PATIENT NUMBERS AND FP69

GP lists are shrinking. Here is why, and what it means for Cheshire.

NHS England is removing patients it believes no longer live in England. This page explains how that works, why the numbers behind it are less certain than they look, who is being hit hardest, and what your practice can do.

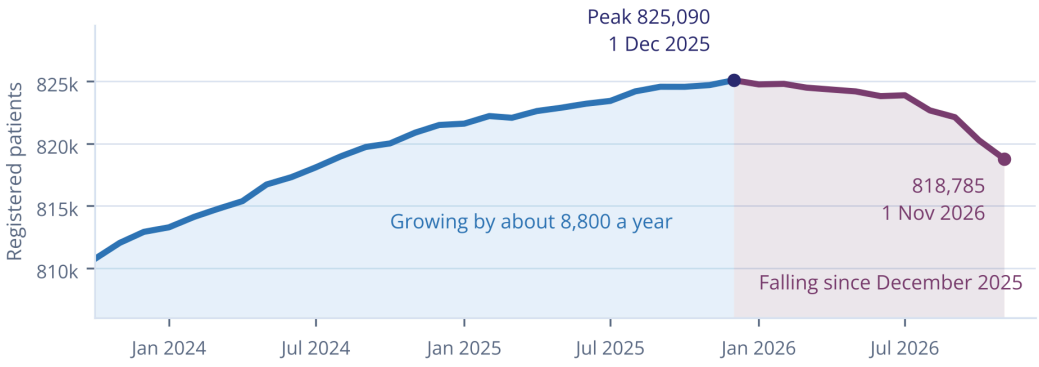
IN BRIEF

An **FP69** is a flag saying a patient's address is in doubt. If nobody confirms it within three months, the patient is removed from your list. NHS England is now raising far more of them, using a computer model to pick out patients it thinks have left. Practices should not be paid for patients who have gone. But the model is unpublished, the population figure behind it is uncertain, and the falls are steepest in the poorest communities.

-5,914
Cheshire patients, Nov 2025 to Nov 2026. The year before, the list grew by about 8,800.

-1.02m
Fewer registered patients in England than in January 2026

29 of 74
Cheshire practices still grew last year, while 19 others fell by more than 2%



Patients registered with Cheshire practices (sub-ICB 27D), October 2023 to November 2026. Source: NHS England, Patients Registered at a GP Practice.

Where GPs stand

General practice does not want to be paid for patients who have died, moved away or registered elsewhere. We support accurate lists. Our concern is how this exercise is run: the target, the model that chooses who is contacted, and what happens to patients who are still here but do not answer a letter.

YOUR PRACTICE

How has your list changed?

Every Cheshire and Merseyside practice and PCN, month by month, against its own 2022 to 2024 average.

Open the list size tracker →

cheshiregplistsizetracker.netlify.app

What your practice should consider doing now

FP69 flags arrive in batches, and the practice has three months from the day each flag appears. The steps below protect patients who are still here, and your list. They are also a significant amount of work: staff time spent on FP69s is time not spent on other work. Consider logging that time, so it can be shared with the wider system.

Day 0
NHS England contacts the patient by message, then letter

Day 30
No reply from the patient

About day 60
FP69 appears in your clinical system. **Your three months start here.**

About day 150
Patient removed, and not told

Patients under 18 are not removed when a flag expires, but their address still needs checking.

1. **Log every flag and its deadline.** Name a lead, with cover for leave, to check for new flags at least weekly. Record each one and the date it expires.

2. **Check the whole record first.** Look at prescriptions, results, hospital letters and online contacts, not just appointments. If seen in the last six months, respond "patient seen, remove FP69". Use the dropdowns, not free text. NHS England's checks cannot see GP appointments; your record can.

3. **Protect vulnerable patients.** Check flags against frailty, safeguarding, mental health, care home and housebound lists, and take extra care before letting any of these patients go.

