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1. Purpose:

The purpose of this paper is to highlight where in the process the South East Local Office is at with regard to the commissioning of the violent patient scheme for delegated and non-delegated CCGs.

2. Background:

The definition of the violent patient scheme below has been taken from the NHS England primary medical services (direct enhanced services) directions 2017.

Violent patient scheme, the underlying purpose of which is to ensure that there are sufficient arrangements in place to provide primary medical services to patients who have been subject to immediate removal from a patient list of a primary medical service contractor because of an act or threat of violence.

- (1) The Board must consult the local medical committee(a) (if any) for the area in which a primary medical service contractor which wishes to enter into arrangements in respect of a Violent Patient Scheme (referred to in this Direction as “the Scheme”) provides primary medical services about any proposals it has established or revise the scheme.
- (2) Where the Board enters into arrangements under the scheme, the Board must –
 - (a) as part of those arrangements, make provision for the payment arrangements for the contractor agreeing and meeting its obligations under the scheme in respect of each financial year to which those arrangements relate; and
 - (b) Where necessary, vary the primary medical service contractor’s contract or agreement so that the scheme comprises part of the contractor’s contract or agreement and the arrangements under the scheme are conditions of the contract or agreement

There is a risk that the current providers to the violent patient scheme have not had their contracts varied to reflect that they provide this enhanced service, and will need to be issued by NHS England or the delegated CCG.

3. Current position:

In December 2016 delegated CCGs were written to informing them from 1st April 2017 commissioning of this scheme would be transferred over to them, they were provided with the revised service specification and asked to provide NHS England with their commissioning intentions.

This has been followed up with 4 letters;

- One to all delegated CCGs asking them again to confirm their commissioning intentions. This had a deadline of 3rd March, sent on 20.02.2017 (annex B).
- One to practices within non-delegated CCGs inviting them to sign up to this scheme and respond by 3rd March, sent on 20.02.2017 (annex C).

- Letter to current providers of the scheme informing them of the changes from 1st April has been prepared (and shared with delegated CCGs), sent on 21.02.2017 (annex D).
- Letter to current providers of the scheme within non-delegated CCGs confirming new service specification, sent on 21.02.2017 (annex E).

3.1 Current providers across Kent, Surrey and Sussex:

The Ball Tree Surgery	Coastal West Sussex
West Meads Surgery	Coastal West Sussex
Seaside Medical Practice	Eastbourne, Hailsham and Seaford
Buxted Medical Centre	High Weald, Lewes and Havens
Preston Park	Brighton & Hove
Cornwallis Plaza	Hastings & Rother
Fairfield	Surrey, Surrey Downs
Border Practice	Guildford and Waverley
DMC Healthcare Limited	East Kent - Swale
South Ashford Medics	East Kent - Ashford
Canterbury Medical Practice	East Kent - Canterbury
Dr Goldberg	East Kent - Thanet
Dr Yazamaldi Woodlands Family Practice	Medway - Medway
Dr Palmer & Dr Stuart-Buttle Tonbridge Medical Centre	West Kent - Tonbridge
Dr JP Patel Swanscombe Health Centre	North Kent - DGS

3.2 Number of patients on scheme:

Table 1, Number of patients by CCG:

CCG	No. of patients
Ashford	4
Canterbury & Coastal & Ashford	6
Costal West Sussex	30
Dartford Gravesham & Swanley	19
Eastbourne Hailsham & Seaford & Hastings & Rother	24

Hastings & Rother	22
High Weald, Lewes & Havens	0
North West Surrey	0
Swale	5
West Kent	15
Brighton & Hove	15
Crawley	0
East Surrey	0
Guildford & Waverley	10
Horsham & Mid Sussex	7
Medway	31
South Kent Coast	3
Surrey Downs	8
Surrey Heath	0
Thanet	11
Not Specified	11
Total	221

Table 2, Number of patients by provider:

