



**Norfolk & Waveney**  
**Local Medical Committee**

Representing, supporting, advising GPs and practice teams

# **Zero Tolerance Policy**

**V3**

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## Introduction

Patients who exhibit habitually unacceptable behaviour<sup>1</sup>, can be a common problem in general practice. Handling such behaviour puts a huge strain on time and resources and causes unacceptable stress for staff, who may need support in difficult situations. The following guidance has been developed to reflect guidance from a number of sources including NHSE, the BMA and the GMC. It aims to provide practices with guidance on issuing warning letters and behaviour contracts to patients whose behaviour is unacceptable.

The vast majority of patients do not display such behaviour, these guidelines are for the small minority who do and should only be used on an exceptional basis.

The procedures outlined in this document should only be used as a last resort and after all reasonable measures have been taken to try to resolve issues informally at practice level or formally through the NHS complaints procedure. Judgment and discretion must be used in applying the criteria to identify such behaviour and in deciding on the action to be taken in each case.

Practices should consider this guidance alongside their complaints and zero tolerance policies.

Please see Section 2 for sample warning letters.

## 2. Warning Letters

Warnings do not have to be in writing, but it is good practice for them to be so, as this allows for carefully considered reasons to be given.

### Letters should include:

- Name and role of person sending letter (we recommend that this is usually the Partners).
- Brief description of the behaviour or incident.
- Details of any previous steps taken to address the behaviour.
- Say why the behaviour is unacceptable and the impact it has had on staff, other patients, or NHS services.
- Set out what will happen if the behaviour is repeated (this may include de-registering the patient from the practice on the grounds of an irrevocable breakdown in the relationship should the unacceptable behaviour be repeated within the next 12 months, in line with the **NHS (GMS) Regulations**)

- Say who will be informed or copied in (if applicable – see **GMC Guidance** ).
- Advise that a record will be made of the incident (this may be in a significant event log for example!)
- A record of the warning (including the date and reason for the warning) must be given and retained as the ICB/NHSE may require sight of them. Copies of such records must therefore be retained after the patient has left the list.
- Provide information on how decisions may be challenged and details of the practice's complaints process.

**Note:** No warning is required if the practice has reasonable grounds for believing that:

- the issue of such a warning would be harmful to the physical or mental health of the patient.
- the issue of such a warning would put at risk the safety of members of the practice or those entitled to be on practice premises.
- it is, in the opinion of the practice, not otherwise reasonable or practical for a warning to be given.

## **2.1 Reasons for Checklist Items**

### **Name and role of person signing/sending letter:**

The issue of a letter by a person(s) not connected with the incident (or delivery of care) may help to divert the behaviour away from those who provide treatment or care to the person involved. It may also help show how seriously the incident or behaviour is being taken.

### **Brief description of the behaviour or incident:**

Sufficient information should be given to identify the behaviour/incident however, as the letter will be sent to the person concerned there is no need to go into significant detail at this stage.

### **Impact of behaviour:**

Some individuals may not be aware of how their behaviour has affected those subjected to it and how dealing with the behaviour may have impacted on the delivery of services. Where there has been an impact on services (e.g. longer waits for others, misuse of emergency ambulance etc.) this should be clearly stated.

### **Result of further behaviour:**

It is essential to warn the person about the possible further action that may be taken should the unacceptable behaviour be repeated. There are a number of possible actions depending on the nature and extent of the behaviour in question. These may include:

- De-registration from the practice list
- Restriction on entry to premises
- Provision of services at another location
- Reporting to police where the behaviour may be a criminal offence.
- Civil legal action to prevent a repetition of the behaviour.

It is important to consider carefully whether it will be possible to take the further actions threatened, as failure to follow up may result in an escalation of the behaviour.

### **Sharing information:**

It may be necessary to share information with others regardless of what other action is taken. This may be both in order to assess risk and to prevent other people or organisations from referring the person to premises from which the patient may have been excluded. The following questions help in reaching and recording decisions.

- Do any other staff within your organisation, or in an external body need to know about the incident or the issue of the warning letter in order to protect themselves or others?
- If so, how much information do you need to share to allow them to assess any risk?
- How can this information be communicated securely?
- What are the possible outcomes if the information is not shared?

