

Mental Health, Learning Disabilities & Addictions Did Not Attend and No Access Visits Policy

Author:	Consultant Clinical Psychologist
Responsible Lead Executive Director:	Chief Accountable Officer North Lanarkshire
Endorsing Body:	Joint CHP Clinical Governance and Risk Management Board
Governance or Assurance Committee	NHS Lanarkshire Mental Health and Learning Disability Clinical Governance Committee
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I. CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	<ul style="list-style-type: none"> • Senior Nurse, MH&LD Services • Occupational Therapy Clinical Service Lead • Operational Services Manager, MH&LD Services • Service Manager • Consultant Psychiatrist/ Clinical Director, General Adult • Consultant Clinical Psychologist, Psychological Therapies Team • Consultant Clinical Psychologist/ Head of Service, Psychological Therapies for Older People
Consultation Process / Stakeholders:	<ul style="list-style-type: none"> • Staff briefing • All MH&LD Service Clinical Quality Groups • All MH&LD staff • MH&LD Clinical Governance Group (including MH User & Carer group representative) • Primary care/ GPs • Joint CHP Clinical Governance & Risk Management Board (for sign off)
Distribution:	<ul style="list-style-type: none"> • Mental Health & Learning Disability Management Team • MH&LD Clinical Governance Group

II.CHANGE RECORD			
Date	Author	Change	Version No.
16/11/12	Head of Evidence SCN – CMHT SCN-eCMHT SCN-CMHT Nurse Consultant Old age Psychiatry/Alzheimer's Scotland SCN- Practice Improvement and Development Nurse	Version developed for Discussion	1.0
September 2013	Head of Evidence	Section 10– addition of requirement to have a summary or list of FAQ with each policy Version developed for Discussion	2.0

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17/03/15	Interim Associate Nurse Director Locality Service Manager	Policy reviewed and updated	3.0
05/02/16	Interim Associate Nurse Director Locality Service Manager	Policy reviewed & redistributed to the above listed individuals and forums for consultation	4.0
23/03/17	Senior Nurse MH&LD Senior Nurse MH&LD	Policy reviewed following a consultation period and distributed to MH&LD Forums.	5.0
24/04/17	Senior Nurse MH&LD Senior Nurse MH&LD	<p>Feedback received and updates made:</p> <ul style="list-style-type: none"> Page 1, Author, Consultation & Distribution Record, Contributing Author/Authors: SCN CMHT, Locality Service Manager and Interim Associate Nurse Director Page 3, Consultation & Distribution Record, Consultation Process / Stakeholders, Title change Director of Psychological services Additional wording, page 6, section 4.5, point 7 and point 8, "For unknown patients..... further appointment/action and "Other services such..... safety of the patient" Additional wording, page 7, section 4.5, "If concerns are significant..... patient's case notes and "All community services.... at key transitional points". 	May 2018
7/01/19	Senior Nurse MH&LD SCN CMHT SCN eCMHT SCN LD CMHT Practice Improvement and Development Nurse	<p>GDPR statement added into section 3 and updated name of Data Protection Act in reference section.</p> <p>All personal names removed from author, consultation process and within change record as per GDPR guidance.</p> <ul style="list-style-type: none"> Additional wording page 7 section 2.5 "where the patient is known to MH&LD services." Removal of word page 7 "nursing" Changes to reference section – page 10 Updated internet link 10 Essential Shared Capabilities, updated internet link Realising Recovery, updated reference for Mental Health (Scotland) Act 2015, additional internet link for Data Protection Act 2018. Appendix 2 updated template. Removal of Appendix 3 - examples of missed appointment card pending ratification of "calling cards". 	6

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27/05/2020	K. Torrance	Extended until May 2022 (COVID-19)	6
06/06/2022	R Wright	Change record for 2022 review provided in Appendix I	7
16/05/2024	R Wright	Update to name of policy Mental Health, Learning Disabilities & Addictions Did Not Attend and No Access Visits Policy Version number/ Renewal period to 3 years (p1) "CAMHS" to "Specialist Children's Services" (p7,9) Template letters to make service generic (Appendix 2, p16)	8