4. **Contact everyone else, and keep trying.** Text or email, then phone at different times, then a letter, then a relative or carer. Try again after two to three weeks and record each attempt.

5. **Protect patients who cannot get post.** For patients who are homeless, or live on boats or in caravan parks, write "unable to receive mail at this address" in the GP message field.

6. **Tell your patients to reply.** Use your website, screens, a text to all patients, your PPG and local pharmacies; Londonwide LMCs' poster and video are free to use. NHS England's texts come from "NHSdetails" and are genuine, so reception can reassure patients who ask.

7. **Check removals already made.** Look back over the last three to six months. Re-register anyone removed wrongly. If you had responded in time, use PCSE's online form ("Incorrect patient deduction – retrospective list amendment request") and ask for the date to be backdated. Record any harm as a significant event.

8. **Watch your numbers.** Use your usual methods, and tools like the list size tracker, to follow your list each month against your own usual pattern.

Tell us about your FP69s

The government says fewer than 5% of patients referred to practices turn out to be still at their address. To test that, we need a fair sample, not just the cases that stand out. Please take your next batch of flags, or every flag over one month, and tell us how many were:

- still at their address, or seen recently;
- confirmed as having left;
- impossible to trace;
- still being checked.

Tell us separately about any patient removed in error and what happened to them (no identifiable details), and roughly how much staff time FP69s take. Email jhughes@cheshirelmc.org.uk with the subject "FP69".

The evidence behind this, including why NHS England is doing it, how patients are chosen, the population figures and what has happened in Cheshire, is set out in the full paper.

Prepared by Cheshire LMC for Cheshire GP practices. Please credit Cheshire LMC if quoting. Practices are welcome to share it with their staff, PPG, MPs and local councillors.

The short version

- **The programme is aimed at a 6 to 7 million gap** between GP lists and the Office for National Statistics (ONS) estimate of England's population.
- **The ONS figure is an estimate, not a count.** It is least certain for young adults, mobile populations and small areas.
- **The model builds in who gets hit.** It scores patients on migration history, their area's gap against ONS and their practice's past removals, and treats silence as proof of leaving.
- **In Cheshire, the fall is mainly among working-age men**, and it is uneven between practices. The published figures cannot separate FP69 removals from people moving away.

What is happening?

FP69 is not new. Primary Care Support England (PCSE) has always raised an FP69 flag when a letter to a patient comes back undelivered. The practice then checks the address with the patient. If nobody confirms it in time, the patient is removed.

Two things have changed. From 1 October 2025, a change to the GMS contract cut the time practices have to respond from six months to three. And NHS England now chooses patients to contact using a national model, called the Statistical Assessment Model (SAM), which has replaced the older targeted checks. The result is many more flags, arriving in larger batches, with less time to deal with them.

How a patient ends up removed

1. **Selected.** The model picks adults whose NHS record has not changed for about 18 months and scores them on how likely they are to have left England.
2. **Filtered.** Patients with recent hospital, A&E, dispensed prescription or lab test activity are taken out. NHS England's checks cannot see GP appointments.
3. **Contacted.** A digital message first, then a letter. The patient has 30 days to confirm their details.
4. **Flagged.** If there is no reply, an FP69 is raised on the record about 30 days later and appears in the practice clinical system.
5. **Removed.** Three months after the flag, the patient is taken off the list unless the practice has confirmed their address. PCSE does not tell the patient.

How many a week? The cap, and where it comes from

NHS England says practices will be sent no more than **50 requests a week** in 2026/27, and that most will see 15 or fewer. This appears in its Primary Care Policy and Guidance Manual (v7.0, November 2026) and on its practice-facing page, and PCSE gives the same weekly figure. The Minister's July letter refers only to "limits on monthly volumes" without a number, and the documents move between "patient contacts" and "requests to practices", which are not the same: a patient who replies never reaches the practice.

Why do we think NHS England is doing this?

