We know that you want local services that work for you, your friends and family. That’s why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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1 Introduction

1.1. Acknowledgements

Healthwatch Greenwich would like to thank the GP practices, service users, and staff for their contribution to the work programme of Healthwatch Greenwich.

1.2. Disclaimer

Please note that this report relates to findings observed on the specific date(s) stated. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

1.3. Context

The impetus for this project was generated from the outreach work Healthwatch Greenwich undertakes with Greenwich Migrant Hub. The Migrant Hub provides advice and legal support to people that have Nil Recourse to Public Funds (NRPF). Healthwatch provides advice on health services, as well as engaging with the clients to obtain their views and experiences on the health and social care services.

Initial data indicated a rise in the number of families that were experiencing difficulties registering with a GP, especially those who were homeless or in emergency accommodation. The main message was that to register, the GP practices were requesting, in some cases, passports/photo ID as well as 2 proofs of address. If the patient was unable to provide these documents then they were not able to register. These registration requirements do not comply with NHS England guidance¹.

In 2015, Greenwich Clinical Commissioning Group (GCCG) ran a GP registration campaign which produced a leaflet “Is everyone in your household registered with a GP’. This leaflet provided advice on how to register. Included on the leaflet, in bold, was the statement that your “immigration status does not affect your right to register with a GP, in fact you shouldn’t even be asked.” This information was incorporated into the leaflet following concerns by GCCG that some black and minority ethnic (BME) residents were reluctant to register because of their immigration status.
In October 2016, Greenwich’s GP walk-in centres were closed and replaced by a GP Access Hub. The Access Hub provides weekend appointments (9am to 5pm on Saturdays and 9am to 1pm on Sundays), accessed via a Greenwich GP or by calling the NHS111 service. However, to be able to use the Access Hub service, a patient needs to be already registered with a Greenwich GP, in part to enable access to their medical records.

Some of the key strategic drivers for the action by NHS England, and the campaign by GCCG, was to improve access to GP services, reduce the number of unregistered patients attending Accident and Emergency, and to ensure that the most vulnerable people would be able to access health care services.

In addition, there was concern that patients could be at risk of being de-registered from a GP list if they were identified as “ghosts”. “Ghost” patients are people that have not used their GP practice for 5 years. The aim being to “cleanse” the GP patient list of any patients that could have died, moved away, or left the country.

The accuracy of the patient list is vital as it is directly related to the funding the practice receives. The GP practice has a duty to provide this list to NHS England, who have commissioned a private contractor (Capita) to contact the patient. A key component of confirming registration details is providing an address. For people who have become homeless, don’t have ID or are in emergency housing this can be very difficult. In addition to this, once a GP has asked for the removal of a patient from their list, there is no way for the patient to stop, suspend or appeal against removal. We are concerned about the lack of checks and balances in this process and will make comments to this effect in our recommendations.

Healthwatch Greenwich decided to carry out an audit of the registration process of all GP practices. Undertaking the audit, combined with various bits of feedback from local patients, has given us valuable insight into the GP patient registration and de-registration processes.

With GCCG now taking on responsibility for commissioning primary care services, including the management of the GP contract, this report’s recommendations are intended to help both them and local GPs to improve the patient registration process (and potentially reduce the pressure on the Accident and Emergency and Urgent Care Centre).
1.4. Strategic drivers

GP patient registration is fundamental in ensuring that patients can exercise their right to access to primary care services. The role of primary care is pivotal in achieving this, acting as gatekeeper to the health system and the main point of contact for the patient. Registration is the first step in the journey.

**NHSE Patient Registration Standard Operating Principles for Primary Medical Care (General Practice)**

In December 2016, the NHS England updated its registration guidance. It stated:

“The reason for issuing this guidance now is evidence of an increasing number of patients finding it difficult to register with some GP practices. This is because they cannot provide documentation to the practice in support of who they are or where they live and the subsequent problems they have in accessing health care. The guidance is designed to clarify the position for all patients, in particular though this issue is affecting migrants and asylum seekers who do not have ready access to documents”.

The Guidance goes on to say that:

“If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration.

