**Removal of Patients Policy**

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# Introduction

## Policy statement

This policy details the requirement for Sheerwater Health Centre to consider the removal of a patient from the practice list for the following reasons:

* Patient moving from the area
* Unable to contact – assumed moved from area
* Death
* Patient requesting to move practice
* A breakdown of the patient – doctor relationship

## Principles

Whilst the first three reasons above are frequent processes, it is more unusual for a patient to request to leave the practice. Patients may leave for another practice and they do not need to provide any reason for this.

The last example, where there is an irretrievable breakdown between patient and doctor\*, should be extraordinary and a very infrequent occurrence. A good patient-doctor relationship is based on mutual respect and trust and is the cornerstone of good patient care.[[1]](#footnote-1)

Ordinarily, the GP must make every effort to restore trust and develop a positive patient-doctor relationship.

\*It should be noted that whilst the above wording states ‘doctor or GP’ due to it having been written by the BMA, trust extends and exists between all staff and patients. Should that element of trust be lost, say following unreasonable, violent or abusive behaviour, this poor behaviour will be managed appropriately and in accordance with:

[Dealing with unreasonable, violent and abusive patients policy](https://practiceindex.co.uk/gp/forum/resources/dealing-with-unreasonable-violent-and-abusive-patients-policy.1638/)

Both practice and patient have the right to end a patient-doctor relationship when the relationship is not working. This should be infrequent and any reason for removing a patient from the practice list must be fully justifiable.

Removal will not be sanctioned due to a patient complaint or due to a patient being demanding, critical or non-compliant with treatment. However, should any complaint be received that concerns a personal attack on members of the practice, this could be considered as a serious breakdown of patient-doctor relationship that may result in actions that are detailed within the current referenced advice.

## KLOE (England only)

The Care Quality Commission would expect any primary care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE).

Therefore, at Sheerwater Health Centre, this policy is classified as *Safe* should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE)[[2]](#footnote-2)

The following is the CQC definition of Safe:

*“By safe, we mean people are protected from abuse\* and avoidable harm. \*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse”.*

|  |  |
| --- | --- |
| **CQC KLOE S1** | How do systems, processes and practices keep people safe and safeguarded from abuse? |

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees, partners and directors of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

Furthermore, it applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).[[3]](#footnote-3)

## Why and how it applies to them

All Sheerwater Health Centre, staff are to be aware of the reasons why a patient may be removed from the practice list.

Whilst many deductions are routine, staff are at all times required to inform the practice manager should they experience difficulties with a patient should this be considered unreasonable, violent or abusive.

# Death of a patient

## Patients who have died

Patients who have died should be deducted from the patient list. At Sheerwater Health Centre, the following process occurs following the death of a patient:

[Insert organisation deduction process]

Further information can be sought in:

* [Death of a Patient and Bereavement Policy (England and Wales)](https://practiceindex.co.uk/gp/forum/resources/death-of-a-patient-and-bereavement-policy-england-and-wales.1526/)
* [Death of a Patient and Bereavement Policy (Northern Ireland)](https://practiceindex.co.uk/gp/forum/resources/death-of-a-patient-and-bereavement-policy-northern-ireland.1528/)

# Patient moving from the practice area

## Choice of GP practice

The organisation will often be advised that a patient has moved when there is notification from the new practice. When receiving notification, refer to the [PCSE Deductions, amendments and rejections](https://pcse.england.nhs.uk/help/patient-registrations/deductions-amendments-and-rejections/) webpage.

Patients who move out of this organisation’s area may remain registered with the practice but will be advised that the practice is not obliged to undertake home visits nor provide immediately necessary treatment when the patient is at home.

Further reading can be sought at:

* NHS E document titled [Choice of GP practice Guidance on the new out of area patient registration arrangements](https://www.england.nhs.uk/wp-content/uploads/2017/10/Guide-out-area-reg-1214.pdf)
* PCSE webpage titled [What should we do if a patient has moved out of our practice area but we are still willing to treat them as an out of area patient?](https://pcse.england.nhs.uk/help/patient-registrations/deductions-amendments-and-rejections/)

## Where this is impractical

Ordinarily when a patient moves away from the practice area, they then register at a practice close to their new address.

Should any patient request that they remain on the practice list, although it is deemed to be impractical to realistically travel to any appointments, the request would normally be declined.

