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Unacceptable Behaviour and Zero Tolerance Policy

Practice: Peverell Park Surgery
Policy owner: Managing Partner
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1. Purpose

Peverell Park Surgery is committed to providing a safe, respectful and inclusive environment in which patients, visitors, clinicians and all members of the practice team can receive and provide care without fear of violence, abuse, harassment, discrimination or intimidation.

The Practice recognises that patients and those accompanying them may be distressed, anxious, frustrated or upset, particularly when experiencing illness or difficulty accessing services. We will listen to concerns and complaints and seek to resolve problems fairly and appropriately.

However, distress or disagreement does not justify violence, threats, abuse, discrimination, harassment, rudeness or behaviour that places staff, patients / visitors at risk or feeling uncomfortable.

This policy sets out:

- the standards of behaviour expected from patients and visitors;
- the types of behaviour the Practice considers unacceptable;
- how incidents will be assessed and managed;
- the circumstances in which a patient may be subject to restrictions or removal from the Practice list;
- how complaints and persistent or unreasonable contact will be managed; and
- how the Practice will support staff and maintain a safe environment.

The policy is intended to be applied fairly, consistently, proportionately and in accordance with NHS England requirements.

NHS England guidance recognises that practices may need to manage behaviour that challenges healthcare staff and provides processes for both non-violent unacceptable behaviour and immediate removal following violence or threatening behaviour. Removal from a practice list should be an exceptional step and decisions should take account of the nature and severity of the behaviour, its impact, and the patient's individual circumstances.

2. Zero tolerance

The Practice operates a **zero-tolerance approach to violence, threats, abuse, harassment, discrimination and intimidation**.

Zero tolerance does not mean that every incident will automatically result in removal from the Practice list. The response will depend on the seriousness, circumstances and risk associated with the incident.

Where appropriate, the Practice will seek to de-escalate situations, understand the circumstances, make reasonable adjustments and support a patient to modify their behaviour.

Serious incidents may result in:

- immediate intervention to protect staff, patients and visitors;
- contacting the police or other emergency services;
- restriction of access to Practice premises;
- a formal warning;
- a written behaviour agreement;
- changes to the way the patient communicates with the Practice;
- other proportionate measures;
- referral to the appropriate NHS process for immediate removal; or
- removal from the Practice patient list where the relevant NHS requirements are met.

NHS England confirms that practices are supported to immediately remove patients who commit acts of violence or threatening behaviour towards practice staff, while the Special Allocation Scheme (SAS) provides continuing primary care for patients removed for safety reasons.

3. Expected standards of behaviour

Patients and visitors are expected to:

- treat staff, clinicians, other patients and visitors with dignity, courtesy and respect;
- communicate concerns without threatening, abusive or discriminatory language;
- follow reasonable instructions from Practice staff;
- respect the Practice premises and property;
- attend appointments appropriately and behave safely;
- use Practice services responsibly;
- provide information reasonably required for the provision of safe care;
- raise complaints and concerns through the appropriate channels; and
- respect the confidentiality, privacy and wellbeing of other patients and staff.

The same standards apply to anyone acting on behalf of a patient, including relatives, carers, advocates and representatives.

The NHS Constitution states that patients and the public should treat NHS staff and other patients with respect and recognise that violence or nuisance on NHS premises may result in prosecution or refusal of access to NHS services.

4. What is unacceptable behaviour?

The following examples are not exhaustive. The Practice will consider the context and circumstances of each incident.

4.1 Violence and threats

Unacceptable behaviour includes:

- physical assault or attempted assault;
- threatening to harm a member of staff, patient or visitor;
- threatening behaviour that causes a person to fear for their safety;
- intimidating or aggressive behaviour;
- stalking or persistent unwanted approaches;
- threatening behaviour involving a weapon or object used as a weapon; and
- any behaviour that creates an immediate risk to safety.