“Where necessary, (e.g. homeless patients), the practice may use the practice address to register them if they wish. If possible, practices should try to ensure they have a way of contacting the patient if they need to (for example provide test results). “

The Guidance also provides examples of people who are legitimately unable to produce any of the listed documentation. These include;

- People fleeing domestic violence staying with friends or family,
- People living on a boat, in unstable accommodation or street homeless,
- People staying long term with friends but who aren’t receiving bills,
- People working in exploitative situations whose employer has taken their documents,
- People who have submitted their documents to the Home Office as part of an application,
- People trafficked into the country who had their documents taken on arrival,
• Children born in the UK to parents without documentation.

NHS England are expecting GP Practices to act reasonably and that the individual be registered with sensitivity to their situation.

**Greenwich Clinical Commissioning Group**
Recent research conducted by the Royal Borough of Greenwich (RBG) estimated that those not registered with a GP was between 1.2% and 5.4% of the Greenwich population\(^2\). The research suggested that specific groups were more likely to be unregistered than others. The Picker Institute was commissioned to undertake research with some of these groups, to better understand the unregistered population and identify barriers they may face in registering with a GP\(^3\).

Building on research by RBG and GCCG\(^2\), the Picker Institute focused on exploring these issues with specific communities identified as being more likely to be unregistered with a GP practice. These communities included the:

- Somali
- Nepali
- Vietnamese

Although there were no specific recommendations the research identified three key barriers\(^3\):

- Language
- Lack of information
- Lack of confidence

In response to the report suggestions, GCCG printed the leaflet “Is everyone in your household registered with a GP” to encourage and increase the numbers of patients registering. The leaflet focused on an individual’s rights to register, and aimed to give confidence to people from BME communities to register, by stating that proof of immigration status is not required to register and that GP practices should not be asking.

This was followed in December 2015, by a workshop on advice and guidance concerning patient registration at a GCCG protected learning time event. This workshop was aimed primarily at GP practice staff. NHS England and Public Health gave presentations.
The participatory workshop was led by the Picker Institute who also presented their findings from research into the unregistered population in Greenwich, looking at the barriers patients face, and some of the difficulties encountered by practices in registering patients. The aim was to ensure that practice staff understood the registration guidance better, how best to implement it, and how to ensure that GP registration is "easy, equitable and safe to both patients and practices."

The report from this workshop with the staff (GP Registration - Staff Attitudes) is discussed further in section 3.4.
2 GP Access Audit

2.1 Methodology

We conducted this audit between January and March 2017. We developed a call audit form (Appendix 1) that was used to illicit the information required. We phoned each GP practice and asked reception staff about the information needed for registration. The calls were carried out by our Staff and Authorised Representatives (volunteers of Healthwatch Greenwich).

We also carried out an audit of the web-site of each practice, to identify what, if any, advice and guidance was provided on registration.

2.2 Summary of findings

All 48 GP practices in Greenwich were contacted, including branch practices. Key findings included:

- Apart from Vanbrugh Group Practice, all other practices requested some form of registration documentation, ranging from passport identification to two forms of proof of address.
- 32 practices requested proof of identity (e.g. drivers licence or passport).
- 18 practices requested two proofs of address.
- 17 practices requested one proof of address.
- Three practices requested the patients NHS number.
- Six practices stated that they would not register a patient who did not have any documents.
- One practice requested the NHS number, two proofs of address and proof of ID (i.e. passport) with at least six months remaining until the expiration date.
- Although most practices had a link on their website to download the registration form, none of the practices had any information about patient’s rights to registering without documents, or immigration status not being required.
- Although no practices requested immigration status documents to register, 32 of the practices did request passports or photo ID. Although there was no evidence that administrative staff were making decisions to register on their status in their passport, this requirement could act as a significant deterrent to many people.
2.3. Charts

Figure 1 sets out the percentage responses to the survey question “What documentation do you ask for from a registering patient.”

Figure 1: GP Practices requesting documents to register.

Figure 2 sets out the responses to the question: “If a person registering does not have a proof of address, is homeless or in temporary accommodation can you still register them?”

