

Organisation Name: Woodlands Medical Practice

Dealing with Unreasonable, Violent and Abusive Patients Policy

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|----------------|------------------|--------------------|-------------------------|
| 1.0 | Fiona Butcher | 13.5.2026 | 1.04.2027 |

| Position | Named individual |
|------------------|-------------------------|
| Practice Manager | Miss Fiona Butcher |
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Overview for all staff

- The Health and Safety Executive reports that healthcare workers are four times more likely to face workplace violence than other professions.
- Staff must recognise, respond to, and act appropriately when patients display violent, threatening, or abusive behaviour.
- Challenging behaviour may stem from factors such as substance misuse, fear, anxiety, distress, frustration, illness, or pain.
- Inappropriate behaviour does not have to be face-to-face and may take other forms including written, telephone or e-mail communications or through social media.
- No staff member, patient or visitor is expected to tolerate violent, abusive or threatening behaviour.
- Panic alarms alert staff when urgent assistance is needed during aggressive incidents. There is a specific procedure in place for staff to respond.

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1 Introduction

1.1 Policy statement

The purpose of this document is to provide guidance to staff at this organisation about how to manage unreasonable, violent and abusive patients in the workplace in line with extant legislation. This organisation has a zero-tolerance policy towards violent, threatening or abusive behaviour towards staff, patients or visitors.

The Health and Safety Executive (HSE) advises that healthcare workers are four times more likely to experience violence at work than those in other vocations and provides guidance in its webpage titled [Violence in health and social care](#). Therefore, effective risk assessment and incident reporting is essential to support the organisation in the appropriate management of offenders, thereby reducing risk to staff, visitors and service users.

It is the responsibility of all staff to ensure that they recognise, respond to and take the necessary action when dealing with any patient who is behaving in a violent, threatening or abusive manner towards colleagues, contractors or patients. It remains a management responsibility to ensure that all staff have undertaken the necessary training to be able to respond appropriately.

This document should be read in conjunction with the Health, Safety and Risk Management Handbook.

The following eLearning courses are available on the [HUB](#):



- Dealing with Violent and Abusive Patients
- Conflict Resolution
- Accident and Incident Reporting
- Equality and Diversity
- Risk Assessments including COSHH
- Significant Events & Safety Incidents – An overview eLearning

1.2 Status

In accordance with the [Equality Act 2010](#), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

1.3 Legislation changes and supporting requirements

The meaning of harassment relating to a protected characteristic within the Equality Act is expected to be extended to include harassment by third parties such as patients, contractors, and suppliers as of October 2026. The statutory duty of employers to take reasonable steps to prevent sexual harassment in the workplace likewise applies to sexual harassment by third parties.

Further information about the definition of and response to harassment in these contexts can be found in the organisation's Bullying and Harassment Policy.

Harassment by a third party is treated as seriously as that by a colleague, and therefore the following actions are to be implemented in support of this updated legislation:

- Update to any relevant policies
- Staff awareness and eLearning (see eLearning at [Section 1.1](#))
- Risk assessment (see [Section 8.1](#))
- Understanding reporting requirements and actions required
- Governance requirements including audit, significant awareness, complaint reporting
- Thorough investigation and implementation of appropriate next steps following any staff allegation of third-party harassment
- Ongoing review and monitoring of staff experience, such as via staff surveys and recording of organisational lessons learned from previous incidents

Additional legislation and further reading to support this subject can be sought at [Annex A](#).

2 Identifying challenging behaviour

2.1 Unreasonable behaviour

There are many reasons why a patient's behaviour may become unreasonable, including substance misuse, should they be scared, anxious or distressed, or if they are frustrated, unwell or in pain. As a result of this, staff may experience patients who are either demanding, unwilling to listen and/or uncooperative.

There are several factors associated with difficult and challenging interactions with patients, such as a lack of resources, waiting times and interruptions during consultations. For these reasons, the 'demanding' or 'difficult' patient can potentially consume a large amount of the clinician's and manager's time.

Unreasonable behaviour may be directed at patients and visitors in addition to staff, and a standardised approach will be adopted to manage any episode of poor behaviour.