In these instances, Annex G to the [NHS England's Choice of GP practice](https://www.england.nhs.uk/wp-content/uploads/2017/10/Guide-out-area-reg-1214.pdf) provides a letter template that requires the patient to register at a GP practice closer to their new address.

## PCSE actions for ‘ghost’ patients

As part of the Primary Care Support England (PCSE) contract is to forward letters to patients, such as those regarding a screening programme, should any letter be returned to PCSE advising that the patient has moved house, they will raise a ‘FP69 flag’ on the National Health Application and Infrastructure Services (NHAIS) system.

This flag then will update the organisation’s clinical system.

Following receipt of any FP69 flag, [insert name and role] should then confirm (where possible) the address directly with the patient and confirm or update the address on EMIS Web.

Should PCSE not receive any confirmation from Sheerwater Health Centre (via the link) confirming that the patient is either still at the address or at a new address within six months of the FP69 flag being raised, the patient will then be removed from the organisation’s patient list.  If the letter is returned to PCSE stating that the patient has ‘moved abroad’ or ‘deceased’ the appropriate action would be taken to deduct the patient from NHAIS.

Further reading and advice can be sought at:

* [GP2GP Transfer Policy](https://practiceindex.co.uk/gp/forum/resources/gp2gp-transfer-policy.679/)
* PCSE webpage titled [What should I do if there is an FP69 flag on our system?](https://pcse.england.nhs.uk/help/patient-registrations/patient-removals/)
* PCSE patient dedicated [Patient Removals form](https://pcse.england.nhs.uk/contact-us/)
* PCSE webpage titled [How to move medical records](https://pcse.england.nhs.uk/services/medical-records/how-to-move-medical-records/)

## Prisoners

It is accepted that Sheerwater Health Centre may not be informed of a patient being imprisoned or the length of their sentence. However, if this information is provided, the organisation has a duty to act reasonably and to inform NHS England and have the patient removed from the list.

Further information is available detailing [healthcare for prisoners](https://www.gov.uk/life-in-prison/healthcare-in-prison).

Prisoners who are nearing the end of their imprisonment may register as patients prior to their release from prison. Further reading can be sought in the NHS E document titled [Process for registering patients before their release from prison or secure units](https://www.england.nhs.uk/publication/process-for-registering-patients-prior-to-their-release-from-prison/).

This includes prisons, young offender institutions and immigration removal centres. The process is to simplify registering individuals when they transition back into the community. It is to improve patient information and avoid gaps in necessary treatment.

This is further detailed within [GP Mythbuster No 61: Patient registration](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-61-patient-registration).

## Armed forces personnel

Patients who join the armed forces on a full-time basis are to be removed from the practice list as primary care is provided by the military. Sheerwater Health Centre is to inform NHS England and have the patient’s name removed from the list. However, the patient will still be entitled to treatment as a temporary resident should they return to the area when on leave, etc.

Armed forces reservists, who usually retain their civilian role for most of the year, are to remain on the organisation list as they only serve for limited periods of time.

Further information can be sought at the NHS webpage titled [Healthcare for the armed forces community](https://www.nhs.uk/using-the-nhs/military-healthcare/armed-forces-healthcare-how-it-works/).

## Patients who are abroad for more than three months

Where it is known that a patient has been absent from the UK for a period of more than three months, the organisation is to exercise caution when deciding to apply to NHS England to have the patient removed from its list.

The organisation should determine if the patient has retained a sufficient connection to the UK to continue to be habitually resident here, thereby justifying that they remain on the practice list. For example, it could be considered inappropriate to remove a patient from the practice list who spends three months abroad but nine months of the year in the UK.

A travelling abroad [poster](https://practiceindex.co.uk/gp/forum/resources/travelling-abroad-poster.1402/?fromcat=75) is available to support your patients' understanding for when they are travelling overseas as to what NHS GP services can or cannot be given by your practice.

# Patient requesting to leave the practice

## Patient requests

A patient has the right to request to be removed from the practice list without providing a reason or explaining why they wish to be removed. The practice will notify NHS England that the patient wishes to leave the list and the patient will be removed accordingly.

## Patient registering with another practice

NHS England is compelled to remove a patient from the practice list if the patient registers with another GP practice in the UK.

## End of temporary residence

If a patient has been a temporary resident for three months, they can be removed from the practice list (by the practice) without any further reason being given to NHS England.

