

# Barriers to GP registration in Haringey

May 2023



# Contents

---

<b>Executive Summary</b>	<b>3</b>
<b>1. Introduction</b>	<b>5</b>
Our aims	
Our partners	
Research – Desktop Research; Haringey Fieldwork	
Training, awareness and communication	
<b>2. Key findings</b>	<b>11</b>
<b>3. Recommendations</b>	<b>17</b>
<b>4. Haringey fieldwork – research methodology</b>	<b>19</b>
<b>5. Findings of desktop research</b>	<b>22</b>
<b>6. Findings of Healthwatch Haringey research</b>	<b>33</b>
GP Telephone surveys – open and mystery shopping	
GP visits mystery shopping	
Healthwatch Haringey reception staff survey	
NHS online registration – ‘Register with a GP surgery’ project	
<b>7. Communications and training / awareness</b>	<b>75</b>
Training GP practice staff	
Briefing Voluntary Community and Social Enterprise (VCSE)	
Working with Haringey Council	
Working with communities	
<b>8. Next steps</b>	<b>77</b>
<b>9. Appendices</b>	<b>78</b>
ii) GP Registration Rights e-poster 2023	
iii) Healthwatch Haringey website articles	
<b>10. Thank you to all our partners</b>	<b>82</b>

# Executive Summary

---

Healthwatch Haringey and Haringey Welcome partnered with the NHS, Haringey Council and Doctors of the World to find out how many Haringey GPs will accept a patient without ID.

## **39 surgeries were called in the mystery shopping telephone survey**

- 24 out of 39 said they needed to see proof of address.
- 30 out of 39 surgeries said they needed to see ID.

## **39 surgeries were visited in person\***

- 20 out of 37 required proof of address.
- 20 out of 37 required ID.

(\*One would not answer questions, one was closed, so 37 were surveyed).

When we called saying we were Healthwatch Haringey, only two surgeries who had initially asked for documents subsequently clearly answered that they would register a patient without documents if the patient couldn't provide them.

## **We looked at other barriers to GP registration:**

When mystery shoppers visited Haringey surgeries, they found four who would only allow online registration, meaning that people who could not access a smart phone or computer were excluded.

The in-person mystery shoppers found only 11 surgeries offered any kind of help with filling in the registration form, such as interpreting or translating the form into a community language or offering help from staff who could speak the patient's language.

We sometimes found it difficult to get through on the phone. We waited over 20 minutes for a member of staff to answer the phone at seven surgeries.

We discovered a complex and interlocking system of barriers behind the refusal to register, including contradictory NHS guidance; inadequate support for frontline staff, including administrative barriers in the NHS system; the 'hostile environment' including concerns about 'deservingness' for some groups; concerns that patients without documents are more burdensome or that there is a risk of fraud; concerns about patient safety; and an overarching lack of resources in the NHS, particularly a lack of staff charged with reception duties and the consequent unmanageable workloads.

Despite this challenging environment we also found some very good practice: Inclusive registration policies and helpful and friendly reception staff, ready to welcome new patients in.

Our recommendations are based on national research, our own findings, and the good practice we have seen in Haringey. Practices who act on these recommendations will be helping to make sure that people in vulnerable communities have access to the healthcare they need. The first and most important recommendation is that practices should remove the requirement for ID and proof of address when registering new patients. We also recommend that the NHS state clearly in guidance that GP practices should not request ID or proof of address. The small number of practices in Haringey that are already working in this way are proof that it can and should be done.

We have co-produced resources with our Partners which we are distributing to our communities, carrying the message that you have a right to register with a GP, even if you don't have documents.

We hope that this report will help Haringey GPs to reach out more to those who have been excluded from NHS care. We will be conducting a further review later this year to see if barriers have been removed. We hope to be able to report next year that all our communities are able to register for and receive GP services in Haringey.



**This thorough and highly relevant review into primary care access in Haringey undertaken by healthwatch Haringey has demonstrated some clear discrepancies in the patient experience when registering with a GP. These experiences can often become a barrier to accessing healthcare for our most vulnerable and marginalised communities. It has highlighted the need for more training and support to reception staff who hold such a valued and important role as the first point of contact for patients accessing health care in the UK. There have been some examples of great care and adaptability which hopefully can be learned from and used as blueprints for delivering a consistently accessible primary care service in Haringey for not just our most vulnerable patients, but our entire population.”**

**Dr Bea Foster, Interim Clinical Lead and SPIN GP Fellow,  
Haringey Homeless Health Inclusion Team**

# 1. Introduction

---

Most people in England take it for granted that they can register with a doctor or General Practitioner (GP) and that they can receive free healthcare from the NHS. But there are some groups of people for whom this is not so easy. We discovered that there are significant barriers to registering with a GP in Haringey and we know the people most affected are those least able to speak out – people who are affected by homelessness, or refugees and migrants.

This represents a risk to the health and wellbeing of people who are denied healthcare; GPs are the front door to most other NHS services, and lack of access at the point of need can have serious consequences for the health of individuals.

However, there are wider system reasons for addressing this issue. It is important in terms of public health if there are people in our community who are beyond the reach of primary care and cannot access the basic protections it offers, such as vaccination and preventive services. Moreover, we are all affected when pressures are created elsewhere in the NHS, such as in Accident and Emergency, which can become the first port of call for those not registered with a GP.

People can be prevented from registering with a GP if they can't produce identification (ID) or proof of address. There can be many reasons why people do not have ID or documentation showing their address. Some groups of people this problem particularly affects include:

- People fleeing domestic violence staying with friends or family
- People living on a boat, in unstable accommodation or street homeless
- People staying long term with friends but who aren't receiving bills
- People working in exploitative situations whose employer has taken their documents
- People who have submitted their documents to the Home Office as part of an application
- People trafficked into the country who had their documents taken on arrival
- Children born in the UK to parents without documentation.

None of these people should be prevented from registering with a GP.

**Everyone has a right to register with a GP even if they don't have these documents.**

NHS guidance states that there is no requirement to prove identity, address, immigration status or an NHS number in order to register as a patient, but proof of address and ID are routinely required by GPs in Haringey.



It is unacceptable if we have people in our borough, which has quite a high 'churn' in its population, that anyone faces difficulty in access to a GP. It is in all our interests that everyone in our community has access to a GP, whoever they are. It's clear from our checks that some GP practices have been wrongly applying rules and creating obstacles for some. We hope that those practices will now work with us to ensure that everyone can register as patients in future."

**Sharon Grant OBE, Chair, Healthwatch Haringey**

## Our aims

We wanted to explore the barriers to registering with a GP in England and in Haringey. We wanted to understand the reasons why proof of address and ID are viewed as an important part of the registration process for most GP practices – as well as understanding why some GPs work differently and do not require these documents. By understanding the issues, we hoped to be able to recommend solutions which could enable more people to access NHS care. We hoped to improve the process of registration to GP practices for refugees and migrants and other vulnerable communities who are not able to provide proof of address or identity. We wanted to be able to reach out to vulnerable communities with messages that could help them.

## Why did we start this project?

We decided to start this project following contact with a Voluntary, Community and Social Enterprise (VCSE) organisation, IRMO (Indo American Migrant Organisation). IRMO told us that one of their clients had tried to register with three Haringey GPs but that all the practices had asked for proof of address or ID and the client could not provide those documents so could not register. This experience chimed with reports we had heard from other Haringey residents. For example, someone who had moved to Haringey two weeks before told us he was prevented from registering because the practice required proof of his Haringey address from three months ago!

## Healthwatch Hackney GP reviews led to improvements

Healthwatch Hackney conducted two reviews of their GP surgeries with the aim of making registration easier. The process succeeded in getting most practices to change the way they worked.

Healthwatch Hackney was commissioned to carry out the reviews by the NHS North East London Clinical Commissioning Group (NEL CCG). The first review found significant barriers to registration. Healthwatch Hackney publicised the results of the review in a report and the CCG wrote to all practices reminding them that documents were not required by NHS guidance.

- 18% of GP practices in Hackney still required proof of identity (down from 59%)
- 26% still required proof of address (down from 69%).

## Our Partners

We wanted to ensure that our project was supported by the NHS, Haringey Council and the Voluntary Community Social Enterprise Sector (VCSE) who support vulnerable communities in Haringey.

### We worked closely with the following organisations:

- Haringey Welcome
- Homeless Health Inclusion Team and the Haringey GP Federation
- Doctors of the World
- Haringey Council
- NHS North Central London Integrated Care Board.

We also reached out to the VCSE who helped us understand the issues facing the communities they supported. They agreed to work with us to get the word out to their clients about their rights to register with a GP and they helped us co-produce our communications (see Appendices):

- IRMO
- CARIS Haringey
- Selby Trust
- Roj Women
- Latin American House (Casa Latina)
- Migrants Organise
- St Mungo's
- Save Latin Village
- Haringey Migrant Support Centre
- Tottenham Food Bank
- DePaul UK
- Community Cook Up.

## Research

We wanted to find out how many GP practices in Haringey were asking for ID or proof of address to register a patient, so we found out what was happening at each GP practice. We also wanted to know why there were barriers to registration, not just in Haringey, but elsewhere, so we looked at research done by others.

### Desk-top research

We looked at five key reports and spoke to four of their authors.

- GP registration in Hackney, the right to access health care by Healthwatch Hackney (January 2022)
- Reluctance to register: an exploration of the experiences and perceptions of general practice staff in North East London by Worthing, Kitty; Seta, Pooja; Ouwehand, Isa; Berlin, Anita; Clinch, Megan (6 October 2022, British Journal of General Practice)
- Scoping the systemic barriers which lead to unsuccessful general practitioner registration attempts amongst Londoners by Carlson, Mallory; Pepper, Mollie – Commissioned by the Greater London Authority (May 2022)
- Haringey Welcome campaign for access to healthcare for migrant residents of Haringey. Report on a mini-survey: Access to primary healthcare – GP surgeries (2020)
- Most GP surgeries refuse to register undocumented migrants despite NHS policy (July 2021) Bureau of Investigative Journalism.

We also spoke to Will Leachman, Senior Business Analyst, NHS Digital Communications, who leads the GP Registration Programme. This programme launched a new way to register with a GP online in July 2022. It is called 'Register with a GP Surgery' and you do not need ID or proof of address to register in this way. We fed back comments to the NHS Digital Communications Team from GP practice managers who had enabled their practice to use this method of registration.

### Haringey fieldwork

We carried out three types of fieldwork to find out what GP practices were doing:

1. Telephone survey (October 2022 – February 2023): We phoned each practice and introduced ourselves to reception staff as Healthwatch Haringey.
2. Mystery shopping telephone survey (November 2022 – February 2023): We phoned each practice and introduced ourselves to reception staff as a friend or relative of someone who wanted to register as a patient.
3. Mystery shopping in-person visits (November 2022 – April 2023): We visited each practice and introduced ourselves to reception staff as a friend or relative of someone who wanted to register as a patient.

We asked if the prospective patient had to be in the catchment area to register; if they needed ID or proof of address; if they could get help with the registration form if English was not their first language; and if they were obliged to fill in questions on the form about residency status (immigration).

## Training, awareness and communication

We asked Doctors of the World to provide training to GP practice staff to become Safe Surgeries. Healthwatch Haringey also created a half-hour online briefing for practice staff on removing barriers to patient registration. We are available to give this briefing to any GP surgery requesting it.

### Safe Surgeries

Safe Surgeries is a scheme facilitated by Doctors of the World.

A 'Safe Surgery' is any GP Practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. Practices signed up to the network will receive resources, training and support in following the NHS England guidance as part of a community of practice to ensure that lack of ID or proof of address, immigration status or language are not barriers to patient registration.

We wanted to increase the number of Safe Surgeries in Haringey and understand how we could further support staff in taking steps towards becoming more inclusive during the ongoing process of becoming a Safe Surgery.

In July 2022 there were 25 practices committed to becoming a Safe Surgery in Haringey. By March 2023 there were 28 practices committed to becoming Safe Surgeries. Once the practices have gone through the process of becoming a Safe Surgery, they are invited to sign a declaration. There are 11 practices in Haringey who have declared.



**It has been a huge change for the Practice and its team to adopt the Safe Surgery guidelines, but it has truly been a success for all our patients. We have been able to register patients with much more ease and if we do experience any difficulties patients have been very accommodating to help verify any discrepancies.”**

**Trudy Galka, Practice Manager, Havergal Surgery**

We gave two presentations at GP practice manager forums. We developed an online briefing for VCSE to explain people's right to register with a GP and the Safe Surgery scheme. We joined the Council's Haringey Welcome Advisory Board and kept the Council up to date on the project.

We developed digital and print materials to help people understand their rights to register with a GP in Haringey. We created articles on the Healthwatch Haringey website at each stage of the campaign. We tweeted and used the Healthwatch Haringey e-newsletter to communicate to over 1,000 Haringey residents.



**This report is really important in highlighting the difficulties for many people in Haringey in registering with a GP and accessing primary care. It is great that 28 practices in Haringey have made the initial commitment to working towards inclusive registration processes by signing up as Safe Surgeries.**

**We are happy to continue to support practices in Haringey with the Safe Surgeries process and implementing the principles through sharing resources, ongoing training opportunities and celebrating good practice in both Haringey and across the national network.”**

**Marina Davidson Advocacy Manager (Primary Care Lead)  
Doctors of the World UK, part of the Médecins du Monde  
network**

## 2. Key findings

---

### **1. Staff gave conflicting answers on the different registration methods available at each surgery.**

For the open Healthwatch Haringey survey, 34 surgeries out of 38 said they allowed patients to register both online and in-person with a hard copy form. But for the mystery shopping call survey, only 27 out of 39 said they allowed both online and in-person registration. Our in-person mystery shoppers were told by only 12 surgeries they allowed both online and in-person registration, with a strong bias towards in-person registration.

### **2. Nine surgeries told Healthwatch Haringey they did not require the new patient to be living in the catchment area.**

Only nine practices told us they would definitely register patients who were not within the catchment area, thereby removing one barrier faced by people who are homeless and cannot give a fixed address in the local area.

### **3. Most people who live in Haringey must produce an identity document (ID) before being allowed to register at a GP surgery.**

This represents a significant barrier to healthcare for Haringey's migrant populations and other vulnerable groups.