### **Records marking:**

Where an incident of unacceptable behaviour has taken place consideration should always be given to whether the incident should be noted. General advice is that this should be kept separate from the patients medical record (unless it relates to their medical condition). It may therefore be appropriate to add a flag to the record to alert staff that there is an issue.

A decision should also be made on whether other staff or organisations should be made aware in order to help them assess if they are at risk.

### **Reviews, Challenges and Complaints:**

The decisions relating to the actions in this guidance, taken by health bodies, or organisations providing NHS services are subject to a review or complaints process.

The seriousness of any incident and any risk posed by further behaviour will determine whether any warning remains in place pending the outcome of a review or complaint.

**Additional Actions:**

It is essential that staff are kept informed of what action is being taken. This will not only show that the organisation takes unacceptable behaviour seriously but will allow staff to anticipate any adverse reaction to the action from the individual concerned.

It may also be necessary to review any risk assessment where there may be future contact with the person(s) involved.

**Actions Against Persistent or Nuisance Persons:**

There may be occasions where the unacceptable behaviour does not take place face to face but by letter, telephone, or other means of communication. In such cases it may not be necessary to restrict or prevent attendance at premises in person and alternative action may be required to address the behaviour.

The Local Government Ombudsman's "Guidance note on management of unreasonable complainant behaviour" makes the following suggestions:

- Placing time limits on telephone conversations and personal contacts.
- Restricting the number of telephone calls that will be taken (for example, one call on one specified morning/afternoon of any week).
- Limiting the complainant to one medium of contact (telephone, letter, email etc) and/or requiring the complainant to communicate only with one named member of staff.
- Requiring any personal contacts to take place in the presence of a witness.
- Refusing to register and process further complaints about the same matter.
- Where a decision on the complaint has been made, providing the complainant with acknowledgements only of letters, faxes, or emails, or ultimately informing the complainant that future correspondence will be read and placed on the file but not acknowledged. A designated officer should be identified who will read future correspondence.

As with the other actions outlined in this guidance any decisions are subject to a review process. Whether they should also be the subject of the complaints process will depend on whether any complaint is simply another method of revisiting the original or closed complaint.

## 2.2 Example letter to patient following alleged inappropriate behaviour.....

Recipient's Name

Address Line 1

Address Line 2

Town

Postcode

Dear [Mr/Mrs/Ms XXXXX]

### **Re: Title of Letter**

I am writing to you about an (*alleged*) incident / situation\* on (date) at (place) where (*I understand that*) the following occurred.... (describe incident). The practice views this behaviour as unacceptable because....(provide reason).

If you disagree with this description of what occurred, or there are circumstances that we are unaware of, which you believe would help to explain or excuse what happened, please let us know, preferably in writing, as soon as possible. If you would like to discuss this matter, please contact us and we will arrange a meeting at a time that is mutually convenient to discuss these concerns.

If you wish, you can be accompanied by a friend or advocate (we can provide you with contact details of independent advocacy services).

In this practice we have a policy for dealing with situations in which our services are abused. Where there is serious or persistent misbehaviour it can result in the patient being removed from our practice list. Before taking any action, we would like to hear from you.

Please remember that we are here to help you. All we ask is that our patients act reasonably and are considerate of the demands they make of us.

A copy of this letter will be kept on file.

Please find enclosed a copy of our complaints leaflet for your information.

Yours sincerely

**Name(s)**

**Designation**

## **2.3 Example letter to patient following alleged repeat of inappropriate behaviour.....**

Recipient's Name

Address Line 1

Address Line 2

TOWN

Postcode

Dear [Mr/Mrs/Ms XXXXX]

### **Re: Title of Letter**

I am writing to you about an (alleged) incident/situation on (date) at (time) at (place) when (I understand that) .... (describe) .... occurred. You will recall that we wrote to you on (date) , copy letter enclosed for information, about an incident/situation in which .... (describe) .... occurred. We warned you on that occasion of our policy of seeking removal from our list of patients/ceasing the provision of primary care services who seriously or persistently abuse our services.

Before taking any action, we would like to hear from you if there are circumstances relating to this latest incident/situation that we are unaware of, which you believe would help to explain or excuse what happened. If you would like to discuss the matter, please contact us and we will arrange a meeting at a time that is mutually convenient.

If we do not hear from you by (date) we may decide to ask/notify the NHS England to have you removed from our list.