VPS Provider	No. of patients
The Ball Tree Surgery	20
West Meads Surgery	10
Seaside Medical Practice	24
Buxted Medical Centre	0
Preston Park	15
DMC Healthcare Limited	10
South Ashford Medics	9
Canterbury Medical Practice	11
Dr Goldberg	9
Dr Yazamaldi Woodlands Family Practice	36
Dr Palmer & Dr Stuart-Buttle Tonbridge Medical Centre	10
Dr JP Patel Swanscombe Health Centre	20

Fairfield Medical Centre	8
The Border Practice	10
Cornwallis Plaza (H&R)	22
Horsham & Mid-Sussex CCG	7
Total	221

3.3 Security & Administration:

Providers of the service are able to access security services to provide onsite security guards, for Kent & Medway this is provided by Rightguard and for Surrey & Sussex this is provided by Assured. From 1st April 2017 delegated CCGs will need to decide whether to continue to meet the costs for this or discontinue the service for their localities. NHS England will continue to meet the costs of this service for providers in non-delegated CCGs.

Prime Care is contracted by NHS England to provide administrative support. Patients allocated to the scheme in Kent & Medway are provided with the contact details of Prime Care who contact the relevant practice to arrange appointments.

There are two issues currently with the service provided by Prime Care;

1. Prime Care uses a premium 084 number.
2. The letter Prime Care send to patients lacks information and only informs patients they are being place on the scheme and with the name of the provider they are to be registered with.

Due to all the CCGs in Kent & Medway being delegated it is NHS England's intention to terminate this contract. Delegated CCGs may wish to retain this provider. For patients accessing the scheme in Surrey and Sussex they will contact the provider directly. From 2017/18 onwards Prime Care should be invoicing the delegated CCGs as the budget has been devolved to them.

4. Review of schemes:

Payment across KSS varies significantly. Surrey practices are paid based on the DES specification. This is as follows:

In 2003/04, national benchmark pricing for the provision of this directed enhanced service suggests that general practitioners retained to provide the service should receive a retainer fee of £2000 per annum plus a consultation fee of £40 to £80 for in-hours consultation and £50 to £100 for out-of-hours consultation. In addition £2,500 per annum can be provided for infrastructure costs. These figures will be uplifted by 3.225 per cent in 2004/05 and again in 2005/06.

This equates to **£2131.08** retainer fee, consultation fee of **£42.62 - £85.24** for in-hours consultation, **£53.27 - £106.56** for out of hours consultation and **£2663.86** for infrastructure costs. These figures have received no further uplift since 2005/06.

Kent is not paid in line with the DES and is funded as follows:

West Kent (West Kent & DG) pay an annual retainer of **£6,709.56** per GP per annum (£559.13 per month) and a patient fee day of **£2.92** per day per patient allocated to each GP.

East Kent (Ashford, Canterbury, Swale, Thanet & SKC) pay a fixed rate of **£900** per month for a maximum of 10 patients which equates to **£10,800** per annum.

Medway pay an annual retainer of **£6,478** per GP per annum for every six patients on the scheme GP list (£1,619.50 per quarter) and a patient fee day of **£2.21** per day per patient allocated to each GP.

West Sussex are paid as follows:

Payment of **£2,543.50** per annum for infrastructure costs;

Retainer fee of **£2,034.80** per annum;

Consultation fee of **£61.04** per patient consultation.

Surrey & Sussex:

- Retainer fee of £2,034.80 per annum
- Consultation fee of £61.04 for in-hours consultations
- Consultation fee of £71.04 for out-of-hours consultations
- Consultation fee of £71.04 for out-of-hours consultation
- In addition £2,543.50 per annum can be provided for infrastructure costs

5. Current proposed payment:

For the provision of this Directed Enhanced Service, each provider will be remunerated as follows:

- A retainer fee of £6,593.78 per annum;
- An infrastructure payment of £2,663.86 per annum;
- Consultation Fees:
 - £85.24 GP in-hours Face to Face Consultation
 - £65 Nurse Practitioner Face to Face Consultation
 - £45 Practice Nurse Face to Face Consultation
 - £25 GP Telephone Consultation

The costs of the security services contract will be met separately by NHS England – South (South East) for all non-delegated CCGs up to the amount invoiced.

