

PREVENTING
VIOLENCE IN GENERAL
PRACTICE

A HANDBOOK FOR
PROFESSIONALS

Produced by the South Wales Working Group on Violence in General Practice
Available at www.south-wales.police.uk

The South Wales Working Group on Violence in General Practice consists of representatives from: -

South Wales Police

NHS Business Services Centre Cardiff (former Bro Taf Health Authority)

NHS Business Services Centre Swansea (former Iechyd Morgannwg Health Authority)

Morgannwg Drug and Alcohol Team

Bro Taf Drug and Alcohol Team

Iechyd Morgannwg Local Medical Committee

Bro Taf Local Medical Committee

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(To avoiding violence and aggression towards staff in general practice) 19

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FOREWORD
BY
SIR ANTHONY BURDEN
CHIEF CONSTABLE SOUTH WALES POLICE

This Handbook has been produced in response to a survey carried out by South Wales Police in co-operation with Bro Taf and Iechyd Morgannwg Health Authorities working with their respective Local Medical Committees and Trusts. The survey was carried out to assess the level of violence against Doctors within the South Wales area.

The findings were very worrying, of the 406 doctors who responded, 79% indicated that they had suffered verbal abuse, harassment or violence in the preceding five years.

It is totally unacceptable that carers within the community should be the subject of violence and abuse.

The purpose of this handbook and Good Practice Guide is to give practical advice to front line staff working within the health service on how they can minimise risk of violence within their work environment. Already, procedures dealing with patients who by their violence pose a threat to health service staff and users of the health service in South Wales have been put in place. These patients will now receive treatment in a controlled environment, greatly reducing the threat they pose.

The Good Practice Guide sets out to build on what is already in place by setting out procedures to ensure that all violence in Health Centres, Doctors Surgeries is reported and recorded. Working in Partnership we can use the information gained to target resources and prevent violence occurring.

The body of the report also contains practical advice on the sharing of information amongst health service professionals, the police and other front line staff.

Best Practice is evolving all the time and if you have developed practices that can help prevent violence please contact:-

The South Wales Police Force Crime Reduction Officer; the manager of your local trust or the registrar of your local NHS Business Services Centre (former local Health Authority whose details are on the last page of this document), so that your ideas can be considered for inclusion.

Violence of whatever form cannot be tolerated and it is my hope that this document will help to reduce violence and better equip those within the health service in how to minimise the risks.

WHY THE VIOLENCE IN GENERAL PRACTICE WORKING GROUP WAS SET UP.

The Violence in General Practice Working Group (VGPWG) was set up as a "task and finish group" as a direct result of work carried out by The South Wales Police, the former Bro Taf Health Authority, the former Iechyd Morgannwg Health Authority and the Local Medical Committees. The initial work examining violence experienced by General

Practitioners resulted in the production of a report outlining some of the problems experienced by GPs within the South Wales area. In the context of this report, violence was defined as "verbal abuse, harassment or violence", and also included "damage to property, threats, blackmail or assault". A meeting of interested parties was held and the VGPWG set up to look at the recommendations from the report and examine means of reducing violence against GPs in particular but in the NHS in general.

The Group took cognisance of work already being carried out in South Wales (notably in relation to "Safe Havens" and a best practice guide on preventing violence). The group sought to incorporate lessons already being learnt, ensuring that best practice was being shared and that where possible the recommendations of the initial report were carried through.

RECOMMENDATIONS OF THE INITIAL REPORT.

That local action plans be developed and regularly reviewed by the police, each Health Authority, Local Health Groups and each Local Medical Committee to: -

- Develop a zero tolerance approach to unacceptable behaviour with GPs being encouraged to inform the police and Health Authority of all instances of abuse for appropriate action to be taken
- Adopt a policy of positive action being adopted by South Wales Police of any incidents.
- Develop robust Health Authority monitoring systems to monitor abusive behaviour in General Practice to ensure resources and support measures are targeted effectively.
- To improve Health Authority mechanisms for timely notification to GPs of previously violent or abusive patients.
- Explore the provision of secure accommodation for a small number of patients with a history of violent behaviour to access general medical services.
- Ensure that practice premises have adequate security measures in place.
- Carry out educational programs relating to such areas as making best use of the Criminal Justice System, security in general practice and Personal Safety at work.
- Seek Partnership with other agencies such as Community Health Councils and Social Services to achieve these aims.

SECURITY ADVICE FOR GENERAL PRACTICES

General Practitioners throughout the South Wales Area were contacted and Crime Reduction Officers attended at Practices where requested to give advice on the security of premises and individuals. The Local Health Boards have been made aware that the South Wales Police Architectural Liaison Officer will give advice on any new developments or alterations to existing building stock where the safety of staff and patients is a consideration.

The Good Practice Guide in this document contains information on how staff can access the help of the police in "designing out violence".

This document and the Good practice guide can be viewed on the South Wales Police web site at www.south-wales.police.uk and copies can be obtained from the force crime reduction officer on Telephone number 01639 889190.

DEVELOPMENT OF ALTERNATIVE PRIMARY HEALTHCARE PROVISION CENTRES

The establishment of an Alternative Primary Healthcare Provision should be considered where patients who are violent or have threatened violence cannot satisfactorily be treated within general practice. This would be because of an ongoing threat to GPs, staff or other patients.

The purpose of establishing an Alternative Primary Healthcare Provision is to provide a primary care centre, independent of general practice, where patients who are violent or have threatened violence can be seen in a safe environment. This provision, ideally with a police presence, should be in an environment where safety and security issues have been carefully considered and implemented.

Patients who may be referred to an Alternative Primary Healthcare Provision arrangement should live within a reasonable distance of that Alternative Primary Healthcare Provision and the services available to such patients should be equivalent to those normally available under general practice arrangements.

Patients who have been violent or have threatened violence and the police have been involved and the patient is immediately removed from a GP practice, should be considered for placement within an Alternative Primary Healthcare Provision arrangement, where available. It is strongly recommended that some form of assessment be carried out of the patient and the actions of that patient and the suitability of the patient being placed within the Alternative Primary Healthcare Provision prior to any referral to that service taking place. It is important that appropriate organisations and individuals are involved in that assessment process (these should include the GP who has immediately withdrawn the patient from his/her list, and a representative from the Local Medical Committee and relevant Local Health Board).

Where it is thought appropriate for a patient to be referred to the Alternative Primary Healthcare Provision, the managers and doctors involved in the Alternative Primary Healthcare Provision should be notified immediately as well as the Police.

It will be necessary for the managers of the Alternative Primary Healthcare Provision arrangement to provide reception facilities for patients to make contact and for appointments to be made with the appropriate doctors. It will also be necessary for the managers of the Alternative Primary Healthcare Provision to have close contact with the local police station so that appropriate arrangements can be made each time a patient needs to be seen in those arrangements.

The Alternative Primary Healthcare Provision Primary Care Centre needs to be appropriately equipped so that a full range of services can be provided to patients. Appropriate arrangements also need to be made for the taking of medical notes and maintaining these in the medical record together with a supply of necessary medical forms.

