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NHS South East London Integrated Care Board

Persistent and Unreasonable Contacts Policy and Procedure (CG13)

V1.1

Approved by	SEL ICB Executive Committee
Date approved	3 September 2025
Name and title of originator/author	Head of Patient Experience & Equalities
Name and title of sponsor	Chief of Staff
Review date	September 2027. This policy will be reviewed no later than two years from the date of original ratification, if necessary, more frequently as required by national or local change.
Description	The aim of this policy is to provide a consistent interpretation and clear guidance for staff on how to communicate with members of the public who are deemed to be demonstrating persistent and/or unreasonable contacts and behaviour towards SEL ICB.
Target audience	All Staff of NHS South East London (including members of the Unitary Board), Integrated Care Partnership, contractors and bidders

Version Control

Version number	1.1
Supersedes	1.0

Document Review Control Information

Version	Date	Reviewer Name(s) and Job title	Change/amendment
0.1	14/06/2022	Corporate Risk and Emergency Planning Lead	New Policy for the implementation of the ICB
1.1	26/06/2025	AD Corporate Operations	Review of policy post review date

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1. Introduction

Handling persistent and unreasonable communications from members of the public places a strain on time and resources and can cause unacceptable stress for staff that may need support in difficult situations. NHS staff are trained to respond with patience and understanding to the needs of all service users but there are times when there is nothing further that can be reasonably done to assist them or to rectify a real or perceived problem.

The aim of this policy is to provide clear guidance and a consistent approach for South East London Integrated Care Board (SEL ICB) staff on how to manage contacts with members of the public who are deemed to be demonstrating persistent and/or unreasonable behaviour.

The policy will only be used after all reasonable measures have been taken to try to resolve requests, concerns and complaints.

2. Purpose and Scope

The objective of this policy is to set out how SEL ICB expects situations to be managed when the volume and/or tone of contacts or behaviour from an individual, or surrounding an individual issue, is deemed to be persistent and or unreasonable.

This policy applies to any kind of contact from members of the public/ individuals to SEL ICB, and any staff working for SEL ICB including Board and committee members.

SEL ICB staff should always consider if contacts from a previous unreasonable/persistent individual are raising new points that should be addressed or investigated. New complaints/requests for information received will therefore be treated on their individual merits. The Chief of Staff will decide if any restrictions which have been applied previously are still appropriate and necessary.

Where staff feel that the contacts received are of a violent, aggressive or abusive nature they should seek immediate advice from their Manager and make an assessment of the risk.

It should be noted that the Protection from Harassment Act 1997 and the Malicious Communications Act 1988 will take precedent over this policy with regards to the behaviour displayed by a member of the public contacting SEL ICB.

This policy does not replace the arrangements for handling vexatious complainants as set out in SEL ICB Complaints Policy and Procedure. Nor does it replace the provisions of the Bullying and Harassment at Work Policy which apply to staff and individuals working within SEL ICB.

3. Definition of a Persistent/Unreasonable member of the public

An individual may be deemed to be exhibiting persistent and/or unreasonable behaviours where current or previous contact with SEL ICB shows that they have met two or more (or are in serious breach of one) of the following criteria:

- A. **Has harassed or been personally abusive or verbally aggressive** on one or more occasions towards employees of SEL ICB.
- B. **Has shown signs of bullying behaviour** towards employees of SEL ICB. This is characterised as offensive, intimidating, malicious or insulting behaviour; an abuse or misuse of power through means intended to undermine, humiliate or injure the recipient. Bullying or harassment may be obvious or insidious and is unwarranted and unwelcome to the individual.
- C. **Persists in pursuing a complaint/appeal** when the correct procedures have been fully and properly implemented and exhausted or when an investigation/appeal is still pending an outcome.
- D. **Does not clearly identify the issue they wish to be investigated** despite reasonable efforts and/or where concerns identified are not within the remit of SEL ICB to investigate.
- E. Changes the substance of a complaint/enquiry or continually raises new issues; or **seeks to prolong contact** by continually raising further concerns or questions.
- F. Have an **excessive number of contacts** with SEL ICB placing unreasonable demands on staff. Contacts can include telephone, email, letter or in person.
- G. **Insists that they have not had an adequate response** in spite of a large volume of correspondence specifically addressing their concerns and confirmation from SEL ICB that the matter is considered closed.
- H. Is **unwilling to accept documented evidence** that has been given as factual or denies receipt of an adequate response in spite of correspondence answering questions or does not accept facts can be difficult to verify when a long period of time has elapsed.