The stated reason is simple. More people are registered with GPs in England than the ONS estimates live here. In July 2025 the gap was about 5 million. NHS England puts the excess at around 6 million, and adds an assumed 1 million people who live here but are not registered, giving a figure of more than 10% of lists that it believes are inaccurate. It has not published how it reached these figures.

Some of that gap is real. People emigrate without telling their GP. Students move on. People die abroad. Duplicate registrations happen. Nobody disputes that lists drift and need maintaining.

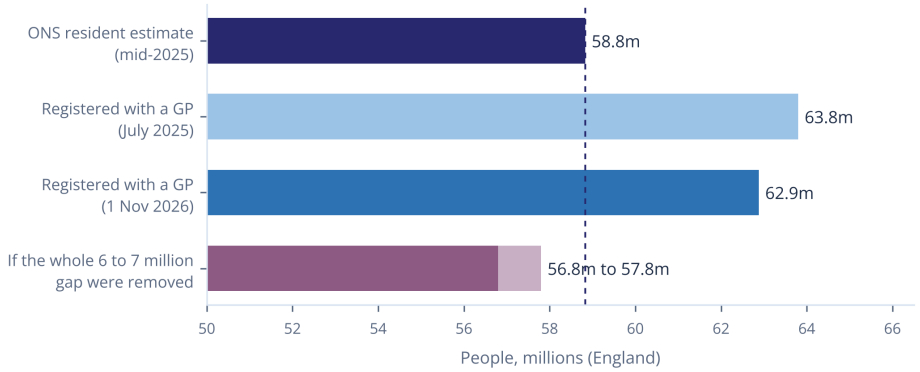
There is also money. Practices are paid largely per registered patient. At the 2026/27 global sum of £130.07 per patient, removing 6.5 million registrations would take roughly £845 million a year out of core practice funding in England. That is an illustrative figure at the current rate, before weighting and before other payments that follow list size. NHS England has said the money saved will "remain in general practice", but has not said how, or whether it will reach the practices losing patients.

The "fewer than 5%" claim

The only accuracy figure published is in a letter of 6 July 2026 from Stephen Kinnock MP, then Minister of State for Care, to GPC England: the 2025/26 pilot was said to be more than 95% accurate, with fewer than 5% of those referred confirmed as still resident. No method was given. If patients who did not reply were counted as correctly removed, the figure says little about how many were still living here. This is why we want to hear from practices (see below).

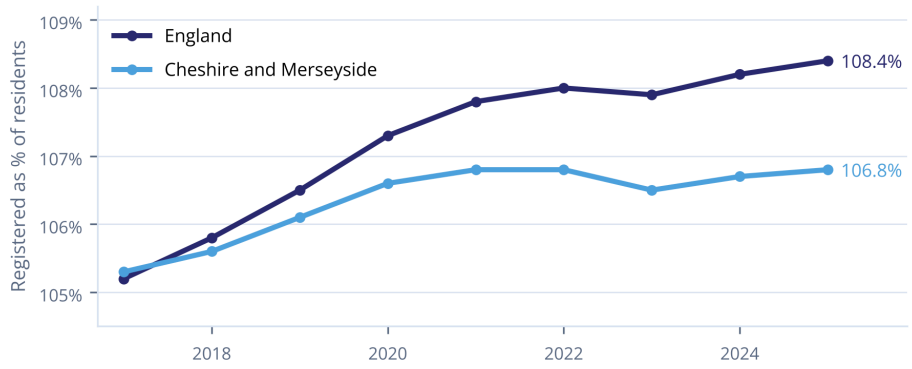
What is England's population?

This is the question underneath the whole exercise, and it does not have a precise answer. The ONS estimated England's population at 58.8 million in mid-2025. GP lists in July 2025 held 63.8 million registrations. Both numbers have weaknesses.



If the whole 6 to 7 million gap NHS England describes were removed, GP lists would sit 1 to 2 million below the ONS estimate of who lives in England. Sources: ONS mid-2025 estimates; NHS England, Patients Registered at a GP Practice.