Where it is clinically indicated that a home visit is necessary, the Alternative Primary Healthcare Provision manager would need to make an appropriate arrangement between the doctor and the patient and also inform the police of the need for a police presence on the visit.

A full prescribing and referral service should be available from the participating GPs to the patients involved in the Alternative Primary Healthcare Provision

The establishment of an Alternative Primary Healthcare Provision is an additional cost to the NHS and should be carefully considered in the planning stage so as to ensure value for money in terms of such a provision.

It is important that patients referred to the Alternative Primary Healthcare Provision are retained within that arrangement for a period of time. A review date should be given so that the patient's behaviour can be assessed with a view to, where appropriate, including patients back in normal general practice arrangements.

It is important that all organisations and individuals involved in the Alternative Primary Healthcare Provision arrangement meet on a regular basis to review the service provided. (eg. the GPs who run the service, the Alternative Primary Healthcare Provision provider, the police, the Health Authority/Local Health Group, Local Medical Committee and Community Health Council)

An Alternative Primary Healthcare Provision was established in Cardiff in January 2001 and during the first year approximately 10 patients were referred to the scheme. The scheme is essentially being run by 3 GPs on a rota basis and managed by Healthcall Services and run from one of Healthcall's Primary Care Centres. There has been full co-operation from South Wales Police and the scheme has run very well.

A Further Alternative Primary Healthcare Provision was established in Swansea in April 2002 covering Swansea, Bridgend and Neath Port Talbot.

An alternative healthcare provision centre is being established in Barry Police Station, Barry Vale of Glamorgan. The centre will be staffed by three GPs and will cover the Vale of Glamorgan area."

An alternative healthcare provision centre was established at Pontypridd Police Station in 2003. The centre is staffed by seven G.P.'s and covers Merthyr, Rhondda Cynon and Taff.

Should anyone wish to receive further information on Alternative Primary Healthcare Provisions please contact: -

NHS Business Services Centre, Cardiff: Steve Roberts Tel. 029 2040 2317 or ...
NHS Business Services Centre, Swansea: Sharon Miller Tel 01792607370

ADVICE ON INFORMATION SHARING

All patients have the right to be on the Medical List of a National Health Service General Practitioner for General Medical Services.

Further, patients have the right to confidentiality in relation to their medical treatment and medical records.

However, a small number of patients use coercion, threats and violence in the context of accessing services, including medical care, and such patients are a potential danger to GPs, their staff and other patients.

Although patient confidentiality is paramount, it may be breached in exceptional circumstances, including matters of safety where there may be unreasonable risks to others.

Where such risks exist, the sharing of information relating to a patient on a “need-to-know” basis with other agencies can be deemed to be appropriate, and may even be a duty.

(A more comprehensive guide to information sharing is available at the end of this document).

A Guide to Information Sharing

Introduction

This guide is intended to provide an overview of information sharing principles and practice and where relevant present the viewpoint of the NHS in order to promote shared understanding.

Part 1 Information sharing principles

Information Exchange and Crime Reduction

The Crime and Disorder act 1998 has placed new obligations on local authorities and the police to work together to jointly develop and implement strategies for tackling crime and disorder in their local area. Confidential and effective information exchange is the key to making partnerships work. The effectiveness of information exchange arrangements is a reflection of the effectiveness of the partnerships as a whole.

What is an Information Sharing Protocol?

An information sharing protocol is a document which facilitates the exchange of information between signatory agencies for specific purposes. e.g. Child protection, vulnerable adults, sex offenders, youth justice. In addition to the protocol itself there will be an agreed procedure adopted by the individual agencies to manage the actual exchange of information.

What are the two types of information relevant to information sharing ?

1. Depersonalised information

This is information where it is not possible to identify an individual. In a community Safety setting, it is likely that this information will be used for Crime and Disorder Audits or for monitoring and evaluating the success of local Community safety strategies. This information can be freely exchanged even in the absence of an information sharing protocol.

2. Personalised information

This is information which relates to an individual who can be identified and it can only be exchanged within certain guidelines. The information sharing protocol facilitates the process of exchange.

Caldicott Guidelines on patient identifiable information in the NHS

- *The Caldicott report published in 1997 made a series of recommendations aimed at improving the way in which the NHS handles information which identifies patients.*
- *Six general principles were established referred to as the Caldicott Guidelines.*
- *Principle 1 Justify the purpose: Every proposed transfer of patient identifiable information should be clearly defined and scrutinised.*
- *Principle 2 Don't use patient identifiable information unless it is absolutely necessary.*
- *Principle 3 Use the minimum necessary patient identifiable information.*
- *Principle 4 Access to patient identifiable information should be on a strict need to know basis.*
- *Principle 5 Everyone should be aware of their responsibilities.*
- *Principle 6 Understand and comply with the law.*

Legal issues relevant to information sharing between agencies

1. Consent

- Many of the issues surrounding disclosure can be avoided if the consent of the individual has been sought and obtained.
- No details of victims, witnesses or complainants should be disclosed without their written consent.
- It is essential to think about how to minimise the problem using creative solutions. The Cardiff Violence Group for example has designed a consent form for local A&E to use with patients so that they can collect data that will be used in crime audits.

NHS

- *If an individual wants information about themselves to be withheld from someone else the individual's wishes should be respected unless there are exceptional circumstances.*
- *The exceptional circumstances which override an individual's wishes arise when:*
 - ◆ *the information is required by statute or court order*
 - ◆ *or there is a serious public health risk*
 - ◆ *or there is risk of harm to other individuals*
 - ◆ *or for the prevention, detection or prosecution of serious crime.*
- *The decision to release information in these circumstances, where judgement is required should be made by a nominated senior professional within the agency, and it may be necessary to take legal or other specialist advice.*

2.Public Interest

If consent has not been sought or has been sought and withheld, the agency must consider if there is an overriding public interest or justification for the disclosure.

NHS

- *'Public interest' requires a balancing judgement to be made on a case by case basis.*
- *Specific measures to prevent crime, reduce the fear of crime, detect crime, protect vulnerable persons, maintain public safety, or divert young offenders from re-offending are clearly in the public interest.*
- *Guidance to the GMC and the Dept of Health both consider that disclosure to prevent 'serious' crime falls within a public interest justification.*
- *The GMC guidance states serious crimes 'in this context, will put someone at risk of death or serious harm, and will usually be crimes against a person, such as abuse of children'.*
- *The Department of Health guidance states 'passing on information to help tackle serious crime may be justified if without disclosure, the task of preventing, detecting or prosecuting the crime would be seriously prejudiced or delayed. The guidance by way of illustration quotes 'serious arrestable offences'.*
- *Requests for information relating to a number of patients in order to identify one or more is likely to be justified only if there is a very strong public interest.*

Key legislation in relation to disclosing information

1.Crime and Disorder Act 1998

- Section 115 of the Crime and disorder act 1998 provides that any person has the power to lawfully disclose information to a relevant authority, *for the purposes of the Act*, where they do not otherwise have this power.
- The section does not impose a requirement on them to exchange information, and control remains with the agency which holds the data. However, the NHS Trusts and Health Authorities are subject to a duty to co-operate with crime reduction strategies by virtue of their inclusion within section 5 of the Crime and Disorder Act.

