



NHS England South (South West)

Violent Patients Scheme Handbook

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Violent Patient Scheme Handbook – NHS England South (South West)

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- 1. Letter requesting to place a patient on the Violent Patient Scheme**
- 2. Letter to patient confirming placement on the Violent Patient Scheme**
- 3. Overseeing the Violent Patient Scheme, Terms of reference**

SECTION A: Specification for the Provision of the Violent Patient Scheme (VPS) across the South West

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1 Introduction

NHS England South (South West) is responsible for commissioning primary care medical services for a number of patients, under the Violent Patient Scheme Directed Enhanced Service. The service is offered in three lots:

- Devon and Cornwall;
- Somerset;
- Bristol, North Somerset and South Gloucestershire.

As well as routine GP appointments the service also provides telephony and security escort provision for VPS patients. This handbook sets out the background, details of the service commissioned..

Excluded from this handbook is the provision of the Violent Patient Scheme on the Isles of Scilly where they have their own arrangements for VPS.

1.1 Background

The Violent Patient Scheme was introduced as a Directed Enhanced Service in 2004, with the aim of providing a secure environment in which patients who have been violent or aggressive in their GP practice can receive general medical services. The Violent Patient Scheme (VPS) is a Directed Enhanced Service to provide general medical services to patients who meet the criteria for inclusion into the scheme and cannot be used for any other circumstance.

This scheme allows NHS England South (South West) to balance the rights of patients to receive services from GPs with the need to ensure that GPs, their staff, patients and bystanders deliver and receive those services without the threat or occurrence of violence or who might otherwise have reasonable fears for their safety. Removing a patient under the terms of this scheme should only be used as a last resort when all other ways of managing the patient's behaviour have been exhausted.

Since, 2004, the VPS has developed and evolved into the current arrangements with the establishment of NHS England in 2013 and the harmonisation of the predecessor schemes across the South West and there is now a local unified Violent Patient Scheme process in place.

1.2 Objective

NHS England South, South West has commissioned a time limited service (via an APMS contract) to be a single accountable provider per geographical lot to provide primary medical services, in secure locations, to patients placed on the VPS in Devon and Cornwall; Somerset; Bristol, and North Somerset and South Gloucestershire.

Also included in the service is a call handling service for all VPS patients in each geographical lot, to make an appointment and arrange for the provision of security escorts to attend an appointment.

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In order to ensure flexibility the initial contract will be for five years but will include a clause to allow the contract to be extended by a further 2 years by mutual consent.

1.3 Indicative Activity

Region	Current numbers of patients on VPS
Devon and Cornwall	40
Somerset	8
Bristol, North Somerset and South Gloucestershire	68

Of the above numbers, there are a few patients who are either in long term residential care of specialist mental health services and a number of patients who are in prison. These patients remain on the VPS even though they cannot access the service.

2 Service to be provided

All appointments for patients on the scheme are made via the call handling provider. No patient on the scheme should directly contact the provider practice on the normal practice telephone number. Providers should not give out any information regarding their normal place of work to the patient, if they provide the service from other premises, such as community hospitals.

The patient can choose whether to request a face-to-face consultation with a GP or a telephone consultation.

Face-to-face consultations will be held in appropriate secure rooms. NHS England expect there to be sufficient security staff on the premises half an hour before the patient's appointment and only leave at least half an hour after the patient has left the premises or the GP has left the premises if the appointment is held away from their own site. The security escorts will have access to a risk assessment to inform them of any potential risks.

If the patient requires a prescription, the provider, will ask the patient to nominate the pharmacy from which they wish to collect that prescription. The provider will then call the pharmacist to inform them that the prescription for this patient is to be transferred to them, or that the patient is going to be collecting their prescription from them following the consultation. The provider is also expected to inform the pharmacist of any issues surrounding the patient in order to maintain their safety.

Provision of care includes:

- Provision of comprehensive and high quality primary medical services within reasonable distance to the patient's home, including specifically: active management of long term and chronic conditions: patient referral, engagement and liaison with supplementary services where available routinely within the area,

including specialist mental health services, drug and alcohol services and those available through secondary services;

- As it is likely that some of the patients on the VPS will have or have had a history of substance misuse, provider experience in this is essential, as well as having good working relationships with local specialist teams for onward referral and support to patients for rehabilitation;
- The provider is required to hold the patient’s notes and associated records as a registered patient;
- The provider is expected to take responsibility in encouraging patients to engage with the service;
- Following the removal of the patient from the scheme, the provider is expected to ensure that the patient has sufficient medication as appropriate and that the new practice is aware of any referrals, medical certificates or follow up appointments. The new practice will be receiving the patient’s full medical history and so will be aware of their history on the scheme. Patients are informed that this will happen in the letter (or other communication) that they receive to inform them that they have been removed from the scheme;
- There is an expectation that all clinical providers are signed up to deliver the Quality Outcomes Framework (QOF) or equivalent for patients on the VPS scheme;
- Whilst this is an APMS contract NHS England expect that the providers subscribe to the core requirement of a GMS/ PMS contract for GP, meaning that the core requirement of a GP who provides essential services to NHS patients is “*the management of*” such patients. “Management” of a patient includes:
 - a) Offering consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and
 - b) The making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the GMS/PMS contract and liaison with other health care professionals involved in the patient’s treatment and care.

The contract will include the following primary medical services:

Essential Services:

- Management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practical;
- General management of patients who are terminally ill; and
- Management of chronic disease in the manner determined by the practice, in discussion with the patient.

Additional Services:

- Cervical screening;
- Contraception services;
- Vaccination and immunisations; and

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- Minor Surgery (curettage & cautery).

Call Handling is required for all patients to access the service; this should be a low cost or local call for all patients in the South West. The call handling service will liaise with the GP provider, patient, security escort provider and location of clinic to arrange the appointment.

Call Handling is required to request a telephone consultation or relay a request for repeat medication to the GP provider if the patient requests this service.

Security Escorts are required to attend the venue when an appointment is book, two escorts should arrive 30 minutes before an appointment and liaise with the Matron or equivalent on site. The security escorts will have access to a risk assessment to inform them of any potential risks.

NHS England will provide some administrative role to the VPS, for example all letters will come from NHS England to the patient.

The Single Accountable Provider will co-ordinate a report in line with the NHS England template for each VPS patient due to be reviewed at the VPS Patient Review Panel, which is held quarterly. This includes a GP report, call handling report, contacts with Emergency Departments and security report. The provider will co-ordinate reports from other agencies such as the Ambulance Trusts, Local Security Management Service reports from Acute and Community Trusts/Providers.

The Single Accountable Provider will attend the quarterly Panel Review meetings and the VPS Scheme Review Meetings held twice a year, in addition to any contract monitoring and performance meetings.

