Londonwide LMCs

The professional voice of London general practice

Abuse and violent patient guide

June 2024

Introduction

Londonwide LMCs strongly believes that:

'Violence and abuse against staff should never be tolerated'

This document aims to provide information to GP staff to help them identify the key triggers for violence against staff in practices and provide guidance on how to prevent or mitigate the associated threat of violence and abuse of staff. Violence and abuse can take place in many forms and in a wide range of settings within GP surgeries. This guidance can be used by employers to help support their staff, and by anyone working in general practice.

Summary

This guide is intended as a framework to support practices in developing risk mitigation measures, responding to incidents and taking the appropriate steps following an abusive or violent incident. Consideration has been given to the common violence triggers and how team members can respond to reduce the risk of escalation. The guide outlines and encourages the practice to review the preventative measures they already have in place, including considering the practice environment, local social media posts about the practice and staff training in both customer service and responding to escalatory behaviours, with the aim of reducing the risk of escalation.

An example practice policy of how to respond to patients who are abusive or violent has been included, as well as the Londonwide LMCs' guide on removing patients correctly from the registered list. We recommend that practices review these alongside their own policies and regularly review and update current policies relating to abusive and violent patients. Clear policies are important but ensuring that these are understood by all team members and all team members have undergone training in dealing with these situations, is essential to responding appropriately.

Practices have a duty to staff and service users to maintain a safe environment. All staff undergo training to prepare them to respond to other emergencies, such as a cardiac arrest, preparing and training to safely respond to abusive or violent patients should be considered in the same way. Londonwide LMCs believe that the approach outlined in this guide forms an essential part of our commitment to promote safe general practice.

Common violence triggers

Violence and abuse can range from verbal abuse and intimidation to threats and actual physical violence. There are often drivers/trigger points which can generate a reaction and lead to unpredictable behaviours.

Within the general practice environment triggers might include things like being:

- **asked to speak more quietly on a mobile phone;**
- **asked not to play music;**
- **asked to wait in a particular area;**
- **asked to wait or step back whilst another patient is being dealt with by the reception staff;**
- **told that results or prescriptions are unavailable;**
- **refused an instant conversation with a clinician;**
- **unhappy at being unable to secure a specific treatment plan or prescription;**
- **unable to get through on the phone; and**
- **unable to get an appointment as quickly as desired.**

Other causes of patient frustration which can lead to escalation include:

The influence of alcohol or drugs

- The 'patient acknowledgement' advice mentioned above is equally applicable here. It is far better to prevent someone under the influence of alcohol or drugs from becoming violent than having them removed by force. However, if you notice someone inside or outside your practice premises who is displaying signs of being under the influence of alcohol or drugs, early intervention and good communication are key. Be mindful that the signs and symptoms associated with this type of behaviour could be confused with somebody suffering from a medical condition. Keep in mind the safety of yourself and others.
- Immediately notify the senior clinician/practice manager present of your concerns. Set a clear boundary with the individual from the outset of the incident. If there is significant concern about the safety of yourself or others, be clear, ask the person to leave immediately, and inform them that the police will be called if they refuse. If their behaviour escalates, maintain the safety of yourself, your colleagues and patients and retreat to a place of safety before calling emergency services.

Requirement to queue or wait for extended periods

- Keep patients informed of any delays and, if appropriate, the reasons for them. People are generally more understanding if they know why they need to wait and how long for. Some patient automated check-in systems can be set to show the waiting time for the clinician when the patient checks in. Consider how the patient waiting room is used to convey information about general practice. Londonwide LMCs provides several resources including posters and videos for this purpose; please see our website.

Unmet patient expectations of the practice and services available or provided

- This is a common source of frustration for patients and could involve appointments, choice of clinician, prescriptions, referrals etc.
- It can be difficult to manage the tension between patient wants versus their needs, but communication is key. Striking a balance between what is clinically required and operationally possible is important – patient safety, practice capacity and the ability to make reasonable adjustments need to be taken into consideration.
- Try to focus on what you can do rather than what you cannot do, even if what the patient is asking for may not be possible at that particular time.

Limited availability of appointments or their registered/usual GP

- Ensure the reception staff, practice manager and clinicians are fully up to date with the practice's appointment system and the practice has clear care navigation and clinical triage protocols.
- Review your appointment system at regular intervals to ensure that demand meets capacity as much as possible. You may need to adjust it at times of clinical staff shortages, leave or sickness.
- Reception staff should always be courteous and able to explain the appointment system to the patients clearly and calmly. Again, communication is key. Explain why the usual GP may not be available and offer alternative clinicians, if possible.

