

Service to support practices dealing with violent patients

Reference: DES 06

This Service will be commissioned to this specification for 2009/10.

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1. Introduction

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Barking and Dagenham Primary Care Trust (B&D PCT) intends to commission a directed enhanced service (DES) to cover support services to health staff and the public in respect of the care and treatment of patients who are violent. The proposal is to commission this service from a practice in B&D PCT to replace the existing, interim arrangements. The participation of practices in a directed enhanced service is voluntary.

The scope of this DES to be commissioned by B&D PCT is:

- The provision of general medical services to violent patients,
- The enhancement of resources for the provider of the service, and
- The provision of services to a specified standard.

As is generally acknowledged, B&D PCT is in a highly deprived/disadvantaged area and may have to deal with many patients designated as 'violent'. The PCT wishes to ensure that the arrangements set up via the directed enhanced service are adequate for the projected number of patients categorised as violent within the borough. B&D PCT has developed this service in close consultation with the LMC.

This agreement is to run from the proposed commencement of the service through to the end of the 2008/09 financial year. There will be an annual performance review between the two parties prior to a renewal of the contract.

2. Service Aims

This directed enhanced service is for the provision of general medical services. It allows for the enhancement of resources for the provider of the service and the provision of services to a specified standard. When patients have been subject to immediate removal from a practice list, the provider is presented with the additional difficulty of treating the patient in a way that minimises 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. These patients may also experience difficulties in securing registration with a practice without the help of the PCT. Additionally such patients often have complex and wide-ranging health and social care needs.

The purpose of this DES, therefore, is:

- To provide a secured stable environment for de-listed violent patients to receive continuing care, and in the process address any underlying causes of aggressive behaviour
- To provide a safe environment for individuals involved in delivering that care/treatment.
- To provide a package of care and support aimed at rehabilitating the patient back into mainstream primary care

B&D PCT will achieve this by:

- Providing incentives to providers to retain on a twelve-monthly basis the de-listed 'violent patients' from another practice. The incentive recognises the additional workload created by such patients, and therefore provides resources for the

provision of essential and additional services, and specific staff training to build up confidence of all those who come into contact with these patients,

- Funding for specific security arrangements required by the provider to a specified maximum amount,
- Encouraging providers to work with other primary care practitioners, social services and other agencies in order to identify and treat any clinical and underlying causes of disruptive behaviour to prevent further deterioration.

A directed enhanced service for patients who have been subject to immediate removal from a practice's list should be responsive to local conditions, such as the numbers of potential patients. Rigid maximum and minimum numbers are unlikely to be helpful, though the PCT will be mindful of capacity issues for the practice providing this DES and will monitor changes in workload. The aim should be to encourage providers to build up a special interest in and commitment to such patients while not placing too many violent patients into a single location as this could detract from the services available to other patients from that provider. The PCT is not constrained by patient choice in placing these patients with a provider.

The expectation is that, over a twelve-month period, the individual patient is likely to have an average of 10 consultations, and that there will be a maximum of 10 patients per quarter in this scheme. This represents a programme of care and support designed to rehabilitate the patient back into mainstream primary care, and to ensure that patients have not been inappropriately labelled as a violent patient. Where this level is exceeded the practice will be required to verify this volume of activity with the PCT.

3. Criteria

The following pages contain some further guidance from the PCT on expected processes, outcomes and deliverables based on this process. On aspiring to this service, a practice is required to submit plans under each of these items to the PCT.

Services covered by this enhanced service may include

- (i) Determination if a patient does qualify to be labeled as a violent patient
- (ii) Development and maintenance of up-to-date register of violent patients.
- (iii) Direct Service delivery
- (iv) Security of staff and other patients
- (v) Maintaining individual management plans
- (vi) Confidentiality/information sharing
- (vii) Staff training
- (viii) Bi-Annual review to determine if the patient still requires to be under the scheme

Please note that these criteria are nationally determined and are not subject to negotiation.

Criteria One and Two: Register

Produce and maintain an up- to- date register of violent patients:

There are certain implications when labelling a patient as being violent, and care needs to be taken to determine whether these patients truly fit into this category. This should be assessed at the first consultation, and the reasons for diagnosing the patient as violent should be clearly documented.

Any patient producing evidence that they have been removed from their previous practice due to violence should not be refused registration at the practice.

The Practice should endeavour to produce and maintain an up-to-date register of all patients treated for violence, indicating patient name, date of birth. The technique used to develop and maintain a register of violent patients is no different from developing a register of any other condition.