1. INTRODUCTION

1.1 NHS Lanarkshire (NHSL) Mental Health and Learning Disability Nursing (MH&LD) services adopts a planned and systematic approach to the care provided and delivered to adult patients, carers and their families. This policy document is written with the intention of providing assistance to staff in decision making around practice in the event of patients' non-attendance to planned appointments and when no access to domiciliary visits occurs. It is intended to ensure patient safety and wellbeing is foremost, while affording all patients every opportunity to access MH&LD Services in a way that allows the service to operate efficiently.

1.2 This Did Not Attend and No Access Visits Policy Document has been developed taking a joint approach that has involved extensive consultation across all MH&LD services and with Primary Care services as a primary referring agency. It has taken into consideration the potential for staff to develop a values based, recovery focused, trauma-informed approach to mental health care delivery.

1.3 In keeping with similar NHS Lanarkshire policies, the underpinning principles of patient safety, accurate information and consistency will apply.

2. AIM, PURPOSE AND OUTCOMES

2.1 It is recognised within NHSL MH&LD services that for some patients there could be a high clinical risk if they are not seen at scheduled appointments. Evidence from local Significant Adverse Incident Reports (SAER) has frequently highlighted a history of DNA appointments and NAV for health staff as contributing factors.

2.2 The main aim of this policy is to set agreed standards in practice to ensure the management of a DNA and/or NAV is carried out safely, effectively and efficiently, ensuring timeous reporting of the non-engagement with service to minimise any potential risk to the patient.

2.3 This "Policy" for DNA and NAV will apply to all clinical staff working across NHSL MH&LD services. Each service will have its own agreed operating procedure/ pathway and should review this to ensure it remains in line with the overarching policy.

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2.4 It is expected that following development &/or review of a service-specific operating procedure/ pathway, the service lead must ensure that this is approved by the appropriate clinical governance forum and effectively communicated to all clinical staff working within their professional group.

2.5 There should be clear evidence within the patient record of all attempts to engage with the patient, communication with the referrer and/or other relevant others and any information which has informed the practitioner's professional judgment, including an up-to-date risk assessment where the patient is known to MH&LD services.

2.6 This policy is intended for patients new to service as well as known patients.

2.7 This policy includes information about non-attendance of "remote" appointments by telephone or video call, as well as face-to-face appointments.

2.8 This policy is intended to cover all types of non-attendance, defined as follows:

- "Did Not Attend" (DNA) refers to appointments which patients do not attend without prior notification of their intention not to attend.
- "Cancellation" refers to appointments where the patient has made contact to indicate that they will not be attending.
- "No Access Visits" (NAV) refers to domiciliary visits where the patient has not made themselves available for the appointment.
- "Was Not Brought" (WNB) is where the patient is dependent on another individual (e.g. a family member or carer) for their attendance at an appointment, and did not attend the appointment because of that other individual.

The Policy focuses on management of DNAs and not Cancellations or WNBs, although there will be some reference made to cancellations and WNBs within the Policy's principal content. Specialist Children's Services have guidance in development for the management of WNBs to acknowledge that it is rarely the child's fault that they miss appointments and defining non-attendance as WNB should therefore trigger the question "why was the child not brought"?

3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect?

Patients, carers, family and staff will benefit from clear standards of practice regarding DNA and NAV. Patients and carers will receive a consistent and standardised response from MH&LD community staff across NHS Lanarkshire and all staff will have a clear system and process for managing any DNA and/or NAV.

NHSL take care to ensure patient and carers' personal information is only accessible to authorised people. Staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how information is processed, patients and carers can be directed to the Data Protection Notice on

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the NHSL public website at www.nhslanarkshire.scot.nhs.uk or can ask a member of staff for a copy.

4. **PRINCIPAL CONTENT**

4.1 This policy provides all NHSL MH&LD staff with a set of consistent key principles to support the decision making around practice, in the event of patients' non-attendance to planned appointments and when no access to visits occurs. It is intended to ensure patient safety and wellbeing is foremost while affording all patients every opportunity to access MH&LD Services.

