

Group Practice
Doctors Surgery

TURNED AWAY:

Lack of access to a GP
for prison leavers

Nacro >

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About Nacro

At Nacro we see people's future whatever the past. That's why our housing, education, justice, and health and wellbeing services work alongside people to give them the support and skills they need to succeed. It's also why we fight for their voices to be heard and campaign together to create lasting change. We work across every stage of the criminal justice system, supporting people to have the best chance at a second chance.

Summary

Registering with a GP and accessing appropriate healthcare is one of the most important immediate activities for people leaving prison, alongside finding somewhere to live and setting up financial support. It is particularly important due to the high level of health needs amongst people in prison. Yet as this report highlights, despite NHS guidance, too many people are being turned away from GP surgeries unable to register and access support because they have no proof of ID or address. Following reports from Nacro's frontline resettlement staff of an increase in the difficulties experienced by people leaving prison when trying to register with a GP, we undertook a mystery shopping exercise of more than 50 GP surgeries to ascertain whether this was an anomaly or a more widespread concern.

Key findings:

- > **66%** (37 out of 56) GP surgeries we contacted said they required proof of address and couldn't register the prison leaver without it.
- > **43%** (24 out of 56) GP surgeries we contacted said they required ID in order to register the prison leaver.
- > **41%** (23 out of 56) GP surgeries we contacted said they required both proof of address and ID in order to register the prison leaver.
- > **Over half** (21 out of 36) of the GP practices rated as 'good' said they required proof of address to register a prison leaver, and four out of the five rated as 'outstanding' required proof of address.

As this report sets out, being unable to access primary healthcare can have significant consequences for people leaving prison as well as being an ineffective use of resources.



66%

of GP practices said that proof of address was required to register



43%

of GP practices said that ID was required to register



41%

of GP practices said that proof of address **and** ID were required to register

Introduction

As part of our work supporting people in contact with the criminal justice system, we provide resettlement services for people as they leave prison including helping people to find somewhere to live, and to access key resettlement services including health and benefits. We also support people to rebuild their community connections and family ties, and provide practical support for emotional wellbeing.

In the first half of 2022, our staff reported that the people they support who had recently left prison were facing increasing challenges when trying to register with a General Practitioner (GP). They described people leaving prison being turned away from GP practices if they did not have an identification document and/or proof of address. Whilst this issue wasn't new, they were seeing an increase in these difficulties, and the situation had become increasingly more worrying due to the level of health needs within the prison leaver population post-Covid.

This report highlights the issues experienced by people coming out of prison in registering with a GP and outlines key recommendations to improve their healthcare access. Our findings are based on new data gathered over a two-month period by our team of 'mystery shoppers'.

Our work is informed by the lived experiences of people who have been in prison, and the frontline staff that work with them.

Why is access to a GP so important for prison leavers?

Access to a GP is essential for everyone; GPs treat common medical conditions, and act as the gateway to the broader healthcare system. For people leaving prison, access to a GP is also critical due to the higher level of health needs often experienced by people in prison and to ensure continuity of care from custody, particularly where people need to access ongoing medication. If someone cannot register at a GP surgery, they are unlikely to have their physical and mental health needs met and this potentially increases their physical and mental vulnerability or their likelihood of reoffending.

The health needs of people who have been in prison

People in prison have far higher health needs than the wider population. This includes:

- higher prevalence of infectious diseases, and poorer vaccine coverage.¹
- higher prevalence of long-term conditions.²
- higher prevalence of substance misuse, including tobacco:
 - 24% of women and 18% of men report having alcohol misuse issues when they go to prison.³
 - 42% of men and 28% of women report having substance misuse issues.⁴
 - Approximately 80% of people in prison smoke.⁵
- higher prevalence of mental ill health:
 - 43% of men and 67% of women in prison report having mental ill health.⁶
 - It is estimated that 39% of people supervised by probation services have a current mental health condition.⁷

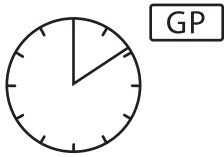
The period of transition from prison to community is a risky time due to the potential for gaps in continuity of treatment or care, and we know people who have been in contact with the criminal justice system continue to experience significant health inequalities post-release, compared with the rest of the population.