Where there is an immediate risk to safety, the Practice may contact the police or emergency services.

4.2 Verbal or written abuse

This includes:

- shouting, screaming or aggressive confrontation;
- repeated swearing directed at staff;
- insulting, abusive or degrading language;
- personal attacks on staff;
- sexually offensive comments or behaviour;
- intimidating or coercive communication;
- abusive or inpolite letters, emails, text messages or online communications; and
- repeated communication intended to intimidate or distress staff.

A patient may disagree strongly with a decision or complain about the service without this being regarded as unacceptable behaviour. The distinction is between legitimate criticism and communication that becomes abusive, threatening, discriminatory or otherwise unreasonable.

4.3 Discrimination, harassment and victimisation

The Practice will not tolerate discriminatory or harassing behaviour towards staff, patients or visitors, including behaviour relating to protected characteristics.

Examples include racist, homophobic, biphobic, transphobic, sexist, ageist, ableist or religiously discriminatory abuse.

The Practice will also not tolerate harassment or victimisation of a person because they have raised a concern, made a complaint, supported another person or exercised a legitimate right.

4.4 Sexual harassment or inappropriate sexual behaviour

This includes:

- sexual comments or propositions directed at staff or patients;
- sexualised comments about a person's body;
- unwanted sexual advances;
- sexually offensive gestures;
- inappropriate touching;
- exposure or other sexually inappropriate behaviour; and
- sending sexually explicit or inappropriate communications to staff.

Serious incidents may be reported to the police and/or referred through appropriate safeguarding procedures.

4.5 Damage, theft and other criminal behaviour

The Practice will not tolerate:

- deliberate or reckless damage to Practice property;
- theft;
- drug dealing or possession of illegal drugs on Practice premises;
- consumption of alcohol or illegal drugs where this creates a safety or conduct concern;
- deliberate interference with Practice equipment or systems;
- unauthorised recording or photography where this compromises privacy, confidentiality or safety; or
- other criminal behaviour.

The Practice may report suspected criminal activity to the police.

4.6 Online and social-media behaviour

The Practice recognises the right of patients to express opinions and provide legitimate criticism.

However, the same standards of respect apply to online communications as to face-to-face interactions.

Unacceptable online behaviour may include:

- threats against staff or the Practice;
- targeted harassment of staff;
- discriminatory or abusive communications;
- publication of private or confidential information about staff or patients;
- malicious impersonation;
- repeated online contact intended to intimidate or harass;
- publication of personal information about staff with the intention of causing harm or facilitating contact; or
- coordinated or repeated rudeness/ abuse directed at individual members of staff.

The Practice will not normally regard a genuinely held negative review or legitimate criticism as unacceptable behaviour simply because it is critical of the Practice.

Where necessary, the Practice may take appropriate steps to protect staff, patients and confidential information.

5. Unreasonable or persistent behaviour

The Practice recognises that patients have the right to raise concerns and complaints. Complaints will not be treated as unacceptable merely because a patient complains repeatedly or disagrees with the Practice's response.

However, contact or behaviour may become unreasonable where it is disproportionate, persistent and has a significant impact on the Practice's ability to provide care or investigate concerns fairly.

Examples may include:

- making repeated contacts about the same issue after a final response has been provided, without providing significant new information;
- repeatedly making the same demand after it has been reasonably explained why it cannot be met;
- making excessive telephone calls, emails, letters or other contacts that substantially interfere with Practice services;
- repeatedly contacting individual members of staff outside appropriate Practice channels;
- repeatedly changing the substance of a complaint in a way that prevents reasonable investigation;
- submitting large quantities of irrelevant or duplicate information;
- refusing repeatedly to provide information reasonably required to investigate a concern;
- insisting on immediate responses when this is not reasonably possible;
- repeatedly demanding appointments, prescriptions, investigations or treatment that are not clinically indicated;
- repeatedly requesting early replacement medication where the request cannot be clinically or operationally justified;
- repeatedly seeking medication replacements following loss or theft without providing information reasonably requested by the Practice or following appropriate reporting procedures; or
- using complaints, correspondence or other Practice processes primarily to harass, intimidate or distress staff.

