

Zero Tolerance - Dealing with Unreasonable, Violent and Abusive Patients Policy

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Table of contents

1	Introduction	3
1.1	Policy statement	3
1.2	Status	3
2	Identifying challenging behaviour	4
2.1	Unreasonable behaviour	4
2.2	Inappropriate behaviour	4
2.3	Violent or abusive behaviour	5
2.4	Classifications	5
3	Managing unreasonable and inappropriate behaviour	5
3.1	Prevention	5
3.2	Process to manage unreasonable and inappropriate behaviour	5
4	Managing violent, abusive or threatening behaviour	6
4.1	Prevention	6
4.2	Process to manage violent, abusive or threatening behaviour	7
5	Raising the alarm	7
5.1	Types of alarm	7
5.2	Use and activation of the alarms	8
5.3	Response procedure	8
5.4	Police assistance	9
5.5	Bomb threat and suspicious package	9
5.6	Dynamic lockdown procedure	9
5.7	Deactivation instructions	10



6	Removal of the patient	10
6.1	Guidance	10
7	Reporting of incidents	10
7.1	Internal reporting	10
7.2	Clinical record	11
7.3	Significant events	11
8	Risk assessment	11
8.1	Requirement	11
9	Effects on staff and patients	12
9.1	Supporting the team	12
9.2	Debriefing the team	12
9.3	Supporting patients	12
	Annex A – Legislation and further reading	13
	Annex B – Classifications	14
	Annex C – Process to manage poor behaviour	15
	Annex D – Available actions to remove a patient	17
	Annex E – Warning letter	19
	Annex F – Cooperation letter	20
	Annex G – Behaviour agreement	21
	Annex H – Letter to remove a patient	24
	Annex I – Risk Assessment and Control Form	26

1 Introduction

1.1 Policy statement

The purpose of this document is to provide guidance to staff at Wootton Medical Centre on how to manage unreasonable, violent and abusive patients in the workplace in line with extant legislation. This organisation has a zero-tolerance policy towards violent, threatening or abusive behaviour towards staff, patients or visitors. At no time will such behaviour be tolerated and it will be managed appropriately and consistently.

While violence and threatening behaviour is often easy to label, abuse may take many forms. For this policy, abuse can be towards any service user, visitor or staff member and includes (but is not limited to) sexism, racism, homophobia, biphobia, transphobia and ageism, or harassment or abuse based on disability, marriage or civil partnership, pregnancy or maternity, religion or belief.

This document will illustrate the organisation's commitment to the safety of staff, contractors and patients while explaining the requirement for staff to undertake training and report incidents effectively to ensure that appropriate action is taken against offenders. It is policy for this organisation to press charges against any person who damages or steals organisation property or assaults any member of staff, visitor or patient.

It is the responsibility of all staff to ensure that they recognise, respond to and take the necessary action when dealing with any patient who is behaving in a violent, threatening or abusive manner towards colleagues, contractors or patients. It remains a management responsibility to ensure that all staff have undertaken the necessary training to be able to respond appropriately.

The [HSE](#) advises that healthcare workers are four times more likely to experience violence at work than in other vocations. Therefore, effective risk assessment and incident reporting is essential to support the organisation in the appropriate management of offenders, thereby reducing risk to staff, visitors and service users.

Legislation to support this subject and further reading can be sought from [Annex A](#).



[Dealing with Violent and Abusive Patients](#), [Accident and Incident Reporting](#) and [Risk Assessments including COSHH](#) eLearning is available in the [HUB](#).

1.2 Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a



disadvantage over others, in accordance with the [Equality Act 2010](#). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

2 Identifying challenging behaviour

2.1 Unreasonable behaviour

There are many reasons why a patient's behaviour may become unreasonable, including:

- Substance misuse
- If they are scared, anxious or distressed
- If they are frustrated, unwell or in pain

All staff may experience patients who are:

- Demanding
- Unwilling to listen
- Uncooperative

There are several factors associated with difficult and challenging interactions with patients, such as a lack of resources, waiting times and interruptions during consultations. For these reasons, the 'demanding' or 'difficult' patient can potentially consume a large amount of the clinician's and manager's time.