2.2 Inappropriate behaviour

Inappropriate behaviour is defined as being unacceptable if it is either unwanted by the recipient or it has the purpose or effect of violating the recipient's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment

Inappropriate behaviour does not have to be face-to-face and may take other forms including written, telephone or e-mail communications or through social media. This is covered in the organisation's Patient Social Media and Acceptable Use Policy.

What constitutes inappropriate or unreasonable behaviour could be viewed as a subjective matter. Therefore, to ensure objectivity and prior to any further actions being taken, incidents of inappropriate behaviour will be discussed with a member of the senior management team.

Any person, be they staff, visitor or service user, who encounters unreasonable behaviour will be fully supported by senior management with a standardised approach being taken.

2.3 Violent or abusive behaviour

This organisation will adopt stringent measures to ensure that staff, patients or visitors are protected from being abused, threatened or harassed. It has a zero tolerance towards such behaviour and is committed to reducing the risk to all.

Should violent or abusive behaviour be received, then this is to be brought to the attention of the line manager or Practice Manager at the earliest opportunity. Ordinarily, further action will be taken, including reporting the incident to the police as appropriate.

The HSE provides guidance in its document titled [How employers can protect workers from violence and aggression at work](#).

2.4 Classifications

Further details to support classifications of inappropriate, violent, abusive and assault can be found at [Annex B](#).

3 Managing unreasonable and inappropriate behaviour

3.1 NICE guidance

All staff are to adhere to [NICE Clinical Guidance 138](#) which explains that patients value healthcare professionals acknowledging their individuality and, by tailoring healthcare services for each patient, this can enhance continuity of care and build positive relationships, thereby reducing the risk of unreasonable and/or inappropriate behaviour.

3.2 Process to manage unreasonable and inappropriate behaviour

The stepped approach to managing challenging behaviour can be found at [Annex C](#).

4 Managing violent, abusive or threatening behaviour

4.1 Prevention

NHS England's [Violence prevention and reduction standard](#) (version 2) provides detailed guidance on actions that can be taken to support managing unreasonable and inappropriate behaviour. This organisation will aim to implement any recommendations to promote a safe and secure working environment for employees.

This organisation will also adhere to the guidance detailed in the BMA's [Preventing and reducing violence towards staff](#) as well as the [HSE's workplace violence guidance](#).

Dos and don'ts when confronted by violence:

| DO | DO NOT |
|---------------------------------------|--|
| Recognise your own feelings | Meet anger with anger |
| Use calming body language | Raise your voice, point or stare |
| Be prepared to apologise if necessary | Attempt or appear to lecture them |
| Assert yourself appropriately | Threaten any intervention unless you are prepared to act upon it |
| Allow people to explain themselves | Make people feel trapped or concerned |

An aggression and violence preventative measures for staff poster is available.

4.2 Process to manage violent, abusive or threatening behaviour

The organisation does not expect any staff member, patient or visitor to tolerate any form of behaviour that could be considered violent, abusive or threatening or that becomes so frequent it makes it more difficult for the organisation to undertake its work. Action will be taken to manage this type of behaviour whenever it occurs, including inappropriate behaviour on social media.

Should the episode of behaviour be significant, warranting an immediate application to remove the patient from the practice list, the steps within the organisation's Removal of Patients Policy are to be followed. The BMA document titled [Removing patients from your practice list](#) should also be consulted.

It should be noted that the same standards of zero tolerance also apply should patients demonstrate violence towards other patients or visitors.

Should an incident merit a warning, then the process at [Annex C](#) is to be followed. Furthermore, sample letters can be sought within the annexes to support any type of poor behaviour. These can be amended to suit any situation.

Guidance on the removal of a patient process is at [Annex D](#).

5 Raising the alarm

5.1 Use and activation of an alarm

Panic alarms are used to inform staff that assistance is required in situations of aggressive behaviour. During induction, all staff are given an overview of the panic alarms available at this organisation and how they work.

Furthermore, staff will be advised during their induction of the alarm(s) to be used for a clinical emergency and actions taken should they feel threatened by a situation involving:

- Verbal or physical disruption
- Verbal aggression
- Physical aggression or the threat of physical violence or mental distress
- Physical violence

- The receipt of a bomb threat or coming across a suspicious package
- Any consideration of terrorist activity
- Planning for staff who work during periods of low manning should be considered

Further guidance can be found in the Health, Safety and Risk Management Handbook and as detailed further within this chapter.

