

GPC

**General Practitioners
Committee**



Removal of patients from GP lists

Background

A good patient-doctor relationship, based on mutual respect and trust, is the cornerstone of good patient care. The removal of patients from GPs' lists should continue to be an exceptional and rare event, and a last resort in an impaired patient-doctor relationship. When trust has irretrievably broken down, it is in the patient's interest, just as much as that of the doctor, that they should find a new GP.

GPs have the right to ask for a patient to be removed from their list under paragraph 9 of the terms of service (paragraph 7 in Scotland). There is no contractual obligation to give a reason for such a request but the GPC believes that, normally, patients should be provided with one.

The health authority (or health board) must be informed in writing of the request and the removal will not take effect until the eighth day after the request is received by the authority¹ unless the patient is accepted by, allocated or assigned to another GP sooner than this. The patient is always notified by the authority.

Whilst some removals might occur because of disagreement between doctor and patient, there are also cases where doctors request removal because they have become aware that the patient has moved to an address which is outside their practice area. This is necessary because otherwise the GP may still be under an obligation to visit the patient when medically necessary at a location outside their practice area.

Patients also have a right to change their doctor. They are not required to give their reasons, nor is there any period of notice or requirement to notify the doctor.

Public perception of removals

Government figures for removals do not differentiate between those removed because of a breakdown in the relationship and those who are removed for administrative reasons, such as moving to an address outside the doctor's practice area. In any case the number of removals must be considered in the context of there being 35,000 GPs in the United Kingdom and some 250 million consultations between patients and GPs in the course of any one year.

On the basis of the published figures, the average GP will exercise his or her right to remove a patient less than once a year. Unfortunately, some cases have given rise to unfavourable publicity for the doctor and

¹ Or, if the doctor is treating the patient at intervals of less than seven days, eight days after treatment ceases.

practice concerned and for GPs in general. A number of aggrieved patients have claimed that they do not know why they have been removed.

There is also an increasing public perception, fuelled by reports in the media, that patients are being removed from GPs' lists because their care is too costly, because of their clinical condition or even their age.

The GPC's advice to GPs

The GPC will defend vigorously the rights of both doctors and patients to terminate a relationship which is not working and offers the following advice.

Removals for administrative reasons/change of address

These occur when a patient has died, or has moved to an address outside a doctor's practice area and has not re-registered with another GP.

Breakdown of the doctor-patient relationship

7 **Normally the sole criterion for removal should be an irretrievable breakdown of the patient-doctor relationship.**

7 **Violence or threatening behaviour by the patient is a special case.**

It usually implies a total abrogation by the patient of any responsibility towards the doctor 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.

Changes to the terms of service negotiated by the GPC and brought into effect on 1 April 1994 mean that it is possible to request the immediate removal of any patient who has committed an act of violence or caused a doctor to fear for his or her safety. The police (or in Scotland, either the police or the procurator fiscal) must have been informed of the patient's behaviour and the doctor must notify both the health authority (or health board) and the patient of the removal in writing.

The GPC believes that GPs will use their clinical judgement to determine the appropriate course of action in those rare cases where a patient's violent behaviour results from their medical condition.

Complaints and removals

7 **The GPC does not support or condone the removal of patients solely because they have made a complaint.**

The current NHS complaints procedure has now been in operation since 1996 and it is a requirement under the terms of service for all GPs to ensure that their practice has an in-house complaints procedure. Patients should normally raise a complaint with their practice in the first instance. There is public concern that patients may be removed from the list simply for making a complaint. However, complaints made in a reasonable and constructive manner can help GPs to improve services to patients.

It is also perfectly possible to use the practice-based complaints procedure to discuss any instances where a patient is felt to be behaving inappropriately. This gives patients early notification of a possible problem in their relationship with their doctor along with an opportunity to discuss ways of preventing further difficulties. As well as preventing the need for removals, this procedure

should reduce the number of incidents where patients appear to have been removed without any prior indication that the relationship with the doctor was less than satisfactory.

The GPC believes, however, that complaints which take the form of a scurrilous personal attack on the doctor or contain allegations which are clearly unfounded are usually indicative of a serious breakdown of the patient-doctor relationship.

It is a breakdown of the relationship rather than a complaint per se which must form the basis of any decision to remove a patient from the list; it may then be in the patient's best interest to seek care at another practice.

