



Fulfilling Lives

South East Partnership

Special Allocation Scheme (SAS): Recommendations for Systems Change

December 2020

Contents

Introduction	Page 2
Fulfilling Lives South East	Page 3
SAS: Review process	Page 6
SAS: Staff Skills and Support	Page 7
Conclusion	Page 9
Annex	Page 10

Introduction

Fulfilling Lives understands that the Special Allocation Scheme ('SAS') is in place to provide access to healthcare for individuals who have been excluded due to behavioural issues, such as violence, threats and verbal abuse. We understand the need for such a scheme and fully support the rights of NHS employees to work in an environment free from violence.

In this report, we would like to highlight some of the concerns and challenges that one of our client-facing workers has observed when supporting a client with multiple and complex needs to access primary healthcare via the SAS. We also reflect on the experiences of another client on the SAS in Brighton and offer recommendations on how the scheme can be developed. Our learning is set in the context of working in the South East since 2014 to directly support people with multiple and complex needs and pull in our learning from engagement with other support systems locally.

Following our research, we have focussed on the following aspects of the SAS:

The review process: The review process for patients placed on the SAS is unclear and we would like to see reviews conducted in **greater collaboration with patients.**

Our Hastings Specialist Worker has been supporting a client around a range of issues, including difficulties in accessing primary healthcare through his GP. The client has been placed on the SAS for over four years without an explicit review with his GP about his placement on the Scheme.

Practice - patient relationships: The guidance gives detailed instructions to SAS practices about managing health and safety concerns regarding staff, however, does little to specify the steps the practice should take to **help the patient address their behaviour** and offers little guidance about the steps they should take to avoid triggering violent or intimidating behaviour. Also, we note there is little guidance about **the additional skills staff may need** to support the particular needs of patients on the SAS. We would like to see developments in both of these areas.

Our Specialist Worker has accompanied a client on the SAS to their GP appointments and has had concerns about the reaction of staff to the client during these appointments and as such, has supported him in raising concerns with the Practice and NHS England.

For one of our clients placed on the SAS, they feel that the Scheme has been challenging – he has to travel a long distance to reach the dedicated SAS GP Practice, has felt unhappy about the way staff have engaged with him and does not feel his case has been reviewed. He has been keen to share his experience with us as he wants to see positive changes to the SAS.

This report suggests several concrete steps that we believe should be adopted by all practices who hold the SAS delivery contracts so that they are better placed to support patients with complex needs while supporting the wellbeing of their practice staff.

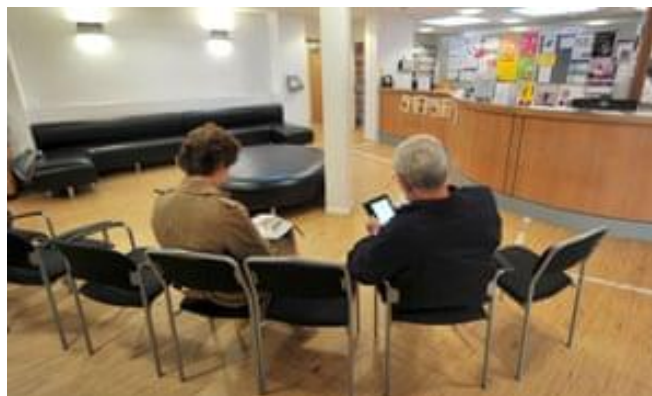
Fulfilling Lives South East

Fulfilling Lives South East started in 2014 and is funded by the National Lottery Community Fund. We are funded to:

- (a) provide intensive support for people experiencing multiple disadvantage,
- (b) involve people with lived experience of multiple disadvantage at all levels and,
- (c) challenge and change systems that negatively affect people facing multiple disadvantage.

Fundamental to the project's ethos is the belief that the involvement of people with lived experience of complex needs is an essential part of the solution.

A snapshot of the project's caseload in 2017 revealed that all our clients had experienced complex (compound, multiple) trauma, often starting and continuing throughout their lives.



We use the term Multiple and Complex Needs ('MCN') to describe persistent, problematic and interrelated health and social care needs which impact on an individual's life and their ability to function in society. We consider a person to have MCN if they experience three or more of the following four issues:

1. Homelessness
2. Mental, Psychological and physical health problems
3. Drug and / or alcohol dependency
4. Offending behaviour

People with MCN are more likely to experience violence and abuse, including domestic abuse, live in poverty and have experienced trauma in childhood and throughout their lives.

SAS: The Review Process

Context: The guidance for the SAS review process is laid out in the [PGM Primary Medical Care Policy Guidance Manual](#). This is the process by which a decision is made as to whether a person should either remain on the scheme or should be returned to mainstream primary care services.