5.2 Response procedure

Upon activation of the alarm or upon seeing the clinical system generated alarm then:

- All available staff should respond immediately
- Two members of staff will go to the incident location, proceeding with caution
- The first member of staff is to knock and then enter the room
- The second is to remain in the doorway, ready to summon additional support if necessary

The specific nature of the incident will determine if:

- Additional staff are required for support
- The police are required to attend and take any subsequent action
- The situation can be resolved by the clinician with support from a staff member

Staff should always try to minimise the risk of harm to themselves and others. In the first instance, a member of the staff should ask the perpetrator to stop behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required. Staff should not, in any circumstances, escalate or mirror the patient's behaviour.

Should the person not stop their behaviour, then a nominated member of staff should be asked to attend, and an overview of the situation should be calmly detailed, preferably within hearing of the perpetrator. Should the person be acting in an unlawful manner, causing damage or assaulting another person, then the police should be called immediately.

Should it prove necessary to remove the person from the organisation then the police should be asked to attend. Staff should never attempt to manhandle the person from the premises.

5.3 Police assistance

The police should be called in instances when physical assault is likely or when weapons or drugs have been identified. The Practice Manager is required to notify the CQC of any incident that is reported to or investigated by the police as detailed within CQC's [GP mythbuster 21: Statutory notifications to CQC](#).

5.4 Bomb threats and suspicious packages

In the event of a bomb threat or a suspect package, the processes that are to be followed are detailed within the organisation's Health, Safety and Risk Management Handbook.

5.5 Dynamic lockdown procedure

When there is any immediate threat to the building and its occupants, staff are to adhere to the Stay Safe principles as detailed within the organisation's Health, Safety and Risk Management Handbook.

5.6 Lone working

When considering staff who may be lone working, or those who work during periods when there is minimal manning, then actions within the lone working guidance within the organisation's Health, Safety and Risk Management Handbook are to be followed.

5.7 Deactivation instructions

All staff at this organisation are given training during induction and periodic refresher training on how to deactivate panic alarms and intruder alarms. Should staff be uncertain, they are to liaise with their line manager in the first instance.

6 Removal of the patient

6.1 Guidance

It is acknowledged that organisations are permitted to remove patients in appropriate circumstances as detailed within the GMC's [Ending your professional relationship with a patient](#) and the BMA's [Removing patients from your practice list](#) guidance.

However, removal should never be based on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical conditions.

Actions available to the organisation can be found at [Annex D](#). A sample letter can be found at [Annex H](#).

7 Reporting of incidents

7.1 Internal reporting

All incidents are to be reported to the Practice Manager at the earliest opportunity. They will ensure that any subsequent reporting action is taken while supporting staff in the completion of the significant event report and as detailed within the organisation's Significant Event and Incident Reporting Policy.

7.2 Clinical record

A factual entry is to be made in the patient's healthcare record detailing exactly what occurred; the record should include timings, the build-up to the incident and details of staff members and witnesses present. Further information can be found at [Annex C](#).

8 Risk assessment

8.1 Requirement

The organisation's Health, Safety and Risk Management Handbook provides comprehensive guidance on managing specific risks and should be read in conjunction with the HSE guidance titled [Managing the risk of violence and aggression](#) and also [How employers can protect workers from violence and aggression at work](#).

A template for conducting a risk assessment can be found at [Annex I](#).

9 Effects on staff and patients

9.1 Supporting the team

Any staff member who has been subjected to inappropriate behaviour will be supported. Staff who experience incidents of violence, aggression or assault may experience subsequent after-effects that may require support from the team or external resources.

A respect our staff poster detailing that violent, threatening or abusive behaviour will not be tolerated is available.

9.2 Debriefing the team

[Clinical debriefing](#) refers to learning conversations that occur soon after an event and involve those who took part. This is also known simply as 'debriefing' or could also be 'hot debriefing' or 'proximal debriefing'.