When comparing the different specifications, the proposed new specification encourages the provider to have regular contact with patients in the form of face to face or telephone consultations, this should help support the review of the patient and subsequent transition back in to main stream general practice.

The current proposed scheme which is an uplifted version of the 2015/16 scheme for Surrey and Sussex incentivises the providers to take a more active approach by increasing access and consultations with the patients.

6. Current spend:

VPS Providers in 2016/17	Annual cost (£)
Preston Park	£44,387
Border practice	£6,000
Woodlands	£57,840
St Peter's	£10,800
Fairfield	£14,257.58
Ashford Health Centre	£2,800
BALL TREE SURGERY	26,600.54
WEST MEADS SURGERY	£7,019.90
SEASIDE MEDICAL CENTRE	£6,800
Cornwallis Plaza	£7,332
Buxted	There have been no payments to this practice since April 2014
DMC Healthcare (Sheppey)	£18,000
Canterbury Medical	£10,800
Dr Goldberg (St Peter's)	£10,800
TONBRIDGE MEDICAL GROUP	£22,459.44
SWANSCOMBE HEALTH CENTRE	£30,658.80
Total	£276,555

Admin & Security Providers in 2016/17	Annual cost (£)
Primecare	£9,999.96
Rightguard	£2,700
Assured	£7,200
Total	£19,899.96

It has been proposed by NHS England South East finance team that the budget to be devolved to delegated CCGs is according to weighted capitation.

7. Principal changes to the spec:

1. The specifications in Kent and Medway allow for patients to be seen in hospitals, and are not restricted to being seen only in G.P surgeries.
2. Rota for services this is not present in the old spec.
3. Behaviour records and assessment sheet, under the new spec this is required to be completed following each consultation with the patient, it is felt this will cause significant increase to the workload. This is not a requirement in the old spec.

8. Issues:

For delegated CCGs the issues would be;

- To continue to use the current specification being used in their locality.
- To implement the proposed new specification.
- Design their own specification.
- Decide if they wish to continue to use Prime Care.
- Meet the costs of security.

For the non-delegated CCGs the issues for NHS England would be;

- Ensure all current providers are signed up to the new DES.
- Currently there is no service provision in Crawley and Horley, we may need to explore the option of procuring a service in those areas.
- Notice will need to be served to Prime Care and Rightguard.
- There is a risk in Surrey and Guilford as there is one provider for each area.

9. Next steps/recommendation:

- Letter to be sent to delegated CCGs informing them they are responsible for services in their locality and their option to continue with current spec, implement new spec or write their own.
- To write to all delegated CCGs with the outcome and run a workshop.
- Write to all practices in non-delegated CCGs inviting them to sign up to the DES.
- Explore options for Crawley and Horley with the possibility of procuring an APMS contract.

Aadil Rashid
17/05/17

Specification for services to Support Staff dealing with Violent Patients

1. Introduction and Background

The Government is determined to ensure that staff who spend their lives caring for others are not rewarded with intimidation and violence at work. The NHS Zero Tolerance Zone is a nationwide campaign to stop violence against staff working in the NHS.

The right of a practice to remove a violent patient has been extended to safeguard all those who might have reasonable fears for their safety. This includes 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. Any recent history of violence (during previous six months, actual or threatened) will be considered in the removal process. 'Violence' means any incident where members of 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. The definition is not subjective: it is what is meant by 'zero tolerance'.

2. The Scope of the Directed Enhanced Service

The Directed Enhanced Service is for the provision of general medical services to violent/difficult/aggressive patients. 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 minimizes 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 NHS England. Additionally, such patients often have complex and wide-ranging health and social care needs.

Patients are placed on the Violent Patient Scheme if they have been removed from a practice list and have been assessed as unsuitable to be transferred to alternative mainstream GP services.

