NHS Greater Glasgow and Clyde

Community Mental Health Team DNA Guidance

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Contents

1. Introduction....3
2. Did Not Attend Procedure – New Referrals....3
2.1 New Referrals- Routine....4
2.1 New Referrals – Urgent/Emergency....4
3. Defaulted Appointments - Current Patients....4
3.1 Defaulted Appointment – No Clinical Concerns Noted....5
3.2 Defaulted Appointments – Clinical Concerns or Risk Is Identified....5
4. Cancelled Appointments....6

1. Introduction

This guidance has been developed to provide a standardised approach to the management of patients who do not attend for assessment and / or appointments; it should be read in conjunction with MHS 47 CMHT Operational Policy MHS 47 - CMHT Operational Policy and associated policies.

This guidance is applicable to all CMHTs and outlines actions to be taken in response to patients who do not attend (DNA) or cancel appointments.

To optimise the likelihood for attendance, CMHTs should:

- When arranging appointments, consider the options available, such as attending anywhere, telephone and face-to-face appointments. Deliberation of factors which may inhibit attendance such as communication needs or memory deficits should be given consideration, and if appropriate additional measures should be taken to ensure effective communication of the appointment date, time, and venue to the patient and where appropriate their carer.
- Offer appointments by phone and \ or by letter, with a reasonable period of notice advising patients to contact the CMHT to arrange an alternative date if the appointment is unsuitable or if unable to attend.
- Send text reminders 3 days before the appointment date unless the patient has opted out of this service.
- Discuss appointment procedures with patients as part of assessment and ongoing care.

2. Did Not Attend Procedure – New Referrals

The action taken when a patient defaults on a first appointment with the CMHT will be subject to an assessment of risk MHS 07 Clinical Risk Screening and Management Policy MHS 07 - Clinical Risk Screening and Management Policy the individual or others and professional judgment.

As the patient is not known to the service at this time, the assessment of risk and action to be taken will be based on:

- *Whether the referral is considered routine, urgent, or emergency (Same day assessment) from other Mental Health Services. Unknown assessments would go to Mental Health Assessment Units (MHAU)*
- Information contained within the referral.
- And / or risk information held on record from previous episodes of care.

If the referral information regarding the risk level is insufficient, the CMHT will gather more information prior to assessment in keeping with the agreed response times.

2.1 New Referrals- Routine

Following a missed first appointment teams will make telephone contact if this is unsuccessful and clinically appropriate, a letter should be sent to the patient offering advice on making a further appointment and requesting that they respond within 10 working days from the date of the letter. The letter should inform the patient that if there is no response they will not be offered a further appointment. This letter will be copied to the referrer.

If the patient does not respond to the letter within 10 working days, the CMHT will notify the GP and referrer (if different) of the failed engagement and that the patient has been discharged.

In some CMHTs Standard Operating Procedures (SOPs) outlining arrangements for patients to ‘opt in’ are in place for routine referrals. These SOP will outline the response to be taken if a patient fails to opt in. If a patient who has opted in, then DNAs a first appointment the guidance above should be followed.

2.2 New Referrals-Urgent / Emergency

If the referral is classed as urgent or emergency, then following a missed first appointment CMHT staff will attempt to contact the patient to arrange an appointment if this is unsuccessful then they will consider the following:

- Contacting relatives / carers.
- Contacting the patient by telephone.
- Arranging a home visit.
- Considering legislative requirements.
- Requesting a Police welfare visit.

Staff will liaise with the referrer as soon as possible to advise them of the situation. The discussion with the referrer will clarify risks and next steps. The discussion should also clarify as to who would be most appropriately placed to undertake agreed actions.

In cases where services are **unable to contact the referrer** staff will discuss with a senior clinician a plan to manage failed engagement which may include:

- Contacting the patient by telephone (unless clinically inappropriate).
- Arranging an urgent home visit.
- Discussion with Duty / Crisis Services.
- Considering legislative requirements
- Contacting a relative / carer (bearing in mind confidentiality considerations)
- Requesting a Police welfare visit.

CMHT staff will notify GP / referrer in writing of the failed engagement, actions taken and outcomes and will record all actions in the patient record.

3. Defaulted Appointments - Current Patients

When a current patient fails to attend a follow up appointment, the health or social care practitioner should consider whether there are clinical concerns depending upon the patient circumstances including legislative status, and the current risk assessment and associated management plan.

3.1 Defaulted Appointment – No Clinical Concerns Noted

If no clinical concerns are noted the practitioner with whom the appointment is booked, or an identified deputy will:

- Refer to the patient's plan of care for action to be taken following a missed appointment.
- If the practitioner considers discharge or more assertive engagement is required, discuss the next steps with other staff involved in the patient's care or another senior clinician as appropriate.
- If no further contact is planned notify the patient in writing (unless clinically inappropriate to do so) and ensure GP / referrer / other members of the team directly involved in care are made aware of the patient's discharge.
- Where appropriate, consider communicating patient's discharge to other teams and/or services involved in the patient's care.

An entry must be made in the appropriate care record to indicate all actions taken and the outcome. Team members involved in the patient's care should be made aware of any outcomes / actions.

3.2 Defaulted Appointments – Clinical Concerns or Risk Is Identified

Patients with assessed risks or where the clinician notes concerns, who DNA or cancel return appointments will be discussed timeously with a senior clinician and / or by the MDT who will decide on appropriate action. This applies to both failed outpatient appointments and failed community visits.

If clinical concerns or risks are identified, the practitioner with whom the appointment is booked, or an identified deputy, will ensure appropriate action in response to the missed appointment is taken within the same working day.

This will include:

- Notifying the relevant coordinator of care / named worker / lead professional and medic.
- Referring to patient's plan of care / contingency plan / risk management plan for action to be taken following a missed appointment.

Then in line with the plan of care / contingency plan / risk management plan and in consultation with the care team / GP, consideration will be given to:

- Contacting patient by telephone. (unless clinically inappropriate to do so)

- Arranging an urgent home visit.
- Discussion with Crisis Services.
- Legislative requirements.
- Requesting a Police welfare visit

Giving due regard to issues of risk, confidentiality, and consent; MHS 06 - Confidentiality and Consent Best Practice Guide and where it is an agreed component of the plan of care, consideration should be given by the care team to contacting relatives / carers. Staff should consider any needs of relatives / carers who may require support during this time.

All the above must continue under review by the care team until a satisfactory outcome of the situation has been achieved.

Contingency and or risk management plans regarding future failed attendance should be updated in consultation with the MDT, as appropriate, and recorded in the plan of care.

4. Cancelled Appointments

Cancelled appointments, i.e., where, prior to the appointment time, either the service or the patient / carer informs the other party that the appointment will not go ahead, should not be recorded as DNA but should be recorded as cancelled. The details of who cancelled the appointment and the reasons that were given and actions taken by the service will be recorded in the patient record.

Practitioners should consider the DNA guidance in relation to appointments repeatedly cancelled by the patient. The decision-making process regarding cancelled appointments and any resultant action plan should be recorded in the patient care record.

[i] DNA Letter templates available on EMIS

[ii] NHSGGC, Mental Health Service, Clinical Risk Screening and Management Policy