

Managing DNA (Did Not Attend) and Cancelled Appointments Procedure

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1 Introduction

Given the nature of the treatment provided by the Trust there are some patients where occasional or even persistent non-attendance may be part of their regulation of the level and intensity of contact or some other communication with the Trust. In certain instances therapeutic processes in the work with these patients with more complex presentations are often needed which tolerate some or even considerable non-attendance. The Trust recognises that toleration of non-attendance can be a particularly important element of work with particular groups of patients e.g. adolescents. There will also be occasions when it is decided to keep the case open whilst extended reviews take place or the patient is uncertain about which treatment to follow. However non-attendance is a concern for the following reasons:

- For some clients, there may be a clinical risk or less favourable outcomes associated with non-attendance and missed appointments.
- DNA's or cancellation by patients can delay case closure and therefore prevent clinical time being allocated to a new patient.
- There may be financial or contract consequences for the Trust if cases are dormant for lengths of time.

2 Purpose

The purpose of this procedure is to set out the way in which the Trust will ensure a co-ordinated approach to the risk posed both to the individual and the Trust of patients who do not attend for scheduled appointments.

3 Scope

This procedure applies to all staff who are involved in the management of patient appointments i.e.

- all clinical staff including clinical staff working on honorary contracts
- administrative staff, who work in clinical teams
- informatics staff.

All staff will have access to this procedure via the intranet.

4 Definitions

The following definitions (taken from the NHS data definitions dictionary) will apply for this procedure:

Cancelled by patient (CBP)	Appointment cancelled by, or on behalf of, the patient.
Did not attend (DNA)	Did not attend and no advance warning given

5 Duties and responsibilities

5.1 Clinical Directors

The Clinical Directors are responsible for ensuring that DNAs and cancellations are managed in line with this procedure and that any locally developed procedures are in line with this Trust wide approach.

5.2 Responsible clinician

The named HCP is responsible for ensuring that an entry is made in the patient's electronic record on each occasion the patient does not attend an appointment. The HCP is also responsible for monitoring and drawing up a plan for any patient who persistently fails to attend.

5.3 Clinical Staff Working Under Supervision

Clinical staff working under supervision are responsible for discussing DNAs and CBPs with the supervisor, Unit Head or in CYAF with the Team Manager and following any advice given for the future management of the patient.

5.4 Administrative Managers

Administrative managers are responsible for ensuring that all new administrative staff in the department have this procedure explained to them as part of local induction.

5.5 Administrative Staff

Administrative staff are responsible for taking accurate messages from patients who telephone to cancel/change appointments and for noting DNAs. They are also responsible for fixing alternative appointments and ensuring that patients receive notification of the next appointment.

5.6 Informatics Staff

Informatics staff are responsible for training administrative staff in the use of the Trust patient information system and for monitoring, analysing and reporting on DNAs and CPAs as part of the Trust's Performance Management programme.

6.1 Action Following Non Attendance

If a patient cancels an appointment, an electronic note should be made of the time and date, who cancelled the appointment and the reason for cancellation, if given. A file note should be placed on the clinical record and the appointment should be coded appropriately on the patient information system. Those who need to know should be informed.

In some circumstances appointments should be deleted rather than coded as cancelled by patient e.g. when a patient and therapist agree a break in treatment. In such cases the clinician clarifies with the patient (or vice versa) the reason for the interruption and clarifies the date when treatment re-starts. The appointment will be deleted by the clinician or relevant administrator.

