

NHS North Cumbria CCG Primary Care Commissioning Committee	Agenda Item
09 November 2017	7

Review of the Enhanced Service: “Services for Violent Patients”

Purpose of the Report								
The review provides information on the current violent patient service configuration as well as options for the future commissioning of the service.								
Outcome Required:	Approve	X	Ratify		For Discussion	X	For Information	
<p>Assurance Framework Reference:</p> <p>1, Better Health – There is a need to ensure that Cumbria’s children and young people (including children looked after) are kept safe and transition into health adulthood.</p> <p>2, Better Care – Commission services that ensure the delivery of high quality and safe care for patients.</p> <p>3, Sustainability – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy.</p> <p>4, Leadership – The CCG needs to support its membership (i.e. General Practice) to provide high quality care to patients and support the delivery of safe, high quality financially sustainable health care services.</p> <p>The CCG needs to develop and implement robust governance and management arrangements to operate in a safe and sound manner, including compliance with formal directions from NHSE.</p>								

Recommendation(s):
<p>The Primary Care Commissioning Committee is asked to:</p> <p>Consider the content of the report and to determine the appropriate way of commissioning the enhanced service for services to violent patients going forward. These are: (1) to continue the same arrangements and roll the contracts over for a further 1 year; (2) to continue with the current providers and extend for a further 3 years; (3) to offer the service to an existing GMS / PMS contractor or (4) to include the violent patient service in any potential APMS procurement.</p>

Executive Summary:

Key Issues:

NHS England is responsible for the commissioning and management of directed enhanced services (DES). A DES was established for the provision of services to patients who have been deregistered from mainstream and this paper provides a review of the current arrangements and suggests options for the future commissioning of the service.

Key Risks:

In line with GMS and PMS contracts, practices are able to remove patients who have been violent or have threatened violence from the practice list. Consequently an alternative service, the DES, must be in place so that practices can make a referral to an appropriate service.

Implications/Actions for Public and Patient Engagement:

None; the service is aimed at a specified, and limited, group of patients.

Financial Impact on the CCG:

Details of current costs are included in the paper; the Committee needs to be mindful of any potential financial impact of the future service.

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	
Commission a range of health services appropriate to Cumbria's Needs	X
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	N/A
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	
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In Confidence

Violent Patient Scheme Review – Cumbria

1. INTRODUCTION AND BACKGROUND

- 1.1** Enhanced services are described as essential or additional primary medical services delivered to a higher standard or wider services than those provided through primary medical service contracts. NHS England is responsible for commissioning and management of General Practice Directed Enhanced services (DESS) schemes as legally directed by the Secretary of State for Health.
- 1.2** NHS England is required to commission a Violent Patient Scheme Directed Enhanced Service for patients who have been removed from a General Practice registered list due to violence or threatening behaviour. The contract regulations which pertain to this are set out in **Appendix 1**.
- 1.3** The purpose of this report is to provide an update to NHS North Cumbria CCG regarding the current status of the Violent Patient (VP) Schemes operating in the area. In addition the report presents commissioning options for the CCG as a delegated authority to make an informed decision regarding the future of the Violent Patient (VP) Schemes operating across the area for 2018/19 and beyond.
- 1.4** A summary of the options identified in **section 5** of this report are:
- (1) to continue the same arrangements and roll the contracts over for a further 1 year;
 - (2) to continue with the current providers and extend for a further 3 years;
 - (3) to offer the service to an existing GMS / PMS contractor or
 - (4) to include the violent patient service in any potential APMS procurement.

2. CURRENT SERVICE / ISSUES TO CONSIDER

2.1 Contract Overview

2.1.1 DES service specifications are underpinned by the Primary Medical Services (Directed Enhanced Services) Directions 2017 and the payment framework is underpinned by the Statement of Financial Entitlements (SFEs). The original services were commissioned locally by the former Primary Care Trusts (PCTs) in each locality under separate Service Level Agreements for 3 years. The Violent Patient Scheme is no longer included within the SFEs and therefore once this expired it was re-commissioned differently in each area under a new SLA or embedded into APMS contracts.

2.1.2 There are currently 3 providers of the violent patient service in NHS North Cumbria CCG; these are shown in the table below.

Table 1

CCG	Provider	Provided From	Contract	Expiry date	Notice
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					Period
Cumbria	Dr Misra	Oxford Street Surgery, Workington	SLA	31/3/2018	3 months
	Carlisle Health Care	St Pauls Surgery, Carlisle	SLA	31/3/2018	3 months
	Fellview Healthcare	Cleator Moor Surgery	APMS	31/3/2018	N/A

2.1.3 Over the last two years, 4 providers in Cumbria and the North East have given notice to terminate their Violent Patient Scheme provision; this resulted in NHS England putting in place an emergency or interim provider. Two providers in NHS North Cumbria CCG area are commissioned by a Service Level Agreement and the table shows that the notice period within the SLAs for Cumbria is 3 months. The provider has agreed to continue to deliver the service for 2017/18 and the current contract will therefore end on 31 March 2018. Where the Violent Patient Scheme is included within the APMS contract for Fellview, there is no facility to give notice and the service would only come to an end on the expiry of the contract. However, this contract is currently due to expire on 31 March 2018.

2.2 Access

Patients are referred to the service by a practice following a violent or threatening incident. NHS England assesses the patient against the eligibility criteria and, if appropriate, accepts the patient onto the scheme for the area; the eligibility criteria and process can be seen in the example standard Service Level Agreement in **Appendix 2**.

Once accepted onto the Violent Patient Scheme, the patient is invited to attend an initial face to face assessment with the care provider for a new patient check. The new patient health check includes assessing any potential risks and determining if any additional or future security is required. The patient books subsequent appointments through the provider, for some schemes this is via a dedicated line to the surgery. Patients are seen in the surgery or via telephone consultation during normal surgery hours. However, some schemes restrict the time patients can access the service to quieter times of the day to manage any risk to other service users.

Normally, patients are not visited at home. However, within Cumbria the patient may be visited at home if deemed medically appropriate and following assessment of the patient. In the out of hours period, patients access normal urgent care services e.g. walk in centres and Accident and Emergency units.

