

Crosshouse Medical Practice

Zero tolerance and unacceptable behaviour policy

We believe that patients have a right to be heard, understood and respected.
We work hard to be open and accessible to everyone and to provide a good service to all of our patients.
We also believe that our staff deserve to be treated fairly and with respect.

Occasionally, the behaviour or actions of individuals using our Practice makes it very 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.
Date valid from: 08/01/2025

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What actions do the Practice consider to be unacceptable?

We do understand that people may act out of character in times of trouble or distress.

They may be physically or mentally ill, or in pain, and may be worried about their health or the health of their relatives.

We do, however, consider actions that result in unreasonable demands on our Practice, or unreasonable behaviour towards Practice staff, to be unacceptable.

It is these actions that we aim to manage under this Policy.

Criminal behaviour

Any criminal activity such as, but not limited to; theft, vandalism, forgery, assault, or threats of assault will be reported to the police, and will result in immediate removal from the Practice List.

Aggressive or abusive behaviour

We understand that patients may be angry about 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 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, afraid, threatened or abused.

We will judge each situation individually and appreciate individuals who come to us may be upset.

Inappropriate Language

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.

We may decide that comments aimed not at us, but at third parties, are unacceptable because of the effect that listening or reading them may have on our staff.

Alcohol and substance misuse

When you attend the surgery for an appointment we expect you to be sober. If you appear to be under the influence of alcohol or any other substance, you will not be seen for your appointment, and will be asked to re-arrange.

Repeatedly attending the surgery whilst under the influence will result in a formal warning, and we may consider removing you from the practice list.

Online Reviews

We value constructive feedback and see both positive and negative feedback as an opportunity to continuously assess our performance. If there is a particular issue which you feel we need to investigate, we would encourage you to get in touch with us directly which will allow us to fully understand the issue and respond to your concerns.

If you prefer to leave online comments, we respectfully request that you do not name individuals, either staff or patients, or make unsubstantiated allegations.

We consider offensive or abusive comments made online to be unreasonable behaviour. We will ask that these comments be taken down, and if so, we may be able to investigate any concerns more usefully by direct contact.

Threats of violence or otherwise offensive comments will be reported to the website operator, or to the police if necessary. An internal review meeting will be held and we will write to the patient.

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 missing appointments. We understand that patients may miss appointments by accident, or due to circumstances out with their control. We encourage patients to cancel appointments where possible if they are unable to attend.
- Repeated misuse of our appointment system – for example insisting that a routine or ongoing issue is a medical emergency and must be passed to the “on-call” GP
- Repeatedly requesting early supplies of medication
- Repeatedly requesting further supplies of stolen medication, without the required Police Incident Number
- Repeatedly ordering prescriptions out with the set timeframe
- Insisting on seeing or speaking to a particular member of staff when that is not 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
- 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 the life-span 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 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 such repeated use is unacceptable – but we reserve the right to do so in such cases.

We will always answer complaints; but if we feel that we can take the process no further, usually because the consequence of further action or investigation impedes our operational ability to provide effective care for our patients, we will inform the complainant to take their complaint to the SPSO Ombudsman (<https://www.spsso.org.uk/>).

Examples of how we manage aggressive or abusive behaviour

- The threat or use of physical violence, verbal abuse or harassment towards the Practice staff is likely to result in a report to the police and immediate removal from the Practice List.
- Shouting, swearing, or intimidating behaviour will be reported immediately to the senior reception member on duty, or to the senior doctor on duty.
Depending on the severity of the incident, the police may be informed, and immediate removal may be considered.
Alternatively, the matter will be discussed within the practice and we will contact the patient to explain the outcome of this discussion.
This may lead to a formal warning about the unacceptable behaviour which will normally be active for a period of one year.
Repeated incidents of unreasonable behaviour despite adequate warning and explanation are likely to lead to formal removal from the Practice List.
- 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 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

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 about the issues raised at set times on set days
- restrict contact to a nominated member of the Practice staff 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.

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 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 will always tell the patient what action we are 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 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 Practice List are only taken after careful consideration of the situation by the senior management and doctors.
- Wherever possible, we will give a patient the opportunity to change their behaviour or actions before a decision is taken

How we let people know we have 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 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 Practice List. This ensures 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 is decided to issue a warning to a patient, an entry noting this is made in the relevant file and, if appropriate, within the medical records. Unacceptable action decisions will be discussed regularly at our complaints meeting.

A decision to issue a warning to a patient, as described above, may be reconsidered either on request or on review.

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 Practice List. To appeal a decision, an application should be made in writing, or by email, to the Practice Manager.

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.

The Practice Manager or a GP 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. Each case is different.

This policy is subject to review