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Aneurin Bevan  
University Health Board

## **POLICY AND PROCEDURE FOR THE MANAGEMENT OF VIOLENCE AND AGGRESSION IN PRIMARY CARE**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## 1 EXECUTIVE SUMMARY

General Practitioners (GPs) and their staff come into contact with patients who may be abusive, difficult or violent. The Government statement on aggression and violence within the health service issues a message of “zero tolerance” towards those that present with this behaviour. Aggression and violence directed to staff in the health service is a major cause of injury, distress and disruption.

This Policy should be considered in-conjunction with Aneurin Bevan University Health Board Prevention of Violence to Staff - Policy and Procedure

[http://howis.wales.nhs.uk/sitesplus/documents/866/ABHB\\_H%26S\\_0232%20Prevention%20of%20Violence%20to%20Staff%20Policy%20%20Procedure\\_Issue%202.pdf](http://howis.wales.nhs.uk/sitesplus/documents/866/ABHB_H%26S_0232%20Prevention%20of%20Violence%20to%20Staff%20Policy%20%20Procedure_Issue%202.pdf)

Aneurin Bevan University Health Board (ABUHB) and Gwent Local Medical Committee (LMC) recognise that violent behaviour against GPs and their staff is a continuing concern to the profession. Action needs to be taken to make general practice a safer environment. However this policy does not negate the need for GPs to have in place a robust violence and aggression operational procedure, as part of their overall statutory Health and Safety responsibilities as an employer.

The policy is to ensure that the protection of staff is balanced with the need to provide healthcare to the population.

## 2 PURPOSE OF POLICY

The purpose of this policy is to define processes for the management of Violence and Aggression within General Practices.

### 2.1 TARGET AUDIENCE

All General Practices, including Gwent Out of Hours, within Aneurin Bevan University Health Board.

## 3 INTRODUCTION

### Violent patients

For the purposes of this Scheme *violence and aggression* is defined as:-

*“Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenge to their safety, well-being or health. This can incorporate some behaviours identified in harassment and bullying, for example verbal violence”.*

The Welsh Assembly Government issued WHC 2002 (082) “Stopping Violence Against Staff Working in the NHS: TACKLING VIOLENCE AGAINST THOSE IN PRIMARY CARE”. This guidance stated that professionals and staff working in the health service would no longer tolerate aggression, violence and threatening behaviour by the public.

Violent patients present a more serious risk and the role of the Health Board is to ensure that alternative service options are in place to minimise any risk to GPs and their staff. For the purposes of Immediate Removal, patients will be designated as violent by the Health Board if an incident has occurred requiring police involvement and necessitating immediate removal from a practice’s list. The above definition covers violence enacted by patients, their relatives or carers, or indeed anyone posing a threat to GPs, their staff or other patients. The definition recognises that violence may take on many forms, for example:

- Significant mental or physical trauma
- Threatening or intimidating behaviour
- Stalking and harassment

The right of individuals to receive mainstream primary care services remains a fundamental principle of the NHS and violent or potentially violent patients who have been subject to immediate removal from practices’ lists will not be excluded from receiving primary care services. However, their behaviour may compromise their right to where they access such services and the GMS contract regulations allow a Health Board to override considerations about the distance between their residence and where they receive primary care services.

### **3.1 Potentially Violent Patients**

Within this policy, ABUHB has developed supporting criteria for the management of potentially violent patients within primary care.

There is no guidance defining a potentially violent individual. However, a person may be defined as such if it is clear that the individual has a history of actual or potential violence in another setting or has demonstrated persistent behaviour in a health care setting which has been categorised and dealt with as a low and medium incident but has failed to respond to appropriate measures and boundary setting.

Most GPs will at some stage have encountered ‘difficult’ patients. These patients are not violent, but their behaviour is still inappropriate and may cause distress and anxiety to GPs, their staff or other patients. Examples include:

- Abusive and threatening language
- Excessive demands made on the services provided by GPs and their staff
- Generally uncooperative behaviour, e.g. persistent failure to attend appointments
- Vexatious behaviour, e.g. a patient who continually makes complaints without justification

These patients should be managed appropriately and if required, practices can remove the patient in accordance with the 8-day removal process.

This document sets out the process for making a referral to the Alternative Treatment Centre Scheme and managing Potentially Violent Patients within primary care.

## **4 SCOPE OF THE POLICY**

- 4.1** The policy covers procedures and processes in supporting GP practices in managing violence and aggression in the workplace and the removal of patients, where a violent incident has occurred.

The policy is designed to be followed by members of ABUHB's Primary Care Directorate, GPs and their staff.

When applying the Violence and Aggression in Primary Care Policy, the Health Board will take into consideration individual circumstances and undertake an Impact Equality Assessment.

## **5 POLICY STATEMENT**

### **5.1 ABUSIVE AND DIFFICULT PATIENTS**

- 5.1.1** Patients who access primary care services may be ill, distressed, angry, disturbed or deprived. These factors may lead some patients to exhibit inappropriate behaviour. The nature of the work carried out in primary care means that on occasions GPs and their staff may be subjected to such behaviour. This is unacceptable and should not be tolerated. However, GPs and their staff may be able to use a number of approaches to reduce such occurrences and prevent further incidents in the future.

**5.1.2** In the event of an incident of abuse or difficult behaviour, a written record should be made of what has occurred. When recording such events practices should be advised that patient notes may be forwarded to other practices and may be requested by the patient themselves under the Data Protection Act. The recorded notes should use standard descriptions where appropriate and avoid emotive language.

**5.1.3** The incident should be reviewed as part of determining the practice's response. In particular, the following should be taken into consideration:

- was the patient's behaviour the result of a medical condition. This could take one of many forms, such as mental illness (mania or dementia), the effects of drug and alcohol misuse, or a personality disorder.
- was the patient's behaviour possibly due to underlying physical causes (e.g. pain, hunger, sleep disorder) or physiological causes (fear, frustration, low self-esteem, feeling vulnerable or threatened) which may be exacerbated by unemployment, poor housing, family/marital difficulties or language barriers.
- was the patient's behaviour influenced by environmental factors in the surgery – e.g. lack of seats, heat/cold, poor toilet facilities, or lack of information. Delays in seeing a healthcare professional may be a contributory factor.
- was this incident part of a pattern of persistent or regular inappropriate behaviour, or an atypical one-off.

## **6 MANAGING POTENTIALLY VIOLENT PATIENTS**

### **6.1 POTENTIALLY VIOLENT PATIENTS**

In order to assist General Practices in the management of potentially violent patients, a risk categorisation matrix can be found as Appendix 1, classifying risk into low, medium or high.

The following areas are addressed:

- The organisational responsibilities for taking decisions on the management of violent patients and/or violent incidents.
- The processes required by GPs to notify the Health Board of a violent or potentially violent incident and of the removal of a patient from a practice's list.

- The appropriate action to be taken in the event that a violent or potentially violent incident is reported by a GP.
- The processes by which the Primary Care Directorate will link into the wider Health Board approach to managing violence in relation to ABUHB staff and other NHS staff in the wider health community.