2.3 Review

Each patient on the register is reviewed on an annual basis and considered for discharge or retention on the scheme for a further 12 months. The Provider undertakes the initial assessment; information is then presented to a panel which includes NHS England's Assistant Medical Director, Nursing Director and a Business Manager. Following the outcome of the review, NHS England advises the patient of the decision of the panel.

2.4 Patients

2.4.1 The table below shows the number of patients on the violent patient register for Cumbria as at 1 June 2017 compared to services in other CCG areas. As at 1 June there are 41 patients currently on the scheme who are registered in NHS North Cumbria CCG; there are 22 patients with Carlisle Health Care, 9 patients with Fellview Healthcare and 10 patients with Dr Misra at Oxford Street Surgery.

2.4.2 Whilst Carlisle Health Care and Fellview Healthcare continue to accept new patients, Oxford Street is currently operating a closed list due to a reduction in GPs and not being able to recruit; the practice is therefore not accepting any new patients at present, including violent patients. However, the practice is continuing to operate the

Violent Patient Scheme for its existing patients, although has advised that should they be forced to take on new violent patients at this time they would consider giving notice on the scheme.

Table 2

CCG Area	No. of patients on scheme at			
	31.10.2014	31.10.2015	31.10.2016	01.06.2017
Cumbria	26	30	34	41
Total for Cumbria & the North East	132	187	219	276

2.4.3 The table also shows the change in patient numbers on the register since 31 October 2014, which has increased from 26 to 41 over the last 2 years and 7 months. Since October 2016, 7 patients have been added to the scheme and no patients have been removed following their 12 month review.

2.5 Premises

2.5.1 Cost

The Violent Patient Scheme service is delivered from the same premises where the provider delivers their GMS/APMS contract, therefore cost of premises are included within the normal rent reimbursement.

2.5.2 Suitability

Following discussions with NHS Property Services, NHS England has been advised that there is no guidance available on the suitability of premises to provide the Violent Patient Scheme and to their knowledge, no assessments have been carried out by NHS Property Services on any premises that are delivering the service.

NHS Property Services have also advised that they would not carry out a risk assessment of the premises as it would be deemed the responsibility of the tenant or service provider to risk assess the service. The provider would need to determine any measures that need to be in place, such as change in service delivery times, security guards or any structural change. The Landlord, if not provider owned premises, would then need to agree the change.

2.6 Transport

There are currently three violent patient services across NHS England, Cumbria and the North East that include transport costs for violent patients to access services. The services provided in Cumbria do not include transport costs.

2.7 Finance Information

2.7.1 Pricing

In 2003/04, national benchmark pricing for the provision of the Violent Patient Directed Enhanced Service suggested that general practitioners providing the service should receive a retainer fee of £2,000 per annum plus a consultation fee of £40 to £80 for in-hours consultation and £50 to £100 for out-of-hours consultations. In addition £2,500 per annum could be provided for infrastructure costs. These figures were uplifted annually in line with the national uplift rate.

However, local determination and further re-commissioning of schemes has resulted in differing service specifications with varying pricing of payment schedules. A summary of these arrangements are shown by CCG area in the table 3 below.

The table shows that the providers are paid in many different ways across the area including per patient, block contract, retainer and patient activity. With annual retainers ranging from £5,000 to £26,000. However, this covers 3 CCG areas; one practice is paid £1,000 per patient; and three practices are paid on a block contract basis. Some practices are also paid based on activity in respect of face-to-face or

telephone consultations, patient do not attends and issuing of a prescription. The average cost per face to face appointment is £74 per consultation.

In respect of Cumbria, all three schemes are paid differently as follows:

Oxford Street is paid £1,000 per patient per annum, therefore should the number of patients change, the cost to deliver the service will also increase or decrease respectively.

Fellview Healthcare is paid on a block contract of £11,000 per annum; this is regardless of the number of patients on the violent patient register.

Carlisle Health Care is also paid a block contract of £61,932 per annum; this is regardless of the number of patients on the violent patient register. Whilst the cost of the service is high, this also includes a probation service. However, there is no service specification available for the service and the costs have been set historically.

Table 3

Scheme	Annual Retainer	Block Contract	Annual Price per Patient	Initial Assessment	Face to Face	Telephone	Security	Other
Cumbria North (Carlisle)		61,932						
Cumbria North (Workington)			1000 (per annum)					
Cumbria North (Whitehaven)		11,000						
Scheme 1 covering 3 CCGs	26,000			118.40	96.70	63.00	13.50per hour	Transport cost per patient visit £83 per DNA
Scheme 2	8,654				43.60 (Standard) 87.20 (Longer)			
Scheme 3	3,122.40	£24,979.20 for up to and including 15 patients £29,975.04 for 16 patients and over						
Scheme 4	5,000				87.20	87.20		
Scheme 5	7,250				85.00	20.00		£10 per prescription
Scheme 6 covering 2 CCGs	£17,341				85.00	20.00		
Scheme 7					94.00	61.00		Transport cost per patient visit
Scheme 8					94.00	61.00		

On reviewing services across the wider NHS England footprint, the variance in costs and payment mechanisms are similar, as shown in the table below:

Table 4

Item	Payment Range
Retainer Fee	£2,000 per annum
Infrastructure costs	£2,000 to £2,500
Consultation Fees	£85.30 to £200

2.7.2 Budget Information

The table below illustrates the annual cost for the providers in Cumbria based on 2016/17.

Table 5

Provider	Annual Cost 2016/17
Carlisle Health Care	£61,932
Oxford Street	£10,000
Fellview Healthcare	£11,000
Total	£82,932

The budget for the Violent Patient Scheme in 2017/18 is £82,932 and is based on the costs for the previous financial year. However, the cost of the service can vary due to the number of patients on the scheme and level of activity and therefore any additional cost over and above the budget is a cost pressure to the CCG.