The Practice will consider reasonable explanations for difficulties in communicating or complying with requests. Reasonable adjustments will be considered where a disability, communication difficulty, neurodiversity or other relevant circumstance affects a patient's ability to engage with the Practice.

6. Unreasonable demands and clinical disagreements

Patients are entitled to ask questions, seek explanations and express disagreement with clinical decisions.

A request will not be considered unreasonable simply because it cannot be agreed.

Clinical decisions remain the responsibility of appropriately qualified healthcare professionals and will be based on clinical need, professional standards, available evidence and patient safety.

Examples of behaviour that may become unacceptable include repeatedly demanding a particular treatment, medication, referral, investigation or appointment after a reasonable explanation has been provided, particularly where the behaviour becomes abusive, threatening or significantly disrupts Practice services.

Patients may seek a second opinion or use the Practice complaints process where they disagree with a clinical decision.

7. Reasonable adjustments and individual circumstances

The Practice will apply this policy fairly and proportionately.

Before deciding what action to take, the Practice will consider, where relevant:

- the nature and seriousness of the incident;
- whether anyone was placed at risk;
- the impact on staff, patients and Practice services;
- whether the behaviour was repeated;
- the patient's individual circumstances;
- known communication difficulties;
- disability and the need for reasonable adjustments;
- mental health, neurodiversity or other health conditions that may have influenced the behaviour;
- safeguarding considerations;
- whether there are language or cultural communication issues;
- whether the patient has capacity to understand and modify their behaviour where this is relevant; and
- whether an alternative way of providing or accessing services could reasonably reduce risk.

The Practice will not make a decision to restrict or remove a patient because of a protected characteristic.

NHS England specifically advises practices to take account of mental health, clinical presentation, neurodiversity and other health conditions that may influence behaviour, while ensuring that protected characteristics do not influence the decision-making process.

Reasonable adjustments may include, where appropriate:

- alternative methods of communication;
- additional time or support;
- a quiet waiting area;
- arrangements for a carer, advocate or support worker to assist;
- agreed methods of contacting the Practice;
- a mutually agreed behaviour plan; or
- other proportionate arrangements based on the patient's individual needs.

Reasonable adjustments will not require staff to accept violence, threats or abuse.

8. Managing an incident

Where unacceptable behaviour occurs, staff should prioritise safety.

Depending on the circumstances, staff may:

1. calmly ask the person to stop the behaviour;
2. explain the Practice's expectations;
3. end the telephone call or interaction if the behaviour continues;
4. ask the person to leave the Practice premises;
5. move staff or other patients away from the situation;
6. seek assistance from a senior member of staff;
7. activate the Practice's emergency or security arrangements;
8. contact the police or emergency services where appropriate;
9. document the incident promptly; and
10. refer the incident to the Managing Partner or appropriate senior clinician for review.

Staff should not place themselves or others at unnecessary risk in attempting to manage an incident.

9. Recording and reviewing incidents

All significant incidents will be documented in accordance with the Pracices significant events-reporting procedures.

Records should include, where known:

- date and time;
- location;
- people involved;
- factual description of what occurred;
- any witnesses;
- action taken at the time;
- whether police or emergency services were contacted;
- any injury or damage;
- any immediate safeguarding concerns;
- relevant communication or reasonable-adjustment considerations;
- the outcome of the review; and
- any further action required.

Records should be factual, objective and proportionate. Staff should avoid unnecessary or subjective comments.

Where an incident results in injury, the Practice will follow its applicable incident-reporting, occupational health, first-aid and workplace safety procedures.

10. Management of non-violent unacceptable behaviour

Where behaviour is unacceptable but does not meet the criteria for immediate removal, the Practice will normally consider a graduated and proportionate response.