For the Healthwatch Haringey open call survey, 27 surgeries said that ID was needed to register. Five of those surgeries who required ID would insist on seeing a form of photo ID.

When we called and said we were someone who wanted to ask about registering a relative or friend 30 surgeries said they would need ID. One practice also clearly stated that they would need the NHS number of the patient or the address of the previous GP before they could be registered. Of the 37 surgeries we were able to survey in-person as Mystery Shoppers, 20 required ID.

Most of the surgeries who required ID also required proof of address.

**4. Most people in Haringey must produce proof of address before being allowed to register at a GP surgery.**

This requirement, when combined with the requirement for ID, is most likely to result in non-registration of people who are homeless or undocumented migrants.

In the open Healthwatch Haringey calls and the mystery shopping calls, 24 practices indicated that they needed to see proof of address before the patient could be registered. When the Mystery Shoppers visited the surgeries, they found that 20 out of 37 required proof of address. Most of the practices asking for proof of address also required ID.

**5. 10% of GP surgeries in Haringey told us on the phone they would register a patient without seeking proof of address or ID. But the in-person Mystery Shoppers found 32% of surgeries would register them without documents.**

Although there are 28 practices who have committed to becoming a Safe Surgery, only four surgeries (10%) out of 39 told us unequivocally on the phone they did not require ID or proof of address.

But in the mystery shopping in-person surveys 25 surgeries required documents and 12 (32%) did not (37 surgeries surveyed). This suggests that vulnerable patients have a better chance of accessing healthcare when coming face to face with a member of reception staff.

**6. When we called as Healthwatch Haringey, only two surgeries who had initially asked for documents subsequently clearly answered that they would register a patient without documents if the patient couldn't provide them.**

We had hoped that receptionists might offer flexibility where it was clear that the patient was not able to provide ID or proof of address. But eight practices continued to insist on documents and the remaining answers were unclear or equivocal. Any undocumented person would most probably be dissuaded from registering in these cases.

When we made the mystery shopping phone calls, five practices who had initially asked for documents subsequently clearly answered that they would register the patient regardless – a better result.

Nonetheless, this finding highlights that the best way to avoid barriers to registration is to not ask for the documents in the first place.

**7. Support for people with English as a second language was offered much more frequently by phone when speaking to the Healthwatch Haringey caller than in-person to the mystery shoppers.**

When we called as Healthwatch Haringey and asked, 'What happens if the new patient has difficulty filling in the GMS1 registration form because English is not their first language?' all except three practices (35 out of 38) offered some kind of help to fill in the form.

However, when the in-person mystery shoppers asked if an interpreter and / or help was available to fill in the form, only 11 surgeries offered any kind of help. 15 reception staff said no interpreter was available to help fill in the form. Four of these staff added that an interpreter was offered, but only after registration or for appointments.

**8. Very few surgeries asked verbal questions about immigration status, but there was a degree of confusion about the need to complete the 'supplementary questions' on residency.**

We noticed that there was a widespread lack of familiarity with the residency questions on the form, particularly the 'supplementary questions' at the back, and it was only after staff had looked at the form whilst we were speaking on the phone that they were able to answer questions about these.

13 surgeries indicated to our in-person mystery shoppers the questions about residency status on the GMS1 form needed to be completed, when in fact they are optional, but this was often accompanied by the comment "fill out the whole form", perhaps an indication that staff are not necessarily familiar with all the questions. Migrants could be dissuaded from registering if they feel that they must complete the 'supplementary questions' part of the form in order to access healthcare.

**9. Over half of the surgeries answered the phone in three minutes, but we waited over 20 minutes at seven surgeries.**

There were seven practices where we were waiting for between 21 minutes and 1 hour 37 minutes. At one surgery we couldn't get through at all and had to call another branch to be transferred.

## 10. Our in-person mystery shoppers noted friendly and welcoming reception staff in 22 surgeries

Staff were recorded as welcoming, friendly, sympathetic, and pleasant. For example, the mystery shoppers recorded reception staff who were “polite and informative”, and “friendly and willing to help”.

## 12. Our in-person mystery shoppers found some reception staff were not able to answer all the questions or were unhelpful.

Occasionally, staff had to ask their manager or another member of staff before answering the questions. In a small minority of cases the mystery shopper experienced the interaction as unhelpful. In these instances, a vulnerable person might be dissuaded from trying to register at that surgery.



## How many Haringey GPs require ID or proof of address before a new patient can register?

### 39 surgeries were called in the mystery shopping telephone survey

- 24 out of 39 required proof of address.
- 30 out of 39 required ID.

### 37 surgeries were surveyed by in person mystery shoppers

- 20 out of 37 required proof of address.
- 20 out of 37 required ID.

## Key findings from our other research

### Healthwatch Haringey reception staff survey

1. Reception staff were concerned that patient lack of ID or proof of address could lead to mistakes on the registration form and a failure to complete the administrative process of registration
2. Staff had concerns about fraudulent registrations
3. Some responses revealed a lack of understanding about NHS and government policy
4. There was a tendency to regard prospective patients without documents as suspicious or burdensome in some way
5. Four out of 11 members of staff clearly stated that they would register a patient without documents.

### NHS online registration – ‘Register with a GP surgery’ project

1. The new online registration system is most useful for people who already have an NHS number as it works by matching the patient’s information to the ‘spine’ where their NHS number is held
2. Whilst the system is designed to avoid the need for showing proof of ID and address, some practices still require scanning-in of ID or proof of address
3. Some Haringey practice staff found the system useful, but they added that improvements were still needed in functionality.

### Key findings from desktop research

Key themes and issues emerging from the five reports and other desktop research included:

1. A national survey found only a minority of GP surgeries would register someone without ID or proof of address (Bureau of Investigative Journalism)
2. Patients without documents were seen by staff as burdensome, and this could relate to costs to the practice for translation services, or impacts on NHS targets including childhood vaccination rates

3. Staff raised concerns that people were fraudulently taking resources or taking resources from those more 'deserving' of them, based on citizenship or contribution to society
4. The 'hostile environment' promoted by government has an impact on staff decision-making
5. There are several systemic and administrative barriers to GP registration  
These barriers include:
  - Staffing issues leading to concerns about time and workload
  - The volume, density of NHS guidance and its lack of clarity leading to staff caution and fears of personal liability
  - Information-seeking about immigration status on the GMS1 form and guidance encouraging gatekeeping behaviour by staff
  - Staff concerns about quality of care or fraud.
6. Challenges in registering without ID or proof of address are tied to an overburdened healthcare system (GLA)
7. Widespread reluctance to register patients without ID or proof of address was observed in Haringey (Haringey Welcome, 2020)  
In some cases, there was a willingness to act as gatekeeper to deny access to 'illegal immigrants'
8. Intervention by Healthwatch Hackney with the strong support of the North East London Integrated Care Board (formerly the CCG) made Hackney GP surgeries positively change their registration practices
9. Dropping the requirement for ID and proof of address does not necessarily increase the administrative burden in the registration process. (Worthing, K 2022; Havergal Surgery 2022).

# 3. Recommendations

---

Our recommendations for GP practices are based on national research, our own findings and the good practice we have seen in Haringey. Practices who act on these recommendations will be helping to make sure that people in vulnerable communities have access to the healthcare they need.

1. Practices should remove the requirement for ID and proof of address when registering new patients.
2. Practices should brief all reception staff regularly that failure to provide documents should not prevent patient registration.
3. Practices should consider inviting Healthwatch Haringey to deliver our 30-minute online briefing for practice staff on removing barriers to patient registration.
4. Practices should ensure reception staff are aware that immigration status should have no impact on access to GP services, and that anyone in England can register with a GP.
5. Practices should assure reception staff that they will not be held personally liable for any consequences of incorrect information being supplied by patients.
6. Practices should engage with Doctors of the World with a view to accessing training and becoming a Safe Surgery.
7. Practices who are already committed to becoming a Safe Surgery should clearly display posters and leaflets.
8. Safe Surgeries should offer new and existing staff regular training and / or reviews to ensure all staff understand their responsibility to remove barriers to registration.
9. Reception staff should be made aware of the resources available for translation / interpretation when registering new patients, and should always offer these when requested by a new patient who seeks help with the registration form.
10. Practices should ensure through training that all staff are aware the residency questions on the GMS1 form are optional.
11. Practices should consider enabling the new 'Register with a GP surgery' system for online registration as a way to make it easier for people without documents to register.

12. Practices should ensure through training that all reception staff are aware of the different methods of registration offered at their surgery. Practices who do not offer in-person registration with a hard copy form should consider if this represents a barrier to registration for the digitally excluded.
13. Practices who only allow patients who live in the catchment area to register should consider making an exception for people who are homeless.
14. Practices who took a long time to answer our calls should review their staffing and telephone systems.
15. Practices should ensure all reception staff are aware of the role of Healthwatch Haringey.

### Key recommendations for the NHS

- The most effective way to remove barriers to registration would be for the NHS to state clearly in guidance that GP practices should not request ID or proof of address.
- Hospital Accident and Emergency should offer pro-active support and advice about registering with a GP.



# 4. Haringey fieldwork - research methodology

---

We contacted each GP practice in Haringey at least three times, once as Healthwatch Haringey, once as a telephone mystery shopper and once as an in-person mystery shopper.

## Telephone surveys

Each Haringey practice received at least two phone calls but sometimes we called practices multiple times, either because staff were busy helping patients and didn't have the time to answer questions, or because reception staff did not know the answers to questions or were reluctant to answer.

Between October 2022 and February 2023, we phoned each practice and introduced ourselves to reception staff as Healthwatch Haringey.

Between November 2022 and February 2023, we carried out a mystery shopping telephone survey. We phoned each practice and introduced ourselves to reception staff as a friend or relative of someone who wanted to register as a patient.

The telephone surveys were carried out by two Healthwatch Haringey staff members.

### During all telephone calls we asked:

1. Can a new patient register online and in person?
2. Does a new patient have to live within the catchment area?
3. Does a new patient need to provide proof of ID?
4. Does a new patient need to provide proof of address?
5. What happens if the new patient can't provide these documents?
6. What happens if the new patient has difficulty filling in the GMS1 registration form because English is not their first language? Is an interpreter offered?
7. Questions about residency status - On the GMS1 form is the new patient required to fill in the 'If you are from abroad' question? Are they required to fill in the 'Supplementary questions' if they are from abroad?
8. We recorded the length of time it took for our call to be answered.
9. We recorded additional information received during the call for example, if reception staff were reluctant to answer questions, or if they were particularly friendly.

## GP practice mystery shopping in-person visits

Between November 2022 and April 2023, we carried out mystery shopping in-person visits to all GP practices. We visited each practice and introduced ourselves to reception staff as a friend or relative of someone who wanted to register as a patient. This friend or relative was from abroad and / or homeless.

The mystery shopping in-person visits were carried out by two social work students from Middlesex University, a Healthwatch Haringey staff member, a Public Voice staff member and three Healthwatch Haringey volunteers.

### At the GP practice in-person mystery shopping visits we asked:

1. Can my friend or relative who is from abroad register online and in person?
2. Do they have to live within the catchment area?
3. Do they need to provide proof of ID?
4. Do they need to provide proof of address?
5. What happens if they can't provide these documents?
6. What happens if they have difficulty filling in the GMS1 registration form because English is not their first language? Is an interpreter offered?
7. Questions about residency status - On the GMS1 form are they required to fill in the 'If you are from abroad' question? Are they required to fill in the 'Supplementary questions'?
8. If the practice was committed to becoming a Safe Surgery, we checked to see if there were any posters, leaflets or other visible evidence showing that the practice was a Safe Surgery.
9. We recorded if the reception staff asked about immigration status.
10. We recorded further information, for example if the reception staff were welcoming or if they needed to ask a manager for help in answering questions about ID or interpreters.

## Healthwatch Haringey survey of GP reception staff

During our desktop research we learned that some reception staff had concerns about registering patients without proof of address or ID, and that some of the problems may be structural. In other words, there may be barriers to easy registration within the system.

We asked GP reception staff to tell us what their concerns were in an anonymous survey. We sent an email to all GP practices in Haringey in September 2022 entitled 'GP reception staff - What are your concerns?'

- The survey was open between September 2022 and April 2023.
- 11 responses were received.

**We asked:**

1. 1. Has a new patient ever tried to register without proof of address or ID?
  - Yes / NoIf yes, how did you respond?
  
1. 2. Do you have any concerns about registering a new patient without proof of address or ID?
  - Yes / NoIf yes, what are your concerns?
  
3. How easy is it to adhere to NHS policy on registration?
  - Very easy
  - Easy
  - Neither easy nor difficult
  - Difficult
  - Very difficultIf it is difficult or very difficult, please say why.



# 5. Findings of desktop research

---

We wanted to know the scale of the problem. How common was the experience of the prospective patient who had been helped by IRMO? The patient who was a migrant worker living in Haringey and who had tried to register at three GP surgeries but found that they all wanted to see his ID or proof of address. But this was clearly not just a Haringey problem and researchers had looked at this question before. Our desktop research revealed a web of interlocking issues which routinely left vulnerable people at risk of losing their right to healthcare.

## Bureau of Investigative Journalism

**Report: Most GP surgeries refuse to register undocumented migrants despite NHS policy** (July 2021) by Rachel Hamada, Emiliano Mellino, Vicky Gayle, Sarah Haque, Siriol Griffiths, Ruth Bushi, Robyn Vinter

The investigation was carried out at a time when the government was sending out strong messages that everyone should be vaccinated for COVID-19. But the investigation revealed how undocumented migrants without ID or proof of address were being refused registration at GP surgeries across the country, in contravention of NHS policy. This was “putting them in a vaccine labyrinth”, limiting their options when it came to accessing the vaccine.

The survey covered more than 200 surgeries in 10 key areas across the UK. Bureau journalists asked if they could register a ‘friend’ who was in her 40s, without immigration status, proof of address or ID.

### The survey found:

- Less than a quarter of all GP surgeries (24%) would register someone without these documents.
- Almost two-thirds (62%) told researchers they would not register the patient, while 14% said they were unsure if they could.

