



## Kingsbridge Medical Practice

### Dealing with Unreasonable, Violent and Abusive Patients Policy (Patient Behaviour Zero Tolerance)

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## Table of contents

<b>1</b>	<b>Introduction</b>	<b>3</b>
1.1	Policy statement	3
1.2	Principles	3
1.3	KLOE	3
1.4	Status	4
1.5	Training and support	4
<b>2</b>	<b>Scope</b>	<b>5</b>
2.1	Who it applies to	5
2.2	Why and how it applies to them	5
<b>3</b>	<b>Definition of terms</b>	<b>5</b>
3.1	Violence	5
3.2	Physical assault	5
3.3	Non-physical assault	5
3.4	Aggression	5
3.5	Good Medical Practice	6
3.6	General Medical Council	6
3.7	Debriefing	6
<b>4</b>	<b>Requirements and considerations</b>	<b>6</b>
4.1	Legal requirements	6
4.2	Violence prevention reduction standards	7
<b>5</b>	<b>Managing violent behaviour</b>	<b>7</b>
5.1	Approach to managing a violent patient	7
5.2	The violent, offensive or threatening patient	8
5.3	Agreed dos and don'ts	9
5.4	Risk assessment	10
5.5	Potential risks	10
5.6	Preventative measures	10



## **Kingsbridge Medical Practice**

<b>5.7</b>	<b>Police assistance</b>	<b>12</b>
<b>5.8</b>	<b>Understanding the situation</b>	<b>12</b>
<b>6</b>	<b>Managing an unreasonable patient</b>	<b>12</b>
<b>6.1</b>	<b>Managing expectations</b>	<b>12</b>
<b>6.2</b>	<b>Reasons for challenging or unreasonable behaviour</b>	<b>13</b>
<b>6.3</b>	<b>Forms of challenging behaviour</b>	<b>13</b>
<b>6.4</b>	<b>Demanding patients</b>	<b>13</b>
<b>6.5</b>	<b>Speaking to the patient</b>	<b>13</b>
<b>6.6</b>	<b>Record-keeping</b>	<b>14</b>
<b>6.7</b>	<b>Writing to the patient</b>	<b>14</b>
<b>6.8</b>	<b>Behaviour agreement</b>	<b>14</b>
<b>6.9</b>	<b>Removal from the practice</b>	<b>14</b>
<b>7</b>	<b>Panic alarms</b>	<b>15</b>
<b>7.1</b>	<b>Activating the alarm</b>	<b>15</b>
<b>7.2</b>	<b>Response procedure</b>	<b>15</b>
<b>7.3</b>	<b>Supporting training</b>	<b>16</b>
<b>8</b>	<b>Reporting of incidents</b>	<b>16</b>
<b>8.1</b>	<b>Internal reporting</b>	<b>16</b>
<b>8.2</b>	<b>Clinical record</b>	<b>16</b>
<b>8.3</b>	<b>Significant events</b>	<b>16</b>
<b>9</b>	<b>Effects on staff</b>	<b>16</b>
<b>9.1</b>	<b>Supporting the team</b>	<b>16</b>
<b>9.2</b>	<b>Debriefing the team</b>	<b>17</b>
<b>10</b>	<b>Additional resources</b>	<b>17</b>
<b>11</b>	<b>Summary</b>	<b>17</b>
	<b>Annex A – Warning letter to an abusive patient</b>	<b>23</b>
	<b>Annex B – Risk assessment and control form</b>	<b>20</b>
	<b>Annex C – Cooperation letter to unreasonable patient</b>	<b>23</b>
	<b>Annex D – Behaviour agreement</b>	<b>29</b>
	<b>Annex E – Respect our staff poster</b>	<b>31</b>



## Kingsbridge Medical Practice

### 1 Introduction

#### 1.1 Policy statement

Whilst any act of intimidation, aggression or violence, be it verbal or physical, is not acceptable, it is acknowledged that a minority of patients may, on occasion, be abusive or violent towards staff at Kingsbridge Medical Practice.

Of note, the 2021 [NHS England Staff survey](#) of nearly 600,000 responses found that:

- There were 14.3% of NHS staff who have experienced at least one incident of physical violence from patients, service users, relatives or other members of the public in the last 12 months.
- The impact on staff is significant with violent attacks contributing to 46.8% of staff feeling unwell as a result of work-related stress in the last 12 months, with 31.1% thinking about leaving the organisation<sup>1</sup>

In addition, unreasonable behaviour is also unacceptable and, as such, needs to be managed appropriately and consistently. This organisation has a zero tolerance towards poor behaviour and is committed to reducing the risk to staff and other patients.