2.1 Opening Hours

The provider is expected in line with core GP contract requirements to provide access to registered patients during the hours of 8am-6.30pm Monday to Friday excluding bank holidays. The service will provide face-to-face consultations, and phone consultations during the opening times mentioned. This will include telephone access from 8am-6.30pm Monday to Friday.

NHS England expects that all registered patients requesting an appointment receive one within a clinically appropriate and responsible amount of time. NHS England would expect this usually to take place within 1 week of request.

As innovative and new ways of working within General Practice are encouraged, and given the geography of the South West it would be desirable, but not essential, should the provider have the ability to provide consultations through Skype and/or Email under the right governance framework.

3 Provider Requirements

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3.1 Safeguarding

All staff, clinical, administrative and security should be trained in basic safeguarding for children and vulnerable adults, and all doctors and nurses will have received more advanced training and updates every three years. Please note that doctors are expected to have Level 3 safeguarding.

The provider will work with all agencies to develop and adhere to all safeguarding policies and processes and requirements.

3.2 CQC Registration

A mandatory requirement is for the provider to be registered with the CQC in order to provide primary medical services. Registration with the CQC takes a minimum of 12 weeks.. Any cost implications will be at the providers' own cost.

3.3 Quality Assurance and Clinical Governance

The Provider will operate an effective, comprehensive System of Clinical Governance with clear channels of accountability, supervision and effective systems to reduce the risk of clinical system failure. This will be an element within an effective and comprehensive System of Integrated Governance.

The Provider will identify the clinical lead to be clinical governance lead and provide leadership to the team delivering primary medical care services.

Not required as this is handbook

3.4 Disaster Recovery/ Business Continuity

This Provider is required to have arrangements for business continuity in the event of an incident or emergency during the life of the contract. This plan should show how the service would be delivered and maintained during an incident or emergency.

3.5 Workforce

The provider must ensure they have an adequate number of appropriately qualified and experienced clinicians will be in place to deliver effective services, and to ensure adequate and timely cover for periods of sickness, study and annual leave.

Where the provider intends to sub-contract services or provide services through the use of agency, locum or self-employed workers they must evidence how they will ensure that all workers meet all of the criteria and standards required of staff who may be directly employed to provide these services.

All doctors employed to deliver medical services must be registered with the General Medical Council.

All doctors employed to deliver medical services must be on the National Performers list.

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3.6 Participation in Appraisal and Medical Revalidation

All doctors will participate in the appropriate GP Appraisal Scheme for medical revalidation and the Provider will support the doctors in developing their portfolio of supporting information, including regular patient surveys to provide feedback for the clinicians and the service, significant event reviews, clinical audits etc.

The Provider will ensure that the local clinical service lead will have a role in determining the Personal Development Plans for the clinical staff to ensure that the clinical team have the appropriate skills, training and updates appropriate for the service.

3.7 Information Governance and Confidentiality

The Provider will ensure high standards of information governance for the service and reassure patients of the importance of patient confidentiality. The Provider will also maintain high standards in relation to “Information Sharing Protocols” which may exist between agencies to ensure the appropriateness of the information to be shared with other agencies. The Provider will participate in the NHS IG Toolkit to provide assurance of continued high standards.

The Provider will ensure that all sub-contractors will be familiar with the principles of information governance and be able to provide assurance to NHS England that they are consistently applied when supporting the VPS service.

3.8 Maximising Technology and Information Flows

The Provider will endeavour to use the technology available to improve communication and information flows so as to build a wider clinical network to access up to date information to support patient care.

The Provider will ensure that staff, clinicians and administrative have the appropriate IT skills and training to use the technology and be use appropriate strategies to find relevant information on a topic to support good quality care.

3.9 Incident Reporting

The Provider will have systems to record, report and serious incidents that require reporting (SIRI) in line with NHS England’s SIRI Policy.

In addition, all incidents involving patients using this service must be reported within 72 hours to NHS England primary care medical services on england.devcorn-incidents@nhs.net.

4 Premises

The Provider will be responsible for their own premises and the use of any premises for primary medical service to be offered from. NHS England South (South West) expects the provider to pay for the accommodation used for all premises costs.

The service provider shall:

- Ensure that all reasonable care is taken of the Facilities;

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- Ensure that the consultation rooms have all been fully risk assessed and are safe places to provide care;
- Observe all reasonable rules and regulations and policies that NHS England makes and notifies to the Provider from time to time governing the Provider’s use of the Facilities; and
- Make their staff available for induction briefings for the building that will address issues such as security & fire safety etc.

4.1 Facilities Management (FM)

The Provider is required to manage the overall FM requirements for their own premises and work with the owners and tenants of the other premises that they use.

5 Equipment: General Requirements

5.1 Standards

The Provider must ensure that all equipment used in the delivery of the service is fit for purpose, complies with statutory requirements and the latest relevant British Standard or European equivalent specification, and is purchased with compatibility in mind, This applies to equipment supplied directly by the Provider(and to equipment made available to the Provider by the NHS England, both fixed and mobile, for the purposes of delivery of the service and operation of the facilities.

The Provider must provide, install, operate and maintain all Equipment in accordance with all applicable laws and manufacturers' instructions.

The Provider must ensure that Equipment used to deliver the Services would not cause interference with or damage to equipment used by others.

The Provider must ensure that Equipment is fit for purpose and purchased with compatibility in mind.

The Provider should have processes for the backup of systems- this may be covered by the Information Governance Statement of Compliance (IGSOC) toolkit.

5.2 Contracting Arrangements

The Provider shall provide any Equipment, whether fixed or mobile, necessary for the delivery of the Services and operation of the Premises (the “Provider Equipment”).

5.3 Consumables

Providers must ensure that consumables are stored safely, appropriately and in accordance with all applicable laws, good practice guidelines and suppliers' instructions.

5.4 Management of Equipment

The proper and adequate control of Equipment is an important aspect in the safe and effective delivery of the Services.

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The provider is responsible for making arrangements:

To establish and manage a planned preventative maintenance programme;

- To make adequate contingency arrangements for emergency remedial maintenance;
- To make arrangements for the provision of substitute equipment to ensure continuity of the services;
- To ensure compliance with statutory requirements, including Health and Safety standards, and appropriate British Standards concerning the inspection, testing, maintenance and repair of equipment; and
- To maintain records open to inspection by NHS England of the maintenance, testing and certification of the Equipment.

6 Information Management and Technology

6.1 Overview

The Provider as a single accountable provider will need to ensure that the appropriate information management and technology is in place to support the medical services. This includes the call handling and telephony elements of the service.