In 113 of the calls, the journalists were able to ask surgeries whether they could suggest alternative vaccination options for their dummy patient. More than half of these surgeries said they either did not know any alternative options, or that the patient would not be eligible to receive the vaccine, either because they did not have an NHS number or because of their immigration status.

Callers were often given incorrect information. For example, one Luton surgery told the Bureau “She won’t be able to get vaccinated until she’s got an NHS number”. One surgery in Birmingham said: “We wouldn’t be able to administer the vaccine if she hasn’t got UK status.” A caller to a practice in Coventry was told “Unless we’re advised otherwise, which we haven’t been until now then there’s no facility for her to be vaccinated if she’d not got an NHS number.”

## **Healthwatch Hackney**

### **GP registration in Hackney, the right to access health care by Healthwatch Hackney (January 2022)**

We spoke to staff from Healthwatch Hackney who had been commissioned by their Clinical Commissioning Group (North East London CCG) to carry out two reviews of GP surgeries with an emphasis on finding out if documentation was needed to register as a new patient. The first review report was produced in April 2021 and found that:

- 59% of GP practices asked for proof of identity
- 69% of GP practices asked for proof of address

As a result of their findings, Programme Director of Primary Care, North East London CCG, Richard Bull wrote to all GP practices in Hackney, attaching Healthwatch Hackney’s report.

#### **His letter stated:**

“Practices should NOT be asking for proof of registration status or address. Patients should also be registered in full unless it is clear that only a temporary registration is required. Please do ensure that any of your staff involved in registering patients are aware of what is and what is not required. There is often a disconnect between what management believes is happening and what actually happens at the front line. Previously we have encouraged you to sign up to Doctors of the World’s Safe Surgeries initiative. If you have not already joined please have a look and discuss within your team and with your PPG.”

Healthwatch Hackney was commissioned by NEL CCG to repeat the survey in 6 months.

#### **The report in January 2022 found:**

Nine out of the 39 GP Practices had been consistent in not requesting proof of address and / or ID during registration or after registration. During the research it was also found that receptionists at some GP Practices have poor awareness and understanding of their practices’ new patient registration process. They were not confident about the information they provide and had to go back and forth, seeking advice from a colleague.

Encountering a receptionist that is unable to confidently provide clear information about the practice registration process will be an additional barrier.

Despite the ongoing issues, there had been a significant change:

- 18% of the GP practices in Hackney still required proof of identity (previously 59%)
- 26% still required proof of address (previously 69%).

This impact results from the innovative and detailed work done by Healthwatch Hackney with the support and funding of NEL CCG.

As a result of this work, in November 2022 Healthwatch Hackney won a national award for improving access to GP services for local refugees, asylum seekers and other residents. The national Healthwatch Impact Award celebrates the difference made by local Healthwatch staff and volunteers to improve NHS and care services.

### **Kitty Worthing, GP at Sheffield Teaching Hospitals**

Kitty Worthing was formerly a case worker for Doctors of the World. We spoke to her about her experience working with undocumented migrants in London and Sheffield in September 2022.

Kitty Worthing stated that online registration which doesn't ask for any ID or address has worked well in Tower Hamlets. A Community Education Programme for Primary Care staff provided Protected Learning Time, which was voluntary for staff, but people got time off to attend. This is where Tower Hamlets reception staff were informed about how to use the new online registration system.

In her Sheffield GP practice, they do not ask for any ID or proof of address and she explained that the practice hasn't experienced a lot of administrative problems as a result, like bounce-backs from the NHS 'spine'.

Kitty Worthing stated that the NHS guidance is ambiguous, emphasising the importance of getting patient details correct, as well as saying that ID and proof of address is not necessary. The NHS guidance says the practice might need to see documents to prove the person is who they say they are. This introduces the sense that receptionists have a role to check people's identity. Historically, until 5 years ago receptionists were told not to register people without ID or proof of address.

It would be better for the guidance to state clearly that no documents are needed, and they should not be requested. Then all new patients would be equally welcomed.

## 'Bounce-backs' in the Primary Care Support England (PCSE) system (the NHS 'spine') are a worry for reception staff

Reception staff often think there is a high chance of new patients making mistakes on the registration form and this will lead to the application bouncing back from the Primary Care Support England (PCSE) system. PCSE establishes whether the patient is new to the 'spine' or is in fact someone with an existing NHS number and record.

A patient is identified by an NHS number. A bounce-back can occur where the number and record do not match with the name and contact details given by the patient when registering at a new surgery. The bounce-back leads to more administrative work by reception staff as they must then contact the new patient to check details.

More broadly, the PCSE system encourages staff to act cautiously. When staff have registration queries there is no direct telephone communication channel with PCSE, leaving staff to wade through pages of guidance or wait several days for responses by email.

## British Journal of General Practice

**Reluctance to register: an exploration of the experiences and perceptions of general practice staff in North East London** (6 October 2022) British Journal of General Practice by Kitty Worthing, Pooja Seta, Isa Ouwehand, Anita Berlin, Megan Clinch

Reluctance to register explored the experiences and perceptions of staff in General Practice in relation to registration.

### The researchers found:

"Most participants [i.e. staff in GP practices] expressed reluctance to register those without documentation, often introducing additional hurdles or requirements in their everyday practice."

Two themes were identified which explained this reluctance to register patients without documents:

1. Those without documents were seen as burdensome
2. Moral judgements were made about patients' deservedness to finite resources.

Staff described the context of high workload and insufficient funding. Some felt that GP services should be restricted by immigration status - Migrants can be charged for NHS care in hospitals, and some felt this was appropriate in primary care. Only one member of staff, a practice manager, felt the NHS guidance was clear

and easy to implement. Most participants felt it was ambiguous, leading to varied practice.

### **Patients without documents were seen as burdensome**

Patients without documents were characterised as 'burdensome' in multiple ways: administratively, financially, clinically, reputationally and in relation to fears about safety and responsibility.

Regardless of how they registered new patients, staff mostly believed patients without documentation were a burden. The challenges in registering this patient group often arose from practical day to day administrative labour, but documentation was also seen as part of a safeguarding process and preventing staff being blamed if something went wrong.

Staff highlighted that those without documents were more likely to need translation services, and therefore double appointments, increasing costs to the practice. Staff also felt they were likely to be difficult to contact, or move out of the area, making it more challenging to achieve Quality Outcome Framework (QOF) targets. Several staff noted that registering this patient group resulted in them performing more poorly for childhood vaccination rates.

Some felt that following the NHS guidance had resulted in registering disproportionate numbers of people without documents, compared to neighbouring practices, therefore furthering their disadvantage.

Many staff expressed concern that patients without documents may be a risk to themselves, other patients or staff. There was accompanying concern about who would be held responsible if harm occurred, and it was judged that document checking might have prevented it.

Whilst no anecdotal experience of such scenarios was reported by staff, the perception was that checking documentation, particularly identity documents, was part of safeguarding procedure.

### **'Deservingness' and the queue**

Around one third of participants raised concerns that people were fraudulently taking resources or taking resources from those more 'deserving' of them, based on citizenship or contribution to 'society.'

They categorised possible reasons for not having documents into 'genuine', such as fleeing domestic violence or recent arrival in the country to join a spouse, and 'not genuine', such as being in the country unlawfully or concealing identity.

Some staff felt that those without documents, whose NHS entitlement was restricted due to their immigration status, were less deserving of healthcare resources than

those with citizenship. They expressed the view that in a system with increasingly finite resources, contribution to the system should inform your place in the queue.

### **Moral concerns, policy and wider structural factors**

Some staff were making moral judgements, that being unable to produce documents may signal: identity fraud, hiding a violent past or not being a 'legal' citizen, conditions which gave a sense of 'undeservingness' of scarce NHS resources.

These moral concerns were raised in the context of access restrictions to secondary care. Researchers believed this might reflect a 'trickle down' impact of the Overseas Visitors Charging policy and broader popular anti-migration sentiments articulated by politicians and the media. They found that participants' individual moral judgements clearly mirrored broader health policy restrictions to secondary care based on immigration status, and popular political ideology around citizenship and access to public services.

Many staff described a reliance on 'instinctual' individual decision making at the GP front desk based on local resources, normalised ways of working and beliefs about 'deservingness'. This kind of decision making may result in disadvantaging people who cannot access documentation.



...attempts to control discretionary behaviour, in particular through reiterations of top-down guidance, will likely be futile...we must also tackle the wider impact of the 'hostile environment' on individual staff decision making in general practice."

Reluctance to register: an exploration of the experiences and perceptions of general practice staff in North East London (6 October 2022) British Journal of General Practice by Kitty Worthing et al.

### **Greater London Authority (GLA)**

**Scoping the systemic barriers which lead to unsuccessful general practitioner registration attempts amongst Londoners** (May 2022) by Mallory Carlson, Mollie Pepper – Commissioned by the Greater London Authority

"...challenges in registering without an ID or proof of address are in some ways tied directly and tangentially to an overburdened healthcare system."

The study was commissioned by the Mayor of London, who recognised that the requirement for new patients to produce proof of address and ID was a barrier to receiving health care. He also understood that resource issues were linked to this problem.

The study relied on data collected from GP practice staff in 15 one-to-one interviews, nine key informant interviews, and one focus group with three participants.

The researchers identified several systemic barriers to GP registration including staffing issues leading to concerns about time and workload; the volume and density of NHS guidance and its lack of clarity; information-seeking about immigration status on the GMS1 form; staff concerns about quality of care or fraud.

## **Why do practice staff seek ID and proof of address before registering new patients?**

### **1. To reduce the time taken to register new patients**

GP practices are routinely understaffed, and this includes those responsible for registration. Surgeries can prioritise 'resource-conservation practices, including additional layers of registration gatekeeping.'

Reception staff often think there is a high chance of new patients making mistakes on the registration form and this will lead to the application bouncing back from the Primary Care Support England (PCSE) system. PCSE establishes whether the patient is new to the spine or is in fact someone with an existing NHS number and record.

A bounce-back requires more time to be spent on gathering and inputting the correct data.

There is little support to ensure registration guidance is interpreted correctly and effectively at all staff levels. When staff have registration queries there is no direct telephone communication channel with PCSE, leaving staff to wade through guidance or wait several days for responses by email.

Some new patients unable to provide ID or proof of address, such as undocumented migrants, may require language interpretation to complete registration forms, which might create a delay or extra work in the registration process.

### **2. Dense and unclear NHS guidance encourages staff caution and fears of personal liability**

There is a lot of guidance, and it is dense. The Primary Medical Care Policy and Guidance Manual (PGM), its associated resources, and NHS guidance in general requires work to interpret correctly. There are also parts of the guidance which encourage the seeking of documentation.

Reception staff might take the most well-established and conservative steps to registering new patients to avoid risk. Fears of potential risk can include personal fault or liability for registering the wrong person.

Experiences under previous 'hostile' policies regarding the registration of some migrants can still influence individual risk calculations.

Reception staff may have their own concerns about fraud, drug-seeking behaviour, safeguarding, and data security.

The guidance refers to a 'gatekeeper' role for the NHS GP for accessing secondary care services. This implies the GP should be aware of immigration status.

### **3. The registration form GMS1 encourages information-seeking about immigration status, and gatekeeping behaviour by reception staff**

Personal politics, beliefs, and biases can play a role in an individual GP practice or staff member's registration decision-making process. The encouragement of a gatekeeping role in the guidance and the GMS1 form helps to reinforce these beliefs.

The GMS1 form contains an optional question about date of entry to the UK and previous addresses, but it is not clear that this question is optional because this is only stated in a footnote. Staff can interpret this question as mandatory.

The GMS1 form contains 'supplementary questions' at the end which are meant to establish immigration status to determine eligibility to access free secondary care. This is marked as optional, but not very clearly. Staff can interpret this question as mandatory.

Migrant patients might be dissuaded from registering if they are concerned that their information could be passed on to the Home Office.

### **4. Staff may have concerns about quality of care**

If staff can't match someone's medical records correctly to the NHS spine in the Primary Care Support England system this can raise a risk that vital information about an individual's medical history cannot be relied upon to inform continued care.

There may be 'soft gatekeeping' where staff insist on proof of address to ensure the new patient is within the catchment area. This could occur where staff have concerns that there are already too many registered patients for the GPs to manage safely.

## The role of invisible gatekeeping

There are unlikely to be many complaints to NHS England as a result of refusal to register without documents.

'Incomplete or refused registrations are likely drastically underestimated. These interactions often take the form of reception staff requesting that a patient return with documents before agreeing to register them...With language barriers factored in, it is clear that there is room for patients to misinterpret the request for documents as a requirement or a refusal to register.'

There is no way of knowing if practices regularly send patients away without registering them in these invisible interactions.

## Conclusion

The overarching theme to emerge from the research is that there is not enough clarity and support for frontline staff who manage registrations, leading to a misunderstanding of guidance and perceived additional workload pressure. In short, the system as currently designed leaves too much at the feet of GP surgery staff to interpret and enact the guidance as currently written and communicated.

## Key Recommendations of the GLA report

The report makes several recommendations about the process, including:

- Develop a standardised registration process tool for practice managers and receptionists
- Redevelop the GMS1 form to clarify what information is mandatory and what is optional and provide the form in various languages
- Explore and monitor a standardised online approach to registration that does not require ID or proof of address
- Reassess current staffing levels and resources at GP surgery level.

## What happens if practices don't ask for ID?

Some practices reported that they no longer ask for ID or proof of address at all, and have found no notable increase in time demands as a result. In fact, some have found it lessens staff burden. Further, many bounce-backs from the PCSE system are in cases where all information provided was accurate at the outset. This indicates that one of the main reasons GP staff ask for ID or proof of address could be minimised by more robust communication channels for troubleshooting within the registration system overall, rather than requesting ID or proof of address.

**Scoping the systemic barriers which lead to unsuccessful general practitioner registration attempts amongst Londoners (May 2022)**

## The GP Registration form GMS1 – the language barrier

The vast majority of practices in England use the hard copy GMS1 form to register new patients. The form is normally supplied to patients in English, and this means that patients whose first language is not English could need help with translation or interpretation. This can be a significant barrier to registration for some.

The GMS1 form was historically only available in English, but it has recently been made available on the government website in Ukrainian and Russian.