Further reading can be sought from this NHS patient information [webpage](https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/how-can-i-see-a-gp-if-i-am-away-from-home/).

# Irretrievable breakdown in a relationship

## General Medical Council (GMC) guidance

Whilst it is acknowledged that practices are permitted to remove patients in appropriate circumstances, the [GMC’s Good Medical Practice](https://www.gmc-uk.org/guidance/good_medical_practice/treat_fairly.asp) states:

*“You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.”*

Furthermore, the GMC advises that organisations should consider the following as reasons for removal:

* Has been violent, threatening or abusive to you or a colleague
* Has stolen from you or the premises
* Has persistently acted inconsiderately or unreasonably
* Has made a sexual advance to you

## General Practitioners Committee (GPC) guidance

The breakdown of a relationship is more complex and extends beyond the irretrievable breakdown of the relationship. This area includes:

* Violence or threatening behaviour: this usually implies a total abrogation by the patient of any responsibility towards the doctor or other members of the practice and will normally result in removal from the list. As well as having a right to protect themselves, GPs have a duty as employers to protect their staff and, as providers of a public service, those who have reason to be on their premises
* Since 1994 it has been possible to request the immediate removal of any patient who has committed an act of violence or caused a doctor to fear for their safety[[4]](#footnote-4)
* Clinicians must exercise their judgement in determining whether a patient’s violent behaviour is a result of their medical condition, be it acute or chronic. Where doubt exists, further guidance should be sought from the Local Medical Committee (LMC)

Removal should never be based on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical conditions.

## Violent or abusive behaviour

Whilst any act of intimidation, aggression or violence, be it verbal or physical, is not acceptable, it is acknowledged that a minority of patients may on occasion be abusive or violent towards staff at Sheerwater Health Centre Sheerwater Health Centre.

This organisation has a zero tolerance towards such behaviour and is committed to reducing the risk to staff and other patients.

Violent or abusive behaviour can be classified as the following:

* Violence is any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work[[5]](#footnote-5)

* Physical assault is the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
* Non-physical assault is the use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment
* Aggression is behaviour that is hostile, destructive and/or violent

If the situation presents when it would not be reasonable to attempt to placate the patient following violent or abusive behaviour, in this instance it would be clear that there has been a relationship breakdown and the rationale for removing the patient from the list will be discussed with all relevant parties.

For further advice, including templated patient letters can be found within the [Dealing with unreasonable, violent or abusive patient policy](https://practiceindex.co.uk/gp/forum/resources/dealing-with-unreasonable-violent-and-abusive-patients-policy.1638/).

## Inappropriate behaviour

To consider what inappropriate or unreasonable behaviour is could be viewed as being subjective. Therefore, to ensure that impartiality is always considered, prior to any further actions being taken incidents of inappropriate behaviour must be discussed by the senior management although any staff member who encounters unreasonable behaviour will always be supported.

As part of this process the practice manager will investigate the incident and discuss this with the patient. The outcome could be that a warning letter is issued or it could be that a cooperation letter is agreed with the patient in the hope that an effective relationship can be maintained.

At Sheerwater Health Centre, inappropriate behaviour is defined as being unacceptable if:

* It is unwanted by the recipient
* It has the purpose or effect of violating the recipient’s dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment

Inappropriate behaviour does not have to be face-to-face and may take many forms such as written, telephone or e-mail communications or through social media. This is covered in the [Patient social media and acceptable use policy for England](https://practiceindex.co.uk/gp/forum/resources/patient-social-media-and-acceptable-use-policy-for-england.1547/).

Should any patient behave in an unacceptable manner, this should be reported to a member of the management team who will determine an appropriate course of action to deal with the issue.

Some examples of inappropriate behaviour include, but are not limited to the following:

* Aggressive or abusive behaviour, such as shouting or personal insults, in person or via social media
* Discrimination or harassment when related to a protected characteristic under the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents)
* Unwanted physical contact
* Spreading malicious rumours or gossip, or insulting someone
* Stalking
* Offensive comments/jokes or body language
* Persistent and unreasonable criticism
* Unreasonable demands and impossible requests
* Coercion, such as pressure to subscribe to a particular political or religious belief

Advice on dealing with inappropriate or unreasonable behaviour, coupled with a letter template requesting cooperation from the patient can be found within the [Dealing with unreasonable, violent or abusive patient policy](https://practiceindex.co.uk/gp/forum/resources/dealing-with-unreasonable-violent-and-abusive-patients-policy.1638/).

