Reasons for patient removals: results of a survey of 1005 GPs in Northern Ireland

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SUMMARY

There has been considerable debate on the issue of general practitioners (GPs) removing patients from their lists. The second report of the Health Service Ombudsman addressed this area in some detail and, among other observations, commented on the lack of information available on this subject. This is a report on a questionnaire survey of GPs, aimed at finding out their reasons for removing patients and their feelings about the changes that have been proposed regarding their automatic right to remove patients without giving them a reason.

Keywords: *questionnaires; doctor–patient relations; refusal to treat.*

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Introduction

TO date, published data on patient removals have been available from Northern Ireland[1] and Sheffield[2] only, and none of this data have included reasons for removal in individual cases. It is suspected that vulnerable groups, such as the mentally ill, are being struck off general practitioner (GP) lists.[3] Such concerns have further fuelled media speculation that patients are being removed because of costs they incur to the practice.

The Health Service Ombudsman has suggested that health authorities review patient removals and conduct enquiries about GPs who have removed more than four patients in a year.[4] The Select Committee on Public Administration has gone further and has recommended that the statutory terms of service for GPs should be amended to prevent them from removing patients from their lists without giving a written reason to the health authority or obtaining the health authority's permission. This report shows the results of a survey examining the frequency and reasons for recent removals, the current process of patient removal, and the attitudes of GPs towards the changes that have been proposed.

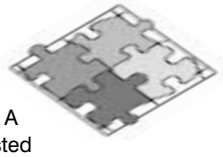
Method

Questionnaires were sent to all 1005 GP principals in Northern Ireland in 1999, with a reminder to non-responders four weeks later. GPs who stated that they had removed a patient in the past two years were asked to specify a reason for the most recent removal, and these open-ended responses were grouped into logical categories at the analysis stage. GPs were asked for their views on aspects of removal for which changes have been proposed, such as right of removal and the need to provide patients with a reason. A logistic regression analysis was undertaken, with removal of a patient in the past two years as the dependent variable and a wide range of variables representing GP and practice characteristics as possible covariates. The study was approved by the Queen's University Research Ethics Committee.

Results

Eight hundred and fifty-eight (85.4%) of the 1005 GP principals replied. Four hundred and nine (47.7%) worked in a practice with three or fewer partners. Of the responders, 67.3% were male. The mean length of time spent working as a GP principal was 16.0 years (SD = 9.2) for male GPs and 10.8 years (SD = 7.4) for female GPs. Three hundred and ninety-nine (46.5%) had personally removed a patient in the previous two years, most of them individuals, but in 86 (21.5%) of the cases, other family members had been removed at the same time. One hundred and ninety-nine

HOW THIS FITS IN



What do we know?

There is limited data on the removal of patients from general practitioners' lists. A recent Health Service report has suggested that vunerable groups may suffer disproportionately from removals. The right of GPs to make removals without providing reason is being questioned.

What does this paper add?

This report offers the results of a large survey examining the frequency of, and reasons for, recent removals in Northern Ireland. Nearly half of the responders had caused a patient to be removed. The overwhelming opinion of the GPs sampled indicates their desire to retain their right to remove without providing a reason.

(49.9%) of the removals were for alleged violence or threatening behaviour (including verbal abuse), which was mostly directed at staff, such as receptionists (Table 1). Alcohol and drug misuse were frequently mentioned in association with the abuse and violence. Approximately one in six of the removals were for 'unrealistic and unreasonable demands upon the practice', examples of which included repeated demands for home visits for minor complaints in a mobile patient, and abuse of out-of-hours calls. Treatment differences included cases in which the expectations of the GP and patient of the type or level of treatment were considered incompatible. Most of the remainder were attributed to a 'breakdown in relationship', although this was not elaborated upon.

