**PRIMARY CARE SUPPORT ENGLAND REQUEST FOR REMOVAL OF PATIENT FROM PRACTICE LIST**

**Please send (email) as soon as possible with type of removal in subject line to Primary Care Support England** **pcse.patientremovals@nhs.net**

**Incomplete forms will not be actioned**

PRACTICE NAME: …………………………………………………………………… Practice Code …………………

Practice Address: ………………………………………………………………………………………………………....

**TYPE OF REMOVAL (*tick applicable box*)**

Immediate removal – *this will result in the patient not being able to freely register at another GP practice of their choice, and being placed on a Special Allocation Scheme*

8 day removal

*The General Practice Committee (GPC) of the British Medical Association (BMA) have published guidance for GP practices on these types of removal, which you may find useful to consult.*

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/special-allocation-scheme>

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists>

**PATIENT DETAILS**

|  |  |
| --- | --- |
| **NAME:** |  |
| **DOB:** |  |
| **NHS NO:** |  |
| **ADDRESS:** |  |

The above named patient is being removed because of the following:

1. Threats of violence/actual violence/verbal abuse to doctor or staff (immediate removal) 🞏
2. Breakdown of relationship (8-day removal) 🞏

For breakdown of relationship, please provide details below

**Note**: Other family members including children should not be prejudiced by the actions of a parent or guardian. The children or other dependents of the removed patient should be able to remain registered. Also, in all cases, the Practice has the clinical expedient prerogative to retain the children (under 18 years old) under the paramountcy of the child within The Children’s Act 2014, until such time that they understand how the children might be cared for by another NHS or private GP, especially if vaccines or screening are still indicated.

**8 Day Removal Requests:**

I confirm the contractor has notified the patient of its specific reason for requesting removal (see paragraph 24(1)(b)

and 22(2) or statement of irrevocable breakdown of patient/doctor relationship. YES 🞏 NO 🞏

The patient being removed has previously received a warning in writing within the past 12 months explaining that they were at risk of removal . YES 🞏 NO 🞏

If Yes please give date(s) of first warning (DD/MM/YYYY)

…………………………………………………….

Subsequent warning (if applicable) (DD/MM/YYYY)

…………………………………………….............

If No please indicate with a ✓ which of the following apply:

1. It is not practicable to issue such a warning 🞏

Please provide details why

1. Such a warning would be harmful to the physical or mental wellbeing of the patient 🞏
2. Such a warning would put the safety of the GP or staff at risk 🞏

Please provide details why

*N.B Where a warning has not been issued the Area Team may require reasonable evidence of why this has not taken place.*

GP/PM Actual Signature:………………………………. Date:……………../……………./………………

**TO BE COMPLETED FOR IMMEDIATE REMOVALS ONLY *this will result in the patient going on to the Special Allocation Scheme (SAS)***

Please complete this form in full for the removal of a patient following a violent incident towards a GP, a member of staff, a patient or property, and submit within 7 working days via email to pcse.patientremovals@nhs.net. The incident **must** be reported to the Police within 24 hours, in-order for the patient to be removed. **If the incident has not been reported to the Police, then the removal will be done as an 8 day removal and not as an immediate removal.**

If you have obtained a **Police Incident Number**, please record it on this form. If one is not available at present, please provide it within 7 working days to the email address above; although please note it is not mandatory to obtain one and it will not delay the removal process.

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| **Details of the Incident** |
| **Date of Incident** |  |
| **Time of Incident** |  |
| **Location of incident****(Surgery/ Patient’s address)** |  |
| **Type of Incident** **(please tick appropriate box)****The Health Circular 2000/01 defined****violence in the primary care context as:****6.4.4.2“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,****well-being, or health”.** | Non-physical violencei.e. threats of violence etc. Physical Violence i.e. assault, thrown objects etc. Aggravated Physical Violence e.g. use of weapons Vandalism to PremisesVandalism to Vehicle |
| **Date Incident Reported to the Police****(MUST BE REPORTED TO POLICE FOR SAS)** |  |
| **Police Incident Number (please provide within 7****days, if not available immediately)** |  |
| **Please a full incident description****(please continue on separate sheet if** **necessary)** |  |
| **GP signature** **(Actual signature must be provided):** |  |

**Commissioner USE ONLY**

In **exceptional circumstances**, a commissioner (delegated CCG or NHS England regional team) may take the decision to place a patient with a special allocation scheme provider, without a specific incident having occurred at a GP Practice (e.g. an unregistered patient) or without an incident having been reported to the Police.

The commissioner should complete the details below stating justification for the request and identify the authorising authority. , then submit with the immediate removal form completed by the practice.

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| **Request for a Commissioner Instigated SAS Allocation**  |
| **Name:** |  |
| **Email address**  |  |
| **Contact number**  |  |
| **Requesting organisation** (Note: only required ifrequesting and authorising organisation is different**(please tick appropriate box)****Authorising organisation****(please tick appropriate box)****Note: The authorising organisation must be the****commissioner of the SAS to which the patient is will be allocated** | NHS England Regional Local Team (Provide RLT name) ………………………………………………Delegated CCG(Provide CCG name) ………………………………………………NHS England Regional Local Team (Provide RLT Name………………………………………………Delegated CCG(Provide CCG name)

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**PATIENT DETAILS**

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| --- | --- |
| **NAME:** |  |
| **DOB:** |  |
| **NHS NO:** |  |
| **ADDRESS:** |  |

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| **Reason for Approving Allocation to the SAS** |
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| --- | --- |
| **Signature :****(Actual signature must be provided):** |  |
| **Date:** |  |