**Did Not Attend (DNA) Policy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| V1 | 1/6/23 | K SALL | DR Reena Patel | New from PMI-next review June 2024 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table of contents**

[1 Introduction 2](#_Toc119399463)

[1.1 Policy statement 2](#_Toc119399464)

[1.2 Status 2](#_Toc119399465)

[2 Policy 2](#_Toc119399466)

[2.1 Statistical evidence 2](#_Toc119399467)

[2.2 Recording DNAs 3](#_Toc119399468)

[2.3 DNA logging 3](#_Toc119399469)

[2.4 Preventative measures 4](#_Toc119399470)

[2.5 Managing DNAs (face-to-face appointment) 5](#_Toc119399471)

[2.6 Managing a failed home-visit encounter 6](#_Toc119399472)

[2.7 Managing failed telephone encounters 6](#_Toc119399473)

[2.8 Children who fail to attend 7](#_Toc119399474)

[2.9 Actions needed for a “Was Not Brought” 7](#_Toc119399475)

[2.10 Organisation information 9](#_Toc119399476)

[3 Summary 9](#_Toc119399477)

[Annex A – First letter to patient 10](#_Toc119399478)

[Annex B – Second letter to patient 11](#_Toc119399479)

[Annex C – Removal of a patient 12](#_Toc119399480)

[Annex D – Letter regarding child who was not brought 13](#_Toc119399481)

# Introduction

## Policy statement

The purpose of this document is to provide guidance regarding the management of patients who failed to attend their appointments. It is essential to make the best use of the clinicians’ availability to ensure that all patients have access to appointments within an acceptable time frame.

This document sets out the procedures for monitoring and recording, and the required actions to be taken to effectively manage missed appointments at Lathom Road Medical Centre within general practice, failure to attend appointments is commonplace. It is therefore essential that an efficient management system is in place.

​​​​Training on [How to](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=did+not&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1178) R[educe Did Not Attends (DNAs)](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=did+not&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1178) can be found on the [HUB](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=did+not&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub).

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation

# Policy

## Statistical evidence

As well as being costly in financial terms, patients who fail to attend their agreed medical appointments often create excessive waiting times for other patients.

In 2016, *“Releasing Time for Care: 10 High Impact Actions for General Practice”*[[1]](#footnote-1) highlighted the reduction of DNAs as one of the things that was needed to improve productivity.

More recently, an analysis of official NHS data in England revealed that more than 9.6 million appointments were not attended by patients between April 2020 and February 2021. This equates to 1 in every 25 appointments offered, costing NHS England £288 million a year[[2]](#footnote-2).

At LRMC, during any month, an average of [insert average number of DNAs] patients are recorded as being a DNA, meaning that the patient neither attended their appointment nor advised the practice within 24 hours prior to the scheduled appointment, to enable a cancellation or change to their appointment to be made.

The effects:

* An increase in waiting times for patients resulting in the risk of worsening patients’ health
* A waste of the organisation’s time – not simply the clinicians’ time but also that of the administration team as the appointment invariably needs to be rebooked
* Cost to the wider NHS in the requirement of additional clinicians
* Potential of risk to a child who is reliant upon an adult to ensure that they attend their appointment

## Recording DNAs

All DNAs are to be recorded on LRMC in each patient’s healthcare record with the following [SNOMED CT CODES](https://termbrowser.nhs.uk/?perspective=full&conceptId1=404684003&edition=uk-edition&release=v20201028&server=https://termbrowser.nhs.uk/sct-browser-api/snomed&langRefset=999001261000000100,999000691000001104):

* Did not attend – Reason given – 185326000
* Did not attend – No reason given – 270426007

The PM or APM will review DNA statistics on a regular/monthly basis, presenting this information at practice or admin meeting. DNAs are to be displayed, highlighting the facts in the waiting room and on the organisation’s website.

Statistically, signs that communicate the number of patients who did not attend in previous months, with signs that conveyed the much larger number of patients who did turn up, resulted in a 31.7% reduction in DNAs compared to the previous 12 months’ average.[[3]](#footnote-3)

## DNA logging

In addition to recording DNAs upon the clinical system, the organisation also logs all patients who fail to attend [weekly/monthly] onto the [DNA Logging Toolkit](https://practiceindex.co.uk/gp/forum/resources/dna-logging-toolkit.1356/).

Logging these failures to attend achieves the following:

* Monitors DNAs and looks at trends
* Acts as a methodology should a patient complain that there is a lack of available appointments
* Provides a tool to promote any new initiative or preventative measures that have been established
* Promotes CQC compliance

## Preventative measures

Almost every primary care organisation has done at least something to try to reduce DNAs. However, the evidence shows that it is usually necessary to do several things and that some of the common approaches need to be adjusted in order to be successful.