REGISTERING WITH NO DOCUMENTATION

- Yes 27%
- Yes, if practice manager agrees 31%
- N/A 2%
- Unsure 27%
- No 13%
- N/A 2%
Fig 2 - Can a person register without documentation

Of the 48 practices/branches:

- 58% of the respondents were either unsure or would refer to the practice manager. The responses varied from “I would get a letter from Healthwatch” to “I don’t know, never had to deal with this situation before.” The overwhelming impression is that staff are unsure what to do as this situation does not frequently occur. Many were of the view that the practice manager had a separate process for these applications.
- 31% of the practices stated they could register patients without any proof of address or form of identification, only after referring to the practice manager, with the majority unsure of what to do in such circumstances.
- One practice stated that an address “is not required for registration” but prefaced the response by firstly asking for proof of address.
- One practice positively stated to this question that they “can and must register… and would never turn anyone away”.
- Four practices correctly stated that a homeless person or a person without documentation would be able to register at the practice address.
- The GSM1 (patient registration form) which is used by all GP practices does not provide any guidance on registering without proof of documents or if homeless.
3 NHS regulations and guidance

3.1. NHS regulations

Registering without proof of identity and address
There is no contractual duty to seek evidence of identity or immigration status or proof of address. Therefore, practices should not refuse registration on the grounds that a patient is unable to produce such evidence.

Anyone in England is entitled to receive NHS primary medical services at a GP practice and applications for registration for any patient in England must be considered in exactly the same way, regardless of country of residence.

Registering homeless patients
People who are homeless have particular health needs and often suffer some of the worst outcomes. Both the British Medical Association (BMA) and NHS England are committed to ensuring homeless patients receive the same level of care as those with permanent addresses. The same obligation on practices regarding identity and proof of address applies to homeless patients as a population group. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them.

3.2. GP Contracts

The General Medical Services Contracts Regulations (2004) state that

“practices may only refuse an application to go on their list if they have 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.”

3.3. Care Quality Commission - Standards of care

Expected standards of care
The Care Quality Commission (CQC) expects practices to:
“register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Homeless patients are entitled to register with a GP using a temporary address which may be a friend’s address or a day centre. The practice may also use the practice address to register them. Practices should try to ensure they have a way of contacting the patient if they need to (for example with test results). Some areas will have special services for homeless patients and practices may refer homeless patients into those services in line with local arrangements where it is in the best interests and with the agreement of the patient.”

3.4. Greenwich CCG Commissioned Report - Staff Attitudes

The report, GP Registration - Practice Staff (Picker, 2015) is key in gathering insight into the views and attitudes of practice staff for patient registration administration, and provides evidence of what is happening in the practices.

The report identified many issues influencing practice staff attitudes and behaviours towards patient registration. Although intertwined, the researchers were able to group them at different levels of influence: national, local, and personal influences.

A key finding by Picker:

“was the strength of personal views about patient registration that emerged; specifically, about who should be entitled to receive NHS primary care. These were primarily associated with concerns about protecting NHS resources from those who attempt to abuse the system, either through fraud or simply because they are considered undeserving. Several receptionists saw themselves as conscientiously defending the NHS from people who try to defraud it and similarly, receptionists expressed concerns about people coming from overseas specifically to take advantage of ‘free’ NHS healthcare. This was seen as a ‘waste’ of NHS resources and something they had a responsibility to prevent.”

The report went on to state that:

"a combination of these influences on registration behaviour means that simply clarifying the national guidance to frontline staff may not be sufficient".
The report suggested that due to the strength of practice level influences, the focus should be on:

“supporting practices as a whole to understand the guidance and helping them to translate this into practice-level processes. That means engaging with primary care staff at all levels - receptionists, practice managers, GPs - to clarify the guidance and what this means for day-to-day practice, and also outline any implications of non-compliance.”

### 3.5. ‘My Right to Access Healthcare’ cards

Front (left) and back (right) design of the ‘My right to access healthcare’ cards available to download or can be ordered via the website.

Healthy London Partnership and Groundswell have produced ‘My Right to Access Healthcare’ cards to help people who are homeless to register and receive treatment at GP practices in London. If those who are homeless, or have concerns about their immigration status, are more able to access primary care this could lead to fewer people presenting at A&E with health concerns. The plastic cards are designed to be carried by people who are homeless across London, including people who sleep rough, live in hostels, sleep on family and friend’s sofas, or who are chronically insecurely housed.