Presumably this is to make it easier for Ukrainian refugees to register with a GP since the war in Ukraine. Whilst this new development is very welcome, it begs the question why the form is not available in other languages. For example, in Haringey the most common languages spoken apart from English are Turkish, Kurdish, Polish and Spanish. In England, the most common languages spoken apart from English include the languages of the Indian subcontinent.

Online forms in these languages and others could be printed as needed by GP surgeries. This would demonstrate equity and enable GPs to reduce barriers to registration more easily.

## Haringey Welcome

**Report on a mini-survey: Access to primary healthcare – GP surgeries** (May 2020) by Miri Weingarten, with contributions from Lucy Nabijou, Dr Tricia Bohn, Julie Escott, Ruth Valentine and Annabel Gregory

In late 2019, following reports that migrants in Haringey often struggle to access primary healthcare services via GP surgeries as they are wrongly told they require ID and proof of address to register, Haringey Welcome initiated a survey of access to primary healthcare for migrants.

The aim of the survey was to ascertain the level of awareness of relevant guidance regarding registration among GP surgery staff, to inform future training and to ensure respect for migrant health rights.

Volunteers held telephone interviews as ‘secret shoppers.’ 17 surgeries were contacted and results for 15 practices were set out in the report.

### Findings

Haringey Welcome found widespread significant reluctance to register patients without ID or proof of address. In some cases, there was a willingness to act as gatekeeper to deny access to ‘illegal immigrants’.

## Migrants faced extraordinary barriers at two Haringey practices

“...the receptionist at one practice said that for migrants or people without formal ID they usually ask for a letter from what she called ‘the world immigration agency’. A receptionist at another clinic who said she was in charge of registrations offered to see the patient privately for £75.”

**Haringey Welcome Report on a mini-survey: Access to primary healthcare – GP surgeries (May 2020)**



# 6. Findings of Healthwatch Haringey research

---

## **GP Telephone surveys – open and mystery shopping calls**

Each Haringey practice received at least two phone calls, but sometimes we called practices multiple times, either because staff were busy helping patients and didn't have the time to answer questions, or because reception staff did not know the answers to questions or were reluctant to answer. We avoided early morning calls as this is when the practices are busiest with people booking appointments.

Between October 2022 and February 2023, we phoned each practice and introduced ourselves to reception staff as Healthwatch Haringey.

For the open Healthwatch Haringey calls, we called 39 GP practices. One surgery refused to answer any questions despite our four attempts. Therefore, we can only report from 38 practices.

Between November 2022 and February 2023, we carried out a mystery shopping telephone survey. We phoned each practice and introduced ourselves to reception staff as a friend or relative of someone who wanted to register as a patient.

For the mystery shopping telephone surveys, we were able to gather data from all 39 GP practices.

## **Findings of telephone surveys:**

### **1. Can a new patient register online and in person?**

#### **Healthwatch Haringey call results**

For the open Healthwatch Haringey survey, all surgeries except for four said they allowed online and in-person registration; that is 34 surgeries of 38 said they allowed both methods of registration. Four surgeries allowed in-person registration only.

#### **Mystery shopping call results**

For the mystery shopping call survey, eight surgeries said they had in-person registration only, four required online registration, leaving only 27 out of 39 who allowed both online and in-person registration.



## Healthwatch comment:

This discrepancy between the results of the two types of telephone survey points to either staff lack of knowledge about methods of registration or a bias towards giving Healthwatch Haringey the 'right' answer.

Practices should ensure through training that all reception staff are aware of the different methods of registration offered at their surgery. Practices who do not offer in-person registration with a hard copy form should consider if this represents a barrier to registration for the digitally excluded.

## 2. Does a new patient have to live within the catchment area?

### Healthwatch Haringey call results

For the Healthwatch Haringey survey, 29 surgeries answered 'yes' to this question. Some who answered 'yes' gave additional information which indicated there could be exceptions and that some patients may not have to live in the catchment area to register. Of the nine surgeries who answered 'no', three said they would explain to the patient that some community services and home visits would not be available out of catchment. One practice said that a patient out of catchment would be accepted, but only if they lived in Haringey. Another stated that they take patients from other boroughs, as long as they are within the catchment area. We did not ask this question in the mystery shopping telephone survey



## Healthwatch comment:

Only nine surgeries would definitely register patients who were not within the catchment area, thereby removing one barrier faced by people who are homeless and cannot give a fixed address in the local area. Practices who said the patients would have to live in the catchment area should consider making an exception for people who are homeless.

### 3. Does a new patient need to provide proof of ID?

#### Healthwatch Haringey call results

For the Healthwatch Haringey open call survey, 27 surgeries answered 'yes', saying that ID was needed to register.

Five of those surgeries who required ID would insist on seeing a form of photo ID. However, 10 of the 27 surgeries who said they requested ID also qualified their answer. One practice said they liked to see ID if it was the patient's first time registering in the UK, to make sure their details are correct. One surgery said it would be 'ideal' if the patient produced ID, another stated it would be 'good' if they had ID, implying that perhaps sometimes this is not required. One practice said 'yes', the patient who registers in-person does need to show ID but they thought online registration does not require ID to be attached (this is correct as the practice in question is using the new 'Register with a GP surgery' online registration system which does not require ID documents at time of registration.) Another practice also said they request ID in-person, implying that they do not request ID if the patient registers online.

#### 11 practices answered 'no' to this question, meaning they did not require ID.

These practices were:

- Bounds Green
- JS Medical Practice Park Lane
- Staunton (Morum House)
- Hornsey Wood Green GP
- Muswell Hill
- Havergal
- Queenswood
- Somerset Gardens
- Rutland House
- St Ann's Road
- Tottenham

Eight of these practices answered 'no' unequivocally. The remaining three practices answering 'no' gave equivocal answers. One practice who answered 'no' also said that the patient would be asked for ID, but it wasn't essential. Another practice answering 'no' said that ID would be needed to access online services. The third surgery responding 'no' qualified this by saying that they do not ask for ID when the patient is filling in the registration form, but they may well ask for it later in the process of registration.

### **Mystery shopping call results**

When we called and said we were someone who wanted to ask about registering a relative or friend 30 surgeries said 'yes', they need ID. One practice also clearly stated that they would need the NHS number of the patient or the address of the previous GP before they could be registered.

One member of practice staff indicated 'we can't help you without the ID and if you require a translator.'

### **Nine surgeries said ID was not required.**

These practices were:

- Bounds Green
- Bridge House
- Christchurch Hall
- Fernlea
- Havergal
- Queenswood
- West Green
- Somerset Gardens
- Crouch Hall

One member of reception staff did not know for sure if ID was required and suggested we read the registration form and perhaps ask another member of staff when bringing in the completed form to register.

One reception staff member was friendly but was unsure how to answer and checked with a senior colleague, but the senior colleague said ID documents were needed.

After revealing that the Mystery Shopper was calling for Healthwatch Haringey, one practice manager explained the receptionist is undergoing 'training' which is why she asked for ID.



## Healthwatch comment:

The requirement to produce ID can be seen as gatekeeping and this is more clearly the case in the four surgeries who insisted on photo ID, as a person affected by homelessness or recent migrants may be much less able to provide photo ID than any other kind of ID.

We found that there may be some discretion at play. Ten of the surgeries who required ID did qualify this in some way. Whilst this is preferable to a straight refusal to register without ID, it may leave the prospective patient in some doubt, perhaps having to justify not having ID in some way. The request for ID, even if discretionary and with exceptions, could act as a barrier to some vulnerable patients and dissuade them from trying to register.

A simple policy of not requesting ID is likely to be the most effective strategy to remove barriers to registration. Eleven practices told Healthwatch they did not require ID but only nine practices told the mystery shopper they did not require ID. Only four surgeries appeared on both lists: Bounds Green, Havergal, Queenswood and Somerset Gardens.

These are the same four practices who did not require proof of address in either survey. It is clear that these practices have made it a priority to remove barriers to registration. They have ensured that staff have been trained appropriately and understand the policy.

## 4. Does a new patient need to provide proof of address?

### Healthwatch Haringey call results

In the open Healthwatch Haringey calls, 24 practices answered 'yes', they required proof of address.

Two practices were quite specific about the kind of proof they required. One practice expected to see a bank statement or utility bill, except in the case of a child registration. Another practice wanted to see a utility bill or contract dated in the last three months. Both practices also required photo ID.

Again, there was some equivocation in those who answered 'yes.' Six surgeries gave an equivocal answer. Examples included two surgeries who said it would be 'good' if patients could provide proof of address. One practice said they want proof of address 'if possible.' Two practices said they can make exceptions. One practice stated there are exceptions, for example where people had no fixed abode, they would accept the registration without proof.

### 14 surgeries answered 'no' to this question meaning they did not require proof of address.

These practices were:

- Bounds Green
- JS Medical Practice Park Lane
- Staunton (Morum House)
- Hornsey Wood Green GP
- Muswell Hill
- Havergal
- Queenswood
- Somerset Gardens
- Dowsett Road
- The High Road (Stuart Crescent)
- Highgate
- Rutland House
- Tottenham
- St Ann's Road

### Mystery shopping call results

In the mystery shopping phone call survey, 24 out of 39 practices said 'yes' proof of address was required.

One receptionist did require at least a proof of address and asked the mystery shopper to complete the registration form with him online, as it wasn't possible to register at the practice.

## **14 practices answered 'no', a patient does not need to show proof of address.**

These practices were:

- Bounds Green
- Bridge House
- Christchurch Hall
- Fernlea
- Havergal
- Queenswood
- West Green
- Somerset Gardens
- Cheshire Road
- Dowsett Road
- Highgate
- Hornsey Wood Green GP
- Morris House
- Staunton (Morum House)

One surgery did not know. A member of reception staff did not know if proof of address was required or not.

Another receptionist said the address of the previous GP or the date of entering the country would be sufficient.



### **Healthwatch comment:**

**For both types of survey, open and mystery shopping calls, 24 surgeries required proof of address and 14 surgeries did not.**

**Of the 24 who required proof of address there was variation in the type of proof required. The practice seeking a utility bill or contract dated in the last three months also required photo ID. This is almost guaranteed to result in non-registration of people who are homeless and undocumented migrants.**

**There were six surgeries in the open Healthwatch call survey who said proof of address was needed, but then gave some exceptions or indicated proof might not be necessary.**



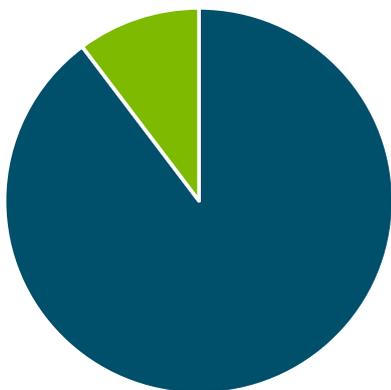
In these cases, the gatekeeping behaviour was less pronounced, but could still be enough to dissuade a person who is homeless or an undocumented migrant from registering.

Where surgeries are keen to remove barriers to registration for vulnerable groups, a simple policy of not requesting proof of address is likely to be the most effective strategy. Unfortunately, the 14 surgeries in each survey who did not require proof of address were not the same surgeries each time. There were only four surgeries which said they did not require proof of address in both surveys. These were: Bounds Green, Havergal, Queenswood and Somerset Gardens.

These are the same four practices who did not require ID in either survey.

It is clear that these practices have made it a priority to remove barriers to registration. They have ensured that staff have been trained appropriately and understand the policy.

**Number of surgeries requiring either proof of address or ID or both**  
(Healthwatch Haringey and mystery shopping calls, 39 surgeries surveyed)



- Documents required = 35
- Documents not required = 4

**The results from our telephone surveys showed that 10% of GP surgeries in Haringey would reliably register a patient without proof of address or ID.**

This contrasts with the findings of the Bureau of Investigative Journalism in 2021. They surveyed more than 200 surgeries in the UK and found that 24% would register someone without proof of address and ID (see section 5 above).

## 5. What happens if the new patient can't provide these documents?

We wanted to provide an opportunity for practices to indicate that they offer registration to patients who might not be able to show ID or proof of address, even if they requested documents in the first instance. This question digs deeper, to find out if there are exceptions to the rule.

### Healthwatch Haringey call results

Most of the practices who had initially asked for ID or proof of address were equivocal in their answer to this question. One receptionist said they would have to ask another staff member to be sure, but unless the patient was homeless some form of documentation would be needed. Another member of reception staff said that they would be prepared to wait a few months for proof of address, but proof of ID would be needed as a minimum. One practice answered that there might be an exception for asylum seekers. Four reception staff said that they would ask their manager. One of the staff who said they would pass the decision over to a manager said the decision is at the manager's discretion; another added that there may be an exception for people who were coming out of prison or refugees.

Only two surgeries who had initially asked for documents subsequently clearly answered that they would register a patient without documents if the patient couldn't provide them. Eight practices continued to insist on documents. One practice clearly stated that the prospective patient should have ID, as everybody has ID so it shouldn't be a problem.

Another surgery said they send people without documents to the practice nearby as that surgery does accept patients who have no ID. When we called the receptionist at the 'receiving' practice she had no knowledge of receiving undocumented patients from the other surgery (without proof of address). She said a patient had come in with a blue NHS 'right to register without documents' card and in that case, they did register the patient.

Some reception staff were very clear that patients need to bring in photo ID and proof of address. One receptionist volunteered this information before we asked. At the end of the conversation, we reminded the receptionist that new patients do not need ID to register, and she said she was aware of this.

## **Mystery shopping call results**

We called as a person wanting to register ourselves or a friend without documents. Five practices who had initially asked for documents subsequently clearly answered that they would register the patient regardless.

At one practice the receptionist said “we can ‘accommodate’ you and we can still get you registered without the documents.” Another practice said documents are not needed, it’s not a big problem.

Unfortunately, 16 practices doubled down and insisted on documents. The remaining practices gave equivocal answers or did not answer. The practice who had told the Healthwatch Haringey caller that they send people without documents to the practice next door, told the mystery shopper in this case to seek another GP.

One receptionist wanted any form of documentation but said she could register the patient without it – but there will be a delay. The mystery shopper “felt massively discouraged from registering.”

