



FP69 LIST VALIDATION

Across England, practices are witnessing an unprecedented acceleration in patient list cleansing through the FP69 mechanism. 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. Over the past six months alone, GP practice lists have fallen by 344,000 patients representing more than £40m removed from core general practice funding.

Maintaining accurate patient lists is a fundamental part of general practice, ensuring that resources are allocated appropriately and that practices are not receiving funding for patients who have moved outside their area. This principle is well understood and supported across primary care.

However, recent feedback has highlighted a growing concern regarding how list management processes are being applied in practice. While the removal of patients who have genuinely relocated is both appropriate and necessary, we have received several reports suggesting that some vulnerable patients—who remain resident locally and continue to require care—are being inappropriately removed from practice lists.

This raises important questions about how decisions to deduct patients are made, particularly in cases where circumstances may be complex or unclear. Vulnerable groups, including those with unstable housing, safeguarding needs, or significant long-term conditions, may be disproportionately affected if robust verification processes are not consistently applied.

The consequences of inappropriate removal can be significant. Patients may experience disruption to continuity of care, delays in accessing treatment, and increased clinical risk. For practices, there is also the potential for unintended safeguarding concerns and widening inequalities in access to services.

The process is meant to work as follows:

PCSE will contact the GP practice, or the patients concerned, to ask them to confirm that their details are still accurate. The process checks the following six groups:

- patients aged over 100
- patients that migrated to England one year ago (transient)
- patients registered at an educational facility for four or more years (students)
- patients aged under 16 showing as the sole occupier of a property (orphans)
- properties the Royal Mail report as demolished (demolished properties)
- properties with eight or more registered inhabitants (multiple occupancy).

Upon the return of information, PCSE will either:

- add a note to the patient record to say that the details are correct, for example 'reg confirmed', 'whereabouts known', 'seen recently'
- process the patient deduction sent via GP links (if confirmed they have moved away or have died)
- apply an FP69 marker (which will result in the patient deducted in six months time unless an update to the patient details or a new registration is received in that time).

There have been reports nationally of patients who do not meet the above criteria that have been erroneously deregistered from their GP practice. This poses significant safety risks to these patients who may be unaware they have no registered GP practice until they next attempt to seek medical care. It also poses significant financial risk to practices through loss of funding via the global sum.

Whilst concerns have been raised regarding potential false-positive patient identification, inappropriate deductions, patient harm, workload implications and financial consequences for practices and PCNs, there is currently little national data available to quantify the scale of these issues.

To help gather data on the scale of the issue nationally, practices can complete the following survey from the LMC Support Network: -
<https://www.surveymonkey.com/r/B7R2H3X>

The findings will be used to inform future discussions with NHS England, the Department of Health and Social Care, and other relevant stakeholders. **(Please note the deadline for submissions is Friday 26th June).**

Alongside this, a draft open letter to the Secretary of State for Health and Social Care and NHS England has been prepared on behalf of participating LMCs. The letter raises concerns regarding the operation of the FP69 process, the potential impact on vulnerable patients, the transparency of the methodology being used, and the possible consequences for general practice sustainability.

We would advise practices to consider reviewing their FP69 submissions for accuracy via their clinical system, particularly if they have noticed a significant reduction in their registered list size since January 2026.

For SystemOne practices, FP69 submissions can be viewed by clicking the 'Links' tab from the top of the tab on the homepage, and then clicking 'FP69 administration' from the drop-down menu.

This HOW-TO step by step guide will show you how to search for and extract your FP69 data from EMIS

EMIS Workflow manager, go to registration, "FP69s"

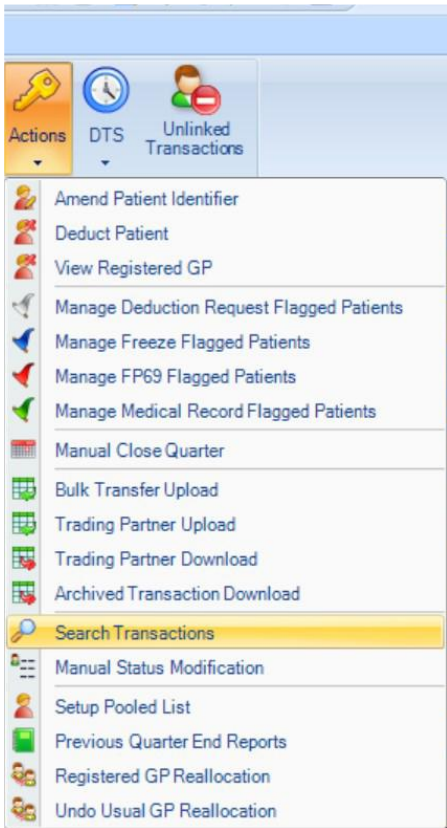
Note that the number highlighted in yellow below is just the figure since your admin team last actioned this inbox - it is NOT necessarily the correct figure for the whole period of interest, and it's unlikely to include your 2025 patients (unless your admin teams are VERY behind on actioning).

Some additional steps are therefore needed to get this data:

The screenshot shows the EMIS Workflow Manager interface. At the top, there are navigation tabs for 'View', 'Admin', 'Actions', and 'GP Links High Security'. The 'Actions' tab is selected, showing options like 'Change Owner', 'View History', 'Add Note', 'Print', and 'Delete Note'. Below the navigation, there are status bars for 'Last refreshed at 13:35:15' and various workflow items like 'SCR - 19', 'Test Requests - 235', 'Referrals - 36 (19)', 'Documents - 1', and 'GP2GP - 25'. A yellow banner indicates that all resources are up to date and that new priority workflow items have been received. The main area shows patient information for 'MCNALLY, James (Dr ...)' with a birth date of '01-Jan-1970 (56y)' and a usual GP of 'MCNALLY, James (D)'. A table below lists various workflow items and their counts, with 'FP69s (186, 0)' highlighted in yellow. The table also shows a list of transaction numbers for these items.

