The Tavistock and Portman NHS
NHS Foundation Trust

Managing DNA (Did Not Attend) and Cancelled Appointments Procedure

Version:	3
Bodies consulted:	Operations Delivery Board, CYAF Executive, AFS Senior Management Team
Approved by:	EMT
Date Approved:	July 2022
Lead Manager:	General Manager for CYAF and AFS, General Manager for GIC, General Manager for GIDS
Responsible Director:	CCOO
Date issued:	July 2022
Review date:	July 2025

Managing DNA (Did Not Attend) and Cancelled Appointments Procedure

1 Introduction

1.1 Non-attendance at appointments is a concern for the following reasons:

1.1.1 There may be clinical and/or safeguarding risks, or less favourable outcomes, for patients associated with non-attendance and missed appointments.

1.1.2 Failure to follow up on non-attended appointments could result in risk to the patient being appropriately supported and/or managed.

1.1.3 Non-attendance can delay case closure and therefore prevent clinical time being allocated to new patients.

1.1.4 Clinical time spent waiting for patients to arrive cannot be used for other activities.

1.1.5 There are financial and contractual consequences for the Trust if attendance and activity targets are not met.

1.2 The nature of the clinical services provided by the Trust means that we will tolerate some non-attendance.

1.3 However, it is essential that we work within agreed parameters regarding the level of non-attendance that can be tolerated, and that we have clear procedures in place for the management and monitoring of patient non-attendance

2 Purpose

2.1 The purpose of this procedure is to set out the way in which the Trust will ensure that:

2.1.1 Patients that do not attend appointments are appropriately followed up and their risk managed.

2.1.2 Frequent non-attendance will be monitored and acted upon by services.

2.1.3 There is a clear process in place for the closure of cases in the case of persistent non-attendance.

3 Scope

3.1 This procedure applies to all staff who are involved in the management of patient appointments including:

3.1.1 clinical staff

3.1.2 those working on honorary contracts

3.1.3 clinical trainees undertaking a placement at the Trust

3.1.4 administrative staff, who work in clinical teams

3.1.5 informatics staff

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

4 Definitions

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

4.1.1 Cancelled by patient (CBP): Appointment cancelled by, or on behalf of, the patient. This must happen before the scheduled ending of their appointment

4.1.2 Did Not Attend (DNA): The patient did not attend the appointment and no advance warning given

4.1.3 Cancelled by Trust: Appointment cancelled by the Trust. This must happen before the scheduled ending of their appointment

4.1.4 Attended: The patient arrived for their appointment within the time frame of the original appointment and was seen

5 Duties and responsibilities

5.1 **Divisional Directors**

5.1.1 Are responsible for ensuring that DNAs and cancellations are managed in line with this procedure.

5.2 **Clinical Service/Team/Unit Managers**

5.2.1 Are responsible for monitoring the overall DNA rate in their team/service/unit and attending to any patterns or increases in non-attendance. They must also ensure that processes are in place for the regular review of individual staff caseloads including addressing persistent non-attendance.

5.3 **Responsible practitioner (including trainees and qualified staff)**

5.3.1 The responsible healthcare practitioner is responsible for ensuring that all appointments are outcomed on the day they take place and that a clincial notes is made in the patient's electronic record on each occasion the patient does not attend an appointment. They are also responsible for monitoring and drawing up a plan for any patient who persistently fails to attend.

5.3.2 They must also ensure that they bring discussion of DNA's and CBPs to their clincial supervision and adhere to any advice given or agreements made for the future management of the patient.

5.4 **General and Service Managers**

5.4.1 Are responsible for putting processes in place to ensure DNA data is provided to team managers to support them in managing DNA's. General/Service managers are responsible for ensuring that all new administrative staff in the department have this procedure available to them as part of local induction.

5.5 **Administrative Staff**

5.5.1 Administrative staff are responsible for taking accurate messages from patients who telephone to cancel/change appointments, passing these on to the relevant practitioners, and uploading in Carenotes. They are also responsible for following local standard operating procedures regarding the arrangement and outcoming of appointments.