NHS

- *The Crime and Disorder Act supports and facilitates the exchange of information but does not in itself constitute a statutory requirement for NHS organisations to disclose patient information to other agencies.*
- *In the absence of such a requirement, it is essential that NHS organisations, whilst contributing as fully as they are able to their local crime partnership, continue to operate within the constraints provided by common and statute law.*
- *Any disclosure of patient based information, almost always provided to NHS staff in confidence by patients, must therefore have regard to both the common law duty of confidence, and statutory restrictions on disclosure.*

2.Common Law duty of confidentiality

In general, any personal information given or received in confidence for one purpose may not be used for a different purpose or passed to anyone else without the consent of the provider of the information. This duty of confidence is long established at common law. The duty of confidence applies only to **personalised information**.

Confidentiality in the NHS

- *Everyone working for the NHS is under a legal duty to keep patients' information, held in whatever form, confidential. This applies to manual and computer records and conversations about patients' treatment.*
- *This includes obvious material such as medical records and also non-health information e.g. patients name, address, date of birth, financial and domestic circumstances whether provided by patient, relative or NHS staff.*
- *Deceased patient information is also treated as confidential.*
- *Failure to maintain patient information in a confidential manner can result in disciplinary proceedings being taken against a member of staff*

3.Data Protection Act

- The data protection Act 1984 was introduced to safeguard data held on computer about living individuals. It has been superseded by the 1998 Act which additionally covers some manual data.
- Personal data held by someone about any living individual must be held for a specific purpose, with the knowledge of the individual and safeguarded against unauthorised disclosure. [There are police exemptions]
- Unauthorised disclosure is a criminal offence.
- Section 29 of the Data Protection Act 1998 creates an exemption whereby disclosure may be made for the purpose of the prevention or detection of crime, apprehension or prosecution of offenders and where failure to disclose would be likely to prejudice those objectives.
- Any request for disclosure under this exemption should specify as clearly as possible how failure to disclose would prejudice the objective. e.g. why proceedings might fail without such information.

4.Human Rights Act

- Article 8 which protects the right to respect for private and family life is the most relevant to information sharing between agencies.
- The Human Rights Act requires that the rights of the individual are balanced against the interests of the community and any exchange of information is proportionate to the pressing social need.

Part II Information Sharing in Practice

1.The Process

The exchange of information should follow a series of sequential steps. All of these should normally be completed when sharing any personalised information.

i] Initial contact with partners.

This may be in the form of regular partnership meetings, where issues may be raised in relation to particular individuals.

ii] Formal request for information.

The partnership/one partner agency will then have to formally approach each agency from which they require information. Forms will have to be completed to record such a request.

iii] Assessment of request.

The request will have to be taken back to the Designated Officer of the supplying agency for assessment and approval.

iv] Meeting to exchange information.

Another meeting will normally have to be held where the information is actually exchanged.

v] Nominate a 'holder' of all the information gathered.

This is so that one person can be responsible for the exchange and may be contacted at a later date should this be necessary. This person should liaise directly with the Designated Officer

2.Security of Data

i] Exchanging Information Securely

It is important that we exchange information safely - we have to ensure that we are only exchanging information with those people we think we are! Data can be exchanged in a variety of ways and there are advantages and disadvantages to each method. Ways in which you may choose to exchange information are:

Fax	This is only secure if the recipient is waiting at the machine to receive the document immediately. Do not assume this will always be the case.
Email	This is only completely secure if the message is encrypted.
Paper Copies	These are only secure when kept under lock and key.

Post	This is only secure if using a tamper-evident envelope, preferably inside another envelope.
Verbal Exchange	This is only secure if it is not repeated to unauthorised personnel

Always choose the most secure and confidential route of exchange available to you - think through all these methods before you use one.

ii] Keeping Information Securely

Once we have exchanged the information, we have to be careful how it is stored. Information can be stored in three ways:

- a. Manually (**paperwork**)
- b. Electronically (**documents created on a computer, email**)
- c. Verbally (**nothing in writing**)

We need to ensure that certain checks are made depending on how the information is stored.

a] Manual (non-electronic) data

- ◆ **regularly review the need for keeping the data**
- ◆ **keep it secure [preferably locked]**
- ◆ **keep it out of sight**
- ◆ **keep it organised**
- ◆ **mark it 'confidential'**
- ◆ **dispose of it wisely**
- ◆ **take responsibility for it**

b] Electronic data

- ◆ **regularly review the need for keeping the data**
- ◆ **use a password-protected screen-saver - activate it when you leave your desk**
- ◆ **use document passwords - but make sure you remember what they are!**
- ◆ **take responsibility for it**

c] Verbal information

- ◆ **Exchange data verbally only with extreme caution**
- ◆ **Record and validate the exchange as soon as possible, then follow the guidelines for security of manual or electronic data**
- ◆ **Share the information as appropriate within the protocol - never repeat it casually**
- ◆ **Take responsibility for it**

3.Review and weeding of data

Data obtained from another agency should be returned to the originator or destroyed after it has fulfilled its use under the request

4.The Designated Officer

Is responsible for ensuring that the correct procedures are followed every time information is exchanged with other agencies.

5.Final reassurance

Sharing personalised information need not be difficult - it is something that needs to happen in order to effectively identify and solve crime and disorder problems in local areas. It is also worth remembering that everyone involved in information exchange whose agency is a signatory to an information sharing protocol is indemnified by the provisions of the Crime & Disorder Act 1998 when the correct procedures are followed and the correct Data Protection Registration is in place within their agency.

Further advice can be obtained from:

- The relevant Professional Bodies (e.g. GPs may wish to contact the secretary of the Local Medical Committee, their Defence organisation or the local British Medical Committee office)
- The Data Protection Officer in the relevant NHS body
- The Caldicott Guardian in the relevant NHS body

SHARING BEST PRACTICE – The Way forward

A survey of General Practitioners has shown that there are many incidents of violence to GPs, their staff and other patients, and that most of these incidents remain unreported to Health bodies or the Police.

As a result, the problem of violence to GPs, their staff and other patients has not been fully addressed.

This Handbook is an attempt to identify current “Best Practice”, although the agencies involved have identified a number of key areas that will need to be updated as expertise is developed in areas such as prevention, information sharing, collaborative working and the operation of the Alternative Primary Care schemes.

The main functions of this Handbook and associated “Good Practice Guide” are to:

- Promote the reporting of all incidents of violence
- Raise awareness of the problem of violence to the persons most at risk
- Minimise the risk of others being exposed to violence
- Offer guidance as to how to deal with certain problems
- Encourage appropriate training for GPs and their staff
- Develop new solutions to the problem of violence to incorporate any changes to the law and to the regulations of the authorities concerned

This Handbook has the support of the South Wales Police, and the other agencies involved in the Working Group.