NHS England are currently in discussions with all providers to standardise the Service Level Agreements across NHS England, Cumbria and the North East to address some of the issues raised. To encourage providers to transfer to the standard SLA, providers will receive an additional £2,000 per annum on top of their current service payment in recognition of the additional workload requested above their current service agreement.

3. REGULATIONS, LEGISLATION AND CONTRACTUAL ISSUES

- 3.1 NHS England is obliged to ensure that there are sufficient arrangements in place to provide primary medical services to patients, for those who have been subject to immediate removal from a patient list of a primary medical services contractor because of an act or threat of violence.

The DES directions also state the need for NHS England to discuss the service with the Local Medical Committee (LMC).

4. FURTHER AREAS OF WORK

- 4.1 Initial discussions with North Cumbria CCG have highlighted that the current providers within North Cumbria are keen for the scheme to be developed further to include, for example, an initial assessment of patients before they are allocated to the practice and a risk review to be carried out. NHS England and the CCG will need to work together to determine appropriate developments of the scheme going forward. However, Section 6 of this report sets out the discussions which have been held with NHS England and service providers regarding a standardised specification for the service.

5. OPTIONS

The following options are available to consider:

5.1 Option 1 – Continue the status quo and extend the current contracts for 1 year until 31 March 2019

This option considers extending the current provider contracts for a further year, which will then expire on 31 March 2019. For Fellview this will only be possible if the APMS contract is extended.

The benefits of this option include:

- Continuity of provider and service;
- No change in financial costs;
- Premises to deliver service already secured.

The risks/disadvantages of this option include:

- The providers can decide not to extend at the end of the contract;
- The providers can give notice at any point as per their contract, subject to the required notice period.

5.2 Option 2 – Continue with current providers and extend for 3 years

This option considers extending current provider contracts for a longer term of 3 years which will expire on 31 March 2021. This will not be possible for Fellview unless a contract extension is agreed.

The benefits of this option include:

- Longer term continuity of provider and service;
- Premises to deliver service already secured;
- The providers can decide not to extend at the end of the contract, however this would be after 3 years not every year.

The risks/disadvantages of this option include:

- The providers can give notice at any point within contract, subject to the required notice period;

5.3 Option 3 – Offer as a new service to existing GMS/PMS contract in CCG locality

This option considers the opportunity to procure a new local service from existing GMS/PMS contract in the CCG locality.

APMS has not been included within this option as Fellview already has this service stipulated within the contract. The only other APMS contract is with CHOC for Glenridding which is due to expire on 31 March 2018.

The benefits of this option include:

- Premises to deliver service already secured
- The provider can decide not to extend at the end of the contract. However the CCG may consider the option to procure as a 3 year contract providing longer stability.

The risks/disadvantages of this option include:

- Loss of continuity of provider and service.
- Previous experience of procuring a new violent patient service has shown there is very little interest from GP practices to deliver service, therefore risk of no successful procurement.

5.4 Option 4 – Include Violent Patient Service in any potential new procurements of APMS Contract

With this option the CCG would commission a Violent Patient Scheme as part of any future APMS procurement. The table below shows the CCG where this may be applicable and the dates in which the current APMS contract is due to come to an end.

CCG	APMS Provider	Contract End Date	Comments
Cumbria	Fellview	31/03/2018	Violent patient scheme is included in the contract

The benefits of this option include:

- Continuity of local provider and service, with patients seen within own CCG locality
- Premises to deliver service already secured
- Provider will not be able to give notice to terminate delivery of violent patient scheme without giving notice on whole APMS contract
- Future commissioning of service will be in line with service review in run up to contract expiry
- Cost of service within APMS contract is usually less than as a standalone service.

The risks/disadvantages of this option include:

- Inequity of cost across service providers
- Previous experience of procuring a new violent patient service has shown there is very little interest from GP practices to deliver service, however as this will be tied into overall procurement, the risk is reduced.

- 5.5 The CCG could consider each option as an individual option or in combination with other options. i.e. extending the agreement with the current providers for one or 3 years (options 1 or 2) and, in conjunction with this, commission additional providers (option 3 and 4) to ensure service sustainability. This would however impact on the CCGs budget for the service.

6. PROPOSED SERVICE SPECIFICATION

- 6.1 NHS England is currently in discussion with providers to consider a standard Service Level Agreement (SLA) to address some of the areas on inequality and risks as highlighted in section 3. The new SLA wide service includes the following as a minimum:

- No notice period will be included in the SLA unless offering to GMS or PMS practice.
- Review of all patients after 12 months, with final outcome to be determined by agreed panel members, which may include representation from the CCG
- Initial assessment of all new patients
- Providers to carry out regular risk assessment on service delivery, e.g. premises, access.
- Assessment of any transport requirements if providing cross covering CCGs, if appropriate
- All services to include element of cross covering CCGs, if appropriate and assessed as required by NHS England.
- Specified monitoring requirements to determine volume of activity
- Provider to manage all communications to patients
- Provision of information to support appeals process
- Hours of service in line with core contract

A full copy of the SLA can be seen in **Appendix 2**.

6.2 Costs

To encourage providers to transfer to the standard SLA, providers will receive an additional £2,000 per annum on top of their current service payment in recognition of the additional workload requested above their current service agreement, this includes but not limited to:

- Providers to carry out regular risk assessment on service delivery, e.g. premises, access.
- Assessment of any transport requirements if providing cross covering CCGs, if appropriate
- Provider to manage all communications to patients.

7. RECOMMENDATION AND NEXT STEPS

- 7.1** NHS North Cumbria CCG is asked to consider the information in the report and confirm their commissioning intentions.

Appendix 1 – DES Directions 2015

NATIONAL HEALTH SERVICE, ENGLAND

The Primary Medical Services (Directed Enhanced Services) Directions 2015

Violent Patients Scheme

8. (1) The Board must consult the local medical committee**(b)** (if any) for the area in which a primary medical services contractor which wishes to enter into arrangements in respect of a Violent Patients Scheme (referred to in this Direction as “the Scheme”) provides primary medical services about any proposals it has to establish or revise the Scheme.
 - (2) Where the Board enters into arrangements under the Scheme, the Board must—
 - (a) as part of those arrangements, make provision for the payment arrangements for the contractor agreeing and meeting its obligations under the Scheme in respect of each financial year to which those arrangements relate; and
 - (b) where necessary, vary the primary medical services contractor’s contract or agreement so that the Scheme comprises part of the contractor’s contract or agreement and the arrangements under the Scheme are conditions of the contract or agreement.