5.6 **Informatics Staff**

5.6.1 Informatics staff are responsible for training clinical and administrative staff in the

use of the Trust electronic patient information system and for the provision of accurate and regular reports for use as part of the Trusts Performance Management programme

5.7 **Quality Team**

5.7.1 Responsible for quarterly reporting on DNA's, gathering narratives form associate clinical directors and highlighting any areas of concern

6 Procedures

6.1 Each clinical division will have a detailed procedure for managing nonattendance of their patient group. These can be found in appendices A-D as follows

6.1.1 Appendix A CYAF

6.1.2 Appendix B AFS

6.1.3 Appendix C GIC

6.1.4 Appendix D GIDS

6.2 These procedures have been signed off locally and by the Trust operations delivery board and differences in practice allowed to meet the divisions specific needs.

6.3 There is not to be further deviation from these procedures within divisions for example at a team level.

6.4 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.

6.5 It is understood for those cases waiting for their first appointment risk may not be clear at this stage and this should be communicated to the referrer and possibly discussed with them.

6.6 Assessing risk is the responsibility of their person assessing/treating the patient as is clear completing documentation of this assessment and any actions taken to manage non attendance within the clinical notes

6.7 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 non-attendance.

6.8 It is poor practice for no action to be taken following non-attendance and follow up must be conducted by clinical staff not administrators.

7 Reporting frequent nonattendance

7.1 To prevent patients who consecutively DNA not being followed up and missed, a report will be run once a month by team administrators on consecutive DNA's (https://raiderac/Reports/Pages/Report.aspx?ItemPath=%2fCareNotes+Reports%2fStandard+Reports%2fConsecutive+Appointments)

7.2 The report will include all patients that have consecutively DNA'd 3 or more appointments.

7.3 This is to be sent to the team/service/unit managers who are responsible for following up on these cases and asking what action is being taken to either ensure attendance of more to closure.

8 Training Requirements

8.1 New administrative staff who manage patient data will have this procedure explained to them as part of their induction.

8.2 New clinical staff and trainees are required to familiarise themselves with this procedure which will be included in the clinical governance handbook.

8.3 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.

9 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

10 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 documents[1]

- Clinical risk assessment Procedure
- Discharge and transfer Procedure

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

Appendix A: CYAF DNA Procedure

10.1 **Administrative processes Following Non Attendance**

10.1.1 If a patient calls an administrator to cancel, they will take a message including the date, time, who called and the reason for cancellation if one is given. This will then be emailed to the practitioner due to see the patient and the email loaded onto Carenotes in correspondence. The administrator should outcome the appointment on Carenotes as cancelled by client

10.1.2 The practitioner should then add a clinical note in Carenotes including the any further steps taken.

10.1.3 If a patient DNA's it is the responsibility of the practitioner to outcome the appointment on Carenotes and to add a clinical note even if very brief.

10.2 **Clinical Decision Making Following Non Attendance**

Patients who Do Not Attend or who Cancel their First Appointment.

10.2.1 When the patient fails to attend the practitioner due to see them will first attempt to contact them by phone. This is necessary to assess risk and an appointment should not be automatically rebooked.

10.2.2 If the practitioner contacts the patient by phone, they will discuss the non-attendance and, if appropriate, arrange another appointment.

10.2.3 The practitioner will add a clinical note to Carenotes detailing the conversation and the new appointment will be booked on the system.

10.2.4 If the patient cannot be contacted a letter/e mail is to be sent asking the patient to opt in before further appointments are offered. This will give the patient 14 days to respond to book another appointment.

10.2.5 If they do not respond to the letter one further letter will be sent giving a further 7 days to make contact.

10.2.6 If there is no response within 7 days and the level of 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.

10.2.7 If there is a higher level of vulnerability or risk, further appointments may be offered, up to a maximum of 3 if there is no engagement at all, but the case should be regularly reviewed and if there is no engagement closure carefully considered.

10.2.8 All decisions around offering further appointments or closure must be documented on Carenotes.

10.2.9 In assessing the risk, the practitioner should consider known risk factors as indicated in the referral. In addition, consideration should be given as to whether additional action should be taken, such as:

10.2.9.1 Inform the referrer and possibly the General Practitioner (GP), of non-attendance, referring to any known risks.

