

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Special Allocations Scheme Service (Formerly Violent Patient Scheme)
<b>Commissioner Lead</b>	Telford & Wrekin CCG
<b>Provider Lead</b>	Dawley Medical Practice
<b>Period</b>	1 <sup>st</sup> April 2020 to 31 <sup>st</sup> March 2021
<b>Date of Review</b>	October 2020

#### 1. Population Needs

##### 1.1 National/local context and evidence base

The right of a practice to remove a violent or aggressive patient has been extended to safeguard all those who might have reasonable fears for their safety, including members of practice staff, other patients and any bystanders present where an act of violence is committed or the behaviour took place. Violence includes actual or threatened physical violence or verbal abuse leading to a fear for a person's safety.

The National Health Service (General Medical Services Contracts) Regulations 2004 allows the removal at the request of the contractor, with immediate effect, those patients who have committed an act of violence or aggression against or directed at a GP, member of staff of a primary care team or another patient, or behaved in such a way that a GP, member of staff of a primary care team or patient has feared for his/her safety, and the incident has been reported to the police.

This service specification outlines the general medical services to be provided for patients who have been removed from a practice's list as a last resort, and to provide a safe and stable environment for the patient and for the individuals delivering the care. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

This specification does not include the process for Practices removing patients as individual practices will have their own policy based on national contract guidance and all patients should be managed on an individual basis.

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>X</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>X</b>

## **2.2 Local defined outcomes**

The key outcomes of the service will be:-

- GPs and practice staff become expert and confident in handling patients who have been subject to immediate removal from a practice list reducing the potential for conflict and the risk of a violent or threatening response.
- Better educated patients regarding the impact of any anti-social behaviour.
- Continuity of care through the provider for the patient.
- Improved doctor-patient relationship.
- Surety for patients who have used or who have threatened violence or aggression to be treated in a timely manner within a primary care setting when general medical services are required

## **3. Scope**

### **3.1 Aims and objectives of service**

The aim of this service is to provide access to General Medical Services through enhanced arrangements for patients who have been immediately removed from a General Practice in line with the National Health Service (General Medical Services Contracts) Regulations 2004.

When patients have been subject to immediate removal from a practice list; the new provider is presented with the additional difficulty of treating the patient in a way that minimised the risk of violence or disruption to GPs, practice and attached staff and other patients. Handling these problems can make the delivery of general medical services difficult and can restrict the patient's access to wider facilities.

The purpose of this specification is to:

- Provide continuing health care for patients who have been subject to immediate removal from a practice list, addressing any underlying causes for aggressive behaviour and providing a safe environment for the individual's involved in delivering their treatment.
- Retain, on a longer term basis, those patients who are potentially aggressive and have been removed from a practice list because of their violent behaviour.
- Recognise the additional workload created by such patients, and funds specific security investments required by the provider.
- Provide a stable environment in which the health needs of the patient can be addressed.
- Encourage a provider to work with other primary care practitioners, social services and other agencies to try to identify and treat any clinical and underlying causes of disruptive behaviour to prevent further deterioration
- Promote a continuing understanding of the NHS and health and social care system to encourage the patient to use the services in a responsible, appropriate and safe way in the future.

### **3.2 Service description/care pathway**

#### **3.2.1 Service Delivery**

The provider must:

- Accept all patients immediately who have been formally removed from any general practitioner list within Telford & Wrekin CCG following a violent incident.

- Provide a full clinical assessment including psychology and social need and provide information on the availability of GMS services for the patient.
- Work with the patient to develop their understanding of NHS Health and Social Care systems and encourage appropriate use of services in the future.
- Work with other Primary Care Practitioners, Social Services and other agencies including the Mental Health Services to try and identify and treat any clinical and underlying causes of disruptive behaviour so as to prevent further deterioration.
- Ensure where appropriate the wider health and social care systems are aware of any potential threat (taking into consideration the patient's rights to confidentiality etc)
- Inform relevant local health services including but not limited to NHS 111, A&E, local GP practices of the new patient registration. This can be via the flagging facility, also known as special patient note (SPN).

NHS England and NHS Improvement will fund the security personnel to attend any consultations involving potentially violent patients.

