND**

**SEPTEMBER 2018**

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## 1. INTRODUCTION

The Primary Care Leads Network and public feedback to Scottish Government policy areas have highlighted that some patients find it difficult to register with a GP Practice. In developing this guidance we became aware that NHS England had published the [Patient Registration Principles for General Practice Guidance](#). The Patient Registration Short Life Working Group convened to look at the issue of GP Registration in Scotland and agreed that producing a similar document for Scotland would be helpful in clarifying our own position.

The intention of this document is to further clarify the patient registration process to ensure it is being conducted fairly and equitably for all patients, including transient populations such as Gypsy Travellers, migrants, asylum seekers (including refused asylum seekers) and people liberated from prison amongst many others.

The two key principles are:

**No documents are required to register with a GP. The inability by a patient to provide identification or proof of address is not considered reasonable grounds to refuse or delay registering a patient.**

**Anybody in Scotland may access primary care services at a GP practice without charge.**

There has been no change in national policy in respect of patient registration – this guidance clarifies the rights of patients and the responsibilities of providers in registering with a GP practice. [CEL 09 \(2010\)](#) sets out Overseas Visitors' liability to pay charges for NHS care and services. The CEL is clear that the "overseas visitors regulations do not permit charging for NHS primary care services other than certain dental and optical services"; it suggests that GP practices may find reference to its general principles helpful in determining whether or not to register a patient privately. This guidance, which does not supersede the CEL, makes clear that Overseas Visitors can register on the same basis as ordinary residents.

This guidance has been produced by the Scottish Government in collaboration with colleagues from across Health Board Primary Care Leads, Practitioner Services Division, NHS 24 and NHS Education Scotland.

### 1.1 Aims

In issuing these patient registration operating principles we aim to:

- Clarify the contractual rules in respect of patient registration
- Reduce the risk of exacerbating health inequalities for specific sections of the community
- Ensure best practice approaches for patient registrations
- Ensure fairness, equity and transparency in the way general practice services are delivered across Scotland

## **2. PATIENT REGISTRATION PROCESS**

Prospective patients can still obtain the Application Form (GPR) to Register Permanently with a General Medical Practice ([PCA2018\(M\)01](#)) from their local GP practice or download it from the [NHS Inform website](#). Most GP Practices will have registration instructions and forms on their websites.

When registering a patient most practices will continue to follow a policy by which they request patients to complete a GPR form and a registration questionnaire.

Practices should be aware that an application can be made by the patient or patient's representative (e.g. parent, local authority, voluntary organisation etc.), and that their details should also be recorded on the GPR form.

***A verbal request to join a practice is acceptable and some patients may require assistance to complete the form.***

### **2.1 Where to Signpost the Patient if Their Application is Refused**

If for any reason a registration application is refused, the patient should be informed of the reasons in writing (see 5. Refusing Registration). They can apply to another practice by contacting the reception desk of that GP practice for a registration form. A list of GP practices can be found by consulting the [NHS Inform GP finder](#). Alternatively the patient can find more information about any local processes for registering with practices on the relevant NHS Health Board websites. Note: some patients, such as those experiencing homelessness, may not be online and it may be appropriate to print or give them this information in hard copy if that is the case.

If a patient is finding it difficult to register with a practice then the Board may wish to provide the applicant with the contact details of staff in the appropriate Practitioner Services Division (PSD) Regional office who will be able to assist them with the process of being assigned to a practice. When PSD is asked to make an assignment, the choice of practice is then for the Board to make but it must take certain factors into account, including the wishes of the patient, the practices they have been with in the past and the distance between the practice premises and the patient's home.

### **3. LEGISLATION**

- [\*\*NHS General Medical Services Contract \(Scotland\) Regulations 2018 and NHS Primary Medical Services \(Section 17C Agreements\) \(Scotland\) Regulations 2018\*\*](#) - a GP Practice should only refuse a registration application if it has reasonable grounds for doing so which do not relate to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. For example if the practice has approval from the health board to operate a closed patient list or the patient lives outside the agreed practice area.
- [\*\*NHS Charges to Overseas Visitors \(Scotland\) Regulations 1989\*\*](#) - Primary Care Services are not subject to the charging regulations other than certain dental and optical services.

## **4. ASSESSING PATIENT IDENTIFICATION**

### **The inability by a patient to provide identification or proof of address is not considered reasonable grounds to refuse or delay registering a patient.**

Whilst it is not a contractual requirement to request proof of identification, it is understood that there are practical reasons why a practice may apply a policy to ask new patients to provide identification upon registering as a patient's correct identity will have significant implications for treatment, referral and other clinical purposes. It also helps to ensure the correct matching of a patient to any existing NHS record, enabling previous medical records to transfer smoothly between practices.