10.2.9.2 Telephone the referrer and possibly the GP to seek further information/discuss

10.2.9.3 Discuss with others involved in care or Multi-disciplinary Clinical Team (MDT)

10.2.9.4 Where referred patients are already on enhanced CPA, *discuss* what steps should be taken with the patient's Care Coordinator.

10.2.9.5 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.

10.2.10 At all stages the patient's reasons for not attending should be actively followed up and they should be offered further support to help them engage.

Patients who Do Not Attend or Cancel Subsequent Appointments

10.2.11 After the “first” appointment if a patient fails to attend an appointment, they should be contacted by phone to ascertain their reasons for non-attendance and to discuss future appointments.

10.2.12 A clinical note should be added to Carenotes detailing this discussion.

10.2.13 If the patient cannot be contacted and a further appointment is already booked, this will proceed as planned.

10.2.14 If no further appointments are booked, they should be written to and asked to confirm if they wish to be offered a further appointment. They should be asked to respond within 14 days of the letter date.

10.2.15 If no response is received after 14 days the risk should be assessed as above and if low risk, discharge should be considered.

10.2.16 If risk is higher the case should be discussed in supervision and a plan documented in the clinical notes for managing future attendance and engagement.

If a Patient DNAs or Cancels 3 Consecutive Appointments

10.2.17 Whether in assessment or treatment, the responsible practitioner must review the case and consider case closure if a patient fails to attend on 3 or more consecutive occasions.

10.2.18 If the level of risk is high, then the practitioner should consider further actions to engage the patient.

10.2.19 If a decision is taken to close the patient the referrer should be written to explaining this decision. A clinical note should be included outlining the rationale behind the decision and the file closed as per normal procedures.

10.2.20 If further appointments are to be offered the rationale for doing so should be detailed in a clinical note and the case regularly reviewed if attendance does not improve.

Appendix B: AFS DNA Procedure

10.3 **Administrative processes Following Non Attendance**

10.3.1 If a patient calls an administrator to cancel, they will take a message including the date, time, who called and the reason for cancellation if one is given. This will then be emailed to the practitioner due to see the patient and the email loaded to Carenotes under correspondence. The administrator should outcome the appointment on Carenotes as cancelled by client.

10.3.2 The practitioner should then add a clinical note in Carenotes including the any further steps taken to address the non-attendance.

10.3.3 If a patient DNA's it is the responsibility of the practitioner to outcome the appointment on Carenotes and to add a clinical note even if brief.

10.4 **Clinical Decision Making Following Non Attendance**

Patients who Do Not Attend or who Cancel their First Appointment.

10.4.1 When the patient fails to attend the practitioner should ask their administrator to send an opt in letter to the patient. This will give the patient 14 days to respond to book another appointment.

10.4.2 If they do not respond to the letter one further letter will be sent.

10.4.3 If there is no response within 7 days and the level of 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.

10.4.4 If there is a higher level of vulnerability or risk, further appointments may be offered, up to a maximum of 3 if there is no engagement at all, but the case should be regularly reviewed and if there is no engagement closure carefully considered.

10.4.5 All decisions around offering further appointments or closure must be documented on Carenotes.

10.4.6 In assessing the risk, the practitioner should consider known risk factors as indicated in the referral. In addition, consideration should be given as to whether additional action should be taken, such as:

10.4.6.1 Inform the referrer and possibly the General Practitioner (GP), of non-attendance, referring to any known risks.

10.4.6.2 Telephone the referrer and possibly the GP to seek further information/discuss.

10.4.6.3 Discuss with others involved in care or Multi-disciplinary Clinical Team (MDT).

10.4.6.4 Where referred patients are already on enhanced CPA, *discuss* what steps should be taken with the patient's Care Coordinator.

10.4.6.5 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.

10.4.7 At all stages the patient's reasons for not attending should be actively followed up and they should be offered further support to help them engage.

Patients who Do Not Attend or Cancel Subsequent Appointments

10.4.8 After the "first" appointment if a patient fails to attend an appointment and a further appointment is already booked, this will proceed as planned.