#### 1.2 Principles

This policy will illustrate the organisation's commitment to the safety of staff, contractors and patients whilst explaining the requirement for staff to undertake training and report incidents effectively to ensure that appropriate action is taken against offenders.

#### 1.3 KLOE (England only)

The Care Quality Commission (CQC) would expect any primary care organisation to have a policy to support dealing with unreasonable, violent and abusive patients which should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE)<sup>2</sup>

Specifically, Kingsbridge Medical Practice will need to answer the CQC key questions on "Safe and Well-Led".

The following is the CQC definition of Safe:

*By safe, we mean people are protected from abuse\* and avoidable harm. \*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*

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<sup>1</sup> [NHS E - Supporting our NHS people](#)

<sup>2</sup> [KLOE](#)



### Kingsbridge Medical Practice

<b>CQC KLOE S1</b>	How do systems, processes and practices keep people safe and safeguarded from abuse?
<b>CQC KLOE S2</b>	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe?

The following is the CQC definition of Well-Led:

*By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality and person-centred care, support learning and innovation and promote an open and fair culture.*

<b>CQC KLOE W3</b>	Is there a culture of high-quality, sustainable care?
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## 1.4 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.

## 1.5 Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

NICE have produced a document titled [Safeguarding NHS staff from violent and aggressive patients](#) and advises that by undertaking training, staff can ensure that they have the skills to defuse a potentially violent or aggressive situation. Staff training in de-escalation should enable staff to recognise the early signs of agitation, irritation, anger and aggression, use techniques for distraction and calming and ways to encourage relaxation.



Dealing with abusive patient training is available on the [HUB](#).



## Kingsbridge Medical Practice

## 2 Scope

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### 2.1 Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).<sup>3</sup>

### 2.2 Why and how it applies to them

It is the responsibility of all staff to ensure 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 the responsibility of the practice management team to ensure that all staff have undertaken the necessary training to be able to respond appropriately.

## 3 Definition of terms

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### 3.1 Violence

Any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work

### 3.2 Physical assault

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

### 3.3 Non-physical assault

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

### 3.4 Aggression

Behaviour that is hostile, destructive and/or violent

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<sup>3</sup> [Network DES Specification 2022/23](#)



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### **3.5 Good Medical Practice**

Good Medical Practice 2013<sup>4</sup> outlines the duties of a doctor registered with the General Medical Council.

### **3.6 General Medical Council**

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.<sup>5</sup>

### **3.7 Debriefing**

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

The aims of debriefing are to promote learning and reflection for individuals and teams. Furthermore, it can identify opportunities for improvements in workflows, processes and systems<sup>6</sup>.

## **4 Requirements and considerations**

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### **4.1 Legal requirements**

The Health and Safety Executive establishes the employers' responsibilities in their work-related violence document titled [Legal Requirements](#). This document explains that employers have a general duty of care to protect staff from threats and violence at work. There are five pieces of health and safety legislation that cover violence at work:

- [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](#)

These above legislative requirements state the following is required or to be conducted by the employer:

- Have a legal duty to ensure, so far as reasonable, the health, safety and welfare at work of their staff

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<sup>4</sup> [Good Medical Practice](#)

<sup>5</sup> [General Medical Council](#)

<sup>6</sup> [Life in the fast lane](#)



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- Must look for risks to staff (including the potential risk of violence), decide how significant these risks are, decide what to do to prevent or control the risks and develop a clear plan to achieve this
- Must notify their enforcing authority in the event of an accident at work to any employee resulting in death, injury or incapacity for normal work for seven or more days. This includes any act of non-consensual physical violence done to a person at work
- Must inform, and consult with, employees in good time on their health and safety

## **4.2 Violence prevention reduction standards**

All NHS-funded services under the NHS Standard Contract and NHS Trusts must declare twice a year that they meet the [Violence prevention and reduction standard](#) that was established in December 2020.

Whilst aimed at our colleagues in secondary care, at Kingsbridge Medical Practice we will consider these NHS Standard Contract factors as being best practice. We will implement these, where practicable, to support a safe and secure working environment for our staff and to safeguard them against abuse, aggression and violence.