4.2 The over-riding factor in the management of any access process will be in accordance with the Millan Principles and Code of Practice of the Mental Health (Care and Treatment) (Scotland) Act 2015.

4.3 All MH&LD services will have a clear and consistent procedure/ pathway which adheres to this policy in regards to patients who fail to attend appointments or where a no access visit has occurred.

4.4 These pathways should be easily accessed and shared with all relevant stakeholders.

4.5 The following Key Principles apply to all NHSL MH&LD staff:

- Each NHSL Community MH&LD service/locality has a robust referral system in place which clearly stipulates a requirement to accurately record the patient's address, and telephone details if patient known to have a phone (home &/or mobile). This should also include details of patients who may be in employment.
- Each NHSL Community MH&LD service/locality has the responsibility of including a section on risk in their referral forms to support the referrer in providing this information, which is seen to be their responsibility. It is also good practice for referral forms to have a section on contacting the patient, so the referrer can advise about any barriers to engagement and the most effective way to communicate with the patient.
- Each NHSL Community MH&LD service/locality has a robust, clear and accessible appointment system in place which demonstrates an appropriate method of communication to the patient regarding their appointments taking into consideration any protected characteristics known about the patient and processes available to support engagement. The appropriate method of communication might be determined on the basis of information provided by the referrer and/or through initial or previous contact with patient and/or relevant other.
- All NHSL MH&LD services have good communication processes in place with referrers and patients, e.g. appropriate response times, appropriate mode of communication, use of appropriate language and literacy, agreed referral pathways, regular discussion with the Multidisciplinary Team.

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- All patients should be informed, through appropriate means, of the main principles of the service's DNA Policy and guidelines, when being offered their first appointment. Referrers should also be made aware.
- It is the service's responsibility to communicate clearly, and be explicit about expectations for remote appointments by telephone or video call to help the patient follow what has been communicated (e.g. to be in a private place for the appointment's duration, that a phone call may come from a withheld/ "No Caller ID" number).
- For remote appointments, it can be the case that the patient takes the call but it is not appropriate to go ahead with the appointment (e.g., the patient is in a public place). Whilst technically this will be recorded as a DNA (because the person has not contacted the service in advance of the appointment), it is not defined as a DNA under this Policy, as the procedures that follow will be in keeping with what happens for cancelled appointments.
- To promote engagement with telephone appointments, if a patient does not answer the call, the clinician can leave a brief message without stating any service information (e.g. "It's [clinician's first name], I'll call you back in 5 minutes"), then call again.
- Use of systems to remind patients of the details of their appointments, such as text reminders, should be usual practice.
- If a patient has any indication of cognitive or sensory impairment, physical disability, behavioural difficulty or communication barrier which could restrict their attendance to appointments, this **must** be taken into consideration when implementing the guidelines/pathways for DNA and/or NAV appointments.
- Cognitive or sensory impairment, physical disability, behavioural difficulty or communication barriers may mean that an adult is dependent on another for attendance at appointments. If this is the case and the appointment is not attended, again, whilst technically this will be recorded as a DNA, the procedures following a WNB will differ. As per Specialist Children's Services guidance in development, there should be "special dispensation" and active follow-up of the reasons for non-attendance. It would be good practice for services to have local guidance.
- Services should take a trauma-informed approach to managing DNAs particularly when there are barriers to engagement. This means embracing the five guiding principles of safety, choice, collaboration, trustworthiness and empowerment. There should be a flexibility in approach to DNAs and effort made to promote engagement. Communication with patients should be trauma-informed and examples of trauma-informed DNA letters can be found in Appendix II.
- **If there are no identified significant concerns about imminent risk and safety:**