Cost and age and removals

7 GPs should never remove patients from their list because their treatment is too costly.

There are no grounds ever for removing patients because of cost. Where the costs of treating an individual patient are higher than anticipated, adequate mechanisms exist to enable doctors to seek and be granted an increase in their prescribing budget.

7 GPs should never remove patients because they are suffering from a particular clinical condition.

The GPC is striving continuously in its discussions with government to ensure that any arrangements emerging from the NHS changes do not operate to the detriment of patient care, and that GPs are able to provide all necessary and appropriate clinical care for their patients without financial penalty.

7 GPs should never remove patients on grounds of age.

Looking after patients from the cradle to the grave is the essence of general practice. Some, but by no means all, elderly patients may have an increased need for medical attention. This is recognised in higher capitation fees for patients over 75 and normally also in the formula for allocating prescribing budgets.

Sometimes it is not the patients themselves but carers, particularly staff of private nursing and residential homes, who can generate excessive and inappropriate demand for services from the doctor or practice. In these cases the GPC recommends that the practice attempts to resolve the problems through the in-house procedure or using the help of the LMC and/or the health authority or board.

What to do if removal appears to be necessary

In cases other than violence and abuse, the GPC recommends that the decision to remove a patient from the list should only be made after careful consideration and not in the heat of the moment. Alternatives, short of removal, should be considered such as transferring the patient's care to a partner (with the consent of both parties) or persuading the patient that it would be better for all concerned for them to go to another doctor outside the practice.

Patients who are misusing services may sometimes alter their behaviour if this is brought to their attention. It may be appropriate to advise them that continued misuse may lead to their removal from the list.

If all else fails the GPC believes that it is not in the best interests of either patient or doctor for an unsatisfactory relationship to continue and it will be necessary to remove the patient from the list.

How to remove a patient from the list if necessary

1. Where GPs intend to remove a patient because of the irretrievable breakdown of the doctor-patient relationship, they should first consider discussing the problem confidentially with an independent party, such as their LMC secretary.
2. GPs should send a written notice to the health authority (or health board), giving the patient's name, address, date of birth, and NHS number. They should state that they wish to have the patient removed from their list under paragraph 9 (paragraph 7 for Scotland) of the terms of service².
3. The GPC recommends that when GPs send the request to the health authority (or health board) they should also normally **send a letter to the patient informing them of the removal and briefly outlining the reasons.**

There are three reasons for suggesting this:

First, it is a matter of common courtesy. Even in circumstances where patients have been less than courteous it is essential for doctors to maintain a high standard of professionalism.

Secondly, it helps to explain to patients how their behaviour has affected the doctor or the practice and may help them in forming a better relationship with their next doctor or in making more appropriate use of practice services. The act of removal often makes patients aware of the need not to misuse health services in future.

Thirdly, it will help to avoid or counteract any public speculation about the doctor's motivation in making a removal.

Care should be taken to ensure that the reasons given are factual and that the tone of the letter is polite and suitably informative. In cases of doubt it is worth discussing the wording of the letter with a partner, the LMC secretary or a medical defence organisation.

Removing other members of the household

If the behaviour of one member of a household or family has led to their removal, this does not mean that the removal of other family members should automatically follow. An explicit discussion with other family members about the problem and the doctor's concerns will often obviate the need for any further action.

In rare cases, however, because of the possible need to visit patients at home it may be necessary to terminate responsibility for other members of the family or the entire household. The prospect of visiting patients where a relative who is no longer a patient of the practice by virtue of their unacceptable behaviour resides, or being regularly confronted by the removed patient, may make it too difficult for the GP to continue to look after the whole family. This is particularly likely where the patient has been removed because of violence or threatening behaviour and keeping the other family members could put doctors or their staff at risk. Again the GPC would suggest that reasons are given clearly.

The GP should always consider how it would look to outside observers if a family were to be summarily removed from the list, in haste, without explanation, for a single misdemeanour or disagreement with one family member.

Practice leaflets

² Special provisions apply under paragraph 9A (paragraph 7A in Scotland) which are used to achieve the immediate removal of abusive or violent patients.

It may be helpful if GPs set out in their practice leaflets the arrangements for removal of patients from the list, and their policy for dealing with threats or incidents of violent behaviour.

Copies of this and other GPC guidance are available at <http://web.bma.org.uk/gpc.nsf>

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