While the BMA document titled [Preventing and reducing violence towards staff](#) details actions, those below have been adapted for use at this organisation:

- A violence prevention and reduction policy is to be developed and feature risk assessments, objectives and requirements with the aim to reduce incidents of violence
- This policy is updated annually with management oversight
- The strategy and this policy are communicated to all staff, including how to report incidents
- A risk assessment (staff and workplace) is done to consider any other factors (for example, protected characteristics) of violence. This will inform any prevention plans
- Any proposed actions are assessed and done in a timely fashion
- Any lessons learned are considered by the organisation and changes made to this policy

## **5 Managing violent behaviour**

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### **5.1 Approach to managing a violent patient**



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The violence prevention and reduction standard employs the *Plan, Do Check, Act* (PDCA) approach as a four-step management method. This is to validate, control and achieve continuous improvement of processes.

- **Plan**

To review the current status against the violence prevention and reduction standard and identify their future requirements. To understand what needs to be completed and how, who will be responsible for what and what measures will be used to judge success.

This phase of the process includes developing or updating strategies, policies and plans to deliver the aims.

- **Do**

To assess and manage risks, organise and implement processes and communicate plans to and involve staff and key stakeholders in their delivery. Lastly, to provide adequate resources and training.

- **Check**

To ensure that the plans are implemented successfully, assess how well the risks are controlled and determine if the aims have been achieved, i.e., via audit measures.

As part of the process, the NHS organisation should routinely assess any gaps and ensure swift corrective action. Credible, accurate and unambiguous data will assist in checking that incidents of violence have fallen.

- **Act**

To review our performance to enable the management team to direct and inform changes to policies or plans in response to any localised lessons learnt and incident data collected in respect of violence prevention and reduction.

This organisation will share critical findings with both internal and external stakeholders.

Further information on PDSA models:

- The requirements for this PDSA cycle can be sought from the NHS England's [Violence prevention and reduction standard](#)
- How to undertake a PDSA approach can be found in the NHS E/I document titled [Plan, Do, Study, Act \(PDSA\) cycles and the model for improvement](#).

## **5.2 The violent, offensive or threatening patient**



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We do not expect our staff to tolerate any form of behaviour that could be considered abusive, offensive or threatening, or that becomes so frequent it makes it more difficult for us to undertake our work or help other people.

At Kingsbridge Medical Practice, it is understood that much of the aggression, violence or unacceptable behaviour is often directed towards reception staff as these staff are often the first point of contact.

It is further understood that patients or their representatives can often be frustrated with waiting times, delayed secondary care appointments as a result of the pandemic, or may simply be in pain, such behaviour is still wholly unacceptable.

Therefore, the partners and managers will:

- Support staff that are exposed to poor behaviour and act accordingly
- Take action to manage this type of behaviour and this applies to all aspects of contact, be it in person, on the telephone, or inappropriate behaviour upon social media
- Consider each case of inappropriate behaviour and whilst many cases of violence would result in an immediate removal from the practice list, certain circumstances of a less serious manner may result in a 'first and final' warning letter. A sample letter can be found at Annex B to E
- Remove the patient from the practice list for those more serious offences where the 'patient / doctor' relationship may be compromised.

The [Removal of Patients Policy](#) provides greater detail as how best to remove a patient from the practice list as a result of violence, aggression or assault.

### **5.3 Agreed dos and don'ts**

The following list of dos and don'ts should be adopted when facing an aggressive patient and should be adopted to minimise any risk of harm to employees:

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 them feel trapped or concerned



## Kingsbridge Medical Practice

### 5.4 Risk assessment

Whilst 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.<sup>7</sup> The findings of the risk assessment(s) will inform the procedures needed to enhance safety within the organisation.

The HSE provide a guidance document<sup>8</sup> to support the management in dealing with violence within the workplace. A template for conducting a risk assessment can be found at [Annex B](#). Further information on risk assessing can be found within the [Risk assessment guidance document](#).

### 5.5 Potential risks

The following constitute foreseeable risks to staff at Kingsbridge Medical Practice:

- 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

### 5.6 Preventative measures

Preventative measures should be in place when staff are treating known or suspected abusive, aggressive or violent patients or those patients identified as posing a risk to staff, contractor or patient safety.