Please remember that we are here to help you. All we ask is that our patients act reasonably and are considerate in the demands they make of us.

Yours sincerely

**Name(s)**

**Designation**

Enclosure. (if appropriate)



## **2.4 Example of letter when removal from a GP list is the preferred option....**

Recipient's Name

Address Line 1

Address Line 2

TOWN

Postcode

Dear [Mr/Mrs/Ms XXXXX]

### **Re: Title of Letter**

Further to my letter of (date), copy enclosed for information, I am writing to you about the incident/situation\* on (date) at (time) and (place) when ..... (describe)..... occurred.

Having investigated the matter, we have decided to ask the NHS England to have you removed from our list (expand on reasons if necessary).

NHS England will contact you about finding another practice with which to register.

(Signpost to the Practice's complaints policy).

Yours sincerely

**Name(s)**

**Designation**

Enclosure. (if appropriate)

### **3. Acceptable Behaviour Agreements**

#### **Acceptable Behaviour Agreement Letter Checklist:**

##### **Letters should include:**

- Name and role of person(s) sending letter.
- Brief description of the behaviour or incident.
- Details of any previous steps taken to address the behaviour.
- Say why the behaviour is unacceptable and impacts it has had on people and services.
- Set out under what type of behaviour is expected/not acceptable and if appropriate the conditions (if any) placed upon any future entry to premises.
- Set out what will happen if conditions are breached or if behaviour repeated.
- Say who will be informed or copied in.
- Advise that a record of the incident has been made.
- Give date when agreement will be reviewed.
- Provide information on how decision may be challenged and details of complaints process.

**To ensure clarity and to assist in appropriate information sharing, it is recommended that the agreement should be set out separately from the letter.**

#### **Conditions. . .**

It is not possible to provide a list of conditions for every possible situation. There may however be some conditions which would apply to many cases, for example –

- I will not use violence, or foul or abusive language or threatening behaviour towards any person while on NHS premises.
- I will treat all staff, patients and visitors with courtesy and respect at all times.
- I will leave the premises when asked to do so by staff.

A behaviour agreement is voluntary, and no one can be compelled to sign one, nor can a lack of response be taken as agreement. Conditions then can be tailored to the circumstances and because it is a voluntary agreement, conditions can be included which it may not be possible to use in any legal contract or court order. An example of this would be where a condition relates to agreeing to take medication as prescribed.

In all cases the conditions of the agreement must be clear; the person signing the agreement must be in no doubt about the behaviour expected.

#### **Issuing Letters. . .**

It is essential that staff are kept informed of what action is being taken. This will not only show that the organisation takes unacceptable behaviour seriously but will allow staff to anticipate any adverse reaction to the action from the individual concerned.

### 3.1 Acceptable Behaviour Contract - Sample

Patients Name: .....

Address: .....

NHS Number: .....

#### Responsibility and Rights – A Patient Undertaking

##### Your Rights Your Responsibilities

*(insert name of independent contractor)* and their staff owe to me, as a patient, a duty of care and aim to provide services to meet my needs for healthcare and treatment at all times.

I will not behave in any way, which can be considered to be violent or abusive towards *(insert name of independent contractor)* and their aim to provide health services that are responsive to my individual needs within the resources which the Practice has available.

Violence includes any incident where *(insert name of independent contractor)* and their staff, fellow patients and their carers are abused, threatened, or assaulted in circumstances related to their work. An act of violence may involve an explicit challenge to the safety, wellbeing, or health of any member of staff or other patients. Violent behaviour may include verbal abuse, racial or sexual harassment, threats of injury, abuse of alcohol or drugs, destruction of NHS property, as well as physical acts of violence. *(insert name of independent contractor)* and their staff want to deliver appropriate and effective healthcare and treatment to me.

I will treat *(insert name of independent contractor)* and their staff, fellow patients and their carers and visitors politely and with respect at all times.

*(insert name and independent contractor)* and their staff are expected to treat me with courtesy and respect.

I will not consume alcohol or take any form of non-prescribed medication or drugs whilst on NHS premises.

*(insert name and independent contractor)* and their staff will only restrict or withdraw my rights to care in exceptional circumstances when I have failed to comply with any of my responsibilities in a manner which is deemed unacceptable. I accept and understand that *(insert name of independent contractor)* is obliged to provide a safe and secure environment for all its staff and to care for their health and safety. I accept and understand that no member of the *(insert name of independent contractor)*'s team has to jeopardise their safety in providing me with care.

