

THE WATERLOO PRACTICE

DNA (Did Not Attend) Policy

Version:	Review date:	Edited by:	Approved by:	Comments:
1	16.08.2021	Dr Z Ahmed	All Partners	New version following restructure

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1 Introduction

1.1 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.

1.2 STATUS

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.

1.3 KLOE

The Care Quality Commission would expect any primary care organisation to have a policy to identify patients who fail to attend their appointments and in particular whether this has a safeguarding concerns, such as if it involves a child or vulnerable adult.

This policy and its procedures should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE).¹ Specifically, The Waterloo Practice will need to answer the CQC Key Questions on "Safe" and "Responsive"

The following is the CQC definition of Safe:

By safe, we mean people are protected from abuse and avoidable harm. *Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*

The following is the CQC definition of Responsive:

By responsive, we mean that services meet people's needs.

1.4 TRAINING AND SUPPORT

This organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

2.1 WHO IT APPLIES TO

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation, such as Additional Roles Reimbursement Scheme (ARRS) employees¹, agency workers, locums and contractors.

2.2 WHY AND HOW IT APPLIES TO THEM

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

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](#). Consideration has been given to the impact this policy might have with regard to the individual protected characteristics of those to whom it applies.

3 Definition of terms

3.1 DID NOT ATTEND

Failure to attend an appointment is commonly referred to as “Did Not Attend” or DNA. For the purpose of this policy, the acronym DNA will be used.

4 Policy

4.1 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, Dr Robert Varham, the then Head of General Practice Development at NHS England, published his *“Releasing Time for Care: 10 High Impact Actions for General Practice”*² of which “Reducing DNA” featured as being one of the areas that was needed to improve productivity.

More recently, a BBC news article dated 2 January 2019³ stated that patients who miss GP appointments were currently costing NHS England £216 million a year with data showing that more than 15 million consultations were being wasted because patients failed to show up.

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

4.2 RECORDING DNAs

All DNAs are to be recorded on SystemOne in each patient’s healthcare record with the following SNOMED CT⁴ codes:

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

² [NHS England: Releasing Time for Care - 10 High Impact Actions for General Practice](#)

³ www.bbc.co.uk/news/health-46732626

⁴ <https://termbrowser.nhs.uk>

The Practice Management Team will review DNA statistics on a monthly basis, presenting this information at The Internal Clinical Governance 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.⁵

4.3 DNA LOGGING

In addition to recording DNA upon the clinical system, the organisation also logs all patients who fail to attend monthly onto the practice DNA log.

Logging these failures to attend achieves the following:

- Monitors DNA 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

4.4 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. The Waterloo Practice's approach is to have a dedicated phone number 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 engagement – The Waterloo Practice 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 The Waterloo Practices's policy on dealing with patients who fail to attend their appointments.

4.5 MANAGING DNAs (FACE TO FACE APPOINTMENT)

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

Did not attend – No reason given – SNOMED CT 270426007

Should a patient advise that they need to cancel an appointment, although less than 24 hours 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

⁵ www.ncbi.nlm.nih.gov/pmc/articles/PMC3308641

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 the following process will be followed:

STEP 1 - TEXT 1

We have noticed that you missed your appointment on [DATE]. We appreciate there could have been a valid reason. However, as we were not informed more than 1 hour before, this has wasted an appointment and prevented other patients from attending.

This will be recorded as a DNA (did not attend) on your records, please refer to our DNA policy on our website [ADDRESS].

STEP2 - TEXT 2

We have noticed you failed to attend or cancel another appointment despite our previous text. According to our DNA policy you WILL BE REMOVED if this happens again.

DNAs are unacceptable and an abuse of NHS resources. Please be more responsible with your NHS.

STEP 3 – PARTNERS MEETING

Discussion amongst the Partners to remove or to consider a behaviour agreement.

The GPs 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 The Waterloo Practice, the BMA has provided the following guidance that must be followed:

www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists

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

4.6 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 contact The Waterloo Practice. This must also be recorded in the patient's healthcare record.

When the patient contacts The Waterloo Practice 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, The Waterloo Practice 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 4.5, 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.

4.7 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.⁶

For further information, [The Nottingham Safeguarding Children Board](#) has developed a video to assist with understanding the differences between medical neglect and a simple DNA.

4.8 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.

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.

⁶ [British Journal of General Practitioners](#)

Further information can be found in the [Safeguarding Policy](#). A letter for a child who “Was not brought” can be found at [Annex D](#).

For a child who misses a vaccination, refer to the Childhood Vaccination and Immunisations Policy.

4.9 ORGANISATION INFORMATION

In order to remind patients of the significance of DNAs, templates for posters to display in the waiting room can be found at [Annex E](#).

4.10 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 The Waterloo Practice and ensure that all patients have improved access to an appointment within an acceptable time frame.