



# Overview Report:

The **Removal of Patients** from their  
**General Practice Service**



## The Role of the Ombudsman

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act) and includes a discretionary power to undertake investigations on their Own Initiative, with or without a prior complaint(s) being made.

Under Section 8 of the 2016 Act the Ombudsman may launch an investigation where there is a reasonable suspicion of systemic maladministration or that systemic injustice has been sustained (injustice as a result of the exercise of professional judgement in health and social care).

In order to make a determination on reasonable suspicion, the Ombudsman initially gathers information relating to an issue of concern. This may include desktop research, contact with the body concerned, asking questions and making enquiries, and consultation with a range of regulation and oversight organisations. The Ombudsman assesses this information against NIPSO's published Own Initiative Criteria in order to decide whether or not to proceed with an investigation.

Where the Ombudsman determines that an issue has not met the published criteria but considers that an overview of the information obtained could provide learning, then an overview report may be published to highlight areas for improvement.

## What is Maladministration and Systemic Maladministration?

Maladministration is not defined in the legislation but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

Systemic maladministration is maladministration which has occurred repeatedly in an area or particular part of the public service. Systemic maladministration does not have to be an establishment that the same failing has occurred in the 'majority of cases', instead it is an identification that an issue/failing has repeatedly occurred and is likely to occur again if left unremedied; or alternatively, an identification that a combination or series of failings have occurred throughout a process which are likely to occur again if left unremedied.

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# Executive Summary

Access to primary care, through registration with a General Practitioner (GP) Practice, is essential to ensure health and wellbeing. As a result of complaints to NIPSO about the inappropriate deregistration (removal) of patients from GP Practice lists, NIPSO:

- undertook a review of complaints it had received about GP deregistration
- engaged with GP representative bodies<sup>1</sup> and Practice Administrative Staff<sup>2</sup>

It was hoped that by undertaking a review of complaints, and engaging with the sector, it would be possible to:

- provide an insight into GP Practice, and the Business Service Organisation's (BSO's), understanding of the statutory process for removal of patients
- identify the extent to which the statutory process was being followed; and
- identify areas for improvement

This executive summary sets out a brief analysis of the information considered, set against the framework of the **Principles of Good Administration**<sup>3</sup>.

## Applying Law/Guidance

The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 ('the Regulations')<sup>4</sup>, and professional guidance<sup>5</sup>, set out the process for the removal of patients from a Practice list.

NIPSO's analysis identified cases where GP Practices have not acted in accordance with statutory processes and/or guidance (**Sections 1-3**), resulting in the inappropriate removal of patients. It also identified a lack of verification that the correct process has been followed (**Section 5**).

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<sup>1</sup> Royal College of General Practitioners NI; British Medical Association NI; NI General Practitioner Council

<sup>2</sup> Engagement sessions were held with a number of groups of GP Practice Administrative staff 11 & 18 September 2024

<sup>3</sup> The standards by which I expect public bodies to deliver Good Administration

<sup>4</sup> <https://www.legislation.gov.uk/nisr/2004/140/contents/made>

<sup>5</sup> [Removing patients from your GP practice list; Ending your professional relationship with a patient - GMC](#)

For example, some cases identified patients being removed without a warning; no action being taken to verify that patients had left the area; and instances of family members being removed as a result of a relationship breakdown with one individual.

In order to address these issues, clearer and more detailed guidance is required to ensure that patients are not removed unnecessarily and face the distress of finding a new GP.

### Being Customer Focused

The review of complaints received by NIPSO identified patients being removed without first receiving a warning or being provided with an opportunity to discuss concerns about their behaviour. Cases were also identified where there was no direct communication with patients resulting in their removal from GP practice lists without their knowledge (**Section 4**).

The introduction of an Independent Review process (**Section 6**) and the expansion of guidance, with a greater emphasis placed on mediation and restoring relationships, would avoid unnecessary distress for patients.

### Fair and Proportionate

Published guidance is clear that patients should not be removed as a result of making a complaint (**Section 2**), or due to a connection to a patient who has been removed (**Section 3**). Despite this NIPSO investigations identified a number of cases where these factors were stated as the reason for removal.

In order to ensure decisions to remove a patient, or their relatives, are fair and proportionate further guidance is required, including factors to be established in determining when a relationship is irrevocably broken down.

### Putting Things Right

It is encouraging that the Department of Health has already taken steps to improve the current situation, including its request for the submission of GP Practice Removal Policies<sup>6</sup> and planned discussions with BSO in relation to verification of removal requests.

