## Special Allocation Scheme (previously "Violent Patient Scheme") Service Specification

**Definitions**

- **BMA** refers to the British Medical Association
- **CCG** refers to Clinical Commissioning Group/s
- **DDRB** refers to the Doctors' and Dentists' Remuneration Body
- **GMC** refers to the General Medical Council
- **GMS/PMS/APMS** refers to the contract types utilised for the delivery of primary care services
- **GP** refers to general practice or general practitioner depending on context
- **LMC** refers to the Local Medical Committee
- **MDU** refers to the Medical Defence Union
- **MPS** refers to the Medical Protection Society
- **PCO** refers to primary care organisation which is responsible for the patient care funding

**1. Population needs**

### 1.1. Introduction

It is a national requirement that a local Special Allocation Scheme (SAS) provider is commissioned to deliver essential primary care services for patients which have been removed from their practice list due to violence and allocated to the Special Allocation Scheme. Provision for a Special Allocation Scheme is set out in the GMS and the PMS regulations (together, the 'Regulations').

All patients have the right to be registered with a GP and to receive primary care; however, where a patient has been subject to immediate removal from a GP's patient list because of violence their rights to accessing primary care are limited, e.g. patient choice of practice, including location of services. For patients to again hold these rights they must demonstrate rehabilitation so far as to warrant discharge from the SAS and transfer to mainstream general practice.

### 1.2. Context and evidence base

Violence and aggression are relatively common and serious occurrences in health and social care settings. Between 2015 and 2016 there were 70,555 assaults reported against NHS staff in England; 3% involved primary care staff with 22 in 1,000 staff experiencing an assault. This service specification has been developed in response to the NHS Zero Tolerance policy for the purpose of handling of violent patients in the localities of Nottinghamshire and Derbyshire. The Health and Social Care Act 2012 places an obligation on NHS England to secure the provision of primary medical services for patients throughout England.

Removing a patient under the Regulations should only be used as a last resort when all other ways of managing the patient's behaviour have been exhausted, or when the patient has acted in such an extreme manner that the practice sees no other option than to allocate them to the scheme.

### 1.3. Guidance for removal from practice list

This service is for patients who are removed from GP lists due to violence within Nottinghamshire (covering the CCG area of Nottingham North and East under the terms of the GMS/PMS/APMS contracts and who are therefore considered unsuitable for treatment in a regular GMS/PMS/APMS setting.

The incident leading to the removal of the patient from the practice list and onto the SAS must be sufficient to justify the immediate removal of the patient in accordance with GMS Contracts Regulations 2004, Schedule 6, Part 2, paragraph 21; and PMS Schedule 5 Paragraph 20;

"*the patient has committed an act of violence against any of the persons specified in sub-paragraph (2) or behaved in such a way that any such person has feared for his safety; and (b) it has reported the incident to the Police; (thus obtaining a log number for the incident).*"

If a patient's behaviour is such that it warrants removal from the patient list and placing them on a SAS the Regulations require that the incident is reported to the police. Patients will not be accepted into the scheme unless the incident is reported and a police incident number obtained. Wherever possible practices are encouraged to press charges against offenders and provide witnesses for future court hearings should it be required.

All GP practices will be asked to complete a standard pro-forma for future immediate removals to assist in monitoring both the numbers and reasons for such removals.

### 1.4. Definitions of violence

The Health Circular 2000/01 defined violence in the primary care context as:
*"Any incident where a GP, or his or her staff, are abused, threatened or assaulted in circumstances related to their work, involving an explicit, or implicit, challenge to their safety, wellbeing or health"*

The main kinds of behaviour which are considered to bring a patient within the regulations covered by this guidance are:

- Assault; for an assault to fall within the scope of a removal from the list, it should involve a person intentionally or recklessly causing another to apprehend the immediate infliction of unlawful force on an individual in a manner which either results in injury, or causes that individual to fear injury or some other immediate threat to their personal safety.
- Threatening behaviour; any verbally threatened harm towards others, with or without accompanying gestures, will fall within the scope of a removal. Threats of nonviolent acts are unlikely to do so although this may result in a removal under the 8-day rule (e.g. blackmail or use of offensive language without more).
- Behaviour resulting in damage to property; any behaviour resulting in damage to property, whether accompanied by verbal threats or not and whether that damage is intentional or not, is likely to be within scope of the scheme if the behaviour was intended to terrorise or intimidate individuals or is seen as a precursor to personal assault.