2.2 Inappropriate behaviour

Inappropriate behaviour is defined as being unacceptable if:

- It is unwanted by the recipient
- It has the purpose or effect of violating the recipient's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment

Inappropriate behaviour does not have to be face-to-face and may take other forms including written, telephone or e-mail communications or through social media. This is covered in the Patient Social Media and Acceptable Use Policy.



What constitutes inappropriate or unreasonable behaviour could be viewed as a subjective matter. Therefore, to ensure objectivity and prior to any further actions being taken, incidents of inappropriate behaviour will be discussed with a member of the senior management team.

Any person, be they staff, visitor or service user, who encounters unreasonable behaviour will be fully supported by senior management.

2.3 Violent or abusive behaviour

It is acknowledged that a small minority of patients may become abusive or violent towards staff making it difficult for the healthcare team to provide services.

This organisation has a zero tolerance towards such behaviour and is committed to reducing the risk to staff and other patients resulting from such behaviour. This is further detailed within the NHS E document titled [Our plan for improving access for patients and supporting general practice](#).

2.4 Classifications

Further details to support classifications of inappropriate, violent, abusive and assault can be found at [Annex B](#).

3 Managing unreasonable and inappropriate behaviour

3.1 Prevention

A patient's values, beliefs and circumstances all influence their expectations of their needs for, and their use of, services. Staff at this organisation recognise that external factors that may influence a patient's behaviour.

[NICE Clinical Guidance 138](#) recommends that an individualised approach to providing care is required to improve the patient's experience and to reduce the risk of the doctor/patient relationship breaking down.

Clinicians should be reminded that patients may request a second opinion from another clinician, and clinicians must advise the patient how they can arrange this.

3.2 Process to manage unreasonable and inappropriate behaviour

The stepped approach to managing challenging behaviour can be found at [Annex C](#).

4 Managing violent, abusive or threatening behaviour

4.1 Prevention

Since 2020, all NHS-funded services under the NHS Standard Contract must declare twice a year that they meet the [Violence prevention and reduction standards](#).

While aimed at our colleagues in secondary care, it is considered that as these standards are to meet best practice, this organisation will aim to implement any recommendations, where practicable, to support a safe and secure working environment for employees.

The BMA document, [Preventing and reducing violence towards staff](#), suggests actions that employers may consider taking to reduce the risk of violence and protect their staff. Therefore, this organisation will commit to the following:

- Develop a risk assessment that will detail objectives and requirements with the aim of reducing incidents of violence
- Review and update the risk assessment annually
- Communicate the strategy to all staff including a review on how to report incidents
- Assess and complete actions in a timely manner
- Ensure any lessons learned are considered by the organisation and changes made to this policy as indicated

In addition, the clinician may consider:

- Having a chaperone present throughout the consultation
- Arranging the surgery to ensure they are seated closest to the door
- Ensuring other staff are aware of a potential issue and are prepared to respond accordingly

While the above BMA link details the actions needed for staff members, support will also be given for visitors and service users following any act of violence.

Do's and don'ts when confronted by violence:

DO	DO NOT
Recognise your own feelings	Meet anger with anger

Use calming body language	Raise your voice, point or stare
Be prepared to apologise if necessary	Attempt or appear to lecture them
Assert yourself appropriately	Threaten any intervention unless you are prepared to act upon it
Allow people to explain themselves	Make people feel trapped or concerned

An example infographic summarising violence prevention measures titled *How staff can deal with aggression and/or violent behaviour* can be found [here](#).

4.2 Process to manage violent, abusive or threatening behaviour

The organisation does not expect any staff member, patient or visitor to tolerate any form of behaviour that could be considered violent, abusive or threatening or threatening or that becomes so frequent it makes it more difficult for the organisation to undertake its work.

The organisation will take action to manage this type of behaviour whenever it occurs, including inappropriate behaviour on social media.

Should the episode of behaviour be so great that an immediate application to remove the patient from the practice list is the most appropriate course of action, the steps within the [Removal of Patients Policy](#) are to be followed. The BMA document titled [Removing patients from your practice list](#) should also be consulted.

