



Choice of GP practice

Guidance on the new out of area patient registration arrangements

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1 Introduction

- 1.1 This document provides GP practices, NHS England area teams and Clinical Commissioning Groups (CCGs) with guidance on the arrangements to extend patient choice of GP practice from 5 January 2015.
- 1.2 From 5 January 2015 all GP practices are able to register new patients who live outside the practice area without any obligation to provide home visits or services out of hours when the patient is unable to attend their registered practice. Changes made to the GP contract mean those obligations may be set aside and do not apply when the GP practice decides, at the point of registration, that it is clinically appropriate and practical to register the individual patient in this way.
- 1.3 NHS England, through its area teams (or CCGs where the appropriate responsibility is delegated or managed under co-commissioning plans) will ensure that patients who choose to register out of area without home visits can continue to access primary medical services if they have an urgent care need during core hours and if they cannot reasonably be expected to attend their registered practice.
- 1.4 For the purposes of this guidance “urgent care” is where the patients’ medical condition is such that, in the reasonable opinion of the patient’s registered practice, attendance on the patient is required and it would be clinically inappropriate for the patient to go to their registered practice.
- 1.5 Where patients need urgent primary medical care during the out-of-hours period when at home, this continues to be the responsibility of the CCG in whose area they live.
- 1.6 This document has been produced in discussion and with the involvement of the national choice implementation group which comprises membership from GPC, NHS Employers, Department of Health, NHS England area teams and representatives from general practice.

- 1.7 This guidance includes a commissioning framework (**ANNEX A**) for NHS England area teams to help support their decisions on the area-wide arrangements they will need to secure to deliver access to primary medical services when out of area registered patients in their area have an urgent care need and they cannot reasonably be expected to attend their registered practice.

2 Background to out of area registration

- 2.1 GP practices have always had the discretion to register patients who live outside their practice area. Under their contracts GP practices were required to either accept the registration as any other normal patient registration (recognising this may mean undertaking a home visit) or refuse registration on the grounds that the patient lives out of area.
- 2.2 A consequence of these arrangements is that while many GP practices have exercised their discretion to register patients who live outside the practice area this is largely confined to the immediate vicinity of the practice because of concerns about providing services further outside the practice area. When registration is refused, patient choice is not fully realised, principally because of concerns by the practice about the practicalities of fulfilling their obligations to the patient when they are ill at home and cannot be expected to attend the practice.
- 2.3 The Department of Health therefore tested two new approaches to extend choices for patients who live out of area in 2012/13 under a pilot scheme (the 'Patient Choice Scheme').
- 2.4 The Patient Choice Scheme ran in four areas of the country (Westminster, Salford, Manchester and Nottingham City) and allowed patients who lived outside the area of participating practices to access their services as either:

- (i) An 'out of area day patient' which provided practices with a fee for treating out of area patients who were in the practice area for less than 24 hours. These patients were not registered with the practice; or,
- (ii) An 'out of area registered patient' which was a new classification of registered patient that provided access to full range of services as any other patient *except* home visits, out of hours or immediately necessary treatment due to accident or emergency when outside the practice area. Home visits and access to urgent care when at home were the responsibilities of the patients home Primary Care Trust rather than the registered practice.

2.5 Out of area registered patients under the pilot were able to remain registered under these arrangements after the Patient Choice Scheme pilot ended. The independent evaluation of the pilot, the findings of which are available [here](#) determined those arrangements were popular with patients although take up was low.

2.6 Implementing the out of area registration element of the Patient Choice Scheme has been a priority for Government and NHS Employers (on behalf of NHS England) and GPC agreed on changes to the General Medical Services (GMS) contract to support this providing practice participation remained voluntary.

3 What are the contract changes and what do these mean

3.1 All primary medical services contracts (GMS, PMS and APMS) have consistent contractual terms that provide practices the option to register out of area without obligations to provide:

- (i) Home visits;
- (ii) Immediately necessary treatment following accident or emergency when the patient is at home;
- (iii) Access to out of hours services (if not opted out) when the patient is at home (and it is not reasonable to expect the patient to attend); or,

- (iv) Other such services provided by the contractor, which for clinical or practical reasons it is not reasonable to expect the patient to attend their registered practice, e.g. this could include follow up care following hospital discharge.
- 3.2 A copy of the amendment regulations are available [here](#), for ease of reference, **ANNEX B** details the terms of the amendment to the GMS contract as example.
- 3.3 The contract changes can be seen as extending GP practices' longstanding ability to register patients who live out of out of area. There is no opting in or out for practices – it is not a scheme equivalent to the Patient Choice Scheme where practices opted in.
- 3.4 All GP practices have discretion from 5 January¹ to apply the new term that removes the obligation to provide home visits (etc.) when registering any new patient who lives outside their practice area providing they have decided at the point of registration that it is clinically appropriate and practical for the individual patient to be registered this way.
- 3.5 When patients who live outside a practice's area requests to register with the practice, the practice will need to decide whether to:
- (i) **Register as an out of area registered patient** with no obligation on the practice to provide home visits etc, assuming it is satisfied it is clinically appropriate and practical to register the patient in this way; or,
 - (ii) **Register as any other registered NHS patient.** This will continue to provide access to the full range of services and will involve no change in the obligations on the practice to provide home visits etc. This will continue to be appropriate, for example, for patients who live just outside the practice area.

¹ While the contract changes came in to force 1 October 2014 until NHS England's arrangements are in place to deliver urgent care it is not clinically appropriate or practical for GP practices to register patients who live out of area without access to home visits.

(iii) **Not register the patient.** The ability for GP practices to refuse registration on the grounds the patient lives outside the practice area remains unchanged and thus ensures the new arrangements for out of area registration apply on a voluntary basis.

3.6 It is important that practices consider applications to register from people living out of area on an individual patient basis, taking account of their individual circumstances.

3.7 Practices may wish to indicate generally their position on accepting patients who live out of area in their local communications (GP practice/NHS Choices website, practice leaflet, posters in the waiting room etc.) notwithstanding that each patient should be considered on their individual circumstances.

3.8 For completeness a detailed description of the registration categories available to GP practices is provided at **ANNEX C**.

Out of area registered without home visits

3.9 Where a GP practice accepts a new patient as an out of area registered patient (having satisfied itself there are no clinical or practical reasons not to register the patient in this way), the practice is required to provide the full range of contracted services (essential, additional, enhanced) as for any other patient. The practice is under no obligation and cannot be compelled by NHS England to provide home visits or other urgent care to the patient when outside the practice area and if the patient cannot reasonably be expected to attend the practice.

3.10 NHS England is responsible for ensuring out of area registered patients registered without home visits can continue to access primary medical services when they have an urgent care need when at home and if it would be inappropriate for them to attend their registered practice. Area teams are working to put in place arrangements for 5 January 2015 in line with the commissioning framework (**ANNEX A**). These will provide access to a local

provider for an urgent consultation with a GP or other healthcare practitioner – or (where clinically necessary) a home visit.

- 3.11 CCGs will continue to secure out of hours services for their resident population, which will now include those patients categorised as out of area registered patients.
- 3.12 GP practices should ensure that where registering new patients under these arrangements, the patient fully understands the terms of their registration – that is that the practice will not provide a home visit or any other form of urgent care unless the patient is able to attend to the practice, and the arrangements to access urgent care when they are not. **ANNEX D and ANNEX E** provide draft text for practices to incorporate into local communications (practice leaflets, posters, letters, website etc.)
- 3.13 Frequently asked questions on the new contractual arrangements, including implications for existing patients is provided in **ANNEX F**.