Remote and rural areas may have very few or no violent patients. It is important to ensure that the arrangements which are set up under the Directed Enhanced Service are appropriate for the number and various types of violent patients likely to be involved. 11

3. Aims of the Service

The purpose of a Directed Enhanced Service for patients who have been subject to immediate removal from a practice's patient list, is to provide a stable environment for the patient to receive continuing health care, addressing any underlying causes of aggressive behaviour and providing a safe environment for the individuals involved in delivering that treatment. The services will ideally be provided by professionals trained in de-escalation of violence and conflict resolution. The model does this by:

- (i) Incentivising providers to deliver general medical services to those patients who warrant a referral under the definition of the Special Allocation / Violent Patient

Scheme policy. The incentive provides the resources for the provision of essential and additional services: recognizes the additional workload created by such patients: and funds specific security investments required by the provider. The intention is to provide a stable environment in which the specific health / behavioural management needs of the patient can be addressed in a proper and continuing manner and appropriate setting with suitably qualified professionals;

(ii) encouraging providers to work with other primary care practitioners, social services and other agencies to try to identify and treat any clinical and underlying causes of disruptive behaviour to prevent further deterioration;

(iii) promoting a continuing understanding of the NHS health and social care system to encourage the patient to use the services in a responsible, appropriate and safe way in the future; and

(iv) safeguarding the families of patients who have been subject to immediate removal from a practice's patient list who are, on occasions, themselves subject to removal. Providing a stable environment for treating the patient will, just as importantly, have the effect of providing similar stability for any family members. The medical care needs of the families of patients who have been subject to immediate removal will need to be considered on a case-by-case basis.

4. Policy Considerations

In commissioning this Directed Enhanced Service, NHS England intends to ensure that the arrangements provide continuing medical care for patients who have been subject to immediate removal from a GP's patient list, in a suitable environment and with suitably qualified / prepared professionals. The intention is that the provider of the service should normally maintain the patient's registration for at least twelve months; however standard practice is to review each arrangement after the initial six month period. Shorter-term provision of care does little to address the health and social needs of the patient or promote the benefits of general practice to the patient. In addition, 12

existing providers report that the benefits of developing longer term relationships with these patients supports the delivery of care and minimizes the likelihood of further incidents.

The Service Commissioner and providers should be mindful of the need to protect patient confidentiality by avoiding, where practical, data flows which identify individuals. However, it is well recognised that there is an obligation to share information between professionals and agencies to ensure that appropriate services are provided and safe working practices are adopted. Doctors and providers should be encouraged to share information between health and social services agencies, prison, police and other relevant sources to build up a picture of past behaviour so that risk can be assessed.

5. How does the Directed Enhanced Service Work?

When a practice requests the immediate removal of a patient because of an act or threat of violence, the police must be informed in accordance with relevant regulations (paragraph 9A schedule 2 of the GMS regulations (England and Wales) and NHS England - South (South East) should be notified. NHS England – South (South East) is expected to notify the new provider of the history of aggressive behaviour. As part of this process, it is important that the new provider receives the patient's medical record before the patient has to be seen.

In addition, NHS England can allocate patients to the Special Allocations Patient Scheme in the following circumstances:

- Patient moving into the area currently on a special allocations patient scheme in another area.
- On release from prison, if NHS England is alerted by the probation service that the individual poses a significant risk.
- Patients who have been through the Scheme and on return to local GMS practice, threaten subsequent disruption.

NHS England – South (South East) should ensure that patients referred to the Violent Patient Scheme know about the new arrangements, and register with the provider of the Directed Enhanced Service. NHS England – South (South East) should also ensure, together with the DES providers, that appropriate security facilities are available to protect the provider and other patients. Such provision could occur in general practices, in hospitals, in police stations or in other suitable secure locations as arranged by the provider. Providers will not be required to deliver home visits under the Scheme.

