

# Managing DNA (Did Not Attend) and Cancelled Appointments Procedure

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1. **Introduction**

The Wheelchair Service (WCS) does sometimes experience client’s not able to attend their appointment and not given notice whether to cancel. This would allow for another client to be seen in their place. We as a service need to manage this in order for clients to be seen for assessment, review or handover of their wheelchair. The following are reasons why this is a concern for the WCS:

* + 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 clients can delay case closure and therefore prevent clinical time being allocated to a new client.
  + There may be financial or contract consequences for if cases are dormant for lengths of time.

1. **Purpose**

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

1. **Scope**

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

* + all clinical
  + administrative staff, who work in clinical teams

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

1. **Definitions**

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

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

1. **Duties and Responsibilities**

## Clinical lead

The Clinical lead 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 Local Authority wide approach.

## Responsible clinician

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

## Clinical Staff Working Under Supervision

Clinical staff working under supervision are responsible for discussing DNAs and CBPs with the clinical lead and following any advice given for the future management of the client.

## Administrative Staff

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

1. **Procedures**

## Action Following Non Attendance

If a client 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 client information system. Those who need to know should be informed.

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

## Clients who Do Not Attend (DNA) or who Cancel their First Consultation Appointment

The client will be contacted by telephone or letter to arrange a further appointment. If a second appointment is not attended or cancelled by the client then the case will be reviewed by clinicians to ascertain the level of risk making sure that clients 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)
    - 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 client 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.

## Clients who Do Not Attend Subsequent Appointments

* + - Clients who DNA subsequent assessment appointments will be contacted and asked whether they wish a further appointment. If a further appointment is already booked, the client 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.

## If a Client DNAs or Cancels 3 Consecutive Appointments

Whether in assessment or review, the responsible clinician may review the case and consider case closure if a client 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 client 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 client about the possibility of case closure. Ultimately it should be a clinical decision as to whether a case should be closed or not.

The Clinician will have a duty of care towards the client and will have to make a referral to Safe Guarding for both adult or child as this is can be a concern for the clients safe guarding.

## Risk Assessment of Clients who DNA

* + - In all cases when clients 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 client.
    - In the event that the client 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 client to check on their wellbeing
    - Any actions taken in response to DNA must be noted in the client’s file

1. **Training Requirements**
   * + New administrative staff who manage client 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 electronic client system will receive specific training before personal access is arranged.