

Unacceptable behaviour policy:

At Park House Surgery, 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 process.

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.

1. **What actions does the Practice consider to be unacceptable?**

We know people may act out of character when they are upset or distressed. We will not treat behaviour as unacceptable just because a patient is determined or persistent. In fact, we accept that being persistent may sometimes be a positive advantage when pursuing an issue or complaint.

However, behaviour is unacceptable if it involves:

- Aggression or abuse
- Unreasonable demands on staff or services
- Excessive or disruptive levels of contact
- Refusal to co-operate with reasonable requests
- Misuse of the complaints process

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.

- We will not tolerate violence, threats, or abuse towards staff.
- Abuse includes offensive or insulting language (spoken, written, or online), as well as racist, sexist, homophobic, transphobic, or derogatory remarks.
- Allegations of serious misconduct without evidence are also unacceptable.
- Staff have the right to end calls or stop interactions if a patient is aggressive or offensive.
- We will not tolerate any behaviour or language (whether verbal or written) that may cause staff to feel offended, afraid, threatened or abused.
- 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.

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 include:

- Repeatedly demanding responses within unrealistic timescales
- Repeated early prescription requests, or requesting replacements for stolen medication without a police incident number
- Insisting on seeing a specific staff member when not possible
- Demanding treatments without clinical evidence



- Not arranging review appointments before medication runs out
- Repeatedly changing the substance of an issue or complaint or raising unrelated concerns
- Repeatedly insisting on a course of medical treatment for which there is no clinical evidence

Such behaviour takes up excessive staff time and disadvantages other patients.

4. Unreasonable levels of contact

Sometimes the volume and duration of contact made to our Practice by an individual causes problems.

Excessive or disruptive contact may include:

- Repeated calls in a short time
- Very long calls
- Sending large volumes of letters, emails, or documents, especially if irrelevant or duplicated

We consider this is unacceptable when the amount of time spent talking to or corresponding to a patient impacts on our ability to deal with that issue, or with other Patients' needs.

5. Unreasonable refusal to co-operate

We expect patients to help us by:

- Providing information when asked
- Summarising concerns clearly
- Completing forms where required

We consider it is unreasonable to bring an issue to us and then not respond to reasonable requests.

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 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.

Access to a complaints system is important and it will only be in exceptional circumstances that we would consider such repeated use is unacceptable – but we reserve the right to do so in such cases.

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 – this will always be the case if physical violence is used or threatened.
- 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.

8. 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 when and how a patient can contact us
- Restrict contact to one nominated staff member
- Allow appointments by booking only
- Restrict contact to writing
- Return or disregard irrelevant documents
- Limit the number of issues we will consider in a set period
- In exceptional cases, we reserve the right to refuse to consider an issue, or future issues or complaints from an individual.

We will take only the minimum action necessary and we will always explain our decision.

9. Decision making process

- Any staff member can act immediately to stop aggressive or abusive behaviour including if appropriate involving the Police.
- 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 Management
- Wherever possible, we will give a patient the opportunity to change their behaviour or actions before a decision is taken

10. 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.
- Management decisions such as warnings or removal from the practice list will always be explained in writing.

11. 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.
- This is reviewed quarterly by our Management Team so that they can ensure the policy is being applied appropriately.
- Warnings may be reconsidered on request or at review.

12. **Appeals**

- Patients may appeal a warning or removal from the practice list.
- Appeals will be considered by the Practice Manager or a GP Partner not involved in the original decision.
- The outcome will be confirmed in writing.
- Warnings may be reviewed again after time has passed.



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 will advise the patient in writing that either the warning or removal still applies or a different course of action has been agreed. Each case is different.

This policy is subject to review.