6.2 Patients who Do Not Attend or who Cancel their First Consultation Appointment

The patient will be contacted by telephone or letter to arrange a further appointment. If a second appointment is not attended or cancelled by the patient then the case will be reviewed by clinicians to ascertain the level of risk making sure that patients who do not attend appointments are not automatically discharged from services. Instead their reasons for not attending should be actively followed up and they should be offered further support to help them engage including consideration of the venue of appointments. In addition, based on known risk, consideration should be given as to whether additional action should be taken such as:

- Inform the referrer and possibly the General Practitioner (GP), of non-attendance, referring to any known risks.
 - Telephone the referrer and possibly the GP to seek further information/discuss
 - Discuss with others involved in care or Multi-disciplinary Clinical Team (MDT)
 - Where referred patients are already on enhanced CPA, *discuss* what steps should be taken with the patient's Care Coordinator.
 - When a child or young person has been referred by school or Social Services a follow up call or consultation to the referrer will be offered.
- If a patient does not attend two 'first' appointments and the level of vulnerability or risk is deemed to be low, then the case should be considered for closure and discharge back to the referrer and/or GP unless there are strong clinical reasons to persevere. Any risks should be communicated to both the referrer and/or the GP.

6.3 Patients who Do Not Attend Subsequent Appointments

- Patients who DNA subsequent assessment appointments will be contacted and asked whether they wish a further appointment. If a further appointment is already booked, the patient will be contacted asking them to confirm they will be attending. Based on an evaluation of risk, consideration will also be given to the additional action described in 6.2.

6.4 If a Patient DNAs or Cancels 3 Consecutive Appointments

- Whether in assessment or treatment, the responsible clinician may review the case and consider case closure if a patient fails to attend on 3 or more occasions if appropriate*. If the level of risk is high, then the clinician should consider further actions to engage the patient such as those outlined in 6.2. The decision and rationale will be documented in the case notes. If the case is being considered for closure, then consideration should also be given to informing the patient about the possibility of case closure. Ultimately it should be a clinical decision as to whether a case should be closed or not.

** Directorates may wish to set different level of tolerance in different settings (e.g. group work) but in all cases Directorates should ensure that patients are contacted and the case is considered for closure after an agreed number of patient initiated failures to attend.*

6.5 Risk Assessment of Patients who DNA

- In all cases when patients fail to attend, their case file should be reviewed to identify if there are any risk indicators that require following up and/or contact with other agencies to ensure the on-going safety and wellbeing to the patient.
- In the event that the patient is deemed to be at risk the GP or other services may be contacted to alert them to the DNA(s). In appropriate cases efforts may be made to contact the patient to check on their wellbeing
- Any actions taken in response to DNA must be noted in the patient's file

6.6 Trust & Directorate/Local Procedure

- This procedure sets the standard for the Tavistock and Portman NHS Foundation Trust's procedure; it provides a framework for all services. To maximise responsiveness to patients and the value of this Trust wide procedure to clinicians more detailed Directorate procedures may be developed to take account of particular clinical contexts but these must be developed in line with the key parameters set out here.

7 Training Requirements

- New administrative staff who manage patient data will have this procedure explained to them as part of their induction.
- New clinical staff are required to familiarise themselves with this procedure which will be included in the clinical governance handbook.
- All staff required to access and/or enter data on the Trust's electronic patient system will receive specific training before personal access is arranged. This training is delivered by the informatics department and can be arranged via management request to the department.

8 Process for monitoring compliance with this Procedure

- The Trust will provide reports on DNA's in line with contract requirements and this data will be reviewed and discussed quarterly
- Audits of DNA's should be carried out to ensure consistent records are kept and check compliance with record keeping standards

9 EQIA

This procedure has been screened using the Trust's Equality Impact Tool and has been found not to discriminate against any group of persons. The EQIA form is included at Appendix A.

10 Associated documents¹

- Clinical risk assessment Procedure
- Discharge and transfer Procedure

¹ For the current version of Trust procedures, please refer to the intranet.

Appendix A: Equality Impact Assessment

Does this policy, function or service development impact on patients, staff and/or the public? YES (go to Section 5.)

5. Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups? NO

Note this is a procedural document that sets out administrative steps to respond to an individual patient failing to attend clinical appointment(s). This procedure will be used strictly on the basis of the decision of the patients to whom assessment or treatment has been offered and clinical need should not be influenced by equality issues.

Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development:

Low.....(i.e. minimal risk of having, or does not have negative impact on equality)

Date completed24.2.15

Signed E Jane Chapman Governance and Risk Adviser