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- For **unknown patients** (i.e. new referrals) who DNA or NAV, the service must make contact with the patient about, and inform the referrer/GP of, the appointment non-attendance. This can be by letter. The service may or may not automatically offer the patient a further appointment, depending on local procedures. If a further appointment is not automatically offered (i.e. the patient is being discharged), when contacting the patient (and referrer/GP), the opportunity to make contact within a reasonable time-frame to request a further appointment or to provide additional information must be given.
- For **known patients** (i.e. where the patient has had appointments) who DNA or NAV, a further appointment should be offered unless there have been ongoing issues with engagement and there is prior agreement about discharge following a further DNA/ NAV.
- **If there are significant concerns about imminent risk and safety:**
 - For both **known and unknown patients** who DNA or NAV, a further appointment should be offered and referrer/GP should be notified. See Appendix II for an example template letter.
 - For **unknown patients**, where the referrer has indicated significant concerns about imminent risk and safety, the decision about whether other services need to be involved would be the responsibility of the referrer/ GP, and the MH/LD service would have the responsibility of raising this with the referrer/GP. For **known patients**, this decision about contacting other services would be the responsibility of the MH/LD service; registered practitioners may use their professional judgement to determine if further contact with the referrer/ GP and/or relevant others such as Police Scotland or social service is required.
- If services request that new patients contact the service to confirm whether they require input, there should be a clearly justifiable reason for doing so. This will not be an appropriate approach for most services and should not be standard practice for patients known to be high clinical risk. A reasonable time period for responding (e.g. 3 weeks from date of letter) should be given, and a flexible approach taken if contact is subsequently made by the patient or referrer. Services can consider supplementing letter communication with text and/ or email.
- Prior to considering discharge from their service, staff should ensure all appropriate, agreed measures, according to this policy and the individual service's guidelines, have been adhered to.
- Clear, specific information about non-attended appointments should be documented in the patient's casenotes (for example: "Telephoned patient for the appointment, the call went to voice mail and I left a message to say I would call back in 5 minutes. Called back in 5 minutes and no answer again" rather than "Patient DNA-ed").
- In all cases, the patient and the referrer/ GP, and other involved professionals, **must** be informed of discharge from the service.
- All services should adhere to the MH/LD Risk Assessment policy, which includes the requirement to complete a standard risk/safety assessment, and review when clinically indicated and at key transitional points.

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5. **ROLES AND RESPONSIBILITIES**

- All Heads of Service will be responsible for ensuring the dissemination and implementation of this policy.
- All MH&LD employees have the responsibility to adhere to the policy.
- Each service should share their procedure/pathway through their Clinical Quality Group who in turn share with the MH&LD Clinical Governance Group.
- The Clinical Quality Team, MH&LD, will be responsible for the monitoring & review of the policy as part of the Clinical Governance Framework.

6. **RESOURCE IMPLICATIONS**

No specific additional resource implications identified.

7. **COMMUNICATION PLAN**

The Policy will be disseminated through the MH&LD Clinical Governance Group.

8. **QUALITY IMPROVEMENT – Monitoring and Review**

The policy will be reviewed as part of the documentation/record audit within the Clinical Governance Framework. It is the duty of all staff to informally monitor the compliance and challenge breaches in compliance. Team leaders have responsibility for maintaining their staff's compliance with this policy.

9. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

This policy meets NHS Lanarkshire's EQIA



(tick box)

10. **Summary or Frequently Asked Questions (FAQs)**

Non applicable.

11. **REFERENCES**

www2.gov.scot/Topics/Health/Services/Mental-Health/Law
Mental Health (Scotland) Act 2015.