Many prison leavers have complex needs and multiple morbidities, yet too often they experience significant inequality in accessing services to help meet their needs due to their involvement in the justice system.⁸ They may also face the ‘double disadvantage’ associated with experiencing both the mental health and criminal justice systems.

The risk of reoffending

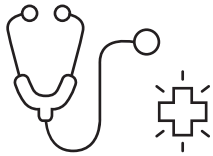
A lack of health support can lead to further offending.⁹ If people coming out of prison are unable to access the support and medication that they need, they are more likely to fall back into old patterns of behaviour: for example returning to depending on illegal substances and committing crimes to support those needs.

Those who have left prison can often experience a diverse range of social, economic and environmental factors that disadvantage them further, such as persistent unemployment, poverty and unmet accommodation needs – which are recognised as wider determinants of health. Access to a GP is a critical entry point to support, and given that many people in contact with the justice system come from disadvantaged communities, tackling their needs brings a ‘community dividend’ by having a positive impact on their wider peer group and social networks, as well as their broader communities.¹⁰



£39.23 >

the average 9-minute GP consultation



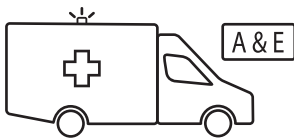
£77 >

average cost if someone attends an urgent care centre and receives the lowest level of investigation and treatment



£206 >

the average cost of an ambulance call-out that didn't result in a trip to A&E



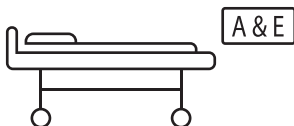
£292 >

the average cost of a patient being taken to A&E by ambulance



£359 >

starting point for cost of an individual attending a major A&E department and receiving more complex investigation and treatment



£722 >

average cost of a visit to A&E if an overnight stay is required

<https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs>

NHS resources

People who do not have access to a GP are much more likely to access the NHS through an emergency route (i.e. via the emergency services or direct attendance at an emergency department) which is much more dangerous to the person's health, costly and diverts resource away from other urgent need. For every GP appointment that saves an attendance at A&E, there is a saving of at least £37.77, and where treatment is required at a major A&E department this rises to £320 or more.

Why are people being turned away?

In our experience, it is common for GP surgeries to ask for proof of address and ask for ID, with the reasons given that it is to confirm that the person registering is within their GP catchment area and to confirm the applicant's identity. The experience of our frontline teams is that if the person they are supporting cannot provide these documents they may be told they are unable to register at the surgery.



However, according to NHS England, there is no regulatory requirement for such evidence or paperwork to register with a GP.

Primary Medical Care Policy and Guidance Manual¹¹

Providing proof of address and ID can be difficult for people coming out of prison. Many leave prison without ID, as highlighted in our 2018 briefing,¹² and a recent report showed that 25% of young prison leavers in London did not have ID.¹³ Many prison leavers are also unlikely to be able to provide proof of address, as the latest data shows over half of people leaving prison did not have access to settled accommodation.¹⁴ This could be for a variety of reasons; they might be staying with friends or family in an informal arrangement, therefore having no bills or tenancy agreements in their name, or they may be street homeless or sofa surfing. Over half of all rough sleepers have had contact with the criminal justice system.¹⁵



Case study: John

John has a diagnosis of borderline personality disorder, and has struggled with suicidal ideation and substance misuse. He needed to register with a GP after he was released from prison, but was told by the local practice that he could not do this as he did not have any ID or a copy of his tenancy agreement.

His support worker contacted the practice on John's behalf and was told they were unable to register anyone who could not prove that they lived within the catchment area.

NHS guidance states that “If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration.”


Primary Medical Care Policy and Guidance Manual¹⁶

The support worker referred to the NHS guidance, but the practice manager continued to insist on proof of address and an ID document. The support worker offered to provide a letter confirming that she could verify John's identity, but was told that this was not sufficient.

John was then able to make contact with a family member who was able to provide him with his birth certificate but was advised by the practice that photo ID was still required.

