

# Melbourne & Chellaston Medical Practice

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## A. Confidentiality Notice

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#### B. Document Details

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1.1	26.06.24	V Booth (using Practice Index template)	June 25	Hyperlinks updated, minor edits to most sections

This policy details the requirements that Melbourne & Chellaston Medical Practice has to consider prior to the removal of a patient from the organisation list in line with extant legislation, including <a href="The National Health Service">The National Health Service</a> (General Medical Services Contracts) Regulations 2015 (Part 2, Para 23-25), NHS England's Primary Medical Care Policy and Guidance Manual, and the referenced publications.

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 <a href="Equality Act 2010">Equality Act 2010</a>. 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This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

### **Death of a patient**

### Patients who have died

<u>PCSE</u> explain that when a patient dies, their death is recorded by the General Registry Office. This generates a deduction on the organisation's clinical system.

### Patient moving from practice area

When the patient has made a choice to move to another organisation, a notification of deduction will be received from PCSE. Notifications will be acted on in line with PCSE guidance and the patient deducted from the organisation list.

### Out of area – request to remain registered

When a patient has moved out of the organisation's outer boundary area but wishes to remain registered with this organisation, and the organisation remains content to treat them as an out of area patient, PCSE guidance is to be adhered to.

When continued registration is declined, the patient will be notified. A template letter detailing such notification can be found at Annex A.

### Patients within the secure and detained estate

Patients detained within adult, child and young persons' secure estates can register at their place of detention as detailed <a href="https://example.com/here">here</a>, as this allows records to transfer via the <a href="https://example.com/gP2GP">GP2GP transfer policy</a>.

It is accepted that this organisation may not be informed of a patient being imprisoned or the length of their sentence but, if this information is provided, the

organisation has a duty to act by informing NHS England and moving to deduct the patient from the list.

### Armed forces personnel

Medical care for serving personnel and mobilised reservists is provided for by the Defence Medical Services (DMS). The patient will still be entitled to treatment as a temporary resident should they find themselves residing too far away from a DMS GP.

When it is known that a patient has joined the armed forces on a full-time basis, the organisation will inform NHS England and deduct the patient from the organisation list as per PCSE guidance.

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.

NHS England provides additional information relating to <u>Healthcare for the armed</u> forces community.

## Patients who are abroad for more than three months

When it is known that a patient has been absent from the UK for a period of more than three months, the organisation must 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 organisation list. For example, it could be considered inappropriate to remove a patient from the organisation list who spends three months abroad but nine months of the year in the UK.

Patients will be referred to <u>Planning your healthcare abroad</u> for further guidance relating to eligibility for healthcare.

## Movement of at-risk patients

At this organisation, the Safeguarding Lead for both adults and children will be responsible for ensuring that a register of all at-risk children, young people and adults is maintained. For further guidance, refer to The Safeguarding Handbook.

## <u>Patient not contactable – assumed moved</u> <u>'Ghost' patients</u>

When, as part of their normal working, PCSE are made aware that the patient might no longer reside at the registered address, a FP69 flag will be raised on the National Health Application and Infrastructure Services (NHAIS) system and the organisation will be notified via the clinical system.

The organisation will attempt to contact the patient to confirm their address directly. When the patient has moved out of area, the patient will be advised to register with an alternative closer organisation and the patient deducted as per PCSE guidance.

Should PCSE not receive any confirmation from this organisation to confirm residence within six months of the FP69 flag being raised, the patient will be removed from the organisation list.

When a letter is returned to PCSE or the organisation stating that the patient has 'moved abroad' or 'deceased', the appropriate action would be to confirm this status then deduct the patient.

For further guidance refer to PCSE's Patient Removals.

## Patient requesting to leave the practice

### Patient registering with another practice

NHS England is compelled to deduct a patient from the organisation 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 deducted from the organisation list without any further reason being given to NHS England.

## Irretrievable breakdown in a relationship

Breakdown in a relationship

When removals due to a breakdown in a relationship are considered, reference should be made to the Dealing with Unreasonable, Violent and Abusive Patients Policy for full guidance and example template letters.

### Requests for 8-day and immediate removal

A breakdown in a relationship would ordinarily require a request to PCSE for an 8-day removal. However, should any patient have been aggressive or violent resulting in the police having been called, then PCSE can be contacted and a request made that the patient is immediately removed to the Special Allocations Scheme (SAS).

For detailed information see PCSEs Patient Removals guidance.

### Non-justified reasons for removal

This organisation will never remove a patient for any of the following reasons:

- The patient has made a complaint
- Medical conditions
- Cost of treatment
- Any of the protected characteristics

## Removing family members

BMA guidance suggests that should the behaviour of one patient lead to their removal, this does not mean that 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.

#### Annex A - Out of Area refusal/removal

[Address]

[Date]

Dear [insert patient name],

Out of Area – request to remain registered

Patients may register with a GP surgery outside their local area to support their personal needs. However, the decision to accept any 'out of area' patients will always be at the discretion of the organisation.

There are caveats to these arrangements whereby the patient would often not be close enough to the practice to be able to receive a home visit resulting in immediate necessary treatment for those patients potentially being compromised. Therefore, consideration must be given to any application and any decision would be based upon whether it is clinically appropriate and practical in any particular case.

To do this we may, at any time:

- Ask questions about how practical it would be for the patient to attend this
  practice considering the distance, transport arrangements and also
  availability
- Review all ongoing health needs to ensure it remains clinically appropriate for the patient to be registered with this practice

### Decision

Following your application, the partners have reviewed your case and have decided that they would not be able to meet your current healthcare needs under such an arrangement.

The partners feel it would not be in your or their best interests for you to remain registered at this organisation and ask that you seek to register with an organisation more local to your home address.

To find another practice local to you, please visit https://www.nhs.uk/service-search/find-a-GP

Should you feel that there are additional extenuating circumstances of which we may be unaware which may affect this decision, please advise these in writing to [insert name and role] at the address above.

Yours sincerely [Signature] [Name and role]