6. Clinical Role

The Directed Enhanced Service should provide for a thorough assessment of the patient's clinical, psychological and social needs, especially those which may result in unrealistic expectations and which may have led to physically or verbally aggressive behaviour in the past.

The Directed Enhanced Service should provide time to educate the patient 13

(and his or her family or carers if appropriate) on the best way to obtain good quality and continuing services from primary care in particular and the NHS in general. NHS England's input into this should be considered to demonstrate to the patient that it is NHS England – South (South East) which has decided to include the patient in this particular pattern of care.

Patients would need to be clearly informed that they were having care provided under the Directed Enhanced Service specifically because of their previous special allocations and/or aggressive behaviour. It should be made clear to patients that they are not being excluded from receiving primary care medical services but that their behaviour compromises their right to have access to normal arrangements and locations for receiving those services.

The provider of the Directed Enhanced Service will provide:

(a) the services required for the management of the patients on the Violent Patient Scheme who are, or believe themselves to be:

- (i) ill with conditions from which recovery is generally expected;
- (ii) terminally ill; or
- (iii) suffering from chronic disease,

delivered in the manner determined by the provider in discussion with the patient, with the security services in attendance in the consulting room;

(b) appropriate ongoing treatment and care to the patients taking account of their specific needs including:

- (i) the provision of advice in connection with the patient's health, including relevant health promotion advice; and
- (ii) the referral of the patient for other services under the 2006 Act;

For the purposes of (a) (i) - (iii) and (b) (i) - (ii) above, "management" includes: (a) offering a consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and (b) the making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the 2006 Act and liaison with other health care professionals involved in the patient's treatment and care.

7. Governance Arrangements and Eligibility

All providers will sign a confidentiality agreement for the sharing of all necessary patient identifiable information for patients registered on the Violent Patients Scheme.

All clinical and non-clinical staff must attend appropriate training and annual refresher courses (to be advised by NHS England). 14

Providers must have premises which, on inspection, are deemed suitable for the minimization of risks to staff and other patients. Recommended security measures include: a panic button in the consultation room, digital locks on the room(s), CCTV, and direct links to the local police station.

8. Review

The provision of care to a patient within a Directed Enhanced Service for violent patients should be subject to a quarterly review. This would be initiated by the provider and would give an opportunity to consider whether or not the patient should continue on the Scheme, move to a 'step-down level' of the Scheme, be returned to mainstream GP services, or alternative care. This would be supplemented by a more wide-ranging annual review where NHS England might seek more substantive justification for a continuance; for example, that the patient could not learn new behaviour because of an underlying personality disorder.

Once NHS England is satisfied that following review a patient no longer presents a risk, the patient will be able to register with a mainstream GP practice.

9. Monitoring

A monitoring report form will be completed by each provider and returned the Primary Care Contracts Department at NHS England on a quarterly basis.

10. Accreditation

Those doctors who have previously provided services similar to the Directed Enhanced Service or Local Enhanced Service for managing special allocations/difficult/ aggressive patients in primary care, 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 service, shall be deemed professionally qualified to do so.

11. Security

In upgrading security, the provider's aim should not be to adversely affect the outward appearance of the premises where care is provided in a way which might make other patients uneasy about the security environment. Security should, wherever possible, be discreet but effective rather than overt.

The contract with the security guards will be managed separately by NHS England – South (South East), and is outside of this service specification.

12. Number of Patients

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 number of potential patients. The setting of rigid 15

maximum or minimum numbers is unlikely to be helpful. The aim should be to encourage providers to build up a special interest in and commitment to such patients whilst not placing too many special allocations patients into a single location as this could detract from the services available to other patients from that provider. NHS England is not constrained by patient choice in placing these patients with a provider. However, considering local conditions, it is expected no more than 10 patients will be registered at a practice at any one time.

13. Benefits

GPs and practice staff will be more expert and confident in handling patients who have been subject to immediate removal from another practice's patient list. This outward confidence will also reduce the potential for conflict and hence reduce the risk of a special allocations or threatening response.