When liaison between the practice and secondary care health partners has not met the usual standard or provided the expected service (eg. for referrals, results, follow-up)

- It is quite common that patients will complain to the practice when a referral is delayed, test results have not been received etc. Practices are easily accessible and patients generally feel able to share their frustration with them without always realising that the issue may lie with other parts of the healthcare system, eg. hospital. Listen to each individual query and where possible explain to the patient why there is a delay and who is responsible, if relating to another provider's service, and if available provide the patient with the contact details. Follow up with the hospital or lab as necessary and provide an update to the patient as necessary.

Staff behaviours being interpreted as potentially unhelpful or obstructive

- We appreciate the pressures that GP reception staff work under and the tensions difficult interactions with patients can cause.
- A positive attitude and a genuine willingness to help is key. Calming the patient down when they are frustrated is paramount and offering alternatives, where possible, can help diffuse tension.
- Ensure reception staff have regular customer care training and complaints about staff manner and attitude are dealt with in a timely way, ensuring there is reflection within the team and required action is taken.

Patients with severe mental health conditions/symptoms which impair their judgement; this can take many forms and include patients experiencing:

- Paranoia – feelings of persecution can be directed towards other groups or individuals.
- Hallucinations – sensory misperceptions which include visual, auditory, taste and smell. Can involve experiencing internal voices perhaps telling the individual to harm themselves or others.
- Delusions – formal thought disorders which can be bizarre to others and often complex in nature. These can also centre on particular groups or individuals such as their nurse or doctor.
- Mania – displays of dis-inhibitions and over-activity. Can easily be provoked by other people.

In such a situation, non-clinical reception staff should request the assistance of an experienced clinician. The aim is to try and help the patient remain calm and in an area where they are not a risk to themselves or others whilst a clinical assessment is undertaken.

All of these potential triggers involve an interaction between a patient and a member of the general practice team, both clinical and non-clinical. The general practice team should be advised that an interaction with a patient in one of these scenarios therefore has the potential to escalate into a violent or abusive incident and extra caution may be required. Simply being aware of this and taking a cautious approach can make a difference.

Not all aggression will become physical, but it is worth considering verbal aggression too, which can also be very disturbing; this may be raised voices, or include insulting or discriminatory language.

Each situation will be different and actions will vary, but the following can be applied to all situations.

Prevention and mitigation measures

This section focuses on what the practice can do to either prevent or mitigate the risk of a patient becoming abusive or violent. There are many actions that can be taken. Londonwide LMCs recognises that some actions may be restricted by the practice premises or other resources. Practices should consider practice layout, staff training, relationships with local police and how the practice responds to both direct and indirect patient abuse.

The nature of incidents will vary within each practice. They may also vary depending on the location of your practice. However, common themes exist. We recommend that this guidance is adapted to practices' specific circumstances, and is used to produce an individual risk assessment and plan of action to protect general practice staff.

Advanced planning *(guidance provided courtesy of MDDUS)*

In general, it is worth considering:

- Who could be exposed to potential conflict situations?
- What would be the potential outcome and effects?

- Is there a foreseeable risk of physical or psychological harm?
- How do you identify and manage any psychological and stress related effects on staff, both one-off incidents, and cumulative effects
- Are people empowered or encouraged to speak up and report if they feel threatened, frightened or anxious at work?

Proactive monitoring and prevention - social media

- Use your existing social media presence to pick up early warning signs including emerging themes. If an individual is repeatedly posting negative opinions about the practice, directly contacting that person can prevent future escalation.
- Monitor your local community online pages forums. These can be monitored without necessarily commenting or becoming directly involved in discussions.
- Some practices are reluctant to join local community online forums, but this can be a good source of information about patients who are experiencing difficulties accessing services.
- If you are not monitoring local online forums, consider why you wouldn't wish to know about this information and be critical of your answers. Is there a missed opportunity to communicate directly, counter misinformation and educate your local patient population?
- Countering misinformation:
    - What helpful and, importantly, accurate information could the practice post in a *neutral* manner without getting into an online argument with individuals?
    - Otherwise you are relying on others coming to your defence, eg. how many of your patients understand what 'triage' is, how it works, and why it is necessary?
- A failure to pro-actively engage risks damage to the practice's local reputation. One potential consequence of a negative reputation through social media is that when patients attend the practice their expectation is that the practice will not meet their need. As such they are already in a mindset that they expect to become frustrated.