They can be used to remind GP both reception and other practice staff of the national patient registration guidance from NHS England. This states that:

- people do not need a fixed address or identification to register or access treatment at GP practices
• where necessary, the practice may use the practice’s address to register the patient if they wish.

Training for reception staff is available via Healthy London Partnership7. They have developed an online training, featuring actors from Cardboard Citizens who have experience of homelessness, aiming to support GP reception staff, and practice managers to ensure anyone experiencing homelessness can get the care they need.
4 Conclusions

4.1. Access to GP services - GP registration

Greenwich CCG has recognised the importance of patient registration, and the effect it can have on reducing urgent care centre and accident and emergency attendance. They have made strident efforts to work with practice staff to ensure that the patient registration guidelines are being adhered to and what it means for the practice.

However, the report findings indicate that despite these efforts, many Greenwich GP practices are still not adhering to the patient registration guidance provided by the NHS, CQC and other professional bodies.

At least one GP practice stated they would refer unregistered patients to the urgent care centre (UCC). Lack of documentation is not an appropriate use of the UCC and could directly contribute to increased pressure on an already stretched service.

Several GP practices will register patients with no ID, but many of these would only do so through the practice manager. There is a risk that this may create an extra block to people in need of primary healthcare services. It would be preferable for reception staff to have clear direction on how and when to do this, without the need to refer to the practice manager.

A key obstacle to the registration process appears to be related to the attitudes and views of the practice staff that administer the process.

The Picker report stated that some practice staff:

“...saw themselves as conscientiously defending the NHS from people who try to defraud it and similarly, from overseas specifically, to take advantage of ‘free’ NHS healthcare”.

Where this is the case, further work may be needed to help practice staff understand both the rights of individuals to access primary health care, and the importance of relieving pressure on accident and emergency and the urgent care centre for routine health care.
Incorrect perceptions should be rectified through the appropriate staff training and development, and should been seen as an urgent action for the CCG. The Picker Institute advice in 2015 was that GCCG should be:

“engaging with primary care staff at all levels - receptionists, practice managers, GPs - to clarify the guidance and what this means for day-to-day practice, and also outline any implications of non-compliance.”

To date we are unable to locate any guidance that the GCCG or NHS England have put into place to respond to “any implications of non-compliance” to the registration guidelines. With GCCG now becoming responsible for GP contracts and performance monitoring, this may be the time to consider a new approach.

Anecdotally, we have also received information suggesting that some patient registrations are being held up due to delays in receiving new patient records from the NHS. The patients records service is delivered by Primary Care Support England (PCSE) who are outsourced to Capita. Whilst it is ideal for GPs have full access to a patient’s medical records, it is essential that GP practices do not hold up registrations or GP appointments whilst waiting for records to be transferred.

### 4.2. De-registration

As mentioned, we were able to gain an insight into the ghost patients and the GP de-registration process. Some of the ghost patients that have been removed from GP practice patient lists are amongst the most vulnerable. This process has been criticised by GP’s and patient’s groups, as they believe that ghost patients are being removed inappropriately and patients are being penalised for not visiting their doctor.

GPs can also remove or de-register a patient from their patient list. The British Medical Association - General Practitioners Council states (May 2017)\(^7\) that a patient must be warned that they are at risk of removal, together with an explanation of the reasons for this, within the period of 12 months before the date of the request to the Primary Care Organisation.

Whilst warnings do not have to be in writing it is good practice for them to be so as this allows for carefully considered reasons to be given. The process does not give the patient much
choice, especially if they are making reasonable requests, if the GP wishes to proceed. We have recently dealt with a case where a patient was de-registered by the practice following a request for a copy of their patient records and a subsequent disagreement about the accuracy of their records. The patient had been with the same GP practice for several decades and was very concerned with being forced to change, However, once a GP has requested a removal via Primary Care Support England (PCSE), who manage the lists on behalf of the NHS, there is no right of appeal and no means to stop or reverse a decision.