The support worker again contacted the practice and explained the situation and his circumstances. The practice asked if they could call back later. A few days later the surgery called back to say that under these exceptional circumstances they would agree to register him. It was only then that John's medication was reviewed and a referral was made for counselling support.

Fiona Bowe, Service Manager, Nacro: “John's case is not unusual. We often have to battle to ensure that people can be registered with a GP when they leave prison so they can get the vital medication and support that they need. Without the right support in place it is easy for people to fall back into old patterns of substance misuse as they do not have the help they need to maintain their journey away from addiction. Not everyone has the support of someone that is able to advocate on their behalf, and without that, John would not have been registered with a GP.”



Our research:

We wanted to investigate whether the experiences that our staff were encountering, like John's, were anomalies or if lack of access to a GP for people leaving prison was a systemic issue. To research this, we carried out a mystery shopper exercise in July and August 2022.

Our mystery shoppers telephoned 56 GP practices, explaining that they were someone who had recently left prison, or the sibling of someone that had recently left prison, making an enquiry on their sibling's behalf. On each occasion it was explained that the prison leaver wanted to register as a new patient at the practice, but did not have an address (as they were 'sofa surfing' with a friend) or any identification documents such as a passport or driving licence. The script used by our mystery shoppers was informed and shaped by the real conversations that our frontline staff and the people they support had encountered when trying to register with GP practices.

Key Findings

Key findings of the research show that:

Out of the **56** surgeries we contacted:

- **66%** (37) of GP surgeries we contacted said they required proof of address and couldn't register the prison leaver without it
- **43%** (24) of GP surgeries we contacted said they required ID in order to register the prison leaver
- **41%** (23) of GP surgeries we contacted said they required both proof of address and ID in order to register the prison leaver
- Only **32%** (18) of GP surgeries did not require either proof of address or ID



66%

of GP practices said that proof of address was required to register



43%

of GP practices said that ID was required to register



32%

of GP practices did not require either proof of address or ID to register

A note on the GP practices:

To ensure that our results were as representative as possible, we selected a diverse range of practices from across England. We ensured that the practices we were contacting covered a range of:

- Geographies (rural and urban)
- Care Quality Commission ratings

In January 2020, there were 6,822 general practices in England, and we acknowledge that our sample of 56 is small at less than 0.82% of practices. However, we believe that the results are significant enough to highlight an ongoing and widespread issue with GP registration for people leaving prison.

Geographical area type	Number of GP practices surveyed
Urban	15
Rural	27
Both urban and rural	14
Total	56

CQC rating	Number of GP practices surveyed
Outstanding	5
Good	36
Needs improvement	14
Inadequate	1
Total	56

Care Quality Commission ratings

CQC rating	Total surveyed	Proof of address required	ID required	Require both
Outstanding	5	4	0	0
Good	36	21	18	17
Needs improvement	14	12	6	6
Inadequate	1	0	0	0
Total	56	37	24	23

It was particularly disappointing to note that 58% of GP practices rated as ‘good’ said they required proof of address to register a prison leaver, and even more disappointingly that four out of the five GP practices rated as ‘outstanding’ also still required proof of address.

During CQC inspections, a practice is assessed on its safety, care, responsiveness and inclusivity.¹⁷ Considering the above data findings, we would question whether the needs of marginalised groups are fully taken into account in CQC inspections.

Geography

Geography type	Total surveyed	Proof of address required	ID required	Require both
Urban	27	21	13	12
Rural	15	8	7	7
Urban/rural	14	8	4	4
Total	56	37	24	23

When comparing rural and urban GP practices, it can be seen that more urban practices (78%) required proof of address compared to 53% of rural practices. There was little difference in terms of practices requiring ID as 48% of urban practices required it and 47% of their rural counterparts.