It should be noted that the same standards of zero tolerance also apply should patients who demonstrate violence towards other patients or visitors.

Should an incident warrant a warning, then the process at [Annex C](#) can be followed. Furthermore, sample letters can be sought within the annexes to support any type of poor behaviour. These can be amended to suit any situation.

Guidance on the removal of a patient process is at [Annex D](#).

5 Raising the alarm

5.1 Types of alarm

The organisation has adopted various panic alarms among its staff and within its premises, recognising the risks to the health and safety of staff that could arise from incidences of aggressive behaviour and this procedure enables staff to respond should a panic alarm be sounded by a member of staff.

There are several differing alarm types that can be used, such as:



- On-screen buttons
- Belt-worn portable units that activate at strategically located sounding points throughout the building
- Traditional, wall-mounted panic buttons attached to wired intruder-alarm systems that may or may not activate an alert to a central monitoring control centre
- Telephone panic button
- Mobile phone app, an example of such is [Little Green Button](#)

The existence of such alarms enables a member of staff to initiate a supportive response from within the organisation when they perceive themselves to be under threat or are experiencing aggressive behaviour.

5.2 Use and activation of the alarms

Panic alarms are used to inform staff that assistance is required in situations of aggressive behaviour. During induction, all staff are given an overview of the panic alarms and how they work.

Panic alarms are not to be used for emergency clinical situations as telephones are to be used for all non-aggression events. A panic alarm should be used when an employee feels threatened by a situation involving:

- Verbal or physical disruption
- Verbal aggression
- Physical aggression or the threat of physical violence or mental distress
- Physical violence
- The receipt of a bomb threat or coming across a suspicious package. Refer to the [Bomb Threat and Suspicious Packages Policy](#)
- Should there be any consideration of terrorist activity. In this situation, the Dynamic Lock Down Procedure is to be initiated

Should staff at any point feel threatened or sense that the situation may lead to an incident, they are to activate the alarm. All staff who work during periods of low manning should refer to the Lone Working Policy and/or risk assessment.

5.3 Response procedure

Upon activation of the alarm or upon seeing the clinical system generated alarm then:

- All available staff should respond immediately
- Two members of staff will go to the incident location, proceeding with caution
- The first member of staff is to knock and then enter the room



- The second is to remain in the doorway, ready to summon additional support if necessary

The specific nature of the incident will determine if:

- Additional staff are required for support
- The police are required to attend and take any subsequent action
- The situation can be resolved by the clinician with support from a staff member

Staff should always try to minimise the risk of harm to themselves and others.

In the first instance, a member of the staff should ask the perpetrator to stop behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required. Staff should not, in any circumstances, escalate or mirror the patient's behaviour.

Should the person not stop their behaviour, then a nominated member of staff should be asked to attend and an overview of the situation should be calmly detailed, preferably within hearing of the perpetrator. Should the person be acting in an unlawful manner, causes damage or assaults another person, then the police should be called immediately.

Should it prove necessary to remove the person from the organisation then the police should be asked to attend. Staff should never attempt to manhandle the person from the premises.

5.4 Police assistance

The police should be called in instances where physical assault is likely or where weapons or drugs have been identified. It is the responsibility of the police to deal with patients who act in such a manner.

The Practice Manager is required to notify the CQC of an incident that is reported to or investigated by the police as detailed within [CQC GP Mythbuster 21: Statutory notifications to CQC](#).

5.5 Bomb threat and suspicious package

In the event of a bomb threat or a suspected package and the information relates to a patient area, then the message is to be calmly discussed and subsequent evacuation procedures are to be commenced.

The [Bomb Threat and Suspicious Packages Policy](#) is to be referred to.

5.6 Dynamic lockdown procedure

A lockdown is a procedure used when there is an immediate threat to the building and its occupants. Should there be any hint or if a credible warning or evidence of any ongoing terrorist activity, then staff must comply with the Stay Safe principles as detailed within the [Dynamic Lock Down Procedure](#).