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<sup>6</sup> [Annex-A-GMS-Contract-2425-Northern-Ireland-Contract-Assurance-Framework.pdf](#)

It is hoped that implementation of the recommendations suggested within the conclusion of this report will reduce the unnecessary removal of patients from GP practice lists; prevent the stress and disruption to patients; and avoid needless administration associated with the deregistration, and subsequent re-registration, of patients.

The outcome of this assessment was to not progress the issue to an Own Initiative investigation at this time. This will allow further opportunity for improvement.

# Background & Decision to Review

*'When I received the emails from the practice advising of how [Practice staff member] had portrayed me, and the decision to remove me, I was both horrified and humiliated. I could not believe that the Doctors I had built up a lifelong relationship with, had taken this decision without contacting me to come in for mediation... I have since contacted another practice to hopefully join their books but this has caused a lot of hurt and created major trust issues for me.'*

**Extract from a Removed Patient complaint to NIPSO**

*'You say that mediation is not part of your practice, however, you have mediated – on behalf of your staff only. Clearly, you have spoken, in-depth, to both [staff members]. I have been a patient for over eleven years, yet I've received no representation or thought for my knowledge of events, and the information I've provided has either been invalidated and dismissed or regurgitated back absent of the context or meaning in which it was shared. You state that you have no voice recordings of these calls, yet you deem that I am entirely at fault in this matter.'*

**Extract from a Removed Patient complaint to GP Practice**

*'I want the Practice to learn from this failing and to make service improvements so that other patients are not treated like I have been. Patients should be able to raise concerns about their care without fear of being removed from their GP Practice.'*

**Extract from a Removed Patient complaint to NIPSO**

*'I would like to find out why an entire family can be struck off a register because of one individual making a complaint which had absolutely nothing to do with the rest of the family. ...my mother-in-law has been left without prescription of controlled medication to relieve pain associated with a chronic back issue, leaving her bed bound and we are having extreme difficulty finding another practice to register with.'*

**Extract from a Removed Patient complaint to NIPSO**

*'The BSO is ultimately responsible for managing all NHS registrations and must act as a safety net against mistakes or wrongful acts, they are ultimately responsible as they carry out this function on behalf of DoH / SPPG / GPs etc. In effect, GPs can wrongfully de-register people totally from NHS without warning or informing them!...'*

**Extract from a Removed Patient complaint to NIPSO**

The circumstances where a patient may be removed from a GP Practice List are set out in the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 ('the Regulations'). These include where:

- The patient has moved outside of the Practice catchment area
- The patient has acted in an inappropriate manner and has previously been warned by the Practice that this must cease
- The patient was violent or threatening to others safety
- The patient has died

General Medical Council (GMC) guidance<sup>7</sup> also expands on these circumstances:

*'In rare circumstances, the breakdown of trust between you and a patient means you can't continue to provide them with good clinical care. This might occur when a patient has, for example:*

- *been violent, abusive, or made threats to you or a colleague*
- *displayed other criminal behaviour, such as stealing from you or the premises*
- *acted in a sexual way towards you*
- *persistently acted unreasonably.*

*Relationships with patients may also end for other reasons, for example because a contract or service ends, or because of the closure or relocation of a practice.'*

Where these circumstances arise, both 'the Regulations' and professional guidance require GP Practices, and the BSO, to follow a process to ensure that removals are carefully considered and appropriately applied. They are clear that patient removal should be an '*exceptional event*', with emphasis placed on first '*doing what you can to restore the professional relationship*'.

Between January 2023 and January 2025, NIPSO received 28 complaints relating to the removal of a patient/s, and a further 5 complaints related to a warning of removal, equating to 19%<sup>8</sup> of the total complaints NIPSO received about GP Practices.

<sup>7</sup> [Ending your professional relationship with a patient - GMC](#)

<sup>8</sup> 171 GP complaints



Analysis of these complaints, alongside others received in previous years, found that 'the Regulations' and professional guidance are not always applied, resulting in the inappropriate removal of patients:



After raising a  
complaint



Due to a connection to a  
patient who was removed



Without being  
informed



Without  
warning

Analysis of NIPSO investigation reports identified that many GP Practices recognised their failure to follow expected processes and apologised to the patients who were impacted:

*'It has come to our attention that we did not completely follow current guidance in relation to procedures required to remove a patient from our practice list and we apologise for this...'*

**Practice Response to Patient following NIPSO investigation (Case Study 4)**

*'...The Practice acknowledges its failings in not acting in accordance with the HPSS (General Medical Services) Regulations (NI) 2004 when incorrectly removing you from the Practice list of patients...'*

**Practice Response to Patient following NIPSO investigation**

The evidence considered as part of NIPSO investigations indicated that in many cases Practices may have been unaware of, or had misinterpreted, 'the Regulations'.