The gap is not new. Registered lists have grown faster than the ONS estimate every year since at least 2017. In Cheshire and Merseyside the gap has been broadly flat since 2021.



Registered patients as a percentage of ONS residents, 1 July each year. Sources: NHS England registered patients; ONS MYEB series (revised after Census 2021).

Why the ONS figure may not be right

- **It is an estimate rolled forward from a census.** Each year the ONS takes the 2021 Census and adds births, deaths and estimated migration. The ONS itself says uncertainty is lowest just after a census and greatest just before the next, as error builds up over time. The next census is in 2031.
- **The 2021 Census was taken during the pandemic.** The ONS has published a separate report on how this affected the quality of its estimates.
- **Migration is the hardest part to measure, and it keeps being revised.** In November 2025 the ONS changed its methods and revised net migration for 2021 to 2024; British emigration was revised up and EU migration revised in the other direction. In July 2026 it revised its mid-2022 to mid-2024 population estimates again.
- **Uncertainty is greatest exactly where FP69s are concentrated:** small areas, young adults, and estimates broken down by age and sex. These are the groups who move most and register most often.
- **The ONS has dropped its plan to switch to admin-based estimates in 2026,** and is keeping its established method while it works on improvements. The Office for Statistics Regulation has reviewed concerns about local estimates before, prompted by users in Coventry.
- **NHS England's own figure adds an assumption on top.** The extra 1 million unregistered residents has no published method.

What this means

GP lists probably do include some people who have left. The ONS estimate probably misses some people who are here. Neither figure is exact, and registrations and residence are not quite the same thing: people can register across a boundary from where they live. Above all, a gap across a whole area cannot tell anyone whether a particular patient has left. Treating it as a target risks removing people who live here, and the errors will not be spread evenly.

How patients are picked: the SAM model

The Statistical Assessment Model (SAM) is the computer model NHS England now uses to decide which patients are written to and asked to confirm they still live in England. It does not remove anyone itself. But it decides who is put at risk of removal, so it shapes everything that follows.

SAM and what it means

SAM has had very little public attention. There has been no public announcement, and no published method or report. What is known about it comes from a handful of documents:

- **NHS England's Primary Care Policy and Guidance Manual** (version 7.0, November 2026). A few pages in the section on list maintenance describe the model, its inputs and the contact process.
- **NHS England's letter to practices on list validation** (10 July 2026), setting out why it sees the exercise as justified.
- **NHS England's letter to the LMC Support Network** (10 August 2026), which describes the data used to filter patients out and confirms that GP appointment data is not used.
- **NHS England's draft Equality and Health Inequalities Impact Assessment**, released to Pulse under Freedom of Information and reported on 30 September 2026. It names SAM as the way patients are now selected.
- **Stephen Kinnock MP's letter to GPC England** (6 July 2026), written as Minister of State for Care, which gives the only accuracy figure.

These documents do not always agree with each other. The account below is our best reading of them taken together.

Why it matters

SAM explains how patients are being chosen for checks. It may also explain what practices are seeing on the ground: why working-age adults, people who came to the UK as adults and students are flagged most; why patients seen by their own GP recently still get flagged; why some practices receive batch after batch; and why the falls are steepest in deprived areas. In Cheshire, the fall in men aged 25 to 54 since January is larger than the whole net fall in patients. That is the pattern you would expect from a model built on these inputs.

Is it 95% accurate in your practice?

Stephen Kinnock, then Minister of State for Care, said the 2025/26 pilot was more than 95% accurate: fewer than 5% of patients referred for GP review were confirmed as still resident at their address. No method has been published, and the letter does not say how patients who were never traced were counted. If the figure holds, fewer than 1 in 20 flagged patients your practice checks should turn out to be still at their address.

Is that what you find? If not, please tell us, using a run of consecutive flags so the figures are fair. Practice evidence is the only way to test this claim.