The Handbook is recommended for implementation by all concerned.

A GOOD PRACTICE GUIDE

Avoiding Violence and Aggression Towards Staff in General Practice

Available at www.south-wales.police.uk

Background

This guide has been produced by the Morgannwg Working Group, in response to the research report on “Violence in General Practice”, which was compiled by the South Wales Police in partnership with Iechyd Morgannwg Health, Bro Taf Health Authority in consultation with the respective Local Medical Committees. The guide also takes account of Welsh Health Circular WHC (2000) 69, “Tackling Violence towards GPs”. The guide relates to all aspects of practice business, where violence could foreseeably be a problem. It is intended to cover all staff, not GPs exclusively. The guide will be supplemented by appropriate training.

Definition of Violence

The definition of work related violence is not subjective. Violence means:

“Any incidents where 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”.

Legal Framework

- The legal responsibilities for employers to protect their staff are framed by both national and European health and safety legislation and by their common law duty of care.
- Healthcare is integral to the communities within which they are delivered. Consequently, fostering good relations within the community and with organisations such as the police is important in reducing violence against staff in the NHS. The Crime and Disorder Act 1998 requires Local Authorities and police in co-operation with other bodies including NHS Trusts and Local Health Boards to formulate and implement crime and disorder strategies.
- **Appendix I** offers additional information.

Your role

The aim of this booklet is to establish YOUR security role. Whether you are a doctor, nurse, receptionist, caretaker or cleaner, you have to be SECURITY CONSCIOUS. As a member of staff it is your duty to keep your eyes open, look for unlocked doors and windows, challenge strangers, carry out security procedures thoroughly, and report all incidents. OVERALL THAT MEANS WORK TOGETHER. WE MUST NOT BE AN EASY TARGET!

Assessing the Risk of Violence

There is no single solution to preventing violence against staff working in general practice. However there are tasks that can be carried out to help prevent such incidents. Prevention of violence at work must start with a full assessment of the risks. Risk assessment should be carried out by appropriately trained staff, and should be complemented by a programme of action to reduce the risks. However it is important to note that this should not be seen as a one off exercise but should be subject to ongoing monitoring and review to ensure the assessment is a true reflection of your current work situation. Be prepared to add further measures or change existing measures where these are not working. This is particularly important where the job changes. If a violent incident occurs, look back at your assessment, evaluate it and make any necessary changes.

Practices should develop local prevention strategies. These should take account of the *environment* in which you are delivering the service, involve *training* of staff, an assessment of *communication* processes within the practice. These are discussed in more detail below.

Environment

The environment in which staff work, patients are treated and other members of the public visit can have a significant influence on behaviour. You should consider assessing environmental factors such as cleanliness, light, temperature, the adequacy of space, control of access and signage as well as the provision of, e.g. smoking areas and private room(s). This will ensure that the physicality of a place doesn't trigger or exacerbate a stressful situation. Appendix II offers some useful tips and possible sources of funding. The use of CCTV has also been well documented as a good disincentive to anti-social and/or unlawful behaviour. Local crime reduction officers are trained to offer advice on environmental factors, their services are free and their details are included at the end of this document.

Reception areas are often the first part of the practice that patients see. Naturally, many of the people who walk into a practice are either under a great deal of stress, in pain or very upset. The reactions of these people can, therefore, never be predicted. It is vital that we do everything possible to keep people occupied whilst they are waiting in reception. We must help them to stay calm. Here are some pointers to help reduce the threat of violence and aggression in reception areas:

Training

Staff working in the NHS should know that their safety comes first. They should not be in situations that make them feel unsafe. However, if they are, they need to know how to deal with them. Appropriate staff training is therefore crucial. You should assess the risks to staff members and analyse their training needs. In doing so it will be possible to gauge the sort of training they require according to their roles and ensure that this is appropriate to the degree of risk an individual employee faces. Training should be up-to-date, relevant, purposeful, backed by evidence, given by experts and include scope for feedback. Ideally, GPs **and their staff** should receive the same training as their staff to ensure continuity.

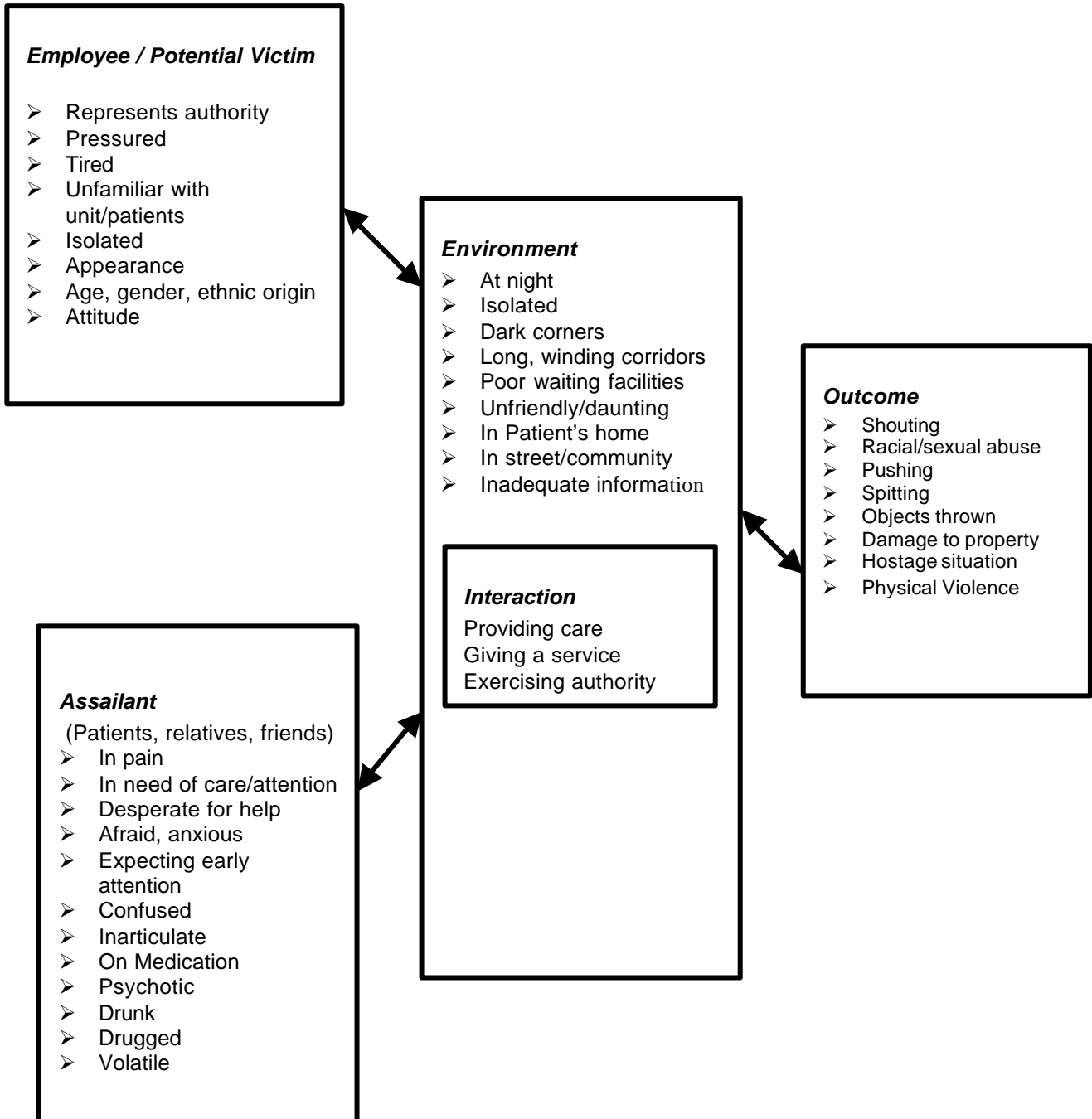
Appendix III offers useful contact points for training provision.

