Relevant sections of: Managing Unacceptable Patient Behaviour Policy

Introduction:

Hastings & Rother Healthcare is committed to taking all reasonable precautions necessary to ensure the health, safety, welfare and well-being of its employees, patients and visitors, and endeavours to ensure that all employees are protected from physical and verbal abuse while they are working.

The practice acknowledges that there may be instances where violence and / or aggression forms part of a patient's illness. In these circumstances, the issue will be discussed with the patient and form part of their care planning.

This information will be recorded in the patient's medical record and flagged to ensure that members of staff are aware. In addition, where deemed necessary, appropriate support will be put in place, e.g. staff members do not see the patient alone.

Definition:

The Health and Safety Executive (HSE) definition of work-related violence is:

'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks'

The NHS definition of physical assault used for incident reporting purposes is:

'*The intentional application of force to the person or another, without lawful justification, resulting in physical injury or personal discomfort'*

The NHS definition of non-physical assault used for incident reporting purposes is:

'The use of inappropriate words or behaviour causing distress and/or constituting harassment'

Unacceptable behaviour is not defined but some examples are given below:

- Violence.
- Excessive noise e.g. recurrent loud or intrusive conversation or shouting.
- Threatening or abusive language involving swearing or offensive remarks.
- Racial or sexual remarks.
- Aggressive, forceful tone and/or language that upsets staff.
- Malicious allegations relating to members of staff, other patients or visitors.
- Offensive gestures or behaviours.
- Abusing alcohol or drugs on practice premises.
- Drug dealing on practice premises.
- Wilful damage to practice property.
- Threats or threatening behaviour.
- Theft.
- Persistent and/or unrealistic demands on the service.
- Repeated derogatory comments about the practice or individuals either verbally, in writing/digitally or on social media platforms
- Not engaging with the staff positively
- Being pushy or trying to intimidate staff
- Demanding to only speak to a specific team member
- Refusing appointments with an appropriate clinician for the presenting care need i.e. insisting on a GP appointment when seeing a pharmacist or nurse prescriber is most appropriate or refusing to see an available GP for your presenting care need when your preferred GP is unavailable
- Refusing to access the service in the appropriate manner i.e. sending emails/texts instead of using the NHS Digital approved digital consultation service
- Demanding a same day appointment for a routine clinical need – this deprives access to urgent care services for those who genuinely need it
- Contacting individuals directly via social media or personal email instead of through the practice contact channels

NB – It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other form of communication such as graffiti on NHS property.

Policy

This document sets out our policy for dealing with, demanding, unrealistic demands on the service violence and aggression, whether it is committed by or against any patient, visitor, or person working in the practice.

This policy applies throughout the practice premises, including car parks, grounds and any outbuildings. It also applies to engagement and interactions on the phone and via our digital resources.

Practice Responsibilities:

The practice will seek to ensure that it takes all measures to prevent:

- Physical or verbal abuse of its employees, including racial and sexual harassment.
- Physical assault on employees by patients and other members of staff.

Both management and employees of the practice have a responsibility for trying to prevent and control physical and verbal abuse by patients and other members of staff.

The practice will:

- At the point of registering the practice will review any existing conduct-related warnings before registering a new or returning patient, and will communicate clearly the expectations of the practice.
- Ensure that the Patient Charter and related practice policies are available to patients.
- Undertake risk assessments to reduce risk of harm to patients, staff and other stakeholders.
- The practice will adhere to its policies and processes in relation to managing unacceptable, demanding, violent and aggressive behavior.

Threats and Intimidation

The Practice takes any threat, intimidation or harassment of our staff very seriously. If it is deemed necessary in order to protect the safety of our staff we will report any behaviour of this type to the appropriate authority (which may include the Police).

Marking a patient's record:

In the event of the above it is essential to take measures to safeguard staff and patients, which may include:

- flagging the patient's record to alert staff to the potential risk

- Sending a warning correspondence to the patient, outlining the unacceptable behaviour and the practice's expectations going forward.
- The issuing and recording of a good behaviour agreement
- The issuing and recording of any formal warning.

Notifying the CQC of Incidents reported to the Police or being investigated by the Police

The **management team** is responsible for notifying the CQC without delay about events that lead to:

- Serious injury to any person who uses the service.
- An injury requiring treatment by a healthcare professional to avoid death or serious injury.

There is a dedicated notification form to report such incidents at:

Police involvement in an incident – notification form - Care Quality Commission

Removal of patients from the Practice list:

The removal of patients from the Practice list is an exceptional and rare event and is a last resort in an impaired patient-practice relationship. We value and respect good patient-practice relationships based on mutual respect and trust. When trust has irretrievably broken down, the practice will consider all factors before removing a patient from their list, and communicate to them that it is in the patient's best interest that they should find a new practice. Our goal is to ensure a fair and transparent process while upholding the safety and well-being of our staff and our patients.

Justifiable grounds for consideration of removal:

- Violence or aggressive behavior
- Discriminatory abuse
- Sexual advances
- Theft from the practice, staff or other patients

- Repeated, unreasonable, inconsiderate or vexatious actions
- Unnecessary persistent or unrealistic service demands that cause disruption
- Criminal damage to surgery
- Altering documents e.g prescription, insurance certificates
- Breach of a Good Behaviour Agreement

Unjustifiable grounds for consideration of removal:

- Patients have complained
- A patients behaviour is caused by their condition
- Being related to another patient who is being removed
- There are concerns about the resource implications of any care or treatment
- The patient's medical condition puts staff at risk

Removal types and conditions:

Immediate removal:

Any incident involving aggression, threats of violence or violence will be discussed by the Partners and a decision will be made to apply to have the patient removed from the practice list with immediate effect by contacting PCSE. If a crime has been committed this will be reported to the police, a crime reference number will be obtained. Following an immediate removal, patient would be referred on to the Special Allocation Scheme.

8-day removal:

When it is deemed there has been a breakdown in relationship between the practice and the patient, the practice will request for the patient to be removed from the practice list. Patients will be advised that the removal will take place within eight days of PCSE agreeing to the request. In these circumstances the patient must have had a prior warning issued (within 12 months of the eight-day removal request). Any warning issued by the practice will clearly indicate the concerns and expectations of the practice, including likely outcomes should further incidents occur, or there is a failure to adhere to the practice's acceptable behaviour policy and/or good behaviour agreement.