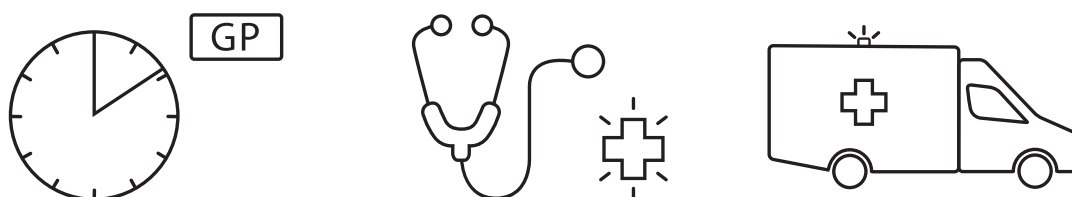
NHS Guidelines

NHS guidelines state that ‘you do not need proof of address or immigration status, ID or an NHS number’ in order to register with a GP practice.

“When applying to become a patient there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register. However, there are practical reasons why a practice might need to be assured that people are who they say they are, or to check where they live, so it can help the process if a patient can provide relevant documents. There is however no contractual requirement to request this, and nor is establishing an individual’s identity the role of general practice.”

“Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient.”

Patient Registration; Standard Operating Principles for Primary Medical Care (General Practice); NHS England¹⁸



The need for in-person GP attendance

We were pleased to find that all of the GP practices that we surveyed confirmed it was possible to attend the GP practice in person as well as online in order to register. This is essential considering the digital divide between people who have been in contact with the criminal justice system and people who have not; digital skills in the prison population are very low, and 47% of young prison leavers do not have access to the internet.¹⁹ Additionally, many prison leavers have low literacy skills (over half the prison population do not have ‘functional literacy skills’), and so we welcome the fact that all the surgeries confirmed that someone would be able to provide assistance with the required paperwork. Registering in-person at a GP surgery and in-person GP consultations are essential to ensuring inclusive access.

Upstream thinking: steps to improve access to GP and health services

There is much which can be done to ensure a smoother transition to health services earlier in someone's journey through the criminal justice system. Arrangements should be in place to ensure that everyone is registered with a GP in the community before they are released from prison and linked up with community health services. However, we know that too often this isn't happening in practice for a variety of reasons.

There are a number of welcome recent initiatives which are likely to have a positive impact on this, which are set out below.

NHS England's RECONNECT is a care after custody service that seeks to improve the continuity of care of individuals with health needs leaving prison and immigration removal centres (IRC). This involves working with people before they leave to support their transition to community-based services. RECONNECT offers liaison, advocacy, signposting, and support to facilitate engagement with community-based health and support services.

The GP2GP system is a newly introduced transfer system which allows a prison to become an individual's temporary GP during their time in custody. This means that as they register the patient they gain access to all of their community records, and subsequently when they leave they should be able to re-register them with a community GP who will be able to receive their full patient record inclusive of treatment in custody.

The Ministry of Justice has committed to rolling out transitional accommodation for all prison leavers at risk of homelessness through its Community Accommodation Tier 3 Service. This service should reduce the number of people who are unable to provide proof of address on release from prison. However, it is unlikely to remove the problem entirely as there will still be people who are in unstable or undocumented accommodation who face this challenge.

The 2021 Prisons Strategy White Paper set out a commitment that people leaving prison should leave with ID. This is a welcome step and something we have long called for. We need to ensure that this is in place across all establishments as having ID is important not just to access healthcare, but also to access a range of services on release. Having ID will undoubtedly help, however it is important to note that we found proof of address to be the bigger barrier to registering, with two thirds of the practices we spoke to saying that proof of address was required to register.

All of the above steps are welcome and should in future reduce the risk of people not being able to supply ID and proof of address. However, it is important to recognise that many of these schemes are in their infancy and we don't yet know how effective they will be. It is also clear that there are still currently far too many people falling through the gaps and facing barriers to accessing primary care which they shouldn't face. Even with the initiatives above, these barriers are likely to remain for some, impacting on their ability to access critical healthcare services. In addition to these steps, we also need action to ensure that existing NHS Guidelines are being followed and everyone is able to register with a GP and access the community health services they need.