Communications

Maintaining effective communications channels with staff, and particularly those working in the community, is important. The communications needs of staff need to be considered and the measures that can be taken to minimise any risk to their safety. These might include:

- Providing panic-button alarms and appropriate two-way communications systems such as mobile phones, which are increasingly being used by staff whose work places them in vulnerable situations. **Appendix V** gives some useful tips.
- Establishing protocols for informing members of staff that a colleague is out, where they have gone and their approximate return time. Procedures for reacting to protocols should also be in place; and
- Improving communications between all members of the Primary Health Care Team.

Model of a Violent Incident



Avoiding Aggression

Avoiding aggression involves a three-point plan; *prevention, controlling* the situation and *de-escalating* the situation. These are discussed in more detail below:

(**Appendix III** gives details of training provision)

Prevention -there are several danger signals, which could include behaviour of others, your own behaviour, workplace or situational indicators. Staff should remain vigilant, think defensively and respond immediately to danger signals. **Appendix V** offers some useful tips

Control - it is important to ensure you stay in control of a situation. Make sure you breathe deeply, maintain a barrier, stand side on, use open hand gestures and maintain eye contact.

De-escalation - this can vary with the particular situation or individual concerned but strategies could include, acknowledging the aggressor's mood, offering help, asking open ended questions, trying to resolve the problem, withdrawing or summoning assistance.

What to do if Prevention Fails

Practices are encouraged to report incidents to the Local Health Board/NHS Business Services Centre. **Appendix VI** tells you about the removal and allocation process. **Appendix VII** offers some useful advice and practices may wish to make use of the 'Acceptable Behaviour Contract' shown at Appendix VII where appropriate.

What about the Victims?

If there is a violent incident involving your workforce you will need to respond quickly to avoid any long-term distress to employees. It is essential to plan how you are going to provide them with support, before any incident. Depending on the extent of the incident you may wish to consider the following:

Debriefing - victims (and witnesses) will need to talk through their experience as soon as possible after the event. Remember that verbal abuse can be just as upsetting as a physical attack.

Time off work - individuals will react differently and may need differing amounts of time to recover. In some circumstances they might need specialist counselling.

Legal help - in serious cases legal help may be appropriate

Other employees - may need guidance and/or training to help them to react appropriately.

Next Steps

Hopefully, this booklet will have changed your attitude to security and made you more aware of your responsibility. Effective security is all about good housekeeping and management. Sometimes a cultural change is required, **policies must involve medical and support staff**. No one is exempt.

Crime prevention strategies can be budgeted for over a period of time. Good crime prevention will improve quality of life and bring economic returns. Security issues should play a part in all meetings and training courses. GPs as employers have a duty to care for patients and staff. Staff have a duty to care for patients and visitors. If sensible working practices are adapted across the board, everyone will be a winner. **Appendix VIII** suggests where further information may be sought.

You might not be able to digest all of the information in this book at once, but here is a quick security checklist for you.

- Enforce all security regulations in your practice.
- Know all security responsibilities and procedures.
- Inform others of security procedures.
- Stay alert and assertive.
- Avoid security short cuts.
- Always keep valuables out of sight.
- Mark all property with the practice postcode.
- Know what to do in an emergency.
- Always act within legal guidelines.
- Report suspicious incidents immediately.
- Use your security facilities to the full.
- Ask your local police Crime Reduction Officer for advice.

In short:

Don't be an easy victim!

As an expert in your workplace, you will probably be familiar with many security solutions. Contribute your ideas freely and have a positive attitude to practice security.

Appendix 1

Suspicious or Criminal Behaviour

CAUTION!

The public are advised never to involve themselves in any incident, which puts themselves or others at risk. If you see a crime being committed call 999.

Ask your local Crime Prevention Officer about specialist training and advice.

The law on arrest is as follows

It is not necessary to touch or lay hands on a person to arrest them. You must simply inform the person immediately that he or she is under arrest and explain the grounds for the arrest. Even if the person has escaped before all of the information has been given, the arrest will still be lawful.

Although it isn't vital that all of your words are exact ones laid down, the following statement will be effective:

'I am arresting you for You do not have to say anything unless you wish to do so, but what you say may be given in evidence.'

You can arrest someone:

- Who has committed, or you reasonably suspect has committed, an assault where injury has occurred, which requires stitches for example but not a slight bruise or a graze.
- You can arrest someone who damages property (where the damage is not accidental) or you reasonably suspect has damaged property.
- You can arrest someone who steals property where they have no right to take the property, or you reasonably suspect they have taken such property.

Trespassing on land or property is a civil wrong NOT A CRIME. Trespassers can be sued for damage and an injunction sought. THEY cannot be arrested solely for trespass.

Appendix II

Protocol For Premise Security

This protocol is intended to provide practical suggestions on how you can work to improve the safety and security of the physical environment from which you operate. It covers areas of best practice that can help to reduce the likelihood of aggressive behaviour and lists the minimum specification of security measures in terms of equipment that should be in place to protect staff, patients and visitors to the practice.

- Reception / Waiting areas should be kept clean and hospitable. Up to date reading material should be provided or other forms of entertainment such as television / radio to reduce boredom, frustration and anxiety.
- Space should be properly planned to avoid overcrowding and facilitate the movement of people.
- Temperature should be controlled during seasonal extremes to maintain an environment that is comfortable.
- Comfortable and appropriate seating should be provided i.e. suitable for people with disabilities also. Seating should be secured to the floor if the layout and use of the area allows.
- Signs should be clear, simple and visible to direct people to the appropriate location e.g. treatment rooms, toilets etc.
- Where artificial lighting is used, ensure that this is adequate and maintained to avoid flickering and failure.
- Car parks and external concealed areas should be adequately lit using either automatic or activated lighting.
- Access to the premise should be controlled and monitored. Consider the use of a single entrance / exit where possible.
- Use high quality secure lockable doors where patient / visitor access is restricted.
- Implement a routine for locking / unlocking the premise at the beginning and end of the day. Two people should be present.
- Reception desks should be wide enough to prevent potential aggressive patients reaching over.