**I confirm that I understand that if my behaviour has been unacceptable and if I do not comply with my responsibilities as a patient, then this can result in the withdrawal of my rights as a patient, and I can lose my right to receive mainstream NHS Primary Care Services.**

**Signature of Patient:**

**Print Name (Block Capitals):**

**Date:**

**Signature of Responsible Independent Primary Care Contractor:**

**Print Name (Block Capitals):**

**Date:**

### 3.2 Patient Behaviour Letter and Agreement – Sample

Practice Letter Head

Name and Address to be added.

*Date to be added.*

Dear

We value you as a patient and want to continue to provide you with high-quality care. However, your current contact with the Practice is disproportionate to your health needs and is impacting upon our ability to provide an equally responsive service to all our patients.

So that we can continue to help you address your health issues and to manage your clinical needs, we need to set some boundaries and expectations that will foster an effective relationship between you and the Practice.

In order to do this, we have drawn up an agreement' that outlines the behaviour we will expect from you. In return, we will make every effort to accommodate you and your needs, as well as being clear on what you should be able to expect from us.

Please review the agreement carefully. If you would like to meet with us to discuss the agreement and your ongoing care in more detail, please contact XYZ on XXXXXX and she will arrange a mutually convenient time for us to meet at the Practice.

Yours sincerely

Dr XYZ

On behalf of the XYZ Surgery

Enc. Patient/Practice agreement

## XYZ SURGERY

### PATIENT/PRACTICE AGREEMENT

This agreement is between \_\_\_\_\_ (name/relationship to the patient, if applicable) and \_\_\_\_\_ (Practice name).

In an effort to better care for \_\_\_\_\_ (patient name and NHS number), the following expectations are required from \_\_\_\_\_ (patient name) to maintain an effective and responsive Practice–patient relationship.

#### Behaviour Expectations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*(Examples of expectations: this may include how the patient addresses/speaks to staff, how often appointments are made and their duration, the system the patient should follow for booking appointments, how new or urgent clinical issues are managed, who the main point of contact for the patient is (administrative and/or clinical), how consultations are conducted (e.g. only bring 1 or 2 issues to the appointment, do not revisit previous issues unless relevant, do not behave aggressively etc)*

*If the Practice has a leaflet/policy, that sets out what patients can expect from the Practice, it is useful to attach it or to include several bullet points in the Contract covering what the patient should expect from the practice (e.g. appointments will last approximately 10 minutes, routine appointments will normally be available within x days, who the patient's nominated GP will be, what will happen if that GP is not available etc)*

#### Initial

1. \_\_\_\_\_ I have read and understand the above-listed behavioural expectations. I also understand that failure to meet these expectations may result in my removal from the Practice's registered list.

2. \_\_\_\_\_ I have received a copy of the practice's Complaints policy.

Patient/Family/POA signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agreement review date:

#### **4. Zero Tolerance Statement – Sample Wording**

As a Practice we are very aware that visiting your GP can, at times, be stressful and concerning for patients. Delays in obtaining appointments and delays in surgery times, due to unforeseen emergency appointments, can also add to these concerns.

We always strive to meet patient expectation and deliver the highest standards of healthcare. For the vast majority of our patients, we achieve this, despite the finite resources and steadily increasing demand for services that exists today within the NHS.

Our staff come to work to care for others, and it is important for all members of the public and our staff to be treated with respect.

In line with the rest of the NHS and to ensure this is fully observed we have instigated a Dignity at Work and Zero Tolerance policy, whereby aggressive or violent behaviour towards our staff will not be tolerated under any circumstances.

Any one patient who verbally abuses a member of practice staff will be sent a letter from the Practice confirming that this behaviour will not be tolerated. Any future violation of this policy may result in removal from the Practice patient list. The Police will be called in all cases of violence.

The Practice feels sure you will understand that proper behaviour is absolutely necessary for our staff and patients and that non observance will not be accepted.