Frequency of reviews

We are unclear about the frequency of reviews. The guidance refers to both a review at 12 months and a review at 6 months. In *'Appendix Two – What happens to the patient following allocation?'*¹ it also refers to a break clause at 6 months if a patient has been reviewed on a minimum of three occasions within the previous six months.

We think it would be very helpful if both the practice and the patient had clear guidance from the CCG about the frequency of the reviews.

We recommend that:

- The CCG issue clear advice about the frequency of reviews to ensure that the SAS provider has clearer guidance than that offered by the PGM Primary Medical Care Policy Guidance Manual.
- The CCG publish the guidance so that it is available publicly to help clarify the local position on frequency of reviews.

Who conducts the review and who initiates it?

The guidance on where reviews take place and by whom is difficult to navigate.²

The guidance states that the SAS Provider should co-ordinate a report which is submitted to an SAS Patient Review Panel which meets quarterly, something the provider should attend with Panel members quarterly. We also note that if a person is on the SAS for two years or more, there's an exceptional discharge panel to review these cases³.

¹ PGM Primary Medical Care Policy Guidance Manual, p.171 and relevant extracts at Annex 1 (below)

² See PGM manual and relevant extracts at Annex 2 (below)

³ See PGM manual, p.184

The SAS lead practitioner should also review registration on the SAS every 12 months and further reviews may be conducted if the patient appeals against a decision by a review panel.



Despite the number of forums for review, we have noticed that at no point does the Guidance advise that the patient is given the opportunity to participate in the review and have their voice heard and considered.

Additionally, given the multiple layers of reviews, we reflected how this can be difficult for patients with multiple and complex needs to understand and as such, engage with it proactively to contribute in their review and possible move away from the SAS and integration back into mainstream NHS services.

We recommend that:

- The CCG offer advice to the SAS providers to include the patient in their own review. This can be with the support of a worker the patient trusts.

Purpose and Content of the Review

We welcome the Guidance's view of the SAS review process and would like to see further advice set out to support Practices achieve this goal:

"[A]fter removal, all requests and allocations to the SAS will be reviewed by a SAS panel. The panel will monitor the ongoing appropriateness of the removal, allocation and rehabilitation of the patient. This is with a view to safely returning choice to the patient in a timely way and reintegration to mainstream primary care"⁴

The guidelines do not offer any concrete steps the SAS practice could take to achieve the above objective of reintegration and we feel there could be greater emphasis on this

⁴ PGM manual, page 177

aspect within the Scheme to help patients with MCN to productively engage in the process.

We recommend that:

- The CCG give additional emphasis to the purpose of the review process. We understand the importance of procedures when transferring a patient on the SAS but we would also like to see more focus on the positive steps Lead Practitioners can take to support the patient to engage in a more productive way with their healthcare professionals.

SAS: Staff Skills and Support

Our Experts by Experience, consistently emphasise that the most impactful and positive services to them were those that focussed on the individuality of the person, treated them politely and respectfully and took the time to understand what their needs were. These were services, or more usually, individuals within services, which were flexible and adapted the way they worked in order to accommodate the person.

Fulfilling Lives South East recognises that people with multiple and complex needs are very often people who have experienced trauma. A snapshot of our clients in 2017 revealed that everyone had experienced complex trauma. Our research has shown that people who have experienced complex trauma are likely to have difficulty sustaining relationships with, among others, people who are there to help and offer support. They are more likely to experience overwhelming emotions and mental health problems, including personality disorder.

The SAS, as currently described in the guidance, focusses on person's flaws and negative behaviour. In practice, we noticed how our Hastings client often felt judged at appointments.

To help avoid triggering unwelcome behaviours and heightened emotions, Fulfilling Lives supports Trauma Informed Care (TIC) and Psychologically Informed Environments (PIE) approaches which can greatly help those with complex needs feel more welcome, particularly in support service settings.

For one of our clients on the Brighton SAS he felt he has had a positive experience of the Scheme and has been able to positively engage with the primary healthcare

provider. The key factors for this were that the appointments were separate from regular ones, which meant that the waiting room was calm and empty, the receptionist and GP are friendly towards him, he sees the same staff for each appointment and staff were aware of his support network and engaged with them to help enable the client to participate in appointments.

We recommend that:

- Key staff at the SAS provider practices participate in Trauma Informed Care and Psychologically Informed Environments training to help support them in their engagement with patients on the Scheme
- The CCG consider how such approaches can be discussed and encouraged during contract monitoring with SAS providers.



Conclusion

A main objective of Fulfilling Lives nationally and locally is to work in partnership with services and commissioners to nurture system change and help services develop more accessible, responsive, flexible and coordinated approaches for those with the most complex needs.