- More than one receptionist should be available at the front desk to allow a patient to be taken to one side if felt necessary, or so that a senior member of staff can be summoned without leaving the desk unmanned.
- Keep patients informed of any delays to reduce frustration.
- Panic Alarms should be fitted in the reception area and all consulting rooms, out of the reach of children but easily accessible. Regular testing of the panic buttons and the planned response time is essential.
- A dedicated phone line or posting messages on the computer should be used to communicate quickly and discreetly between the reception area and consulting rooms.
- Doctors / practice staff chairs in consulting / treatment rooms should be sited closest to the door for easy escape from a potentially aggressive situation.
- Mobile phones should be provided for staff working outside the practice environment and a 'call in' system implemented.
- Installation of CCTV should be considered obtaining specialist advice from a reputable security company.
- Develop relations with your local police and crime prevention officer to provide ongoing support and advice.

New Premise Builds

If you are planning to move to a new building or making major refurbishments, you have an excellent opportunity to build preventative measures into the design and layout of your premises. Advice and assistance should be sought from your Local Health Board and Crime Prevention Officer to ensure that the security of your staff, patients and premise is an integral part of the project.

Where to get Advice and Assistance?

Your Local Health Board will be able to assist you in ensuring that your premise is safe and secure. Limited funding is available although there are a number of sources that can be accessed e.g. Improvement grants, Primary Care Development Funds, Incentive Prescribing Savings Scheme. Application for assistance should be made to your Local Health Board in the first instance through either the Chief Executive or the Primary Care Development Manager.

Police Crime Prevention Officers offer their advice free of charge.

Appendix III

Training Providers

The following is a list of training providers that can offer specialist training to your staff. If you wish to arrange training then please contact your local LHB who may be able to assist with the cost or organisation of training events.

BASIS (Breakaway & Self Defence Instruction Specialists) Tel – 01446 740411

They offer training at the following levels:

- Level 1 – Aggression Management
- Level 2 – Breakaway & Defence
- Level 3 – Control & Restraint

They also provide specialised advice on:

- Stress
- Anxiety
- Weapon Disarming Training
- Anger Management

Swansea NHS Trust

Contact: Personnel Department at Cefn Coed Hospital

This programme provides training undertaken by internal trainers on:

- Level 1 – Violence & Aggression, risk management
- Level 2 – Diffusing Situations
- Level 3 – Physical intervention techniques

Millennium Training & Development – Personal safety consultants & trainers for the Suzy Lamplugh Trust

Tel – 029 20 756593. A 1 Day course covering:

Violence at work,
Minimising risk
increasing personal safety

They can provide talks on:

- Perception of risks/statistics
- Legal position
- Physical symptoms of fear/quick action tension release
- Body language & personal safety

They will also give advice on drawing up policy documents.

REACT

Contact: [01792] 42007847 Hereford Court
Sketty Green
Swansea

Provides Level 2 Training, which includes talkdown & breakaway techniques.

Asset Information Limited

Contact: [01223] 511902
161 Station Road
Impington
Cambridge

www.workplacelaw.new

Provides expert guidance with practical workshops and seminars on topics such as:

- Legal Issues in Security, CCTV and Data Protection
- Disability: Making Buildings Accessible

NHS Business Services Centre, Cardiff Training Centre

Contact: Lorraine Dudley, Rhondda Cynon Taf L.H.B., Unit 17 and 18 Centre Court,
Treforest Industrial Estate, Treforest, Pontypridd, CF37 5YR Tel 01443 824400

South Wales Police

Training can be obtained from South Wales Police on a number of issues.
For details contact the local Crime Reduction Officer detailed at the end of this guide.

Appendix IV

Be Prepared! (Some useful hints on personal safety)

Staying safe is very much a matter of common sense. The unfortunate thing is, however, that when we feel threatened or vulnerable, common sense is something we tend to forget. Naturally, our safety depends very much on the actions of others, but, by following some simple guidelines, we can reduce the risk of attack and help to ensure our own well being.

Many GP staff work unusual but predictable hours. This often entails travelling home later at night or early in the morning when public transport is not widely available. The following guidelines can apply to anyone in any situation. Think how much more relevant they are to you then when you're working hours make you so much more vulnerable.

Walking

Keep to main, well-lit paths and don't take lifts from strangers. Carry a personal alarm. Walk facing the traffic.

Think about your clothing: wear something sensible that doesn't attract attention.

If attacked, shout and scream, make as much noise as possible.

Carry a phone card in your pocket or handbag for an emergency phone call.

Be aware of your surroundings especially at cash points, telephone booths, near pubs and clubs.

Tell someone where you are going, which route you are taking and when you will be back.

Don't carry large amounts of money and hide valuables from view.

If an official escort service or minibus can take you back to your accommodation, then **USE IT**.

In the car

Keep your vehicle in good mechanical order and make sure that you always have sufficient petrol.

Know your route and always have a map at hand and park in a well-lit, easily visible area.

Ask someone to walk you to your car.

Lock all of your doors when driving along and keep your bag out of sight, NOT on the car seat next to you.

If you breakdown at night think before you act:

- Are you safe inside the car?
- Is the car in a dangerous position?
- Are you in a well-lit residential area where you can call for help?
- Is it likely that a police patrol vehicle will be close by?

Choose the option, which involves least risk and Report any suspicious behaviour of incidents immediately

Although we have already discussed the main points of personal security, there are some extra points to consider on the subject of female safety.

Many women are constantly intimidated by the threat of attack. Here are some suggestions as to what men can do to reduce that intimidation:

Don't walk behind a woman who is on her own cross the road.

Don't sit too close to a woman on public transport.

Don't be too chatty to a woman who is on her own your friendliness could be misconstrued as threatening behaviour.

In the Surgery

As always, there must have a system ready so that we know how to deal with attacks if they happen:-

- Develop a way of calling for help: an alarm code, bell push etc.
- Call for help (and the police, if necessary) in plenty of time.
- Make sure that assistance calls are answered as a priority.

And afterwards:

- Analyse the reasons for the incident and the outcome.
- Offer support and counselling for the victim.
- Write a full report on the incident (Incident report forms are included in this report).

Appendix V

Violence against Staff

In the surgery violence against staff is an outward sign of the frustration felt by many patients in our care. Fortunately, most people are able to control their emotions, but primary healthcare staff are more likely than most to come across those who can't. Here are some guidelines concerning violent patients and how to cope with them:

- Look for signs of aggression such as uneven speech, shaking, changes in complexion and breathing.
- Stay cool, think as a care professional.
- Immediately assess any dangerous situation. Think:
 - What has happened?
 - What might happen?
 - Is the person a danger to others?
 - Is the person a danger to themselves?
 - What was the cause of the situation?
- If you can deal with the situation yourself do so; if not, get help by pulling an emergency cord or getting someone to take a message to a colleague.
- Protect other patients and yourself.
- Remember, damaged equipment is better than injured people.
- Be positive, tactful, serious and assertive.
- Don't be confrontational or patronising.
- Try to reduce the tension and remove the cause of aggression.