What the model looks at

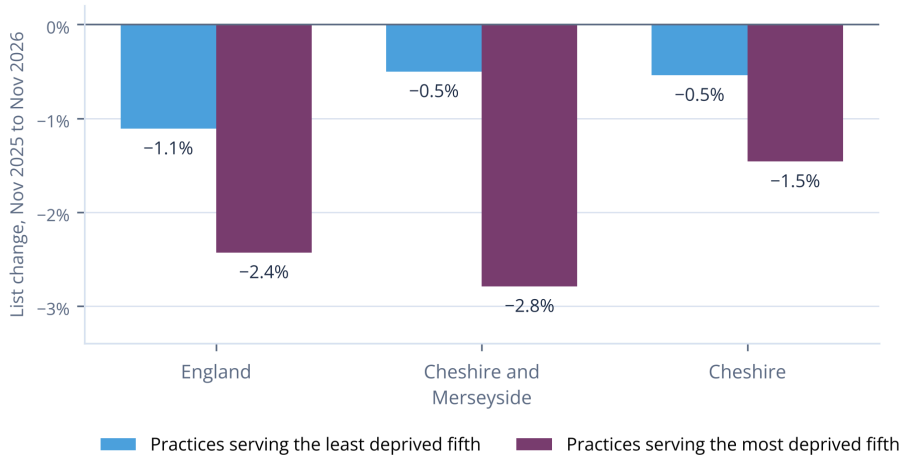
STAGE	WHAT THE MODEL USES
Out of scope	Under 18s; patients with recorded reasonable adjustments; some protected records
Starting point	No update to the NHS record for about 18 months
Scored on	Place of birth and "transient" indicators; first registered as a visitor or migrant; age when the NHS number was issued; a university email address; the practice's history of past removals; the local gap between NHS records and ONS estimates
Taken out if	Recent hospital admission or outpatient visit, A&E attendance, dispensed prescription, or pathology test
Not used	GP appointments or consultations. NHS England says using these would need a separate legal direction

Why the model builds in who is hit hardest

Several inputs point at the same groups of people before anyone has been contacted:

- **Migration history.** Birthplace, visitor or migrant registration and the age someone got an NHS number all mark out people who came to the UK as adults, wherever they live now and however settled they are.
- **Area and practice history.** Practices with past removals, and areas with a large gap against ONS, score higher. Removals this year feed next year's scores, so the same practices are picked again.
- **Silence counts as leaving.** Patients who do not read English well, move between temporary addresses, live on boats or in caravan parks, or do not use digital services are the least likely to reply in 30 days. They are often the patients who most need a GP.
- **The GP record is ignored.** A patient seen by their own GP last month can still be removed if they have had no hospital, prescription or test activity.

The effect shows in the data. Across England, and more sharply in Cheshire and Merseyside, practices serving the most deprived populations have lost a larger share of their patients than practices in the least deprived areas. In Cheshire and Merseyside, the fifth of practices serving the most deprived populations lost 2.8% of their patients over the year, against 0.5% for the fifth serving the least deprived: more than five times the rate. The BMA has also reported that FP69 flags fall disproportionately on patients whose first language is not English.



Change in registered list, 1 Nov 2025 to 1 Nov 2026, with practices grouped into fifths by the deprivation of the populations they serve (IMD 2025, weighted by patients). Excludes practices under 1,000 patients and any with mergers or dispersals. Cheshire has only 14 or 15 practices per fifth.

Nobody outside NHS England has checked it

The model has had internal review only. There is no published accuracy or error rate, no figure for how many removed patients re-register, and no entry on the government's Algorithmic Transparency Recording Standard. NHS England accepts that the model produces false positives. Its own documents also disagree with each other on several details, including which data are inputs and which are filters.