- I. **Refuses to complete necessary paperwork** to enable SEL ICB to progress requests or complaints.
- J. **Consumes a disproportionate amount of time and resource** in trying to identify and respond to concerns.
- K. Continually **focusses on a matter** which is disproportionate to its significance (as this is subjective, careful judgment must be used).
- L. Electronically **records meetings or conversations without the prior knowledge and consent** of the other parties involved. It may be necessary to explain to the member of the public that such behaviour is unacceptable and can, in some circumstances, be illegal.
- M. Displays **unreasonable demands or expectations** and fails to accept these may be unreasonable e.g. timeframes for responding to emails.
- N. Purports to act on behalf of a patient or multiple patients, who may **not have a personal complaint**, to raise their own issues.

Persistent and unreasonable behaviours include all methods of contact which may consist of (but is not limited to) written; email; telephone; social media or several methods of communication.

Consideration must also be given to whether behaviours may be linked to a disability, neurodivergence, or other protected characteristic, and whether reasonable adjustments are appropriate.

4. Equality Statement

NHS South East London ICB is committed to equality of opportunity for its employees and members and does not unlawfully discriminate on the basis of their 'protected characteristics' as defined by the [Equality Act 2010](#) – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Additionally, our organisation also focuses on digital inclusion, carers, and socio-economic status/deprivation to address broader equality concerns.

5. An Equality Impact Assessment has been completed for this policy (Appendix 2). If members or employees have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to their role, they are advised to contact the Associate Director of Corporate Operations.

Organisation arrangements & staff responsibility

There are several stages to managing persistent and unreasonable contacts: staff will need to work through the process and move to another stage if the situation continues.

Staff must also fully record any contacts from individuals that meet the criteria set out in section 3 above. The issues should then be raised with their line manager and the Head of Patient Experience & Complaints who will offer initial advice on use of this policy and appropriate action to take.

Where there is an imminent risk to the safety of any staff member, an incident report form should be completed (in line with SEL ICB's Incident Reporting Procedure). In exceptional circumstances SEL ICB may need to consider other options for example reporting the matter to the police or taking legal action. In these situations, it may also be necessary to take action without giving any prior warning to the member of public.

Consideration should also be given to the emotional and wellbeing support that should be offered to a member of staff who has been subject to abuse or verbal aggression. This includes, but is not limited to, signposting to support services such as the Employee Assistance Programme or Occupational Health, where appropriate.

6. Process for managing persistent / unreasonable contacts

Judgement and discretion must be used in applying this policy, application of the criteria and action to be taken in each case. The process for managing persistent/unreasonable contacts will therefore only be used as a last resort and after all reasonable measures have been taken to try to resolve any issues or concerns raised.

The following stages should be followed when implementing this policy.

Before applying this process, consideration should also be given to whether the individual's communication style or behaviour may relate to a disability, mental health condition, or cultural factors. Reasonable adjustments should be explored where applicable.

Stage 1 – Advise the service user.

The member of staff receiving the contacts, or their Manager, should liaise with the Head of Patient Experience and Complaints to arrange for a formal letter, and copy of this policy, to be sent to the individual advising them that their contact is unreasonable/persistent and include an explanation of how this is affecting the member of staff, or organisation, and, if possible, giving the individual an opportunity to alter their behaviour.

Full and accurate documentary records must be kept of all contacts with the individual, which may be shared with them if requested.

Stage 2 – Issue a warning.

When a formal letter and copy of the policy has been sent to the member of public and they continue to behave in a way which is perceived as persistent and unreasonable the Manager and Head of Patient Experience and Complaints will consult with the Director of Corporate Operations (DCO), or nominated deputy, to decide what action is taken.

If the DCO agrees that the contacts continue to be unreasonable and/or persistent they will send a second formal warning letter with a copy of this policy. The warning should explain:

- Why the contacts are found to be unreasonable / persistent.
- The consequences of continuation of unreasonable / persistent contact.
- The restrictions on future contacts with SEL ICB and the consequences of persisting with unacceptable behaviours.

Where possible, warnings should be in writing as this provides a clear statement and an audit trail. If it is necessary to provide a telephone warning this should be followed up in writing.

