

Out of Area GP Registrations from 1 October 2014

Update for City of London Health &
Wellbeing Board
August 2014



The changes in summary.... 1

- From 1 October 2014 choice of GP practice is being extended to include a new form of out of area patient registration.
- All GP practices will be free to register patients from outside their practice area (referred to as 'out of area patients') and without any obligation on the practice to provide home visits or out of hours services when the patient is at home, away from, and unable to attend, their registered practice. It is voluntary for GP practices.
- In these circumstances NHS England will be responsible for ensuring out of area patients can continue to access primary medical services when they are at home and cannot make it to their registered practice area.
- This requires NHS England area teams to put in place arrangements to secure in-hours primary medical care services for out of area patients who live in their area. These will provide access to a home visit when clinically needed, or more likely, when an out of area patient is too unwell to be expected to travel to their registered practice area but could travel to a local provider for a consultation with a GP or other ² healthcare practitioner.

The changes in summary.... 2

- Primary medical services contracts (GMS, PMS and APMS) all have consistent contractual terms to allow for out of area registration without home visiting
- Out of area patients remain entitled to the full range of primary medical services and will access these in the same manner as any other patient and will receive these from their registered practice unless the services required involve:
 - a home visit;
 - immediately necessary treatment following accident or emergency when the patient is at home (i.e. outside the registered practice area);
 - access to out of hours services when the patient is at home; or,
 - there are other clinical or practical reasons for the provision of services to delivered near the patients home (e.g. follow up care following hospital discharge) .

Implications

- This means NHS England area teams are responsible for securing all in-hours primary medical care needs for out of area patients.
- Clinical Commissioning Groups (CCGs) will continue to secure out of hours services for their resident population, which will now include from October patients registered with a practice out of area.
- All area teams will need to have arrangements in place from 1 October 2014 ready to deal with out of area patients who may need in-hours urgent primary medical care when at home and away from or unable to attend their registered practice.
- 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 area team area.
- It is difficult to quantify the scope and extent of demand for these services in advance of out of area registration applying from 1 October 2014.

What have we learned from the pilots?

- The choice pilot also confirmed 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)
- Only a few out of area patients lived very far from their new practice (for example, Cornwall to Manchester, Gloucestershire to London).
- In Westminster, the majority of out of area patients lived within London's inner boroughs, with many patients in the adjacent boroughs. 38% of practices participated in the pilot.
- There are clear implications for national roll out of out of area registration in so far as area teams covering or bordering major commuting centres may see greatest demand for in-hours urgent primary medical care.
- The Department of Health originally estimated (based on results from former questions in the GP patient survey) that c5% of the population would be interested in registering with a GP practice nearer to where they work equating to 2.75m out of area registered patients in England. Based on an extrapolation of the results from the choice pilot however suggests take up could be much lower at around just 0.36% of the population (or around 200,000 out of area registered patients in England).

Going forward

- Area teams will face additional costs as a result of out of area registration through funding of home visits and the arrangements they put in place for out of area patients to access in-hours care at or near home.
- Fee levels and service specification are being discussed nationally with the BMA ; latest draft is with NHS Employers and General Practitioners' Committee (GPC – part of the BMA) for agreement and negotiation on pricing
- The default position (if there are no changes made to the contract) will be that practices receive the same capitation fee for out-of-area patients as for any other patient.
- NHS England is working with 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.
- We do not know the detail all the key elements of how out of area registration will work as this will be subject to further guidance in the next month or so.

Key issues

- It will be voluntary for GPs to participate
- An enhanced service specification is being developed nationally. Practices choosing to participate in this enhanced service will be required to ensure secure and robust processes are in place to communicate details of the care provided under this enhanced service to the patient's registered practice.
- Significant volume of visitors to CoL each day; demand could be significant yet GP participation could not match this
- Demand will be difficult to identify especially with flexible working in place with many employers and new IT accessible services coming on stream that change the way people can access their GPs
- Have not yet tested local practices' appetite for this – need to resolve the national funding issues and specification first
- Will move very quickly from next week onwards when guidance etc. is expected