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<http://www.scotland.gov.uk/Publications/2005/08/29100428/04289>

Code of Practice volume 1

<http://www.scotland.gov.uk/Publications/2005/08/30105347/53499>

Code of Practice volume 2

<https://learn.nes.nhs.scot/48002/person-centred-care-zone/person-centred-resources/module-1-the-ten-essential-shared-capabilities>

10 Essential Shared Capabilities

<https://pdf4pro.com/fullscreen/realising-recovery-learning-materials-nes-scot-nhs-uk-373c64.html>

Realising Recovery

www.legislation.gov.uk/ukpga/2018/12/contents/enacted

Data Protection Act 2018 – Legislation.gov.uk

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Appendix I: 2022 Change Record

Page/ paragraph	
Footer	Version No 6, January 2019 changed to: Version No 7, July 2022
Page 1	Author changed <u>from</u> : Interim Associate Nurse Director MH & LD <u>to</u> : Dr Rachel Wright, Consultant Clinical Psychologist
Page 1	Implementation Date/ Version Number/ Review Date all updated.
Page 1	Responsible Person changed <u>from</u> : Director of Nursing, Health & Social Care Partnership North Lanarkshire <u>to</u> : Chair of the MH/LD Clinical Governance Group
Page 2	Removal of: 3.2 Who are the Stakeholders
1.1	Added: in a way that allows the service to operate efficiently.
1.1	Removed: (this will be referred to as 'Did Not Attend' (DNA) and No Access Visit (NAV) throughout this policy)
	Changed <u>from</u> : has included representation from Adult and Older People Community Mental Health services and MH&LD Practice Improvement & Development Nurses, <u>to</u> : has involved extensive consultation across all MH&LD services and with Primary Care services as a primary referring agency.
1.2	Added: trauma-informed approach
2.2	Added: and efficiently
2.3	Changed <u>from</u> : Each discipline will have their own agreed pathway, <u>to</u> : Each service will have its own agreed operating procedure/ pathway
2.3	Remove: There is an example of pathways in the appendices. The examples given in the appendices sets out the minimum s t a n d a r d expected of community staff to re-engage with the patient, carers or family when a patient fails to attend a planned outpatient appointment, a home visit or when a no access to visits occurs.
2.4	Changed <u>from</u> : discipline specific pathway, <u>to</u> : service-specific operating procedure/ pathway
2.5	Changed <u>from</u> : patient's notes, <u>to</u> : patient record
	Added: 2.7 This policy includes information about non-attendance of "remote" appointments by telephone or video call, as well as face-to-face appointments.
2.7 (now 2.8)	Added: "Was Not Brought" (WNB) is where the patient is dependent on another individual (e.g. a family member or carer) for their attendance at an appointment, and did not attend the appointment because of that other individual. The Policy focuses on management of DNAs and not Cancellations or WNBs, although there will be some reference made to cancellations and WNBs within the Policy's principal content. CAMHS has guidance in development for the management of WNBs to acknowledge that it is rarely the child's fault that they miss appointments and defining non-attendance as WNB should therefore trigger the question "why was the child not brought"?
3.2	<u>Removal 3.2 Who are the Stakeholders? (repeated)</u> The following are key stakeholders within NHS Lanarkshire: <input type="checkbox"/> Mental Health and Learning Disability staff <input type="checkbox"/> GP's <input type="checkbox"/> Family / Named Persons/ Carers

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	<input type="checkbox"/> Partner Agencies – Social Work <input type="checkbox"/> Primary Care Team <input type="checkbox"/> Community Group – 3 rd sector /Voluntary Organisation
6., 3.1	<p>Changed <u>from</u>: NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice, <u>to</u>: NHSL takes care to ensure patient and carers' personal information is only accessible to authorised people. Staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how information is processed, patients and carers can be directed to the Data Protection Notice on the NHSL public website at www.nhslanarkshire.scot.nhs.uk or can ask a member of staff for a copy.</p>
4.3	Added: procedure
4.5	Added (to first bullet point): This should also include details of patients who may be in employment.
4.5	Added: Each NHSL Community MH&LD service/locality has the responsibility of including a section on risk in their referral forms to support the referrer in providing this information, which is seen to be their responsibility. It is also good practice for referral forms to have a section on contacting the patient, so the referrer can advise about any barriers to engagement and the most effective way to communicate with the patient.
4.5	Added (to second bullet point): taking into consideration any protected characteristics known about the patient and processes available to support engagement. The appropriate method of communication might be determined on the basis of information provided by the referrer and/or through initial or previous contact with patient and/or relevant other.
4.5	Added: It is the service's responsibility to communicate clearly, and be explicit about expectations for remote appointments by telephone or video call to help the patient follow what has been communicated (e.g. to be in a private place for the appointment's duration, that a phone call may come from a withheld/ "No Caller ID" number).
4.5	Added: For remote appointments, it can be the case that the patient takes the call but it is not appropriate to go ahead with the appointment (for example, the patient is in a public place). Whilst technically this will be recorded as a DNA (because the person has not contacted the service in advance of the appointment), it is not defined as a DNA under this Policy, as the procedures that follow will be in keeping with what happens for cancelled appointments.
4.5	Added: To promote engagement with telephone appointments, if a patient does not answer the call, the clinician can leave a brief message without stating any service

