

Title	<b>CLOSURE OF DNA CASES</b>			Number	<b>CL65</b>
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Other references:					

## Version Control

Previous 3 versions only - earlier versions subject to archive retention requirements

<b>DATE</b>	<b>CHANGE</b>	<b>CHANGED BY</b>
03/11/2021	Original Version	SMcD
22/11/2023	Reviewed, no changes	SBr / LR

## Introduction

Occasionally, patients do not arrive for their bookings at the UTCs. The purpose of this document is to provide definitive and universal guidance on how DNA cases are to be managed.

## Purpose of procedure

DNA means Did Not Attend and applies to any patient who does not attend for their prebooked slot at any of our centres.

There has been confusion regarding who should close these cases (e.g. should the team at Glover Street\* manage the closing of these cases or should it be the responsibility of the clinicians working at the centre where the booking was made?).

## Scope of procedure

Any DNA cases will be the responsibility of the centre clinicians to assess and close. There are three vital clinical components to consider prior to closing any DNA case. There are:

- Is this a vulnerable patient?
- Is this a high risk patient?
- does not have a reliable relative/carer

If the patient is vulnerable, high risk or does not have a reliable relative/carer with them, then the case **MUST NOT BE CLOSED**. In this case, the centre clinician must contact the patient and ascertain the patient's condition. If the clinician believes the patient needs to be seen for face-to-face assessment, the clinician has a number of options:

- Rebook the patient to be seen face-to-face at another time/centre
- 999 call to WMAS (if the patient's condition warrants an emergency ambulance)
- Refer the patient to the clinical team at Glover Street\* for telephone assessment

If the patient is not contactable, please refer to clinical procedure CL08 which gives guidance on what to do if a patient is not contactable.

## **How to close the case**

Once the clinician has spoken to the patient, is satisfied that the patient is not vulnerable or high risk, the clinician should complete the consultation, (in the same manner as if the case had been received as a telephone consultation), completing the History, Diagnosis and Treatment boxes on Adatastra, outlining the outcome of the call i.e. “To contact own GP” etc.

Clinical coding should indicate a working diagnosis or state “Own GP to follow up” or “Other” depending on the advice given.