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BLOCK REMOVAL OF PATIENTS

The LMC have been asked by PCTs to offer guidance and advice regarding Removal of Patients from GP Lists. Clear Guidance already exists where patients are removed for reasons of irretrievable breakdown in the doctor/patient relationship, or where there is actual or threatened violence. The GPC, in its GP Guidance Series, offers very good general advice regarding Removal of Patients from GP Lists and this advice can be found on the BMA website at <http://web.bma.org.uk> and on this website [here](#). In addition the GMC in its Booklet "Good Medical Practice" gives advice to doctors on how to avoid accusations of discrimination against individual patients or groups of patients in deciding who should be removed from their list.

The LMC has been asked to offer advice in the situation where GPs may wish to remove blocks of patients from their lists for administrative reasons such as workload pressures or as a result of practice boundary decisions. Under these circumstances we would recommend to GP colleagues and Primary Care Trust the following action:

1. When a practice decides it wishes to remove blocks of patients from its list it should notify the Chief Executive of the relevant PCT twenty-eight days prior to the proposed date of removal of those patients. The names and addresses of these patients should be given to the PCT.

On receipt of this information the PCT Chief Executive is in a position to discuss with the practice what alternative strategies could be employed that would be acceptable to the practice and could prevent the need for patient removal.

If no such acceptable strategy is apparent then the PCT should discuss with neighbouring practices whether they could be persuaded to take such patients on a voluntary basis with, if necessary, suitable additional support. This entire process should take place within the 28 day period from the time the PCT is notified of the intention to remove.

2. Allocation of patients by the PCT should be a last resort for PCTs. Similarly, block removal of patients by GPs should not be undertaken lightly. It is clear that such de-registration on occasions remains the only mechanism by which GPs can maintain a "safe" workload. The agreement whereby practices retain allocated patients for a minimum period of 90 days should continue to apply (unless early removal for violent behaviour is required).

DR DAVID HUGHES

Chairman

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