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	information (e.g. "It's [clinician's first name], I'll call you back in 5 minutes"), then call again.
4.5	Changed <u>from</u> : Consider the use of systems to remind patients of the details of their appointments. If used should be documented in their case notes. <u>To</u> : Use of systems to remind patients of the details of their appointments, such as text reminders, should be usual practice.
4.5	Added: Cognitive or sensory impairment, physical disability, behavioural difficulty or communication barriers may mean that an adult is dependent on another for attendance at appointments. If this is the case and the appointment is not attended, again, whilst technically this will be recorded as a DNA, the procedures following a WNB will differ. As per CAMHS guidance in development, there should be "special dispensation" and active follow-up of the reasons for non-attendance. It would be good practice for services to have local guidance.
4.5	Added: Services should take a trauma-informed approach to managing DNAs particularly when there are barriers to engagement. This means embracing the five guiding principles of safety, choice, collaboration, trustworthiness and empowerment. There should be a flexibility in approach to DNAs and effort made to promote engagement. Communication with patients should be trauma-informed and examples of a trauma-informed DNA letter can be found in Appendix II.
4.5	<p>Changed <u>from</u>:</p> <ul style="list-style-type: none"> □ Following a DNA or NAV contact should be made with the patient, referrer and/ or relevant others to advise of DNA and offer them the opportunity to provide further information regarding any known reasons for DNA/NAV and/or in relation to possible level of risk. <p>For known patient's registered practitioners may use their professional judgement to determine if further contact with referrer and/or relevant others such as the police or social services is required. If no further contact is deemed necessary, the reason for this must be clearly recorded within the patient's notes.</p> <p>For unknown patients (e.g. new referral) who DNA or NAV and where there is no known risk identified the registered practitioners should contact General Practitioner and/or referrer to determine need for further appointment/action.</p> <ul style="list-style-type: none"> □ If clinical risk factors, social concerns and/or vulnerability has been identified and the patient does not attend, a further appointment should be offered and GP/ referrer should be notified. See Appendix 2 for example template letter. Other services such as the Police Scotland may need to be involved if there are serious concerns about the patient's wellbeing and GP/referrer unable to verify the whereabouts or safety of the patient. <p><u>to</u>:</p> <p><u>If there are no identified significant concerns about imminent risk and safety:</u></p> <ul style="list-style-type: none"> • For unknown patients (i.e. new referrals) who DNA or NAV, the service must make contact with the patient about, and inform the referrer/GP of, the appointment non-attendance. This can be by letter. The service may or may not automatically offer the patient a further appointment, depending on local procedures. If a further appointment is not automatically offered (i.e. the