6.2 Standards and compliance

The Provider must ensure that appropriate “IM&T Systems” are in place to support the medical services. “IM&T Systems” means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of the Services, management of patient care, contract management and of the primary care medical business processes, which must include:

- Clinical services including ordering and receipt of pathology, radiology and other diagnostic procedure results and reports;
- Prescribing;
- Individual electronic patient health records;
- Inter-communication or integration between clinical and administrative systems for use of patient demographics;
- Access to knowledge bases for healthcare at the point of patient contact; and
- Access to research papers, reviews, guidelines and protocols.

The Provider’s IM&T Systems must comply with the following standards as appropriate to the services commissioned from the Provider:

- GP Systems of Choice (**GPSoC**) programme;
- Referrals and booking;
- NHS Terminology Service, NHS Classifications Service and Healthcare Resource Groupings;

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- Alternative Medical Services (**APMS**) contract; and
- Information Governance Toolkit.

6.3 GP Systems of Choice Programme

The Provider must use clinical systems that comply with the GPSoC programme. The Provider must also comply with the standard terms and conditions of the GPSoC programme as may be updated from time to time.

The HSCIC has issued a specification that sets out the requirements for IM&T systems and infrastructure needed to support clinical applications in use in primary care, now and in the future, including the GPSoC programme. Bidders should use this specification for guidance when completing their responses. These applications include:

- *E- Referral System*: use of the Directly Bookable Service (**DBS**) for all patient referrals into secondary care;
- *N3*: use of the national network for all external system connections to enable communication and facilitate the flow of patient information;
- *Summary Care Record*: includes essential health information about any medicines, allergies and adverse reactions derived from their GP record.
- *Electronic Transfer of Prescriptions (ETP)*: use of the electronic prescribing service for supply, administration and recording of medications prescribed and transmission to the Prescription Pricing Division (**PPD**);
- *GP2GP*: use of GP2GP so that patient records are transferred electronically when a patient registers with a new practice;
- *Patient Demographic Service (PDS)*: use of the PDS to obtain and verify NHS Numbers for patients and ensure their use in all clinical communications;
- *NHSMail*: use of the NHSMail email service for all email communications concerning patient-identifiable information or the appropriate local solution; and
- *Calculating Quality Reporting Service (CQRS)*: use of CQRS to demonstrate performance against QOF and enhanced Service achievement targets to support quality improvements in services provided to patients.

6.4 Referrals and Bookings

The Provider's IM&T Systems must be effective for referrals and bookings including appointment booking, scheduling, tracking, management and the onward referral of patients for further specialised care provided by the NHS, independent sector or social care and must be compliant with Choose and Book requirements including the use of smart cards. Care must be taken to inform those organisations to which the violent patient scheme patients are referred that they are on the VPS and those organisations should liaise with their own Local Security Management Service as to how best to manage the patient's referral and care.

NHS Terminology Service, NHS Classifications Service and Healthcare Resource Groupings

The Provider must comply with NHS Terminology Service (**NHS TS**), NHS Classifications Service (**NHS CS**) and Healthcare Resource Groupings (**HRG**) including:

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- Read Codes and migrate to SNOMED CT (UK Edition) when available;
- NHS Dictionary of Medicines and Devices;
- Office of Population Census and Surveys (**OPCS**) version 4.3;
- National Intervention Classification Service (**NIC**);
- International Classification of Disease (**ICD**) version 10; and
- Healthcare Resource Groupings (**HRG**) version 4.

6.5 Provision

The Provider must provide the necessary IM&T Systems and infrastructure to support the delivery of primary medical care services, contract management and business processes. This should be in line with the HSCIC GPSoC guidance. It would be preferred if the GP clinical system to be used in the surgery was a hosted, fully ITK2, compliant system.

The Provider must have in place appropriate, secure and well managed IM&T Systems which properly support the efficient delivery of the services and comply with specific requirements and the underpinning standards and technical specifications set out in this Section.

In making their selection, the Provider should note that within the GPSoC framework, the Provider may choose the IM&T Systems that it implements and uses, providing they support all requirements and adhere to the relevant standards described in the Contract. In the table below responsibilities are shown to demonstrate where responsibility for provision lies.

6.6 Costs

The table below shows how the cost of IT will be will be met

Description	GPSoC or Provider
Hardware	
GP Server Solution or Hosted Server solution	GPSoC
Local area network, Hubs and Switches	GPSoC
Wide area networking and N3	GPSoC
Desktop PCs and printers, scanners	GPSoc
Software	
GPSoC compliant clinical system	GPSoC
Other clinical systems	Provider
Virus protection.	GPSoC
Business applications for finance, HR/payroll, Document Management	Provider
Support and maintenance	
Helpdesk, desktop, email admin, network, N3	GPSoC
GP Clinical system support	GPSoC

Description	GPSoC or Provider
Any support not listed	Provider
Training and related support	
GP Clinical system	GPSoC
All other training	Provider

6.7 Testing

The Provider must undertake testing of the IM&T Systems proposed, including those supplied by NHS England, by the Provider, by third party suppliers and also of any interfaces and inter-working arrangements between parties or systems, so as to guarantee compliance with all appropriate standards and to prove operational effectiveness.

6.8 Reporting

The Provider's IM&T Systems must facilitate information gathering and reporting to meet performance management commitments under the Contract and other statutory or other obligations

6.9 Information Governance and Security

The Provider must put in place appropriate governance and security for the IM&T Systems to safeguard patient information.

The Provider must ensure that the IM&T Systems and processes comply with statutory obligations for the management and operation of IM&T within the NHS, including, but not exclusively:

- Common law duty of confidence;
- Data Protection Act 1998;
- Access to Health Records Act 1990;
- Freedom of Information Act 2000;
- Computer Misuse Act 1990; and
- Health and Social Care Act 2001.

There is a statutory obligation to protect patient identifiable data against potential breach of confidence when sharing with other countries.

The Provider must meet prevailing national standards and follow appropriate NHS good practice guidelines for information governance and security, including, but not exclusively:

- NHS Confidentiality Code of Practice;
- Registration under ISO/IEC 17799-2005 and ISO 27001-2005 or other appropriate information security standards;
- Use of the Caldicott principles and guidelines;

- Appointment of a Caldicott Guardian;
- Policies on security and confidentiality of patient information;
- Achieve and maintain the data quality standards achieved by practices under the former requirements of the IM&T Directly Enhanced Service;
- Clinical governance in line with the NHS Information Governance Toolkit;
- Risk and incident management system;
- Information Governance Statement of Compliance (IGSoC);
- Good practice guidelines for general practice electronic records and smart cards.

