

Registration Without Documentation

An exploration of the experiences of GP staff registering patients unable to provide documentation in North East London

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Context



Daily Mail
WEDNESDAY, FEBRUARY 1, 2017
www.dailymail.co.uk DAILY NEWSPAPER OF THE YEAR 65p

Why we, not the State should look after our elderly parents SARAH VINE
SEE PAGE 17

MPs condemn ministers over millions lost on foreign patients who don't pay

HEALTH TOURISM 'CHAOS' DRAINING THE NHS

HEALTH tourism is draining the NHS of hundreds of millions of pounds a year because of 'chaotic' billing. Hospitals fail to identify overseas patients or never send them bills. MPs warn in a report today that the Government's failure to get a grip on recovering the costs of treating overseas visitors is deepening the NHS of vital funds. Our

By Sophie Borland
Health Editor

payments from foreign patients; four in five hospitals do not expect to start recouping their money; The Government should draw up an action plan for 2017; new extra cash for raising more income; Hospitals could be given extra money for raising more income; The Government's failure to get a grip on recovering the costs of treating overseas visitors is deepening the NHS of vital funds. Our

Today's scathing report says: Britain is among the worst countries in Europe at extracting

committee accuses successive governments of failing to tackle the issue. Ministers were first warned to improve charges 10 years ago. Whitehall research puts the cost to taxpayers of health tourism at anywhere between £200million and £700m a year.

McCann's face huge bill after losing fight to sue detective
SEE PAGE FIVE

Kate and Gerry McCann: Battle over Middlesize allegations

- NHS in crisis as budgets cut
- A&E swamped, long waits for GP
- More of us on prescription pills
- Docs warn of care 'timebomb'

EXCLUSIVE by SIMON MONTAGNA
THE National Health Service is at breaking point, an alarming analysis by The Sun shows. Several numbers are warning of a crisis - and warning that the NHS is in a state of emergency. Many people are also on prescription pills, which are being increased. A third of the NHS's total income is from the sale of drugs in the past year. And the NHS is facing a 'timebomb' of a 'locking treatment' which could cost the NHS £1.5bn a year. Full Story - Page Four & Five



Current guidance

- Can ask for proof of address or identification, but not required
- *'There are practical reasons why a practice might need to be assured that people are who they say they are, or to check where they live.'*

If a patient cannot provide documentation requested this is not 'reasonable grounds' to refuse registration

What we know so far...

- Not being able to provide documentation is a barrier to registering with a GP
- DOTW (2017)- 1 in 5 attempts to register was 'refused'; the most common reason cited is lack of proof of identification and address.