In order to reduce the number of DNAs, the organisation will offer:

* Easy cancellation

Rapid access is provided for patients who wish to contact the organisation to cancel an appointment. Lathom Road Medical Centre’s approach is to have\* [a dedicated phone number, a text message service and online cancellation functionality].

* Appointment reminders

Patients are sent a text message to remind them about a forthcoming appointment. The reminder includes an explanation of how to cancel the appointment if it is no longer wanted.

* Patient recording

Patients are asked to write their own appointment card for their next appointment rather than having this done for them. This encourages recall, thereby reducing subsequent DNAs.

* Read back

The administrative team will ask the patient to repeat the details of the appointment to them to check that they have remembered and recorded it correctly.

* Report attendances

The PM or APM will publish DNA information quarterly and make it readily available in the waiting room and on the organisation’s website

* Patient engagement

LRMC will discuss the issue with the Patient Participation Group (PPG) to highlight the numbers and plans for improving the DNA rates.

The organisation’s information leaflet will set out LRMC policy on dealing with patients who fail to attend their appointments.

## Managing DNAs (face-to-face appointment)

Should a patient fail to attend their appointment, the clinician or the clinical emis system will enter the fact that the appointment was missed and will record it as:

Did not attend – No reason given – SNOMED CT 270426007

\*Delete as appropriate

Should a patient advise that they need to cancel an appointment, although less than [insert timescale] notice was given, then the person receiving the call or receiving the notification is to record this as:

Did not attend – Reason given – SNOMED CT 185326000

It should be noted that, whilst unacceptable in most cases, there may be extenuating circumstances as to why the patient failed to attend their appointment. Therefore, prior to any letter being sent to a patient, it would be reasonable to discuss this with their clinician.

Should there not be any mitigating reasons, then a letter explaining the DNA will be sent to the patient using the template at [Annex A](#_Annex_A_–). If the patient fails to attend a second appointment within a 12-month period, and should there be no reasonable mitigating circumstances, a further letter will be sent to the patient using the template at [Annex B](#_Annex_B_–).

Should the patient then fail to attend a third appointment within the same 12-month period, a decision will be made by PM as to whether the patient is to be removed from the practice list.

Prior to writing to the patient using the template at [Annex C](#_Annex_C_–), the senior GP will assess whether removing the patient from the practice list would be detrimental to the patient’s health or wellbeing and cause significant harm. Should the decision be made to remove the patient from LRMC, the BMA has provided the following guidance [here](http://www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists) that is to be followed.

[Letters sent to patients are only valid for a 12-month period. These letters](http://www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists) are to be saved in each patient’s electronic health record.

By reducing the number of DNAs, the organisation will:

* Enhance the efficiency of clinical sessions
* Reduce costs
* Increase productivity
* Offer a more effective service to patients
* Enable more effective booking of slots

## Managing a failed home-visit encounter

A failed visit is where there is no access to or contact with the patient at a planned or agreed visit.

There is often a simple explanation where a patient has forgotten the appointment and has gone out. However, a failed visit can also be indicative of a serious incident or issue. Should this occur then further information can be sought in the [Home Visit](https://practiceindex.co.uk/gp/forum/resources/home-visit-policy.678/) P[olicy.](https://practiceindex.co.uk/gp/forum/resources/home-visit-policy.678/)

## Managing failed telephone encounters

Telephone consultation failed encounters must also be managed appropriately to ensure patient safety is not compromised.

If a patient fails to answer a pre-booked telephone consultation, it is the responsibility of the clinician initiating the call to code this as a “Failed encounter – no answer when rang back” using the SNOMED CT code 185337004.

The clinician should task a member of the reception or administrative team to contact the patient and have the appointment rearranged. For the purpose of accurate record-keeping, the clinician must document in the record that they have instructed the reception or administrative team to contact the patient in order to rearrange the appointment.

The receptionist or administrator must also document that they have telephoned the patient to rearrange their appointment using SNOMED CT code 24671000000101 – “Telephone call to a patient”.

If the patient fails to answer the call from the receptionist or administrator, this must also be recorded as a “Failed encounter – no answer when rang back” using the same SNOMED CT code as for the other failed encounter as detailed above.

The patient must then be sent a message using AccuRx asking them to contactLRMC. This must also be recorded in the patient’s healthcare record.

When the patient contacts LRMC to rearrange, the receptionist or administrator is to ask why the patient failed to answer the pre-booked call. There are many feasible reasons for doing so; see examples below (this list is not exhaustive):

* Lost signal
* Was on another call
* Phone went straight to voice mail
* Caller ID was blocked

By doing so, LRMC can determine the root cause of such failed encounters and take appropriate action, i.e., advise all patients that the call will be coming from a withheld number thereby preventing future failed encounters.

If a patient has requested a call-back from a clinician and they fail to answer, the same principle applies although the clinician should, at the next available opportunity within that same session, make a second attempt to call the patient.