When is it clinically appropriate and practical to register out of area patients without home visits?

- 3.14 When a patient approaches the GP practice to register as an out of area patient and the practice wishes to register them without an obligation to provide home visits it will need to decide at the point of registration whether it is clinically appropriate and practical for the individual patient.
- 3.15 While it is for the practice to form this opinion based on the individual circumstances of the patient, practices will want to consider, for example, if:
- There are clinical conditions or care needs which mean registration without the ability to do home visits would compromise clinical care, and the patient's needs would be better met through registration with a practice near to where they live. (For example, the patient does not have any complex long term

conditions that mean they are receiving a package of home-based care or community-based support which would be difficult for the practice to coordinate remotely; or, the patient relies on frequent home visits from their current GP practice.)

- There are practical reasons which mean the patient is unlikely to benefit from out of area registration with the practice (for example, the patient is not spending frequent periods of time in or near the practice area where they wish to register.)

3.16 In addition to establishing such information directly from patients, practices may agree with the patient to contact their current/previous practice for further information if they have any clinical concerns about registering them outside their home area. Other examples of concern would be concerns around child and adult safeguarding.

3.17 If the practice decides it is not clinically appropriate or practical for the patient to be registered away from home it will want to explain its reasons for this. There is no right of appeal for the patient against the decision (they may, however, make a complaint through the NHS complaints system as any other decision). The practice must be able to give reasons as to why registration was declined. . Given the limitations of this type of registration, it is not discriminatory to advise a patient is unsuitable for registration on clinical grounds. The practice remains free to offer registration as any other patient i.e. with duty to provide home visits etc. but is not obliged to do so.

When out of area registered patients circumstances change

3.18 In some cases out of area registered patients' individual circumstances may change over time or be different from those understood at the point of registration.

3.19 The possibility that out of area registration without home visits might not be always be clinically appropriate or practical and the risks of needing to register

with a practice closer to home should be explained to patients as the point of registration. This point is included within the draft communications text for GP practices provided in this guidance.

- 3.20 While there is no obligation on the practice to provide home visits etc. there is an obligation to ensure the position is kept under review and should it become apparent it is no longer clinically appropriate or practical the GP practice should following discussion with the patient, invite them to register with a GP practice closer to where they live or if appropriate offer to re-register as any other patient i.e. with access to home visits etc. **ANNEX G** provides draft text for practices to incorporate into local letters inviting patients to register with a practice closer to home.
- 3.21 A trigger for review will include, but is not limited to, exceptional use of the services the home area team has put in place to provide urgent care when the patient is unwell and unable to attend the registered practice and increasing use of community services in the area they live.
- 3.22 GP practices are advised to review the appropriateness of out of area registration status of patients who have consulted in their home area at least four times in any 12 month period (or receive a home visits on at least two occasions). GP practices will receive notification of attendances directly from the provider providing such services. There is no threshold for the frequency of consultation in the patient's home area which should trigger an invitation to register closer to home but it may usefully highlight underlying causes or circumstances which may require discussion with the patient about their registration away from home without home visits.
- 3.23 While initial registration without home visits can be refused by GP practices on clinical grounds there is currently no equivalent term in the contract for subsequently removing such patients on health grounds. NHS England and GPC have agreed there needs to be such a term and are therefore working with the Department of Health to amend the contract regulations accordingly. The change is likely to come into force for 1 April 2015.

4 Registration Process

4.1 Once the decision is made to proceed with registration as an out of area registered patient the process of registration will generally operate in exactly the same way as any new patient registration:

- The patient completes the GMS1 (or equivalent) registration form;
- The practice enters details of the patient registration onto their GP system as normal **EXCEPT for including a manual note on the registration system using an agreed text string to identify the patient as out of area. These text strings are: “OUT OF AREA REG”; “OUT OF AREA SCHEME”; “OOA REG”; “PC-OOA”; “PCS-OOA”; “OOAR” and should be added as free text prior to sending via the LINKS software. This is crucial as it is the only means currently to identify patients registered without home visiting duties.** Extra care should be taken to include the text accurately as above and in uppercase - no abbreviations should be used; and,
- Details of the registration are processed in the same as any normal registration by the local registration department and the transfer of the patient’s medical record requested. However, this will normally be without a change of the patient’s address (unless out of area registration coincides with a house move).

4.2 The patient should be provided with information on how to access the urgent care arrangements commissioned by area teams, in the event that they are unwell at home and attendance at the registered practice is not appropriate (see next section). Patients should be advised that in all circumstances they should seek to contact their registered practice in the first instance when they need support at home.

4.3 NHS England area teams will receive monthly reports from NHAIS, prompted by the out of area registration flag, of the number of their residents who have registered out of area. NHS England area teams will keep these numbers under review to support commissioning of urgent care services for such patients.

5 Arrangements for out of area registered patients to access to urgent care while at home.

- 5.1 To make it as simple as possible for out of area registered patients to access the urgent care services their home area team have established (consultation with a local GP or healthcare professional or where necessary a home visit) NHS 111 will be used as the single point of contact. Patients will generally be expected to contact NHS 111 only following enquiry with their registered GP practice.
- 5.2 The Directory of Services (DOS) held by NHS 111 will be updated and kept under review to reflect local arrangements area teams are currently putting in place for January and NHS 111 will divert out of area registered patients accordingly.
- 5.3 Draft text for GP practices to use and incorporate into local letters to out of area registered patients regarding who to contact when they have an urgent care need is attached at **ANNEX D**.
- 5.4 NHS Choices will continue to provide an important role in providing health advice and information about local services for patients.

6 Capitation payments for out of area patients

- 6.1 GP practices will currently receive the same GMS global sum/PMS baseline funding, and other payments (Quality and Outcomes Framework, Enhanced Services etc.) for out of area registered patients as they would for any other registered patient.

6.2 NHS England is however considering whether there should be a small reduction in the capitation payments paid for such patients to off-set the additional costs in meeting their urgent care needs when at home. NHS England will review data from the first six months of national implementation to establish the likely ongoing costs which would form the basis for setting a possible future reduced capitation fee. Proposals will be subject to discussion with GPC.

7 Commissioning costs for out of area registered patients

7.1 Where a patient registers as an out of area registered patient there are implications for the responsible commissioner of healthcare services.

Area team where the patient is registered	Costs of most primary medical services
CCG where the patient is registered	Most secondary care costs, including referrals. Prescribing costs Emergency care costs – including those that occur in area where the patient resides Out of hours costs when in the area
Area team where the patient is resident	Costs of urgent in-hours access to primary medical services
CCG where the patient is resident	Out of hours costs when in the area

7.2 Under the NHS England allocations system, estimated changes in the distribution of patient registrations are taken into account in calculating target allocations for future years. Actual changes do not result in any in-year changes to allocations. This means there is a lag in patient registrations being reflected in the allocations – an out of area registration may not be reflected in local allocations until 2016/17 – but this is no different to any other patient registration that switches across local health economies. There are therefore currently no plans to amend allocations arrangements to take account of new out of area patient registrations.