#### **5. Sample Independent Contractor Conciliation Process**

##### **Stage 1. . .**

- Find out what has happened and try to identify the cause.
- Agree the process, e.g.
  - try to speak to the patient (informally / privately) at the time of the incident, or
  - invite them to the practice for discussion, or
  - write to them with the offer of a meeting to discuss the incident / behaviour (it may be useful to use a specially skilled or trained member of the practice to facilitate this)
- During the meeting find out the reasons for behaviour / incident. Discuss the consequences of repetition etc. Keep a file note of discussions.
- Consider inviting CCG/NHS England staff to advise / conciliate and / or contact other agencies if required.

### **Stage 2. . .**

Where repetition of incident / behaviour occurs, or improvement required has not taken place:

- Send further warning letter (inviting comments as before).
- Notify NHS England / ICB and consider outside intervention if not used before.

### **Stage 3. . .**

If there is a further reoccurrence:

- Consider requesting the patient to be removed from the practice list/withdraw the provision of primary care services, giving reasons.
- Notify patient of removal/withdrawal of services, giving reasons as appropriate, with reference to previous warnings.

## **6. A Good Practice Guide - Violence and Aggression - GPs and their staff**

### **Definition of Violence:**

The definition of work-related violence is not subjective. Violence means: *“any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, well-being or health”* – European Commission DG-V 1997.

### **Legal Framework:**

The legal responsibilities for employers to protect their staff are framed by both National and European health and safety legislation and by their common law duty of care.

Healthcare is integral to the communities within which they are delivered. Consequently, fostering good relations within the community and with organisations such as the police are important in reducing violence against staff in the NHS. The Crime and Disorder Act 1998 requires local authorities and police to co-operate with other bodies including NHS trusts to formulate and implement crime and disorder strategies.

### **Your Role:**

The aim of this guidance is to establish YOUR security role. Whether you are a doctor, practice manager, nurse, administrator, receptionist, caretaker or cleaner, you have to be SECURITY CONSCIOUS. As a member of staff, it is your duty to keep your eyes open, look for unlocked doors and windows, challenge strangers, carry out security procedures thoroughly and report all incidents.

### **Assessing the Risk of Violence:**

There is no single solution to preventing violence against staff working in primary care. However, there are tasks that can be carried out to help prevent such incidents. Prevention



of violence at work must start with a full assessment of the risks. Risk assessment should be carried out by appropriately trained staff and should be complemented by a programme of action to reduce the risks. However, it is important to note that this should not be seen as a one-off exercise but should be subject to ongoing monitoring and review to ensure the assessment is a true reflection of your current work situation. Be prepared to add further measures or change existing measures where these are not working. This is particularly important where the job changes. If a violence incident occurs, look back at your assessment, evaluate it and make any necessary changes. Practices should develop local prevention strategies. These should take account of the *environment* in which you are delivering the service, involve *training* of staff and an assessment of *communication* processes within your practice.

### **Environment:**

The environment in which staff work, patients are treated, and other members of the public visit can have a significant influence on behaviour. You should consider assessing environmental factors such as cleanliness, light, temperature, the adequacy of space, control of access and signage, as well as the provision of e.g. private room(s). This will ensure that the physicality of a place does not trigger or exacerbate a stressful situation.

The use of CCTV has also been well documented as a good disincentive to anti-social and/or unlawful behaviour.

Reception areas are often the first part of the practice that patients see. Naturally, many of the people who walk into a practice are either under a great deal of stress, in pain or very upset. The reactions of these people can therefore never be predicted. It is vital that we do everything possible to keep people occupied whilst they are waiting in reception. We must help them to stay calm. Here are some pointers to help reduce the threat of violence and aggression in reception areas:

### **Training:**

Staff working in general practice should know that their safety comes first. They should not be in situations that make them feel unsafe. However, if they are, they need to know how to deal with them. Appropriate staff training is therefore crucial. You should assess the risks to staff members and analyse their training needs. In doing so it will be possible to gauge the sort of training they require according to their roles and ensure that this is appropriate to the degree of risk an individual employee face.

Training should be up-to-date, relevant, purposeful, backed by evidence, given by experts and include scope for feedback. Ideally, GPs and their staff should receive the same training to ensure continuity.

**Communications:**

Maintaining effective communication channels with staff and particularly those working in the community (e.g. home visit) is important. The communication needs of staff and the measures that can be taken to minimise any risk to their safety need to be considered.

