

A Right in Principle, Not Always in Practice

GP registration and equitable access:
a review of **Safe Surgeries** in Redbridge

October 2026



SAFE SURGERIES



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Chair's Foreword

This report asks us to look closely at something fundamental: whether everyone in Redbridge can exercise their right to register with and access primary care, regardless of their circumstances.

I want to first thank the Healthwatch Redbridge team and the volunteers who undertook this work. The mystery shopper model is not an easy undertaking and their careful work has given us valuable insight into what people may encounter when trying to register with a GP.

We are talking about people who may be newly arrived in the UK, experiencing homelessness, unfamiliar with how services work, or for whom English is not their first language. These circumstances can leave people feeling particularly vulnerable when navigating care and the system. There is also power at play in these everyday interactions: the information given or not given, the questions asked and how someone is treated can either enable access or create another barrier.

The findings give us cause for concern, but also something to build on. Most of the general practice staff that our volunteers spoke to were friendly and approachable. But goodwill alone cannot guarantee equitable access. Staff need the right knowledge, guidance and processes behind them, and how people are welcomed, spoken to and supported matters too.

This is a challenge for leadership. If we are serious about reducing avoidable differences in health, we must pay attention to what happens at the front door of primary care. We cannot separate our ambitions on health inequalities from whether people already facing disadvantage can access the most fundamental parts of our health service. Health equity is made real in these everyday encounters: a right that exists in policy must also be reliably experienced in practice.

Healthwatch Redbridge will share these findings with primary care leaders across the borough. The recommendations are practical and achievable. The value of this work will ultimately be judged not simply by what it tells us, but by what changes as a result.

Gita Malhotra
Chair, Healthwatch Redbridge



Executive Summary

Everyone in England has the right to register with a GP, free of charge. That right is not dependent on having a fixed address, photo ID, or proof of immigration status. It is NHS policy, and it applies to everyone.

In early 2025, Healthwatch Redbridge was approached by the North East London Integrated Care Board (NEL ICB) Health Inequalities Team to assess how consistently GP practices across the borough are following Safe Surgeries principles - a programme developed by Doctors of the World that commits practices to equitable, inclusive registration for all patients.

To find out, we reviewed all 41 GP practice websites in Redbridge and conducted a Mystery Shopper telephone exercise during January and February 2026, with a volunteer simulating the experience of a newly arrived resident seeking to register.

What we found

The overall picture is one of inconsistency. While most practices offer online registration and many can access interpreter services, the experience of trying to register varies significantly depending on the practice, the member of staff, and the communication channel.

Key findings include:

Only 12% of practice websites reference Safe Surgery principles, and 12% of practices incorrectly asked our volunteer for asylum documents during the Mystery Shopper calls.

Nearly half of practices (46%) told our volunteer by telephone that registration could not proceed without documents - directly contradicting NHS guidance. Only 30% correctly stated that no documents are required.

Of the 38 practices our volunteer spoke to, 84% confirmed that interpreter services are available, yet only 34% advertise this on their website. In one case, our volunteer was told: "You should learn English, you are in an English country". This response reflects a discriminatory attitude and has no place in NHS primary care.

Just under a quarter of reception staff (24%) provided incorrect information, while a further 32% were unsure or hesitant. However, 92% were friendly or very friendly, a positive foundation to build on.

32% of calls had hold times of over five minutes, and 5% of practices could not be reached at all after three attempts. For people with limited telephone credit or in unstable living situations, these are real barriers.

Practices displaying the Safe Surgery logo do not always follow through in practice: 40% of those identified as Safe Surgeries on their websites still told our volunteer they could not register without documents.

Executive Summary

These findings point to gaps in staff training, inconsistent communication between websites and telephone advice, and a lack of clear, standard information about registration rights across the borough. Importantly, the infrastructure for improvement is already in place. Most practices share the same website developers, interpreter services are widely available, and the majority of staff are friendly and approachable. What is missing is consistency: in knowledge, process, and communication.