6.10 Clinical Information

To ensure the quality and safety of patient care, the IM&T Systems must also support:

- Management of all clinical services including ordering and receipt of pathology; radiology and other diagnostic procedure results and reports;
- Prescribing;
- Maintenance of individual electronic Patient health records;
- Inter-communication or integration between clinical and administrative systems for use of patient demographics;
- Access to knowledge bases for healthcare, such as Map of Medicine, at the point of patient contact;
- Access to research papers, reviews, guidelines and protocols;
- Communication with Patients, including hard-to-reach groups, to support provision of quality care, including printed materials, telephone, text messaging, website, and email;
- Regular cleansing of the list of registered patient to ensure that it is up to date avoids ghost patients;
- The maintenance of detailed records as to diversity and protected characteristics;
- The maintenance of up to date contact details for patients.

6.11 Disaster Recovery

No failure of HSCIC, NHS England or any other subcontractor supplying IM&T services or infrastructure will relieve the Provider of their responsibility for delivering primary medical care services. Therefore, the Provider must have an IM&T Systems disaster recovery plan to ensure service continuity and prompt restoration of all IM&T Systems in the event of major systems disruption or disaster.

6.12 Innovative Use of Technology to Support Patient Care

The Provider will wherever possible use the opportunities that technology provides to improve patient care and experience. Telemedicine, tele-health and tele care all have important roles in communication, monitoring and reducing the need for travel for a range of conditions and patients. The provider should be proactive in identifying the opportunities available through technology to improve the patient experience.

7 Equality, Human Rights and Patient Focus

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It is critical that the services are accessible to the whole population and that bidders recognise the differing needs of the diverse community. This can include, but is not exclusive to: accessibility to all elements of the service, and all premises; ability to contact the service; communication and language needs; and an understanding of different cultural need.

It is a requirement of the contract that the medical primary care provider must gather diversity data on all of their patients, both new and existing, covering all protected characteristics so that they may better understand their individual needs and are able to offer a personal, fair and diverse service to the whole population. The protected characteristics are:

- Age;
- Disability;
- Ethnicity, including race and nationality;
- Gender reassignment;
- Marriage and civil partnership;
- Maternity and pregnancy;
- Religion and belief;
- Sex;
- Sexual Orientation.

Disabled people and people with learning disabilities may also require information to be made available in alternative formats. It is expected that the provider will ensure that when needed patients have access to Makaton and British Sign Language Interpretation and that routine patient information is available in an easy read format. Providers must demonstrate how they intend to ensure that these requirements are met.

Public Sector Equality and Human Rights Duties are enshrined in legislation and are as critical for organisations delivering services on behalf of the NHS as they are for the NHS itself.

An Equality Impact Assessment (EIA) is a requirement that the Service Provider will complete annually. The template will be provided by NHS England. The EIA will cover these characteristics: age, disability, gender, gender identity, race, religion or belief, pregnancy and maternity and sexual orientation, which need to be assessed against delivery

8 Individual Patient Monitoring

- 1) As part of the contract agreed between NHS England the provider of the Violent Patient Scheme will be performance monitored and as per the service specification the provider is required to complete the below monitoring form ahead of every VPS review meeting and submit this directly to NHS England;
- 2) All boxes must be completed.

Patient review form:

	Question	Response
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Patient details	Name	
	Date of birth	
	NHS number	
	Address	
	Placed on VPS - Date/Site	
	Review Date	
	Previous Review Date & Outcome	
	Patient History / Summary	
Activity in the last 12 months	No of GP Appointments	
	No of Telephone consultation	
	No of A&E attendances	
	No of referrals to other organisations and details of those referrals	
	No telephone Prescription requests	
	Last Contact Date & Summary	
Provider comments	Completing GP	
	Do you consider the patient ready to return to general practice	
	Any underlying medical conditions or known risks	
Security	Incidents(Date, Place)	
	Comments	
LSMS Comments/Incidents	Incidents(Date, Place)	
	Comments	
SWAST Comments/Incidents	Incidents(Date, Place)	
	Comments	

9 Contract Monitoring – Key Performance Indicators

- 1) As part of the contract agreed between NHS England the provider of the Violent Patient Scheme will be performance monitored and expected to meet the Key Performance Indicators (KPIs) outlined below;
- 2) Breach of any of the KPIs below will result in the consequences as outlined in the APMS contract;
- 3) These are subject to review.

Requirement	Threshold	Measurement
The provider will collect its own activity and submit a quarterly activity report to NHS England	Quarterly	
All face-to-face appointments offered to patients on the VPS should take place within 1 week and based on a clinically appropriate basis.	Quarterly	85-95% for the first quarter of the first year of the contract. 95% thereafter.
The provider will collect information on appointment waits, and report this in the quarterly activity report to NHS England.	Quarterly	
All telephone consultations offered to	Quarterly	85-95% for the first

patients on the VPS should take place within 1 week and based on a clinically appropriate basis.		quarter of the first year of the contract. 95% thereafter.
The provider will collect information on appointment waits, and report this in the quarterly activity report to NHS England.	Quarterly	
The provider will ensure that all the necessary paper work for the reports needed at the quarterly VPS Patient Review Panel is completed. This will include: <ul style="list-style-type: none"> • a GP report; • call handling report, security report, and/ information on what the provider has done to encourage & foster engagement over the last 6 months with the patient. 	Quarterly-completed within 8 working days prior to VPS Patient Review Panel set meeting.	85-95% for the first quarter of the first year of the contract. 95% thereafter.
The provider will share with NHS England how many VPS patients are being treated for substance misuse, and how many are receiving shared care support.	Quarterly	85-95% for the first quarter of the first year of the contract. 95% thereafter.

SECTION B: Placing a Patient on the VPS Scheme

10 Criteria for Placing a Patient on the VPS Scheme

Only patients who fulfil the criteria outlined can be placed on the Violent Patient Scheme. Where clinical opinion, from within NHS England indicates that the assault, threatening or inappropriate behaviour likely to cause fear, alarm and distress was **unlikely** to have been intentional, as the assailant did not know what they had done was wrong either as a result of treatment administered, mental ill health, dementia or learning difficulties the patient cannot be included onto the scheme and alternative arrangements will be made as appropriate.

Patients will be placed on the scheme where the referring practice can demonstrate to NHS England South, South West, that the following criteria can be met:

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

However there are some cases in which placing a patient on the VPS would not be appropriate for that patient.

Violence and aggression may take the form of non-physical assault and physical assault.

The NHS definition of non-physical assault is:

'The use of inappropriate words or behaviour causing distress and/or constituting harassment'.