As stated in the introduction, a patient will be classified as violent following an incident involving the police and requiring immediate removal from a practice's list. A patient may be classified as potentially violent where:

- a) there have been a number of previous incidents involving the patient which have been previously categorised and dealt with as low/ medium risks.
- b) there is clear evidence that the individual has a history of actual or potential violence

## 6.2 RISK ASSESSMENT

To support practices in managing potentially violent patients and ensuring appropriate management plans are in place for such individuals, practices may wish to adopt ABHB Risk Assessment Form (Appendix 2). These forms will aid practices in identifying the risk and putting in measures to minimise risk to ensure the safety of staff and patients.

These forms should be considered where the practice has identified a potential risk of violence and in the following:

- On release from prison. The Health Board is alerted by the MAPPA, CPN or Probation Service that the individual poses a significant risk. The Health Board and CPN will meet with the practice and provide a "Disclosure". The practice will need to consider appropriate management plans/processes. This will be supported by the Health Board via the Primary Care Team.

All risk assessments should be recorded in the patient notes and the Practice may need to consider sharing information with partner agencies ie OOH and secondary care colleagues.

## 6.3 REMOVAL OF PATIENTS

### 6.3.1 8-DAY REMOVAL

In accordance with paragraph 20, Part 1 the Practice may request the removal of patient if sufficient warning has been provided in the period of 12 months prior to the request.

Following an incident of abusive or difficult behaviour the practice may wish to consider



the following options prior to taking more permanent action such as removal from the practice list:

- writing a formal warning letter stating that such behaviour will not be tolerated and that any future occurrence may result in removal from the practice list (examples can be found at Appendices 3-6)
- undertake a conciliation process with the patient. This is not intended to appease difficult patients but to ensure that incidents are dealt with in a fair and balanced way after proper investigation and consideration of the facts (example process as Appendix 7).
- The patient may be given the opportunity to explain their behaviour and apologise for the incident.
- GP practices have the right to remove a patient from their list for abusive and difficult behaviour. This may be an entirely appropriate response following either a single incident of sufficient magnitude to require an immediate removal or following a pattern of behaviour, where the patient has been provided with a written warning during the past 12 months. If practices wish to remove a patient from the list they are responsible for informing the NWSSP Patient Services Team and provide further detail on the incident concerned.

Following a low-medium risk incident of abusive or difficult behaviour, the patient will be allowed to re-register with another practice of their choice. In these circumstances the practice should write to the patient and indicate that they will be removed from the practice's list in eight days and that the patient should seek an alternative practice. Once registration has been completed, then details of the incident will be provided to the patient's new practice as part of the transfer of patient notes.

Where a patient is unable to register with another practice the Health Board will allocate to a practice in line with normal procedures. The Patient Services Team will make the practice aware of the incident leading to removal at the time of allocation. This will enable the practice to consider using a pre-registration interview to set down future expected standards of behaviour.

#### **6.4 ACCEPTABLE BEHAVIOUR CONTRACTS**

Patients who threaten or proceed to actual violence against General Practitioners and their staff show early signs of inappropriate behaviour before a violent incident occurs. In such cases, it may be appropriate to consider asking the patient to sign an Acceptable Behaviour Contract that clearly sets out what is acceptable and what is unacceptable behaviour when accessing primary care services.

Acceptable Behaviour Contracts have been used with some success by a number of practices, where they act as a warning to potential problem patients that certain behaviour will result in action being taken against them to remove them from the practice list.

An Acceptable Behaviour Contract should be considered:

- Where a patient shows early signs of inappropriate attitude or behaviour
- As an alternative to removal of the patient from the practice list, in the case of a less serious incident

An example of an Acceptable Behaviour Contract can be found as Appendix 8.

## 7 MANAGING VIOLENT PATIENTS

*“To deliver an Alternative Treatment Centre in response to the Welsh Health Circular WHC (2000) 69, Tackling Violence Towards GP’s, executing the statutory duty for ABHB under the new General Medical Contract arrangements and to ensure the statutory right for individuals to receive general medical services is achieved”.*

### 7.1 IMMEDIATE REMOVAL

A patient whose behaviour has been such that the Contractor has had to inform the police, can with immediate effect be removed from the practice list in accordance with Paragraph 21, Part 2, Schedule 6 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004. The contractor is then obliged to record in the patient’s medical records that the patient has been removed under paragraph 21(1) and the circumstances leading to the removal.

The criteria that shall be used to make a decision are set out below:

- The patient has committed an act of violence against the doctor or has behaved in such a way that the doctor has feared for his/her safety or the safety of other staff or patients
- The incident has been reported to the police, and a police log number assigned

Where a patient is removed under Paragraph 21, and the practice provides the appropriate information, ABUHB will **assign** the patient to the Alternative Treatment Centre. The Health Board will review the ATC Referral and determine that:

- the referral is appropriate and the patient is to receive GMS services via the Alternative Treatment Centre or
- the referral is inappropriate and the patient is suitable to receive GMS services via General Practice and a recommendation will be made for the patient to routinely access GMS services.

The Immediate Removal process is outlined in Appendix 9.

### **7.1.2 Responsibilities**

The Scheme will be managed by ABUHB in conjunction with the NWSSP (Primary Care Services), with the services delivered by the Service Provider and will be available to all Gwent patients.

ABUHB is responsible for the following areas:

- facilitating access to general medical services
- securing a safe haven facility
- providing a dedicated general medical service
- to record incidents on DATIX
- implementation of a robust monitoring process
- approval of agreed payment for services rendered in respect of provision of the scheme
- engagement with Local Medical Committee, Aneurin Bevan Community Health Council, Police Authority and service providers
- communication with patients in respect of information pertaining to the entry to the scheme, and subsequent administration arrangements
- delivery of an effective and appropriate process for the consideration of appeals
- communication with practices in respect of the referral process

The Service Provider is responsible for the following areas:

- Review and risk assess patients on both entry and exit from the scheme
- Approve appropriateness of the referral.
- Provision of General Medical Services between 8.00-6.30pm Monday-Friday, excluding bank holidays
- Provision of a telephone consultation service and a weekly consultation service at Maindee Police Station on Friday afternoons
- Management of patient records
- Gateway for community and secondary care services
- Regular production of activity monitoring reports

### **7.1.3 Information Required**

The NWSSP will request that the following information is provided by the General Practitioner:

- An incident report to be completed including a full description of the incident(s) that led to the request for immediate removal – Appendix 10;

- A description of any past history or misbehaviour by this patient within the practice;
- Confirmation that the incident has been reported to the police and a crime number established; and
- Witness statements, if appropriate.

Where the patient has been the subject of previous requests for removal from the medical list, ABUHB will be provided with a schedule of the patient's registrations by NWSSP over the preceding 10-year period, together with any information supplied by previous doctors in respect of violent incidents (Annex 2 of ATC Referral form).

#### **7.1.4 ATC Scheme**

The aim of Alternative Treatment Centre is to provide violent patients, subject to immediate removal from a GP's patient list under paragraph 21 of Schedule 6 of the NHS (General Medical Services Contracts) Regulations 2004, with access to general medical services. This service is to be provided in a stable environment away from normal surgery premises within Newport. This is in line with *Human Rights Act, 2000 Articles 6,8,14* and safeguards the personal safety of GP's, staff and other patients.

This service will come into effect when, as a consequence of their violent behaviour, a patient has been removed from the list of a particular practice with immediate effect under section 21 of the regulations, the incident has been reported to the police, a police incident number has been issued and a risk assessment has been undertaken.