Our recommendations call on the NEL ICB to increase Safe Surgery sign-up, commission borough-wide staff training, and work with website developers to standardise registration information. We ask individual practices to align what they say online with what they say by telephone, provide staff with clear scripts, and ensure that Safe Surgery status is reflected in day-to-day practice, not just on a homepage.

Every resident in Redbridge deserves a clear, confident answer when they ask how to register with a GP. This report sets out what needs to happen to make that a reality.

Acknowledgements

This report was made possible by the dedication of two Healthwatch Redbridge volunteers, Sushma Pun and Chloe Wong, who carried out both the website review and the Mystery Shopper telephone exercise. Both showed great care, insight, and thoroughness in their work. We are extremely grateful for the time and skill they gave to this project.

We would also like to thank Dr David Barry, Salaried GP at Queensbridge Group Practice and SPIN Fellow with the NEL ICB Health Inequalities Team, for approaching Healthwatch Redbridge and for sharing background on the Safe Surgeries programme and the wider NEL Homeless Health Strategy. Thanks are also due to Melody Dhinda-Rees and David Bryceland for their support.

What is Safe Surgeries?

[Safe Surgeries](#) is a programme developed by Doctors of the World UK¹ in 2018. It is designed to help GP practices make their services genuinely accessible to everyone, including people who may face barriers because they are homeless, are seeking asylum, have no fixed address, lack formal ID, or do not speak English as a first language.

The programme is grounded in NHS England guidance², which is clear that GP practices must register patients regardless of their immigration status, whether they have a fixed address, or whether they can provide identification documents. Despite this, GP practices across the country continue to turn people away in ways that are inconsistent with this guidance.

A Safe Surgery commits to a set of seven principles designed to remove these barriers. When a practice signs up, it pledges to:

- Not insist on proof of address documentation
- Not insist on proof of identification
- Never ask to see a visa or proof of immigration status
- Take steps to protect patient information confidentiality
- Use an interpreter when needed
- Display posters to reassure patients that the surgery is a safe space
- Empower frontline staff with training and an inclusive registration policy

Signing up as a Safe Surgery is a formal commitment. It signals to patients and communities that the practice is open to everyone, and it gives staff a framework for welcoming patients who might otherwise be turned away.

The programme is particularly relevant in areas like Redbridge, which has a diverse population and is home to a significant number of migrants, refugees, and asylum seekers. Redbridge is part of the North East London (NEL) Integrated Care System, which has co-produced a NEL Homeless Health Strategy with the aim of improving access to health and care for people experiencing homelessness and those seeking asylum or refuge. Two of the strategy's five pillars are directly relevant to this work: improving equitable access to primary and community care, and developing the infrastructure to support people seeking asylum and refuge to navigate the health system.

The NEL ICB Health Inequalities Team is working to increase the number of practices across the region that are signed up to the Safe Surgeries programme and, just as importantly, are actively following its principles in practice. This Healthwatch Redbridge report forms part of that effort.

[1 Safe Surgeries - Doctors of the World](#)

[2 how-to-register-with-a-gp-asylum-seekers-and-refugees.pdf](#)

Introduction

Everyone in England has the right to register with a GP, free of charge. This right is not dependent on having a fixed address, photo ID, or proof of immigration status. It is NHS policy, and it applies to everyone.

Yet, as this report shows, the experience of trying to register with a GP in Redbridge does not always reflect that right. For some of the most vulnerable residents in the borough, including migrants, refugees, people experiencing homelessness, and those without documentation, the process can be confusing, inconsistent, or actively discouraging.

In early 2025, Healthwatch Redbridge was approached by the North East London Integrated Care Board (NEL ICB) Health Inequalities Team to take part in a project examining how well GP practices across the borough are following Safe Surgeries principles. The Safe Surgeries programme, developed by Doctors of the World, supports GP practices to commit to equitable, inclusive registration, ensuring that a lack of ID, proof of address, immigration documents, or English language skills is never a barrier to accessing primary care.

Healthwatch Redbridge was one of several North East London Healthwatch organisations invited to participate. Our findings will contribute to a wider NEL report, as well as being shared locally with GP practices, the ICB, and other stakeholders.