If applying this policy, the practice must be clear that the patient can still register and be treated without identification, and also be clear about whether it will record that the patient was unable to supply any form of identification. Not having identification should not be a barrier to registration but as noted above it can have significant implications for the treatment the practice is able to offer and the use that can be made by the practice of medical records. This policy must be applied equally and fairly to all applicants and should not discriminate against particular sections of the community.

A practice policy should not routinely expect a patient to present photographic identification as this could be discriminatory.

#### **4.1 What to Consider if a Patient Cannot Provide Identification or Proof of Address**

Whilst the majority of patients will be able to provide some form of identification, the practice policy should recognise that it is not always possible for some applicants to provide identification.

The arrangements that have been set out in this guidance should also be followed for people who may have no address or find it difficult to share their address. This may be for a variety of reasons, including homelessness, being part of a nomadic community such as Gypsy/Travellers, or for personal security purposes.

If necessary practices can use an agreed address, such as a Homeless centre, the practice address or 'No Fixed Abode' in order to process the patient registration. In such instances it is reasonable for a practice to ensure they have a way of contacting the patient if they need to (for example with test results).

## **5. REFUSING REGISTRATION**

Registration may be refused by practices only on reasonable grounds, which must not be discriminatory.

If a practice refuses any patient registration then they must record the name, date and reason for the refusal and write to the patient explaining why they have been refused, within a period of 14 days of the refusal. Practices may find it useful to include information in that letter about what a patient can do to find an alternative practice (e.g. relevant websites and contact details).

The practice must keep a written record of refusals of applications including the reasons for them and must make this record available to the Health Board on request.

## **6. APPLICATIONS FROM OVERSEAS VISITORS**

### **6.1 Who can Register for Free Primary Care Services?**

A patient does not need to be “ordinarily resident” in the country to be eligible for NHS primary care – in effect, therefore, anybody in Scotland may register and consult with a GP without charge.

Where a GP refers a patient for secondary care services (hospital or other community services) they should do so on clinical grounds alone; eligibility for free care must be assessed by the receiving organisation. **It is not the responsibility of primary care services to check the eligibility of patients for charging in secondary care settings.**

A patient’s nationality is therefore not relevant in giving people entitlement to register as NHS patients for primary medical care services.

All asylum seekers and refugees (including refused asylum seekers and those with no recourse to public funds), overseas visitors, students, people on work visas and those who are homeless, whether lawfully in the UK or not are eligible to register with a GP practice even if those visitors are not eligible for free secondary care (hospital care) services.

## **7. TEMPORARY OR PERMANENT RESIDENT AND IMMEDIATELY NECESSARY CARE**

### **7.1 Should a Patient be Registered as a Temporary or Permanent Resident**

The length of time that a patient is intending to reside in an area dictates whether a patient is registered as a temporary or permanent patient.

Patients should be offered the option of registering as a:

- temporary resident if they are planning to reside in the practice area for more than 24 hours but less than 3 months;
- permanent resident if they are planning to stay in the area for more than 3 months.

### **7.2 Immediately Necessary Care**

General Practices are under a duty to provide emergency or immediately necessary treatment where clinically determined at any place in its practice area.

The practice is required to provide 14 days of further primary medical services following provision of immediate and necessary treatment.

### **7.3 2018 Contract Offer in Relation to Temporary Residents**

Practices are currently paid to treat Temporary Residents as an element of their global sum allocation based on the average amount that the practice claimed for treating such patients each year prior to 1 April 2003.

Under the 2018 contract, practices will be required to report on numbers of Temporary Residents in 2018/19 to allow the Temporary Patient Adjustment to be reformed and uplifted on the basis that funding will follow activity as soon as practicable.

## **8. PRACTICE AREA**

A practice area defines the boundary within which a GP practice operates. It is not a requirement that a patient is resident in the practice area, determining policy in this regard is a matter for the practice itself (being resident in the practice area may include, for example, being street homeless but primarily within the area).

A GP practice may reasonably choose to refuse an applicant's request to register if the applicant lives outside the area that the practice covers. Practice partners are duty bound to consider the best interests and balance the needs of all their patients. They also need to ensure that they are able to fulfil their contractual obligations towards all patients, including home visits.