This may include:

Stage 1 – Informal discussion

Where appropriate, the patient will be informed that their behaviour is unacceptable and given an opportunity to modify it. This would normally involve a letter or email sent to patient, with a copy of policy to explain that concerns have been highlighted and the next steps that will be taken if behaviour is not modified.

Stage 2 – Formal warning

Where behaviour is repeated or sufficiently serious, the Practice may issue a written warning.

The warning should:

- describe the behaviour or incident factually;
- explain why the behaviour is unacceptable;
- identify the expected standard of behaviour;
- explain any agreed arrangements or reasonable adjustments;
- explain the possible consequences of further incidents; and
- provide appropriate contact details for legitimate concerns or complaints.

Stage 3 – Behaviour agreement or other proportionate measures

Where appropriate, the Practice may offer a mutual behaviour agreement.

This may set out how the patient and Practice will communicate and may include proportionate arrangements designed to reduce the risk of further incidents.

NHS England guidance identifies warning letters and mutual behaviour agreements as useful interventions and states that arrangements should be fair and proportionate to the individual circumstances and risk.

Stage 4 – Consideration of removal

If unacceptable behaviour continues, or if there is a sufficiently serious incident, the Practice may consider whether the criteria for removal from the Practice list are met.

Removal will not be automatic simply because a warning has been issued. The Practice will follow the relevant NHS England/GP contractual procedure and maintain an appropriate written record of the decision.

11. Immediate removal following violence or serious threats

The Practice may seek **immediate removal** where a patient has committed an act of violence or behaved in a way that causes the Practice, staff, other patients or people present to fear for their safety, where the relevant NHS contractual requirements are met.

Examples may include:

- physical assault;

- attempted assault;
- serious threats of violence;
- threatening behaviour causing a genuine fear for safety;
- serious violent or aggressive behaviour;
- use or threatened use of a weapon;
- serious damage to Practice property where this creates a safety risk; or
- other behaviour meeting the relevant NHS England criteria.

Immediate removal is distinct from the ordinary process for managing non-violent unacceptable behaviour.

Where immediate removal is appropriate, the Practice will follow the current NHS England/Primary Care Support England process. The incident will normally also be reported to the police where required by the applicable process.

NHS England's current guidance states that immediate removal is available for violent or threatening patients, and PCSE confirms that patients removed through the Special Allocation Scheme continue to receive primary care through a designated secure arrangement.

Important: Staff must not tell a patient that they have been permanently removed from the NHS without following the appropriate NHS process.

12. Removal following breakdown in the patient–Practice relationship

In circumstances that do not meet the criteria for immediate removal, the Practice may consider removal where there has been a serious or irretrievable breakdown in the patient–Practice relationship or other grounds permitted under the applicable NHS regulations and guidance. Such removal will be an exceptional measure.

The Practice will:

- consider the circumstances carefully;
- ensure the decision is based on appropriate and documented grounds;
- consider whether the behaviour can reasonably be managed through alternative measures;
- consider relevant individual circumstances and reasonable adjustments;
- ensure the decision is not discriminatory;
- follow the applicable NHS England/PCSE process; and
- provide the patient with the appropriate written notification.

Current NHS England guidance states that removal from a practice list, including removal without prior written notice where permitted, should be an exceptional event.

PCSE currently identifies different removal processes, including immediate removal for violent/aggressive behaviour and removals following breakdown of the patient–Practice relationship.

13. Police involvement

The Practice will consider contacting the police where:

- a criminal offence is suspected;
- violence or threats of violence occur;

- there is an immediate risk to safety;
- a weapon is involved;
- serious damage to property occurs;
- staff or patients are being stalked or harassed; or
- another situation requires police intervention.

Staff should not attempt to investigate suspected criminal offences themselves.

The decision to contact the police will be based on the circumstances of the incident and relevant legal and NHS requirements.