In deciding to publish this report a key consideration was that there was an opportunity to make recommendations to improve how the system currently operates for the benefit of patients and GP Practices and reduce unnecessary administration involved in the deregistration and re-registration of patients.

## Section 1: Removal without warning – Zero Tolerance

GPs and Practice staff have a right to be treated with dignity and respect, and to conduct their work without fear of violence or abuse. In order to provide clarity on their approach to violence, aggression and abuse, many GP Practices have adopted Zero Tolerance policies. These policies seek to ensure staff safety and address unacceptable behaviour.

While Zero Tolerance policies set out the attitude, and approach, a Practice will take to violence, aggression or abuse, they cannot override the requirements of 'the Regulations'. Where removal of a patient from the Practice list is being considered, 'the Regulations' must be followed.

'The Regulations' (Schedule 5, part 2, paragraph 21) allow for a GP Practice to request the removal of a patient with 'immediate effect' due to their behaviour, however this can only be undertaken in cases where the patient has been violent or staff have feared for their safety, and the PSNI have been notified.

In the majority of other cases, 'the Regulations', and professional guidance, require that patients should first be given a warning<sup>9</sup>. This provides an opportunity for the alleged behaviour to be discussed, and where applicable modified, before removal is considered:

### REQUIREMENT OF A WARNING:

*'(3)... a contractor may **only** request a removal under sub-paragraph (1), if, **within the period of 12 months prior to the date of his request** to the Board, he has warned the patient that he is at risk of removal and explained to him the reasons for this.'*

**The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004, Schedule 5, Part 2, Paragraph 20**

*... before you end a professional relationship with a patient you should:*

- *tell the patient that you are considering ending the relationship and explain the reasons why;*
- *do what you can to restore the professional relationship. This could include setting expectations for the patient's future behaviour...*

**Ending your professional relationship with a patient, GMC**

<sup>9</sup> EXCEPTIONS: 'The Regulations' set out that, other than cases where PSNI have been contacted, a warning is not required where the warning would be harmful to the physical or mental health of the patient, or put at risk the safety of specific individuals; or it is, in the opinion of the GP, not otherwise reasonable or practical for a warning to be given.

Complaints made to NIPSO, including the following case study examples, suggest GP Practices are removing patients following the application of Zero Tolerance policies, without any apparent consideration of 'the Regulations' or professional guidance:

## Case Study 1 – Patient A

### Issue: Removal without warning

Patient A attended an appointment with the Practice Nurse, during which it is alleged that they called one of the Practice Doctors 'useless' and referred to another as 'no better'.

In a letter dated four days after the incident, the Practice advised Patient A:

*"Following on from your attendance at the surgery... where you made abusive comments about myself, we are removing you from our practice list. **We have zero tolerance of abuse** towards all members of the practice team and such behaviour will not be tolerated. This is a significant breakdown of the patient/doctor relationship."*

No warning had been issued within the previous 12 months.

## Case Study 2 – Patient B

### Issue: Removal without warning

Patient B called their GP Practice suffering from a sinus infection and hearing loss and was advised that a prescription should be available from their pharmacy after 5pm. When the patient attended the pharmacy, the prescription was not available.

Following a phone call to the Practice to raise concern, Patient B was unhappy with how the receptionist spoke to them, while the receptionist was reported to have felt that Patient B had been 'irate and rude'.

A GP from the Practice subsequently rang Patient B regarding the conversation and referred to the Practice's **Zero Tolerance policy**. The conversation escalated, with Patient B eventually hanging up. A letter was issued to Patient B to inform them of their removal from the Practice list on the basis of a breakdown of the doctor-patient relationship.

No warning had been issued within the previous 12 months.

## Case Study 3 – Patient C

### Issue: Removal without warning

It is alleged that while awaiting an appointment for recurring symptoms Patient C spoke inappropriately to reception staff and made inappropriate comments in relation to the Practice Doctors.