- 7.3 An extrapolation of the number of patients registering as out of area patients under the Patient Choice Scheme suggests take up could initially grow to around 0.4 per cent of the population (or around 200,000 out of area registered patients in England). This is a very small increase in the proportion of patient re-registrations that occur every year (around 10% of the population) which is routinely managed within existing financial tolerances. Area teams and CCGs should therefore be reassured about the potential impact on their costs.
- 7.4 In the event that there are significant changes in a particular area attributed to these new arrangements there are processes in place for budgets to be transferred between area teams and between CCGs. This requires the agreement of both parties and approval via regional and then central NHS England finance.
- 7.5 Based on findings from the Patient Choice Scheme, it is likely that patients who choose to register out of area and further away from home will be typically younger, in work and without complex health problems. If this remains the case through national roll-out of out of area registration then this is a further reason to be assured there will be no significant impact/pressure on secondary care costs of CCGs or consequently the costs to commissioners providing urgent care when at home.
- 7.6 NHS England area teams and CCGs will want to monitor any additional costs associated with the introduction of out of area registration so that the financial impact at a local level is understood and can be managed through local planning arrangements.

8 Community Based Services

- 8.1 GP practices are the main coordinator of patient care and other services for patients, including appropriate referral to community and home based services such as district nursing, physiotherapy, midwifery etc.

- 8.2 Some community services are mainly used by people with continuing health needs, who are more likely to be registered with a GP practice near where they live. However, CCG must be prepared for the possibility that some patients who register away from home may, on occasion, need to have these services provided when they are at home. For example, an out of area registered patient who is discharged from hospital following an operation may require a package of care at home.
- 8.3 This is likely to be more straightforward for some community services than for others. When out of area registered patients subsequently require access to such services, there will essentially be two options dependent on patient need:
- (i) to use the community health teams attached to the practice, or
 - (ii) to use community services teams in the area where the patient lives.
- 8.4 In either case above the GP practice where they are registered with remains responsible for discussing the options with the patient, agreeing a course of action and making the appropriate referral for that treatment.
- 8.5 Unless the out of area registered patient lives within the footprint of the local health economy the GP practice is unlikely to have knowledge of the community services arrangements in the area where the patient lives.
- 8.6 All CCGs should ensure there is readily available up-to-date information about the range of community services in their areas that remote GP practices can access via the directory of services held by NHS 111 and NHS Choices.
- 8.7 When provision of community services is required close to the out of area patient's home, the registered GP practice should initially access information on community services via the directory of services held by NHS 111 and NHS Choices. In the event that this proves unsuccessful, the registered GP practice should contact the CCG covering the area where the patient lives to be

signposted to the relevant community services provider in that area. Community health teams attached to the practice may also be able to provide a point of contact to the community services where the out of area registered patient lives.

9 Screening services

- 9.1 It is crucial that screening programmes are able to track the progress of patients throughout the pathway to ensure that patients are not missed from the screening programme or lost in the process and that there is effective follow up treatment where it is needed - for example, with the cervical screening test, whoever takes the sample has the ultimate responsibility for ensuring the woman is properly informed, gets her result and there is effective follow up.
- 9.2 Some screening programmes have national IT systems that ensure patients are tracked throughout the system and are not lost in follow up. This includes NHS Cancer Screening Programmes. However, IT systems for non-cancer screening programmes are less well developed and with the exception of Newborn Hearing screening there is no national cohort system. Patients choosing to become out of area registered should be made aware by the practice of the possible implications this may have on their choice of screening programme where relevant.

Antenatal and new-born screening

- 9.3 Antenatal and new-born screening is an integral part of the maternity and new-born care pathway. Where a woman is an out of area registered patient but chooses delivery and community care in her home area, they will need to re-register near to home so that follow up care and access to new-born screening provided by health visitors can also be offered in their home area. Care should be taken to ensure that the eligible population is invited for screening and there is effective follow up. GP practices will need to ensure there is proper handover of care in these circumstances.

Adult non-cancer screening/Diagnostic & Treatment Services

- 9.4 Out of area registered patients are identified for screening by their registered practice and will be called to a screening service outside of their resident area. If they need subsequent diagnosis and treatment services they will be referred by their registered practice onto their choice of diagnostic and treatment services. This will ensure that everybody invited to screening gets a test, everybody who gets a test gets a result, and that they get appropriate referrals and treatment.

10 Protecting patients/people in vulnerable conditions from abuse and neglect

- 10.1 Protecting patients/people in vulnerable conditions (including children, older people and those with learning disabilities or mental/physical disabilities) is a crucial consideration. GPs are an important link in the safeguarding chain, working and sharing information with other agencies in the health and social care system.
- 10.2 If GP practices have any cause for concern about patients seeking registration as an out of area patient then access to patient records and local knowledge is important. Practices should therefore seek urgent discussion with the patient's former/current practice, and inform the local authority or police when appropriate.
- 10.3 Where the clinical and practical needs of out of area registered patients in vulnerable conditions cannot be met then the arrangements at paragraph 3.17 apply.

11 Exit arrangements

- 11.1 Out of area registration without home visiting duties is a permanent feature of the GP registration system so there is no 'exiting' at a practice level. The arrangements are however voluntary for GP practices in that they have discretion on an individual patient basis to:

- refuse any new patient on to their list because that patient lives outside the practice area; or,
- accept any new patient who lives outside the practice area on to their list and decide the terms of that registration based on their individual circumstances (whether to register as any other patient ie with home visits or if clinically appropriate and practical to register without home visits).

11.2 Once a patient is registered as out of area patient with no home visiting duties there are two routes by which their registration may be exited:

- **By the patient** - where they no longer wish to be registered, for example because they want to move to a practice closer to where they live. The patient will simply need to register with a practice of their choice.
- **By the practice** – deregistering the patient on non-discriminatory grounds (but notwithstanding plans to amend the contract regulations from April to allow removal when registration without home visits is determined no longer clinically appropriate).

12 Communications

12.1 Communications on all aspects of the new out of area registration arrangements will take place at national, local and individual GP practice levels.

National

12.2 NHS England with input from national stakeholders (Department of Health, General Practitioners Committee and others) will:

- Raise awareness through appropriate communications channels to support progressive take up of the new arrangements by practices and patients

- Keep all guidance and source material under review to support local communications leads and individual GP practices, including model text for local patient information sheets and letters that can be tailored and branded locally (see relevant Annexes).

NHS England area teams

12.3 NHS England area teams working with CCGs will know and understand their local audiences best and will as appropriate:

- Undertake targeted communications activity to raise awareness of the new arrangements among the local population
- Keep GP practices in their area informed about new arrangements and any developments
- Provide feedback to national support centre to refine ongoing communications and any issues in implementation.

Individual GP practices

12.4 GP practices will want to ensure that they continue to support and empower patients to make the choice that is right for them, including:

- Explaining what choices they can make and when – tailoring and branding the model text provided to support the new out of area registration arrangements to incorporate these into local practice leaflets, websites etc.
- Explaining the range of services available at different GP practices so that they make an informed decision about where best to register, and
- The potential benefits of the choices they make

13 Evaluation

13.1 NHS England will keep implementation arrangements under review to ensure out of area registration without home visits is safely and effectively embedded as a routine element of primary medical services.