#### **7.1.5 Scope of Service**

- To provide General Medical Services to all patients who are assigned to the Alternative Treatment Centre Scheme, during normal hours (8am to 6.30pm Monday, Tuesday, Wednesday, Thursday and Friday, exclusive of Bank Holidays).
- To provide a reporting mechanism for practices to inform ABUHB of any violent incident in relation to a patient assigned to the Alternative Treatment Centre Scheme.
- Maindee Police Station will be used to provide a safe haven facility from 2pm until 5.00pm each Friday, and St Julian's Medical Practice will be responsible for arranging appointments. The location of the Alternative Treatment Centre Scheme will allow for 2 Police Officers to be available immediately. Should there be no patients booked for this surgery the Police Station should be advised accordingly.
- To provide a weekly consulting session (Friday pm) at the Alternative Treatment facility at Maindee Police Station.
- To review all medical records of patients when they are first referred to the Alternative Treatment Centre Scheme and ensure there are no outstanding issues which need attention.
- To maintain appropriate medical records for such patients in the Alternative Treatment Centre; the originals to be kept at the St Julian's Centre

- To inform the appropriate individual or organization of the potential of a violent incident, when referring a patient included in the Alternative Treatment Centre Scheme, for further treatment or opinion.
- To provide patient access, where appropriate, to community and secondary care services.
- To engage in the monitoring and evaluation process
- To make time available to receive appropriate training in dealing with violent patients, as reasonably requested by the ABUHB
- To undertake a risk assessment upon entry and exit to the Alternative Treatment Centre Scheme.

### 7.1.6 ATC Group

The Alternative Treatment Centre Group will endeavour to meet on a quarterly basis and will review the number of patients referred to the scheme, having due regard to the estimated number of patients within the scheme.

Each patient will be referred to the scheme for a period of one year.

At the end of the one-year period the Alternative Treatment Centre Group will discuss the patient to facilitate the registration to an alternative practice.

The service provider will be required to re-assess the risk assessment of the patient and provide a recommendation to the Alternative Treatment Centre Group.

The Alternative Treatment Centre Group will consider the information and approve either:

- The referral to the Alternative Treatment Centre should be extended for a further period of time.
- The patient is discharged from the Alternative Treatment Centre scheme and access routine GMS services from a General Practice.
- The Provider of the Alternative Treatment Centre will be required to provide a risk assessment and review of the patient on entry and exit to the Alternative Treatment Centre Scheme.

When the patient is removed from the scheme and registers with a General Practitioner, the receiving Practitioner will be notified that the patient has received GMS services under the terms of the Alternative Treatment Centre Scheme.

The ATC Group comprises of:

Deputy Medical Director (Chair)  
Head of Primary Care  
Principal Primary Care Manager

Prevention of Violence and Aggression Lead  
ATC Provider Representative  
Gwent Police Representative  
LMC Representative  
ABCHC Representative  
NWSSP Representative

### 7.1.7 Relatives

Where the patient that has been referred into the Alternate Treatment Centre for general medical services, they cannot attend a GP appointment with a member of their family. Family and other household members cannot be removed immediately. GPs must notify NWSSP (Primary Care Services) and ABUHB in writing and the request for removal, which if supported will take place in the normal way on the eighth day after notification has been received or when the patient has been accepted by another GP, whichever is the sooner.

It is not automatic that other members of the household should be removed at the same time. However, there may be circumstances where a GP believes that because of the possible need to visit patients at home or because the violent patient may accompany other family members to the practice, it is reasonable to terminate the responsibility for other members of the family or the entire household. Only the patient, who has actually been violent, will be included in the Alternate Treatment Centre. Other family members will be allocated to other practices. It is important that these practices are informed that a family member has been referred to the ATC to ensure the appropriate management plans are in place to ensure the safety of practice staff.

### 7.1.8 Other Agencies

Where applicable, other agencies/providers may be informed of the patient's referral to the ATC Scheme, for example:

- Surrounding Primary Care Contractors
- ABHB's Provider Services
- Drug & Alcohol Service Providers
- Mental Health Service Providers
- Social Services
- Voluntary Services
- Neighbouring Health Board(s) where appropriate

## 8 RIGHT OF APPEAL

All patients have a right of appeal against the sanctions imposed by ABUHB. Any appeal should be made in writing to the ABUHB's Primary Care and Networks Divisional Director. Appeals will be processed and managed in accordance with the Appeals

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Process for the Alternative Treatment Centre, Appendix 11.

## **9 ZERO TOLERANCE CAMPAIGN AND SUPPORT FOR GPs**

ABUHB is committed to zero tolerance of violence in all primary care settings. All healthcare workers have the right to work without fear of abuse or assault and patients are expected to cooperate with this Policy.

This is supported by “*The Memorandum of Understanding between The Chief Constable of the South Wales Police and the Welsh Assembly Government Department of Health and Social Services On Behalf of NHS Wales*”

<http://www.wales.nhs.uk/sites3/Documents/433/13818%20-%20VIOLENCE%20AND%20AGGRESSION%20MOU.pdf>

## **10 MONITORING AND AUDITING**

- 10.1** There are a number of aspects of this policy which will need to be monitored and audited on a regular basis. The overall responsibility for this will lie with the ABUHB's Primary Care Directorate. Key tasks in relation to monitoring and auditing the policy will be undertaken by specific individuals or parts of the organisation.
- 10.2** NWSSP will produce a quarterly report of those patients due for release from the scheme.
- 10.3** The progress of patients on the ATC Scheme will be assessed on a regular basis through a meeting of the Alternative Treatment Centre Group. Any issues relating to the overall operation of the scheme will be discussed by the Panel.

## **11 REVIEW**

This policy will be reviewed within 2 years of issue or sooner should further Welsh Government guidance be issued.

Appendix 1

**Categorisation of risk and required action following incidents of abusive, difficult or violent behaviour**

**ABUSIVE AND DIFFICULT PATIENTS**

Category of incident	Type of incident	Action by practice	ABHB action
<b>Low</b>	Abusive language	<ul style="list-style-type: none"> <li>Practice maintains a record of the incident</li> </ul>	<ul style="list-style-type: none"> <li>None required</li> </ul>
	Atypical behaviour	<ul style="list-style-type: none"> <li>Analysis of incident to determine underlying cause</li> </ul>	
		<ul style="list-style-type: none"> <li>Practice should send out a warning letter to the patient explaining that if there is a repetition of their behaviour they will be removed from the practice list</li> </ul>	
		<ul style="list-style-type: none"> <li>Practice should consider conciliation thus providing an opportunity for an apology to be made</li> </ul>	
<b>Medium</b>	Persistent abusive language and inappropriate behaviour or a more extreme incident of abusive language or difficult behaviour	<ul style="list-style-type: none"> <li>Practice makes a decision that this is a “medium” incident</li> </ul>	<ul style="list-style-type: none"> <li>Consideration given to advising the practice to involve the police of the incident if judged to be more serious.</li> </ul>
		<ul style="list-style-type: none"> <li>Practice maintains a record of the incident and may wish to discuss with ABUHB’s Primary Care Team</li> </ul>	
		<ul style="list-style-type: none"> <li>Analysis of incident to determine any underlying cause</li> </ul>	
		<ul style="list-style-type: none"> <li>Further warning letter, if appropriate.</li> </ul>	
		<ul style="list-style-type: none"> <li>Consider conciliation if not used before</li> </ul>	
	<ul style="list-style-type: none"> <li>Practice decides that the patient may be retained on the practice list but that some additional support or action may be required, e.g. final warning letter, conciliation interview with a</li> </ul>	<ul style="list-style-type: none"> <li>Possible source of support to the practice is discussed.</li> </ul>	