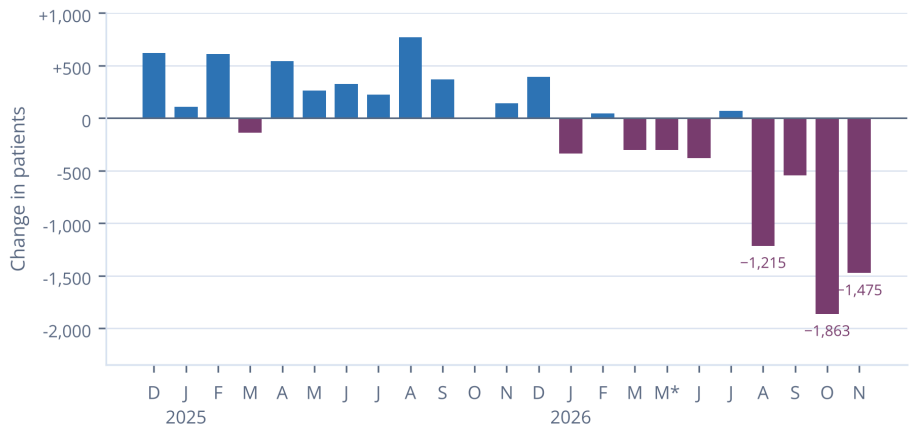
An Equality and Health Inequalities Impact Assessment does exist, but it has not been published. Pulse obtained it through a Freedom of Information request (30 September 2026). NHS England described it as a draft that has not had formal review or sign-off. It concludes the process has no direct impact by race, ethnicity, nationality or language, because ethnicity data is not used. It does not address the fact that place of birth and visitor or migrant registration are inputs to the model.

What has happened in Cheshire so far

Cheshire's registered list peaked at 825,090 on 1 December 2025. On 1 November 2026 it was 818,785. Until then it had grown almost every month. Since then it has fallen in most months, with the largest falls since August 2026.

Cheshire's lists fell by 5,914 (0.7%) in the year to November 2026. In the year to November 2024 they grew by about 8,800. As an illustration, 5,914 patients at the current global sum rate of £130.07, before weighting, is about £770,000 a year. If the list had grown as it did in 2023/24, the gap would be about £1.9 million a year.

The pattern is clear month by month. The four largest monthly falls have all come since August: 1,215 in August, 544 in September, 1,863 in October and 1,475 in November. Between August and November alone, Cheshire's lists fell by 5,097, almost the whole of the year's net fall. October's fall was the largest in at least three years.



Monthly change in Cheshire's registered list (sub-ICB 27D). *April 2026 was not published; the May bar covers March to May. Source: NHS England, Patients Registered at a GP Practice.

Who is leaving the lists: mainly working-age men

The NHS publishes list sizes by age and sex, so we can see who has left Cheshire's lists this year. The pattern is clear. Between 1 January and 1 November 2026, Cheshire practices had **5,997 fewer registered men aged 25 to 54**. That is more than the whole net fall of 5,968 patients. Over the same months, the number of patients aged 65 and over rose by 3,228.

−5,997

Fewer registered men aged 25 to 54, January to November 2026. Over the same months in 2023 and 2024, this group grew by about 950 on average.

3.8%

Fall in registered men aged 25 to 54 in Cheshire this year

1.0%

Fall in registered women aged 25 to 54, for comparison



Change in Cheshire's registered patients by age and sex, 1 January to 1 November 2026. Gold marks show the average change over the same months in 2023 and 2024. Source: NHS England, Patients Registered at a GP Practice (five-year age bands).