The aims of debriefing are to:

- Discuss how, why and what occurred
- Promote learning and reflection for individuals and teams
- Identify opportunities for improvements in workflows, processes and systems
- Identify any key points and lessons learnt
- Ensure that the health and wellbeing of staff members are not adversely affected

The management team will support all staff members following any incident, no matter how minor it may seem. Both positive and negative points should be considered that can support organisation-level training in the support of any future events.

9.3 Supporting patients

Should any patient be subjected to violent, abusive or aggressive behaviour then, as for staff members, they may need support, and this may be from a clinical or non-clinical member of the team. It is likely that the minimum would be to have a debriefing about the incident although in many cases the police would need to be involved.

External support may also be required.

Annex A – Legislation and further reading

The following legislation supports this policy:

- [Health and Safety at Work Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999](#)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)
- [Assaults on Emergency Workers \(Offences\) Act 2018*](#)
- [Safety Representatives and Safety Committees Regulations 1977](#)
- [Health and Safety \(Consultation with Employees \) Regulations 1996](#)

* The Assaults on Emergency Workers (Offences) Act 2018 includes those who work in general practice and Section 3 (1) (j) (ii) defines what is classified as an emergency worker.

Further reading can be sought from:

| | |
|--------|--|
| DHSC | Zero tolerance for violence and harassment of NHS staff |
| NHS E | Violence prevention and reduction Frontline NHS staff facing rise in physical violence |
| BMA | Preventing and reducing violence towards staff At the sharp end: handling patient violence On the receiving end: violence aimed at doctors |
| GMC | Ending the professional relationship with a patient |
| HSE | Violence and aggression at work Violence at work |
| LGBTQ+ | For managing inclusive behaviour visit Stonewall Gender Identity Toolkit for General Practice |
| MDU | Dealing with challenging patients |

Annex B – Classifications

Unreasonable and inappropriate behaviour

Some examples of inappropriate behaviour that is deemed to be unreasonable includes, but are not limited to the following:

- Aggressive or abusive behaviour, such as shouting or personal insults, in person or via social media
- Discrimination or harassment when related to a protected characteristic under the Equality Act 2010
- Unwanted physical contact
- Spreading malicious rumours or gossip or insulting someone
- Stalking
- Offensive comments/jokes or body language
- Persistent and unreasonable criticism
- Unreasonable demands, impossible requests and persistent, or blatant disregard of treatment or requirements by the organisation. This could include regular failures to attend appointments without being able to give any reasonable explanation
- Coercion, such as pressure to subscribe to a particular political or religious belief

Violent or abusive behaviour

- Any incident in which “an employee is abused, threatened or assaulted in circumstances relating to their work” ([HSE 1996](#))
- The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- The use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment
- Behaviour that is hostile, destructive and/or violent

Assault

- Physical assault is the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- Non-physical assault is deemed to be the use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment

Annex C – Process to manage unreasonable behaviour

The following process is to be taken to support poor, or unreasonable behaviour at this organisation:

- **Discuss**

When interactions become challenging, staff are advised to discuss these more difficult consultations/conversations with their peer groups, seeking guidance when applicable and assurance that they have handled the situation in the most appropriate manner.

- **Record keeping**

To support any decisions made on behalf of the organisation, members of staff who experience patients who are challenging and make unreasonable demands must record the events as accurately as possible. Any record should be strictly factual.

MPS states in its guidance titled [From the advice line: documenting aggressive behaviour](#) that if a patient's behaviour is likely to be relevant to their health, then it should be documented factually within the medical record. However, if incidents arise outside the context of a consultation, say in reception, or when telephoning, it should be considered as to whether the behaviour should be documented in the medical records or not.

There can be circumstances in which it would be more appropriate to record any incidents with a patient in a separate folder. Any information about a patient stored outside the records would still be required to be disclosed on request by the patient under data protection legislation.

Any entry made in the patient's healthcare record should detail exactly what happened, including timings, the build-up to the incident and those staff members present. Care should be taken not to record opinions or perceptions that may prejudice others in the event of the patient seeking to register elsewhere for any reason.

- **Speaking to the patient**

In the first instance, and to maintain an effective relationship with the patient, it is recommended that the patient be spoken to by the clinician who is treating them. The clinician can provide reassurance to the patient about their condition and address any concerns.