10.4.9 If no further appointments are booked, they should be written to and asked to confirm if they wish to be offered a further appointment. They should be asked to respond within 14 days of the letter date.

10.4.10 If no response is received after 14 days the risk should be assessed as above and if low risk, discharge should be considered.

10.4.11 If risk is higher the case should be discussed in supervision and a plan documented in the clinical notes for managing future attendance and engagement.

If a Patient DNAs or Cancels 3 Consecutive Appointments

10.4.12 Whether in assessment or treatment, the responsible practitioner must review the case and consider case closure if a patient fails to attend on 3 or more consecutive occasions.

10.4.13 If the level of risk is high, then the practitioner should consider further actions to engage the patient.

10.4.14 If a decision is taken to close the patient the referrer should be written to explaining this decision. A clinical note should be included outlining the rationale behind the decision and the file closed as per normal procedures.

10.4.15 If further appointments are to be offered the rationale for doing so should be detailed in a clinical note and the case regularly reviewed if attendance does not improve.

Appendix C: GIC DNA Procedure

The Background

1.1 The GIC has experienced a 75% increase in referrals in less than two years without a related increase in the number of clinicians that can see patients. This and the impact of the Covid-19 pandemic has resulted in a large backlog of patient appointments being met. Consequently, patients are having to wait years for a first appointment with the service.

1.2 The GIC also has one of the highest DNA rates in the Trust, usually between 12-15%, which means that the attrition rate for overall appointments was 30% as of November 2021. This as a result of patients cancelling appointments, not attending appointments, and clinicians cancelling due to sickness or caring responsibilities in the context of the pandemic.

1.3 The cumulative impact of this is delays in the clinical pathway as the DNA's have a direct impact on appointment availability.

1.4 Given the number of people on our waiting list, we are no longer able to support additional appointments for patients that habitually DNA as it suggests that they are pre-contemplative or are not committed to prioritising their medical appointments, as we currently have people waiting up to 4 years for an appointment.

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.

3. Core Principles

3.1 If a patient DNAs an appointment, a case review will be undertaken by the last Core Clinician who saw the patient to review risk with an aim to discharge.

3.2 If the risk is deemed acceptable, a DNA discharge letter will be sent from the clinic to the patient, copied to the GP.

3.3 The discharge letter will state that if the patient wishes to engage with services in the future, they have 3 options outlined below.

3.4 The patient will have 4 weeks to respond to the DNA-Discharge letter before they are discharged from the Electronic Patient Record. If they contact us within the 4 weeks, the patient will be offered the next available appointment.

3.5 If they contact us after the 4 week period, but before the 6 month deadline, and would like to return to services, they may do so within 6 months of their DNA without a re-referral from their GP. The will be treated as a patient waiting for their next appointment.

3.6 If they wish to engage with the services at the GIC at a date more than 6 months after their discharge, they may be able to do so with a re-referral from their GP. Once the GP has re-referred them, the clinical file will be reviewed by a member of the Executive team, or with a clinician previously involved in their care, regarding whether it is appropriate for them to return to services. If their return to services is accepted, they will not have to wait on the original waiting list, but will be treated as a patient waiting for their next appointment

3.7 After the first DNA, if the patient is to be offered another appointment, then a letter will be sent by the clinic. The clinician who reviewed the case will have the option of offering one appointment with the appropriate team (Core, Counselling Psychology, Speech and Language Therapy, Endocrine). The clinician may wish to discuss with other colleagues who are involved in the care of the patient or with the Multi-disciplinary Clinical Team (MDT).

3.8 The letter sent from the clinic to the patient will be clear that, if another appointment is DNAed, the case will be discharged back to the care of the GP with risk outlined, but with no further clinical responsibility being held by the GIC.

3.9 If a patient has DNAed more appointments than attended appointments, the case should be reviewed for risk and a decision may be made to communicate concern with a view to discharge is appropriate.

3.10 The Data Quality Manager will run regular reports to highlight where patients have DNAed their more recent appointment so they may be reviewed by the Clinical Director.