Other groups that face issues with GP registration

We know that it isn't just people leaving prison that are impacted by this issue. Other groups impacted include people experiencing homelessness, Gypsy, Roma and Traveller communities, refugees and asylum seekers, and sex workers. Whilst these groups are of course intersectional, and may have also interacted with the criminal justice system, people in these groups are also already at risk of or living with extremely poor health as a result of poverty, marginalisation, multiple morbidities and social exclusion.

1. People experiencing homelessness

Homeless people, particularly those who are rough sleeping, often encounter difficulties in registering with a GP. Research by Homeless Link²⁰ shows that 92% of the homeless people they surveyed were registered with a GP. However:

- many said they were not receiving the help they needed for their health problems
- 18% had been refused registration to a GP or dentist in the previous 12 months

Some of these refusals were because they did not have identification or proof of address.

2. Gypsy and Traveller communities

Friends Families and Travellers highlighted the issue for Gypsy and Traveller communities in the 2019 report 'No room at the inn: How easy is it for nomadic Gypsies and Travellers to access primary care?'²¹ which made a number of recommendations to NHS England, The CQC and the Equality and Human Rights Commission. Further research carried out in March and April 2021 revealed that, in their survey, 74% of GP practices declined registration to patients from Traveller communities.

3. Refugees and asylum seekers

In 2016, the charity Doctors of the World found that two-fifths of the asylum seekers and migrants they attempted to register were declined registration at English GP practices.²²

An investigation by The Independent and the Bureau of Investigative Journalism in July 2021 found that fewer than one in four GPs across Britain would register migrants without documentation or proof of address, even though NHS England policy states that documentation is not required.²³

4. Sex workers

Sex workers often face issues with registering with GP practices, and also report being prevented from registering without proof of address or ID.²⁴

Conclusion

We recognise that the Covid-19 pandemic has taken a huge toll on the NHS, along with many of our public services. We also appreciate the steps that the NHS has taken to ensure widespread patient access to GPs, for instance through the NHS Long Term Plan which was published in 2019. The Long Term Plan states that many people within the justice system experience greater problems than the rest of the population but do not regularly access timely healthcare. It confirms that the NHS is already working with partners across government to improve the wellbeing of people in prison, reduce inequalities and address health-related drivers of offending behaviours. It also confirms that a priority in services for this group is improving continuity of care.

Nonetheless, as shown by the data above and the experiences of the people we support and frontline staff, more needs to be done to improve healthcare access for people leaving prison, and other marginalised groups that are impacted by registration barriers.

Recommendations

Recommendation 1: NHS England should review its communication strategy regarding the registration of patients from the Inclusion Health Groups highlighted in this report, including people who have been in contact with the criminal justice system, in order to ensure that NHS guidelines are clearly understood and applied across all of general practice.

Recommendation 2: NHS England should take steps to ensure that all GP receptionists and practice managers receive Inclusion Health training so that they are aware of their responsibilities to register patients with no fixed address, no ID or no proof of immigration status. Of the surgeries we contacted, 19% of receptionists needed to go back and forth, seeking advice from other colleagues, about whether proof of address and/or ID was required. This shows that some receptionists at GP practices may be unaware of the NHS guidelines and their patient registration process.

Recommendation 3: NHS England should develop a clear understanding of why GP practices may be reluctant to register all new patients, and ensure that appropriate steps are taken to mitigate such issues.

Recommendation 4: NHS England should commission regular independent mystery shopper projects in order to monitor behaviour and adherence to guidelines, and take action when poor practice is discovered.

Recommendation 5: NHS England and HMPPS must adopt a robust review of progress against planned GP registration during the pre-release process. This monitoring must ensure that the GP2GP system supports re-registration with a community GP for individuals on release.

Recommendation 6: CQC should consider how to effectively monitor GP practices in relation to patient registration and should investigate means by which members of the public and/or their supporters can notify CQC when a GP practice turns someone away. A designated telephone line, website or email address which is publicised widely with those organisations that support people who are most often impacted by this poor practice would go some way to ensure that it is brought to the attention of CQC.

Thanks

With grateful thanks to Honor Crook for her help with the mystery shopper exercise.

With grateful thanks to Friends, Families and Travellers for their inspiring work around the issue of inability to register with GP services for travelling communities.

Endnotes

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