#### Non-clinician F2F situation

Should any staff member feel; intimidated by abusive, inappropriate or aggressive behaviour in a non-clinical, face-to-face setting, such as reception, then the Panic Alarm should be activated and actions should be taken as detailed at [Chapter 7](#).

Should additional support be needed by the policy, then this is detailed below at [Section 5.7](#).

#### Telephone calls

Patients who are aggressive or abusive during a telephone call should be advised that there is a zero-tolerance policy at Kingsbridge Medical Practice and that any further aggression or abuse will not be tolerated and should there be any further abuse, then the call will be ended.

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<sup>7</sup> [Risk Assessment for work-related violence](#)

<sup>8</sup> [HSE - Violence at Work A guide for employers](#)



### Kingsbridge Medical Practice

Should there then be any further episode of rudeness, swearing or threatening behaviour, the staff member taking the call should advise the caller that they are ending the call and do so.

As a rule, the staff member should:

- Annotate the date and time of the call
- Ascertain who is calling
- Remain calm, offering empathy
- Determine the reason (if possible) for the aggression or abuse
- Offer solutions if practicable
- Advise the caller that if they persist with such an aggressive and/or abusive tone, the call will be ended
- End the call if appropriate
- Note down a **factual** summary in the patient's healthcare record
- Inform the Practice Manager
- Report the incident in accordance with the organisation incident reporting policy or significant event policy

#### Clinical situation

Should a clinician have a situation where the patient, or a patient's representative become abusive or aggressive, the clinician may consider any of the following:

- Leaving the room
- Pressing the panic alarm
- Calling for help

Should it be known that a patient or their representative may be violent, abusive or inappropriate, then 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

#### Remote situation

All staff are requested to remain vigilant whilst visiting any social media site especially surrounding any detrimental comment being placed about this organisation or any of our staff.

Should there be episodes of online aggression directed towards the organisation or its staff, then the Patient social media and acceptable use policy provides greater information.

The BMA provide advice on this subject in their document titled [Dealing with abuse of practice staff on social media from patients](#).



### **Kingsbridge Medical Practice**

To protect reputations, should there be an instance of inappropriate information upon the social media site, then Matthew Bryan, Practice Manager is to be informed at the earliest opportunity.

## **5.7 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.

Following police involvement in an incident, there are reporting actions that need to be conducted. Further details of these can be found at [Chapter 7](#) of this policy.

## **5.8 Understanding the situation**

In all circumstances, staff are to demonstrate confidence and compassion, remaining calm throughout the incident. Staff should refrain from being judgemental, instead opting to show the patient their clear intention to resolve the situation as opposed to attempting any form of reprimand.

Staff should also attempt to understand the underlying issue as to why they are behaving in this manner. It may be that there is a mental health issue, the patient may be under an extreme amount of stress, say a new life altering diagnosis or be in pain. Therefore, where possible staff at this organisation should always attempt to reason with the caller in the hope that the situation can be de-escalated.

However, it must be noted that should the patient have had been aggressive, abusive or intimidating, the partners and management are duty bound to support the staff member in these circumstances.

# **6 Managing an unreasonable patient**

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## **6.1 Managing expectations**

Patients' values, beliefs and circumstances all influence their expectations of their needs for, and their use of, services. It is important to recognise that individual patients are living with their condition so the ways in which their family and broader life affect their health and care need to be taken into account.

NICE guidance<sup>9</sup> recommends that an individualised approach is required, tailoring the healthcare services to the needs of the patient. Furthermore, patients should be given sufficient information about the relevant treatment and services available to them in order for the patient to make an informed decision. Additionally, guidance advises clinicians to discuss issues with patients in a manner that permits the patient to express their preferences whilst ensuring at all times that the patient understands both their condition and the options available to them.

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<sup>9</sup> [www.nice.org.uk](http://www.nice.org.uk)



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At Kingsbridge Medical Practice, clinicians must ensure that patients are aware that they may request a second opinion from another clinician, advising the patient how they can arrange this.

### **6.2 Reasons for challenging or unreasonable behaviour**

There are many reasons why patients become challenging, including:

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

### **6.3 Forms of challenging behaviour**

All staff at Kingsbridge Medical Practice may experience patients who are:

- Demanding
- Unwilling to listen
- Uncooperative

### **6.4 Demanding patients**

There are a number of factors associated with difficult and challenging interactions with patients such as a lack of resources, waiting times and interruptions during sessions. As a result, the demanding or difficult patient can potentially consume a large amount of the clinician's time. 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. Additionally, communicating effectively with the patient can help. Clinicians must not be forced into giving a diagnosis or treatment if they are uncertain. This should be explained to the patient whilst 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.