These might include:

- Providing panic-button alarms and appropriate two-way communications systems such as mobile phones, which are increasingly being used by staff whose workplaces them in vulnerable situations.
- Establishing protocols for informing members of staff that a colleague is out, where they have gone and their approximate return time. Procedures for reacting to protocols should also be in place.
- Improving communications between all members of the practice team, keeping others abreast of potentially problem patients.

**Avoiding Confrontation:**

Avoiding confrontational situations involves a three-point plan; *prevention*, *controlling* the situation and *de-escalating* the situation. These are discussed in more detail below:

**Prevention** – there are several danger signals, which could include behaviour of others, your own behaviour, workplace, or situational indicators. Staff should remain vigilant, think defensively, and respond immediately to danger signals.

**Control** – it is important to ensure you stay in control of a situation. Make sure you breathe deeply, maintain a barrier, stand side on, use open hand gestures, and maintain eye contact.

**De-escalation** – this can vary with the particular situation or individual concerned but strategies could include, acknowledging the aggressor's mood, offering help, asking open ended questions, trying to resolve the problem, withdrawing or summoning assistance.

**What to do if Prevention Fails:**

Practices should work fully with the police in the event of an act of physical violence and for charges to be pressed. NHS England / the CCG should be notified immediately of any incident of violence or threat of violence which occurs on a practice premises or on a home visit. Treat any incidents of violence and aggression as a serious untoward incident and report it through the SUI reporting system.

### **What about Victims?**

If there is a violent incident involving your workforce, you will need to respond quickly to avoid any long-term distress to employees. It is essential to plan how you are going to provide them with support before any incident. Depending on the extent of the incident you may wish to consider the following:

**Debriefing** – victims (and witnesses) will need to talk through the experience as soon as possible after the event. Remember that verbal abuse can be just as upsetting as a physical attack.

**Time off work** – individuals will react differently and may need differing amounts of time to recover. In some circumstances they might need specialist counselling.

**Legal help** – in serious cases legal help may be appropriate.

**Other employees** – may need guidance and/or training to help them to react appropriately.

The following security checklist provides a quick summary of the information contained within this guidance:

- Enforce all security regulations in your practice
- Know all security responsibilities and procedures
- Inform others of security procedures
- Stay alert and assertive
- Avoid security short cuts
- Always keep valuables out of sight
- Mark all property with the practice postcode
- Know what to do in an emergency
- Always act within legal guidelines
- Report suspicious incidents immediately
- Use your security facilities to the full
- Ask your local police Architectural Liaison Officer for advice

## **7. Protocol for Premises Security**

This protocol is intended to provide practical suggestions on how to work to improve the safety and security of the physical environment from which you operate. It covers areas of best practice that can help to reduce the likelihood of aggressive behaviour and lists the minimum specification of security measures in terms of equipment that should be placed to protect staff, patients, and visitors to the practice.

- Reception/Waiting areas should be kept clean and hospitable. Up to date reading material should be provided as a form of entertainment to reduce boredom, frustration, and anxiety.
- Space should be properly planned to avoid overcrowding and facilitate the movement of people.
- Temperature should be controlled during seasonal extremes to maintain an environment that is comfortable.
- Comfortable and appropriate seating should be provided i.e. suitable for people with disabilities also. Seating should be secured to the floor if the layout and use of the area allows.
- Signs should be clear, simple, and visible to direct people to the appropriate location e.g. treatment rooms, toilets.
- Where artificial lighting is used, ensure that this is adequate and maintained to avoid flickering and failure.
- Car parks and external concealed areas should be adequately lit using either automatic or activated lighting.
- Access to the premises should be controlled and monitored. Consider the use of a single entrance/exit where possible.
- Use high quality secure lockable doors where patient/visitor access is restricted.
- Implement a routine for locking/unlocking the premises at the beginning and the end of the day. Two people should be present.
- Reception desks should be wide enough to prevent potential aggressive patients reaching over.
- More than one receptionist should be available at the front desk to allow a patient to be taken to one side if felt necessary, or so that a senior member of staff can be summoned without leaving reception unmanned.
- Keep patients informed of any delays to reduce frustration.
- Panic Alarms should be fitted in the reception area and all consulting rooms, out of the reach of children but easily accessible. Regular testing of the panic buttons and the planned response time is essential.
- A dedicated phone line or posting messages on the computer should be used to communicate quickly and discreetly between the reception area and consulting rooms.
- Chairs in consulting/treatment rooms should be sited closest to the door for easy escape from a potentially aggressive situation.
- Mobile phones should be provided for staff working outside the practice environment and a "call in" system implemented.
- Installation of CCTV should be considered obtaining specialist advice from a reputable security company.
- Develop relations with your local police and crime prevention officer to provide ongoing support and advice.