14 Summary of key points

14.1 Key points arising from this guidance are as follows:

- All GP practices are able to register new patients who live outside the practice area without any obligation to provide home visits (etc.) if, at the point of registration, the practice decides it is clinically appropriate and practical to register the *individual* patient in this way.
- NHS England, through its area teams (or subsequently CCGs where the appropriate responsibility is delegated or managed under co-commissioning plans) is ensuring patients who choose to register out of area without home visits can continue to access primary medical services if they have an urgent need when at home and if they cannot reasonably be expected to attend their registered practice.
- Practices may indicate generally their position on accepting patients who live out of area in their local communications (GP practice/NHS Choices website, practice leaflet, posters in the waiting room etc.).
- Where a patient is accepted under the new arrangements (having satisfied itself there are no clinical or practical reasons not to register without home visits etc.), the practice still provides the full range of contracted services (essential, additional, enhanced) but is under no obligation and cannot be compelled to provide home visits or other urgent care to the patient when outside the practice area and if they cannot reasonably be expected to attend the practice.
- Practices must include a manual note on the registration system to include one of the following “OUT OF AREA REG”; “OUT OF AREA SCHEME”; “OOA REG”; “PC-OOA”; “PCS-OOA”; “OOAR” prior to sending registration via the LINKS software.

- The patient should understand the terms of their registration, including how to access care when at home, in the event they are too unwell to attend the practice. The prospect of needing to register with a practice closer to home when patient's health needs change should also be made clear.
- GP practices should keep registration under review to ensure this remains clinically and practically appropriate.
- So GP practices can find out about community services arrangements in the area where the patient lives CCGs will ensure there is readily available up-to-date information that can be accessed via the directory of services held by NHS 111 and NHS Choices.

ANNEX A

Commissioning framework for securing arrangements for out of area patients at home

Introduction

1. This document provides a commissioning framework for NHS England area teams to help support their decisions on the area-wide arrangements to secure in-hours urgent primary medical care services for out of area patients who live in their area. These will provide access to a local provider for an urgent consultation with a GP or other healthcare practitioner – or (where clinically necessary) a home visit.

Securing the arrangements

2. All area teams must have their arrangements in place from 5 January 2015 ready to deal with out of area patients who may need in-hours urgent primary medical care when at home and if they cannot be expected to attend their registered practice. This could be one-off or occasional access or, if ill for a longer period of time and the illness means it would be unreasonable to expect the patient to attend their registered practice during that period, more regular access to primary medical services or a home visit when necessary may be needed.
3. There are already a range of primary medical care and urgent care services that can deliver appropriate care to patients requiring immediate and urgent care, including for those patients who are not registered with a GP practice in the relevant area.
4. Area teams should note, out of area registered patients will not meet the criteria for the provision of immediately necessary treatment and area teams cannot therefore rely on GP contractual provisions for this to deliver their urgent care services. GP practices will provide immediately necessary treatment owing to an

accident or emergency in the practice area but not for any other need requested by patients registered out of area.

5. Area teams must work with local CCGs, GP practices and other local providers to make these services available to out of area patients who have urgent care need and cannot be expected to attend their registered practice. For example, GP health centres, walk-in centres or minor injuries units should all recognise this new registration category (out of area patient) for patients living in their area. However, it is unlikely that these services will be able to provide an in-hours home visit when that is clinically necessary unless arrangements were previously secured and extended to support the 2012 choice pilot.
6. Area teams will need to ensure their local area-wide arrangements include some provision for in-hours home visiting. Commissioning for home visiting needs can be achieved through a variety of ways (see Table 1).

Table 1 – Approaches to commissioning home visiting services

Provider	Arrangement
Local GP practices	<p>Offer the enhanced service to GP practices in the area.</p> <p>Consider opportunities for extending existing or establishing new co-operative home visiting arrangements which can result in visits being handled more quickly, effectively and efficiently.</p>
Local GP health centres or NHS walk-in centres	<p>Work with local CCGs as necessary to identify and agree whether the GP enhanced service provides a suitable benchmark for commissioning home visits (bearing in mind providers will already be contracted to deliver primary medical services to unregistered patients at the practice premises).</p>
Out of hours service provider	<p>Work with local CCGs to identify and agree if out-of-hours contracts can be varied to provide face to face consultations, including home visits where necessary during the core hours period</p>

7. Under the choice pilot the Department of Health provided Primary Care Trusts with a 'local enhanced service' specification for GP practices to provide both in-hours urgent primary medical care and home visits to out of area registered patients living in their practice area. NHS England has worked with NHS Employers and the GPC to review and update this to provide a nationally priced enhanced service specification for use by area teams. This [national enhanced service](#) is available to download. The enhanced service has not been agreed with GPC.
8. NHS England is committed to ensuring a nationally consistent approach when securing these services from GP practices. Area teams must therefore use the national enhanced service specification for securing services from individual GP practices. Where GP practices do not wish to provide the enhanced service for their practice area and the area team wishes to secure cover for the area from a neighbouring practice the national pricing does not apply. Area teams will be free to amend and agree pricing locally to take account of the particular circumstances.
9. Area teams will decide on the mix of local arrangements they put in place, including whether this includes services from local GP practices and whether differential approaches are required across the area team patch (for example, variation by CCG area reflecting the local health economy). They should however consider geographical coverage of any arrangements to ensure that adequate provision is secured. Where, for instance, one town/city does not have access to walk-in-centre facilities, there will be a need to ensure that access to alternative services is provided for patients who may reside in that area. Difficulties may also present in rural areas suggesting a targeted approach using the existing GP service may be needed.
10. Area teams may choose to work with existing resources, e.g. walk-in-centres, to provide access to in-hours urgent care and/or to use the enhanced service specification where home visiting may be clinically indicated.

11. Payment, wherever possible, should be made on a per episode basis so that costs are only incurred as and when services are delivered to local patients registered out of area.
12. The national support centre will shortly confirm the assurance arrangements it is putting in place to ensure all area teams have their area wide arrangements in place for 5 January 2015.

Informing the patient

13. It will be essential that patients who register with a practice away from home understand how they access care should they become ill at home, so that an appointment can be booked for consultation with the local service (or if clinically necessary a home visit can be arranged). They should also understand how to access out-of-hours care in their home area. A national template letter is provided in the main guidance for practices to use to provide this information. Area teams and CCGs will also need to ensure that service providers understand their responsibilities towards out of area patients who may present in these circumstances.
14. To ensure that it is as simple as possible for patients, all their urgent care needs when at home (having first established that such a need exists with their registered practice) will be directed through NHS 111 who will ensure they access the locally commissioned service. Area teams will need to pass details of the arrangements they have commissioned for their population who have registered out of area to the 111 service. Area teams will ensure, through their devolved arrangements that the mechanism for updating the Directory of Services (DOS) held by NHS 111 is updated to reflect these arrangements. This will enable any patient calling a 111 site to be directed to the correct services in their home area.
15. If NHS 111 is in doubt about local arrangements, they will triage the patient to the most appropriate local care provider in line with their protocols, thereby ensuring that the patient will receive the necessary care and treatment.
16. NHS Choices already plays an important role in providing health advice and information about local services. Area teams will need to ensure that these

information services have up to date information on the range of local urgent care services available to patients registered out of area. There will be a range of information provided on GP choice through the NHS Choices site, all of which will be updated centrally.