Proactive monitoring and prevention - premises adaptations

- Consider physical re-design of the practice environment eg. front desk and staff proximity to waiting areas
- Your practice layout will have an impact. We understand that you may be limited in the changes that you can make to the layout but consider practical changes that could be made. Reduce congestion at entry points; try and keep open sightlines so staff can see what is happening.
- Where this is not possible consider CCTV and/or mirrors. CCTV should cover entrances and exits, capturing good quality facial images of people entering and leaving the practice. Consider having monitors where people can see that they have been captured on CCTV and signs that aggression towards staff members will not be tolerated and offenders may be prosecuted. For further information on use of CCTV, please see below.
- Patient information: this includes having clear recorded phone messages, visible signage, and clear posters/screen slides explaining how the practice helps patients to manage and direct their care to the appropriate clinician which includes receptionists asking some questions about the nature of the patient's ailment.

- CCTV/access control measures:
  - Many GP practices now have CCTV installed to help detect or monitor crime and, for those facing an increase in abuse since the pandemic began, it may feel like a useful tool. The Medical Defence Organisations are seeing increasing numbers of queries from practices faced with requests for CCTV footage to be disclosed as part of Subject Access Requests (SARs).
  - If you have a CCTV system installed in your practice, please ensure it is being operated in accordance with the Government's Surveillance Camera Code of Practice on a voluntary basis, as updated in 2022.
  - The Information Commissioner's Office (ICO) have also published guidance for organisations using CCTV.
  - MDO guidance on the use and disclosure of CCTV footage is also available at:
    - MDU
    - MPS
    - MDDUS
- Written protocols/policies/risk assessments
  - Please see practice zero-tolerance policy template and communication resources for patients on the final page.
  - Practice policy relating to lone worker:
    - Ideally there should be more than one person on reception, even at quieter times, and when opening and closing the practice.
    - If there is a single person on reception thought needs to be given to having a secure reception area that patients are unable to access and how to minimise risk if opening/closing the practice.
- Alarm systems and escalation processes
  - Panic buttons - regular testing is essential.

Develop and maintain a practice protocol on responding to violent and abusive incidents. such as Londonwide LMCs' example policy on managing violent and abusive patients.

Proactive monitoring and prevention - service delivery and staff training

We tend to form an opinion of someone within the first 17 seconds of meeting them for the first time. That opinion will persist unless something happens within the first 20 minutes or so that changes it. The receptionist is typically the first person of contact for a patient and creating a welcoming environment is an important start. Ensure your staff acknowledge patients when they enter the practice and engage with them at the earliest opportunity. Aside from demonstrating an excellent patient service, acknowledging someone's presence reduces frustration especially at busy times.

- Some simple steps that the reception team can take include
  - Introducing themselves - smile and act in a pleasant and helpful manner;
  - Look and sound professional and confident;
  - Act consistently and fairly across the team;
  - Work effectively as a team - this includes being prepared to communicate and explain their actions calmly to the patient.

- The following exercises can be used for staff training.
  - When you next meet someone for the first time consider: What are your first impressions of them? Where does it come from? Did you sense confidence in them or a lack of it? Were you convinced by them?
  - Whilst listening to someone, consider their emotional condition whilst listening to what they are saying and the circumstances under which they are saying it.
  - Consider what your own body language is like on a good day and a bad day.
- Appropriate training in the management of conflict is recommended.
  - You can do this in-house by using role play, scenario discussions and make sure that all members of the team know their roles and responsibilities should an incident happen.
  - Experience has shown that training in recognising the signs of conflict and how to diffuse potentially dangerous situations is a key tool in reducing the risk of violence.
- External training in conflict management
  - It may be helpful for staff to attend training from Londonwide LMCs' *Conflict Management* and *Difficult Conversations* programme. For details, please contact lead@lmc.org.uk.
- Improve consistency of responses
  - How does the practice respond to unacceptable behaviour at an early stage before it begins to escalate?
  - Do you have an unacceptable behaviour/zero-tolerance policy and what does it mean?
  - Are all staff aware of the practice policy and how to apply it?
- Introduce review and debrief procedures within the team following an incident.
- Are all incidents recorded in a standardised manner?
  - Record, report and share important information across the practice team.

