

Title	PATIENTS WHO CANNOT BE CONTACTED BY TELEPHONE			Number	CL08
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Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

DATE	CHANGE	CHANGED BY
21.06.19	Reviewed, minor amendments including PDS.	FW
04.04.23	Under review	FW
28.11.23	Reviewed, changes made but under further review	Dr VV

Introduction

Frequently clinicians and other staff attempt to call back a patient and are unable to make contact. This may follow a

- Failed contact following NHS111 Call
- Failed attendance at UTC/DTC following self-booking
- Patient checking in but no longer being present at a Treatment Centre without explanation

Problems include:

- Number unobtainable
- Wrong number
- No answer
- Answering machine / voice mail
- Engaged

Current Ummanu Outcomes

- Patients are sent an introductory message about the Virtual Waiting Room (VWR) process.
- Ummanu attempts callback to the patient x3.
- Failed contact will result in the case being closed by the Ummanu system and patients also receive a text to inform them their case with Badger has been closed and contact NHS 111.
- At this point the case is picked up by a call handler on Aداstra and made a manual callback.
- A courtesy call is then made by the call handler to determine whether the patient still needs the call back.
- If still no contact then confirmation of correct phone number via a check with appropriate 111 service who sent the call by listening to their original recording.
- Continued failed contact will result in case being identified to the clinical team for further consideration.

Procedure For Clinicians: Initial Call-Back

Unobtainable or wrong number

- Record the appropriate information on the Aadastra “failed call” section, entering detailed information in the free text.
- Try any other number recorded on Aadastra for the call.
- Ask Team Leader to check the number with NHS PDS (via smart card), Aadastra database, phone system, call recording (if possible) and with directory enquiries. If correct number not obtained, proceed as for uncontactable patient.

Engaged line

- Record the appropriate information on the Aadastra “failed call” section, entering detailed information in the free text.
- After retrying for no longer than 20 minutes (urgent calls) or one hour (other calls), ask supervisor to have patient’s line checked by phone operator services. If line engaged but not in use, proceed as for uncontactable patient.
- If line engaged and in use, continue attempting to contact for not more than four hours.

No answer / answering machine / voice mail

- Record the appropriate information on the Aadastra “failed call” section, entering detailed information in the free text, including any message you have left on the patient’s voice mail.
- After retrying for no longer than 20 minutes (urgent calls) or four hours (non-urgent calls) proceed as for uncontactable patient.

Procedure For Clinicians: Request Search

Ask the shift supervisor / overnight controller / co-ordinator to try to locate the patient by contacting WMAS and local A&E Departments depending on documental clinical presentation.

- If patient located to an alternative service, document details on Aadastra and finish the call (see below).
- If not located, consider the need for further action e.g. home visit, emergency ambulance attendance, police attendance.

Finishing The Call – NB: Calls may be finished only by a Clinician

The clinician should consider the following before finishing a call without further action:

- Whether patient is alone
- Whether call made by a third-party present with the patient
- Whether patient is a vulnerable child or adult
- Whether any carer is reliable
- Potential seriousness of the presenting condition
- Information from any previous encounters.
- Information from any special notes

If the clinician considers the patient may be at risk of serious harm if the call is closed, further action should be taken. Discussion with the duty AMD/ Medical Director on call should be considered to support outcome decision.

Where further action is not taken, the call should be finished on Aadastra and the rationale for finishing the call without further action should be documented, along with what is expected; e.g.: “Unable to contact patient; minor ailment, patient with parents, no indication of unreliable carer; await call back; would GP kindly follow up if appropriate”. Select the appropriate follow-up message which will usually include unable to contact patient and may include a note for the patient’s GP to follow up.

Further Advice

For further advice please contact the duty medical director.