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**Special Allocation Scheme (Violent Patients) Information for referring practices**

**A Special Allocation Scheme (SAS) is in place for Shropshire, Telford and Wrekin CCG patients and is provided by: Marden Medical Practice (Shropshire patients) and Dawley Medical Practice (Telford patients)**

The following guidance is intended to clarify the situations in which it would be appropriate to remove a patient from your list for referral to the Special Allocation Scheme, and the process that should be followed.

1. **When to request an immediate removal of a patient from your list**
   1. The overarching objective behind a Special Allocation Scheme (SAS) is to ensure any patient removed under the violent patient regulations[[1]](#footnote-1) have access to essential and additional medical services. Also, to communicate behavioural expectations to patients and educate them to behave responsibly wherever possible, while at the same time minimising the risks to the safety of health

professionals and others.

* 1. The regulations pertaining to this type of patient removal are reserved for those patients who meet the criteria for removal and resulting in an incident being reported to the police, or for patients who are deemed a future safety risk to themselves or others within the primary care setting.
  2. It is not the intention to encourage a situation where patients are immediately removed for comparatively minor offences (e.g. that have not been reported to the police) or for behaviour that could be ascribed to a health condition and which is capable of being alleviated through careful management, care and treatment.
  3. The following comprehensive guidance outlines circumstances deemed appropriate to remove a patient from the patient list (although this is a guide

and not exhaustive) and emphasises the importance of applying this procedure when strictly necessary.

* 1. Links to the BMA guidance regarding removals from a patient list are included at Appendix 1.

1. **Types of behaviour covered by this guidance**
   1. The Health Circular 2000/01 defined violence in the primary care context as: “Any incident where a GP, or his or her staff, are abused, threatened or assaulted in circumstances related to their work, involving an explicit, or implicit, challenge to their safety, wellbeing, or health”.
   2. The main kinds of behaviour which are considered to bring a patient within the regulations covered by this guidance are (these are only intended to be used as a guide and therefore the list is not exhaustive):
      1. **Assault**

For an assault to fall within the scope of a removal from the list, it should involve a person intentionally or recklessly causing another to apprehend the immediate infliction of unlawful force on an individual in a manner which either results in injury or causes that individual to fear injury or some other immediate threat to their personal safety.

* + 1. **Threatening behaviour**

Any verbally threatened harm towards others, with or without accompanying gestures, will fall within the scope of a removal. Threats of nonviolent acts are unlikely to do so (e.g. use of offensive language without threats).

* + 1. **Behaviour resulting in damage to property**

Any behaviour resulting in damage to property, whether accompanied by verbal threats or not and whether that damage is intentional or not, is likely to be within scope of the scheme if the behaviour was intended to terrorise or intimidate individuals or is seen as a precursor to a personal assault.

* 1. Examples of the cases referred to above would include any incident in which the patient has:
     1. struck, grabbed or punched a GP, member of staff or other individuals, either within the practice premises, or if elsewhere, if in a targeted attack
     2. thrown an inanimate object at a GP, member of staff either within the practice premises or elsewhere, if in a targeted attack
     3. struck, grabbed, punched or thrown an inanimate object at another patient(s) within the practice premises
     4. wielded a weapon, or used an object as one, in an actual or intended assault or in a manner intended to intimidate or terrorise staff, patients or other persons on the practice premises
     5. threatened to assault or physically harm a primary care worker
     6. threatened to damage property or to ‘seek revenge’ in a menacing way
     7. caused damage to property with an intention to intimidate or cause harm.

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

**NB – where a practice is unsure how to proceed having read these examples, they can contact the commissioner for support, advice and**

**guidance. The practice may also choose to seek guidance from the Local Medical Committee.**

* 1. Please note that where the circumstances are less serious and not appropriate for this method of removal, the relevant process for removing patients from a practice list should be followed. Patients must not be removed using the ‘immediate removal’ process unless the matter has resulted in the incident being reported to the police.
  2. Once satisfied that a patient's behaviour warrants removal from the practice list, in order to remove a patient immediately, the practice is required under GMS and PMS regulations to:
     1. **Notify the Police**

In order to remove a patient immediately for cases of serious violent assault, threat or damage, the situation has to be serious enough to justify reporting the incident to the police in an appropriate timeframe, due to the incident having left the person feeling sufficiently threatened for their own safety, or that of another.

