# Managing [non-violent] inappropriate and unacceptable patient behaviours, including protecting against discrimination, harassment or victimisation.

6.1 This chapter supplements and should be read alongside guidance provided under Chapter 3 (Managing Patient Lists) and Chapter 7 (Managing Violent Patients - Special Allocation Scheme (SAS) to support the management of inappropriate and unacceptable patient behaviours, including to protect practice teams and other patients from discrimination, harassment or victimisation.

6.2 Given the importance of the interests this guidance seeks to balance, ensuring that inappropriate and unacceptable patient behaviours are appropriately managed, while ensuring all patients are able to access primary medical services they need and are entitled to, this guidance covers the following key areas:

* + The scope of inappropriate and unacceptable patient behaviours.
	+ Managing inappropriate and unacceptable patient behaviours within the contract regulations
	+ The process for managing inappropriate and unacceptable behaviours
	+ Considerations for ensuring ongoing access for patients removed from a practice patient list due to inappropriate and unacceptable patient behaviours.
	1. **The scope of inappropriate and unacceptable patient behaviours.**
		1. Many providers have and operate local policies to support positive patient behaviours they wish to encourage and outline those behaviours that will not and should not be tolerated e.g. through patient charters, zero-tolerance or respect policies etc.

Inappropriate and unacceptable behaviours may include but are not limited to:

* Using bad language or swearing at practice staff or other service users
* Racial abuse
* Sexual harassment
* Unncessarily persistent or unrealistic service demands that cause disruption
* Causing damage to practice premises or to the property of staff or other service users
* Stealing from practice premises, staff or other service users
* Obtaining drugs and/or medical services fraudulently
	+ 1. Violence and threatening abuse is dealt with separately in Chapter 7 but it is acknowledged the behaviours above can escalate to include or happen alongside violence and abuse.
		2. Common to all such policies should be the underlying set of principles and values that are set out in the NHS Constitution which bind together the communities and patients the NHS serves and the people who work in it. Everyone has a right to be treated fairly and equally, with dignity and respect, and free from discrimination and harassment, and violence and abuse. There are extensive legal rights, embodied in general employment and discrimination law.
		3. The protection and safety of the providers teams’ (and other service users’) mental health is as important as the protection and safety of their physical health. NHS England and Improvement supports and requests that providers practice policies addressing inappropriate and unacceptable patient behaviours also explicity include positions on not tolerating any form of discrimination, harassment or victimisation. The following definitions may be useful:

* **Discrimination** The act of being treated unfairly because of who they are or because they possess certain characteristics. Within the Equality Act 2010 the following are protected characteristics:

* + age
	+ gender reassignment
	+ being married or in a civil partnership
	+ being pregnant or on maternity leave
	+ disability
	+ race including colour, nationality, ethnic or national origin
	+ religion or belief
	+ sex
	+ sexual orientation
* **Harassment.** The act of being subject to unwanted behaviour which is offensive, intimidating or humiliating. Harassment can happen on its own or alongside other forms of discrimination .
* **Victimisation.** The action of being singled out for cruel or unjust treatment.
* **Microaggressions**. Verbal, non-verbal and environmental slights, snubs and insults which communicate hostile, derogatory or negative messages and behaviours that target a person based on their protected characteristic or belonging to a marginalised group. These can be intentional and unintentional and are based on biases (either conscious and unconscious).
	1. **Contract regulations and managing inappropriate and unacceptable patient behaviours**
		1. Where a provider wishes to remove a patient from its practice patient list, removal may normally only be requested if, within the period of 12 months prior to the date of the request, the provider has warned the patient in writing that they are at risk of removal and reasons for this have been stated. However, the contract regulations also acknowledge that it may be justified that a written warning was not possible/appropriate in the circumstances that such a warning would be:
			1. harmful to the person’s physical or mental health; or
			2. would put at risk the safety of one or more relevant person(s); or
			3. the contractor considers that it is not otherwise reasonable or practical for a warning to be given.
		2. The General Medical Council states In Good Medical Practice that: “In rare circumstances, the trust between you and a patient may break down, and you may find it necessary to end the professional relationship. For example, this may occur if a patient has been violent to you or a colleague, e, has stolen from the premises, or has persistently acted inconsiderately or unreasonably.”
		3. Removing a patient from the practice patient list, including without prior written notice under reasonable grounds or grounds of irrevocable breakdown in the relationship, is though expected to be an exceptional event.
		4. Providers will also recognise incidents of patient inappropriate and unacceptable behaviours will need to take into account that service user’s mental health, clinical presentation, neurodiversity and any other health conditions which may influence their behaviour and ensure that patient’s own protected characteristics take no bearing in the consideration process.
	2. **The process for managing inappropriate and unacceptable behaviours**
		1. Where a patient has acted inappropriately or unacceptably, the provider will need to carefully consider (taking account of the nature and severity of the incident / behaviour, the impact on practice services, staff or other service users and the patient’s own circumstances) if the incident:
1. meets the relevant criteria for removal from the practice patient list; and, if so, if it is nevertheless willing to continue to manage its relationship with the patient or proceed with the removal; or,
2. does not meet the relevant criteria for removal from the practice patient list, how it will manage its continuing relationship with the patient.
	* 1. The stated consequence of stepping outside the providers practice polices of expected patient behavours need to be things that the practice can and will carry out. The process for removing patients from the practice list on reasonable grounds is described in Chapter 3. The process for removing violent patients is described in Chapter 7.
		2. British Medical Association General Practitioner Committee [advice](https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/removing-patients-from-your-practice-list) on removing patients from the practice acknowledges “Many patients who are misusing services can change their behaviour if it is brought to their attention.”
		3. A warning letter provides such an opportunity and where used should indicate continued registration will cease if the inappropriate or unacceptable behaviour continues or reoccurs and therefore formally documents and evidences reasonable grounds for future removal should it do so. See **Appendix One – Template Warning Letter**.
		4. Acceptable behaviour guidance agreements (or otherwise known as practice-patient or doctor–patient contracts) can also be a useful tool to modify behaviour and should be considered as either a follow up to or used alongside a warning letter. The demands imposed by the agreement need to be reasonable in line with the providers practice policies and any specific demands linked to the individual case (eg, requests for personal apology, use of ‘cooling off’ periods) should be fair and not excessively burdensome or disproportionate to the risk. See **Appendix Two – Template good behaviour guidance agreement**.
	1. **Considerations for ensuring ongoing access for patients removed from a practice patient list due in inappropriate and unacceptable patient behaviours.**
		1. Other than on the grounds of violence or threatening behaviour, the grounds a patient has been removed from a practice patient list should not ordinarily be a factor to be considered by practices when approached by new patients.
		2. Additionally, where a patient has been removed from a practice list but has subsequently been unable to register with a new practice, commissioners may need to assign the patient to a practice whose list of patients is open. Chapter 3, Section 3.2.4 ‘Where Patient Assignment to a Practice List is Required’, is clear on the considerations that should be taken into account by commissioners.
		3. It is recognised some patients can fall in to routine cycles of being removed and reregistered. Commissioners should consider how the needs of such patients may be best met and the support providers may need locally to ensure such cycles are broken in the interests of both providers and such patients.

**6.4 Appendices**

**Appendice 1 – Template Warning Letter**

**Insert link**



**Appendi 2 – Template good behaviour guidance agreement**

**Insert link**