Threats to staff on home visits

No matter how good security in the surgery is, there will be times when a member of staff has to go out and visit patients in their own homes. Naturally, it is vital that we take all possible precautions to ensure that staff are safe all of the time. Here are some practical tips that will help to reduce the risks faced by staff on home visits:

- Leave details of your itinerary at the surgery and advise colleagues of any changes.
- Carry a radio link or mobile phone so that you can advise colleagues of your whereabouts at regular intervals.
- Arrange a code word/phrase that will alert your colleagues that you are in danger.
- Lock all equipment in the boot of your car.
- Keep comprehensive records of all home visits detailing any particular risks.

By keeping an up-to-date centralised record system, you will be aware of any potential problems before you visit the client. Record details such as:

- Location of house B, is it remote?
- Means of access to house.
- Attitude of patient.
- Any dangerous pets or obstacles?
- Procedural problems B does client find it difficult to move?

These records will act as an aide-memoir for next time you visit the house and an invaluable source of information for anyone visiting the house for the first time.

Once you have assessed the risk in visiting a client, you can decide whether or not you need to be accompanied on your visit.

Anticipating an Attack in the Community

Consider the possibility of attack in advance. Ask yourself if you are physically strong enough to defend yourself immediately, or will you play along with the attacker and choose your moment to escape. Whatever you decide, here are some tips to help:

- Move quickly.
- Make as much noise as possible.
- Use your umbrella, hairspray or keys against the attacker. Breathe deeply and steadily.
- Don't argue with the attacker.
- Stay as calm as possible.
- Don't fight with the attacker but do try to escape.
- When you escape, head for a well-populated area.

One way of boosting self-confidence and protecting yourself is the art of self-defence. Naturally, the best way to learn self-defence is through a regular class but, here are some self-defensive tips:

- Self-defence is as much about timing as force. You don't have to be the strongest person in the world, but you do have to be able to target your energies effectively. No matter how frightened you are, it is vital that you choose your moment to escape carefully.
- If you are grabbed from the front, bring your hands up through the attacker's arms. Use the heel of your hand to hit their chin or nose.
- A poke in the eye will knock the attacker off balance and give you time to escape. Biting the attacker's hand or arm will also have the same effect.
- If you are grabbed round the neck, take hold of the attacker's little fingers and pull back hard.
- If you see the attacker coming towards you, scream at them. If they manage to take hold of you, knee them in the groin.
- If you are grabbed from behind, stamp on the attacker's foot or scrape your heel down their shin.

Remember at all times only REASONABLE force should be used to prevent an attack.

Appendix VI

Further Action

If you wish to remove the patient from the practice list you need to complete a doctor request form and send it to the Business Services Centre, Registration department: You will be asked to give further information regarding the incident to enable the Health body to consider whether the patient is suitable for allocation to an alternative primary care premises

If you do not wish to call the police but want to remove the patient from the practice list you are able to request a normal seven day removal.

If you do not wish to report the incident to the police or remove the patient from the practice you may wish to use an acceptable behaviour contract. Further details of this can be found in Appendix VIII.

Please keep information on ALL incidents regardless of whether you remove the patient from the list or report an incident to the practice. This will enable the Local Health Boards, the Business Services Centre and the South Wales Police to target resources effectively to support practices. It will also help you to monitor the number and type of incidents related to a particular patient. You may wish to use the attached form to keep a log of all incidents.

Appendix VII

IF THERE IS AN INCIDENT

You should report the incident to the police immediately. It could mean the difference between an arrest and the attacker striking again. Don't be afraid to report the incident. Your case will be treated sympathetically and in confidence. In serious cases, police forces have access to specially trained staff who will be able to give you the advice and counselling you need.

Whilst you are waiting to speak to the police:

1. Don't drink any alcohol.
2. Don't wash.
3. Don't change your clothes.
4. Write down all the facts that you can remember about the attack.

Including:

How you felt

Details of witnesses

Details of any injuries

Details of any weapons used

Details of any property damaged or stolen

Description of person involved:

Sex	Clothing
Height	Accent
Age	Facial features
Build	Hair colour
Age	Ethnicity

Description of Vehicle:

Make	Number of occupants
Colour	Registration

You may wish to use the attached aide memoir. If the police are called ask the operator for an incident number and the officer attending for his/her collar number.

VIOLENCE IN GENERAL PRACTICE AIDE MEMOIR

To be used as an aide memoir whilst waiting to speak to the police

Date Time

Type of incident

Description of incident

.....

.....

.....

How did you feel?

.....

Number of persons involved

Detail of persons involved (if known)

Name

Address

.....

.....

Sex

Hair colour

Height

Facial features

Build

Clothing

Age

Accent

Ethnicity

Description of Vehicles involved

Make

Registration

Colour

Number of occupants

Damage/ injuries caused

.....

Details of any weapons

.....

Property stolen

TO BE RETAINED BY THE PRACTICE

LOG OF VIOLENT/THREATENING BEHAVIOUR IN GENERAL PRACTICE (WHERE IT IS NOT INTENDED TO REMOVE PATIENTS)

DATE OF INCIDENT TIME OF INCIDENT

INCIDENT REPORTED BY

PATIENTS NAME

PATIENTS ADDRESS

.....

DATE OF BIRTH NHS NUMBER

VIOLENT INCIDENT TOOK PLACE AT

.....

NAME OF GP

OTHERS INVOLVED

.....

.....

DETAILS OF THE INCIDENT

HARRASSMENT/ABUSE ÿ VIOLENCE/ASSAULT ÿ DAMAGE ÿ

.....

.....

.....

REPORTED TO THE POLICE? YES/NO

Violence in General Practice is seen as vastly underreported. This form will be used to collect information for use by the Local Health Boards, the Business Services Centre and the Police to identify problem issues/areas. The information shared will be agreed with the Caldicot guardian and will be anonymised.

Appendix VIII

ACCEPTABLE BEHAVIOUR CONTRACTS

Some patients who threaten or proceed to actual violence against General Practitioners and their Staff show early signs of inappropriate attitude or behaviour before a violent incident occurs. In such cases, it may be appropriate to consider asking the patient to sign an Acceptable Behaviour Contract that clearly lays down what is acceptable and what is unacceptable behaviour when accessing services and care from GPs and their Staff.

Acceptable Behaviour Contracts have been used with some success by a number of Housing Authorities and Social Service departments across the UK, where they can act as a warning to potential problem clients / patients that certain behaviour will result in action being taken. A duly signed Acceptable Behaviour Contract may also be copied to other agencies for the purpose of monitoring the Contract and for the purpose of assessment of risk to and protection of other persons.

An Acceptable Behaviour Contract should be considered:

1. Where a patient shows early signs of inappropriate attitude or behaviour
2. As an alternative to removal of the patient from the GPs Medical List in the case of a less serious incident
3. When any patient who has been attending an Alternative Primary Care Facility is discharged to register with a GP in the normal way

A sample contract, which has been cited by the National Assembly for Wales as Good Practice, is attached.