The practice would normally maintain the patient's registration during the period the patient is undergoing treatment (this should be a maximum of 12 months). The practice should also brief and work in collaboration with the PCT to maintain a smooth transfer of care to another provider when deemed necessary.

Criteria Three: Direct Service Delivery

Details

- The practice should provide a thorough assessment of the patient's clinical, psychological and social needs and offer support to carry out behavioural change
- Outline the planned frequency of the sessions which should be based on the clinical assessment of the patient
- Educate the patient and his or her family or carers on the best way to obtain good quality and continuing services from primary care in particular and the NHS in general
- Educate the patient that he/she is having this type of arrangement for personal care mainly because of his/her previous behaviour, which compromises his/her right to have access to normal arrangements.
- The practice will have in place a system for promoting a continuing understanding of the NHS health and social care system so as to encourage the patient to use the services in a responsible, appropriate and safe way in the future
- When appropriate, the practice should refer the patient promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.

Criteria Four: Security

Details

- The practice should ensure that security facilities appropriate for the provision of such services are in place to protect the provider, staff and other patients.
- The practice should be aware that in upgrading security, the aim is not to adversely affect the outward appearance of the premises in such a way that might make other patients feel uneasy about the security environment. Security should, wherever possible be discreet but effective rather than overt.
- The provider should minimise the possibility of home visits, but if he must after a full assessment of the patient's condition (due to clinical necessity), he should endeavour to have police or security support.

Criteria Five: Individual Management Plan

Details

The practice should ensure that the patient has an individual management plan, which should record the following information:

- Diagnosis
- Relevant past history
- Any co-morbid conditions
- The presence of any substance or alcohol misuse
- Treatment interventions agreed with the patient
- Referrals made
- Frequency of re-assessment
- Investigations made
- An assessment of the progress of the patient at each consultation

Criteria Six: Confidentiality/Information sharing

Details

- The practice should be mindful of the need to protect patient confidentiality by avoiding, where practical, data flows which identify individuals.

However, based on the necessity to share information between health professionals and other agencies (prison, police, etc), practices are encouraged to share information with these bodies so as to build up a picture of past behaviour and adequately assess risk. This is to ensure that appropriate services are provided and safe working practices are adapted.

- The practice is expected to receive the violent patients' medical record from the PCT before commencing treatment.

Criteria Seven: Staff Training

Details

Each practice must ensure that all staff providing the DES to patients:

- Should have the necessary skill and training to do so. This includes continuing training and professional development.
- Demonstrate additional training and continuing professional development. This should be commensurate with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of revalidation
- Maintain the safety and training of clinical and non-clinical staff
- It is expected that the level of training required for a GPwSI providing an enhanced service is identified in the GP's personal development plan and, where additional training is required, local mechanisms are found to address this.

Criteria Eight: Bi-annual Review

Details

The practice involved in the scheme should perform a twelve-monthly review, which should consider whether or not the patient should continue receiving the service. These include an audit of:

- Attendance rates
- Non-attendance rates
- Review against outcomes
- Feedback from patients and their families

Much of the contextual information will be available from the patient's individual management plan. In the event that the patient needs to remain on the scheme for a longer period of time or require a greater number of consultations, these reviews should provide evidence to the PCT that the patient has not been rehabilitated and should have continued access to these services.

4. Financial Details

On agreeing a service plan with the PCT for the defined period, the practice providing this service will receive a retainer fee of £2168.16 per annum plus a quarterly fee of £162.78 per patient per quarter (based on an average of 10 consultations per patient per annum). Where a practice feels that the average number of consultations exceeds this or if the patient needs to remain on this service for over a year, they will be required to evidence this to the PCT.

The out-of-hours service will not form part of this service specification.

5. Accreditation

- Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.
- Staff involved in the delivery of this service will be appropriately trained and competent in the provision of the services offered
- The services provided and the scope of this DES will be reviewed with the practice as part of the annual appraisal process
- The services provided by this DES will be subject to clinical audit and monitoring will be carried out as part of the annual review of the contract.

6. Ongoing Measurement & Evaluation

Practices are to complete and return the attached audit monitoring forms to validate claims. Practices should also send us the initial consultation and management plan for each patient joining the register. Practices may also be required to provide additional data for audit purposes.

7. Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this nationally directed enhanced service.

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date

This form is to be returned annually as a record of training attended by all staff involved in this scheme.

Member of Staff	Role (GP, Receptionist, etc)	Name of Training Course	Date of Attendance

This form is to be submitted quarterly with each claim.

Patient ID	Date of Registration	Dates of Consultation										Date removed from Violent Patient Register