

**NHS England (South Central) - Violent Patient Register Process**

1. Applications from practices to NHS England South Central contacts (see chart at 2 below) and copied to Primary Care Support England (PCSE) pcse.immediateremovals@nhs.net must contain:
	1. The immediate removal request using the incident report form supplied – Form A attached
	2. The NHS England South Central violent patient referral form – Form B attached

**Note**: Both forms must include a Police Incident/Report number (URN) and be signed by a clinician. Forms without these items will not be processed.

**It is important to send your application to your NHS England contact as the decision making process rests with them and the Violent Patient service provider, not with PCSE who ensure list administration processes are carried out**

PCSE contact details: pcse.immediateremovals@nhs.net

Add in the subject line: IMMEDIATE REMOVAL REQUEST, K code, Practice name, Location, County

All communications should be via PCSE or NHS England (South Central) contacts. The Provider of the Violent Patient Service should not be contacted directly and will not consider referrals unless they have been routed using the process described here.

1. PCSE send the form to the appropriate NHS England (South Central) contact.

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| --- | --- | --- | --- | --- |
| **South Central Area** | **CCG** | **Assistant Contract Manager** | **Email** | **Phone** |
| **Buckinghamshire** | Aylesbury Vale CCG | Jessica Newman | jessica.newman@nhs.net  | 01865 963 805  |
| Chiltern CCG | 07824 302 891 |
| **Berkshire East** | Windsor, Ascot & Maidenhead CCG | Nick Spence  | nickspence@nhs.net | 01138 25525707771 387320  |
| Slough CCG  |  | a.eachus@nhs.net |  |
| Bracknell & Ascot CCG |
| **Berkshire West** | Newbury & District CCG | Angie Eachus\* |
| North & West Reading CCG | 01865 963807 |
| South Reading CCG |  |
| Wokingham CCG |
| **Oxfordshire** | Oxfordshire CCG | Rachel Burford | rachel.burford@nhs.net  | 01865 963 876 |
| 07824 307 297 |
| **Contract Manager** |  | Nicky Wadely | nicky.wadely@nhs.net  | 01865 963 871 |
| 07768 644 678 |
| **Head of Primary Care Commissioning** |  | Ginny Hope | ginnyhope@nhs.net  | 01865 963 837         |
| 07747 794 469 |

\*Normal working days Tuesday, Wednesday and Thursday.

1. NHS England (South Central) discuss the request in consultation with the Violent Patient Service Provider. A decision will be made whether to place the patient on the Register immediately or temporarily pending a case review.

Note: Forms that are considered inadequate will be sent back to the referring practice before they are assessed by the Violent Patient Service.

1. Following the consultation, the Violent Patient Service Provider will inform the NHS England (South Central) contact of the outcome of the assessment and recommended actions. NHS England (South Central) will inform PCSE and LMC Secretariat.

Actions may be:

* 1. If a patient is considered appropriate, they will remain on the Violent Patient Register with an annual review. PCSE will write to the patient, practice, Violent Patient Service Provider and Out of Hours provider(s) giving the decision, date for next review and appeal mechanism.
	2. If the patient is considered inappropriate to be on the Violent Patients Register, PCSE will write to the patient telling them they need to register at another practice (if the patient has been removed from the referring practice). NHS England (South Central) will allocate the patient to another primary care medical services provider if they have difficulty finding an alternative practice. Any reallocation will be managed by NHS England (South Central) to ensure that all information regarding the patient is available to the receiving practice including a brief from the Violent Patient Service Provider on the assessment made. The allocation will be made to incorporate patient choice as far as possible. Local Medical Committee (LMC) may be involved in the dialogue between practice and NHS England (South Central).
1. NHS England (South Central) will organise a Violent Patient Register Review on an annual basis.

Attendees

* 1. NHS England (South Central) Lead or deputy
	2. Representatives from South Central CCGs
	3. Violent Patient Service Provider
	4. LMC Secretariat

PCSE will provide a list of patients currently on the Violent Patient Register, write to the patients to inform them of the review and their right of appeal and send any Patient and/or Advocate requests to be removed to NHS England (South Central) for consideration by the review panel.



**FORM A**

# Incident Report Form

Primary Care Support Services (Preston Office)

Please complete this form in full, for the removal of a patient following a violent incident towards a GP, a member of staff or a patient, and submit it to this office. The incident **must** be reported to the police and the **police incident log number must be stated on this form**.