**Violent Patient Scheme
Directed Enhanced Service
Service Level Agreement**

1. Parties to the agreement

Practice Code:

(Please ensure all documents contain your Practice A code or we may not be able to identify your practice)

Name and address of practice:

(Please ensure all documents contain your Practice address in full or we may not be able to identify your practice)

Signature on behalf of the Practice (Must be partner to the contract):

Signature	Name	Designation (i.e. Clinical Partner, Non Clinical Partner)	Date

AND

Signature on behalf of NHS England, Cumbria and the North East:

Signature	Name	Designation	Date

PLEASE RETURN A FULL SIGNED COPY TO:

England.NEGP-DES@nhs.net

Documents returned by post or fax will not be accepted.

2. Agreement Period

This agreement covers the period from 01 April 2016 to 31 March 2017 and agreement ends on 31 March 2017

3. Payment

The NHS England will monitor services and calculate payments under this enhanced service, as set out in Section 9.

4. Terms of the DES

The detail of the DES has been set out in the service specification attached.

Violent Patient Scheme Directed Enhanced Service

Service Specification

1. Background

The directed enhanced service is for the provision of general medical services to patients who have displayed violent or threatening behaviour. When patients have been subject to immediate removal from a practice list, the provider is presented with the additional difficulty of treating the patient in a way that minimises the risk of violence or disruption to GPs, practice and attached staff and other patients. Handling these problems can make the delivery of general medical services difficult and can restrict the patient's access to wider facilities. These patients may also experience difficulties in securing registration with a practice without the help of the commissioner. Additionally, such patients often have complex and wide-ranging health and social care needs.

2. Aims of the Service

- 2.1** The purpose of this DES for patients who have been subject to immediate removal from a practice's patient list, is to provide a stable environment for the patient to receive continuing health care. This model does this by:-
- i. Ensuring continued access to general medical services within the boundaries of xxx CCG for patients who have been subject to immediate removal from a practice's patient list as a consequence of violent behaviour.
 - ii. Provision of a stable environment in which the health needs of the patient can be addressed in a proper and continuing manner.
 - iii. Encouraging providers to work with other primary care practitioners, social services and other agencies to try and identify and treat any clinical and underlying causes of disruptive behaviour in order to prevent any further deterioration.
 - iv. Promoting a continuing understanding of the NHS health and social care system to encourage the patient to use the services in a responsible, appropriate and safe way in the future.
 - v. Ensure that the health of such patients is not disadvantaged directly as a result of their removal from the practice patient list, and reforms the patient's violent behaviour through the investigation and subsequent address of the underlying causes of the patient's behaviour that led to his/her removal from the practice's patient list.
 - vi. Provide a safe environment for those involved in delivering the treatment

3. Allocation of Patient

- 3.1 In the event that a patient has been abusive, violent, or threatened violence, within the Practice which resulted in the Police being called, the patient will be removed from the practice and treated under the Violent Patient Scheme. The process for patients who need to be removed from the Practice's list and removal form is detailed in **Appendix 1**

4. Services to be provided

- 4.1 The practice will be expected to receive any assigned patient who has displayed violent or threatening behaviour from xxx CCG. The practice will provide appropriate general medical services to patients for a period of one calendar year unless the patient dies or leaves the CCG area.
- 4.2 The practice will write to the patient to inform them they have been placed on the violent patient and instruct the patient on how to contact the practice to access services.
- 4.3 The provider will inform patients that their only source of primary care is through the violent patient service. However, the patient retains the right to approach any GP and seek registration. In the event a practice has registered a patient unaware that they are currently registered on the violent patient scheme and therefore wishes the patient to be removed the provider of the violent patient service will notify the patient that they are to remain on the Violent Patient Scheme and to remind them that they are to remain on the register until a review of their behaviour has been assessed after the 12 month period.
- 4.4 Patients should have access to primary care services within GP core hours (8am to 6.30pm)

4.5 Location(s) of Service Delivery

Services to violent patients will be provided from:

- xxxxxx

Locations may be varied from time to time as agreed between the provider and the commissioner in writing. The provider is responsible for ensuring that the landlord / other service providers at these locations are aware of the nature of this service. Patients may be offered a choice of appointments at any of these locations, although it is expected that services will generally be provided at the nearest location to their home. Patient transport to these appointments will not be funded other than in exceptional circumstances agreed with the commissioner.

4.6 Geography

This service is to be provided for patients within the xxxx CCG locality

The practice will take on the clinical role outlined below:

- 4.7 All patients added to the scheme will receive an initial consultation which will include a thorough assessment of the patient's clinical, psychological and social needs, especially those which may result in unrealistic expectations and which may have led to physical or verbally aggressive behaviour in the past must be undertaken.
- 4.8 Provision must be made to educate the patient and his/her family/carer on the best way to obtain good quality and continuing services from primary care in particular and the NHS in general.
- 4.9 Making patients aware of their individual behaviour agreement contract and the service operational procedures when first entering the scheme.

