## Did Not Attend and No Access Visits Policy

<table>
<thead>
<tr>
<th>Author:</th>
<th>Interim Associate Nurse Director MH&amp;LD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Lead Executive Director:</td>
<td>Chief Accountable Officer North Lanarkshire</td>
</tr>
<tr>
<td>Endorsing Body:</td>
<td>Joint CHP, Clinical Governance and Risk Management Board</td>
</tr>
<tr>
<td>Governance or Assurance Committee</td>
<td>NHS Lanarkshire Mental Health And Learning Disability Clinical Governance Committee</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>January 2019</td>
</tr>
<tr>
<td>Version Number:</td>
<td>6.0</td>
</tr>
<tr>
<td>Review Date:</td>
<td>April 2021</td>
</tr>
<tr>
<td>Responsible Person</td>
<td>Director of Nursing, Health &amp; Social Care Partnership North Lanarkshire</td>
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CONTENTS

i) Consultation and Distribution Record
ii) Change Record

1. INTRODUCTION

2. AIM, PURPOSE AND OUTCOMES

3. SCOPE
   3.1 Who is the Policy Intended to Benefit or Affect
   3.2 Who are the Stakeholders

4. PRINCIPAL CONTENT

5. ROLES AND RESPONSIBILITIES

6. RESOURCE IMPLICATIONS

7. COMMUNICATION PLAN

8. QUALITY IMPROVEMENT – MONITORING AND REVIEW

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

10. SUMMARY OF POLICY / FAQS

11. REFERENCES

12. Appendix
# Did Not Attend and No Access Visits Policy

## CONSULTATION AND DISTRIBUTION RECORD

**Contributing Author / Authors**
- Senior Charge Nurse CMHT (Retired)
- Senior Charge Nurse eCMHT
- Senior Charge Nurse CMHT
- Nurse Consultant Old Age Psychiatry/Alzheimer’s Scotland
- Practice Improvement and Development Nurse
- Locality Service Manager
- Interim Associate Nurse Director

**Consultation Process / Stakeholders:**
- Director of Nursing, Health & Social Care Partnership, South Lanarkshire
- Director of Nursing, Health & Social care Partnership, South Lanarkshire
- Medical Director Health & Social Care Partnership North Lanarkshire
- MH OT Care Group Lead
- Director of Psychological Services
- MH&LD Clinical Governance Steering Group
- MH&LD Partnership Board
- MH Programme Board
- Joint CHP Clinical Governance & Risk Management Board (For sign off)

**Distribution:** Mental Health & Learning Disability Management Team

## CHANGE RECORD

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<tr>
<td></td>
<td>Nurse Consultant Old age</td>
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<td>Psychiatry/Alzheimer’s Scotland</td>
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<tr>
<td>September 2013</td>
<td>Head of Evidence</td>
<td>Section 10– addition of requirement to have a summary or list of FAQ with each policy</td>
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### Did Not Attend and No Access Visits Policy

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<td>Interim Associate Nurse Director Locality Service Manager</td>
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<tr>
<td>05/02/16</td>
<td>3.0</td>
<td>Interim Associate Nurse Director Locality Service Manager</td>
</tr>
<tr>
<td>23/03/17</td>
<td>4.0</td>
<td>Senior Nurse MH&amp;LD Senior Nurse MH&amp;LD Policy reviewed following a consultation period and distributed to MH&amp;LD Forums.</td>
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<td>24/04/17</td>
<td>5.0</td>
<td>Senior Nurse MH&amp;LD Senior Nurse MH&amp;LD Feedback received and updates made:</td>
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<tr>
<td></td>
<td></td>
<td>• Page 1, Author, Consultation &amp; Distribution Record, Contributing Author/Authors: SCN CMHT, Locality Service Manager and Interim Associate Nurse Director</td>
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<td></td>
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<td>• Page 3, Consultation &amp; Distribution Record, Consultation Process /Stakeholders, Title change Director of Psychological services</td>
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<td>• 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”</td>
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<td>• Additional wording, page 7, section 4.5, “If concerns are significant... patient’s case notes and “All community services... at key transitional points”</td>
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<td>Senior Nurse MH&amp;LD SCN CMHT SCN eCMHT SCN LD CMHT Practice Improvement and Development Nurse GDPR statement added into section 3 and updated name of Data Protection Act in reference section. All personal names removed from author, consultation process and within change record as per GDPR guidance.</td>
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<td></td>
<td></td>
<td>• Additional wording page 7 section 2.5 “where the patient is known to MH&amp;LD services.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Removal of word page 7 “nursing”</td>
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<td></td>
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<td>• Changes to reference section – page 10</td>
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<td>• Updated internet link 10 Essential Shared Capabilities, updated internet link Realising Recovery, updated</td>
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Did Not Attend and No Access Visits Policy