At the end of the session, the clinician should make a third attempt to contact the patient. Should the patient fail to answer the call for the third time, the clinician is to read code this as a “Failed Encounter – no answer when rang back” using the SNOMED CT code 185337004.

The clinician should then follow the steps outlined at section 2.5, tasking the reception or administrative teams accordingly. When contact with the patient is made, they must be offered an appointment based on clinical need. Should a receptionist or administrator have any doubt as to the type of appointment needed (routine, urgent, same day, etc.), they should seek advice from a clinician.

## Children who fail to attend

Awareness is to be given to children who fail to attend an appointment.

Whilst all missed appointments have traditionally been classified as a “Did Not Attend”, this group actually needs to be classified as “Was Not Brought” as it is not a child’s responsibility to attend the appointment; it is the responsibility of their parents or carers to take them. As such, awareness must be given to this and the consideration that this could be termed as medical neglect.[[4]](#footnote-4)

For further information, [The Nottingham Safeguarding Children Board](http://www.youtube.com/watch?v=dAdNL6d4lpk&feature=youtu.be) has developed a video to assist with understanding the differences between medical neglect and a simple DNA.

## Actions needed for a “Was Not Brought”

Although it is a subtle difference, coding non-attendance of children as “Child not brought to appointment” using the SNOMED CT code 901441000000108 may be considered to enable more accurate safeguarding auditing in addition to emphasising the potential failure by those responsible for the child’s welfare.

It should be noted that not having capacity, nor being able to attend by themselves, a child non-attendance should not be classified as a ‘Did Not Attend’.

1. Actions following the first missed appointment:

* LRMC will send a further invitation to the patient
* A letter will be sent to the parent or carer to ascertain the reasons behind the non-attendance. If appropriate, a copy of the WHO leaflet titled ‘[If you choose not to vaccinate your child, understand the risks and responsibilities](https://www.euro.who.int/__data/assets/pdf_file/0004/160753/If-you-choose_EN_WHO_WEB.pdf)’ is to also be forwarded
* Any response from the parent or guardian will also be noted in the patient’s clinical record, including if there is a valid reason not to attend or to vaccinate
* A template letter for a child who “Was not brought” is at [Annex D](#_Annex_D_–)

1. Actions following the second missed appointment:

* The responsible clinician will contact the parent or guardian (either face to face or via telephone) to discuss the reasons and, the importance of the appointment or vaccination
* The contents of the ‘Was not brought’ letter should be discussed, reiterating that this could be considered as a safeguarding concern
* Additionally, in cases of missed vaccinations, the contents of the WHO leaflet should be reiterated, explaining the importance of childhood immunisations
* A second letter should be sent to the parents or guardian
* Any response from the parent or guardian given face to face, by telephone or by letter will also be noted in the child’s clinical record

1. Actions following the third missed appointment:

* Where a child remains uncontactable and/or unvaccinated after a third contact, LRMC will mark the patient record as either unable to contact or unvaccinated
* The clinician noting that the child remains unseen or unvaccinated despite all attempts to recall the patient is to discuss their concerns with the safeguarding lead.
* A further letter is to be forwarded to the parent or guardian advising them that due to the persistent failure to bring their child this has been referred to the safeguarding lead
* Should any clinician have significant concerns, they are to initiate a child protection referral using the contact numbers as below and as detailed within the [Safeguarding Policy](https://practiceindex.co.uk/gp/forum/resources/safeguarding-policy.728/)

Any non-attendance by a child to their medical appointment will trigger a letter that needs to be sent to the parent or carer to ascertain the reasons behind the non- attendance. Any response from the parent or guardian will also be noted in the patient’s clinical record.

All missed appointments should be flagged with the safeguarding lead.

## [Organisation information](https://practiceindex.co.uk/gp/forum/resources/childhood-vaccination-and-immunisations-policy.1740/)

In order to remind patients of the significance of DNAs, templates for posters to display in the waiting room can be found below:

* [DNA percentage poster](https://practiceindex.co.uk/gp/forum/resources/dna-percentage-poster.1344/)
* [3 Reasons not to miss your appointment](https://practiceindex.co.uk/gp/forum/resources/reasons-not-to-miss-appointment-poster.1345/?fromcat=75)

# Summary

Patients who fail to attend their medical appointments continue to have a significant financial impact across the NHS.

Having a robust management system in place will help to reduce the number of DNAs at LRMC and ensure that all patients have improved access to an appointment within an acceptable time frame.

# Annex A – First letter to patient

Dear [insert patient name],

Our records show that you had an appointment booked with [insert clinician’s name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us on [insert phone number] to discuss.

Appointments at [insert organisation name] are at a premium and this missed appointment could have been used by another patient if you had provided the practice with adequate notice that the appointment was no longer required.