14. Complaints and feedback

The Practice welcomes feedback and complaints.

A patient will not be subject to this policy merely because they:

- disagree with a clinical decision;
- make a complaint;
- criticise the Practice;
- request an explanation;
- ask for a second opinion;
- provide negative feedback; or
- raise a legitimate concern about their care.

Complaints will be managed under the Practice's complaints procedure.

The Practice will distinguish between **legitimate complaint activity** and behaviour that becomes abusive, threatening, discriminatory, harassing or disproportionately disruptive.

NHS England's current guidance on general practice encourages practices to welcome feedback and concerns and to use them as opportunities for learning and service improvement.

Where contact becomes persistently or unreasonably disruptive, the Practice may introduce proportionate arrangements for future contact, such as:

- identifying a single point of contact;
- limiting contact to a particular communication method;
- agreeing reasonable timescales for responses;
- requiring correspondence to relate to a specific outstanding issue;
- providing a final response where the complaints process has been completed; or
- taking other proportionate measures.

Such measures will not prevent a patient from raising a new and substantive concern.

15. Staff responsibilities

All staff are expected to:

- treat patients respectfully and professionally;
- use de-escalation techniques where appropriate;

- follow Practice safety procedures;
- report incidents promptly;
- record incidents factually;
- seek assistance where necessary;
- avoid engaging in confrontational arguments;
- maintain patient confidentiality; and
- inform the Managing Partner or appropriate senior person of significant incidents.

Staff should not be expected to tolerate abuse, threats or violence as part of their work.

The Practice will provide appropriate support following significant incidents and will consider whether further training, risk assessment or changes to working arrangements are required.

16. Management responsibilities

The Managing Partner and GP Partners are responsible for ensuring that:

- incidents are reviewed appropriately;
- decisions are evidence-based and proportionate;
- relevant NHS England processes are followed;
- reasonable adjustments are considered;
- equality and discrimination considerations are addressed;
- staff are supported following incidents;
- serious incidents are escalated appropriately;
- relevant risks are recorded and reviewed; and
- this policy remains aligned with current NHS England requirements.

The Practice will periodically review patterns of unacceptable behaviour to identify opportunities to improve access, communication, patient experience and staff safety.

17. Confidentiality and information sharing

Information relating to incidents will be handled confidentially and in accordance with applicable data protection, confidentiality and information-governance requirements.

Information may be shared with relevant organisations, including the police, NHS England, PCSE, commissioners or other healthcare providers, where there is a lawful basis and it is necessary and proportionate to do so.

18. Equality and inclusion

The Practice is committed to equality, diversity and inclusion.

This policy will be applied without unlawful discrimination.

The Practice will consider reasonable adjustments where required and will take account of individual circumstances that may affect communication or behaviour.

At the same time, equality and reasonable-adjustment duties do not require the Practice to accept violence, serious threats or behaviour that places staff, patients or visitors at unacceptable risk.

19. Review of decisions

Where appropriate, a patient may request that a decision made under this policy is reviewed.

A request for review should normally be made in writing to:

Teresa Nation Managing Partner
Email: d-icb.peverell-complaints@nhs.net

A review will consider whether:

- the policy was applied appropriately;
- the relevant facts were considered;
- reasonable adjustments were considered where relevant;
- the response was proportionate; and
- the correct NHS process was followed.

A review does not necessarily mean that the original decision will be overturned.

Where a patient has been immediately removed through the relevant NHS process, the Practice will follow the applicable NHS England/PCSE arrangements rather than creating an alternative local removal process.

20. Policy review and governance

This policy will be reviewed at least annually and sooner if there are significant changes to:

- NHS England guidance;
- GP contractual requirements;
- legislation;
- patient-removal procedures;
- violence prevention and reduction requirements; or
- Practice circumstances.

The current NHS England Primary Medical Services Policy and Guidance Manual and PCSE patient-removal procedures should be checked whenever a patient removal is being considered.