Zero-tolerance approaches

Reducing aggressive and violent incidents is a priority for the NHS, GPs and their staff; the police will work with you and your partners to tackle the issue. A 'zero-tolerance' policy can be used and displayed at your practice premises; a template is attached. It is worth noting that a potential problem with a zero-tolerance policy is that it can be seen as adversarial, ie. "We are watching you". Such policies appeal to the rational mind, but people who are exhibiting aggressive behaviour are generally operating from an emotional state of mind.

Local partnerships

You cannot tackle violence alone so strong partnership relationships with your council, local police, PCN colleagues and ICB leads will help.

Make yourself aware of who your local neighbourhood policing team are as well as nearby businesses who might help in case of an emergency. You may wish to contact them and ask if it would be possible to set up a meeting at the practice. Alternatively, members of the practice team may wish to attend ward meetings to build relationships with local police, understand what the local issues are, and communicate the issues the practice is facing. You can search for your local policing team here.

Guidance for employers on promoting safety in the workplace
Suzy's Charter for Workplace Safety is published by the Suzy Lamplugh Trust.

A policy for managing incidents will need to:

- Describe the circumstances in which they should be followed;
- Describe the expected roles of individual members of staff;
- Describe how other service users would be moved to a point of safety and offered support following witnessing or experiencing any event;
- Identify an individual who will coordinate any responses;
- Set out circumstances when physical force may be necessary;
- Provide clear criteria for contacting the police;
- Provide guidance on how to report incidents;
- Indicate practical follow-up actions, including immediate support for staff, debriefing and counselling where appropriate.

Patient engagement
Having a Patient Participation Group (PPG) is a contractual requirement for practices. If your PPG has not been particularly active since the pandemic, review its membership and its Terms of Reference and advertise for more members to join.

Use your PPG as a testing ground for new ideas and for receiving feedback. If you are experiencing incidents of aggression or abuse from patients, discuss this with your PPG and think about how this can be communicated to your wider patient population and what measures might need to be taken.

Consider running an in-house survey about increasing safety in the practice, ways of increasing communication with patients outside of the PPG and publishing a practice newsletter. The more aware patients are of such incidents, the more likely they are to stand by the practice, communicate with their fellow patients and support the staff and other patients from violence and abuse.

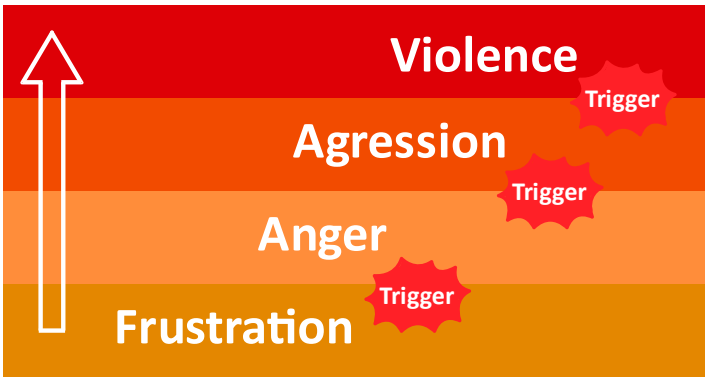
An approach to responding to escalating patient behaviour

At all times, consider your own personal safety and that of your colleagues and other service users; where possible, seek support from a colleague or manager before intervening in a conflict situation. Work with a colleague to provide 'contact and cover', when your colleague covers at a reasonable distance to support/step in if the situation escalates.

Try to make the intervention in a safe place where the aggressor cannot access anything that could harm you or others. Always try to have options for, and identify, a safe escape route. Unless the aggressor is physically restrained by professionals (eg. the police or paramedics), try to keep your distance so they cannot reach you or colleagues and, if possible, retreat to a safe space. If other service users are present, they should be encouraged to move to a safe distance if a patient is becoming more aggressive.

Early recognition of an escalating situation
As well as knowing about the type of incidents which often lead to violence, staff should be aware that there are physiological changes that can indicate if an incident is about to escalate. These early warning signs might be recognised in the patient's behaviour (e.g. clenched fists, tensed muscles, lowering and spreading the body for stability, redness of the face, lowered brow etc.), or your own reaction (e.g. faster heartbeat, fast and shallow breathing, dryness in the mouth etc.). Take notice of these changes and act on them. Actions could include removing yourself to a safe place or entirely away from the situation and asking colleagues for assistance, if possible.

