

Dealing with Violent or Aggressive Patients

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1. Introduction

This policy deals with the management of non-violent, inappropriate and unacceptable patient behaviours including protecting our staff against discrimination, harassment or victimisation. The policy also outlines the process for dealing with violent patients.

In line with the guidance contained within the **Primary Care policy and guidance manual** our policy seeks to ensure that inappropriate and unacceptable patient behaviours are appropriately managed, while ensuring all patients are able to access the primary medical services they need.

Brampton Medical Practice aims to provide high quality healthcare and we will treat patients with respect and dignity. In return we expect that all of our staff will be treated with respect. We will not tolerate abusive language or threatening behaviour against any member of staff. Such behaviour may result in the offender being removed from the practice list.

2. Definition

Inappropriate and unacceptable behaviours may include but are not limited to:

- Using bad/ threatening language or swearing at practice staff or other service users
- Racial abuse
- Sexual harassment
- Unnecessarily persistent or unrealistic service demands that cause disruption
- Causing damage to practice premises or to the property of staff or other service users
- Stealing from practice premises, staff or other service users
- Obtaining drugs and/or medical services fraudulently

Violence and threatening abuse is dealt with separately but it is acknowledged the behaviours above can escalate to include or happen alongside violence and abuse.

Inappropriate and unacceptable patient behaviours also explicitly include not tolerating any form of discrimination, harassment or victimisation.

The following definitions may be useful:

- **Discrimination**

The act of being treated unfairly because of who they are or because they possess certain characteristics. Within the Equality Act 2010 the following are protected characteristics:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation

- **Harassment**

The act of being subject to unwanted behaviour which is offensive, intimidating or humiliating. Harassment can happen on its own or alongside other forms of discrimination.

- **Victimisation**

The action of being singled out for cruel or unjust treatment.

- **Macroaggressions**

Verbal, non-verbal and environmental slights, snubs and insults which communicate hostile, derogatory or negative messages and behaviours that target a person based on their protected characteristic or belonging to a marginalised group. These can be intentional and unintentional and are based on biases (either conscious or unconscious).

3. Patient Warnings

All staff will be encouraged to report incidences of inappropriate or unacceptable behaviour. Incidences will be investigated and may result in a warning being issued to the patient(s).

A formal warning letter will indicate continued registration will cease if the inappropriate or unacceptable behaviour continues or reoccurs and therefore formally documents and evidences reasonable grounds for future removal.

Acceptable behaviour guidance agreements (or otherwise known as practice-patient or doctor-patient contracts) can also be a useful tool to modify behaviour and may be considered as either a follow up to or used alongside a warning letter.

The Practice recognise that incidents of patient inappropriate and unacceptable behaviours will need to take into account that patient's mental health, clinical presentation, neurodiversity and any other health conditions which may influence their behaviour and ensure that patient's own protected characteristics take no bearing in the consideration process.

4. Removal of patient from practice list

In general where consideration of removal of a patient from the practice list is being considered this will normally only be requested if, within the period of 12 months prior to the date of the request, the practice has warned the patient in writing that they are at risk of removal and reasons for this have been stated.

There may be cases where this is not possible or appropriate such as where a warning would be:

- a) harmful to the person's physical or mental health; or
- b) would put at risk the safety of one or more relevant person(s); or
- c) the practice considers that it is not otherwise reasonable or practical for a warning to be given.

4.1 The General Medical Council states in **Good Medical Practice** that: "In rare circumstances, the trust between you and a patient may break down, and you may find it necessary to end the professional relationship. For example, this may occur if a patient has been violent to you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably."

5. Managing Violent Patients - Special Allocation Scheme (SAS)

5.1 Introduction

The Primary Care policy and guidance manual confirms that NHS regulations state a Practice may request that a person be removed from its list of patients with immediate effect if

"The person has committed an **act of violence against** any of the persons **or has behaved in such a way that any of those persons has feared for their safety**".

This therefore means that violence does not have to be physical or actual. It can be perceived, threatened or a perceived threat of violence. A person's fear for their safety can also be actual or perceived.

Under the SAS, designated GP practices will provide services to patients by prior appointment and at specific locations and times as detailed in individually agreed contracts. Patients are allocated to SAS following a process of immediate removal as a result of an incident that was reported to the police.