Once in the consultation Patient C is stated to have discussed their frustration at having to wait to see a doctor when they were in pain. It is alleged that Patient C raised their voice considerably. Following this incident a record was made within the patient's medical notes stating: *'Patient was discussed amongst GP partners and as we do not tolerate abuse of any nature, the practice has decided to deduct.'*

The Practice's correspondence to the patient also advised: *'... Our practice has a **zero tolerance** towards threatening behaviour & racism for staff and other patient's protection, and this behaviour was clearly in breach of this.'*

No warning had been provided within the previous 12 months.

## Case Study Analysis – Removal without warning

In all of the case study examples the GP Practices applied Zero Tolerance Policies, which typically set out definitions of inappropriate behaviour alongside statements on potential removal if certain behaviours are engaged, but contain no reference to removal processes.

As a result, patients were removed following one (non-violent/safety threatening) incident, with no warning; no record to suggest that an exception to the provision of a warning had been applied; and no opportunity for discussion or behaviour modification.

## Conclusion: Removal without warning – Zero Tolerance

Based on the information considered in preparing this report, it appears that some GP Practices may either be unaware of the procedural requirements for patient removal, or they incorrectly consider that Zero Tolerance Policies supersede 'the Regulations'. This suggests that further guidance may be required.

I welcome that during assessment of this issue the Department of Health (the Department) requested<sup>10</sup> that all GP Practices submit written removal policies and confirm staff awareness.

GP Practices should ensure, where they have Unacceptable Behaviour/Zero Tolerance Policies, they appropriately reference the requirements of 'the Regulations' and their Removal Policy.

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<sup>10</sup> [Annex-A-GMS-Contract-2425-Northern-Ireland-Contract-Assurance-Framework.pdf](#)

## Section 2: Removal following a complaint

The Health and Social Care Model Complaints Handling Procedure (MCHP), published by NIPSO on 1 July 2025, provides a statutory framework for individuals to make a complaint about Health and Social Care services, including GP Practices.

Professional guidance also typically supports that, if a patient is dissatisfied with the service and/or care they have received from their GP Practice, they should have the opportunity to express their concerns without fear of removal from a Practice list:

*'The BMA neither supports nor condones the removal of patients because they have made a complaint... The practice-based complaints procedure is a chance to discuss instances where a patient is felt to be behaving inappropriately. This shows patients a possible problem in their relationship with their doctor, along with an opportunity to discuss ways of preventing further difficulties...'*

**BMA Guidance, Removing patients from your practice list**

*'You should not end a professional relationship with a patient solely because of a complaint the patient has made about you or your colleagues...'*

**Ending your professional relationship with a patient, GMC Guidance**

*'...Making a complaint does not constitute an irrevocable breakdown in a relationship and must never be a reason to end service provision...'*

**The Health and Social Care MCHP**

The only exception to this view appears to be an additional assertion made within BMA guidance which references a serious breakdown in the patient doctor relationship - and this being a reason for removal rather than the complaint:

*'... However, complaints that are a personal attack on members of the practice or that contain clearly unfounded allegations usually show **a serious breakdown in the patient-doctor relationship**. It is a breakdown of the relationship rather than a complaint per se that must form the basis of any decision to remove a patient from the list.'*

In NIPSO's view a complaint is an expression of dissatisfaction with the service provided - it does not of itself indicate a breakdown in the relationship. It is often the case that breakdown in

relationships can be repaired and it is only where the breakdown becomes 'irrevocable' that removal should be considered.

The following case studies suggest that some GP Practices may be interpreting that BMA guidance provides them with a wide discretion to remove patients where a complaint has been made, if, in their own judgement, it constitutes a 'relationship breakdown'.

## Case Study 4 – Patient D

### Issue: Impact of making a complaint

Patient D submitted a request via their Practice's patient services app for an advance on their repeat prescription due to an upcoming holiday. The Practice say they sent a text notification requesting proof of travel. Patient D states that this was not received.

A number of days later Patient D phoned the Practice to enquire about their prescription and were informed about the requirement for proof of travel. Patient D stated their dissatisfaction with the service, allegedly stating '*I am actually fed up with this Practice*'.

Following attendance at the Practice to raise their concerns, it is alleged that, in the view of the Practice, Patient D inappropriately queried whether other complaints had been received about the administrative staff and made unreasonable demands to speak with a Doctor to make a complaint.

