

Unacceptable Behaviour Policy

We believe that patients have a right to be heard, understood and respected. We work hard to be open and accessible to everyone. Occasionally, the behaviour or actions of individuals using our Practice makes it very difficult for us to deal with their issue or complaint. In a small number of cases the actions of individuals become unacceptable because they involve abuse of our staff or our processes. When this happens, we have to take action to protect our staff, and must also consider the impact of the individuals behaviour on our ability to do our work and provide a service to others. This Policy explains how we will approach these situations.

Section 1 – What actions does the Practice consider to be unacceptable?

People may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to us being made aware of an issue or complaint. We do not view behaviour as unacceptable just because a patient is forceful or determined. In fact, we accept that being persistent may sometimes be a positive advantage when pursuing an issue or complaint. However, we do consider actions that result in unreasonable demands on our Practice or unreasonable behaviour towards Practice staff to be unacceptable. It is these actions that we aim to manage under this Policy.

Section 2 – Aggressive or abusive behaviour

We understand that patients may be angry about the issues they have raised with the Practice. If that anger escalates into aggression towards Practice staff, we consider that unacceptable. Any violence or abuse towards staff will not be accepted. Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (*whether verbal or written which is designed to insult or degrade, is derogatory, racist, sexist, transphobic, or homophobic or which makes serious allegations that individuals have committed criminal, corrupt, perverse or unprofessional conduct of any kind, without any evidence, is unacceptable*) that may cause staff to feel offended, afraid, threatened or abused. We will judge each situation individually and appreciate individuals who come to us may be upset.

We may decide that comments aimed not at us, but at third parties, are unacceptable because of the effect that listening or reading them may have on our staff.

Section 3 – Unreasonable demands

A demand becomes unacceptable when it starts to (*or when complying with the demand would*) impact substantially on the work of the Practice. Examples of actions grouped under this heading include:

- Repeatedly demanding responses within an unreasonable timescale
- Repeatedly requesting early supplies of medication
- Repeatedly requesting further supplies of stolen medication, without the required Police Incident number
- Repeatedly ordering prescriptions outside the set timeframe
- Insisting on seeing or speaking to a particular member of staff when that is not possible
- Repeatedly changing the substance of an issue or complaint or raising unrelated concerns

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- Repeatedly insisting on a course of medical treatment for which there is no clinical evidence
- Not ensuring that a review appointment is in place, prior to ongoing medication finishing
- An example of such impact would be that the demand takes up an excessive amount of staff time and in so doing disadvantages other patients

Section 4 – Unreasonable levels of contact

Sometimes the volume and duration of contact made to our Practice by an individual can cause problems. This can occur over a short period, for example, several calls in one day or one hour. It may occur over the lifespan of an issue when a patient repeatedly makes long telephone calls to us, or inundates us with letters or copies of information that have been sent already or that are irrelevant to the issue. We consider that the level of contact has become unacceptable when the amount of time spent talking to a patient on the telephone, responding to or reviewing and filing emails or written correspondence impacts on our ability to deal with that issue, or with other patients' needs.

Section 5 – Unreasonable refusal to co-operate.

When we are looking at an issue or complaint, we will ask the patient to work with us. This can include agreeing with us the issues or complaint we will look at; providing us with further information, evidence or comments on request; or helping us by summarising their concerns or completing a form for us.

Sometimes, a patient repeatedly refusing to cooperate can make it difficult for us to proceed with finding a resolution. We will always seek to assist someone if they have a specific, genuine difficulty complying with a request. However, we consider it is unreasonable to bring an issue to us and then not respond to reasonable requests.

Section 6 – Unreasonable use of the complaints process

Individuals with complaints about the Practice have the right to pursue their concerns through a range of means. They also have the right to complain more than once about the Practice if subsequent incidents occur. This contact becomes unreasonable when the effect of the repeated complaints is to harass, or to prevent us from pursuing a legitimate aim or implementing a legitimate decision. We consider access to a complaints system to be important and it will only be in exceptional circumstances that we would consider such repeated use as unacceptable – but we reserve the right to do so in such cases.

Section 7 – Examples of how we manage aggressive or abusive behaviour.