Out of area registration: demand for services at home

17. It is difficult to assess in advance the likely scope and extent of demand for these services. Area teams will therefore need to keep their arrangements under regular review.

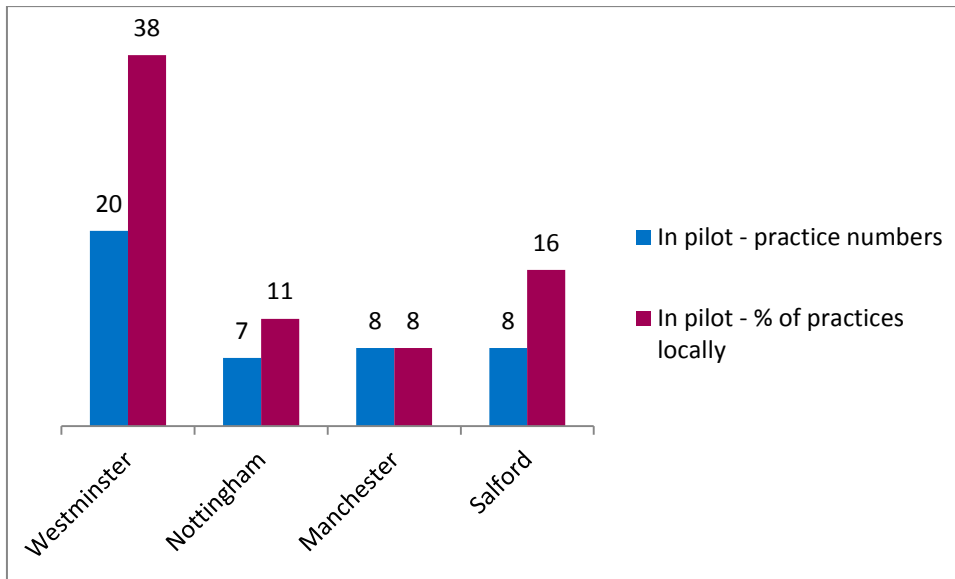
18. Key drivers of demand for services to out of area patients when at home will clearly be linked to:

- The number of practices accepting out of area registrations
- The number of patients who choose to take up the opportunity of out-of-area registration
- The patient demographic and characteristics of those registered out of area.

Practice participation

19. Chart 1 highlights the levels of practice participation within the choice pilot by PCT area. The pilot was focussed in four large city centres with high numbers of commuters.

Chart 1 – Practice participation in the 2012 choice pilot



20. The above percentages may give some indication of the proportion of practices that may accept out of area patients under the new arrangements (although these are based on very small numbers and should be used with caution).

21. The choice pilot also showed (see Figure 1) that the majority of out of area patients registering with the pilot practices were those who lived in the surrounding area of the cities concerned (e.g. commuter belt) while a few out of area patients lived very far from their new practice (for example, Cornwall to Manchester, Gloucestershire to London). In Westminster, not unsurprisingly, the majority of out of area patients lived within London's inner boroughs, with many patients in the adjacent boroughs.

22. This suggests that area teams covering or bordering major commuting centres may see greatest demand for in-hours urgent primary medical care. However, again these results need to be accepted with some caution recognising the pilot sites were established around major commuter areas.

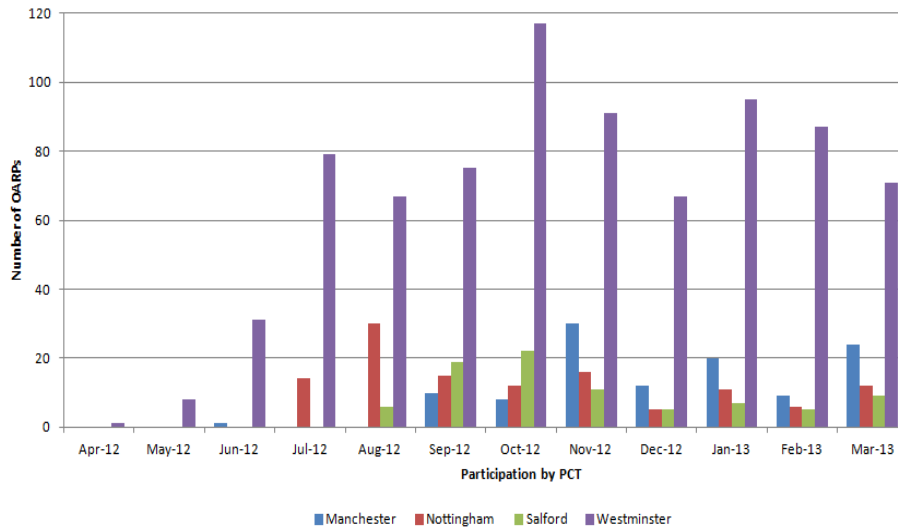
Figure 1 – Mapping of out of area patients in the choice pilot



Patient participation

23. The levels of patient participation generally will clearly affect the subsequent demand for in-hours urgent primary medical care when patients cannot attend their registered practice.
24. An extrapolation of the results from the choice pilot suggests take up could initially be around 0.4 per cent of the population (or around 200,000 out of area registered patients in England), although this might grow over time.
25. It took at least three months from the start of the choice pilots before new registered patient numbers rose appreciably (see Chart 2). Sixteen of the pilot practices recruited no patients during the 12 month pilot.
26. It would therefore be reasonable to plan for demand for in-hours urgent primary medical care by out of area patients near home starting from a very low base, providing the position is kept under regular review.

Chart 2 – Patient participation in the choice pilot



Patient characteristics

27. Based on findings from the choice pilot, patients who choose to register out of area away from home have, thus far, been typically younger, in work and without complex health problems. If this remains the case through national roll-out then the demand for clinically necessary home visits is likely to be low. However, this will need to be kept under review as a growing numbers of patients choose to register out of area without home visits.

