UC National SOP – Non-Attendance/No Reply

Controlled document

Reference number	UC National SOP – Non-Attendance/No Reply
Author	Dr Vishnu Madhok, Dr Rebecca Thompson, Sharon Sharpheale and Teresa West
Committee/individual responsible	UC Operations Management
Issue date	September 2025
Review date	September 2026
Target audience	UC Operational & Clinical Teams

Version Control	
Version	Notes/Changes from previous release only
6	Reviewed and Reformatted
5	Dr Monica Nuvoloni September 2024
4	Dr Monica Nuvoloni June 2023
3	Dr Monica Nuvoloni October 2021
2	Dr Monica Nuvoloni July 2021
1	Dr Jon Craig March 2016

Clinical Risk Assessment			
Risk	Likelihood	Severity	Mitigation
None Identified			

This guidance remains valid up until 6 months after the review date when it will become null and void.

Clinicians should make their decisions in the patient's best interest, based on clinical judgement, applicable clinical guidance and relevant professional standards.

This policy is for your guidance and cannot cover every eventuality. If you have any queries about implementing this policy, please speak with the managers on duty or the local clinical lead.

If you have any feedback or questions on a SOP, LOP or a guide, please contact us by using this short form https://forms.office.com/e/PAzNAnzBND

1 Introduction

It is essential that staff follow appropriate procedures to minimise clinical risk when a patient does not attend for a PCC appointment, does not answer the phone for a telephone consultation or when there is no answer at the patient's home after a home visit has been arranged.

The following procedure gives guidance on recommended actions to take in these circumstances.

If the clinician identifies clinical risk for a patient that cannot be located they may contact the Medical Director on call for advice if needed.

Safeguarding must always be considered when risk assessing and managing failed contacts.

---

2 Procedure

1. Non-attendance at a booked base appointment

- If a patient does not attend for a booked base appointment and it is fifteen minutes past the appointment time, the receptionist should attempt to call the patient/parent/carer. If there is no answer, two further attempts should be made at ten-minute intervals. If there is still no reply the receptionist should highlight the case to the base clinician.

- The clinician should check the 111 NHS Pathways assessment and/or clinical triage, GP Connect, Summary Care Record, patient safety caller notes and previous encounters to make a clinical risk assessment in further management of the patient. The clinician can close the case, if clinically safe and appropriate to do so. The clinician should document their risk assessment and any actions taken.

- If the clinician has concerns, they should ask the receptionist to request a number check, call local Emergency department(s)/ Urgent Treatment Centre(s), and phone the local ambulance service to check if the patient has made contact.

If the patient has not sought alternative medical attention and cannot be contacted this should be brought to the attention of the clinician at the base immediately. The clinician will need to risk assess and make a decision on further action which may require a welfare check – either home visit by OOH service or the emergency services.

- Worsening:

  ➢ If contact is made and the patient's condition has worsened the case should be highlighted to the base clinician who will be responsible for clinically re-assessing the call.

- Cancellation:

  ➢ If the patient is age16 or over and has decided that they no longer wish to have an appointment, the receptionist will flag the case as DNA updating the notes with the request for closure the clinician will then close if appropriate

If the patient is a vulnerable adult or age under 16 and the patient/parent/guardian/carer has decided they no longer wish to have an appointment, the receptionist should ask the base

clinician to assess clinical risk and/or safeguarding issues. If the base clinician has any concerns, he/she should call the patient/parent/guardian/carer to make a further assessment then act according to the information gathered.

2. No reply to a patient expecting a home visit

- The driver or clinician should phone the patients contact number to update accordingly.

- If there is no reply double check the patient demographics on the case.

- If the address appears correct but there is no reply on the telephone number provided, the driver or clinician should contact the co-ordinator and request:

  - ➢ Call to NHS 111 to see if the patient has called to cancel their appointment
  - ➢ Review of NHS 111 call recording to check the details on record match those given at the time of the call.
  - ➢ Contact local OOH service to see if the patient has attended a PCC
  - ➢ Contact local emergency department(s), urgent treatment centre(s) and ambulance service to see if the patient has made contact

If the contact details are correct and the patient cannot be located the clinician must review the case and make a clinical risk assessment. The Clinician should check Summary Care Record to obtain further information in aiding an informed decision on next steps. If the clinician does not detect any clinical risk a no reply slip in an envelope should be left.

- If there is clinical risk and concerns for patient safety and welfare, consider following the local gain entry policy (this may involve the police or fire brigade and varies by area). If the gain entry policy is followed this must be recorded on Datix by the co-ordinator.

The driver should keep the co-ordinator/shift lead informed at all times, allowing for the redistribution of workload if required.

The clinician may wish to discuss with the Medical Director on-call (who can be contacted via the co-ordinator/shift lead.)

3. No reply to a patient expecting a home visit

There may be situations that patients/their carers are not aware that home visit has been arranged. For example, a welfare checks after a failed telephone contact or acting on receipt of abnormal blood test results from a laboratory where it has not been possible to locate the patient via telephone.

The above process should be followed. If clinical risk is identified clinicians should have a **lower threshold** for seeking further advice, and escalating considering the patient has not been clinically assessed.

3 Clinical Assessment Service (excluding NWL CAS) and OOH "no reply" procedure for patients awaiting a telephone assessment

- There should be a minimum of **three** attempts to contact a patient before a decision is made to either close the case or make an onward referral. At least **two** calls must be made by a clinician. The other call can be either by a clinician or a patient safety caller.