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	<p>patient is being discharged), when contacting the patient (and referrer/GP), the opportunity to make contact within a reasonable time-frame to request a further appointment or to provide additional information must be given.</p> <ul style="list-style-type: none"> For known patients (i.e. where the patient has had appointments) who DNA or NAV, a further appointment should be offered unless there have been ongoing issues with engagement and there is prior agreement about discharge following a further DNA/ NAV. <p><u>If there are significant concerns about imminent risk and safety:</u></p> <ul style="list-style-type: none"> For both known and unknown patients who DNA or NAV, a further appointment should be offered and referrer/GP should be notified. See Appendix II for an example template letter. For unknown patients, where the referrer has indicated significant concerns about imminent risk and safety, the decision about whether other services need to be involved would be the responsibility of the referrer/ GP, and the MH/LD service would have the responsibility of raising this with the referrer/GP. For known patients, this decision about contacting other services would be the responsibility of the MH/LD service; registered practitioners may use their professional judgement to determine if further contact with the referrer/ GP and/or relevant others such as Police Scotland or social service is required.
	<p>Changed <u>from</u>: It may be appropriate to request that individual patients contact the service to confirm whether they require further input. However, this should not be routine practice and utilized only for those deemed to be at low risk. If concerns are significant and high risk has been indicated then clinicians should contact GP immediately to highlight issues and agree a management plan, this should be recorded in the patient's case notes</p> <p><u>to</u>: If services request that new patients contact the service to confirm whether they require input, there should be a clearly justifiable reason for doing so. This will not be an appropriate approach for most services and should not be standard practice for patients known to be high clinical risk. A reasonable time period for responding (e.g. 3 weeks from date of letter) should be given, and a flexible approach taken if contact is subsequently made by the patient or referrer. Services can consider supplementing letter communication with text and/ or email.</p>
4.5	<p>Added: In all cases, the patient and the referrer/ GP, and other involved professionals, must be informed of discharge from the service.</p>
	<p>Changed <u>from</u>: All community services should complete a MH&LD Risk Assessment for patients and review when clinically indicated and at key transitional points. <u>to</u>: All services should adhere to the MH/LD Risk Assessment policy, which includes the requirement to complete a standard risk/safety assessment, and review when clinically indicated and at key transitional points.</p>
	<p>Changed <u>from</u>: Each discipline has to share their guidelines/pathways through the MH&LD Clinical Governance Steering Group, <u>to</u>: Each service should share their procedure/pathway through their Clinical Quality Group who in turn share with the MH&LD Clinical Governance Group.</p>

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7	Changed <u>from</u> : The Policy will be disseminated through the Director of Nursing Health & Social Care Partnership, North Lanarkshire. <u>to</u> : The Policy will be disseminated through the MH&LD Clinical Governance Group.
	Removal of Appendix I: Guidance for CMHT staff and replacement with 2022 Change Record
	Removal of Appendix II: Sample letter and replacement with 3 other sample letters in Appendix II

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APPENDIX II: SAMPLE LETTERS

Dear <Insert Patient name>

Sample letter 1:

I am sorry you were unable to attend your last appointment.

I would like to be able to offer you a further appointment on **[date/time/location]**.

If this appointment is not suitable, please contact the service on the above telephone number to re-arrange it.

Sample letter 2:

We are writing to you as you were unable to attend your most recent appointment with our service. If you would like another appointment, please contact us on the above telephone number to arrange this.

If we do not hear from you within [specify number] days, we will assume you are unable or no longer wish to be seen, and will discharge you from our service.

Sample letter 3:

As you were unable to attend your appointment with our service, we wrote to you asking if you wished to arrange a further appointment.

We have no record of you contacting us within the given <specify number>-day period. We assume this means you are unable or no longer wish to be seen and we have therefore discharged you from our service.

Should you remain concerned about your mental health, you can discuss this with your GP.

Yours sincerely

<Insert service or clinician name>

cc Referrer and/or GP if not referrer

For a wide range of self-help support visit either the Healthy Reading Section in your local library or go to element at www.lanarkshirementalhealth.org.uk. You may also find it helpful to access the Lanarkshire Mind Matters website – <http://www.lanarkshiremindmatters.scot.nhs.uk>, which aims to link you to mental health information, advice and help, wherever you live in Lanarkshire.

*If your problems persist or you feel you need help urgently, contact: your **GP, NHS 24 on 111** (24hrs) www.nhs24.com or call the helpline Breathing Space ' 0800 83 85 87 (Monday to Thursday 6pm to 2 am and weekends 24 hrs) www.breathingspacescotland.co.uk or Samaritans ' 116 123 (24hrs) www.samaritans.org*