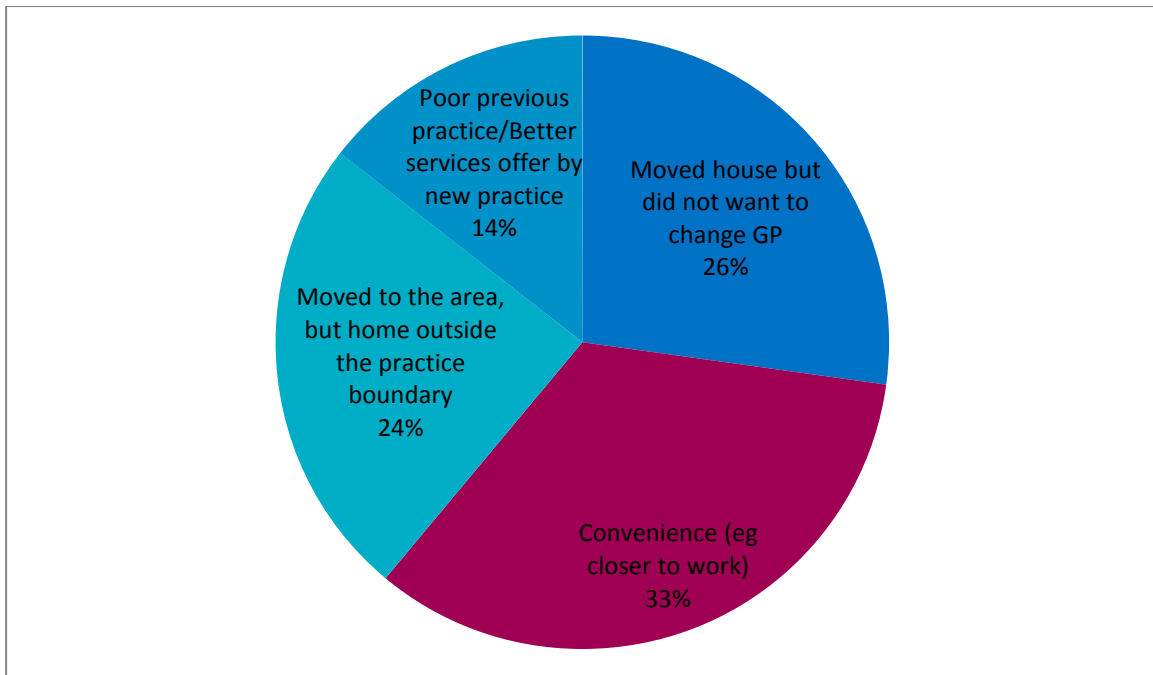
28. The choice pilot also showed that most out of area patients lived in close proximity to – but outside of – the registered practice area. For this group of patients, the benefits of choosing a practice that they can conveniently access for routine care or advice may outweigh the fact that the same practice is unable to carry out a home visit when needed or that they may have to travel further when unwell. This group of patients should not, in general, need to access alternative arrangements for urgent in-hours primary medical care on the basis they will seek and be able to attend for routine appointments at their registered practice.

29. Where patients rely on frequent home visits from their GP practice, or have frequent periods of time at home during which they would normally attend their GP practice, they clearly need to choose a practice within a reasonable travelling

distance of where they live i.e. it unlikely to be clinically appropriate or practical for them to be registered out of area without home visits.

30. If a practice registers a patient who lives out of area without home visits but subsequently establishes that it is no longer clinically appropriate or practical for them to be registered away from home (e.g. they develop an illness or injury which will require ongoing care, with a potential need for home visits or regular attendance at a GP surgery) the practice may advise such patients to register with a local practice near their home from which they are better able to receive the health care specific to their needs. It is therefore important patients are advised of this prospect at the point of their registration. If the practice determines removal from the patient list is necessary without patient agreement the practice will want to be satisfied it can justify this on reasonable grounds excluding medical condition.
31. While initial registration without home visits can be refused by GP practices on clinical grounds there is currently no equivalent exception in the contract for subsequent removing such patients. NHS England and GPC have agreed there needs to be such an exception and are therefore working with the Department of Health to consider an amendment to the regulations in this regard. The change is likely to come into force for 1 April 2015.
32. The choice pilot identified four distinct groups of out of area patients based on their circumstances and main reason for registering 'out of area' (see Chart 3). The choice pilot evaluation indicated that two in three out of area patients said that they had not actually changed GP practice, including those who had moved house but stayed with the same practice. This would suggest that out of area registration for the main part will largely support registrations within existing local health economies rather than between distant health economies.

Chart 3 – The four groups of out of area patients



33. Modelling based on the choice pilots suggests in broad terms (and subject to a number of assumptions) that, on average, for every five patients registering as an out of area patient, only one patient will register with a practice outside the area team in which they are currently registered.

34. All charts and figures relating to the choice pilot are derived or reproduced from [‘Evaluation of the choice of GP practice pilot, 2012-13, Final report’](#) published by the Policy Research Unit in Policy Innovation Research (PIRU) Department of Health Services Research & Policy, London School of Hygiene and Tropical Medicine.

Out of hours primary medical care services

35. GP practices that retain 24 hour responsibility for their registered patients will not have to provide or secure out of hours services for their out of area patients when they are not in the practice area.

36. CCGs commission out of hours primary medical care services for their area (except where 24-hour responsibility is retained under the GP contract) as a delegated function and they will continue to meet the routine out of hours needs of the local population, which includes those patients not registered for primary

medical services in their area as well those registered with an opted out practices. CCG commissioned out of hours services can therefore already provide for out of area patients where:

- they live in the CCG area where the service is requested but are registered with a practice that is outside that CCG area; or,
- are registered with a practice in the CCG area where the service is requested but the practice has opted out of providing out of hours services (i.e. the patient does not live in the CCG area but is present in the area out of hours).

37. This will include provision for consultations including home visits for the local population during the out-of-hours period from 6:30pm to 8am Monday to Friday, bank holidays and at weekends.

38. CCGs will need to ensure that their local provider arrangements recognise this new category of patient and that these are integrated into their local arrangements including overall urgent care strategies.

39. All out of area patients will be able to use NHS111 to direct them to out of hours services when at home.

40. Where the out of area patient is registered with a practice that continues to provide out of hours the patient will be able to access those services as any other registered patient of the practice when they are in the practice area.

Protecting vulnerable patients/people from abuse and neglect

41. The design of local arrangements for in-hours urgent primary medical care for out of area patients will need to consider the needs for protecting vulnerable patients/people (including children, older people and those with learning disabilities or mental/physical disabilities).

42. GP practices are clearly an important link in the safeguarding chain, working and sharing information with other agencies in the health and social care system. This link will need to be maintained through the arrangements that area teams put in place to deliver in-hours urgent primary medical care to out of area patients, including allowing action to be taken if there are concerns. Access to patient records and local knowledge are important in these cases, so there will need to be clear local protocols in place to allow for communication, including urgent discussion, with the out of area patient's registered practice and where necessary their former 'home' practice when there are concerns raised, including informing the local authority when appropriate.
43. Where the appropriateness of an out of area patient's registration is drawn into question when accessing in hours urgent primary medical care at home because they are in a vulnerable condition and their health needs cannot be appropriately met, this should be raised with the out of area practice to consider whether it remains appropriate for them to be registered this way and if the patient should subsequently be invited to register with a practice closer to home. Clinical governance and patient deregistration are covered in the main guidance document.

Financial arrangements

44. Area teams will face some additional costs as a result of funding access to urgent primary medical care (including where necessary home visits).
45. NHS England is considering whether there should be a reduction in the capitation payment made to practices for out of area registered patients to offset these additional costs. NHS England will review data from the first six months of national implementation to establish the likely ongoing costs and the basis for determining a possible future reduction. Proposals will be subject to discussion with GPC.
46. The default position (i.e. until any changes are otherwise made to the contract) is that practices will receive the same capitation fee for out-of-area patients as for

any other patient. This means that where patients register out-of-area, the area team for the practice the patient is joining would need to fund their capitation payment. In addition, the area team covering the area where that patient resides (which may be the same or a different area team) would need to commission in-hour services in line with the guidance in this document. All area teams will need to manage any additional costs that may arise from these arrangements from within their existing primary care budgets.

Information flows and monitoring

Patients registered as out of area patients

47. NHS England is working with the National Health Application and Infrastructure System (NHAIS) to identify how best to manage the introduction of out of area registration as a new registration category alongside permanent or temporary registration.

48. For the foreseeable future out of area registration is expected to be captured as any other permanent registration but with a manual (free text) note in the registration system confirming out of area patient registration (as it was managed in the pilot arrangements). NHAIS will provide area teams with monthly reports of the numbers of patients residing in their area who are registered out of area. We will confirm separately when this reporting will commence.