Whilst it is not possible to provide a comprehensive list of this type of incident some examples are provided below:

- Offensive language, verbal abuse and swearing;
- Racist or homophobic comments;
- Loud and intrusive conversation;
- Unwanted or abusive remarks;
- Negative, malicious or stereotypical comments;
- Invasion of personal space;
- Brandishing of objects or weapons;
- Near misses i.e. unsuccessful physical assaults;
- Offensive gestures;
- Threats or risk of serious injury to NHS staff;
- Intimidation;
- Stalking;
- Alcohol and/or drug substances misuse;
- Incitement of others and/or disruptive behaviour;
- Unreasonable behaviour and non-cooperation;
- Any of the above linked to destruction of or damage to property.

This includes all communications, e.g., by e-mail, telephone, social media, graffiti and letter as well as face to face.

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Behaviour as described is unacceptable, and may constitute offences under the Malicious Communications Act 1988 and Protection from Harassment Act 1997.

The NHS definition of physical assault is: *‘The intentional application of force against the person of another without lawful justification resulting in physical injury or personal discomfort’.*

Whilst it is not possible to provide a comprehensive list of this type of incident some examples are provided below:

- Spitting on/at staff;
- Pushing;
- Shoving;
- Poking or jabbing;
- Scratching and pinching;
- Throwing objects, substances or liquids onto a person;
- Punching and kicking;
- Hitting and slapping;
- Inappropriate sexual contact;
- Incidents where reckless behaviour results in physical harm to others;
- Incidents where attempts are made to cause physical harm to others and fail.

The referring practice is required to actively assist the Police with their investigations. Active assistance can be defined as the prompt reporting of an incident, provision of information as required by the Police to carry out an investigation.

Family members of a patient who has been subject to immediate removal also registered with the practice will remain on the list for the immediate future with each case being considered objectively on a case-by-case basis. The patient who has been placed on the scheme will be instructed not to attend any appointments (at the surgery or at the patient’s home) with registered family members except in genuine emergencies.

11 Referring GP Practice Responsibilities

The responsibilities of the referring GP Practice are as follows:

- Prior to requesting that the patient is placed on the VPS, the practice will be asked to ensure that this matter is fully discussed within the practice and that clinical opinion is sought regarding the patient’s suitability for the VPS;
- Patients who have complex medical needs and/or are classed as vulnerable may not have their needs met by the VPS. Support or alternative arrangements for these patients may be available on discussion with NHS England South, South West;
- http://www.nhsbsa.nhs.uk/i/SecurityManagement/Unacceptable_Behaviour_applying_NH_S_administrative_sanctions_Final_LOCKED.pdf;
- Following an incident of violence or aggressive behaviour in the practice (which meets the criteria for inclusion on the scheme), the practice can request that the patient concerned is placed on the VPS by emailing the Primary Care Team, england.primarycaremedical@nhs.net;

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- The practice must complete an Incident Pro forma and risk assessment and send by nhs.net email, to england.primarycaremedical@nhs.net;
- The Incident Proforma must be signed by one of the partners of the practice; no patient can be added to the scheme until this form has been received by NHS England South, South West;
- Once a decision has been made by NHS England to place patient on VPS the practice should write to the patient to inform them that they have been removed from their list with immediate effect. It is the referring practice's responsibility to ensure, if the patient is prescribed regular medication, that they have sufficient to last them for 2 weeks following their placement on the scheme;
- The patient's medical summary should be sent to the provider within 4 hours (where possible). NHS England South, South West, will inform the referring practice with which provider the patient is being placed;
- It is the responsibility of the referring practice to ensure that the provider is made aware of any referrals, medical certificates or follow up appointments that the patient may have;
- It is the responsibility of the referring practice to inform NHS England South, South West of any relevant information relating to the specific needs of the patient that will affect the decision whether or not it is appropriate to place the patient on the violent patient scheme;
- The referring practice may be asked to continue providing care for these patients whilst these options are being considered;
- It is the responsibility of the referring practice to inform NHS England South, South West, if the patient is blind or visually impaired, hearing impaired or a British sign language users, has learning difficulties or does not speak English as separate arrangements will need to be made to inform these patients that they have been placed on the violent patient scheme;
- The practice also needs to give information about any religious or cultural needs about which the practice is aware. The referring practice may be asked to continue providing care for these patients whilst these arrangements are being made.

Form requesting to place the patient on the Violent Patient Scheme can be found as appendix one.

SECTION C: NHS England South (South West) Commissioner Responsibilities

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12 NHS England South (South West) Responsibilities

- The Head of Primary Care has overall responsibility for implementing this policy;
- The Assistant Contract Manager, Primary Care (the lead for the VPS) is responsible for making the decision to place a patient on the scheme in conjunction with another senior colleague. (in consultation with the Local Security Management Service LSMS and the Medical Directorate or others as appropriate);
- The Primary Care Team is responsible for the contracting and administration of the VPS;
- The Review Panel is responsible for the decision to remove a patient from the scheme after the required period of time;
- The Scheme Review Group is responsible for reviewing the management of the scheme and making recommendations for change;
- The Appeals Panel is responsible for deciding whether or not a patient's appeal should be upheld;
- The Medical Directorate is responsible for providing clinical advice as required;
- The Direct Commissioning Contracts Group provides an overview of the VPS and receives regular reports on the VPS;
- NHS England SW are responsible for ensuring that The practice will be required to show that verbal and written warnings have been given to the patient by the practice also ensuring that the incident leading to the removal of the patient from the practice list, whether it be through actions, threats or inappropriate behaviour and onto the violent patient scheme must be of sufficient gravity to justify the immediate removal of the patient in accordance with GMS Contracts Regulations 2004, Schedule 6, Part 2, paragraph 21: 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 safety; and (b) it has reported the incident to the Police; (thus obtaining a log number for the incident when it occurred).

12.1 Process to Register the Patient on the Violent Patient Scheme

- The decision to place a patient on the scheme will be made based on the information supplied by the practice;
- This decision will be made by the Assistant Contract Manager, Primary Care with responsibility for the scheme and in agreement with another senior manager, with advice from the Medical Directorate as necessary;
- The patient will be placed on the scheme nearest to their usual place of residence. The referring practice will be told on which scheme the patient will be placed;
- NHS England South, South West will inform the patient in writing, within 48 hours, that they have been placed on the scheme and give them information about how to access medical care under the terms of the scheme;
- This letter also informs the patient who NHS England South, South West, will notify that they have been placed on the violent patient scheme;
- Alternative arrangements will be made to inform patients that they are being placed on the scheme if the patient is blind or visually impaired, has learning difficulties or does not speak English;
- It is expected that all patients on the scheme should have made contact within 3 months with the provider. If this has not happened, the provider will contact the NHS England

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South, South West who ask the provider to write to the patient to request a review appointment. Patients are informed that engagement with the scheme will be a condition of their eventual removal from the scheme;

- NHS England South, South West, will notify through an alert system, other primary medical healthcare providers and inform them that they should not accept a request for registration from the patient. Other organisations that receive relevant violent patient notifications are:
 - A&E at acute hospitals across the South West;
 - All MIUs in the South West;
 - All NHS mental health trusts in the South West
 - The local security management specialist (LSMS);
 - Out of hours providers;
 - NHS 111;
 - All walk-in centres;
 - Devon and Cornwall Police, Avon & Somerset Police;
 - SWASFT;
 - Nursing and Quality Directorate;
 - Adult Social Care Commissioners;
 - Other healthcare service providers as appropriate (for example physiotherapy, Substance Misuse Services).

