



**North & South Essex**

Local Medical Committees

# Zero Tolerance

Dealing with abusive and  
violent patients

A Guidance Document for Practices

# Index

North and South Essex LMCs operate a zero-tolerance policy	page 3
Regulations (part one)	page 4
Regulations (part two)	pages 5 & 6
Process for removal of a violent patient (part one) - Notify the Police	page 7
Process for removal of a violent patient (part two) - Notify the Commissioner (via PCSE)	page 8
Appeals against assignment to the Special Allocation Scheme	page 9
Appendix A	pages 10 to 12

# North and South Essex LMCs operate a zero-tolerance policy

## North and South Essex LMCs operate a zero-tolerance policy

- North & South Essex LMCs operate a zero-tolerance policy to abuse and violence directed to General Practice. Abusive, aggressive or threatening behaviour includes verbal and other means (such as letters, emails, and social media postings). It also includes unacceptable use of language, such as swearing or inappropriate sexual references or actions.

- Practices are seeing an increasing rise in abuse and violent behaviour from their patients. Dealing with such behaviour puts a huge strain on time and resources and causes unacceptable stress for staff. When GP practices have a patient who is violent or exhibiting behaviour that makes them fear for their safety, the patient should be immediately removed from the practice list. This guidance has been developed by Essex LMCs to reflect NHS Regulations plus guidance from NHSE and the BMA.

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

- Regulations:

NHS Regulations set out the requirements for immediate removal of patients who are violent.

They were amended in 2020 to include reference to a patient appeal, when removed in these circumstances. There is nothing within Regulation setting out how an appeal should be processed, it simply says **“that person successfully appealed their allocation to a Violent Patient Scheme”**.

# Regulations (part one)

Regulations (part one)	Guidance
<p>● NHS Regulations set out the requirements for immediate removal of patients who are violent:</p> <p><b><u>Removal from the list of patients who are violent</u></b></p> <p><b>25.— (1) Where a contractor wants a person to be removed from its list of patients with immediate effect on the grounds that:</b></p> <p>(a) the person has committed an act of violence against any of the persons specified in sub- paragraph (2) or has behaved in such a way that any of those persons has feared for their safety; and</p> <p>(b) the contractor has reported the incident to the police, the contractor must give notice to the Board in accordance with sub-paragraph (3). (1A) Where a contractor-</p> <p>(a) accepts a person onto its list of patients; and</p> <p>(b) subsequently becomes aware that the person has previously been removed from the list of patients of another provider of primary medical services-</p> <p>(i) because the person committed an act of violence against any of the persons specified in sub-paragraph (2) (as read with sub-paragraph (2A)) or behaved in such a way that any of those persons feared for their safety; and</p> <p>(ii) the other provider of primary medical services reported the incident to the police, the contractor may give notice to the Board in accordance with sub-paragraph (3) that it wants to have the person removed from its list of patients with immediate effect.</p> <p><b>The above regulations can be found on the <a href="https://www.legislation.gov.uk">legislation.gov.uk</a> website by clicking on the guidance link on the right.</b></p>	<p><a href="#">Removal from the list of patients who are violent</a></p>

# Regulations (part two)

Regulations (part two)	Guidance
<p><b>25.— (2) The persons specified in this sub-paragraph are:</b></p> <p>(c) the contractor, where the contractor is an individual medical practitioner;</p> <p>(d) in the case of a contract with two or more persons practising in partnership, a partner in the partnership;</p> <p>(e) in the case of a contract with a company limited by shares, a person who is both a legal and beneficial owner of shares in that company;</p> <p>(f) a member of the contractor’s staff;</p> <p>(g) a person engaged by the contractor to perform or assist in the performance of services under the contract; or</p> <p>(h) any other person present—</p> <p>(i) on the contractor’s practice premises, or</p> <p>(ii) in the place where services were provided to the person under the contract.</p> <p>(2A) For the purposes of sub-paragraph (1A), any reference to “the contractor” in sub-paragraph (2) is to be read as a reference to the other provider of primary medical services referred to in subparagraph (1A), and sub-paragraph (2) is to be construed accordingly.</p> <p>(3) Notice under sub-paragraph (1) or (1A) may be given by any means but, if not in writing, must subsequently be confirmed in writing before the end of a period of seven days beginning with the date on which notice was given.</p> <p>(4) The Board must acknowledge in writing receipt of a request for removal from the contractor under sub-paragraph (1) or (1A).</p> <p>(5) A removal requested in accordance with sub-paragraph (1) or (1A) takes effect at the time at which the contractor—</p> <p>(a) makes a telephone call to the Board; or</p> <p>(b) sends or delivers the notice to the Board.</p> <p>(6) Where, under this paragraph, the contractor has given notice to the Board that it wants to have a person removed from its list of patients, the contractor must inform that person of that fact unless—</p> <p>(a) it is not reasonably practicable for the contractor to do so; or</p> <p>(b) the contractor has reasonable grounds for believing that to do so would—</p> <p>(i) be harmful to that person’s physical or mental health, or</p> <p>(ii) put the safety of any person specified in sub-paragraph (2) at risk.</p> <p>(7) Where a person is removed from the contractor’s list of patients under this paragraph, the Board must give that person notice in writing of that removal.</p> <p>(8) The contractor must record the removal of any person from its list of patients under this paragraph and the circumstances leading to that removal in the medical records of the person removed.</p> <p><b>The above regulations can be found on the <a href="https://www.legislation.gov.uk">legislation.gov.uk</a> website by clicking on the guidance link on the right.</b></p>	<p><a href="#">Removal from the list of patients who are violent</a></p>