In-hours urgent primary medical care to out of area patients at home

49. Area teams will need to ensure commissioned providers have systems in place to report, in a secure and timely fashion, details of any clinical attendances to the out of area patient's registered practice.

50. Area teams will also need to ensure their local arrangements for delivering in-hours urgent primary medical care include quarterly reporting to them on the number of i) attendances by out of area registered patients and ii) any home visits. This information will be requested from area teams and collated nationally to support evaluation and ongoing development of out of area registration.

Communications

51. While out of area patients will be directed to NHS 111 when they wish to access in-hours urgent primary medical care when at home, area teams will need to ensure information is readily accessible to other providers and to patients on the arrangements it has put in place.
52. This should include online information sources (NHS Choices, provider websites etc.) and information displayed at provider and other public sites as appropriate.
53. It will be important for each area team to be able to describe the services in place for out of area patients when at home and direct contact details should these be needed.

Next steps

54. Area teams, should develop and mobilise (if they have not already) their plans for commissioning area wide service(s) for delivering urgent in-hours urgent primary medical care services where needed by out of area patients (registered without home visiting) from 5 January 2015.
55. In doing so area teams should:
- ensure in-hours urgent primary medical care services provide access to a local provider for a consultation with a GP or other healthcare professional and where necessary home visits;
 - use the national enhanced service specification when commissioning services from GP practices;
 - ensure the details of local services are made available to NHS 111 and held on the Directory of Services;

- ensure commissioned services include arrangements for safeguarding vulnerable patients/people;
- plan for additional cost pressures (but note the outstanding position on reducing capitation payments and seek to ensure provider funding is based on payment for activity only);
- note learning from the choice pilot which anticipates demand will grow slowly and from a low base;
- keep under review the number of patients who register out of area without home visits and as necessary review and update local area-wide arrangements to ensure there is capacity to meet anticipated demand;
- monitor the number of attendances by out of area patients (including home visits) and report these quarterly (arrangements for reporting will be confirmed in due course);
- ensure that opening times and direct contact details for these local services are available on NHS Choices.

56. CCGs are reminded that their out-of-hours services should already deliver appropriate care to patients who live in the area but who are not registered with a local GP practice. CCGs will want to ensure these arrangements recognise out of area registered patients as a discrete cohort.

ANNEX B

Out of area registration - GMS contract change (Reg 26B)

“Registered patients from outside practice area: variation of contractual terms 26B.

- (1) A contractor may, on or after 1st October 2014, accept onto its list of patients a person who resides outside of the area referred to in regulation 18(1)(d) (the contractor’s “practice area”).
- (2) Subject to paragraphs (4) and (5), the terms of the contractor’s contract specified in paragraph (3) must be varied so as to require the contractor to provide to the person any services which the contractor is required to provide to its registered patients under the contract as if the person resided within the contractor’s practice area.
- (3) The terms of the contract specified in this paragraph are—
 - (a) the terms under which the contractor is to provide essential services;
 - (b) the terms under which the contractor is to provide for arrangements to access services throughout core hours;
 - (c) the terms under which the contractor is to provide out of hours services; and,
 - (d) the terms which give effect to the following provisions of Schedule 6 (other contractual terms)—
 - (i) paragraph 2(1) (attendance at practice premises)
 - (ii) paragraph 3(2)(a) (attendance outside practice premises), and
 - (iii) paragraph 17(2) (refusal of applications for inclusion in the list of patients).
- (4) Where the contractor is required to provide services to a patient in accordance with arrangements made under paragraph (1), the contract must also be varied so as to include terms which have the effect of releasing the contractor and the Board from all obligations, rights and liabilities relating to the terms specified in paragraph (3) (including any right to enforce those terms) where, in the opinion of the contractor, it is not clinically appropriate or practical under those arrangements—
 - (a) to provide the services or access to services in accordance with those terms; or,
 - (b) to comply with those terms.

- (5) The contract must also include a term which has the effect of requiring the contractor to notify a person in writing, where the contractor is minded to accept that person on its list of patients in accordance with arrangements made under paragraph (1), that the contractor is under no obligation to provide—
- (a) essential services if, at the time treatment is required, it is not clinically appropriate or practical to provide primary medical services given the particular circumstances of the patient;
 - (b) out of hours services if, at the time treatment is required, it is not clinically appropriate or practical to provide such services given the particular circumstances of the patient; or,
 - (c) additional services to the patient if it is not clinically appropriate or practical to provide such services given the particular circumstances of the patient.”

ANNEX C

Out of area registration - categories of registered patient

Registered NHS patients.

This is the normal category of GP registration (sometimes referred to as permanent or full registration) and covers patients who live:

- within the practice's area
- within the practice's outer boundary area (where such a boundary exists)
- outside the practice's area.²

They are entitled to the full range of services provided by their practice, including home visits where clinically necessary.

****NEW**** Out of area registered patient

These are people, living outside the practice's area, accepted as registered NHS patients by GP practices but without home visiting obligations as the practice has decided this is clinically appropriate and practical to register in this way.

Such patients are able to access all services provided by the practice, except home visits, immediately necessary and emergency treatment needed whilst they are away from and unable to attend the registered practice. Those patients will access urgent primary medical care when at home through NHS 111.

Temporary residents

These are people who are in an area for more than 24 hours, but less than three months and are accepted by GP practices (with open lists) to be treated on a temporary basis.

Temporary residents are able to access the full range of services provided by the practice, but their medical records remain with their registered practice, and details of treatment at their temporary practice should be passed back.

People requesting immediately necessary treatment

A practice is obliged to provide such treatment, during core hours (8am to 6.30pm), to people who:

- (i) have been refused registration and are not registered with another practice in the local area
- (ii) have been refused acceptance as a temporary resident; or
- (iii) who are present in the practice's area for less than 24 hours.

² Those registered prior to 1 October 2014 and those registered after 1 October 2014 where the GP practice agrees to register but decides it is not clinically appropriate or practical (or needed) to register without access to home visits etc.

This obligation continues for 14 days beginning on the date the person's application to register or for acceptance as a temporary resident was refused, and ending when they are so accepted by another practice if sooner in the case of (i) and (ii), or up to 24 hours in the case of (iii) so long as the person remains within the practice's area.

Given the criteria above the obligation to provide immediately necessary treatment does not apply to patients who permanently reside in a local practice area but have chosen to register with a practice outside the practice area.

People requesting immediately necessary treatment owing to an accident or emergency

The practice is obliged to provide this during core hours where the accident or emergency takes place anywhere in the practice's area.

ANNEX D

Out of area registration - model communication for GP practices

Suggested text for GP practices to incorporate into letters to patients registered as out of area patients (without home visiting) on who to contact when have an urgent care need

Out of area registration (without home visits): who to contact

We have recently registered you at the practice as an 'out of area' registered patient. We are aware that you live outside the practice area (catchment area) and when we registered you we explained that we are not required to provide you with a home visit.

You may on occasion, develop an urgent illness or injury at home that means attending the GP surgery as normal would not be appropriate.

If you require a GP please contact the practice in the first instance. If we determine you need access to services local to where you live we may ask you to call NHS 111.

In these circumstances NHS 111 will direct you to the local service that has been established by NHS England for patients such as you. This local service could be a GP practice near to where you live, the local walk-in or urgent care centre, A&E or minor injuries unit.