*NB: these are only intended to be used as a guide and therefore the list is not exhaustive.*

## 2. Outcomes

### 2.1. NHS Outcomes Framework Domains

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|---|---|---|
| **Domain 1** | **Preventing people from dying prematurely** | ✓ |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | ✓ |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | ✓ |
| **Domain 4** | **Ensuring people have a positive experience of care** | ✓ |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | ✓ |

### 2.2. Service outcomes

- To rehabilitate patients so that they can be discharged and transferred to mainstream primary care
- To deliver the duty to secure provision of primary medical services for patients throughout England
- To deliver a practice-based approach for delivering primary care services to patients who are removed from GP lists with Nottingham for reasons of abusive and violent behaviour
- To balance the rights of the patients to receive services from GPs with the need to ensure that specified persons, including GPs, their staff, patients and others on the premises, deliver and receive those services without actual or threatened violence or other reasonable fear for their safety.

## 3. Scope

### 3.1. Aims and objectives of service

The overarching objectives of the service are to:

- Ensure any patient removed under the violent patient regulations has access to essential and additional medical services
- Communicate behavioural expectations to patients and educate them to behave responsibly wherever possible
- Minimise the risks to the safety of health professionals and others.

This specification aims to reduce the risk of violence in general practice and build upon the need to re-educate patients as to appropriate behaviour towards GPs and their staff. The ultimate aim is for patients who have been immediately removed to return to mainstream general practice with an understanding of the behaviour that will be accepted there.

All patients assigned to the scheme will be offered access to primary care services which should be as aligned to mainstream general practice as possible although there will be restrictions to the level of service which patients can access, e.g. access for home visits will be denied except in vital circumstances and access to the practice nursing service may be restricted.

### 3.2. Service description/pathway

The service will:

- Provide, and be suitably qualified to provide, access to a full range of GMS essential (and additional services where agreed) for patients who have been deemed unsuitable for treatment in a mainstream GMS/PMS/APMS setting.
- Ensure that primary care services can be accessed on a weekly basis in the form of either pre-booked appointments or where seeking advice from a GP or other health care professional. Times specified will be at the discretion of the provider; however, availability of appointments should be consistent on a week-by-week basis and should be outside of normal contractual hours and any extended hours provision, e.g. Tuesdays and Thursdays 6.30pm to 8.30pm (example only – times will be at the discretion of the provider and will be considered 'in hours' despite the times of access).
- The scheme provider will be responsible for providing consultation sessions at a mutually convenient time as determined by the clinical condition of the patient as would be the case for active patients accessing primary care services.
- An active patient is one who has communication and interaction with the scheme. A patient would be considered to be inactive where their residential status is such that there is zero possibility of them accessing the scheme, e.g. they are currently in a secure unit, or where there has been a period of at least two years where there has been no communication between the provider and the patient.

These patients would be considered active upon discharge from their setting or on the day of contact with the provider respectively

- Provide time to educate the patient including family, carer or representative (e.g. IMCA where the patient lacks capacity) as applicable on the best way to obtain good quality and continuing services from primary care in particular and the NHS in general.
- Work proactively with patients to address their rehabilitation needs and, where necessary, liaising with other service providers.
- Inform NHS England – North Midlands of any violent incident in relation to a patient assigned to the scheme.
- Maintain appropriate medical records for all patients registered with the scheme and ensure that they are transferred appropriately back to PCSE including any electronic records, when patients are returned to mainstream general practice.
- Ensure that Special Patient Notes (SPNs)are issued for each patient as they join the scheme; ensure that SPNs are refreshed as necessary when expiry dates are reached, and ensure that SPNs are removed when a patient leaves the Special Register.
- The provider will comply with legislation and guidance including local policies where appropriate.
- The provider will be expected to maintain an appropriate level of professional development and expertise.
- The scheme GPs are advised to discuss with the BMA, their defence organisation (i.e. MPS, MDU) and any insurers, any consequences for them as providers or employers resulting from this agreement.

### 3.2.1. Significant incidents of violence or abuse from patients already allocated

It is expected that in the event of any incident occurring, where the patient is violent or makes significant abusive threats, the provider or security officer acting on behalf of the provider will:

- Call the police for immediate assistance and allow them to arrive in order to make a statement and enable the incident to be logged (even if the patient has left the scene).
- Complete initial incident report using security firms reporting forms provided, to note immediate details of incident and obtain witness statements of security officer, GP and any other persons in attendance.
- Subsequently complete (and return to NHS England – North Midlands as soon as possible) a formal NHS England – North Midlands incident report form and submit with additional evidence (e.g. scheme report forms, police witness statement and any CCTV or telephone call recordings).

