

The new GMS contract explained

FOCUS ON PATIENT REGISTRATION

GPC

General Practitioners
Committee

Closed lists

Under the new contract, GMS practices which do not wish to have patients assigned to their list by the PCO must go through the list closure procedures set out in paragraphs 29- 31 of Part 2 of Schedule 6 of the National Health Service (General Medical Services Contracts) Regulations 2004 or their equivalents in the other three countries of the UK. If the PCO or the assessment panel approves the closure notice, the contractor's list is officially **closed to assignments**. The closure period will then be either for a maximum of 12 months or if a range was specified in the closure notice until such earlier time when the number of patients falls below the bottom figure of the range.

During the closure period the PCO may not then assign patients to that list unless on its application, it is able to persuade the assessment panel to permit assignments to closed lists for practices that have been notified of the application. In such cases, however, there is a further right of appeal that is available to practices and the final determination of the matter is made by the Secretary of State following the dispute resolution procedure in paragraph 36 of Schedule 6 (or the equivalent procedures in the other three countries).

"Full" lists – the right not to register new patients

As a completely separate issue, and no matter whether or not it has gone through the list closure procedure mentioned above, a GMS contractor retains its freedom under the new contract **not to register new patients**, provided it has reasonable and non-discriminatory grounds for doing so.

Should a practice be unable to accept patients routinely, a discussion between the practice and the PCO could take place to allow the situation to be resolved. This may involve, for example, additional support being given by the PCO or a formal closure of the list.

For example, a staffing shortage may arise and the practice may decide that the immediate solution is to say to patients who ask to join the list that the practice is not taking on new patients at the moment. In such cases, it may refuse to register new patients under paragraph 17 of Part 2 of Schedule 6, which is reproduced below, or its equivalent in the other three countries.

"(1) The contractor shall only refuse an application made under paragraph 15 or 16 if it has reasonable grounds for doing so which do not relate to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

(2) The reasonable grounds referred to in paragraph (1) shall, in the case of applications made under paragraph 15, include the ground that the

applicant does not live in the contractor's practice area.

(3) A contractor which refuses an application made under paragraph 15 or 16 shall, within 14 days of its decision, notify the applicant (or, in the case of a child or incapable adult, the person making the application on their behalf) in writing of the refusal and the reason for it.

(4) The contractor shall keep a written record of refusals of applications made under paragraph 15 and of the reasons for them and shall make this record available to the Primary Care Trust on request".

In the example used where the staffing shortage is likely to persist for more than a short period it would be good practice to discuss the position with the PCO.

The contractor does not need to make an official declaration of its intention to refuse to register new patients. It must, however, provide the patient with a written notice as in paragraph 3 of the extract above. The PCO may still assign patients to the contractor's list under paragraph 32 of Part 2 of Schedule 6, as its list is open to assignments within the meaning of the Regulations. There are equivalent procedures in the Regulations of the other three countries of the UK.

An **open but "full" list** reflects a) the legal status of the list with regard to assignments under the new Regulations and b) the contractor's discretion to refuse to register new patients if it has reasonable grounds to do so. A contractor should bear in mind that the PCO may ask it to justify the reasonable grounds that it has used to refuse to register a patient.

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