3.11 All DNA and Discharge letters will be copied to the GP so they are aware of circumstances.

4 Patients who Do Not Attend, or who Cancel their First Consultation Appointment

4.1 If a patient DNA's their first appointment, their clinical record will be reviewed by a senior clinician who will assess any potential clinical risk and write to the GP informing them that the patient has not attended their appointment and will be discharged from the service. If the patient contact service with a valid reason for their non-attendance or concerning medical history, the case will be reviewed by clinicals, and the appointment maybe considered. If patient cancel or DNA this appointment, they will be discharged back to their GP.

4.2 The patient will be discharged from services assuming the risk level of the patient is reasonable. A letter will be written to the patient and copied to the GP to explain the discharge.

4.3 Subject to the availability of sufficient clinical data from the GP, the clinician may make recommendations about how the patient may access support and help that they need following which the patient will be discharged back to their GP. The GP can of course re-refer the patient and they will not have to wait on the original waiting list, but will be treated as a patient waiting for their next appointment.

4.4 If a patient has cancelled their first appointment, then the clinic will offer one final date. Should they DNA or cancel that appointment then they will be discharged back to the care of their GP and other services that they might be accessing at the time.

4.5 If a clinician or administrator notices that a patient has DNAed 2 non-consecutive appointments within the last three, the case should be reviewed by the last clinician to see the patient, and others involved with their care if applicable, and reviewed for risk. If the patient has no significant risk, a decision may be made to either write a letter explaining the DNA policy to the patient and, if appropriate, to discharge back to the care of the GP with an understanding that if they wish to engage with services in the future their GP may re-refer them to the service and their case will be reviewed by a member of the screening team or a member of the Executive team as appropriate.

4.6 If the clinician decides this should be noted in the patient file and a clinical risk assessment must be completed, following which the appointment will be outcomed appropriately so the appointments team are explicitly directed within the notes what the next appointment or review is regarding.

5 Patients that are open to the clinic and DNA their appointments

5.1 If a patient DNAs any appointment in any of the GIC services (Core, Counselling Psychology, Speech and Language Therapy, Endocrine), then the patient will be reviewed by the last clinician who saw the patient to ascertain the level of risk they present with view to discharging them from the clinic.

5.2 This review process may include a desktop review of their clinical presentation and clinic notes, a call to the patient to ascertain why they have DNA'd and where they are in regards to their chosen gender pathway.

5.3 In the event that the patient does not present with any clinical risk, they will be discharged back to the care of their GP, with advice that they can be re-referred at a later date once they have met the clinical recommendations indicated by the clinician that last saw them.

5.4 If the patient presents with clinical risk relating to mental health, then the clinician who last saw them and completed the review will contact the patient's GP, and if known their secondary mental health care provider, to notify them of any concerns and try to help the patient engage with the service. If they fail to engage after another appointment has been given, they will be discharged to their GP, and if known their mental health provider, will be informed that they have been discharged to ensure appropriate support is locally available.

5.5 Where there is high physical health risk, the patient will be contacted by the endocrinology team or a medic and following review (virtual or telephone), the patient will be discharged to

their GP with clinical recommendations relating to how the GP and patient manage these risks. In such cases the GP can still refer back to the service where the concerns are specific to hormone therapy but for emergency and specialist physical health support, they will refer to the local acute or endocrinology provider.

5.6 If the last clinician who saw the patient would like support is assessing the risk of a patient, they may seek support from either the Clinical Director, another colleague, or bring the case to the MDT.

For up-to-date information please visit our website: www.gic.nhs.uk

Appendix D: GIDS DNA Procedure

Executive summary

1.1 This Policy describes the way in which the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust (TPFT/the Trust) will manage patients who Do Not Attend (DNA) or Cancel their appointments.

1.2 The successful management of waiting lists is key to; achieving national objectives in reducing waiting times, to safeguard patients, improve standards of care and improving Patient Choice and therefore takes into account current Guidance from the Department of Health and the NHS Executive.

1.3 The successful management of patients who are waiting for treatment is the responsibility of all organisations within the whole health system. Everyone involved should have a clear understanding of his or her role and responsibilities including the patient. This policy defines the key principles and establishes best practice definitions and standards to assist staff with the effective management of GIDS pathways to achieve national standards.