At Kingsbridge Medical Practice, clinicians are advised to discuss difficult consultations with their peer groups, seeking guidance where applicable and also assurance that they have handled the consultation in the most appropriate manner.

### **6.5 Speaking to the patient**

In the first instance and to maintain an effective relationship with the patient, it is acceptable that the patient is advised verbally by the clinician who is treating them. The clinician can provide reassurance and further guidance about the patient's condition.



## **Kingsbridge Medical Practice**

If this is to no avail, the clinician should write to the patient, explaining how they can effectively manage their condition, including any relevant literature or links to approved websites which the patient can read.

### **6.6 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. The practice manager will maintain a log of events and letters sent.

This is summarised above at [Section 5.6](#).

### **6.7 Writing to the patient**

Should the patient remain unreasonable despite the above actions having taken place, the clinician is to speak to the organisation manager who will then write to the patient using the template at Annex A to G

### **6.8 Behaviour agreement**

If a patient continues to act in an unreasonable manner despite being issued a letter about their behaviour, Kingsbridge Medical Practice 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 so that it can be acted upon at a later stage should the relationship deteriorate once again.

A sample behaviour agreement can be found at Annex A to G

### **6.9 Removal from the practice**

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 practice 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 practice and letter Annex E sent to them.



## Kingsbridge Medical Practice

# 7 Panic alarms

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## 7.1 Activating the alarm

All staff at Kingsbridge Medical Practice are given an overview of the panic alarms and how they work during the induction process. Within each consulting room, panic alarms are located within reach of the desk.

This organisation uses EMIS Web which is also equipped with a red alarm button situated in the top right corner of the screen. Activation of this alarm will send an alert to all users within the practice, producing an instant message on each user's computer screen.

Should staff at any point feel threatened or sense that the situation may lead to an incident, they are to activate the alarm.

## 7.2 Response procedure

The alarm panel is located in Reception; upon activation of the alarm, or upon seeing the alert from the EMIS web generated alarm, all available staff should:

- Respond immediately
- Two members of staff will go to the location of the incident, 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 at all times 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, respond in a like manner.

Should the person not stop their behaviour, the Practice Manager should be asked to attend and the member of staff should explain calmly what has taken place, preferably within hearing of the perpetrator. If the person is acting in an unlawful manner, causes damage or actually strikes another then the police should be called immediately.



## **Kingsbridge Medical Practice**

Should it prove necessary to remove the person from the practice then the police should be called and staff should not, except in the most extreme occasions, attempt to manhandle the person from the premises. The organisation manager is required to notify the CQC of an incident that is reported to or investigated by the police.<sup>10</sup>

### **7.3 Supporting training**

At this organisation, we undertake training to support this process as part of our ongoing training commitment to providing a safe environment.

This action is further supported within the Risk Assessment.

## **8 Reporting of incidents**

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### **8.1 Internal reporting**

All incidents are to be reported to the organisation manager at the earliest opportunity. The organisation manager will ensure that any subsequent reporting action is taken whilst supporting staff in the completion of the significant event report.

It is the policy to press for charges against any person who damages or steals practice property or assaults any member of staff or visitor/patient.

### **8.2 Clinical record**

A factual entry is to be made in the patient's healthcare record detailing exactly what happened, including timings, the build-up to the incident and those staff members present.

### **8.3 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.

## **9 Effects on staff**

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### **9.1 Supporting the team**

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<sup>10</sup> [Care Quality Commission \(Registration\) Regulations 2009: Regulation 18](#)



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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 at Annex F.

## **9.2 Debriefing the team**

The management team will be required to support all staff members following any incident, no matter how minor it may seem. This will be in the form of a 'hot debrief' to discuss how, why and what occurred to ensure that the health and wellbeing of the staff member is not adversely affected

Furthermore, the debrief can identify any key points and lessons learnt. Both positive and negative points should be considered that can support practice-level training in the support of any future events.