The logistic regression showed that neither the age nor the sex of GPs was associated with the tendency to remove patients (Table 2), although there was a clear and graded association with practice size and practice locality, in that GPs in smaller and more urban practices were more likely to remove patients. None of the other factors contributed to the model, and there was no interaction between practice size and location.

Of the responders, 81.0% either agreed or strongly agreed that there should be continuance of the right to remove a patient without having to provide a reason, and only 64 (7.5%) wanted an end to this privilege. Interestingly, the majority (62.7%) of those who would usually meet the patient prior to deregistration were still in favour of not having to provide a reason.

Table 1. Stated reasons for removing patients in the past two years.

Reason given	Number of practitioners (%)
Violence or threatening behaviour	199 (49.9)
Unreasonable demands	69 (17.3)
Prescription fraud	54 (13.5)
Treatment differences	31 (7.8)
Relationship breakdown	29 (7.3)
Complaints	2 (0.5)
Other/no reason	15 (3.8)
Total	399 (100)

Table 2. Final logistic model. Dependent variable is 'have removed a patient from the list in the last two years'.

	Odds ratio (95% CI)	*P*-value
Age (years)		
Under 40	1.00	
Over 40	0.83 (0.61–1.12)	0.226
Sex		
Male	1.00	
Female	0.97 (0.71–1.33)	0.845
Number of principals		
1 to 2	1.00	
3 to 4	0.69 (0.48–0.98)	0.008
5+	0.50 (0.34–0.74)	0.000
Practice location		
Rural	1.00	
Mixed	2.18 (1.49–3.20)	0.001
Urban	2.72 (1.83–4.05)	0.001

Discussion

This is a large survey, with an excellent response rate of 85%, reflecting a perceived importance to GPs. Almost half (46.5%) of the responders had removed a patient in the previous two years. This appears to be higher than the rates quoted for slightly earlier periods in the same region.[1] Although it is possible that the rates of removal have increased there can be no direct comparison, as the earlier study examined new removals (with the removal of a family being categorised as one decision), while the present study examined all removals, whether new or repeat. The study is based upon suggestions from GPs of the possible reasons for removal and may be subject to recall bias, although it is likely that removals are infrequent enough to be easily recalled by GPs. These data do only present one side of the story, although they suggest that most GPs are in agreement with the guidance on reasons for removal as laid out by the Royal College of General Practitioners[5] and the British Medical Association[6], although a further study is needed to examine removals from the perspective of both practitioners and patients.

An earlier ecological study[2] showed that rates of patient removal in Northern Ireland tended to be higher in more urban areas and the current analysis confirms this. Whether this is owing to the differing population characteristics or the propensity of GPs to remove patients, cannot be answered by this study. That removal rates tend to be higher in those practices with fewer principals is a new finding, and cannot be explained by either practice or practitioner characteristics. There may be two reasons for this finding. First, as most patient removals are the result of group decisions, they may occur more frequently in smaller practices in which it is easier to expedite the process. Secondly, if there is a falling out between a patient and a GP in a larger practice, it may be easier for the two parties to avoid contact, as the patient may be able to seek medical attention from another partner.

The House of Commons Select Committee on Public Administration[4] has suggested that there should be removal of other family members only if it can be proven that a similar breakdown in the relationship with them has occurred. At present, about one in five removals in Northern Ireland are of families, although it is not known whether some practitioners routinely remove whole families. The problem for the GP may be the difficulty of visiting other family members at home, where they are likely to encounter the removed family member. The Select Committee also recommended that terms and conditions for GPs be amended so that patient removals could only be carried out with health authority

approval and patients would have to be provided with a reason for removal. This study shows an overwhelming desire among GPs in Northern Ireland to retain the right to remove a patient without providing a reason. The proposal to abolish this right has been opposed by the General Practitioners Committee.[7] Even the Health Services Ombudsman, who has promised to 'name and shame' GPs who remove patients inappropriately, has stated that he is not in favour of a blanket legislative requirement to provide a reason, preferring instead to rely on common sense and good practice.[8]

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