1.4 The length of time a patient waits for hospital treatment is a significant quality and clinical governance issue. It is also a visible and public indicator of the equity and efficiency of the hospital services provided by GIDS.

1.5 The key principles of this policy are that:

I. At all times the clinical best interests of the patient and family will be taken into consideration when deciding on the best course of action for assessment, treatment and the management of waiting lists.

II. Patients will be treated in order of their clinical need and GIDS will give priority to clinically urgent patients. Where patients have the same or comparable clinical need, they will be treated in chronological order, thereby minimising the time a patient spends on the waiting list and improving the quality of the patient experience.

III. Patients must only be added to the waiting list if they are fit; ready and available to attend appointments.

IV. All systems will support the reduction in waiting times, cancelled appointments and the achievement of the services, and national standards.

V. Every process in the management of patients who are waiting for treatment must be clear and transparent to the patients, families and to partner organisations and must be open to inspection, monitoring and audit.

VI. GIDS will work to meet and better the maximum waiting times and referral to treatment targets, set by the Department of Health and NHS England for all groups of patients.

VII. GIDS will at all times negotiate appointment and admission dates and times with patients.

VIII. GIDS will work to ensure fair and equal access to services for all patients.

Definitions

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

I. Cancelled by patient (CBP): Appointment cancelled by, or on behalf of, the patient. This must happen before the scheduled ending of their appointment

II. Did Not Attend (DNA): The patient did not attend the appointment or if a child where they failed to be presented for the session, with no prior notice.
III. Cancelled by GIDS (CBG): Appointment cancelled by the service. This must happen before the scheduled ending of their appointment
IV. Attended: The patient arrived for their appointment within the time frame of the original appointment and was seen

Roles and Responsibilities

3.1 Clinical Directors/Divisional Directors

Are responsible for ensuring that DNAs and cancellations are managed in line with this procedure.

3.2 Clinical Service/Team/Unit Managers

Are responsible for monitoring the overall DNA rate in their team/service/unit and attending to any patterns or increases in non-attendance. They must also ensure that processes are in place for the regular review of individual staff caseloads including addressing persistent non-attendance.

3.3 Responsible practitioner (including trainees and qualified staff)

The responsible healthcare practitioner is responsible for ensuring that all appointments are outcomed on the day they take place and that a clinical notes is made in the patient's electronic record on each occasion the patient does not attend an appointment. They are also responsible for monitoring and drawing up a plan for any patient who persistently fails to attend.
They must also ensure that they bring discussion of DNA's and Cancelled By Patient outcomes to their clinical supervision and adhere to any advice given or agreements made for the future management of the patient.

3.4 General and Service Managers

Are responsible for putting processes in place to ensure DNA data is provided to team managers to support them in managing DNA's. General/Service managers are responsible for ensuring that all new administrative staff in the department have this procedure available to them as part of local induction.

3.5 Administrative Staff

Administrative staff are responsible for taking accurate messages from patients who telephone to cancel/change appointments, passing these on to the relevant clinicians, and uploading in Carenotes. They are also responsible for following local standard operating procedures regarding the arrangement and outcoming of appointments.

3.6 Informatics Staff

Informatics staff are responsible for training clinical and administrative staff in the use of the Trust electronic patient information system and for the provision of accurate and regular reports on patients who do not attend and appointment cancellations for use as part of the Trusts Performance Management programme

3.7 Quality Team

Responsible for quarterly reporting on DNA's, gathering narratives form associate clinical directors and highlighting any areas of concern

NHS Constitution

4.1 Full details of the NHS Constitution can be found here: https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

4.2 The Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

4.3 The NHS Constitution recommends the following actions patients can take to help in the management of their condition:

I. Patients can make a significant contribution to their own, and their families, good health and wellbeing, and should take personal responsibility for it.
II. Patients should be registered with a GP practice as this is the main point of access to NHS care as commissioned by NHS bodies.
III. Patients should provide accurate information about their health, condition and status.
IV. Patients should keep appointments or cancel within a reasonable timeframe.