| 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”. |

| 27/05/2020 K. Torrance | Extended until May 2022 (COVID-19) | 6 |

1. **INTRODUCTION**

1.1 NHS Lanarkshire (NHSL) Mental Health and Learning Disability Nursing (MH&LD) Service 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 patient’s 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.

1.2 This Did Not Attend and No Access Visits Policy Document (this will be referred to as ‘Did Not Attend’ (DNA) and No Access Visit (NAV) throughout this policy) has been developed taking a joint approach that has included representation from Adult and Older People Community Mental Health services, and Mental Health & Learning Disability Practice Improvement & Development Nurses. It has taken into consideration the potential for staff to develop a values based, recovery focused 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 Report (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 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 discipline will have their own agreed pathway and should review this to ensure it remains in line with the overarching policy. There is an example of pathways in the appendices.
Did Not Attend and No Access Visits Policy

The examples given in the appendices sets out the minimum standard 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 It is expected that following development &/or review of discipline specific pathway, service leads 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’s notes 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 is intended to cover all types of non-attendance, defined as follows. “Did not attend” 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” refers to domiciliary visits where the patient has not made themselves available for the appointment.

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.

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.

3.2 Who are the Stakeholders?

The following are key stakeholders within NHS Lanarkshire:
- Mental Health and Learning Disability staff
- GP’s
- Family / Named Persons/ Carers
Did Not Attend and No Access Visits Policy

- Partner Agencies – Social Work
- Primary Care Team
- Community Group – 3rd sector / Voluntary Organisation

**PRINCIPAL CONTENT**

4. 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 patient’s 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.

4.1 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.

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

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

4.4 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 patients address, and telephone details if patient known to have a phone (Home &/or Mobile).

- 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.

- 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.

- 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.

- Consider the use of systems to remind patients of the details of their appointments. If used should be documented in their case notes.

- 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.
• 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.

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.

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.

• 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.

• 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.

• 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.

• All community services should complete a MH&LD Risk Assessment for patients and review when clinically indicated and at key transitional points.

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 discipline has to share their guidelines/pathways through the MH&LD Clinical Governance Steering Group
• The Clinical quality Team, MH&LD, will be responsible for the monitoring & review of the policy as part of the clinical Governance Framework.
Did Not Attend and No Access Visits Policy

6. RESOURCE IMPLICATIONS

No specific additional resource implications identified.

7. COMMUNICATION PLAN

The Policy will be disseminated through the Director of Nursing Health & Social Care Partnership, North Lanarkshire.

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 breeches 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 EDIA (tick box)

10. Summary or Frequently Asked Questions (FAQs)

To help staff understand long or complex policies, please ensure you send a summary or a frequently asked questions list with your completed policy

Non applicable

11. REFERENCES

http://www.scotland.gov.uk/Publications/2009/08/07143830/10
Millan Principles

www2.gov.scot/Topics/Health/Services/Mental-Health/Law
Did Not Attend and No Access Visits Policy

Mental Health (Scotland) Act 2015.

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://www.nes.scot.nhs.uk/media/351385/10_essential_shared_capabilities_201_1.pdf
10 Essential Shared Capabilities

https://www.nes.scot.nhs.uk/media/376420/13875-nes-mental_health---all_modules.pdf
Realising Recovery

Data Protection Act 2018 – Legislation.gov.uk

Guidance for CMHT Staff

The following guidance has been developed to support the clinical and professional judgement of clinical staff. All staff will demonstrate values-based, person centred and recovery-focused practice as portrayed within the 10 Essential Shared Capabilities (10 ESC) and Realising Recovery materials.