## **8. Be Prepared! - Some useful hints on personal safety**

Staying safe is very much a matter of common sense. The unfortunate thing is however, that when we feel threatened or vulnerable, common sense is something we tend to forget. Naturally, our safety depends very much on the actions of others, but by following some simple guidelines we can reduce the risk of attack and help to ensure our own safety and wellbeing.

Many GPs and their staff work predictable hours. This often entails traveling home later at night or early in the morning when public transport is not widely available. The following guidelines can apply to anyone in any situation. Think how much more relevant they are to you and when your working hours make you so much more vulnerable.

### **Walking:**

- Keep to main, well-lit paths and do not take lifts from strangers. Carry a personal alarm. Walk facing the traffic.
- Think about your clothing, wear something sensible that does not attract attention and do not wear shoes that may make it difficult to escape a difficult situation.
- If attacked shout and scream, make as much noise as possible.
- Be aware of your surroundings especially at cash points, telephone booths, near pubs and clubs.
- Tell someone where you are going, which route you are taking and when you expect to be back.
- Do not carry large amounts of money and hide valuables from view.

### **In the Car:**

- Keep your vehicle in good mechanical order and make sure that you always have sufficient petrol.
- Know your route and always have a map handy. Park in a well-lit, easily visible area.
- Ask someone to walk you to your car.
- Lock all of your doors when driving along and keep personal belongings out of sight, NOT on the car seat next to you.
- If you breakdown at night think before you act:
  - Are you safe inside the car?
  - Is the car in a dangerous position?
  - Are you in a well-lit residential area where you can call for help?
  - Is it likely that a police patrol vehicle will be close by?

Choose the option which involves least risk and report any suspicious behaviour or incidents immediately.

**In the Surgery:**

There should be a system ready so that we know how to deal with attacks if they happen. If you are new to a surgery (e.g. locum) ask what the system is:

- Develop a way of calling for help: an alarm code, bell push etc.
- Call for help (and the police, if necessary) in plenty of time.
- Write a full report on the incident.

**9. Violence Against Staff**

In the NHS violence against staff is an outward sign of frustration felt by many patients in our care. Fortunately, most people are able to control their emotions, but GPs and their staff are more likely than most to come across those who cannot. Here are some guidelines concerning violent patients and how to cope with them:

- Look for signs of aggression such as uneven speech, shaking, changes in complexion and breathing.
- Stay cool, think as a healthcare professional.
- Immediately assess any dangerous situation. Think:
  - ✓ What has happened?
  - ✓ What might happen?
  - ✓ Is the person a danger to others?
  - ✓ Is the person a danger to themselves?
  - ✓ What was the cause of the situation?
- If you can deal with the situation yourself do so, if not, get help by pushing an emergency button, calling for help, getting someone to take a message to a colleague.
- Protect other patients and yourself.
- Remember, damaged equipment is better than injured people.
- Be positive, tactful, serious, and assertive.
- Do not be confrontational or patronizing.
- Try to reduce the tension and remove the cause of aggression.

**Threats to staff on home visits:**

No matter how good security is in the practice, there will be times when a GP/Clinician has to go out and visit patients in their own homes. Naturally, it is vital that we take all possible precautions to ensure that GPs/Clinicians are safe all of the time. Here are some practical tips that will help to reduce the risks faced by GPs/Clinicians on home visits:

- Leave details of your itinerary at the practice and advise colleagues of any changes.
- Carry a mobile phone so that you can advise colleagues of your whereabouts at regular intervals.

- Arrange a code word/phrase that will alert your colleagues that you are in danger.
- Lock all equipment in the boot of your car.
- Keep comprehensive records of all home visits detailing any particular risks.

By keeping an up-to-date centralized record system, you will be aware of any potential problems before you visit the patient. Record details such as:

- Location of property, is it remote?
- Means of access to property.
- Attitude of patient.
- Any dangerous pets or obstacles?
- Procedural problems, does patient find it difficult to move?