		<p>ABUHB mediator present.</p> <ul style="list-style-type: none"> <li>Practice informs the NWSSP Patient Services Team that it is writing to the patient to explain that because of their behaviour they will be removed from the practice list in 8 days and that they should find an alternative practice. The letter should also give contact details for the Patient Services Team in the event that they have difficulty registering elsewhere.</li> </ul>	<ul style="list-style-type: none"> <li>Patient will be directed / allocated to a practice by the Patient Services Team in the event that they have difficulty finding a practice.</li> <li>Patient Services Team advises the practice receiving the allocation of the patient's behavioural history.</li> <li>Patient Services Team will maintain a file note to inform the patient's new practice of their previous behaviour.</li> </ul>
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## **VIOLENT OR POTENTIALLY VIOLENT PATIENTS**

<b>Category of incident</b>	<b>Type of incident</b>	<b>Action by practice</b>	<b>ABHB action</b>
<b>High</b>	<b>An incident of violent or threatening behaviour where the police have been called and which necessitates immediate removal from the practice list.</b>	<ul style="list-style-type: none"> <li>• <b>Police are called to the incident and the practice follows their advice on how to proceed in terms of possible criminal proceedings.</b></li> </ul>	
		<ul style="list-style-type: none"> <li>• <b>Practice request to remove the patient from their list with immediate effect by submitting electronic ATC Referral Form to SSP</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>NWSSP liaise with the Health Board. Health Board supports request that the patient should be admitted to the ATC Scheme.</b></li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Other organisations formally notified of the patient's admission to the scheme including other practices, Provider Services, the OOH Service and the Acute Trust if appropriate.</b></li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Patient notified in writing of their removal from the practice's list and of their inclusion to the ATC scheme.</b></li> </ul>

	<p><b>Patient has a history of actual or potential violence or persistent threatening behaviour.</b></p> <p><b>Patients moving into area who were on previous Health Board's equivalent of ATC Scheme.</b></p>		<ul style="list-style-type: none"><li>• <b>Health Board and or CPN will meet with the practice. Undertake "Disclosure" and discuss appropriate management of patient.</b></li><li>• <b>ATC Panel assessment of current and future risk, confirmation whether or not the patient meets the definition of being a violent or potentially violent patient and a decision whether or not to admit the patient to the ATC scheme.</b></li></ul>
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## ANEURIN BEVAN UNIVERSITY HEALTH BOARD

### Violence & Aggression

# Risk Assessment Form

## GUIDANCE ON COMPLETING THE FORM

### Client / patient Factors

**HAZARD** = source of potential harm or damage or a situation with potential for harm or damage;

**RISK** = is a combination of the likelihood and severity of a specified event (accident or incident).

The Management of Health and Safety at Work Regulations 1999 places an absolute duty on the employer to carry out an assessment of the risks to the health and safety of their employees and others who could be affected.

Completion of this form will highlight the level of risk associated with the management of violence and aggression within your department and find solutions to reduce the risk. To calculate the level of risk take into account the likelihood of an incident occurring and multiply it by the severity of injury that could occur. (See the Risk Level Estimator for more detail)

The person completing this risk assessment should have completed the appropriate risk assessment training and involve all staff who may be affected by the risk.

The completed form must be kept within the working environment and the findings of the assessment i.e. hazards and control measures communicated to all relevant persons.

This risk assessment should be reviewed periodically depending on the level of risk or whenever there is a change in the process, equipment, environment or following an incident.

For further help in the completion of this form please contact the Health and Safety Team or alternatively information is available on the Health Board Intranet.

### RISK LEVEL ESTIMATOR

LIKELIHOOD of Adverse Event Occurring X SEVERITY of Outcome = RISK RATING

Likelihood (PLR) \ Severity (PSR)		Almost Certain	Likely	Possible	Unlikely	Rare
		5	4	3	2	1
Catastrophic	5	25	20	15	10	5
Major	4	20	16	12	8	4
Moderate	3	15	12	9	6	3
Minor	2	10	8	6	4	2
Insignificant	1	5	4	3	2	1

#### 1 LIKELIHOOD

Taking account of the controls in place and their adequacy, how likely is it that such an incident could occur?  
 Score according to the following scale:

Score	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

#### 2 CONSEQUENCE

Taking account of the controls in place and their adequacy, how severe would the consequence be of such an incident? Apply a score according to the following scale:

Level	Descriptor	Actual or potential impact on individual	Actual or potential impact on organisation	Number of persons affected	The potential for complaint/litigation
5	Catastrophic	DEATH Toxic offsite release	National adverse publicity NafW investigation	Many e.g. cervical screening disaster, evacuation etc	Litigation expected/certain
4	Major	PERMANENT INJURY Loss of body part(s). Misdiagnosis - poor prognosis. RIDDOR reportable injury	Service closure RIDDOR reportable Long term sickness	Moderate number (e.g. loss of specimens etc)	Litigation expected/certain
3	Moderate	SEMI-PERMANENT INJURY/DAMAGE E.g. injury taking up to 1 year to resolve	Needs careful PR RIDDOR reportable MDA Reportable Short term sickness	Small numbers E.g. 3-10	Litigation possible but not certain High potential for complaint
2	Minor	SHORT TERM INJURY/DAMAGE E.g. injury that has been resolved in 1 month	Minimal risk to organisation	One	Complaint possible Litigation unlikely
1	Insignificant	NO INJURY OR ADVERSE OUTCOME	No risk at all to the organisation	0-1	Unlikely to cause complaint Remote risk of litigation.

RISK RATING	RISK LEVEL	ACTION AND TIMESCALE
1 - 5	LOW	No action is required, Form 1A should be kept which demonstrates an awareness of a potential hazard and assessment of risk.  No additional controls are required. Consideration may be given to a more cost-effective solution or improvement that imposes no additional cost burden. Monitoring is required to ensure that the controls are maintained.
6 - 10	MODERATE	Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and limited. Risk reduction measures should be implemented within a defined time period. Where there is a moderate risk further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.  The appropriate risk assessment form MUST be completed for all work related activities falling into this category.
11 - 25	UNACCEPTABLE	Work should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves work in progress, urgent action should be taken. A very detailed risk assessment will be required and a safe system of work implemented and regularly monitored.

