

## 12.0 APPOINTMENTS / DNAs

- 12.1 All PCMH patient related appointments are logged within the SystemOne clinical system.

The ARRS staff will record appointments in the practice clinical system.

Appointment data should not be logged in Outlook Diaries or external systems unless required by the host employing organisation and approved by the designated line manager.

- 12.2 Appointment rotas are agreed with the relevant professional lead and team manager and managed by the administrative team. Any significant changes to appointment ledgers should be requested from this team.

Ad-hoc appointments can be created for occasional instances where a change to a scheduled rota is required. Details on how to create ad-hoc appointments is described within the SystemOne user guide. (Available on Teamnet)

Appointment rotas will be set to common and agreed standards

- 12.3 The outcome of all appointments should be recorded to signify those patients who have attended or not-attended planned appointments each day.

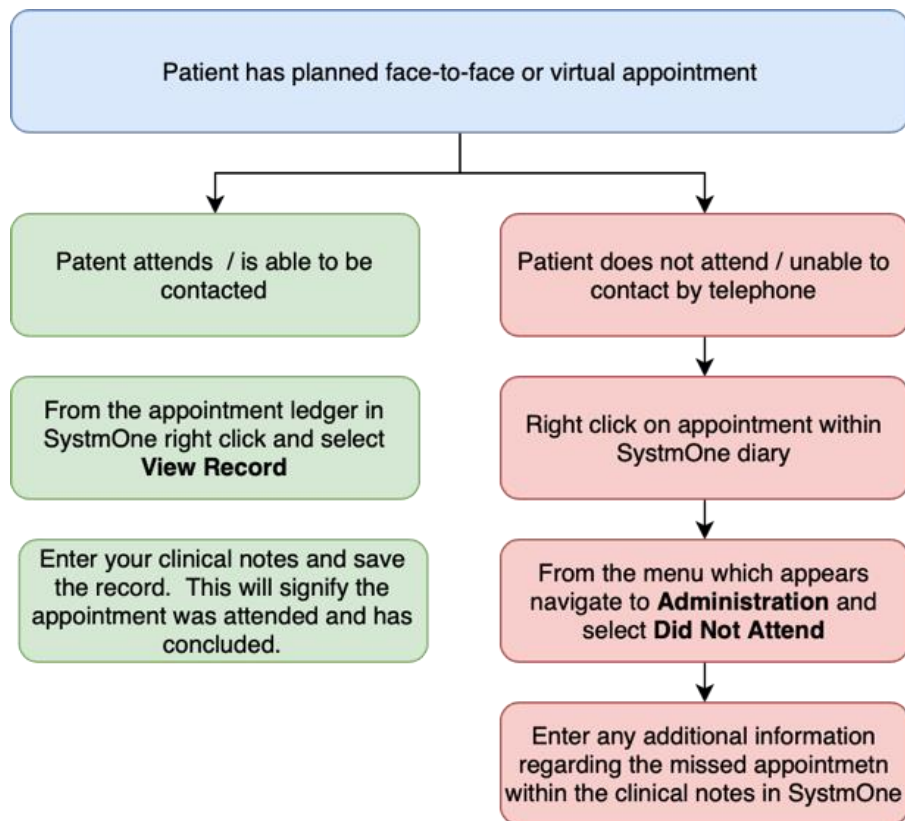


Figure: Process for outcoming appointments

All patients are to be offered a **minimum of 3 appointments** - this includes invitation by phone, SMS text and (AccuRx) contact.

If the patient has 3 consecutive DNAs, the clinician should then ask for an OPT-IN letter to be sent to the client / patient via PCMH Admin.

If they respond to the letter but DNA again or if there is no response, then the client / patient should be considered for discharge and deducted. Alternative attempts at re-engagement can be considered, including provision of home visits

LEADERSHIP 24<sup>TH</sup> FEB 2022

1. ALL appointments where patients do not attend or attempt to cancel their allocated appointment should be “classed” as a DNA

2. ALL patients who attempt to cancel their appointments at short notice (within 24 hours of the appointment should also be “classed” as a DNA

**THE FOLLOWING PROCESS SHOULD THEN BE APPLIED BY ALL CLINICIANS WITHIN PCMH**

1. The clinician should attempt to contact / call ALL patients who DNA.
2. In the event that the patient cannot be contacted the appointment should now be “marked” as a DNA and an entry should be recorded in the MH Ongoing notes
  - All patients are to be offered minimum of 3 appointments - this includes invitation by phone SMS text and (AccuRx) contact.
  - If the patient has 3 consecutive DNAs, the clinician should then ask for an OPT-IN letter to be sent to the client / patient via PCMH Admin.
  - If they respond to the opt in letter but DNA again or if there is no response, then the patient should be discharged and deducted. (*Clinician’s discretion can be used as to whether there are extenuating circumstances around continual DNAs*).
  - If patients respond to the OPT-IN letter from admin (Within 2 weeks) to re-engage, the clinician should book another appointment.
3. In the event that the patient is contacted at the point of the 3<sup>rd</sup> DNA, the appointment should be ‘classed’ as a DNA and a further appointment should be booked.

ARRs workers will follow their respective Practice and / or Network DNA policies / protocols