

DID NOT ATTEND POLICY

Introduction

Approximately 3 appointments per month are classified as 'Did Not Attend' (DNA) - i.e. the patient did not turn up for the appointment and did not contact the surgery in advance to cancel/change appointment. The effects of this are:

- An increase in the waiting time for appointments
- Frustration for both staff and patients
- A waste of resources
- A potential risk to the health of the patient

General Policy

It is important that any DNA policy is agreed as a practice and patients are made aware of the policy and the reason for implementing. Whilst it is important to be consistent, there will always be exceptions on an individual case-by-case basis.

The policy can be conveyed by notices in the waiting room, as well as a copy of the system on the surgery website. It should also be discussed by the patient participation group (PPG), as their support is important in supporting the process.

If a patient fails to attend a pre-booked appointment on 3 occasions in the space of 12 months, an informal warning letter will be sent to the patient, advising them that a further occurrence could risk removal from the practice.

If the patient fails to attend another appointment, the matter will be discussed at a practice meeting and a majority agreement will be reached as to whether the patient will be removed from the practice list. In this case a formal warning letter will be issued.

Warning letters are valid for a period of 12 months. Removal based on warnings greater than 12 months old will be invalid – in this case a further formal warning and period of grace will be required.

Screening Appointments

Where a patient with a chronic condition, or who is otherwise deemed to be "at risk", fails to attend a screening or a recall appointment there may be an implied duty on the practice to follow-up the reason for non-attendance to ensure that the patient's health is not at risk.

The responsible clinician (usually the doctor or the nurse holding the clinic) will be responsible for initiating action to contact the patient by telephone to determine the reason for the failure to attend and, where possible, re-arrange the appointment.

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Where a new appointment is arranged, this is to be followed up with a letter of confirmation, and, the day prior to the new appointment date, a further telephone call to the patient is to be made to check that they will attend.

The clinician will have overall responsibility for the individual patient follow-up and attendance, although the administration aspects may be delegated.

The DNA must be coded onto the clinical system at each non-attendance.

The practice manager will be responsible for the issue of a monthly DNA clinical system report by clinician for clinician review. The review, completed by the responsible GP Partners is to be returned to the practice manager by 30th each month