Stage 3 – Request further action

Where two warnings has been given but the individual continues to behave in a way that is unacceptable, a request to apply further action must be made to the SEL ICB Chief of Staff. This should include:

- A summary of evidence for applying further action from staff/ relevant Manager.
- Information about any extenuating circumstances.
- Relevant documentation.
- Proof that warnings have been provided and any other efforts made to prevent use of further action.
- What steps are considered appropriate to control any adverse effects on the service user's behaviour.

The action decided upon will be applied for a set period of time, determined by the Chief of Staff (usually 6 months). SEL ICB will automatically consider if unrestricted contact can resume after 6 months, dependent on the individual's behaviour over this period. If unreasonable/ inappropriate contact resumes the Chief of Staff can invoke the restrictions previously applied, including a further review after six months.

If further action is not taken

Upon full consideration of the case the Chief of Staff may decide not to take further action. If this is the case, they should consider:

- The need to provide guidance for staff in dealing with the individual concerned.
- Changing the staff dealing with the individual.
- Steps required to safeguard the health and well-being of staff.

Stage 4 – Further action

The Chief of Staff will decide if further action should be applied and what action to implement, which could be one or more of the following.

A. **Restricting the method/ type of contacts**, e.g. written communications only. If SEL ICB is to withdraw from telephone contact with the individual a suggested statement should be prepared for staff to use.

B. **Restricting the point of contact**, e.g. single point of access via a generic email

C. **Drawing up an 'agreement'** setting out a code of behaviour and process of communication that the individual must comply with. This agreement should last for a period of six months at which point it will be reviewed and can be extended or repealed dependent on the behaviour of the individual during the six-month period. A code of behaviour could include the following:

- Restricting contact to a named individual (see point B).
- Restricting the method of communication, e.g. by letter only (see point A).
- Restricting the time allocated if contact is to be made by telephone.
- Offer a meeting to attempt to resolve any outstanding issues.

D. **Decline further communications.** Where SEL ICB has responded fully to the points raised by the client and tried to resolve the issues without success, and continuing contact on the matter would serve no useful purpose, the individual will be notified that contact is at an end and any further communication will be acknowledged but not responded to.

E. In exceptional circumstances the ICB might **take legal advice** or, if appropriate, refer the matter to the police.

The Chief of Staff will arrange for a letter to be sent to the individual notifying them why they have been classified as unreasonably persistent, the action that will be taken and date this decision will be reviewed.

7. Review of a decision to apply further action.

At the specified review date, the individual will be reviewed, and a decision made if appropriate to withdraw persistent/unreasonable status. The decision will be based on the individual's conduct during the review period and if any breaches are evident. Once a decision is reached a letter should be sent to the individual advising them of the

outcome and confirming if the status has been lifted or the period of restriction extended.

8. Right of Appeal

If the individual wishes to appeal the action that has been taken a request should be made in writing to the Head of Patient Experience & Complaints, who will arrange for the decision to be reviewed at a meeting with the Chief Executive Officer, Chief of Staff, Director of Corporate Operations and a Non Executive Director.

If the individual remains unhappy with the outcome of their appeal, they should be directed to the SEL ICB formal complaints process, which has recourse to the Parliamentary and Health Service Ombudsman for independent review.