5.2 Types of behaviour covered by this guidance

THESE LISTS ARE NOT EXHAUSTIVE

Assault

For an assault to fall within the scope of removal from the list, it should involve a person intentionally or recklessly causing another to apprehend the immediate infliction of unlawful

force on an individual in a manner which either results in injury or causes that individual to fear injury or some other immediate threat to their safety.

Threatening behaviour

Any verbally threatened harm towards others, with or without accompanying gestures, will fall within the scope of a removal. Threats of nonviolent acts are unlikely to do so (e.g. use of offensive language without threats).

Behaviour resulting in damage to property

Any behaviour resulting in damage to property, whether accompanied by verbal threats or not and whether that damage is intentional or not, is likely to be within the scope of the scheme if the behaviour was intended to terrorise or intimidate individuals or is seen as a precursor to a personal assault.

Other Examples

Examples of the cases referred to above would include any incident in which the patient has:

- struck, grabbed or punched a GP, member of staff or other individuals, either within the practice premises or elsewhere in a targeted attack
- thrown an inanimate object at a GP, member of staff either within the practice premises or elsewhere in a targeted attack
- struck, grabbed, punched or thrown an inanimate object at another patient(s) within the practice premises
- wielded a weapon, or used an object as one, in an actual or intended assault or in a manner intended to intimidate or terrorise staff, patients or other persons on the practice premises
- threatened to assault or physically harm a primary care worker
- threatened to damage property or to 'seek revenge' in a menacing way
- caused damage to property with an intention to intimidate or cause harm.

5.3 Reporting an incident

Incidents of violent meeting the above for removal of the patient from the practice list will be reported to the Police and an incident number will be obtained.

The Practice also has a statutory duty to report such incidents to the Care Quality Commission (CQC).

Furthermore, where appropriate the practice will consider if the incident and subsequent removal from its list warrants notification to any other agency (e.g. Local Authority) where there may be concern for welfare or safeguarding concern as a result of the incident (e.g. the deducted patient has children or is a carer for another vulnerable person including elderly relatives).

5.4 Allocation of the Patient to another provider

The Practice will notify the patient in writing that a request for removal has been made, unless to do so would harm the patient's physical or mental health or put others on the Practice premises at risk.

The patient will be allocated to a local SAS provider.

5.5 Patient Appeals

The patient referred to the SAS has a right of appeal and should they wish to do so, can appeal against the decision by putting this in writing within 28 days of the notification of the referral, addressing it to the Commissioner's SAS Liaison Team. The Commissioner will contact the practice to notify them of the appeal and invite them to provide any supplementary information in relation to the removal.

The appeals process does not delay the immediate removal of a patient following an incident that has been reported to the police and the commissioner (via PCSE).

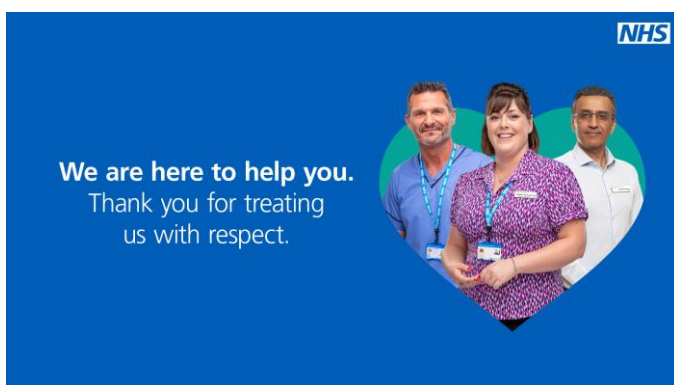
6. Support for our Staff and Communication

The NHS Long Term Plan demonstrates a commitment to the health and wellbeing of NHS colleagues, and violence and abuse toward NHS colleagues is one of the many factors that can have a devastating and lasting impact on health and wellbeing.

The practice supports the actions outlined in the NHS campaign to reduce abuse and violence towards NHS staff. To that end we will

- use campaign materials online and in practice emphasizing the treating staff with respect message and encourage staff to use the various support options available through the NHS which include:
- A confidential text support service accessed by texting FRONTLINE to 85258 for support 24/7. This service is available to all NHS colleagues who have had a tough day, who are feeling worried or overwhelmed, or who have a lot on their mind and need to talk it through.
- Victim Support operates a free and confidential 24/7 Support line and live chat service, every day of the year - offering specialist support to anyone who has been a victim of crime.
- Encourage staff to view the range of options available from the NHS staff health and wellbeing hubs

<https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/>



7. Enquiries

Enquiries relating to this policy can be made to the Practice Manager.