- 4.10** The patient will get continuity of care through one practice. This is especially important to counter impressions of abandonment by the NHS which may have been a cause of previous violent behaviour.
- 4.11** The practice will be expected to provide a full range of general medical services to violent patients. This includes; bookable, in advance, routine, urgent, face to face and telephone consultation as appropriate.
- 4.12 *Routine Appointments:***
Any request for a routine appointment will normally be granted within one week with the GP to whom the patient has been allocated.
- 4.13 *Urgent Appointments:***
Any request to be seen urgently should be assessed by a clinician. The clinician should determine the clinical need and make arrangements to see the patient at a suitably safe site (dependent upon level of risk) within a timeframe appropriate to determined need. The provider must ensure availability of clinicians with the competence to manage challenging patients during full hours of operation.
- 4.14** In case of medical emergency the patient should be directed to the nearest A&E. The Service Provider should contact A&E to advise them that a patient on the VPS may be expected.
- 4.15** The practice will not be expected to provide home visits to patients on this scheme unless the patient has been deemed “truly housebound” and a full assessment has been undertaken. Should the practice encounter any patient, who is unable to be adequately provided a service within the practice, then the provider may seek to secure alternative facilities.
- 4.16** Whilst the hours of the service are 8am to 6.30pm, the provider should establish hours of availability for face-to-face appointments which reflect patient need and the accessibility criteria for the service. Depending on their individual care plan, patients may also have access to Out of Hours Primary Medical Services and Accident & Emergency Department outside these hours. It should be noted that MAPPA and Court imposed restrictions may apply.
- 4.17** The provider should also make arrangements for each patient with a community pharmacist willing to dispense any necessary prescriptions.
- 4.18** Provides opportunities for the patient to see the most appropriate member of the primary health care team to meet their needs.
- 4.19** Has a multidisciplinary approach to the provision of services and established links with other organisations e.g. Drug Teams, Social Services, Prison Service, Police, Mental Health Services, Voluntary Sector and other Local Authority departments.
- 4.20** Has secure organisational arrangements for dealing with child protection issues.
- 4.21** Undertakes regular reviews once allocated under the scheme thereafter annual reviews to be undertaken with a view to the patient accessing primary medical care from a GP practice of their choice. Practices will be required to provide a report to NHS England following the annual review meetings to determine if the patient can be removed.
- 4.22** Safeguard the families of patients who have been subject to immediate removal from a practices list, who are on occasion, themselves subject to removal;
- 4.23** In preparation of the patient’s readiness to be removed from the violent patient scheme, the practice will work with and assist the patient in securing registration at a practice within his/her boundary area, including any discussions with potential practices the patient may register with.

5. Review and Removal for the Scheme

- 5.1 Each patient will be allocated under this directed enhanced service for an initial time period one year. A twelve-month review will be initiated by the GP and this will provide an opportunity to consider whether or not the patient should continue under the directed enhanced service.
- 5.2 This review and assessment must take place face to face with the patient to assess both health, risks and social rehabilitation requirements.
- 5.3 A copy of the review and risk assessment will be discussed by a multi-disciplinary panel that will include representation from:
 - Medical Directorate
 - Nursing Directorate
 - Primary Care Business Manager Lead
 - GP Provider Input, this will be in the form of an assessment report
- 5.4 If it is appropriate that patient is removed from the scheme, the patients will be informed in writing by the provider and advised of the practices available for them to seek registration. The provider will inform patients in advance of the review date and, after the review, of the outcome and reason for continuation if that is the decision. In line with 4.23, the practice will work with the patient in preparation for registering with another practice in the area.
- 5.5 Patients will have the right to appeal against referral to the service or a decision to continue their inclusion after the twelve-month review. Appeal process can be seen in **Appendix 2**.

6. Input Specification

6.1 Actions to Minimise Risk

All staff who work in general practice are at risk of patients or their carers / relatives, becoming aggressive, abusive or violent. It is vital that the practice has in place a system for dealing with such situations which is discussed with all members of the team so that everyone knows what their role is and what action they would be required to take should a patient become violent within the Practice. Risk is minimised by trying to prevent an incident from happening; or if this does occur, by reducing the impact of any incident on staff and other patients.

A full risk assessment of the practice should be carried out to determine an in-house policy and a copy sent to the commissioner.

6.2 Staffing arrangements

Practices should ensure that they do not leave any staff in vulnerable positions. This includes reception staff, nursing staff and GPs. The factors which should be taken into consideration are:

- (a) *Training*
- (b) *Support*
- (c) *Tracing Staff*
- (d) *Location*
- (e) *Weapons*
- (f) *Security*
- (g) *Policy*

6.3 Records and Information

- i. The provider will be required to maintain for each service user:

- A record of their personal details
- Accident reports
- Complaints/comments/compliments

6.4 Premises

The practice is responsible for risk assessing the premises, clinical consulting room and equipment to ensure a safe environment. The practice must also consider other users of the premises in ensuring a safe environment for all users. The commissioner may request copies of the assessment and policies at any time as required.

6.5 Security

The provider must ensure that all necessary security measure have been assessed, including premises, service policy and provision, staffing, patient; and any action taken as required including equipment or security guard for example.

6.6 Transport

The commissioner will give consideration where appropriate to providing reimbursement for patient transport services. Where transport is appropriate, the provider must complete a full risk assessment of the patient and the transport service. The provider is responsible for ensuring that the transport service providers is aware of the nature of this service.

6.7 Whole System Relationships

NHS England commissions the Violent Patient Scheme. Other partner agencies involved are:

- Clinical Commissioning Group
- Local Police Force
- the relevant Local Authority Social services department
- Local Hospital and A&E services
- Out of Hours providers
- Community pharmacists
- Mental health services
- Police doctor service
- MAPPA
- LMC

7. Output Specification

7.1 Confidentiality

The provider will have in place a written policy on confidentiality. Personal information disclosed to the provider in the course of provision of the service will be treated as confidential and will not be disclosed without the consent of the service user. The only exception to this will be where the data flow between the police and commissioner is required.

7.2 Service Users at Risk

The provider must immediately inform the commissioner or other appropriate body if he has any reason to believe that a service user is at risk through self-neglect, or as a result of their behaviour or life style or because of the action or behaviour of others. This includes the out of hours service, walk in centres or minor injuries unit as appropriate.

7.3 Policies and Risk Assessments

The provider must share all policies and risk assessments templates with the commissioner as required.

7.4 Reporting Incidents

All incidents of violence, including verbal abuse, or significant events should be reported within one working day irrespective of whether the Police had been summoned.

The type of information to be recorded is:

- details of individual(s) involved
- cause of incident
- when / where it happened
- any injury suffered
- action taken to prevent re-occurrence
- witnesses to the incident

The commissioner will monitor and report on the number of incidents reported.