5.7 Deactivation instructions

Alarm types	Descriptions/locations	Deactivation instructions
Static – intruder system	Reception desk Office door Back door	Turn deactivation key and ring control centre on [insert number], quoting [insert password]
Portable	Units charging adjacent to desk 1 Sounders in corridors 2 and 4	Deactivation code on sounders is [insert code]
Computer screen software (button)	All screens when logged on	Administrator to reset
[Add as appropriate]		

6 Removal of the patient

6.1 Guidance

While it is acknowledged that organisations are permitted to remove patients in appropriate circumstances as detailed within GMC guidance titled [Ending your professional relationship with a patient](#) and BMA guidance titled [Removing patient from your practice list](#), removal should never be based on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical conditions.

Actions available to the organisation can be sought at [Annex D](#). A sample letter can be found at [Annex H](#).

7 Reporting of incidents

7.1 Internal reporting



All incidents are to be reported to the Practice Manager at the earliest opportunity. They will ensure that any subsequent reporting action is taken while supporting staff in the completion of the significant event report.

7.2 Clinical record

A factual entry is to be made in the patient's healthcare record detailing exactly what occurred; the record should include timings, the build-up to the incident and details of staff members and witnesses present.

Further information can be sought at [Annex C](#).

7.3 Significant events

In addition to recording the information in the patient's healthcare record, the staff member dealing with the patient is to complete a significant event report/form.

Further advice on significant events including understanding and acting on any lessons that should be learnt following any incident can be found in the [Significant Event and Incident Policy](#).

8 Risk assessment

8.1 Requirement

While it is acknowledged that a risk assessment alone will not reduce the occurrence of work-related violence, the subsequent actions following the assessment should do so. The findings of the risk assessment(s) will inform the procedures needed to enhance safety within the organisation.

The following constitute foreseeable risks although it should be noted that this list is not exhaustive:

- Known or suspected abusive, aggressive or violent patients
- Patients suffering from stress and/or mental illnesses
- Patients for who services may be withdrawn or withheld
- Patients with a criminal history

The HSE provide both [Risk assessment for work-related violent document](#) and a [guidance document](#) to support the management in dealing with violence within the workplace.

A template for conducting a risk assessment can be found at [Annex I](#).

Further information on risk assessing can be found within the [Health, Safety and Risk Management Handbook](#) and the [Risk Assessment Guidance Document](#).

9 Effects on staff and patients

9.1 Supporting the team

While much of the abuse and episodes of violence are directed towards front of house colleagues, any staff member who has been subjected to such behaviour will be supported. The situation will be acted upon swiftly, including removing patients from the list where indicated.

Staff who experience incidents of violence, aggression or assault may experience subsequent after-effects which may require support from the team or external resources.

A poster detailing that violent, threatening or abusive behaviour will not be tolerated can be found [here](#).

9.2 Debriefing the team

[Debriefing](#) refers to learning conversations that occur soon after an event and involve those who took part. This is also known as 'hot debriefing' or 'proximal debriefing'.

The aims of debriefing are to:

- Discuss how, why and what occurred
- Promote learning and reflection for individuals and teams
- Identify opportunities for improvements in workflows, processes and systems
- Identify any key points and lessons learnt
- Ensure that the health and wellbeing of staff members are not adversely affected

The management team will support all staff members following any incident, no matter how minor it may seem. Both positive and negative points should be considered that can support organisation-level training in the support of any future events.

9.3 Supporting patients

Should any patient be subjected to violent, abusive or aggressive behaviour then, as for staff members, they may need support, and this may be from a clinical or non-clinical member of the team. It is likely that the minimum would be to have a debrief about the incident although in many cases the police would need to be involved.

External support may also be required.