## **10 Additional resources**

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Further resources are available that can support poor behaviour can be sought from the following:

- The Institute of General Practice Management (IPGM) produced a hard-hitting video clip titled [If I die it will be your fault](#), this further explains the issue of unacceptable violent or abusive behaviour
- NHS E strategy titled [Violence prevention and safety](#)
- BMA webpages titled:
  - [Preventing and reducing violence towards staff](#)
  - [At the sharp end: handling patient violence](#)
  - [On the receiving end: violence aimed at doctors](#)
- MDU webpage titled [Dealing with challenging patients](#)

## **11 Summary**

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It is widely accepted that at times patients may act unreasonably when attending or contacting the practice. The effective management of such patients will give support to staff and will help to reduce the amount of time being wasted whilst also ensuring that the patient receives the appropriate level of care.



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With violence or aggression, statistically, healthcare workers are four times more likely to experience this at work than in other vocations.<sup>11</sup> Therefore, effective risk assessment and incident reporting is essential to support the organisation in the appropriate management of offenders, thereby reducing risk to staff, contractors and patients alike.

Below are examples of what level of response patients can expect for unacceptable behaviour, this includes digital communication / social media and is not an exhaustive list:

Examples of what warrants a first warning letter:

- Offensive language, verbal abuse and swearing
- Loud, intrusive or obnoxious conversation / behaviour
- Derogatory, Negative, Malicious or stereotypical remarks
- Intimidation
- Unreasonable behaviour and non-cooperation.
- Misuse or abuse of services
- Unreasonable demand:
  - Repeatedly demanding responses within an unreasonable timescale
  - Repeatedly requesting early supplies of medication
  - Repeatedly requesting further supplies of stolen medication, without the required Police Incident number
  - Repeatedly ordering prescriptions without enough notification
  - Insisting on seeing or speaking to a particular member of staff when that is not possible
  - Repeatedly changing the substance of an issue or complaint or raising unrelated concerns
  - Repeatedly insisting on a course of medical treatment for which there is no clinical evidence
  - Unreasonable use of the complaints process or other policies

Examples of what warrants first and final warning:

- Any discrimination against protected characteristics:
  - Race
  - Religion or beliefs
  - Age
  - Disability
  - Gender
  - Marriage and civil partnership
  - Pregnancy and maternity
  - Sex or Sexual orientation.
- Threats or risk of injury
- A sustained episode of verbal abuse and swearing
- Stalking (including online)
- Bullying

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<sup>11</sup> [Health Services – Workplace violence: Further Guidance](#)



### **Kingsbridge Medical Practice**

Examples of what warrants immediate removal and likely police involvement:

- Physical abuse or attack
- Brandishing of weapons or objects
- Taking or dealing drugs on the premises
- Intentional damage to the practice property
- Breakdown of Patient-Doctor relationship

Depending on the severity of the abuse, the Practice Manager may choose to issue an immediate removal or issue up to 2 warnings prior to removal if there's no satisfactory improvement in behaviour.



Kingsbridge Medical Practice

## Annex A – Risk Assessment and Control Form

### Risk Assessment and Control Form

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

Organisation name: Kingsbridge Medical Practice Risk assessment reference: na

Date completed: 16.05.22

Relevant documents reference: na

General risk description (Hazard/ consequence)	Hazard rating	Likelihood (including relevant people, environmental and data factors as well as existing control measures)	Likelihood rating	Risk rating	Additional control measures required	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, causing moderate harm to a	3	There are 9,000 patients at Kingsbridge Medical Practice 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  When dealing with this patient cohort, clinicians ensure they	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 behaviours	Practice Manager 16.05.22	-



### Kingsbridge Medical Practice

staff member(s) or service user(s).		<p>have an escape route from the consulting room</p> <p>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>		
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## Kingsbridge Medical Practice

### General Administration

Risk assessor's name:	Contribution to risk assessment by:	Manager approval
Matthew Bryan	na	Matthew Bryan
Risk assessor's job role:	Contributor's job role:	Date of approval
Practice Manager	na	16.05.22

This document was reviewed/updated by:	Job role:	On date:	Next planned review due:
Matthew Bryan	Practice Manager	16.05.22	16.05.23

Risk Review Profile	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



**Kingsbridge Medical Practice**

## **Annex B – Initial warning letter to an abusive patient**

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[Address]

[Insert date]

Dear [insert name of patient]

This is to inform you that your 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 abusive/aggressive behaviour [may/will] 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



## Kingsbridge Medical Practice

### Annex C – Final warning letter prior to removal

---

[Address]

[Date]

Dear [insert patient name],

As the practice manager of [insert organisation name], I am writing to you on behalf of the partners at the practice. It is alleged that on [insert date] you acted in a manner that was deemed to be [violent / threatening / inappropriate behaviour] whilst attending the practice.