# Practice process for removing a patient

## Actions to be taken

Prior to seeking formal approval to remove a patient from the practice list, the practice manager is to adhere to the following:

* Initially consider discussing the problem with an independent party such as the LMC or defence union
* For violent, threatening or abusive behaviour, the patient will be warned that the practice is considering removing them from the practice list. The letter template at [Annex A](#_Annex_A_–) is to be used and this advises that, should there be any further incidents of inappropriate behaviour, they will be removed
* Records of all warnings should be retained and, if a warning has been given in the preceding 12 months, there are grounds for requesting removal
* For instances where there is deemed to be a breakdown of doctor-patient relationship, then the warning letter at [Annex B](#_Annex_B_–_1) is to be used
* The patient will be removed on the eighth day following any request to PCSE. (Refer to [section 7.4](#_Actions_by_NHS) should the patient be receiving treatment)
* The only exception is on the grounds of violence, e.g., when police are involved, in which case the patient will be removed immediately. Note, If the removal is on the grounds of violence or threatened violence, the police must always be informed. Refer to [section 7.5](#_Actions_involving_violent,) for further details.
* In all cases, discuss with the NHS E area team giving the patient’s name, address, date of birth and NHS number
* If it is for a clinical reason as to why the patient’s behaviour was deemed inappropriate, consider changing the patient’s GP internally

In all cases, there must be a justifiable reason(s) for seeking approval to remove the patient from the practice list.

## COVID-19 considerations

During COVID-19 and with heightened levels of mental health related issues, a second warning may be deemed appropriate and favoured by NHS England.

At Sheerwater Health Centre, the practice manager will discuss all such matters with the partners.

## Actions to be taken in cases of justified removal

Should there be any further episode of violent, abusive or inappropriate behaviour and a warning letter(s) has previously been forwarded, then the next step can be enforced.

However, prior to any removal, the practice manager is to discuss the proposed removal with the partners to ensure that they consider this to be justified. Additionally, without breaching any confidence, it should be confirmed that there is no underlying clinical reason why the patient should not be removed such as if, in doing so, this would be of detriment to the physical or mental wellbeing of the patient.

Should it be agreed, then the following actions are to be taken by the practice manager:

* Write to the patient, explaining why they are to be removed from the practice list using the template at [Annex C](#_Annex_C_–)
* Record the decision, attaching the letter(s) to the patient’s healthcare record
* Determine the most appropriate arrangements for continuing the patient’s care and facilitate the timely transfer of the patient’s healthcare record
* Notify NHS England in writing giving the patient’s name, address, date of birth and NHS number

Practice teams must be prepared to fully justify the decision to request the removal of a patient from their practice list. It is therefore essential that accurate records are always maintained.

Records should include:

* All instances of unacceptable behaviour by patients
* Actions taken to try to remedy the situation

## Actions by NHS England

NHS England will remove patients eight days after they receive the request. However, if patients require treatment at intervals of less than seven days, Sheerwater Health Centre is obliged to provide such treatments until the condition of the patient improves.

In such instances, removal will occur on the eighth day after treatment ceases or until the patient is accepted by another practice.

## Actions involving violent, threatening and abusive patients

In instances where patients are violent, abusive, threatening or have displayed signs of generally unacceptable behaviour, or where there are concerns for staff and other patients’ safety, the police are to be notified.

The practice can have the patient immediately removed within 24 hours once they have notified PCSE by either telephone or email. Secondary or local commissioner approval is no longer necessary. However, the incident must have been reported to the police.

The practice must ensure that the reason(s) for removal is recorded in the patient’s healthcare record, along with any supporting documentation such as previous warnings or information leading up to the removal of the patient. The responsibility for ensuring that the patient meets the criteria for immediate removal rests with Sheerwater Health Centre.

To request immediate removal of a patient, the practice manager is to refer to either this [PCSE webpage](https://pcse.england.nhs.uk/help/patient-registrations/patient-removals/?keyword=How+do+I+request+the+removal+of+a+patient+(violent%2c+immediate+or+within+8+days)+from+our+practice%3f) or the [NHS E page](https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-working-with-primary-care-support-england-pcse-annexes/).