Annex A – Legislation and further reading

The following legislation supports this policy:

- [Health and Safety at Work Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999](#)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)
- [Safety Representatives and Safety Committees Regulations 1977](#)
- [Health and Safety \(Consultation with Employees\) Regulations 1996](#)

Further reading can be sought from:

BMA	Preventing and reducing violence towards staff At the sharp end: handling patient violence On the receiving end: violence aimed at doctors
GMC	Ending the professional relationship with a patient
HSE	Violence and aggression at work Violence at work
LGBTQ+	For managing inclusive behaviour visit Stonewall

	Gender Identity Toolkit for General Practice
MDU	Dealing with challenging patients
NHS E	Violence prevention and safety
NICE	Safeguarding NHS staff from violent and aggressive patients

Annex B – Classifications

Unreasonable and inappropriate behaviour

Some examples of inappropriate behaviour that is deemed to be unreasonable includes, but are not limited to the following:

- Aggressive or abusive behaviour, such as shouting or personal insults, in person or via social media
- Discrimination or harassment when related to a protected characteristic under the Equality Act 2010
- Unwanted physical contact
- Spreading malicious rumours or gossip or insulting someone
- Stalking
- Offensive comments/jokes or body language
- Persistent and unreasonable criticism

- Unreasonable demands and impossible requests
- Coercion, such as pressure to subscribe to a particular political or religious belief

Violent or abusive behaviour

- Any incident in which “an employee is abused, threatened or assaulted in circumstances relating to their work” ([HSE 1996](#))
- The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- The use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment
- Behaviour that is hostile, destructive and/or violent

Assault

- Physical assault is the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- Non-physical assault is deemed to be the use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment

Annex C – Process to manage poor behaviour

The following process is to be taken to support poor behaviour at this organisation:

- **Discuss**

When interactions become challenging, staff are advised to discuss these more difficult consultations/conversations with their peer groups, seeking guidance when applicable and assurance that they have handled the situation in the most appropriate manner.

- **Record keeping**

To support any decisions made on behalf of the organisation, members of staff who experience patients who are challenging and make unreasonable demands must record the events as accurately as possible.

Any record should be strictly factual.



The [Medical Protection Society](#) states in its guidance that if a patient's behaviour is likely to be relevant to their health, then it should be documented factually within the medical record. However, if incidents arise outside the context of a consultation, say in reception, or when telephoning, it should be considered as to whether the behaviour should be documented in the medical records or not.

There can be circumstances in which it would be more appropriate to record any incidents with a patient in a separate folder. Any information about a patient stored outside the records would still be required to be disclosed on request by the patient under data protection legislation.

Any entry made in the patient's healthcare record should detail exactly what happened, including timings, the build-up to the incident and those staff members present. Care should be taken not to record opinions or perceptions that may prejudice others in the event of the patient seeking to register elsewhere for any reason.

- **Speaking to the patient**

In the first instance, and to maintain an effective relationship with the patient, it is recommended that the patient be spoken to by the clinician who is treating them. The clinician can provide reassurance to the patient about their condition and address any concerns.

A recommended approach to help in such scenarios is to verbalise the difficulty, such as:

"We both have very different views about how your symptoms should be investigated and that is causing some difficulty between us. Do you agree?"

Verbalising such difficulties may enhance the level of trust between the clinician and the patient, enabling feasible options for care and treatment to be discussed.

Clinicians will not be forced into giving a diagnosis or treatment if they are uncertain. This should be explained to the patient while also explaining that it is in his or her interest that the most appropriate solution be found and that it can take time to confirm a diagnosis.

- **Writing to the patient**

Should the patient's behaviour remain unreasonable despite the above actions having been taken, the matter will be referred to the Practice Manager who will then write to the patient using the template at [Annex E](#).

The correspondence will, where indicated, also include links to relevant, evidenced literature or approved websites to enable the patient to carry out their own research.

- **Cooperation**

Should the patient not be cooperating, or it is judged that their behaviour is not acceptable, then a further letter at [Annex F](#) may be more appropriate.

- **Behaviour agreement**

If a patient continues to act in an unreasonable manner despite being issued a letter about their behaviour, the organisation may establish a '*behaviour agreement*' that allows boundaries to be detailed and agreed to.

This agreement should be retained in the patient's healthcare record and reference will be made to the agreement should the patient's behaviour deteriorate once again. A sample behaviour agreement can be found at [Annex G](#).

- **Removal from the organisation**

Should the patient be non-compliant as per the behaviour agreement in a manner that contravenes the agreement then consideration should be given to removing the patient from the organisation list.

This final stage should never be taken lightly and will be agreed by the management team. The patient will be advised that the doctor/patient relationship has deteriorated to such a degree that there is no longer any trust between the parties and the relationship is not viable.

