



GBAF [Insert Risk Number and Detail Here]

### Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>This service focuses on providing care for patients in an appropriate environment and protects other service users/staff from potential harm.</i>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>These will not be known until a full understanding of the requirements has been mapped against current delivery model</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

### Governance and Reporting

Meeting	Date	Outcome
Primary Care Workstream	03/01/2018	A more detailed paper which included the findings from the internal review was presented to the Primary Care Workstream Group. It was agreed that due to the newly published guidance it would be necessary to complete further exploratory work before presenting PCCC with a proposal to consider.

## **Special Allocation Scheme** (Previously known as Violent Patient or Zero Tolerance Scheme)

### **1. Introduction and Background**

- 1.1** All Clinical Commissioning Groups (CCG) are expected to have access to an enhanced service to provide cover support services to staff and the public in respect of the care and treatment of patients who are deemed violent.
- 1.2** The Health Circular 2000/01 defined violence in the primary care context as: *“Any incident where a GP, or his or her staff, are abused, threatened or assaulted in circumstances related to their work, involving an explicit, or implicit, challenge to their safety, wellbeing, or health”*.
- 1.3** That service may, if necessary or appropriate, be provided in another CCG area. The participation of the provider in an enhanced service must at all times be voluntary.
- 1.4** The right of a practice to remove a violent patient is to safeguard all those who might have reasonable fears for their safety (these include members of the practice’s staff, other patients and any other bystanders present where the 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. Depending on the gravity of the incident, it would also be open to the CCG to explore with the practice any additional support that might be provided to enable it to retain the patient on its list.
- 1.5** Additionally, CCGs must ensure that they implement a zero tolerance zone campaign to send out the message to the public that aggression, violence and threatening behaviour will no longer be tolerated by professionals and staff working in the health service. CCGs are required develop a local action plan for combating violence in discussion with interested local groups. As a minimum, these would include the LMC (or its equivalent), the police, local Trusts and local statutory organisations for patient and public involvement in health care.

### **2. Purpose for Paper**

- 2.1** A Violent Patient Scheme for up to 20 patients (18 currently) is commissioned via Dr P Jackson of Peel GPs with a budget of £27k (annual retainer fee £4,000 per GP, consultations £80 each with an additional £20 per consultation for out of area patients), and is reimbursed from the Greater Manchester Health & Social Care Partnership delegated budgets.
- 2.2** It was intended that the Primary Care Commissioning Committee would be presented with a revised specification for the Violent Patient Scheme which was developed as a result of recommendations from our internal review in preparedness for 1st April delivery however due to the recently published PMS policy book <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/> which includes guidance around Special Allocation Schemes (previously known as violent or zero tolerance schemes) this specification now needs to be revised again and will delay implementation until April 2018. Primary Care Commissioning Committee are therefore asked to support the continuation of the current contractual arrangement until a new specification can be re-drafted and consulted on.

### 3. Recommendations

3.1 It is recommended that the Primary Care Commissioning Committee:

- Support the continuation of the current contractual arrangement until a new specification can be re-drafted and consulted on.
- Note the need to present a further paper in April due to the recently released NHS E guidance

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January 2018