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

Due to the nature of incidents requiring an immediate removal under these regulations, it would not be expected that the practice notify the police days after the incident. A further contact to the police within 7 days may be required if the incident number for the call wasn’t recorded, retained or provided at the time of the call. The SAS policy is in place for urgent incidences and as such, this information and evidence may be used for local audit purposes.

* + 1. **Notify the Commissioner (via PCSE)**

The practice is required to notify the Commissioner via PCSE by emailing [Pcse.patientremovals@nhs.net](mailto:Pcse.patientremovals@nhs.net). At this point there will be a reasonable expectation that practices will be able to evidence contact with the police by passing on details of an incident number or detail why this has not been possible and if possible call back with an incident number as soon as practical. The practice will be required to follow up the call with a written report of the incident (including police incident number), preferably within 24 hours but no more than 7 days after the incident occurring and via email to the Commissioner. A patient removal request form can be downloaded from the [PCSE website](https://pcse.england.nhs.uk/help/registrations/patient-removals/?keyword=How%2Bdo%2BI%2Brequest%2Bthe%2Bremoval%2Bof%2Ba%2Bviolent%2Bpatient%2Bfrom%2Bour%2Bpractice%3f) (a sample copy is attached at Appendix 3 for information) or the request submitted via the PCSE portal.

The practice must notify the patient that it has requested their removal from the patient list, as set out in the regulations, unless an exception applies under the Regulations.

PCSE will ensure the patient removal process commences. Following the removal and in conjunction with the commissioners as necessary, PCSE will decide on the best arrangement to ensure continuity in primary care service for the patient. This may include allocation to the SAS (but recognises the patient retains the right to choose not to be registered at all). A flag is placed on the patient record which prevents the patient from registering at other GP Practices.

PCSE will write to the patient to notify them of the removal and ongoing management arrangements. It is expected that this process will be completed within a 24 hour working period from the initial notification.

**NB After removal, all requests and allocations to SAS will be reviewed by a SAS Panel. The panel will monitor the ongoing appropriateness of the removal, allocation and rehabilitation of the patient. This is with a view to safely returning choice to the patient in a timely way and reintegration to mainstream Primary Care.**

* 1. Registered providers and managers of NHS GP and other primary medical services must also comply with their regulatory obligations, for example to notify CQC about certain incidents that took place “while an activity is actually being provided or as “a consequence of its being provided” (CQC, 2013) and when an incident is reported to or investigated by the police. For more information, [click here](http://www.cqc.org.uk/sites/default/files/documents/20130426_800715_v1_00_guidance_on_statutory_notifications_from_pms_for_reg_persons_for_publication.pdf).
  2. For further information relating to the process following an allocation to the scheme, please refer to Appendix 2.
  3. The practice should notify the patient that it has requested their removal from the list unless an exception applies under the Regulations.
  4. The patient referred to the SAS has a right of appeal and if this happens, the Commissioner will contact the practice to notify them of the appeal and invite them to provide any supplementary information in relation to the removal.
  5. The appeals process does not delay the immediate removal of a patient following an incident that has been reported to the police and the commissioner (via PCSE). Pending the outcome of any appeals process, should the patient need to access Primary Medical Care, this would have to be provided by the SAS to which the patient had been allocated

*Last updated: October 2021*

## Appendix 1

**BMA Guidance - Removal of patients from GP lists**

Please refer to the British Medical Association (BMA) website for their most up to date guidance.

*Removing patients from your practice list*: <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/removing-patients-from-your-practice-list>

*Removing violent patients and the Special Allocation Scheme*: <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/removing-violent-patients-and-the-special-allocation-scheme>

## Appendix 2

SAS - PATIENT PATHWAY

Referral made to Primary Care Support England (PCSE) from Referring GP Practice

Contractor contacts Commissioner if referral considered not appropriate.

Commissioner to review and if appropriate confirms referral to Contractor

Within 1 working day PCSE sends the Contractor referral form and removes patient from Referring GP

Practice.

PCSE writes to patient to advise of their removal and confirm allocation to SAS.

If confirmed not appropriate Commissioner informs PCSE of rejection.