This work connects directly with what we hear from local people. Through our outreach with refugee and asylum seeker community groups in Redbridge, we have consistently heard that accessing a GP can be difficult, particularly for people who do not speak English as a first language, or who do not have formal identification documents. These concerns are not new. Local intelligence gathered by Healthwatch Redbridge, alongside reports produced in partnership with community organisations in the borough, have highlighted these barriers for a number of years.

To understand the current picture, we conducted a borough-wide review of all 41 GP practice websites and a Mystery Shopper telephone exercise during January and February 2026. The findings from both phases are brought together in this report.

Background & Local Context

Redbridge is one of London's most diverse boroughs. At the 2021 Census it was home to 310,260 residents, the eleventh largest population in London, and had grown by 11.2% since 2011. That growth has been uneven: Ilford Town grew by 37%, Hainault by 21% and Mayfield by 19%, while some northern wards changed very little.

Around 64% of residents are from global majority communities, making Redbridge one of the most ethnically diverse local authority areas in the country. The borough is also home to people who have come to the UK seeking asylum. In June 2026, 413 people in Redbridge were receiving asylum support. That is a marked fall from a peak of around 1,200 in late 2022; numbers rose sharply for several years and have since steadied. Alongside them are residents who are experiencing homelessness and residents who have limited English. These groups face a range of challenges when trying to access health services, challenges that are well documented locally.

A 2022 Healthwatch England briefing covering London, including Redbridge, found that asylum seekers and refugees regularly face barriers when trying to register with GP practices. These included language difficulties, being turned away by receptionists, and difficulty accessing interpreting support. The briefing highlighted that these are not isolated incidents but a systemic pattern affecting a vulnerable population.

These findings are consistent with intelligence gathered directly by Healthwatch Redbridge. Our outreach work with local refugee and asylum seeker community groups has provided ongoing evidence that people in these communities experience additional barriers when approaching GP practices, particularly around documentation, language support, and unclear registration processes.

Poor access to primary care has real consequences. When people cannot register with or reach a GP, they often turn to emergency and secondary care instead, typically at a point of crisis, when their health needs have already become more serious. This is worse for the individual and more costly for the NHS. The barriers that prevent registration do not just create inconvenience: they have a direct impact on health outcomes.

It is against this background that Healthwatch Redbridge agreed to participate in the Safe Surgeries project, and why we believe the findings in this report matter.

Sources: population and growth, Redbridge Health and Wellbeing Strategy 2024-2028 and Redbridge Joint Strategic Needs Assessment 2024. Ethnicity, Redbridge Annual Public Health Report 2025/26. Asylum support, Home Office asylum support statistics, June 2026. Healthwatch England, Refugees and asylum seekers in London, 2022.

Methodology

This project used a two-phase approach to understand how people experience GP registration in Redbridge. The aim was to capture both the information practices provide on their websites and the real interactions people face when they contact a practice.

Phase 1: Website Review

All 41 GP practice websites in Redbridge were reviewed using a structured assessment framework. This included examining how clearly each practice communicated key information such as ID requirements, interpreter availability, registration processes, and Safe Surgery principles. The review also assessed accessibility features, clarity of language, and whether information was up to date. This phase provided a borough-wide picture of the information people rely on before contacting a practice.

Phase 2: Mystery Shopper Exercise

A Mystery Shopper exercise was carried out by a volunteer who speaks English with a non-English accent. The scenario was a caller registering with a GP for the first time, who might find it hard to understand information given in English, explain their situation or ask follow-up questions without language support. This was designed to reflect what contacting a practice might be like for a newly arrived refugee with limited English. Each practice was contacted by telephone and asked a standard set of questions about registration, documentation, and language support. Responses were recorded and analysed to identify patterns, inconsistencies, and areas where reception staff provided unclear or incorrect information.

This phase highlighted how telephone communication can differ from what is published on practice websites, and how staff knowledge and understanding vary significantly across the borough.

Project Details

The website review and Mystery Shopper telephone calls were conducted during January and February 2026. Both phases of the research were carried out by two Healthwatch Redbridge volunteers. A total of 41 GP practices were included in the review.