Status: Issue 2  
 Approved: Clinical Standards and Policy Group  
 Owner: Clinical Director for Primary Care

Issue date: 31 August 2020  
 Review by date: 30 August 2023  
 ABUHB/PCN/0743



**Violence & Aggression  
 PATIENT / CLIENT SPECIFIC - Form (B)  
 RISK ASSESSMENT FORM (B)**

Premise  Department  Division / Locality  Client Group

**Description of Task When Violence & Aggression is taking place:**

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**Hazard(s) involved when task is performed**

The Client - Is the Client?	Y	N	The task - does it involve any of the following?	Y	N	
Has the patient physically assaulted staff / others since being in your care?	<input type="checkbox"/>	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	<input type="checkbox"/>	
Is the behaviour due to the nature of their illness	<input type="checkbox"/>	<input type="checkbox"/>	Do staff have access to the lone worker alert system	<input type="checkbox"/>	<input type="checkbox"/>	
Has the client been assessed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	Dealing with client / relatives alone (i.e. clients home)	<input type="checkbox"/>	<input type="checkbox"/>	
Has a clinical assessment of the client been carried out and the results communicated to staff	<input type="checkbox"/>	<input type="checkbox"/>	Dealing with client / relatives within staffed areas (i.e. hospital, clinics, surgeries)	<input type="checkbox"/>	<input type="checkbox"/>	
Has the client been prescribed medication, since in your care	<input type="checkbox"/>	<input type="checkbox"/>	Dealing with clients who have mental health /L.D.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the client recently used alcohol or illegal drugs within the last 24hrs	<input type="checkbox"/>	<input type="checkbox"/>	<b>Please specify:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	
Is the client verbally aggressive i.e. swearing	<input type="checkbox"/>	<input type="checkbox"/>	<b>Have Staff involved completed V &amp; A Training &amp; up to date with:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the client physically aggressive i.e. punching, kicking , grabbing. etc	<input type="checkbox"/>	<input type="checkbox"/>		Personal safety Awareness (within the last 2 years)	<input type="checkbox"/>	<input type="checkbox"/>
Is the client, confused/semi-conscious/forgetful/ Un-cooperative	<input type="checkbox"/>	<input type="checkbox"/>		Basic Breakaway Skills (within the last 2 years)	<input type="checkbox"/>	<input type="checkbox"/>
Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	Safe Physical Intervention Techniques (within the last 12 months, this applies to mental health & security only)	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any special risks? i.e. Dementia, Medication issues, Brain damage. Alcohol, Illegal drugs, Known sex offender, etc	<input type="checkbox"/>	<input type="checkbox"/>	Positive Management Behaviour ( L. D. only)	<input type="checkbox"/>	<input type="checkbox"/>	
Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	Safe Enough to Care (elderly only)	<input type="checkbox"/>	<input type="checkbox"/>	

**Comments:**

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**Number of people exposed to the hazard during the work activity**

Staff – list job roles

Patients/Others

**Frequency of Exposure**

Infrequently  
  Annually  
  Monthly  
  Weekly  
  Daily  
  Hourly  
  Constantly  

**Initial Risk Rating**

Probable Likelihood Rating (PLR)

X

Potential Severity Rating (PSR)

=

Initial Risk Rating (IRR)

**Control measures already taken to reduce risk:**

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**Actual Working Risk Rating**

**Working Risk Rating**

Probable Likelihood Rating (PLR)

X

Potential Severity Rating (PSR)

=

Working Risk Rating (WRR)

**Additional control measures required to further reduce risk:**

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With the above action implemented the risk rating figure would be reduced to:

**Residual Risk Rating**

Probable Likelihood Rating (PLR)

X

Potential Severity Rating (PSR)

=

Residual Risk Rating (RRR)



**Assessors**

Name	Signature	Position

Date of Assessment		Review Period		Dates of Review				

Progress Report	WRR	Date & Sign

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Appendix 3

Example Letter to Patient Following Alleged Inappropriate Behaviour

Recipient's Name  
Address Line 1  
Address Line 2  
TOWN  
Postcode

Dear [Mr/Mrs/Ms XXXXX]

Re: Title of Letter

I am writing to you about an (*alleged*) incident / situation\* on (date) at (place) where (*I understand that*) the following occurred (describe incident). If you disagree with this description of what occurred, or there are circumstances that we are unaware of, which you believe would help to explain or excuse what happened, please let us know, preferably in writing, as soon as possible. If you would like to discuss this matter, please contact us and we will arrange a meeting at a time that is mutually convenient to discuss these concerns. If you wish, you can be accompanied by a friend or Aneurin Bevan University Health Board (with whom we have an NHS service contract) can provide an independent person to act as a facilitator at the meeting.

In this practice we have a policy for dealing with situations in which our services are abused. Where there is serious or persistent misbehaviour it can result in a patient being removed from our practice list. Before taking any action we would like to hear from you.

Please remember that we are here to help you. All that we ask is that our patients act reasonably and are considerate of the demands they make of us.

Yours sincerely

Name  
Job Title

Appendix 4

Example Letter to Patient Following Alleged Repeat of Inappropriate Behaviour

Recipient's Name  
Address Line 1  
Address Line 2  
TOWN  
Postcode

Dear [Mr/Mrs/Ms XXXXX]

Re: Title of Letter

I am writing to you about an (*alleged*) incident/situation on (date) at (time) at (place) when (*I understand that*) the following occurred (describe incident). You will recall that we wrote to you on (date), copy letter enclosed for information, about an incident/situation in which (describe incident). We warned you on that occasion of our policy of seeking removal from our list of patients who seriously or persistently abuse our services.

Before taking any action we would like to hear from you if there are circumstances relating to this latest incident/situation that we are unaware of, which you believe would help to explain or excuse what happened. If you would like to discuss the matter please contact us and we will arrange a meeting at a time that is mutually convenient.

If we do not hear from you by (date) we may decide to request that Aneurin Bevan University Health Board remove you from our list.

Yours sincerely

Name  
Job Title

Enclosure (if appropriate)

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Appendix 5

Example Letter Following Investigation of Alleged Misbehaviour

Recipient's Name  
Address Line 1  
Address Line 2  
TOWN  
Postcode

Dear [Mr/Mrs/Ms XXXXX]

Re: Title of Letter

Further to my letter of (date), copy enclosed for information, I am writing to you about the incident/situation\* on (date) at (time) at (place) when (describe incident).

Having investigated the matter (and in view of your comments) we have decided to take no action/to warn you that should any repetition of this sort of behaviour/incident or anything similar occur in the future, we may request Aneurin Bevan University Health Board remove you from our practice list.

We hope that we will enjoy an improved relationship with you in future.

Yours sincerely

Name  
Job Title

Enclosure (if appropriate)

Appendix 6

Example Letter When Removal From a GP List is Preferred Option

Recipient's Name  
Address Line 1  
Address Line 2  
TOWN  
Postcode

Dear [Mr/Mrs/Ms XXXXX]

Re: Title of Letter

Further to my letter of (date), copy enclosed for information, I am writing to you about a further incident/situation\* on (date) at (time) and (place) when (describe incident).

Having investigated this matter and as a result of a previous warning we have decided to request that Aneurin Bevan University Health Board remove you from our list. This will take effect in eight days time and in the meantime you should register with another practice.

In the event that you have difficulty in finding another practice then you should telephone the Patient Services Team on 01495 332000.