## Regulations (part two - continued)

Regulations (part two - continued)	Guidance
<p><b><u>Amendment of paragraph 25 to Part 2 of Schedule 3</u></b></p> <p>9. In paragraph 25 of Part 2 of Schedule 3 (removal from the list of patients who are violent)—</p> <p>(a) in sub-paragraph (1A), for “Where a contractor” substitute “Subject to sub-paragraph (1B), where a contractor”;</p> <p>(b) after sub-paragraph (1A), insert—</p> <p>“(1B) A contractor must not give notice to the Board pursuant to sub-paragraph (1A), where—</p> <p>(a) a person mentioned in paragraph (1A) was allocated to a Violent Patient Scheme set up in accordance with direction 8 of the Primary Medical Services (Directed Enhanced Services) Directions 2020(1) to receive primary medical services under that scheme, and</p> <p>(b) the provider of the Scheme discharged that person because they were not considered to pose a risk of violence, or</p> <p>(c) <b>that person successfully appealed their allocation to a Violent Patient Scheme.</b>”</p>	<p><a href="#">Removal from the list of patients who are violent</a></p>
<p style="text-align: center;"><b>The above regulations can be found on the <a href="https://www.legislation.gov.uk">legislation.gov.uk</a> website by clicking on the guidance link on the right.</b></p>	

# Process for removal of a violent patient (part one)

## Notify the Police

### Process for removal of a violent patient (part one) - Notify the Police

- **Once satisfied that a patient's behaviour warrants removal from the practice list, in order to remove a patient immediately, the practice is required under GMS and PMS regulations to:**

- **Notify the Police:**

In order to remove a patient immediately for cases of serious violent assault, threat or damage, the practice should report the incident to the police in an appropriate timeframe and obtain an incident number, due to the incident having left the person feeling sufficiently threatened for their own safety, or that of another.

The practice, where appropriate, should dial 999 on the day of the incident and if necessary, summon police assistance/attendance. When contacting the Police, it is important that the practice makes it clear that an incident has occurred about which the practice wants to make a formal statement as soon as possible, so as to support the situation that is to qualify for immediate removal.

# Process for removal of a violent patient (part two)

## Notify the Commissioner (via PCSE)

### Process for removal of a violent patient (part two) - Notify the Commissioner (via PCSE)

- **Once satisfied that a patient's behaviour warrants removal from the practice list, in order to remove a patient immediately, the practice is required under GMS and PMS regulations to:**

- **Notify the Commissioner (via PCSE):**

The practice is required to notify the Commissioner via PCSE either by telephone (0333 014 2884), or emailing Pcse.immediateremovals@nhs.net. At this point there will be a reasonable expectation that practices will be able to evidence contact with the police by passing on details of an incident number or detail why this has not been possible and, if possible, call back with an incident number as soon as practical. The absence of an incident number will not delay the immediate removal of a patient.

NHS England guidance suggests that the practice follow up the call with a written report of the incident (including police incident number), preferably within 24 hours but no more than 7 days after the incident occurring and via email to the Commissioner.

Following request for immediate removal of a patient, PCSE will notify the patient and commence the removal process. Following the removal and in conjunction with the commissioners as necessary, PCSE will allocate the patient to the SAS (but recognises the patient retains the right to choose not to be registered at all). A flag is placed on the patient record which prevents the patient from registering at other GP Practices.

PCSE will write to the patient to notify them of the removal and ongoing management arrangements. It is expected that this process will be completed within a 24-hour working period from the initial notification. After removal, all requests and allocations to SAS will be reviewed by a SAS Panel. The panel will monitor the ongoing appropriateness of the removal, allocation and rehabilitation of the patient. This is with a view to safely returning choice to the patient in timely way and reintegration to mainstream Primary Care.

**Registered providers and managers of NHS GP and other primary medical services must also comply with their regulatory obligations, for example to notify CQC about certain incidents that took place “while an activity is actually being provided or as “a consequence of its being provided” (CQC, 2013) and when an incident is reported to or investigated by the police.**



# Appeals against assignment to the Special Allocation Scheme

## Appeals against assignment to the Special Allocation Scheme

- NHS England Primary Guidance Manual (PGM) suggests a process for commissioners to follow, upon receipt of an appeal from a patient assigned to the SAS scheme. Please note this is guidance from NHSE and not regulation. The full guidance is attached at Appendix A, but some salient points are:
  - Appeals must be made to the commissioners SAS Liaison Team within 28 days of assignment to the SAS.
  - The commissioner should contact the practice who removed the patient, advising an appeal has been received and asking that they provide any additional information relating to the removal.
  - The commissioner convenes an SAS Panel to review the appeal, within 28 days of receipt and the panel should include appropriate representation, **including LMCs**.
  - The commissioner will notify the appellant of their decision, having first discussed with the practice concerned, within 14 days of decision.