4.4 The NHS Constitution clearly sets out a series of pledges and rights stating what patients, the public and staff can expect from the NHS. A patient has the right to the following:

I. Choice of hospital, service and consultant
II. To begin their treatment for routine conditions following a referral into a consultant-led service, within a maximum waiting time of 18 weeks to treatment
III. To be seen by a cancer specialist within a maximum of two weeks from a GP referral for urgent referrals where cancer is suspected.
IV. If this is not possible, the NHS has to take all reasonable steps to offer a range of alternatives.

4.5 The right to be seen within the maximum waiting times does not apply:

I. If the patient chooses to wait longer
II. If delaying the start of the treatment is in the best clinical interests of the patient (note that in both of these scenarios the patient's 18 week Referral To Treatment (RTT) clock continues to tick)
III. If it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage.

All patients are to be treated fairly and equitably regardless of race, sex, religion or sexual orientation.

Patient-initiated delays

5.1 Non-attendance of appointments/did not attend (DNAs)

DNAs have a direct impact on reported waiting times and the provision of care across GIDS. Every effort should be made to minimise DNAs, and it is important that clinicians provide a way or guidelines to review and manage every patient who DNA's their appointment.

5.2 First appointment DNAs

5.2.1 Did Not Attend (DNA): This is where a patient does not attend their first appointment or if a child, where they fails to be presented for the session by their parents or carer.

5.2.2 If a patient DNAs their first appointment, the clinician can advise if they want to contact the patient. This may be necessary to check if the patient is vulnerable or review any risk identified at receipt of referral and before any further appointment is booked. If the patient is contactable, the clinician will discuss the non-attendance and, if appropriate, request another appointment is booked for the patient.

5.2.3 If the patient cannot be contacted the GIDS administrative team will send a letter/email asking the patient to contact the service to request a further appointment. This can be done by telephoning or emailing the service. Patients will be given 14 days from when the letter/email is issued to respond to book another appointment.

5.2.4 If there is no response within 14 days and the clinician has deemed the patient's case to be of low risk (indicated on referral) or not vulnerable, then the case will be closed and the patient will be discharged back to the care of the referrer and/or GP. Any risks will be communicated to the referrer and/or the GP. After each DNA, low risk patients will either be reviewed or following clinical guidelines may have their case closed and the patient will be discharged back to the care of the referrer.

5.2.5 If the clinician has deemed the patient's case is a higher level of risk (indicated on referral) or as vulnerable further appointments will be offered. If the patient continues to fail to engage, their case will be reviewed with the network and closed and they will be discharged back to the care of the referrer and/or GP.

5.2.6 Any decision to discharge a patient back to the referrer and/or GP is a clinical one and GIDS must be able to:

I. Demonstrate the appointment was clearly communicated to the patient and reasonable notice of the appointment was given (3 weeks)
II. Discharging the patient is not contrary to their best clinical interests
III. Discharging the patient is carried out according to local, publicly available policies
IV. These local policies are locally agreed, clearly defined and protect the clinical interests of vulnerable patients.

5.2.7 Teams should be aware of the Trust's Safeguarding Children Policy when managing patient DNAs. Failure to attend an appointment by a service user should always be communicated to the referrer and/or the GP.

5.2.8 Following the DNA of a booked appointment if the patient is known to social care the social worker must be informed immediately if they are deemed to be vulnerable and/or high risk of harm, or if there is an ongoing pattern of non-attendance. If they are not known to social care a discussion should take place with the referrer to assess the degree of risk or the progress notes should be reviewed.

5.2.9 Where there are sufficient concerns around non-attendance and the wellbeing of the child or young person, a referral to Social Care should be made and details recorded in the patient's PAS record including any feedback to the referrer and GP on actions taken.

5.2.10 The GP and patient should be informed of the decision to close in writing, with a plan for future engagement of the patient as appropriate. As a matter of good practice correspondence should be copied to other professionals involved in the service user's care.

5.3 Subsequent (follow-up) appointment DNAs

5.3.1 If the patient fails to attend any subsequent appointment, the clinician can advise if they want to contact the patient to ascertain their reasons for non-attendance and to discuss future appointments. A clinical note will be added to Carenotes detailing this discussion.

5.3.2 If the patient cannot be contacted by their clinician a letter/email will be sent asking the patient to contact the service to request a further appointment. This can be done by telephoning or emailing the service. Patients will be given 14 days from when the letter/email is issued to respond to book another appointment.