The mystery shopper recorded that one member of reception staff “kept repeating herself saying, I need to provide the proof of address for my friend through a written letter.”

In one conversation the mystery shopper recorded: “One receptionist mentioned she had spoken to Healthwatch Haringey before, but remained certain to ask for proof documents because patient information can change, such as a contact number.” This was a disappointing response, particularly as it came from a practice committed to becoming Safe Surgery.

A receptionist was recorded as “overall friendly, but clear that documents are needed to register” at one practice called by the mystery shopper.



### **Healthwatch comment:**

**It was clear from this research that when a practice initially asked for ID or proof of address, they were most likely to continue to insist, even if this was equivocal, when challenged.**



Most receptionists did continue to ask for documents when they were given the opportunity to give an answer that complied with NHS guidance – that lack of documents should not be a barrier to registration. The barriers remained in place to some degree for all except five practices in the mystery shopping calls and two practices in the open Healthwatch Haringey calls.

Disappointingly, these barriers tended to remain in place, even at practices committed to becoming Safe Surgeries. A programme of Safe Surgery refresher training may be needed to reverse this trend. Training at all practices should include NHS guidance that states lack of documentation should not prevent registration.

## **6. What happens if the new patient has difficulty filling in the GMS1 registration form because English is not their first language? Is an interpreter offered?**

The GMS1 form is the standard registration form for GP surgeries. The form is two pages long and contains questions about name, address, date of birth, NHS number, previous GP, ability to access a chemist and ethnic monitoring. There are two sections dealing with residency status (immigration). For a person with English as a second language the form could present a challenge. We wanted to know if help was available to fill in the form, as without assistance, the form could be a barrier to registration.

### **Healthwatch Haringey call results**

When we asked, 'What happens if the new patient has difficulty filling in the GMS1 registration form because English is not their first language?' all except three practices (35 out of 38) offered some kind of help to fill in the form. The three who did not offer help suggested that a friend or family member could help the person fill in the form.

Of the practices offering help, nine practices said they had staff who were bilingual or multilingual who could help patients speaking the same language. 15 practices said they would use Language Line, which is the interpreter service available by phone. Language Line also offers online translation of documents. Fourteen surgeries

would use Google Translate or 'online translation software' which translates the GMS1 form. Other practices offered general help from reception staff, and some offered more than one method of support for filling in the form.

### **Mystery shopping call results**

When we called as a mystery shopper and asked if an interpreter was offered, 19 practices offered some kind of support including support from staff, interpretation, Google Translate or Language Line. Most of remaining practices either suggested the patient gets help from family or a friend, or said that interpreters were only offered after registration.

One practice, when we requested an Arabic speaker, suggested that the patient email the GP for help with the registration form.

One receptionist was friendly, but stated that his GP Practice policy and guidance meant that he couldn't provide a translation service for people who register. It is only for people with booked appointments.

At two practices the mystery shopper revealed themselves as calling on behalf of Healthwatch Haringey after completing the survey questions. The reception staff then stated that the surgery used Google Translate, but this service was not offered before.

When the mystery shopper revealed themselves as Healthwatch Haringey at one practice the staff "agreed with my recommendation that some people do not have someone they can bring into the practice, and that the receptionist staff should try to help as much as they can e.g. using Google Translate."



#### **Healthwatch comment:**

**The GMS1 form can look complicated, and it should be standard practice to offer a translation service to people whose first language is not English. The form can be translated into the language of choice online and then printed. This is a simple process taking just a few minutes.**



Overall, the results show most practices are aware of the support available for filling out the form and can offer a range of help, including multilingual and bilingual staff. However, when the mystery shopper called there were fewer offers of help, either with interpreting or with the online translation tools.

Some reception staff appeared not to know that it was possible to use online translation tools or did not offer this service at their practice. Further staff training should be offered in these cases.

#### **7. Questions about residency status - On the GMS1 form is the new patient required to fill in the 'If you are from abroad' question? Are they required to fill in the 'Supplementary questions' if they are from abroad?**

The questions about residency on the GMS1 registration form can be a barrier to registration for people whose immigration status is uncertain. We wanted to understand staff perceptions about these questions; whether they are aware of the questions, and whether they are viewed as optional or mandatory.

The question 'If you are from abroad' seeks information about your first UK address and your date of entry to the UK. This question is not clearly marked 'optional'. We were told that the date of entry to the UK is required so staff can input the patient's details in the NHS 'spine', however the other information in this question is not needed to create a patient record.

The 'supplementary questions' at the back of the form are meant for people who are not 'ordinarily resident' in the UK and are a bit more clearly marked 'optional'. The purpose of these two supplementary questions is to establish the 'chargeable status' of the patient. In other words, if they will be compelled to pay for NHS secondary care or community care (i.e. non-GP services.)

We did not seek answers to this question from the mystery shopping telephone survey.

## Healthwatch Haringey call results

'If you are from abroad' question.

The majority of practices regarded this question as mandatory, however they emphasised the part of the question which asked for the date of entry to the UK, and some stated that this information was necessary to complete the registration process. Although not explicitly stated, we suspect that some practices would not press for the information on previous address.

'Supplementary' questions.

A small number of practices regarded the supplementary questions as mandatory. Only seven practices asked new patients to fill in the supplementary questions. Eight practices gave equivocal answers. 23 surgeries did not ask people to answer these questions.

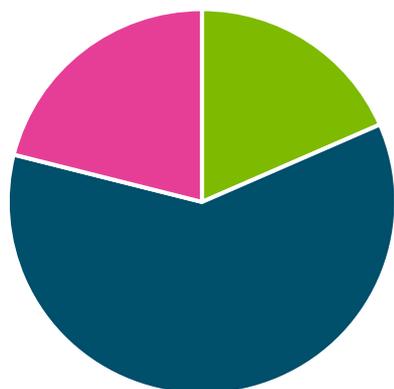
One receptionist told us about the 'supplementary questions' a lot of new patients don't want to fill that part in, so it's not a requirement. On one occasion we spoke to the reception manager then deputy reception manager. Neither were clear about the need to answer these questions, so we explained that both were optional.

We noticed that there was a widespread lack of familiarity with the residency questions on the form, particularly the 'supplementary questions' at the back, and it was only after staff had looked at the form whilst we were speaking that they were able to answer. In those cases, having noticed that these questions were marked as 'optional' staff were able to tell us that new patients were not required to answer these questions.

We also noticed that some staff seemed to assume that patients will leave these questions blank, which they found to be acceptable.

### Do new patients have to answer the 'supplementary questions' about residency on the GMS1 form?

(Healthwatch Haringey call, 38 surgeries surveyed)



- Yes = 7
- No = 23
- Not sure / equivocal answer = 8

## Changing policies at Bounds Green Surgery

A receptionist at Bounds Green surgery told us they no longer require documents following a recent course and confirmed this was the Doctors of the World course. It was asserted that the change had not caused any additional work for reception staff. If the patient had not given the date of entry to the UK on the GMS1 form, a staff member would call them and confirm. They also use the online registration form, and there is less following-up to do with this, as the form online requires a lot of information.



### Healthwatch comment:

Information-seeking about residency status can be a barrier to registration for undocumented migrants, and it is likely that insisting on these questions being answered can lead to 'invisible gatekeeping', where the new patient gives up trying to register.

Whilst it is noted that the question about date of entry to the UK is required by the NHS 'spine', none of the other questions within the 'If you are from abroad' section is mandatory, and practices should not insist on them being filled in. The 'supplementary questions' at the back of the form are optional and practices should not require these to be answered. These questions are the most likely to deter undocumented migrants from registering.

Surgeries should ensure through staff training all staff are aware that residency questions are optional, to ensure people with uncertain immigration status are not dissuaded from registering for GP services.

## 8. We recorded the length of time it took for our call to be answered.

Inability to access the surgery on the phone can be a general barrier to GP registration which has an impact on all populations. We looked at the time it took to get through to a member of reception staff on the phone. We avoided calling in the early morning when patients generally tend to call for appointments. We did not collect this data during the mystery shopping telephone survey.

### Healthwatch Haringey call results

We got through to a member of reception staff in 3 minutes or less at 20 practices. At one of these practices the phone was answered within four minutes, but we were cut off after the phone was answered on three occasions. On our fourth attempt the phone was not cut off.

At six practices we waited between 4 and 9 minutes.

At five practices we waited between 10 and 19 minutes.

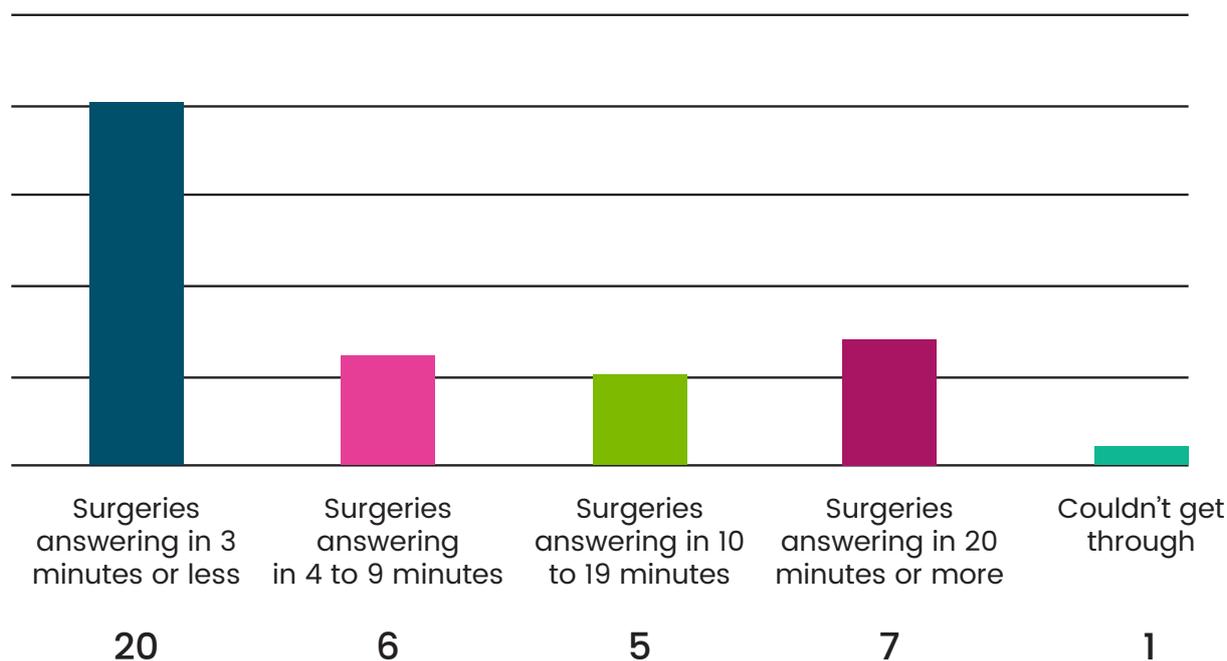
At seven practices we waited longer than 20 minutes:

- We waited 21 minutes be put through to reception staff at one of these practices – we were 2nd in the queue.
- At another practice we waited 32 minutes be put through. This time we 6th in the queue.
- We waited 39 minutes be put through at one practice – we were 5th in the queue on this occasion.
- We waited 44 minutes to be put through at one practice – in this instance we were 27th in the queue.
- At one practice we waited 51 minutes to be put through and we were 9th in the queue.
- We waited 1hour and 37 minutes to be put through to reception staff at one practice, but we were only 13th in the queue. We asked this surgery why it had taken so long to answer the phone. We were told they were very busy with the flu vaccinations, and they had only two people answering phones.
- At one practice we were cut off twice, once after holding for over an hour. We tried a third time and got through within 3 minutes.

The line was busy at one surgery when we tried to call twice. We finally called another branch of the practice, and we were put through. We asked if they had any intention to introduce a telephone queuing system, but the receptionist did not know.

There seemed to be some correlation between our place in the queue and the amount of time it took to be put through to reception staff, however there was variation. For example, at one practice, where we were 27th in the queue and it took 44 minutes to be put through, whereas at another practice we waited 51 minutes to be put through, even though we were only 9th in the queue.

## How long did it take to get through to a member of staff on the phone (Healthwatch Haringey call, 39 surgeries surveyed)



### Healthwatch comment:

We were able to get through to a member of staff on the phone within a few minutes at most practices and at 20 surgeries this was within three minutes or less.

However, there were seven practices where we were waiting for between 21 minutes and 1 hour 37 minutes. At one surgery we couldn't get through at all and had to call another branch to be transferred.

Telephone waiting times may have been impacted by the number of staff answering phones relative to call volumes, or there might have been issues with the telephone queuing systems. Practices who took a long time to answer our calls should review their staffing and telephone systems.

**9. We recorded additional information received during the call for example, if reception staff were reluctant to answer questions, or if they were particularly friendly.**

### **Healthwatch Haringey call results**

We picked out some noteworthy issues in the open Healthwatch Haringey calls.

#### **Friendly staff**

In the open Healthwatch Haringey calls there were seven practices where the friendliness of reception staff was noted.

#### **Refusal to register**

After we asked all our questions about ID, proof of address and access to interpreters, one practice told us they were full up. The member of staff stated that her manager had told her they are not registering anyone else at this point. She stated, “You need to go somewhere else, darling”. We checked the GP’s website. It stated, ‘New patients welcome’. We also checked the NHS Find a GP website. The entry for this surgery said, ‘Accepting new patients.’ We were left with the impression the member of staff thought we wanted to register someone from abroad and they did not want to allow this. This practice has made the commitment to become a Safe Surgery, and the website clearly states this. We experienced gatekeeping behaviour which should not be present in any surgery. The practice concerned should review its processes with a view to aligning with its Safe Surgery commitment.

#### **Concerns about fraud**

One receptionist talked about the possibility of someone falsely using someone else’s address or ID to sign up at a practice, and that by insisting on ID and proof of address this could be avoided. We asked if this had ever happened in his experience. He said no. We explained the rules about not making lack of ID a barrier to registration. This practice has made a commitment to become a Safe Surgery. The practice concerned should review its processes with a view to aligning with its Safe Surgery commitment.

