

Arthur Medical Centre – Policies and Procedures	
Unacceptable Conduct/ Zero Tolerance Policy	
Subject Area: Health and safety	
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Summary

As an employer, the surgery has a duty of care for the health, safety and wellbeing of its staff. The surgery also has a legal responsibility to provide a safe and secure working environment for staff. Staff mental health is as important as their physical health.

All patients and staff are expected to behave in an acceptable, respectful manner.

Objectives

To protect our staff, the surgery follows the NHS guidance concerning Zero Tolerance.

Scope

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 surgery makes it exceedingly 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. We also consider the impact of the behaviour on our ability to do our work and provide a service to others. This policy explains how we will approach these situations.

Responsibilities

Detail the job titles (**not names**) of all involved and their role in the process (e.g. managing, implementing, audit etc).

Policy

1. What actions does the surgery 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 surgery or unreasonable behaviour towards surgery staff to be unacceptable. It is 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 surgery. If that anger escalates into aggression towards surgery 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) that may cause staff to feel offended, alarmed, afraid, threatened or abused. We will judge each situation individually and appreciate 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. This includes any such language or comments made on social media or any other part of the public domain.

- **Unreasonable demands**

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

- Repeatedly demanding responses or appointments within an unreasonable timescale
- Repeatedly requesting early supplies of medication
- Repeatedly ordering prescriptions outside the set timeframe
- Insisting on seeing or speaking to a particular member of staff when that is not possible.
- Repeatedly insisting on a course of medical treatment for which there is no clinical evidence.

We consider a demand to be unreasonable when the 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 surgery by an individual causes a problem. This can occur over a brief period, for example, a number of 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, or responding to, reviewing and filing emails or written correspondence impacts on our ability to deal with that issue, or with other patients' needs.

- **Unreasonable use of the complaints process**

Individuals with complaints about the surgery have the right to pursue their concerns through a range of means. They also have the right to complain more than once about the surgery if subsequent incidents occur. Please refer to our complaints policy for further information. 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 is unacceptable, however we reserve the right to do so in such cases.

- **Unreasonable or inappropriate posts on social media**

We respectfully ask patients to bear in mind that your conduct and communications can have a lasting impact on staff members, who already give so much of themselves to patient care, during increasingly difficult times for general practice. Posting misinformation and derogatory or offensive comments online, or naming members of our team in negative posts can cause unwarranted distress to our surgery members and staff. Importantly they may also cause other patients to delay, or be dissuaded from presenting to the surgery to receive medical treatment.

If any such posts or content are brought to our attention, they could be viewed as a potential breakdown in the doctor-patient professional relationship and may result in the individual being removed from our list.

In such cases we will contact the patient(s) involved and invite them to have a discussion with the practice business manager and/or one of the GP partners to explore any issues they may have.

Live streaming of interactions or consultations with practice staff, or sharing recordings of such interactions without express written authorisation of the practice management can be illegal under certain circumstances. Instances of such actions will be considered as a complete breakdown of trust and irreparable breakdown of relationship with the patient and will result in the matter being reported to the police and the patient being removed from our patient list.

We welcome all feedback as it gives us the opportunity to review the services that we provide, and where necessary or appropriate, make changes or improvements.

We would ask that rather than posting derogatory or hurtful comments about the surgery or any of our staff on social media, please speak to us about this or put your comments to us in writing to give us the opportunity to respond and resolve your concerns.

2. Examples of how we manage aggressive or abusive behaviour.

The threat or use of physical violence, verbal abuse or harassment towards surgery staff is likely to result in a warning from the senior management team. We may report incidents to the police. This will always be the case if physical violence is used or threatened.

If physical violence is used, we will always report the matter to the police and apply to have the patient immediately removed from our patient list under current NHS regulations and guidelines.

Surgery staff will end telephone calls if they consider the caller aggressive, abusive or offensive. Surgery 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 contains 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.

3. How we deal with other categories of unreasonable behaviour.

We have to act when unreasonable behaviour impairs the functioning of our surgery. 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, considering relevant personal circumstances including the seriousness of the issue(s) or complaint, and the needs of the individual.

Where a patient repeatedly phones, visits the surgery, raises repeated issues, or sends large numbers of documents whose relevance is not clear, we may decide to:

- limit contact to telephone calls from the patient about the issues raised, at set times on set days
- restrict contact to a surgery nominated member of the reception or administration team 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 we 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 consider 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.

4. The process we follow to make decisions about unreasonable behaviour

Any member of surgery 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.

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

5. How we let people know we have made this decision

When a surgery 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 senior management, a patient will always be given the reason in writing as to why a decision has been made to issue a warning (including the duration and terms of the warning) or remove them from the surgery list. This ensures that the patient has a record of the decision.

6. 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 patient's notes and on appropriate computer records. Each quarter a report on all restrictions will be presented to our senior 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.

7. 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 surgery 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.

A 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.

Version control

Version	Date	Notes
1.0	May 2024	First published version

This document may not be valid if printed. For the most up to date policy see Teamnet.

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