

WALLINGBROOK HEALTH GROUP	POLICIES & PROCEDURES: Patient Non-Attendance Policy	VERSION 02: 07/02/18
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### Patient Non-Attendance Policy

<b>POLICY REFERENCE INFORMATION</b>	
POLICY REFERENCE NUMBER	
VERSION NUMBER	2
STATUS	Approved
AUTHOR/LEAD	Lucy Harris
Implementation Date	01/06/17
Date of last review	07/02/18
Date of next formal review	07/02/19
Target Audience	All
Ratified By	Wallingbrook Management Team
Date of ratification	01/06/17
Governed by	Wallingbrook Executive Team

VERSION	DESCRIPTION OF CHANGE	REASON FOR CHANGE	AUTHOR	DATE
2	Updated as an outcome of meeting with GPs/KR.  Childhood immunisations appointments - Change of process	To provide clarity re process  WHO leaflet will be included in future correspondence	LH/LG	07/02/18

## INTRODUCTION

Approximately 120 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 these are:

- A potential risk to the health of the patient
- An increase in the waiting time for appointments for other patients
- Frustration for both staff and patients where the wasted appointment could have been given to another patient who is waiting
- A waste of resources

## GENERAL POLICY

It is important that any patient non-attendance policy is agreed as a practice and that patients are made aware of the policy and the reason for implementing. Whilst it is important to be consistent, there will 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 with the Patient Participation Group, as their support is important in supporting the process.

## PATIENTS WHO DO NOT ATTEND THEIR APPOINTMENTS

All DNAs are coded onto the clinical system at each non-attendance.

- Patients under the years of 18 records should be coded with **Child not brought to appointment (Xab0Q)**
- Patient over the years of 18 records should be coded with **Did not attend (Xa1kG)**

The Patient Services Team will be responsible for the issue of a weekly DNA clinical system for review.

The report should be broken down to GPs and passed to their Patient Care Coordinator for review. The Patient Care Coordinator should review the patient record to check for recent activity.

Patients that do not attend their Childhood Immunisations Appointments will be sent a letter along with a leaflet – see appendix 4.

### Step One

The DNA status should be reviewed by the Patient Care Coordinator ensuring that any relevant information is taken into consideration, for example a family bereavement, a recent significant diagnosis, memory problems etc. In certain circumstances a care plan may be in place to support an individual. Where appropriate, telephone contact will be made with the patient to ascertain a reason for their failure to attend. A letter should only be sent after these matters have been considered and approval has been sought by the Practice Manager.

### Step Two

If a patient fails to attend a pre-booked appointment on more than one occasion in the space of 12 months, an informal warning letter will be sent to the patient (ensuring that Practice Manager or GP approval has been sought) advising them that a further occurrence could risk removal from the practice (see appendix 1).

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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 informal warning and period of grace will be required.

### **Step Three**

Should the patient fail to attend a further consecutive appointment in the 12 month period another letter will be sent (appendix 2)

### **Step Four**

Should the patient fail 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. The patient will be advised of the outcome of this meeting. Should the practice decide not to remove the patient from the practice list and the patient fails to attend another appointment the non-attendance will be re-reviewed with a view to removing the patient from the practice list.

### **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.

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

**APPENDIX 1  
FIRST LETTER**

Dear

We have been unsuccessful in contacting you by telephone to discuss your missed appointments.

I have noticed from our records that you failed to attend *[insert number]* appointments at the surgery.

**This may have been an oversight on your part, but I need to bring to your attention that the practice now has a policy regarding missed appointments and this is summarised below.**

Approximately 120 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 these are:

- A potential risk to the health of the patient
- An increase in the waiting time for appointments for other patients
- Frustration for both staff and patients where the wasted appointment could have been given to another patient who is waiting
- A waste of resources

If patients fail to attend appointments without informing the surgery, we will attempt to contact patients asking if there are any specific problems preventing them from letting us know.

We appreciate that sometimes unforeseen circumstances do arise and if you do have any ongoing problems that we may be able to assist with please do let us know and we will try to help where we can.

Thank you for your co-operation in this matter.

Yours sincerely,

Practice Manager  
On behalf of Wallingbrook Partners

**APPENDIX 2  
SECOND LETTER**

Dear

We have been unsuccessful in contacting you by telephone to discuss your missed appointments.

Further to my previous letter dated \_\_\_\_\_ I have been made aware that you failed to attend another appointment on \_\_\_\_\_.

As explained in our earlier correspondence sent to you and the notice on display in the practice reception area, the practice takes repeated missed appointments very seriously.

Approximately 120 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 these are:

- A potential risk to the health of the patient
- An increase in the waiting time for appointments for other patients
- Frustration for both staff and patients where the wasted appointment could have been given to another patient who is waiting
- A waste of resources

As a result, this letter represents a formal warning that should a further appointment be missed you may be removed from the practice list without further notice.

We appreciate that sometimes unforeseen circumstances do arise and if you do have any ongoing problems that we may be able to assist with please do let us know and we will try to help where we can.

If you would like to discuss the circumstances surrounding your appointments please contact me.

Yours sincerely

Practice Manager  
On behalf of Wallingbrook Partners

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**APPENDIX 3  
RECEPTION POSTER**

PLEASE NOTE

Due to an increase in the number of wasted appointments, where patients have failed to attend appointments without informing the surgery, it has become necessary to implement the following policy:

**If you repeatedly fail to attend appointments you may be removed from this practice list and required to find an alternative doctor.**

If you cannot attend your appointments for any reason please let us know as soon as possible, giving at least 24 hours' notice. We can then offer the appointment to someone else.