## **9. ACCESS TO REGISTRATION**

Practices should ensure there is equitable access for all patients who wish to register with them throughout core hours.

Patients have the right to change practices if they wish - it is not acceptable to refuse to register a patient because they are registered with another local practice. Reasonable exceptions need to be considered with sensitivity to their individual situation such as children whose parents have shared parental rights so may live at more than one address.

## **10. NEW PATIENT HEALTH CHECKS**

It is a contractual requirement that once registered all patients must be invited to participate in a new patient consultation within 6 months of the date of acceptance or assignment to the practice patient list.

However, neither registration nor clinical appointments should be delayed if the new patient consultation has not yet been arranged or taken place.

This consultation need not be with a doctor but could be with a member of the practice team.

## **11. EQUITABLE ACCESS TO PRIMARY CARE SERVICES**

### **11.1 People Recently Liberated from Prison**

These patients should have fair and equitable access to Primary Care Services, including access to a GP. It can be difficult for people recently liberated from prison to provide identification documents as they are not always released with documents that are recognised as identification and may not have an address upon release.

The arrangements that have been set out in this guidance in respect of the registration of any patient within a GP practice should be followed for a person released from prison.

If a practice is applying a policy to request identification then it should apply to all prospective patients equally.

The following items should help a person released from prison to register with a GP:

- If a person in prison is supported by the SPS Throughcare Service they will be provided with a ***Liberation letter from the Scottish Prison Service (SPS) Throughcare Service.***
- Those not supported by SPS Throughcare Services may be provided with a ***Department for Work and Pensions (DWP)*** form for liberation which could also be used as a valid form of identification for the registration process.
- Some people may be released with a Vision summary printed on NHS official paper which can also be used as a form of identification to register at a GP Practice.
- ***Contact from the NHS Prison Health Centre Team*** - There should also be an element of trust between the NHS Prison Health Centre team and the GP Practice team that the patient is who they say they are to enable registration to take place.

### **11.2 Meeting the Healthcare Needs of Veterans**

The Scottish Government is committed to ensuring that all Armed Forces personnel serving, and veterans living in Scotland, are able to access the best possible care and support, including safe, effective and patient-centred healthcare. The policy on priority treatment for veterans to all NHS Boards has been communicated through the [Chief Executive Letter \(CEL\) 8 \(2008\)](#).

Veterans should receive priority treatment for ongoing health problems that are a direct result of their service unless there is an emergency case or another case that demands higher clinical priority. The guidance document, [Meeting the Healthcare Needs of Veterans](#), has been produced to help assist GPs by outlining some of these healthcare needs.

### **11.3 Removal of Patients Registered Elsewhere**

A patient must be removed from a practice's list if a patient is subsequently registered with another provider of essential services (or their equivalent) in the area of the Health Board. For example this would cover patients being moved into long term secondary care or officially placed in or committed to a specialised institution.

Therefore if an institution was providing essential services to patients in its care, then they could not be registered with a GP. However the patient could visit a GP as a temporary patient whilst on a home visit (rather than merely being out for the day) or given immediate and necessary treatment but could not be registered on a permanent basis.

## **12. COMPLAINT HANDLING PROCEDURES**

The new NHS model Complaints Handling Procedure was introduced across Scotland from April 2017. It brings NHS Boards and their contractors into line with other public service sectors in Scotland by introducing a distinct, five working day stage for the early, local resolution of straightforward complaints and a 20 day investigation stage for more complex cases.

The new procedure supports staff to engage with people at an early stage, to understand what is important to them about their complaint and what outcomes they wish to see.

Every practice must have a written complaints process and information for patients which patients can request a copy of.

Patients who wish to complain about a Practice's registration process should make their complaint directly to the Practice concerned. They may do so in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. Practices must consider early resolution, regardless of the method by which the complaint has been received.

Where the person making the complaint feels unable to make direct contact with the Practice concerned the complainant may, in these circumstances, make their complaint via the appropriate Complaints and Feedback team within the relevant NHS Board.

## Annex - Contributors to the Patient Registration in General Practice Short Life Working Group

Tracey Crickett	National Co-ordinator of Scottish Practice Management Development Network, NHS Education Scotland
Fiona Gordon	Assistant Services and Quality Manager, Primary Care Services, NHS Tayside
Jane Haskett	General Manager, Primary Care Services, NHS Tayside
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Michael Taylor	Policy Officer, GMS Contract Team, Primary Care Division, Scottish Government
Iain Young	National Operations Manager, Practitioners Services (Medical)