

Dear Practices

This letter is to update you and provide information about various mechanisms that have been agreed with the LMC to support you over the next few months following the List Validation Exercise.

The majority of FP69s expired on the 9th June. **It is essential that practices accept the deductions as they come through on to their clinical systems. All the processes below are reliant on the deductions being accepted.**

The following actions have been agreed:

1. Letter to all Deducted Patients

A letter will be sent to all patients that have been deducted as part of this list validation exercise.

The letter will indicate that the patient is no longer registered with their practice and that they should take steps to re-register. The letter will explain that the patient can re-register at their existing practice or at any other practice; the NHS Choices website will be included. The content of this letter will be agreed with the LMC before it goes out to patients.

2. Re-registering deducted patients

2a) Re-registering vulnerable Patients (*definition of vulnerable patients is provided on page 2*)

We understand that there have been concerns that vulnerable patients may have been removed from their GP practice as a consequence of this exercise. It has been agreed that practices will be able to check back twelve months from the date the FP69 flag was set, using the agreed criteria to determine whether or not the patient should remain deducted or should be re-registered.

Example –

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Patient X flag set 9th December 2010. Patient X flag expired 9th June 2011. Practices can now check back to 9th December 2009 using agreed criteria to confirm if there has been contact with the practice.

If the practice finds that a patient who has been deducted has had contact within 12 months from when the flag was set, the practice will:

- i) Complete a GMS1 form on behalf of the patient and retain this at the practice. Please note that these patients do **not** need to sign this GMS1 form.
- ii) Re-register the patient through the registration screen. Practices should put the following message in the GP Message screen:

The agreed criteria for confirming a patient as still registered are:

- A prescription issued within 6 months of the flag being set.
- The patient being seen within 6 months of the flag being set.
- A letter received from the patient within 6 months of the flag being set.
- A telephone conversation, that is documented within the patients notes, within 6 months of the flag being set.

Please record in the notes on the FP69 Flag the form of evidence that is being used to remove it. You only need insert the following note:

- Prescription
- Face to Face
- Telephone

Vulnerable patient re-reg: seen on xx/xx/xx (the date should be the date used on the GMS1 form)

Practices should review the deductions and undertake the above actions where appropriate within three months from the 27.6.11

The list of vulnerable groups is as follows:

No fixed abode

Homeless

Patient (adult or child) with live (or closed within 12 months of flag being set) safeguarding issue.

Severe Mental Illness as coded on the QOF register

Dementia

Learning Disability

Palliative Care

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Substance/Alcohol misuse
Housebound over 65

2b) Re-registering non-vulnerable patients

If a patient who does not fall within the above listed 'vulnerable' categories wishes to re-register, the practice should do the following:

- i) Complete the GMS1 form which should **include** a patient signature and this should be retained at the practice.
- ii) Complete the clinical system re-registration process and ensure that they include the following message in the GP Message screen:

Re-reg: seen on xx/xx/xx (the date should be the date used on the GMS1 form)

Practices should ensure they follow their practice protocols when re-registering patients. Practices are not required to submit any additional information when re-registering these patients unless the patients address has changed in which case information should be provided as normal.

3. Lost capitation payments

Practices will need to accept the deductions for patients as they come down the link.

NHS Brent will reimburse practices for the capitation payment only in respect of patients who have been removed as part of this list validation exercise who then re-register with the same practice **before 31.3.12**.

Practices will **not** be reimbursed lost capitation payments for any patients that re-register with the same practice **from 1.4.12 onwards**. NHS Brent will track this through the Exeter system on a monthly basis.

4. Patient Notes

Practices should **not return any deducted patients' notes (paper or electronic) for 3 months** following deduction, **unless notes are requested via GP-links from the FHS/21 building** because the patient has:

Registered with another GP

Moved to another health authority area

Other stated reasons

In the event of the above practices should return notes (electronic and paper) in the normal way and timeframe.

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NHS Brent and the LMC will review the situation with the notes at the end of month 3 (by end September) and will communicate with practices as to when they should start returning deducted patients' notes who have not re-registered.

NHS Brent has agreed to look at what further support can be offered to practices that have been financially destabilised as a consequence of this process. Further information will be released regarding this, once the data on the actual number of deductions is available by practice and analysis of this has taken place.

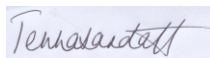
NHS Brent appreciates that the exercise has caused practices increased workload and would like to take the opportunity to thank you for your time in relation to this. We would also like to re-iterate the apology regarding the technical error that occurred as a consequence of new software being uploaded by Connecting for Health.

We also believe that there have been lessons learnt on both sides through this exercise and we will be writing to practices to invite them to attend a workshop to capture this information.

Please do ensure that this letter is acted on. If you have any queries regarding it please contact Tessa by email (tessa.sandall@brentpct.nhs.uk) and she will contact you.

Alternatively, if you have any concerns about the implementation about this process, please contact your LMC, Sarah Bedding, Committee Liaison Executive, sbedding@lmc.org.uk in the first instance.

Yours sincerely



Tessa Sandall
Deputy Borough Director



Dr P Chatlani
Brent LMC Chair



Dr H Clark
Medical Director/LMC Secretary

Chair: Marcia Saunders

Chief Executive: Rob Larkman

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