

Focus on... GP List Cleansing June 2026

The following is based on BBO LMC's recent helpful briefing for its constituent practices.

Across England, practices are witnessing an unprecedented acceleration in patient list cleansing. What might appear to be a routine administrative exercise has rapidly become one of the most significant financial and operational challenges facing general practice this year.

While GPC England recognises the importance of ensuring that practice lists are accurate and up to date, the manner in which the current process has been implemented, particularly in terms of halving the time patients are given to respond from 6 to 3 months is causing significant concern. To date the current 'list cleansing' exercise has seen a reduction in the number of patients registered at a GP practice of 344,000 over the past six months. This represents over £40 million in core funding for GP services, at a time when practices are more financial stretched than ever.

Key issue

GP practices are experiencing significant and accelerated patient deductions linked to NHS England (NHSE) list validation processes (FP69 flags). These changes and increased flagging activity have led to:

- Rapid list size reductions
- Unexpected reductions in funding
- Potential patient safety risks, particularly for vulnerable populations

Background

The GP registered population has historically exceeded ONS figures due to:

- Population mobility
- Delays in updating patient details
- Temporary residents and overseas visitors
- Administrative lag

Prior to October 2025:

1. NHSE contacted patients to confirm registration
2. A non-response led to an FP69 flag
3. Practice had 6 months to respond before removal
4. Flags were raised if PCSE were notified of undelivered mail, or failure to respond to requests to confirm details

Since 1 October 2025:

- The response window has now been reduced to 3 months
- There has been a marked increase in the issue of FP69s
- This has resulted in accelerated patient removals

Impact on practices

Evidence from BBO LMC analysis highlights:

- Large-scale patient deductions across many practices
- Material financial impact due to capitated funding (Global Sum)
- Funding reductions often only visible after quarterly adjustments
- Disproportionate effects on practices in deprived populations

Barnsley LMC Analysis shows:

- Significant increase in deductions hidden by significant underlying population growth
- Actual population growth 1.1%, yet registered patients reduced by 0.3%
- Practices doing more work for reduced Funding
- Variability with higher impact in the most deprived areas with migrant populations

Patient safety considerations

List cleansing processes present significant risks, including:

- Removal of vulnerable patients (e.g. dementia, mental illness, safeguarding concerns)
- Disruption to chronic disease management, screening programmes and recall systems
- Increased risk of health inequalities

Practices should treat this as a clinical governance issue.

What practices should do now

1. Review list changes urgently

- Establish current list size
- Identify all recent deductions (last 3–6 months)
- Audit whether removals were appropriate
- Where necessary:
 - Challenge deductions via NHSE
 - Support re-registration of patients

2. Strengthen FP69 monitoring processes

- Assign a named responsible lead (e.g. Practice Manager)
- Implement frequent monitoring of incoming FP69 flags
- Treat all flags as time sensitive and potentially contestable
- Log all FP69s
- Track deadlines
- Prioritise review and response

3. Challenge inappropriate removals

- Use existing NHSE/PCSE mechanisms to:
 - Object to FP69 flags within deadlines
 - Provide evidence where patients remain eligible
- Adopt a default position to review and challenge, rather than passive acceptance
- PCSE has an [online form](#) to challenge inappropriately made removals.

4. Protect patients at risk

- Cross-check flagged patients against:
 - Frailty registers

- Safeguarding lists
- Mental health cohorts
- Apply additional scrutiny before allowing removal
- Consider direct patient contact where feasible

5. Record and escalate safety concerns

- Document:
 - Any harm or near-miss incidents
 - Missed follow-ups linked to removal
- Feed concerns into:
 - Practice governance systems
 - LMC reporting
 - Significant Event Analysis (SEA)

6. Monitor financial impact

- Track changes in list size and quarterly Global Sum adjustments
- Escalate unexpected changes early
- Retain evidence of financial detriment linked to removals

What LMCs should do

Where possible, LMCs should analyse all NHS Digital Data for every practice across their area to show:

- Net number of patients deducted
- Net total funding lost to Global Sum
- Proportion of practices affected
- Average funding lost per affected practice
- Worst affected practice list proportion lost.

GPCE Action

GPCE is seeking an urgent review of FP69 processes and consideration of extended response periods. We have raised the need for review of EIA given the disproportionate number of FP69s in patients who do not have English as a first language. We have argued for the restoration of all lost funding into core contracts and improved safeguards for vulnerable patients. We have stressed that, whilst some removals may be appropriate, struggling practices cannot manage a reduction in funding. We are clear that there is a significant risk that unless funding is restored there will be impacts on front line staff and patient care.

Further support

- Contact your Local Medical Committee (LMC) for advice.