**Sunniside GP Surgery**

**Unacceptable Behaviour Policy**

**Document Control**

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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 don’t view behaviour as unacceptable just because a patient is forceful or determined. However, we do consider actions that result in unreasonable demands on our Practice, or unreasonable behaviour towards Practice staff, to be unacceptable. It’s these actions that we aim to manage under this Policy.

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 isn’t restricted to acts of aggression which may result in physical harm or damage to Practice property. It also includes behaviour or language (whether verbal or written) which may cause staff to feel offended, afraid, threatened or abused. We’ll judge each situation individually and appreciate that individuals who come to us may be upset.

Language, 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.

Aggressive or abusive behaviour could include behaviour which occurs on Practice premises, in the community, on the telephone or online – including on social media and other online spaces which aren’t run by the Practice.

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 of the set timeframe
* Insisting on seeing or speaking to a particular member of staff, when this isn’t possible.
* 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.
* 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.

Unreasonable levels of contact

Sometimes the volume and duration of contact made to our Practice by an individual causes' problems. This can occur over a short period, for example, a number of calls in one day or one hour. It may occur over a longer period: a patient may repeatedly make long telephone calls to us; or repeatedly send us multiple copies of letters, copies of information that have been sent already, or information that isn’t relevant to a patient’s clinical care. We consider that the level of contact has become unacceptable when the amount of time spent talking to a patient on the telephone, or responding to, reviewing and filing emails or written correspondence impacts on our ability to deal with an issue, or with other patients’ needs.

Unreasonable refusal to co-operate.

When we’re looking at an issue or complaint, we’ll ask the patient to work with us. This can include agreeing the issues or complaint we’ll 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 refuses to cooperate, and this makes it difficult for us to proceed. We’ll always look to help someone if they have a specific, genuine difficulty complying with a request. However, we consider it unreasonable to bring an issue to us, and then not respond to reasonable requests for information.

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 repeated use unacceptable – but we reserve the right to do so in such cases.

Examples of how we manage aggressive or abusive behaviour.

The threat or use of physical violence will likely result in immediate removal of the patient from our list and such incidents will always be reported to the Police. Abuse or harassment of individual Practice staff is likely to result in a warning from the Senior Management Team, especially if they are named in a public forum.

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 to end the call if the behaviour persists.

We won’t 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’ll return the correspondence. We’ll 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’ll state that we won’t respond to their correspondence if the action or behaviour continues and may consider issuing a warning to the patient.

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’ll 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.

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’ll 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’ll 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’ll always tell the patient what action we’re taking and why.

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 serious unacceptable behaviour in a manner they consider appropriate to the situation, and in line with this policy.

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 Senior Management Team

Wherever possible, we’ll send a warning letter and give a patient the opportunity to change their behaviour or actions, before a decision is taken.

How we let people know we’ve 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 Senior Management Team, a patient will always be given a reason in writing about why a decision has been made to issue a warning (including the duration and terms of the warning) or to remove them from the Practice list. This makes sure that the patient has a record of the decision.

How we record and review a decision to issue a warning.

We record all incidents of unacceptable actions by patients. Where it’s decided to issue a warning to a patient, this is recorded – including on an individual’s notes if appropriate.

The process for appealing a decision.

It is important that a decision can be reconsidered. A patient can appeal a decision about the issuing of a warning or removal from the Practice list. If they do this, we’ll only consider arguments that relate to the warning or removal – and not 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.

A Manager or GP Partner who wasn’t involved in the original decision will consider the appeal. They have discretion to reverse or vary the warning as they think best. They’ll 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 that 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.