Item	Count	Transaction Number
Tasks	13,2	
Lab Reports	11,8	5632206
Registration	684,4	5632203
Rejections (2, 0)		5632209
Uploads		5632212
FP69s (186, 0)		5632210
FP69 Flag Removal		5632204
Deduction Request Rejections (1, 0)		5632207
Close Quarter Notifications (1, 0)		5632200

Click the key "Actions", and select "search transactions":



Then filter for "FP69 notification", for the date range 01-Apr-2026 to 16-Jun-2026, and click "search":

Search Transactions

Search Criteria

Trading Partner: All Trading Partners Start Date: 01-Apr-2026 Search

Usual GP: All GP Codes Hide Range

Transaction Type: FP69 Notification End Date: 16-Jun-2026

All Patients

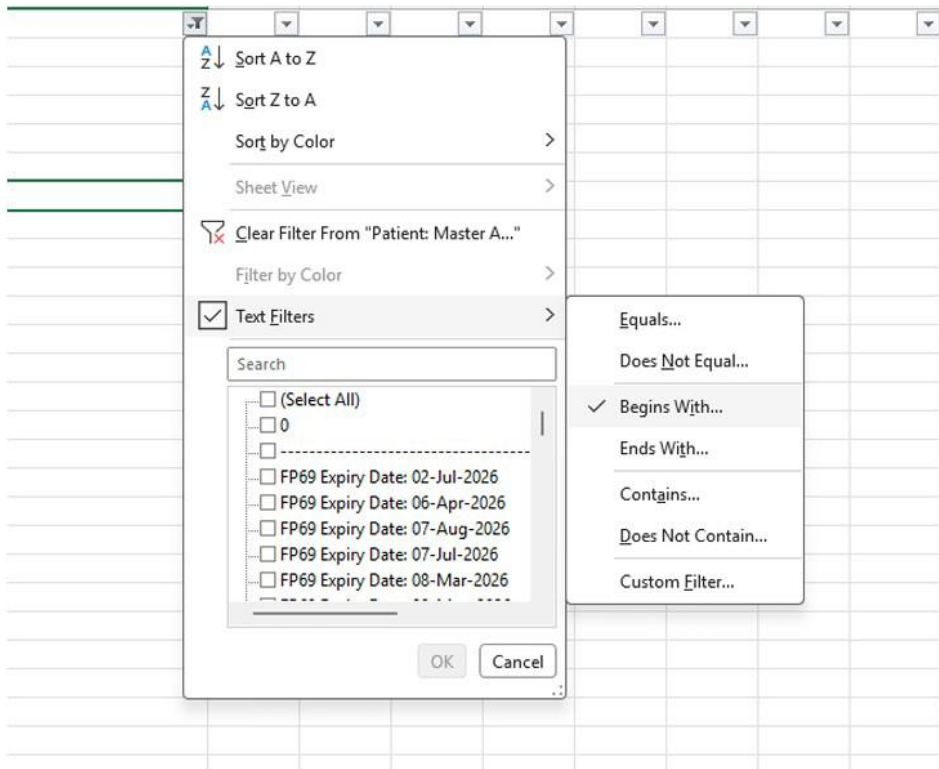
Date Received	
	All Transaction Types
	Amendment (IN)
	Deduction
	Rejection
	Approval
	Medical Records Received
	Medical Records Sent
	Upload
	Upload Rejection
	Close Quarter Notification
	FP69 Notification
	FP69 Flag Removal
	Deduction Request Rejection
	Unmatched
	New Registration
	Amendment (OUT)
	Removal
	Download
	Deduction Request
	FP22 Reminder
	High Security Approval
	High Security MRF Removal
	High Security FP69 Removal
	High Security Amendment
	High Security Deduction

atching transactions. Please wait . . .

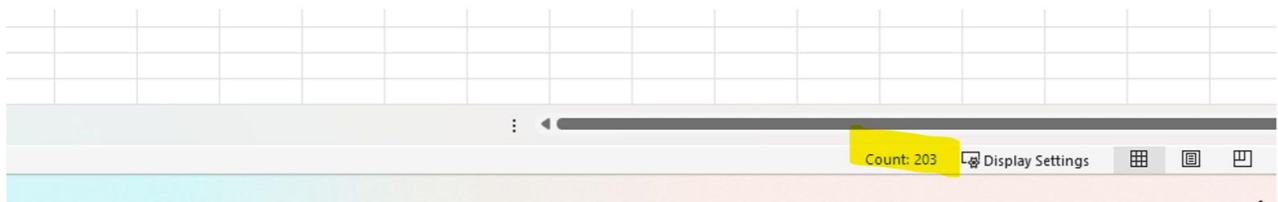
Click "save", bottom right, it will save as a .csv file (comma separated values) file.

Open with excel. (by default, .csv will open in notepad, so will you need to drag and drop the file into excel, or open within excel, your preferred way).

Next, Filter column A for text, begins with, "Patient": (My row A is redacted here, it contains patient identifying data. You'll have to imagine them):



This will show just the rows with patient name in. Highlight all of them with your cursor in column A, and at the bottom of the spreadsheet it will show you a count.



You now know your net FP69 notifications for the period of interest, 2026.

We next need to compare with same time last year – go back to EMIS and run the same search but for 01-Apr-2025 to 16-Jun-2025.

Save as a new CSV and follow the same steps to get your figure for the period of interest, 2025.

Please see the BMA GPCE guidance on this:

[Read our 'focus on' guidance on patient list cleansing >](#)

With acknowledgement to BBO LMC for the assistance in the creation of this guidance.