7.5 Complaints/Compliments

The provider shall have a written complaints/compliments procedure, which is made available to all service users and their carers. This will be presented in a style and format appropriate to the service user group.

Complaints, compliments and comments from service users and their carers are perceived by the commissioner as important to the quality of service as well as satisfactory dealing with individual grievances.

The procedure will refer to the rights of the service user to invoke the commissioners procedure.

7.6 Correspondence

The provider will be the sole contact with regards to all and any correspondence to the patient, including but not limited to:

- Addition to the Violent Patient Scheme
- Reminder for reviews
- Removal from Violent Patients Scheme
- Outcome from Review Panel
- Reminder that not to register with another practice

8. Data Collection/Submission

8.1 Data Collection/Submission

The Service Provider will provide a quarterly Quality and Performance report providing the following information:

Activity

- Number of telephone consultations
- Number of face to face appointments with GP

- Number of DNAs
- Number of patients on the scheme for more than one year
- Number of complaints/compliments
- The number of untoward incidents – staff
- The number of untoward incidents – patients
- The number of untoward near misses – staff
- The number of untoward near misses – patients

9. Finance

- 9.1** The provider will be paid the following on a quarterly basis subject to the submission of the quarterly quality and performance report. – **TO INPUT AS PER CURRENT SERVICE SPECIFICATION**

10 Termination / Review of the agreement

- 10.1** Either party can terminate this agreement by giving six months' notice in writing, unless both parties agree a shorter period of notice. NHS England may vary the specification following the review of the service with 1 months' notice to the provider.

11. Governance

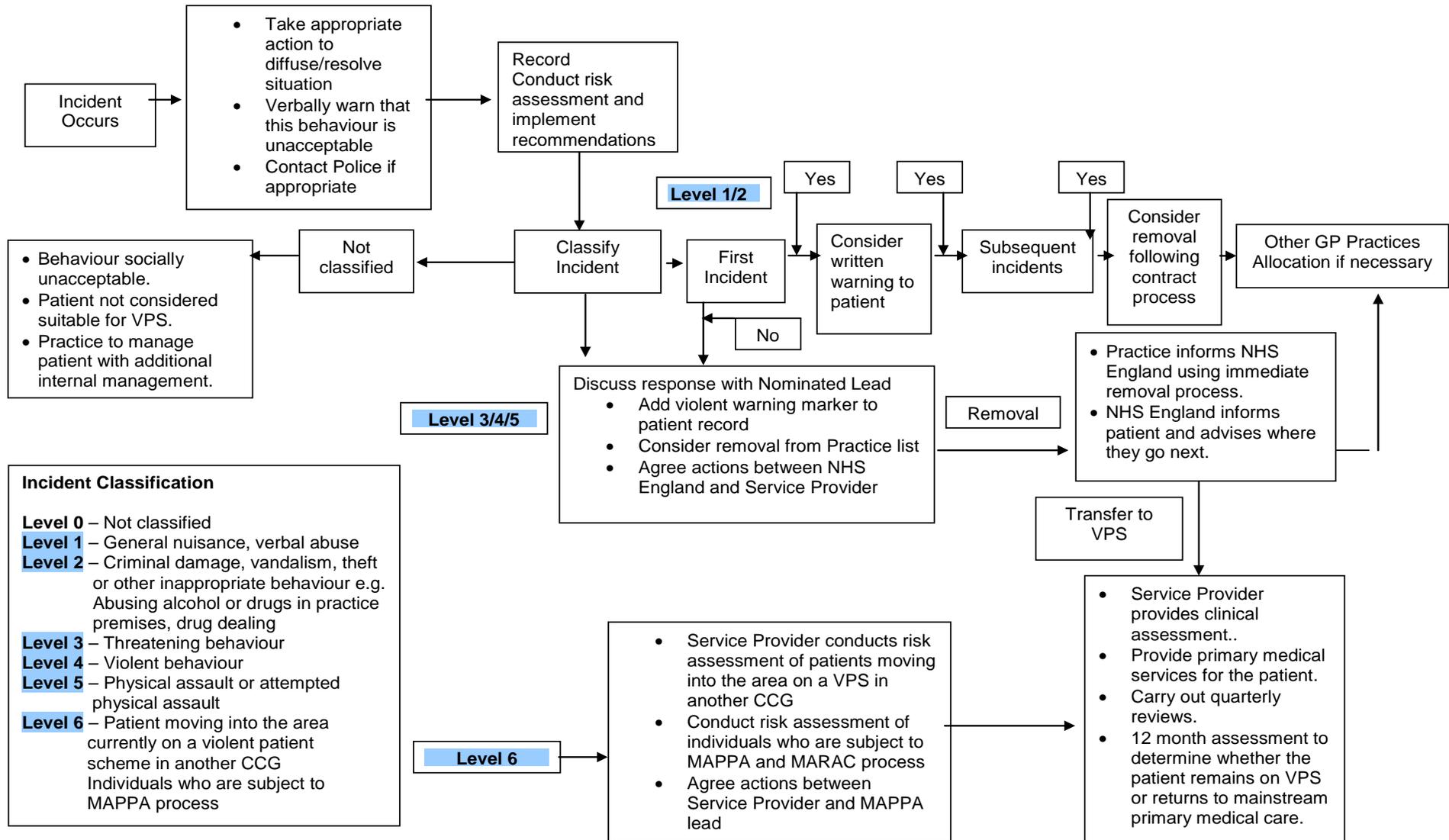
- 11.1** This service agreement is a variation to the GMS/PMS/APMS contract for primary medical services held by NHS England and the provider. Nothing in this agreement varies the terms of that contract. Quality, dispute resolution and all other governance issues for this agreement are defined in the overarching GMS/PMS/APMS contract.