### 4.3. GSM 1 Form - Patient Registration Form

The first section of the form requires the patient’s personal details i.e. name, DOB, as well as the NI number. It provides no information on what action to take if a person does not have a permanent address or they are homeless. The word ‘optional’ could be placed next to address, with a short explanation if no permanent address is available.
5 Recommendations

Based on our investigation, we are proposing the following recommendations:

- **Recommendation 1**: All Greenwich GP practices should undertake an urgent review of their own patient registration requirements and ensure they are compliant.

- **Recommendation 2**: In collaboration with the CCG, Greenwich GPs should arrange training for front line practice staff to update them on the NHS England Patient Registration guidance (2016). This could take place during Protected Learning Time.

- **Recommendation 3**: The CCG should provide further written guidance for GP’s on their patient registration practice and procedures.

- **Recommendation 4**: The CCG should work with statutory and voluntary community groups, in particular BME groups, to provide and distribute the Healthy London Partnership ‘health care cards’ to Greenwich residents and patients.

- **Recommendation 5**: The CCG should provide and require appropriate posters to be displayed in prominent places in practices, setting out clearly the registration requirements for vulnerable people, focusing on those who are unlikely to have documentation, as set out in the Patient Registration guidance.

- **Recommendation 6**: The CCG should, where possible, ensure that adherence to NHS England patient registration guidance is monitored as part of the GP contract, with robust performance monitoring indicators. In addition, in consultation with patient representatives, the CCG should develop a policy on what to do with non-compliance with the registration guidance by practices.

- **Recommendation 7**: In conjunction with NHS England, the CCG should consider incorporation on the GSM1 information (patient registration form), information on what is required to register.

- **Recommendation 8**: GP practices should ensure that accurate and up to date patient information is readily available to potential new registrants, including information on practice website and a link to a patient reference document or 'fact sheet' on registration.

- **Recommendation 9**: The CCG should consider the possibility of providing a local appeals process for patients who have been de-registered by the GPs against their will (either via the ghost patient process or any other reason).

- **Recommendation 10**: The CCG should ensure GPs allow newly registered patients to make appointments even if their medical records haven’t been received.
6 Service provider responses

All Greenwich GP practices and Greenwich Clinical Commissioning Group were sent a draft copy of this report to check for accuracy and to have the opportunity to respond. All responses received by the date of publication are detailed below:

Sherard Road Medical Centre

“Thank you for letting us see the draft report. I have no comment on the accuracy of the report. The only comment I have is about the inferences drawn from the results of your telephone survey. One member of staff took an unexpected telephone call, from an official body (who they may never have heard of), asking a question about a practice procedure. Therefore a response of ‘I would ask the Practice Manager’ is, I feel, totally understandable in that situation. I do not see that a receptionist checking with a supervisor or manager is an additional barrier, more a conscientious employee wanting to make sure they were doing the correct thing (for the patient as well as the practice). Certainly CQC are happy with how we deal with homeless patients wishing to register (they specifically asked the staff at our latest inspection).”

Helen Oakley, Practice Manager, Sherard Road Medical Centre

Vanbrugh Group Practice

“In the last column [Appendix 2 - phone audit raw data] it states we do not have a catchment area. This is incorrect. We do have a catchment area and register any patients living within this.

We register patients in our catchment area and also as an out of area registration for patients living outside of this. This form of registration does not include home visits and we give the patient a letter advising this and how to access services in an urgent/emergency situation.”

Christine Benford, Practice Manager, Vanbrugh Group Practice
Manor Brook Medical Centre

“Whilst we do ask all patients for proof of address and photo ID, if this is not available then it is our policy to accept the patient. Our reception staff are trained accordingly. Patients who are homeless can register without proof of address or ID as above.

For patients in temporary accommodation, if they are in the area for 15 days or less they are registered as an immediate necessary patient. Up to 3 months they are registered as a long term temporary. And if they are in the area for more than 3 months they are registered as a permanent patient.”

Dorothea Sanger, Finance Manager, Manor Brook Medical Centre

St Mark’s Medical Centre

Thank you for conducting this survey. I found this report very informative and will look again at our process and discuss the issues raised with the front-line staff. Accuracy of report confirmed for our practice.

As far as deduction of ghost patients - there was a bleep in March 16 when Capita removed many patients without first sending the practice an FP69 (this is the flag to ask us to check to see if the patient is still current - by phoning them and checking the medial records to see if they have accessed services). I hope that the number of ghost patients incorrectly removed is now insignificant or at least improved.