<table>
<thead>
<tr>
<th>No Clinical or Social Concerns</th>
<th>Table 1</th>
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</table>

Appendix 1

Uncontrolled when printed
Did Not Attend and No Access Visits Policy

1\textsuperscript{ST} DNA

- If no access visit (NAV) leave a card /letter advising of further contact arrangements (appendix 2 & 3)
- Contact referrer to ensure contact details are correct, risk or changes in presentation/circumstances in order to determine and agree the need for further appointment/action.
- Did Not Attend (DNA) group or outpatient appointment letter sent to patient offering further appointment date
- If unable to establish contact or the patient does not wish to engage with services, letter GP and referrer to inform patient did not attend or no access visit. Advise that a further appointment has been offered and request they contact if further relevant information is available (Appendix 2)
- Any indication of cognitive or sensory impairment, physical disability, behavioural difficulty or communication barrier contact Carer/ NOK/Named Person if available
- Access all available information to assess level of risk
- Unregistered staff to inform registered member of staff. Registered staff to use professional judgement regarding need to escalate to Team Leader &/or Consultant Psychiatrist of DNA/NAV.
- DNA/NAV recorded in patient’s notes (Paper/electronic)

2\textsuperscript{ND} DNA

- As above
- When lettering GP & Referrer highlight this is 2\textsuperscript{nd} DNA/NAV
- Advise that patient will now be discharged & advise to contact should further input be required or if significant risk is indicated.

\textbf{If a patient has any indication of cognitive or sensory impairment, physical disability, behavioural difficulty or communication barrier which could inhibit their attendance to appointments, this must be considered and further appointments should be offered until the practitioner is confident that they have exhausted all avenues.}
### Where Clinical or Social Concerns Exist and/or Vulnerability Indicated

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<td>• If no access leave a card /letter with team contact details follow up with a telephone call. (Appendix 2&amp; 3)</td>
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<tr>
<td>• Inform GP as soon as possible &amp; referrer (if not GP), carers &amp; relevant others who have knowledge of patient to allow them to provide any further information to enable assessment of possible risk. Follow up with letter</td>
<td></td>
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<tr>
<td>• Seek advice from members of MDT including medical staff to determine priority</td>
<td></td>
</tr>
<tr>
<td>• Arrange next visit according to priority indicated</td>
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<tr>
<td>• DNA recorded patient’s notes (paper/electronic)</td>
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<tr>
<td>• Ensure appointment guidance is adhered to</td>
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<tr>
<td>• Consider if joint visit is appropriate with relevant others involved in care such as Social Services/Police Scotland.</td>
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<tr>
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<tbody>
<tr>
<td>• As Above</td>
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<tr>
<td>• Liaise with GP and/or Referrer, highlight this is 2&lt;sup&gt;nd&lt;/sup&gt; DNA/NAV. Follow up with letter.</td>
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<tr>
<td>• Liaise with other relevant professionals involved in patient care.</td>
<td></td>
</tr>
<tr>
<td>• If clinically indicated staff may make further attempts to engage patient in services.</td>
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<tr>
<td>• If high risk indicated, discuss and agree an appropriate management with fellow professionals including medical staff.</td>
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<tr>
<td><strong>OR</strong></td>
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<tr>
<td>• Consider discharge back to referrer with the understanding that they should refer immediately should situation deteriorate or patient agrees to be seen. Other options should be discussed with referrer.</td>
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<tr>
<td><em>Please note that these are guidelines, should there be an indication that further attempts to engage are warranted then staff should continue to provide contact.</em></td>
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Appendix 2

DEPARTMENT OF
OLD AGE PSYCHIATRY

South West Unit

CONFIDENTIAL

Dear Dr

NAME
DOB: CHI: Address

Patient Details

The above named patient was invited to attend the Outpatient Clinic of Dr ******************** at Hunter Community Health Centre on ................. but failed to attend/cancelled and:

- did not contact us
- contacted us, giving a reason for non-attendance/has requested no further appointments
- is currently a hospital inpatient
- is now in a care home (care home will re-refer if required)

- A further appointment will be sent in due course
- An opt-in letter will be sent
- A home visit will be arranged
- As this patient has now failed to attend on ........ occasions, no further appointment has been arranged at this time (please re-refer if required)
- This patient has now been discharged from our clinic

Yours sincerely

DR
Title

Electronically Verified by Dr _____________ on: