GPs and their staff have a right to care for others without fear of being attacked or abused.

To successfully provide these services a mutual respect between all the staff and patients has to be in place. All our staff aim to be polite, helpful, and sensitive to all patients’ individual needs and circumstances.

We understand that ill patients do not always act in a reasonable manner and will take this into consideration when trying to deal with a misunderstanding or complaint.

However, aggressive behaviour, be it violent or abusive, will not be tolerated and may result in you being removed from the practice list and, in extreme cases, the police being contacted. This policy applies to patients, visitors and staff.

The following types of behaviour are unacceptable:

* Using bad language or swearing at practice staff
* Any physical violence towards any member of staff or other patients, such as pushing or shoving
* Verbal abuse towards the staff in any form including verbally insulting the staff
* Racial abuse and sexual harassment will not be tolerated within this practice
* Persistent or unrealistic demands that cause stress to staff will not be accepted. Requests will be met wherever possible and explanations given when they cannot
* Causing damage/stealing from the Practice's premises, staff or patients
* Obtaining drugs and/or medical services fraudulently

Patients can be removed from the practice list for the following reasons:

Violence:

* When a patient is physically violent or threatening towards a doctor, practice staff or other patients on the practice premises.
* Causes physical damage to practice premises or other patient’s property.
* Gives verbal abuse or makes threats towards the doctor, practice staff or other patients.
* Gives racist abuse, orally or physically.
* Is violent or uses or condones threatening behaviour to doctors (or some other members of the primary health care team) while visiting the patient’s home. Such behaviour may involve the patient, a relative, a household member, or pets (such as unchained dogs).
* Any incident involving violence, crime or deception should be reported to the practice manager, who will discuss the circumstances with the partners. This should also be reported to the police and a note made of the incident number.
* A request for the immediate removal of patient from practice list can be emailed to PCSE.

Crime & Deception

* Where a patient fraudulently obtains drugs for non-medical reasons.
* Deliberately lies to the doctor or other member of the primary health care team (e.g. by giving a false name or false medical history) in order to obtain a service or benefit by deception.
* Attempts to use the doctor to conceal or aid any criminal activity.
* Steals from practice premises.

Distance

* Where a patient has moved out of the designated practice outer boundary and has failed to register with another GP.

Embarkation

* Where a patient has moved abroad for a period of 3 months of more

Failure to attend pre-booked appointments

* Where a patient fails to attend pre-booked appointments on several occasions during a given period

Irretrievable Breakdown of the Doctor-Patient Relationship

* Where a patient’s behaviour falls outside of that which is normally considered reasonable and leads to an irretrievable breakdown of the doctor-patient relationship

Distance

On notification that the patient is no longer living within the practice boundary, a letter will be sent to the patient advising of the need to re-register within the next 30 days.

If the patient has not re-registered, or contacted the surgery with a reasonable explanation, within the 30 day period, they will be removed from the practice list.

Embarkation

On notification that the patient has moved abroad the patient will be removed from the practice list within 3 months of that notification.

Failure to attend pre-booked appointments

If a patient fails to attend a pre-booked appointment on more than one occasion in the last year, a DNA letter should be sent to the patient, advising them that a further occurrence could risk removal from the practice.

Guidance on removing patients due to irretrievable breakdown of the doctor- patient relationship

Occasionally patients persistently act inconsiderately and their behaviour falls outside that which is normally considered to be reasonable. In such circumstances there may be a complete breakdown in the doctor-patient relationship.

Steps to be taken within the practice

* Inform all appropriate members of the practice about the problem.
* The patient and possible reasons for the patient’s behaviour (e.g. disagreeableness, cultural differences, mental illness, personality disorder) will be discussed at a Practice Meeting

Steps to be taken with the patient

* Inform the patient, either personally or in writing, that there is a problem
* Explain the nature of the problem to the patient
* Obtain the patient’s perspective and interpretation of the situation.
* Obtain advice of a Medical Defence Society.

Steps to be taken if discussion fails to resolve the problem

* Suggest that another GP within the practice might better fit with the patient’s needs and expectations.

Steps to be taken in removing the patient

* Inform PCSE of this decision by completing the 8 day removal request form
* Inform the patient in writing of the decision and the reason for removal from the list.
* Explain to the patient that he or she will not be left without a GP.
* Give the patient information on how to begin the process of registering with another GP.

Family Members

* When a decision is made to remove a patient from the practice list, the removal may well be extended to other members of the family or household.
* The practice manager will write to the family / household offering an explanation for the removal. They will be allowed 4 weeks to re-register rather than being removed from the practice list immediately.

The following behaviours (defined and explained in Appendix A) will not be tolerated and all members of the Lodge surgery are encouraged to speak up if they witness any of the following, the procedure is defined in our whistleblowing policy.

Sexism

Actions based on the belief that the members of one sex are less intelligent, able, skilful, etc. than the members of the other sex, especially that women are less able than men.

Misogyny

The expression of a dislike of, a contempt for, or ingrained prejudice against women. This manifests in numerous ways, including social exclusion, sex discrimination, hostility, androcentrism, patriarchy, male privilege, belittling of women, disenfranchisement of women, violence against women and sexual objectification.

Direct Discrimination

This means treating one person worse than another person because of a protected characteristic. It may be conscious or unconscious, cannot be justified in law, and the motive for the less favourable treatment is irrelevant. (For example, a promotion comes up at work and the employer believes that people’s memories get worse as they get older so doesn’t tell one of his older employees about it, because he thinks the employee wouldn’t be able to do the job).

Indirect Discrimination

This can happen when an organisation puts a rule or a policy or a way of doing things in place which has a worse impact on someone with a protected characteristic than someone without one. (For example, a local authority is planning to redevelop some of its housing. It decides to hold consultation events in the evening. Many of the female residents complain that they cannot attend these meetings because of childcare responsibilities).

Sexual Harassment

Is defined in s26 of the Equality Act, but the essence of sexual harassment is that (i) the conduct is of a sexual nature and (ii) the conduct is unwanted. It has the purpose or effect of violating the dignity of a worker, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Something can still be considered sexual harassment even if the alleged harasser did not mean for it to be. It also does not have to be intentionally directed at a specific person.

Victimisation

This occurs when someone is treated unfairly (e.g. dismissed) because they are taking action under the Equality Act or supporting someone else who is doing so.

Protected characteristics

There are nine protected characteristics defined under the Equality Act 2010:

• Age

• Disability

• Gender reassignment

• Marriage and civil partnership

• Pregnancy and maternity

• Race

• Religion or belief

• Sex

• Sexual orientation

Workplace Bullying

This is defined as behaviour attempted to undermine an individual or group of employees.

ACAS defines bullying and harassment together as: ‘offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate, or injure the recipient. Bullying or harassment may be by an individual (perhaps by someone in a position of authority such as a manager or supervisor) or involve groups of people. It may be obvious or insidious, persistent, or isolated. It can also occur in written communications, by phone or through email, not just face-to-face. Whatever form it takes, it is unwarranted and unwelcome to the individual.’

There are 5 recognised categories of bullying behaviour

* Threat to professional status (belittling, public humiliation, accusation of lack of effort)
* Threat to personal standing (name calling, insulting, teasing)
* Isolation (preventing access to opportunities e.g. training, withholding information)
* Overwork (e.g. impossible deadlines)
* Destabilisation (failure to give credit, meaningless tasks, shifting the goalposts).

The Partners at the Lodge Surgery re-affirm their commitment to do everything possible to protect staff, patients, and visitors from unacceptable behaviour and their zero tolerance of any incident that causes hurt, alarm damage or distress.