PCSE inform Referring GP Practice and Contractor

Patient completes registration and consents to data sharing with other NHS organisations

Contractor writes to patient to arrange 1st appointment for initial assessment

Relevant organisations informed of registration

Ongoing service provision and rehabilitation

Review of patient at 6 monthly intervals

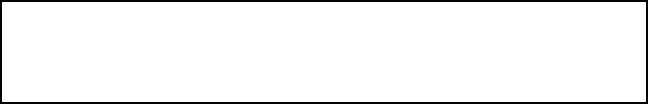
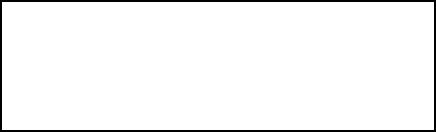
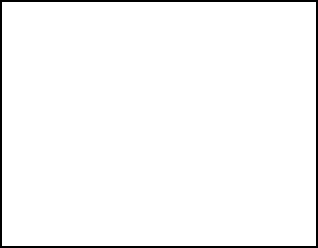
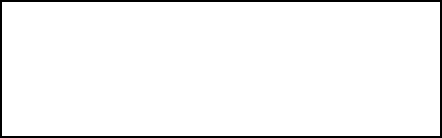
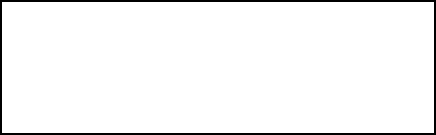
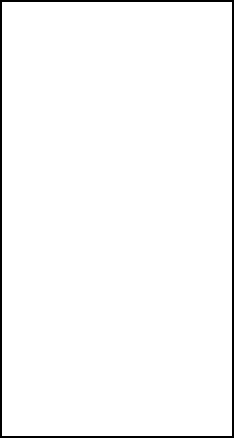
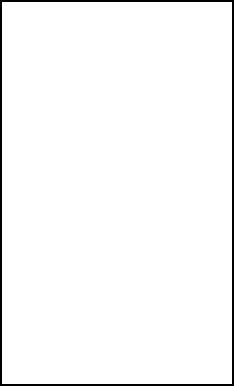
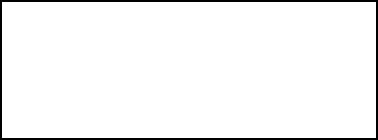
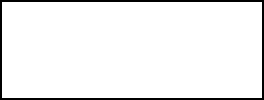
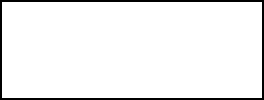
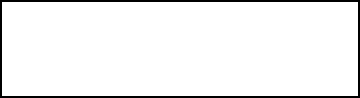
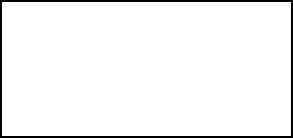
Patient ready to be discharged

Patient not ready to be discharged

PCSE informed of discharge from scheme.

PCSE write to patient

*Exceptional Discharge Panel review for patients registered for more than 2 years*

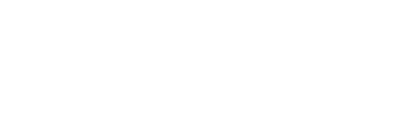


Patient supported to

find alternative GP 14

practice

**Appendix 3**



**PRIMARY CARE SUPPORT ENGLAND REQUEST FOR REMOVAL OF PATIENT FROM PRACTICE LIST**

### Please send (email) as soon as possible with type of removal in subject line to Primary Care Support England [pcse.patientremovals@nhs.net](mailto:pcse.patientremovals@nhs.net)

**Incomplete forms will not be actioned**

PRACTICE NAME: …………………………………………………………………… Practice Code ………………… Practice Address: ………………………………………………………………………………………………………....