9. Monitoring

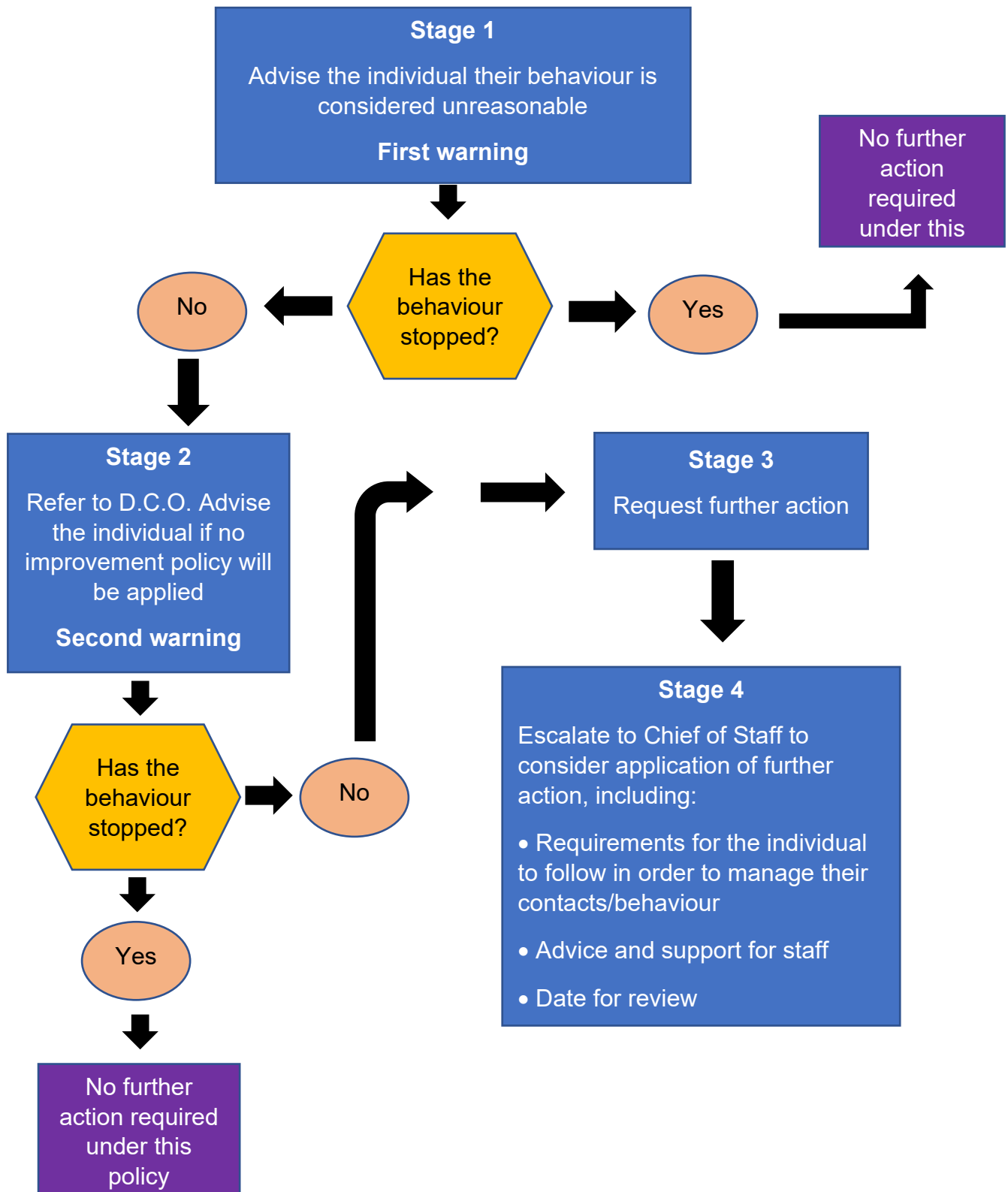
A central register of decisions to apply further actions will be held by the Head of Patient Experience and Complaints and regular reports to demonstrate monitoring and assurance of this procedure will be presented to the board to ensure oversight and quality.

10. Implementation and Training

SEL ICB will ensure that all staff are aware of, and have access to, this policy and procedure. Staff members may also seek guidance from their Manager, and/or the Head of Patient Experience and Complaints.

Appendix 1: Flow chart for management of persistent/ unreasonable contacts

This is a high-level flow chart showing key stages only
Please refer to the policy and guidance for full details of process



Appendix 2: Equality Impact Assessment: Screening Form

1. Please fill in the requested information below. For each question (1-5), refer to the definitions of "likelihood" and "consequence" provided on the next page. In the columns provided (below), note down the terms such as "likely" (for likelihood) or "medium impact" (for consequence). This will help you decide the overall category for the likelihood and consequence. Please review the tables below prior to starting your Equality Impact Assessment form.
2. At the end, you'll need to determine the overall likelihood and consequence. Multiply these together (likelihood x consequence) to get a score. This score will show whether you need to complete a full Equality Impact Assessment form.
3. The overall score in the table below is not a total of all the individual points. Instead, you should decide on an overall rating for both the likelihood and consequence. For example, likelihood could be "likely (4)", and consequence could be "medium impact (4)."
4. To decide if you only need to complete this screening form or a full Equality Impact Assessment, use the overall score. For instance, if the score is 4 (likelihood) x 4 (consequence) = 16, this score is in the red zone, meaning a Full Equality Impact Assessment is required.
5. For each question, please take into consideration how significant the impact will be on the service user/workforce/organisation or the organisation.
6. Please note: The term "project" includes Policies, Practices, Strategies, Plans, Planning, Commissioning, Procurement, Service Provision/Delivery, Decommission Services/Phasing out Policies, and Frameworks and Training.