During this last month, [insert number] appointments were recorded as “Did Not Attend” (DNA) which represents [add percentage] of appointments at [insert organisation name]. Please be advised that this organisation has a DNA policy which, for patients who repeatedly fail to attend, may result in them being removed from the organisation’s list.

If you need to cancel or change an appointment, you can:

* Call the dedicated appointment line on [insert number]
* Email [insert email address]
* Text [insert text number]
* Cancel your appointment via our website [insert website]
* [Enter any other method]

Please help us to maximise appointment availability in the future. Your cooperation is very much appreciated.

Yours sincerely,

[Practice Manager]

# Annex B – Second letter to patient

Dear [insert patient name],

Our records show that you had an appointment booked with [insert clinician’s name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us on [insert phone number] to discuss.

We previously wrote to you on [insert day and date] regarding an appointment you had missed on [insert day and date]. This is the second occasion you have failed to attend a scheduled appointment within a 12-month period.

In our previous letter, we advised you that you can cancel or change an appointment by:

* Calling the dedicated appointment line on [insert number]
* Emailing [insert email address]
* Texting [insert text number]
* Cancel your appointment via our website [insert website]
* [Enter any other method]

If you fail to attend a third appointment within the same 12-month period, we will consider removing you from the organisation’s list.

Please help us to maximise appointment availability in the future by contacting us as soon as you know you will be unable to attend your scheduled appointment. Your cooperation is very much appreciated.

Yours sincerely,

[Practice Manager]

# Annex C – Removal of a patient

Dear [insert patient name],

Our records show that you had an appointment booked with [insert clinician’s name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us on [insert phone number] to discuss.

We previously wrote to you on [insert day and date] regarding the appointments you missed on [insert day and date] and [insert day and date]. You have now missed three appointments within a 12-month period without justification.

Having discussed this with the practice manager, we have decided that we are removing you from our organisation’s list. We notified NHS England on [insert date] of our decision and you will be removed on the eighth day following notification.

You are advised to register with another practice in the local area as soon as possible. A list of primary care organisations can be found at [www.nhs.uk](http://www.nhs.uk/) by entering your postcode in the “Find local services” section.

The decision to remove you from the list was not taken lightly but it is imperative that we provide an efficient service for all of our listed patients and we are unable to do so if a patient repeatedly fails to attend scheduled appointments.

The practice team wishes you well for the future.

Yours sincerely,

[Senior GP]

# Annex D – Letter regarding child who was not brought

[Reference - Insert patient name]

Dear [insert name],

Our records show that your child had an appointment booked with [insert clinician’s name] on [insert day and date] but failed to attend this appointment. If you believe this to be incorrect, please contact us on [insert phone number] to discuss.

Appointments at [insert organisation name] are at a premium and this missed appointment could have been used by another patient if you had provided the practice with adequate notice that the appointment was no longer required.

[If the appointment was a missed vaccination insert the following:

Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent up to three million deaths worldwide every year. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people have either been eradicated or are seen very rarely. Other diseases like measles and diphtheria have been reduced by up to 99.9% since vaccines against them were introduced.

To understand the benefits of immunisations, please find [enclosed/link to] the World Health Organization leaflet titled: [If you choose not to vaccinate your child, understand the risks and responsibilities](https://www.euro.who.int/__data/assets/pdf_file/0004/160753/If-you-choose_EN_WHO_WEB.pdf)]

A child who lacks capacity needs to be brought to their clinical appointment by their parent or the person with clinical responsibility. Failure to bring a child to a medical appointment will always be classified as a “Was not brought” with a note being placed within the patient’s medical record.

Please be advised that, should there be continued failures to bring a child to their medical appointment, we would consider this as potential neglect towards that child and, as a result, this practice would be obliged to advise the local safeguarding team of any concern that we may have.

If you need to cancel or change any appointment, you can:

* Call the dedicated appointment line on [insert number]
* Email [insert email address]
* Text back to your reminder message
* Cancel your appointment via My Health Online
* Cancel your appointment via our website [insert website]

Please help us to maximise appointment availability in the future. Your cooperation is very much appreciated.

Yours sincerely,

[Insert name and role]

1. [NHS England: Releasing Time for Care - 10 High Impact Actions for General Practice](https://www.england.nhs.uk/expo/2016/11/14/releasing-time-for-care-10-high-impact-actions-for-general-practice-dr-robert-varnam/) [↑](#footnote-ref-1)
2. [Envisage by Numed](https://www.envisagecoda.co.uk/cost-missed-gp-appointments/) [↑](#footnote-ref-2)
3. [Journal of the Royal Society of Medicine](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3308641) [↑](#footnote-ref-3)
4. [British Journal of General Practitioners](https://bjgp.org/content/67/662/397) [↑](#footnote-ref-4)