



EXCLUSIVE

Violent crime at GP surgeries is on the rise, figures show

Gareth Iacobucci

The BMJ

GPs and their staff are increasingly facing violence, harassment, and threatening behaviour in their surgeries, an investigation by *The BMJ* has found.

Crime figures obtained from police forces across the UK show a 9% rise in the overall number of recorded crimes committed on the premises of GP surgeries and health centres over the past year (from 1974 in 2015-16 to 2147 in 2016-17). This is in line with a 10% increase in the overall number of recorded crimes in England and Wales last year,¹ the largest annual rise for a decade.

The figures obtained by *The BMJ* show a 5% increase in recorded assaults at GP surgeries and health centres (from 324 in 2015-16 to 339 in 2016-17), a 34% rise in cases of harassment (from 41 to 55), and a 90% surge in public order offences such as threatening behaviour (from 169 to 321) (fig 1). There was also a small rise in sexual offences (from 73 to 75 cases).

GP leaders said that the risk of confrontation would rise as patients found it harder to get an appointment or access services.

The BMJ obtained the data through requests sent under freedom of information legislation to the 45 police forces in the UK asking for the number of recorded crimes committed at general practices and how each crime was categorised. A total of 29 forces (all located in England and Wales) supplied data (a 64% response rate).

The most recent figures from NHS Protect, which publishes annual data on the number of physical assaults on staff reported across the NHS, show that 70 555 staff were assaulted in 2015-16, a 4% rise from 67 864 the previous year.² But these figures do not include a breakdown of crimes recorded at general practices.

Richard Vautrey, chair of the BMA's General Practitioners Committee and a GP in Leeds, said that the ongoing pressure on general practices was likely to be contributing to the increase in assaults, harassment, and public disorder. He said, "As the whole service comes under greater pressure, that boils over into confrontational situations more frequently, because GPs and their staff have less time to deal with their patients who are distressed or who are in difficulty or not getting what they want.

"It just shows that frontline staff, particularly those on reception and doctors and nurses who are in direct contact with patients every day, are potentially at increased risk as a result of these pressures that have been building up over recent years."

In parts of the country local medical committees, the bodies that represent GPs, have reported that GPs and practice staff were being placed at risk by the failure of local commissioners to transfer very violent patients to specially commissioned "safe haven" services.

In West Yorkshire, where the number of cases of violence against the person at general practices rose by 77% last year (from 22 to 39), Calderdale Local Medical Committee recently warned that one local practice had been forced to close while police were called to a patient who should have been removed a month previously.³

"There have been some cases that we're aware of where there have been significant incidents, but the commissioned service for violent patients [Box 1] has not been used, and barriers have been placed for practices to transfer such patients to those services," said Vautrey.

Mark Sanford-Wood, medical secretary of Devon LMC and deputy chair of the BMA's General Practitioners Committee, said that Devon LMC had scheduled an urgent meeting with NHS England, which commissions the violent patient scheme locally, after practices had requests to transfer violent patients turned down on the grounds that this might breach a patient's human rights. He said that local commissioners must do more to protect staff, particularly given *The BMJ*'s evidence of an increase in violence and abusive behaviour. "For the regulations not to be applied leaves frontline staff at unacceptable risk," said Sanford-Wood.

He added, "We talk about zero tolerance, but in reality many of the commissioners appear content to tolerate some degree of abuse and violence against staff. That's completely unacceptable and must stop."

In July Londonwide Local Medical Committees published a guide to safeguarding staff against assault from violent patients after a case in which a mental health inpatient made a death threat against a GP.⁴

1 Office for National Statistics. Crime in England and Wales: year ending Mar 2017. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmar2017>.

2 NHS Protect. Reported physical assaults on NHS staff figures 2015/16. <https://www.nhs.uk/nhsbsa.nhs.uk/crime-prevention/nhs-protect-statistics>.

3 Calderdale Local Medical Committee. Minutes of the meeting of the Calderdale Local Medical Committee held on Wednesday 26th May 2017. www.calderdalelmc.com/websitefiles/download/4528.

Box 1: What is a violent patient scheme?

Since 2004 all primary care commissioning bodies in England have been required to offer a violent patient scheme to general practices to cover the cost of treating particularly violent patients in a secure setting separate from their practice. The schemes were intended to ensure that patients who had been violent or aggressive at a general practice still received care, while also signalling a "zero tolerance" message to the public that violence against staff would not be tolerated.

- 4 Londonwide LMCs. Violent patients: a step-by-step guide to safeguarding staff. https://www.lmc.org.uk/article.php?group_id=17351.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>

Figure

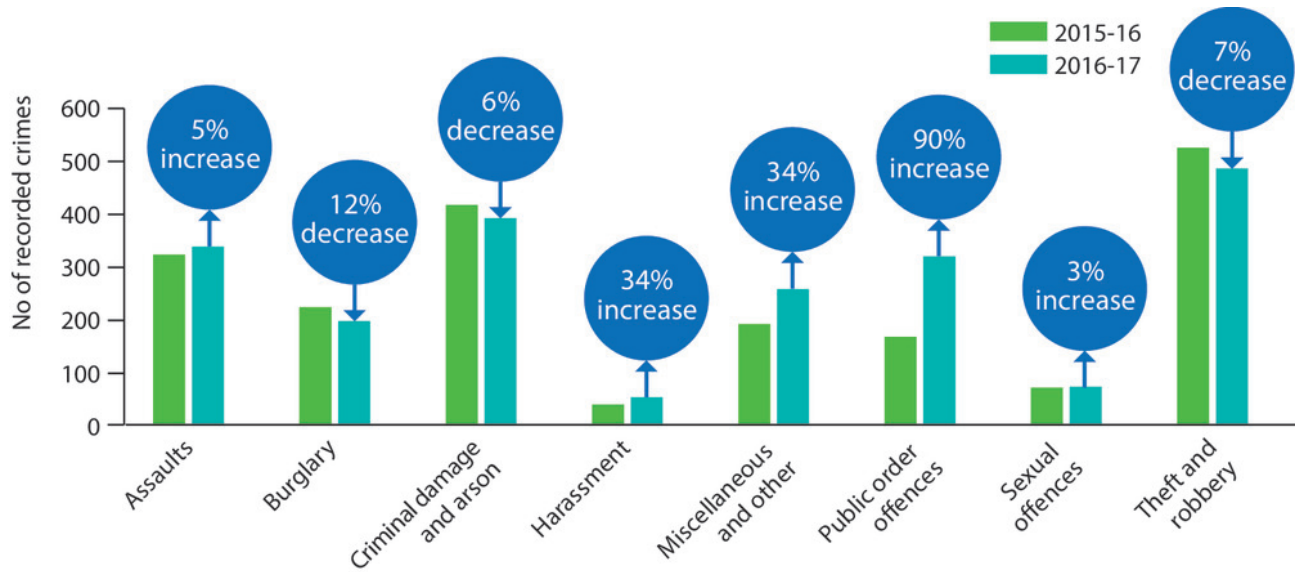


Fig 1 Recorded crimes by category at GP surgeries and health centres in UK