Such behaviour is not acceptable and will not be tolerated. The NHS has zero tolerance towards patients who are violent, threatening or abusive towards staff and we take this policy extremely seriously.

On this occasion, we are content for you to remain with the practice. However, should you act in such a manner again, we will exercise our right to remove you from the practice list and, if appropriate, report your actions to the police.

Please note, that a copy of this letter will be retained within your healthcare record.

Yours sincerely,

[Signature]

For the partners



## Kingsbridge Medical Practice

### **Annex C – Removal letter due to a breakdown in relationship**

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[Address]

[Date]

Dear [insert patient name],

As the practice manager at [insert organisation name], I am writing following your [enter form of inappropriate behaviour] dated [date].

At this practice, it is felt that we have been accommodating of your requests for [detail] and have always considered this to be acting in your best interests. However, unfortunately it has now reached the point where we are no longer able to offer you safe and effective care due to [enter reason, i.e., your expectations].

Taking care of your health is a joint venture between yourself and your doctor. It is one that relies upon having a doctor-patient relationship of trust. Due to the above detailed reasons, the [partners and I] have discussed these concerns and have agreed that it is now evident that your relationship with the surgery has broken down.

In view of this we therefore cannot continue to provide care for you and we ask that you register at a new practice within 28 days. Other local practices can be found at <https://www.nhs.uk/service-search/find-a-gp>

We are truly sorry that we have had to take this course of action and hope that you are able to foster a more positive relationship with your new practice.

Please note, that a copy of this letter will be retained within your healthcare record.

Yours sincerely,

[Signature]

For the partners



**Kingsbridge Medical Practice**

## **Annex D – Removal letter due to violent or threatening behaviour**

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[Address]

[Date]

Dear [insert patient name],

As the practice manager at [insert organisation name], I wrote to you previously on behalf of the partners at the practice on [insert date] regarding your behaviour. It is alleged that on [insert date] you again acted in a manner that was deemed to be [violent/threatening] whilst attending the practice.

As previously advised, such behaviour is not acceptable and will not be tolerated. The NHS has zero tolerance towards patients who are violent, threatening or abusive towards staff and we take this policy extremely seriously.

As a result of your behaviour, you have been removed from the practice list and NHS England has been notified. The removal is effective immediately and you are strongly advised to register elsewhere for your medical care. Other local practices can be found at <https://www.nhs.uk/service-search/find-a-gp>

Please note, that a copy of this letter will be retained within your healthcare record.

Yours sincerely,

[Signature]

For the partners



## Kingsbridge Medical Practice

### Annex E – Cooperation letter to unreasonable patient

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[Address]

[Date]

Dear [insert patient name],

As the practice manager of Kingsbridge Medical Practice, I am writing to you on behalf of the partners at the practice.

We value you as a patient and our aim is to provide you with the best level of care at all times. 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 (2013):<sup>12</sup>

- You must listen to patients, take account of their views and respond honestly to their questions
- You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients’ language and communication needs.

Our receptionists are not permitted to give medical advice about your condition; the responsibility of your continued care rests with your named GP, [insert name].

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 9,000 registered patients at Kingsbridge Medical Practice which generates a high volume of telephone calls throughout the day. It is essential that our resources are used appropriately if all of our patients are to receive the expected level of care.

Thank you in advance for your cooperation.

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<sup>12</sup> [GMC - Good Medical Practice 2013](#)



**Kingsbridge Medical Practice**

Yours sincerely,

[Signature]

[Name]

[Role]



## Kingsbridge Medical Practice

### Annex F – Behaviour agreement

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[Address]

[Date]

Dear [insert patient name],

As the practice manager of Kingsbridge Medical Practice, 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 Kingsbridge Medical Practice.

This practice 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 practice will expect that you to undertake that you will do the following:



### Kingsbridge Medical Practice

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



## Kingsbridge Medical Practice

### Annex G – Respect our staff poster

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Set 2\_A3posters.pdf



Abusive Patient Log  
Zero Tolerance.xlsx