# Non-justified reasons for removal

## Complaints

Sheerwater Health Centre will never remove a patient merely because they have made a complaint. Only in instances of an irretrievable breakdown of relationship as a result of complaints should consideration be given to removing a patient from the list and BMA advise the following:

*“Complaints that are a personal attack on members of the practice or that contain clearly unfounded allegations usually show a serious breakdown in the patient-doctor relationship.*

*It is a breakdown of the relationship rather than a complaint per se that must form the basis of any decision to remove a patient from the list”.*

## Medical conditions

Patients will never be removed from the practice list due to the clinical condition from which they are suffering.

## Cost of treatment

It is wholly unacceptable to consider the removal of a patient due to the cost of their treatment. Additional funding may be provided to meet the cost of expensive treatments.

## Age

Whilst some patients may require increased care and treatment due to age, this is not a justifiable reason to remove the patient from the list. Furthermore, the level of care required is recognised in higher capitation weighting for older patients and normally also in the formula for allocating prescribing budgets.[[6]](#footnote-6)

## Additional non-justified reasons for removal

This organisation will never remove patients on the following grounds:

* Race
* Gender
* Social class
* Religion
* Sexual orientation
* Appearance
* Disability

## Removing family members

If the behaviour of one patient has led to their removal, this does not mean the removal of other family or household members should automatically follow.

An explicit discussion with other family members, while protecting the patient’s confidentiality, should take place.

However, should there be a need to visit any patient at home where the excluded violent or threatening patient resides, to protect the welfare of our staff, we may require removing all family members who are within the household from the list. The process will consider whether it would be reasonable to exclude an entire household from the list following a disagreement with a single family member.

# Safeguarding staff and patients

## Safeguarding considerations

When dealing with and removing patients following a violent incident, this organisation is reasonably expected to safeguard all staff in addition to limiting risk to other patients. The following actions will therefore take place to best protect all staff at the practice after a violent incident has occurred and initial actions have been carried out:

* Write the incident up as a significant event (or near miss, if it did not happen on practice premises) including all the actions taken as a result
* Share the Significant Event Audit report with all staff at a practice meeting and document this in the minutes of the meeting. Ensure all reception staff are aware of the situation and know that they should call the police if the patient attends the practice
* Ensure there are two people on reception at any one time and, if that is not possible, ensure that the practice has an up-to-date risk assessment and lone working policy and that the entire practice team is familiar with it
* Check that the patient does not have any personal contact details for the staff members involved, e.g., mobile number, home address etc.
* Discuss the incident with the staff member concerned and ask what, if any, support he or she would like on a personal level
* Recode the patient appropriately and document their removal and the reasons for the removal in the patient’s notes
* Flagging the incident within the patient’s healthcare record and the fact that this patient could potentially be a risk to other clinicians or staff will be helpful information to the practice that will eventually receive this patient

## Special Allocation Scheme (SAS)

NHS Regulations allow a GP practice to immediately remove a patient from their list following any incident where a GP or member of practice staff has feared for their safety or wellbeing, resulting in the incident being reported to the police.

Special Allocation Schemes were created to ensure that patients who have been removed from a practice list can continue to access healthcare services at an alternative, specific GP practice. NHS England has a responsibility to ensure that all patients can access good quality GP services and that patients are not refused healthcare following incidents that are reported to the police.

Patients are registered on the scheme by the submission of a [Violence Reporting Form](https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-working-with-primary-care-support-england-pcse-annexes/) to NHS England or a CCG with Delegated Authority by a GP practice. Authorised signatories on the form are a GP partner, the practice manager or a deputy practice manager. A letter is to be sent to the patient informing him/her that they have been registered on the scheme.[[7]](#footnote-7)

Should a Special Allocation Scheme patient attempt to register with this practice, no warning or preventative message would be received by our clinical system. However, once the registration is received via the GP link, the flag on the patient's record warns PCSE that the patient is subject to the Special Allocation Scheme. PCSE will then reject the registration with a rejection note stating the patient is on the scheme. They will request that the registration is removed from the clinical system.

The patient will then be contacted by PCSE via letter to say that, as they are still subject to the Special Allocation Scheme, they are unable to register at a practice of their choice. They will also be advised that their registration with this practice has been cancelled.