This local service will then decide if you can attend for an urgent face to face appointment with a healthcare professional or if a home visit is needed which will be based on your individual circumstances.

If this is in the out-of-hours period when GP surgeries are normally closed – between 6:30pm and 8:30am weekdays and during weekends – NHS 111 will direct you to the local out-of-hours provider.

ANNEX E

Out of area registration - model communication for GP practices

Suggested text for GP practices to incorporate into leaflets and letters to patients setting out details of the out of area registration without home visiting

Out of area registration:

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients may approach any GP practice, even if they live outside the practice area, to see if they will be accepted on to the patient list.

GP practices have always had the ability to accept patients who live outside their practice area. Regardless of distance from the practice, the practice would still provide a home visit if clinically necessary.

The new arrangements mean GP practices now have the option to register patients who live outside the practice area but without any obligation to provide home visits.

Out of area registration (with or without home visits) is voluntary for GP practices meaning patients may be refused because they live out of area.

If your application is considered the GP practice will only register you without home visits **if it is clinically appropriate and practical in your individual case**. To do this we may:

- Ask you or the practice you are currently registered with questions about your health to help decide whether to register you in this way
- Ask you questions about why it is practical for you to attend this practice (for example, how many days during the week you would normally be able to attend)

If accepted, you will attend the practice and receive the full range of services provided as normal at the surgery. If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS 111 and they will put you in touch with a local service (this may be a face to face appointment with a local healthcare professional or a home visit where necessary).

We may decide that it is not in your best interests or practical for you to be registered in this way. In these circumstances we may offer you registration with home visits, for

example, if you live just outside the practice area or we may not register you and advise you should seek to register (or remain registered) with a more local practice.

If accepted but your health needs change we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home.

This new arrangement only applies to GP practices and patients who live in England. For further information visit the NHS Choices website (www.nhs.uk)

ANNEX F

GENERAL FAQs

Existing patients

1. Can existing registered NHS patients who move out of area be registered as out of area patients without home visits?

Existing registered patients who move home from inside the practice area to outside the practice area may be granted continued registration by GP practices (and must if the move is within any outer boundary area). However, continuing registration would mean no change in their status, that is, home visiting duties would still apply. This is because out of area registration with no home visiting duties can only be applied to *new* patient registrations.

If the GP practice wishes for the new out of area registration arrangement to apply the GP practice will first need to remove the patient from the practice list (on the grounds they have moved out of area) and then invite them to register under the new arrangements (assuming the patient wished to be registered this way and it was clinically appropriate and practical) making clear the implications of these in respect of home visits etc.

Where out of area registration without home visiting is offered in such circumstances GP Practices will need to support the patient to make an informed choice. This will mean making clear they remain free to register with a practice close to where they live who would be responsible for providing home visits if needed.

2. Can existing registered NHS patients who live out of area be now registered without home visits obligations?

No, existing registered patients who live out of area (i.e. those registered with the practice prior to 1 October 2014 as any other registered patient with access to home visits when needed) will continue to be registered in this way and the new arrangements do not apply retrospectively to such patients.

NHS England's interpretation of the regulations is that it would be unreasonable grounds for removing such patients from the practice list if that is with the aim of the practice seeking to release itself of home visiting duties for them and reregistering them as a new patient under these new arrangements.

Different registration status

3. Would a practice have any obligation to visit a patient registered without home visiting obligations if they also have patients living in the same area but who are registered with access to home visits?

The contract variation ensures there is no obligation or duty on practices to visit patients who have been registered without home visiting duties. The circumstances of other registered patients do not change this because the decision to register without home visits is made on individual basis to ensure it is clinically appropriate and practical to be registered that way (For example, even family members living in the same household outside the practice area could be registered with or without home visits).

4. Can a practice refuse to accept an out of area patient who re-registers with them when they are ill and unable to travel to their new out of area registered practice? How would a practice receive funding for such patients?

A practice could not refuse to accept registration of a patient who lives within their traditional practice boundary areas. Refusal to accept a patient onto a practice list must be in accordance with the regulations and not be discriminatory.

If a patient re-registered under these circumstances then the practice would be paid under normal global sum arrangements for that patient once accepted on to their list.

5. Could practices be accused of acting in a discriminatory manner by refusing some patients requesting registration without home visiting obligations but accepting others?

No, given the limitations of this type of registration, practices could not be charged with acting in a discriminatory manner as long as it can justify its reasons for refusal on clinical and practical grounds. Each registration should be reviewed on an individual patient basis and considered as to whether it is clinically appropriate and practical to accept that patient for registration without home visiting arrangements. This may not be the same for each patient seeking to register.

6. Would a practice be in breach of contract if they remove an out of area patient from their list if that patient develops a condition which means it is no longer clinically appropriate or practical for them to be registered away from home?

Practices should explain to patients when registering that, should this occur, they will be asked to consider registering with a practice closer to home.

7. Can students be registered by university practices now as out of area patients without home visits?

No, students continue to be treated as registered NHS patients.

8. Can students remain registered with their 'home' practice because of these new arrangements rather than register with a university practice?

Possibly, but it comes down to patient choice and it being clinically appropriate and practical to be registered away from home. If the student is unable to attend for routine appointments when needed it is unlikely to be practical. (see also answer to question 1).

Patient Assignments

9. Under the new arrangements can an area team assign patients to the practice if they live out of area?

No, the area team cannot assign patients to practices without access to home visits. Only GP practices can decide if it is clinically appropriate and practical to register patients without home visits.

10. Would it be appropriate for patients under a Violent Patients Scheme to be registered as an out of area patient with home visits?

It would not be appropriate for violent patients as this necessitates a stable environment. Area teams cannot assign violent patients in this way as only GP practices can decide if clinically appropriate and practical to register patients without home visits.

Patients living in other countries of the UK

11. Can patients who live in Wales, Scotland or Northern Ireland be registered as an out of area patient without home visits?

No, GP practices in England will not be able to register patients who live in other countries of the UK as out of area patients without home visiting duties. This is because those countries cannot be instructed by NHS England to commission urgent care services, including home visits when necessary, when the patient cannot attend the practice in England.

GP practices will need to decide whether to offer cross border patients the choice of registering with the practice as any other registered patient (ie with home visiting) or accessing care as a temporary resident.

ANNEX G

Out of area registration - model of communication for GP practices

Suggested text for practices to incorporate into letters to patients where it is no longer deemed appropriate for them to be registered out of area

Dear patient

You will recall that when you registered with this GP practice on ____/____/____ we advised you that you were joining our list of patients under arrangements which did not require us to provide home visits to patients who live outside the practice area.

You were accepted on to our list under this arrangement because it was agreed it was clinically appropriate and practical to register you in this way.

In considering this type of arrangement, it is very important that your individual health needs can be safely and effectively provided by a GP practice that is away from your home address.

Since you registered with us, we have come to the professional opinion that it would be more clinically appropriate and practical for your specific healthcare needs if you registered with a GP practice nearer to your home that can provide any home visits or urgent appointments more conveniently for you.

We therefore invite you to register with a practice closer to home.

If you need help in finding a local GP practice or returning to your previous GP practice, you can access the NHS Choices website (www.nhs.uk) or telephone NHS 111 which can provide details of local NHS services.