At another practice the staff member was very keen to see proof of address and ID. They suggested that a prospective patient might falsely claim they lived at a family member’s address in order to register, but in reality, they could be out of the catchment area. The member of staff also suggested that a patient might give a phone number, then disconnect their phone and there would be no way of contacting them if their ID or address needed to be verified. The kind of scenario set out here indicates that a person without documentation is regarded as potentially suspect and burdensome.



## Healthwatch comment:

Concerns about fraud are amplified by the mixed messaging in the NHS guidance, and the general 'hostile environment' as identified by other research set out in Section 5. Staff may be worried that they will be accused of not doing enough to prevent fraud in particular cases. These concerns effectively justify barriers to registration for vulnerable patients. But this can be tackled sensitively at practice level, with an assurance that reception staff will not be blamed in the unlikely circumstances that someone claims to be someone else or claims to be living in a different place to gain access to healthcare.

### **Refusal to answer questions**

Despite introducing ourselves at Healthwatch Haringey, there were five practices who initially refused to answer questions and where we had to call back multiple times. Some practice staff asked us to provide the questions by email. We had to decline this offer as we wanted to ensure every practice was surveyed in the same way, by a telephone call. Some practices forwarded our call to the practice manager.

At one practice we tried six times before reception staff answered our questions. The practice manager called us back the following day to say that she had told her reception staff to answer the questions and that she had held two briefings with them to reiterate that they should not require ID or proof of address.

We contacted one surgery four times, but received a refusal each time we called. In the end the receptionist stated clearly that reception staff would refuse to answer, suggesting that the only appropriate person to answer was the practice manager in a different branch of the practice.



## Healthwatch comment:

We were disappointed with the responses of some practices who refused multiple times to answer our survey questions. We understand that there may be different reasons for this, e.g. new staff or agency staff may not be confident in policies or may worried about getting the answers 'wrong', being very busy on reception or not understanding the role of Healthwatch Haringey. We hope that this project helps to spread more understanding amongst frontline staff about the role of Healthwatch Haringey, and we would be grateful if the Haringey GP Federation and North Central London Integrated Care Board (NCL ICB) disseminate this information widely amongst staff.

### **Mystery shopping call results**

The staff were much more friendly when they believed the person calling was a member of the public, rather than Healthwatch Haringey.

The mystery shopper recorded 21 instances of positive staff reactions, either good performance or friendliness. More than half of GP reception staff were friendly, even though many will be facing significant pressure of workload on reception.

Some of the comments made by the mystery shopper included:

“Great performance from the receptionist.”

“Very good experience with this receptionist. He answered the questions quickly and provided solutions to my problems.”

“Once revealing it was a mystery shopping call – the receptionist did ask ‘How did I do?’ and was open to improving.”

“Receptionist was friendly and knew all the answers without checking.”

“Friendly and knowledgeable receptionist. Was able to give me a timeline of how long registering will take once submitted, and information on how I would know my registration is successful (sending me a text).”

“Receptionist was friendly. Was open to hear how he performed.”

“Receptionist performed well, but felt he was in a rush to get me off the phone. Was number 25 in the queue when I started!”

“Receptionist was ... super friendly!”

“Friendly receptionist but did change an answer once revealing I was Healthwatch.”

**The mystery shopper did experience some less satisfactory responses, including:**

“Receptionist was very direct, and I found rude when asking for ID.”

“Rude receptionist, and a bad experience.”

“I felt receptionist was rude. I explained my friend didn’t have an ID document, but she didn’t offer a solution.”

“Before I could reveal I was Healthwatch Haringey, the receptionist cut the phone.”

The mystery shopper revealed several instances where staff were unsure of the answers they were giving, or couldn’t answer or were confused in their answers.

**The mystery shopper reported:**

“Receptionist seemed confused about the proof of ID.”

“Overall, the receptionist was friendly, but confused about the answers.”

“Receptionist seemed new, and unsure about the answers.”

“Had long pauses while he thought of responses.”

“Receptionist... didn’t sound confident with her answer to documentation.”

“Receptionist was unsure of most of the questions – seemed new to the role.”

“Receptionist seemed new and did not know the answers, but also didn’t check for the right answers.”

“Receptionist overall was friendly but didn’t know the answers to every question.”



## Healthwatch comment:

There was a range of very positive staff responses to the mystery shopper, and the high number of positive and friendly staff responses (21) was particularly welcome given the pressure of workload in many GP surgeries.

Unfortunately, there were some instances where reception staff were rude and unhelpful, but this was a small minority. There were more cases where staff were not clear about the practice policy and didn't know how to answer.

We agree with comments made by Healthwatch Hackney, where they found a similar picture: "Encountering a receptionist that is unable to confidently provide clear information about the practice registration process will be an additional barrier." (Healthwatch Hackney)

Here there are some training needs, particularly with newly recruited staff, which can be addressed by practice management.

We hope that the practices concerned will be able to follow up and congratulate the reception staff who made the call such a pleasant experience for our mystery shopper.

## GP mystery shopping in-person visits

Between November 2022 and April 2023, we carried out mystery shopping in-person visits to all GP practices. We visited each practice and introduced ourselves to reception staff as a friend or relative of someone who wanted to register as a patient. This friend or relative was from abroad and / or homeless.

The mystery shopping in-person visits were carried out by two social work students from Middlesex University, a Healthwatch Haringey staff member, a Public Voice staff member and three Healthwatch Haringey volunteers.

Findings of the GP practice in-person mystery shopping visits include results from only 37 surgeries rather than 39 except for question 1 where we obtained answers from 38 surgeries. One surgery said they were not accepting new patients as they were 'full' (6 April 2023). We checked on the NHS 'Find a GP' website on 11 April 2023 and the surgery was listed as 'accepting new patients.' There was no indication on the surgery's website on the same date that new patients were not being accepted. However, we could not go on and ask this receptionist our survey questions, except for question 1. Another practice was closed when we attempted to visit on two occasions in April 2023.

### 1. Can my friend or relative who is from abroad register online and in person?

12 surgeries allowed both online and in-person registration with a paper form. Four allowed online registration only. Eighteen surgeries allowed paper copy form registration only. Two reception staff did not know. Two surgeries said the person could not register.



#### Healthwatch comment:

These results differ significantly from the results of the telephone surveys where 27 out of 39 allowed both online and in-person registration. Practices should ensure that reception staff are aware of the registration policy in their surgery.

## 2. Do they have to live within the catchment area?

Of the 28 surgeries where we asked this question, five answered 'no', the patient does not need to be within the catchment area and 16 answered 'yes'. The remaining surgeries were not clear, didn't know or said it was preferred that patients should be in the catchment area.

According to the mystery shopper at 157 surgery, the receptionist was "Very welcoming but unaware of the process. Checked with a colleague who checked with another. Returned with online information about the catchment area map on her mobile which she printed and gave me".

## 3. Do they need to provide proof of ID?

Of the 37 surgeries we were able to survey, 20 required ID.

13 surgeries did not require ID, five of these said they did ask for ID but did not insist on it, making it less clear what would happen if a person without ID came in to register.

The 13 surgeries who did not insist on ID were:

- Bounds Green
- Bridge House
- Charlton House
- Crouch Hall
- Fernlea
- Havergal
- High Road (Stuart Crescent)
- JS Medical Practice (Philip Lane)
- Lawrence House
- Queenswood
- Rutland House
- The Vale
- Somerset Gardens

The remaining four surgeries gave equivocal or unclear answers.



## Healthwatch comment:

In the mystery shopping in-person visits 20 surgeries required ID. This represents a significant barrier to registration in Haringey. We found eight surgeries did not ask for ID at all and an additional five would ask for ID, preferring to see it, but didn't insist if the patient didn't have it.

These results are not the same as the telephone surveys, suggesting a lack staff clarity on registration policy. There were only four surgeries who did not require ID in the two telephone surveys AND these in-person visits: Bounds Green, Havergal, Queenswood and Somerset Gardens. It is disappointing that there are only four surgeries in Haringey where we can be confident that ID will not be required for registration.

Practices should ensure all reception staff are aware that lack of ID should not prevent a patient from being able to register.

## 4. Do they need to provide proof of address?

When we made an in-person visit 20 surgeries required proof of address. One surgery said they required either ID or proof of address. One surgery required proof of address dated in the last three months.

One practice was described by the mystery shopper as:

“Welcoming but unhelpful – didn't need a manager. Said [the patient] should wait till they have an address, asked how long they were staying! I said forever hopefully. If they need a doctor soon, use 111. It will take months to get registered and get them an appointment.”

This practice also did not offer the option of filling in a hard copy registration form. The form was said to be only available online.

13 surgeries answered 'no' and did not require proof of address.

The mystery shopper who visited the Vale noted: "The practice manager...was extremely communicative / informative. Claims 'all surgeries are expected to register this client group [people who are homeless]. Any surgery who refuses is wrong.'"

One surgery said they would ask for proof of address, but it was not 'required'.

**The 13 surgeries who did not require proof of address were:**

Bridge House  
Charlton House  
Crouch Hall Road  
Havergal  
High Road (Stuart Crescent)  
JS Medical Practice (Philip Lane)  
Lawrence House  
Queenswood  
Rutland House  
Tottenham Hale (Lawrence House)  
The Vale  
Somerset Gardens  
Fernlea

Four surgeries either didn't know or gave an unclear answer.



## Healthwatch comment:

In the mystery shopping in-person visits 20 surgeries required proof of address. This represents another significant barrier to registration in Haringey. We found 13 surgeries did not insist on proof of address, with one of these asking for proof but not preventing registration if the patient didn't have it.

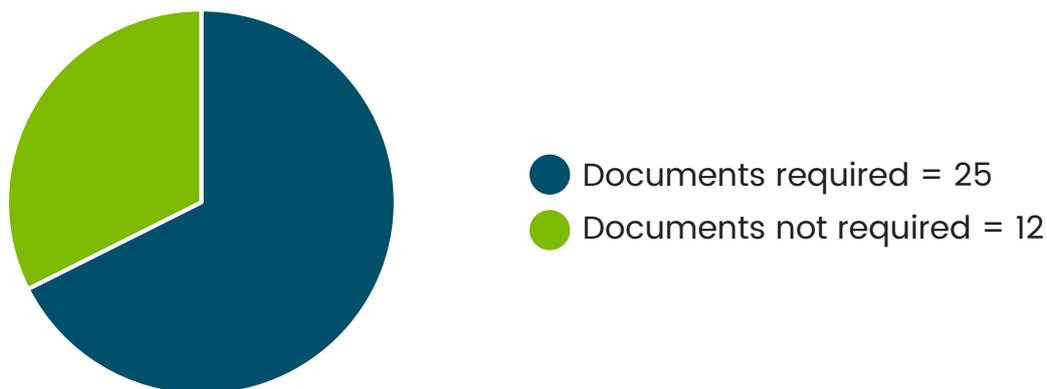
Again, these results are not the same as the telephone surveys, suggesting a lack staff clarity or a high degree of discretion. There were only three surgeries who did not require proof of address in the two telephone surveys AND these in-person visits: Havergal, Queenswood and Somerset Gardens. It is disappointing that there are only three surgeries in Haringey where all our surveys found proof of address was not necessary for registration.

All practices should ensure staff are aware that lack of proof of address should not be a barrier to registration.

Fewer surgeries required documents when meeting the person face-to-face in the surgery. In the telephone surveys 35 surgeries required either ID or proof of address or both, and 4 did not (39 surgeries surveyed). But in the mystery shopping in-person surveys 'only' 25 surgeries required documents and 12 did not (37 surgeries surveyed).

Although the results from the face-to-face surveys are more positive, the numbers of surgeries making documentation a barrier to healthcare are still high, and more than twice the number of surgeries where undocumented patients would have been successfully registered.

### Number of surgeries requiring either proof of address or ID or both (In-person mystery shopping, 37 surgeries surveyed)



## 5. What happens if they can't provide these documents?

We gave the surgery an opportunity to qualify their decision if they had asked for proof of address or ID. Perhaps there were cases where an exception could be made?

Only three surgeries who had initially asked for documents subsequently clearly answered that they would register a patient without documents if the patient couldn't provide them.

Although Bounds Green asked for proof of address, they did respond that no documentation was required when asked if it was really necessary. Cheshire Road initially asked for documents, then said in response to this question that the documents were not necessary, and you can register without them. When the mystery shopper told Staunton Group Practice (Morum House) that their grandma doesn't have documents, after initially asking for them, the surgery said if she filled in the form as much as possible, they could register her.

Three surgeries gave an unclear answer to this question, or didn't know, and the remaining surgeries who had initially requested documents doubled down and reiterated that registration was not possible without documentation. In mitigation, Highgate Group Practice offered an 'immediate need' appointment without registration and the receptionist was very friendly.



We hope GP practices can learn to see themselves as welcoming, safe spaces for migrants, rather than as gatekeepers. Access to primary healthcare is a basic lifesaving need that everyone is entitled to regardless of status. Migrants and refugees who are currently facing more challenges than ever before as a result of the hostile environment need us to do better.”

**Miri Weingarten, Haringey Welcome**

## **6. What happens if they have difficulty filling in the GMS1 registration form because English is not their first language? Is an interpreter offered?**

In seven surgeries we did not ask this question, so the number of surgeries surveyed was 30. 11 surgeries offered some kind of support to fill in the form. This help included an ‘in-house translator’ and the offer of staff helping to fill out the form with the patient.

The surgeries offering support to fill in the GMS1 registration form were:

Bridge House  
Charlton House  
Dowsett Road (Lawrence House)  
Grove Road  
High Road (Stuart Crescent)  
JS Medical Practice (Park Lane)  
Lawrence House  
Queenswood  
Tottenham Hale  
Tottenham Health Centre  
The Vale

15 reception staff said no interpreter was available to help fill in the form. Four of these staff added that an interpreter was offered, but only after registration or for appointments. In four cases staff gave an unclear answer or did not know.

This question offered the opportunity to mention that the surgery offered Language Line or used Google Translate for the forms, but there was only one reference to an ‘in-house translator’.