The patient will be asked to register at another organisation as detailed in the [Removal of Patients Policy](#). Further guidance can be sought within the [GMC's](#) ethical guidance for doctors on ending the professional relationship with a patient.

A sample letter can be found at [Annex H](#).

Annex D – Available actions to remove a patient

Actions available to the organisation

a. Warnings

- For unacceptable, threatening or abusive behaviour, the patient will be warned that the organisation is considering removing them from its list
- The letter template at [Annex E](#) is to be used and this advises that, should there be any further incidents of inappropriate behaviour, they will be removed and requested to register elsewhere



- Records of all warnings should be retained and, if a warning has been given in the preceding 12 months, there are grounds for requesting removal
- Should a patient not be cooperating with treatment then the letter at [Annex E](#) can be used
- When behaviour is an issue, this organisation will do all that it can to ensure that this is rectified. In these instances, a behaviour agreement can be raised and a template for this can be sought at [Annex G](#).

b. Removal

Prior to seeking formal approval to remove a patient from the organisation list, the following is to be adhered to:

- Judgement is to be exercised in determining whether a patient's violent behaviour is a result of their medical condition. When doubt exists, further guidance should be sought from the Local Medical Committee and/or medico-defence representatives
- There must always be a justifiable reason(s) for seeking approval to remove the patient from the organisation list
- For instances when there is deemed to be a breakdown of doctor-patient relationship or should there be any repeat of the inappropriate behaviour within a 12-month period since the previous warning, then the patient can be removed. The process to is detailed below

Further reading can be sought from the [Removal of Patients Policy](#)

- Should a patient be violent, e.g., when the police are involved, then in these cases the patient will be removed immediately. It should be noted that if the removal is on the grounds of violence or threatened violence, the police must always be informed, and a police incident number obtained.
- If it is for a clinical reason as to why the patient's behaviour was deemed inappropriate, consider changing the patient's GP internally

When removal has been found to be justified, the organisation will:

- Write to the patient explaining why they are to be removed from the organisation list using the template at [Annex H](#)
- Record the decision, attaching the letter(s) to the patient's healthcare record



- Determine the most appropriate arrangements for continuing the patient's care and facilitate the timely transfer of the patient's healthcare record

Actions by PCSE (8-day removal)

Should there be a requirement to remove the patient following their unreasonable behaviour and a warning has already been provided to them in the preceding 12-months period, then PCSE will remove patients eight days after they receive the request.

However, if patients require treatment at intervals of less than seven days, the organisation is obliged to provide such treatments until the condition of the patient improves. In such instances, removal will occur on the eighth day after treatment ceases or until the patient is accepted by another organisation.

To request an 8-day removal, PCSE are to be informed via the [Patients Removal Form](#) as detailed upon their [Patients removal webpage](#) or the [paper form](#) can be sent to pcse.patientremovals@nhs.net.

Actions by PCSE (immediate removal)

In instances when patients are violent, abusive, threatening or have displayed signs of generally unacceptable behaviour, or where there are concerns for staff and other patients' safety, the police are to be notified. The organisation can have the patient immediately removed within 24 hours once they have notified PCSE by either telephone or email.

To request immediate removal of a patient and for further instructions, refer to the [PCSE guidance](#).

The organisation must ensure that the reason(s) for removal is recorded in the patient's healthcare record, along with any supporting documentation such as previous warnings or information leading up to the removal of the patient. The responsibility for ensuring that the patient meets the criteria for immediate removal

Annex E – Warning letter

[Address]

[Insert date]

Dear [insert name of patient]



This is to inform you that your [unreasonable/abusive/aggressive behaviour] on [date] at [place] is unacceptable to the practice. Please treat this letter as a formal warning that any such behaviour in the future will not be tolerated.

Any repetition of [unreasonable/abusive/aggressive behaviour] may result in you being removed from this practice's patient list and you will be required to register elsewhere.

Yours sincerely,

[Signature]

[Name]

[Role]

For the partners

Annex F – Cooperation letter

Dear [insert patient name],

As the [Practice Manager] of Wootton Medical Centre, I am writing to you on behalf of the partners at the practice.



