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Counting the Cost

How the FP69/FP22 patient list validation exercise is stripping funding from GP practices across England

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In summary. A national exercise to 'validate' GP patient lists is removing hundreds of thousands of patients from GP practice registers - and with them, the funding that pays for staff, services and care. Practices report losing income at a time of acute financial strain, being given little information about how patients are being selected and discovering that patients removed in error include some of the most vulnerable people they serve. This briefing sets out the financial impact, why it matters, and what needs to change.

£18m+	Lower-bound estimate of core GP funding lost each year as a direct result of the net contraction in registered patient lists during the validation exercise. This figure will rise as funding amounts increase in 2027/28 and subsequent years.
~£63m	Estimated annual loss in core funding when the full scale of removals across the practices that have lost patients is considered. This is before the knock-on effects on PCN, QOF and enhanced-services income.
6 in 10	Practices in England that saw their registered list shrink during the period - reversing the long-running trend of list growth.
£130	Core funding a practice loses, per patient, every year for each registration removed. Not taking into account other capitated funding streams.

Figures are conservative, annualised estimates based on the national change in registered list sizes and the current core funding rate per patient. They reflect core funding only; the true recurring loss is higher once linked income streams are included.

What is happening

Across England, NHS commissioners are running a large-scale validation of GP patient lists using the long-established FP69 and FP22 processes. Where a patient does not respond to a verification letter, or is flagged as no longer eligible, they can be removed from a practice's register. The stated aim is to keep lists accurate. The effect, as practices are now reporting in large numbers, is the rapid removal of patients (and the funding attached to them) often with little explanation and, in a significant share of cases, in error.

Why removing a patient removes money

General practice is funded largely by capitation: practices are paid an annual sum (Global Sum) for *each registered patient*, set nationally and adjusted for need. For 2025/26 the core payment was £123.34 per weighted patient, rising to £130.07 in 2026/27 (not all 'new' money – some of this if from recycling of other funding envelopes and put into the Global Sum). When a patient is deducted, that funding stops immediately.

Crucially, the loss does not stop at core funding. A practice's list size also drives its Primary Care Network and staff-reimbursement funding, its quality (QOF) income, and many enhanced and local services. A single deduction therefore reduces several income streams at once - while the practice's costs including for staff and premises/utilities remain exactly the same.

Income stream	Driven by list size?	Effect of a deduction
Core funding (Global Sum)	Directly	Funding falls immediately for every patient removed
PCN & ARRS funding	Directly	Network payments and staff reimbursement are weighted by population
QOF	Directly	Achievement income is calculated against the registered list
Enhanced & local services	Largely	Many are paid per registered patient or per population

For an average-sized practice of around 10,000 patients, losing 5% of its list equates to roughly £65,000 a year in core funding alone — before any of the linked streams above are counted.

The national picture: lists are shrinking

England's registered population has grown almost every year for a decade. During the validation period that trend has reversed. The total registered list has contracted by more than 140,000 patients, and around six in ten practices have seen their list fall.

Applied to the current funding rate, the net contraction alone represents over £18 million a year in lost core funding. Measured across the full scale of removals at the practices that shrank, the figure approaches £63 million a year - and both estimates count core funding only. As the per-patient rate rises in 2027/28, so does the recurring loss.

What practices are reporting

A national survey, conducted by the LMC Support Network, of practices affected by the exercise paints a consistent picture of financial harm landing on top of an already fragile system:

- **Real and growing losses.** Two in five practices already report a material financial impact, and only around one in seven report none. A large further group say it is simply too early to see the full effect, meaning today's figures understate what is coming.
- **Significant sums per practice.** Among practices able to put a figure on it, the most common estimate is a loss of £10,000–£50,000, with a meaningful minority estimating losses above £50,000 and some above £100,000.
- **A heavy administrative burden.** Around three-quarters of practices report a moderate or significant additional workload from processing deductions and reinstatements - staff time diverted from patient care, at no extra funding.
- **Funding lost across the board.** Practices repeatedly highlight that the financial 'hit' is not limited to core income but extends to PCN, ARRS, QOF and enhanced-service funding which are all tied to list size.

Paying twice: the cost of wrongful deductions

The financial damage is compounded when removals are wrong. Around seven in ten practices have already had to reinstate patients who were deducted but should not have been, and a similar share are concerned that patients have been removed in error. Each wrongful deduction costs a practice three times over: the lost funding while the patient is off the list, the unfunded staff time to identify and reinstate them, and the clinical risk to a patient (often vulnerable) who has been cut off from their GP.

Practices report that those most likely to be removed in error include people who do not respond to letters because of literacy or language barriers, people with learning disabilities, and patients who are simply away - precisely the groups for whom losing a GP carries the greatest risk.

Voices from the frontline

Anonymised comments from practices responding to the survey:

> *"Most funding is linked to list size, so the impact could be vast."*
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> *"PCN funding reduction, ARRS reduction, reimbursement reduction, QOF decreased — and GMS income has decreased too."*
>
> *"A drop in GMS income means we are having to review staffing levels."*
>
> *"Vulnerable patients, and those where English is not the first language, are suddenly losing their registration."*
>
> *"We have patients who keep being deducted for being out of area when they are not."*

What we are calling for

This is not an argument against accurate patient lists. It is an argument against a process that is removing patients (and funding) too fast, with too little transparency, and with too many mistakes.

On Friday 19th June, an open letter co-signed by over 85 percent of total England LMCs was sent to NHS England and DHSC leadership including Sir Jim Mackey, Dr Amanda Doyle, Dr Penny Dash, Ed

Scully, Stephen Kinnock and James Murray, expressing severe concerns about the FP69 process. Whilst the letter has been acknowledged by Dr Doyle, a formal response has not been received as of noon on 30th June 2026.

We are asking NHS England and commissioners to:

1. Pause and review the pace of deductions, so that accuracy is not sacrificed to speed.
2. Be transparent about the methodology used to identify patients for removal and share check-lists with practices before deductions are processed.
3. Protect vulnerable groups known to be at high risk of wrongful removal, including people with language, literacy or learning needs.
4. Make the challenge and reinstatement process simple, fast and properly resourced, and ensure practices are not left financially worse off for errors they did not make.

Notes to editors

- The FP69 and FP22 processes are long-standing NHS mechanisms for removing patients from a practice list, for example where a verification letter is not returned.
- Financial estimates use the change in registered list sizes between October 2025 and the latest available national figures, applied to the 2026/27 core funding rate of £130.07 per weighted patient (rising to £130.07 in 2026/27). They reflect core (Global Sum) funding only and are therefore conservative; list size also drives PCN, ARRS, QOF and enhanced-service income.
- List-size changes reflect all list movement; practices overwhelmingly attribute the current contraction to the validation exercise. National contract values are published by NHS England and the BMA.
- Practice findings are drawn from a national survey of GP practices across England affected by the exercise. Survey findings are reported as proportions of responding practices.