- NHS England South, South West shares this information with these providers as they might encounter the patient who has been placed on the scheme and, therefore, NHS England South, South West, has a responsibility to share information with them that will help to protect their staff against incidents of violence and aggression. Patients are informed that this information is being shared when they are told that they are being placed on the scheme;
- NHS England South, South West will request that relevant Local Security Management Specialists contribute to a risk assessment of the patient when they are first placed on the scheme and then provide updates to subsequent panel meetings, which will be shared with the scheme provider;
- Patients are informed in writing that whilst they are on the scheme they are not permitted to use the following services:
 - MIUs for routine primary care;
 - Any other GP surgery;
 - The out of hours service;
 - The walk-in centre;
 - A&E except in an emergency;
 - NHS 111.

- Patients are advised that, in an emergency, they should call 999 or go to A&E;

- In some circumstances it may be decided that it is inappropriate to place a patient on the scheme. These decisions will be made on a case-by-case basis by the Assistant Contract Manager, Primary Care with responsibility for the VPS in consultation with the practice, the Medical Directorate and with Local Security Management Specialists, as appropriate. The situations outlined below will be

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monitored by NHS England South, South West and adjustments will be made to the policy if required. Where a patient is vulnerable for any of the reasons listed below and cannot be included in the VPS, an alternative course of action must be followed to protect both patient and general practice staff. Situations in which this might happen are:

- The patient is elderly and may require healthcare services that are not currently provided under the terms of the scheme;
 - The patient is pregnant and may require healthcare services that are not currently provided under the terms of the scheme;
 - The patient is the main carer for their partner or other close relative and that person needs the patient to accompany them to GP and other appointments;
 - There have been no previous incidences of violence or aggression from the patient before and their risk, as assessed by the Police or LSMS, is low;
 - Where there are safeguarding measures in place to protect the patient;
 - Where clinical opinion indicates that the assault, threatening or inappropriate behaviour likely to cause fear, alarm and distress was **unlikely** to have been intentional, as the assailant did not know what they had done was wrong either as a result of treatment, a symptom of their condition or a side effect of their medication.
- In these cases where appropriate the patient may be asked to sign an Acceptable Behaviour Contract and possibly attend a meeting with the practice to discuss their future behaviour;
 - Appropriate support will be provided for patients with learning disabilities who may not have the cognitive ability to understand the terms of the Acceptable Behaviour Order;
 - Patients who break this contract will be dealt with on a case by case basis and, if it is felt to be appropriate, they could be placed on the VPS.

Letter sent to the patient placing them on the VPS from NHS England, (SW) appendix two please note: This letter can be adapted to easy read for patients who have learning disabilities.

13 Managing the Appeals Process

- All patients have the right to appeal against being placed on the scheme;
- Patients are advised that in the first instance they are to contact the Complaints Manager, Nursing Directorate after which, should they wish to proceed, they must submit their appeal in writing to Assistant Contract Manager Medical within a month of being placed on the scheme;
- Support throughout the Appeals Process will be given by the appropriate service to any patient that requires it;
- NHS England South, South West, will aim to convene an Appeals Panel within 28 days of receiving the patient's appeal. This panel consists of:
 1. Medical Directorate or Nursing and Quality Directorate Representative;
 2. A Contract Manager Primary Care (not the Lead for the VPS);
 3. Director of Commissioning or Head of Primary Care.

The referring practice will be asked to submit information to the panel to explain why the patient should be placed on the scheme. This information should include:

1. A brief description of the incident;
 2. Information about previous incidents of violence and aggression by this patient;
 3. Any written warnings that the patient has received from the practice;
 4. Any current or previous risk assessments;
 5. A statement describing the impact of the incident on the member(s) of staff involved;
 6. Any relevant medical history.
- This information should be received by NHS England South, South West at least 5 working days prior to the Appeals Panel meeting;
 - The Panel will make a decision whether or not the patient's appeal is upheld based on the evidence presented at the meeting;
 - If the patient's appeal is upheld they will be given a list of practices in their area where they will be able to register without restriction. This should usually include the practice from which they initially were referred. If a patient is unable to be registered it may be necessary for NHS England South, South West to allocate the patient to a practice. NHS England will provide all practical support to allow a patient to become successfully registered with a practice.

14 Review and Removal of Patients on the Scheme

After the initial year, if it is felt that the patient is no longer a threat then he/she will be removed from the VPS and given a list of practices where they will be able to register. In exceptional circumstances a patient will be allocated to a practice. All efforts will be made to ensure both the patient and the receiving practice are supported.

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The providers will collate feedback from all those who have had contact with the patient under the terms of the scheme, or who may reasonably be expected to have had contact. This will include commentary from NHS England South, South West, local LSMS, as well as those who have facilitated appointments, attended consultations or interacted with the practice following referral to other services. It will be expected that all VPS patients will have had two face to face consultations whilst on the scheme to enable the GP to determine whether the patient is suitable to be returned to mainstream general practice.

Attending these meetings will be representatives from: NHS England South, South West, the provider of the service, a representative of the local medical committees, a GP, and where appropriate Local Security Management Specialists.

All decisions to return to mainstream arrangements will require agreement between at least four members of the group. In the event that such agreement cannot be reached, the patient will continue to receive care under the terms of the scheme, though such an extension may be subject to subsequent review at the next meeting, or to other criteria being met as the Panel may deem appropriate.

Key to the decision making process will be:

- The patients' behaviour and compliance;
- The nature of the initial incident;
- The number of presentations under the terms of the scheme, (at least two face to face consultations are required to demonstrate engagement);
- Feedback from those having contact both under the terms of the service and in other settings;
- Feedback from Local Security Management Specialists (LSMS);
- Feedback from the Nursing Directorate and other staff as necessary;
- Additional relevant information: such as that provided by the Police regarding relevant criminal activities.

Where a patient is deemed to be able to return to mainstream registration, it is anticipated that the patient will return wherever possible to the practice of their choice. This may include the practice the patient was initially referred from. In considering this NHS England South, South West will need to seek the thoughts of the practice, review the incident, risk assess the degree to which there exists the risk for conflict with specific team members, consider and plan alternative routes to accessing GMS care for that patient. This will be done following discussion with both the patient and the practice involved.