**TYPE OF REMOVAL (*tick applicable box*)**

Immediate removal – *this will result in the patient going on to the Zero Tolerance Scheme/ Special Allocation Scheme*

8 day removal

**PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | **NAME:** |  |
| **DOB:** |  | **DOB:** |  |
| **NHS NO:** |  | **NHS NO:** |  |
| **ADDRESS:** |  | **ADDRESS:** |  |
|  |  |  |  |
|  |  |  |  |
| **NAME:** |  | **NAME:** |  |
| **DOB:** |  | **DOB:** |  |
| **NHS NO:** |  | **NHS NO:** |  |
| **ADDRESS:** |  | **ADDRESS:** |  |
|  |  |  |  |
|  |  |  |  |

The above named patient(s) is/are being removed because of the following:

1. Threats of violence/actual violence/verbal abuse to doctor or staff 
2. Breakdown of relationship 
3. Non-attendance of appointments (DNAs)  Other matters, please specify:………………………………………………………………………. **8 Day Removal Requests:**

I confirm the contractor has notified the patient of its specific reason for requesting removal (see paragraph 24(1)(b) and 22(2) or statement of irrevocable breakdown of patient/doctor relationship.

The patient(s) being removed has/have previously received a warning in writing within the past 12 months explaining that they were at risk of removal:

If Yes please give date of warning…………………………….. If No please indicate with a  which of the following apply:

1. It is not practicable to issue such a warning 
2. Such a warning would be harmful to the physical or mental well being of the patient 
3. Such a warning would put the safety of the GP or staff at risk 

*N.B Where a warning has not been issued the Area Team may require reasonable evidence of why this has not taken place.*

GP/PM Actual Signature:………………………………. Date:……………../……………./………………

**TO BE COMPLETED FOR IMMEDIATE REMOVALS ONLY *this will result in the patient going on to the Special Allocation Scheme (SAS)***

Please complete this form in full for the removal of a patient following a violent incident towards a GP, a member of staff, a patient or property, and submit within 7 working days via email to [pcse.patientremovals@nhs.net](mailto:pcse.patientremovals@nhs.net). The incident **must** be reported to the Police within 24 hours, in-order for the patient to be removed. **If the incident has not been reported to the Police, then the removal will be done as an 8 day removal and not as an immediate removal.**

If you have obtained a **Police Incident Number**, please record it on this form. If one is not available at present, please provide it within 7 working days to the email address above; although please note it is not mandatory to obtain one and it will not delay the removal process.

|  |  |
| --- | --- |
| **Details of the Incident** | |
| **Date of Incident** |  |
| **Time of Incident** |  |
| **Location of incident (Surgery/ Patient’s address)** |  |
| **Type of Incident**  **(please tick appropriate box)**  **The Health Circular 2000/01 defined violence in the primary care context as:**  **6.4.4.2“Any incident where a GP, or his or her staff, are abused, threatened or assaulted in circumstances related to their work, involving an explicit, or implicit, challenge to their safety, well-being, or health”.** | Non-physical violence  i.e. threats of violence etc.  Physical Violence  i.e. assault, thrown objects etc.  Aggravated Physical Violence  e.g. use of weapons  Vandalism to Premises Vandalism to Vehicle |
| **Date Incident Reported to the Police**  **(MUST BE REPORTED TO POLICE FOR SAS)** |  |
| **Police Incident Number (please provide within 7 days, if not available immediately)** |  |
| **Please a full incident description (please continue on separate sheet if necessary)** |  |
| **GP signature**  **(Actual signature must be provided):** |  |

# CCG/NHSE USE ONLY

In exceptional circumstances, where validated by a person of authority, a patient may be removed without reporting the incident to the Police.

Please complete the details below stating justification for the request and identify the authority, then submit with the immediate removal form completed by the practice.

|  |  |
| --- | --- |
| **Request for Removal – Police Not Informed** | |
| **Name:** |  |
| **Email address** |  |
| **Contact number** |  |
| **Type of Authority**  **(please tick appropriate box)** | NHS England Local Team  CCG Delegated Authority with SAS Authority (please state)  ………………………………………………………..  Area SAS Commissioner (please state)  ……………………………………………………….. |

**Reason for Approval of Removal**

|  |  |
| --- | --- |
| **Signature :**  **(Actual signature must be provided):** |  |
| **Date:** |  |

1. 1 The National Health Service (General Medical Services Contracts) Regulations 2015, Schedule 3 Part 2 para 25 ([http://www.legislation.gov.uk/uksi/2015/1862/schedule/3/part/2/made)](http://www.legislation.gov.uk/uksi/2015/1862/schedule/3/part/2/made) [↑](#footnote-ref-1)