ACCEPTABLE BEHAVIOUR CONTRACT

An Acceptable Behaviour Contract is an individual written agreement between a patient and a doctor in which the patient agrees not to carry on with certain identifiable acts.

The Contract:

is between (the Patient)
.....
and (the Doctor).....
.....
for six months (with the option of extension)
from (date)

The Conditions:

.....(the Patient) agrees the following in respect of future conduct:

1. I will not threaten or abuse doctors and other surgery staff (this includes swearing).
2. I will not threaten or abuse other patients (this includes swearing).
3. I will not damage any property or write graffiti in and around the surgery / medical centre.
4. I will not act in a manner that causes or is likely to cause harassment, alarm or distress to doctors, surgery staff and other patients.

Breach of this Contract

If(the Patient) does anything which he / she has agreed not to do under this contract the with Practice, he / she can expect to be:

1. Removed from the above doctor's list.
2. Reported to the police with view to charges being brought against him / her.
3. Considered by the Health body for listing under the Violent Patients regulations which could mean that he / she will be allocated to a surgery / alternative primary care scheme at which he will only be seen by a doctor when the police are in attendance.

Confidentiality:

A copy of this contract may be disclosed to other agencies for the purpose of monitoring the contract and for the purpose of assessment of risk to and protection of other persons.

Declaration:

I confirm that I understand the meaning of this contract and that the consequences of breaking the contract have been explained to me.

Signed by: (the Patient)
..... (date)

Signed by: (the doctor)
..... (date)

Witnessed by: (Name of Witness) (Office)*

(* May be omitted if both parties to the Contract agree that a witness is not necessary)

Appendix IX

Further Information

NHS Executive Publications

Copies of the following publications can be obtained by ringing the NHS Response line – Tel 01541-555455.

Working Together –Securing a quality workforce for NHS (1998)

Staff Health, Safety and Welfare (1998)

Effective management of security in A & E (1997)

Safer Working in the Community (1998)

Published jointly with the Royal College of Nursing. Copies are also available from RCN Direct (Re-order No. 000 920)

Other publications

Copies of the following publications can be obtained by contacting the relevant organisation direct (contact details are given at the end of this resource sheet).

Guidance on Statutory Crime and Disorder Partnerships: Crime and Disorder Act 1998 (1998) available from the Crime Reduction Unit in the Home Office

“Witness in Court” available from the Home Office.

“The Victim’s Charter” available from the Home Office.

“Victims of Crime” available from local police or the Home Office.

“Victims of Crime of Violence” available from the Criminal Injuries Compensation Authority.

“Violence” available from both local offices or the national office of Victim Support.

“The Crown Prosecution Service” available from the Crown Prosecution Service (CPS)

“Code for Crown Prosecutors” available from the Crown Prosecution Service (CPS).

“Statement on the treatment of victims and witnesses” available from the Crown Prosecution Service (CPS).

“Courts Charter” available from the Court Service.

“Magistrates’ Court Charter” available from local magistrates’ courts.

“Going to Court” available from both local and national office of Victim Support.

“Working for Victims of Crime” available from both the national and local offices of Victim Support.

“Review on Violence to BHS staff Working in the Community” available from Violence Research Group, University of Nottingham.

“Dealing with violence against Nursing Staff” available from RCN Direct.

“Violent Times” available from the TUC Health and Safety Unit.

“Violence and Aggression to staff in the health services” available from HSE Books.

“Preventing Violence to Staff” available from HSE Books.

“Everyone’s guide to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995” available from HSE Books.

“Violence at Work, A guide to risk prevention for UNISON branches, stewards and safety representatives (1999)” available from UNISON.

“Management of Imminent Violence (1998)” available from the Royal College of Psychiatrists.

“Personal Safety at Work: Guidance for all Employees” available from the Suzy Lamplugh Trust.

“Combating violence in general practice: Guidance for GP’s” available from the British Medical Association.

“Risk Assessment at Work: Practical Examples in the NHS” available from Health Education Authority.

Useful Websites

Department of Health - www.doh.gov.uk

Home Office - www.homeoffice.gov.uk

Criminal Justice System - www.criminal-justice-system.gov.uk

Crown Prosecution Service - www.cps.gov.uk

Court Service - www.courtservice.gov.uk

The Suzy Lamplugh Trust - www.suzylamplugh.org

USEFUL CONTACT NUMBERS

<p>Primary Care Development Managers At Local Health Boards</p>	<p>Swansea Dorothy Edwards Raglan House Charter Court Phoenix Way Swansea Enterprise Park Swansea SA7 9DD Tel : (01792) 516304</p>	<p>Bridgend Pat Tamplin North Court David Street Bridgend Industrial Estate Bridgend CF31 3TP Tel : (01656) 754400</p>	<p>Neath/Port Talbot Maxine Evans Suite A Britannic House Llandarcy Neath SA10 6JQ Tel : (01792) 326500</p>
<p>Cardiff Mr Andrew Deans Trenewydd Fairwater Road Llandaff Cardiff, CF5 2LD Tel: 029 2055 6014</p>	<p>Vale Of Glamorgan Mrs Helen Wainwright Pen-Y-Llyn Hensol Castle Pontyclun CF72 8YS Tel: 01656 753440</p>	<p>Rhondda Cynon Taff Mr Steve Davies Units 17 & 18 Centre Court Treforest Ind. Est. Treforest Pontypridd CF37 5YR Tel: 01443 824382</p>	<p>Merthyr Tydfil Mr Chris Cruise The Business Centre Triangle Business Park Merthyr Tydfil CF48 4TQ Tel: 01685 358514</p>
<p>Registrar, Business Services Centre, Swansea (former Iechyd Morgannwg Health)</p>	<p>Marjorie Narbett 41 High Street Swansea SA1 1LT Tel : (01792) 607470</p>	<p>Registrar, Business Services Centre, Cardiff (former Bro Taf Health Authority)</p>	<p>Mrs Judith Lewis Churchill House 17 Churchill Way Cardiff CF10 2TW Tel: 029 2040 2319</p>
<p>Crime Prevention Unit</p>	<p>Swansea Cockett Police Station Johns Street Cockett Swansea SA2 0FR Tel : (01792) 456999</p>	<p>Bridgend Bridgend Police Station Brackla Street Bridgend CF31 1BZ Tel (01656) 655555</p>	<p>Port Talbot Port Talbot Police Station Station Road Port Talbot SA13 1JB Tel : (01639) 635321</p>
<p>Cardiff Canton Police Station 194 Cowbridge Road East Canton Cardiff CF5 1GW Tel (029) 20633418</p>	<p>Vale of Glamorgan Barry police station Gladstone Road Barry Vale of Glamorgan CF63 1TD Tel (01446) 731625</p>	<p>Rhondda Cynon Taff Pontypridd Police Station Berw Road Pontypridd CF37 2TR Tel (01443) 743750</p>	<p>Merthyr Tydfil Merthyr Police Station Swan Street Merthyr Tydfil Cf47 8ES Tel (01685) 724256</p>

Victim Support can be contacted by telephoning the appropriate police station listed for Crime Prevention Units above and asking for Victim Support.