These records will act as an aide-memoir for next time you visit the property and an invaluable source of information for anyone else visiting the property for the first time. Once you have assessed the risk in visiting a client, you can decide whether or not you need to be accompanied on your visit.

## **10. If there is an Incident of Violence**

You should report the incident to the police immediately. Do not be afraid to report the incident. Your case will be treated sympathetically and in confidence. In serious cases, police forces have access to specially trained staff who will be able to give you the advice and counselling you need. Ask the operator for an incident number and make a note of it.

### **Whilst you are waiting to speak to the police:**

Write down all the facts that you can remember about the attack, including:

- How you felt
- Details of any witnesses
- Details of any injuries
- Details of any weapons used.
- Details of any property damaged or stolen
  - Description of person involved (sex, height, age, build, clothing, facial features, ethnicity, hair colour, name if known)
  - Description of vehicle (make, colour, registration, number of occupants)
  - When the police attend, ask officer(s) attending for their collar number(s).

## 11. Protecting Yourself Online

GPs and their staff are increasingly facing abuse from patients on social media. It is as unacceptable to abuse practices and staff online as it is face-to-face, so you must understand how to protect yourself.

The BMA has published [a toolkit/guidance](#) for GPs, which covers:

- Practical steps to deal with online abuse and harassment.
- How to report abuse to social media platform providers
- Guidance on refusing to treat abusive patients.
- How and when to involve the police

Doctors may also wish to access the BMAs [wellbeing service](#) there is also a wellbeing support guide which is available [here](#).

\*With thanks to Wessex LMC.

## 11. Special Allocation Scheme (SAS)

The overarching objective behind a Special Allocation Scheme (SAS) is to ensure any patient removed under the violent patient regulations has access to essential and additional medical services. The local SAS is currently provided by Essex Partnerships University NHS Foundation Trust under an APMS contract. The service provides GP led primary medical care services for patients who have been subject to immediate removal from a practice list because of threatening or violent behaviour. The Regulations regarding the removal of patients who are violent is specific in terminology.

The Health Circular 2000/01 defined violence in the primary care context as: *“Any incident where a GP, or his or her staff, are abused, threatened or assaulted in circumstances related to their work, involving an explicit, or implicit, challenge to their safety, wellbeing, or health”.*

### Patient removal

To request removal of a patient from your practice list (either immediate or within eight days), you must follow the correct procedure. Information about patient removals, the relevant forms and what happens if an SAS patient tries to register with a practice can be found on the PCSE website [here](#).

The SAS may require urgent medical information from the GP practice upon initial referral and this may necessitate a clinician-to-clinician discussion between the referring practice and the SAS provider.

The SAS aims to address any underlying causes of aggressive behaviour and ultimately return the removed patient to general practice with an understanding of the behaviour required and accepted there. Patients can only be registered with a general practice once the individual



patient has been risk assessed and the patient's deregistration from the Scheme has been signed off by the leading clinician on the Scheme and by the Panel.

### **LMC SAS Panel Representative**

Lisa Drewry, Executive Officer is to act as your LMC representative. In Lisa's absence the LMC Executive will endeavour to ensure an alternative Executive Officer attends the panel meetings in her place.

### **Panel Meetings**

Prior to the panel meeting the LMC will receive information from the ICB regarding patients that are being reviewed for removal or addition to the scheme. Lisa will contact the practice that originally requested the removal of the patient and allocation on the SAS.

The scheme administers quarterly scheme patient review multi-disciplinary panel meetings. The purpose of which is to:

- i. Review all new referrals to the Scheme to ensure referral is appropriate and, if yes, agree a holistic individual care plan for the patient whilst on the Scheme
- ii. Review individual patients by the panel at least every six months.

### **What we need from you**

To ensure that Lisa is able to act effectively as your advocate we need to be in receipt of information about the incident which led to a patient being removed from the practice to the SAS, as well as relevant information from the scheme in support of their recommendation to remove patients from the scheme and return them to general practice.

To facilitate this we are asking that if you currently have, or if in the future you apply to remove a patient under the violent patient regulations you send us an anonymised copy of your completed PCSE form (but do include the patient NHS number) by emailing it to [lisadrewry@norfolkwaveneylmc.org.uk](mailto:lisadrewry@norfolkwaveneylmc.org.uk) Lisa will then be able to liaise with you about the case and act as your advocate at panel meetings.