Following a decision to remove a patient from the scheme, the patient will be informed of this decision by letter. This letter will contain information about local practices where the patient will be able to register, expectations for future behaviour and the consequences of failing to meet those expectations. In exceptional circumstances NHS England South, South West, may allocate a patient to a practice, this will be done following discussion with both the patient and practice.

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In most cases it is anticipated that the patient will be able to register with the practice with no restrictions. However, in some circumstances this will not be advisable or possible. In these cases NHS England South, South West will discuss the terms of the registration with the practice. NHS England South, South West, will inform the patient at which practice they will be able to register and the practice will inform the patient of any restrictions that are being put in place for their registration and the length of time that these will last. This will be dealt with on a case by case basis.

Other service providers will also be informed that the patient is being removed from the scheme and that they will now be able to use the Out of Hours and the Walk-In services, and attend MIUs and A&E departments.

If the behaviour and attitude of the patient has not improved during the year that they have been on the scheme, then they will remain on the scheme initially for a further period to be decided by the panel but the case will be expected to be reviewed regularly.

In some very exceptional circumstances it may be appropriate to remove a patient from the scheme where it can be shown that the healthcare needs of the patient can no longer be provided for under the terms of the scheme.

These patients will be dealt with on a case by case basis and the decision to return them to general practice only made after consultation with all appropriate sources.

In these situations the patient will be assigned to the practice best able to provide the services the patient. This practice will be kept fully informed of the process, and NHS England South, South West, will ensure that the practice has an up to date risk assessment for the patient, so that they can take appropriate measures for the protection of their staff.

Where there are exceptional circumstances, it may be necessary to remove patients from the VPS without prior discussion at the review meeting. These decisions will be made on a strictly case by case basis where it can be clearly shown that the VPS does not meet the medical needs of the patient. The decision to remove a patient in these circumstances will be made by the Assistant Contract Manager, Primary Care (VPS lead) after discussion with the referring practice, the provider and, the Medical Directorate.

15 Violent Patients moving into or out of the South West Area

Where NHS England South South West is informed that a patient on the scheme in another part of the country is moving into Bristol, North Somerset, Somerset, South Gloucestershire, Devon, Cornwall and Isles of Scilly, the practice where the patient is registering can request that the patient is placed on the scheme in the South West.

Where NHS England South, South West is informed by Primary Care Support England that patients on the scheme in the South West have moved out of the

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area, NHS England South, South West will make appropriate efforts to inform the NHS England Local Office in the area into which the patient has moved.

15.1 Violent Patients who are sent to Prison or admitted to long stay Hospitals

Where a scheme provider is informed that one of their VPS patients has been sent to prison or admitted to a long term hospital the provider will inform NHS England South, South West. The patient's status on the VPS will remain on the scheme but be suspended until their release, at which point their status on the scheme will be reviewed.

16 Overseeing the Violent Patient Scheme

A review panel and the terms of reference are contained below are required and can be found as appendix three.

17 Summary of NHS England South (South West) responsibilities

In summary NHS England South, South West will:

1. Decide on the appropriateness of placing a particular patient on the VPS and make alternative arrangements as necessary, including providing support and advice to the Practice e.g. Warning letters Unacceptable Behaviour agreements;
2. Inform the patient that they are being placed on the scheme, of how they can make GP appointments whilst on the scheme and how they can submit an appeal if they wish to do so;
3. The referring practice needs to inform the patient that they have been removed from the list and a copy of this letter to be sent to NHS England South, South West;
4. Inform the appropriate provider that the patient has been placed on the scheme along with other healthcare providers in the area as appropriate;
5. Arrangements made as necessary to send the patient profile to the provider within 4 hours and the patient's notes to be sent to the VPS provider. The profile should contain any further information relevant to the patient's needs, including all current medication;
6. Ensure that the appeals process is followed and that the patient's appeal is heard within a reasonable time frame;
7. Ensure that all patients on the VPS are regularly reviewed and that patients are informed of the outcome of the review;
8. Inform other partner organisations within the healthcare community of any changes to the patient's details or status;

9. On removal of the patient from the scheme, ensure that they are given information about practices where they will be able to register under no restrictions;
10. Where necessary the patient will be sent relevant correspondence about the scheme, such as how to make an appointment and reminders to engage with the service.

Appendix one

STRICTLY PRIVATE AND CONFIDENTIAL

Request to Place a Patient on the Violent Patient Scheme

This form is to be filled in following an incident of violent or aggressive behaviour by a patient in the practice, where the severity is such that you would like NHS England SW to place this patient on the VPS. **Please note that it is the responsibility of the practice to inform the patient in writing that they have been removed from your patient list and this form must be completed in full without the need to send attachments.**

Name of Practice	
Name of staff member making report and position and contact details	
Date of incident:	
Date of report	
Police Log number	
Has a risk assessment been completed for this patient?	Yes / No
Name of patient	
Patients Address	
Date of birth	
NHS number	
How long has the patient been registered with the practice.	
Does the patient have a disability?	Yes/No If yes, please provide details of disability:
Please indicate the ethnic origin of the patient	
Please indicate relationship status of the patient	Married Civil Partnership Co-habiting Single Other
It may not be appropriate to place a vulnerable patient on the Violent Patient Scheme. If the patient is classed as vulnerable, please give further information:	
Has the patient an enduring mental health or substance abuse problem?	
Is the patient currently accessing specialist services for either or both mental health/substance abuse?	
For patients who are blind or visually impaired, have learning disabilities or do not speak English, NHS England will need to make alternative arrangements to inform them that they have been placed on the VPS. If the patient has any of these characteristics, please provide details in the space below, including what measures the practice has used to communicate with this	

patient.	
Has this patient been warned about their behaviour in the practice on a previous occasion?	<p>Yes / No</p> <p>If yes, please give details.</p> <ul style="list-style-type: none"> • What measures has the practice taken to manage this patient's behaviour • If the patient has received a verbal or written warning, please give details of the incident which led to the warning being given. • For verbal warnings, please give the approximate date that it was given and a brief description of the warning given • For written warnings, please attach a copy of the letter sent to the patient to this form • If a note has been made on the patients' medical records, please supply a copy of this note.
Where in the practice did the incident take place?	(Please attach copies of any statements as necessary)
Which members of staff were present at the time of the incident?	
Were any members of staff physically harmed as a consequence of the incident?	If yes, please give brief details of any injuries and treatment received
Were any other patients or members of the public present at the time of the incident?	<p>Yes / No</p> <p>If yes, they injured as a result of the incident? Please give brief details of any injuries and treatment received.</p>
Did the incident result in any damage being done to the premises?	If yes, please give a brief description of the damage and, if possible, attach a photograph of the damage to this form.
Did the patient make any comments relating to age, disability, gender and gender re-assignment, marital status (including civil partnership), pregnancy and maternity and sexual orientation? These are the protected characteristics as defined by the Equality Act 2010	If yes, please give brief details of what was said and to whom it was directed
Did the patient threaten, or insinuate, physical harm?	If yes, please give brief details of what was said and to whom it was directed
Please give any other information about the verbal abuse to which the patient subjected the staff member(s)	
How was this abuse communicated?	Can be verbally, through telephone, e-mail and graffiti on NHS premises. For any written communication, please attach copies to this form.