### 3.2.2. Interplay with other services

- Where district nursing services are needed, the provider is to make arrangements with their local community district nursing service.
- It is envisaged that the majority of these patients will already have links with mental health services. It is important that these links are maintained with the services in the patient's home locality. It is not the intention of the scheme to have all patients moved to Mental Health Sector delivering care to non-scheme patients. When patients are allocated the provider and any involved Mental Health Team will ensure a means of communication is in place between the clinicians involved.
- Arrangements can be agreed between a patient and a pharmacy regarding ordering and collection of repeat medication. Where this entails posting of a prescription the patient should enclose an s.a.e with their request.

### 3.2.3. Security

Appropriate security arrangements for the service will be managed by the provider; assessing and managing the risks of patients will form part of informing what would be deemed to be appropriate. Appropriate measures may include the presence of a security officer, surveillance systems or a handheld scanning device. If home visits are provided, it is recommended the provider liaise with the local police force for the presence of a special constable. If a provider or GP takes the view that the above security measures are not needed, they do so at their own risk and take full responsibility for the decision.

### 3.2.4. Assessment and review

When a patient is allocated to the scheme, the scheme GP will undertake a thorough assessment of the patient's clinical, psychological and social needs, especially those which may result in unrealistic expectations of Primary Medical Services and which may have led to physical or verbally aggressive behaviour in the past. The practice will also advise the patient regarding accessing primary care services under the scheme and work with the patient to develop their understanding of NHS health care system and encourage appropriate use of services in future

The provider is responsible for the assessment of the appropriateness of a patient's continued registration with the scheme provider and every patient will be reviewed after each 6 month period and either:

a) Retained by the scheme GP for a further 6 months
b) Returned to mainstream GMS/PMS/APMS provision

The provider will inform the commissioner of any decision to either retain a patient on the scheme or return them to mainstream general practice.

### 3.2.5. Out of hours care

Patient need will be managed in the hours of the scheme so far as possible. There is no requirement on providers to deliver out of hours care; patients will contact the out of hours service if this is required. The out of hours service provider will be made aware of all patients on the scheme by shared services to enable them to advise the patient to contact the scheme provider in the appropriate way.

### 3.3. Population covered

Patients will be placed on the scheme where the referring practice can demonstrate to the PCO that the following criteria can be met:

*The patient is registered at the practice as a permanent or temporary resident and has committed either an act of physical or non-physical assault towards a member of staff, another patient, or visitor to the surgery, or has caused damage, which has resulted in the practice reporting the incident to the Police and obtaining an incident number.*

### 3.31 Any acceptance and exclusion criteria and thresholds

Where the commissioner and scheme provider are notified that a patient is moving into the area and they are already on the National Database as a "violent patient" they will automatically be registered with the provider. The provider is expected to see the patient at least once to determine suitability for the scheme and may discharge as appropriate.

On allocation to the scheme and at each review point the patient will be advised that they do have the right to appeal the decision to either allocate or retain them on the scheme. The appeal process is set out at 3.4.1.

A patient will only be removed from the scheme GP's list if there has been a recurrence of violence that has required police intervention. The commissioner in liaison with the LMC and provider will agree future access to primary medical services for these patients.

Consideration needs to be made for patients with mental health or substance related problems as the scheme my not be appropriate for their treatment.

In line with the expectations of the GMC and Health Service Ombudsman family members of the patient who has been subject to immediate removal and are registered at the referring practice will remain on the referring practice's list for the immediate future. The patient who has been allocated to the scheme will be instructed not to attend any appointments with family members.

It is not the intention to encourage a situation where patients are immediately removed for comparatively minor offences (e.g. that have not been reported to the police) or for behaviour that could be ascribed to a health condition and which is capable of being alleviated through careful management, care and treatment.

*Behaviour not covered by the scheme is included at Appendix 1.*

### 3.4.1 Patient pathway

The scheme provider is responsible for:

a) Reviewing patient referrals to ensure they are appropriate and within the scheme and confirming the referral with PCSE; alternatively the scheme provider may contact PCSE and the commissioner where it is believed the referral is inappropriate
b) Contacting the referring practice for additional information as required
c) Contacting the patient to confirm placement and arrange a first appointment as required
d) Completing patient registration including adding the patients details to the computer system
e) Ongoing service provision and rehabilitation including review of patients at 6-monthly intervals
f) Informing the commissioner that the patient either remains on the scheme or has been discharged into mainstream primary medical care at each review point.

### 3.4.2 Determining the responsible commissioner and scheme provider

The responsible commissioner and provider will be determined by the location of the patient. This is regardless of where the referring practice is located.