A recommended approach to help in such scenarios is to verbalise the difficulty, such as: *"We both have very different views about how your symptoms should be investigated and that is causing some difficulty between us. Do you agree?"*

Verbalising such difficulties may enhance the level of trust between the clinician and the patient, enabling feasible options for care and treatment to be discussed.

Clinicians will not be forced into giving a diagnosis or treatment if they are uncertain. This should be explained to the patient while also explaining that it is in their interest

that the most appropriate solution be found and that it can take time to confirm a diagnosis.

- **Writing to the patient**

Should the patient's behaviour remain unreasonable despite the above actions having been taken, the matter will be referred to the Practice Manager who will then write to the patient using the template at [Annex E](#).

The correspondence will, where indicated, also include links to relevant, evidenced literature or approved websites to enable the patient to carry out their own research.

- **Cooperation**

Should the patient not be cooperating, or it is judged that their behaviour is not acceptable, then a further letter at [Annex F](#) may be more appropriate.

- **Behaviour agreement**

If a patient continues to act in an unreasonable manner despite being issued a letter about their behaviour, the organisation may establish a '*behaviour agreement*' that allows boundaries to be detailed and agreed to.

This agreement should be retained in the patient's healthcare record, and reference will be made to the agreement should the patient's behaviour deteriorate once again. A sample behaviour agreement can be found at [Annex G](#).

- **Removal from the organisation**

Should the patient be non-compliant as per the behaviour agreement in a manner that contravenes the agreement then consideration should be given to removing the patient from the organisation list.

This final stage should never be taken lightly and will be agreed by the management team. The patient will be advised that the doctor/patient relationship has deteriorated to such a degree that there is no longer any trust between the parties and the relationship is not viable.

The patient will be asked to register at another organisation as detailed in the organisation's Removal of Patients Policy. Further guidance can be sought within GMC's ethical guidance titled [Ending your professional relationship with a patient](#).

A sample letter can be found at [Annex H](#).

Annex D – Available actions to remove a patient

Actions available to the organisation

a. Warnings

- For unacceptable, threatening or abusive behaviour, the patient will be warned that the organisation is considering removing them from its list
- The letter template at Annex E is to be used and this advises that, should there be any further incidents of inappropriate behaviour, they will be removed and requested to register elsewhere
- Records of all warnings should be retained and, if a warning has been given in the preceding 12 months, there are grounds for requesting removal
- Should a patient not be cooperating with treatment then the letter at [Annex F](#) can be used
- When behaviour is an issue, this organisation will do all that it can to ensure that this is rectified. In these instances, a behaviour agreement can be raised and a template for this can be sought at [Annex G](#).

b. Removal

Prior to seeking formal approval to remove a patient from the organisation list, the following is to be adhered to:

- Judgement is to be exercised in determining whether a patient's violent behaviour is a result of their medical condition. When doubt exists, further guidance should be sought from the Local Medical Committee and/or medico-defence representatives
- There must always be a justifiable reason(s) for seeking approval to remove the patient from the organisation list
- For instances when there is deemed to be a breakdown of doctor-patient relationship or should there be any repeat of the inappropriate behaviour within a 12-month period since the previous warning, then the patient can be removed.
- Should a patient be violent, e.g., when the police are involved, then in these cases the patient will be removed immediately. It should be noted that if the removal is on the grounds of violence or threatened violence, the police must always be informed, and a police incident number obtained.
- If it is for a clinical reason as to why the patient's behaviour was deemed inappropriate, consider changing the patient's GP internally

When removal has been found to be justified, the organisation will:

- Write to the patient explaining why they are to be removed from the organisation list using the template at [Annex H](#)

- Record the decision, attaching the letter(s) to the patient's healthcare record
- Determine the most appropriate arrangements for continuing the patient's care and facilitate the timely transfer of the patient's healthcare record

Actions by PCSE (8-day removal)

Should there be a requirement to remove the patient following their unreasonable behaviour and a warning has already been provided to them in the preceding 12-months period, then PCSE will remove patients eight days after they receive the request.

However, if patients require treatment at intervals of less than seven days, the organisation is obliged to provide such treatments until the condition of the patient improves. In such instances, removal will occur on the eighth day after treatment ceases or until the patient is accepted by another organisation.