- All failed calls must be logged in Adastra

- The decision to close a case must be made by a clinician – this may be an OOH or CAS clinician, or a clinical navigator

- Callers must allow the phone to reach answerphone or ring out for at least 30 seconds before deciding that the contact has been unsuccessful

- A clinician should try to call a maximum of three times with **at least 10 minutes** between each attempt. All attempts should be made within 45 minutes of the case being picked up. **All attempts to contact the patient should be made by the same clinician.**

If the clinician is unable to complete all 3 attempts eg they are finishing their shift, required to see patients face to face, required to leave site to complete a home visit etc , they must flag this case to the co-ordinator who should assign to another clinician who is on shift.

- After a clinician fails to contact the patient, the failed contact should be logged and the case should then be locked by the clinician for another attempt to be made at least 10 minutes later. Ideally another case should be picked up and completed in this time and the clinician should then return to the locked case.

- On the **second failed contact** (failed clinician contact or at least one failed patient safety call) an operational member of staff should endeavour to perform a number check verifying that the correct contact number has been recorded.

Cases of clinical concern:

- Clinicians should complete their initial risk assessment where there have been two failed attempts to contact a patient by reviewing the information available in the NHS 111 Pathways Assessment, patient safety caller notes, GP Connect/Summary Care Record and previous encounters

- If the clinician identifies clinical concerns or red flags, it is permissible for the clinician to try alternative telephone numbers found on Adastra. Please note - this should not be standard practice for all failed contacts due to potential safeguarding and confidentiality issues and should only be the process for failed contacts where there is sufficient cause for concern.

- If there are no alternative numbers, or no answer on any available numbers, the case should be flagged to the coordinator with a request to:

    - ➢ Check for alternative numbers (if not already done)
    - ➢ Call local Emergency department(s)/Urgent Treatment Centre(s) to check if the patient has attended
    - ➢ Call the local ambulance service to check if the patient has made contact.

- The coordinator should add operational notes to confirm the correct telephone number, and document the contact with ED/UTC/Ambulance Service. The co- ordinator should then assign a clinician to review the case (this should be the original clinician if they are still on shift).

- On the **third failed contact** (three failed attempts by a clinician **or** two failed attempts by a clinician and a failed attempt by a patient safety caller) the clinician must complete a thorough risk assessment and make a decision to either close the case or make an onward referral to another service.

- To risk assess – review all information available - NHS 111 Pathways Assessment, patient safety caller notes, GP Connect/Summary Care Record and previous encounters

- If the clinician feels it is clinically safe and appropriate to close the case they should document their risk assessment in the clinical notes, code as "failed contact" and close the case as "unable to contact patient".

- If voicemail is available it is recommended to leave a message **with no patient identifiable information** advising that the case has been closed and to call 111 if advice or assistance is still needed. Suggested script for voicemail:

  "Hello, this is a follow up to your contact with 111, sorry that we have been unable to reach you after several attempts. We are closing your case, if you still require assistance, please call 111 or if you have an urgent need to be seen please attend your nearest UTC/ED."

Cases of concern

- If after three failed contacts there is clinical concern for a patient's welfare, the clinician should either:

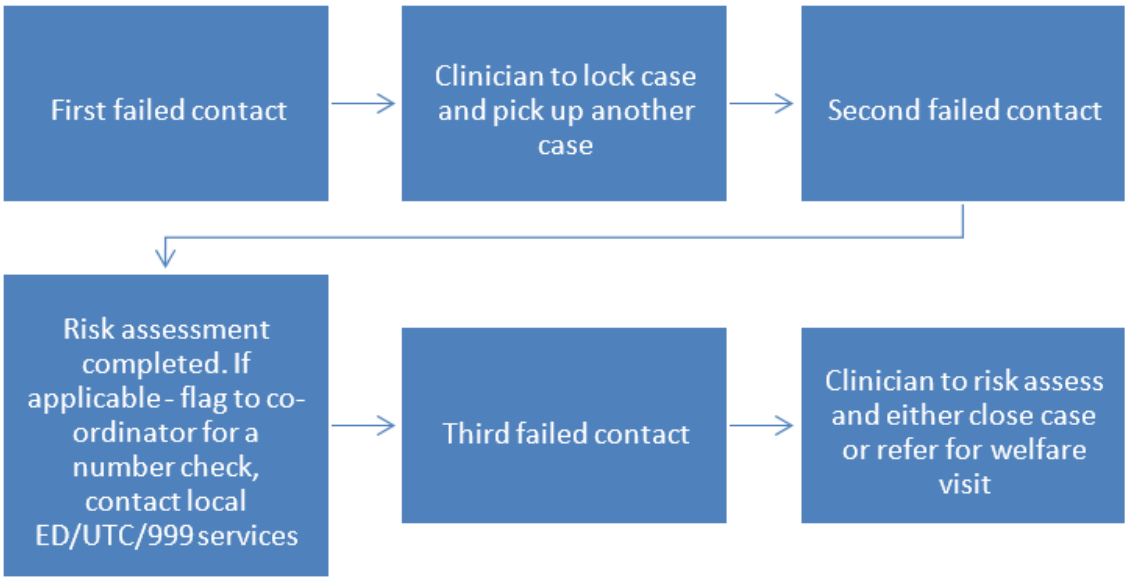
  - ➢ Refer to OOH in the usual way and request a home visit for an urgent welfare check including details of their concerns, or

  - ➢ Alert emergency services (police and/or ambulance) and request a welfare check. An ambulance referral can be made via PaCCS where available, or manually.

- The clinician may consider discussing with the SCDM on-call

- If required, the 111 call can be listened to – please contact your coordinator to request this.

- **Safeguarding should always be considered as part of any risk assessment.**



*One of the calls to the patient can be a patient safety caller and two must be from a clinician.