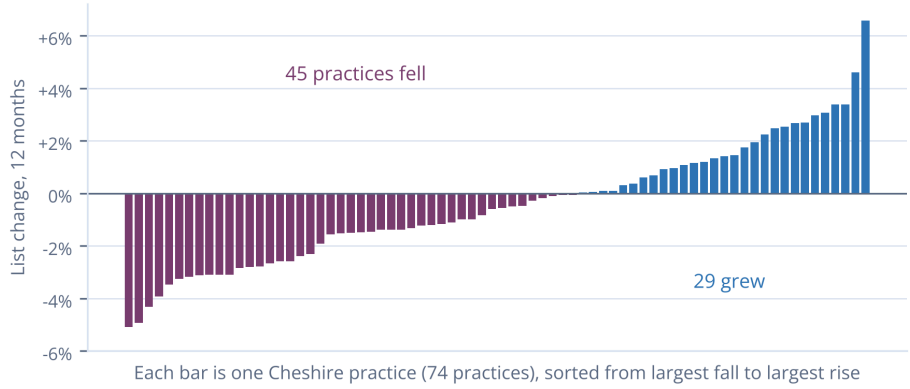
This fits what the SAM model looks for: adults with little recent NHS activity, who moved around, came to the UK as adults or registered as students. Working-age men see their GP less often than women of the same age, and are less likely to have a recent prescription or test that would take them out of the model's selection. The same pattern shows across

Cheshire and Merseyside, where men aged 25 to 54 make up about three-quarters of the net fall, and across England.

What these figures can and cannot show

They are net changes by age and sex, not a count of FP69 removals. Some of these men will have moved away or emigrated. But a fall this concentrated, in a group that normally grows, in the same months as the list-cleansing drive, is consistent with list cleansing and hard to explain by ordinary moves alone. It is also the group least likely to be in touch with their practice, and so least likely to have been checked before removal.

Four things the Cheshire figures show



Change in each Cheshire practice's list, 1 Nov 2025 to 1 Nov 2026. Excludes practices under 1,000 patients and any with a change over 15% (mergers and dispersals).

- **Some practices will have felt this very little.** 29 of 74 practices grew over the year, and 13 changed by less than half a percent either way. Ten did at least as well as in the year to November 2024.
- **Cheshire's population is growing.** The ONS estimates Cheshire's population rose from 730,000 in 2017 to 799,000 in 2025, about 8,000 more in the last year alone. In July 2025 Cheshire's lists were only 3% above the ONS figure, against 8.4% for England and 17.7% in Liverpool. If growth has continued, the remaining gap is likely to be around 1%. There is little "excess" here to remove.
- **Other practices have felt it a lot.** 19 practices fell by more than 2% and 11 by more than 3%; the largest fall was 5.1%. 64 of 74 did worse than in the year to November 2024, 27 of them by more than two percentage points.
- **We cannot tell how many of these are FP69s.** The published figures are net: new registrations minus everyone who left, for any reason. We cannot separate FP69 removals from people who moved, emigrated or died. Only NHS England and PCSE hold removals by reason. What we can see is who has gone (above), and that pattern is consistent with list cleansing.

How is your practice doing?

The tracker shows your practice's list over the last 13 months, its change against its own 2022 to 2024 average, and how it compares with your PCN and with Cheshire as a whole.

Look up your practice → cheshiregplistsizetracker.netlify.app

Why it matters

If everyone removed had left England, the only effect would be on funding, and practices would accept that. The concern is the patients who are still here.

For patients

- **They are not told.** PCSE does not write to patients removed after an FP69 expires. Most find out when they next need care.
- **Screening invitations can stop, even before removal.** Cervical, breast and bowel screening invitations go to registered patients, and an unresolved FP69 can exclude someone. A woman removed from her list will not be called for her smear test.
- **Repeat prescriptions can stop.** A patient who did not answer a letter may find, when they next order, that the practice can no longer issue their medication until they re-register.
- **Discharge information may not reach the practice that knows them.** If they are admitted without a registered GP, medication changes and follow-up plans can be lost.
- **Recalls are missed.** Long-term condition reviews, monitoring bloods and immunisation reminders all run from the registered list.
- **Re-registering takes effort**, and falls hardest on people with the least time, money or English to manage it.

For practices

- **Income falls** with every patient removed, including the patient who is still here and still turns up.
- **Workload rises.** Each flag means finding, contacting and confirming a patient within three months, often in large batches.
- **Planning is harder.** Practices cannot predict how many flags they will get or when, which makes staffing and budgets harder to set. Lists are also getting older as working-age adults are removed.

