

## Freedom of Information Act 2000 disclosure log entry

### Reference

23-24052/2

### Date response sent

22/06/23

### Subject

GIC: Waiting List Data 2000-2022

### Details of enquiry

In your response to Q6, under FOI Request Ref 23-24052, you state that no one is removed from the waiting list without the GIC having received a specific request from the individual to do so, you then also provide a document which outlines that the GIC does do this when individuals do not attend appointments or respond when contacted by the GIC; these individuals would fall under Q6.

Please provide the number of individuals who the GIC removed from the waiting list for reason of DNA, or no contact, or any other reason such as death

### Response sent

6. The total number of individuals who the GIC had removed from the waiting list, without having received a request from the individual to do so, in that year

Firstly we wish to clarify that our original response at Q6 provided a zero return against this question as we do not summarily discharge GIC patients from the waiting list without having made several attempts at dialogue, messages, calls and a clinical risk assessment. The simple answer to your question remains a zero, as it we read it as asking about discharging patients without patient input or opportunity for input into their discharge.

There is a full process of checks and multiple attempts at contacting the patient to follow, in line with the Trust's DNA (Did Not Attend) procedure, appendix C, at [Managing DNA \(did not attend\) and cancelled appointments procedure](#) In particular, I would draw your attention to point 2 on page 1 of 24 (see snip below)

## **2 Current Process**

- 2.1 All patients are required to complete a pre-appointment pack and return it to the clinic in anticipation of their first appointment.
- 2.2 The clinic currently sends patients their appointment letter via email 6 weeks in advance of their appointment.
- 2.3 A series of 3 text message reminders are sent to patients 6 weeks, 1 week and 24 hours before their appointment
- 2.4 In the event that the patient DNA's the clinician or a member of admin will contact them as soon as possible to find out what happened and whether the patient would like to reschedule the appointment.
- 2.5 If they still want to be seen then they are offered the next available slot, however despite this process, there is still an average attrition rate of approximately 30% whereby the appointment is wasted.
- 2.6 In order to address this, a firm approach is being adopted in order to encourage patients to attend appointments or to let the clinic know when they are unable to attend so they may be rescheduled.

We confirm that reasons for patient discharges are held by the Trust, but located within the manually created discharge letters on individual patient files. We cannot therefore automate electronic reporting of numbers of discharged patients by reason for discharge, as our computerised patient records system does not have a dedicated electronic field to collect this.

We can, however, confirm that since April 2017 around 7,000 patients have been discharged by the GIC, for a range of reasons, including treatment completed, and transfers to other Adult Gender Clinics

We have estimated that spending a notional 15 minutes per patient file to locate and extract such data, would take 250 hours per 1,000 files, (of which there are around 7,000), which is beyond the 18 hours provisioned under section 12 of the FOI Act 2000. Accordingly, the Trust is not obliged to respond to this question and so we will not be processing it further.

Should you wish to narrow the scope of your question, for example by asking how many patients were discharged who never attended any appointments, then the Trust would treat any reformulated request we receive as a fresh FOI request and we may be able to help you