

11th August 2026

An update on the national patient list validation (FP69) work the Network has been pursuing on your behalf, and a request for your feedback before we decide the next move.

Dear colleagues,

In June we wrote to NHS England on behalf of over 80% of England's LMCs, raising serious concerns that the list validation exercise is deducting real, active patients - not just genuine "ghosts". We followed up on 21 July with a survey of around 300 practices, a costed financial analysis, and a detailed schedule of questions, including a specific request to know which datasets the programme's "activity check" uses.

We have received NHS England's reply yesterday afternoon. Dr Amanda Doyle's letter contains two admissions that, in our view, vindicate the profession's concerns:

1. The activity check does not include general practice. In NHSE's own words, it "does not currently include routine GP consultation and appointment activity" and that data "is not currently available to NHS England for the purposes of the programme". This cannot be reconciled with Doyle's earlier assurance (6 July) that patients "actively using NHS services" are excluded before any action is taken. In plain terms: a patient seen by their GP every week can still be flagged as gone-away, because those contacts are invisible to the check. This is precisely the failure our July letter predicted, and precisely the cohort your survey returns show being deducted.
2. There is no published transparency record. NHSE confirms the Algorithmic Transparency Recording Standard has "not yet been implemented", and that assurance rested only on internal review and an internal register. A statistical model is removing named patients from GP lists with no published methodology, no independent review, and no stated error rate.

We expect NHSE to argue that none of this matters because practices can simply reject wrongly flagged patients during the FP69 review. Our response should unequivocally state that this is not a safeguard, it is a transfer of cost and liability onto practices to catch errors in a process NHSE has admitted is blind to GP activity. It only works where a practice has the capacity to review every flag before the deadline - which your survey responses show many do not. And because the practice is often shown only an "Other" reason code, it is being asked to disprove a proposition it cannot see, against a clock.

We should also aim, for the first time, put the legal consequence to them directly: as joint data controllers, if NHSE's position is that practices will catch its errors, it is effectively conceding it

is processing deductions it cannot itself justify - and relying on practices to prevent unlawful removals. These matters can be raised with the Information Commissioner, including through patient complaints routed via practices.

Any response's central demand should be the suspension of deductions for any patient with recorded GP contact until the activity check includes GP data which, by NHSE's own admission, requires only a legal direction they are able to seek. The unanswered questions (accuracy figures, pilot data, the equality impact assessment) will now be pursued through the Freedom of Information internal-review route rather than further correspondence.

Before we finalise the next steps, we want your steer:

- Are your practices seeing patients with clear, recent GP contact being flagged or deducted? Concrete examples strengthen everything that follows - please send them.
- Would your LMC support escalation to the Information Commissioner, and would you be willing to help gather affected-patient examples for that purpose?
- Any read on tone and pace: do you want us to push harder and faster, or hold the line and give NHSE a defined window to respond first?
- Are there local intelligence or angles we are missing?

Please reply to this [email address](#) with your thoughts by 18th August. The more of you that respond, the stronger our collective position - and the clearer the mandate for what we do next.

Dr Adam Janjua
On behalf of the LMC Support Network