Appendix 1 – Suggested first warning letter

Private and confidential

Dear [Patient Name],

Formal warning regarding behaviour

I am writing following an incident at the Practice on **[date]**.

We understand that patients may become upset or frustrated when dealing with health concerns or difficulties accessing services. However, the behaviour described below was not acceptable:

[Insert factual description of the incident.]

Our Practice has a responsibility to provide a safe and respectful environment for patients, visitors and staff. We therefore ask that you do not repeat this behaviour.

We would like to continue providing care to you and ask that future communication with the Practice is conducted respectfully.

Where relevant, we have agreed the following arrangements to support communication:

[Insert arrangements/reasonable adjustments, if applicable.]

If there is a further incident of unacceptable behaviour, the Practice may consider additional measures, which could include a behaviour agreement, restrictions on how you communicate with the Practice, or consideration of removal from the Practice patient list where the relevant NHS requirements are met.

This letter is not intended to prevent you from making a legitimate complaint or raising concerns about your care. You can continue to do so through the Practice's complaints procedure.

If you believe there are circumstances that we should take into account in relation to this incident, please contact **Managing partner**.

Yours sincerely,

[Name]
[Position]
[Practice Name]

Appendix 2 – Suggested mutual behaviour agreement

Mutual Behaviour Agreement

Patient: [Name]
Date: [Date]

The Practice wants to continue providing healthcare to you and has agreed the following arrangements to help maintain a safe and respectful relationship.

The patient agrees to:

- communicate respectfully with Practice staff;
- avoid threats, abusive or discriminatory language;
- follow reasonable instructions from Practice staff;
- use the agreed communication method;
- attend appointments appropriately; and
- raise concerns through the appropriate complaints or feedback process.

The Practice agrees to:

- treat the patient respectfully;
- provide appropriate clinical care based on clinical need;
- consider reasonable adjustments where appropriate;
- explain relevant decisions clearly; and
- provide information about how concerns or complaints can be raised.

Agreed communication arrangements

[Insert arrangements.]

Review date

[Insert date.]

This agreement does not prevent the Practice from taking immediate action where serious violence, threats or other behaviour creates an immediate risk to safety.

Patient signature: _____

Practice representative: _____

Date: _____

Appendix 3 – Suggested final warning / consideration of removal letter

Private and confidential

Dear [Patient Name],

Further unacceptable behaviour

I am writing following an incident at the Practice on **[date]**.

The incident involved:

[Insert factual description.]

We previously wrote to you on **[date]** regarding unacceptable behaviour and explained the standards expected when communicating with Practice staff.

Despite this, a further incident has occurred.

The Practice has reviewed the circumstances and considered the nature and seriousness of the behaviour, its impact on staff/patients and any relevant individual circumstances.

[Insert any reasonable adjustments or other relevant considerations.]

The Practice has therefore decided that:

[Insert decision and applicable process.]

Where removal from the Practice list is being pursued, the Practice will follow the applicable NHS England and Primary Care Support England process. The date and arrangements for removal will be confirmed in accordance with that process.

If you have a legitimate concern about your healthcare or wish to make a complaint, you may continue to use the Practice's complaints process. This decision does not prevent you from raising a new and substantive concern.

Yours sincerely,

[Name]
[Position]
[Practice Name]

Appendix 4 – Staff incident recording checklist

- Date and time recorded
- Location recorded
- Patient/person involved identified
- Staff/patients/witnesses identified where appropriate
- Factual description recorded
- Exact words used recorded where relevant
- Threats or violence clearly described
- Injury or damage recorded
- Immediate action taken recorded
- Police/emergency services contacted where appropriate
- Safeguarding concerns considered
- Reasonable adjustments/individual circumstances considered
- Practice Manager/senior clinician informed
- Risk assessment completed where required
- Follow-up/support for affected staff considered
- Further action and review date recorded