The PGM guidance includes areas for Panel consideration and examples of when an appeal may be upheld are flimsy, i.e:

**If for example a case of mistaken identity is confirmed, the panel in consultation with the commission may (if agreed in advance with the removing practice) seek to return the patient to the practice they were removed from.**

*It is difficult to imagine any practice mistaking the identity of a patient who has behaved so badly, leading to the decision to immediately remove them in the interests of their own and patients' safety.*

The LMC would expect to be consulted on any appeal process against immediate removal due to violent & threatening behaviour. This has not happened. Nor has the LMC been invited to provide representation on an SAS Panel.

**If you have removed a patient because of abusive or violent behaviour and receive notification of an appeal, please contact the LMC for assistance.**

# Appendix A

## Appendix A

### NHS England: Primary Medical Care Policy & Guidance (PGM)

#### ● Patient Appeals Process Guidance

7.4.22 It is recognised that GP practices report incidents to the police and request immediate removal where there is due cause and to protect the safety of practice staff, patients, and visitors.

7.4.23 The appeals process must recognise that a practice has already fulfilled its obligation under the Regulations by reporting the incident to the police and notifying the Commissioner.

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

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

7.4.26 The appeal should be reviewed by a panel convened by the Commissioner (a 'SAS Panel') within 28 days of receipt of the patient's appeal. The panel should include appropriate representations (including LMCs and if appropriate, a patient representative or patient representative group, (when requested by or agreed with the patient). A sample terms of reference for an appeal panel is provided in appendix 8.

7.4.27 The Commissioner will notify the patient of the decision in writing within 14 days of the SAS Panel decision, having first discussed the outcome with the practice from which the patient was removed.

7.4.28 It is the responsibility of the SAS panel to review the evidence provided by the patient in support of their appeal. The SAS Panel will uphold or reject the appeal where it has reasonably considered if a removal under the regulations was made in error, or inappropriately.

7.4.29 Pending the outcome of any appeals process, should the patient need to access Primary Medical Care, this would have to be provided by the SAS to which the patient had been allocated.

### **7.4.30 Patient Appeals – Additional information**

7.4.30.1 To support appeal panels in their reaching a determination some sample considerations are provided below (these lists are not exhaustive).

7.4.30.1.1 The panel should be assured that:

- The identity of the removed patient and that of the patient that was involved in the incident should be confirmed as the same and be without any doubt.
- Where the reported incident occurred during a clinical consultation, the removed patient had an appointment at the practice on the same day.
- A police incident number has been provided, either at the time of the removal or within 7 days as part of the written report.
- That a written report has been submitted to the Board (usually via PCSE) • The information provided in the report is consistent with the requirements for immediate removal, as set out in the GMS/PMS regulations.
- The content and strength of any evidence provided by the removed patient does not wholly support their claim that they should not have been removed (for example – clear and incontrovertible evidence that they were out of the country at the time of the incident or at another location e.g. in-patient in a hospital).

7.4.30.1.2 The panel should also:

- Invite the patient to submit any further relevant information or a statement in relation to the alleged incident. This will ensure all parties are considered to have been treated fairly and equally should the matter be escalated to the PHSO or through a legal route.
- Seek confirmation from the practice, which member of staff was involved in the incident.
- Seek confirmation from the practice which member of staff requested the deduction.
- Discuss the incident with the practice.
- Re-confirm with the practice, the details of the patient involved in the incident and cross-check this with the details of the patient making the appeal.

7.4.30.2 In reaching a determination the panel may conclude that the patient appeal should be upheld. In this case, the SAS flag on the patient records should be removed (by the commissioner notifying PCSE) and choice returned to the patient. This presents a number of options to the panel and the commissioner and will depend entirely on the reason for upholding the appeal.

7.4.30.3 If for example a case of mistaken identity is confirmed, the panel in consultation with the commission may (if agreed in advance with the removing practice) seek to return the patient to the practice they were removed from.

7.4.30.4 Return choice to the patient enabling them to choose another local practice. This could be an option where the practice that removed the patient under the immediate removal process considers there has also been an irrevocable breakdown in relationship.

7.4.30.5 In reaching a determination that the patient appeal should be rejected, the patient should remain on the SAS and be reviewed in accordance with policy 7.4.30.6 In all cases the patient must be notified within 14 days of the appeal hearing.



North & South Essex Local Medical Committees Ltd  
Unit 5 Whitelands, Terling Road, Hatfield Peverel  
Chelmsford, Essex. CM3 2AG  
**Tel:** 01245 383430  
**Email:** [info@essexlmc.org.uk](mailto:info@essexlmc.org.uk)  
**Web** [www.essexlmc.org.uk](http://www.essexlmc.org.uk)