### **3.2.2 Patient Management**

- The service will be available to patients who have been removed from a General Practice list due to violent and aggressive behaviour and are resident within the boundary of Telford & Wrekin CCG.
- The intention is that the provider of the service should normally maintain the patient's registration for at least twelve months. Shorter-term provision of care does little to address the health and social needs of a patient or promote the benefits of general practice to a patient.
- At the end of the first twelve months, and thereafter, at annual intervals the provider will consider the need for the continued provision of services to such patients under these provisions and whether it would be more appropriate for the patient to be provided services under the ordinary provisions of general practice. If this is the case the patient should register with a GP whose practice boundary covers the patient's permanent home address.
- The Service will generally be available within the hours of Monday to Friday 8.00am to 6.30pm, excluding bank holidays commensurate with the provider's opening hours. Although alternative, specific arrangements can be agreed with Telford & Wrekin CCG in order to facilitate a flexible, workable system.
- The provider must provide a telephone number for the patient to access appointments or prescriptions or relevant services.
- The provider shall request the patient to nominate a pharmacy from which they will access pharmaceutical services. The provider is expected to inform the pharmacist of any issues surrounding the patients in order to maintain their safety. The provider will advise the patient that they should only use the agreed pharmacy and have agreed expectations of behaviour.
- Patients must be able to request a routine face to face consultation with a GP or appropriate clinician or a telephone consultation within 48 hours.
- Home visits should be discouraged and should only be offered if all other options are not suitable. This will be up to the provider's discretion. In the event of a home visit being the provider's only option, adequate support should be sought from the most suitably qualified health care professional or agency including the option of the NHS provided security service or the Police if deemed appropriate.
- The provider will need to inform patients that they are accessing the special allocation service due to their previous behaviour. It will be explained that they have not been excluded from receiving primary medical care services but because of their behaviour, this has compromised their right to access the usual arrangements and location for receiving those services, i.e. a general medical practice which does not offer the special allocation service.
- Where services are required within a 48 hour period, the provider should assess the urgency of the treatment required and ensure the patient accesses appropriate care.

### **3.2.3 Premises**

The provider will be responsible for their own premises and the use of premises for the delivery of primary medical services.

#### **3.2.4 IT**

The provider will need to ensure that appropriate information management and technology is in place to support the delivery of primary medical services.

#### **3.2.5 Training**

The provider must have the necessary skills, competencies and experience to fulfil the service requirements. It is the responsibility of the provider to ensure all support staff are suitably trained to deal with violent behaviour and aggressive people. This includes de-escalation techniques in a healthcare setting.

#### **3.2.6 Risk Assessment**

The provider of services will have in place a suitable and sufficient risk assessment that this periodically reviewed.

#### **3.2.7 Local Contractual Key Performance Indicators**

Primary Care Monitoring:

- The provider is responsible for collecting activity quarterly for contract monitoring on the number of consultations completed, by detailing a patient ID, the date seen and a minimum data set.
- Non patient identifiable information may be requested by the Commissioner as part of the monitoring process
- Information may be held by finance/primary care commissioning to:
  - monitor the claims and payments of such;
  - monitor the usage of Read Codes where appropriate
  - monitor the receipt of the activity form where appropriate;
  - monitor and manage patient allocation to the provider;

#### **3.2.8 Remuneration**

GMS, enhanced services and QOF payments will be also be paid to the provider for these patients.

Consultation payments will be paid quarterly in arrears on submission of the required invoice for approval by the Head of Primary Care.

#### **3.2.9 Liability Issues**

The Provider is advised to discuss the details of this service with the BMA, their defence organisation, and any insurers regarding the consequences of them providing services under this service.

#### **3.2.10 Review of Patients on the Scheme**

### **3.2.10.1 Patient Review**

After the initial year, (12 months) and if it is felt that the patient is no longer a threat then he/she will be considered for removal from the scheme and given a list of practices where they will be able to register. In exceptional circumstances a patient will be allocated to a practice. All efforts will be made to ensure both the patient and the receiving practice is supported. The process will be:

The providers will collate feedback from all those who have had contact with the patient under the terms of the scheme, or who may reasonably be expected to have had contact. This will include commentary from those who have facilitated appointments, attended consultations or interacted with the practice following referral to other services. It will be expected that all special allocation scheme patients will have had two face to face consultations whilst on the scheme to enable the GP to determine whether the patient is suitable to be returned to mainstream general practice.

