

STANDARD OPERATING PROCEDURE PRIMARY CARE DID NOT ATTEND APPOINTMENT

Document Reference	SOP21-010
Version Number	1.1
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Instigated by: Date Instigated:	Primary Care CNG 17 December 2019
Date Last Reviewed:	1 February 2023
Date of Next Review:	February 2026
Consultation:	Practice Managers Primary Care CNG
Ratified and Quality Checked by: Date Ratified:	Primary Care CNG 1 February 2023
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	N/a

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	11/05/21	New SOP
1.1	02/12/22	Review. Amendments to section 4.1 and references section. Appendices removed. Approved at Primary Care CNG (1 February 2023).

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1. INTRODUCTION

If a patient does not arrive for the appointment and does not contact the surgery in advance to cancel or change the appointment, the effect is:

- An increase in the waiting time for appointments
- Frustration for both staff and patients
- A waste of resources
- A potential risk to the health of the patient

This is recorded as a Did Not Attend (DNA) and will be recorded within the patient's electronic record.

2. SCOPE

This Standard Operating Procedure (SOP) applies to all GP practices within Humber Teaching NHS Foundation Trust. It includes permanent, temporary, bank, Primary Care Network (PCN) and agency registered and unregistered clinical staff and administration/reception staff who manage appointment bookings.

3. DUTIES AND RESPONSIBILITIES

The general manager, lead GP, service manager, matron and appropriate professional leads will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective service areas. The clinical lead/practice manager will ensure mechanisms and systems are in place to facilitate staff to attend relevant training.

All staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance.

4. PROCEDURES

4.1. When a patient misses an appointment

Where a patient fails to attend an appointment there is a duty of care on the clinician to follow up the reason for non-attendance to ensure that the patient's health is not at risk.

1. The clinician must review the patient record to check if the patient has an emergency / serious condition or if there are concerns about potential capacity or safeguarding issues. If identified, the clinician must take responsibility to ensure the patient is followed-up appropriately.
2. If none of the above are identified, the patient should be recorded as a DNA within their electronic record and agreed Accurx message sent to the patient.
3. Data Quality Manager / Data Analyst runs a 4-monthly report of multiple DNAs and informs the practice manager when the data is ready. Patients are managed accordingly to recognise safeguarding issues or patients using the service inappropriately.

5. REFERENCES

[Missed appointments - The MDU](#)
[Safeguarding Adults Policy.pdf \(humber.nhs.uk\)](#)
[Safeguarding Children Policy N-045.pdf \(humber.nhs.uk\)](#)
(NB review section 5.1 'Was Not Brought')