In response to Patient D's subsequent complaint the Practice advised:

*"We do not uphold your complaint... and we will not therefore be issuing you with an apology...we feel that your telephone call, your encounter at the Practice **and the complaint you have written** constitute a **significant breakdown of the Practice/patient relationship**... we feel it may be better for you to register with another Practice – we will therefore be removing you from our Practice list".*

## Case Study 5 – Patient E

### Issue: Impact of making a complaint

During a consultation with Patient E's parent at their care home, it is alleged that Patient E raised concerns about the care provided to them and their parent, verbally abusing the GP undertaking the consultation. Following this incident, the Practice issued a warning letter. Patient E subsequently raised complaints with the Practice in relation to their provision of care. When Practice staff met to discuss the complaints, they also discussed the previous incident and agreed that the patient should be removed.

Within its complaint response the Practice's GP advised: *'...I consider your behaviour inappropriate and **this complaint as a vexatious complaint**. Altogether **there has been a breakdown in doctor/patient** relationship and for that I am requesting Business Service Organisation remove you from our Practice list.'*

## Case Study 6 – Patient F

### Issue: Impact of making a complaint

Patient F complained to their Practice about the treatment of their child. The Practice responded to the Patient's complaint and made no reference to a breakdown in relationship as a result. However, it did highlight a change to the patient's address which meant that they were now outside of the Practice catchment area. They therefore advised that BSO had been notified, and that the Patient would be required to move Practice.

Sometime later Patient F moved back to the area and attempted to re-register with their Practice. In response the Practice advised:

*'I understand that you wish to re-register with the Practice. **Due to the complaint you raised, we feel that there has been a breakdown in the doctor-patient relationship**. We therefore suggest that you register at another Practice.'*

Following Patient F's submission of a complaint to NIPSO the Practice further advised: *'... GPs were surprised and disappointed to receive this complaint as they had always acted in the best interests of [patient] and her family...If [patient] had not changed address, the Practice would have taken steps to remove [them] from the Practice list as the **GPs believe that the patient/doctor relationship had been damaged by the complaint**... We take all our complaints seriously and we feel we had been harshly and incorrectly portrayed in this case... We, as a Practice, feel there has been a breakdown of trust in this situation.... A breakdown in patient/doctor relationship is a reasonable cause to remove a patient from a Practice list'*



## Case Study Analysis – Impact of making a complaint

In both Case Study 4 and 5, NIPSO found that the decision to remove the patient was intrinsically linked to the patient's complaint. In Case Study 6 it is also clear that, had the patient not moved outside the catchment area, they would have been removed because of their complaint.

In all cases the complaints were considered to constitute a 'relationship breakdown', with no indication that attempts had been made to engage with the patient or restore the relationship prior to the request for their removal.

NIPSO consider that public services, including GP Practices, should welcome complaints as an opportunity to learn and improve the service they provide. NIPSO do not consider that making a complaint is of itself an indication of a breakdown in the relationship and should not be used as a reason for the removal of a patient from a Practice list. Such an approach would not be consistent with the Health and Social Care Model Complaints Handling Procedure.

## Conclusion: Removal following a complaint

Additional guidance may be required to clarify that patients should not be removed as a result of a complaint. Consideration should also be given to including guidance on the circumstances in which a 'patient/practice relationship' may justifiably be considered to have 'broken down' with no prospect of restoration, and whether removal on this basis is in accordance with 'the Regulations'.

## Section 3: Removal due to family connection

In some instances, patients who have been removed from a GP Practice list, may have family/household members who are also registered at the same Practice.

Guidance suggests that where a patient is removed, the registration of family/household members should remain unaffected:

*'If the behaviour of one patient has led to their removal, this does not mean the removal of other family or household members should automatically follow. An explicit discussion with other family members, while protecting the patient's confidentiality, should take place.'*

**BMA Guidance, Removing patients from your practice list**

*'Removal should only apply to the patient with whom there has been a breakdown in relationship... this should not apply unless there has been a breakdown in relationship with family members also...'*

**BMA's NIGPC response to NIPSO**

*'You should not end relationships with those close to a patient simply because you are ending a relationship with the patient on the grounds of their behaviour'*

**GMC**

The following case studies provide examples of complaints to NIPSO which suggest that, contrary to guidance, patients have been automatically removed on the basis of a single disagreement with one family/household member:

## Case Study 7 – Patient G

### Issue: Patient's extended family removed

Patient G had an ongoing complaint regarding the care provided by their GP Practice which they subsequently raised with NIPSO.

Following correspondence in which Patient G disagreed with the intent of a meeting to discuss their concerns, the Practice made the decision to remove them from the Practice list.

In addition, they removed their partner, their five children, and their mother-in-law.