5.3.4 If there is no response within 14 days and the clinician has deemed the patient's case to be of low risk or not vulnerable, then the case will be closed and the patient will be discharged back to the care of the referrer and/or GP. Any risks will be communicated to the referrer and/or the GP. After a subsequent DNA, low risk patients (indicated at receipt of referral) will be reviewed or following clinical guidelines may have their case closed and the patient will be discharged back to the care of the referrer.

5.3.5 If the clinician has deemed the patient's case is a higher level of risk (indicated at receipt of referral) or as vulnerable further appointments will be offered. If the patient continues to fail to engage, (after 3 or more appointments), their case will be reviewed and closed and they will be discharged back to the care of the referrer and/or GP.

5.3.6 Any decision to discharge a patient back to the referrer and/or GP is a clinical one and GIDS must be able to:

V. Demonstrate the appointment was clearly communicated to the patient and reasonable notice of the appointment was given (3 weeks)

I. Discharging the patient is not contrary to their best clinical interests

II. Discharging the patient is carried out according to local, publicly available policies

III. These local policies are locally agreed, clearly defined and protect the clinical interests of vulnerable patients.

Cancelling, declining or delaying appointments

6.1 Patient Cancellations

6.1.2 Patients can choose to postpone or amend their appointment or treatment right up until the time of their appointment is due to start if they wish, regardless of the resulting waiting time. Such cancellations or delays have no impact on reported waiting times.

6.1.3 Clinicians will be informed of significant patient-initiated delays to ensure that no harm is likely to result from the patient waiting longer for appointments, diagnosis or treatment. If

not determined at the point of cancelling their appointment, GIDS will attempt to contact patients to ascertain their reasons for cancelling appointments and to discuss if another appointment is required. A clinical note will be added to Carenotes detailing this discussion.

6.1.4 If the patient's case is of low risk or they are assessed as not vulnerable, and the patient does not want any further appointments, then the case will be closed and the patient will be discharged back to the care of the referrer and/or GP. Any risks will be communicated to the referrer and/or the GP.

6.1.5 If the patient's case is of low risk or not vulnerable, and where the patient continues to cancel and rebook appointments, then their case will be reviewed by the clinician or clinical guidelines will be followed and may be closed and the patient will be discharged back to the care of the referrer and/or GP. Any risks will be communicated to the referrer and/or the GP.

6.1.6 If the clinician has deemed the patient's case is a higher level of vulnerability or risk, further appointments will be offered (within 2 weeks of the patient responding to the service), and the referrer informed of the cancellations. If the patient continues to fail to engage, (after 3 or more offers of appointments), their case will be clinically reviewed and they may be discharged back to the care of the referrer and/or GP. Any risks will be communicated to the referrer and/or the GP.

6.1.7 Following multiple cancellations and rebooking of appointments, if the patient is known to social care the social worker must be informed immediately if there is deemed to be vulnerable and/or high risk of harm, or if there is an ongoing pattern of non-attendance. If they are not known to social care a discussion should take place with the referrer to assess the degree of risk or the progress notes should be reviewed.

6.1.8 It is not in a patient's best clinical interest to request to be left on a waiting list for an extended period, and so where a patient requests a long delay in their assessment or treatment, a clinical review will be carried out, and the treating clinician will speak with the patient to discuss and agree the best course of action.

6.1.9 Any decision to discharge a patient back to the referrer and/or GP is a clinical one and GIDS must be able to:

VI. Demonstrate the appointment was clearly communicated to the patient and reasonable notice of the appointment was given (3 weeks)

IV. Discharging the patient is not contrary to their best clinical interests

V. Discharging the patient is carried out according to local, publicly available policies

VI. These local policies are locally agreed, clearly defined and protect the clinical interests of vulnerable patients.

6.2 Hospital (GIDS) Cancellations

6.2.1 These should only take place in exceptional circumstances and with prior approval by the General Manager or Divisional Director. The new date must be agreed directly with the patient and within 2 weeks of the cancelled appointment to ensure the impact on the patient's waiting time is minimised.