Thank you for your co-operation

**APPENDIX 4  
CHILDHOOD IMMUNISATIONS LETTER AND LEAFLET**

Dear Parent/Guardian,

I have noticed from your child's records that you have failed to attend a Childhood Immunisations appointment.

Please can you contact the surgery on 01769 580295 to arrange an appointment for your child to have their immunisations.

Please see the enclosed information if you choose not to vaccinate your child and please let the Surgery know so we can add this information to your child's record.

**If you have any concerns regarding your child's health or development please contact South Molton and Chulmleigh Public Health Nursing Team on 01769 575176.**

Thank you for your co-operation in this matter.

Yours sincerely,

Patient Services Team

Information for parents



# If you choose not to vaccinate your child, understand the risks and responsibilities

If you choose to delay some vaccines or refuse some vaccines entirely, there can be risks.

Please follow these steps to protect your child, your family, and others.

With the decision to delay or refuse vaccines, you are taking on an important responsibility that could put your child's health and even life into risk

Any time that your child is ill and you:

- make an emergency call;
- ride in an ambulance;
- visit a hospital emergency room; or
- visit your child's doctor or any clinic

you must tell the medical staff that your child has not received all the vaccines recommended for his or her age. Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.



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Telling healthcare professionals your child's vaccination status is essential for two reasons

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease, such as measles, mumps, pertussis or diphtheria. These diseases still occur, and the doctor will need to consider that your child may have one.
- If your child has a vaccine-preventable disease, the healthcare workers who help your child can take precautions, such as isolating your child, so that the disease does not spread to others.

Some people are at higher risk of infection

One group at high risk for contracting disease is infants who are too young to be vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 9-12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization.

Other people at high risk of contracting disease are those with weaker immune systems, due to other existing diseases or medications they are taking [such as some people with cancer, autoimmune diseases or transplant recipients].





Information for parents



Before an outbreak of a vaccine-preventable disease occurs in your community

- Ensure that your child is adequately immunized for his or her age according to the routine immunization schedule.
- Talk to your child's doctor or nurse to be sure your child's medical and immunization records are up to date regarding vaccination status. Ask for a copy of the updated record.
- Keep your child's school, childcare facility and other caregivers updated on your child's vaccination status.
- Be aware that unimmunized children can catch diseases from people who don't have any symptoms. You cannot tell who is contagious.

Communities depend on high immunization coverage to keep vaccine-preventable diseases from spreading. The more parents who choose not to vaccinate their children, the greater the risk of spreading diseases.

You put not only your child but also your community at risk when you decide not to vaccinate.

Learn more by asking your health care provider for the sheet titled "Vaccine-preventable diseases: signs, symptoms & complications"

When there is vaccine-preventable disease in your community

- It may not be too late to get protection by getting vaccinated. Ask your child's doctor.
- If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare or organized activities (for example, playgroups or sports).
- Your school, childcare facility or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days or up to several weeks.
- Learn about the disease and how it is spread. It may not be possible to avoid exposure.
- Each disease is different, and the time between when your child might have been exposed to a disease and when he or she may get sick will vary. Talk with your child's doctor to get their guidelines for determining when your child is no longer at risk of coming down with the disease.



**BE WARE**

- Any vaccine-preventable disease can appear at any time in the European Region because all of these diseases still circulate either here or elsewhere in the world.
- Sometimes vaccine-preventable diseases cause clusters of cases and outbreaks, i.e. an increased number of cases in a given time and area.
- For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune.
- In most cases, there is no way to know beforehand how severe diseases will be in your child.

## Information for parents



### If you know your child is exposed to a vaccine-preventable disease for which he or she has not been vaccinated

- Learn the early signs and symptoms of the disease.
- Seek immediate medical help if your child or any family members develop early signs or symptoms of the disease.



#### IMPORTANT:

Notify your doctor, local medical facility, ambulance or emergency room personnel that your child has not been fully vaccinated before medical staff have contact with your child or your family members. They need to know that your child may have a vaccine-preventable disease so that they can treat your child correctly as quickly as possible. Medical staff also can take simple precautions to prevent diseases from spreading to others if they know ahead of time that their patient may have a contagious disease.

- Follow recommendations to isolate your child from others, including family members, and especially infants and people with weakened immune systems.
- Be aware that for some vaccine-preventable diseases, there are medicines to treat infected people and medicines to keep people they come in contact with from getting the disease.
- Ask your healthcare provider about other ways to protect your family members and anyone else who may come into contact with your child.
- Your family may be contacted by the state or local health department that tracks infectious disease outbreaks in the community.

### If you travel with your child

- Review the WHO travellers' information website ([www.who.int/topics/travel](http://www.who.int/topics/travel)) before travelling to learn about possible disease risks and vaccines that will protect your family. Diseases that vaccines prevent remain common throughout the world.
- If you are aware that you or your child have a vaccine-preventable disease, do not spread disease to others. Do not travel in such condition, as you or other family members could still be infectious. If an unimmunized person develops a vaccine-preventable disease while travelling, to prevent transmission to others, he or she should not travel by a plane, train or bus until a doctor determines the person is no longer contagious. In certain instances, public health authorities may prevent you from travelling, due to the risk of disease spreading.

### Check your own status

- Make sure to check your own immunization status, as you are putting your child at risk of disease when you are not fully vaccinated.

For more information on vaccines, visit:  
[www.euro.who.int/vaccine/resourcecentre](http://www.euro.who.int/vaccine/resourcecentre)

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<b>RESPONSIBILITY:</b>
<b>REVIEW PROCEDURE: Annually</b>
<b>KNOWN RISKS:</b>