

## Focus on Outer Boundaries June 2012 (updated July 2013)

### Changes to practice boundaries from April 2012

As part of the agreement negotiated between GPC and NHS Employers for 2012/13, changes were made to [regulations](#)<sup>1</sup> that came into effect in April 2012 to allow practices to create 'outer boundaries'.

These changes were introduced to help improve patient choice of practice and to amend the closed list regulations, but are unrelated to the piloting of remote registration and consultation. Changes to practice boundary arrangements and the relaxing of the closed list regulations, as described below, are **permanent and apply across England**.

### What changes were made to practice boundaries?

The changes made to regulations regarding practice boundaries really only formalise what many practices already do. From the end of April 2012, PCTs clusters began working *collaboratively* with practices to establish new 'outer boundary' areas to help patients who move a short distance outside the current practice boundary to stay with their existing practice.

### Do all practices have to create outer boundaries?

Where a GP practice already has a large boundary area it may not be appropriate to establish an outer boundary. This is recognised in the new regulations. However, it was expected that most practices would work *collaboratively* with PCT clusters (now NHS England) to specify an outer boundary – in some cases this may only be a matter of a few streets larger than the existing practice boundary.

Practices' new outer boundaries are specified in their GMS contract or PMS agreement and should be advertised in practice leaflets and on websites. The information will also be made available on the NHS Choices website.

### What impact will the new boundaries have on patients?

Existing patients who move into the outer boundary area of a GP practice and remain registered with that practice are eligible for the normal range of services, including clinically necessary home visits. Practices need to bear in mind the feasibility of home visits, and any possible impact on their patient population as a whole, when agreeing their outer boundary.

Guidance acknowledges that for patients requiring very frequent home visits, it may be in their interests to register with a practice nearer their home rather than remaining with their former practice simply because they live in its outer boundary area.

The DH guidance can be found here:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_133706](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133706)

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<sup>1</sup> <http://www.legislation.gov.uk/uksi/2012/970/made>