In the notification of removal letter, the Practice stated:

*'... As you are aware we have sought to address your concerns with great patience... However, your most recent correspondence clearly demonstrates your lack of Trust in us and therefore a breakdown in the Doctor/Patient relationship...we have therefore decided to remove you **and your family** from the Practice List...'*

## Case Study 8 – Patient H

### Issue: Patient's connections removed

Patient H's friend had been collecting prescriptions on their behalf due to their ill health. Following an altercation between Practice Staff and Patient H's friend they were removed from the Practice list.

During the meeting to discuss the removal the Practice also took the decision to remove both Patient H and their two children:

*'I am writing to formally notify you that we are removing you and your two children from our practice list. **This decision has been made due to the threatening behaviour towards staff and Doctors from the person who you have nominated to act on your behalf and collect prescriptions...** I would assure you we have not taken this decision lightly and regard the removal of patients as a last resort.'*

## Case Study 9 – Patient E's parent

### Issue: Patient's parent removed

Case Study 5 was used to illustrate how Patient E was removed due to a perceived breakdown in their relationship with the Practice as a result of making a complaint. However, in addition to removing Patient E, the Practice also decided to remove Patient E's parent, who lacked capacity and was a care home resident, as the Practice considered that Patient E would still be involved in their parent's care.

Within subsequent correspondence to Patient E the Practice advised:

*'The Practice considers there to be a breakdown in doctor/patient relationship and has therefore decided to remove both you and your [parent] from our Practice List.'*

## Case Study Analysis – Removal due to connection/relation to removed patient

The decision to remove patients in these cases appear to have been based solely on their connection to a removed patient. There is no evidence to suggest that the Practices had any difficulties with any of the patients, or that an explicit discussion with the individuals/family members had taken place prior to their removal. There is also no evidence to suggest that alternative measures were considered or discussed.

## Conclusion: Removed due to family connection

Further guidance may be required to ensure that Practices do not remove patients solely on the basis of their connection to a removed patient. When such circumstances arise, Practices must consider all factors; discuss the impact of the patient's removal with the other patients affected; and consider alternative measures. Where alternative measures are not possible, and all other avenues are exhausted, this should be recorded and clearly communicated to the patient. Additional guidance on this area would ensure that the removal of a patient does not have a disproportionate impact on other patients who have not acted inappropriately.

## Section 4: Notification

When a patient is removed from a Practice list, 'the Regulations' typically require<sup>11</sup> that both GP Practices and BSO inform the patient:

'The Regulations' and BSO procedures also provide a number of exceptions where notification is not required, including where:

*20.—(1) ... a contractor which has reasonable grounds for wishing a patient to be removed ... (2), notify the patient of his specific reasons for requesting removal.*

*(10) The Board shall notify in writing – (a) the patient; ... will be removed from the contractor's list of patients...*

**'The Regulations', Schedule 5 (2) (20)**

**The patient is deceased**

**Embarkation – Patient has left the country**

**It is not 'reasonably practicable'**

**Mail to patient's last known address is returned**

It is acknowledged that there may be times where it would not be necessary, or appropriate, for patients to be notified of their removal, however, complaints to NIPSO have identified cases where a lack of communication/verification has resulted, not only in patients being removed inappropriately, but also in the subsequent misapplication of 'no notification' processes.

### ***Patient has left the area – forwarding address unknown***

'The Regulations' set out the expected stages of removal where a patient has moved away<sup>12</sup>. This includes the process that can be applied where a forwarding address has not been provided/is not available - which does not require notification to the patient.

In order to apply this process, BSO standard procedures suggest that GPs will highlight that they have undertaken some form of contact or verification, for example a statement within the removal request that correspondence has not been responded to or has been returned.

<sup>11</sup> The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 – Schedule 5

<sup>12</sup> The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 – Schedule 5 (24)

They further state that where a GP removal reason is unclear, BSO staff should contact the GP before removal.

A complaint received by NIPSO has raised concern that these procedures are not always applied:

## Case Study 10 – Patient I

### Issue: Lack of communication

Patient I has been a resident in Northern Ireland from birth. They registered with their current GP Practice in 2005. In January 2019, following a number of years of inactivity, Patient I's Practice sent a request to BSO to remove them from the Practice list.

Patient I had remained at the same address.

The Practice's request for removal stated:

**'Deduction Reason: LEFT AREA**

**Free Text: HASN'T BEEN SEEN SINCE 2014'**

Prior to the request the Practice made no attempt to contact Patient I to verify whether they remained at the same address, or to advise of their removal.