A total of 50 calls were made. Practices that did not answer were called again, up to three times in all. Our volunteer spoke to reception staff at 38 of the 41 practices: two could not be reached after three attempts, and one used a virtual receptionist only.

Disclaimer: The findings in this report reflect the information available on practice websites and the responses provided by reception staff at the time the research was conducted. Website content may have been updated since the review period. The findings are not intended to represent a complete picture of any individual practice.

Aim & Objectives

Aim

To assess whether GP practices in Redbridge provide equitable access to primary care, particularly for migrants, refugees, people experiencing homelessness, people without documentation, and individuals with limited English.

Objectives

- To review all 41 GP practice websites in Redbridge against a structured framework, examining how clearly each practice communicates its registration process, ID requirements, language support, and Safe Surgery status.
- To conduct a Mystery Shopper telephone exercise across all 41 practices, simulating the experience of a newly arrived resident seeking to register.
- To identify patterns, inconsistencies, and gaps in both online information and telephone communication.
- To produce findings and recommendations that can support local improvement and contribute to wider North East London learning.

Key Findings

The combined findings from the website review and the Mystery Shopper exercise reveal a borough-wide pattern of inconsistency. While most practices meet basic expectations around online registration and general usability, deeper indicators of equity, accessibility, and cultural safety show significant gaps.

These gaps disproportionately affect migrants, refugees, people experiencing homelessness, people with limited English, and those without stable documentation; the very groups most at risk of poor health outcomes.

Findings:

1. Safe Surgery Awareness and Registration Eligibility

Safe Surgery principles are not yet consistently embedded across the borough. Many practices lack a clear understanding of who is entitled to register with a GP, leading to inconsistent, and sometimes incorrect, advice.



It is worth noting that among the practices whose websites do identify them as a Safe Surgery, the reality is mixed. Of the 12% of practices displaying a Safe Surgery logo on their homepage, only 40% (two out of five) provide an explanation of what that status actually means. During the Mystery Shopper calls, 60% of these practices aligned with Safe Surgery principles and told our volunteer that no documents were required.

However, 40% - despite displaying the Safe Surgery logo - told our volunteer they could not register without documents, including proof of asylum.

This is a significant concern. Displaying the Safe Surgery logo without following through on its principles can create false reassurance for patients who most need accurate information.

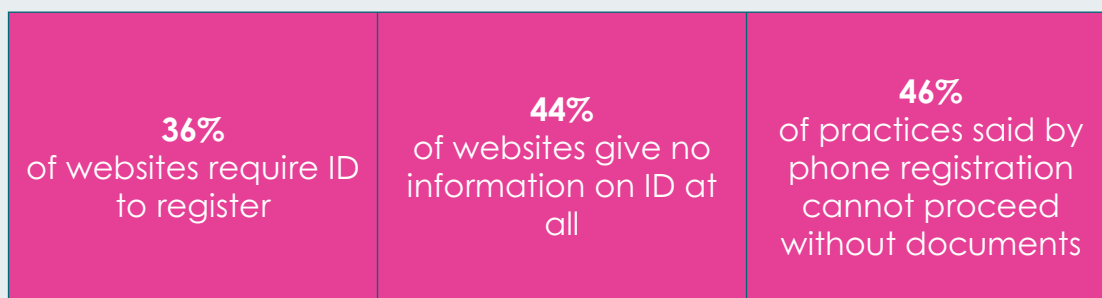
Key Findings

Findings:

2. ID and Documentation Barriers

Our findings show that ID requirements emerged as one of the most significant and consistent barriers identified across both phases of the research. The range of documents practices asked for was wide and concerning: passports, utility bills, proof of address, bank statements, asylum certificates, driving licences, and Home Office letters were all requested.

These requirements contradict NHS guidance and disproportionately disadvantage those least able to provide formal documents, including refugees, asylum seekers, survivors of abuse, and people experiencing homelessness.



Over the telephone, only 30% of practices correctly identified that no documents are required to register. A further 24% said they did not know what the requirements were.

Only one practice gave a fully correct and clear answer: "primary health care is available to everyone. No need for proper documents for primary health care access." This reflects the standard of information every practice should provide.