## Healthwatch comment:

The results contrast with the results from the open Healthwatch Haringey calls and the mystery shopping telephone calls. For example, in the open Healthwatch call survey 15 practices said they would use Language Line and 14 practices said they would use Google Translate or 'online translation software' which translates the GMS1 form. In the mystery shopping telephone survey 19 surgeries offered some kind of support with filling in the form, either from staff or from online translation tools.

Although only 30 surgeries were surveyed with this question in the in-person mystery shopping survey, it was surprising to find that only one was (probably) offering an online translation tool, and none printed out the form in the language required by the prospective patient.

The results from all three forms of survey are inconsistent on this question. In the open Healthwatch telephone survey there was a fair degree of awareness about the online translation tools whereas face-to-face with a mystery shopper, reception staff did not tend to offer this facility, except in one case.

Filling out the GMS1 application form accurately is the first step to accessing NHS care. Delays are often faced by prospective patients where mistakes have been made and staff must contact the patient to seek clarity. Therefore, to remove barriers to access to GP services, and to ensure timely care the surgery should routinely offer translation services or other types of support in filling out the form.

Reception staff should be made aware of the translation facilities available and offer them in every case where patients say they might have difficulty filling in the form. This is vital for people with English as a second or other language.

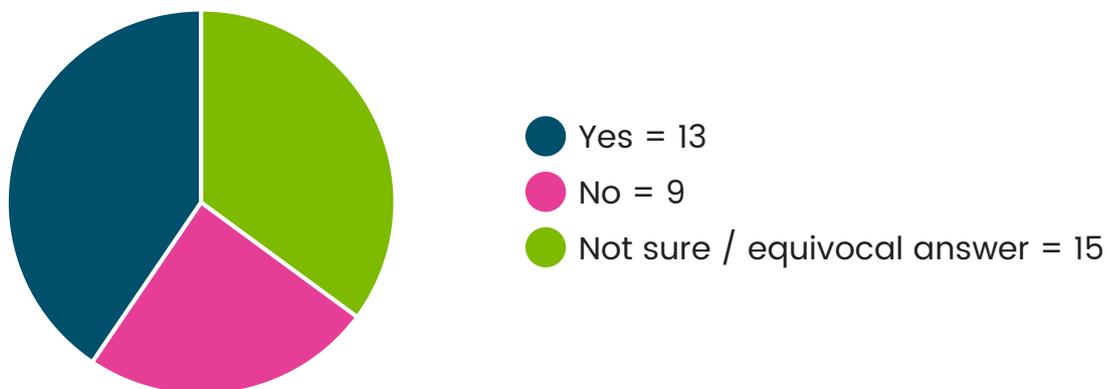
**7. Questions about residency status - On the GMS1 form are they required to fill in the 'If you are from abroad' question? Are they required to fill in the 'Supplementary questions'?**

13 surgeries indicated that questions about residency status needed to be completed. This question was often accompanied by the comment 'fill out the whole form'. We suspect that in these cases reception staff had not necessarily looked at the form closely and therefore may not have known that these questions were optional.

Nine surgeries answered unequivocally 'no', that you do not need to answer the questions about residency.

The remaining responses were equivocal in some way, perhaps indicating a lack of clarity about the form or the question. 15 surgeries either did not directly answer, did not know, or did not give the mystery shopper a copy of the form.

**Do new patients have to answer the residency questions on the GMS1 form?**  
(In-person mystery shopping, 37 surgeries surveyed)





## Healthwatch comment:

It is worrying that as many as 13 surgeries were clear that questions about residency status were mandatory. Although the question about date of entry to the UK is required for the registration to be accepted on the NHS 'spine', the remainder of the questions about residency are not. The 'supplementary questions' at the back of the form are aimed at establishing eligibility for charging for NHS services (secondary care). Any person whose immigration status is uncertain could be dissuaded from registering at a surgery where they are required to answer these questions.

These results contrast with the results of the Healthwatch Haringey open calls where we found only seven practices regarded the 'supplementary questions' as mandatory and 23 surgeries did not ask people to answer these questions. In the Healthwatch Haringey open calls we were often asked to wait whilst the member of staff looked at the form and clarified which questions we were asking about. The contrasting results here and the answer 'fill out the whole form' may be the result of a similar lack of clarity about what these questions were and whether they were optional.

This issue may be easily remedied. Staff at all practices should be made aware through training that the questions about residency can act as a barrier to registration and are optional.

**8. If the practice was committed to becoming a Safe Surgery, we checked to see if there were any posters, leaflets or other visible evidence showing that the practice was a Safe Surgery.**

The Safe Surgery posters and leaflets provided by Doctors of the World are used to tell patients that lack of documentation will not be used to prevent registration and that their information will not be passed to the Home Office.

Posters or leaflets promoting the practice as a Safe Surgery were only visible at three surgeries – Lawrence House, Tottenham Hale (Lawrence House) and Fernlea.



**Healthwatch comment:**

Given that 28 Haringey practices have now committed to becoming a Safe Surgery, this result is disappointing. There should be a clear signal to patients and staff that migrants are welcome at the practice. Posters and leaflets are available and can be downloaded from the Doctors of the World website. In addition, Healthwatch Haringey can provide printed resources for patients if requested by the practice.

**9. We recorded if the reception staff asked about immigration status.**

35 surgeries did not ask about immigration status.

However, the in-person mystery shopper commented “... seemed hesitant asked why I don’t get the person registered where I am?” in one case and “receptionist was dismissive and unfriendly” in another instance – although in both cases staff did not ask about immigration status.

At one surgery the mystery shopper reported the receptionist saying they “needed to check entitlement”. At another surgery the receptionist is recorded as having asked about immigration status.



## Healthwatch comment:

Information-seeking about immigration status is embedded in NHS guidance, and government policy has increasingly emphasised certain groups of people from abroad as being undeserving of NHS services, so it would not be surprising to see reference to immigration status crop up at the GP reception desk. Accordingly, we were pleased that 35 out of 37 surgeries did not ask about immigration status.

Such questions are likely to dissuade some migrants from registering at a GP surgery. Additional staff awareness training may be necessary in the two surgeries where it seems immigration status was interrogated and in the other two where immigration status seemed to be associated with a negative response.

8. We recorded further information, for example if the reception staff were welcoming or if they needed to ask a manager for help in answering questions about ID or interpreters.

### **Friendly, welcoming staff**

The in-person mystery shoppers recorded 22 instances of positive staff reactions. Staff were recorded as welcoming, friendly, sympathetic, and pleasant.

Some examples were:

“Receptionist was very pleasant.”

“Very polite and a lot of information given to us. Discussed home visit services being provided to patients who need it.”

“Very welcoming and friendly. The process was very easy.”

“The receptionist was polite and informative.”

“Receptionists were very helpful and friendly. They had the answers to all of the questions asked. Overall good experience.”

“Receptionists were friendly and willing to help.”

“Overall, receptionist was friendly.”

### **Asking the manager**

Some reception staff had not received the training necessary to answer our questions and were vague in their responses:

“Receptionist was friendly and was sympathetic when I told her my grandma has lost her passport and has no proof of ID or address. However, still failed to answer the questions due to the manager not being present.”

“Vague receptionist - unaware of protocol. Advised to return to speak with senior receptionist.”

“Quite welcoming. Needed to check with colleague who advised me to contact the practice manager for further information.”

“Welcoming, asked manager for help with documents.”

“Receptionists asked manager for help with ID questions, receptionists did not know about registration process and asked colleague for help with each question I asked. After a while the receptionists seemed frustrated.”

At one surgery the receptionist responded to most questions by saying the mystery shopper should ask the manager: “Receptionist was very welcoming but explained he wasn’t trained for this sort of query. He asked a senior GP who said they could phone 111 or go to A&E if they need treatment. If not, why register? Tell them to phone the manager on Monday”.

### **Negative responses**

A minority of staff responded in a negative way to the mystery shoppers’ questions.

“Receptionist was not helpful she said she didn’t know what could be done. She also said to fill out the form and she’ll pass it onto management.”

“Receptionist was dismissive and didn’t give me a chance to ask her questions. Just handed form and sent me on my way.”

“Receptionist was not welcoming, didn’t provide much information and did not make it easy.”

“Receptionist offhand, initially didn’t look away from computer or come to the counter. Explained it was a very small practice and new patients would be directed to [a practice] 2 minutes’ walk away.”

“First receptionist was showing no energy! Wasn’t properly greeted and she just handed me a form. Another receptionist ended up answering my questions.”

“Receptionist asked why I don’t register the person where I am registered, seemed reluctant to register the person.”



### Healthwatch comment:

The in-person mystery shoppers were able to record 22 instances of helpful and friendly staff responses. This is impressive given the high-pressure environment and large workload faced by GP reception staff in Haringey. However, it was clear that some reception staff were not able to answer all the questions and either had to ask their manager, or another member of staff. In a minority of cases the mystery shopper experienced the interaction as negative and unhelpful, and in these instances a vulnerable person might be dissuaded from trying to register at that surgery.

Turnover of staff and pressure of time and workload may be partly responsible for the lack of knowledge about the registration process, what is required from the patient and what should be offered by the practice. The knowledge gap, and the cases of dismissive behaviour towards prospective patients should be addressed by more frequent staff training.

## Healthwatch Haringey reception staff survey

During our desktop research we learned that some reception staff had concerns about registering patients without proof of address or ID, and that some of the problems may be structural. In other words, there may be barriers to easy registration within the NHS system.

We asked GP reception staff to tell us what their concerns were in an anonymous survey. We sent an email to all GP practices in Haringey in September 2022 entitled 'GP reception staff - What are your concerns?'

The survey was open between September 2022 and April 2023. Eleven responses were received.

### 1. Has a new patient ever tried to register without proof of address or ID?

Nine out of 11 members of staff responded that they had experienced patients trying to register without proof of address or ID.

#### If yes, how did you respond?

Four members of staff said they responded by reiterating the need for documentation:

"I asked patient to provide proof of ID /address"

"Asked them to attach the POA and ID with the registration form."

"I asked them if they had any photo ID and what circumstances meant they did not"

"I have responded by telling them to get the proof of address and ID without which we wont be able accept and process the form"

One member of staff said they would accept the registration and ask the patient to provide it when available.

#### Four members of staff said they would accept the registration without documents:

"Register the patient"

"We have been advised we cannot turn people away who have no ID"

"Certainly, we can register you without a proof of ID"

"Still registered the patient as you cannot decline them of primary healthcare"

## 2. Do you have any concerns about registering a new patient without proof of address or ID?

The overall number of staff who had concerns about registering people without documents was seven out of 11.

Although four members of staff would have accepted the patient without documents, three of these respondents still had concerns.

### **If yes, what are your concerns?**

Two respondents said they had concerns about incorrect or illegible details entered by patients on the registration form which could cause problems in the administrative process of registration through the NHS 'spine':

"Misspelling of name/address. GP link rejections due to [wrong] details being entered without seeing ID/proof of address."

"As someone who is doing new patient registrations, it can be challenging to read one's handwriting. If it's first time registration, having one's ID means I am sure of one's name, surname and dob. Often people with double surnames mentions only one of them, making it impossible to find on spine, which adds extra time to registration, as I have to call them, and there often is a language barrier."  
(Respondent who registers patients without documents)

One respondent shared their concerns about patient safety caused by incorrect address information:

"Patient might be giving the address that not currently live in, it makes it difficult to reach and cause delays and problems for the hospital/clinic referrals, and might cause problem with some of [the] information not correctly entered to the system."

Four members of staff shared their concerns about identity theft or fraud:

"I worry a patient could be using another persons identity to register with us."

"only if they cannot be found on the spine would need proof of ID to prevent duplicate registration or false name being used"

"They may not be entitled to NHS services, also they can register at several surgeries using [different] names" (Respondent who registers patients without documents)

Patient safety and child safeguarding were mentioned as a reason to insist on ID:

“My concerns are that without proof of ID it is easier to for the patient to register under any other date of birth – name or identity as a whole. This could also be an issue with children and safeguarding.” (Respondent who registers patients without documents)

One member of staff simply stated:

“we have been told to ask patient for ID and POA always before registration.”

### 3. How easy is it to adhere to NHS policy on registration?

Three members of staff responded, ‘very easy’. These respondents were in the group of four staff who had previously stated that they would register the patient without documents.

Four respondents found it ‘easy’ and another four found it ‘neither easy not difficult’ to adhere to NHS policy.

None of the respondents believed it was difficult or very difficult to adhere to NHS policy on registration.

#### **If it is difficult or very difficult, please say why**

Although no respondents stated that adhering to NHS policy was difficult or very difficult, one respondent, who stated that adhering to the policy was neither easy nor difficult did answer this question. This respondent stated, “It’s always safe to get a POA n POI as the patient cannot be dodgy”. This is the same member of staff who previously answered “I have responded by telling them to get the proof of address and ID without which we won’t be able accept and process the form”.



#### **Healthwatch comment:**

**We are grateful to the 11 members of staff who took the time to answer the anonymous survey. We were able to gain a useful insight into the range of views and policies on patient registration in the borough of Haringey and the reasons why staff insist on ID and proof of address.**

**The responses echo the findings in the reports by Haringey Welcome and other researchers, as well as our**



own research by phone and in person through mystery shopping.

Administrative barriers featured in two responses, focussed on the possibility of bounce-backs from the 'spine' when incorrect details were provided by the patient. However, the main issue was the possibility of patients deliberately providing the wrong details. Staff were concerned that patients could fraudulently use someone else's identity, or they could make multiple registrations to different surgeries, or they could compromise their own safety by giving the wrong address.

Some responses revealed a lack of understanding about NHS and government policy, for example the view that there may be people who are not entitled to receive GP services, or that showing documentation is essential to register a patient.

Conversely, four out of 11 members of staff clearly stated that they would register a patient without documents, removing barriers for vulnerable people. Unfortunately, three of these staff still had concerns about registering people without documents focussed around patient safety, administrative issues or fraud.

Overall, there was a tendency to regard prospective patients without documents as suspicious or burdensome in some way, either in terms of the additional administrative labour required, or in terms of the likelihood of fraudulent claims. This points towards the need for a general reset of attitudes. Periodic Safe Surgery training could assist in this. Furthermore, given that NHS guidance encourages a 'gatekeeping' role for reception staff, they should be clearly reassured by practice management and GPs that they will not be singled out for blame in the unlikely event of fraudulent applications.