A meeting will then be arranged to discuss the next steps – representatives will include as a minimum

- Medical representative from the provider of the service.
- Medical representation from the practice (s) where the patient could potentially choose to register.
- Any other HCP that the patient has regular contact with.

Commissioner involvement to be arranged if invited by the provider or receiving practice.

All decisions to return to mainstream arrangements will require agreement from the majority of group representatives. In the event that such an agreement cannot be reached, the patient will continue to receive care under the terms of the scheme. The discussion will cover the following key areas:

- The patients' behaviour and compliance;
- The nature of the initial incident;
- The number of presentations under the terms of the scheme, (at least two face to face consultations are required to demonstrate engagement);
- Feedback from those having contact both under the terms of the service and in other settings;
- Additional relevant information: such as that provided by the Police regarding relevant criminal activities.
- Any restrictions to the new patient registration

Where a patient is deemed to be able to return to mainstream registration, it is anticipated that the patient will wherever possible register with a practice of their choice. This may include the practice the patient was initially referred from.

Following a decision to remove a patient from the scheme, the patient will be informed of this decision by letter. This letter will contain information about local practices where the patient will be able to register, expectations for future behaviour and the consequences of failing to meet those expectations. In exceptional circumstances NHS England, may allocate a patient to a practice, this will be done following discussion with both the patient and practice.

If the behaviour and attitude of the patient has not improved during the year that they have been on the scheme, then they will remain on the scheme initially for a further period to be decided by the panel but the case will be expected to be reviewed regularly.

In these situations the patient will be assigned to the practice best able to provide services to the patient. This practice will be kept fully informed of the process.

Where there are exceptional circumstances, it may be necessary to remove patients from the scheme without prior discussion at the review meeting. These decisions will be made on a strictly case by case basis where it can be clearly shown that the scheme does not meet the medical needs of the patient.

#### **3.2.10.2 Violent Patients moving into or out of the Telford & Wrekin Area**

Where NHS England is informed that a patient on the scheme in another part of the country is moving into the area, the practice where the patient is registering can request that the patient is placed on the scheme in Telford & Wrekin.

#### **3.2.10.3 Violent Patients who are sent to Prison or admitted to long stay Hospitals**

Where a scheme provider is informed that one of their scheme patients has been sent to prison or admitted to a long term hospital the provider will inform NHS England. The patient's status on the scheme will remain on the scheme but be suspended until their release, at which point their status on the scheme will be reviewed.

### **3.3 Population covered**

Patients resident within the boundaries of Telford & Wrekin CCG will be eligible for this service.

### **3.4 Any acceptance and exclusion criteria and thresholds**

Patients who are not eligible to register with a Telford & Wrekin General Practitioner will not be included onto the scheme. Hence patients whose usual place of residence sits beyond the Telford & Wrekin boundary will be the responsibility of the Clinical Commissioning Group that covers the area in which they are resident.

### **3.5 Data Collection and Annual audit**

- Production of an up-to-date register of patients.
- Production of an appropriate GP record. Adequate recording should be made regarding the patient's clinical history.

All practices providing this service shall conduct an annual review to include:

- A review of the register of patients
- Length of appointments
- Staff training records in place and up to date
- Annual review of patient on the scheme and outcomes

### **3.6 Special Allocation Scheme Patient Review Panel**

As part of the contract agreed with the commissioner, the provider of the SAS will be performance monitored as per Schedule 6 Part A. Where an SAS patient review panel meeting is arranged, the provider will be informed and will be required to complete a monitoring form (sample below) and submit this (pseudonymised) directly to the commissioner. The type of information that should be collected for each patient accepted on to the SAS is (as a minimum but not limited to):

Data Group	Data Item
Patient details	Name Date of Birth NHS Number  Placed on SAS – Date/site Review Date Previous review date & outcome Patient history/summary
Activity in the last 12 months	No of GP appointments No of telephone consultations No of A&E attendances No of referrals to other organisations and details of those referrals No of telephone prescription requests Last contact date & summary
Provider comments	Completing GP Do you consider the patient ready to return to general practice? Any underlying medical conditions or known risks
Security	Incidents (date, place) Comments

### 3.7 Equal Opportunities

The service provider must demonstrate how they meet equal opportunity requirements in the following areas:

- They must be committed to equal opportunities and must not discriminate in performance of the service towards service users or members of staff in any way;
- The service provider must be able to provide chaperones at the patient's request;
- The service provider must also be able to provide premises, facilities and treatment rooms that are compliant with disability legislation;
- The service provider must be able to provide access to foreign language interpreter if necessary.