Despite the GP's removal request being unclear as to what steps they had taken to verify that the patient had 'left area', there is no record to suggest that BSO staff contacted the Practice.

As Patient I's removal was treated by BSO as '*left the area with no forwarding address*', BSO were not required to advise Patient I of their removal therefore no notification was sent.

Patient I only became aware they had been removed almost three and a half years later.

## Case Study Analysis – Lack of Communication

Consideration of Case study 10 indicates:

- the Practice took the decision to request the removal of the patient without any form of contact to the patient or verification that their address had changed
- BSO did not seek to clarify with the GP Practice if any contact had been attempted, despite this being unclear within the removal request.

A system which enables patient removals to occur - without any checks - is not appropriate. Communication between the GP Practice and the patient, and/or BSO and the GP, would have prevented the patient's inappropriate removal; the distress and frustration they suffered as a result; and the nugatory administration which occurred in the process of re-registration.

## Conclusion: Notification

Steps should be taken to review/improve the verification processes applied before a request for removal is sent, and prior to a patient's removal. Particular focus should be given to circumstances where removal may take place without patient notification.

Verification will be considered further in the next section.

## Section 5: Compliance with 'the Regulations'

Department responses to NIPSO, and BSO's standard operating procedures, include reference to BSO's ability to query/request further information to verify GP Practice removal requests. For example:

*'BSO, on behalf of SPPG, have a role in ensuring that where patients have been removed from practice lists, this has been done in line with the GMS Contracts Regulations.'*

**Extract from DOH response to NIPSO**

### **'E' – Embarkation:**

*...If there is no message from the GP, ring the surgery and confirm that an embarkation request is correct.'*

**Extract taken from BSO procedures**

### **'R' – Other Reason:**

*...If the GP message is unclear, or the deduction reason does not match the GP message, contact the surgery for clarification...'*

**Extract taken from BSO procedures**

'The Regulations' also suggest that 'the Board'<sup>13</sup> has the ability to undertake checks:

*'20 (6) The contractor shall record in writing – (a) the date of any warning given...(7) The contractor shall keep a written record of removals under this paragraph... **and shall make this record available to the Board on request.**'*

The current 'removal request' process<sup>14</sup> does not however require any information to be provided upfront to support compliance with the Regulations, other than the removal request itself:

*'... on making the decision to remove a patient from their list, the GP Practice is required to notify BSO (identified as the 'Board' in the Regulations) in writing that the individual is to be removed, Schedule 5, Part 2 – Patients, Removal from the list at the request of the contractor, Paragraph 20 (1) (a) of the Regulations. BSO will accept notification from the GP Practice in writing or via the electronic method used to send and receive messages between GP computer systems (GP Links) and the registration database managed by BSO, National Health Application and Infrastructure Services (NHAIS)...'*

**Extract from BSO response to NIPSO**

<sup>13</sup> Following the dissolution of the Health and Social Care Board (1 April 2022) and the transfer of its functions to the Department under the Health and Social Care Act (Northern Ireland) 2022, in any statutory provision or statutory document, any reference to the Board, in relation to any time after the dissolution date, should be read as a reference to the Department. The Department, through SPPG, commission BSO to undertake some of the roles outlined as 'The Board' with 'the Regulations'.

<sup>14</sup> Excluding removals with 'immediate effect' which requires information on the PSNI notification



Examples of removal requests seen by NIPSO include:

*'Morning, I wish to inform you of a removal due to dr patient relationship breakdown [Patient details]. The practice has written to [them] today also, Many thanks'*

**Extract from a GP Practice email sent to BSO**

*'I would be grateful if you would remove the above named patient from the list at [Practice] as the practice patient relationship has broken down. The patient has been informed that they are being removed.'*

**Extract from a GP Practice email sent to BSO**

In contrast, in England<sup>15</sup>, GP Practices must complete a standard online template which requests additional information such as the date of prior written warnings, or the reason for not issuing a warning.