### 3.5 Patient appeals process

If a patient is unhappy about their allocation to the scheme provider they are able to appeal the decision. Any appeal should be made in writing to:

GP Team, Primary Care Commissioning, Birch House, Ransom Wood Business Park,
Southwell Road West, Rainworth, Nottinghamshire, NG21 0HJ

The process outlined below will be followed:

- Within 7 working days of allocation to the unit the patient will submit their appeal in writing to the address above (these details need to be included in the patient information sent out).
- The commissioner will acknowledge receipt of the appeal letter within 5 working days and will inform the patient that an investigation will be carried out.
- The Primary Care Commissioning Team on behalf of the commissioner will investigate the allocation by speaking to the referring practice, reviewing any CCTV footage etc.

- The Primary Care Commissioning team on behalf of the commissioner will convene a 'virtual' panel and details of the appeal and investigation will be discussed with clinical/other experts as required.

The panel will consist of at least three representatives of the following: the provider, the commissioner, the LMC, a lay member, and CCG Complaints/Patient Experience. Expert opinions may be sought from other scheme providers or Healthwatch as deemed appropriate:

- The investigation and virtual panel will be completed within 15 working days.
- The Primary Care Commissioning Team on behalf of the commissioner will inform the patient within 3 working days of the result being known.
- Whilst the investigation/appeal is in progress the patient will access any primary care from the scheme provider to which they have been referred.

Where the appeal is upheld:

- The commissioner bears the responsibility for ensuring that the outcome of the complaint is fully implemented.
- If the panel determines that the patient's behaviour did not meet the definition of violence, or that the practice failed to carry through the immediate removal process properly; the patient should be retained on the practice's list. However, the commissioner will work with practices where they feel that the doctor/patient relationship has "irretrievably broken down" to ensure that the patient can access appropriate care at an alternative primary medical provider of their own choice.
- If the patient is removed the PCO may have to facilitate registration at an alternative scheme provider
- Where a practice agrees to retain the patient it may be appropriate for a warning to be issued.
- The Primary Care Commissioning team will send a copy of the letter sent to the patient to PCSE

Where the allocation is upheld:

- The commissioner bears the responsibility for ensuring the outcome is fully implemented.
- The patient's status will be reviewed after 6 months on the service.
- The outcome of this review may require another panel

**3.6 Provider appeals process**

The provider is responsible for reviewing referrals to the scheme to ensure they are appropriate and are therefore able to submit an appeal if they believe the allocation is inappropriate. Where a provider believes that a referral to the scheme is in appropriate they must raise this with the commissioner as soon as practicably possible which should be within one working day of allocation to the scheme. A commissioner may also contact the provider where they deem that the referral is inappropriate.

Where the provider and commissioner are in agreement, the commissioner will be responsible for informing PCSE that the referral is inappropriate and to remove the patient from the scheme. PCSE will then be responsible for removing and issuing a letter to the patient outlining that they must register at an alternative practice.

Where patients referred are deemed to be borderline appropriate, the provider would ordinarily be expected to see the patient in a face to face consultation at least once to determine either future suitability of the scheme. Following which the provider may decide to discharge the patient immediately or retain them on the scheme. Patients should not be retained on the scheme unnecessarily.

### 3.7 Interdependence with other services/providers

Seamless service delivery is dependent on building and maintaining effective working relationships, including the development of robust communication and liaison mechanisms. The service needs to work in an integrated and collaborative way with other providers and professionals. These may include but are not limited to:

- Clinical Commissioning Groups
- Community Nursing Service
- GP Practices
- Local Hospital Trusts
- Mental Health Services
- NHS England – North Midlands
- Other scheme providers
- Out of hours Services

## 4 Scheme provider service standards

### 4.4 Performer's list

The GPs providing this service will be practising principals on the appropriate cluster performer's list (or any succeeding contractual documentation). The practice will ensure involvement of sufficient clinicians to deliver a robust service.

### 4.5 Legalities

As this is a service commissioned by CCGs as PCOs to agreed specifications the PCOs have agreed that they will accept the potential liability in law and will therefore indemnify the practice from the legal costs arising from any challenge to the contractual basis on which the service is provided, including challenge to the "contract" between the patient and the practice to any conditions that are placed on patient access to services within the terms of the agreement. Such liability does not extend to the clinical element of the service where the liability is with the GPs (as for any patient) and for which contingency the GPs maintain insurance cover with their medical defence organisation.

### 4.6 Policies

The provider should ensure they have and maintain up-to-date policies on the management of violence and aggression in community and primary care settings, in line with the NICE guidelines.

### 4.7 Workforce

It is expected that any GP providing service under this Agreement has undertaken suitable conflict resolution and personal safety training and attends regular updates as necessary. The provider may also consider training staff in methods of avoiding violence, including anticipation, prevention, de-escalation and breakaway techniques, depending on the frequency of violence and aggression and the extent to which staff move between settings.