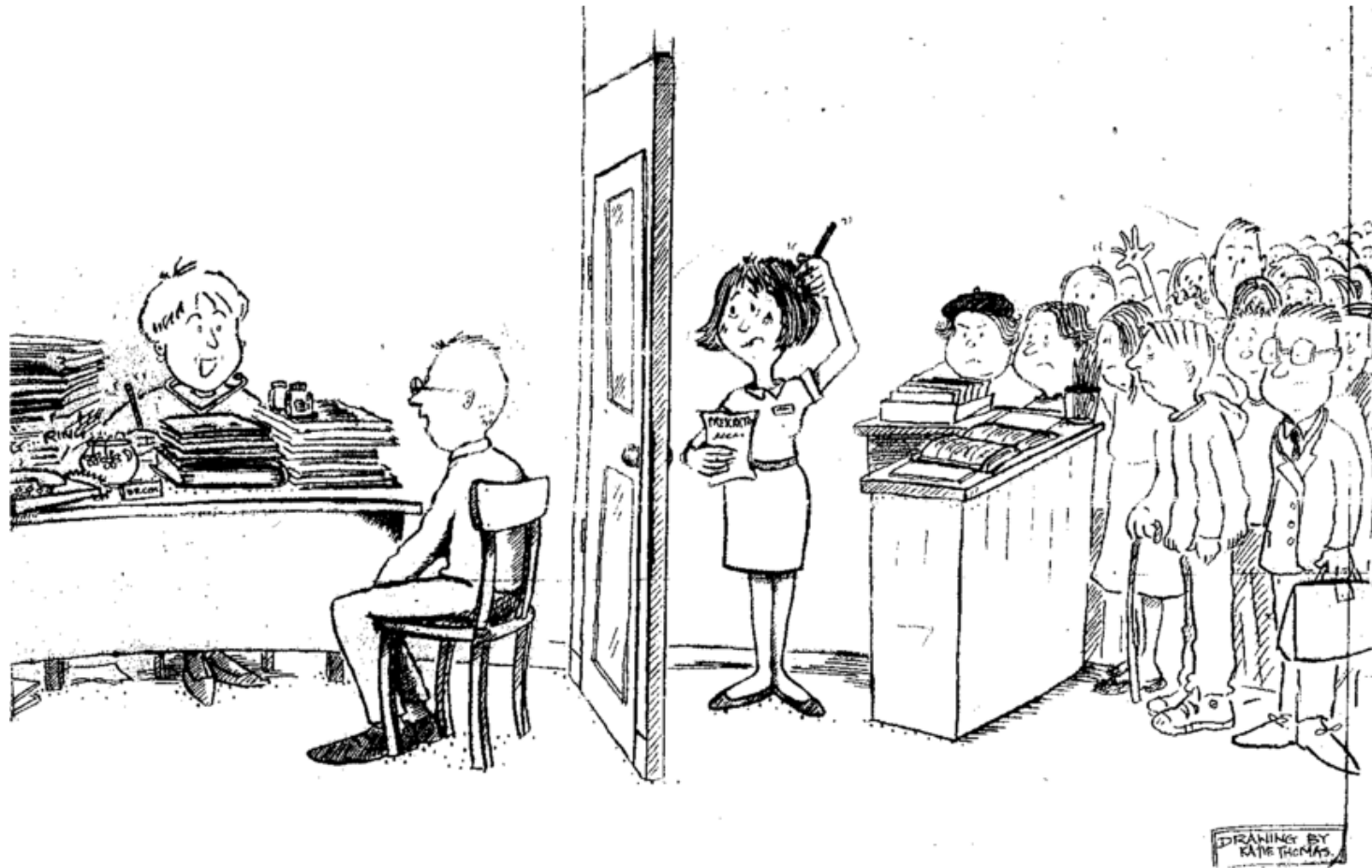


● I do not need a fixed address.
● I do not need identification.
● My immigration status does not matter.

As stated in the Primary Medical Care Policy and Guidance.

If I have any issues registering or accessing a GP practice, my local **healthwatch** can direct me to advice
03000 68 3000
www.healthwatch.co.uk

What we don't know



Aim

To better understand the process by which registration is refused and factors that operate to influence this

To explore:

- Current registration practice, obstacles to registration and contextual factors/issues operating to influence registration from the perspective of non-clinical GP staff
 - Attitudes and perceptions toward patients without documents

To develop:

- An understanding of the influence of interpersonal and structural dynamics operating between patients and staff, and amongst staff, on the GP registration process

To Identify:

- Participants ideas for improvements in access to care for patients currently experiencing obstacles

Theoretical Framework



Methodology

33 participants

8 practices

2 North East London GPs

Focus groups and semi-structured
Individual Interviews

Initial thematic analysis -> narrative
analysis underway

Participant checking awaited



Emerging findings – *subject to participant checking*

Three possible outcomes on attempt to register:



Registration
regardless of
documentation



Sent away to find
documentation + bureaucratic
process of asking for less and
less 'formal' types



Eventual registration? (often
unclear)



Registration
refused if unable
to produce
formal
documentation

Dominant narrative = reluctance to register patients without documentation

Narrative 3 - reluctance to register patients without documentation

Dislike guidance, and move away from checking documentation

'The requirements for registering patients now is 2 forms of address and no ID, whereas before it used to be ID, and now I feel we could be just registering anybody'. (patient assistant)

Guidance lacks clarity

'Its a load of rubbish really isn't it at the end of the day ...they're telling that you ask for it, but in the other breath they are saying you can't refuse (patient assistant)

'The guidelines are too ambiguous at the moment and that's why people are doing it different ways.' (practice manager)

Narrative 3 - reluctance to register patients without documentation

'Uneasy' registering patients without documentation

- 1) Concerns about safety
- 2) Concerns about illegal activity
- 3) Sense of responsibility

'Because it would be 'what did you do' 'how could you miss this' 'how did you not know this patient is suicidal' or 'how did you not know this was a known paedophile and you allowed him to sit in a waiting room when you were doing a child imms clinic. you know or god forbid a terrorism act, or anything. im sure somewhere the blame would kind of come on us...' (Practice Manager)

Narrative 3 - reluctance to register patients without documentation

Increased registration of patients without documents as a burden :

- 1) Administratively
- 2) clinically
- 3) Financially
- 4) Reputationally

'I wouldn't think that any practices are following that guidance...they get paid for hitting targets and anything that you do that might prevent you hitting targets is going to affect your income, so its just not going to happen.' (Practice Manager)

Narrative 3 - reluctance to register patients without documentation

Underpinned by perception of documentation as a proxy for trustworthiness and value judgements about who should receive care and 'health tourism'

'There's people coming from all over the world who can come here, get treatment, lie through their teeth, owe the NHS thousands of pounds, and you've got the genuine people who have worked all their lives and can't get any treatment, got to wait months or years for it.' (patient assistant)

Narrative 3 - reluctance to register patients without documentation

Gut instinct

'I said whats your address, then he give me his address, then he changed it, changed it to, 'oh i don't live there now i live here now' and im thinking no theres something wrong here, anyway, i can't remember what happened in the end but we didn't register him because we were really not happy or comfortable to do it,'(patient assistant)

Preliminary analysis

Back to the guidance

"the patient MUST be registered on application unless the practice has reasonable grounds to decline".

there are practical reasons why a practice might need to be assured that people are who they say they are, or to check where they live' (NHS England, 2019).

Regarding registration and ID checking of person who has parental responsibility of a child who is registering, in 2017 guidance it stated it was '*useful*' to check the ID of the person taking parental responsibility, and 2019 this changes to '*essential*'.

Back to Bourdieu



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Primary duty is to provide care for an individual (Berlin, 2019)

(Welfare state)

'we just want to care for the patient, as a human you know, we just want to look after them. we don't want to do all this...but then again, to help our system and everything, proof of address and all the other information we ask, if we've got it it helps us a lot. as a person as a human you want to help that person, but then you know you have to see both sides isn't it.' (patient assistant)



Responsible for administrative roles required by the state (Berlin, 2019)

(policing, justice and border control)

Preliminary conclusions

It's not lack of knowledge of guidance

Clearer guidance

Stop asking anyone for documentation

**Verbal support available from
NHSE**



Solutions

**Universal adoption of registration
policy**

Online registration (TH)

Photo at registration

**Guidance more specific – different
documentation requirements for different
situations**

Incentivize registration of this patient group

Next Steps...

Questions?



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