Key Findings

Findings:

The Mystery Shopper exercise also revealed significant variation in reception staff knowledge and confidence. This variation suggests that the information a caller receives may depend on who answers the telephone, rather than being consistently determined by general practice policy. For vulnerable groups, a single negative interaction can deter them from seeking care.



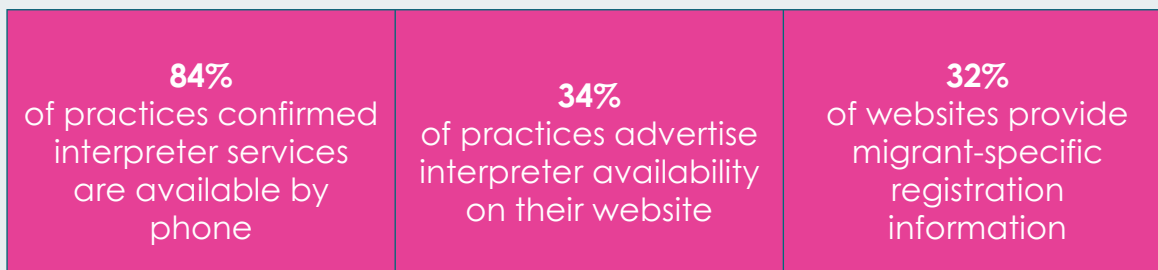
It is worth highlighting that our volunteer found that 92% of staff were very or quite friendly, with only 8% being unfriendly or rude. This is encouraging: it suggests that the challenge is not simply one of attitude. Clearer guidance, stronger staff knowledge, better training and consistent processes are also needed.

Key Findings

Findings:

3. Language Support and Interpreter Availability

There were significant inconsistencies in how GP practices communicate their language support offer. While most practices can access interpreter services, this is rarely made visible to patients.



This gap between what services are available and how clearly they are communicated means that many patients, particularly those with limited English, may not know they can ask for further support. If people do not know interpreter services are available, this may itself discourage them from attempting to register.

During the Mystery Shopper exercise, one interaction stood out as particularly serious. Our volunteer was told:

"You should learn English, you are in an English country."

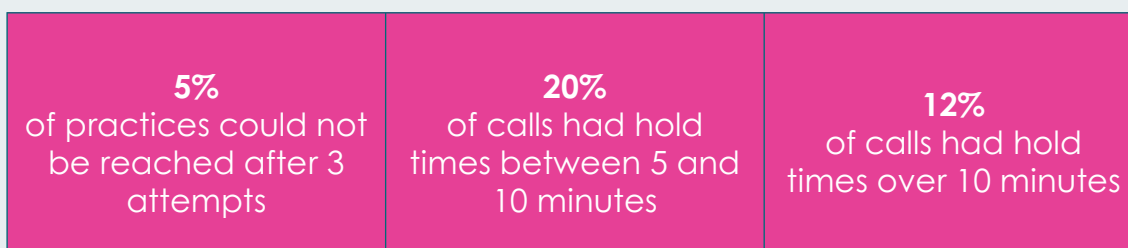
This response represents far more than a failure to provide accurate information. It reflects a discriminatory attitude that has no place in NHS primary care. A response like this may discourage someone from registering or, more critically, from seeking further care. The fact that this occurred during our exercise is a clear signal that staff training and culture - not just policy - need to be addressed.

Key Findings

Findings:

4. Telephone Access and Operational Barriers

While all 41 practices offer online registration, telephone access is unreliable and, for many residents, remains the primary way of making contact. Our volunteers encountered long hold times and unreachable practices, both of which create additional layers of difficulty for people who already face barriers.



Across the 50 calls made, only 16% were answered within two minutes. The majority (52%) required between two and five minutes. A further 20% took between five and ten minutes, and 12% exceeded ten minutes. Practices that did not answer were called again, up to three times in all. For someone with limited telephone credit, an unstable living situation, or urgent healthcare needs, these delays can present a real barrier to access.