## NHS online registration – ‘Register with a GP surgery’ project

We spoke to Will Leachman, Senior Business Analyst, NHS Digital Communications, who leads the GP Registration Programme. This programme launched a new way to register with a GP online in July 2022. It is called ‘Register with a GP Surgery’ and you do not need ID or proof of address to register in this way.

The Register with a GP surgery service will eventually provide all practices in England with an online option for their patients, helping reduce the administrative burden for general practice as well as making GP registration more accessible to the public.

We fed back comments to the NHS from Haringey GP practice managers who had enabled their practice to use this method of registration. At the time of writing there were at least four practices in Haringey using the system and this was expected to increase. The feedback was mixed. Some practice managers were enthusiastic about the system, saying it had reduced their administrative duties, whilst others said it increased them.

One practice manager stated that there were lots of empty fields left by patients, for example, no contact number. They also found incorrect spellings. This is why the practice continues to ask for proof of ID and address. Overall they were more hopeful that the system would be more effective once it became linked to the EMIS web system which holds their patient records.

### Feedback on ‘Register with a GP surgery’ online registration

“We are using the online registering system, we find it extremely useful as it is much easier than collecting the information manually.

It also helps more vulnerable patients to register without having to attend the practice (Housebound etc). It’s also super useful for mums to register their newborns as they don’t have to come down to the practice in order to register the babies.

It makes it much faster for them especially if their baby becomes unwell and they haven’t managed to register them with us manually yet and require medical help.”

**Jessica Benson, Practice Manager, Cheshire Road Surgery**

“For the most part it has been working quite well at Fernlea Surgery. There are a few issues, which I do think with time will be ironed out. Customisable prompts / questions would be ideal but understand there’s so many possibilities/desires different practices will have, that this is unfeasible currently.

Another issue, is there are some fields which are not always completed by patients but are rather important – such as contact details. Some fields need to be marked as mandatory to be completed.

We believe strongly this new online registration format will bring benefits in the long run, but currently it is more work for staff – having to chase missing details or additional details needed (smear information, red book information etc) which in our alternative method of registration is possible.”

**Joseph Onger, Operations Manager, Fernlea Surgery**

Will Leachman commented that early testing has shown the service has already reduced the application processing time by up to 15 minutes for practice staff. The team has worked with patients and charities to ensure that they are making GP registration accessible to all including Doctors of the World who support migrants, and Groundswell who work with people with experience of homelessness.

The new system is most useful for people who already have an NHS number as 85 – 95% of the time it will find someone’s NHS number and match their current details to that number. If people are not already registered with a GP somewhere else and if they don’t have a NHS number already, the system flags the new patient with the surgery who then need to contact the patient separately.

Whilst the system is designed to avoid the need for showing proof of ID and address some practices still require scanning-in of ID or proof of address. Leachman talked about this in the context of some practices being very conscious of fraud. It is also true that document seeking is done in an effort to deal with or avoid ‘bounce-backs’ from the ‘spine’.



### **Healthwatch comment:**

**Notwithstanding the clear benefits of the new online registration system for certain groups of patients, the system is not able to override a gatekeeping culture at any practice, potentially making fewer gains in accessibility to healthcare for more vulnerable groups.**

# 7. Communications and training / awareness

---

## **Training GP practice staff**

We asked Doctors of the World to provide training to GP practice staff to become Safe Surgeries. Staff from seven surgeries attended the online training in September 2022. Healthwatch Haringey also created an online briefing for practice staff on removing barriers to patient registration. The offer to deliver a briefing is still open to all practices. One practice took up the opportunity of having the Healthwatch Haringey briefing and later made the commitment to becoming a Safe Surgery through Doctors of the World training.

We wanted to increase the number of Safe Surgeries in Haringey and understand how we could further support staff in taking steps towards becoming more inclusive during the ongoing process of becoming a Safe Surgery.

In July 2022 there were 25 practices who were committed to becoming a Safe Surgery in Haringey. In March 2023 there were 28 practices who committed to becoming a Safe Surgery, with 11 having taken the step to sign the declaration.

We presented at two practice manager forum meetings and included promotion of the digital route to registration 'Register with a GP Surgery' and interim findings from our phone surveys.

## **Briefing VCSE**

Healthwatch Haringey developed an online briefing for VCSE to explain people's right to register with a GP and the Safe Surgery scheme. We explained what to do if their clients experienced barriers to registration. Five VCSE received the briefing and some followed up with further questions and engagement. We can deliver this online briefing to any Haringey VCSE requesting it.

## **Working with Haringey Council**

We joined the Haringey Welcome Advisory Board which meets regularly to discuss and organise support for migrant communities alongside VCSE partners. We kept the Council up to date on the project.

We presented at the Haringey Pathway Community of Practice meeting for providers of social and supported housing.

## **Resources for communities – Printed and digital materials**

We developed digital and print materials (see Appendices) to help people understand their rights to register with a GP in Haringey. A leaflet and poster entitled ‘Do you need to see a doctor?’ was co-produced with NHS North Central London Integrated Care Board (NCL ICB), Haringey GP Federation, Doctors of the World, Haringey Welcome, Haringey Council and VCSE partners.

These leaflets and posters are available in English, Turkish, Spanish, Polish, Bulgarian and Somali. The electronic versions are available to download on the Healthwatch Haringey website. We have asked the VCSE to help distribute paper copies.

## **Website and newsletter communications**

We have created articles on the Healthwatch Haringey website at each stage of the campaign. Articles included:

‘What medical support are you entitled to if you’re new to the UK?’

‘Healthwatch Haringey starts project to make it easier to register with a GP’

‘Healthwatch Haringey GP Surveys: Have surgeries removed barriers to patient registration?’

‘You don’t need ID or proof of address to register with a doctor’

We communicated in e-newsletters to over 1,000 Haringey residents and tweeted news and advice about your right to register with a GP without ID or proof of address.

# 8. Next steps

---

This research has enabled us to understand the extent of the problems in access to GP services for patients who are unable to provide documents. We have also found out some of the reasons why these barriers exist. We have highlighted good practice and we have shown where improvements could be made.

When we started this project in 2022, we wanted to make sure we could use the research to make tangible changes where these were necessary. Therefore, we committed to publishing our results in this report, but also sharing more detailed data with practices and carrying out a review in a few months' time to see if anything has changed.

## **Over the next few months, we shall:**

- Communicate with all partners and VCSE the key findings and recommendations in this report
- Co-ordinate with partners, particularly NCL ICB, to communicate with practices ensuring that, following this report, they are aware of their responsibilities to remove barriers to registration
- Communicate key findings and recommendations with the wider public through Healthwatch Haringey's website, newsletter and other media
- Share with each GP practice their own individual results
- Share with NCL ICB and Haringey GP Federation the findings from each practice in relation to ID and proof of address
- Provide a Healthwatch Haringey online briefing to GP practices who request it
- Publish, print and distribute through the VCSE leaflets and posters in English and five community languages informing people of their right to register with a GP even if they do not have documents
- Carry out and report on a review of GP practices to find out if more have removed barriers to registration.

# 9. Appendices

---

## 1. GP Registration Rights Leaflet 2023 ([View Online](#))

**healthwatch**  
Haringey

### Do you need to see a doctor?

Everyone in England has the right to register with a GP (General Practice) doctor's surgery, regardless of immigration status or not having a fixed address.

Find out more inside >>



## Bulgarian

healthwatch  
Haringey

### Нуждаете ли се от преглед при лекар?

Всеки в Англия има право да се регистрира при личен лекар (общопрактикуващ лекар) в поликлиника, независимо от имиграционен статут или липса на постоянен адрес.

Научете повече вътре >>



## Polish

healthwatch  
Haringey

### Czy potrzebujesz zgłosić się do lekarza?

Każdy mieszkaniec Anglii ma prawo do rejestracji w poradni lekarza pierwszego kontaktu (GP), niezależnie od swojego statusu imigracyjnego lub braku stałego adresu.

Więcej informacji >>



## Somali

healthwatch  
Haringey

### Ma u baahan tahay inaad aragto dhakhtar?

Qof kasta oo ku nool England wuxuu xaq u leeyahay inuu iska dliwaan geliyo GP (Guud) qaallinka dhakhtarka, iyadoon loo eegin xaaladda socdaalka ama aan lahayn cinwaan go'an.

Wax badan ka ogow gudaha >>



## Spanish

healthwatch  
Haringey

### ¿Necesita usted ver a un médico?

Todo el mundo en Inglaterra tiene el derecho de registrarse en una clínica del Médico de Cabecera (GP), independientemente de su condición migratoria o de no tener una dirección permanente.

Obtenga más información en el interior >>



## Turkish

healthwatch  
Haringey

### Bir doktor görmeye ihtiyacınız var mı?

İngiltere'deki herkesin, göçmenlik durumuna ya da sabit bir adresi olup olmadığına bakılmaksızın, bir GP (Genel Pratisyen) doktorun muayenehanesine kayıt olma hakkı vardır.

İçinde daha fazla bilgi bulun >>



# Do you need to see a doctor?

Everyone in England has the right to register with a GP (General Practice) doctor's surgery.

You **DO NOT** need:

- Proof of address
- Proof of identification
- Your NHS number
- Any other documents

**Need support? We can help:**

[www.healthwatchharingey.org.uk](http://www.healthwatchharingey.org.uk)

020 8888 0579



### 3. Healthwatch Haringey Website Articles

#### **Healthwatch Haringey starts project to make it easier to register with a GP**

11 July 2022

How easy is it to register with a GP? Many Haringey practices insist on ID or proof of address. People who are experiencing homelessness, domestic abuse survivors and recent migrants are some of the people most likely to be turned away.

<https://www.healthwatchharingey.org.uk/news/2022-07-11/healthwatch-haringey-starts-project-make-it-easier-register-gp>

#### **Healthwatch Haringey GP Surveys:**

##### **Have surgeries removed barriers to patient registration?**

11 October 2022

<https://www.healthwatchharingey.org.uk/news/2022-10-11/healthwatch-haringey-gp-surveys-have-surgeries-removed-barriers-patient>

#### **You don't need ID or proof of address to register with a doctor**

9 March 2023 and updated 16 May 2023

Healthwatch Haringey, the NHS, Haringey GP Federation, Haringey Council and Haringey Welcome have teamed up with Doctors of the World and community and voluntary sector organisations to encourage Haringey residents to register with a GP, even if they don't have ID.

<https://www.healthwatchharingey.org.uk/advice-and-information/2023-05-16/you-dont-need-id-or-proof-address-register-doctor>

# 10. Thank you

---

Thanks to the signatories of the letter to GPs (September 2022) announcing this project and asking them to remove barriers to registration:

Sharon Grant OBE, Chair Healthwatch Haringey

Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Wellbeing, Chair of the Health and Wellbeing Board, Chair of the Haringey Welcome Advisory Board.

Cassie Williams, Chief Executive Officer, Haringey GP Federation

Rachel Lissauer, North Central London Integrated Care Board (NHS)

Miri Weingarten, Haringey Welcome

Will Maimaris, Director of Public Health, Haringey Council

Marina Davidson, Advocacy Manager (Primary Care Lead), Doctors of the World UK

Thank you to people working in the VCSE and other organisations who gave up their time to help us understand the needs of people they support. We are grateful to those mentioned below, and their colleagues, for their enthusiasm about the project and for assisting in the distribution of posters and leaflets to reach those most affected.

Luana Barbagelata, IRMO

Gloria Saffrey-Powell, CARIS Haringey

Claudette Barton, Selby Trust

Cansu Tibet, Roj Women

Rosa M Crowley, Latin American House (Casa Latina)

Aliya Yule, Migrants Organise

Oscar Kato, St Mungo's

Stefanie Alvarez, Save Latin Village

Jude Lancet, Haringey Migrant Support Centre

Pastor Tonye Philemon, Tottenham Food Bank

Michelle Osborne, DePaul UK

Alison Davy, Community Cook Up

Nelcia Hardy, Winkfield Resource Centre

Emma Law, Osborne Grove

Sandra James, Claudia Jones Organisation

Dagmara Levene, Mulberry Junction

Kanariya Yuseinova, Healthwatch Hackney

James Skinner, Medact

Thanks to Dr Jessica Potter for sharing her insights.

Thank you to the Healthwatch volunteers and social work students who helped with the in-person mystery shopping. Without them we could not have completed this research project.

Chris Goodyear

Marylyn Duncan

Sally Kirkpatrick

Tyrella Toyloy

Oriana Brown

Healthwatch Haringey is managed and run by Public Voice CIC.

The text of this document may be reproduced in any format or medium providing that it is reproduced accurately and not in a misleading context.

The material must be acknowledged as Healthwatch Haringey copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at [info@healthwatchharingey.org.uk](mailto:info@healthwatchharingey.org.uk)

You can download this publication from [www.healthwatchharingey.org.uk](http://www.healthwatchharingey.org.uk)

Public Voice through the Haringey Healthwatch team carried out Haringey Council's statutory Healthwatch functions in accordance with the Health and Social Care Act 2012 and any subsequent relevant legislation.

© Healthwatch Haringey 2023

The Healthwatch logo is a registered trademark and is protected under trademark law. Use of this logo by Healthwatch Haringey adheres to the Local Healthwatch Trademark Licence Agreement.

[www.healthwatchharingey.org.uk](http://www.healthwatchharingey.org.uk)  
020 8888 0579



Public Voice is a Community Interest Company (CIC) number: 9019501.  
Registered office: Tottenham Town Hall, Town Hall Approach Road, N15 4RX.

# Contact us

---



Telephone: 020 8888 0579



Email: [info@healthwatchharingey.org.uk](mailto:info@healthwatchharingey.org.uk)



Visit us: [www.healthwatchharingey.org.uk](http://www.healthwatchharingey.org.uk)



Follow us on Twitter: [@HWHaringey](https://twitter.com/HWHaringey)



Like and Follow us Facebook: [HealthwatchHaringey](https://www.facebook.com/HealthwatchHaringey)



Write to us:

Freepost RTXY-BSRB-RCSS  
Healthwatch Haringey  
Tottenham Town Hall  
Town Hall Approach Road  
London  
N15 4RX