# Summary

This organisation should, where possible, maintain accurate records of the practice list although it is understood that in some instances, we are not always advised regarding patients moving. Should this occur, we will work alongside our NHS and PCSE colleagues to ensure that any corrections are made.

Should any patient need to be removed for the reasons as detailed in this policy, then staff are to follow the guidance. When a patient requires to be removed against their will, serious consideration must be given to this and any decisions must not be taken lightly. Staff must remain acutely aware of the reasons why patients can be removed from the list and of the necessary actions to be taken.

Accurate record-keeping and adherence to the referenced material in this policy will ensure that appropriate actions are taken and staff and fellow patients’ safety is preserved.

# Annex A – Warning letter for removal

[Address]

[Date]

Dear [insert patient name],

As the practice manager of [insert organisation name], I am writing to you on behalf of the partners at the practice. It is alleged that on [insert date] you acted in a manner that was deemed to be [violent / threatening / inappropriate behaviour] whilst attending the practice.

Such behaviour is not acceptable and will not be tolerated. The NHS has zero tolerance towards patients who are violent, threatening or abusive towards staff and we take this policy extremely seriously.

On this occasion, we are content for you to remain with the practice. However,

should you act in such a manner again, we will exercise our right to remove you from the practice list and, if appropriate, report your actions to the police.

Please note, that a copy of this letter will be retained within your healthcare record.

Yours sincerely,

[Signature]

For the partners

# Annex B – Removal letter due to a breakdown in relationship

[Address]

[Date]

Dear [insert patient name],  
  
As the practice manager at [insert organisation name], I am writing following your [enter form of inappropriate behaviour] dated [date].  
  
At this practice, it is felt that we have been accommodating of your requests for [detail] and have always considered this to be acting in your best interests. However, unfortunately it has now reached the point where we are no longer able to offer you safe and effective care due to [enter reason, i.e., your expectations].

Taking care of your health is a joint venture between yourself and your doctor. It is one that relies upon having a doctor-patient relationship of trust. Due to the above detailed reasons, the [partners and I] have discussed these concerns and have agreed that it is now evident that your relationship with the surgery has broken down.

In view of this we therefore cannot continue to provide care for you and we ask that you register at a new practice within 28 days. Other local practices can be found at <https://www.nhs.uk/service-search/find-a-gp>

We are truly sorry that we have had to take this course of action and hope that you are able to foster a more positive relationship with your new practice.

Please note, that a copy of this letter will be retained within your healthcare record.

Yours sincerely,

[Signature]

For the partners

# Annex C – Removal letter due to violent or threatening behaviour

[Address]

[Date]

Dear [insert patient name],

As the practice manager at [insert organisation name], I wrote to you previously on behalf of the partners at the practice on [insert date] regarding your behaviour. It is alleged that on [insert date] you again acted in a manner that was deemed to be [violent/threatening] whilst attending the practice.

As previously advised, such behaviour is not acceptable and will not be tolerated. The NHS has zero tolerance towards patients who are violent, threatening or abusive towards staff and we take this policy extremely seriously.

As a result of your behaviour, you have been removed from the practice list and NHS England has been notified. The removal is effective immediately and you are strongly advised to register elsewhere for your medical care. Other local practices can be found at <https://www.nhs.uk/service-search/find-a-gp>

Please note, that a copy of this letter will be retained within your healthcare record.

Yours sincerely,

[Signature]

For the partners

1. [BMA – Removal of patients from GP lists](https://www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists) [↑](#footnote-ref-1)
2. [CQC - Key Lines of Enquiry](https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20FINAL.pdf) [↑](#footnote-ref-2)
3. [Network DES Contract specification 2021/22](https://www.england.nhs.uk/publication/network-contract-des-specification-2021-22/) [↑](#footnote-ref-3)
4. [BMA - Removing patients from your practice list](https://www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists) [↑](#footnote-ref-4)
5. [HSE - Violence at Work: A guide for employers](http://www.hse.gov.uk/pubns/indg69.pdf) [↑](#footnote-ref-5)
6. [BMA – Practices should never remove patients on grounds of age](https://www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists) [↑](#footnote-ref-6)
7. [NHS E Special Allocation Scheme](https://www.england.nhs.uk/contact-us/privacy-notice/how-we-use-your-information/safety-and-quality/if-you-are-a-patient-assigned-to-the-special-allocation-scheme/) [↑](#footnote-ref-7)