Appendix 1 - Process to remove patients who are violent

If a practice is wishing to remove a patient from the practice register on an immediate basis, the practice must ensure they follow the process below:

- A patient will only be removed with immediate effect on the grounds that:
 - the patient has committed an act of violence against a member of staff; or
 - behaved in such a way that a member of staff has feared for their safety;
 - the incident has occurred on the premises or in the place where the services were provided; and
 - the practice has reported the incident to the police.
- The practice shall notify NHS England of the incident by contacting 0113 824 7236 or 0113 824 7225 and speaking to Louise Tansey or Karen Nugent respectively
- NHS England will provide the practice with an incident form which must be completed, including:
 - the details of the incident; and
 - the police incident report number
- NHS England will then assess the incident report and following discussions with the practice agree to:
 - the removal of the patient with immediate effect onto the violent patient scheme
 - the removal of the patient on an 8 day removal basis
 - decline the removal of the patient
- The practice will inform the patient in writing of the removal from the practice registered list unless:
 - it is not reasonably practicable to do so; or
 - has reasonable grounds for believing that to do so would be harmful to the physical or mental health of the patient, or
 - put at risk the safety of one or more of its members of staff
- NHS England shall give written notice to the patient advising of
 - their removal from the existing provider registered list; and
 - future arrangements to accessing primary medical care services.
- Where a patient has been removed from the registered list with immediate effect, the practice shall record in the patient's medical records that the patient has been removed and the circumstances leading to the removal.

Appendix 1 continued – Removal Process Flow Chart



Practice Request for Immediate Removal of Patient

Incident Report Form

The form must be completed in black ink and must be legible

Please note if a patient is removed with immediate effect it will result in the patient being placed on the Violent Patient Scheme. If you do not think this is necessary please consider a 'routine' removal instead.

On completion of the incident report return to;

**Louise Tansey, Primary Care Business Support Officer – l.tansey@nhs.net AND
Karen Nugent, Primary Care Business Support Officer – Karen.nugent1@nhs.net**

Practice Name	
Date	
Address (please use practice address stamp)	

Details of patient committing offence

Full Name			
NHS Number		Date of Birth	
Address			

Staff members involved in incident (*Please appropriate box(es)*)

Doctor		Receptionist	
Practice Manager		Nurse	
Other			

If 'Other' please specify

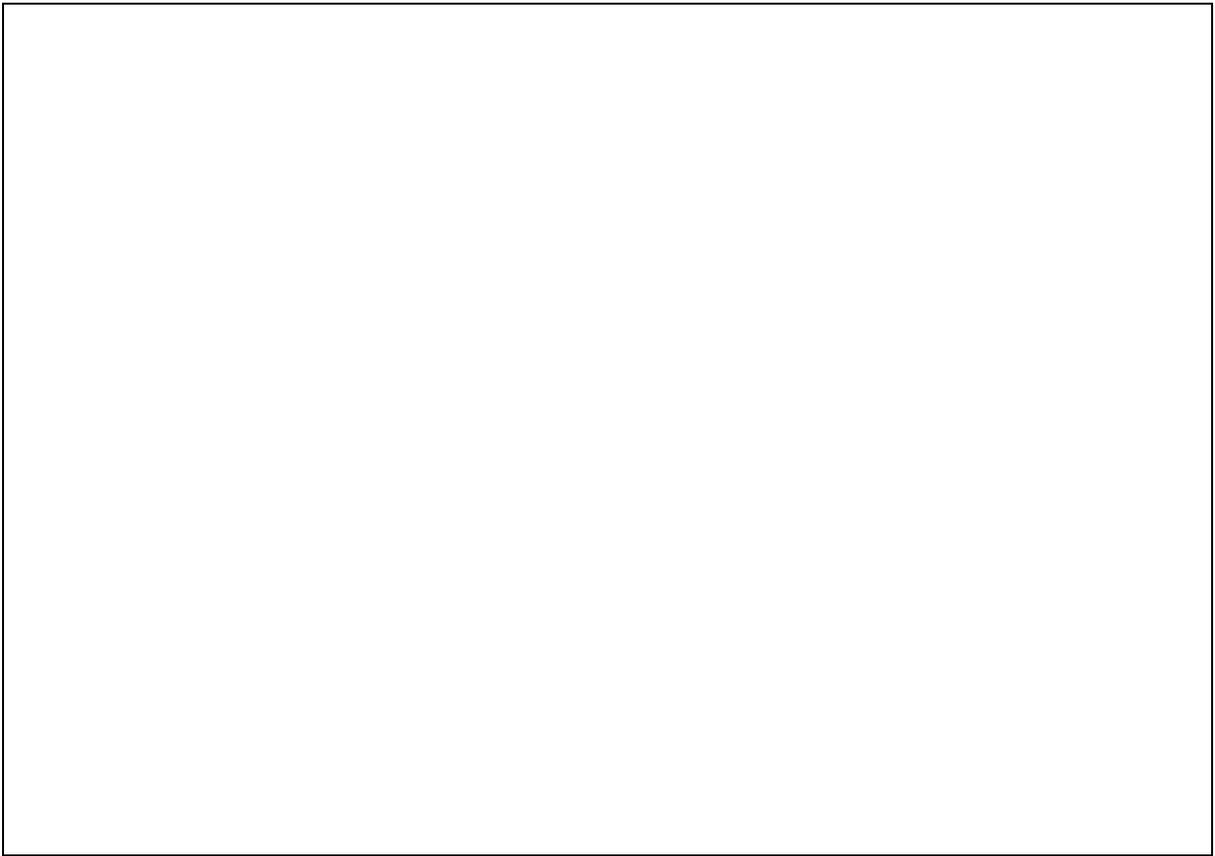
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Details of Individuals Involved

Name	Address

Details of Incident

Date		Time	
Exact location of incident			
Cause of Incident (if any)			
Was the incident Racially motivated			
Description of incident (include exact words spoken, any weapons used, any threats made). Specify if these were either racist or sexist			



Action taken

Type of violence (please identify by ticking appropriate box)

Level 1	Threatening behaviour / verbal abuse / threat of violence	
Level 2	Violent behaviour	
Level 3	Physical assault or attempted physical assault	

Details of Witnesses (Full name)

Witness One	
Witness Two	
Witness Three	
Witness Four	
Witness Five	

Police Details

Was the incident reported to the police

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Incident MUST be reported before patient can be removed from the practice list

If yes

Name of Person Reporting	
Police Report Reference Number	

Were the police in attendance

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes

Name of Police Officer	Number

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Was the incident recorded i.e. CCTV footage

Yes	
Yes	

No	
No	

Has it been retained

Details of any injury(ies)
Did the incident result in staff absence

Remember the RIDDOR regulations will apply to any absence over 3 days

Any additional comments

<p>Are there any potential safeguarding issues regarding children/vulnerable adults that the patient lives with or has contact with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please report to – Social Care Direct</p> <p>AND report to the Safeguarding Team – Adults – Children –</p> <p><input type="checkbox"/> Please tick to confirm you have reported any safeguarding issues (if applicable)</p>

Person completing report form:

Name (Print Name):

Signed.....