In situations of medium risk, staff should consider using breakaway techniques and de-escalation. In situations of high risk, staff should remove themselves from the situation and where there is immediate risk to life, contact the police.

### 4.8 Termination of agreement

This Agreement will be provided from 1 November 2018 and continue until 31 October 2022 unless it is terminated by either party at any time on giving to the other party not less than 6 months' notice in writing.

NHS England – North Midlands shall be entitled to terminate this enhanced service agreement by notice in writing to the provider if the provider commits any continuing or material breach of any of the provisions of this agreement and, in the case of a breach capable of remedy, fails to remedy the same within 14 days after receipt of a written notice giving full particulars of the breach and requiring it to be remedied.

### 4.9 Dispute resolution

Any dispute due to interpretation of these conditions or compliance with the same may be referred for arbitration to NHS England – North Midlands.

### 4.10 Service delivery

If the service deviates from the service set out in this specification, each service/staff group has a responsibility to raise concerns either with the provider, the relevant CCG or NHS England – North Midlands depending on the nature of the concern. Subsequently, any concerns or issues should be escalated as appropriate to ensure they can be remedied promptly. The Head of Service for the provider (or equivalent) should be involved in this process.

## 5 Monitoring and administration

### 5.1. Record keeping and administration

The administration of day to day access into the service will be undertaken by the scheme provider and will ensure they have sufficient arrangements and resources in place to do so; this will include support to summarise notes of patients as they join the scheme. All staff will be expected to maintain accurate and up to date records relating to all service users, in appropriate systems and in line with the Data Protection Act 1998.

### 5.2. Monitoring arrangements

The provider will be required to produce a quarterly report of activity detailing the number of telephone consultations, face to face consultations, allocations, referring practice and list size. They will also be required to annually provide information on how long patients have remain registered with the service provider, outcomes of reassessments, referrals to other services etc. and will be required to discuss these with the NHS England – North Midlands as necessary.

## 6 Financial requirements

### 6.4 Payment and invoicing

Fee level negotiations will be at the discretion of the commissioner but will ordinarily be renegotiated on an annual basis with relevant stakeholders and will take into account the nationally published benchmark pricing for Directed Enhanced Services/DDRB as appropriate. All payments will be made on receipt of monthly invoices submitted by the provider to NHS England – North Midlands.

**Appendix 1 – Behaviour not covered by the scheme**

Below are some examples of the types of behaviours that would not ordinarily fall within the scope of the Regulations covered by this guidance. These are only intended to be used as a guide and therefore the list is not exhaustive. Any person felt threatened or fearful of their own safety should still report the incident. These removal regulations cover all persons on the practice premises.

- verbal abuse including swearing, either of a specific or non-specific nature, if not accompanied by any genuinely threatening behaviour, e.g. when it can reasonably be seen as merely venting frustration or 'blowing off steam'. Practices should exercise discretion when considering whether a perceived fear or belief that behaviour is threatening is reasonable.
- invasion of another person's personal space
- shouting or banging the reception desk
- behaviour that was not appropriate to report to the police (e.g. a patient who has never been aggressive before and who is clearly suffering mental or physical anguish) . In such circumstances, it might be more appropriate to use the standard procedure for breakdown in practice/patient relationship by writing to them after the event, requesting an explanation or apology and warning that a continuation of such behaviour could result in them being removed from the practice's list. Patients must not be immediately removed for minor offences not reported to the police, nor should they be removed for behaviour which can be ascribed to a condition capable of being rapidly alleviated by treatment e.g. mental health illness or medical / acute conditions with known behavioural changes (e.g. head injury) Therefore, careful consideration of any mitigating circumstances must be given as to whether a referral to this scheme is in the best interests of the patient.
- Incidents that occur outside of the primary care setting and have no connection with the practice, such as community or hospital based incidents. These would ordinarily default to and dealt with by that specific settings policy.
- It is important to recognise that the SAS does not provide for the ongoing treatment of the families of those patients allocated to the scheme for incidences of violence. A practice must not unilaterally remove all family members unless they have also behaved in way as to require allocation to a SAS and each patient must be referred separately. However, careful consideration will need to be given to the ongoing arrangements of any dependants of family the member who has been removed from the practice. These should be considered on a case by case basis.
- Where a breakdown in relationship had occurred with non-dependant family members as a result of one family member being placed on the SAS then they should be removed using a more relevant process e.g. 8 day removal.

**NB – where a practice is unsure how to proceed having read these examples, they can contact the commissioner for support, advice and guidance. The practice may also choose to seek guidance from the Local Medical Committee.**