Please note that without this number, immediate removal is **not** possible under the regulations for violent patient removal. Please email the completed form back to pcse.immediateremovals@nhs.net

|  |
| --- |
| **Practice details** |
| **Practice name and address** |  |
| **Practice Code** |  |
| **Area Team**  |  |
| **Date Form Completed:** |  |

|  |
| --- |
| **Contact details at the practice**  |
| **Name** |  |
| **Phone Number** |  |
| **e-mail address** |  |

|  |
| --- |
| **Patient details** |
| **Patient’s Name** |  |
| **NHS Number** |  |
| **Date of Birth** |  |
| **Address** |  |
| **How long has the patient** **been registered with your** **practice ?** |  |

|  |
| --- |
| **Details of the Incident** |
| **Date of Incident** |  |
| **Time of Incident** |  |
| **Location of incident****(Surgery/ Patient’s address etc)** |  |
| **Type of Incident** **(please tick appropriate box)** | Non physical violencei.e. intimidation, abuse, threats etc Physical Violence Aggravated Physical Violence e.g. use of weapons Vandalism to PremisesVandalism to Vehicle

|  |  |
| --- | --- |
| Approximate cost of damage (optional): £ |  |

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| **Police Incident Log number** **Note - this must be provided**  |  |
| **Date police Incident Log** **number obtained** |  |
| **Assault to (please tick the** **appropriate box)** |

|  |  |  |
| --- | --- | --- |
|  | Verbal  | Physical |
| GP |  |  |
| Staff |  |  |
| Other Patient(s) |  |  |

 |
| **Please supply details of** **this Incident** |  |
| **Has there been any *previous*****Incidents involving the** **patient(s)? If so please** **provide brief details** | **Details of Previous Incident****Date of Previous Incident****Outcome of Previous Incident** |
| **GP signature** **(Actual signature must be provided):** |  |



**FORM B**

**STRICTLY PRIVATE AND CONFIDENTIAL**

**Request to place a Patient on the Violent Patient Scheme**

Before completing this form please read the following information:

* This form will be used by the Violent Patient Service provider to assess whether a patient is suitable for an initial assessment with a view to placement on the service. Note completion of this form does not mean a patient will automatically be placed on the violent patient service.
* The placement of a patient on to the Violent Patient Service is a serious matter and should only be considered in exceptional circumstances. Information provided on the form should be accurate, detailed and supported by the evidence listed on the form.
* The form MUST contain a Police reference number and be signed by the lead clinician.
* Forms that are considered inadequate will be sent back to the referring practice before they are assessed by the Violent Patient Service.
* It is the practice’s responsibility to action any removal of the patient from the list and to inform the patient.

The Practice should complete this form as fully as possible and email to the Patient Registration Team at Primary Care Support England (PCSE) pcse.immediateremovals@pcse.nhs.net

**PRACTICE DETAILS**

|  |  |
| --- | --- |
| K number and name of Practice |  |
| Name and job title of person completing this form |  |
| Contact details |  |

1. **PATIENT DETAILS**

|  |  |
| --- | --- |
| Name of patient |  |
| Patient’s date of birth |  |
| Patient’s address |  |
| Patient’s NHS number |  |
| How long has the patient been registered with the practice? |  |
| Does the patient have any dependants, a spouse or partner who are registered at the practice? |  |
| Does the patient have a disability? | If yes, please give details. |
| Is the patient blind or visually impaired, have learning disabilities or does not speak English. | Yes/No *Patients with these characteristics will need alternative arrangements to communicate with them about the violent patient service. If yes, please provide details in the space below including what measures the practice has used to communicate with this patient.*  |
| Has the patient a mental health or substance abuse problem? | Yes/No*If yes, please give details including any specialist services the patient is currently accessing.*  |
| Has the patient been warned about their behaviour in the practice on a previous occasion, or have a code of conduct in place? | Yes/No*If Yes please give details of:** *Measures the practice has taken to manage the patient’s behaviour.*
* *Details of any incident that has led to a verbal or written warning being given or code of conduct being put in place.*

*Please attach copies of any letters, code of conduct, entry in the medical record relating to these.*  |

1. **INCIDENT DETAILS**

|  |  |
| --- | --- |
| **Police Reference Number (URN)***The Police URN is essential for this form to be processed further.* |  |
| Please give a full description of the incident, including where the incident took place in the practice. |  |
| Which members of staff were present and witnessed the incident. | *Please attach copies of any witness statements.* |
| Were any members of staff physically harmed ? | Yes/No*If yes, please give details.* |
| Were other patients or members of the public present at the time of the incident? | Yes/No*If they were injured as a result of the incident please give details.*  |
| Did the incident result in any damage to the premises? | Yes/No*If yes, please given a brief description of the damage and, if possible, attach a photograph.* |
| Did the patient make any comments relating to any of the protected characteristics\* as defined by the Equality Act 2010? \*Age, disability, gender and gender re-assignment, marital status, pregnancy and maternity and sexual orientation. | Yes/No*If yes please give brief details of what was said and to whom it was directed.*  |
| Did the patient threaten, or insinuate physical harm? | Yes/No*If yes please give brief details of what was said and to whom it was directed.* |
| Was any other verbal abuse given by the patient to staff members, patients or members of the public.  | Yes/No*If yes please give brief details of what was said and to whom it was directed including how it was communicated (for example, telephone, email, graffiti). For written communication please attach a copy.*  |
| Please detail how the incident has been dealt with in the practice. | *Include:** *how the decision to request placement on the violent patient service has been reached within the practice.*
* *Details of any significant event, impact assessment or practice meeting that has been done on the incident. Please attach copies.*
 |
| Please add any further information you feel may be relevant to consideration of placing the patient on the Violent Patient Service. Attach evidence if appropriate.  |  |

**Signed**

(this must be a Senior Clinician)

**Position**

**Date**