A further concern is the gap between what practices say on their websites and what they tell callers about in-person registration:

- 54% of practice websites state that in-person registration is offered (alongside online registration)
- Only 29% stated that in-person registration was an option during the Mystery Shopper telephone calls

Key Findings

The combined findings from the website review and the Mystery Shopper exercise reveal a borough-wide pattern of inconsistency. While most practices meet basic expectations around online registration and general usability, deeper indicators of equity, accessibility, and cultural safety show significant gaps. These gaps disproportionately affect migrants, refugees, people experiencing homelessness, people with limited English, and those without stable documentation; the very groups most at risk of poor health outcomes.

The key findings are:

4. Telephone Access and Operational Barriers (continued)

This means that a patient who has read the website and then calls to arrange an in-person visit may be given contradictory information. For people who are not confident using online systems, this is a significant problem.

One practice stood out for a different reason: it had no human receptionist. The practice relied entirely on a virtual receptionist system, with a human available only in “emergencies”. This raises serious questions about how emergencies are being identified and by whom. Reliance on a virtual system may make it harder to recognise urgency, assess distress, or interpret language barriers. For the patients most in need of support, this kind of gatekeeping is particularly concerning.

On a more positive note, our volunteers found that when they did get through, most reception staff (87%) provided information that was easy to understand. For the website review, volunteers rated 73% of sites as easy to find information on, and found 88% of website content straightforward to understand.

5. Website Accessibility

Most practices provide good basic digital accessibility. Our volunteers found that 88% of websites include features such as speech recognition software support, screen reader compatibility, keyboard navigation, and adjustable text size. 24% also offer the option to change colour and contrast.

However, only 5% of practices state that patients can request information in Easy Read format. For people with learning disabilities or low literacy, this is a significant gap.

Alongside this, 20% of practice websites have broken registration or translation links, a basic issue that is easily resolved and that undermines trust in the information available.

Key Findings

The key findings are:

6. Opportunities for Standardisation

The website review identified a practical opportunity that should not be overlooked. Three website developers cover the large majority of Redbridge GP practices. This means that improving content and accessibility across the borough could be achieved through a relatively small number of targeted conversations with developers.

Standard templates for registration information, ID requirements, interpreter availability, and Safe Surgery principles could be introduced across multiple practices at once. This would not resolve all the issues identified in this report - staff training and culture change are equally important - but it would provide a consistent foundation that is currently missing.

Practices Identifying as Safe Surgeries: A Closer Look

Given the purpose of this project, we looked more closely at the five practices (12% of the total) whose websites identify them as a Safe Surgery by displaying the Safe Surgery logo.

We wanted to understand whether this designation is reflected in practice, both on the website and in reception staff conversations.

- Of the five Safe Surgery practices, only 40% (two practices) provide an explanation on their website of what being a Safe Surgery means.
- During the Mystery Shopper calls, 60% of these practices aligned with Safe Surgery principles and confirmed that no documents are required to register. However, 40% told our volunteer that they could not register without documents, including proof of asylum, despite displaying the Safe Surgery logo.
- Website information about ID requirements was inconclusive for most: 60% did not specify whether documents are required. The remaining 40% stated that photo ID and proof of address are required.

These findings suggest that Safe Surgery status is not, in itself, a guarantee of equitable practice. Signing up to the programme is a positive step, but it needs to be backed by clear communication, trained staff, and consistent processes. The logo alone does not ensure that people will encounter equitable, inclusive registration in practice.

Conclusion

This report reveals a primary care system in Redbridge where access is possible in principle but not reliably delivered in practice. The inconsistencies identified across websites, telephone interactions, documentation expectations, and language support show that people do not experience a single, coherent pathway into GP registration. Instead, access varies by practice, by reception staff, and by communication channel.

These variations matter most for the people who can least afford them: migrants, refugees, people without stable documentation, those with limited English, and individuals facing homelessness or crisis. When the information they receive is contradictory or incorrect, they may be more likely to delay seeking care or disengage, with the risk that opportunities for earlier intervention or support are missed.

The findings show that the key infrastructure exists. Most practices offer online registration, many have access to interpreter services, and shared website providers create a ready mechanism for change. What is missing is consistency: in the information practices communicate, in staff understanding of NHS guidance, and in the way inclusive registration is treated as a priority rather than an afterthought.