I would like a copy of the leaflet sent to all households in Greenwich about the GP registration as I can then use this as part of the reception training.

Sue Raphael, Practice Manager, St Mark’s Medical Centre
7 References

1 NHS England - Patient Registration (Reviewed Dec 2016).

2 “Estimating the Unregistered Population within Greenwich” (RB Greenwich, Nov 2014);
   “Right care, first time” consultation (NHS Greenwich CCG, Nov 2013)

3 GP registration in Greenwich- Understanding Barriers to registration - Helen Bohan, Alice Coulter, Tamara van Doorn (March 2015)

4 GP Registration - Staff Attitudes (March 2015), Picker Institute

5 The General Medical Services Contracts Regulations (2004).

6 https://www.healthylondon.org/homeless/access-gp-practices

Appendix 1: HWG phone audit form

GP access phone audit

Please complete for each audit and save the document with the practice name.

Complete:

Name of GP surgery: ______________________________________________________

Date: ______________________ Time: ______________________

Completed by: __________________________________________________________

Introduction:

Hello, I’m calling from Healthwatch Greenwich. We’re an organisation that collects patient’s experience of using health & social care services in Greenwich.

We’ve had an enquiry from a resident who was concerned about GP registration.

Could I ask you a few quick questions about your registration process for new patients?

Questions:

Upon registration, what documentation do you ask for from a registering patient?

☐ Proof of identification (Passport, driving license)
☐ 1x Proof of address (bank statement, utility bill)
☐ 2x Proof of address (bank statement, utility bill)
☐ Proof of UK residency
☐ Their NHS number
☐ Unsure
Other (please specify):

_____________________________________________________________________________________

If the person registering does not have proof of address, is homeless or in temporary accommodation can you still register them?

☐ Yes ☐ No ☐ Unsure

If yes, how can they register with the practice?

_____________________________________________________________________________________

If no, what advice is given to the person registering?