We value you as a patient and our aim is to always provide you with the best level of care. In order to do so, we need you to accept that it is not acceptable to [insert issue here, e.g., make repeated demands for information]. Members of the team have advised me that [insert information, e.g., “over the past [insert time frame] you have called the practice on [insert number] separate occasions to discuss your medical condition].

Your GP has informed me that they have advised you a number of times about managing your condition and that they have also written to you to clarify the advice given during your consultation.

If, during your consultation, you are unsure about anything your GP has said to you, please ask at the time. Your GP will happily explain everything to you to ensure that you are best placed to manage your condition.

Our doctors follow the guidance detailed in [Good Medical Practice \(2024\)](#), specifically our GPs will:

- Listen to patients and encourage an open dialogue about their health, asking questions to allow them to express what matters to them, and responding honestly to their questions
- Give patients the information they want or need to know in a way they can understand

Our receptionists are not permitted to give medical advice about your condition; the responsibility of your continued care rests with the General Practitioners.

Should you seek a second opinion regarding your condition, please arrange an appointment requesting that the appointment takes place with a different GP and the reception team will facilitate this.

We have [xxxx] registered patients at Wootton Medical Centre which generates a high volume of telephone calls throughout the day. It is essential that our resources are used appropriately if all our patients are to receive the expected level of care.

Thank you in advance for your cooperation.

Yours sincerely,

[Signature]

[Name][Role]

For the partners

Annex G – Behaviour agreement



Dear [insert patient name],

As the [Practice Manager] of Wootton Medical Centre, I am writing to you on behalf of the partners at the practice. We value you as a patient and want to continue to provide you with high-quality care and service [that you/we feel that you] currently receive. To do so, we need to set boundaries and expectations that will foster an effective relationship.

It is hoped that this is agreeable and that we can improve upon our relationship to maintain the effective patient/doctor relationship that is required.

Please review and sign the agreement carefully. This agreement will be witnessed and retained within your healthcare record.

Agreement

This agreement is between [insert patient name] and Wootton Medical Centre.

This organisation will endeavour to:

- Consider your needs and provide a professional and confidential service and work in partnership with you, your family, carers and representatives
- Consider what would most benefit your health and wellbeing and discuss any decision in a clear and transparent way
- Treat you equally and with dignity and respect
- Encourage you to take part in decisions about your health and wellbeing by providing you with the information and support to do so
- Learn from any mistakes and ensure that, should any occur, we fully investigate. If harm has been caused, we will provide an appropriate explanation and apology
- Offer you your named GP, or GPs, of choice where possible for continuity of care
- Listen to you and involve you in decision making regarding your treatment options
- Consider and respect your feedback

In return, this organisation will expect you to undertake that you will do the following:

- Use our service responsibly and not expect immediate treatment for non-urgent/routine conditions



Wootton Medical Centre

- Take personal responsibility for your own health
- Treat staff and other patients with respect and recognise that violence or the causing of nuisance or disturbance these premises could result in prosecution
- Recognise that abusive and violent behaviour could result in you being requested to register elsewhere
- Provide accurate information about your health, condition and status
- Keep to any appointments or cancel within a reasonable time to allow the appointment to be reused for another patient
- Follow the course of treatment to which you have agreed and talk to your clinician if you find this difficult
- Participate in important public health programmes such as vaccination
- Utilise the services of other professional practice staff as a GP is not necessarily the most appropriate clinician to see on all occasions
- Allow sufficient time for processing repeat prescription requests and not pressure staff to process unauthorised medication requests
- Keep us informed of any name, address and telephone number changes

I also understand that failure to meet these expectations may result in the practice requesting that I register elsewhere at another GP practice.

I have read, understand and agree to the above listed expectations.

Patient signature		Date	
Practice signature		Date	
Witness signature		Date	

Should you have any questions, can I ask that you please contact the main practice number and request a meeting with either myself or my deputy [enter name].