Yours sincerely

Name  
Job Title

Enclosure. (if appropriate)

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Appendix 7

Example of Independent Contractor Conciliation Process

Stage 1

- Find out what has happened and try to identify the cause
- Agree the process, e.g.:
  - o try to speak to the patient (informally/privately) at the time of the incident or
  - o invite them to the practice for discussion or
  - o write to them with the offer of a meeting to discuss the incident/behaviour (it may be useful to use a specially skilled or sympathetic member of the practice to facilitate this)
- During the meeting find out the reasons for behaviour/incident. Discuss the consequences of repetition etc. Keep a file note of discussions and use incident report form
- Consider inviting ABUHB staff to advise/conciliate and/or contact other agencies if required

Stage 2

Where repetition of incident/behaviour occurs or improvement required has not taken place:

- Send further warning letter (inviting comments as before)
- Notify ABUHB and consider outside intervention if not used before

Stage 3

If there is a further reoccurrence of behaviour complained of:

- Send final warning letter
- Notify ABUHB

Stage 4

If there is a further reoccurrence:

- Consider requesting the patient to be removed from the practice list giving reasons
- Notify patient of removal giving reasons as appropriate, with reference to previous warnings



Appendix 8

**Acceptable Behaviour Contract**

Patient's Name	
Address	
NHS Number	

**Responsibility and Rights – A Patient Undertaking**

Your Rights	Your Responsibilities
<i>(insert name of independent contractor)</i> and their staff owe to me, as a patient, a duty of care and aim to provide services to meet my needs for healthcare and treatment at all times.	<b>I will not behave in any way, which can be considered to be violent or abusive.</b>
<i>(insert name of independent contractor)</i> and their staff aim to provide health services that are sympathetic to my individual needs within the resources which the ABUHB / Primary Care Independent Contractor has available.	<b>Violence</b> includes any incident where <i>(insert name of independent contractor)</i> and their staff, fellow patients and their carers are abused, threatened or assaulted in circumstances related to their work. An act of violence may involve an explicit challenge to the safety, well being or health of any member of ABUHB staff, Primary Care Independent Contractor, their staff or other patients. Violent behaviour may include verbal abuse, racial or sexual harassment, threats of injury, abuse of alcohol or drugs, destruction of NHS property, as well as physical acts of violence.
<b>I will treat</b> <i>(insert name of independent contractor)</i> and their staff, fellow patients and their carers and visitors politely and with respect at all times.	<i>insert name of independent contractor</i> and their staff are expected to treat me with courtesy and respect.
<b>I will not consume alcohol or take any form of non-prescribed medication or drugs whilst on NHS premises.</b>	<i>insert name of independent contractor)</i> and their staff want to deliver appropriate and effective healthcare and treatment to me.
<i>(insert name of independent contractor)</i> and their staff will only restrict or withdraw my rights to care in exceptional circumstances when I have failed to comply with any of my responsibilities in a manner which is deemed acceptable.	I accept and understand that <i>(insert name of independent contractor)</i> is obliged to provide a safe and secure environment for all its staff and to care for their health and safety. I accept and understand that no member of the <i>(insert name of independent contractor)</i> 's team has to jeopardise their safety in providing me with care.



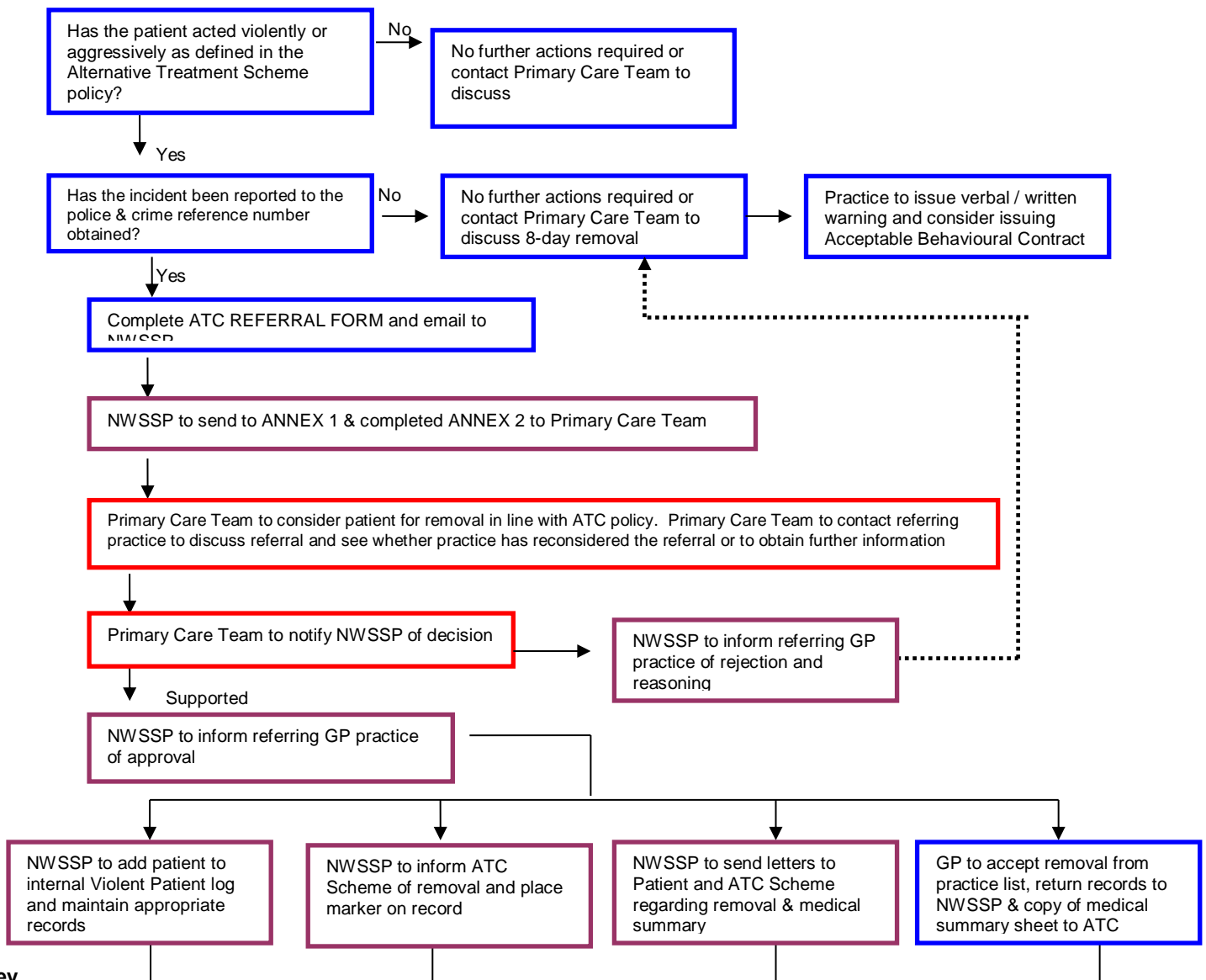
I confirm that I understand that if my behaviour has been unacceptable and if I do not comply with my responsibilities as a patient, then this can result in the withdrawal of my rights as a patient and I can lose my right to receive mainstream NHS Primary Care Services.

<b>Signature of patient</b>	
<b>Print Name (Block Capitals)</b>	
<b>Date</b>	
<b>Signature of Responsible Independent Primary Care Contractor</b>	
<b>Print Name (Block Capitals)</b>	
<b>Date</b>	



Appendix 9

**FLOWCHART FOR IMMEDIATE REMOVAL OF VIOLENT PATIENTS FROM CURRENT GP PRACTICE TO ALTERNATIVE TREATMENT CENTRE**



**Key**  
 Blue = Referring GP Role  
 Red = ABHB Role  
 Green = ATC Role  
 Purple = NWSSP Role  
 Grey = Patient Role

Appendix 10



**ALTERNATIVE TREATMENT CENTRE  
INCIDENT REPORT FORM**

Please return to Jane Edwards/Peter Morrison,  
Registration Dept, NWSSP as a matter of urgency  
Fax Number: 01495 332315

**PLEASE ENSURE ALL PARTS OF THIS FORM ARE LEGIBLE. PLEASE SUBMIT  
ELECTRONICALLY**

**PRIVATE AND CONFIDENTIAL**

**Combating Violence in General Practice**

**REQUEST FOR IMMEDIATE REMOVAL OF A PATIENT AND  
REFERRAL TO THE ALTERNATIVE TREATMENT CENTRE**

“A violent incident is any act of violence against any member of the practice or attached staff or other patients by abuse, threats, violence or assault which causes them to fear for their safety.”