_____________________________________________________________________________________

Thank you for your time!
## Appendix 2: Phone audit raw data

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<th>Surgery</th>
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<th>Upon registration, what documentation do you ask for from a registering patient?</th>
<th>Comment</th>
<th>If no proof of address, or in homeless or temp. housing, can you still register them?</th>
<th>Comment</th>
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<tr>
<td><strong>New Eltham Surgery</strong></td>
<td>Nayana Patel</td>
<td>Proof of ID (passport, driving licence, etc...) 1x Proof of address (bank statement, utility bill, etc...) 2x Proof of address (bank statement, utility bill, etc...)</td>
<td>Yes</td>
<td>Need to be in the catchment area (very busy practice so has to keep limit on numbers)</td>
<td>Unsure</td>
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<tr>
<td></td>
<td></td>
<td><strong>Proof of UK residency</strong> NHS no. Unsure</td>
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<td><strong>Blackfen Medical Centre</strong></td>
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<td>Yes</td>
<td>Yes</td>
<td>Caretaker practice - no documentation required.</td>
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<td><strong>Nightingale Surgery</strong></td>
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<td>Yes</td>
<td>Yes</td>
<td>Photo ID and proof of address within 3months</td>
<td>Unsure</td>
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Note: The comments include the understanding and circumstances before being told, whether the practice manager would phone on behalf of the patient if on doorstep.
<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Contact Name</th>
<th>Accepts New Patients</th>
<th>Accepts Re-Registrations</th>
<th>Accepts Re-Registrations through Practice Manager</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Marks Medical Centre</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Dated in the last 3 months. NHS number not essential.</td>
<td>Bring whatever documents they have and speak with the Practice Manager. The Practice Manager would still register them and ask for name and DOB. Always try to help and never turn anyone away.</td>
</tr>
<tr>
<td>Briset Corner Surgery</td>
<td>Eva Meloni</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, but only through Practice Manager</td>
<td>Temporary accommodation address &amp; NHS number. Advice would be given.</td>
</tr>
<tr>
<td>Bannockburn Surgery</td>
<td>Heather Mustafa</td>
<td>Yes</td>
<td>Yes</td>
<td>Form from the surgery</td>
<td>Unsure</td>
</tr>
<tr>
<td>All Saints Medical Centre</td>
<td>Mr Aravamuthan Suresh</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, but only through Practice Manager</td>
<td>Letter from Healthwatch Greenwich. Some proof of temporary accommodation or I.D.</td>
</tr>
<tr>
<td>Abbey Wood Surgery</td>
<td>Tara Bolton</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, but only through Practice Manager</td>
<td>Letter from temporary address or someone to vouch for them. Would have to go through the Practice Manager.</td>
</tr>
<tr>
<td>Conway Health Centre</td>
<td>Robert Sweeney</td>
<td>Yes</td>
<td>Yes</td>
<td>But will be referred to the Practice Manager if not all documentation available.</td>
<td>Yes, but only through Practice Manager. Will be up to the Practice Manager.</td>
</tr>
<tr>
<td>Welling Medical Surgery</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ask for proof of address but isn't need for registration. Can still be registered. Practice Manager.</td>
</tr>
<tr>
<td>Practice Details</td>
<td>Full Name</td>
<td>Contact</td>
<td>Details</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dr Chand, Basildon Road</td>
<td>Pauline Clelland</td>
<td>Yes, Yes</td>
<td>Passport for foreign individuals. Home address in last 3 months.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eltham Medical Practice, 180 Well Hall Rd</td>
<td>Dr Sarbjit Chauhan</td>
<td>Yes, Yes</td>
<td>Yes, but only through Practice Manager. Can be seen immediately if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eltham Medical Practice, Passey Place</td>
<td>Mr Rok Zihrl (Business and Facilities)</td>
<td>Yes, Yes</td>
<td>Yes, but only through Practice Manager. A process is available via the Practice Manager.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ferryview Health Centre, Valentine Health Partnership</td>
<td>Mrs Laura Snow (IT)</td>
<td>Yes, Yes</td>
<td>Yes, but only through Practice Manager. There is a process to go through the Practice Manager.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eltham Park Surgery</td>
<td>Terri Livingstone</td>
<td>Yes, Yes</td>
<td>Yes, but only through Practice Manager. Via the Practice Manager.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eltham Palace Surgery, Eltham Community Hospital</td>
<td>Johanne Gilby</td>
<td>Yes, Yes</td>
<td>Yes, but only through Practice Manager. Through a process with the Practice Manager.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallions Reach Health Centre</td>
<td>Tinashe Magwenzi</td>
<td>Yes, Yes</td>
<td>Registration between 11:30-14:30. Yes, but only through Practice Manager.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heronsgate Medical Centre</td>
<td></td>
<td></td>
<td>New guidelines through the Practice Manager.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Plumstead Common Road, Triveni PMS</td>
