NHS England

To: Dr Adam Janjua
Acting Chair
LMC Support Network
(By email only)

NHS England
Wellington House
133-155 Waterloo Road
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SE1 8UG

6 July 2026

Dear Adam,

Thank you for your letter of 19 June regarding the national patient list validation programme and the FP69 process.

Maintaining accurate GP patient lists is essential to ensure that NHS resources are allocated fairly and support effective population health planning. NHS England's analysis indicates that there are currently around six million more patients recorded on GP registration lists than would be expected based on population estimates, with some of this difference arising from people who have left the country without deregistering from their GP practice. The current programme builds on longstanding list maintenance processes but uses a more targeted, data-led approach drawing on multiple national datasets.

Regarding your primary ask that patients who have had a recorded NHS interaction within the preceding 12 months should be presumed to be genuine active NHS users unless evidence exists to the contrary, I can confirm this is already embedded within the process and in fact, we use an 18 months period, rather than 12 months.

Patients are initially identified using demographic and administrative indicators alongside statistical modelling to assess the likelihood they have left the country. This is then cross-checked against clinical activity from the previous 18 months to exclude patients actively using NHS services before any further action is taken. These enhancements have significantly improved accuracy and reduced the risk of inappropriate de-registration. In the 2025/26 pilot, the FP69 process was over 95% accurate, with fewer than 5% of patients referred for GP review subsequently confirmed as resident at their recorded address. Patients are contacted by email, text and letter before practices are asked to review them, allowing up to three months for a response. Overall, it takes more than five months from initial identification of a patient who may no longer be resident, to any de-registration from a practice list

If a patient is identified as having no clinical activity in the preceding 18 months, a number of further safeguards are then applied before any patient is removed. Patients are contacted and invited to confirm their details, practices are notified through established FP69 processes, and patients have multiple opportunities to respond. Non-response to correspondence alone is not sufficient to determine removal; decisions are based on a combination of statistical likelihood, activity data and validation steps.

We have also reduced potential disruption for those small numbers that may need to re-register by enabling them to register with a practice more quickly and conveniently. Around 1.1 million registrations, or 76% of all GP registrations, have gone through the Register with a GP service. Of these, 85% are completed within five days, and where automation and GPIT integration are in place, 93% are completed in under 30 minutes (93.3% of 54,000 registrations so far). Patients can also ensure their contact details are kept up to date in the NHS App (address update is currently being piloted before being fully rolled out).

We understand your concerns regarding the potential impact on vulnerable patients and health inequalities. Protecting patient safety and continuity of care remains a priority. The approach has been designed to minimise the risk of inappropriate removals, including using clinical activity data and exclusion criteria. In the unlikely event that a patient is removed in error, as above they can re-register quickly and continue to access NHS services.

We also acknowledge concerns regarding operational and financial impacts for practices. We are committed to the overall general practice envelope for 26/27, and funding released from this activity will be reinvested in general practice services accordingly. NHS England is continuing to assess distributional impacts and is working with regions and integrated care boards to identify the small number of practices may experience disproportionate effects. To help mitigate these impacts, the programme is being delivered over a four-year period to manage the existing backlog of inaccurate registrations in a phased and proportionate way. Once this backlog has been addressed, activity is expected to return to a lower, ongoing maintenance level.

In relation to transparency, further work is underway to provide additional information to the BMA’s General Practitioners Committee England (GPCE) on the methodology, data sources and safeguards underpinning the programme. An Equality and Health Inequalities Impact Assessment" has been undertaken and will be continually reviewed to inform its delivery.

We do not consider it appropriate to suspend the programme. However, we will continue to monitor the programme closely, including its impact on patients and practices. The programme is intended to support a fairer and more accurate distribution of funding across general practice by ensuring resources more closely reflect the population served.

We would encourage Local Medical Committees to continue to engage with GPCE as the national representative body, with whom NHS England and the Department of Health and Social Care engage at a national level on these issues. We will continue to work with GPCE

to ensure concerns are understood and that appropriate safeguards are maintained as the programme progresses.

Yours sincerely,

Dr Amanda Doyle

National Director Primary Care and Community Services

NHS England