To request an 8-day removal, PCSE is to be informed via the [Patients Removals Form](#) as detailed upon its [Patients removal webpage](#) or the [Removal Request Paper Form](#) can be sent to pcse.patientremovals@nhs.net.

Actions by PCSE (immediate removal)

In instances when patients are violent, abusive, threatening or have displayed signs of generally unacceptable behaviour, or where there are concerns for staff and other patients' safety, the police are to be notified. The organisation can have the patient immediately removed within 24 hours once they have notified PCSE by either telephone or email.

To request immediate removal of a patient and for further instructions, refer to the PCSE guidance on its [Immediate removal \(SAS\)](#) webpage

The organisation must ensure that the reason(s) for removal is recorded in the patient's healthcare record, along with any supporting documentation such as previous warnings or information leading up to the removal of the patient. The responsibility for ensuring that the patient meets the criteria for immediate removal.

Annex E – Warning letter template

This is to inform you that your [unreasonable/abusive/aggressive behaviour] on [date] at [place] is unacceptable to the practice. Please treat this letter as a formal warning that any such behaviour in the future will not be tolerated.

Any repetition of [unreasonable/abusive/aggressive behaviour] may result in you being removed from this practice's patient list and you will be required to register elsewhere.

Annex F – Cooperation letter template

As the Practice Manager of [insert organisation name], I am writing to you on behalf of the partners at the practice.

We value you as a patient and our aim is to always provide you with the best level of care. In order to do so, we need you to accept that it is not acceptable to [insert issue here, e.g., make repeated demands for information]. Members of the team have advised me that [insert information, e.g., “over the past [insert time frame] you have called the practice on [insert number] separate occasions to discuss your medical condition].

Your GP has informed me that they have advised you a number of times about managing your condition and that they have also written to you to clarify the advice given during your consultation.

If, during your consultation, you are unsure about anything your GP has said to you, please ask at the time. Your GP will happily explain everything to you to ensure that you are best placed to manage your condition.

Our doctors follow the guidance detailed in [Good Medical Practice](#), specifically our GPs will:

- Give patients the information they want or need to know in a way they can understand (Point 28)
- Listen to patients and encourage an open dialogue about their health, asking questions to allow them to express what matters to them, and responding honestly to their questions (Point 29)

Non-clinical staff are not permitted to give medical advice about your condition; the responsibility of your continued care rests with the General Practitioners.

Should you seek a second opinion regarding your condition, please arrange an appointment requesting that the appointment takes place with a different GP and the reception team will facilitate this.

Thank you in advance for your cooperation.

Annex G – Behaviour agreement template

As the Practice Manager of [insert organisation name], I am writing to you on behalf of the partners at the practice. We value you as a patient and want to continue to provide you with high-quality care and service [that you/we feel that you] currently receive. To do so, we need to set boundaries and expectations that will foster an effective relationship.

It is hoped that this is agreeable and that we can improve upon our relationship to maintain the effective patient/doctor relationship that is required.

Please review and sign the agreement carefully. This agreement will be witnessed and retained within your healthcare record.

Agreement

This agreement is between [insert patient name] and [insert organisation name].

This organisation will endeavour to:

- Consider your needs and provide a professional and confidential service and work in partnership with you, your family, carers and representatives
- Consider what would most benefit your health and wellbeing and discuss any decision in a clear and transparent way
- Treat you equally and with dignity and respect
- Encourage you to take part in decisions about your health and wellbeing by providing you with the information and support to do so
- Learn from any mistakes and ensure that, should any occur, we fully investigate. If harm has been caused, we will provide an appropriate explanation and apology
- Offer you your named GP, or GPs, of choice where possible for continuity of care
- Listen to you and involve you in decision making regarding your treatment options
- Consider and respect your feedback

In return, this organisation will expect you to undertake that you will do the following:

- Use our service responsibly and not expect immediate treatment for non-urgent/routine conditions
- Take personal responsibility for your own health
- Treat staff and other patients with respect and recognise that violence or the causing of nuisance or disturbance these premises could result in prosecution
- Recognise that abusive and violent behaviour could result in you being requested to register elsewhere
- Provide accurate information about your health, condition and status

- Keep to any appointments or cancel within a reasonable time to allow the appointment to be reused for another patient
- Follow the course of treatment to which you have agreed and talk to your clinician if you find this difficult
- Participate in important public health programmes such as vaccination
- Utilise the services of other professional practice staff as a GP is not necessarily the most appropriate clinician to see on all occasions
- Allow sufficient time for processing repeat prescription requests and not pressure staff to process unauthorised medication requests
- Keep us informed of any name, address and telephone number changes

I also understand that failure to meet these expectations may result in the practice requesting that I register elsewhere at another GP practice.