Yours sincerely,

[Signature]

[Name]

[Role]

For the partners



Annex H – Letter to remove a patient

[Address]

[Insert date]

Dear [insert name of patient]

Further to my previous letter in [date], this is to inform you that your [unreasonable/abusive/aggressive] behaviour continues to be unacceptable to the organisation.

On [date] at [place] it was reported to me that you [insert incident] and today I have requested to NHS England that you be removed from Wootton Medical Centre list.

Therefore, you will need to register at another organisation and...

[Delete as appropriate]

[this removal will take effect on the eighth day after the request is received by NHS England].

[or],

[this removal will take effect eight days after completion of the current treatment that you are receiving. Please note, this may be sooner should you have been accepted to be registered at another organisation].

Should you need any assistance in finding another GP organisation, it is suggested that you visit the following website:

<https://www.nhs.uk/service-search/find-a-gp>

Yours sincerely,

[Signature]

[Name]

[Partner]



Annex I – Risk Assessment and Control Form

Risk Assessment and Control Form

Brief task description: [Interacting with violent or aggressive patients]

Organisation name: Wootton Medical Centre

Risk assessment reference: [Insert local reference number]

Date completed: [Insert date completed]

Relevant documents reference: [Insert supporting document name/reference numbers]

General description (Hazard/consequence)	risk Hazard rating	Likelihood (including relevant people, environmental and data factors as well as existing control measures)	Likelihood rating	Risk rating	Additional measures required control	To be implemented By who? By when?	Residual risk (Risk - after all additional controls are implemented)
Clinical and non-clinical staff interact with patients daily, were a person to be aggressive/violent due to illness, mental health issues or a known history of violence and/or aggression, it may result in an assault,	3	There are [xx] patients at Wootton Medical Centre with a history of violence and aggression. Alerts are recorded on the clinical system for these patients For this patient cohort, chaperones are invited into the consultation	3	9	Add patient responsibilities to the organisation website Inform patients/public via posters on reasonable expectations and the potential outcomes that may result from abusive or aggressive behaviour	Ops Manager [Date] Ops Manager [Date] Ops Manager	

<p>causing moderate harm to a staff member(s) or service user(s).</p>		<p>When dealing with this patient cohort, clinicians ensure they have an escape route from the consulting room Panic alarms are fitted in each consulting room and all staff are trained to respond to said alarms</p> <p>The response to an alarm is detailed in the Dealing with Unreasonable, Violent and Abusive Patients Policy</p> <p>There have been no reported physical assaults on staff in the last 12 months</p> <p>There have been nine incidences of verbal abuse to staff in the last six months</p> <p>Staff are professional when dealing with the public/patients and are trained in de-escalation techniques</p>			<p>Ensure a record of alarm tests is retained</p> <p>Ensure periodic training to staff is given regarding dealing with violent and abusive patients</p> <p>Debrief process established</p> <p>Posters are placed in public areas and on the organisation website advising that we have a zero-tolerance approach to abusive and violent behaviour</p> <p>Robust process in managing the different types of poor behaviour</p>	<p>[Date]</p> <p>Training Manager [Date]</p> <p>Practice Manager [Date]</p> <p>Practice Manager [Date]</p> <p>Practice Manager [Date]</p>	
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Wootton
Medical Centre

General Administration

Risk assessor's name:	Contribution to risk assessment by:	Manager approval
[Insert name of risk assessor]	[Insert name of any contributors]	[Insert name of manager]
Risk assessor's job role:	Contributor's job role:	Date of approval
[Insert job role]	[Insert job role]	[Insert date]

This document was reviewed/updated by:	Job role:	On date:	Next planned review due:
[Insert name of assessor]	[Insert job role]	[Insert date]	[Insert date]

Risk Profile	Review	Recommended risk assessment and risk controls review periodicity
		<i>Guidance Note: The principle of review is that the more significant the risk level, the more often it must be reviewed.</i>
		Always review if an incident has occurred:
		If the risk is 15 – 25 (Very high) Review at least every 1 – 3 months
		If the risk is 8 – 12 (High) Review at least every 6 – 12 months
		If the risk is 4 – 6 (Moderate) Review at least every 12 – 18 months
		If the risk is 1 – 3 (Low) Review at least every 18 – 24 months