Practice details

Date of Incident	
Time of incident	
Incident Reported by	
Police Incident Log Number	
Patient's name	
Patient's address	
Date of birth	
NHS number	

Status: Issue 2  
Approved: Clinical Standards and Policy Group  
Owner: Clinical Director for Primary Care

Issue date: 31 August 2020  
Review by date: 30 August 2023  
ABUHB/PCN/0743

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Male/Female	
Details of any chronic medical problems which will require scrutiny	
Details of current medication	

The medical records for this patient should be sent to Jane Edwards or Peter Morrison, Registration Dept, NWSSP using the next courier bag collection or special delivery.

1. Detailed description of the incident

Which of the following best describes the incident:  
(please tick as appropriate)

Assault	
Violent behaviour	
Threat	
Verbal abuse	

How many members of the practice team/patients were involved in the incident (please insert number)?

GPs	
Practice staff	
Patients	

Was a GP, member of staff or patient injured as a result of the incident?

YES		NO	
-----	--	----	--

If yes – please provide name(s) & post(s) held if appropriate:


Please state nature and extent of injury:

--

Was medical attention required for the injury?

YES		NO	
GMS			
Ambulance			

Location of incident (please tick as appropriate):

Surgery consultation/treatment room	
Surgery Reception	
Surgery other room	
Home visit	
Phone call	
Other (please specify)	



2. Witnesses to the incident

Were there any witnesses to the incident?

YES		NO	
-----	--	----	--

If yes, please provide contact details

	Witness 1	Witness 2
Name:		
Address:		
Post Code:		
Telephone No.		
Male/Female:		

**NB – In cases where the witness is employed by the practice, the practice address will suffice**

Has contact been made to the witnesses (if any) after the incident took place?

YES		NO	
-----	--	----	--

**Please attach any information provided by witnesses – witness form provided at the end of this document.**

3. Action taken by the Police (if known)

Please detail any actions taken by the police following the incident:

How was the person(s) dealt with?

No Action	
Warned of Conduct	
Removed from the Premises by Police	
Other (please specify)	

4. Behaviour issues, warnings etc in the last 12 months

Have there been any behaviour issues in respect of this patient in the last 12 months?

YES NO

Has any attempt been made by the practice to speak to or caution the patient as a result of previous behaviour?

YES NO

Please provide dates and nature of any warnings given to the patients in the last 12 months:-







Are they likely to be at risk from the patient's behaviour? (If yes, ABUHB to discuss with Safe Guarding Lead in Locality)
<b>Is the patient currently under the care of any other healthcare professional?</b>
Awaiting new outpatient appointment with: ..... .....
Under outpatient follow up with: ..... .....
Receiving community care from: ..... .....
Other: ..... ..... ...

7. Additional Information and Comments

--

Are you recommending that the patient(s), given the nature of the incident, is removed from normal General Medical Services under clause 21 –

**1)A contractor which wishes a patient to be removed from its list of patients with immediate effect on the grounds that-**

- a) 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 or her safety; and**
- b) it has reported the incident to the police**

and is cared for under the Alternative Treatment Centre (i.e. outside of normal GMS provision)?

YES / NO (Please delete as appropriate)

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

(In making this recommendation please consider the definition of violence as given on page 1).  
For any further guidance, please contact a member of the Primary Care Team:

Llanarth House  
Unit 1 – Newbridge Gateway  
Bridge Street  
Newbridge  
NP11 5GH  
T: 01495 241200  
F: 01495 241 201  
Safe Haven Fax: 01495 241203

**Please return to Jane Edwards/Peter Morrison, Registration Dept,  
NWSSP as a matter of urgency.  
Fax Number: 01495 332315**

**Office Use Only**

**DATIX**

Date recorded on Datix \_\_\_\_\_

Details of person inputting Incident on Datix \_\_\_\_\_

Datix Reference No \_\_\_\_\_





ANNEX 2

**ALTERNATIVE TREATMENT CENTRE  
REGISTRATION AND PREVIOUS INCIDENT HISTORY**

To be completed by the NWSSP Team in respect of a patients who have been off listed by a GP practice for reasons of violence/aggression and who have been allocated to the ATC

<b><u>Patient details</u></b>
Name of Patient .....
Date of Birth .....
NHS number .....
Address .....

**Patient's registration history (in reverse date order)**

Please list all practices the patient has been registered with in the last 10 years

Under the "Reason for leaving" column, please indicate reason for leaving using the normal Exeter notations, but where the patient has been removed immediately, at doctor's request, for an episode of violent or aggressive behaviour which was reported to the police, please provide additional information eg DDR violence, DDR aggression. If further information is required, the Primary Care Team will contact the NWSSP Team.

Where a practice has requested a patient be removed in 7 days, and there is additional information available as to the reason, please include below.

	<b>Practice</b>	<b>Date joined</b>	<b>Date left</b>	<b>Reason for leaving</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				

---

<b>8</b>				
<b>9</b>				
<b>10</b>				

**Additional information**

Please include any relevant additional information in respect of any of the episodes detailed above.

Form completed by

.....

Position

.....

Signature ..... Date .....

Please return the completed form to:-

Head of Primary Care  
Primary Care and Networks Division  
Aneurin Bevan Health Board  
Llanarth House  
Unit 1 – Newbridge Gateway  
Bridge Street  
Newbridge  
NP11 5GH  
T: 01495 241200  
F: 01495 241201  
Safe Haven Fax: 01495 241203

**ANNEX 3**

**ALTERNATIVE TREATMENT CENTRE  
RISK ASSESSMENT AND REVIEW FORM**

**For completion by the ATC provider - St Julian's Medical Centre**

The following patient requires either

- initial assessment of entry to the scheme
- requires review to establish whether he/she should continue in the scheme or be discharged.

Please complete the questionnaire, adding any other comments as appropriate.

Patient details  
(please ensure all the following details are provided)

Patient Name .....

Date of Birth .....

NHS Number.....

Date of allocation to ATC .....

How many times has the patient attended since allocation? .....

Date of last attendance.....

**Patient behaviour while in the scheme**  
Have there been any incidents of unacceptable behaviour while the patient has been in the scheme? If yes, please provide brief details:-

Please categorise any inappropriate behaviour exhibited by the patient whilst in the scheme (please tick relevant boxes)

Demanding

Argumentative

Uncooperative

Abusive

Aggressive

Is the patient likely to agree to and abide by an Acceptable Behaviour Contract?



**Risk Assessment**

Do you consider that there is a likelihood of repetition of violent or aggressive behaviour if the patient is allocated back to general practice?

What are the risks – please describe:-

Actual or potential impact of the risk:-

What measures would you advise (if any) if the patient is transferred back into mainstream general practice?