I have read, understand and agree to the above listed expectations.

| | | | |
|--------------------|--|------|--|
| Patient signature | | Date | |
| Practice signature | | Date | |
| Witness signature | | Date | |

Should you have any questions, can I ask that you please contact the main practice number and request a meeting with either myself or my deputy [enter name].

Annex H – Letter template to remove a patient

Further to my previous letter in [date], this is to inform you that your [unreasonable/abusive/aggressive] behaviour continues to be unacceptable to the organisation.

On [date] at [place] it was reported to me that you [insert incident] and today I have requested to NHS England that you be removed from [insert organisation name] list.

Therefore, you will need to register at another organisation and...

[Delete as appropriate]

[this removal will take effect on the eighth day after the request is received by NHS England].

[or],

[this removal will take effect eight days after completion of the current treatment that you are receiving. Please note, this may be sooner should you have been accepted to be registered at another organisation].

Should you need any assistance in finding another GP organisation, it is suggested that you visit the following website:

<https://www.nhs.uk/service-search/find-a-gp>

Annex I – Risk assessment template

| | | | |
|--------------------------------|---|----------------------------|-------------------|
| Risk assessment title | Unreasonable, violent and abusive patients | Date of assessment | DD/MM/YYYY |
| Assessment conducted by | L H Jones (DPM) | Date of next review | DD/MM/YYYY |
| Contributors | P O Smith (PM) | Risk reference | XX/YYYY |

| What are the potential hazards? | Who is at risk of being harmed and how? | What are you already doing to control the risks? | Risk rating | Additional control measures required | To be implemented: by who, by when? | Residual risk |
|---|---|---|-------------|---|--|---------------|
| Patients may be aggressive /violent due to illness or mental health issues or may be known to have a history of violence/ aggression. | Staff, patients, contractors, visitors could be verbally abused or physically abused resulting in psychological or physical injuries, potentially serious injuries. | <p>There is a robust policy in place.</p> <p>All staff have received training in dealing with abusive, aggressive and violent patients.</p> <p>All staff have received de-escalation training.</p> <p>Alerts are recorded on the clinical system for this cohort of patients.</p> <p>Panic alarms are fitted in all areas.</p> <p>Clinical staff know how to set up their consultation rooms to ensure they have an escape route.</p> | 9 | <p>Ensure the policy is reviewed annually</p> <p>Monitor training compliance</p> <p>Monitor training compliance</p> <p>Regularly review and update alerts as required</p> <p>Run an exercise to test response to panic alarms</p> <p>Review and update information as and when required</p> | <p>PM – ongoing</p> <p>DPM – ongoing</p> <p>DPM – ongoing</p> <p>DPM – ongoing</p> | 6 |

| | | | | | | |
|--|--|--|--|--|------------------|--|
| | | Information is available in waiting areas and on the website promoting zero tolerance. | | | DPM – DD/MM/YYYY | |
| | | | | | DPM – ongoing | |

| | | Likelihood | | | | |
|-------------|-------------------|---------------|---------------|---------------|---------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 5 Catastrophic | 5 Moderate | 10 High | 15 Extreme | 20 Extreme | 25 Extreme |
| | 4 Major | 4 Moderate | 8 High | 12 High | 16 Extreme | 20 Extreme |
| | 3 Moderate | 3 Low | 6 Moderate | 9 High | 12 High | 15 Extreme |
| | 2 Minor | 2 Low | 4 Moderate | 6 Moderate | 8 High | 10 High |
| | 1 Negligible | 1 Low | 2 Low | 3 Low | 4 Moderate | 6 Moderate |