For public health

- **The registered list is the NHS's map of the population.** Screening and vaccination coverage, disease prevalence and parts of NHS planning and funding are worked out against it.
- **If lists fall below the true population, the gaps will not be random.** They will cluster in deprived areas and in migrant and mobile communities. Those areas will look smaller, and in some measures healthier, than they are, just where need is highest.

- **The people least visible to the NHS become less visible still.** Outbreak response, vaccination campaigns and health inequality work all depend on knowing who lives where.

Cheshire LMC's concerns

1. **The aim rests on an estimate.**
   The 6 to 7 million gap is measured against an ONS figure that is uncertain, especially locally. NHS England has not said how it will know when the exercise has gone far enough.
2. **The model is unpublished and unchecked.**
   There are no accuracy, error or re-registration figures. The equality impact assessment is an unpublished draft that has not been signed off, and there is no sign that wrongful removals or harm have been measured by deprivation or migration history.
3. **Its design points at deprived and migrant communities.**
   The data already show the poorest practices losing patients fastest.
4. **Not replying is treated as having left.**
   Patients are removed without being told, and GP contact is ignored as evidence that they are here.
5. **The money is leaving practices.**
   NHS England says savings will stay in general practice, but there is no published plan to return them to the practices losing patients.

What we are doing, and how you can help

Cheshire LMC is:

- Tracking list size in every Cheshire practice and PCN each month, in the list size tracker.
- Sharing our data with GPC England, so the national case rests on local evidence.
- Gathering practices' FP69 figures to test the government's accuracy claim.
- Keeping practices up to date as new data and guidance appear.

You can help by:

- Sending us your FP69 figures and any examples of harm (see page 2).
- Writing to your MP with your practice's own figures from the tracker. A letter from a local GP carries weight.
- Raising it with your local councillors.
- Telling your PPG, so patients understand what is happening and can raise it themselves.

DATA AND METHOD

Use of this document. Prepared by Cheshire LMC for Cheshire GP practices. Please credit Cheshire LMC if quoting. Practices are welcome to share it with their staff, PPG, MPs and local councillors.

Sources. NHS England, Patients Registered at a GP Practice, monthly snapshots to 1 November 2026. ONS mid-year population estimates (MYEB series to mid-2025, published July 2026). NHS England Primary Care Policy and Guidance Manual v7.0 (November 2026); NHS England letter to the LMC Support Network, 10 August 2026; NHS England list validation letter, 10 July 2026; Stephen Kinnock MP, Minister of State for Care, letter to GPC England, 6 July 2026; BMA, Focus on GP list cleansing (June 2026); Pulse (30 September 2026) on NHS England's draft Equality and Health Inequalities Impact Assessment; PCSE guidance on FP69 flags. Global sum £130.07 per patient (2026/27). Deprivation uses IMD 2025, weighted by each practice's patients.

What the figures are. All list figures are net changes in registered patients. They include FP69 removals, but also new registrations, deaths, moves and other removals. They cannot show why any individual patient left a list. Year-on-year comparisons use each practice or area's own change from November 2023 to November 2024. The age and sex comparison uses the average change from January to November in 2023 and 2024. The tracker uses a 2022 to 2024 average. Practice comparisons exclude practices under 1,000 patients and any whose list changed by more than 15% in either period, to remove mergers and dispersals. Funding figures are illustrative: they apply the 2026/27 global sum (£130.07) to unweighted patient numbers and leave out other payments linked to list size.

What the figures are not. The deprivation comparison shows a pattern across groups of practices, not harm to individual patients. NHS England would say deprived urban areas have larger gaps against ONS and more mobile populations; comparing each practice with its own previous year partly allows for this. ONS figures are modelled estimates held at mid-2025. Descriptions of the SAM model come from NHS England's own documents, which are not fully consistent with each other.