Importantly, many of the changes needed are practical and achievable. Clear staff training, consistent scripts, updated website content, and a genuine commitment to Safe Surgery principles would go a long way. The finding that 92% of staff were friendly and approachable provides a solid foundation to build on. The challenge is to pair that goodwill with the knowledge and guidance staff need to get it right every time.

Recommendations

The following recommendations are addressed to specific audiences and are intended to be practical, achievable, and measurable.

For the NEL Integrated Care Board

Increase participation in, and implementation of Safe Surgeries in Redbridge. The ICB should work with GP practices and primary care networks to increase the number of practices signed up to the Safe Surgeries programme, and ensure its principles are embedded in practice, with a clear target and timeline.

Commission borough-wide staff training on inclusive registration. The ICB should ensure that training on NHS guidance, including that no ID, proof of address, or immigration documents can be required for GP registration, is delivered consistently across all Redbridge practices. This should include scenarios, scripts, and clear guidance on language support.

Engage website providers to standardise registration content. Three developers cover the majority of Redbridge GP websites. The ICB should work with these providers to introduce standard templates covering registration eligibility, ID requirements, interpreter availability, and Safe Surgery information.

Follow up with practices whose Safe Surgery status does not match their behaviour. The ICB should identify practices that display the Safe Surgery logo but are not consistently applying its principles, and provide targeted support so that their registration processes reflect their Safe Surgery commitment.

For Individual GP Practices

Update website content to reflect NHS guidance. Practices should ensure their website clearly states that no ID, proof of address, or immigration documentation is required to register. Broken links should be fixed, and interpreter availability should be prominently signposted.

Align telephone and website information. What reception staff say on the telephone should match what appears on the practice website, particularly around ID requirements, registration eligibility, and interpreter support.

Provide reception staff with clear scripts for registration calls. Staff should have simple, accurate guidance they can use when people call about registration, including how to explain that no documents are required, how to arrange interpreter support, and how to assist people who are not confident with online systems.

Review telephone access and wait times. Practices should review whether their telephone systems are accessible, particularly for people with limited telephone credit, those in unstable living situations, and those who are not confident using online alternatives.

Offer and communicate in-person registration clearly. Where practices offer in-person registration as an option, this should be communicated consistently, both on the website and in telephone conversations. Over-reliance on online-only registration can create a barrier for many vulnerable patients.

Ensure Safe Surgery commitments are reflected in practice, not just on the website. Practices displaying the Safe Surgery logo should ensure this is backed by trained staff, clear processes, and a genuine welcome to all patients.

Recommendations

The following recommendations are addressed to specific audiences and are intended to be practical, achievable, and measurable.

For NHS North East London

Include findings in the wider NEL Safe Surgeries review. The patterns identified in Redbridge may also be present across other NEL boroughs. This report should be read alongside others in the series to build a regional picture and identify shared priorities for action. The NEL ICB should ensure that the findings from this report are considered alongside any existing or forthcoming NEL-wide Safe Surgeries work, and use the combined evidence to drive consistent improvements in GP registration across North East London.

Consider a repeat exercise in 12–18 months. A follow-up Mystery Shopper exercise after the Safe Surgeries training and engagement work has been completed would help assess whether the improvements have been effective and where gaps remain.

For Healthwatch Redbridge

Share these findings with primary care leaders in Redbridge. We will present this report to GP practices, primary care networks, and the NEL ICB Health Inequalities Team, and work with them to agree how the recommendations are taken forward locally.

Continue to listen to the people most affected by these barriers. We will keep gathering experiences from refugee, asylum seeker and homeless communities in Redbridge, and use what we hear to understand whether access is improving in practice.

Return to this work and report on what has changed. We will review progress against these recommendations with our partners and publish what we find, so that the value of this report is measured by what changes as a result.

Healthwatch Redbridge welcomes feedback on this report and is happy to discuss the findings with GP practices, commissioners, and community partners.

Healthwatch Redbridge

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If you would like this report in an alternative format, including Easy Read, large print, or a language other than English, please contact us.



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