**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**

**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 not being able to freely register at another GP practice of their choice, and being placed on a Special Allocation Scheme*

8 day removal

*The General Practice Committee (GPC) of the British Medical Association (BMA) have published guidance for GP practices on these types of removal, which you may find useful to consult.*

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/special-allocation-scheme>

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists>

**PATIENT DETAILS**

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

The above named patient is being removed because of the following:

1. Threats of violence/actual violence/verbal abuse to doctor or staff 🞏
2. Breakdown of relationship 🞏

For breakdown of relationship, please provide details below

**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. YES 🞏 NO 🞏

The patient being removed has previously received a warning in writing within the past 12 months explaining that they were at risk of removal . YES 🞏 NO 🞏

If Yes please give date(s) of first warning DD / MM / YYYY Subsequent warning (if applicable) DD / MM / YYYY

If No please indicate with a ✓ which of the following apply:

1. It is not practicable to issue such a warning 🞏

Please provide details why

1. Such a warning would be harmful to the physical or mental well being of the patient 🞏
2. Such a warning would put the safety of the GP or staff at risk 🞏

Please provide details why

*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. 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 violencei.e. threats of violence etc. Physical Violence i.e. assault, thrown objects etc. Aggravated Physical Violence e.g. use of weapons Vandalism to PremisesVandalism 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):** |  |