**Patient needs**

Would a general practice be able to meet the needs of the patient?

Does the patient have any needs which would necessitate allocation to a specific practice which can meet those needs? Please give details

Has the patient been referred to, or is the patient under the care of a specialist/specialist service (eg CDAT, PSALT etc) and is ongoing treatment required?

Do you consider the patient appropriate for the scheme?

YES                      NO

Do you consider the patient is suitable for discharge from the scheme?

YES                      NO

Is this patient suitable to be treated in a single handed practice?

YES                      NO

Signed:..... Date:

Practice Stamp

Appendix 11



### Appeal against Aneurin Bevan University Health Board Decisions

In the event of an assigned patient being dissatisfied with the decision of Aneurin Bevan University Health Board, he/she may provide further information in support of an appeal and request that Aneurin Bevan University Health Board reconsider the case, in accordance with the Appeals Process for the Alternative Treatment Centre.

- 1.1 When a patient is placed on the Alternative Treatment Centre Scheme they are informed in writing of their right to appeal against the decision.
- 1.2 The patient will be given the contact details of the Primary Care & Networks Division – Aneurin Bevan University Health Board and advised to contact the Primary Care Team in the first instance to discuss their concerns about being referred into the Scheme.

The Primary Care Team will work with the patient in order for them to understand why they have been placed on the scheme and the process by which they can access medical care.

- 1.3 If after liaising with the Primary Care Team the patient still wishes to continue with their appeal, they will be required to inform the Divisional Director of Primary Care & Networks of their decision in writing. The patient (or advocate) has 21 days from the date of the NWSSP notification of removal to submit an appeal to the Divisional Director of Primary Care & Networks.
- 1.4 The patient will be issued with a form to complete and be invited to make a written submission to the Appeals Panel outlining their reasons for

---

appealing and why they believe that the decision to place them on the ATC Scheme was inappropriate.

- 1.5 As soon as an appeal notification is received, written acknowledgement will be sent to the patient within 2 working days.
- 1.6 **On receipt of the appeals form**, an ABHB officer will contact the referring practice and advise that a patient has appealed against being placed on the ATC scheme.

The referring practice will be invited to make a written submission to the Appeals Panel explaining the reasons why the patient was placed on the scheme. A response must be received by ABHB within a maximum 20 working days from the date of the notification of appeal.

- 1.7 In addition, the ATC Scheme Provider will also be required to provide a risk assessment and statement in relation to the patient. A response must be received by Aneurin Bevan University Health Board within a maximum 20 working days from the date of the notification of appeal.
- 1.8 On receipt of the practice submission, both parties will have sight of each others written submissions and will be invited to make, if they so choose, further written representations in the light of those submissions for the Appeals Panel to consider. A maximum of a further 10 working days from the date of exchange will be given to each party.

Where support/advice is not available within time specified, an extension to the 10 working days submission date may be applied for. An appropriate deadline would need to be agreed.

- 1.9 The final submitted information will be sent to the Appeals Panel at least 10 working days in advance of the meeting to allow sufficient time for the Panel to request additional information or clarification on any issues from either party.

## Appeals Panel

- 2.0 The Primary Care & Networks Division will then convene an Appeals Panel. Aneurin Bevan University Health Board will inform both parties of the date.

The Appeals Panel will consist of:

- 1 Non-Officer Board Member (Chair);
- Divisional Director of Primary, Community & Networks;
- Assistant Medical Director (General Practice) (or Primary Care Clinical Director);

- Head of Primary Care;
- LMC Representative;
- NWSSP Representative (if required).
- In attendance: Administrative Support

2.1 The function of the Appeals Panel will be to objectively review the evidence from the referring practice and the patient and to decide whether or not the decision to place the patient on the scheme was appropriate.

The process will be managed by the Primary Care and Networks Division.

2.2 The minimum quorum for the Appeals Panel will be 3 members. This must include a General Practitioner

The information submitted to the Panel will be the only evidence that the Panel will use to make their decision regarding the appropriateness of placing the patient on scheme.

2.3 If either party fails to submit written representations the Appeals Panel will meet and make its decision based on whatever information has been made available to the Panel.

The Panel will notify its decision in writing to both parties no later than 2 working days following the decision and will also provide an appropriate report to Aneurin Bevan University Health Board's Senior Managers Meeting.

#### Decisions made

2.3.1 Where the Panel upholds the appeal, the patient will be informed, in writing, of alternative practices in their area at which they will be able to register. The patient will be advised to contact NWSSP to obtain further assistance in this matter should the need arise.

2.3.2 Where the Panel does not uphold the appeal, the patient will remain on the scheme for a period of 12 months from the date of their initial inclusion, after which their status will be reviewed they will either stay within the programme or leave the programme.





### Alternative Treatment Centre – Appeals Pro Forma

This appeals proforma is to be used for appeals against the decision of inclusion to the Alternative Treatment Centre.

You have **21 days** from the date of the notification of removal to submit an appeal to Mrs Bobby Bolt (Divisional Director of Primary Care and Networks), Caerphilly Locality Office, Llanarth House, Unit 1, Newbridge Gateway, Newbridge, NP11 5GH.

We are committed to dealing with complainants fairly and impartially and to providing a high quality service when investigating appeals and complaints.

#### SECTION A: Your details

Title - Mr/Mrs/Miss/Ms/Other (if 'Other' please state):	
Name in full	
Date of birth	
Address and postcode:	
GP Practice Name & Address (please indicate the practice details of where you have been removed from the practice list)	
E-mail address:	
Daytime contact no:	
Mobile no:	
Are you the patient? If <u>no</u> , please complete your personal details below, as acting on behalf of the patient	YES / NO

Title - Mr/Mrs/Miss/Ms/Other (if 'Other' please state):	
Name in full	
Date of birth	
Address and postcode:	
E-mail address:	
Daytime contact no:	
Mobile no:	

### **SECTION B: Grounds of Appeal**

Please give full details of the facts and circumstances of your appeal:
---

### **SECTION C: Further Explanation of Grounds for Appeal**

Please provide further details to support your grounds for appeal (if applicable)
---

---

## SECTION D: Outcome Sought

What outcome do you seek?

## SECTION E: Declaration

I declare that to the best of my knowledge all of the information I have supplied within this form is true, accurate and complete.

I give my consent for this information to be circulated to relevant members of staff on a need-to-know basis for the purpose of investigating my appeal.

Signature of Appellant: \_\_\_\_\_ Date: \_\_\_\_\_

On receipt of the appeals pro forma, you will receive formal acknowledgment by Aneurin Bevan University Health Board within 2 working days.

The information contained within this form will be issued to the GP Practice. The GP Practice will be requested to provide written representation detailing the reason for removal under section 21 of the General Medical Services Contract, 2004.

Please refer to the Aneurin Bevan University Health Board, Alternative Treatment Centre Appeals Process for further information, attached.

Should you wish to discuss this with a member of the Primary Care Team please do not hesitate to contact Victoria Taylor, Senior Primary Care Manager on 01495 241204.

You may also wish to contact the patient advocacy services provide by:

Aneurin Bevan Community Health Council  
Raglan House  
6-8 William Brown Close  
Llantarnam Business Park  
Cwmbran  
NP44 3AB



Telephone Number: 01633 838516