We hope to work further with the local CCGs to ensure that the Special Allocation Scheme works well for people experiencing multiple complex needs and share our learning and reflections in this report to highlight where developments could be made.

We are encouraged by the statements in the PGM guidance about how the review processes intend to support patient reintegration back into mainstream primary healthcare pathways. We wish to see a scheme which, rather than focussing on the negative and violent behaviour of patients, extends its remit to offer therapeutic services that help with reintegration into mainstream NHS services, and collaborate with people with Multiple and Complex Needs so that their voice is heard and decisions at reviews can be made together with the patient.

We are aware that different models of good practice healthcare exist for marginal groups, such as Arch Healthcare, St.John's Ambulance Homeless Service and Veteran's Mental Health Transition, Intervention and Liaison Service. With this in mind, we believe that using such services as a guide, the SAS has the potential to become a 'gateway' into healthcare for people with multiple complex needs.

That is why Fulfilling Lives is asking for commissioners and the CCG to:

- Create one consistent model of best practice on how SAS practices should be set up.
- Have clear guidelines on the frequency and content of patient reviews and share these in the public domain.
- Involve the patient proactively in their own review to have their voice heard.
- Offer therapeutic services for people with multiple complex needs to re-integrate into the mainstream primary healthcare.
- Train key staff in the SAS practices in Trauma Informed Care and Psychologically Informed Environments.

Annex

Relevant extracts from existing guidance⁵

Annex 1: Frequency of reviews.

'Commissioning a robust SAS'

Annex to the guidance accessed via hyperlink on page 171 of the PGM.

6.1.22.1 The Status of each SAS patient should be reviewed every 6 months.

6.6.2.1 Once a patient has been allocated onto the SAS and notified, they will usually remain on the scheme for a minimum of 12 months, with the exception of an upheld appeal or the break clause of six months, which is considered by the provider, only when the patient has been reviewed on a minimum of three occasions within the previous six months.

6.6.2.2 At this point, the patient could be removed from the scheme if there is clear evidence of changed behaviour, with the aim being to try and tackle the underlying causes of their behaviour, and rehabilitate them, as far as possible, through counselling and/or other forms of treatment.

6.6.2.3 Patients who do not co-operate, or show no signs of change in behaviour, will remain registered with the designated practice for a minimum of 12 months. "

Annex 2: Who conducts the review and who initiates it?

6.1.1.1 **Monitoring**

6.1.1.2 The Status of each SAS patient should be reviewed every 6 months. The SAS Provider will co-ordinate a report in line with the NHS England template for each SAS patient due to be reviewed at the SAS Patient Review Panel, which is held quarterly. This includes a GP report, call handling report, contacts with Emergency Departments and security report. The provider will co-ordinate reports from other agencies such as the Ambulance Trusts, Local Security Management Service reports from Acute and Community Trusts/Providers.

6.1.1.3 The SAS Scheme should be reviewed biannually.

6.1.1.4 The SAS Provider will attend the quarterly Panel Review meetings at the SAS Scheme Review Meetings held twice a year, in addition to any contract monitoring and performance meetings. (Primary Medical Care Policy and Guidance: Commissioning a robust SAS – annexes. 14 November 2017)

Annex 3: Purpose and Content of the Review.

"This includes a GP report, call handling report, contacts with Emergency Departments and security report. The provider will co-ordinate reports from other agencies such as the Ambulance Trusts, Local Security Management Service reports from Acute and Community Trusts/Providers." (Primary Medical Care Policy and Guidance: Commissioning a robust SAS – annexes. 14 November 2017)

⁵ From NHS England – Primary Medical Care Policy and Guidance Manual ('PGM'): [NHS England » Primary Medical Care Policy and Guidance Manual \(PGM\)](#)

"The SAS provider will ensure risk assessment and regular monitoring is in place to enable the patient to be repatriated back in to mainstream Primary Care as soon as is feasible. ** SAS Provider Action **" (PGM Primary Medical Care Policy Guidance Manual. Page 167)

"At this point, the patient could be removed from the scheme if there is clear evidence of changed behaviour, with the aim being to try and tackle the underlying causes of their behaviour, and rehabilitate them, as far as possible, through counselling and/or other forms of treatment." (Ibid page 183 Appendix 2.)

"As it is likely that some of the patients on the SAS will have or have had a history of substance misuse, provider experience in this area is considered should be considered critical, as well as having good working relationships with local specialist teams for onward referral and support to patients for rehabilitation." ((Primary Medical Care Policy and Guidance: Commissioning a robust SAS – annexes. 14 November 2017)