Was the patient abusive towards another patients or members of the public?	If yes, did the incident result in any damage being done to the premises - please give a brief description
Please give a full description of the incident:	Include information regarding how the decision to place this patient on the VPS was reached within the practice.
Have you completed a significant event form for this incident?	Yes/No If you have completed a significant event review, please attach to this form. If you have not completed a significant event review, we may ask you to do one.
Please give details of the impact that this incident has had on the staff at your practice	

Signed: _____ Date: _____

Name: _____ Position: _____

For noting:

1. This form should be signed by the Senior Partner (or other partner as appropriate) and then sent by for the attention of: Assistant Contract Manager (Medical) on england.primarycaremedical@nhs.net
2. Please attach a copy of the draft letter to the patient informing them that they have been removed from the practice list.
3. Please attach any evidence of:
 - Previous warnings
 - Statements from staff and/or members of the public
 - Previous risk assessments for the patient
 - Photographs of damage or graffiti to the premises as necessary
 - Copy of the completed significant event form
 - Any written communication from the patient as necessary

Appendix two

Dear

This letter is to inform you that, following the incident at, _____ on, _____ you have been removed from xx practice list and placed on the Violent Patient Scheme.

The Violent Patient Scheme exists to protect NHS staff from incidents of violent or aggressive behaviour in GP practices.

The NHS definition* of violent is:

- Spitting on/at staff
- Pushing
- Shoving
- Poking or jabbing
- Scratching or pinching
- Throwing objects, substances or liquids onto a person
- Punching and kicking
- Hitting and slapping
- Sexual assault
- Incidents where reckless behaviour results in physical harm to others
- Incidents where attempts are made to cause physical harm to others and fail

**this list is not designed to be exhaustive*

You will be placed on the Violent Patient Scheme for an initial period of 12 months. After this time your case will be reviewed and we will decide whether you should remain on the Scheme, or whether you can be removed and therefore able to register at a GP practice in your local area with no restrictions.

We expect you to make contact with the GP that you will be seeing whilst you are on the Scheme in the next 3 months. If you do not do this, it might affect your eventual removal from the Scheme.

1. To make an appointment to see a GP you must call xx.
2. Whilst you remain on the Violent Patient Scheme you will only be able to attend your GP appointments at _____. I enclose a leaflet with information about how to make an appointment with your GP.
3. It is your responsibility to make appropriate transport arrangements and unfortunately you are required to pay for them yourself.
4. Whilst you are a patient on the Violent Patient Scheme you will not be able to use: any other GP surgery, the out of hours GP service or walk-in centre.
5. Unfortunately you must not use Minor Injury Units at Community Hospitals for any routine health care or call NHS 111.
6. In an emergency we advise you to call 999 or attend A&E.

As we have previously stated NHS England South, South West has a responsibility to protect NHS staff from violence or threats of violence. We will, therefore, be contacting the following organisations to inform them that you are now a patient on the Scheme:

- all GP practices in xx,
- the A&E department at local hospitals,
- the minor injury units at Community Hospitals,
- the out of hours GP service,

- NHS 111,
- the walk-in centre, and/
- South West Ambulance Service Trust.

If you feel that you have been unfairly placed on the Violent Patient Scheme, you have the right to appeal against this decision. If you wish to do so, please write to me, within a month of being placed on the scheme, stating the reasons why you feel you should not be placed on the scheme at the address at the top of this letter.

Yours sincerely

Assistant Contract Manager, Primary Care

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Appendix three

**Terms of Reference
April 2016**

Purpose	<p>The group will be required to:</p> <ul style="list-style-type: none"> • Monitor the effectiveness of the Violent Patient Policy • Review progress of the Violent Patient Scheme across the wider South West • Make decisions regarding any operational changes to the service as necessary • To make decisions as necessary to ensure the continued safety of NHS staff and their patients in the South West.
Constitution and Accountability	<p>The group is accountable to the Direct Commissioning Contracts Group.</p>
Chair	<p>The group will be chaired by the VPS Clinical Lead or nominated representative.</p>
Membership	<ol style="list-style-type: none"> 1. Chair and VPS Clinical Lead 2. The Primary Care Assistant Contract Manager responsible for VPS 3. A GP or representative from each provider/practice providing the service 4. A representative of the Local Medical Committee 5. Local Security Management Specialist 6. Representative from the Drugs and Alcohol Action Team 7. Representative of the Nursing Directorate for the patient experience perspective 8. Representatives from other partners as required.
Quorum	<p>The quorum will consist of the Clinical lead for the VPS, Primary Care Assistant Contract Manager, a representative from one of the providers and LMC representative</p> <p>All recommendations regarding changes to the management of the scheme need agreement between three members of the group.</p>
Administration	<p>The Primary Care team will prepare and distribute the agenda and supporting papers with sufficient time for review and the meetings will be minuted by a member of the Primary Care team.</p> <p>The group will observe the requirements of the Freedom of Information Act 2000, which allows a general right of access to recorded information held by the Board, including minutes of meetings, subject to the application of exemptions.</p>

	Meetings of the group will be recorded in written format. Supporting papers will be completed using the approved corporate style and will accompany the agenda wherever possible, but will be dispatched no later than three clear days before the meeting.
Frequency of Meetings	Twice yearly (December and June) following review of VPS Patients Panel.
Scope of Responsibility	This group is involved in making recommendations regarding the management and organisation of the scheme across the South West. The group will consider the safety of general practice staff, NHS staff and patient, members of the public and NHS premises.
Communication	The group will maintain good channels of communication with all partners: <ul style="list-style-type: none"> • NHS England South, South West • Providers of the scheme • The provider who facilitates appointments • The provider on whose premises the service is provided (LSMS) • Police • Mental Health Providers • Drug and Alcohol service providers • Other services as appropriate
Terms of Reference Review date	The terms of reference will be reviewed in the event of any significant changes to the remit or membership of the group, and will be formally reviewed annually. These terms of reference will be reviewed in June 2017.