The patient should become better educated as to the impact of any anti-social behaviour on the caring professions and should learn to get the best from the NHS. The patient (and where necessary his or her family) will get continuity of care through the provider of the Directed Enhanced Service. This is especially important to counter impressions of abandonment by the NHS which may have been a cause of previous special allocations behaviour.

Patients will become aware that their only source of primary care is through the one provider and being disruptive will not get them a new practice or a new doctor. NHS England – South (South East) is expected to ensure that they have access to a Directed Enhanced Service for these purposes and to make practices aware that a service is in place.

The stability offered by the Directed Enhanced Service will lead to an improved doctor-patient relationship in which both the patient and the doctor can work constructively together. The intention is to provide a wide range of health and social services.

Providers of a Directed Enhanced Service will be recompensed for the additional effort and risk associated with providing medical care to this category of patients.

14. Start and End of the Agreement

This service agreement will be in place **from XXXXX and will be subject to review after three months**. In the event of either party wishing to terminate the agreement, three months' notice will be required on either side unless an earlier date is mutually agreed.

15. Pricing

For the provision of this Directed Enhanced Service, each provider will be remunerated as follows: 16

- A retainer fee of £6,593.78 per annum;
- An infrastructure payment of £2,663.86 per annum;
- Consultation Fees:
 - o £85.24 GP in-hours Face to Face Consultation
 - o £65 Nurse Practitioner Face to Face Consultation

- o £45 Practice Nurse Face to Face Consultation
- o £25 GP Telephone Consultation

These rates reflect the fact that NHS England is separately providing support services and secure facilities.

The payment covers:

- ☐ the provision of GP time and expertise when treating patients registered on the Scheme, including the initiation of prescribing as required, referral to and liaison with other healthcare providers where appropriate, and associated administration time (e.g. referral letters, record keeping, note summarisation etc.);
- ☐ The provision of cover for annual leave and sickness across the other sites within the scheme
- ☐ telephone consultations;

All practice costs and expenses will be included within the above payments.

The costs of the security services contract will be met separately by NHS England – South (South East).

16. Payment

Payment will be made quarterly in arrears based activity levels. Invoices should be submitted to the Enhanced Services mailbox enhancedservices@nhs.net

17. Procedures

The full procedures for this Directed Enhanced Service form part of this agreement. These procedures give consideration to the above requirements. In continually striving to improve the service offered, these procedures may be modified from time to time in discussion and agreement with all relevant parties.

The full procedures should be read in conjunction with this agreement; however, a summary of the main points requires that the participating GPs will:

- (i) Maintain and agree the duty rota for the service.
- (ii) Provide a full assessment of clinical, psychological and social needs of any new patient at the first consultation. This assessment should be documented and retained with the patient's medical notes.

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- (iii) Provide a full primary care service (essential and additional services) to the patients on the Scheme.

- (iv) Commit to undertaking relevant training where deemed necessary to enable the effective execution of duties.

- (v) Meet and confer as necessary with other participating GPs to ensure appropriate continuity of care is being addressed for each patient.

- (vi) Complete a 'Behaviour Record and Assessment' sheet following each consultation, which should be retained with the patient notes. This will help inform the patient review process

(vii) Work with other primary care practitioners, social services and other agencies, including mental health services, to try to identify and treat any clinical and underlying causes of disruptive behaviour, so as to encourage improvement and prevent deterioration.

(viii) Provide information to the patient (his/her family or carers as appropriate) on the availability of GMS services and work with them to develop their understanding of NHS health and social care systems and encourage appropriate use of services in future.

(ix) Assess the suitability of each patient under the Special allocations Patient Scheme for transfer to mainstream general practice and to address any procedural challenges associated with the Scheme.

(x) Promote and actively encourage the training of all practice staff in techniques for dealing with special allocations or aggressive behaviour.

Practice Declaration

The Practice has understood the terms of the Special allocations Patient Scheme and is seeking to provide a service on this basis. The Practice will adhere to the terms of the Scheme and provide monitoring/audit information within the timeframe given, as requested by NHS England – South (South East).