- The threat or use of physical violence, verbal abuse or harassment towards the Practice staff is likely to result in a warning from the Management Team. We may report incidents to the police and this will always be the case if physical violence is used or threatened.

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- Practice staff will end telephone calls if they consider the caller aggressive, abusive or offensive. Practice staff have the right to make this decision, to tell the caller that their behaviour is unacceptable and end the call if the behaviour persists.
- We will not respond to correspondence (in any format) that contains statements that are abusive to staff or contain allegations that lack substantive evidence. Where we can, we will return the correspondence. We will explain why and say that we consider the language used to be offensive, unnecessary and unhelpful and ask the sender to stop using such language. We will state that we will not respond to their correspondence if the action or behaviour continues and may consider issuing a warning to the patient.

Section 8 – Examples of how we deal with other categories of unreasonable behaviour.

We have to take action when unreasonable behaviour impairs the functioning of our Practice. We aim to do this in a way that allows a Patient to progress through our process. We will try to ensure that any action we take is the minimum required to solve the problem, taking into account relevant personal circumstances including the seriousness of the issue(s) or complaint and the needs of the individual.

Section 9 – Other actions we may take.

Where a patient repeatedly phones, visits the Practice, raises repeated issues, or sends large numbers of documents where their relevance isn't clear, we may decide to:

- limit contact to telephone calls from the patient at set times on set days, about the issues raised.
- restrict contact to a nominated member of the Practice staff who will deal with future calls or correspondence from the patient about their issues.
- see the patient by appointment only.
- restrict contact from the patient to writing only regarding the issues raised.
- return any documents to the patient or, in extreme cases, advise the patient that further irrelevant documents will be destroyed.
- take any other action that we consider appropriate.

Where we consider continued correspondence on a wide range of issues to be excessive, we may tell the patient that only a certain number of issues will be considered in a given period and ask them to limit or focus their requests accordingly. In exceptional cases, we reserve the right to refuse to consider an issue, or future issues or complaints from an individual. We will take into account the impact on the individual and also whether there would be a broader public interest in considering the issue or complaint further. We will always tell the patient what action we are taking and why.

Section 10 – The process we follow to make decisions about unreasonable behaviour.

- Any member of the Practice staff who directly experiences aggressive or abusive behaviour from a Patient has the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation and in line with this policy.

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- With the exception of such immediate decisions taken at the time of an incident, decisions to issue a warning or remove patients from our Practice List are only taken after careful consideration of the situation by the Management Team.
- Wherever possible, we will give a patient the opportunity to change their behaviour or actions before a decision is taken.

Section 11 – How we let people know we have made this decision.

When a Practice employee makes an immediate decision in response to offensive, aggressive or abusive behaviour, the patient is advised at the time of the incident. When a decision has been made by the Management Team, the patient will always be given the reason in writing as to why a decision has been made (including the duration and terms of the warning) or remove them from the Practice list. This ensures that the patient has a record of the decision.

Section 12 – How we record and review a decision to issue a warning.

We record all incidents of unacceptable actions by patients. Where it is decided to issue a warning to a patient, an entry noting this is made in the relevant file and on appropriate computer records. Each quarter a report on all restrictions will be presented to our Management Team so that they can ensure the policy is being applied appropriately. A decision to issue a warning to a patient as described above may be reconsidered either on request or on review.

Section 13 – The process for appealing a decision.

It is important that a decision can be reconsidered. A patient can appeal a decision about the issuance of a warning or removal from the Practice list. If they do this, we will only consider arguments that relate to the warning or removal, and not to either the issue or complaint made to us, or to our decision to close a complaint.

An appeal could include, for example, a patient saying that: their actions were wrongly identified as unacceptable; the warning was disproportionate; or that it will adversely impact on the individual because of personal circumstances.

The Practice Manager or a GP Partner who was not involved in the original decision will consider the appeal. They have discretion to quash or vary the warning as they think best. They will make their decision based on the evidence available to them. They must advise the patient in writing that either the warning or removal still applies or a different course of action has been agreed. We may review the warning periodically or on further request after a period of time has passed. Each case is different.

This policy is subject to review