Escalation



Control your behaviour
Your actions and behaviour will often influence the patient's actions and behaviour. Using positive/assertive behaviours and actions will help reduce the conflict: remember open body language style, controlled breathing, tone of voice, and thought prior to speech.

- Stop *beware of an instinctive and/or emotional response*
- Challenge *what is the best way to deal with this situation?*
- Choose *Remember behaviour breeds behaviour!*

It is worth recalling the expression that actions speak louder than words. When the verbal message and the non-verbal message are incongruent, people will rely on the non-verbal message.

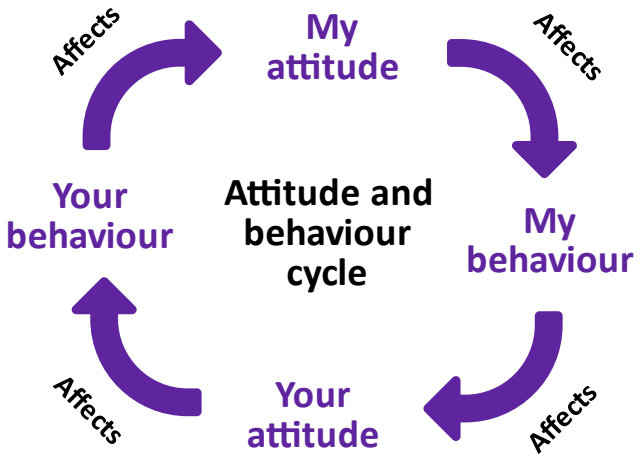
Think about:

- What feeling am I portraying?
- How do I look and sound?

Think neutral:
Simply adjusting your body language can help build your own confidence and self-esteem. Be conscious of your own as well as others'.

Our own body language is a very important aspect of effective conflict management. In a difficult situation, try to consider the aspects of your own demeanour/behaviour which impact on the situation. Challenge yourself on avoiding instinctively or emotionally responses to a situation and to consider what is the best way to respond to a situation.

The Betari Box model (below) shows how your attitudes may affect the way others respond to you and therefore how, if you change your attitudes towards them, you can cause them to change their behaviour towards you.



Choose your body language

- Eye contact – *approx. 60% of the time*
- Facial expression – *tense/nervous or alert? Keep neutral/smile sincerely*
- Body positions – *rapport building or adversarial/defensive?*
- Body posture – involvement or detachment/mirroring and matching
- Occupation of space – *control of your own space and invasion of others' personal space is an effective trigger.*
- Touch – *avoid in a conflict situation. It is another very effective trigger.*
- Gestures – *fidgeting or relaxed?*

Choose your language

Plan your message or allow yourself a pause – respond rather than react!

- Focus on what you can do rather than what you cannot.
- Use language which is easily understood:
  - If the patient is already highly emotional this can affect their ability to hear, listen and process information effectively;
  - It is important in a conflict situation to avoid the use of technical language, medical jargon or abbreviations which will not be understood by the patient;
  - This can act as very effective trigger to further escalation.
- Start with enabling words - ie. 'I can, I will, May I?'
  - Most people will also react more positively to what you can do for them, rather than what you cannot; although you may still have to say 'no' or enforce a rule or policy, it is important not to also lose sight of what you can do in the situation.
- Avoid negative words like 'I'm afraid' or 'I can't'.
- The word *'but'* is also known to introduce conflict, as it is often used in a qualifying manner - ie. *I'm sorry, but! I hear what you are saying, but….!*
- The word '*problem*' is known to be problematic.

Choose your tone

- Loudness of voice - Not shouting/mumbling but clear and steady.
- Tone of voice - Use pitch and emphasis to convey your message.

Intervention

If you witness suspicious behaviour or an offence only intervene when it is safe to do so. Ensure the area in which you challenge someone has options for defensive action; these would include easy routes of exit, other people being present and barriers between the patient and the person intervening. Ideally this area would be covered by CCTV.

If an emergency situation emerges and someone is in immediate danger of harm or has just been harmed, if property is in danger of being damaged or immediate help is needed, then a member of staff should call 999 to request emergency police assistance.