Designation.....Date.....

GP or Manager:

Name (Print Name):.....

Signed:

Designation:Date:.....

Appendix 2 – Appeal process

VIOLENT PATIENT SCHEME **1. APPEAL AND REVIEW PROCEDURE**

1. BACKGROUND

NHS England currently have in place a Directly Enhanced Service with either a practice or a practitioner to support general practice in dealing with violent or potentially violent patients.

Patients who are referred onto the scheme should be offered the opportunity to appeal against this decision. In addition, a patient's inclusion on the scheme should also be reviewed on an annual basis.

It is proposed that the following Appeal and Review Procedures be adopted across xxxxx CCG to ensure that any patients referred to the schemes receives the opportunity to appeal against the decision to refer them to this service and to ensure that their inclusion is reviewed on an annual basis.

2. APPEALS PROCEDURE AND TERMS OF REFERENCE FOR PANEL

2.1 Appeals and Review Panel

It is proposed that a Violent Patient Appeals and Review Panel be established to consider any appeals received from patients consisting of:

- One Non-Executive Trust Board Member
- Medical Director or Associate Medical Director
- Corporate Director or Head of Primary Care Commissioning

Administrative support to the Panel to be provided by the commissioner

2.2 Quorum

The minimum quorum for the Appeals will be one Corporate Director (or Head of Primary Care Commissioning) and one Non-Executive Trust Board Member. It is proposed that two Non-Executive Board Members are nominated to sit on the Panel in the event that one of the representatives is unavailable to sit on the Panel at any time.

2.3 Role of the Panel

2.3.1 Appeal against decision to refer onto violent patient scheme

- i. When a patient is referred onto the violent patient scheme they will be notified in writing of their right to appeal against the decision. The patient will then be given 21 days in which to appeal and must do so in writing to the Head of Primary Care Commissioning, NHS South of Tyne and Wear
- ii. There will be a review of the decision to refer the patient by the Appeal Panel. The patient and the referring practitioner will be informed of the appeals process and invited to submit their written representations to the Panel.
- iii. Both parties will have sight of each others written submissions and will be invited to make, if they so choose, further written representations in the light of those submissions for the Appeal Panel to consider.
- iv. The information will be sent to the Panel in advance of the Review Panel meeting to allow sufficient time for the Panel to request additional information or clarification on any issues from either party
- v. From the information gathered the Panel will establish the facts, draw any inferences from the facts and decide whether the decision to refer the patient onto the scheme was an appropriate one.
- vi. If either party fails to submit written representations within the time limits the Appeal Panel will meet and make its decision based on whatever information has been made available to the Panel.
- vii. The Panel will notify its decision in writing to both parties and provide an appropriate report to the NHS South of Tyne and Wear Board.
- viii. Where the Panel upholds the appeal, the patient will be requested to either register with another GP practice or, if they have difficulty registering with another practice to contact either the PALS Service or Primary Care Commissioning to obtain assistance in finding another doctor in the area.

2.3.2 Patient Review Appeal

- (i) There will be an annual review of a patient's inclusion on the Violent Patient Scheme.
- ii) The scheme practitioner will be asked to submit a report to the Primary Care Commissioning Department on the patient's conduct over the year.
- iii) Where the scheme practitioner and a senior manager from Primary Care Commissioning consider that the patient is sufficiently rehabilitated and is able to register with a doctor of choice, the PCT will automatically write to the patient informing him/her that he/she has been removed from the scheme. The patient's new GP will be informed that he/she was previously on the scheme but has now been discharged. When a patient is first put on the scheme he/she will be notified in writing that following discharge from the scheme any new doctor will be informed of his/her inclusion on the scheme.
- iv) Where the scheme practitioner and a senior manager from Primary Care Commissioning consider that the patient is not sufficiently rehabilitated and the patient is unhappy with the decision not to remove him from the scheme, the case will be referred to the Patient Review Procedure and a Panel will be convened to a review meeting.
- v) The patient will be sent a copy of the report from the scheme practitioner and invited, if they so choose, to respond by way of written representation to the Scheme practitioner's comments.
- vi) The written representations from the scheme practitioner and patient will be sent to the Panel in advance of the Review meeting to allow sufficient time for the Panel to request additional information or clarification on any issues from either party.
- vii) The Panel will hold a Review meeting and make a decision whether the patient is sufficiently rehabilitated to be allocated to an alternative practice or whether the patient should remain on the scheme for a further period of time (to be determined by the Panel).
- viii) If the patient fails or chooses not to submit written representations the Panel Review meeting will nevertheless take place and make its decision based on whatever information has been made available to the Panel.

- ix) The Panel will notify its decision in writing to the patient, the scheme practitioner and for an appropriate report to be made to the NHS South of Tyne and Wear Board.

- x) When a patient is removed from the scheme he/she will be requested to register with another doctor in the area, or if they have difficulty registering with another doctor, to contact either the PALS Service or Primary Care Commissioning to obtain assistance. The patient's new GP will be informed that he/she was previously on the scheme but has now been discharged. When a patient is first put on the scheme he/she will be notified in writing that following discharge from the scheme any new doctor will be informed of his/her inclusion on the scheme.

2.4 Frequency Of Meetings

Meetings of the Appeal Panel will be convened on an ad hoc basis following receipt of a patient appeal by NHS South of Tyne and Wear.