Signed on behalf of the Practice

Name of
Practice: GP
Name (Print):
GP Signature:
Date:

Annex B

Letter to delegated CCGs asking them to confirm their commissioning intentions

SENT TO ALL CCGs APPLYING FOR DELEGATION

NHS England South (South East)
York House
18-20 Massetts Road
Horley
Surrey
RH6 7DE

Tel: 01293 729298

Email: ENGLAND.ssprimarycare@nhs.net

20th February 2017

Dear Colleague

Re: DES - Violent Patient Scheme 2017-18

I am writing to advise that NHS England South (South East) have reviewed the Violent Patient Scheme for 2017-18. As part of this is the need to create greater equity and improve access

to services for this cohort of patients.

We wrote to you on the 20 December 2016 regarding the transfer of responsibility for the commissioning and ongoing management of this service from 1st April 2017 under delegated co-commissioning.

The purpose of this letter is therefore to receive confirmation from you as to the CG's commissioning intentions for this service for the period 1st April 2017 to 31st March 2018.

Please can you provide to me the information requested above by 3rd March 2017. I can confirm that I will be writing to all providers within your CCG area to confirm that the responsibility for this service will be transferring to the CCG from 1st April 2017, copy attached for information.

If in the meantime you have any queries regarding this then please do not hesitate to contact me.

Yours sincerely

Aadil Rashid
Contract Officer

Annex C

Letter to all non-delegated practices inviting them to sign up to the DES

SENT TO ALL PRACTICES IN NON DELEGATED CCG'S

NHS England South (South East)
York House
18-20 Massetts Road
Horley
Surrey
RH6 7DE

Tel: 01293 729298

Email: ENGLAND.ssprimarycare@nhs.net

20th February 2017

Dear Colleague

Re: DES - Violent Patient Scheme 2017-18

I am writing to you in regards to the commissioning of the Violent Patient Scheme.

Attached is a copy of the revised NHS England South East scheme, which we will be adopting from 1st April 2017.

As a practice in a non-delegated CCG, we would like to provide you with the opportunity to sign up to this service with effect from **01 April 2017**.

If you would like to participate in this scheme, please complete the attached sign-up sheet and return to me by **3rd March 2017**.

If you have any queries regarding this scheme then please do not hesitate to contact me.

Yours sincerely

Aadil Rashid
Contract Officer

Annex D

Letter to current providers of the scheme informing them of commissioning arrangements from 1st April 2017

SENT TO ALL PRACTICES IN NON DELEGATED CCG'S

NHS England South (South East)
York House
18-20 Massetts Road
Horley
Surrey
RH6 7DE

Tel: 01293 729298

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If you would like to participate in this scheme, please complete the attached sign-up sheet and return to me by **3rd March 2017**.

If you have any queries regarding this scheme then please do not hesitate to contact me.

Yours sincerely

Aadil Rashid
Contract Officer

Annex E

Letter to all non-delegated practices informing them of the new spec from 1st April 2017

NHS England South (South East)

SENT TO ALL PROVIDERS OF SERVICE

York House
18-20 Massetts Road
Horley
Surrey
RH6 7DE

Tel: 01293 729298

Email: ENGLAND.ssprimarycare@nhs.net

21st February 2017

Dear Colleague

Re: DES - Violent Patient Scheme 2017-18

I am writing to advise that NHS England South (South East) have reviewed the Violent Patient Scheme for 2017-18. As part of this is the need to create greater equity and improve access to services for this cohort of patients, whilst providing appropriate recompense for the provision of this service.

As a current provider of this scheme I am writing to provide you with the revised specification that will come into place on 1st April 2017 and to advise you that as you are located within a non-delegated CCG the responsibility for the ongoing management of this scheme will continue to sit with NHS England South East.

If you have any queries regarding this then please do not hesitate to contact me.

Yours sincerely

Aadil Rashid
Contract Officer