After an Incident

It is important to support all colleagues who have been involved in an incident. Think about the victim and any witnesses who may also be affected by what they have seen. Following an incident, any service users present should be given the opportunity to provide their details both to provide a witness statement and be given the option to receive support.

Incidents could also have an impact on colleagues who are not directly involved, e.g. if they subsequently feel threatened or worried about what might happen to them at work. Be aware that ongoing support may be required even if staff appear unaffected immediately after the incident. Apparently minor but repeated incidents can have a significant impact, and incidents which may seem minor to the employer may have a greater impact on the employee than they would think.

Consider what action needs to be taken about the patient and whether they need a warning letter or to be removed from the patient list. Please refer to the Londonwide LMCs' patient removal guide.

Does the incident need to be reported to the police, either via online reporting or calling 101? If an incidence is reported to the police or being investigated by the police, then the practice is required to report to CQC. There is a dedicated notification form to report such incidents. Undertake a practice SEA to reflect on what has happened – what worked well, what didn't and what lessons can be learned? This is an opportunity to update training, policies and procedures where needed.

The organisations below may provide ongoing support:

Information	Company	Contact Details	Extras
Counselling and support	Samaritans	www.samaritans.org.uk 116 123 jo@samaritans.org	Available 24 hours a day, 365 days a year
Victim support	Victim support	www.victimsupport.org.uk 08 08 16 89 111	

Secure evidence of the violence or abuse and not just the incident that led to it
At the earliest opportunity, retrieve CCTV footage if available and collate photographs of any assault, injuries or damage to property. Take written statements from staff and others who have witnessed the offence. The practice management team should write a Business Impact Statement specifically focussing on violence against staff but including the impact on the practice and service delivery, such as post-incident increased sickness leave for staff or replacement of damaged property.

If a patient is sentenced following an assault, a Business Impact Statement can strengthen the sentencing of those who commit violence or abuse against staff. Where possible, provide this evidence and the Business Impact Statement to the police officers at the time of their attendance or as soon as possible afterwards.

If the suspect is not detained, and footage of them is not captured on CCTV but you or a colleague know who they are, please make this clear to the police and provide evidence of this in a statement.

Reporting a crime

In an Emergency call 999 if:

- A serious offence is in progress or just happened;
- Someone is in immediate danger of harm;
- You need help right away;
- Property is in danger of being damaged;
- There is the likelihood of a serious disturbance to the public peace.

In a Non-Emergency call 101 if:
(The following factors should always be reported when speaking to the police as it will help them decide the most appropriate policing response.)

- If violence has been used or threatened;
- If the offender is no longer at the scene or in the immediate area;
- If somebody has been hurt or you think that someone is vulnerable and at risk of harm and needs protecting, such as children or the elderly;
- Where drink, mental health issues or drugs are involved or suspected;
- If young people or foreign nationals are involved or if there are language difficulties;
- If there is a possibility that there may be evidence that the police will want to know about, such as fingerprints or blood;
- If suspected stolen property has been recovered or found.

In a Non-Emergency situation where a 999 or 101 call is not required:

- **police.uk** – add your post code and this will direct you to the right force;
- Crimestoppers either by phone on **0800 555 111** or **crimestoppers-UK.org**.

Patient communication resources

These resources can assist a practice in communicating to patients when they have acted in a way which is not appropriate and in removing them from a practice's list where multiple requests to improve their behaviour have not been heeded. Several of them also include guidance on how to manage inappropriate behaviour in a way which complies with contractual and regulatory requirements.

- Removing a patient from the practice due to a breakdown in the doctor/practice-patient relationship (Londonwide LMCs guidance).
    - Includes sample warning and removal letter templates in a single document.
- Example: management of violent and abusive patients policy, including reference to zero-tolerance (Londonwide LMCs).
- Example: patient behaviour agreement (Lancashire and Cumbria LMCs).
- Example: website zero-tolerance notice (Padiham Medical Centre).
- Unacceptable behaviour – Guidance on warning letters and other written communications (NHS Protect).
    - Sample warning letter – page 33.
    - Sample exclusion from premises/entry with conditions letter – page 35.
    - Sample acceptable behaviour agreement letter – page 36.
    - Sample change of location for receiving NHS services/change of NHS services provider letter – page 39.

Acknowledgments

We would like to thank Alan Frame and MDDUS for their information and support in developing this guidance.