The following protected characteristics need to be considered for any negative impacts:

Protected Characteristics		
Age	Pregnancy/Maternity	Marriage/Civil Partnership (employment only)
Disability	Race	Socio-economic / Deprivation
Sex	Religion/Belief	Carers
Gender reassignment	Sexual orientation	Digital Inclusion

Equality Impact Assessment: Screening Form

Name (project lead)	Simon Beard		
Job title	Associate Director for Corporate Operations		
Organisation	SEL ICB		
Name of Project	Persistent and Unreasonable Contacts Policy – review and refresh		
Engagement/Data gather	This policy has been reviewed on its anniversary date, with a minor amendment to add emphasis to the need to provide for staff emotional wellbeing.		
Aim/Purpose of the project/decision	To confirm the Policy has been considered to ensure it does not disadvantage any individuals with protected characteristics in its application.		
Date it will be going to committee/ SMT/ SLT for approval	Anticipated date to Policy Review Group: 18 August 2025 Anticipated date to Executive Committee: 3 September 2025		
Project Lead signature	Simon Beard	Date:	26/06/25
ED team signature	<i>Louis French</i>	Date:	23/07/2025
EDI team comments	<p>A screening form is appropriate for this policy. Agree with all updates have been made to strengthen references to staff emotional wellbeing. The policy now also acknowledges that repeated contact or behaviour perceived as challenging may be associated with neurodivergence or disability. No significant disproportionate impacts have been identified.</p> <p>The following changes were made to the policy as part of this Equality Impact Assessment review:</p> <ul style="list-style-type: none"> Font updated to Arial size 12 to support accessibility for individuals with visual impairments. Formatting has also been adjusted to ensure adequate spacing between blocks of text and lists. 		

- | | |
|--|--|
| | <ul style="list-style-type: none">• Section 3 now contains explicit requirements that consideration must be given to whether behaviours that may be perceived as ‘unreasonable’ are linked with disability, neurodivergence or other protected characteristic, and whether reasonable adjustments are appropriate.• Section 4 Equality Statement has been updated to ensure consistency with current ICB policies.• Section 5 amendment around consideration for colleagues’ emotional support and wellbeing has been expanded on to include signposting to EAP and / or Occupational Health, where appropriate.• Section 6 reiterates the addition made to Section 3 and stresses that this should be considered before applying the process outlined in the policy.• The Equality Impact Assessment scoring table has been strengthened to better reflect potential impacts on individuals with protected characteristics and the mitigating actions the ICB has in place. |
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No.	Please answer the following questions, using any data/intelligence you have available right now.	Likelihood	Consequence	Comments
1.	Does this project affect people with protected characteristics, and to what extent does it impact access, experience, and outcomes?	2	2	This policy is behaviour-based and applies consistently across all individuals. However, it is acknowledged that some behaviours covered may be influenced by disability, neurodivergence, or mental health conditions, which could affect how the policy is experienced by those individuals.
2.	Has your data and/or engagement identified that there will be an impact on Protected Characteristics?	2	2	No specific data or engagement activity has been undertaken as part of this update. While there is no direct evidence of disproportionate impact, there is potential for the policy to affect individuals whose behaviours are shaped by protected characteristics.
3.	Are adjustments/mitigating actions required to ensure the project is accessible and what will the Impact be on protected characteristics?	2	2	Staff are expected to use judgement and discretion throughout the process. Factors such as disability or mental health are considered on a case-by-case basis, where relevant, as part of internal decision-making and oversight.
4.	Are significant health inequalities associated with this project and what will the affect be on people with protected characteristics?	1	1	No impact on health inequalities (socio-economic deprivation, carers, digital exclusion) are anticipated
5.	If any impact is identified, how likely will there be mitigating actions and how will these be reviewed?	2	2	Mitigating actions are built into the approach, including oversight by senior staff and a formal review point for any restrictions. There is also a right of appeal if the individual disagrees with the outcome.
	Overall	2	2	4 - Amber

Likelihood:

Score	Likelihood	Description
1	Rare	Occurrence is rare/measures are in place to ensure that no adverse impact will occur to patients or staff with protected characteristics. There is sufficient data to make a decision and relevant engagement has been undertaken.
2	Unlikely	It is unlikely to occur/ measures are in place to ensure that no adverse impact will occur to patients or staff with protected characteristics/ there is sufficient data to make a decision and engagement has been undertaken.
3	Possible	There is a 50/50 possibility for it to occur/no measures in place for any adverse impact if it was to occur/ there is insufficient data to make a decision or engagement has not been undertaken.
4	Likely	There is a high chance of inequalities to occur more likely/no measures are in place any adverse impact/ there is insufficient data to make a decision or engagement has not been undertaken.
5	Almost certain	It is almost certain to cause inequalities with this project/ there are no measures in place for any adverse impact/ there is insufficient data to make a decision or engagement has not been undertaken.

Consequence:

Score	Consequence	Description
1	No impact	<ul style="list-style-type: none"> No impact any of the protected characteristics or the organisation/no adverse impact likely. No engagement is required/there is enough data from previous engagement undertaken No adjustments needed to make the proposal accessible. No health inequalities associated with this project No monitoring of mitigated actions required as no impact/mitigating reasons e.g. Legal obligations/for a certain protected characteristics. Equality Analysis Screening form to be completed only.
2	Minor impact	<ul style="list-style-type: none"> Minor impact any of the protected characteristics or the organisation/adverse impact is unlikely. No/minor engagement is required/there is enough data from previous engagement undertaken No/minor adjustments needed to make the proposal accessible. No/minor health inequalities associated with this project

		<ul style="list-style-type: none"> • No monitoring of mitigated actions required as no impact/mitigating reasons e.g. legal obligations/for a certain protected characteristics. Measures are in place to ensure there is no adverse impact that will occur • Equality Analysis Screening form to be completed only.
3	(Low) medium impact	<ul style="list-style-type: none"> • There is a medium impact any of the protected characteristics or the organisation/adverse impact is likely. • There is a requirement for engagement is required/there is insufficient data to make a decision on impact on protected characteristics • Adjustments are needed to make the proposal accessible. • There is a medium impact health inequalities associated with this project • monitoring of mitigated actions required as there is a medium impact / Measures/mitigations are not yet in place to ensure negative impact does not occur. • Will most likely require a full Equality Analysis to be completed.
4	Medium Impact	<ul style="list-style-type: none"> • Significant to critical impact to any of the protected characteristics or the organisation/adverse impact is likely. • There is a requirement for engagement /there is insufficient data to make a decision on impact on protected characteristics/There is a fair amount of evidence that some groups are (or could be) differently affected by it. • There is evidence to suggest that adjustments are needed to make the proposal accessible. • There is a significant to critical impact on health inequalities associated with this project/ leads to non-compliance with legislation and could therefore be an organisation risk • Monitoring of mitigated actions required as there is a significant to critical impact / Measures/mitigations are not yet in place to ensure negative impact does not occur. • Requires a full Equality Analysis to be completed.
5	High impact	<ul style="list-style-type: none"> • Critical to Major impact to any of the protected characteristics or the organisation/adverse impact is highly likely. • There is a requirement for engagement /there is insufficient data to make a decision on impact on protected characteristics/There is a fair amount of evidence that some groups are (or could be) differently affected by it. • There is substantial amount of evidence to suggest that adjustments are needed to make the proposal accessible. • There is a critical to major impact on health inequalities associated with this project/ leads to non-compliance with legislation and could therefore be an organisation risk • Monitoring of mitigated actions required as there is a critical to major impact / Measures/mitigations are not yet in place to ensure negative impact does not occur. • Requires a full Equality Analysis to be completed.

- To determine if you need to complete a full Equality Impact Assessment form, use the overall score from the table above.
- Calculate the score by multiplying Likelihood and Consequence (L X C).
- Use the following key to interpret your score:
 - **Green:** Only the screening form needs to be completed.
 - **Amber:** Complete the screening form; a full Equality Impact Assessment may be needed after review by the EDI team.
 - **Red:** A full Equality Impact Assessment form must be completed.

Equality Impact Assessment Matrix

Consequence	Likelihood				
	Rare	Unlikely	Possible	Likely	Almost Certain

			1	2	3	4	5
	High impact	5	5	10	15	20	25
	Medium Impact	4	4	8	12	16	20
	(Low) medium impact	3	3	6	9	12	15
	Minor impact	2	2	4	6	8	10
	No Impact	1	1	2	3	4	5