### 3.8 Clinical Governance

The service provider will be responsible for their own system of clinical governance. This will include but not be limited to the following:

- An appointed Clinical Governance Lead;
- Development and implementation of Clinical Governance policies;
- Adherence to the Serious Untoward Incident reporting and investigation process;
- Compliance with Infection Control policies;
- Compliance with NHS complaints procedure and processes.

The service provider will have secure IT systems in place which enable the capturing of patient information and activity reporting. They will ensure that all information relating to patients is safeguarded and complies with the General Data Protection Regulations (GDPR) (2018), the Access to Health Records Act (1990), the Freedom of Information Act (2000) and the Caldicott Principles.

### 3.9 Interdependence with other services/providers

None presently identified.

### 3.10 Security

The provider shall ensure there is sufficient security staff involvement for the initial patient

risk assessment.

If identified as required during the risk assessment, the Provider shall ensure there are sufficient security staff in attendance for a scheduled appointment. The security escorts will have access to the risk assessment to inform them of any potential risks.

The services of Advanced Solutions Ltd can be used by the provider – the cost of this will be covered by NHS England and NHS Improvement.

### **3.11 Service Delivery Pathway**

The service delivery pathway is detailed below:

Sample forms supplied by NHS England for this scheme are located on NHS England's website: <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-working-with-primary-care-support-england-pcse-annexes/>

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

The statutory position in accordance with the Health & Safety at Work Act 1974 and Management of Health & Safety at Work Regulations 1999 (as amended) outline a series of responsibilities for providers of health care services to exercise as independent contractors.

In 2003 Secretary of State Directions (SI2029) Tackling Violence at NHS Staff came into force introducing a zero tolerance to violent and aggressive behaviour towards healthcare workers.

Health and Safety Executive Guidance also advocates the importance of assessing the risk of violent and aggressive behaviour and devising solutions to eliminate the risk of violence or reduce the risk to an acceptable level.

Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges).

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

None identified.

### **4.3 Applicable local standards**

Please see Sections 3.2.6 and 3.2.7 of the Service Specification.

Patients included and being claimed as part of this service shall be coded appropriately. Codes for use will be identified. Frequency of data extraction shall be completed on a monthly basis.

## **5. Applicable quality requirements and CQUIN goals**

### **5.1 Applicable Quality Requirements (See Schedule 4A-C)**



The provider will comply with all applicable legal and statutory requirements. The provider will ensure that all doctors providing this service are registered on a local medical performer's list, and as such undergo an annual appraisal.

## **5.2 Applicable CQUIN goals (See Schedule 4D)**

Not Applicable.

## **6. Location of Provider Premises**

**The Provider's Premises are located at: Dawley Medical Practice.**

The provider will provide suitable consultation facilities, ensuring the patient is seen in a suitable environment in which the health care needs of the patient may be addressed; this will be in liaison with Telford & Wrekin CCG ensuring relevant Care Quality Commission registration requirements are fully satisfied.

The patient's history, security and safety must be a prime factor for all staff and other patients as appropriate. Security should be discreet and effective but not overt.

## **7. Other**

### **7.1 Management and Reporting Arrangements**

The Provider should notify the Head of Primary Care for the CCG of any issues relating to this agreement.

### **7.2 Termination of Agreement**

#### **7.2.1 Disciplinary Procedures**

Should an incident arise whereby either party feels that there has been a breach of the Agreement, the Local Medical Committee may be requested to consider the case and propose suitable action to address the issue raised. Should the issue remain unresolved following this action, either party may then serve one month's notice in order to terminate the Agreement

#### **7.2.2 Notice period**

The Notice Period for either party to terminate this Agreement will be 3 months, given in writing to the other party.