<td>Jane Whithall</td>
<td>Yes</td>
<td>Not meant to ask for details but like 1 proof of address.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escreet Grove Surgery, Triveni PMS</td>
<td></td>
<td></td>
<td>Unsure But must be in their postcode area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Name</td>
<td>Contact Person</td>
<td>Will accept EHIC</td>
<td>Will accept proof of address</td>
<td>Advice</td>
<td>Additional Information</td>
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<tr>
<td>Burney Street Practice @ 48 Burney Street</td>
<td>Jennifer Peters</td>
<td>Yes</td>
<td>Yes</td>
<td>Unsure</td>
<td>They will do their best depending on details given. Advice will be given for help needed.</td>
</tr>
<tr>
<td>Burney Street Practice @ Wallace Health Centre</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Fill out forms but should keep them while in the area.</td>
</tr>
<tr>
<td>Dr Ratneswaren Practice</td>
<td>Bridgette Gallaway-Meyer</td>
<td>Yes</td>
<td></td>
<td>ID asked for but not necessary.</td>
<td></td>
</tr>
<tr>
<td>The Coldharbour Hill Surgery (DR BAKSH)</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, but only through Practice Manager</td>
<td>Through the Practice Manager.</td>
</tr>
<tr>
<td>Clover Health Centre</td>
<td>Mike Konche</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, but only through Practice Manager</td>
<td>Through the Practice Manager.</td>
</tr>
<tr>
<td>Royal Arsenal Medical Centre</td>
<td>Kevin Ryan</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Would need proof of address, or a relative or friends address, to register.</td>
</tr>
<tr>
<td>Thamesmead Health Centre</td>
<td>Sue Pinkerton</td>
<td>Yes</td>
<td></td>
<td>GHM1 form</td>
<td>No</td>
</tr>
<tr>
<td>The Fairfield Practice</td>
<td>Karen James / Wendy Davenport (Assistant Practice Manager)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>ID with over 6 months till date of expiry. Registration Mon-Fri.</td>
</tr>
<tr>
<td>Vanburgh Group Practice</td>
<td>Christine Benford</td>
<td></td>
<td></td>
<td>No</td>
<td>SE7 residents only. Would need proof of address.</td>
</tr>
<tr>
<td>Location</td>
<td>Practice Name</td>
<td>Professional</td>
<td>Accepts</td>
<td>Will Ask for ID/Proof of Address</td>
<td>Must Register</td>
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</tr>
<tr>
<td>South Street Medical Centre</td>
<td>Minnaaz Wijegoonawardena</td>
<td>Yes</td>
<td>Yes</td>
<td>Will ask but don’t require proof of address/ID.</td>
<td>Yes</td>
</tr>
<tr>
<td>Sherard Road Medical Centre</td>
<td>Helen Oakley</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tudway Road Medical Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plumbridge Medical Centre</td>
<td>Thamina Sharmeen</td>
<td>Yes</td>
<td>Yes</td>
<td>Anything with photo ID. Online registration possible.</td>
<td>Unsure</td>
</tr>
<tr>
<td>Dr Sandrasagra, Westmount Surgery</td>
<td>Debra Bodycombe</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Dr Gera &amp; Partner, 123 Samuel Street</td>
<td>Gina Reed</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Unsure</td>
</tr>
<tr>
<td>Dr Gera &amp; Partner, Glyndon Medical Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greenwich Peninsula Practice</td>
<td>Johanna Randall</td>
<td>Yes</td>
<td>Yes</td>
<td>Dated in the last 3 months.</td>
<td>No</td>
</tr>
<tr>
<td>Dr Sabat, Plumstead Health Centre</td>
<td>Anita Raipal</td>
<td>Yes</td>
<td>Yes</td>
<td>But other forms could be used if necessary.</td>
<td>Yes</td>
</tr>
<tr>
<td>Garland Road Clinic</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Dated in the last 3 months.</td>
<td>Unsure</td>
</tr>
<tr>
<td>Dr Ratnarajan, Woodland Walk Surgery</td>
<td>Ahila Sithamparappillai</td>
<td>Yes</td>
<td>Yes</td>
<td>Passport needed for foreign individuals.</td>
<td>No</td>
</tr>
<tr>
<td>Clinic Name</td>
<td>Contact Person</td>
<td>Forms but no proof needed anymore</td>
<td>As long as they are in the area.</td>
<td>No ID needed</td>
<td>Would be registered under GP address but contact details needed for follow up.</td>
</tr>
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<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Charlton Road Surgery, 67 Charlton Rd</td>
<td>Jackie Hobson</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>No ID needed</td>
</tr>
<tr>
<td>Dr Mostafa, 141 Plumstead High Street</td>
<td>Nicole Mostafa (Practice Manager)</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>No ID needed</td>
</tr>
<tr>
<td>Dr Mostafa, 253 Wickham Lane</td>
<td>Lucy Page Haines (Assistant Practice Manager)</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>No ID needed</td>
</tr>
<tr>
<td>Dr Gupta, The Waverly Practice</td>
<td>Janet Riches</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>No ID needed</td>
</tr>
<tr>
<td>Dr Gupta, 209 Wickham Street (Branch Surgery)</td>
<td>Donna Walker</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>No ID needed</td>
</tr>
<tr>
<td>Manor Brook Medical Centre</td>
<td>Dorothea Sanger</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>No ID needed</td>
</tr>
<tr>
<td>Avery Hill Medical Practice, Campus Medical Centre</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No ID needed</td>
</tr>
</tbody>
</table>
Contact us

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Email: info@healthwatchgreenwich.co.uk
Website: www.healthwatchgreenwich.co.uk
Twitter: @HWGreenwich

If you require this report in an alternative format please contact us at the address above.