This 'removal request' system also provides reminder statements to GP Practices to ensure they have adhered to expected processes, for example *'Other family members including children should not be prejudiced by the actions of a parent or guardian. The children or other dependents of the removed patient should be able to remain registered...'* and *'The practice has carefully considered the circumstances of the incident, and the practice can confirm that it has assured itself that the removal requested here, is not as a direct result of the patients protected characteristics and key past medical history including mental illness, learning disability and neurodiversity.'*

In light of this 'Good Practice', BSO were asked to clarify what steps are currently undertaken to verify that GP Practice removal requests have adhered to 'the Regulations':

***'Are any verification checks undertaken by BSO when a deregistration request is received from a GP Practice – for example do BSO check for evidence of reason for removal? No.***

***'What measures are in place to ensure that removal requests are compliant with the HPSS Regulations? BSO act under instruction of the GP.'***

***'Do GP Practices notify BSO if a patient has been issued with a warning?'***

*No, GP Practices do not notify BSO FPS if a patient has been issued with a warning. '*

**Extract from BSO's response to NIPSO**

<sup>15</sup> [Patient Removals | PCSE](#)

Following review of the draft overview report, BSO explained that it is not commissioned by the Department's Strategic Planning and Performance Group (SPPG) to undertake verification checks. BSO stated that although SPPG has commissioned them to deliver many of the activities within Part 2 of 'the Regulations', a number of these activities SPPG has chosen to retain as their own responsibility.

The differing responses provided by BSO and the Department; suggest a lack of clarity in relation to where the ability to query/verify removal requests lies. This, alongside inadequate GP 'removal request' processes, has meant that GP adherence to 'the Regulations', may remain unchecked.

## **Conclusion: Compliance with 'the Regulations'**

The requirement for GPs to provide additional information to support removal requests, alongside clarification on whose role it is to verify removal requests, may reduce the risk of patients being removed without regard to 'the Regulations'.

I welcome that following this report being shared with the Department and BSO in draft, a meeting has already been arranged to discuss this issue further.

## Section 6: Independent Review

Given the serious nature and impact of a Practice's decision to remove a patient from their list, alongside the frequency of patients who refute the circumstances in which they were removed, it may be expected that there would be a way for patients to appeal a removal decision, particularly as removal may lead to difficulties registering with another Practice:

*'My solicitor wrote to the Department of Health requesting that I have access to [GP Practice] for medications while this dispute is resolved... He was referred to a list of GP Practices in my area including [the GP Practice Patient B was removed from]...and one in [nearby village] which has been closed for years...'*

**Patient B (Case Study 2)**

***I can't get registered with a doctor/a surgery is refusing my registration. What should I do?***

*The only reasons a surgery can refuse your registration is:....*

- 1. If their list is currently closed with board approval.*
- 2. If you are outside the practice catchment area*
- 3. If you were previously removed from the surgery due to doctor/patient relationship breakdown.***

**BSO Frequently Asked Questions**

However, 'the Regulations' do not provide for such a process. Patients are instead advised to complain to the same Practice that made the decision to remove them.

## Conclusion: Independent Review

An Independent Review process has the potential to be beneficial for both patients and GP Practices, providing assurance to both parties that the decision to remove the patient was reviewed independently and fairly.

## Section 7: Conclusion & Recommendations

Consideration of the issue of deregistration has highlighted that GP Practices may not be fully aware of, or are not giving due consideration to, the patient removal processes set out within 'the Regulations'. It has also highlighted that there is currently no appropriate oversight of removal decisions.

Since commencement of NIPSO's assessment, action has been taken by the Department to review GP Practice removal policies. This first step is welcomed, though further action is necessary (as set out in the recommendations below) to prevent the inappropriate and unnecessary removal of patients from Practice lists.

**Recommendation 1:** The Department should consider introducing guidance on the removal of patients from a Practice list. This should include reference to:

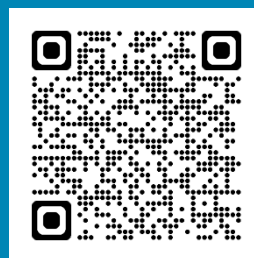
- **'The Regulations' (Removals)**– example scenarios should be used to help illustrate expected removals processes, including where exceptions may be applied or where their use would be inappropriate (section 1)
- **Patient/Practice relationship breakdowns & Complaints** - including expectations in relation to the consideration of alternative measures/mediation to restore the relationship (section 2)
- **The removal of family/household connections** (section 3)
- **Expected communication/verification** prior to removal (section 4)
- **Expected content of removal correspondence** – including advice for patients on how to raise a concern with their removal (section 6)

**Recommendation 2:** The Department should engage with BSO and GP Practices to agree a clear verification process for removal requests. This should include clarification on BSO's role in verifying removal requests and consideration of a removal notification template.

**Recommendation 3:** The Department should consider the implementation of an Independent Review process to address disputes relating to removal decisions.



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