

Study disproves accusations of ghost patient fraud by GPs

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Credit: Petr Kratochvil/public domain

A research paper published last year has put paid to claims that GPs in England are cheating the system by claiming for non-existent patients.

GPs were heavily criticised on Wednesday after reports surfaced that the NHS Counter Fraud Authority is investigating doctors amid suspicions they are claiming for non-existent [patients](#).

Dr. Patrick Burch, Research Fellow at The University of Manchester and practicing GP authored the paper published in the *Journal of Epidemiology and Community Health*.

He said: "It is certainly true that there are more people registered with a [general practice](#) in England than are estimated to be resident in the country. But our detailed and substantive research shows a plethora of reasons for this- and GP fraud is not one of them.

"We conducted a cross-sectional study and calculated levels of patient registration with English primary care, in relation to census-derived population estimates. We did indeed find an over-registration rate in England at 3.9% or 2,097,101 people—but there was wide regional variability.

"And our findings show quite clearly that high mobility of patients and health need are likely to be the underlying causes of over registrations not fraud. Higher levels of over-registration were associated with greater proportions of non-White British residents, women, [elderly people](#) and higher levels of social deprivation.

"Non-White British populations and are more mobile are more likely to move to and from the UK. When a person has left the UK, the practice has no way of knowing this has occurred so the patient will remain registered. Under-funded and overworked GPs are in no position to regularly check the status of each of their registered patients. Female patients, elderly patients and those patients from areas of social deprivation are higher users of health care services. Their association with over registration may reflect lower levels of registration amongst

men, younger and more affluent patients.

"If registration levels are incorrect, we argue it would be very dangerous to reduce practice funding. Removing ineligible patients from practice lists is a complex process and it will not lead to reductions in practice workloads."

More information: Patrick Burch et al. Regional variation and predictors of over-registration in English primary care in 2014: a spatial analysis, *Journal of Epidemiology and Community Health* (2018). [DOI: 10.1136/jech-2017-210176](https://doi.org/10.1136/jech-2017-210176)

Provided by University of Manchester

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